MANAGED CARE ANNUAL REPORT: 2017

WV Medicaid Mountain Health Trust Program:
HB4217 Report

WV Bureau for Medical Services

OVERVIEW

The Mountain Health Trust (MHT) Program is the West Virginia Medicaid managed care program, administered by the Bureau for Medical Services. The program is designed to improve access to high-quality care at a reduced cost by having more coordinated medical care. In Calendar Year (CY) 2017, the Mountain Health Trust program served approximately 425,000 Medicaid members at any given time by contracting with four managed care organizations (MCO) to help manage members' health care needs. The WV Medicaid SSI population transitioned to managed care in January 2017. By assisting members in establishing a relationship with a primary care provider (PCP), the program is designed to help foster a medical home setting for West Virginia Medicaid recipients. This annual report is in response to House Bill 4217, with data points addressed in the order presented within the bill.

NAME AND GEOGRAPHIC SERVICE AREA OF EACH MANAGED CARE ORGANIZATION

In Calendar Year 2017, West Virginia contracted with four managed care organizations. These organizations were:

- Aetna Better Health of WV (formerly CoventryCares)
- The Health Plan
- UniCare
- West Virginia Family Health

Each MCO is operational in each of West Virginia's 55 counties.

MANAGED CARE ORGANIZATION PROVIDER NETWORKS

Each managed care organization (MCO) has a defined network of providers that is monitored by the Bureau for Medical Services (BMS) to ensure that MHT beneficiaries have adequate access to PCPs and specialists. These networks are evaluated on an annual basis, however, monitoring throughout the contracting period is conducted via weekly and monthly reporting to ensure continued compliance. MCOs contract with over 100 provider types and specialties. A total provider count for each MCO is provided below.

Enrolled Providers				
	Aetna	THP	UniCare	WVFH
Total	15,164	9,634	8,790	18,196

Provider information, including specialty type, can be accessed via each MCO's provider directory. This information can be accessed at the following links:

https://www.aetnabetterhealth.com/westvirginia/members/directory (Aetna)

http://findadoc.healthplan.org/search.aspx?network=MHT (Health Plan)

http://mss.unicare.com/find-a-doctor.html (UniCare)

http://wvfh.prismisp.com/ (WV Family Health)

MANAGED CARE ENROLLMENT

As of December 31, 2017, there were 413,621 members enrolled in the Mountain Health Trust program.

MHT Enrollment, as of December 31, 2017	
Aetna	125,015
Health Plan	82,261
UniCare	140,130
WV Family Health	66,215
Total	**413,621**

MHT Enrollment, as of December 31, 2017	
TANF	213,294
Expansion	155,588
SSI	44,739
Total	**413,621**

CLAIMS PAID BY PROVIDER TYPE AND TIMELINESS OF PAYMENT

The tables below provide a summary, by quarter, of the timeliness of provider payments within 30 days, broken down by service type.

Aetna				
Medical	Q1	Q2	Q3	Q4
Average claim adjudication time (days)	2	3	3	2
Number of claims adjudicated within 30 days	501,517	510,356	495,249	497,435
Number of claims adjudicated after 30 days	5,781	7,198	4,360	2,448
Payment Timeliness	Q1	Q2	Q3	Q4
Average clean claim payment time	2	3	2	2
Number of clean claims paid within 30 days	409,233	437,128	421,881	439,578
Number of clean claims paid after 30 days	2,602	6,579	2,291	929
Dental	Q1	Q2	Q3	Q4
Average claim adjudication time	9	9	9	9
Number of claims adjudicated within 30 days	22,948	21,908	21,363	22,478
Number of claims adjudicated after 30 days	-	-	-	-
Payment Timeliness	Q1	Q2	Q3	Q4
Average clean claim payment time	9	9	9	9
Number of clean claims paid within 30 days	22,947	21,908	21,363	22,764
Number of clean claims paid after 30 days	-	-	-	-
Behavioral Health	Q1	Q2	Q3	Q4
Average claim adjudication time	3	2	2	1
Number of claims adjudicated within 30 days	71,475	83,247	76,422	78,111
Number of claims adjudicated after 30 days	258	562	402	55
Payment Timeliness	Q1	Q2	Q3	Q4
Average clean claim payment time	2	2	1	1
Number of clean claims paid within 30 days	61,125	75,491	69,847	72,113
Number of clean claims paid after 30 days	202	347	187	40

THP				
Medical	Q1	Q2	Q3	Q4
Average claim adjudication time (days)	6	5	6	23
Number of claims adjudicated within 30 days	295,281	297,798	363,043	378,050
Number of claims adjudicated after 30 days	397	8	4,352	35,516
Payment Timeliness				
Average clean claim payment time	23	23	24	56
Number of clean claims paid within 30 days	356,996	348,981	358,610	435,566
Number of clean claims paid after 30 days	5,680	5,550	8,785	86,700
Dental	Q1	Q2	Q3	Q4
Average claim adjudication time	16	15	15	9
Number of claims adjudicated within 30 days	14,694	14,338	14,928	3,434
Number of claims adjudicated after 30 days	30	1	2	1
Payment Timeliness				
Average clean claim payment time	27	23	34	9
Number of clean claims paid within 30 days	49,372	37,388	41,812	3,434
Number of clean claims paid after 30 days	2,934	18	5,111	1
Behavioral Health	Q1	Q2	Q3	Q4
Average claim adjudication time	7	3	57	2
Number of claims adjudicated within 30 days	55,623	53,546	57,852	54,572
Number of claims adjudicated after 30 days	3	-	25,769	81
Payment Timeliness				
Average clean claim payment time	30	25	89	2
Number of clean claims paid within 30 days	61,075	63,904	74,088	54,572
Number of clean claims paid after 30 days	2,095	748	53,426	81

UniCare				
Medical	Q1	Q2	Q3	Q4
Average claim adjudication time (days)	11	241	9	8
Number of claims adjudicated within 30 days	540,084	494,399	505,251	499,399
Number of claims adjudicated after 30 days	733	371	525	366
Payment Timeliness				
Average clean claim payment time	10	7	9	8
Number of clean claims paid within 30 days	458,809	422,096	420,754	423,095
Number of clean claims paid after 30 days	241	154	319	184
Dental	Q1	Q2	Q3	Q4
Average claim adjudication time	9	9	9	8
Number of claims adjudicated within 30 days	32,420	34,107	32,063	34,653
Number of claims adjudicated after 30 days	-	2	-	-
Payment Timeliness	1	1	1	1
Average clean claim payment time	9	9	9	8
Number of clean claims paid within 30 days	32,038	33,406	31,977	34,479
Number of clean claims paid after 30 days	-	2	-	-
Behavioral Health	Q1	Q2	Q3	Q4
Average claim adjudication time	11	8	8	8
Number of claims adjudicated within 30 days	70,727	74,662	71,610	80,792
Number of claims adjudicated after 30 days	61	18	17	8
Payment Timeliness				
Average clean claim payment time	4	2	3	2
Number of clean claims paid within 30 days	61,462	65,621	62,795	65,247
Number of clean claims paid after 30 days	20	15	14	5

WVFH				
Medical	**Q1**	**Q2**	**Q3**	**Q4**
Average claim adjudication time	20	16	13	11
Number of claims adjudicated within 30 days	247,774	261,903	256,424	224,036
Number of claims adjudicated after 30 days	17,404	7,692	4,674	1,662
Payment Timeliness				
Average clean claim payment time	15	14	12	11
Number of clean claims paid within 30 days	201,315	209,969	211,584	184,061
Number of clean claims paid after 30 days	7,621	4,102	2,840	814
Dental	**Q1**	**Q2**	**Q3**	**Q4**
Average claim adjudication time	8	8	7	7
Number of claims adjudicated within 30 days	7,517	7,622	7,054	7,248
Number of claims adjudicated after 30 days	-	-	-	2
Payment Timeliness	100%	100%	100%	99.97%
Average clean claim payment time	8	8	7	7
Number of clean claims paid within 30 days	7,443	7,535	7,034	7,208
Number of clean claims paid after 30 days	-	-	-	2
Behavioral Health	**Q1**	**Q2**	**Q3**	**Q4**
Average claim adjudication time	12	10	19	10
Number of claims adjudicated within 30 days	45,199	52,132	53,920	49,518
Number of claims adjudicated after 30 days	1,064	648	7,194	134
Payment Timeliness				
Average clean claim payment time	12	9	9	9
Number of clean claims paid within 30 days	33,271	38,462	40,223	41,813
Number of clean claims paid after 30 days	619	576	42	55

NUMBER OF CLAIMS DENIED OR PENDED

The table below provides a summary of the number of claims denied by claim type and reason.

Aetna				
All Claim Types	**Q1**	**Q2**	**Q3**	**Q4**
Total claims pended	-	-	-	-
Total claims denied	339,436	263,588	71,895	80,270

THP				
All Claim Types	**Q1**	**Q2**	**Q3**	**Q4**
Total claims pended	-	-	-	-
Total claims denied	55,924	56,100	55,651	45,602

UniCare				
All Claim Types	**Q1**	**Q2**	**Q3**	**Q4**
Total claims pended	79,083	86,396	79,113	82,989
Total claims denied	14,383	76,696	82,644	77,874

WVFH				
All Claim Types	**Q1**	**Q2**	**Q3**	**Q4**
Total claims pended	-	-	-	-
Total claims denied	56,242	55,524	46,674	40,822
WVFH / BEACON				
All Claim Types	**Q1**	**Q2**	**Q3**	**Q4**
Total claims pended	-	-	-	-
Total claims denied	5,452	10,548	5,839	5,437
WVVFH/Scion				
All Claim Types	**Q1**	**Q2**	**Q3**	**Q4**
Total claims pended	-	-	-	-
Total claims denied	737	662	632	629

THE NUMBER AND DOLLAR VALUE OF ALL CLAIMS PAID TO NON-NETWORK PROVIDERS BY CLAIM TYPE

The table below is a summary of non-network provider payments.

Non-Network Provider Payments								
	Medical		Pharmacy		Dental/Scion		Behavioral Health	
	Number	Cost	Number	Cost	Number	Cost	Number	Cost
Aetna	199,451	$ 32,308,930	-		733	$ 1,435		
THP	137,258	$ 8,573,015	376,337	$ 13,373,330	3,818	$ 669,271	14,162	$ 2,838,945
UniCare	162,697	$ 37,183,036	-		745	$ 1,238		
WVFH	4,253	$ 4,177,428	2	$ 172	88	$ -	84	$ 200,331

SELF –SELECTION VS. AUTO ASSIGNMENT

Members of the WV Mountain Health Trust Program have the option of choosing the Managed Care Organization that best meets their needs. If a member does not select an MCO, via the State's enrollment broker, the member is auto-assigned to an MCO. Business rules are in place

so that an individual who does not select an MCO and has a family member already in an MCO, will be assigned to the same MCO. In addition, if an individual loses coverage, but reestablishes their Medicaid eligibility within a year, they will be assigned to their previous MCO.

Choice Selection vs. Auto Assignment, December 2017		
	Choice Selection	Auto-Assignment
Aetna	6,142	3,868 members were auto-assigned across all plans based on auto-assignment algorithm.
Health Plan	4,349	
UniCare	6,739	
WV Family Health	3,494	

PER-MEMBER, PER-MONTH PAYMENTS AND TOTAL CAPITATION

A summary of the total capitation paid to each plan and the average Per-Member, Per-Month (PMPM) cost is provided below.

	Calendar Year 2017		
	Total Capitation	Total Member Months	Avg. PMPM
Aetna	$508,558,210	1,529,206	$332.56
Health Plan	$328,634,308	997,492	$329.46
UniCare	$503,039,477	1,707,360	$294.63
WV Family Health	$324,961,930	830,339	$391.36
Total	**$1,665,193,925**	**5,064,397**	**$337.00**

COMPARISON OF HEALTH OUTCOMES

Please reference Appendix A, HEDIS Measures, for a comparison of health outcomes by MCO. HEDIS measures are several months in arrears, thus the report in Appendix A reflects Measurement Year 2016.

MEMBER AND PROVIDER SATISFACTION SURVEYS

Please reference Appendix B for a copy of each MCO's member and provider satisfaction survey.

ANNUAL AUDITED FINANCIAL STATEMENTS

Please reference Appendix C for a copy of each MCO's annual audited financial statements for 2017.

SANCTIONS

No sanctions were issued against any MCO during calendar year 2017.

MEMBER GRIEVANCES AND APPEALS

The tables below provider a summary of grievances filed by members and the number that were ruled in favor of the member upon review.

Aetna				
	Q1	**Q2**	**Q3**	**Q4**
Grievances and Appeals Filed	119	153	106	65
Resolved in Favor of Member	38	57	33	15
% Resolved in Favor of Member	32	37	31	23

THP				
	Q1	**Q2**	**Q3**	**Q4**
Grievances and Appeals Filed	51	38	49	33
Resolved in Favor of Member	34	24	30	24
% Resolved in Favor of Member	67	63	61	73

UniCare				
	Q1	**Q2**	**Q3**	**Q4**
Grievances and Appeals Filed	474	424	287	199
Resolved in Favor of Member	209	186	117	87
% Resolved in Favor of Member	44	45	42	44

WVFH				
	Q1	**Q2**	**Q3**	**Q4**
Grievances and Appeals Filed	139	136	98	70
Resolved in Favor of Member	40	43	36	33
% Resolved in Favor of Member	29	32	37	47

NUMBER OF MEMBERS RECEIVING OUTPATIENT EMERGENCY SERVICES AND URGENT CARE

Below are the number of unduplicated emergency room and urgent care services.

	Emergency Room Services	Urgent Care Services
Aetna	93,497	68,936
The Health Plan	86,836	47,766

UniCare	128,078	93,976
WV Family Health	170,017	28,943

INPATIENT MEDICAID DAYS

The table below represents number of inpatient days by company by quarter.

	Q1	Q2	Q3	Q4
Aetna	10,893	11,343	12,403	10,528
The Health Plan	11,161	13,224	19,797	17,447
UniCare	6,186	17,496	17,552	17,256
WV Family Health	11,786	11,836	11,884	12,206

PHARMACY BENEFITS

Provided below is a summary of the pharmacy benefit by plan.

	Aetna	THP	UniCare	WVFH
Total Number of Claims Paid	5,374,004	922,062	1,357,063	987,029
Total Number of Claims Denied	953,852	296,972	286,203	323,236
Avg. Adjudication Time for Claims	4.51 Seconds	<1 Second	2 Seconds	Instant
Total Adjudicated Within 30 Days	4,373,581	922,062	1,356,401	987,029
Total Adjudicated Within 90 Days	4,393,951	922,062	394	987,029
Total Adjudicated After 30 Days	22,265	0	662	0
Total Adjudicated After 90 Days	199	0	31	0

* Please note that the pharmacy benefit was transitioned to fee-for-service July 1, 2017.

SERVICE AUTHORIZATIONS

The total number of service authorizations by plan are presented below.

	Medical	Pharmacy	Dental
Aetna	74,219	18,612	1,711
The Health Plan	25,874	681	867
UniCare	42,568	100,125	2,028
WV Family Health	29,284	8,842	378

PLAN QUALITY RATING

For more information regarding plan performance, please reference Appendix A. Health plans are scored on a scale of 1-5, with 5 being high performance, the summary on the following page is taken from the NCQA Health Insurance Plan Ratings for 2017-2018.

Rating	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment
3.5	Coventry Health Care of West Virginia, Inc. d/b/a Aetna Better Health of West Virginia	WV	HMO	Yes	3.5	3.0	3.0
3.5	The Health Plan of the Upper Ohio Valley, Inc. dba The Health Plan	WV	HMO	Yes	3.5	2.5	2.5
3.5	UNICARE Health Plan of West Virginia	WV	HMO	Yes	3.0	3.0	3.0
3.5	West Virginia Family Health Plan, Inc. d/b/a West Virginia Family Health (WVFH)	WV	HMO	Yes	3.5	2.5	2.5

This information can also be accessed at the following link:

http://healthinsuranceratings.ncqa.org/2017/search/Medicaid/WV

MEDICAL LOSS RATIO AND ADMINISTRATIVE COSTS

The Medical Loss Ratio (MLR) is the percent of premium an insurer spends on claims and expenses that improve health care quality. Provided below are the percentages of premium spent on medical costs, as well as the administrative costs of each MCO, defined as the general administrative expenses and claim adjustment expenses. No refunds were received by the State during this time period.

	MLR	Administrative Costs
Aetna	98.2%	$17,154,739
The Health Plan	100.6%	$17,050,835
UniCare	100%	$20,152,599
WV Family Health	93.9%	$24,129,268

FEE-FOR-SERVICE MEDICAID

Legislative Oversight Commission on Health and Human Resource Accountability are available upon request and provide current and previous spends by service line.

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Commonly Used Acronyms in EQRO Reporting

Acronyms	
ABHWV	Aetna Better Health of West, Inc.
BBA	Balanced Budget Act of 1997
BH	Behavioral Health
BHRA	Behavioral Health Risk Assessment
BMS	Bureau for Medical Services
CAHPS® Survey	Consumer Assessment of Healthcare Providers and Systems Survey
CAP	Corrective Action Plan
CDC	Comprehensive Diabetes Care
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CPG	Clinical Practice Guidelines
CY	Calendar Year
Delmarva Foundation	Delmarva Foundation for Medical Care, Inc.
EQR	External Quality Review
EQRO	External Quality Review Organization
ED	Emergency Department
EMT	Executive Management Team
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ER Standard	Enrollee Rights Standard
FA Standard	Fraud and Abuse Standard
GS Standard	Grievance System Standard
HEDIS®	Healthcare Effectiveness Data and Information Set
HbA1c	Hemoglobin A1c
HIPAA	Healthcare Insurance Portability and Accountability Act of 1996
IDSS	Interactive Data Submission System
IRR	Inter-rater Reliability
ISCA	Information Systems Capabilities Assessment
MCO	Managed Care Organization
MHT	Mountain Health Trust
MHT-A	Mountain Health Trust Average
MHT-WA	Mountain Health Trust Weighted Average
MRRV	Medical Record Review Validation
MY	Measurement Year
NOA	Notice of Action
NCQA	National Committee for Quality Assurance
NMA	National Medicaid Average
NMP	National Medicaid Percentile
OB/GYN	Obstetrics and Gynecology
PCP	Primary Care Provider

PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PMV	Performance Measure Validation
PPC	Postpartum Care
QA Standard	Quality Assurance and Performance Improvement Standard
QA	Quality Assurance
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
QIC	Quality Improvement Committee
QIP	Quality Improvement Program
ROADMAP	HEDIS Record of Administration Data Management and Processes
SPR	Systems Performance Review
THP	The Health Plan of the Upper Ohio Valley, Inc.
UHP	UNICARE Health Plan of West Virginia, Inc.
UM	Utilization Management
WH&P	Wellness Health and Prevention
WVFH	West Virginia Family Health

Annual Technical Report
Executive Summary
MY 2016

Background and Purpose

The Bureau for Medical Services (BMS) operates West Virginia's Medicaid Managed Care Program, Mountain Health Trust (MHT). For measurement year (MY) 2016, there were approximately 381,229 members enrolled in the MHT Managed Care Organizations (MCOs). The MCOs participating in MHT are:

- Aetna Better Health of West Virginia, Inc. (ABHWV)
- The Health Plan of the Upper Ohio Valley, Inc. (THP)
- UNICARE Health Plan of West Virginia, Inc. (UHP)
- West Virginia Family Health (WVFH)

BMS evaluates and monitors the care that the MCOs provide to the MHT enrollees. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, BMS contracts with Delmarva Foundation for Medical Care, Inc. (Delmarva Foundation) to perform External Quality Review (EQR) services. On an annual basis, Delmarva Foundation assesses each MHT MCO's performance with data and information gained through the three EQR mandatory activities:

- Systems Performance Review (SPR)
- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)

The SPR process is designed to assess MCO compliance with structural and operational standards in the areas Enrollee Rights, Grievance Systems, Quality Assessment and Performance Improvement, and Fraud and Abuse. Standards are derived from the Code of Federal Regulations (CFR) and the MHT MCO contractual requirements. To determine MCO compliance, Delmarva Foundation obtains information from document reviews, interviews with MCO staff, observation of processes, and chart reviews. Combined, these methods of data collection provide an accurate depiction of an organization's compliance with regulatory provisions.

PIPs are designed to provide a systematic approach to quality improvement and can assist MCOs in identifying issues and implementing targeted interventions to obtain and sustain improvement in clinical or administrative processes. The validation process consists of determining whether or not PIPs were conducted correctly by assessing key components of the process. Areas validated include selection of study topic, development of the study question, selection of indicators, sampling methodology, data

collection procedures, improvement strategies, findings, and whether or not improvement was achieved.

Results of performance measures offer a snapshot of MCO quality, timeliness, and accessibility of care provided during a given time period. PMV assures that MCOs produce reliable and accurate measures in accordance with required specifications. The validation process includes an assessment of the MCO's information systems, procedures, and algorithms used to calculate the performance measures.

The SPR, PIP, and PMV assessments are conducted using the required EQR Protocols set forth by the Centers for Medicare and Medicaid Services (CMS). MCO specific SPR, PIP and PMV reports are prepared by Delmarva Foundation and submitted to BMS for each activity on an annual basis.

In accordance with 42 CFR §438.364, External Quality Review Results, the State must ensure that the EQRO produces:

- A detailed technical report that describes the manner in which the data from all activities conducted were aggregated and analyzed. Based on results, assessments were made in regard to the timeliness, quality, and access to the care furnished by MCOs contracting with the State,
- An assessment of the degree to which each MCO has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's activities,
- Recommendations for improving the quality of health care services furnished by each MCO, and
- Comparative information about all MCOs, as determined by the State.

The annual detailed technical report (Annual Technical Report) is produced by Delmarva Foundation and provided to BMS. The Annual Technical Report provides information to BMS on the aggregate MHT performance for the SPR, PIP, and PMV activities. This report also addresses the requirement of assessing the degree to which each MCO has effectively addressed recommendations for improving the quality of health care for its enrollees and includes recommendations for improving the quality of health care services provided to the MHT enrollees. These results can be used to promote accountability, improve important aspects of organizational achievement, and positively impact the quality and outcomes of services provided to MHT enrollees.

This report includes the EQR methodology for each activity, individual MCO findings for the activity, a summary of recommendations made in measurement year (MY) 2015, and the progress that each MCO made addressing each recommendation in MY 2016. The findings from the SPR, PIP, and PMV activities are then summarized according to quality, access and timeliness as required by the EQR regulations. The report concludes with the strengths and recommendations that are provided for each individual MCO

and the MHT program. The Appendices to this report provide detailed information to support the Annual Comparative Report findings.

Delmarva Foundation performs EQR activities in accordance with the requirements of the Balanced Budget Act (BBA) of 1997 and federal EQR regulations as outlined in Title 42 of the Code of Federal Regulations (CFR) part 438 et seq. Consistent with the regulations, Delmarva Foundation conducts a comprehensive review of the MHT MCOs and assesses their performance relative to quality of care, timeliness of obtaining needed care and services, and accessibility to those services.

For purposes of assessment, Delmarva Foundation has adopted the following definitions:

- **Quality**, "as it pertains to external quality review, means the degree to which an MCO or Prepaid Inpatient Health Plan (PIHP) increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge. (Centers for Medicare & Medicaid Services [CMS], 2016)

- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services" (National Committee for Quality Assurance [NCQA], 2015)

- **Timeliness**, as it relates to utilization management decisions and as defined by NCQA, is whether "the organization makes [utilization management] UM decisions in a timely manner to accommodate the clinical urgency of the situation." Further, the intent is that "the organization makes UM decisions in a timely manner to minimize any disruption in the provision of health care." (NCQA, 2015)

Summary of Quality, Access, and Timeliness

The External Quality Review Results section of 42 CFR §438.364 requires the External Quality Review Organization (EQRO) to provide a detailed technical report that describes the manner in which the data from all activities conducted were aggregated, analyzed, and conclusions were drawn as to the quality, access and timeliness of the care furnished by the MCO. This section summarizes the SPR, PIP, and PMV activities according to the quality, access, and timeliness of care provided to the MHT enrollees.

Quality

The structural and operational characteristics are evaluated through the Systems Performance Review in the Quality Assessment and Performance Improvement (QA) standard. This standard is important because it assesses each MCO's internal Quality Improvement (QI) structure and its ability to improve the quality of care and services for its enrollees. Key components of the QI program such as goals and objectives, governing board oversight, quality improvement committee activity, provider participation in QI activities, clinical practice guidelines, and quality of care studies and measures are assessed as part of this standard. The MY 2016 SPR compliance rates for the QA standard for all four MHT MCOs are presented in Table 1.

Table 1. MCO SPR Compliance Rates for MY 2016 - Quality Assessment and Performance Improvement

SPR Standard	MY 2016 Compliance Rate			
	ABHWV	THP	UHP	WVFH
Quality Assessment and Performance Improvement	100%	99%	97%	97%

All MCOs performed well in the area of quality. ABHWV, THP, UHP, and WVFH all achieved between 97-100% compliance.

MCOs have the appropriate structures and processes in place to monitor, evaluate, and improve the quality of services to the MHT enrollees using Performance Improvement Projects (PIPs). The MCOs are required to have three PIPs in place at all times. The Reducing Emergency Department (ED) Visits for Members with Asthma Collaborative was closed in 2015. Two PIPs are state mandated and collaborative: Diabetes and Prenatal Behavioral Health Risk Assessment (BHRA) and Postpartum Care Visit. The third PIP is selected by the MCO.

There were three PIPs related to quality in MY 2016:

- Annual Monitoring for Patients on Persistent Medications PIP conducted by ABHWV.
- Follow-Up After Hospitalization for Mental Illness PIP conducted by UHP.
- Diabetes Collaborative PIP conducted by all four MCOs.

In ABHWV's Annual Monitoring for Patients on Persistent Medications PIP, the MCO goal is to surpass the 2016 Medicaid QC 75th Percentile (89.56%). MY 2016 was the first remeasurement year for this PIP. The Annual Monitoring for Patients on Persistent Medications Rate increased from 82.44% (MY 2015) to 88.23% (MY 2016). Improvement was statistically significant from Baseline through Remeasurement Year 1 and can be linked to both targeted provider and member interventions.

In UHP's Follow-Up After Hospitalization for Mental Illness PIP, the goal was to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the 2016 National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid Average (NMA) for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5% (48.71%). Indicator 1, *Follow-Up After Hospitalization for Mental Illness 7 Days* Remeasurement Year 1 rate was 28.91% which 14.43 percentage points above the Baseline rate, but falls short of the project goal of 48.71% plus 5%.

In the Diabetes Collaborative which all MCOs are required to participate per BMS, the indictor for the project is *Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Control (<8%).* The goal is to exceed the HEDIS 2014 NMA (45.52%) by HEDIS 2016 (MY 2015). All MCOs selected at least one additional HEDIS indicator for their projects that included *Retinal Eye Exam Performed* (UHP), and *HbA1c Testing* (ABHWV, THP, UHP, and WVFH) as recommended by Delmarva Foundation.

ABHWV, THP and UHP's MY 2016 rates for *HbA1c Control < 8%* exceeded the project goal of 45.52% (WVFH had a different goal than the other MCOs because they did not begin this PIP in MY 2013). Each MCO improved the rate from MY 2015 as well as over the Baseline rate. Best practices for interventions for the Diabetes Collaborative that were implemented in 2016 are described later in this report. This PIP closed at the end of MY 2016 and is replaced with a mandatory Childhood Dental collaborative PIP.

The PMV 2017 (MY 2016) included six measures that assessed quality provided by the MHT MCOs:

- Annual Monitoring for Patients on Persistent Medications – Total
- Childhood Immunization Status– Combination 3
- Follow-Up for Hospitalization for Mental Illness – Follow-up Visit Within 7 Days of Discharge
- Comprehensive Diabetes Care – HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Nutrition
- Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers To Quit

The MHT Weighted Average (MHT-WA) exceeded the 50th National Medicaid Percentile (NMP) and improved between MY 2014 and MY 2016 for the Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care- HbA1c Testing measures. The MHT-WA exceeded the 25th NMP and improved all three measurement years for the Childhood Immunization Status - Combination 3 and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition measures. The MHT-WA for Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit measure exceeded the 25th NMP and improved between MY 2015 and MY 2016 after a decline between MY 2014 and MY 2015. The MHT-WA for Follow-Up After Hospitalization For Mental Illness - 7 Days measure improved between MY 2015 and

MY 2016, but an opportunity for improvement was identified as the MHT-WA did not exceed the 25th NMP.

Access

Access to care is an essential component of a quality-driven system of care and has historically been a challenge for Medicaid enrollees in rural areas. The findings with regard to access for the MHT MCOs are summarized below.

The Standard Performance Review (SPR) standards evaluate enrollee access to informational materials and services. All MCOs provided comprehensive member materials at or below the 6th grade reading level as required by the BMS/MCO contract. Telephone numbers to access Member/Customer Services lines, hours of operation, and the MCO address are provided in Member Handbooks. Member Handbooks describe the covered services, how to access those services, and any other special requirements (e.g. referrals and preauthorizations). Member materials also include a statement of enrollee rights, instructions on how to file complaints, grievances, and appeals and describe how to access a State Fair Hearing. MCOs are required to complete an annual report, supply a copy to the local DHHR offices, and inform enrollees how to access a copy.

The MCOs are required to assess compliance with appointment access standards in the MCO contract. Current BMS standards state that:

- Emergency cases must be seen immediately or referred to an emergency facility.
- Urgent cases must be seen within 48 hours.
- Routine cases, other than clinical preventive services, must be seen within 21 days (exceptions are permitted at specific times when PCP capacity is temporarily limited).
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant.
- Qualified medical personnel must be accessible 24 hours each day, seven days a week (24/7), to provide direction to patients in need of urgent or emergency care. Such medical personnel include, but are not limited to, physicians, physicians on call, licensed practical nurses, and registered nurses.

In MY 2014, Delmarva Foundation began reviewing for 24/7 access and availability. It was noted that the MCOs were not consistently meeting the threshold for the 24/7 access standard. Through MY 2016, findings note that:

- MCOs surveyed PCPs, specialty providers, and BH (Behavioral Health) providers.
- Refusal to participate in the survey was considered noncompliant.
- For the CAHPS member experience, if the member was told to go to the ER or if there was no answer, it was considered noncompliant.

- The most frequent monitoring was completed quarterly by WVFH.
- Actual calls to provider offices after-hours were not indicated by ABHWV; only surveys via fax were completed by this MCO.
- Faxing or emailing a hard copy survey to providers limits the choice of 24/7 coverage to three categories of coverage.
- THP's access monitoring does not directly address providers. There is not enough detail to identify providers out of compliance.
- The actual phone surveys completed by UHP and WVFH after-hours to providers resulted in lower compliance rates which appears to be a more accurate depiction of the after-hour access rate; followed by the CAHPS survey results at 80% compliance.
- Credentialing/Recredentialing site visits are primarily limited to new providers.

Based on these differing sampling methodologies, it is Delmarva Foundation's recommendation that BMS should formalize the minimum 24/7 access standard. This can be completed either by revising the MCO contracts to include the 24/7 access standard or including this minimum standard in the SPR access and availability standards. BMS and Delmarva Foundation will create a work group, include MCO representatives and evaluate all methodologies of how to best measure this important Access standard.

The PMV 2017 (MY 2016) included five measures that assessed access to care by the MHT MCOs:

- Prenatal and Postpartum Care – Postpartum Care
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation
- Percentage of Eligibles That Received Preventive Dental Services
- Dental Sealants for 6-9 Year Old Children at Elevated Risk
- Behavioral Health Risk Assessment For Pregnant Women

The MHT-WA exceeded the 75th NMP for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation measure. The MHT-WA for Prenatal and Postpartum Care - Postpartum Care measure was below the 50th NMP but improved from MY 2015 to MY 2016 after a slight decline from MY 2014 to MY 2015. The MHT-WA for Percentage of Eligibles That Received Preventive Dental Services measure demonstrated improvement in each of the three measurement years and is only slightly lower than the NMA. The MHT-WA for Dental Sealants for 6-9 Year Old Children at Elevated Risk measure improved significantly from MY 2015 and MY 2016 and exceeded the NMA. The Behavioral Health Risk Assessment For Pregnant Women measure is a new measure and does not have national benchmarks for comparison.

Timeliness

Timeliness is an important factor for evaluating MCO performance because organizations must have procedures in place to make decisions timely in order not to disrupt or delay the provision of care or services to their members.

During the MY 2016 SPR on-site review, cases, files, and logs are reviewed to assess the timeliness of MCO activities. For MY 2016, Delmarva Foundation reviewed:

- Resolution of complaints, grievances and appeals, and
- Authorization, pre-authorization and continuing authorization activities.

One MCO (UHP) had an issue in the area of timely denial notifications. Denial notification letters to enrollees were not timely in many cases. A review of the denial files demonstrated that the time from the decision to mailing of the denial notification letter in the BH cases (inpatient and outpatient) ranged from approximately 1.25 months to 9 months. Not notifying enrollees in a timely manner deprives them of their rights to appeal decisions in a timely manner. UHP submitted a CAP for the UM standard and is required to submit quarterly progress reports to Delmarva Foundation for review to ensure continued compliance.

One MCO (WVFH) underwent a credentialing record review for the MY 2016 review. The other three MCOs (ABHWV, THP and UHP) had their credentialing and recredentialing files deemed. Delmarva Foundation sampled 10 credentialing and 10 recredentialing files for WVFH. All initial credentialing applications in the WVFH sample were processed according to the MCOs policies and procedures. All provider recredentialing files in the sample were credentialed within the three-year time requirement.

There were two PIPs related to timeliness in MY 2016:

- Members' Establishment with their Primary Care Provider (PCP) PIP conducted by THP.
- Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP conducted by WVFH.

In THP's *Members' Establishment with PCP of Record PIP* the goal is to increase the (HEDIS) rates for the *Adolescents Well-Care Visits* and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* by 5 percentage points over the Baseline rate (46.47%). THP realized a decrease in both indicator rates from MY 2015, with Indicator 1 (44.28%) falling below the Baseline rate (46.47%). Delmarva Foundation recommends that THP re-evaluate their barrier analysis and implement new, targeted face-to-face provider interventions in an attempt to increase the rates for both indicators.

In WVFH's Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP, the MCO's goal is to improve the rate of well-child visits for children ages 3-6. The long-term goal is to exceed the 2016

National Committee for Quality Assurance (NCQA) Quality Compass NMA for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* indicator. The indicator rate for MY 2016 (68.86%) was improved from the Baseline rate of 62.50%, but fell short of the goal of 71.27%.

The PMV 2017 (MY 2016) included six measures that assessed timeliness by the MHT MCOs:

- Adolescent Well-Care Visits
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The MHT-WA for Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measure exceeded the 50th NMP and improved each year from MY 2014 to MY 2016. The MHT-WA exceeded the NMA, meaning a lower rate is better, for PQI 01: Diabetes Short-Term Complications Admission Rate and PQI 08: Heart Failure Admission Rate measures. There are no national benchmarks for PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate and PQI 15: Asthma in Younger Adults Admission measure. The MHT-WA increased, indicating a decline in performance over the three-year measurement period for PQI 01: Diabetes Short-Term Complications Admission Rate, PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate, and PQI 08: Heart Failure Admission Rate measures. Although the PQI 15: Asthma in Younger Adults Admission Rate measure for MY 2016 is .36 of a percentage point over the MY 2015 rate, the rate has still sustained its improvement over the MY 2014 rate.

MHT Program Strengths, Requirements, and Recommendations

Table 2 outlines specific program strengths, requirements, and recommendations for the MHT Program for each area of review by the EQRO.

Table 2. MHT Program Strengths, Requirements, and Recommendations – MY 2016

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Systems Performance Review	**Strengths** • All four MCOs achieved full compliance (100%) for the FA Standard. • MCOs achieved rates of 98% to 100% for the ER standard. • MCOs achieved rates of 98% to 100% for the GS Standard. • MCOs achieved rates of 97% to 100% for the QA Standard.

MHT Program Strengths, Requirements and Recommendations for MY 2016	
	• Three of the four MCOs achieved full compliance (100%) for the ER standard. • Three of the four MCOs achieved full compliance (100%) for the GS Standard.
	Requirements and Recommendations • MCOs must focus efforts on consistently meeting the 24/7 access standard. Over the last four years, the MCOs have not consistently met this standard. Each MCO measures compliance to this standard differently and therefore the results are not comparable across MCOs. It is recommended that BMS and Delmarva Foundation develop a methodology for the MCOs to use to measure 24/7 access so that results are comparable.
Performance Improvement Projects	**Strengths** • All MCOs understand the major components of PIPs. • All MCO's PIPs have relevant study topics, clear study questions, and meaningful and well-defined indicators. • All MCO's PIPs include well-defined study populations use appropriate and valid sampling methods, and use data collection methods that provide for the collection of valid and reliable data. • All MCO's are implementing interventions that are reasonable and address barriers. • All MCO's are reporting the study findings accurately and clearly. • All MCOs achieved improvement in the mandatory Diabetes PIP indicator, HbA1c Control <8%. • All MCOs achieved improvement in the second Diabetes PIP indicator, HbA1c Testing. • The MCOs all have some type of Gaps in Care Reports and Provider Profiles that they are using to identify members in need of care or services for the mandatory PIPs. • ABHWV achieved improvement for their Annual Monitoring for Patients on Persistent Medications PIP. • UHP achieved improvement for both indicators in its Follow-Up After Hospitalization for Mental Illness PIP. • WVFH achieved improvement for its Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP.
	Requirements • MCOs continued the mandatory Diabetes Collaborative PIP in CY 2016 and closed after final submission in July 2017. • MCOs initiated the Baseline Measurement Year of the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. • MCOs will implement the required Childhood Dental PIP, which will begin measurement in MY 2017. **Recommendations** • MCOs should ensure that they complete annual barrier analysis and implement new, targeted face-to-face member, provider, and MCO interventions to increase the PIP rates.

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Performance Measure Validation	**Strengths** • MCOs use HEDIS certified software and have established processes to calculate and report performance measures. • MCOs are timely with submitting performance measures to BMS for HEDIS, CAHPS, PMV, and the Adult and Child Core Sets. • The Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measure rate exceeded the 75th NMP. • The MHT-WA for the Percentage of Eligibles That Received Preventive Dental Services measure improved between MY 2014 and MY 2016. • The MHT-WA exceeded the NMA and MCO rates improved each year between MY 2014 and MY 2016 for Adolescent Well-Care Visits and Well-Child Visits in the 3rd 4th, 5th and 6th Years of Life measures.
	Recommendations • MCOs are encouraged to continue incentives from the withhold program that contributed to improved performance for those measures. • MCOs are encouraged to set improvement goals for all HEDIS measures to exceed the 75th NMP. • MCOs should also focus improvement efforts to increase rates for non-HEDIS measures, such as Percentage of Eligibles That Received Preventive Dental Services and Dental Sealants for 6-9 Year Old Children at Elevated Risk.

Mountain Health Trust Annual Technical Report MY 2016

Background and Purpose

The Bureau for Medical Services (BMS) operates West Virginia's Medicaid Managed Care Program, Mountain Health Trust (MHT). Initiated in 1996, conceptually the program was based on each Medicaid beneficiary having a medical home—a primary care provider (PCP) knowing an enrollee's medical history and managing appropriate treatment and preventive services. BMS is responsible for assuring that all MHT beneficiaries receive comprehensive, high quality healthcare services. For measurement year (MY) 2016 there were approximately 381,229 members enrolled in the four MHT Managed Care Organizations (MCOs).

To ensure care and services provided to MHT MCO enrollees meet acceptable standards for quality, timeliness, and accessibility, BMS contracts with Delmarva Foundation for Medical Care, Inc. (Delmarva Foundation) to perform External Quality Review (EQR) services. Specifically, Delmarva Foundation evaluates the quality assurance program activities for each of the MHT MCOs: Aetna Better Health of West Virginia, Inc. (ABHWV), The Health Plan of the Upper Ohio Valley, Inc. (THP), UNICARE Health Plan of West Virginia, Inc. (UHP), and West Virginia Family Health (WVFH).

In collaboration with the MCOs and the EQRO, BMS aims to improve beneficiary care by:

- ensuring access to primary care
- promoting preventive care
- encouraging appropriate postpartum care
- ensuring comprehensive chronic care

-West Virginia Mountain Health Trust Program State Strategy for Assessing and Improving Managed Care Quality-

On an annual basis, Delmarva Foundation assesses each MHT MCO's performance using data and information collected through the following activities:

- Systems Performance Review (SPR)
- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)

MCO specific SPR, PIP, and PMV reports are prepared by Delmarva Foundation and submitted to BMS for each of these activities on an annual basis.

The MY 2016 Annual Technical Report (ATR) findings provide an assessment of the MHT program based on MCO performance, which may impact the quality, timeliness, or accessibility of healthcare services

provided to MHT beneficiaries. Where applicable, the findings are compared to the goals and objectives found in the *WV Mountain Health Trust Program (Full-Risk MCO) State Quality Strategy (QS) for Assessing and Improving Managed Care Quality*. The annual technical report provides an accurate and objective portrait of the MCOs' capabilities which can be used to promote accountability, improve important aspects of organizational achievement, and positively impact the quality of services provided to MHT beneficiaries.

This report provides the results of the EQR annual assessment of the SPR, PIP, and PMV activities for MY 2016. Following the EQR methodology, the individual MCO findings for the SPR, PIP Validation, and PMV activities are presented. The findings from these activities are then summarized according to quality, access and timeliness as required by the EQR regulations. Conclusions, recommendations, and requirements are then provided for both the individual MCOs and the MHT program.

The appendices provide detailed information to support the Annual Technical Report findings:

- Appendix 1 – PIP indicator results for all projects
- Appendix 2 – PMV results
- Appendix 3 – HEDIS 2015-2017 MCO Rates and the Mountain Health Trust Weighted Average (MHT-WA) for all measures reported to National Committee for Quality Assurance (NCQA)
- Appendix 4 – Consumer Assessment of Health Providers and Systems (CAHPS) Survey results for MY 2014 through MY 2016
- Appendix 5 – Summary of the Status of Recommendations from the MY 2015 Review
- Appendix 6 – SPR Compliance Matrix

EQR Methodology

Delmarva Foundation performs EQR activities in accordance with the requirements of the Balanced Budget Act (BBA) of 1997 and federal EQR regulations as outlined in Title 42 of the Code of Federal Regulations (CFR) part 438 et seq. The SPR, PIP, and PMV assessments are conducted using the required EQR Protocols set forth by the Centers for Medicare and Medicaid Services (CMS).

Consistent with the regulations, Delmarva Foundation conducts a comprehensive review of the MHT MCOs and assesses their performance relative to quality of care, timeliness of obtaining needed care and services, and accessibility to those services. For purposes of assessment, Delmarva Foundation has adopted the following definitions:

- **Quality**, "as it pertains to external quality review, means the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and

operational characteristics and through the provision of health services that are consistent with current professional knowledge. (Centers for Medicare & Medicaid Services [CMS], 2016)

- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services" (National Committee for Quality Assurance [NCQA], 2015)

- **Timeliness**, as it relates to utilization management decisions and as defined by NCQA, is whether "the organization makes [utilization management] UM decisions in a timely manner to accommodate the clinical urgency of the situation." Further, the intent is that "the organization makes UM decisions in a timely manner to minimize any disruption in the provision of health care." (NCQA, 2015)

Systems Performance Review Methodology

SPRs are designed to assess MCO compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of healthcare services provided to MHT beneficiaries. Delmarva Foundation conducts these reviews in accordance with the CMS protocol, *Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review, Protocol 1, Version 2.0, September 2012*. To determine MCO compliance, Delmarva Foundation obtains information from document reviews, interviews with MCO staff, observation of processes, and chart reviews (grievances, appeals, denials, credentialing etc.). Information is collected pre-site, during a two-day on-site review, and post-site in response to the preliminary findings. Combined, these methods of data collection provide an accurate depiction of an organization's compliance with regulatory provisions.

Delmarva Foundation SPR Activities
• Review policies and procedures • Interview key staff • Observe processes • Assess credentialing and recredentialing activities • Examine committee meeting minutes • Evaluate performance improvement projects and activities • Assess grievance, appeal, and denial records • Examine appeal and denial letters

SPR standards are derived from the BBA and the MHT MCO contractual requirements. Delmarva Foundation evaluates and assesses MCO performance and compliance with the following standards:

- Enrollee Rights (ER)
- Grievance Systems (GS)
- Quality Assessment and Performance Improvement (QA)
- Fraud and Abuse (FA)

Standards are comprised of components and elements, all of which are individually reviewed and scored. MCOs are expected to demonstrate full compliance with *all* standards and view the findings and recommendations as opportunities to improve quality and operational processes.

Delmarva Foundation uses a three-point scale for scoring: *Met—100%*, *Partially Met—50%*, and *Unmet—0%*. Components for each element are scored. The component scoring is rolled up to the element level, and finally the standard level. Aggregated results are reported by standard. BMS sets the minimum MCO compliance rating. The MCOs are required to achieve 100% compliance for each standard. MCOs not achieving 100% on any of the four standards were required to develop and implement internal corrective action plans to address all deficiencies identified.

BMS requires a comprehensive review of all four Systems Performance Review Standards on an annual basis. This comprehensive review is a three phase process that includes pre-site document review, a two day on-site review, and post-site document review.

Performance Improvement Project Validation Methodology

PIPs are designed to provide a systematic approach to quality improvement and can be effective tools to assist MCOs in identifying issues and implementing targeted interventions to obtain and sustain improvement in clinical or administrative processes. These improvements can enhance the quality of, access to, or timeliness of services provided to Medicaid beneficiaries, leading to improved health outcomes.

Delmarva Foundation uses the CMS protocol, *Validating Performance Improvement Projects, A Mandatory Protocol for External Quality Reviews, Protocol 3, Version 2.0, September 2012,* as a guideline in PIP review activities. Delmarva Foundation reviewed each MCO's PIPs, assessed compliance with contractual requirements, and validated the activity for interventions as well as evidence of improvement. Table 1 summarizes the PIP validation activities.

Delmarva Foundation PIP Activities
• 10 Step Validation Process • Review and feedback on quarterly and annual MCO PIP submission review • Technical assistance provided to MCOs • Actionable recommendations provided to MCOs and BMS

Table 1. Delmarva Foundation's 10 Step PIP Validation Process

PIP Validation Steps
Step 1. The **study topic** selected must be appropriate and relevant to the MCO's population.
Step 2. The **study question(s)** must be clear, simple, and answerable.
Step 3. The **study indicator(s)** must be meaningful, clearly defined, and measurable.
Step 4. The **study population** must reflect all individuals to whom the study questions and indicators

PIP Validation Steps
are relevant.
Step 5. The **sampling method** must be valid and protect against bias.
Step 6. The **data collection procedures** must use a systematic method of collecting valid and reliable data that represents the entire study population.
Step 7. The **improvement strategies**, or interventions, must be reasonable and address barriers on a system-level.
Step 8. The **study findings**, or results, must be accurately and clearly stated. A comprehensive quantitative and qualitative analysis should be provided.
Step 9. Project results must demonstrate **real improvement**.
Step 10. Sustained improvement must be demonstrated through repeated measurements.

Performance Measure Validation Methodology

Results of performance measures offer a snapshot of MCO quality, timeliness, and accessibility of care provided during a given time period. PMV assures that MCOs produce reliable and accurate measures in accordance with required specifications. The validation process includes an assessment of the MCO's information systems, procedures, and algorithms used to calculate the performance measures. Delmarva Foundation conducts all PMV activities in accordance with the CMS protocol, *Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review, Protocol 2, Version 2.0, September 2012*.

In an effort to uniformly measure MCO quality of care, BMS requires MCOs to report measures from nationally recognized measure sets such as CMS Adult and Child Quality Core Sets and Healthcare Effectiveness Data and Information Set (HEDIS®) measures.[1] The NCQA maintains and directs the HEDIS program.

Delmarva Foundation validates the MCO performance measures by:

- Evaluating the accuracy of the performance measures reported by (or on behalf of) an MCO
- Determining the extent to which the performance measures followed the specifications for the measures

Performance Measure Validation activities occur in three phases which are summarized in Table 2.

[1] The term *HEDIS* is a registered trademark of the NCQA.

Table 2. Performance Measure Validation Activities

PMV Phase	Validation Activity
Pre-site	Pre-site activities revolve around preparing for the MCO site visit. To begin the process, the auditor confirms the performance measures for review with BMS. Next, a kick-off teleconference call occurs between the auditor and the MCO to confirm the measures, measure specifications, the date for the site visit, and the agenda items for the audit. Additionally, the auditor discusses the ISCA (Information Systems Capabilities Assessment) tool and supporting documentation. The MCO completes and submits the ISCA along with program source code and other supporting documents to Delmarva Foundation. The auditor evaluates the information in the ISCA for consistency to findings reported in previous assessments, when available. Source code may be reviewed during the pre-site phase. Source code is the review of programming used to integrate data and calculate the rates for the performance measures. A summary of ISCA and source code issues are compiled and provide direction and points of discussion for the on-site visit.
On-site Visit	The goal of the on-site visit is to investigate any potential issues identified during the pre-site activities and observe the systems used by the MCO to collect and produce performance measure data. The on-site visit begins with an entrance meeting between the auditor and relevant quality and technical MCO staff. The auditor explains the validation purpose, identifies staff for interviews, and requests additional documentation where needed. Interviews are conducted and additional documentation is requested that provides insight into the accuracy and reliability of the reporting processes. The MCO is allowed to clarify any concerns and demonstrate processes. Source code may be reviewed during the site visit. Throughout the visit, the auditor reviews the information systems structure, protocols, procedures, and data collection methodology for each specific performance measure. The on-site visit concludes with a closing conference between the auditor and MCO staff. The purpose of the closing session is to review preliminary findings, identify follow-up items, and provide guidance on areas requiring action.
Post-site Visit	During the post-site visit, all necessary action items are forwarded to the MCO with the expectation that they will be resolved before the issuance of the final report. Source code review may also be conducted at the time of the post-site visit. Medical record over-read typically takes place during the post-site visit. The auditor randomly selects a sample of 30 records each for two or more hybrid measures. The MCOs upload the selected records to the Delmarva Foundation portal where a nurse-reviewer conducts the over-read. A sample passes if the error rate is 10% or less. A sample that does not pass may lead to a corrective action plan that must be completed before the final rates are submitted. The final report reflects the final rates and whether or not the MCO has addressed all of

	the outstanding action items. If the MCO does not address all action items, the report will note the impact on the overall validation outcome.

All four MHT MCOs participated in the PMV activities for MY 2016. The participating MCOs were required to report 18 performance measures from the Performance Withhold Program, Adult and Child Core Measures, and PIPs. BMS requires the submission of all Medicaid performance measures with the exception of measures that are based on carve out services such as BH. Measures must be calculated according to specifications outlined in the *CMS Adult and Child Quality Core Set Specifications* and NCQA's *HEDIS*[2] *2017, Volume 2: Technical Specifications.*

MHT MCO Findings

Systems Performance Review Findings

The structural and operational characteristics of the MCOs are evaluated through the Systems Performance Review in the areas of Enrollee Rights (ER), Grievance Systems (GS), Quality Assessment and Performance Improvement (QA) and Fraud and Abuse (FA). In this section of the report, comparisons are provided for the overall MCO performance on each standard, a comparison of MCO performance on each element within each of the four standards, and finally a comparison of MCO performance across the past three measurement years (MY 2014-MY 2016). The findings for all MCOs, by standard, can be found in the Appendix.

Comparison of MCO Results

A full review of the SPR standards was conducted to assess MCO compliance with the ER, GS, QA, and FA standards for MY 2016. The MY 2016 SPR compliance rates for all four MCOs are presented in Table 3.

Table 3. MCO SPR Compliance Rates for MY 2016

SPR Standard	MY 2016 Compliance Rate			
	ABHWV	THP	UHP	WVFH
Enrollee Rights	100%	100%	100%	98%
Grievance Systems	100%	100%	100%	98%
Quality Assessment and Performance Improvement	100%	99%	97%	97%
Fraud and Abuse	100%	100%	100%	100%

[2] The relationship of measurement year (MY) to the HEDIS year is that the HEDIS year is always the MY plus one. For example, HEDIS 2017 (MY 2016) measures performance.

Program-wide the MHT program has performed well in meeting the EQR regulatory and contract requirements for the SPR:

- All four MCOs achieved full compliance (100%) for the FA Standard.
- The MCOs achieved rates of 98% to 100% for the ER standard.
- The MCOs achieved rates of 98% to 100% for the GS Standard.
- The MCOs achieved rates of 97% to 100% for the QA Standard.
- Three of the four MCOs achieved full compliance (100%) for the ER standard.
- Three of the four MCOs achieved full compliance (100%) for the GS Standard.

These high performance rates demonstrate the MCOs' commitment to meeting the high-quality structural and operational standards set by BMS for the MHT enrollees. Individual MCO rates are presented below in Tables 4-7.

Aetna Better Health of West Virginia, Inc.

ABHWV's SPR results for MY 2014-MY 2016 are presented in Table 4.

Table 4. ABHWV SPR Compliance Rates for MY 2014-2016

Standard	Compliance Rate		
	2014	2015	2016
Enrollee Rights	100%	100%	100%
Grievance Systems	100%	100%	100%
Quality Assessment and Performance Improvement	100%	100%	100%
Fraud and Abuse	100%	100%	100%

ABHWV achieved SPR compliance ratings of 100% for all four standards in MY 2016. This is the third year in a row that the MCO achieved full compliance on all four standards.

The Health Plan of the Upper Ohio Valley, Inc.

THP's SPR results for MY 2014-MY 2016 are presented in Table 5.

Table 5. THP SPR Compliance Rates for MY 2014-2016

Standard	Compliance Rate		
	2014	2015	2016
Enrollee Rights	100%	99%	100%
Grievance Systems	100%	100%	100%
Quality Assessment and Performance Improvement	99%	99%	99%

Fraud and Abuse	100%	100%	100%

Trending of the compliance rates for THP's MY 2014-MY 2016 standards shows that:

- THP has achieved full compliance (100%) for two of the last three years for the ER standard.
- THP has maintained full compliance (100%) all three years for the GS standard.
- THP remained constant with a compliance rate of 99% for the QA standard.
- THP has maintained full compliance (100%) all three years for the FA standard.

THP met the BMS performance requirement of 100% compliance for the ER, GS, and FA standards. THP was required to complete a CAP to address deficiencies identified in the QA standard, which achieved a commendable 99%, falling just one percentage point short of the 100% required compliance rating.

THP had two deficiencies identified in the QA standard related to access. There was an opportunity to improve access for initial prenatal care and after-hours accessibility to primary care providers (PCPs).

Current BMS standards for timeliness and THP's MY 2016 compliance scores follow:

- Urgent cases must be seen within 48 hours: 100%
- Routine cases other than clinical preventive services must be seen within 21 days: 100%
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant: 81.8%

THP's Standards for Access to Care and Services Policy and provider contracts require PCPs to be available to members at all times (24/7 access), including after-hours, weekends, and holidays. PCPs may use an office answering machine with an appropriate message stating how to contact the PCP or provide a number for an answering service or hospital operator to contact the provider.

THP used supplemental questions in its 2016 CAHPS® survey to assess 24/7 access. Of the enrollees who completed the CAHPS® survey, 7.6% indicated they called their doctor's office after regular office hours. Of those enrollees who called after hours, 80% received a call back from their provider. The call back rate represents compliance of 80% among providers and was below the 90% minimum performance threshold.

THP was required to continue its internal CAP developed as a result of the CY 2015 SPR to address the two access standards that still did not achieve full compliance. The MCO is required to continue submitting quarterly progress reports to Delmarva Foundation for review to ensure that the MCO is taking the steps outlined in its CAPs.

UNICARE Health Plan, Inc.

UHP's SPR results for MY 2014-MY 2016 are presented in Table 6.

Table 6. UHP SPR Compliance Rates for MY 2014-2016

Standard	Compliance Rate		
	2014	2015	2016
Enrollee Rights	100%	100%	100%
Grievance Systems	100%	100%	100%
Quality Assessment and Performance Improvement	98%	98%	97%
Fraud and Abuse	100%	100%	100%

Trending of the compliance rates for UHP's MY 2014-MY 2016 standards shows that:

- UHP achieved full compliance (100%) for all three years for the ER standard.
- UHP achieved full compliance (100%) for all three years for the GS standard.
- UHP achieved consistently high compliance rates, but declined one percentage point in MY 2016 to 97% for the QA standard.
- UHP has had an opportunity for improvement in the area of Timeliness of scheduling appointments and PCP accessibility 24/7 for all three years in the QA standard.
- UHP achieved full compliance (100%) for all three years for the FA standard.

UHP conducted an appointment wait time survey in MY 2016 to assess compliance with the BMS/MCO contractual appointment access standards. The appointment access standards and MCO reported compliance rates are shown below.

- Urgent Care Appointment within 48 Hours: 96% (increase from 95% in 2015)
- Routine Primary Care Provider Appointment: 64% (decrease from 85% in 2015)
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant: 83% (increase from 80% in 2015)
- 24/7 Access to Primary Care: 65% (increase from 63% in 2015)

UHP's compliance rates were 90% for all access standards except for urgent care appointments within 48 hours. UHP expressed some concerns regarding the After-Hours Survey results for the Emergency 24/7 Access standard as they did not appear to be indicative of the robust interventions the MCO had put in place to address barriers. The MCO also provided results from their credentialing and

recredentialing site visits for consideration as well which was 96.9% (281 out of 290 offices visited). These results would have placed them above the 90% threshold for this standard.

During MY 2016, UHP conducted in-person training sessions through multiple platforms to communicate the Access to Care standards. UHP continues to tie survey performance to its Quality and Access to Care Incentive (QACI) for PCPs. Each PCP is eligible to earn $.25 PMPM for the entire year for each survey they pass for a total of $.50 PMPM.

Compliance with the 24/7 standard was 65% in MY 2016. This compliance rate is 2 percentage points higher than MY 2015, but still well below the required compliance rate of 90%. The MCO will continue its internal CAP that the MCO began implementing in MY 2014 and report progress to Delmarva Foundation quarterly.

The MCO has appropriate written policies and procedures in place for notifying enrollees and providers of denials for both physical and BH. The MY 2016 enrollee and provider denial notifications were provided for review. The physical health denial notifications were found to be mailed to the enrollee timely. Conversely, the enrollee and provider denial notifications for BH services were not in compliance.

There was evidence that providers were notified verbally of denials in a timely manner. However, denial notification letters to enrollees were not timely in many cases. There were five denial notifications letters mailed to enrollees for outpatient BH services in MY 2016; four of the five denial letters mailed were untimely. There were 36 denial notification letters mailed to enrollees for inpatient BH services in MY 2016; nine denial letters mailed were untimely.

A review of the denial files demonstrated that the time from the decision to mailing of the denial notification letter in the BH cases (inpatient and outpatient) ranged from approximately 1.25 months to 9 months. Not notifying enrollees in a timely manner deprives them of their rights to appeal decisions in a timely manner.

During the UM interview with staff, it was noted that an internal audit identified this problem in the first half of the year and the MCO made changes to the process to ensure the denial letters would be sent out timely. A review of the entire denial file sent to Delmarva Foundation documents that the majority of untimely mailings occurred January through April, with a few occurring in July and one in August of 2016. There were no untimely mailings after August 2016.

UHP was required to submit a CAP for the UM standard that did not achieve full compliance. The MCO is required to submit quarterly progress reports to Delmarva Foundation for review to ensure that the MCO is taking the steps outlined in its CAPs.

West Virginia Family Health

WVFH enter the MHT Program in 2014, therefore, the MCO does not have trend data for MY 2014 as its first Systems Performance Review was conducted in MY 2015. WVFH's SPR results for MY 2015-MY 2016 are presented in Table 7.

Table 7. WVFH SPR Compliance Rates for MY 2016

Standard	Compliance Rate	
	2015	2016
Enrollee Rights	98%	98%
Grievance Systems	92%	98%
Quality Assessment and Performance Improvement	92%	97%
Fraud and Abuse	98%	100%

WVHF achieved SPR compliance ratings ranging from 97% for QA to 100% for FA in MY 2016. A summary of the areas identified for improvement follow.

Enrollee Rights

WVFH achieved 98% for the ER standard for both measurement years. The member rights and responsibilities statement must include the right to not be discriminated against in the delivery of health care services, on the basis of race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment. The Your Rights and Responsibilities section of the 2016 WVFH Member Handbook does not include religion, mental or physical disability, sexual orientation, genetic information, and source of payment.

The Treatment of Minors section of the WVFH Member Handbook contains information regarding appropriate treatment of minors. However, there was no formal policy and procedure in place as required.

Grievance Systems

WVFH Achieved 98% in MY 2016 for the Grievance Systems standard which is an increase of 6 percentage points over MY 2015.

For all denials, MCOs are required to send a written notice to the enrollee. MCOs must adhere to the State's regulations regarding the content of the notice of action (NOA). The written NOA must include the:

- Action the MCO or its contractor has taken or intends to take.
- Reason(s) for the action.
- Enrollee's or the provider's right to file an MCO appeal.
- Procedures for exercising the rights of appeal, expedited appeal, and right to request a State Fair Hearing.
- Circumstances under which expedited resolution is available and how to request it be continued.
- The enrollee's right to have benefits continue pending resolution of the appeal, how to request that benefits be continues, and the circumstances under which the enrollee may be required to pay the costs of services rendered.
- The right to include the enrollee and his or her representative or the legal representative of a deceased enrollee's estate as parties to the appeal.
- The MCO must provide to the enrollee a written notice of the resolution that includes the results of the resolution process and the date it was completed.

While WVFH's notification letters and Formal and Informal Appeals Policy contain the majority of these components, the resolution date as a required component of the resolution letter was not included.

The enrollee's right to have benefits continued is explained in the attachment to the NOA, but it did not fully address the circumstances under which the enrollee can request benefits to be continued. The section entitled, To Keep Getting Your Benefits, states that members can continue to receive benefits if: an appeal is filed within 10 days of the date of the NOA, a doctor ordered the services being appealed, the time period of the original authorization has not ended, and the enrollee has notified WVFH that he/she wants to continue services. It did not state that benefits can continue if (1) the services being appealed were ordered by an authorized provider and (2) the enrollee or provider is appealing a decision to terminate, suspend, or reduce a previously authorized course of treatment.

Quality Assessment and Performance Improvement

WVFH achieved 97% in MY 2016 for the QA standard, which is an increase of 5 percentage points over MY 2015. There were opportunities for improvement in two areas: Access and Availability and Coordination of Care as noted below.

Access and Availability

WVFH provided policies and procedures that correctly stated the BMS appointment standards and the minimum performance threshold of 90%. For MY 2016 monitoring, WFVH provided their annual

Appointment Accessibility Audit which did not reflect the BMS appointment standards, the required 90% minimum performance threshold, and measurement standards for EPSDT visits or initial prenatal care visit within 14 days of notice of pregnancy. The MCO did monitor for 24/7 Access but did not meet the minimum performance threshold.

Coordination of Care

The access standards require the MCOs to allow obstetrics and gynecology (OB/GYN) providers as primary care providers. The 2016 Member Handbook does not include OB/GYNs in its list of providers available to be a PCP.

Fraud and Abuse

WVFH achieved a compliance rate of 100% for the FA standard in MY 2016 which is an increase of 2 percentage points over MY 2015.

WVFH was required to continue the CAP implemented as a result of the CY 2015 SPR to address the two ER and standards that did not achieve full compliance. The MCO also implemented CAPS regarding the GS and QA standards that did not meet full compliance. The MCO is required to submit quarterly progress reports to Delmarva Foundation for review to ensure that the MCO is taking the steps outlined in its CAPs.

Performance Improvement Project Validation Findings

The BMS/MCO contract requires the MHT MCOs to "conduct performance improvement projects that are designed to achieve, through ongoing measurement and intervention, significant improvement sustained over time in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction." For MY 2016 the MCOs were required to have three PIPs in place. All MCOs were required to participate in two mandatory collaborative PIPs: Diabetes and Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit. MCOs were able to choose a PIP topic for their third PIP. Table 8 summarizes each MCO's PIP topics. Indicator rates for all PIPs can be found in Appendix 1.

Table 8. MCO PIP Topics and Goals

MCO	PIP Topics and Goals

MCO	PIP Topics and Goals
ABHWV	**Annual Monitoring for Patients on Persistent Medications PIP** – This is ABHWV's first remeasurement year for *Annual Monitoring for Patients on Persistent Medications* PIP. The goal is to improve the rate of monitoring for adult members (over the age of 18) for medications concerning ACE/ ARB, digoxin, or diuretics. Benchmark is the HEDIS 2016 Medicaid Quality Compass 50th percentile rating of 87.23%. The long-term goal seeks to surpass the HEDIS 2016 Medicaid Quality Compass 75th percentile of 89.56%. **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP** – All MHT MCOs are required to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the first remeasurement year of the project. ABHWV aims to improve the Postpartum Care Visit Rate for pregnant women through use of the mandatory indicator, *Prenatal and Postpartum Care – Postpartum Care* (PPC). The goal is a 7% increase over the HEDIS 2016 (MY 2015) Baseline rate (59.43%) by the end of the PIP. The MCO selected a second indicator, *Behavioral Health Risk Assessment (modified)*, however, the goal has yet to be determined. Additional data is being collected from those deliveries that had a postpartum visit at any time prior to 21 days or after 56 days since delivery. **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the Diabetes Collaborative Project. Currently, the project is in the third remeasurement year and aims to improve the HbA1c control rate for members with diabetes. The mandatory indicator is *CDC-HbA1c Control (<8%)* with the goal to exceed the HEDIS 2015 (MY 2014) NMA by HEDIS 2016 (MY 2015). ABHWV selected an additional indicator, replacing the *CDC- LDL-C level Control* indicator with *CDC-HbA1c Testing* indicator. The goal is to exceed the HEDIS 2015 (MY 2014) NMA by HEDIS 2016 (MY 2015).
THP	**Member Establishment with PCP of Record PIP** – This is the second remeasurement year for THP's Members' Establishment with PCP of Record PIP and aims to increase the HEDIS rates by 5 percentage points over the Baseline rate (46.47%). By encouraging members to establish with their PCP of record, the MCO hopes to improve the HEDIS rates for the *Adolescent Well-Care Visits* and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* measures. Members who establish with their PCP may be more likely to obtain well exams and preventive services and may be more likely to use the ED and walk-in clinics less frequently. **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP** – All MHT MCOs are required to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the first measurement year of the project. The mandatory indicator, *Prenatal and Postpartum Care – PPC*, aims to improve the Postpartum Care Visit Rate for pregnant women. The goal is a 7% increase over the HEDIS 2017 Baseline rate (63.02%) by the end of the PIP. The MCO selected a second indicator, *Behavioral Health Risk Assessment modified*, however, the goal has

MCO	PIP Topics and Goals
	yet to be determined. Additional data is being collected from those deliveries that had a postpartum visit at any time prior to 21 days or after 56 days since delivery. **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the Diabetes Collaborative PIP. This is the third remeasurement year for this PIP, and aims to improve the HbA1c Control (<8%) for members with diabetes. The mandatory indicator comes from the HEDIS measure set, *CDC-HbA1c Control (<8%)* with the goal to exceed the HEDIS 2014 (MY 2013) NMA by HEDIS 2016 (MY 2015). THP selected an additional measure, *CDC-HbA1c Testing*. The goal seeks 100% of members with diabetes to complete an HbA1c test at least annually.
UHP	**Follow-Up After Hospitalization for Mental Illness PIP** – This is the first remeasurement year for UHP's *Follow-Up After Hospitalization for Mental Illness* PIP which aims to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the HEDIS 2016 NCQA Quality Compass NMA for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5 percentage points (48.71%). **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP –** All MHT MCOs are required to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the Baseline measurement year for this PIP. Indicator 1, mandated by BMS, is the *Prenatal Postpartum Care – Postpartum Care Visit Rate*. Indicator 2 is the *Behavioral Health Risk Assessment (modified*). The goal for Indicator 1 is to exceed the HEDIS 2016 (MY 2015) Baseline rate (57.11%) by 7% by the end of the project. **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the *Diabetes Collaborative* PIP. The mandatory indicator is *CDC-HbA1c Control (<8%)* with the goal to exceed the HEDIS 2015 (MY 2014) NMA (45.52%) by HEDIS 2016 (MY 2015). UHP selected two additional indicators: *CDC-HbA1c Testing* and *Eye (Retinal) Exam Performed*.
WVFH	**Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP** – This is the first remeasurement year for WVFH's *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* PIP which aims to improve the rate of well-child visits for children ages 3 to 6. The long-term goal is to exceed the 2016 NCQA Quality Compass National Medicaid Average for the Well-Child Visits in the *Third, Fourth, Fifth, and Sixth Years of Life* indicator. **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP** – All MHT MCOs are mandated by BMS to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the Baseline measurement year for the PIP that aims to improve the postpartum care visit rate for pregnant women. The mandatory indicator is *Prenatal and Postpartum Care – Postpartum Care* with the goal to

MCO	PIP Topics and Goals
	exceed the HEDIS 2016 (MY 2015) Baseline rate (51.09%) by 7% by the end of the project. The second indicator is Behavioral Health Risk Assessment (modified). **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the Diabetes Collaborative Project. This is the first remeasurement year for this PIP. The mandatory indicator is *CDC-HbA1c Control (<8%).* WVFH selected an additional indicator for this project, *CDC-HbA1c Testing*.

MCO validation results are summarized in Tables 9 through 11.

Table 9. MCO Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP Validation Results for MY 2016 (Baseline Year for THP, UHP and WVFH. Remeasurement Year 1 for ABHWV)

Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative				
Validation Step	MY 2016 PIP Results			
	ABHWV	THP	UHP	WVFH
1. Study topic	M	M	M	M
2. Study question(s)	M	M	M	M
3. Study indicator(s)	M	M	M	M
4. Study population	M	M	M	M
5. Sampling method	M	M	M	M
6. Data collection procedures	M	M	M	M
7. Improvement strategies	M	M	M	M
8. Study findings	M	M	M	M
9. Real improvement	M	N/A	N/A	N/A
10. Sustained improvement	N/A	N/A	N/A	N/A

M=Met: Project met all requirements.
PM=Partially Met: Project met at least one, but not all of the requirements.
U=Unmet: Project did not meet any of the requirements.
N/A=Not Applicable for this project.

The mandatory Prenatal Behavioral Health and Postpartum Care Visit PIP was developed in MY 2015 and was implemented by THP, UHP and WVFH in MY 2016. ABHWV reported baseline data in MY 2015, however MY 2016 is the Baseline Measurement Year for THP, UHP and WVFH. This PIP that aims to improve the postpartum care visit rate for pregnant women. The mandatory indicator is *Prenatal and Postpartum Care – Postpartum Care* with the goal to exceed the HEDIS 2016 (MY 2015) Baseline rate (74.45%) by 7% by the end of the project. MY 2016 is the first year of remeasurement for ABHWV.

All of the MCOs received met findings for each applicable validation step of the Prenatal Behavioral Health and Postpartum Care Visit PIP.

Table 10. MCO Diabetes Collaborative PIP Validation Results for MY 2016 (Remeasurement Year 3)

Diabetes Collaborative PIP				
Validation Steps	MY 2016 Results			
	ABHWV	THP	UHP	WVFH
1. Study topic	M	M	M	M
2. Study question(s)	M	M	M	M
3. Study indicator(s)	M	M	M	M
4. Study population	M	M	M	M
5. Sampling method	M	M	M	M
6. Data collection procedures	M	M	M	M
7. Improvement strategies	M	M	M	M
8. Study findings	M	PM	M	M
9. Real improvement	M	M	M	PM
10. Sustained improvement	M	M	M	N/A

M=Met: Project met all requirements.
PM=Partially Met: Project met at least one, but not all of the requirements.
U=Unmet: Project did not meet any of the requirements.
N/A=Not Applicable for this project.

The mandatory Diabetes Collaborative PIP was developed in MY 2012 and was implemented by three MCOs in MY 2013. WVFH implemented the PIP in MY 2015. BMS and Delmarva Foundation have instructed the MCOs to close the Diabetes Collaborative PIP and begin implementation of a new Childhood Dental PIP which will be implemented in MY 2017.

THP received a partially met finding for Study Findings (Step 8) for the Diabetes Collaborative as they did not indicate new interventions or activities for MY 2018. WVFH received a partially met finding for Real Improvement (Step 9) because statistically significant improvement was not achieved in either indicator.

Table 11. MCO Selected PIP Projects

Validation Steps	ABHWV	THP	UHP	WVFH
	Annual Monitoring for Patients on	Member Establishment	Follow-Up After Hospitalization	Well-Child Visits in the 3rd, 4th,

	Persistent Medications	with PCP of Record	for Mental Illness	5th, and 6th Years of Life
1. Study topic	**M**	**M**	**M**	**M**
2. Study question(s)	**M**	**M**	**M**	**M**
3. Study indicator(s)	**M**	**M**	**M**	**M**
4. Study population	**M**	**M**	**M**	**M**
5. Sampling method	**N/A**	**M**	**N/A**	**N/A**
6. Data collection procedures	**M**	**M**	**M**	**M**
7. Improvement strategies	**M**	**PM**	**PM**	**M**
8. Study findings	**M**	**PM**	**M**	**M**
9. Real improvement	**M**	**PM**	**M**	**PM**
10. Sustained improvement	**N/A**	**PM**	**N/A**	**N/A**

M=Met: Project met all requirements.
PM=Partially Met: Project met at least one, but not all of the requirements.
U=Unmet: Project did not meet any of the requirements.
N/A=Not Applicable for this project.

THP and UHP received partially met findings for Improvement Strategies (Step 7) and THP received a partially met for Study Findings (Step 8) for their individual PIPs (THP's Members Establishment with PCP of Record PIP and UHP's Follow-Up After Hospitalization for Mental Illness PIP). THP's Members Establishment with PCP of Record PIP achieved improvement in both indicators, however they received a partially met for Improvement Strategies (Step 7), because they did not identify new or targeted provider interventions to target barriers identified in MY 2015. THP also received a PM for Study Findings (Step 8) because although they offered a valid data analysis, they failed to address planned activities for MY 2017. Similarly, UHP received a partially met finding for Step 7 as they did not implement targeted provider interventions for their Follow-Up After Hospitalization for Mental Illness PIP.

ABHWV is in the first remeasurement year of the *Annual Monitoring for Patients on Persistent Medications* PIP that aims to improve the rate of monitoring for adult members (over the age of 18) on ACE/ARB, digoxin, or diuretics. The MCO's benchmark is the HEDIS 2016 Medicaid Quality Compass 50th percentile of 87.23%. The long-term goal is to surpass the HEDIS 2016 Medicaid Quality Compass 75th percentile of 89.56%. There was a statistically significant increase from the Baseline Measurement Year (82.44%) to Remeasurement Year 1 (88.23%). Notable interventions to improve the indicator included:

- **Provider Gaps-in-Care Lists**. Monthly lists of non-compliant members were sent to providers that specified members taking an ACE/ARB, diuretic, or digoxin and who were non-compliant for recommended screenings.
- **Member Letters**. Letters were mailed to all members that were taking an ACE/ARB, diuretic, or digoxin to remind them to have lab testing performed at least once a year to monitor the effectiveness of the medications.

THP is in the first remeasurement year of the Member Establishment with PCP of Record PIP that aims to encourage members to establish with their PCP of record. The MCO hopes that this will improve the HEDIS rates for the *Adolescent Well-Care Visits* (AWC) and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)* measures. Members who establish with their PCP may be more likely to obtain well exams and preventive services and less likely to over-utilize the ED and walk-in clinics. Baseline data for MY 2014 was provided for this PIP as it was implemented in the second half of 2015. Both indicator rates decreased from Remeasurement Year 1, and Indicator 1 (44.28%), *Adolescent Well-Care Visits* fell below the Baseline rate (46.47%).

Notable interventions to improve the indicator rates include:

- **Incentive Program.** The MCO provides incentives to members with a qualifying well-visit claim. When a qualifying claim is received, a letter is sent to the member notifying them that they are eligible for the incentive and directions are provided on how to claim the incentive.
- **The Wellness and Health Promotion (W&HP) Call Center**. Members who are identified through claims as not having well exams or other recommended services are called by an outbound call specialist. The call specialist discusses missing services and verifies the member's PCP. When PCPs of record are identified as being wrong, THP changes and updates to the member's correct PCP. For members who may not be established, the outbound specialist is able to help the member get established with a PCP.
- **Use of HEDIS Certified Software**. In late 2015, THP implemented new HEDIS certified software. The software provides detailed information specific to providers or provider groups to show which members need well exams, as well as other services. Analysts use the software to drill down to the provider level to produce reports that show providers the specific members on their rosters that are missing services.

UHP is in the first remeasurement year of implementation of the Follow-*Up After Hospitalization for Mental Illness PIP* that aims to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the HEDIS 2016 National Committee for Quality Assurance (NCQA) Quality Compass NMA for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5 percentage points (48.71%). Indicator 1, *Follow-Up After Hospitalization for Mental Illness 7 Days* Remeasurement Year 1 rate was 28.91% which 14.43 percentage points above the

Baseline rate, but falls short of the project goal of 48.71% Indicator 2, *Follow-Up After Hospitalization for Mental Illness 30 Days* significantly increased from Baseline (38.69%) to Remeasurement Year 1 (62.81%) based on Fisher's Exact Significance Test.

Most notable interventions to increase the indicator rates include:

- **Healthy Rewards Incentive.** Members who complete a transition appointment are eligible for a $20 member incentive as part of the Health Rewards Program.
- **Behavioral Health Case Management.** 100% of members discharged from inpatient admission for mental illness are contacted by case management and offered case management services. Members are followed for 30 days, unless they are identified as high risk and enrolled in Complex Case Management (CM).

WVFH is in the first remeasurement year of implementation of the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP* that aims to improve the rate of well-child visits for children ages 3-6. The long-term goal is to exceed the HEDIS 2016 National Committee for Quality Assurance (NCQA) Quality Compass NMA for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* indicator. Indicator 1 increased from the Baseline Rate of 62.50% to Remeasurement Year 1 rate of 86%, however this increase was not statistically significant.

Notable interventions to improve the indicator rate include:

- **Provider Incentive Program.** $10 gap closure payment offered to all assigned PCPs that complete will-child visits for members with gaps-in-care ages 3-6.
- **Well-Child Visit Outreach and Education.** Trainings provided as needed to Care Managers and Outreach Nurses based on new well-child visit/EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) protocols, reward programs, and changes to evidence-based clinical guidelines.
- **Gaps-in-Care Reports.** Report allows providers to see which of their assigned/selected members have completed a well visit during the calendar year and which members still should have that visit.
- **Health Dialog.** Patients have access to a 24/7/365 phone service to speak with a health care professional after regular Primary Care Provider (PCP) appointment hours.

The indicator rates for all PIPs can be found in Appendix 1.

Overall Summary of MCO Performance on Validation Steps

A comparison of the MHT MCOs' performance on the PIP Validation process shows that all twelve projects in place (three for each MCO) for MY 2016 fully met the requirements for Steps 1-6, where applicable. Specifically, this means that all four MCOs:

- Selected study topics that were appropriate and relevant to their populations.
- Developed study questions that were clear, simple, and answerable.
- Selected study indicators that are meaningful, clearly defined, and measurable.
- Defined the study population by describing the individuals who are eligible for and relevant to the topic.
- Used an appropriate sampling methodology.
- Have data collection procedures in place that include a systematic method of collecting valid and reliable data that represents the entire population.

All four MCOs met the requirements for Steps 7 and 8 for the Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP. Specifically, this means that all four MCOs:

- Have improvement strategies, or interventions, in place that are reasonable and address barriers on a system-level.
- The study findings, or results, are accurately and clearly stated.

Recommendations from the MY 2015 Review and MY 2016 Status

Delmarva provided recommendations to all four MCOs after the MY 2015 PIP validation activities with the expectation that they would be implemented by the MCOs. A summary of the recommendations made and the actions, if any that have been undertaken by each MCO in MY 2016 are summarized in Appendix 4. The detailed PIP Validation findings for MY 2016 can be found in each MCOs PIP Validation Report available through BMS. The indicator rates for all PIP projects are provided in Appendix 1 of this report.

Performance Measure Validation Findings

All four MHT MCOs were required to participate in the PMV for MY 2016. The MCOs successfully reported all performance measures required by BMS. The following analysis compares MCO results for Withhold and other performance measures used to represent quality, access, and timeliness.

MHT Quality Strategy (QS) and Performance Withhold Program

The *West Virginia Mountain Health Trust Program State Quality Strategy for Assessing and Improving Managed Care Quality* (Quality Strategy) was updated in 2015 and identified the following five priorities:

1. Make care safer by promoting the delivery of evidence-based care.

2. Engage individuals and families as partners in their care by strengthening the relationship between patients and their primary care provider.
3. Promote effective communication and coordination of care.
4. Promote effective prevention and treatment of diseases that burden MHT enrollees.
5. Enhance oversight of MCO administration.

Recognizing that performance measurement is essential to monitoring and improving quality, BMS selected performance measures that align its requirements with national, state, and local objectives. The performance measures are chosen from national sources and reflect the priorities outlined in the Quality Strategy. The measures selected for PMV are implemented in different programs, such as the Performance Withhold Program, to monitor and improve quality of services provided by the MCOs. The Performance Withhold Program objective is for MCOs to improve performance for the selected measures in order to earn back their capitation payments that are withheld.

BMS selected ten HEDIS measures for the MY 2016 Withhold Program. Each MCO received a portion of its withhold for each MY 2016 measure that met or exceeded the corresponding 2016 HEDIS (MY 2015) NMA. Table 12 provides the MCO rates for MY 2014-MY 2016 and their corresponding MY 2015 NMA.

Table 12. WV MHT Withhold Measures

Measure	ABHWV			THP			UHP			WVFH		NMA MY 2015* %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %	
Childhood Immunization Status-Combination 3	66.27	71.93	67.22	69.34	70.32	67.88	67.13	68.06	71.99	33.33	62.04	68.99
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Initiation (IET)	^	43.08	44.66	^	44.07	45.01	^	^	42.11	26.35	61.09	38.24
Prenatal and Postpartum Care - Postpartum Care	54.96	59.43	61.93	61.56	63.02	63.26	61.68	57.11	62.04	51.09	74.45	60.93
Adolescent Well-Care Visits	50.47	39.86	55.90	46.47	47.20	44.28	41.90	51.85	55.09	49.88	36.01	48.89

Measure	ABHWV			THP			UHP			WVFH		NMA MY 2015* %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %	
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	77.81	72.13	71.93	70.56	73.97	73.48	68.98	74.87	76.63	62.50	68.86	71.27
Comprehensive Diabetes Care - HbA1c Testing (CDC)	76.40	77.36	90.07	78.87	81.11	91.00	81.71	83.80	86.34	85.42	90.69	85.95
Annual Monitoring for Patients on Persistent Medications - Total (MPM) - Total	81.81	82.44	88.23	84.21	84.50	88.02	85.81	84.76	87.54	93.20	90.22	87.30
Medical Assistance with Smoking and Tobacco Use Cessation - (MSC) Advising Smokers To Quit	69.3	67.7	73.50	77.4	75.0	71.31	74.2	69.1	69.85	74.8	76.19	75.89
Follow-Up for Hospitalization for Mental Illness - Follow-up Visit Within 7 Days of Discharge	^	30.99	31.20	^	21.48	18.00	^	^	28.91	18.92	48.78	43.62
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents- Counseling for Nutrition	51.42	57.55	68.16	57.18	54.26	60.58	47.14	59.72	67.13	50.85	54.99	60.22

*NMA is from HEDIS Quality Compass 2016 (MY 2015) is used only for Performance Withhold Program.

^Measure not collected or denominator too small (less than 30 observations) to calculate a reliable rate.

For MY 2016, MHT MCOs compared against the ten performance withhold measures as follows:

ABHWV performed above the NMA for the following seven of the ten performance withhold measures:

- Adolescent Well-Care
- Annual Monitoring for Patients on Persistent Medications-
- Prenatal and Postpartum Care - Postpartum Care
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Comprehensive Diabetes Care - HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition

THP performed above the NMA for the following six of the ten performance withhold measures:

- Annual Monitoring for Patients on Persistent Medications
- Prenatal and Postpartum Care - Postpartum Care
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Comprehensive Diabetes Care - HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition

UHP performed above the NMA for the following eight of the ten performance withhold measures:

- Adolescent Well-Care
- Annual Monitoring for Patients on Persistent Medications
- Prenatal and Postpartum Care - Postpartum Care
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Childhood Immunization Status- Combination 3
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Comprehensive Diabetes Care - HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition

WVFH performed above the NMA for the following six of the ten performance withhold measures:

- Follow-Up for Hospitalization for Mental Illness - Follow-up Visit Within 7 Days of Discharge
- Annual Monitoring for Patients on Persistent Medications
- Prenatal and Postpartum Care - Postpartum Care
- Comprehensive Diabetes Care - HbA1c Testing
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Medical Assistance with Smoking and Tobacco Use Cessation - (MSC) Advising Smokers To Quit

In the following sections, performance measures are presented which assess Quality, Access, and Timeliness. The diamond rating system in Table 13 is utilized throughout the discussion to compare the MHT-WA to the 2017 HEDIS (MY 2016) National Medicaid Percentiles (NMPs). Ratings can be from one diamond indicating the MHT-WA was equal to the 25th NMP or less to five diamonds where the MHT-WA is greater than the 90th NMP. The diamond rating system is only applicable to HEDIS measures as national benchmarks are available.

Table 13. Diamond Ratings for Performance Measure Tables.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Quality Performance Measures

Five HEDIS indicators from the PMV activities assess the quality of care provided by the MHT MCOs. These measures are noted in Table 14 along with the HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) MHT-WAs and NMP comparisons.

Table 14. WV Performance Measures That Assess Quality

Measure Name	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	
Childhood Immunization Status - Combo 3	67.12	69.97	69.16	♦♦♦

Measure Name	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	
Annual Monitoring for Patients on Persistent Medications - Total	84.1	84.2	88.60	♦♦
Comprehensive Diabetes Care - HbA1c Testing	79.16	80.92	89.52	♦♦♦
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	73.6	71.7	72.71	♦
Follow-Up After Hospitalization For Mental Illness - 7 days	^	27.26	30.62	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	50.32	57.93	66.15	♦♦

*Diamond ratings are based on the HEDIS 2017 (MY 2016) Quality Compass. Refer to Table 13 for details.

The MHT-WA exceeded the 50th NMP and improved between MY 2014 and MY 2016 for Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care- HbA1c Testing. The MHT-WA exceeded the 25th NMP and improved all three measurement years for Childhood Immunization Status- Combination 3 and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition. The MHT-WA for Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit exceeded the 25 NMP and improved between MY 2015 and MY 2016 after a decline between MY 2014 and MY 2015. Even though, the MHT-WA for Follow-Up After Hospitalization For Mental Illness - 7 Days improved between MY 2015 and MY 2016, an opportunity for improvement was identified as the MHT-WA did not exceed the 25th NMP.

Access Performance Measures

Five HEDIS indicators from the PMV activities assess accessibility of health care services provided by the MHT MCOs. These measures are noted in Table 15 along with the HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) MHT-WAs and the NMP comparisons.

Table 15. WV Performance Measure That Assess Access

Measure Name and Goal	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	

Measure Name and Goal	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation	^	41.11	47.45	♦♦♦♦
Prenatal and Postpartum Care - Postpartum Care	59.1	58.52	63.92	♦♦
Percentage of Eligibles That Received Preventive Dental Services (PDENT)	27.1**	32.8**	45.35	47.5+
Dental Sealants for 6-9 Year Old Children at Elevated Risk (SEAL)	^	1.6	26.09	25.3+
Behavioral Health Risk Assessment For Pregnant Women- All Screenings	^	^	42.95	^

*Diamond ratings are based on the HEDIS 2017 (MY 2016) Quality Compass. Refer to Table 13 for details.
**Indicates the MHT-WA is a simple average for the indicated measure.
+ National Medicaid Average from the HHS Report FFY 2016.
^ Measure not collected or no national benchmark available.

The MHT-WA for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Initiation exceeded the 75th NMP. The MHT-WA for Prenatal and Postpartum Care - Postpartum Care was below the 50th NMP but improved from MY 2015 to MY 2016 after a slight decline from MY 2014 to MY 2015. The MHT-WA for Percentage of Eligibles That Received Preventive Dental Services demonstrated improvement in each of the three measurement years and is only slightly lower than the NMA. The MHT-WA for Dental Sealants for 6-9 Year Old Children at Elevated Risk improved significantly from MY 2015 and MY 2016 and exceeded the NMA. Behavioral Health Risk Assessment For Pregnant Women is a new measure and does not have comparable national benchmarks.

Timeliness Performance Measures

Six HEDIS indicators from the PMV activities measures assess timeliness of care provided by the MHT MCOs.

These measures are noted in Table 16 along with the HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) MHT-WAs and the NMP comparisons.

Table 16. WV Performance Measures That Assess Timeliness

Measure Name	MHT-WA	MHT-WA Compared to NMPs

	MY 2014 %	MY 2015 %	MY 2016 %	MY 2016*
Adolescent Well-Care Visits	45.66	46.88	52.21	♦♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.56	73.60	74.19	♦♦♦
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	14.6**	8.03	15.76	22.7+
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	28.1**	12.74	35.78	^
PQI 08: Heart Failure Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	0.8**	2.21	7.67	25.2+
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	7.2**	2.00	2.36	^

*Diamond ratings are based on the HEDIS 2017 (MY 2016) Quality Compass. Refer to Table 13 for details.
**MHT-WA is a simple average for this measure.
+ National Medicaid Average from the HHS Report FFY 2016.
^Measure not reported or no national benchmark available.

The MHT-WA for Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life exceeded the 50th NMP and improved each year from MY 2014 to MY 2016. The MHT-WA exceeded the NMA, meaning a lower rate is better, for PQI 01: Diabetes Short-Term Complications Admission Rate and PQI 08: Heart Failure Admission Rate measures. There was no national benchmark for PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate or PQI 15: Asthma in Younger Adults Admission Rate measures. The MHT-WA declined between MY 2014 and MY 2016 for PQI 01: Diabetes Short-Term Complications Admission Rate, PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate, and PQI 08: Heart Failure Admission Rate measures. Although the PQI 15: Asthma in Younger Adults Admission Rate measure for MY 2016 is .36 of a percentage point over the MY 2015 rate, the rate has still sustained its improvement over the MY 2014 rate.

Summary of Quality, Access, and Timeliness

This section summarizes the Systems Performance Review, Performance Improvement Project, and Performance Measure Validation activities according to the quality, access, and timeliness of care provided to the MHT enrollees as required in 42 CFR §438.364.

Summary of Quality

Quality, as stated in the federal regulations as it pertains to external quality review, is "the degree to which a Managed Care Organization (MCO)… increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" (Centers for Medicare & Medicaid Services [CMS], Final Rule: External Quality Review, 2016).

The evaluation of quality includes an assessment of each MCO's structural and operational characteristics as well as the provision of health services to Medicaid recipients. Improving quality in any of these areas increases the likelihood of the desired health outcomes of its recipients.

The structural and operational characteristics are evaluated through the Systems Performance Review in the QA standard. This standard is important because it assesses each MCO's internal Quality Improvement (QI) structure and its ability to improve the quality of care and services for its enrollees. Key components of the QI program such as goals and objectives, governing board oversight, quality improvement committee activity, provider participation in QI activities, clinical practice guidelines, and quality of care studies and measures are assessed as part of this standard.

The MY 2016 SPR compliance rates for the QA standard for all four MHT MCOs are presented in Table 17.

Table 17. MY 2016 MCO SPR Compliance Rates - Quality Assessment and Performance Improvement

SPR Standard	MY 2016 Compliance Rate			
	ABHWV	THP	UHP	WVFH
Quality Assessment and Performance Improvement	100%	99%	97%	97%

All MCOs performed well in the area of quality. ABHWV achieved full compliance while THP, UHP, and WVFH had compliance rates of 99%, 97%, and 97% respectively.

The MY 2016 SPR demonstrated the following MCO accomplishments related to quality. All four MCOs have:

- Well-documented Quality Improvement Program (QIP) plans that describe the organizational structure and include goals, objectives, and a schedule of planned activities (work plan).
- QIPs that state that the ultimate authority of the QA Program rests with the MCO's governing body, the Board of Directors.
- Committee descriptions in the QIP documents that include all of the required components including committee responsibilities, a designated chairperson, and responsibilities for each committee.
- Quality improvement (QI) and utilization management (UM) committees that met at least quarterly as required.
- Detailed committee meeting minutes that describe actions taken, problem identification, and resolution, as well as coordination and communication among committees.
- Completed their annual QI Program Evaluations; all were all reviewed and approved by the governing body.
- The required number of performance improvement projects (PIPs) in place.
- Participated in the mandatory Diabetes and Prenatal Behavioral Health and Postpartum Care Visit collaborative PIPs.
- Demonstrated that appropriate staff and committees are involved in the decision making process for UM and QI activities.
- UM procedures in place for making authorization decisions.
- UM procedures in place to identify over- and under-utilization.
- CPGs (Clinical Practice Guidelines) in place, and update them at least every two years.
- CPGs and other industry acceptable criteria (e.g. InterQual and Milliman and Robertson) that are used to make UM decisions (e.g. pre-authorization of procedures).
- Procedures in place to monitor delegated credentialing entities. Delegates are held to the same standards as MCOs as demonstrated by the delegated credentialing audits and monitoring conducted by the MCOs.
- On-site pre-delegation audits are conducted prior to contracting with any delegate.
- Disease management programs in place for enrollees with special health care needs.
- Health education programs in place that are based on enrollee characteristics and needs.
- The appropriate policies and procedures in place to cover and pay for emergency and post-stabilization care services.
- Processes in place to collect the required performance data (HEDIS measures, Adult and Child Core Measures).
- Policies and procedures in place to report valid and reliable performance measures.
- Analyzed data collected in the QI and UM programs and use it for problem identification and resolution (e.g. interventions), and program planning (e.g. selection of areas for focused studies and PIPs).

MCOs have the appropriate structures and processes in place to monitor, evaluate, and improve the quality of services to the MHT enrollees using Performance Improvement Projects (PIPs). The MCOs are required to have three PIPs in place at all times. The Reducing Emergency Department (ED) Visits for Members with Asthma Collaborative was closed in 2015. Two PIPs are state mandated and collaborative: Diabetes and Prenatal Behavioral Health Risk Assessment (BHRA) and Postpartum Care Visit. The third PIP is selected by the MCO.

There were three PIPs related to quality in MY 2016:

- Annual Monitoring for Patients on Persistent Medications PIP conducted by ABHWV.
- Follow-Up After Hospitalization for Mental Illness PIP conducted by UHP.
- Diabetes Collaborative PIP conducted by all four MCOs.

In ABHWV's Annual Monitoring for Patients on Persistent Medications PIP, the MCO goal is to surpass the 2016 Medicaid QC 75th Percentile (89.56%). MY 2016 was the first remeasurement year for this PIP. The Annual Monitoring for Patients on Persistent Medications Rate increased from 82.44% (MY 2015) to 88.23% (MY 2016). Improvement was statistically significant from Baseline through Remeasurement Year 1 and can be linked to both targeted provider and member interventions.

In UHP's Follow-Up After Hospitalization for Mental Illness PIP, the goal was to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the 2016 National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid Average (NMA) for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5 percentage points (48.71%). Indicator 1, *Follow-Up After Hospitalization for Mental Illness 7 Days* Remeasurement Year 1 rate was 28.91% which 14.43 percentage points above the Baseline rate, but falls short of the project goal of 48.71.

In the mandated Diabetes Collaborative for which all MCOs are required to participate, the indictor for the collaborative project is *Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Control (<8%)* and the goal is to exceed the HEDIS 2014 NMA (45.4%) by HEDIS 2016 (MY 2015). All MCOs selected at least one additional HEDIS indicator for their projects to include *Retinal Eye Exam Performed* (UHP), and *HbA1c Testing* (ABHWV, THP, UHP, and WVFH) as recommended by Delmarva Foundation. The results for the mandatory indicator, *HbA1c Control <8%*, are found in Table 18.

Table 18. Mandatory Diabetes Collaborative Results

Diabetes Collaborative PIP Mandatory Indicator Results - HbA1c Control < 8%			
ABHWV			
Time Period	**Measurement**	**Goal**	**Results**

Diabetes Collaborative PIP Mandatory Indicator Results - HbA1c Control < 8%			
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%)	41.32%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%)	43.27%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%)	43.16%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%)	48.70%
THP			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%)	45.34%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%)	41.24%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%)	39.63%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%)	56.93%
UHP			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%)	28.73%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%)	38.19%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%)	46.06%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%)	46.99%
WVFH			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed MY 2014 MHT-WA of 36.1%	39.58%
MY 2016	Remeasurement 1	Exceed MY 2015 MHT-WA of 43.6%	43.43%

ABHWV, THP and UHP's MY 2016 rates for HbA1c Control < 8% exceeded the project goal of 45.52% (WVFH had a different goal than the other MCOs because they did not begin this PIP in MY 2013). Each MCO improved the rate from MY 2015 as well as over the Baseline rate. This PIP will be closed at the end of MY 2016 and replaced with a Childhood Dental collaborative PIP. Best practices for interventions for the Diabetes Collaborative that were implemented in 2016 are described below.

ABHWV produces a Practitioner Report annually to high-volume practices including data about diabetes and other diseases. Practitioner Gaps in Care Lists, which are lists that provide member-level detail of missing screenings, tests, and services, were produced and distributed monthly to encourage providers to contact members and get them in for needed services and tests. Delmarva Foundation recommended that the MCO put a mechanism in place to ensure that the provider's follow-up to get members with missing services in for an appointment.

THP's Wellness and Health Promotion (WH&P) Call Center provides one-on-one personalized contact with diabetic members who are missing important services and/or testing. Claims histories are used to identify gaps in care that trigger members being placed in an outbound call queue that is updated

weekly. Following the phone call from the nurse, a letter is sent to the member with a checklist of all missing services that were discussed on the call. A similar letter is sent to the member's PCP urging the PCP to assist the member in obtaining any services the member chooses to pursue.

UHP also generates Provider Gaps in Care Reports that include member-level detail of gaps in care and distributes them to providers in hopes that they will follow-up with enrollees on the lists. In addition, the MCO has a Member Incentive Program which provides a $25 incentive for completing recommended diabetic screenings and a dilated eye exam.

WVFH implemented a member reward program in which members receive $25 gift card after completing an annual HbA1c screening with an in-network provider and $25 for completion of an annual retinal exam. The MCO began to develop a monthly HEDIS Surveillance Report which provides systematic collection, analysis, implementation, monitor and dissemination of data regarding the status of Comprehensive Diabetes Care measure.

All four MCOs participated in the 2017 Performance Measure Validation (PMV) for MY 2016. The MCOs reported performance measures selected from the Performance Withhold Program, Adult and Child Core Measure Sets, and PIPs. The MCOs proved to have appropriate systems and capabilities to accurately collect, calculate and report all the measures according to specifications. The MCO final rates were designated "Reportable" and approved for submission to BMS.

Six measures from the 2017 (MY 2016) PMV set were used to assess quality provided by the MHT MCOs:

- Annual Monitoring for Patients on Persistent Medications - Total
- Childhood Immunization Status - Combination 3
- Comprehensive Diabetes Care - HbA1c Testing
- Follow-Up for Hospitalization for Mental Illness - Follow-up Visit Within 7 Days of Discharge
- Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition

The MHT-WA exceeded the 50th NMP and improved between MY 2014 and MY 2016 for Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care- HbA1c Testing. The MHT-WA exceeded the 25th NMP and improved all three measurement years for Childhood Immunization Status- Combination 3 and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition. The MHT-WA for Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit exceeded the 25 NMP and improved between MY 2015 and MY 2016 after a decline between MY 2014 and MY 2015. The MHT-WA for

Follow-Up After Hospitalization For Mental Illness - 7 Days improved between MY 2015 and MY 2016 but an opportunity for improvement was identified as the MHT-WA did not exceed the 25th NMP.

Summary of Access

Access (or accessibility), as defined by the National Committee for Quality Assurance is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services" *(NCQA 2013 Standards and Guidelines for the Accreditation of Health Plans*). Access to care and services has historically been a challenge for Medicaid enrollees in rural areas of West Virginia. Access is an essential component of a quality-driven system of care.

The SPR standards evaluate enrollee access to informational materials and services. All MCOs provided comprehensive member materials at or below the 6th grade reading level as required by the BMS/MCO contract. Telephone numbers to access Member/Customer Services lines, hours of operation, and the MCO address are provided in Member Handbooks. Member Handbooks describe the covered services, how to access those services, and any other special requirements (e.g. referrals and preauthorizations). Member materials also include a statement of enrollee rights, instructions on how to file complaints, grievances, and appeals and describe how to access a State Fair Hearing. MCOs are required to complete an annual report, supply a copy to the local DHHR offices, and inform enrollees how to access a copy.

MCOs are required to maintain an appropriate treatment of minors policy. WVFH did not have this policy in 2016.

The MCOs are required to assess compliance with appointment access standards in the MCO contract. Current BMS standards state that:

- Emergency cases must be seen immediately or referred to an emergency facility;
- Urgent cases must be seen within 48 hours;
- Routine cases other than clinical preventive services must be seen within 21 days (exceptions are permitted at specific times when PCP capacity is temporarily limited);
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant.
- Qualified medical personnel must be accessible 24 hours each day, seven days a week (24/7), to provide direction to patients in need of urgent or emergency care. Such medical personnel include, but are not limited to, physicians, physicians on call, licensed practical nurses, and registered nurses.

ABHWV met each of the access standards. THP met the 90% threshold for the Emergency Care, Urgent Care within 48 hours, and Routine Care. THP did not meet the Initial Prenatal Care Visit nor the 24/7 Access standards. UPH met the 90% threshold for Urgent Care only. UHP did not meet the 90% threshold for Routine Primary Care, Initial Prenatal Care Visit, and 24/7 access. However, when 24/7 access was measured by the Site Visits, they received a 96.9% compliance rate.

WVFH performs an annual Appointment Accessibility Audit, however the BMS goals listed within the MCO contract were incorrect. Urgent and Routine Care goals for performance standards measured in the WVFH audit were 80% whereas the BMS goals were 90%. The urgent care standard measured in the WVFH audit was 24 hours while the BMS standard was 48 hours. The routine care standard for the audit was within 2-7 days while the BMS standard was 21 days. There was no analysis for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits or initial prenatal care visit within 14 days of notice of pregnancy. For emergency cases, the compliance rate was 71.5% from the After-Hours Report. In order to meet the Access Standards for the MY 2017 review, WVFH must include the BMS goals and appointment standards in their primary policy, provide an analysis with the BMS goals and appointment standards, and meet the performance goal of 90% for each standard.

In regards to PIPs, all MCOs reported indicator rates for the Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP. The mandatory indicator is *Prenatal and Postpartum Care – Postpartum Care Visit Rate.* Table 19 provides the MCO results for the this PIP.

Table 19. Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP Results

Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP Results - MY 2016			
ABHWV			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) Baseline rate (59.43%) by 7%	59.43%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) Baseline rate (59.43%) by 7%	61.93%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	44.81%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.25%
	Baseline 21-56 days		60.61%
	Baseline > 56 days		9.43%

Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP Results - MY 2016			
THP			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (63.02%) by 7%	63.26%
Indicator 2: Behavioral Health Risk Assessment			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	TBD	48.42%
Additional Data Collection: HEDIS Like-Postpartum Care			
MY 2016	Baseline < 21 days	N/A	3.65%
	Baseline 21-56 days		63.26%
	Baseline > 56 days		2.43%
UHP			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (57.11%) by 7%	62.04%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	39.58%
Additional Data Collection: HEDIS Like-Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	5.09%
	Baseline 21-56 days		62.04%
	Baseline > 56 days		5.78%
WVFH			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (51.09%) by 7%	74.45%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	38.0%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.21%
	Baseline 21 to 56 days		61.79%
	Baseline > 56 days		4.56%

Five performance measures were validated and used to assess MCO performance for Access to Care:

- Prenatal and Postpartum Care – Postpartum Care
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Percentage of Eligibles That Received Preventive Dental Services
- Dental Sealants for 6-9 Year Old Children at Elevated Risk
- Behavioral Health Risk Assessment For Pregnant Women

The MHT-WA exceeded the 75th NMP for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation measure. The MHT-WA for Prenatal and Postpartum Care – Postpartum Care measure did not meet the 50th NMP, but the MHT-WA improved between MY 2014 and MY 2016. The MHT-WA for Percentage of Eligibles That Received Preventive Dental Services measure improved between MY 2014 and MY 2016, but remained below the NMA. The Dental Sealants for 6-9-Year-Old Children at Elevated Risk measure results improved between MY 2015 and MY 2016 and exceeded the NMA. Behavioral Health Risk Assessment For Pregnant Women is a new measure and does not have any national benchmarks.

Summary of Timeliness

Access to necessary health care and related services alone is insufficient in advancing the health status of MHT recipients. Equally important is the timely delivery of those services, and systems of care that serve MHT recipients.

Timeliness is an important factor for evaluating MCO performance because organizations must have procedures in place to make decisions timely in order not to disrupt or delay the provision of care or services to their members. The SPR standards in place evaluate timeliness as it relates to both the provision of services and timely access to customer services.

During the MY 2016 SPR on-site review, Delmarva Foundation reviewed cases, files, and logs to assess the MCO's timeliness of:

- Resolution of complaints, grievances and appeals
- Authorization, pre-authorization, and continuing authorization activities

Delmarva Foundation sampled 10 credentialing and 10 recredentialing files for WVFH. The other three MCOs (ABHWV, THP and UHP) had their credentialing and recredentialing files deemed for the MY 2016 review. All initial credentialing applications in the WVFH sample were processed according to the MCOs policies and procedures and within regulatory time frames. All provider recredentialing files in the sample were credentialed within the three-year regulatory requirement.

For MY 2016, one MCO (UHP) did not have an Additional State Specific Regulatory or Contractual Requirements for West Virginia Policy approved and implemented. These requirements are in place for dental providers who induce central nervous system anesthesia. A CAP was required for UHP to approve and implement this West Virginia Policy.

Delmarva Foundation reviewed each MCO's grievance log and selected a sample of 10 formal appeal cases from each MCO for review. In cases where an MCO did not have 10 appeals for MY 2016, all cases were reviewed.

The BMS/MCO contract requires MCOs to process and provide notice to affected parties regarding grievances and appeals in a reasonable length of time not to exceed 45 days from the day the MCO receives the grievance or appeal, unless the enrollee requests an extension or the MCO shows that a delay is necessary and in the interest of the enrollee. All sampled grievance and appeals cases reviewed for MY 2016 were resolved timely.

Each MCO has a UM program in place which includes policies and procedures to monitor the timeliness of utilization management decisions. According to the BMS/MCO contract, the MCOs must make authorization decisions and provide notice as expeditiously as required by the enrollee's health condition and within 14 measurement days of receiving the request for service for the purposes of standard authorization decisions. All MCOs monitor the time to completion for authorizations against this timeliness standard. Results are compiled at least monthly by all MCOs and reported through the QA channels at least quarterly.

In addition, the MCOs must provide an expedited authorization decision for services when the provider indicates that the standard time frame could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function. The MCO must make the expedited authorization decision and provide notice to the enrollee as expeditiously as the enrollee's health condition requires, and no later than 3 working days after receipt of the request for service. This 3 working-day period may be extended up to 14 additional days upon request of the enrollee or provider, or if the MCO justifies to BMS the need for additional information and how the enrollee might benefit from the extension.

All authorization decisions are monitored for timeliness. Turn-around time is measured and documented. These results are usually summarized quarterly and reported through the quality assurance channels by the UM department.

One MCO (UHP) had an issue with BH denial notification timeliness. Details are described in the MCOs specific section of this report. All other MCOs were compliant with all timeliness standards reviewed in the SPR. MCO reported that there were no cases of expedited authorization requests for MY 2016.

In MY 2016, there were two PIPs that addressed timeliness: Members' Establishment with their Primary Care Provider (PCP) PIP conducted by THP and Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP conducted by WVFH.

THP's *Members' Establishment with PCP of Record PIP* is in the third remeasurement year. The project aims to increase the HEDIS rates for the *Adolescents Well-Care Visits* and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* by 5 percentage points over the Baseline rate (46.47%). THP realized a decrease in both rates for MY 2016 from MY 2015 with Indicator 1 (44.28%) falling below the Baseline rate (46.47%). Delmarva Foundation recommends that THP re-evaluate their barrier analysis and implement new, targeted face-to-face provider interventions to increase rates for both indicators.

Interventions identified as best practices in the review of THP's PIP are listed below:

- **Incentive Program.** THP provides incentives to members with a qualifying well-visit claim. When a qualifying claim is received, a letter is sent to the member notifying them that they are eligible for an incentive and directions are provided on how to claim the incentive.
- **The Wellness and Health Promotion (W&HP) Call Center.** The call specialist discusses missing services and verifies the member's PCP. When PCPs of record are identified as being incorrect, THP changes and updates the members correct PCP. For members who may not be established, the outbound specialist is able to help the member get established with a PCP. In the 3rd Quarter of 2016, two additional call center representatives were hired.
- **Use of HEDIS-Certified Software.** In late 2015, THP implemented new HEDIS certified software and began using it for provider education in MY 2016. The software provides detailed information specific to providers or provider groups to show which diabetic members need services. Analysts use the software to drill down to the provider level to produce reports that show providers the specific members on their rosters that are missing services.

WVFH's Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP is in the first remeasurement year. This project aims to improve the rate of well-child visits for children ages 3-6. The long-term goal is to meet or exceed the 2016 HEDIS National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid Average for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* indicator. The indicator rate for MY 2016 (68.86%) was improved from the Baseline rate of 62.50%, but fell short of the goal of 71.27%.

WVFH implemented the following member and provider interventions:

- **Provider Incentive Program.** $10 gap closure payment offered to all assigned PCPs that complete will-child visits for members with gaps-in-care ages 3-6.
- **Well-Child Visit Outreach and Education.** Trainings provided as needed to Care Managers and Outreach Nurses based on new well-child visit/EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) protocols, reward programs, and changes to evidence-based clinical guidelines.
- **Gaps-in-Care Reports.** Report allows providers to see which of their assigned/selected members have completed a well visit during the calendar year and which members still should have that visit.
- **Health Dialog.** Patients have access to a 24/7/365 phone service to speak with a health care professional after regular Primary Care Provider (PCP) appointment hours.

The results for each MCO's selected PIP projects are found in Table 20.

Table 20. MCO Selected PIP Projects

MCO Selected PIP Projects			
ABHWV			
Annual Monitoring for Patients on Persistent Medications PIP Results			
Indicator 1: Annual Monitoring for Patients on Persistent Medications – Total Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	89.56% (2016 Medicaid QC 75th Percentile)	82.44%
MY 2016	Remeasurement 1	89.56% (2016 Medicaid QC 75th Percentile)	88.23%
THP			
Member Establishment with PCP of Record PIP Results			
Indicator 1: Adolescent Well-Care Visits			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	46.47%
MY 2015	Remeasurement 1	5 percentage point increase annually	47.20%
MY 2016	Remeasurement 2	5 percentage point increase annually	44.28%
Indicator 2: Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	70.56%
MY 2015	Remeasurement 1	5 percentage point increase annually	73.97%
MY 2016	Remeasurement 2	5 percentage point increase annually	73.48%
UHP			
Follow-Up After Hospitalization for Menta illness PIP Results			

Indicator 1: Follow-Up After Hospitalization for Mental Illness 7 Days			
Time Period	Measurement	Goal	Results
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	15.48%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	28.91%
Indicator 2: Follow-Up After Hospitalization for Mental Illness 30 Days			
Time Period	Measurement	Goal	Results
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (61.29%) by 5 percentage points	38.69%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (61.29%) by 5 percentage points	62.81%
WVFH			
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP Results			
Indicator 1: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Time Period	Measurement	Goal	Results
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (71.89%)	62.50%
MY 2016	Remeasurement 1	Exceed HEDIS 2017 (MY 2016) (71.27%)	68.86%

For MY 2016, six performance measures were validated and assessed to represent MCO performance in the area of timeliness:

- Adolescent Well-Care Visits
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The MHT-WA for Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life exceeded the 50th NMP and improved each year from MY 2014 to MY 2016. The MHT-WA exceeded the NMA for PQI 01: Diabetes Short-Term Complications Admission Rate and PQI 08: Heart Failure Admission Rate measures. There are no national benchmarks for PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate and PQI 15: Asthma in Younger Adults Admission Rate measures. The MHT-WA increased, indicating an decline in performance over the three-year measurement period for PQI 01: Diabetes Short-Term Complications Admission Rate, PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate, and PQI 08: Heart Failure Admission Rate measures. Although the PQI 15: Asthma in Younger Adults Admission measure

rate for MY 2016 is .36 of a percentage point over the MY 2015 rate, the rate has still sustained its improvement over the MY 2014 rate.

MHT MCO Strengths, Requirements, and Recommendations

Strengths, requirements, and recommendations for each standard are provided in the following tables for each MCO. Strengths are provided to encourage MCOs to continue efforts that are effective. Requirements are provided to address elements and components that were not fully compliant (partially met or unmet) or that will need to be revised to maintain a current review determination of *Met*. All Requirements must be addressed by the MCO in order to be fully compliant at the time of the next annual review. Recommendations are made where Delmarva Foundation has suggestions to improve current MCO processes and practices that already meet requirements. MCOs are not required to implement recommendations although it is encouraged.

Table 21. ABHWV Strengths, Requirements and Recommendations

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are at or below the required 6th grade reading level as assessed using the Flesch-Kincaid test. • Strong outreach program. • Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. • Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format. • The Member Handbook, Provider Directory, and other important enrollee materials and tools are available on the MCO's website for members to access 24/7.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Grievance Systems	**Strengths** • Well-documented grievance system which includes the Member Appeals Policy and the General Complaints Policy. • The policies and procedures are in place and followed; all complaint, grievance, and appeal resolutions were documented and easy to follow from registration through completion/resolution. • The NOA letter sent to enrollees includes all required elements. • All NOAs sent to enrollees include an attachment which notifies enrollees of their right to and process for filing a grievance, appeal, and State Fair Hearing. • All grievance and appeals files reviewed contained the appropriate documentation, including an acknowledgment letter and were resolved within the appropriate time frames.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Quality Assessment and Performance Improvement	**Strengths** • The MCO achieved a Commendable Accreditation Status from NCQA which was effective October 2016. • Exceeded the inter-rater reliability (IRR) MCO goal of 85% (degree of agreement) for application of clinical screening criteria by its Preauthorization Nurses, Concurrent Review Nurses, Case Managers, and Physicians. The physical health IRR rate was 96% and the BH IRR rate was 93%. • All credentialing and recredentialing records reviewed were completed timely. • Delegated oversight policies and procedures are in place and followed. The MCO provided the annual audit results for all delegated entities. • UM monitors over and under-utilization of services to ensure enrollees have appropriate access to services. • The MCO is participating in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP and Diabetes Collaboratives. • Disease and case management programs are in place. An electronic review of cases on-site demonstrated appropriate interventions and outreach efforts are in place. • All standards for member satisfaction are met. The annual CAHPS® analysis identify barriers includes a comprehensive plan of action. Enrollee satisfaction results were shared with providers in 4th Quarter 2016 ABHWV Provider Newsletter. • Successfully reported all required performance measures by contractual deadlines. • The Health Education plan includes different initiatives and outreach programs to engage the community. One successful program during 2016 was the scheduling for well-child clinic days. The program had good attendance with over 170 kids participating in the 14 events across the State. • The MCO uses several sources of information to assess provider availability and access. Sources include geo-access reports, secret shopper reports, member and provider demographics, provider surveys, CAHPS® survey results, and enrollee complaints. • Met or exceeded the 90% minimum threshold for all BMS Timeliness standards for Primary Care Providers and Obstetricians.
	Requirements and Recommendations • Although 100% compliance was achieved for the QA standard, it is recommended that the MCO investigate ways to increase compliance of BH Providers to the MCO internal appointment availability standard of routine care in 10 business days. • Include credentials and job descriptions within the work plan for those involved in providing and monitoring medical and BH services.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Fraud and Abuse	**Strengths** • Followed all policies outlined in the Aetna Medicaid Fraud Plan and Aetna Medicaid Compliance Plan to meet federal and state standards to detect fraud and abuse. Local committee meeting minutes documented fraud, waste, and abuse activities through the year. • Has appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. • Employs IBM's Fraud and Abuse Management System anti-fraud software to enhance the SIU's capabilities to detect and prevent fraud, waste, and abuse. Employees are required to complete annual training for Aetna's Code of Conduct and fraud, waste, and abuse.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Performance Improvement Projects	
Annual Monitoring for Patients on Persistent Medications	**Strengths** • Indicator is a HEDIS measure. • PIP met requirements. • Data and analysis is comprehensive. • The MCO realized significant improvement from Baseline Measurement through Remeasurement Year 1.
	Requirements and Recommendations • The MCO should continue this PIP and implement planned interventions submitted for Remeasurement Year 2. • Continue with those interventions that have been determined to be successful in impacting the indicators.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • MCO used the Collaborative PIP template and instructions. • Clearly defined study population and indicators. • Clearly defined study design and data analysis plan. • Targeted member and provider interventions. • PIP met requirements.
	Requirements and Recommendations • The MCO should continue this PIP and implement planned interventions submitted for Remeasurement Year 2. • Continue with those interventions that have been determined to be successful in impacting the indicators.
Diabetes Collaborative	**Strengths** • Both indicator rates are HEDIS indicators. • PIP met requirements.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
	• The MCO exceeded the goals for both Indicator 1 and Indicator 2 for MY 2016. • The Gaps in Care Lists that are sent to providers are great sources of information for providers. • Three new interventions were implemented in MY 2016 which provided one-to-one contact with members. • MY 2016 marks the first year that ACA expansion members met continuous enrollment for the CDC measure causing the population for this measure to increase from 589 to 3,401 members, a 377.58% change over MY 2015.
	Requirements and Recommendations • Put a mechanism in place to monitor and require follow-up on the Gaps-in-Care lists that are generated for providers. • Close this PIP and implement Collaborative Childhood Dental PIP. • Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.
Performance Measure Validation	
Strengths • Successful information system migration from Coventry's IDX platform to Aetna's QXNT platform. • Processes are well coordinated between the local MCO and the corporate quality team for performance measure reporting.	
Requirements and Recommendations • Review and verify that all data elements contained in its final rate workbook are accurate and complete prior to submission. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.	

Table 22. THP Strengths, Requirements and Recommendations

THP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are at or below the required 6th grade reading level as assessed using the Flesch-Kincaid metric. • The MCO has a strong outreach program which is used to provide orientation, enroll members in case and disease management programs, and help members access services they need (e.g. help arrange transportation). • Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. The Member Handbook includes the BH benefits to which members are entitled. • The Member Handbook, a Provider Directory search, and other important enrollee materials and tools are available on THP's website for members to access 24/7. • Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Grievance Systems	**Strengths** • Complaint, grievance, and appeals procedures are well established and interviews with staff confirm they are followed. • The Medicaid chapter of the Practitioner Procedural Manual and BH Practitioner Provider Manual provides information for providers to file grievances and appeals. • The Member Handbook provides an overview of procedures enrollees should use to file grievances, appeals, and to access a State Fair Hearing. (As above, the MCO must review the Grievance and Appeals section to ensure the correct use of "provider" and "practitioner.") • Complaints, grievances, and appeals are monitored for timeliness of completion. • All 2016 grievance and appeal case files reviewed on-site were completed in a timely manner. • Timeliness of completion of appeals, grievances, and complaints is monitored and reported through the Continuous Quality Improvement Committee, to the Executive Management Committee, which reports directly to the Board of Directors. • Thorough documentation is maintained in appeal files in the MCO's electronic proprietary HEART system to support all decisions. • All member grievance cases for 2016 were reviewed. All were completed timely and files included all required documentation.

THP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Quality Assessment and Performance Improvement	**Strengths** • The Quality Management (QM) and Utilization Management (UM) program documents are comprehensive and describe the major activities, goals, and objectives. • There are separate work plans for QM, UM, and BH. • Disease and case management programs are in place. An electronic review of cases on-site demonstrated appropriate interventions and outreach efforts are in place. • THP successfully manages, tracks, and monitors its EPSDT-eligible enrollees via its proprietary information system, HEART. • The MCO Performance Improvement Project (PIP) topics and indicators are relevant and appropriate. • The MCO participates in the mandatory Diabetes PIP. The Pediatric Asthma Emergency Department (ED) PIP was closed in 2016 and will be replaced with the Behavior Health Risk Assessment and Postpartum Care PIP. The third PIP was implemented in 2014 and focusses on children establishing a relationship with the PCP to improve the well-child visit rate. • Lines of authority and communication among the QM and UM committees are well documented. Meeting minutes document the information flow among these committees and up to the Executive Management Team (EMT). The MCO was able to successfully implement reporting of BH activities into its QM committee structure. • There is documentation in QM and QIC committee meeting minutes to demonstrate EMT and BOD involvement (feedback and recommendations etc.) in the various QM and UM activities. • The Medical Director is the Chairperson for the Credentialing Committee, Medical Directors Oversight Committee (MDOC), Physician Advisory Committee (PAC), and the Quality Improvement Committee (QIC). • Medical Director involvement is evident in all quality-related activities and documented in these various committee-meeting minutes. • Provider participation is apparent throughout quality programs and initiatives as documented in the QIC and PAC meeting minutes. • All credentialing and recredentialing records sampled for the review period were completed timely. • The MCO appropriately reviews and updates CPGs at least every two years, and more frequently if warranted. • THP has a comprehensive health education plan and targets its members and community needs.
	Requirements and Recommendations • Improve compliance rate for initial prenatal care visits scheduled within 14 days of the date, when women are found to be pregnant, to 90% or greater. • Improve compliance rate for 24/7 access standard to 90% or greater.
Fraud and Abuse	**Strengths** • The Fraud, Waste, and Abuse Plan is comprehensive and addresses all

THP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
	requirements set forth by Federal and State regulations. • THP uses data mining software to enhance its ability to detect patterns of potential fraud in its claims. • All staff must complete training for compliance and fraud, waste, and abuse upon being hired and annually thereafter. Training is conducted and tracked digitally. • The Special Investigative Unit trains annually for new information and tracks training. • The Compliance Committee meets regularly and meeting minutes are kept to document discussions and activities.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Performance Improvement Projects	
Member Establishment with PCP of Record	**Strengths** • Both indicators are HEDIS measures. • PIP met requirements. • The Wellness, Health and Prevention (WH&P) call center is a well-established mechanism to identify members that are in need of services. • The WH&P call center was enhanced in MY 2016 by adding additional staff. • Interventions target both members and providers.
	Requirements and Recommendations • Establish targeted provider interventions for PIPs as previous interventions providing face-to-face provider education ended in MY 2016. • Continue this PIP and implement planned interventions submitted for Remeasurement Year 2.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • PIP meets requirements. • Well-established prenatal program in place for which the outreach team tracks all pregnant members to help ensure that members are obtaining regular prenatal services. • THP uses HEDIS software to drill down to the provider and member level. Providers are given reports that show which members have missed appointments. • Interventions are expected to improve indicator performance.
	Requirements and Recommendations • Investigate interventions to improve the BHRA data collection and reporting process. • Continue with those interventions that have been determined to be successful in impacting the indicators. • Continue this PIP and implement planned interventions submitted for Remeasurement Year 2.

THP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Diabetes Collaborative	**Strengths** • PIP met requirements. • Comprehensive project rationale. • The two PIP indicators are HEDIS measures. • Interventions target identified members and provider barriers. • Indicator 1 achieved almost a 10-percentage point increase over MY 2015.
	Requirements and Recommendations • Continue with targeted member and provider specific interventions. • Continue with those interventions that have been determined to be successful in impacting the indicators. • Close this PIP and implement the Collaborative Childhood Dental PIP. • Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.
Performance Measure Validation	
Strengths • The team of programmers and quality analysts are very experienced and work well with each other. • Processes are well coordinated for performance measure reporting.	
Requirements and Recommendations • Review and verify that all data elements contained in its final rate workbook are accurate and complete prior to submission. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.	

Table 23. UHP Strengths, Requirements and Recommendations

UHP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are comprehensive and provide enrollees with information on their benefits and how to access them. • Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format. • The Member Handbook and Provider Directory are available on UHP's website for members to access 24/7. • The MCO provides oral interpretation for any language to enrollees free-of-charge as required. • Member materials are assessed to ensure a reading level of 6th grade or below using the Flesch-Kincaid test. • All required enrollee rights and responsibilities are provided in the Member Handbook and in the Members' Rights Policy. • The Member Handbook provides all of the required information to ensure enrollees have access to information on how to access services to which they are entitled. • The Member Handbook details how members can file grievances, appeals, and access the State Fair Hearing process.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Grievance Systems	**Strengths** • UHP has well-developed grievance policies and procedures that meet all requirements. • Appeals and grievance files contain all the required components. • The NOA letters are comprehensive and include all of the required elements. • NOAs inform enrollees how to file an appeal, outline the appeal process, and explain enrollee rights during the appeal process. • Appeals are resolved in an expeditious manner. All case files reviewed were resolved within the 30-day timeframe requirement.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

UHP MY 2016 Strengths, Requirements, and Recommendations	
Quality Assessment and Performance Improvement	**Strengths** • The MCO appropriately coordinates services for enrollees with special health care needs. • UHP consistently applies review criteria for authorization decisions. • Interrater reliability is conducted routinely to ensure consistent application of review criteria by clinical staff. • A credentialing and recredentialing file review demonstrates that UHP meets timeliness requirements. No deficiencies were noted in the files that were audited on-site. • The delegated credentialing policies and procedures are comprehensive. All delegated entities received an annual audit. • Clinical practice guidelines and criteria are in place and appropriately used to make authorization decisions. • UHP maintains a quality and health information system that collects, analyzes, integrates, and reports data. All required performance measures were reported to BMS on time. • UHP's Health Education Plan creates opportunities to engage enrollees and their communities in preventative and wellness programs. • Collaboration between quality-related committees and sub-committees is clear and documented in meeting minutes/reports.
	Requirements and Recommendations • Achieve at least a 90% compliance rating for each type of appointment to ensure that members have timely access to care and services. The MCO's provider access survey found that providers met the threshold for Urgent Care (96%), but did not meet the standards for After Hours (24/7) Access to Primary Care Providers (65%), Prenatal Appointment Within 14 Days (83%), and Routine Appointment (64%). • Ensure that the Additional State Specific Regulatory or Contractual Requirements for West Virginia Policy is approved and implemented. Additionally, provide documentation that dental providers who induce central nervous system anesthesia are held to this standard during the credentialing and recredentialing (e.g. credentialing or recredentialing records) process. • Ensure that all denial notifications are mailed to the enrollee and providers for all services timely.
Fraud and Abuse	**Strengths** • Has a comprehensive Fraud and Abuse Program Integrity Plan. • Appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. • Compliance training program outlines the company's expectation for ethical behavior for employees and their responsibility to report suspected cases of fraud, waste, and abuse. • Uses its experience both locally (WV) and nationally to detect fraud, waste, and abuse. Any "schemes" identified in one region of the country are investigated in all of their markets.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

UHP MY 2016 Strengths, Requirements, and Recommendations	
Performance Improvement Projects	
Follow-Up After Hospitalization for Mental Illness	**Strengths** • PIP met requirements. • The indicator rates are HEDIS measures. • Interventions address many of the barriers identified. • Interventions target both providers and members and provide one-to-one contact with providers and members. • Provider and member incentive programs have been implemented.
	Requirements and Recommendations • Identify new interventions that target providers to educate them on HEDIS specific timeframes for BH measures. • Continue with those interventions that have been determined to be successful in impacting the indicators. • Continue PIP.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • Indicator 1 is a HEDIS indicator. • The MCO follows HEDIS methodology for sampling and will use NCQA certified HEDIS software to pull the samples. • UHP offered a robust barrier analysis. • UHP offers a member incentive of $25 to complete a postpartum visit within the HEDIS timeframe window. • PIP met requirements.
	Requirements and Recommendations • Continue with those interventions that have been determined to be successful in impacting the indicators. • Interventions are expected to improve outcomes. • Continue PIP.
Diabetes Collaborative	**Strengths** • The indictor rates are HEDIS indicators. • Interventions target both members and providers. • All three project indicators improved from MY 2015 to MY 2016 and from Baseline Measurement to MY 2016. • PIP met requirements.
	Requirements and Recommendations • Close this PIP and implement Collaborative Childhood Dental PIP. • Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.
Performance Measure Validation	
Strengths	

UHP MY 2016 Strengths, Requirements, and Recommendations
• Processes are well-coordinated between the local MCO and the corporate quality team for performance measure reporting. • Full utilization of NCQA-certified software for reporting a majority of the required performance measures.
Requirements and Recommendations • Verify that all data elements contained in its final rate workbook are accurate and complete prior to submission. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.

Table 24. WVFH Strengths, Requirements and Recommendations

WVFH MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are at or below the required 6th grade reading level as assessed using the Flesch-Kincaid metric. • Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. • The Member Handbook details how members can file grievances, appeals, and access the State Fair Hearing process. • The Member Handbook, a Provider Directory search, and other important enrollee materials and tools are available on WVFH's website for members to access 24/7.
	Requirements and Recommendations • Update the Your Rights and Responsibilities section of the WVFH Member Handbook to include religion, mental or physical disability, sexual orientation, genetic information, and source of payment. • Develop and implement a policy on the appropriate treatment of minors.
Grievance Systems	**Strengths** • The member appeals cases sampled for 2016 were complete and timely in all cases. • All NOAs sent to enrollees include an attachment which notifies enrollees of their right to and the process for filing a grievance, appeal, and State Fair Hearing. • All grievance and appeals files reviewed on-site contained the appropriate documentation, including an acknowledgment letter and were resolved within the appropriate time frame.
	Requirements and Recommendations • Ensure that the WVFH Formal and Informal Appeals Policy includes all six required conditions under which enrollees can request continuation of

WVFH MY 2016	
	benefits including that the services are being appealed were ordered by an authorized provider and that the enrollee or provider is appealing a decision to terminate, suspend, or reduce a previously authorized course of treatment.
Quality Assessment and Performance Improvement	**Strengths** • All credentialing and recredentialing records sampled for the review period were organized and completed timely. • At the local level, reviews and updates (as needed) CPGs every year. Examples of some CPGs reviewed and approved in 2016 include Preventive Guidelines - Adults, Preventive Guidelines – Children, Childhood Immunizations, Diabetes, Coronary Artery Disease, and Asthma. • BH was carved into the MCO benefit plans in July 2016. The MCO delegates BH to Beacon Health Strategies and monitors this provider on a quarterly basis.
	Requirements and Recommendations • Update the Member Handbook to include OB/GYN specialists as PCPs for female enrollees. • Provide an analysis with the BMS appointment standards and meet the performance goal of 90% for each standard. • Increase compliance rate for 24/7 Access from 71.7% to 90% as required by BMS. • Provide an analysis with the BMS appointment standards in addition to 24/7 access. All rates must meet the minimum performance threshold of 90%.
Fraud and Abuse	**Strengths** • The FWA and Compliance Plan was found to be align with the standards. • The special investigation unit is well staffed. • Appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. • The compliance and ethics employee training program was comprehensive; employees must complete training when they are first hired and on an annual basis after.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Performance Improvement Projects	
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • The primary indicator is a HEDIS measure. • Clearly defined study population. • Clearly defined study design and data analysis plan. • PIP met requirements.
	Requirements and Recommendations • Continue with those interventions that have been determined to be successful in impacting the indicators. • Continue PIP.
Well-Child Visits in the Third,	**Strengths** • The indicator is a HEDIS measure.

WVFH MY 2016	
Fourth, Fifth, and Sixth Years of Life	• Clearly defined study population. • Clearly defined study design and data analysis plan. • Targeted face-to-face member and provider interventions. • Indicator 1 rate increased from MY 2015 to MY 2016. • PIP met requirements.
	Requirements and Recommendations • Continue PIP. • Interventions are expected to improve indicator rate. • Continue with those interventions that have been determined to be successful in impacting the indicators.
Diabetes Collaborative	**Strengths** • Both indicators are HEDIS measures. • Member interventions include incentives for key diabetes measures *HbA1c Testing* and *Retinal Eye Exam*. • Both indicators increased from MY 2015 to MY 2016. • PIP met requirements.
	Requirements and Recommendations • Implement a targeted provider intervention that addresses the gaps-in-care of their diabetic members. • Close this PIP and implement the Collaborative Childhood Dental PIP. • Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.
Performance Measure Validation	
Strengths • Processes are well-coordinated for performance measure reporting. • Full utilization of its HEDIS-certified software for reporting the majority of required performance measures for validation.	
Requirements and Recommendations • Verify that all data elements contained in its final rate workbook are accurate and complete prior to submission. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.	

MHT Program Strengths, Requirements, and Recommendations

Table 25. MHT Strengths, Requirements and Recommendations

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Systems	**Strengths**

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Performance Review	• All four MCOs achieved full compliance (100%) for the Fraud and Abuse Standard. • The MCOs achieved rates of 98% to 100% for the Enrollee Rights standard. • The MCOs achieved rates of 98% to 100% for the Grievance System Standard. • The MCOs achieved rates of 97% to 100% for the Quality Assessment and Performance Improvement Standard. • Three of the four MCOs achieved full compliance (100%) for the Enrollee Rights standard. • Three of the four MCOs achieved full compliance (100%) for the Grievance System Standard.
	Requirements and Recommendations • The MCOs must focus efforts on consistently meeting the 24/7 access standard. Over the last four trend years, the MCOs have not consistently met this standard. Each MCO measures the compliance to this standard differently and therefore the results are not comparable across MCOs. It is recommended that BMS and Delmarva Foundation develop a methodology for the MCOs to use to measure 24/7 access and amend the MCO contract so that the results can be comparable. • As required, the MCOs completed internal Corrective Action Plans (CAPs) to address any areas that were not fully compliant. All CAPs addressed the non-compliant areas and provided interventions to address the deficiencies. CAP progress reports are submitted quarterly to Delmarva Foundation for monitoring of progress toward addressing deficiencies.
Performance Improvement Projects	**Strengths** • All MCOs understand the major components of PIPs. • All MCO's PIPs have relevant study topics, clear study questions, and meaningful and well-defined indicators. • All MCO's PIPs include well-defined study populations use appropriate and valid sampling methods, and use data collection methods that provide for the collection of valid and reliable data. • All MCO's are implementing interventions that are reasonable and address barriers. • All MCO's are reporting the study findings accurately and clearly. • All MCOs achieved improvement in the mandatory Diabetes PIP indicator HbA1c <8% rate. • All MCOs have interventions including Gaps in Care Reports and Provider Profile that are used to identify members in need of care or services for the mandatory collaborative PIPs.
	Requirements and Recommendations • All MCOs are required to continue the Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIPs. • MCOs must close the Diabetes Collaborative PIP and establish the collaborative Childhood Dental PIP with MY 2017 as the Baseline data year.
Performance	**Strengths** • All four MCOs have sufficient information systems to collect data used calculate

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Measure Validation	and report performance measures. • All MCOs use HEDIS certified software. • All MCOs were timely in submitting performance measures to BMS for HEDIS, CAHPS, PMV, and the Adult and Child Core Sets. • The MHT-WA improved each year between MY 2014 and MY 2016 for the Annual Monitoring for Patients on Persistent Medications - Total, Comprehensive Diabetes Care - HbA1c Testing, and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Nutrition measures. • The MHT-WA for the Percentage of Eligibles That Received Preventive Dental Services measure improved between MY 2014 and MY 2016. • The MHT-WA improved between MY 2015 and MY 2016 for Dental Sealants for 6-9 Year Old Children at Elevated Risk measure and exceeded the NMA. • The MHT-WA exceeded the 75th NMP and improved between MY 2015 and MY 2016 for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation measure. • The MHT-WA for Adolescent Well-Care Visits and Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measures improved each year between MY 2014 and MY 2016. • PQI 15: Asthma in Younger Adult Admission Rate measure improved in performance in MY 2016 after a slight decline in MY 2015.
	Requirements and Recommendations • Fully verify information submitted in the PMV Rate Reporting Worksheet prior to submitting to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCOs are encouraged to maintain provider and member incentives associated with the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.

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Appendix 1 – PIP Indicator Results

Table A1-1. ABHWV Performance Improvement Project (PIP) Results.

Annual Monitoring for Patients on Persistent Medications PIP Results			
Indicator 1: Annual Monitoring for Patients on Persistent Medications – Total Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	89.56% (2016 Medicaid QC 75th Percentile)	82.44%
MY 2016	Remeasurement 1	89.56% (2016 Medicaid QC 75th Percentile)	88.23%
Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (59.43%) by 7%	59.43%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (59.43%) by 7%	61.93%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	44.81%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.25%
	Baseline 21-56 days		60.61%
	Baseline > 56 days		9.43%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1C Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	41.32%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	43.27%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	43.16%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	48.70%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	76.40%
MY 2015	Remeasurement 1	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	77.36%
MY 2016	Remeasurement 2	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	90.07%

Table A1-2. THP Performance Improvement Project (PIP) Results.

Member Establishment with PCP of Record PIP Results			
Indicator 1: Adolescent Well-Care Visits			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	46.47%
MY 2015	Remeasurement 1	5 percentage point increase annually	47.20%
MY 2016	Remeasurement 2	5 percentage point increase annually	44.28%
Indicator 2: Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	70.56%
MY 2015	Remeasurement 1	5 percentage point increase annually	73.97%
MY 2016	Remeasurement 2	5 percentage point increase annually	73.48%
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) Baseline rate (63.02%) by 7%	63.26%
Indicator 2: Behavioral Health Risk Assessment			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	TBD	48.42%
Additional Data Collection: HEDIS Like-Postpartum Care			
MY 2016	Baseline < 21 days	N/A	3.65%
	Baseline 21-56 days		63.26%
	Baseline > 56 days		2.43%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	45.34%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	41.24%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	39.63%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	56.93%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	100%	73.91%
MY 2014	Remeasurement 1	100%	78.87%
MY 2015	Remeasurement 2	100%	81.11%
MY 2016	Remeasurement 3	100%	91.00%

Table A1-3. UHP Performance Improvement Project (PIP) Results

Follow-Up After Hospitalization for Mental Illness PIP Results			
Indicator 1: Follow-Up After Hospitalization for Mental Illness 7 Days			
Time Period	**Measurement**	**Goal**	**Result**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	15.48%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	28.91%
Indicator 2: Follow-Up After Hospitalization for Mental Illness 30 days			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (71.64%) by 5 percentage points.	38.69%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (71.64%) by 5 percentage points.	62.81%
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Time Period**	**Time Period**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (57.11%) by 7%	62.04%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Time Period**	**Time Period**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	39.58%
Additional Data Collection: HEDIS Like-Postpartum Care			
Time Period	**Time Period**	**Time Period**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	5.09%
	Baseline 21-56 days		62.04%
	Baseline > 56 days		5.78%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	28.73%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	38.19%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	46.06%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	46.99%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	80.18%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	81.71%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	83.80%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	86.34%
Indicator 3: Comprehensive Diabetes Care – Eye (Retinal) Exam Performed			

Time Period	Measurement	Goal	Results
MY 2013	Baseline	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	25.84%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	25.93%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	27.31%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	28.47%

Table A1-4. WVFH Performance Improvement Project (PIP) Results

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP Results			
Indicator 1: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS MY 2016 (MY 2015) (71.89%)	62.50%
MY 2016	Remeasurement 1	Exceed HEDIS MY 2017 (MY 2016) (71.27%)	68.86%
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) rate (51.09%) by 7%	74.45%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	38.0%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Time Period**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.21%
	Baseline 21 to 56 days		61.79%
	Baseline > 56 days		4.56%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed MHT-WA of 36.1% by HEDIS 2016	39.58%
MY 2016	Remeasurement 1	Exceed MHT-WA of 43.6% by HEDIS 2016	43.43%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2014 (MY 2013) 90th Percentile (91.7%)	85.42%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) 90th Percentile (80.9%)	90.69%

Appendix 2 – PMV Results

These tables provide information the MCOs were required to report for PMV 2017 (MY 2016). These are 18 HEDIS and non-HEDIS measures. All MCO rates received an audit designation of **Reportable.** Table A2-1 provides the MCO rates, the MHT Weighted Average (MHT-WA), and a comparison of the MHT-WA to the most current National Medicaid Percentiles (NMP). The diamond ratings pertain to the first twelve HEDIS measures.

Diamond Ratings for HEDIS Measures.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Table A2-1. MHT MCOs Compared to National Benchmarks for PMV 2017 (MY 2016)

Measure Name	ABHWV MY 2016	THP MY 2016	UHP MY 2016	WVFH MY 2016	MHT-WA MY 2016	MHT-WA Compared to NMPs MY 2016
Withhold and HEDIS Measures						
Adolescent Well-Care Visits (AWC)	55.90%	44.28%	55.09%	36.01%	52.21%	♦♦♦
Annual Monitoring for Patients on Persistent Medications – Total (MPM)	88.23%	88.02%	87.54%	90.22%	88.60%	♦♦♦
Childhood Immunization Status - Combination 3 (CIS)	67.22%	67.88%	71.99%	62.04%	69.60%	♦♦
Comprehensive Diabetes Care – HbA1c Testing (CDC)	90.07%	91.00%	86.34%	90.69%	89.52%	♦♦♦
Follow-Up for Hospitalization for Mental Illness – Follow-up Visit Within 7 Days of Discharge (FUH)	31.20%	18.00%	28.91%	48.78%	30.62%	♦
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation (IET)	44.66%	45.01%	42.11%	61.09%	47.45%	♦♦♦♦
Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers	73.50%	71.310%	69.85%	76.19%	72.71%	♦♦

Measure Name	ABHWV MY 2016	THP MY 2016	UHP MY 2016	WVFH MY 2016	MHT-WA MY 2016	MHT-WA Compared to NMPs MY 2016
To Quit (MSC)*						
Mental Health Utilization – Total Any Service (MPT)	14.72%	14.53%	12.86%	15.05%	14.10%	♦♦♦
Mental Health Utilization – Total Inpatient (MPT)	0.85%	1.06%	0.76%	1.05%	0.89%	♦♦
Mental Health Utilization – Total Intensive Outpatient or Partial Hospitalization (MPT)	0.02%	1.03%	0.02%	0.04%	0.21%	♦♦♦
Mental Health Utilization – Total Outpatient and ED (MPT)	14.49%	14.28%	12.73%	14.93%	13.91%	♦♦
Prenatal and Postpartum Care – Postpartum Care (PPC)	61.93%	63.26%	62.04%	74.45%	63.92%	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (WCC)	68.16%	60.58%	67.13%	54.99%	66.15%	♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	71.93%	73.48%	76.63%	68.86%	74.19%	♦♦♦
Child Core Set (Non-HEDIS)						
Behavioral Health Risk Assessment for Pregnant Women (BHRA)	44.81%	48.42%	39.58%	38.19%	42.95%	^
Dental Sealants for 6-9 Year Old Children at Elevated Risk (SEAL)	24.13%	46.0%	29.73%	33.84%	26.09%	25.3%+
Percentage of Eligibles That Received Preventive Dental Services (PDENT)	46.69%	40.0%	49.37%	30.96%	45.35%	47.5%+
Adult Core Set (Non-HEDIS)						
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months, lower score is better)	12.160	18.56	14.03	19.83	15.76	22.7+
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months, lower score is better)	27.838	43.82	30.98	40.84	35.78	^

Measure Name	ABHWV MY 2016	THP MY 2016	UHP MY 2016	WVFH MY 2016	MHT-WA MY 2016	MHT-WA Compared to NMPs MY 2016
PQI 08: Heart Failure (CHF) Admission Rate (Observed rate per 100,000 member months, lower score is better)	5.816	10.41	5.86	9.67	7.67	25.2+
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months, lower score is better)	1.205	4.06	2.39	2.25	2.36	^

*MHT-WA is a simple average for Medical Assistance with Smoking and Tobacco Use Cessation.
+ Medicaid average is from the HHS Report FFY 2016.
^ Denominator too small (less than 30 observations) to calculate a reliable rate or national benchmark not available.

Appendix 3 – HEDIS Measures Collected and Reported to NCQA

These tables provide information for all measures collected and reported for HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) by HEDIS domains. Individual MCO rates for three years, the MHT Weighted Average (MHT-WA) for three years, and a comparison of MHT-WA (MY 2016) to the most current National Medicaid Percentiles (NMP) are provided for each measure.

Diamond Ratings for HEDIS Measures.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Table A3-1. Effectiveness of Care Domain Measures

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Adult Measures															
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	^	62.0	64.2	^	71.4	54.3	^	30.0	53.4	100.0	59.8	^	50.0	58.4	♦♦
Adult BMI Assessment	85.0	90.6	92.7	72.0	83.0	84.9	75.7	90.3	92.3	^	66.9	78.8	89.2	90.0	♦♦♦
Annual Monitoring for Patients on Persistent Medications - ACE or ARB	80.0	82.6	87.8	85.5	83.3	87.0	85.2	84.5	87.2	92.2	90.6	83.3	83.9	88.2	♦♦♦
Annual Monitoring for Patients on Persistent Medications - Digoxin	^	75.0	52.9	^	100.0	45.0	^	100.0	46.2	^	63.3	^	85.7	52.7	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Annual Monitoring for Patients on Persistent Medications - Diuretics	84.2	82.4	89.1	82.5	86.1	90.1	86.7	85.2	88.5	94.9	91.0	85.3	84.6	89.6	♦♦♦
Annual Monitoring for Patients on Persistent Medications - Total	81.8	82.4	88.2	84.2	84.5	88.0	85.8	84.8	87.5	93.2	90.2	84.1	84.2	88.6	♦♦♦
Antidepressant Medication Management - Effective Acute Phase Treatment	45.5	48.8	49.6	45.0	46.1	49.3	53.0	48.3	49.4	46.7	54.6	49.2	48.0	50.4	♦♦
Antidepressant Medication Management - Effective Continuation Phase Treatment	31.0	30.2	33.3	29.0	34.0	30.7	35.5	28.4	34.1	26.7	40.9	33.0	30.1	34.3	♦♦
Appropriate Testing for Children With Pharyngitis	66.8	70.7	79.2	67.3	69.4	74.5	64.8	68.0	71.5	63.3	69.8	65.8	69.0	73. 7	♦♦
Appropriate Treatment for Children With Upper Respiratory Infection	66.4	68.6	66.8	79.1	76.8	73.5	64.7	67.9	65.6	70.0	71.4	67.2	69.4	67.4	♦
Asthma Medication Ratio (5-11)	79.5	79.2	82.8	82.3	74.7	85.6	79.7	82.0	84.8	^	87.5	80.0	79.9	84.3	♦♦♦♦
Asthma Medication Ratio (12-18)	63.9	58.4	66.9	69.1	59.5	70.5	66.5	72.3	73.5	^	86.7	66.1	66.0	71.3	♦♦♦♦
Asthma Medication Ratio (19-50)	48.3	45.2	47.3	44.7	39.0	59.5	49.6	54.0	59.5	^	87.5	48.3	47.8	55.7	♦♦♦
Asthma Medication Ratio (51-64)	^	33.3	50.0	^	66.7	66.7	^	50.0	50.0	^	100.0	^	50.0	60.9	♦♦♦
Asthma Medication Ratio (Total)	69.2	66.8	69.9	71.8	62.9	73.8	71.1	74.4	75.7	^	88.2	70.6	69.9	73.73	♦♦♦♦
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	14.1	10.6	24.6	13.7	19.3	25.4	17.4	15.1	26.2	20.0	22.3	15.5	14.3	24.8	♦
Breast Cancer Screening	38.3	44.9	44.8	60.6	58.8	48.0	37.3	40.0	34.8	^	^	42.8	45.4	41.3	♦
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	^	100.0	^	^	^	^	^	^	^	^	^	^	100.0	^	^
Cervical Cancer Screening	53.2	52.3	50.5	55.2	52.6	44.0	58.6	53.4	52.7	32.4	35.0	56.0	52.0	72.4	♦
Childhood Immunization Status-Combo 2	69.6	75.9	70.5	74.7	72.5	72.5	72.5	71.3	74.5	33.3	66.1	71.7	73.3	69.2	♦♦
Childhood Immunization Status-Combo 3	66.3	71.9	67.2	69.3	70.3	67.9	67.1	68.1	72.0	33.3	62.0	67.1	70.0	69.6	♦♦
Childhood Immunization Status-Combo 4	65.3	69.8	66.3	67.9	68.1	66.9	65.5	65.7	69.0	33.3	61.0	65.8	67.8	67.3	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Childhood Immunization Status-Combo 5	47.6	59.7	54.7	53.8	57.9	55.7	55.1	54.2	60.4	33.3	48.2	52.0	57.0	57.1	♦♦
Childhood Immunization Status-Combo 6	37.0	38.0	29.0	36.7	32.6	27.3	35.4	34.0	35.7	33.3	25.6	36.3	35.4	31.3	♦♦
Childhood Immunization Status-Combo 7	47.4	58.5	54.3	53.0	57.4	55.5	54.2	53.7	59.0	33.3	47.8	51.3	56.2	56.3	♦♦
Childhood Immunization Status-Combo 8	36.6	37.7	29.0	36.5	32.1	27.2	35.0	33.3	34.7	33.3	24.8	35.8	34.9	30.9	♦♦
Childhood Immunization Status-Combo 9	27.4	34.0	24.5	32.4	30.4	24.1	30.8	28.9	31.9	33.3	22.3	29.7	31.2	27.5	♦♦
Childhood Immunization Status-Combo 10	27.4	33.7	24.5	32.1	30.2	24.1	30.3	28.5	31.3	33.3	22.3	29.4	30.9	27.2	♦♦
Chlamydia Screening in Women (Lower Age Stratification)	35.1	38.6	42.1	38.0	34.6	41.2	34.7	35.9	37.8	30.8	38.7	35.4	36.5	39.8	♦
Chlamydia Screening in Women (Upper Age Stratification)	46.0	52.3	51.8	46.7	43.8	50.4	46.7	48.5	49.8	38.0	44.3	46.4	48.6	49.6	♦
Chlamydia Screening in Women - Total	39.1	43.1	46.8	40.8	37.7	45.6	38.5	39.8	42.8	34.6	42.8	39.1	40.5	44.56	♦
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	58.2	58.7	64.5	68.6	64.4	65.0	61.1	65.3	66.2	43.8	58.6	61.1	61.9	63.5	♦♦♦
Comprehensive Diabetes Care - Eye Exams	34.0	34.2	35.0	30.4	27.4	40.2	25.9	27.3	28.5	25.0	41.6	29.8	29.9	36.2	♦
Comprehensive Diabetes Care - HbA1c Control (<7% for a selected population)	31.7	^	^	^	^	^	^	^	^	29.3	31.8	31.7	29.3	31.8	♦♦
Comprehensive Diabetes Care - HbA1c Control (<8%)	43.3	43.2	48.7	41.2	39.6	56.9	38.2	46.1	47.0	39.6	43.4	40.7	43.6	48.6	♦♦
Comprehensive Diabetes Care - HbA1c Testing	76.4	77.4	90.1	78.9	81.1	91.0	81.7	83.8	86.3	85.4	90.7	79.2	80.9	89.5	♦♦♦
Comprehensive Diabetes Care - Medical Attention for Nephropathy	67.1	82.1	91.7	69.1	85.2	91.5	67.6	88.0	88.7	89.6	89.1	67.6	85.3	90.2	♦♦
Comprehensive Diabetes Care - Poor HbA1c Control (>9.0%) A lower is Better	47.8	48.1	39.0	46.9	50.7	31.6	51.9	46.5	41.2	56.3	46.2	49.5	48.2	39.9	♦♦♦
Controlling High Blood Pressure	55.6	53.8	60.6	56.4	61.0	59.9	50.6	55.2	56.7	33.3	48.7	53.4	54.8	56.2	♦♦
Diabetes Monitoring for People With Diabetes and Schizophrenia	^	^	78.6	^	50.0	77.3	^	100.0	71.4	^	63.6	^	50.0	74.2	♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	88.1	77.5	79.3	^	74.1	81.0	79.8	76.2	78.1	64.7	80.3	82.7	75.9	79.6	♦♦
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	^	71.4	78.4	^	77.8	73.2	69.7	58.8	67.0	^	63.7	69.7	64.6	70.8	♦♦
FU After Emergency Department Visit for Alcohol and Other Drug Dependence (Total) - 7 days	^	^	33.2	^	^	40.3	^	^	31.4	^	29.9	^	^	33.8	^
FU After Emergency Department Visit for Alcohol and Other Drug Dependence (Total) -30 days	^	^	39.1	^	^	48.0	^	^	36.6	^	35.8	^	^	39.9	^
FU After Emergency Department Visit for Mental Illness - 7 days	^	^	27.4	^	^	42.8	^	^	23.0	^	28.4	^	^	30.7	^
FU After Emergency Department Visit for Mental Illness – 30 days	^	^	42.5	^	^	63.5	^	^	40.8	^	47.1	^	^	49.0	^
FU Care for Children Prescribed ADHD Medication - Initiation Phase	41.9	41.9	54.3	44.2	39.7	47.1	35.6	37.5	57.2	^	42.4	37.4	39.4	54.3	♦♦♦♦
FU Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase	40.5	50.0	62.4	49.6	44.6	56.2	34.7	46.1	70.3	^	75.0	36.2	47.2	65.3	♦♦♦♦
FU After Hospitalization For Mental Illness - 7 days	^	31.0	31.2	^	21.5	18.0	^	^	28.9	18.9	48.8	^	27.3	30.6	♦
FU After Hospitalization For Mental Illness - 30 days	^	60.4	64.8	^	38.9	36.8	^	^	62.8	24.3	71.2	^	51.3	51.3	♦♦
Human Papillomavirus Vaccine for Female Adolescents	18.4	21.2	^	23.4	23.1	^	25.3	22.2	^	16.7	^	22.6	22.0	^	^
Immunizations for Adolescents - Combination 1	84.3	83.9	85.1	84.4	81.3	83.2	80.5	84.3	84.7	75.0	77.1	82.5	83.6	84.4	♦♦♦♦
Immunizations for Adolescents - Combination 2	^	^	13.4	^	^	14.8	^	^	14.4	^	17.2	^	^	14.2	♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Lead Screening in Children	53.1	56.4	59.2	49.6	51.8	51.8	53.4	59.0	59.0	33.3	51.1	52.7	56.8	57.5	♦
Medication Management for People With Asthma: Medication Compliance 50% (5-11)	58.2	60.4	62.9	63.6	58.8	68.5	66.4	58.8	63.8	^	75.0	63.3	59.4	64.3	^
Medication Management for People With Asthma: Medication Compliance 50% (12-18)	55.3	55.4	58.1	56.3	60.9	61.3	59.4	57.2	56.2	^	71.4	57.6	57.2	57.7	^
Medication Management for People With Asthma: Medication Compliance 50% (19-50)	65.2	58.8	66.7	^	53.5	69.2	71.1	63.6	62.4	^	50.0	68.5	60.0	64.8	^
Medication Management for People With Asthma: Medication Compliance 50% (51-64)	^	50.0	75.0	^	100.0	50.0	^	50.0	83.3	^	100.0	^	66.7	76.5	^
Medication Management for People With Asthma: Medication Compliance 50% (Total)	58.0	58.5	61.9	60.6	59.3	65.6	64.1	58.5	60.5	^	69.7	61.5	58.6	61.8	^
Medication Management for People With Asthma: Medication Compliance 75% (5-11)	29.9	31.2	37.6	37.2	39.2	41.8	40.4	34.4	35.2	^	0.0	36.4	33.9	36.7	♦♦♦♦
Medication Management for People With Asthma: Medication Compliance 75% (12-18)	32.9	28.7	33.6	31.3	33.6	38.0	34.5	28.7	31.9	^	42.9	33.5	29.4	33.5	♦♦♦♦
Medication Management for People With Asthma: Medication Compliance 75% (19-50)	40.9	37.7	37.6	^	37.2	46.2	47.0	40.2	38.8	^	25.0	44.3	38.7	39.4	♦♦♦
Medication Management for People With Asthma: Medication Compliance 75% (51-64)	^	50.0	50.0	^	66.7	50.0	^	50.0	50.0	^	33.3	^	55.6	47.1	♦♦
Medication Management for People With Asthma: Medication Compliance 75% (Total)	32.3	31.1	36.3	33.8	37.0	41.2	38.5	32.6	34.4	^	27.3	35.8	32.8	35.9	♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Metabolic Monitoring for Children and Adolescents on Antipsychotics (1-5)	^	20.0	50.0	^	50.0	33.3	^	20.0	0.0	^	^	^	25.0	27.3	♦♦♦
Metabolic Monitoring for Children and Adolescents on Antipsychotics (6-11)	11.6	17.0	40.6	20.4	17.0	33.7	12.8	20.2	30.0	11.1	50.0	13.7	18.5	34.4	♦♦♦
Metabolic Monitoring for Children and Adolescents on Antipsychotics (12-17)	16.8	19.4	46.1	24.2	30.4	33.5	18.0	20.5	37.8	^	54.6	18.9	22.3	39.0	♦♦♦
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)	14.0	18.3	43.5	22.5	25.6	33.6	15.5	20.4	34.3	7.7	52.6	16.3	20.6	37.0	♦♦♦
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) A lower score is better	5.5	3.8	3.8	7.0	4.9	5.4	6.6	4.7	4.5	5.4	5.8	6.3	4.4	4.5	♦
Persistence of Beta-Blocker Treatment after a Heart Attack	^	66.7	76.8	^	60.0	78.1	^	100.0	80.3	100.0	82.0	^	75.0	79.6	♦♦
Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	71.4	80.8	82.7	^	82.2	73.8	88.6	81.2	81.4	79.0	82.0	67.4	80.9	80.0	♦♦
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	74.3	84.6	78.8	^	65.6	56.7	81.8	68.4	73.0	72.8	75.3	65.3	73.0	70.9	♦♦♦
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (21-75 years Male)	^	77.8	81.8	^	20.0	62.5	^	66.7	68.4	^	66.7	^	62.1	73.1	♦♦
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (40-75 years Female)	^	76.9	68.4	^	66.7	41.7	^	64.3	73.7	^	100.0	^	69.5	65.4	♦
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Total)	^	77.3	75.6	^	50.0	50.0	^	65.5	71.1	^	80.0	^	66.2	69.2	♦
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (21-75 years Male)	^	42.9	61.1	^	100.0	20.0	^	80.0	61.5	^	0.0	^	66.7	52.6	♦
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (40-75 years Female)	^	70.0	46.2	^	16.7	20.0	^	44.4	71.4	^	100.0	^	48.0	55.9	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (Total)	^	58.8	54.8	^	28.6	20.0	^	63.2	66.7	^	50.0	^	55.8	54.2	♦
Statin Therapy for Patients With Diabetes - Received Statin Therapy	^	54.6	52.7	^	46.9	56.1	^	55.6	56.4	^	63.6	^	53.8	55.3	♦
Statin Therapy for Patients With Diabetes - Statin Adherence	^	48.3	55.1	^	65.2	60.9	^	53.3	60.9	^	57.1	^	53.2	58.8	♦♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-5)	^	^	33.3	^	^	^	^	^	50.0	^	^	^	^	40.0	♦♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (6-11)	^	37.0	36.2	^	100.0	43.9	^	^	48.8	^	33.3	^	37.9	43.9	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17)	^	44.8	69.2	^	33.3	37.7	^	^	50.5	^	50.0	^	41.2	50.7	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	^	41.1	50.6	^	50.0	40.4	^	^	49.7	^	45.5	^	39.7	47.5	♦
Use of Imaging Studies for Low Back Pain	65.6	64.2	57.2	61.5	66.8	53.4	68.2	66.2	67.6	69.4	62.5	66.2	65.7	60.4	♦
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (1-5)	^	^	0.0	^	^	0.00	^	^	0.0	^	^	^	^	^	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (6-11)	^	^	0.0	^	^	1.4	0.8	0.9	1.2	^	0.0	0.8	0.5	0.8	♦♦♦
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (12-17)	0.8	1.3	1.6	1.9	5.3	2.4	0.4	^	0.0	^	0.0	0.8	1.5	1.0	♦♦♦♦
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total)	0.4	0.7	0.8	1.1	3.1	2.0	0.6	0.4	0.5	^	0.0	0.6	1.0	0.9	♦♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (3-11 years)	49.7	63.0	68.8	56.1	59.4	61.1	49.7	61.3	76.6	46.6	52.9	50.6	61.5	70.8	♦♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (12-17 years)	50.0	58.9	66.2	57.1	56.4	60.4	55.1	68.5	76.7	51.6	49.7	53.6	62.7	69.6	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)	49.8	61.6	67.9	56.5	58.4	60.8	51.4	63.4	76.6	48.9	51.6	51.6	61.8	70.4	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 years)	53.9	56.8	67.7	62.0	56.5	63.4	50.7	62.3	66.8	51.1	53.3	53.6	59.2	66.3	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 years)	44.7	58.9	69.0	47.9	50.0	55.7	39.9	53.9	67.8	50.5	57.2	43.0	54.9	65.8	♦♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	51.4	57.6	68.2	57.2	54.3	60.6	47.1	59.7	67.1	50.9	55.0	50.3	57.9	66.2	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 years)	43.2	42.9	55.6	35.8	40.6	43.1	39.0	46.0	56.3	46.1	40.8	40.1	44.0	53.6	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 years)	46.5	53.6	64.1	35.7	44.3	51.0	39.9	51.5	65.1	49.0	50.3	41.6	51.0	61.9	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	44.1	46.7	58.5	35.8	41.9	46.0	39.3	47.7	59.3	47.5	44.8	40.6	46.4	56.5	♦♦

+HEDIS percentiles are from NCQA Quality Compass 2016 (MY 2015).
^ Indicates that denominator was too small to report a rate or that a comparative benchmark is not available.

Table A3-2. Access/Availability of Care Domain Measures

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Adults' Access to Preventive/Ambulatory Health Services (20-44)	82.6	82.7	79.5	83.7	84.0	80.4	84.8	84.2	80.9	79.6	79.7	83.8	83.4	80.1	♦♦♦
Adults' Access to Preventive/Ambulatory Health Services (45-64)	84.0	83.1	85.0	88.7	87.7	85.0	85.5	85.4	85.2	80.0	85.6	85.4	84.7	85.2	♦♦
Adults' Access to Preventive/Ambulatory Health Services (65+)	^	^	100.0	^	^	40.0	^	^	0.0	^	80.0	^	^	69.6	♦
Adults' Access to Preventive/Ambulatory Health Services (Total)	82.8	82.7	81.0	84.2	84.4	81.8	84.8	84.3	81.9	79.6	82.2	83.9	83.5	81.7	♦♦
Annual Dental Visit (2-3 Yrs.)	31.9	33.5	34.3	36.2	32.0	32.2	15.9	26.0	37.1	27.8	26.5	23.7	29.9	34.8	♦♦
Annual Dental Visit (4-6 Yrs.)	61.3	68.6	71.3	60.8	67.6	68.7	34.2	55.3	71.7	55.2	67.2	47.3	62.2	71.0	♦♦♦♦
Annual Dental Visit (7-10 Yrs.)	62.9	67.1	71.7	61.9	64.7	67.0	35.6	55.9	72.8	58.0	67.8	48.2	61.2	71.3	♦♦♦♦
Annual Dental Visit (11-14 Yrs.)	60.3	62.7	65.1	56.4	59.3	61.5	35.0	53.3	67.0	57.1	60.2	46.6	57.6	65.2	♦♦♦
Annual Dental Visit (15-18 Yrs.)	51.9	55.6	57.8	50.0	54.9	56.5	30.5	47.2	59.9	48.3	50.1	40.5	51.4	58.2	♦♦♦♦
Annual Dental Visit (19-20 Yrs.)	36.2	41.4	39.4	41.1	43.7	41.5	18.4	31.5	42.0	41.1	35.3	27.2	37.8	40.5	♦♦♦
Annual Dental Visit (Total)	54.8	59.0	61.0	55.8	57.3	57.8	31.3	49.4	63.3	51.4	52.9	42.5	54.1	61.2	♦♦♦
Children and Adolescents' Access To PCP (12-24 Months)	97.4	97.9	98.2	96.4	97.0	97.5	93.5	97.9	97.4	96.7	85.8	95.5	97.7	96.4	♦♦♦
Children and Adolescents' Access To PCP (25 Months-6 Yrs.)	92.8	92.1	91.7	89.4	89.4	88.5	86.1	89.5	89.6	81.6	74.5	89.1	90.4	89.7	♦♦♦
Children and Adolescents' Access To PCP (7-11 Yrs.)	94.8	94.6	95.2	91.4	91.0	92.4	93.5	90.3	92.9	^	68.5	93.6	91.9	93.4	♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Children and Adolescents' Access To PCP (12-19 Yrs.)	94.0	93.8	93.5	90.4	90.2	89.8	92.2	89.0	91.8	^	70.2	92.5	90.8	91.7	♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement (13-17 Yrs.)	^	7.8	12.2	^	50.0	11.6	^	^	8.5	^	7.1	^	9.0	10.1	♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement (18+ Yrs.)	^	26.8	22.5	^	16.6	22.2	^	^	20.5	8.2	29.1	^	22.7	23.3	♦♦♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement Total	^	25.3	22.3	^	17.0	22.0	^	^	20.0	8.1	29.0	^	21.9	23.0	♦♦♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation (13-17 Yrs.)	^	35.9	29.6	^	50.0	29.0	^	^	24.4	100.0	28.6	^	37.3	26.9	♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation (18+ Yrs.)	^	43.7	45.0	^	44.0	45.4	^	^	43.0	25.9	61.2	^	41.3	48.0	♦♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation Total	^	43.1	44.7	^	44.1	57.8	^	^	42.1	26.4	61.1	^	41.1	47.5	♦♦♦♦
Postpartum Care - Postpartum Care	55.0	59.4	61.9	61.6	63.0	63.3	61.7	57.1	62.0	51.1	74.5	59.1	58.5	63.9	♦♦
Prenatal and Postpartum Care - Timeliness of Prenatal Care Prenatal	89.8	93.6	88.7	96.4	89.5	87.4	89.1	86.5	84.3	85.9	92.0	90.7	89.4	87.3	♦♦♦

+HEDIS percentiles are from NCQA Quality Compass 2016 (MY 2015).
^ Indicates measure not collected or benchmark not available.

Table A3-3. Utilization and Risk Adjusted Utilization Domain Measures

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Child Measures															
Adolescent Well-Care Visits	50.5	39.9	55.9	46.5	47.2	44.3	41.9	51.9	55.1	49.9	36.0	45.7	46.9	52.2	♦♦♦
Frequency of Ongoing Prenatal Care (<21%)	3.6	3.1	1.7	0.5	3.7	4.6	3.6	6.5	4.6	8.3	2.7	3.0	5.0	3.4	♦
Frequency of Ongoing Prenatal Care (21-40%)	3.9	1.4	2.7	1.0	5.1	1.7	2.0	2.1	2.8	3.4	2.7	2.6	2.5	2.5	♦
Frequency of Ongoing Prenatal Care (41-60%)	11.4	4.3	3.6	1.5	5.1	4.1	2.8	8.2	3.5	5.6	3.4	5.9	6.1	3.6	♦
Frequency of Ongoing Prenatal Care (61-80%)	11.6	14.3	8.4	6.8	9.3	8.3	9.9	11.9	12.0	10.0	9.5	10.0	12.1	9.8	♦
Frequency of Ongoing Prenatal Care (>= 81%)	69.5	76.9	83.6	90.3	76.9	81.3	81.7	71.3	77.1	72.8	81.8	78.6	74.4	80.6	♦♦♦♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	77.8	72.1	71.9	70.6	74.0	73.5	69.0	74.9	76.6	62.5	68.9	72.6	73.6	74.2	♦♦♦
Well-Child Visits in the first 15 Months of Life (0 visits)	2.3	0.7	0.5	2.5	1.1	1.1	2.1	1.7	1.4	^	5.4	2.2	1.2	1.3	♦♦
Well-Child Visits in the first 15 Months of Life (1 visit)	1.8	1.0	1.2	1.1	1.5	2.1	0.8	2.0	0.9	^	2.2	1.2	1.5	1.3	♦♦
Well-Child Visits in the first 15 Months of Life (2 visits)	4.1	1.7	2.8	2.7	2.6	2.4	3.9	4.9	2.8	^	4.6	3.8	3.3	2.9	♦♦
Well-Child Visits in the first 15 Months of Life (3 visits)	6.7	5.1	5.7	4.5	4.6	6.7	5.5	6.1	3.9	7.1	5.1	5.8	5.5	5.1	♦♦♦
Well-Child Visits in the first 15 Months of Life (4 visits)	7.2	7.8	9.7	8.9	9.1	12.6	6.0	8.6	9.3	21.4	10.7	6.9	8.4	10.1	♦♦♦
Well-Child Visits in the first 15 Months of Life (5 visits)	18.6	17.1	16.5	14.5	18.4	18.9	19.0	14.2	12.5	21.4	13.6	18.1	16.1	15.1	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Well-Child Visits in the first 15 Months of Life (6 or more visits)	59.3	66.6	63.7	65.8	62.7	56.2	62.9	62.5	69.2	50.0	58.4	61.9	64.1	64.1	♦♦♦

+HEDIS percentiles are from NCQA Quality Compass 2017 (MY 2016).

Appendix 4 – CAHPS Survey Measure Results

The MHT MCOs conducted the HEDIS 2017 Consumer Assessment of the Health Providers and Systems (CAHPS) survey to meet NCQA accreditation standards and their contractual requirements with BMS. Different summary measures are used to report survey results including averages, composites and ratings. Individual MCO rates for three years (MY 2014-2016), the MHT Average (MA) for three years, and a comparison of MA (MY 2016) to the most current National Medicaid Percentiles (NMP) for CAHPS 2017 (MY 2016) are provide for each measure in Table A4-1.

Diamond Ratings for Adult and Child CAHPS Measures.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Table A4-1. MHT MCO Adult and Child CAHPS Measure Results Compared to National Benchmarks

Measure	ABH			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Adult Survey															
Customer Service Composite	^	^	^	86.5	^	^	92.2	^	^	^	85.0	89.4	^	^	^
Getting Needed Care Composite	77.7	78.4	82.7	77.9	81.4	84.1	72.2	81.8	84.0	80.4	83.6	75.9	80.5	83.6	♦♦♦
Getting Care Quickly Composite	82.6	83.4	86.5	83.5	79.4	79.0	83.7	84.3	81.0	85.9	83.4	83.2	83.2	82.5	♦♦♦
How Well Doctors Communicate Composite	92.2	90.6	95.5	91.2	91.7	92.1	89.6	92.7	93.0	93.38	92.5	91.1	92.1	93.3	♦♦♦♦
Shared Decision Making Composite	83.0	80.5	82.4	83.0	85.1	N/A	85.0	82.7	81.4	81.53	80.6	83.6	82.4	81.5	♦♦♦
Health Promotion and Education Composite	73.8	69.3	72.9	67.3	69.3	77.1	68.6	68.4	69.2	73.5	72.5	69.9	70.1	72.9	♦♦
Coordination of Care Composite	^	^	86.0	78.2	^	87.7	83.1	75.4	85.0	86.7	86.1	80.7	81.0	86.2	♦♦♦♦
Rating of Health Plan	59.9	66.3	62.9	73.0	73.1	75.8	66.4	68.7	71.4	71.7	72.1	66.4	70.0	70.5	♦
Rating of All Health Care	68.3	66.8	68.4	68.7	70.8	67.2	62.5	69.1	71.1	67.5	74.0	66.5	68.6	70.2	♦
Rating of Personal Doctor	72.7	77.3	79.0	76.3	77.1	78.0	77.5	80.9	80.1	84.6	84.5	75.5	80.0	80.4	♦♦
Rating of Specialist Seen Most Often	N/A	75.3	72.0	71.1	N/A	82.4	73.0	76.1	81.9	81.5	75.9	72.0	77.6	78.0	♦
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	69.3	67.7	73.5	77.4	75.0	71.3	74.2	69.1	69.9	74.8	76.2	73.6	71.7	72.7	♦♦
Medical Assistance with Smoking and Tobacco Use Cessation -	34.3	32.3	40.4	50.4	45.9	42.8	38.1	35.7	39.7	45.5	47.7	40.9	39.9	42.7	♦

Discussing Cessation Medications															
Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	34.7	32.0	42.3	51.2	45.5	39.0	33.2	33.4	38.4	42.2	44.7	39.7	38.3	41.1	♦♦
Flu measure- Had flu shot or spray in the nose since July 1, 2016	33.5	32.3	41.2	26.7	29.7	40.4	32.1	27.6	30.3	37.6	37.5	30.8	31.8	37.4	♦♦
Child Survey – General Population															
Child Survey: Customer Service Composite	93.6	89.6	^	92.8	94.4	^	88.2	88.0	88.5	^	^	91.5	90.8	^	^
Child Survey: Getting Needed Care Composite	87.1	89.6	93.3	90.2	89.2	89.6	88.8	87.4	90.7	87.5	89.3	88.7	88.4	90.7	♦♦♦♦♦
Child Survey: Getting Care Quickly Composite	93.4	95.6	96.1	94.9	95.7	93.9	94.1	93.8	96.1	95.2	96.7	94.1	94.9	95.7	♦♦♦♦♦
Child Survey: How Well Doctors Communicate Composite	94.0	96.5	96.1	95.7	95.8	94.1	95.6	95.1	95.4	95.9	95.7	95.1	95.8	95.3	♦♦♦♦
Child Survey: Shared Decision Making Composite	82.4	84.0	79.9	78.7	77.8	^	78.8	76.3	80.5	^	79.8	79.9	79.4	80.1	♦♦♦
Child Survey: Health Promotion and Education Composite	74.3	76.5	70.7	69.5	69.5	67.4	72.1	71.3	72.9	78.8	69.3	72.0	74.0	70.1	♦♦
Child Survey: Coordination of Care Composite	80.9	88.2	84.2	78.5	84.3	84.5	82.7	83.2	84.7	85.0	88.7	80.7	85.2	85.5	♦♦♦
Child Survey: Rating of Health Plan	81.5	86.7	82.1	85.0	84.3	89.1	84.7	83.7	87.0	77.5	81.7	83.7	83.1	85.0	♦♦
Child Survey: Rating of All Health Care	81.6	85.0	85.1	86.2	85.8	86.1	83.8	83.9	85.0	86.8	87.9	83.9	85.3	86.0	♦♦
Child Survey: Child Survey: Rating of Personal Doctor	87.9	91.2	88.3	87.7	88.6	88.6	87.4	87.6	88.6	88.8	89.3	87.7	89.0	88.7	♦♦
Child Survey: Rating of Specialist Seen Most Often	82.7	83.8	91.2	83.1	75.2	^	80.3	85.6	85.6	^	^	82.0	81.5	89.9	♦♦♦♦

⌘ CAHPS percentiles are from NCQA Quality Compass 2017 (MY 2016)

^ Indicates that denominator was too small to report a rate or that a comparative benchmark is not available

Appendix 5 – Status of Recommendations from Measurement Year 2015 Review

Delmarva Foundation provided recommendations to all four MCOs based on the results of the 2015 SPR, PIP, and PMV activities with the expectation that they would be addressed. The tables below provide the recommendations made and the actions, if any, that have been undertaken by each of the MCOs in 2016 to address these recommendations. Summaries are presented below by MCO and activity.

Table A5-1. ABHWV 2015 Recommendations and 2016 Status

ABHWV 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • In its Exit Letter to all MCOs, Delmarva Foundation provided a general requirement for all MCOs to review and revise as necessary, any policies, procedures, and member materials (e.g. Member Handbook) that contains information on the appeals process. Any practitioner is able to file an appeal on behalf of a member, not just doctors, as stated in several documents. In all documents that refer to the appeals process, the MCO must review and assess whether or not the appropriate language regarding providers and practitioners is used consistently and appropriately. Because all of the MCOs are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO must make these changes.
	Status • ABHWV has updated their policies as they come up for review.
Grievance Systems	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% compliance on this standard in MY 2015.
	Status • Not applicable.
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% compliance on this standard in MY 2015.
	Status • Not applicable.
Fraud and Abuse	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% compliance on this standard in MY 2015.
	Status • Not applicable.

Performance Improvement Projects	
Annual Monitoring for Patients on Persistent Medications	**Requirements and Recommendations** • There were no recommendations from last year because MY 2016 was their initial PIP submission for this project.
	Status • Not applicable.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no requirements or recommendations from last year because MY 2016 was the Baseline Year.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • Implement a mechanism to monitor and require follow-up as part of the Gaps-in-Care lists intervention to track provider follow-up with getting members into care.
	Status • The MCO sent Gaps-in-Care Lists to practitioners for providers to follow-up with members and schedule members for office visits to get the necessary services. While these lists were sent to the practitioners, there was no follow-up with the provider to encourage outreach to the member. In MYs 2013 through 2015, it was recommended that the MCO put a mechanism in place to monitor or follow-up on getting members into care. The MCO recognized Gaps-in-Care lists as an opportunity in their PIP analysis, and reported that these lists should be placed on the provider portal for all practitioners. This method was considered insufficient for proper follow-up to get members into care and a continuing opportunity for improvement still exists.

Performance Measure Validation
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of "Not Report[able?]." • Be prepared to report the modified Behavioral Health Risk Assessment measuring during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017.

ABHWV 2015 Recommendations and 2016 Status
Status • ABHWV provided a complete and comprehensive ISCA that complemented information documented in their 2017 HEDIS Roadmap for review. • The MCO fully validated the rates reported in the final worksheet. No issues were discovered. • ABHWV successfully reported the modified Behavioral Health Risk Assessment measure. • The MCO successfully incorporated the additional enrollees without any issues.

Table A5-2. THP 2015 Recommendations and 2016 Status

THP 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • In its Exit Letter to all MCOs, Delmarva Foundation provided a general requirement for all MCOs to review and revise as necessary, any policies, procedures, and member materials (e.g. Member Handbook) that contains information on the appeals process. Any practitioner is able to file an appeal on behalf of a member, not just doctors, as stated in several documents. In all documents that refer to the appeals process, the MCO must review and assess whether or not the appropriate language regarding providers and practitioners is used consistently and appropriately. Because all of the MCOs are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO must make these changes.
	Status • THP has updated their policies as they come up for review.
Grievance Systems	**Requirements and Recommendations** • Any provider is able to file an appeal on behalf of a member. In all documents pertaining to appeals, especially in the Appeals Policies and Member Handbook, the MCO must review and assess whether or not the appropriate language regarding providers, practitioners, and doctors, and so forth, is used consistently and appropriately. Because all of the MCOs are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO can make these recommended changes.
	Status • THP has updated their documents as they come up for review.

THP 2015 Recommendations and 2016 Status	
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • ***QM Program Description*** **-** The Quality Management Program Description does not specifically designate the President and CEO as the senior executives responsible for the QM Program, although it states that the EMT can act on his behalf. It is recommended that the Quality Management Program Description explicitly state that the President and CEO are the senior executives responsible for the QM Program. • ***EPSDT*** **–** It is recommended that the MCO update policy ME-7-MHT Health Check to include the ICD-10 codes which came into use in 2015. • ***Access and Availability*** **–** The MCO must be prepared to analyze and report BH provider access and availability as required by the BMS Contract. • ***Access and Availability*** **–** The MCO is encouraged to work with BMS and the other MHT MCOs to standardize measurement for the 24/7 access standard.
	Status • ***QM Program Description*** **–** The 2016 QM Program Description states that the President and CEO serve as Chairman of the Executive Management Team which is responsible for the QM Program and process. • ***EPSDT*** **–** The MCO updated its ME-7-MHT Health Check Policy to reference ICD-10 codes. • ***Access and Availability*** **–** The MCO reported BH provider geo access and availability as required by the BMS Contract. • ***Access and Availability*** **–** The MCOs continue to work with BMS and the EQRO to identify best methods to assess the 24/7 access standard.
Fraud and Abuse	**Requirements and Recommendations** • A general recommendation was made to all MCOs to encourage them to continue efforts to work with the MFCU and the other MCOs to collaborate on cases that affect entire MHT and share best practices.
	Status • Not applicable.
Performance Improvement Projects	
Members Establishment with PCP of Record Project	**Requirements and Recommendations** • There were no recommendations from the MY 2015 submission.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • Continue with targeted member and provider specific interventions
	Status • The expansion of the W&HP Call Center allows the MCO to follow-up with members who have gaps in care, as well as reach out to providers with the gaps-in-care lists.

THP 2015 Recommendations and 2016 Status	
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no requirements or recommendations from last year because MY 2015 was the Baseline year.
	Status • Not applicable.
Performance Measure Validation	
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of "Not Report [able?]." • Be prepared to report the modified Behavioral Health Risk Assessment measure during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017. • The MCO should also consider utilizing its HEDIS software for Adult and Child Core measures where appropriate.	
Status • The MCO provided a complete and comprehensive ISCA as well as their 2017 HEDIS Roadmap for review. • The MCO Final PMV Rate Reporting Workbook was accurate and complete. • The MCO successfully reported the BHRA measure. • The MCO successfully incorporated the additional enrollees without any issues. • THP's NCQA-certified software does not support non-HEDIS Adult and Child Core measures.	

Table A5-3. UHP 2015 Recommendations and 2016 Status

UHP 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • In its Exit Letter to all MCOs, Delmarva Foundation provided a general requirement for all MCOs to review and revise as necessary, any policies, procedures, and member materials (e.g. Member Handbook) that contains information on the appeals process. Any practitioner is able to file an appeal on behalf of a member, not just doctors, as stated in several documents. In all documents that refer to the appeals process, the MCO must review and assess whether or not the appropriate language regarding providers and practitioners is used consistently and appropriately. Because all of the MCOs

UHP 2015 Recommendations and 2016 Status	
	are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO must make these changes.
	Status • UHP has updated their policies as they come up for review.
Grievance Systems	**Requirements and Recommendations** • A recommendation from 2015 was to change the term "doctor" in the NOA letters to the term "provider."
	Status • The NOA letters have been updated to include the term "provider."
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • ***Access and Availability*** **–** UHP must achieve at least a 90% compliance rating for each type of appointment to ensure that members have timely access to care and services. • ***Credentialing and Recredentialing*** **–** The MCO must ensure that all required databases are queried on a monthly basis. • ***Utilization Management*** **–** As in the Grievance System Requirements section, in general, the NOA letters include the required components. However, some UM policies and procedures use the term "doctor," but should state "provider" since not all providers are doctors. These documents and any similar documents in use by UHP *must* be revised as they come up for review and revisions.
	Status • ***Access and Availability*** **–** UHP continued its CAQI program started in 2015. The results of the most recent access and availability survey found that PCPs met the 90% threshold for Urgent Care (96%), but not for any of the other categories. • ***Credentialing and Recredentialing*** **–** Documented both in policies and procedures, all databases are queried on a monthly basis. • ***Utilization Management*** **–** All reviewed documents have been updated with the term "provider."
Fraud and Abuse	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% full compliance for this standard in 2015.
	Status • Not Applicable
Performance Improvement Projects	
Follow-Up After Hospitalization for Mental Illness	**Requirements and Recommendations** • There were no previous recommendations.
	Status

UHP 2015 Recommendations and 2016 Status	
	• Not applicable.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no previous recommendations.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Performance Measure Validation	
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of Not Reportable. • Be prepared to report the modified Behavioral Health Risk Assessment measure during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017. • Continue to evaluate the use of supplemental data in measures in the Withhold Program. • Continue to explore new data sources and incentive programs for measures in the Withhold Program.	
Status • The MCO provided a complete and comprehensive ISCA as well as their 2017 HEDIS Roadmap for review. • UHP successfully submitted final rates after corrections were made to their first worksheet. • The MCO successfully reported the BHRA measure. • The MCO successfully incorporated the additional enrollees without any issue. • UHP continues to evaluate the use of supplemental data for different performance measures. • UHP explores new data sources and incentive programs for all performance measures.	

Table A5-4. WVFH 2015 Recommendations and 2016 Status

WVFH 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • Update the Your Rights and Responsibilities section of the WVFH Member Handbook to include religion, mental or physical disability, sexual orientation, genetic information, and source of payment. • Implement the January 2016 Advance Directives policy. • Develop and implement a policy on the appropriate treatment of minors. • Review and revise the Procedures for Obtaining Printed Materials in Alternate Formats Policy (FI-027-ALL) as it has not been reviewed since 8/31/2012.
	Status • The MCO updated the language in the 2017 Member Handbook. However, evidence was not provided as to whether or not the updated version was distributed to members in CY 2017. Delmarva Foundation will look for this in the MY 2017 SPR. • The Advance Directives policy was implemented in MY 2016. • The MCO did not develop and implement a policy on the appropriate treatment of minors. Delmarva Foundation will review for this policy in MY 2017. • The MCO reviewed and updated their Procedures for Obtaining Printed Materials in Alternate Formats Policy on 2/20/17.
Grievance Systems	**Requirements and Recommendations** • Include all required content of the NOAs in the appropriate policies and procedures (e.g. date completed, reason for action, right to file an appeal). • Include all six conditions under which enrollees can request continuation of benefits in the WVFH Formal and Informal Appeals Policy. The two conditions that must be added to the NOA are that benefits can continue if (1) the services being appealed were ordered by an authorized provider and (2) the enrollee or provider is appealing a decision to terminate, suspend, or reduce a previously authorized course of treatment. • Revise the WVFH Formal and Informal Appeals Policy to allow the member's representative, or the legal representative of a deceased enrollee's estate, to act as parties of the appeal. The present policy only includes members as parties to the appeal process.

	Status • The NOA was updated to include the required content. • The MCO did not update the Formal and Informal Appeals Policy as required. Delmarva Foundation will review for the updates in MY 2017. • The WVFH Formal and Informal Appeals Policy was updated to state that the member or the member's representative may act as parties of the appeal.
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • Assess provider compliance with all standards at least annually and document the results. • Increase the WVFH threshold of 80% for the access and availability standards to meet the minimum compliance rate set by BMS (90%). Policies and Procedures must be updated to reflect this requirement. • Update the WVFH's Member Handbook to allow OB/GYN specialists as PCPs for female enrollees. • Revised the Gateway Timeframes and Procedures for Standard and Expedited Requests Notifications Policy to address the requirement that the NOA for termination, suspension, or reduction of previously authorized Medicaid-covered service must be mailed at least 10 days prior to the action. • Revise the Credentialing/Recredentialing of Practitioners Desktop Procedure to include high volume specialists in the list of providers requiring an on-site review. There must be evidence that the on-site reviews are conducted per the requirements. • Revise the Credentialing/Recredentialing of Practitioners Desktop Procedure to include the WV Dental Anesthesiologist requirements. • Share survey findings with providers (e.g. CAHPS® and HEDIS®). • Medical record reviews must be conducted and documented as outlined in the Medical Record Review Policy.
	Status • Projects were in place for improved monitoring of provider compliance to all standards for 2017. • Policies and procedures were updated in 2016 to reflect the 90% minimum performance threshold as required by BMS. • The 2017 Member Handbook was updated to include OB/GYN to be PCPs for female enrollees. • The Gateway Timeframes and Procedures for Standard and Expedited Requests Notifications Policy was updated to include the notice of action for termination, suspension, or reduction of previously authorized Medicaid-covered service is mailed 10 days prior to the action. • CAHPS® results were shared in the provider newsletter published in November 2016. • The Credentialing/Recredentialing of Practitioners Desktop Procedure was updated to include high volume specialists in the list of providers requiring an on-site review. During the 2016 SPR review, credentialing documents revealed that this process is occurring. • The Credentialing/Recredentialing of Practitioners Desktop Procedure was

	updated to include the Dental Anesthesiologist requirements for WV. • The Disenrollment Processing Procedure was updated to include all the reasons the MCO may not request disenrollment.
Fraud and Abuse	**Requirements and Recommendations** • The FWA and Compliance Plan must be updated to refer to WVFH and describe the relationship among the entities conducting the FWA and compliance activities for WVFH. The FWA Compliance plan must also describe the relationship among the entities conducting the FWA and compliance activities to WVFH. This must include the reporting structure.
	Status • The FWA and Compliance Plan was updated to appropriately identify WVFH, provide a description of the relationship among the entities conducting the FWA, and compliance activities on behalf of WVFH.
Performance Improvement Projects	
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Performance Measure Validations	
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of "Not Report." • Be prepared to report the modified Behavioral Health Risk Assessment measure during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017.	

Status

- Provided a complete and comprehensive ISCA as well as their 2017 HEDIS Roadmap for review.
- Submitted an accurate rate workbook. No issues were found with the final submission.
- Reported the BHRA measure.
- Successfully incorporated the additional enrollees from the SSI population.

Appendix 6 – SPR Compliance Ratings Matrix MY 2016

The SPR Compliance Matrix provides a comparison of individual MCO performance on each element within each of the four standards (Enrollee Rights, Grievance Systems, Quality Assessment and Performance Improvement, and Fraud and Abuse). An "**M**" indicates that all requirements for the elements were fully met; a "**PM**" indicates that the requirements were partially met; a "**U**" indicates the requirements were unmet, and "**N/A**" means the element was not applicable for this review.

Table A6-1. SPR Compliance Ratings Matrix

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
ER - Enrollee Rights and Protections	**100%**	**100%**	**100%**	**98%**
ER.1 - The MCO must provide to the enrollees written information in a manner and format that may be easily understood.	**M**	**M**	**M**	**M**
ER.2 - The MCO must make information on providers available to the enrollees upon enrollment and annually thereafter, and give enrollees reasonable notice of any changes regarding providers.	**M**	**M**	**M**	**M**
ER.3 - The MCO must provide enrollees with information on enrollee rights and responsibilities.	**M**	**M**	**M**	**PM**
ER.4 - The MCO must inform enrollees about grievance and fair hearing procedures upon enrollment, annually, and at least 30 days prior to any change.	**M**	**M**	**M**	**M**
ER.5 - The MCO must inform enrollees about benefits available to the enrollee upon enrollment, annually, and at least 30 days prior to any change in benefits.	**M**	**M**	**M**	**M**
ER.6 - The MCO must inform enrollees about after-hours and emergency coverage and do so upon enrollment, annually, and at least 30 days prior to any change.	**M**	**M**	**M**	**M**
ER.7 - The MCO must provide information to its enrollees on grievance, appeal, and fair hearing procedures and time frames in a State-developed or State-approved description.	**M**	**M**	**M**	**M**
ER.8 - The MCO must provide information to enrollees regarding advance directives.	**M**	**M**	**M**	**M**
ER.9 - The MCO must provide information to their enrollees regarding physician incentive plans.	**M**	**M**	**M**	**M**
ER.10 - The MCO must ensure that its Medicaid enrollees are not held liable for any debts of the MCO or payments for covered services.	**M**	**M**	**M**	**M**
ER.11 - The MCO's policies may not prohibit or otherwise restrict a health care professional, acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient.	**M**	**M**	**M**	**M**
ER.12 - The MCO must have policies and procedures regarding	**M**	**M**	**M**	**U**

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
the appropriate treatment of minors that are in keeping with all state regulations regarding disclosure circumstances.				
ER.13 - The MCO must ensure through its provider contracts that providers disclose individually identifiable health information in accordance with the privacy requirements (HIPAA provisions).	M	M	M	M
ER.14 - The MCO shall submit its annual report to BMS by April 1 and make copies of the annual report available at the local Department of Health and Human Resources (DHHR) offices in which it operates.	M	M	M	M
GS - Grievance System	**100%**	**100%**	**100%**	**98%**
GS.1 - The MCO must have a system in place for enrollees that includes a grievance process, an appeal process, and access to the State's Fair Hearing system.	M	M	M	M
GS.2 - The MCO's grievance process must be timely.	M	M	M	M
GS.3 - The MCO must maintain written requirements regarding the filing of a grievance.	M	M	M	M
GS.4 - The MCO must adhere to the State's regulations regarding the content of the notice of action (NOA).	M	M	M	PM
GS.5 - The MCO must handle grievances and appeals according to regulations.	M	M	M	M
GS.6 - The MCO must dispose of each grievance and resolve each appeal, and provide notice, as expeditiously as the enrollee's health condition requires, within State-established time frames.	M	M	M	M
GS.7 - The MCO must notify any enrollee who has entered a grievance or appeal of the outcome of his or her case.	M	M	M	PM
GS.8 - The MCO must provide an expedited review process for appeals.	M	M	M	M
GS.9 - The MCO must provide information about the grievance system to all providers and subcontractors at the time they enter into a contract.	M	M	M	M
GS.10 - The MCO must maintain records of grievances and appeals and must review the information as part of the State's Quality Strategy.	M	M	M	M
GS.11 - The MCO must continue to provide benefits to the enrollee while the appeal and the State Fair Hearing are pending.	M	M	M	M
GS.12 - The MCO may recover the cost of the services furnished to the enrollee while the appeal is pending if the final resolution of the appeal is adverse to the enrollee, to the extent that they were furnished solely because of the requirements of this section, and in accordance with the policy set forth in 42 CFR § 431.230.b.	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
GS.13- The MCO must authorize or provide the disputed services promptly, and as expeditiously as the enrollee's health condition requires, if the MCO or the State Fair Hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending.	M	M	M	M
GS.14 - The MCO or the State must pay for those services, in accordance with State policy and regulations, if the MCO or the State Fair Hearing officer reverses a decision to deny authorization of services and the enrollee received the disputed services while the appeal was pending.	M	M	M	M
QA - Quality Assessment and Performance Improvement	**100%**	**99%**	**97%**	**97%**
Access and Availability				
AA.1 - The MCO must maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract.	M	M	M	M
AA.2 - Each MCO, consistent with the scope of the contracted services, must provide female enrollees with direct access to a women's health specialist, provide for a second opinion, cover out-of-network services they are unable to provide, and must coordinate payment with out-of-network providers.	M	M	M	M
AA.3 - The MCO must furnish services timely.	M	PM	PM	PM
Continuity of Care				
CC.1 - The MCO must implement procedures to deliver primary care to and coordinate health care services for all MCO enrollees.	M	M	M	PM
CC.2 - The MCO must coordinate services for enrollees with special health care needs.	M	M	M	M
CC.3 - The MCOs must develop a treatment plan for enrollees with special health care needs who are determined through assessment to need a course of treatment or regular care monitoring.	M	M	M	M
CC.4 - The MCO must have a mechanism in place to allow enrollees with special health care needs to directly access a specialist.	M	M	M	M
CC.5 - The MCO must have in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.	M	M	M	M
CC.6 - The MCO must have mechanisms in place for assigning enrollees into case management according to established criteria.	M	M	M	M
Utilization Management				
UM.1 - The MCO's written notice of action for termination,	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
suspension, or reduction of previously authorized Medicaid-covered service must be mailed in a timely manner.				
UM.2 - The MCO must have written procedures in place for processing requests for initial and continuing services.	M	M	M	M
UM.3 - The MCO must notify the requesting provider and give the enrollee written notice of any decision by the MCO to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested.	M	M	PM	M
UM.4 - The MCO must provide timely authorization decisions.	M	M	M	M
UM.5 - The MCO must not structure compensation to individuals or entities that conduct utilization management activities so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.	M	M	M	M
UM.6 - The MCO must maintain practice guidelines based on valid and reliable clinical evidence or a consensus of health care professionals in the field.	M	M	M	M
UM.7 - The MCO must have in effect mechanisms to detect both under- and over-utilization of services.	M	M	M	M
Emergency Services				
ES 1. - The MCO must cover and pay for emergency services and post-stabilization care services.	M	M	M	M
Credentialing, Recredentialing and Delegation				
CR.1 - The MCO must implement written policies and procedures for selection and retention of providers.	M	M	M	M
CR.2 - The MCO's provider selection policies and procedures must not discriminate against particular practitioners that serve high-risk populations or specialize in conditions that require costly treatment.	M	M	M	M
CR.3 - The MCO must oversee and is accountable for any functions and responsibilities that it delegates to any subcontractor.	M	M	M	M
CR.4 - The MCO must request information on the provider from the National Practitioner Data Banks (NPDB) and appropriate state licensing boards.	M	M	M	M
CR.5 - The MCO must perform monthly federal database checks.	M	M	M	M
CR.6 - The MCO must comply with any additional requirements established by the State. Additional credentialing and recredentialing criteria for specialty areas (PCPs, OB/GYN, high-volume specialists, and dental providers) must be applied.	M	M	PM	M
CR.7 - The MCO's formal selection and retention criteria may not discriminate.	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
CR.8 - The MCO must oversee and are accountable for any functions and responsibilities that it delegates to any subcontractor. The following conditions must be met.	M	M	M	M
Enrollment and Disenrollment Policies				
ED.1 - The MCO must have disenrollment procedures that comply with the enrollment and disenrollment requirements and limitations set forth in the regulations.	M	M	M	M
ED.2 - The disenrollment procedures must address BMS initiated disenrollments.	M	M	M	M
ED.3 - The disenrollment procedures must address enrollee-initiated disenrollments. The MCO disenrollment procedures must provide that a recipient may request disenrollment for cause at any time and for any reason.	M	M	M	M
Quality Assessment				
QA.1 - The MCO must develop and implement written policies for an ongoing Quality Assessment and Performance Improvement Program (QAPI). The QAPI should be designed to achieve, through ongoing measurement and intervention, significant improvement in clinical and nonclinical areas of care that are expected to have a favorable effect on health outcomes and enrollee satisfaction. It must include a review of the entire range of services provided by the MCO.	M	M	M	M
QA.2 - The QA Program/Plan must specify clinical or health services delivery areas to be studied that represent the population served by the MCO in terms of age groups, disease categories, and special risk status.	M	M	M	M
QA.3 - The QA Program/Plan must designate appropriate clinicians and other professionals to monitor and evaluate individual cases where there is a question about care, patterns of care, or service. If the MCO utilizes a multidisciplinary team approach, the QA Program/Plan must direct the team to analyze and address delivery systems issues.	M	M	M	M
QA.4 - The QA Program/Plan must include written procedures for taking appropriate remedial action whenever inappropriate or substandard services are furnished, or services that should have been furnished were not.	M	M	M	M
QA.5 - The QA Program/Plan must include a written description of the QA committee, composed of qualified staff, namely QA professionals, RNs, and non-technical staff.	M	M	M	M
QA.6 - There must be evidence that participating physicians and other providers are kept informed about the written QA Program/Plan.	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
QA.7 - There must be documentation that the governing body routinely receives and reviews written reports from the QA Program/Plan, describing actions taken, progress in meeting QA objectives, and improvements made.	M	M	M	M
QA.8 - The QA Program/Plan requires that the QA Committee meet on a regular basis, no less than quarterly, to oversee QA activities and to verify that all findings and required actions are being monitored and followed.	M	M	M	M
QA.9 - The QAPI requires that the QA Committee meet on a regular basis, no less than quarterly, and documentation should demonstrate that this occurs.	M	M	M	M
QA.10 - The findings, conclusions, recommendations, actions taken, and results of QA activity must be documented and reported to appropriate individuals within the organization and through the established QA channels.	M	M	M	M
Member Satisfaction				
MS.1 - The MCO must survey a sample of its adult and child members at least annually.	M	M	M	M
MS.2 - The MCO must conduct the most recent version of the Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey annually.	M	M	M	M
MS.3 - The MCO shall use survey results to identify and investigate areas of enrollee dissatisfaction and outline action steps to follow-up on the survey findings.	M	M	M	M
MS.4 - The MCO must share findings with providers.	M	M	M	M
Medical Records				
MR.1 - The MCO must have a medical record system in place	M	M	M	M
MR.2 - The MCO must have a record review process to monitor conformance to the Medical Records Standards.	M	M	M	M
Performance Measurement				
PM.1 - The MCO must submit performance measurement data.	M	M	M	M
PM.2 - The MCO must maintain a health information system that collects, analyzes, integrates, and reports data. The system must provide information on areas including, but not limited to, utilization, grievances, and disenrollments for other than loss of eligibility.	M	M	M	M
Health Education				
HE.1 - The MCO must provide a continuous program of general health education for disease, injury prevention, and identification without cost to the enrollees.	M	M	M	M
HE.2 - The MCO must provide for qualified staff to develop and conduct educational programs.	M	M	M	M

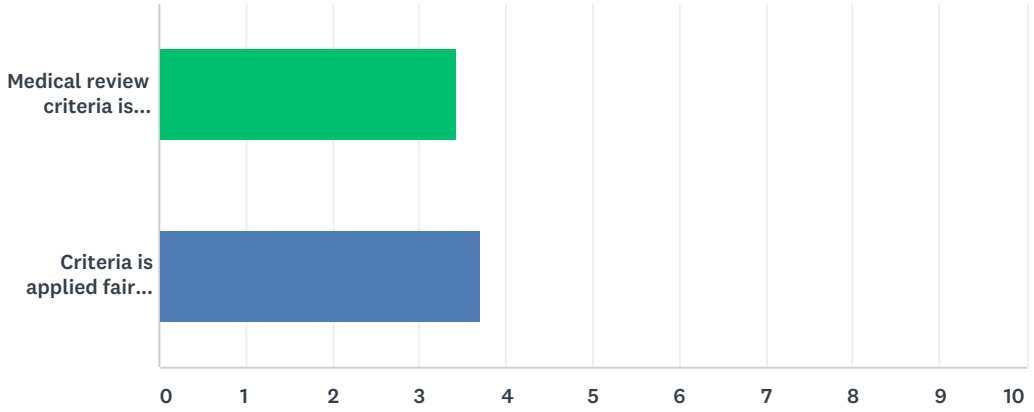
SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
HE.3 - There must be evidence that the MCO makes Health Education programs available to the enrollee population and that the MCO periodically reminds and encourages enrollees to use benefits.	M	M	M	M
HE.4 - The MCO must offer periodic health education and screening programs to enrollees that in the opinion of the medical staff would effectively identify conditions indicative of a health problem.	M	M	M	M
HE.5 - The MCO shall instruct each enrollee that receives a screen and shall ensure that each enrollee receives a printed summary of the assessment information to take to his or her PCP.	M	M	N/A	M
HE.6 - The MCO must provide wellness education programs.	M	M	M	M
HE.7 - The MCO must keep a record of all activities it has conducted to satisfy the Health Education requirements.	M	M	M	M
HE.8 - The MCO periodic health screening programs must include evidence of coverage for wellness screens.	M	M	M	M
Early and Periodic Screening, Diagnosis, and Treatment				
EPSDT.1 - MCOs must have written policies and procedures providing the full range of EPSDT services to all eligible children and young adults up to age twenty-one (21).	M	M	M	M
EPSDT.2 - The MCO must have an established tracking system that provides up-to-date information on compliance with EPSDT service requirements.	M	M	M	M
Fraud and Abuse	**100%**	**100%**	**100%**	**100%**
FA.1 - The MCO must have in place internal controls, policies, and procedures to prevent and detect fraud and abuse. The MCO must have a formal fraud and abuse plan with clear goals, assignments, measurements, and milestones.	M	M	M	M
FA.2 - The Fraud and Abuse plan must include procedures for conducting regular reviews and audits to guard against fraud and abuse, verifying whether services reimbursed were actually furnished, educating employees, network providers, and enrollees about fraud and abuse and how to report it, effectively organizing resources to respond to complaints of fraud and abuse, establishing procedures for reporting information to BMS, and developing procedures to monitor service patterns.	M	M	M	M
FA.3 - The MCO must monitor provider fraud for underutilization of services and beneficiary/provider fraud for overutilization of services. Monitoring should include identifying provider fraud and abuse by reviewing for a lack of referrals, improper coding, billing for services never rendered, and inflating bills for services and/or	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
goods provided.				
FA.4 - The MCO must monitor provider fraud for underutilization of services and beneficiary/provider fraud for overutilization of services. Monitoring should include identifying beneficiary fraud by reviewing access to services, inappropriate emergency care, and card sharing.	M	M	M	M
FA.5 - The MCO must take part in coordination activities within the state to maximize resources for fraud and abuse issues. The MCO must meet regularly with BMS, the Medicaid Fraud Control Unit (MFCU) and the External Quality Review Organization (EQRO) to discuss plans of action, and attend fraud and abuse training sessions as scheduled by the state.	M	M	M	M
FA.6 - The MCO must submit a report to BMS by the 15th of each month regarding any suspected fraud and abuse cases identified during the prior calendar month.	M	M	M	M
FA.7 - The MCO must promptly comply with requests from BMS or the MFCU for access to and copies of any records, computerized data, or information kept by MCO providers to which BMS is authorized to have access.	M	M	M	M
FA.8 - Pursuant to Section 6032 of the Deficit Reduction Act of 2005, any entity who receives or makes Title XIX (Medicaid) payments of at least $5,000,000 annually must establish written or electronic policies and procedures for the education of employees of affected entities regarding false claims recoveries.	M	M	M	M
FA.9 – In order to facilitate cooperation with the state:	M	M	M	M

M=Requirements were fully met. P=Requirements were partially met. U=Requirements were unmet. N/A=Not applicable.

Q1 Indicate how strongly you agree or disagree with the following statements about The Health Plan's medical review criteria.

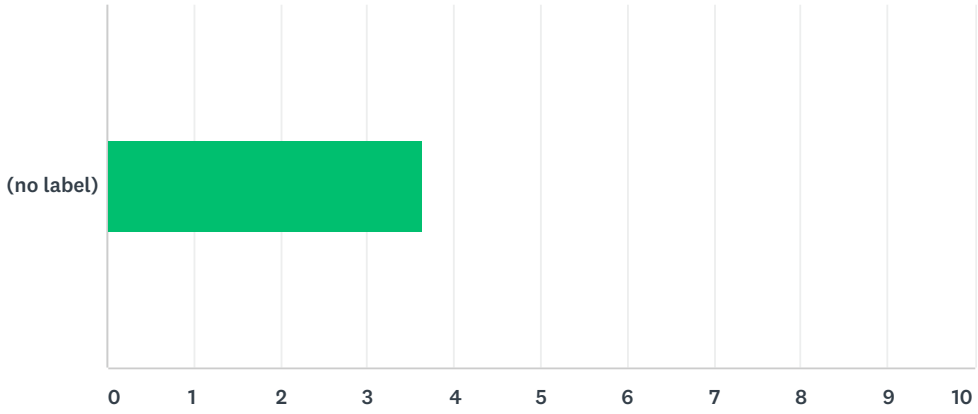
Answered: 37 Skipped: 2



	STRONGLY AGREE5	4	3	2	STRONGLY DISAGREE1	TOTAL	WEIGHTED AVERAGE
Medical review criteria is flexible	13.89% 5	44.44% 16	25.00% 9	5.56% 2	11.11% 4	36	3.44
Criteria is applied fairly on a case-by-case basis	20.59% 7	50.00% 17	17.65% 6	2.94% 1	8.82% 3	34	3.71

Q2 Do you agree or disagree with the following statement: The Health Plan's medical management nurse navigators have appropriate clinical expertise.

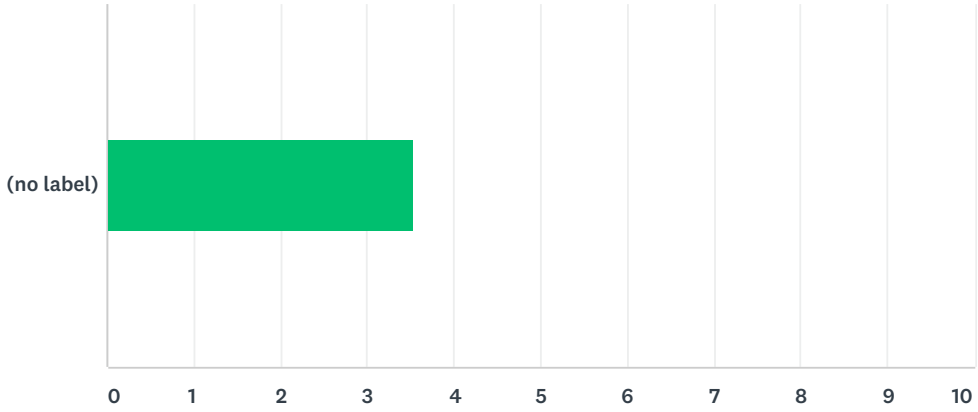
Answered: 37 Skipped: 2



	STRONGLY AGREE5	4	3	2	STRONGLY DISAGREE1	TOTAL	WEIGHTED AVERAGE
(no label)	24.32% 9	32.43% 12	29.73% 11	10.81% 4	2.70% 1	37	3.65

Q3 Do you agree or disagree with the following statement: The Health Plan's medical director is available for discussion of review decisions.

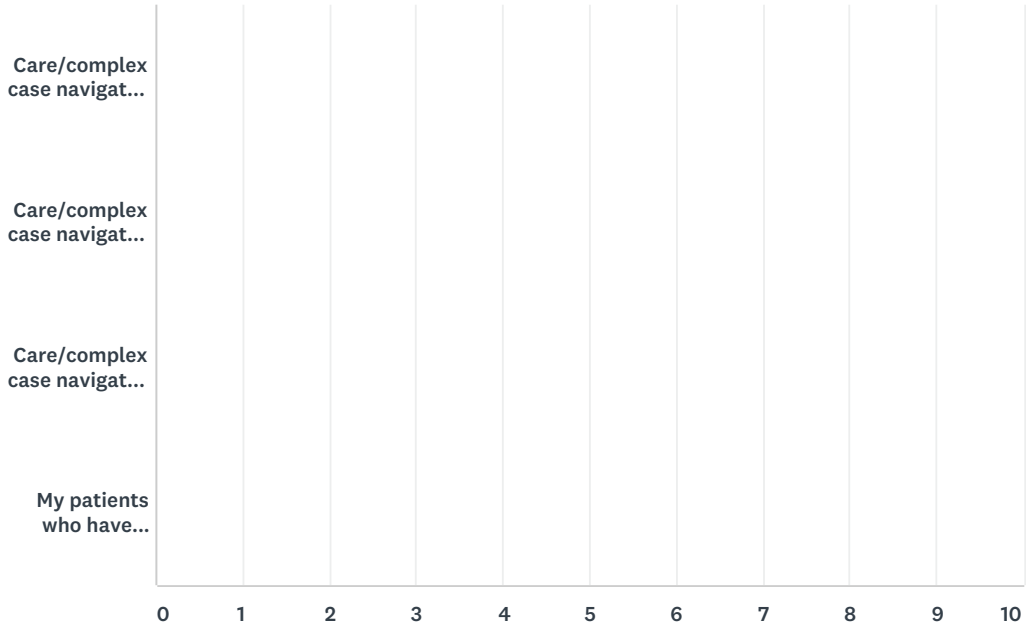
Answered: 36 Skipped: 3



	STRONGLY AGREE5	4	3	2	STRONGLY DISAGREE1	TOTAL	WEIGHTED AVERAGE
(no label)	16.67% 6	38.89% 14	30.56% 11	8.33% 3	5.56% 2	36	3.53

Q4 Indicate how strongly you agree or disagree with the following statements about The Health Plan's medical care/complex case navigators

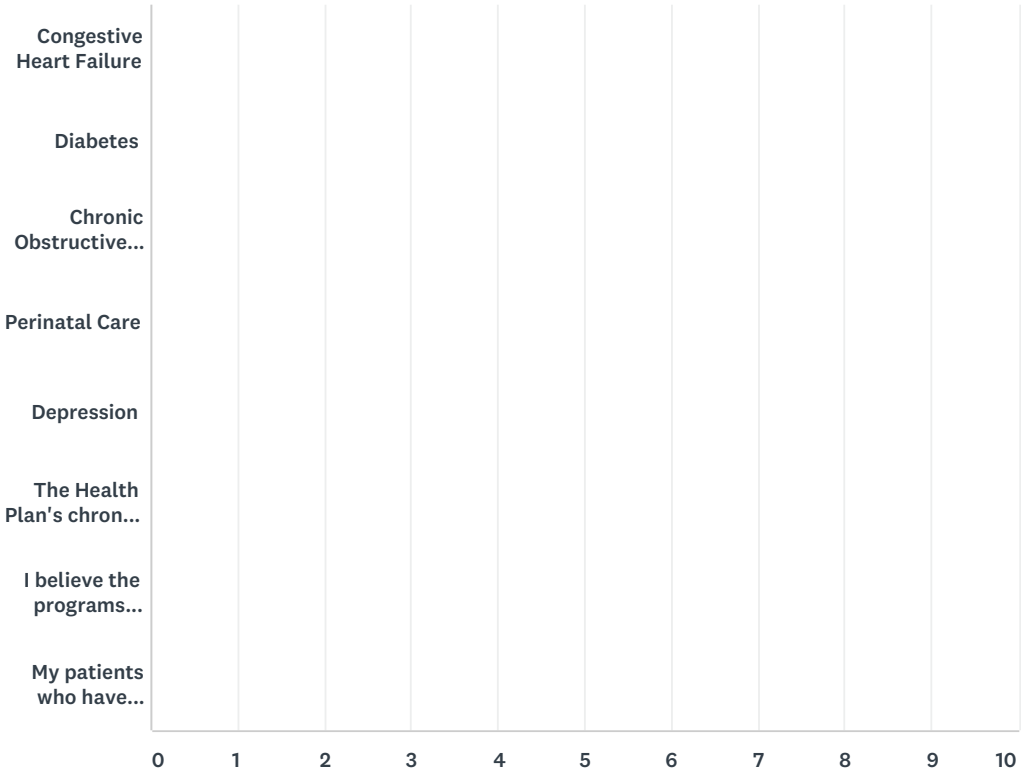
Answered: 36 Skipped: 3



	STRONGLY AGREE5	4	3	2	STRONGLY DISAGREE1	TOTAL	WEIGHTED AVERAGE
Care/complex case navigators have helped me find special services, or solve access problems for my patients.	19.44% 7	30.56% 11	36.11% 13	5.56% 2	8.33% 3	36	0.00
Care/complex case navigators encourage patient compliance with my treatment plans.	19.44% 7	30.56% 11	41.67% 15	5.56% 2	2.78% 1	36	0.00
Care/complex case navigators provide useful education and support to my patients and their families.	19.44% 7	33.33% 12	38.89% 14	5.56% 2	2.78% 1	36	0.00
My patients who have care/complex case navigators have better outcomes.	19.44% 7	27.78% 10	44.44% 16	8.33% 3	0.00% 0	36	0.00

Q5 Indicate how strongly you agree or disagree that The Health Plan's chronic disease navigator programs address the needs of your patients on the following conditions:

Answered: 33 Skipped: 6



	STRONGLY AGREE5	4	3	2	STRONGLY DISAGREE1	TOTAL	WEIGHTED AVERAGE
Congestive Heart Failure	20.00% 6	20.00% 6	50.00% 15	6.67% 2	3.33% 1	30	0.00
Diabetes	20.00% 6	23.33% 7	50.00% 15	6.67% 2	0.00% 0	30	0.00
Chronic Obstructive Pulmonary Disease	22.58% 7	19.35% 6	51.61% 16	3.23% 1	3.23% 1	31	0.00
Perinatal Care	24.14% 7	17.24% 5	58.62% 17	0.00% 0	0.00% 0	29	0.00
Depression	21.88% 7	31.25% 10	34.38% 11	9.38% 3	3.13% 1	32	0.00
The Health Plan's chronic disease navigation programs provide me feedback about my enrolled patients.	18.75% 6	25.00% 8	34.38% 11	15.63% 5	6.25% 2	32	0.00
I believe the programs encourage patient compliance with my treatment plans.	18.75% 6	21.88% 7	43.75% 14	15.63% 5	0.00% 0	32	0.00
My patients who have participated in chronic disease navigation have better outcomes.	18.75% 6	18.75% 6	46.88% 15	12.50% 4	3.13% 1	32	0.00

Q6 Comments:

Answered: 13 Skipped: 26

#	RESPONSES	DATE
1	Have not had much, if any experience with any of the above. Cannot answer the questions.	6/28/2017 8:34 AM
2	Some of the questions you have on this survey need an NA choice as we do not deal with Congestive Heart Failure, Diabetes, Chronic Obstructive Pulmonary Disease, etc. We were unaware of the option "The Health Plan's medical director is available for discussion of review decisions." We are having problems with authorizations due to starting a new billing program but we are not getting any understanding.	6/27/2017 9:46 AM
3	I don't have much experience with most of the above things. The biggest problem with insurance companies is that they are trying to make prior authorization forms hard to find and think wasting my time is the way to not have to pay for an expensive treatment. I will remember that. The patients are simply made aware and the onus is put on them to track down a prior authorization form. This makes the insurance company look bad. Make the doctor mad, make the patients mad, the insurance companies days are numbered.	6/16/2017 7:54 PM
4	We encourage our patients to choose the Health Plan when they ask us	6/16/2017 3:34 PM
5	Our staff that are responsible for prior authorizations state the Health Plan is very easy to work with and very easy to contact a live person.	6/15/2017 4:42 PM
6	Health Plan is a great organization to work with. Staff is outstanding!	6/15/2017 4:32 PM
7	# 5 not applicable to us here at behavioral health	6/15/2017 4:31 PM
8	Not sure who this is address to.	6/15/2017 4:27 PM
9	Not very familiar with some of these programs	6/15/2017 4:22 PM
10	A poorly written case summary is a poor substitute to a well organized team approach with nurse able to attend follow up and truly coordinate and educate patients as their advocate.	5/30/2017 10:07 PM
11	The payments to physician should be better. So Far my experience with the health-plan insurance has been pleasant.	5/30/2017 9:38 PM
12	This is the most stringent of all insurance companies we deal with to get anything approved other than Caresoucre.	5/30/2017 5:46 PM
13	We are a pediatric office so I can not answer most of the questions effectively	5/30/2017 3:43 PM

2017 CAHPS® 5.0H Member Survey

Child Medicaid – HMO

Prepared for:

Unicare of West Virginia

July 2017

Prepared by:

DSS Research

DSS RESEARCH

Looking Beyond the Expected

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Background and objectives

Background. DSS has conducted the CAHPS® member survey since 1995. For participating plans (those who submit their data to NCQA) this information can be disclosed to the public and provides a direct comparison to other participating plans. The 2017 CAHPS 5.0H survey accurately captures customer feedback and expands the scope of information gathered relative to quality of care issues.

Objectives. Specific objectives of the 2017 CAHPS 5.0H member satisfaction survey include:

Determination of member ratings of:

- Health Plan Overall
- Health Care Overall
- Personal Doctor Overall
- Specialist Overall

Assessment of member perceptions related to:

- Customer Service (CS)
- Getting Needed Care (GNC)
- Getting Care Quickly (GCQ)
- How Well Doctors Communicate (HWDC)
- Shared Decision Making (SDM)
- Coordination of Care (CoC)
- Health Promotion and Education (HPE)

Standard measurement of all areas mentioned to facilitate meaningful comparisons among participating health plans.

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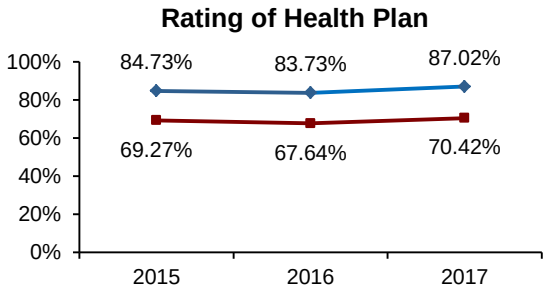
Executive summary

Unicare of West Virginia performed similar to last year on the overall health plan rating and performed similar to two years ago.

- Almost nine in 10 (87.02%) gave their health plan an overall rating of 8, 9 or 10 on a 0 to 10 scale, which is not significantly different from last year and not significantly different from two years ago.
- About seven in 10 (70.42%) gave a rating of 9 or 10, which is not significantly different from last year and not significantly different from two years ago.



↑↓ *indicates a significantly higher or lower score than 2016.*

⇞⇟ *indicates a significantly higher or lower score than 2015.*

No significant improvements were seen on the overall ratings or composite scores compared to last year or two years ago.

Significant changes	2016 vs. 2015	2017 vs. 2016	2017 vs. 2015
Overall ratings			
Rating of Health Plan (% 8, 9 or 10) (Q36)			
Rating of Health Care (% 8, 9 or 10) (Q13)			
Rating of Personal Doctor (% 8, 9 or 10) (Q26)			
Rating of Specialist (% 8, 9 or 10) (Q30)			
Composite global proportions			
Customer Service (% Always or Usually)			
Getting Needed Care (% Always or Usually)			
Getting Care Quickly (% Always or Usually)			
How Well Doctors Communicate (% Always or Usually)			
Shared Decision Making (% Yes)			
Health Promotion and Education (% Yes) (Q8)			
Coordination of Care (% Always or Usually) (Q25)			

Green shading indicates a significantly higher score than the corresponding previous year.
Red shading indicates a significantly lower score than the corresponding previous year.
No shading indicates no significant changes.

Resources for improvement

AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link: https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html

Voice of the Member

DSS also provides feedback from adult consumers across the country with coverage for their child. See Appendix E.

Key drivers of overall health plan rating

The SatisAction™ key driver statistical model was used to identify the key drivers of the overall health plan rating and the results are presented in the POWeR™ Chart classification matrix on the following page.

POWeR™ Chart classification matrix

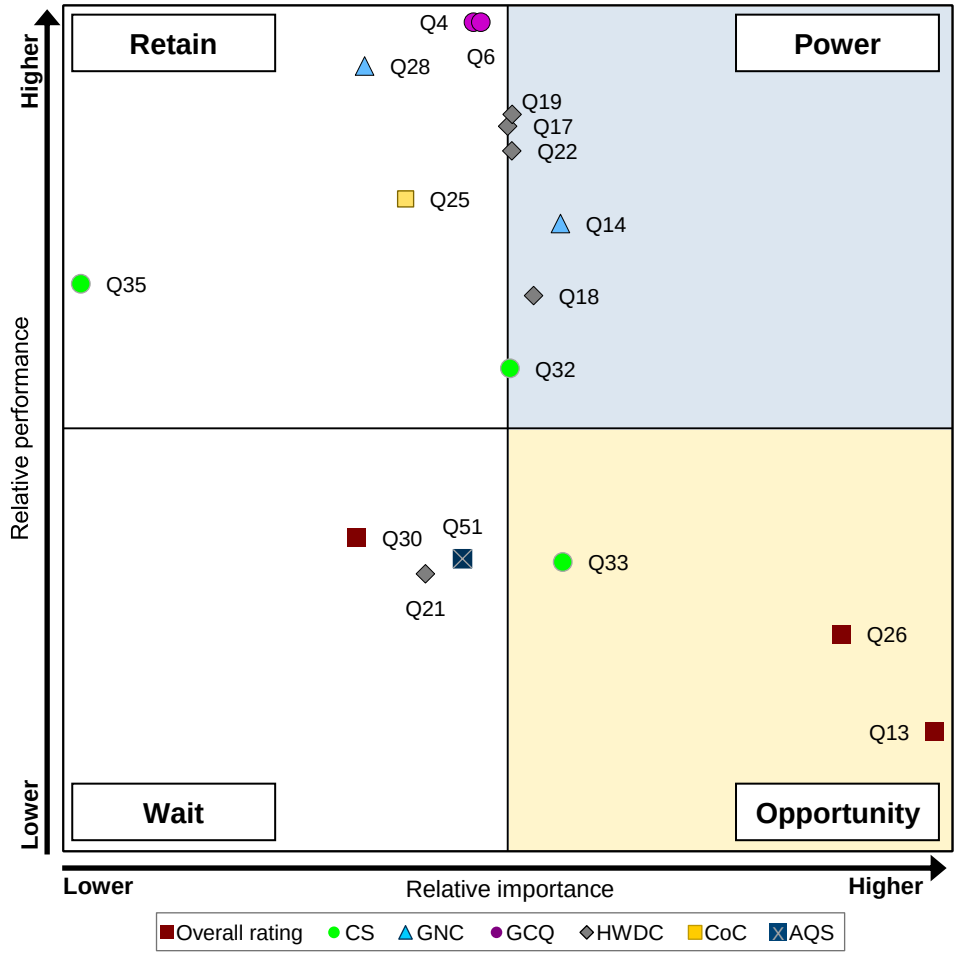
Relative performance: Higher	Relative importance: Lower	Relative importance: Higher
	Retain Items in this quadrant have a relatively small impact on the overall rating but performance is above average. ***Simply maintain performance on these items.***	**Power** These items have a relatively large impact on the overall rating and performance is above average. ***Promote and leverage strengths in this quadrant.***
Relative performance: Lower	**Wait** These items are somewhat less important than those that fall on the right side of the chart and, relatively speaking, performance is below average. ***Dealing with these items can wait until more important items have been dealt with.***	**Opportunity** Items in this quadrant have a relatively large impact on the overall rating but performance is below average. ***Focus resources on improving processes that underlie these items***.

Key for Composite Names in POWeR™ Chart (on page 6)	
CS	Customer Service
GNC	Getting Needed Care
GCQ	Getting Care Quickly
HWDC	How Well Doctors Communicate
CoC	Coordination of Care

Key drivers, estimated percentiles and estimated ratings

The key drivers of the overall health plan rating are presented in the POWeR™ Chart classification matrix below. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the overall health plan rating (see Appendix C for more details).

POWeR™ Chart classification matrix - Unicare of WV



Survey Measure		Score	Estimated Percentile	Estimated Rating
Power				
Q14	Got care/tests/treatment	92.16%	75th	4
Q18	Dr. listened carefully	95.60%	67th	4
Q19	Dr. showed respect	97.69%	90th	5
Q22	Dr. spent enough time	92.27%	75th	4
Q32	CS provided info./help	83.57%	50th	3
Q17	Dr. explained things	96.12%	75th	4
Opportunity				
Q13	Health care overall*	85.04%	33rd	3
Q26	Personal doctor overall*	88.35%	50th	3
Q33	CS courtesy/respect	93.43%	50th	3
Wait				
Q51	Happy with Dr.	88.47%	---	---
Q21	Dr. explained things for child	92.19%	---	---
Q30	Specialist overall*	85.59%	50th	3
Retain				
Q6	Got routine care	94.64%	95th	5
Q4	Got urgent care	97.55%	95th	5
Q25	Dr. informed about care	84.73%	75th	4
Q28	Got specialist appt.	89.15%	90th	5
Q35	Easy to fill out forms	95.69%	50th	3

* Overall ratings are top 3 scores (% 8, 9 and 10).

Estimated accreditation score

The CAHPS 5.0H portion of the HEDIS® accreditation score is determined by comparing plan results to the NCQA Benchmarks and Thresholds. Points are assigned to the overall ratings and composite scores according to accreditation year and percentile range in which the score falls.

Survey measure	Mean score[1]	Estimated Percentile[2]	Percentile Threshold[2]	Points[3] 2014 Standards[4]	Points[3] 2017 Standards[4]
Overall mean ratings					
Rating of Health Plan[5]	2.6183	53.46%	50th	1.9644	1.9644
Rating of Health Care	2.5677	28.85%	25th	0.5778	0.5778
Rating of Personal Doctor	2.6525	27.08%	25th	0.5778	0.5778
Rating of Specialist	2.6441	52.56%	50th	0.9822	0.9822
Composite mean scores					
Customer Service	2.6442	88.26%	75th	1.2711	1.2711
Getting Needed Care	2.5866	90.60%	90th	1.4444	1.4444
Getting Care Quickly	2.8002	92.01%	90th	1.4444	1.4444
How Well Doctors Communicate[6]	2.7864	88.20%	75th	1.2711	---
Coordination of Care[6]	2.4384	57.67%	50th	---	0.9822
Total points				**9.5332**	**9.2443**

Points are assigned by percentile threshold as follows (if all measures are valid – denominator of at least 100)[3]**:**

Percentile Threshold	Percentile	Points[4]
90th	Greater than or equal to 90th percentile	1.4444
75th	Greater than or equal to 75th percentile but less than 90th percentile	1.2711
50th	Greater than or equal to 50th percentile but less than 75th percentile	0.9822
25th	Greater than or equal to 25th percentile but less than 50th percentile	0.5778
<25th	Less than 25th percentile	0.2889
	Maximum number of points	**13.0000**

Notes:

[1] Overall ratings and composite measures are converted to a mean score using a 1 to 3 scale in the accreditation score calculation according to NCQA-defined guidelines.

[2] The percentiles and percentile thresholds shown here are estimates and may change when the mid-year update is released, usually in September.

[3] NCQA will assign a measure result of NA and not assign accreditation points to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100. The measure is removed for scoring purposes and the points are redistributed among the remaining measures.

[4] A health plan's standard year is based on when they submit documentation to NCQA. The 2014 standards cover submissions between July 1, 2014, and June 30, 2015, and the 2017 standards cover submissions between July 1, 2017, and June 30, 2018. For plans accredited under the 2015 and 2016 standards, NCQA will calculate scores based on the current reporting year (2017 standards) until July 1, 2018. At that time, all plans will move to the 2018 standards.

[5] Rating of Health Plan is worth twice the points in each percentile band, i.e., 2.8889, 2.5422, 1.9644, 1.1556 and 0.5778, respectively.

[6] The How Well Doctors Communicate composite was removed from accreditation scoring in 2015 and the Coordination of Care measure was added in 2016.

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The flowchart below shows how the items used in the calculation of the plan's 2017 estimated accreditation score perform relative to each other. See Appendix D for more details.

Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

Accreditation Score

2014 Standards	2017 Standards	
13.0000	13.0000	Max possible score
9.5332	9.2443	Estimated 2017 total points
3.4668	3.7557	Potential to improve

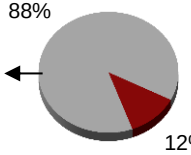
Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

	Rating of Health Plan		Rating of Health Care		Rating of Personal Doctor		Rating of Specialist	
	2014	2017	2014	2017	2014	2017	2014	2017
Percentile	53.46%		28.85%		27.08%		52.56%	
Points	1.9644	1.9644	0.5778	0.5778	0.5778	0.5778	0.9822	0.9822
Points left	0.9244	0.9244	0.8667	0.8667	0.8667	0.8667	0.4622	0.4622

Contribution
Gap

Customer Service

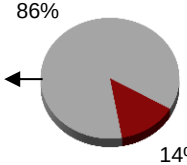
2014	2017
88.26%	
1.2711	1.2711
0.1733	0.1733



	(Q32) Info. from customer service	(Q33) Treated with courtesy/ respect
%	41.5%	46.6%
Gap	8.5%	3.4%

Getting Needed Care

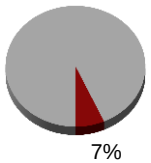
2014	2017
90.60%	
1.4444	1.4444
0.0000	0.0000



	(Q14) Ease of getting care	(Q28) Got appt. with specialist
%	44.1%	42.1%
Gap	5.9%	7.9%

Getting Care Quickly

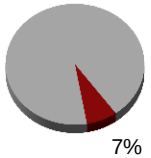
2014	2017
92.01%	
1.4444	1.4444
0.0000	0.0000



	(Q4) Urgent care	(Q6) Routine care
%	48.3%	45.0%
Gap	1.7%	5.0%

How Well Doctors Communicate

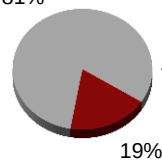
2014	2017
88.20%	
1.2711	---
0.1733	---



	(Q17) Dr. explained things	(Q18) Dr. listened carefully	(Q19) Dr. showed respect	(Q22) Dr. spent enough time
%	23.5%	23.2%	23.7%	22.4%
Gap	1.5%	1.8%	1.3%	2.6%

Coordination of Care

2014	2017
57.67%	
---	0.9822
---	0.4622



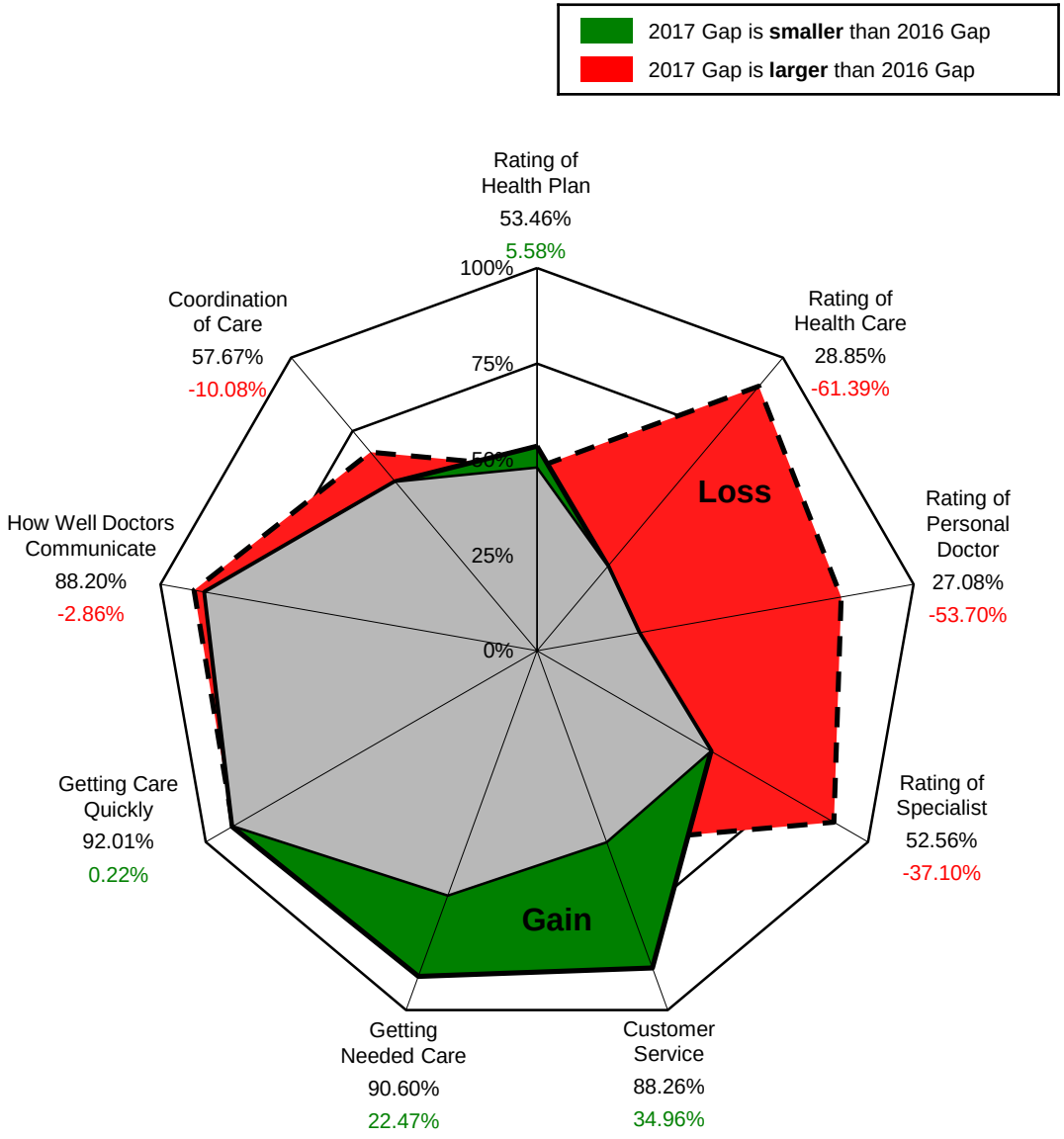
	(Q25) Coordination of care
%	81.3%
Gap	18.7%

Strength (at or above the 90th percentile)

Potential to improve (component with largest gap)

Percentile gap analysis. The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved.

- The percentile gap was closed compared to last year on the following measures:
  - Customer Service composite
  - Getting Needed Care composite
  - Rating of Health Plan
  - Getting Care Quickly composite
- However, the percentile gap increased on these measures:
  - Rating of Health Care
  - Rating of Personal Doctor
  - Rating of Specialist
  - Coordination of Care
  - How Well Doctors Communicate composite



NCQA Health Insurance Plan Ratings

- Beginning in 2015, NCQA replaced its ranking methodology with a rating methodology.
- Health plans are now rated in three categories: clinical quality (includes prevention and treatment), consumer satisfaction and NCQA's review of health quality processes.
- Plans are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.
- The consumer satisfaction category of the rating comes from the CAHPS survey and is summarized in the table below. Percentiles and ratings are **estimated** based on the 2016 Quality Compass® data since the 2017 data were not available at the time of this report.

	Score*	Percentile	Rating
Consumer Satisfaction			**3.5**
Getting Care			5.0
Getting care easily	90.65%	90th	5.0
Getting care quickly	96.09%	90th	5.0
Satisfaction with physicians			3.5
Rating of doctor	73.52%	33rd	3.0
Rating of specialists	71.19%	33rd	3.0
Rating of care	66.75%	33rd	3.0
Coordination of care	84.73%	67th	4.0
Health promotion and education	72.86%	67th	4.0
Satisfaction with health plan services			3.0
Rating of health plan	70.42%	33rd	3.0
Customer service	88.50%	33rd	3.0

Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

* Scores are top 2 ratings (% Always or Usually or % 9 or 10) for the consumer satisfaction category.

NOTE: NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.

Questionnaire. The CAHPS 5.0H survey was used. DSS designed the survey instrument using health plan colors and mailed an attractively formatted booklet with a cover letter explaining the importance of completing the survey to the sampled members via first class postage. A return business reply envelope addressed to DSS was included with each questionnaire. A copy of the survey is provided in Appendix F.

Data collection. The methodology detailed in *HEDIS® 2017 Volume 3: Specifications for Survey Measures* was used. A synopsis is outlined below.

Survey Protocol	Timeframe	Date
First questionnaire mailing	0 days	1/27/2017
First reminder postcard	4 - 10 days	2/3/2017
Second questionnaire mailing	35 days	3/3/2017
Second reminder postcard	39 - 45 days	3/10/2017
Initiate telephone interviewing	56 days	3/24/2017
Complete telephone interviewing	70 days	4/7/2017
Last day to accept completed surveys	Minimum of 81 days	5/20/2017
Data submission to NCQA		5/25/2017

Staffing of the toll-free help line. DSS staffed a toll-free phone line that allowed members to call if they had any questions.

Sample design.

- **Qualified respondents.** Members eligible for the survey were parents of those 17 years and younger (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.
- **Sample type.** A simple random sample of the required sample size for the population was drawn. To reduce possible confusion and respondent burden, the sample was processed to remove duplicates so that only one child per household was included in the sample.
- **Sample size and sampling error.** A sample of 538 members was obtained with an overall sampling error of +/- 4.2% at 95% confidence, using the most pessimistic assumption regarding variance (p=0.5).

- **Response rate.** The return volume and response rate information is summarized below:

Item	2017
Total mailed	2,145
Required sample	1,650
Oversample	495
Total ineligible	11
Total completed surveys	538
Mail completes	293
Phone completes	245
Adjusted response rate	25.21%
Overall sampling error	+/- 4.2%

The 2016 national average response rate for child Medicaid was 21.9%.

Data processing and analysis. DSS processed all completed surveys and analyzed the results.

Comparison averages. Most measures are compared to the 2017 Anthem Average (2017 ANM Avg.) and the 2017 DSS Child Medicaid Book of Business (2017 DSS Avg.). The DSS Child Medicaid Book of Business is made up of 76 child Medicaid plans with a total of 37,849 respondents.

Spanish surveys. Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish. There were no surveys completed in Spanish.

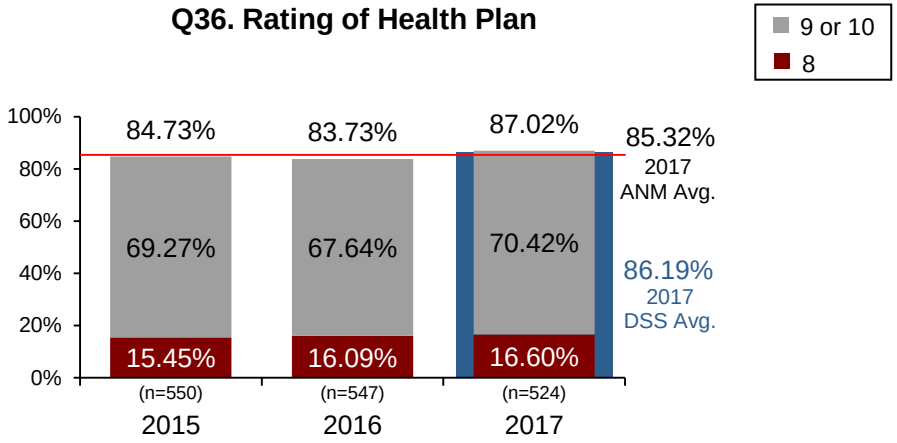
Overall ratings

Compared to the 2016 plan result:
- None of the differences are significant.

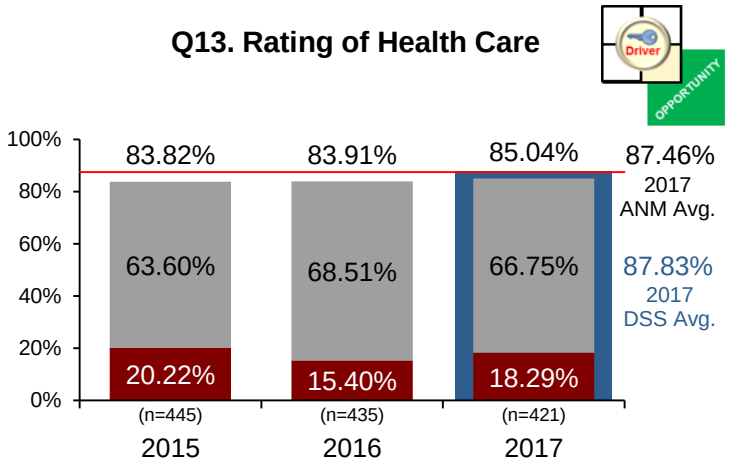
Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

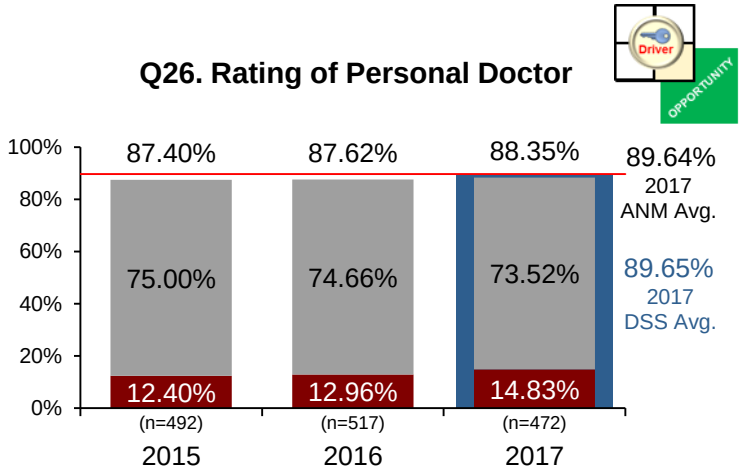
Q36. Rating of Health Plan



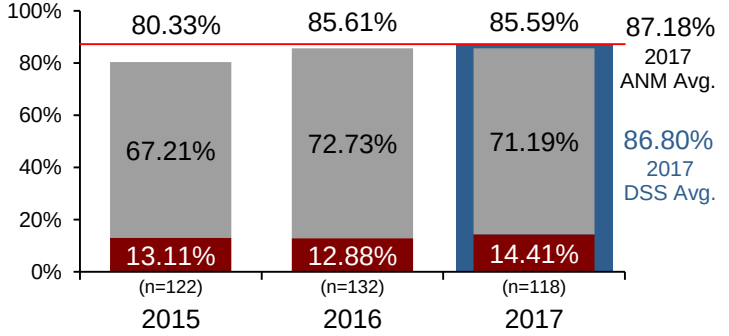
Q13. Rating of Health Care



Q26. Rating of Personal Doctor



Q30. Rating of Specialist



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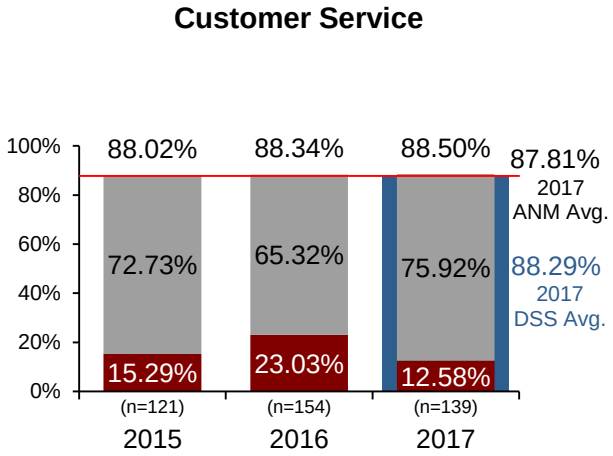
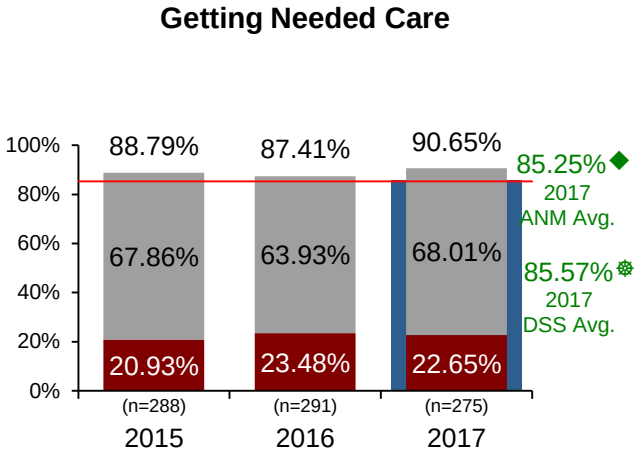
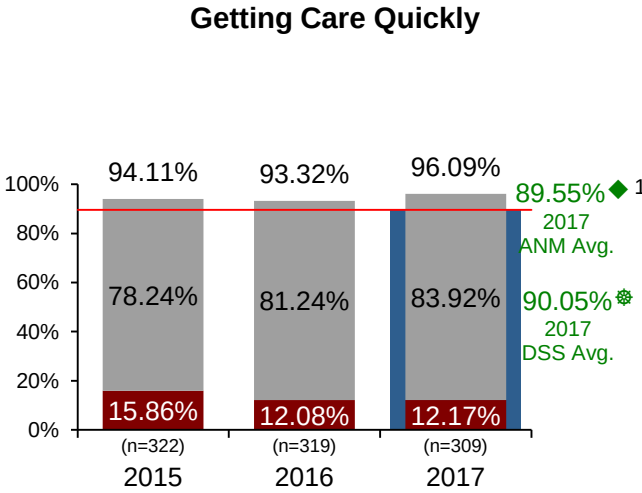
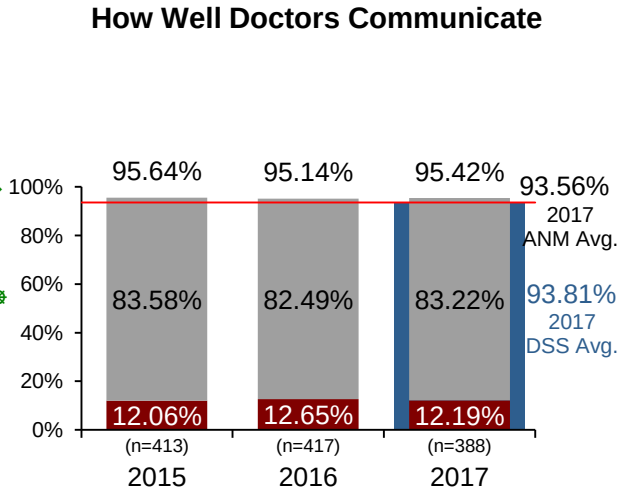
Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

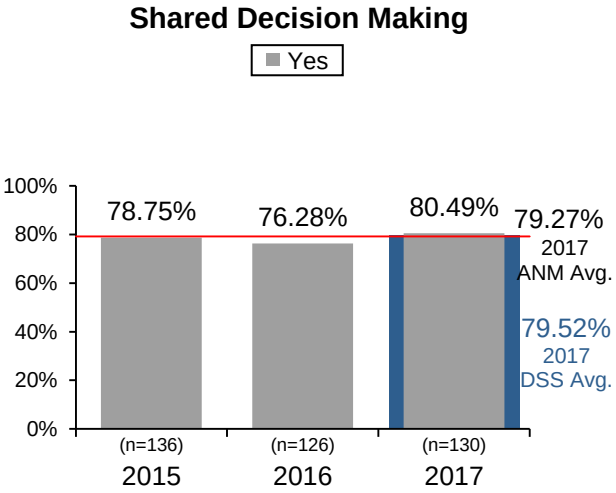
Composite global proportions











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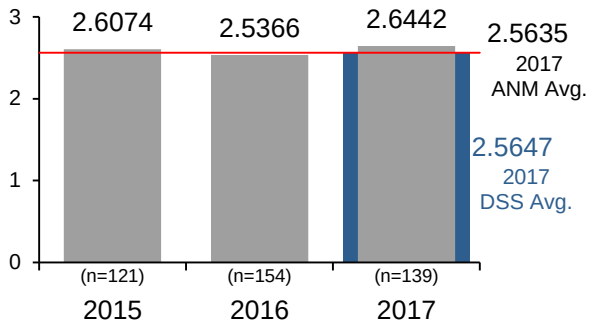
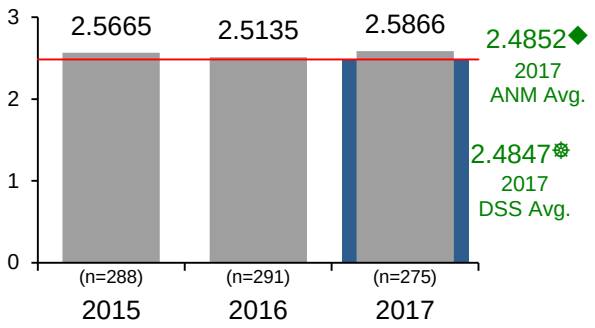
Composite mean scores

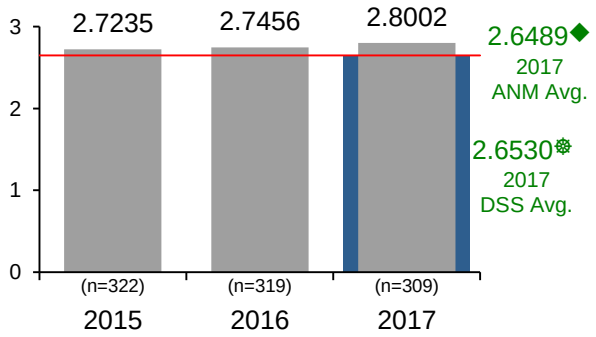
Customer Service



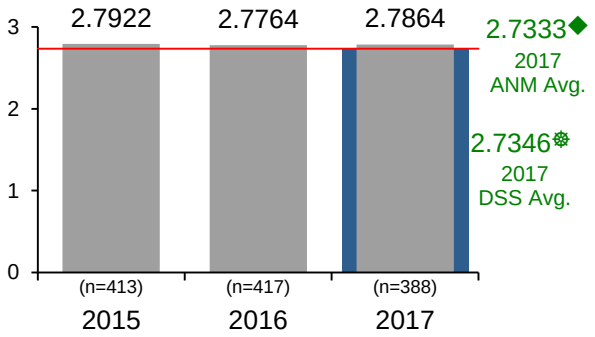
Getting Needed Care



Getting Care Quickly



How Well Doctors Communicate



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Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Customer Service

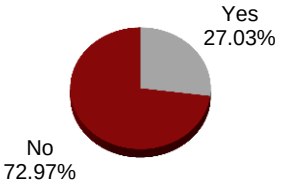
Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

Customer Service Composite					
	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	88.02%	88.34%	88.50%	87.81%	88.29%
Mean score	2.6074	2.5366	2.6442	2.5635	2.5647

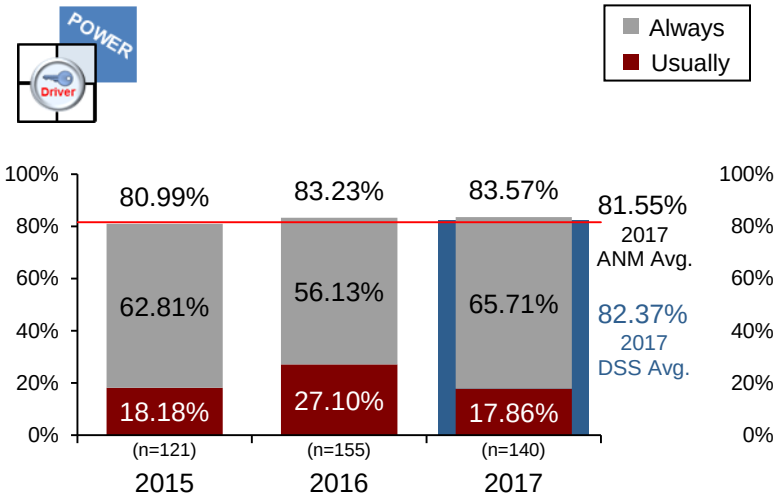
Q31. Tried to get information or help from health plan's customer service



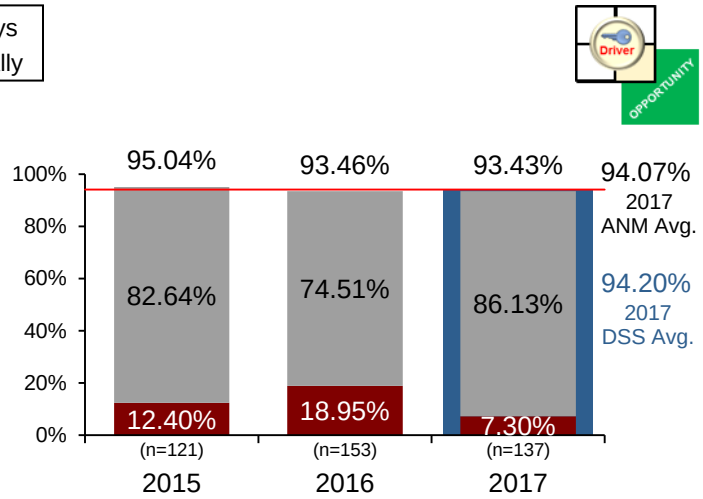
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
22.14%	28.39%	31.86%◆	30.47%

Q32. Customer service provided needed information or help



Q33. Customer service treated member with courtesy and respect



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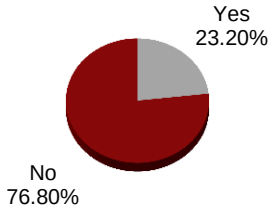
Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Compared to the 2016 plan result:
- The difference is not significant.

Compared to the 2017 ANM Average:
- The difference is not significant.

Compared to the 2017 DSS Average:
- The difference is not significant.

Q34. Health plan gave member forms to fill out

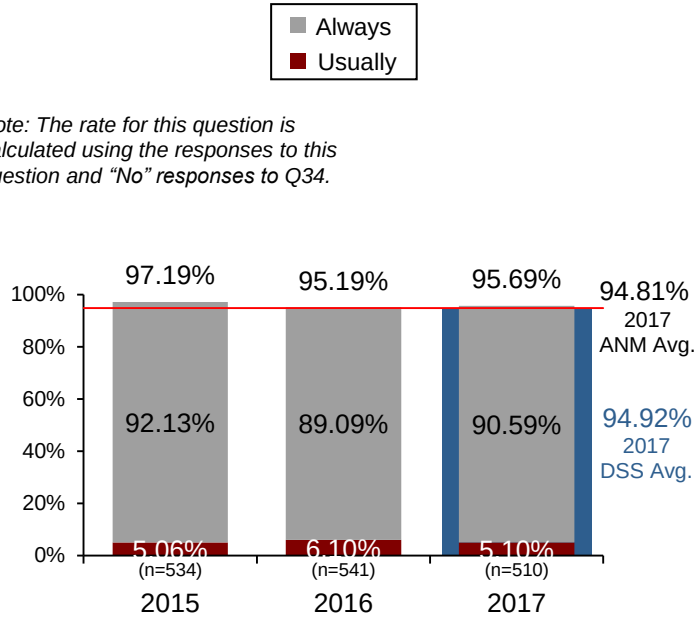


(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
20.07%	26.20%	28.85%◆	28.74% ❁

Q35. Health plan forms were easy to fill out

Note: The rate for this question is calculated using the responses to this question and "No" responses to Q34.



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Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Getting Needed Care

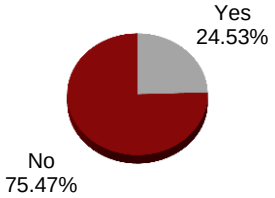
Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- Got appointment with specialist and got care, tests or treatment are significantly higher.

Compared to the 2017 DSS Average:
- Got appointment with specialist is significantly higher.

Getting Needed Care Composite					
	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	88.79%	87.41%	90.65%	85.25% ◆	85.57% ❁
Mean score	2.5665	2.5135	2.5866	2.4852 ◆	2.4847 ❁

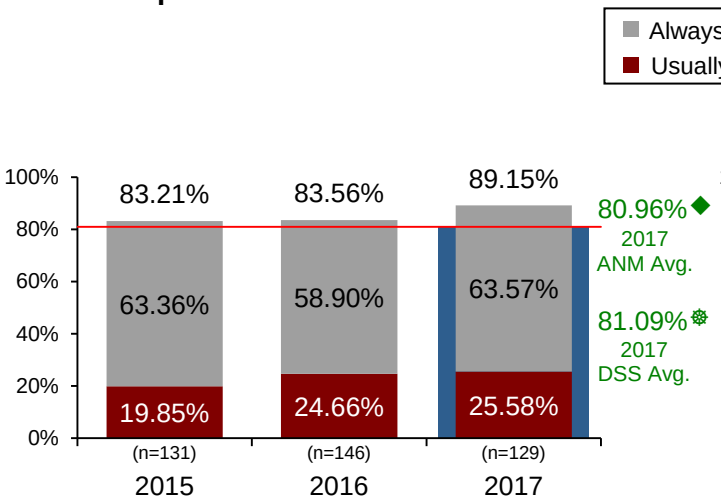
Q27. Made appointment to see a specialist



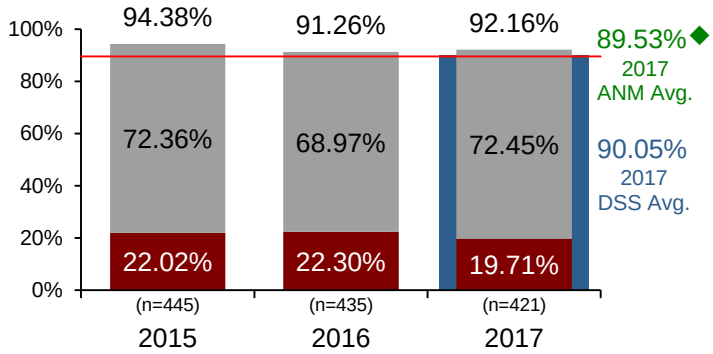
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
24.95%	27.14%	21.83%	22.22%

Q28. Got appointment with specialist as soon as needed



Q14. Ease of getting care, tests or treatment



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Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Getting Care Quickly

Compared to the 2016 plan result:
- Got urgent care is significantly higher.

Compared to the 2017 ANM Average:
- Got urgent care and got routine appointment are significantly higher.

Compared to the 2017 DSS Average:
- Got urgent care and got routine appointment are significantly higher.

Q3. Had illness/injury/condition that needed care right away

(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
46.78%	45.09%	35.39% ◆	35.19% ❁

Q5. Made appointments for health care at doctor's office or clinic

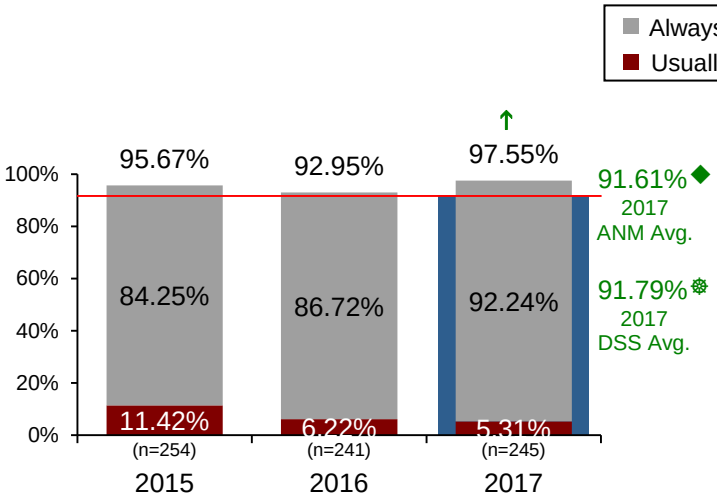
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
71.35%	74.27%	73.12%	72.10%

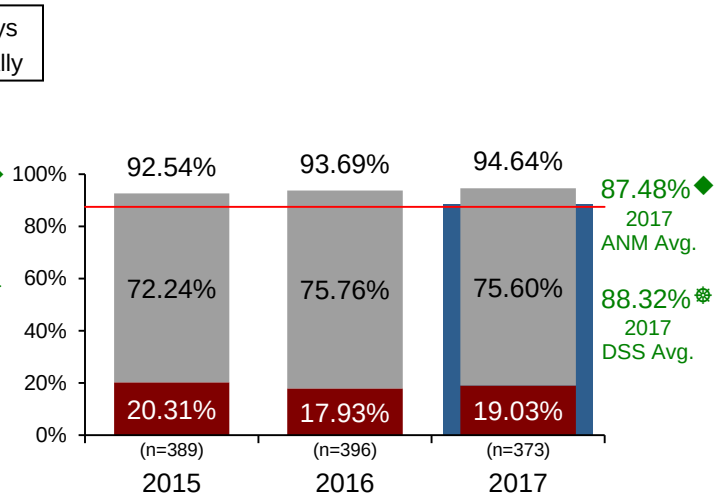
Getting Care Quickly Composite

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	94.11%	93.32%	96.09%	89.55% ◆	90.05% ❁
Mean score	2.7235	2.7456	2.8002	2.6489 ◆	2.6530 ❁

Q4. Got urgent care as soon as needed



Q6. Got check-up or routine appointment as soon as needed



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Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

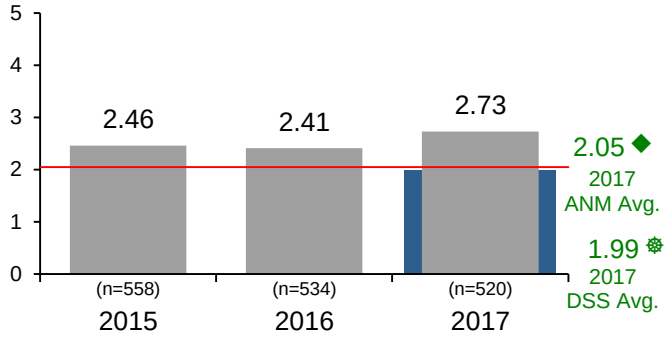
Doctor or Specialist Visits

Compared to the 2016 plan result:
- Average number of personal doctor visits is significantly higher.

Compared to the 2017 ANM Average:
- Average number of office visits and average number of personal doctor visits are significantly higher.

Compared to the 2017 DSS Average:
- Average number of office visits and average number of personal doctor visits are significantly higher.

Q7. Average number of visits to doctor's office or clinic

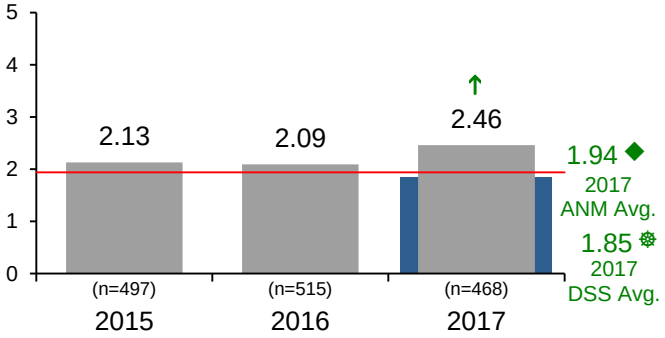


Q15. Have a personal doctor

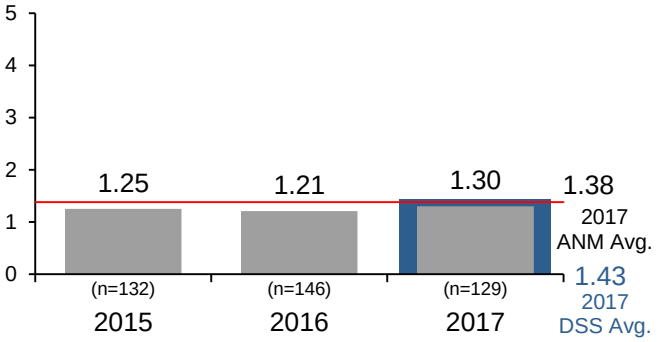
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
91.89%	94.92%	88.36%◆	87.92%❁

Q16. Average number of visits to personal doctor



Q29. Average number of specialists seen



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How Well Doctors Communicate

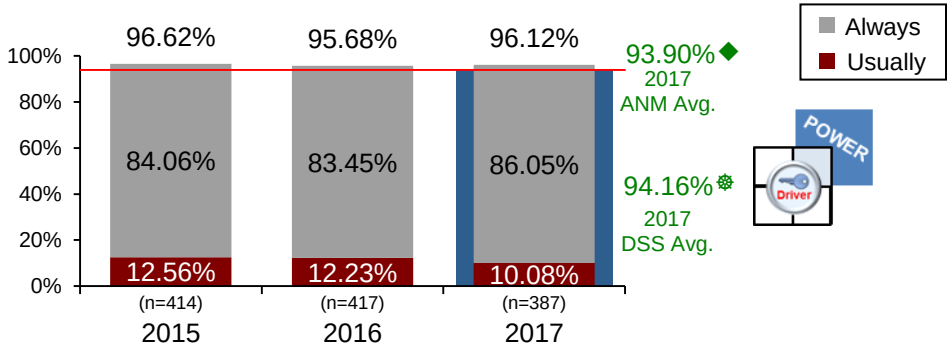
Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- Doctor explained things and doctor spent enough time are significantly higher.

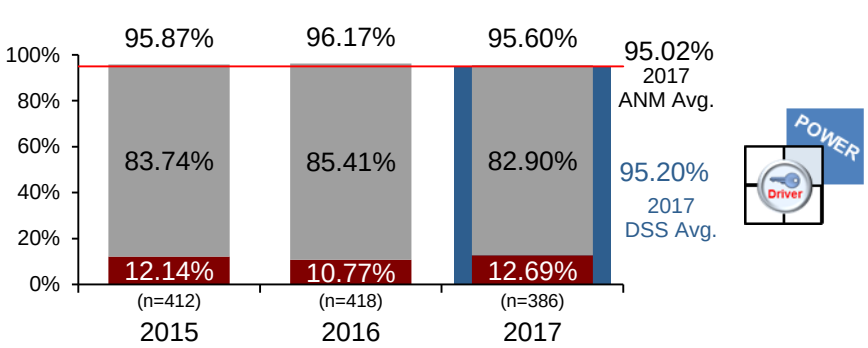
Compared to the 2017 DSS Average:
- Doctor explained things and doctor spent enough time are significantly higher.

How Well Doctors Communicate Composite					
	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	95.64%	95.14%	95.42%	93.56%	93.81%
Mean score	2.7922	2.7764	2.7864	2.7333 ◆	2.7346 ☸

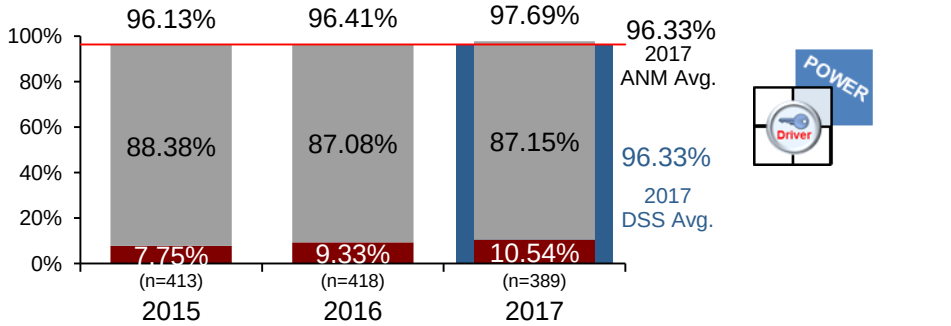
Q17. Personal doctor explained things



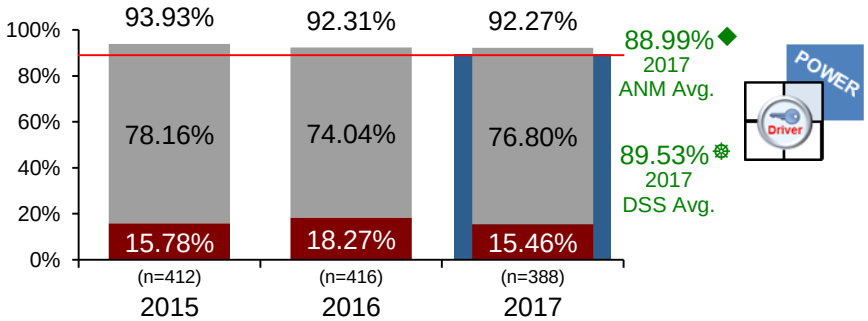
Q18. Personal doctor listened carefully



Q19. Personal doctor showed respect



Q22. Personal doctor spent enough time



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How Well Doctors Communicate

Compared to the 2016 plan result:
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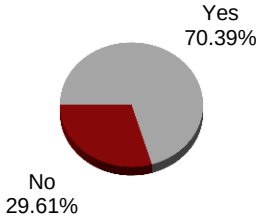
Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

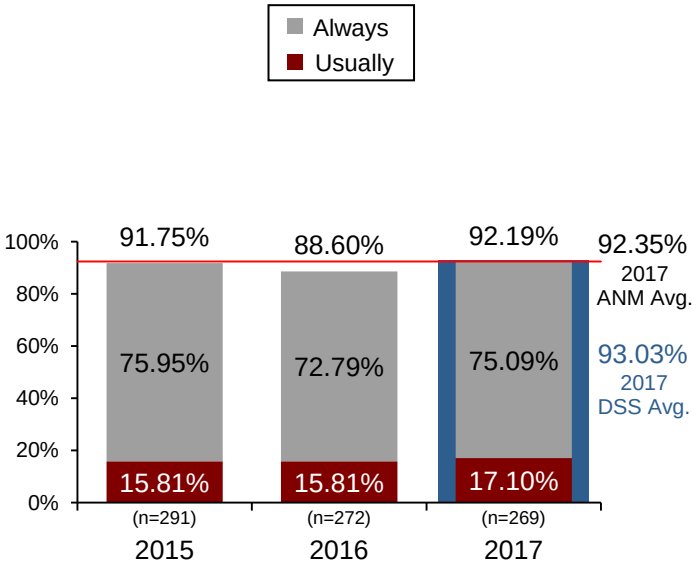
Q20. Child is able to talk with doctors about health care



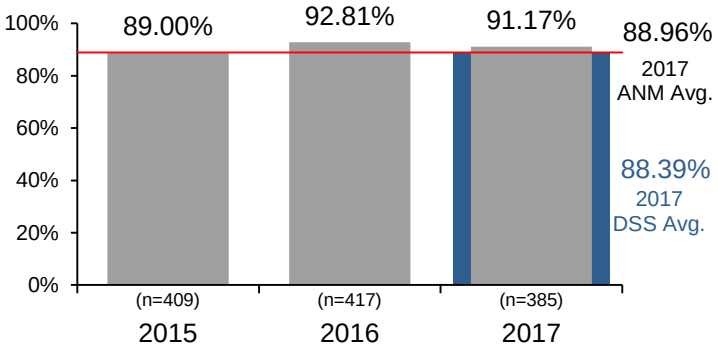
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
71.36%	66.51%	67.35%	67.96%

Q21. Doctors explained things in a way child could understand



Q23. Doctor talked with you about how child is feeling/growing/behaving
(% "Yes")



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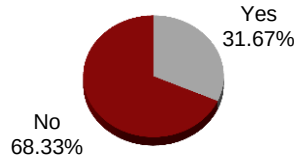
Shared Decision Making

Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

Q9. Doctor discussed starting or stopping a prescription medicine

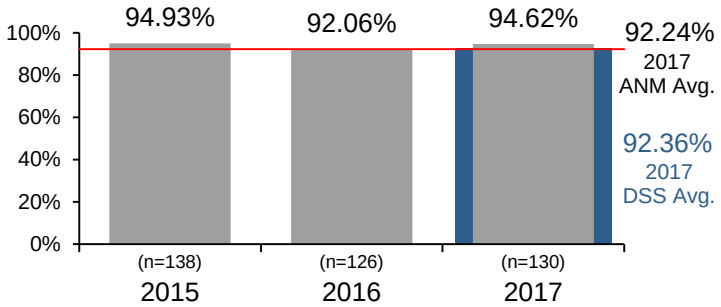


(% "Yes")

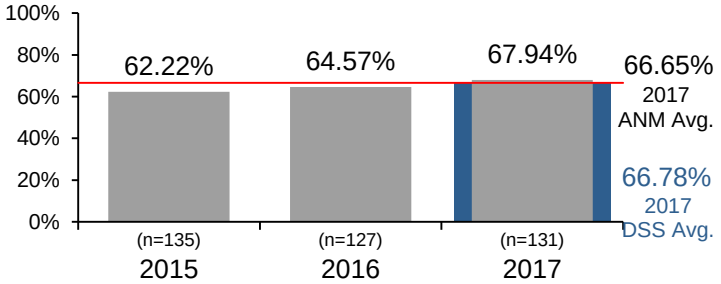
2015	2016	2017 ANM Avg.	2017 DSS Avg.
31.38%	29.33%	31.32%	30.70%

Shared Decision Making Composite	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	78.75%	76.28%	80.49%	79.27%	79.52%

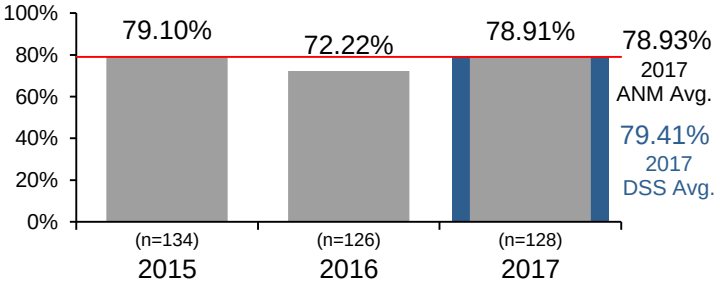
Q10. Doctor discussed reasons to take a medicine
(% "Yes")



Q11. Doctor discussed reasons not to take a medicine
(% "Yes")



Q12. Doctor asked what you thought was best
(% "Yes")



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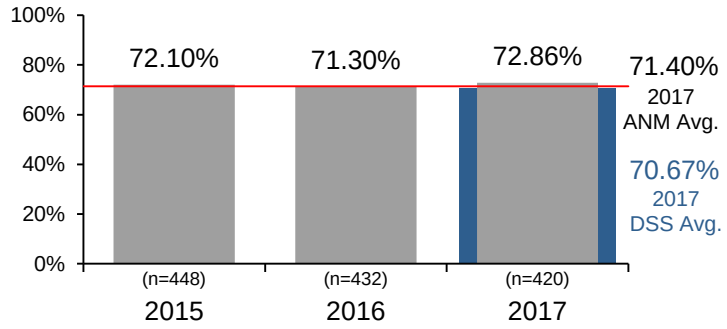
Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Compared to the 2016 plan result:
- The difference is not significant.

Compared to the 2017 ANM Average:
- The difference is not significant.

Compared to the 2017 DSS Average:
- The difference is not significant.

Q8. You and doctor discussed ways to prevent illness
(% "Yes")



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Coordination of Care

Compared to the 2016 plan result:
- The difference is not significant.

Compared to the 2017 ANM Average:
- The difference is not significant.

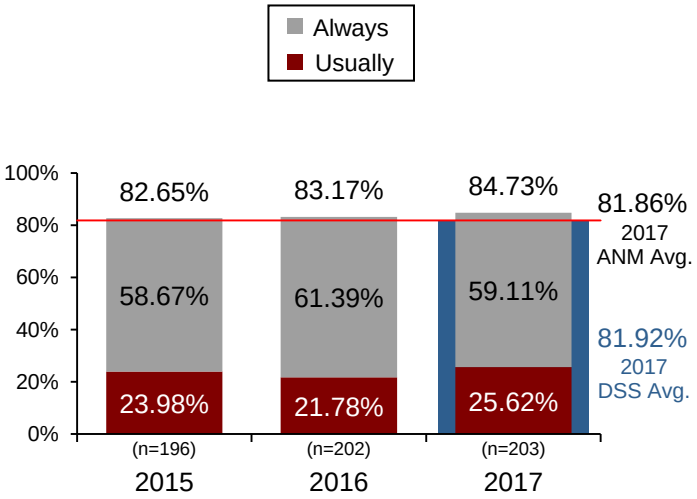
Compared to the 2017 DSS Average:
- The difference is not significant.

Q24. Received care from doctor or health provider besides personal doctor

(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
48.89%	49.52%	41.48%◆	41.97%❁

Q25. Personal doctor seemed informed about care from other providers



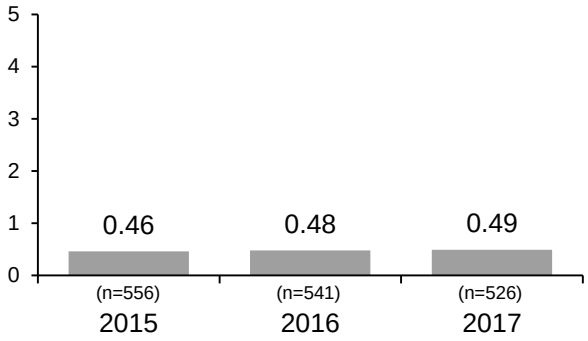
↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.
◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Additional questions

Emergency care

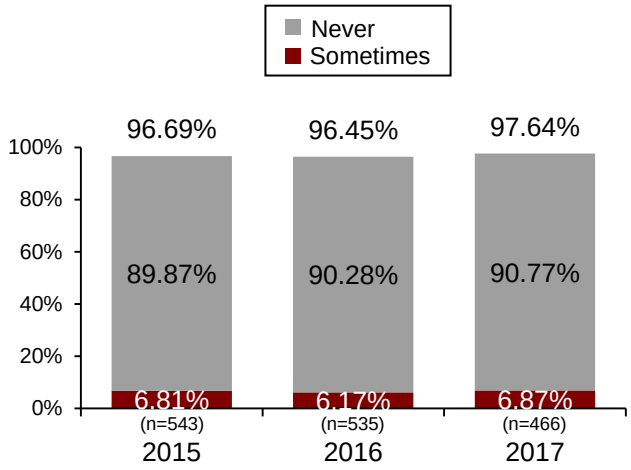
Q49. Average frequency of going to ER for care
(In number of visits)



↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.

Language barriers

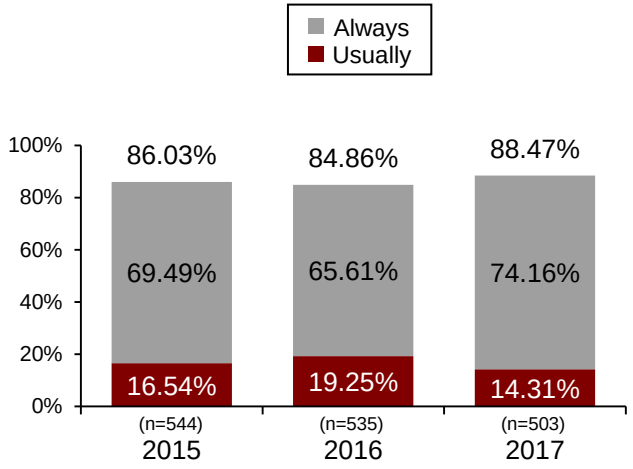
Q50. Had hard time speaking with or understanding physician



↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.

Personal doctor

Q51. Easy to get a doctor you are happy with



↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.

Appendix A
Member profile

Member profile

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Child's health					
Overall health (Q37)					
Excellent/Very good	76.03%	78.04%	75.89%	76.00%	76.22%
Good	19.14%	17.97%	20.37%	19.30%	19.25%
Fair/Poor	4.83%	3.99%	3.74%	4.70%	4.53%
Overall mental/emotional health (Q38)					
Excellent/Very good	74.91%	77.82%	72.52% ↓	74.04%	74.64%
Good	16.13%	15.45%	22.43% ↑	18.05% ◆	17.68% ❁
Fair/Poor	8.96%	6.73%	5.05%	7.91% ◆	7.68% ❁
Child's demographics					
Age (Q39)					
Less than 1	1.08%	1.83%	2.32%	2.91%	2.17%
1-5	29.60%	30.59%	27.99%	29.90%	28.99%
6-10	26.53%	31.50%	29.34%	27.69%	28.05%
11-15	29.24%	25.82%	27.61%	27.62%	28.10%
16 or older	13.54%	10.26%	12.74%	11.89%	12.69%
Gender (Q40)					
Male	48.92%	53.28%	50.94%	51.77%	51.83%
Female	51.08%	46.72%	49.06%	48.23%	48.17%
Race/ethnicity (Q41/Q42)					
White	91.34%	92.87%	91.92%	61.74% ◆	65.56% ❁
Hispanic or Latino	3.28%	3.92%	4.43%	33.04% ◆	34.64% ❁
Black or African-American	8.66%	9.51%	10.71%	24.77% ◆	20.83% ❁
Asian	1.44%	0.73%	1.13%	6.08% ◆	6.39% ❁
Native Hawaiian or other Pacific Islander	0.18%	0.00%	0.19%	1.62% ◆	1.78% ❁
American Indian or Alaska Native	2.71%	2.93%	3.57%	3.92%	3.79%
Other	4.15%	5.85%	5.45%	18.89% ◆	18.04% ❁
Parent's/respondent's demographics					
Age (Q43)					
Under 18	13.95%	8.62%	7.75%	6.25%	6.16%
18-34	35.78%	42.39%	35.92% ↓	37.51%	36.78%
35-44	21.65%	25.50%	27.60%	30.49%	31.99% ❁
45-54	13.60%	11.93%	13.42%	16.20%	16.57% ❁
55 or older	15.03%	11.56%	15.31%	9.56% ◆	8.51% ❁
Gender (Q44)					
Male	12.83%	9.11%	14.12% ↑	13.15%	13.26%
Female	87.17%	90.89%	85.88% ↓	86.85%	86.74%
Education (Q45)					
High school or less	61.84%	61.90%	56.38%	53.08%	51.01% ❁
Some college	30.74%	28.21%	34.29% ↑	31.56%	33.05%
College graduate or more	7.41%	9.89%	9.33%	15.36% ◆	15.94% ❁
Relationship to child (Q46)					
Mother or Father	84.36%	83.27%	80.35%	91.13% ◆	92.45% ❁
Grandparent	11.17%	11.84%	14.01%	5.69% ◆	5.01% ❁
Other	4.47%	4.89%	5.64%	3.18% ◆	2.54% ❁

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Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Appendix B
Overall ratings and composite score summary tables

Key measures – global proportions and summary rates

	2015	2016	2017	2017 Num.	2017 Den.	2017 ANM Avg.	2017 DSS Avg.
Rating of Health Plan (Q36) (% 8, 9 or 10)	**84.73%**	**83.73%**	**87.02%**	***456***	***524***	**85.32%**	**86.19%**
Rating of Health Care (Q13) (% 8, 9 or 10)	**83.82%**	**83.91%**	**85.04%**	***358***	***421***	**87.46%**	**87.83%**
Rating of Personal Doctor (Q26) (% 8, 9 or 10)	**87.40%**	**87.62%**	**88.35%**	***417***	***472***	**89.64%**	**89.65%**
Rating of Specialist (Q30) (% 8, 9 or 10)	**80.33%**	**85.61%**	**85.59%**	***101***	***118***	**87.18%**	**86.80%**
Customer Service (% Always or Usually)	**88.02%**	**88.34%**	**88.50%**	**---**	***139***	**87.81%**	**88.29%**
Q32. Got needed information from customer service	80.99%	83.23%	83.57%	*117*	*140*	81.55%	82.37%
Q33. Staff treated you with courtesy and respect	95.04%	93.46%	93.43%	*128*	*137*	94.07%	94.20%
Getting Needed Care (% Always or Usually)	**88.79%**	**87.41%**	**90.65%**	**---**	***275***	**85.25%** ◆	**85.57%** ❁
Q28. Got appointment with specialist as soon as needed	83.21%	83.56%	89.15%	*115*	*129*	80.96% ◆	81.09% ❁
Q14. Easy to get needed care, tests or treatment	94.38%	91.26%	92.16%	*388*	*421*	89.53% ◆	90.05%
Getting Care Quickly (% Always or Usually)	**94.11%**	**93.32%**	**96.09%**	**---**	***309***	**89.55%** ◆	**90.05%** ❁
Q4. Got urgent care as soon as needed	95.67%	92.95%	97.55% ↑	*239*	*245*	91.61% ◆	91.79% ❁
Q6. Got routine care as soon as needed	92.54%	93.69%	94.64%	*353*	*373*	87.48% ◆	88.32% ❁
How Well Doctors Communicate (% Always or Usually)	**95.64%**	**95.14%**	**95.42%**	**---**	***388***	**93.56%**	**93.81%**
Q17. Personal doctor explained things	96.62%	95.68%	96.12%	*372*	*387*	93.90% ◆	94.16% ❁
Q18. Personal doctor listened carefully	95.87%	96.17%	95.60%	*369*	*386*	95.02%	95.20%
Q19. Personal doctor showed respect	96.13%	96.41%	97.69%	*380*	*389*	96.33%	96.33%
Q22. Personal doctor spent enough time	93.93%	92.31%	92.27%	*358*	*388*	88.99% ◆	89.53% ❁
Shared Decision Making (% Yes)	**78.75%**	**76.28%**	**80.49%**	**---**	***130***	**79.27%**	**79.52%**
Q10. Doctor discussed reasons to take medicines	94.93%	92.06%	94.62%	*123*	*130*	92.24%	92.36%
Q11. Doctor discussed reasons to not take medicines	62.22%	64.57%	67.94%	*89*	*131*	66.65%	66.78%
Q12. Doctor asked what you thought was best	79.10%	72.22%	78.91%	*101*	*128*	78.93%	79.41%
Health Promotion and Education (Q8) (% Yes)	**72.10%**	**71.30%**	**72.86%**	***306***	***420***	**71.40%**	**70.67%**
Coordination of Care (Q25) (% Always or Usually)	**82.65%**	**83.17%**	**84.73%**	***172***	***203***	**81.86%**	**81.92%**

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Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Overall ratings and composites – global proportions and summary rates

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Overall ratings					
Rating of Health Plan (Q36) (% 8, 9 or 10)	84.73%	83.73%	87.02%	85.32%	86.19%
Rating of Health Care (Q13) (% 8, 9 or 10)	83.82%	83.91%	85.04%	87.46%	87.83%
Rating of Personal Doctor (Q26) (% 8, 9 or 10)	87.40%	87.62%	88.35%	89.64%	89.65%
Rating of Specialist (Q30) (% 8, 9 or 10)	80.33%	85.61%	85.59%	87.18%	86.80%
Overall ratings and composite scores					
Rating of Health Plan (Q36) (% 9 or 10)	69.27%	67.64%	70.42%	69.68%	70.77%
Rating of Health Care (Q13) (% 9 or 10)	63.60%	68.51%	66.75%	70.14%	70.03%
Rating of Personal Doctor (Q26) (% 9 or 10)	75.00%	74.66%	73.52%	75.73%	75.78%
Rating of Specialist (Q30) (% 9 or 10)	67.21%	72.73%	71.19%	74.49%	73.66%
Customer Service (% Always or Usually)	88.02%	88.34%	88.50%	87.81%	88.29%
Getting Needed Care (% Always or Usually)	88.79%	87.41%	90.65%	85.25% ◆	85.57% ☸
Getting Care Quickly (% Always or Usually)	94.11%	93.32%	96.09%	89.55% ◆	90.05% ☸
How Well Doctors Communicate (% Always or Usually)	95.64%	95.14%	95.42%	93.56%	93.81%
Shared Decision Making (% Yes)	78.75%	76.28%	80.49%	79.27%	79.52%
Health Promotion and Education (Q8) (% Yes)	72.10%	71.30%	72.86%	71.40%	70.67%
Coordination of Care (Q25) (% Always or Usually)	82.65%	83.17%	84.73%	81.86%	81.92%

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☸ ☸ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Child Medicaid Book of Business.

Overall ratings and composites – mean scores

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Overall mean ratings: 0 - 10 scale					
Rating of Health Plan (Q36)	8.8018	8.7824	8.9370	8.8882	8.9327
Rating of Health Care (Q13)	8.8360	8.8690	8.8409	8.9387	8.9514
Rating of Personal Doctor (Q26)	9.1057	9.0155	9.0720	9.1092	9.1114
Rating of Specialist (Q30)	8.6639	9.0000	8.9831	8.9787	8.9575
Overall ratings and composite scores: Three-point mean scores					
Rating of Health Plan (Q36)	2.5891	2.5649	2.6183	2.6151	2.6336
Rating of Health Care (Q13)	2.5618	2.6000	2.5677	2.6373 ◆	2.6397 ☸
Rating of Personal Doctor (Q26)	2.6951	2.6654	2.6525	2.6999	2.7026
Rating of Specialist (Q30)	2.5492	2.6591	2.6441	2.6695	2.6617
Customer Service	2.6074	2.5366	2.6442	2.5635	2.5647
Getting Needed Care	2.5665	2.5135	2.5866	2.4852 ◆	2.4847 ☸
Getting Care Quickly	2.7235	2.7456	2.8002	2.6489 ◆	2.6530 ☸
How Well Doctors Communicate	2.7922	2.7764	2.7864	2.7333 ◆	2.7346 ☸
Health Promotion and Education (Q8)	2.4420	2.4259	2.4571	2.4279	2.4135
Coordination of Care (Q25)	2.4133	2.4455	2.4384	2.4076	2.4010

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Overall ratings and composites – percentiles

	2017 Plan		National Percentiles from 2016 Quality Compass (Child Medicaid)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating of Health Plan (Q36) (% 8, 9 or 10)	**87.02%**	**67th**	**76.84**	**78.77**	**82.34**	**83.14**	**85.16**	**86.64**	**87.87**	**90.55**	**91.21**
Rating of Health Care (Q13) (% 8, 9 or 10)	**85.04%**	**33rd**	**79.58**	**81.48**	**83.87**	**84.56**	**85.85**	**87.39**	**88.14**	**90.10**	**91.24**
Rating of Personal Doctor (Q26) (% 8, 9 or 10)	**88.35%**	**33rd**	**83.48**	**85.06**	**86.81**	**87.23**	**88.56**	**89.56**	**90.40**	**91.82**	**93.19**
Rating of Specialist (Q30) (% 8, 9 or 10)	**85.59%**	**33rd**	**78.95**	**79.65**	**83.33**	**84.35**	**86.24**	**87.83**	**88.14**	**89.47**	**90.71**
Customer Service (% Always or Usually)	**88.50%**	**50th**	**83.05**	**84.02**	**86.38**	**86.94**	**88.16**	**89.13**	**89.61**	**91.84**	**92.57**
Q32. Got needed information from customer service	83.57%	50th	75.53	77.16	80.50	81.25	82.82	84.93	85.60	87.23	89.19
Q33. Staff treated you with courtesy and respect	93.43%	50th	88.54	90.10	92.11	92.52	93.37	94.20	94.94	96.03	96.88
Getting Needed Care (% Always or Usually)	**90.65%**	**95th**	**75.49**	**76.78**	**81.01**	**82.15**	**84.25**	**86.10**	**87.07**	**89.19**	**90.23**
Q28. Got appointment with specialist as soon as needed	89.15%	95th	67.28	70.97	77.06	77.78	80.66	83.04	83.57	85.29	88.33
Q14. Easy to get needed care, tests or treatment	92.16%	75th	80.78	82.01	86.18	87.40	89.31	91.08	91.73	93.28	93.93
Getting Care Quickly (% Always or Usually)	**96.09%**	**95th**	**79.02**	**82.62**	**85.91**	**87.43**	**89.23**	**90.90**	**92.02**	**93.59**	**94.56**
Q4. Got urgent care as soon as needed	97.55%	95th	81.58	84.86	88.27	89.50	90.98	92.95	93.94	95.77	96.39
Q6. Got routine care as soon as needed	94.64%	95th	77.65	80.33	84.62	85.85	87.72	89.38	90.43	92.81	93.98
How Well Doctors Communicate (% Always or Usually)	**95.42%**	**75th**	**89.20**	**90.83**	**91.94**	**92.28**	**93.26**	**94.37**	**94.78**	**95.67**	**96.28**
Q17. Personal doctor explained things	96.12%	75th	88.56	90.24	92.17	92.82	94.16	94.87	95.31	96.50	97.18
Q18. Personal doctor listened carefully	95.60%	50th	91.49	92.52	93.62	94.17	94.90	95.82	96.18	97.17	97.82
Q19. Personal doctor showed respect	97.69%	90th	93.09	93.94	95.02	95.29	95.88	96.55	96.90	97.69	98.45
Q22. Personal doctor spent enough time	92.27%	75th	81.10	83.73	86.10	87.25	88.89	90.28	90.91	92.73	93.85
Shared Decision Making (% Yes)	**80.49%**	**67th**	**73.28**	**74.15**	**76.28**	**77.23**	**78.31**	**79.92**	**80.56**	**82.51**	**84.04**
Q10. Doctor discussed reasons to take medicines	94.62%	67th	85.05	86.23	90.54	91.26	92.45	94.35	95.04	96.48	97.41
Q11. Doctor discussed reasons to not take medicines	67.94%	75th	56.10	58.41	61.74	63.12	64.54	66.67	67.74	72.09	74.02
Q12. Doctor asked what you thought was best	78.91%	50th	71.08	73.57	75.40	76.97	78.39	79.73	80.77	84.02	85.45
Health Promotion and Education (Q8) (% Yes)	**72.86%**	**67th**	**64.37**	**66.01**	**68.18**	**69.04**	**71.05**	**72.37**	**73.40**	**76.32**	**77.59**
Coordination of Care (Q25) (% Always or Usually)	**84.73%**	**67th**	**75.63**	**76.92**	**80.00**	**81.33**	**82.88**	**84.32**	**85.38**	**87.31**	**88.82**
Other reported measures											
Q35. Health plan forms were easy to fill out (% Always or Usually)	95.69%	50th	91.87	92.86	94.07	94.36	95.17	95.82	96.19	96.80	97.29
Q37. Rating of overall health (% Excellent or Very good)	75.89%	33rd	66.21	68.81	72.43	74.12	76.11	78.01	78.89	81.55	82.62
Q38. Rating of overall mental/emotional health (% Excellent or Very good)	72.52%	10th	64.67	68.82	72.70	73.80	75.71	77.45	78.13	80.12	82.48

Overall ratings and composites – demographic analysis

	Health Status		Child's Age				Child's Gender		Survey Type	
	Excellent or Very good (A)	Good, Fair or Poor (B)	Less than 1 (C)	1 – 5 (D)	6 – 10 (E)	11+ (F)	Male (G)	Female (H)	Mail (I)	Phone (J)
Total respondents	*406*	*129*	*12^*	*145*	*152*	*209*	*271*	*261*	*293*	*245*
Rating of Health Plan (Q36) (% 8, 9 or 10)	**88.10%**	**83.59%**	**NR**	**88.11%**	**87.33%**	**86.34%**	**86.69%**	**87.55%**	**84.81%**	**89.63%**
Rating of Health Care (Q13) (% 8, 9 or 10)	**86.26%**	**81.13%**	**90.91%**	**84.30%**	**85.83%**	**85.06%**	**83.98%**	**85.78%**	**82.67%**	**87.76%**
Rating of Personal Doctor (Q26) (% 8, 9 or 10)	**90.88% B**	**80.56%**	**100%**	**87.31%**	**86.67%**	**89.27%**	**88.24%**	**88.65%**	**88.80%**	**87.88%**
Rating of Specialist (Q30) (% 8, 9 or 10)	**91.25% B**	**72.97%**	**NR**	**92.86%**	**82.86%**	**87.76%**	**87.72%**	**84.75%**	**80.88%**	**92.00%**
Customer Service (% Always or Usually)	**86.85%**	**93.75%**	**NR**	**90.96%**	**92.11%**	**83.23%**	**87.57%**	**89.35%**	**90.03%**	**87.13%**
Q32. Got needed information from customer service	80.37%	93.75% A	NR	87.18%	86.84%	77.78%	82.19%	84.85%	87.88%	79.73%
Q33. Staff treated you with courtesy and respect	93.33%	93.75%	NR	94.74%	97.37%	88.68%	92.96%	93.85%	92.19%	94.52%
Getting Needed Care (% Always or Usually)	**92.20%**	**86.61%**	**100%**	**92.13%**	**90.11%**	**90.22%**	**90.47%**	**90.62%**	**94.00% J**	**86.31%**
Q28. Got appointment with specialist as soon as needed	90.80%	85.37%	NR	90.00%	89.47%	88.89%	90.16%	87.88%	93.33%	83.33%
Q14. Easy to get needed care, tests or treatment	93.59%	87.85%	100%	94.26%	90.76%	91.56%	90.78%	93.36%	94.67% J	89.29%
Getting Care Quickly (% Always or Usually)	**97.09%**	**92.78%**	**100%**	**96.91%**	**95.71%**	**95.99%**	**95.56%**	**96.49%**	**97.50%**	**94.43%**
Q4. Got urgent care as soon as needed	98.36%	95.08%	NR	98.36%	98.68%	96.70%	96.52%	98.44%	98.54%	96.30%
Q6. Got routine care as soon as needed	95.82%	90.48%	NR	95.45%	92.73%	95.28%	94.59%	94.54%	96.46%	92.57%
How Well Doctors Communicate (% Always or Usually)	**97.44% B**	**88.92%**	**NR**	**94.30%**	**95.43%**	**95.94%**	**94.63%**	**96.10%**	**96.57%**	**94.24%**
Q17. Personal doctor explained things	98.29% B	89.25%	NR	95.76%	96.15%	95.77%	96.32%	95.85%	96.43%	95.81%
Q18. Personal doctor listened carefully	97.61% B	89.01%	NR	94.12%	97.12%	95.71%	94.76%	96.34%	96.94%	94.21%
Q19. Personal doctor showed respect	99.32% B	92.47%	NR	95.80%	98.08%	98.59%	96.35%	98.96%	98.48%	96.88%
Q22. Personal doctor spent enough time	94.54% B	84.95%	NR	91.53%	90.38%	93.66%	91.10%	93.26%	94.42%	90.05%
Shared Decision Making (% Yes)	**80.04%**	**80.92%**	**NR**	**76.96%**	**78.08%**	**84.67%**	**82.77%**	**78.49%**	**79.34%**	**82.31%**
Q10. Doctor discussed reasons to take medicine	96.47%	90.91%	NR	97.06%	91.67%	94.00%	93.94%	95.16%	96.30%	91.84%
Q11. Doctor discussed reasons to not take medicine	66.28%	70.45%	NR	58.82%	67.57%	78.00%	73.13%	62.90%	68.29%	67.35%
Q12. Doctor asked what you thought was best	77.38%	81.40%	NR	75.00%	75.00%	82.00%	81.25%	77.42%	73.42%	87.76% I
Health Promotion and Education (Q8) (% Yes)	**72.99%**	**71.96%**	**81.82%**	**70.49%**	**71.19%**	**73.72%**	**73.79%**	**71.43%**	**71.56%**	**74.36%**
Coordination of Care (Q25) (% Always or Usually)	**87.10%**	**76.60%**	**NR**	**86.36%**	**85.71%**	**79.45%**	**85.57%**	**83.65%**	**87.04%**	**82.11%**

^Caution: small base size (n<20).

A capital letter and green font indicates that result is significantly higher than the corresponding column.

NR = Not reportable. Base size < 11.

Appendix C
SatisAction™ key driver statistical model

POWeR™ Chart shown in the executive summary on page 6.

Instructions to access trAction™ Decision (Impact Analysis) Tool:

1. **Log on to https://client.dssresearch.com using your current User Name and Password.**
2. **Contact DSS Research at 1-800-989-5150 if you do not have a User Name and Password.**
3. **Once on the portal, select Reporting and then Tools.**
4. **Select the trAction™ Decision Tool for access to the Impact Analysis Tool and to run "what if" scenarios.**

Background

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of the overall health plan rating and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving the overall rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

Importance analysis. The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor Analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression Analysis. Regression analysis is then used to predict the overall rating of the health plan on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

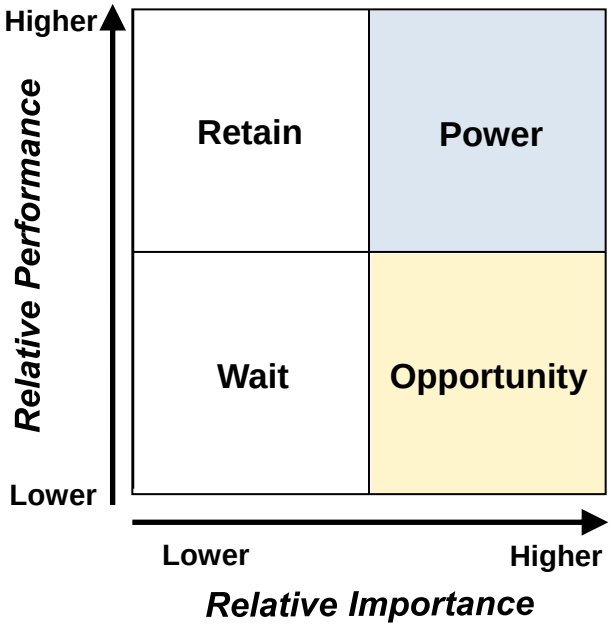
Derived Importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance analysis. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Child Medicaid Book of Business and a relative percentile for each item in the model is computed for the plan.

Classification matrix. Results of the modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- *Power.* These items have a relatively large impact on the overall rating of the health plan and your performance levels on these items are high. Promote and leverage strengths in this quadrant.
- *Opportunity.* Items in this quadrant also have a relatively large impact on the overall rating of the health plan but your performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the overall health plan rating.
- *Wait.* Though these items still impact the overall rating of the health plan, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, your performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- *Retain.* Items in this quadrant also have a relatively small impact on the overall rating of the health plan but your performance is above average. Simply maintain performance on these items.

POWeR™ Chart classification matrix



Variables in the model

Variables from the CAHPS 5.0H survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q36 – the overall rating of the health plan) and the independent or predictor variables. Finally, it shows how the variables are coded for the importance and the performance analyses.

Variables Used in the Model		Coding for Regression (Importance)
Dependent Variable		
Q36	Rating of overall heath plan	0 through 10, All other = missing
Independent Variables		
Q4	Got urgent care	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q6	Got routine care	
Q13	Health care overall	0 through 10, All other = missing
Q14	Got care/tests/treatment	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q17	Dr. explained things	
Q18	Dr. listened carefully	
Q19	Dr. showed respect	
Q21	Dr. explained things for child	
Q22	Dr. spent enough time	
Q25	Dr. informed about care	
Q26	Personal doctor overall	0 through 10, All other = missing
Q28	Got specialist appt.	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q30	Specialist overall	0 through 10, All other = missing
Q32	CS provided info./help	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q33	CS courtesy/respect	
Q35	Easy to fill out forms	
Q51	Happy with Dr.	

Factor analysis. Factor analysis reduced the 17 highly-correlated model variables to 7 orthogonal (uncorrelated) factors that explain 73.9% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings. For readability, only those variables with correlations greater than 0.250 are displayed.

Factor Correlations with Survey Variables

Question	Survey items	Factors						
		1	2	3	4	5	6	7
Q18	Dr. listened carefully	0.824						
Q17	Dr. explained things	0.789						
Q22	Dr. spent enough time	0.761	0.278					
Q21	Dr. explained things for child	0.754						
Q19	Dr. showed respect	0.706		0.323				
Q25	Dr. informed about care	0.619			0.570			
Q4	Got urgent care		0.769					
Q6	Got routine care		0.756					
Q14	Got care/tests/treatment	0.302	0.637	0.356				
Q13	Health care overall		0.315	0.836				
Q26	Personal doctor overall	0.337		0.770				
Q28	Got specialist appt.				0.739	0.320		
Q30	Specialist overall				0.710		0.372	
Q33	CS courtesy/respect					0.850		
Q32	CS provided info./help					0.786		
Q51	Happy with Dr.						0.892	
Q35	Easy to fill out forms							0.923

Regression analysis. The 7 factors identified in the previous step were used as predictors in a regression model with Q36, overall health plan rating, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the overall health plan rating. These coefficients provide estimates of the relative importance of each factor in determining the overall health plan rating. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 44.1% of the variation in the dependent variable ($R^2 = 0.441$).

Regression Coefficients

Variable	Unstandardized coefficients	Standardized (Beta) coefficients	Significance level
Constant	9.0690	0.0000	0.0000
Factor 1 -- Q18, Q17, Q22, Q21, Q19, Q25	0.3101	0.2337	0.0000
Factor 2 -- Q4, Q6, Q14	0.3116	0.2480	0.0000
Factor 3 -- Q13, Q26	0.6384	0.4853	0.0000
Factor 4 -- Q28, Q30	0.1743	0.1359	0.0001
Factor 5 -- Q33, Q32	0.3531	0.2633	0.0000
Factor 6 -- Q51	0.1926	0.1552	0.0000
Factor 7 -- Q35	0.0012	0.0010	0.9767

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Plan performance. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Child Medicaid Book of Business and a relative percentile for each item in the model is computed for the plan.

Question	Survey items	Importance	Performance
Q13	Health care overall	100	14
Q26	Personal doctor overall	88	26
Q33	CS courtesy/respect	56	34
Q14	Got care/tests/treatment	56	74
Q18	Dr. listened carefully	53	66
Q19	Dr. showed respect	50	87
Q22	Dr. spent enough time	50	83
Q32	CS provided info./help	50	57
Q17	Dr. explained things	50	86
Q6	Got routine care	47	100
Q4	Got urgent care	46	100
Q51	Happy with Dr.	45	35
Q21	Dr. explained things for child	41	33
Q25	Dr. informed about care	39	77
Q28	Got specialist appt.	34	93
Q30	Specialist overall	33	37
Q35	Easy to fill out forms	0	67

Appendix D
Gap analysis

Gap analysis

The flowchart on page 8 shows how the items used in the calculation of the plan's 2017 estimated accreditation score perform relative to each other. When considering the flowchart, the following points should be noted:

- Overall ratings are shown in **blue text**.
- Composite scores are shown in **red text**.
- Estimated percentiles are shown first.
- Estimated accreditation points are shown in the middle.
- Potential points remaining to receive the maximum accreditation points for each measure are shown third.
- A **green box** around an overall rating or composite indicates performance at or above the 90th percentile, receiving all accreditation points.
- Composite score components are shown in the black and red flowchart boxes.
- For each flowchart box:
  - The actual percent contributing is shown first. This is the percentage that a given question is actually contributing to the composite mean score. Each question in composite scores with two component questions can contribute a maximum of 50.0% to the composite mean score. Similarly, each question in composite scores with four component questions can contribute a maximum of 25.0% to the composite mean score.
  - The gap between the percent actually contributing and the maximum possible contribution percentage is shown second.
- A **red box** is around the component with the largest gap indicating the most potential to improve that composite. This displays what to focus on to increase a given composite mean score and, in turn, increase the plan's accreditation score.

Appendix E
Voice of the Member

Voice of the Member

Voice of the Member feedback is based on qualitative findings from DSS-funded online research communities consisting of consumers from across the country with Medicaid coverage for their child. Please note that these Voice of the Member comments are not from your specific plan member population. This general qualitative feedback was collected to provide deeper insight about how to give members what they feel may be lacking.

We offer the following actions to focus improvement efforts on items in the area(s) listed below.

Q4. Got urgent care as soon as needed	
Member poll	**Response summary**
PRIMARY CARE DOCTOR VISIT	
How long do patients expect to wait for an URGENT CARE appointment to see a primary care doctor?	Most expect to see a primary care doctor on the same day or within two days for an urgent care issue.
SPECIALIST VISIT	
How long do patients expect to wait for an URGENT CARE appointment to see a specialist?	Most expect to see a specialist within one to two days for an urgent care issue, but would wait up to three days.
Q6. Got check-up or routine appointment as soon as needed	
Member poll	**Response summary**
PRIMARY CARE DOCTOR VISIT	
How long do patients expect to wait for a ROUTINE CARE appointment to see a primary care doctor?	Most expect to wait a week for a routine care appointment with a primary care doctor, but would wait up to a month.
SPECIALIST VISIT	
How long do patients expect to wait for a ROUTINE CARE appointment to see a specialist?	Most expect to see a specialist within two to three weeks for a routine care appointment, but would wait up to a month.

Q10/Q11. Doctor discussed reasons to take a medicine Q11/Q12. Doctor discussed reasons not to take a medicine	
Improvement action	**Member comments**
Ensure that parents are informed of the pros and cons of medications.	It is vital for the doctor to explain the pros and cons of medications thoroughly to parents. This way the parent can help decide how this will fit in with the care and routine of the child. I like it when she gives me options of medications my child could take, and then goes over the pros and cons with me. It is important that the doctor keeps me in the loop with everything that is going on. If there are possible pros and cons to medications, I expect to be told these and brought into the conversation about them.
Ensure that parents are involved and informed about their child's treatment.	It is important for the decision to be mutual between the doctor and the parent of the child. The parent needs to be comfortable with the treatment, since they most often are the administrator of it. It is very important that the doctor partners with me in choosing my child's medications. I think it is very important for doctors to partner with me in deciding what medications my child will take. It is very important that I am involved in every aspect of my daughter's health.
Consider the parent's opinion.	There was a time when my daughter was put on one medication for her allergies and then switched to a different one without consulting us. I later called her doctor and asked them to change it to something else because the one they gave her just was not working for her. Her doctor gave us something different right away and it did help.
Q12/Q13. Doctor asked what you thought was best	
Improvement action	**Member comments**
Invite the parent to provide input on prescriptions.	My son's doctor often asks me "What do you think about us trying this medicine again? How did he do last time he took it?" Or "These are the two options we have for medicine, and here are the benefits of each. Which do you think would be best?" I like that she asks me how they worked, rather than just prescribing something that may not have worked well. It is very important that doctors get my input, and I've had these conversations in the past with other doctors, so I would press the issue if my doctor did not initiate the conversation herself. I have had a doctor ask what I thought was best for me but never for my child. I am not a doctor so I do not feel like I should have that kind of input, unless there is some kind of problem or side effect I have been witnessing while my child has been taking the medication.
Ensure that all concerns are addressed.	The pediatrician listened very carefully when I told him that I felt my two grandsons seemed to potentially have allergies even though they were suffering from minor colds at the time. He suggested prescribing an allergy medication as a result.

Q13/Q14. Rating of Health Care	
Improvement action	**Member comments**
Ensure that providers have a child-friendly bedside manner.	The doctor has to check my son's ears each visit, as he is prone to getting ear infections. As you can imagine, my son now HATES having the scope put in to look into his ears, but this doctor makes it fun and exciting for him. She lets him play with the scope first, pretends to tickle him with it, and by the time she is done looking in his ears he has not cried once. She genuinely cares about him. All of her doctors are very professional yet have great bedside manners.
Ensure that doctors provide thorough assessments and explanations.	She has a smaller office that gets very busy, but she is very close with all her patients and always gives great one-on-one care. These medical providers are really on top of their game and provide earnest and thorough care for my family. My son's pediatrician always talks with us thoroughly about certain issues and what my son should be eating and drinking at his age. She goes into deep detail on so many things as he grows up within his age group.
Provide easily accessible care.	My daughter has not been to the dentist in over a year, since the only dentist in the area stinks and it is impossible to get in to see them. My daughter finally got a vision appointment, but the glasses have been on order for three months and have still not come in.
Ensure that plan representatives are courteous, professional and helpful.	I love my son's health plan. They are always courteous and kind. I am unsatisfied with the miscommunications from plan representatives. My plan's representatives have always been polite and helpful, even when I was angry with them. I have contacted them about issues I have had, but I just feel like nobody there listens. My plan's representatives are very responsive and good with any issues I have ever had. My health plan is a very consistent company, and I love the very friendly and helpful staff.

Q13/Q14. Rating of Health Care	
Improvement action	**Member comments**
Help members access resources to manage their conditions.	The personal touch provided by the Case Manager helps to give additional unexpected support. My PCP called me and told me there was a program through the insurance company for people with chronic diseases to help manage their conditions that they would sign me up for. The very next day I had a case manager call me and she helped to coordinate care between all of my doctors in a way I did not realize was possible. She also reached out to try to find me other services and providers closer to me, and has offered to arrange an appointment at a clinic designed specifically to deal with my condition.
Cover commonly used services.	Everything is always covered, I could not ask for a better plan. Everything that has been done, such as immunizations and appointments, has been covered by her insurance. I like that they cover most things and I do not have to do anything extra to make things go smoothly.
Ensure that the network includes an adequate number of dental and vision providers.	It is hard to find dentists who take this particular coverage. We have only one provider that takes the dental plan in my area. This means it takes three to four months to get an appointment, the office is always packed, and the staff is rude. We have been paying out-of-pocket to see someone else just to have an easier, more pleasant experience., There should be more than one provider for dental coverage. They need to stop using one lab exclusively for glasses. My daughter's glasses were ordered in January and have still not come in. We are told they are four months behind in getting glasses back for those covered through Medicaid.
Help members replace lost or damaged items.	My child scratched his glasses very badly and needs another pair, but we have to wait for the insurance to allow him another pair, which is still another six months.
Minimize copays and out-of-pocket costs.	I have no copays and could not think of a better plan. No problems or copays for my children, so I am totally satisfied. Medications go through the insurance company smoothly, and I almost always have a $0 copay.
Maintain an up-to-date list of in-network providers.	It would be nice if there was always an updated list of doctors who accept the insurance. I would like an updated list of doctors accepting my insurance; it would be helpful. It was difficult to find a new provider who would accept my insurance. Most said they were not accepting new patients, even though they were on the list as providers.

Q13/Q14. Rating of Health Care	
Improvement action	**Member comments**
Provide direct communication channels online.	I would prefer that there were more ways to handle things online instead of calling. I get easily frustrated and can use my words better through text as opposed to arguing with someone with a heavy accent that I have a hard time understanding. Online chat would be a fantastic option for us. I am much better at typing than at verbal communication and find it easier to deal with people online.
Provide and maintain formulary information for doctors and members.	It would be nice if doctors had access to some sort of database that showed what medications were covered by which health plans. That would save everyone a lot of time and energy. My insurance should give me notice when a medication is no longer being covered instead of me finding out when I get to the pharmacy to fill the prescription.
Be proactive in helping members stay informed.	The health plan should be more proactive and send you any and all information you may need when you become a member. You should not have to call them about it so many times. I get regular newsletters and information about her Medicaid plan. They also provide a number to call just in case I still have questions.
Make the website easy to navigate.	I would like to be able to find more information on the website. Screen tips or FAQs would make it easier for me to navigate through the website.
Ensure that plan representatives are friendly and professional.	When problems do arise, customer service should handle them with professionalism, understanding and kindness. This is necessary for each person using their services. Each customer should be treated with kindness.

Q14/Q15. Ease of getting care, tests or treatment	
Improvement action	**Member comments**
Treat patients with urgent issues promptly.	The doctor at that time told me "From now on, if you think he has an ear infection or he is really sick, just bring him by and I will check him. You don't even need an appointment, if you're already out just stop by." Those types of doctors are hard to find these days, so from that day forward we just stayed with her. When my youngest grandchild had a rare and severe infection, the urgent care team scheduled immediate, next day, appointments with a specialist. They did not ask me, but went ahead and got my child set up to get in quickly. All I had to do was get him there. I was happy because it only took one day, when it usually takes quite a while to get appointments with specialists. Our regular doctor made arrangements for him to be seen same day with a gastro doctor who diagnosed an obstruction. It was very fast, and the problem was corrected the same day. It could not have gone better.

Q14/Q15. Ease of getting care, tests or treatment	
Improvement action	**Member comments**
Minimize wait times and communicate reasons for long waits.	I think having a long wait in the waiting room can be very annoying when your child is sick and needs to be seen. Then going to a room only to wait there for half an hour or more for the doctor to actually show up adds to the frustration. If the doctors really are so busy that you finally are seen a couple of hours after the appointment time, then perhaps they should think less about the bottom line financially and have more doctors on staff. Updates on waiting times would certainly help to ease the stress of waiting, especially if it is going to take a while.
Provide care and services quickly.	It is always a simple and easy process to get an appointment for my daughter with her doctor. I liked that I did not have to wait long for my doctor to get me a referral when I needed it. The only time we have needed anything other than an annual check-up, my daughter's doctor referred her to a specialist and we were able to get in quickly to see her. She prescribed medication, and the issue was resolved. I took my youngest child to an appointment to get shots and they waited till the end of our appointment to tell us they did not have the shots in stock, so we had wasted our time.
Provide the parent with access to medical records.	I would love to have access to my child's information myself. It would save trips to the doctor's office. My child needed his shot records for school. We had lost them and the doctor's office said it would take a couple of weeks to get them to us. I did not understand why they could not just be pulled up on the computer and printed out for us.

Q17/Q32. Personal doctor explained things	
Improvement action	**Member comments**
Ensure that doctors provide thorough explanations.	My doctors have always been very thorough and caring. They explain in detail anything I want or need to know. My children's pediatrician is very thorough and does not miss a beat. My pediatrician is wonderful and she answers your questions fully and in detail. My PCP is a wonderful doctor; she knows her stuff and talks you through everything. She gives wonderful advice and tips as well.

Q17/Q32. Personal doctor explained things	
Improvement action	**Member comments**
Show consideration for the patient's concerns.	I went to the doctor with leg pain and the doctor had me stand and bend my knees. Without telling me what he saw, he said I had falling arches and that all my pain would go away once I wore arch supports. The doctor's suggestion did not work, and when I went back in for a routine check-up I told him that his recommendation did not help my pain. He brushed it off by saying I just need to wear the supports longer. It turns out I was developing edema in my legs, and it should not have taken another doctor to figure this out. I once requested something other than what the doctor was prescribing for my daughter because it had less side effects, but the doctor just shut me down and said it will not work.,It kind of made me feel like they just don't want to be questioned.
Provide the parent with printed information about the appointment.	At the end of the visit, the doctor gave me a printout detailing the information we had discussed along with stickers and books for the children. It was a nice touch to give me printed documentation supporting the discussion. I sometimes think I take it all in at the doctor's office, but then I often think of questions later. Having what they told me in print to look at and refer to later would be very helpful. I am better with written communication than verbal expression, and when things are particularly hectic or happening quickly, it is easy to forget important details.
Provide direct communication channels online.	I love my daughter's pediatrician because they have a "patient portal" online where we can send her messages. She always responds quickly and it helps us avoid unnecessary trips to the office.
Ensure that all questions and concerns are addressed.	If I was not clear on what my doctor was saying, I would ask questions until I was satisfied with the results. I have no problem with letting people know that I do not understand something and pushing to get clarity. If I did not understand, I would ask more questions before I left.
Address language barriers.	The only thing about our pediatrician is that she has a strong accent, so sometimes she is hard to understand, but I simply just tell her to repeat herself. Our doctor is a little hard to understand sometimes because she has a strong accent. You have to listen more closely to her.
Avoid using medical jargon and technical language.	My child's doctor always communicates in easy to understand ways. She does not use doctor language, she just puts it in regular terms. The reason we have always liked our doctor is she talks to us like we are just normal people at a regular social function. She uses easy to understand language and never comes across as if she is better than us or like she needs to dumb anything down. It is very frustrating when doctors use medical jargon. I just tell them I do not understand what they mean and ask if they could repeat it in a way that I would understand. Any time I ask my doctors a question and they answer me with doctor language, I ask them to please put it in simple terms so I can better understand.

Q18/Q33. Personal doctor listened carefully	
Improvement action	**Member comments**
Make eye contact and use non-verbal cues to indicate attention.	To show they are actively listening to you, doctors should pay attention when you are speaking by making eye contact and occasionally nodding their head. If a doctor is actively listening to you, she is going to maintain direct eye contact with you. She will also shake her head yes when you are speaking because that means she is listening to what you are saying. One indicator that a doctor is not listening is if they are not making eye contact. Eye contact is very important to me. I will not tolerate a doctor who is on his phone/ tablet during a consult.
Repeat the patient's concerns to ensure understanding.	One way to show that doctors are actively listening is by repeating back certain phrases that I have said about my concerns. I think a doctor should explain back to me what I just told them so that I know they are listening and understanding my concerns.
Avoid interruptions during the visit.	I do not like it when a nurse or other staff member interrupts the appointment to pass on a message while the doctor is with my child. Unless the doctor has to go deal with some kind of emergency, the message can wait.
Avoid multitasking.	I have had doctors be on their phone or clicking on the computer while I was talking. I do not know if they hear what I am saying or not. It is quite annoying, disrespectful and rude. It is poor etiquette, as a rule, to be on the phone during most situations where people are meeting face-to-face. It is impossible to give the appropriate amount of attention to both parties. Doctors need to learn how to manage their time so that they do not spend the entire visit glued to the computer. Active listening is a critical part of providing good service to patients. We live in a multitasking culture, but there are some situations that require our full attention, and interacting with patients is one of those occasions. Doctors should avoid their cell phones. I have had doctors check their phone while listening to me.
Ensure that all questions and concerns are addressed.	Doctors should listen to what you have to say and answer all your questions thoroughly, and always ask if you have any additional questions. The doctor answering my questions and also asking questions in return indicates that they are fully aware of what I am saying. The doctor should always ask patients at the end of the session if there are any other items or issues that they need to discuss. Doctors can show that they are actively listening to me by addressing any and all of my concerns and by repeating my questions back to me in the way they answer.

Q19/Q34. Personal doctor showed respect	
Improvement action	**Member comments**
Ensure that providers actively listen to the parent/patient.	Doctors can pay attention to you and actually LISTEN to show respect. My primary care doctor types on his computer the whole time I am talking to him. I hate that because I do not feel like he is listening. In order for a doctor to show they respect you, they should listen carefully to what you have to say and any of your concerns. They should also listen to your opinions about your child's condition, because parents know their children the best. Doctors should actively listen to you while you are speaking to them to show they respect you.
Use proper titles when addressing the parent/patient.	One of the most critical items is to address patients with the appropriate terms and by name, for example Ms., Mr., or Mrs. XYZ. As in all forms of jobs that deal with the public, doctors can use "sir" or "ma'am," although I do not recall a doctor ever referring to me in that manner. It is like there is a superior attitude going on.
Ensure that all questions and concerns are addressed.	Doctors should not make you feel as though you are wasting their time. I have had a doctor at the hospital tell me once when I went for bleeding during my pregnancy that "This is not a fertility clinic. I do not have time for this!" as he left and slammed the door. I ended up having a miscarriage and I will never forget how rude he was. If a doctor takes their time to hear all of your concerns, that shows respect. A lack of respect can be displayed by not taking your concerns seriously. Making sure all my questions and concerns are addressed at each visit shows respect.
Avoid actions or language that can be interpreted as condescending.	Doctors should avoid dismissing what we tell them. Most parents are not dumb. All a doctor has to do is not let the parent think that what they have told the doctor is ludicrous. While a parent is not a medical doctor, they do know their child well and can tell when something is not right with them. Respect goes both ways between parents and doctors. If doctors talk down to you, that does not show respect.
Ensure that doctors are polite and friendly.	They can show respect by talking to me in a way that is kind, professional, and thorough. Speak to me in a polite voice and not be sarcastic when talking to me. Doctors can show they respect me by smiling and speaking in a friendly manner.
Provide constructive feedback.	I appreciate it when a doctor tells me that I did something wrong or made a mistake, as long as it is constructive.
Minimize wait times.	I have also felt disrespected when I have been left to sit for an hour or longer in a waiting room or exam room. Just because I do not have an MD after my name does not mean my time is not valuable either.

Q21/Q36. Doctors explained things in a way child could understand	
Improvement action	**Member comments**
Utilize visuals to provide clear explanations.	When my daughter had an inner ear infection the doctor drew pictures to explain the inner ear to my daughter. He actually drew me a picture of the inside of the ear canal and explained things like how the ear drains in a one year old as compared to an adult. He made it easy to understand the anatomy.
Help the child understand, when appropriate.	I feel all questions I have asked were always fully answered, and he always made sure my daughter understood his answers to our questions.
Speak to the child's level of understanding.	I like how she communicates directly to my daughter and does not act like she is too young or immature to be responsible for her own treatment. Any time my kids' doctors speak with me they, make sure myself and my children understand what they are saying. It is very helpful.
Address the child directly.	The doctor explained to my 16-year-old son every aspect of what he was going to do and even sat and watched a video with him and answered all of his questions. Our son was very calm and knowledgeable about the whole thing because of this, and we could not have asked for a better experience. He calmly explained everything to both me and my daughter. He made me feel much more comfortable with the whole situation, and he explained it to her in a way that did not make her scared or hesitant at all. The doctor taking the time to go over using an inhaler and breathing treatment took away the fear that may have been involved for my daughter and that is obviously a good thing.,

Q22/Q37. Personal doctor spent enough time	
Improvement action	**Member comments**
Avoid rushing the visit.	When we go to my child's pediatrician, she spends at least 15 minutes with us, if not 20. She does what she needs to do and then talks to us about him before asking us if we have any questions. There was never a time where she seemed rushed or hurried, and I definitely respect that about her. She is a great doctor. I have felt that when an appointment has been scheduled toward the end of the doctor's office work day, they tend to rush you through the visit. They are only human and want to get home as much as the rest of us do, but that should not come at the expense of a child's health and a quicker than usual diagnosis. We would wait up to an hour for the doctor, and when we finally saw her she would spend no more than five minutes with us and would often leave us with unanswered questions.

Q22/Q37. Personal doctor spent enough time	
Member poll	**Response summary**
PRIMARY CARE DOCTOR VISIT	
How long do patients expect a routine visit to last?	Patients expect routine visits to typically last 15 to 20 minutes.
How long do patients expect an urgent visit to last?	Patients expect urgent visits to typically last longer than routine visits, approximately 20 to 30 minutes.
Improvement action	**Member comments**
Ensure that doctors spend as much time as necessary to address patient concerns.	I expect the doctor to spend as much time as needed. There is not a specific time limit, it could take five minutes, or five hours if that is what is required to help my child. There have been several times when I went in for a 15-minute appointment and they ended up being in the room for more than half an hour due to my daughter being sick. I would expect the doctor to spend whatever amount of time is necessary to get the job done, whether it takes five minutes or an hour. If we were addressing a serious issue, I would expect them to give us as much time as needed to feel comfortable with a diagnosis and course of treatment. As long as the doctor has done a good job and accurately diagnosed the problem then time does not really matter.
Q25/Q40. Personal doctor seemed informed about care from other providers	
Improvement action	**Member comments**
Ensure that providers are informed about the patient's relevant medical and personal background.	Every time we go to see my child's doctor, she remembers us and remembers that he has ear problems. Even when we go for things unrelated to his ears, she will ask how his ears have been. This lets me know that she is paying attention and remembering my child. When I took my daughter to see her pulmonary doctor it was her second time seeing him, yet he remembered her very well. I know he can look in her chart, but he did very well and you would have never known it was only her second visit. It felt like we had been seeing him for years. The doctor did a complete physical work-up on my son. We discussed everything you could possibly discuss about one physical. So now the doctor has a complete work-up on my son, and since that visit she has remembered my son's favorite interests, which is helping my son become comfortable with her. He keeps track of not just the children's medical care, but also details about our family and home life that seem pertinent.

Q25/Q40. Personal doctor seemed informed about care from other providers	
Improvement action	**Member comments**
Obtain and read records from hospitals and other providers.	When my daughter went back to see her doctor after her treatments at the burn center, her doctor had all the notes from the hospital and was discussing everything they did at the burn unit with my daughter. I was happy I did not need to explain anything or show my paperwork on what was done, since the doctor had all the information already. When my daughter was born she had to return to the hospital after she had been taken home because her jaundice levels rose too high. At our first appointment with her primary doctor after her hospital stay, she was already fully informed on the treatments and activities of our stay at the hospital. It is really helpful and a relief when your provider is up to speed on your history. It makes things go so much smoother.

Q26/Q41. Rating of Personal Doctor	
Improvement action	**Member comments**
PRIMARY CARE DOCTOR VISIT	
Show personal concern for the patient.	When my grandson was hospitalized for a rare condition, we actually were seen by an urgent care provider in the doctor's clinic. But within a couple of days, the pediatrician was at the hospital checking up on and following my grandson's case without notice from me. I was very grateful and surprised to the point of tears that he took the time on his own to find out what was happening. The fact that she knows the medical history of literally everyone in our entire family and has gone out of her way to help both my husband and myself with our own health issues in the past tells me she will do the same for our kids.
Treat patients with urgent issues quickly.	I rate her as the best doctor possible primarily because of her ability to see my son as soon as possible when he is sick. If I ever have an emergency, my doctor always finds an open spot for her to be seen in the same day. I could not have asked for a better doctor.
Ensure that all questions and concerns are addressed.	Our doctor always talks to my daughter and treats her as a person. She takes the time to make sure she is okay and even talks with her one-on-one. Our doctor never takes chances. If something comes up, he will bring her in to be seen and take the extra steps to make sure everything is well and good. He literally could not do anything more, he is the best doctor ever. The doctor herself is nice, experienced and gives you time to answer your questions.

Q26/Q41. Rating of Personal Doctor	
Improvement action	**Member comments**
PRIMARY CARE DOCTOR VISIT	
Ensure that doctors are thorough and knowledgeable.	It is important that doctors are thorough in their assessment, rather than just jumping to conclusions. Knowledge is important. I have had an instance where my child was misdiagnosed and was taking medication for a week that she did not need.
Ensure that doctors have a child-friendly bedside manner.	Bedside manner is important when dealing with children. Doctors need a different type of personality that children feel comfortable around. My kids have the best doctor. They are always gentle with my kids. She is an amazing doctor and a caring person. She remembers you and your child. She seems like she genuinely cares and is not just pretending to because it is her job.
Ensure that office staff is courteous and helpful.	Their front desk staff and nurses could use some customer service training. They are always rude, short and often cannot answer questions.

Q30/Q48. Rating of Specialist	
Improvement action	**Member comments**
SPECIALIST VISIT	
Schedule appointments promptly.	We have been waiting for three weeks for a call from an ENT doctor's office to schedule an appointment for my son's ears. He has already had six ear infections this year, and he may need tubes put in his ears. I am irritated that they have not even bothered to call us yet. Most of the issues revolve around getting appointments and being seen on time, the same as with doctors.
Ensure that providers have a child-friendly bedside manner.	My child's specialist had a great bedside manner and made my daughter feel very comfortable. My child's specialist is very kid friendly. He always has a smile on his face and listens closely to myself and my child. They treated my daughter with care and were very patient and understanding at every visit.
Resolve issues quickly.	The specialist made her feel at ease and also made me feel at ease. He did the procedure and came out right away in the waiting room to tell me how everything went. It was a great experience. Between the doctor and staff, all of our issues were taken care of by the next day.
Foster relationships with patients.	The rheumatoid arthritis specialist who cared for my child during his hospitalization was wonderful. She visited us every day during our stay in the hospital to check my child's situation. The specialist also called us a month later to verify that my child was doing okay.
Help the patient overcome obstacles to manage his or her condition.	He has gone the extra mile for us already with prescriptions and dealing with the insurance company. My daughter has a great specialist for her peanut allergy. He has been quick on getting us prescriptions, answering our questions, and he has even given us books on allergies.

Q32/Q50. Customer service provided needed information or help	
Improvement action	**Member comments**
Ensure that representatives are polite and friendly.	The customer service representative I spoke with was very friendly and considerate. I was expecting the customer service representative to be polite and apologetic, and although they were polite, there was no sincerity in it. It felt like they would rather be anywhere else than dealing with my issue. I have seen my girlfriend become very frustrated and upset because of the way she is treated by the customer service representatives. When she tries to explain her situation, they simply write her off and act as if the mix up is her fault. Even after confirming we were correct just the day before, they still tell us that we are wrong.
Ensure that representatives are helpful and knowledgeable.	I've called my daughter's health plan, but instead of answering my questions, they just keep giving me the runaround. There is nothing I love more then to get on the phone and for the customer service person to be alert, knowledgeable about the topic and a very good listener. Even though they are nice and respectful when I call, I feel like they are being horrible people and just trying to make our lives harder due to their inability to help. I called and the representative I talked to was so clueless. I did not feel respected, because even though the lady was very friendly, she did not have a clue what she was talking about. I have called four times to try and get an insurance card. Every time someone has apologized and said they have re-ordered the card. I don't think anyone there knows what they are doing.
Ensure that representatives are respectful.	The customer service representative I spoke to did seem very respectful. She spoke kindly and was not rude. I needed to find out more information on getting my health insurance set up and receiving my card. The customer service representative on the phone was nothing but helpful. I felt she was very respectful and a very good listener.
Work with the member to find acceptable alternatives to non-covered treatments.	I contacted them about a prescription that the doctor prescribed for my child but the pharmacy said that my insurance would not cover it. After talking to customer service they still would not cover it and wanted him to try an inferior medicine. The issue was never resolved and I was very unhappy. I was not offered any alternative medication by the insurance after they refused to cover my prescribed treatment. They passed the buck to the doctor to prescribe something else and then take it from there. I have only contacted customer service once to find out why a certain medication was not covered and what alternatives were covered. All the representative did was refer me back to the doctor. I was frustrated that nothing was resolved and I had to go somewhere else for resolution.

Q32/Q50. Customer service provided needed information or help	
Improvement action	**Member comments**
Provide a consistent customer service experience.	Consistency is truly important in all situations! Consistency is key when dealing with customer service.
Help members access resources to manage their conditions.	They help to facilitate a large number of services that I did not know were available. The Care/Case Managers and Outreach Services also offer assistance in managing conditions such as asthma, diabetes, heart failure, and many other special or chronic conditions that we have.
Notify members of changes.	When I called to ask why I was being billed for something that had always been covered, they acted as if I should somehow magically know what is covered and what is not even though they did not tell me when that information changes. The best way to be informed about changes would be either via phone call or text, as it is instantaneous. Email would likely have issues, as it could easily go the spam folder and not be seen. Perhaps a better solution would be via a letter supplemented by a text or phone call. Our insurance has a portal to use online where they could have left me a message, or they could have sent a letter to my home letting me know about the coverage changes, or they could have just called me instead of letting me find out that my coverage had changed on my own.

Q35/Q53. Health plan forms were easy to fill out	
Improvement action	**Member comments**
Provide a representative to help members with forms.	The forms were a bit difficult, but luckily at my child's doctor's office they have a lady there that helps you to fill out parts that are confusing. Any questions I had when completing the paperwork, I knew I could call and get help with. That made me feel confident during the process. I was provided with a social worker who handled my case and helped with all the paperwork.
Make forms simple and straightforward.	I would suggest making clearer directions for paperwork. I would also suggest making the rules clearer, like who qualifies for what. It was a very simple form, so the paperwork was very easy. The very easy processes are what I enjoy about Medicaid. The application was simple to understand, fill out, and read.
Provide an online option for forms.	It was easy because it was done online, so I did not even have to leave the house. I have a messed up finger and had to take breaks from time to time because my hand would start hurting from writing so much. The online forms are very simple and usually take me less than five minutes to complete.

Q35/Q53. Health plan forms were easy to fill out	
Improvement action	**Member comments**
Eliminate redundancies.	My only suggestion would be that my paperwork I presented to ODJFS should have been forwarded to the health care agency when they enrolled me with the health plan, so I did not have to fill out all the same forms again. Every year I have to fill out the same re-certification forms for Medicaid.

Q56. Easy to get prescription medicine	
Improvement action	**Member comments**
Provide text alert services for prescription pickup.	Prescription text message alerts are great! They are so convenient and quick, much easier than making a phone call! I receive a text message from Walmart letting me know my prescriptions are ready for me to go and pick it up. Even the very first time it was easy.
Coordinate prescriptions between doctors and pharmacies.	It is convenient when the doctor sends the prescriptions to the pharmacy electronically and they are ready when you get to the pharmacy. Filling prescriptions for my child has been very easy. We go to his pediatrician and she calls the medication in right to our CVS pharmacy, and it is available for pickup that day or usually the next day.
Provide automated refill services and reminders.	If the kids' prescriptions are out of refills, the pharmacy will contact me and also notify the pediatrician on my behalf. Each month the mail-order pharmacy calls me to remind me to order my refills.
Minimize copays and out-of-pocket costs.	We have had no problem getting what we need and it is usually either paid for or we have a very low copay, which is a tremendous help, since medicine is so expensive.
Work with the member to find acceptable alternatives to non-covered medications.	The doctor at the urgent care did not dose her medicine correctly for her weight. I noticed this after I picked up the prescription, since it was sent to the pharmacy electronically. I called and the doctor corrected the prescription. However, the insurance company would not let me get the rest of the prescription for five days, even though it was sent back stating it was not enough. Luckily she had enough to start the meds, but I thought it was so stupid that the insurance company would not work with us. There was a time that I was only able to get so many pills out of the amount my doctor prescribed because the insurance would not cover the prescribed amount. If that particular medicine cannot be acquired, then the doctor should work with the pharmacy to obtain the best possible comparable choice that will fulfill the patient's needs and be acceptable to the health plan. If the medicine the doctor prescribes is not covered, they should prescribe something else that is accepted by the insurance. I expect the doctor to prescribe an alternative that would be covered if their original prescription is not covered.

Q56. Easy to get prescription medicine	
Improvement action	**Member comments**
Provide secure and reliable delivery options.	The one time I used a mail-order service I never got my prescription. I later found out the UPS driver happened to steal a bunch of packages and was arrested. The hassle of going back to the doctor and explaining the situation and contacting the insurance company was a big headache for me, so I would never use a mail-order service again. USPS has a notorious problem with packages getting lost or stolen and I would not want to deal with that. Having packages stolen is so frustrating, and this is why I would not be able to trust a mail-order pharmacy. I would be worried that it would not come on time.
Promote the use of mail-order pharmacy services as convenient.	I love the convenience going out to the mailbox to get your medicines that come in sealed bags. It is pretty handy, for sure! Using a mail-order service could save time and be much more convenient! Especially for medications that she gets on a monthly basis. I would not have to worry about getting refills called in on time and getting into town to actually pick up the prescription.
Ensure timely delivery.	When ordering a prescription through my mail-order pharmacy, at the end of the call they confirm the shipping information and provide me with an expected date of receipt. They also always verify whether or not I need the medicine faster so that they can change the shipping speed if necessary. It is a great service. I think the mail-order service should be convenient and have very quick shipping, especially considering that when people run out of their medications they need them as soon as possible. I would expect consistency on the shipping and processing times, with at least one or two day shipping once filled. I would expect that they would be on time consistently, and if there is a problem that I am notified as soon as possible.
Coordinate with the pharmacy and doctors on the member's behalf to resolve issues.	I do not understand why it always seems that the customer is the one who has to do all the calling and chasing around whenever there is an issue between the doctor, pharmacy, or insurance. It seems there is very little communication between those three entities. The customer service is amazing and I have had nothing but good experiences with it so far. My doctor's office is the one that did all the legwork to get insurance approval.

Q56. Easy to get prescription medicine	
Improvement action	**Member comments**
Provide efficient pre-authorization services.	I have a couple of medications that needed pre-authorization and they were always handled very well by my daughter's doctor. It is always a quick and efficient process. The doctor, pharmacy, and insurance company all have to work together for any medicines requiring prior authorization. So far they have been very helpful and well-coordinated. It is just frustrating that it takes so long (three to four days).
Provide and maintain formulary information for doctors and members.	I think it would be pertinent for the doctor's office to have a list of medications that are covered by health providers. If the insurance company does have a list of covered medications, it should be available online for anyone to view, and not just members. This would let the doctor pull it up and write the appropriate prescription.

Appendix F
Questionnaire

UniCare®

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

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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 back 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 1.888.797.3605, ext. 4190.

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

1. Our records show that your child is now in UniCare Health Plan of West Virginia, Inc. Is that right?

☐ Yes ➔ ***If Yes, Go to Question 3***
☐ No

2. What is the name of your child's health plan? ***(Please print)***

_____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

☐ Yes
☐ No ➔ ***If No, Go to Question 5***

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?

☐ Yes
☐ No ➔ ***If No, Go to Question 7***

6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- ☐ None ➔ ***If None, Go to Question 15***
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- ☐ Yes
- ☐ No

9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 13***

10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- ☐ Yes
- ☐ No

11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- ☐ Yes
- ☐ No

12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- ☐ Yes
- ☐ No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR CHILD'S PERSONAL DOCTOR

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 27***

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- ☐ None ➔ ***If None, Go to Question 26***
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. Is your child able to talk with doctors about his or her health care?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 22***

21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- ☐ Yes
- ☐ No

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 26***

25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- ☐ 0 Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.
In the last 6 months, did you make any appointments for your child to see a specialist?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 31***

28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

29. How many specialists has your child seen in the last 6 months?

- ☐ None ➔ ***If None, Go to Question 31***
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

30. We want to know your rating of the specialist your child saw most often in the last 6 months.
Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

31. In the last 6 months, did you get information or help from customer service at your child's health plan?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 34***

32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

34. In the last 6 months, did your child's health plan give you any forms to fill out?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 36***

35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

ABOUT YOUR CHILD AND YOU

37. In general, how would you rate your child's overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

38. In general, how would you rate your child's overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

39. What is your child's age?

- ☐ Less than 1 year old
- _____ YEARS OLD *(write in)*

40. Is your child male or female?

- ☐ Male
- ☐ Female

41. Is your child of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

42. What is your child's race?
Mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other

43. What is your age?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

44. Are you male or female?

- ☐ Male
- ☐ Female

45. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

46. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older brother or sister
- ☐ Other relative
- ☐ Legal guardian
- ☐ Someone else

47. Did someone help you complete this survey?

- ☐ Yes ➔ ***If Yes, Go to Question 48***
- ☐ No ➔ ***If No, Go to Question 49***

48. How did that person help you?
Mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

ADDITIONAL QUESTIONS

Now we would like to ask you a few more questions. These questions provide additional information on important topics.

49. In the last 6 months, how many times did your child go to an emergency room for care?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

50. In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child's personal doctor and I do not speak different languages

51. Since your child joined this health plan, how often was it easy to get a personal doctor for him or her that you are happy with?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child does not have a personal doctor

Thank You
Please return the completed survey in the postage-paid envelope or send to:
DSS Research • P.O. Box 985009
Ft. Worth, TX 76185-5009

If you have any questions, please call 1.888.797.3605, ext. 4190.

Appendix G
Crosstabulations

Crosstabulations instructions

The following tables show detailed results for each question in your survey. Crosstabulations or “crosstabs” let you compare the results across different groups (i.e., males versus females). The following instructions are provided to aid you in analyzing the data in these tables:

Across the top of the table are column headers indicating the different categories by which the data are being compared. The first group of columns are the health plan’s total results for the current year and up to two prior years. This allows you to see how you are performing over time. The Anthem Average and the DSS Average are also provided in the first group of columns. These averages give you national benchmarks for comparison to your results. Following the plan total columns are other demographic categories such as years with the plan, current health status, age, gender and education level.

Listed down the left side of the table are row labels. First, there is a “Total” row which represents the total number of respondents who are eligible to answer that question. Next, there are labels for “Multiple Mark” and “No response.” Respondents who give multiple answers or no answer are removed from the base. Then, the “Base” row gives the number of respondents who responded appropriately to that question. Finally, there are labels for the relevant responses to that question. For example, “Always”, “Usually”, “Sometimes” and “Never” are possible responses to the question, “In the last 6 months, how often did your personal doctor listen carefully to you?”

Among the possible responses down the left side are items such as “Top Two Box” and “Top Three Box.” These are summary scores of either the top two responses or top three responses. For example, on a 0 to 10 scale, the “Top Two Box” indicates how many respondents gave a “9” or “10” on the question. In addition, there are some tables with the row label “CAHPS Rate.” This designates which response or group of responses are reported by NCQA for that question. For example, “CAHPS Rate (% Always + % Usually)” indicates that this is a question where NCQA reports the percentage of respondents who gave either “Always” or “Usually” as the response to that question.

Significance between groups is indicated by an upper-case letter beneath a column percentage. If a letter is present under a percentage, that percentage is significantly higher than the percentage (on the same row) in the corresponding column. In calculating significance, a Z-test is conducted at the 95% confidence level.

An example is provided on the following page.

Crosstabulations instructions – example

[1] For this example, results for males versus females are being compared.

[2] The total number of respondents eligible for this question is 159 -- 51 are males and 106 are females. You will notice the sum of the number of males and females does not add up to the total (159). This indicates that two respondents did not report their gender on the survey.

[3] The total number of respondents that gave valid answers to this question is 139 (8 males and 12 females either did not answer this question or replied that they don't know).

[4] NCQA reports the percent responding "Always" or "Usually" to this question.

[5] Significantly more females than males gave the response "Always" or "Usually" to this question. The letter "B" below the percentage indicates 97.9% is significantly higher than the percentage in column B (74.4%) at the 95% confidence level.

18. In the last 6 months, how often did your personal doctor listen carefully to you?

	2017 Plan Total (A)	===== GENDER[1] ===== Male (B)	Female (C)
Total	159[2] 100%	51 100%	106 100%
Multiple Mark	*	*	*
No response	2 0.6%	0 0.0%	2 0.9%
Don't know	18 11.3%	8 15.7%	10 9.4%
BASE = Those who responded	139[3] 87.4%	43 84.3%	94 88.7%
Never	6 4.3%	5 11.6% C	1 1.1%
Sometimes	7 5.0%	6 14.0% C	1 1.1%
Usually	53 38.1%	23 53.5% C	30 31.9%
Always	73 52.5%	9 20.9%	62 66.0% B
CAHPS Rate (%Always + %Usually)[4]	126 90.6%	32 74.4%	92 97.9% B[5]

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Child Medicaid Satisfaction Survey (ANTM22492)

1. Our records show that your child is now in UniCare Health Plan of West Virginia, Inc. Is that right?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

3. In the last 6 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room, or doctor's office?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	6	172	434	2	23	1	4	1	3	3	3	0	0	2	4	3	3	3	3	0
	1.12%	1.13%	1.15%	0.36%	3.85%	1.47%	0.88%	1.59%	0.84%	0.74%	2.33%	0.0%	0.0%	1.32%	1.91%	1.11%	1.15%	1.02%	1.22%	0.0%
		D	D		ABCD										M					
BASE = Those who responded	532	15077	37415	550	575	67	452	62	355	403	126	12	145	150	205	268	258	290	242	0
	98.88%	98.87%	98.85%	99.64%	96.15%	98.53%	99.12%	98.41%	99.16%	99.26%	97.67%	100.00%	100.00%	98.68%	98.09%	98.89%	98.85%	98.98%	98.78%	0.0%
	E	E	E	BCE									O							
Yes	266	5336	13166	248	269	34	228	36	200	196	69	10	68	81	98	128	136	156	110	0
	50.00%	35.39%	35.19%	45.09%	46.78%	50.75%	50.44%	58.06%	56.34%	48.64%	54.76%	83.33%	46.90%	54.00%	47.80%	47.76%	52.71%	53.79%	45.45%	0.0%
	BC			BC	BC															
No	266	9741	24249	302	306	33	224	26	155	207	57	2	77	69	107	140	122	134	132	0
	50.00%	64.61%	64.81%	54.91%	53.22%	49.25%	49.56%	41.94%	43.66%	51.36%	45.24%	16.67%	53.10%	46.00%	52.20%	52.24%	47.29%	46.21%	54.55%	0.0%
		ADE	ADE																	
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	27	360	911	9	38	6	20	4	14	16	11	1	7	7	11	16	11	22	5	0
	5.02%	2.36%	2.41%	1.63%	6.35%	8.82%	4.39%	6.35%	3.91%	3.94%	8.53%	8.33%	4.83%	4.61%	5.26%	5.90%	4.21%	7.51%	2.04%	0.0%
	BCD				BCD													S		
Appropriately skipped	266	9741	24249	302	306	33	224	26	155	207	57	2	77	69	107	140	122	134	132	0
	49.44%	63.88%	64.07%	54.71%	51.17%	48.53%	49.12%	41.27%	43.30%	50.99%	44.19%	16.67%	53.10%	45.39%	51.20%	51.66%	46.74%	45.73%	53.88%	0.0%
		ADE	ADE																	
BASE = Those who responded	245	5148	12689	241	254	29	212	33	189	183	61	9	61	76	91	115	128	137	108	0
	45.54%	33.76%	33.53%	43.66%	42.47%	42.65%	46.49%	52.38%	52.79%	45.07%	47.29%	75.00%	42.07%	50.00%	43.54%	42.44%	49.04%	46.76%	44.08%	0.0%
	BC			BC	BC															
Never	0	41	112	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.80%	0.88%	0.83%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AE	AE																	
Sometimes	6	391	930	15	11	3	3	4	1	3	3	0	1	1	3	4	2	2	4	0
	2.45%	7.60%	7.33%	6.22%	4.33%	10.34%	1.42%	12.12%	0.53%	1.64%	4.92%	0.0%	1.64%	1.32%	3.30%	3.48%	1.56%	1.46%	3.70%	0.0%
		AE	AE	A				I												
Bottom Two Box (%Never + %Sometimes)	6	432	1042	17	11	3	3	4	1	3	3	0	1	1	3	4	2	2	4	0
	2.45%	8.39%	8.21%	7.05%	4.33%	10.34%	1.42%	12.12%	0.53%	1.64%	4.92%	0.0%	1.64%	1.32%	3.30%	3.48%	1.56%	1.46%	3.70%	0.0%
		AE	AE	A				I												
Usually	13	544	1380	15	29	3	10	5	6	8	5	0	4	1	8	9	4	5	8	0
	5.31%	10.57%	10.88%	6.22%	11.42%	10.34%	4.72%	15.15%	3.17%	4.37%	8.20%	0.0%	6.56%	1.32%	8.79%	7.83%	3.13%	3.65%	7.41%	0.0%
		AD	AD		AD										N					
Always	226	4172	10267	209	214	23	199	24	182	172	53	9	56	74	80	102	122	130	96	0
	92.24%	81.04%	80.91%	86.72%	84.25%	79.31%	93.87%	72.73%	96.30%	93.99%	86.89%	100.00%	91.80%	97.37%	87.91%	88.70%	95.31%	94.89%	88.89%	0.0%
	BCDE			BC					H					O						
CAHPS Rate (%Always + %Usually)	239	4716	11647	224	243	26	209	29	188	180	58	9	60	75	88	111	126	135	104	0
	97.55%	91.61%	91.79%	92.95%	95.67%	89.66%	98.58%	87.88%	99.47%	98.36%	95.08%	100.00%	98.36%	98.68%	96.70%	96.52%	98.44%	98.54%	96.30%	0.0%
	BCD				BC				H											
3-point composite mean	2.8980	2.7265	2.7270	2.7967	2.7992	2.6897	2.9245	2.6061	2.9577	2.9235	2.8197	3.0000	2.9016	2.9605	2.8462	2.8522	2.9375	2.9343	2.8519	0
	BCDE				BC				H					O						
4-point composite mean	3.8980	3.7185	3.7182	3.7884	3.7992	3.6897	3.9245	3.6061	3.9577	3.9235	3.8197	4.0000	3.9016	3.9605	3.8462	3.8522	3.9375	3.9343	3.8519	0
	BCDE				BC				H					O						
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	8	207	940	4	22	1	5	1	2	4	3	0	1	1	5	2	5	5	3	0
	1.49%	1.36%	2.48%	0.72%	3.68%	1.47%	1.10%	1.59%	0.56%	0.99%	2.33%	0.0%	0.69%	0.66%	2.39%	0.74%	1.92%	1.71%	1.22%	0.0%
			BD		ABD															
BASE = Those who responded	530	15042	36909	548	576	67	451	62	356	402	126	12	144	151	204	269	256	288	242	0
	98.51%	98.64%	97.52%	99.28%	96.32%	98.53%	98.90%	98.41%	99.44%	99.01%	97.67%	100.00%	99.31%	99.34%	97.61%	99.26%	98.08%	98.29%	98.78%	0.0%
	E	CE		CE																
Yes	391	10998	26613	407	411	44	339	49	300	298	91	12	115	115	131	198	188	215	176	0
	73.77%	73.12%	72.10%	74.27%	71.35%	65.67%	75.17%	79.03%	84.27%	74.13%	72.22%	100.00%	79.86%	76.16%	64.22%	73.61%	73.44%	74.65%	72.73%	0.0%
		C											O	O						
No	139	4044	10296	141	165	23	112	13	56	104	35	0	29	36	73	71	68	73	66	0
	26.23%	26.88%	27.90%	25.73%	28.65%	34.33%	24.83%	20.97%	15.73%	25.87%	27.78%	0.0%	20.14%	23.84%	35.78%	26.39%	26.56%	25.35%	27.27%	0.0%
			B												MN					
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.18%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	26	538	1850	14	44	5	18	5	11	15	10	2	6	6	9	15	10	22	4	0
	4.83%	3.53%	4.89%	2.54%	7.36%	7.35%	3.95%	7.94%	3.07%	3.69%	7.75%	16.67%	4.14%	3.95%	4.31%	5.54%	3.83%	7.51%	1.63%	0.0%
	D		BD		BCD													S		
Appropriately skipped	139	4044	10296	141	165	23	112	13	56	104	35	0	29	36	73	71	68	73	66	0
	25.84%	26.52%	27.20%	25.54%	27.59%	33.82%	24.56%	20.63%	15.64%	25.62%	27.13%	0.0%	20.00%	23.68%	34.93%	26.20%	26.05%	24.91%	26.94%	0.0%
															MN					
BASE = Those who responded	373	10667	25703	396	389	40	326	45	291	287	84	10	110	110	127	185	183	198	175	0
	69.33%	69.95%	67.91%	71.74%	65.05%	58.82%	71.49%	71.43%	81.28%	70.69%	65.12%	83.33%	75.86%	72.37%	60.77%	68.27%	70.11%	67.58%	71.43%	0.0%
		CE		CE			F						O	O						
Never	1	112	259	0	1	0	1	1	0	1	0	0	0	0	0	0	1	1	0	0
	0.27%	1.05%	1.01%	0.0%	0.26%	0.0%	0.31%	2.22%	0.0%	0.35%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.55%	0.51%	0.0%	0.0%
		ADE	ADE																	
Sometimes	19	1223	2744	25	28	7	12	12	5	11	8	0	5	8	6	10	9	6	13	0
	5.09%	11.47%	10.68%	6.31%	7.20%	17.50%	3.68%	26.67%	1.72%	3.83%	9.52%	0.0%	4.55%	7.27%	4.72%	5.41%	4.92%	3.03%	7.43%	0.0%
		ACDE	ADE			G		I												
Bottom Two Box (%Never + %Sometimes)	20	1335	3003	25	29	7	13	13	5	12	8	0	5	8	6	10	10	7	13	0
	5.36%	12.52%	11.68%	6.31%	7.46%	17.50%	3.99%	28.89%	1.72%	4.18%	9.52%	0.0%	4.55%	7.27%	4.72%	5.41%	5.46%	3.54%	7.43%	0.0%
		ACDE	ADE			G		I												
Usually	71	1902	4813	71	79	12	58	11	55	49	21	0	20	19	27	36	32	37	34	0
	19.03%	17.83%	18.73%	17.93%	20.31%	30.00%	17.79%	24.44%	18.90%	17.07%	25.00%	0.0%	18.18%	17.27%	21.26%	19.46%	17.49%	18.69%	19.43%	0.0%
			B																	
Always	282	7430	17887	300	281	21	255	21	231	226	55	10	85	83	94	139	141	154	128	0
	75.60%	69.65%	69.59%	75.76%	72.24%	52.50%	78.22%	46.67%	79.38%	78.75%	65.48%	100.00%	77.27%	75.45%	74.02%	75.14%	77.05%	77.78%	73.14%	0.0%
	BC			BC			F		H	K										
CAHPS Rate (%Always + %Usually)	353	9332	22700	371	360	33	313	32	286	275	76	10	105	102	121	175	173	191	162	0
	94.64%	87.48%	88.32%	93.69%	92.54%	82.50%	96.01%	71.11%	98.28%	95.82%	90.48%	100.00%	95.45%	92.73%	95.28%	94.59%	94.54%	96.46%	92.57%	0.0%
	BC		B	BC	BC		F		H											
3-point composite mean	2.7024	2.5714	2.5791	2.6944	2.6478	2.3500	2.7423	2.1778	2.7766	2.7456	2.5595	3.0000	2.7273	2.6818	2.6929	2.6973	2.7158	2.7424	2.6571	0
	BC			BC	BC		F		H	K										
4-point composite mean	3.6997	3.5609	3.5690	3.6944	3.6452	3.3500	3.7393	3.1556	3.7766	3.7422	3.5595	4.0000	3.7273	3.6818	3.6929	3.6973	3.7104	3.7374	3.6571	0
	BC			BC	BC		F		H	K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

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7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	5 0.91% ABC	2 0.33%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	18 3.35%	614 4.03% D	1843 4.87% BD	13 2.36%	38 6.35% ABD	4 5.88%	12 2.63%	0 0.0%	0 0.0%	14 3.45%	3 2.33%	1 8.33%	3 2.07%	3 1.97%	7 3.35%	9 3.32%	7 2.68%	8 2.73%	10 4.08%	0 0.0%
BASE = Those who responded	520 96.65% E	14635 95.97% CE	36006 95.13%	534 96.74% CE	558 93.31%	64 94.12%	444 97.37%	63 100.00%	358 100.00%	392 96.55%	126 97.67%	11 91.67%	142 97.93%	149 98.03%	202 96.65%	262 96.68%	254 97.32%	285 97.27%	235 95.92%	0 0.0%
None	91 17.50%	3394 23.19% ADE	8747 24.29% ABDE	97 18.16%	105 18.82%	12 18.75%	74 16.67%	0 0.0%	0 0.0%	74 18.88%	17 13.49%	0 0.0%	18 12.68%	27 18.12%	45 22.28% M	52 19.85%	39 15.35%	52 18.25%	39 16.60%	0 0.0%
1 time	105 20.19%	3918 26.77% ADE	9586 26.62% ADE	122 22.85%	122 21.86%	10 15.63%	95 21.40%	9 14.29%	91 25.42% H	85 21.68%	20 15.87%	0 0.0%	25 17.61%	30 20.13%	46 22.77%	46 17.56%	58 22.83%	62 21.75%	43 18.30%	0 0.0%
2	121 23.27%	3356 22.93%	8152 22.64%	124 23.22%	131 23.48%	13 20.31%	106 23.87%	13 20.63%	107 29.89%	99 25.26% K	21 16.67%	2 18.18%	31 21.83%	45 30.20% O	37 18.32%	61 23.28%	58 22.83%	66 23.16%	55 23.40%	0 0.0%
3	71 13.65%	1812 12.38%	4425 12.29%	90 16.85% BC	83 14.87%	10 15.63%	60 13.51%	9 14.29%	61 17.04%	53 13.52%	18 14.29%	3 27.27%	30 21.13% NO	12 8.05%	24 11.88%	37 14.12%	33 12.99%	36 12.63%	35 14.89%	0 0.0%
4	59 11.35% BCD	923 6.31%	2221 6.17%	36 6.74%	47 8.42%	8 12.50%	49 11.04%	9 14.29%	50 13.97%	37 9.44%	22 17.46% J	3 27.27%	20 14.08%	12 8.05%	24 11.88%	28 10.69%	31 12.20%	32 11.23%	27 11.49%	0 0.0%
5 to 9	53 10.19% BC	939 6.42%	2256 6.27%	56 10.49% BC	59 10.57% BC	6 9.38%	46 10.36%	15 23.81% I	38 10.61%	37 9.44%	15 11.90%	2 18.18%	14 9.86%	18 12.08%	17 8.42%	28 10.69%	25 9.84%	24 8.42%	29 12.34%	0 0.0%
10 or more times	20 3.85% BCD	293 2.00% C	619 1.72%	9 1.69%	11 1.97%	5 7.81%	14 3.15%	8 12.70% I	11 3.07%	7 1.79%	13 10.32% J	1 9.09%	4 2.82%	5 3.36%	9 4.46%	10 3.82%	10 3.94%	13 4.56%	7 2.98%	0 0.0%
Average number of times	2.7250 BC	2.0494 C	1.9880	2.4129 BC	2.4579 BC	3.1641	2.6577	4.8095 I	3.0489	2.3890	3.7421 J	4.6818	2.8521	2.6342	2.5718	2.7176	2.7441	2.6684	2.7936	0
Standard deviation	2.7848	2.3195	2.2515	2.3880	2.4625	3.3413	2.6629	3.5939	2.4340	2.3795	3.5855	2.9563	2.5104	2.7652	2.8986	2.8112	2.7764	2.8654	2.6823	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.18%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	27	755	2181	22	45	5	20	2	3	21	5	1	5	7	8	13	12	16	11	0
	5.02%	4.95%	5.76%	3.99%	7.53%	7.35%	4.39%	3.17%	0.84%	5.17%	3.88%	8.33%	3.45%	4.61%	3.83%	4.80%	4.60%	5.46%	4.49%	0.0%
			BD		BD															
Appropriately skipped	91	3394	8747	97	105	12	74	0	0	74	17	0	18	27	45	52	39	52	39	0
	16.91%	22.26%	23.11%	17.57%	17.56%	17.65%	16.23%	0.0%	0.0%	18.23%	13.18%	0.0%	12.41%	17.76%	21.53%	19.19%	14.94%	17.75%	15.92%	0.0%
		ADE	ABDE												M					
BASE = Those who responded	420	11100	26921	432	448	51	362	61	355	311	107	11	122	118	156	206	210	225	195	0
	78.07%	72.79%	71.13%	78.26%	74.92%	75.00%	79.39%	96.83%	99.16%	76.60%	82.95%	91.67%	84.14%	77.63%	74.64%	76.01%	80.46%	76.79%	79.59%	0.0%
	BC	C		BC	C								O							
Yes	306	7925	19026	308	323	34	268	38	266	227	77	9	86	84	115	152	150	161	145	0
	72.86%	71.40%	70.67%	71.30%	72.10%	66.67%	74.03%	62.30%	74.93%	72.99%	71.96%	81.82%	70.49%	71.19%	73.72%	73.79%	71.43%	71.56%	74.36%	0.0%
No	114	3175	7895	124	125	17	94	23	89	84	30	2	36	34	41	54	60	64	50	0
	27.14%	28.60%	29.33%	28.70%	27.90%	33.33%	25.97%	37.70%	25.07%	27.01%	28.04%	18.18%	29.51%	28.81%	26.28%	26.21%	28.57%	28.44%	25.64%	0.0%
3-point composite mean	2.4571	2.4279	2.4135	2.4259	2.4420	2.3333	2.4807	2.2459	2.4986	2.4598	2.4393	2.6364	2.4098	2.4237	2.4744	2.4757	2.4286	2.4311	2.4872	0
									H											
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.18%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	27	752	2199	21	50	5	20	1	3	21	5	1	5	7	10	14	11	17	10	0
	5.02%	4.93%	5.81%	3.80%	8.36%	7.35%	4.39%	1.59%	0.84%	5.17%	3.88%	8.33%	3.45%	4.61%	4.78%	5.17%	4.21%	5.80%	4.08%	0.0%
			BD		ABCD															
Appropriately skipped	91	3394	8747	97	105	12	74	0	0	74	17	0	18	27	45	52	39	52	39	0
	16.91%	22.26%	23.11%	17.57%	17.56%	17.65%	16.23%	0.0%	0.0%	18.23%	13.18%	0.0%	12.41%	17.76%	21.53%	19.19%	14.94%	17.75%	15.92%	0.0%
		ADE	ABDE												M					
BASE = Those who responded	420	11103	26903	433	443	51	362	62	355	311	107	11	122	118	154	205	211	224	196	0
	78.07%	72.81%	71.08%	78.44%	74.08%	75.00%	79.39%	98.41%	99.16%	76.60%	82.95%	91.67%	84.14%	77.63%	73.68%	75.65%	80.84%	76.45%	80.00%	0.0%
	BC	C		BC									O							
Yes	133	3477	8259	127	139	17	114	21	111	87	45	5	34	37	50	68	63	84	49	0
	31.67%	31.32%	30.70%	29.33%	31.38%	33.33%	31.49%	33.87%	31.27%	27.97%	42.06%	45.45%	27.87%	31.36%	32.47%	33.17%	29.86%	37.50%	25.00%	0.0%
											J							S		
No	287	7626	18644	306	304	34	248	41	244	224	62	6	88	81	104	137	148	140	147	0
	68.33%	68.68%	69.30%	70.67%	68.62%	66.67%	68.51%	66.13%	68.73%	72.03%	57.94%	54.55%	72.13%	68.64%	67.53%	66.83%	70.14%	62.50%	75.00%	0.0%
										K									R	
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	30	790	2286	23	51	5	23	1	6	23	6	2	5	8	10	16	12	20	10	0
	5.58%	5.18%	6.04%	4.17%	8.53%	7.35%	5.04%	1.59%	1.68%	5.67%	4.65%	16.67%	3.45%	5.26%	4.78%	5.90%	4.60%	6.83%	4.08%	0.0%
			BD		BCD															
Appropriately skipped	378	11020	27391	403	409	46	322	41	244	298	79	6	106	108	149	189	187	192	186	0
	70.26%	72.27%	72.37%	73.01%	68.39%	67.65%	70.61%	65.08%	68.16%	73.40%	61.24%	50.00%	73.10%	71.05%	71.29%	69.74%	71.65%	65.53%	75.92%	0.0%
		E	E							K									R	
BASE = Those who responded	130	3439	8172	126	138	17	111	21	108	85	44	4	34	36	50	66	62	81	49	0
	24.16%	22.55%	21.59%	22.83%	23.08%	25.00%	24.34%	33.33%	30.17%	20.94%	34.11%	33.33%	23.45%	23.68%	23.92%	24.35%	23.75%	27.65%	20.00%	0.0%
		C									J							S		
Yes	123	3172	7548	116	131	15	106	19	103	82	40	4	33	33	47	62	59	78	45	0
	94.62%	92.24%	92.36%	92.06%	94.93%	88.24%	95.50%	90.48%	95.37%	96.47%	90.91%	100.00%	97.06%	91.67%	94.00%	93.94%	95.16%	96.30%	91.84%	0.0%
No	7	267	624	10	7	2	5	2	5	3	4	0	1	3	3	4	3	3	4	0
	5.38%	7.76%	7.64%	7.94%	5.07%	11.76%	4.50%	9.52%	4.63%	3.53%	9.09%	0.0%	2.94%	8.33%	6.00%	6.06%	4.84%	3.70%	8.16%	0.0%
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	29	799	2312	22	54	5	22	1	5	22	6	2	5	7	10	15	12	19	10	0
	5.39%	5.24%	6.11%	3.99%	9.03%	7.35%	4.82%	1.59%	1.40%	5.42%	4.65%	16.67%	3.45%	4.61%	4.78%	5.54%	4.60%	6.48%	4.08%	0.0%
			BD		ABCD															
Appropriately skipped	378	11020	27391	403	409	46	322	41	244	298	79	6	106	108	149	189	187	192	186	0
	70.26%	72.27%	72.37%	73.01%	68.39%	67.65%	70.61%	65.08%	68.16%	73.40%	61.24%	50.00%	73.10%	71.05%	71.29%	69.74%	71.65%	65.53%	75.92%	0.0%
		E	E							K									R	
BASE = Those who responded	131	3430	8146	127	135	17	112	21	109	86	44	4	34	37	50	67	62	82	49	0
	24.35%	22.49%	21.52%	23.01%	22.58%	25.00%	24.56%	33.33%	30.45%	21.18%	34.11%	33.33%	23.45%	24.34%	23.92%	24.72%	23.75%	27.99%	20.00%	0.0%
		C									J							S		
Yes	89	2286	5440	82	84	11	77	13	76	57	31	2	20	25	39	49	39	56	33	0
	67.94%	66.65%	66.78%	64.57%	62.22%	64.71%	68.75%	61.90%	69.72%	66.28%	70.45%	50.00%	58.82%	67.57%	78.00%	73.13%	62.90%	68.29%	67.35%	0.0%
No	42	1144	2706	45	51	6	35	8	33	29	13	2	14	12	11	18	23	26	16	0
	32.06%	33.35%	33.22%	35.43%	37.78%	35.29%	31.25%	38.10%	30.28%	33.72%	29.55%	50.00%	41.18%	32.43%	22.00%	26.87%	37.10%	31.71%	32.65%	0.0%
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	32	812	2347	23	55	6	24	2	7	24	7	2	7	8	10	18	12	22	10	0
	5.95%	5.32%	6.20%	4.17%	9.20%	8.82%	5.26%	3.17%	1.96%	5.91%	5.43%	16.67%	4.83%	5.26%	4.78%	6.64%	4.60%	7.51%	4.08%	0.0%
			BD		ABCD															
Appropriately skipped	378	11020	27391	403	409	46	322	41	244	298	79	6	106	108	149	189	187	192	186	0
	70.26%	72.27%	72.37%	73.01%	68.39%	67.65%	70.61%	65.08%	68.16%	73.40%	61.24%	50.00%	73.10%	71.05%	71.29%	69.74%	71.65%	65.53%	75.92%	0.0%
		E	E							K									R	
BASE = Those who responded	128	3417	8111	126	134	16	110	20	107	84	43	4	32	36	50	64	62	79	49	0
	23.79%	22.41%	21.43%	22.83%	22.41%	23.53%	24.12%	31.75%	29.89%	20.69%	33.33%	33.33%	22.07%	23.68%	23.92%	23.62%	23.75%	26.96%	20.00%	0.0%
		C									J									
Yes	101	2697	6441	91	106	12	87	16	84	65	35	4	24	27	41	52	48	58	43	0
	78.91%	78.93%	79.41%	72.22%	79.10%	75.00%	79.09%	80.00%	78.50%	77.38%	81.40%	100.00%	75.00%	75.00%	82.00%	81.25%	77.42%	73.42%	87.76%	0.0%
																			R	
No	27	720	1670	35	28	4	23	4	23	19	8	0	8	9	9	12	14	21	6	0
	21.09%	21.07%	20.59%	27.78%	20.90%	25.00%	20.91%	20.00%	21.50%	22.62%	18.60%	0.0%	25.00%	25.00%	18.00%	18.75%	22.58%	26.58%	12.24%	0.0%
																		S		
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	1 0.18%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	26 4.83%	753 4.94%	2165 5.72% BD	19 3.44%	48 8.03% ABCD	6 8.82%	17 3.73%	0 0.0%	0 0.0%	19 4.68%	6 4.65%	1 8.33%	6 4.14%	5 3.29%	10 4.78%	13 4.80%	11 4.21%	16 5.46%	10 4.08%	0 0.0%
Appropriately skipped	91 16.91%	3394 22.26% ADE	8747 23.11% ABDE	97 17.57%	105 17.56%	12 17.65%	74 16.23%	0 0.0%	0 0.0%	74 18.23%	17 13.18%	0 0.0%	18 12.41%	27 17.76%	45 21.53% M	52 19.19%	39 14.94%	52 17.75%	39 15.92%	0 0.0%
BASE = Those who responded	421 78.25% BC	11102 72.80% C	26937 71.17%	435 78.80% BC	445 74.41%	50 73.53%	365 80.04%	63 100.00%	358 100.00%	313 77.09%	106 82.17%	11 91.67%	121 83.45% O	120 78.95%	154 73.68%	206 76.01%	211 80.84%	225 76.79%	196 80.00%	0 0.0%
10 - Best health care possible	224 53.21%	5709 51.42%	13850 51.42%	231 53.10%	231 51.91%	5 10.00%	217 59.45% F	0 0.0%	224 62.57% H	178 56.87% K	45 42.45%	7 63.64%	70 57.85%	62 51.67%	80 51.95%	105 50.97%	118 55.92%	122 54.22%	102 52.04%	0 0.0%
9 -	57 13.54%	2078 18.72% AE	5015 18.62% AE	67 15.40%	52 11.69%	4 8.00%	50 13.70%	0 0.0%	57 15.92% H	43 13.74%	14 13.21%	2 18.18%	15 12.40%	16 13.33%	23 14.94%	29 14.08%	28 13.27%	24 10.67%	33 16.84%	0 0.0%
Top Two Box	281 66.75%	7787 70.14% E	18865 70.03% E	298 68.51%	283 63.60%	9 18.00%	267 73.15% F	0 0.0%	281 78.49% H	221 70.61% K	59 55.66%	9 81.82%	85 70.25%	78 65.00%	103 66.88%	134 65.05%	146 69.19%	146 64.89%	135 68.88%	0 0.0%
8 -	77 18.29%	1923 17.32%	4794 17.80%	67 15.40%	90 20.22%	7 14.00%	69 18.90%	0 0.0%	77 21.51% H	49 15.65%	27 25.47% J	1 9.09%	17 14.05%	25 20.83%	28 18.18%	39 18.93%	35 16.59%	40 17.78%	37 18.88%	0 0.0%
CAHPS Rate (Top Three Box)	358 85.04%	9710 87.46% DE	23659 87.83% DE	365 83.91%	373 83.82%	16 32.00%	336 92.05% F	0 0.0%	358 100.00% H	270 86.26%	86 81.13%	10 90.91%	102 84.30%	103 85.83%	131 85.06%	173 83.98%	181 85.78%	186 82.67%	172 87.76%	0 0.0%
7 -	21 4.99%	680 6.13%	1645 6.11%	33 7.59%	39 8.76% AC	11 22.00% G	10 2.74%	21 33.33% I	0 0.0%	13 4.15%	8 7.55%	0 0.0%	5 4.13%	7 5.83%	7 4.55%	8 3.88%	13 6.16%	12 5.33%	9 4.59%	0 0.0%
6 -	14 3.33%	243 2.19%	585 2.17%	15 3.45%	11 2.47%	7 14.00% G	7 1.92%	14 22.22% I	0 0.0%	11 3.51%	3 2.83%	1 9.09%	7 5.79%	4 3.33%	2 1.30%	6 2.91%	8 3.79%	8 3.56%	6 3.06%	0 0.0%
5 -	22 5.23% BC	280 2.52%	619 2.30%	14 3.22%	15 3.37%	14 28.00% G	8 2.19%	22 34.92% I	0 0.0%	16 5.11%	6 5.66%	0 0.0%	4 3.31%	5 4.17%	12 7.79%	14 6.80%	8 3.79%	15 6.67%	7 3.57%	0 0.0%
4 -	1 0.24%	65 0.59%	140 0.52%	2 0.46%	2 0.45%	0 0.0%	1 0.27%	1 1.59%	0 0.0%	0 0.0%	1 0.94%	0 0.0%	0 0.0%	1 0.83%	0 0.0%	1 0.49%	0 0.0%	1 0.44%	0 0.0%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

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13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
3 -	2	41	86	2	3	0	2	2	0	1	1	0	0	0	2	1	1	1	1	0
	0.48%	0.37%	0.32%	0.46%	0.67%	0.0%	0.55%	3.17%	0.0%	0.32%	0.94%	0.0%	0.0%	0.0%	1.30%	0.49%	0.47%	0.44%	0.51%	0.0%
2 -	1	18	69	2	1	0	1	1	0	0	1	0	1	0	0	1	0	1	0	0
	0.24%	0.16%	0.26%	0.46%	0.22%	0.0%	0.27%	1.59%	0.0%	0.0%	0.94%	0.0%	0.83%	0.0%	0.0%	0.49%	0.0%	0.44%	0.0%	0.0%
1 -	0	24	60	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.22%	0.22%	0.0%	0.22%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AD	AD																	
0 - Worst health care possible	2	41	74	2	0	2	0	2	0	2	0	0	2	0	0	2	0	1	1	0
	0.48%	0.37%	0.27%	0.46%	0.0%	4.00%	0.0%	3.17%	0.0%	0.64%	0.0%	0.0%	1.65%	0.0%	0.0%	0.97%	0.0%	0.44%	0.51%	0.0%
		E	E																	
0-7 (NET)	63	1392	3278	70	72	34	29	63	0	43	20	1	19	17	23	33	30	39	24	0
	14.96%	12.54%	12.17%	16.09%	16.18%	68.00%	7.95%	100.00%	0.0%	13.74%	18.87%	9.09%	15.70%	14.17%	14.94%	16.02%	14.22%	17.33%	12.24%	0.0%
				BC	BC	G		I												
Bottom Three Box	3	83	203	4	2	2	1	3	0	2	1	0	3	0	0	3	0	2	1	0
	0.71%	0.75%	0.75%	0.92%	0.45%	4.00%	0.27%	4.76%	0.0%	0.64%	0.94%	0.0%	2.48%	0.0%	0.0%	1.46%	0.0%	0.89%	0.51%	0.0%
Bottom Two Box	2	65	134	2	1	2	0	2	0	2	0	0	2	0	0	2	0	1	1	0
	0.48%	0.59%	0.50%	0.46%	0.22%	4.00%	0.0%	3.17%	0.0%	0.64%	0.0%	0.0%	1.65%	0.0%	0.0%	0.97%	0.0%	0.44%	0.51%	0.0%
Average rating	8.8409	8.9387	8.9514	8.8690	8.8360	6.6200	9.1397	5.6032	9.4106	8.9425	8.5377	9.2727	8.8430	8.8833	8.8182	8.7087	8.9763	8.7644	8.9286	0
							F		H	K										
Standard deviation	1.6602	1.5249	1.4942	1.6355	1.5543	2.1061	1.3405	1.5070	0.8199	1.6294	1.7221	1.2129	1.9113	1.4559	1.6374	1.8546	1.4455	1.7645	1.5270	0
3-point composite mean	2.5677	2.6373	2.6397	2.6000	2.5618	1.7200	2.6795	1.3333	2.7849	2.6102	2.4434	2.7273	2.5868	2.5667	2.5649	2.5291	2.6114	2.5289	2.6122	0
		AE	AE				F		H	K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	26 4.83%	741 4.86%	2176 5.75% BD	20 3.62%	48 8.03% ABCD	7 10.29%	17 3.73%	1 1.59%	1 0.28%	20 4.93%	5 3.88%	1 8.33%	5 3.45%	6 3.95%	10 4.78%	13 4.80%	11 4.21%	16 5.46%	10 4.08%	0 0.0%
Appropriately skipped	91 16.91%	3394 22.26% ADE	8747 23.11% ABDE	97 17.57%	105 17.56%	12 17.65%	74 16.23%	0 0.0%	0 0.0%	74 18.23%	17 13.18%	0 0.0%	18 12.41%	27 17.76%	45 21.53% M	52 19.19%	39 14.94%	52 17.75%	39 15.92%	0 0.0%
BASE = Those who responded	421 78.25% BC	11114 72.88% C	26926 71.14%	435 78.80% BC	445 74.41%	49 72.06%	365 80.04%	62 98.41%	357 99.72%	312 76.85%	107 82.95%	11 91.67%	122 84.14% O	119 78.29%	154 73.68%	206 76.01%	211 80.84%	225 76.79%	196 80.00%	0 0.0%
Never	3 0.71%	189 1.70% AE	438 1.63% AE	6 1.38%	2 0.45%	1 2.04%	2 0.55%	2 3.23%	1 0.28%	2 0.64%	1 0.93%	0 0.0%	2 1.64%	1 0.84%	0 0.0%	2 0.97%	1 0.47%	1 0.44%	2 1.02%	0 0.0%
Sometimes	30 7.13%	975 8.77% E	2242 8.33% E	32 7.36%	23 5.17%	13 26.53% G	17 4.66%	20 32.26% I	10 2.80%	18 5.77%	12 11.21%	0 0.0%	5 4.10%	10 8.40%	13 8.44%	17 8.25%	13 6.16%	11 4.89%	19 9.69%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	33 7.84%	1164 10.47% AE	2680 9.95% E	38 8.74%	25 5.62%	14 28.57% G	19 5.21%	22 35.48% I	11 3.08%	20 6.41%	13 12.15%	0 0.0%	7 5.74%	11 9.24%	13 8.44%	19 9.22%	14 6.64%	12 5.33%	21 10.71% R	0 0.0%
Usually	83 19.71%	2427 21.84%	5989 22.24%	97 22.30%	98 22.02%	15 30.61%	68 18.63%	21 33.87% I	61 17.09%	52 16.67%	31 28.97% J	1 9.09%	23 18.85%	26 21.85%	30 19.48%	41 19.90%	40 18.96%	50 22.22%	33 16.84%	0 0.0%
Always	305 72.45% BC	7523 67.69%	18257 67.80%	300 68.97%	322 72.36% BC	20 40.82%	278 76.16% F	19 30.65%	285 79.83% H	240 76.92% K	63 58.88%	10 90.91%	92 75.41%	82 68.91%	111 72.08%	146 70.87%	157 74.41%	163 72.44%	142 72.45%	0 0.0%
CAHPS Rate (%Always + %Usually)	388 92.16% B	9950 89.53%	24246 90.05%	397 91.26%	420 94.38% BC	35 71.43%	346 94.79% F	40 64.52%	346 96.92% H	292 93.59%	94 87.85%	11 100.00%	115 94.26%	108 90.76%	141 91.56%	187 90.78%	197 93.36%	213 94.67% S	175 89.29%	0 0.0%
3-point composite mean	2.6461 BC	2.5722	2.5785	2.6023	2.6674 BC	2.1224	2.7096 F	1.9516	2.7675 H	2.7051 K	2.4673	2.9091	2.6967	2.5966	2.6364	2.6165	2.6777	2.6711	2.6173	0
4-point composite mean	3.6390 BC	3.5552	3.5622	3.5885	3.6629 BC	3.1020	3.7041 F	2.9194	3.7647 H	3.6987 K	3.4579	3.9091	3.6803	3.5882	3.6364	3.6068	3.6730	3.6667	3.6071	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	3	186	419	1	31	0	2	0	1	2	1	0	1	0	1	1	2	3	0	0
	0.56%	1.22%	1.11%	0.18%	5.18%	0.0%	0.44%	0.0%	0.28%	0.49%	0.78%	0.0%	0.69%	0.0%	0.48%	0.37%	0.77%	1.02%	0.0%	0.0%
		AD	D		ABCD															
BASE = Those who responded	535	15063	37430	551	567	68	454	63	357	404	128	12	144	152	208	270	259	290	245	0
	99.44%	98.78%	98.89%	99.82%	94.82%	100.00%	99.56%	100.00%	99.72%	99.51%	99.22%	100.00%	99.31%	100.00%	99.52%	99.63%	99.23%	98.98%	100.00%	0.0%
	BE	E	E	BCE																
Yes	494	13310	32908	523	521	62	422	57	337	377	115	12	139	141	184	251	238	261	233	0
	92.34%	88.36%	87.92%	94.92%	91.89%	91.18%	92.95%	90.48%	94.40%	93.32%	89.84%	100.00%	96.53%	92.76%	88.46%	92.96%	91.89%	90.00%	95.10%	0.0%
	BC			BCE	BC								O						R	
No	41	1753	4522	28	46	6	32	6	20	27	13	0	5	11	24	19	21	29	12	0
	7.66%	11.64%	12.08%	5.08%	8.11%	8.82%	7.05%	9.52%	5.60%	6.68%	10.16%	0.0%	3.47%	7.24%	11.54%	7.04%	8.11%	10.00%	4.90%	0.0%
		ADE	ADE		D										M			S		
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	1 0.18%	2 0.33%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	29 5.39% D	645 4.23% D	1568 4.14% D	8 1.45%	53 8.86% ABCD	4 5.88%	24 5.26%	2 3.17%	9 2.51%	19 4.68%	10 7.75%	2 16.67%	8 5.52%	7 4.61%	8 3.83%	19 7.01%	9 3.45%	23 7.85% S	6 2.45%	0 0.0%
Appropriately skipped	41 7.62%	1753 11.50% ADE	4522 11.95% ADE	28 5.07%	46 7.69%	6 8.82%	32 7.02%	6 9.52%	20 5.59%	27 6.65%	13 10.08%	0 0.0%	5 3.45%	11 7.24%	24 11.48% M	19 7.01%	21 8.05%	29 9.90% S	12 4.90%	0 0.0%
BASE = Those who responded	468 86.99% C	12851 84.27%	31759 83.91%	515 93.30% ABCE	497 83.11%	58 85.29%	400 87.72%	55 87.30%	329 91.90%	360 88.67%	106 82.17%	10 83.33%	132 91.03%	134 88.16%	177 84.69%	233 85.98%	231 88.51%	241 82.25%	227 92.65% R	0 0.0%
None	78 16.67%	2440 18.99%	6492 20.44% ABE	97 18.83%	81 16.30%	15 25.86%	60 15.00%	8 14.55%	25 7.60%	65 18.06%	13 12.26%	0 0.0%	13 9.85%	30 22.39% M	35 19.77% M	40 17.17%	38 16.45%	43 17.84%	35 15.42%	0 0.0%
1 time	129 27.56%	4206 32.73% A	10475 32.98% AD	149 28.93%	159 31.99%	13 22.41%	115 28.75%	12 21.82%	96 29.18%	105 29.17%	24 22.64%	2 20.00%	36 27.27%	38 28.36%	51 28.81%	65 27.90%	64 27.71%	68 28.22%	61 26.87%	0 0.0%
2	105 22.44%	3068 23.87%	7414 23.34%	108 20.97%	109 21.93%	14 24.14%	89 22.25%	9 16.36%	86 26.14%	85 23.61%	19 17.92%	0 0.0%	26 19.70%	33 24.63%	38 21.47%	47 20.17%	55 23.81%	52 21.58%	53 23.35%	0 0.0%
3	65 13.89%	1530 11.91%	3676 11.57%	89 17.28% BC	70 14.08%	6 10.34%	58 14.50%	8 14.55%	53 16.11%	46 12.78%	19 17.92%	2 20.00%	29 21.97% NO	14 10.45%	18 10.17%	32 13.73%	32 13.85%	33 13.69%	32 14.10%	0 0.0%
4	38 8.12% C	736 5.73%	1755 5.53%	33 6.41%	32 6.44%	2 3.45%	35 8.75%	4 7.27%	32 9.73%	27 7.50%	10 9.43%	3 30.00%	15 11.36% N	6 4.48%	13 7.34%	20 8.58%	18 7.79%	20 8.30%	18 7.93%	0 0.0%
5 to 9	36 7.69% C	706 5.49%	1617 5.09%	32 6.21%	42 8.45% BC	6 10.34%	28 7.00%	9 16.36%	26 7.90%	26 7.22%	10 9.43%	2 20.00%	10 7.58%	9 6.72%	14 7.91%	21 9.01%	15 6.49%	17 7.05%	19 8.37%	0 0.0%
10 or more times	17 3.63% BCDE	165 1.28% C	330 1.04%	7 1.36%	4 0.80%	2 3.45%	15 3.75%	5 9.09%	11 3.34%	6 1.67%	11 10.38% J	1 10.00%	3 2.27%	4 2.99%	8 4.52%	8 3.43%	9 3.90%	8 3.32%	9 3.96%	0 0.0%
Average	2.4583 BCDE	1.9361 C	1.8513	2.0883 C	2.1308 BC	2.3103	2.4763	3.5545	2.6581	2.1611	3.4575 J	4.6500	2.5947	2.1119	2.4350	2.4979	2.4221	2.3651	2.5573	0
Standard deviation	2.6690	2.0542	1.9699	2.1251	2.0864	2.7913	2.6533	3.5963	2.5248	2.2492	3.5984	3.2561	2.3210	2.5338	2.8715	2.6902	2.6694	2.5990	2.7380	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Child Medicaid Satisfaction Survey (ANTM22492)

17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	32	705	1710	10	57	6	25	4	10	22	10	3	9	7	8	22	9	25	7	0
	5.95%	4.62%	4.52%	1.81%	9.53%	8.82%	5.48%	6.35%	2.79%	5.42%	7.75%	25.00%	6.21%	4.61%	3.83%	8.12%	3.45%	8.53%	2.86%	0.0%
	D	D	D		ABCD											Q		S		
Appropriately skipped	119	4193	11014	125	127	21	92	14	45	92	26	0	18	41	59	59	59	72	47	0
	22.12%	27.50%	29.10%	22.64%	21.24%	30.88%	20.18%	22.22%	12.57%	22.66%	20.16%	0.0%	12.41%	26.97%	28.23%	21.77%	22.61%	24.57%	19.18%	0.0%
		ADE	ABDE											M	M					
BASE = Those who responded	387	10351	25125	417	414	41	339	45	303	292	93	9	118	104	142	190	193	196	191	0
	71.93%	67.88%	66.38%	75.54%	69.23%	60.29%	74.34%	71.43%	84.64%	71.92%	72.09%	75.00%	81.38%	68.42%	67.94%	70.11%	73.95%	66.89%	77.96%	0.0%
	BC	C		BCE			F		H				NO						R	
Never	1	102	274	6	3	1	0	1	0	1	0	0	1	0	0	1	0	1	0	0
	0.26%	0.99%	1.09%	1.44%	0.72%	2.44%	0.0%	2.22%	0.0%	0.34%	0.0%	0.0%	0.85%	0.0%	0.0%	0.53%	0.0%	0.51%	0.0%	0.0%
		A	A																	
Sometimes	14	529	1194	12	11	6	8	8	3	4	10	0	4	4	6	6	8	6	8	0
	3.62%	5.11%	4.75%	2.88%	2.66%	14.63%	2.36%	17.78%	0.99%	1.37%	10.75%	0.0%	3.39%	3.85%	4.23%	3.16%	4.15%	3.06%	4.19%	0.0%
		DE	DE			G		I			J									
Bottom Two Box (%Never + %Sometimes)	15	631	1468	18	14	7	8	9	3	5	10	0	5	4	6	7	8	7	8	0
	3.88%	6.10%	5.84%	4.32%	3.38%	17.07%	2.36%	20.00%	0.99%	1.71%	10.75%	0.0%	4.24%	3.85%	4.23%	3.68%	4.15%	3.57%	4.19%	0.0%
		AE	AE			G		I			J									
Usually	39	1314	3296	51	52	7	32	9	30	26	13	1	8	9	20	25	13	21	18	0
	10.08%	12.69%	13.12%	12.23%	12.56%	17.07%	9.44%	20.00%	9.90%	8.90%	13.98%	11.11%	6.78%	8.65%	14.08%	13.16%	6.74%	10.71%	9.42%	0.0%
			A													Q				
Always	333	8406	20361	348	348	27	299	27	270	261	70	8	105	91	116	158	172	168	165	0
	86.05%	81.21%	81.04%	83.45%	84.06%	65.85%	88.20%	60.00%	89.11%	89.38%	75.27%	88.89%	88.98%	87.50%	81.69%	83.16%	89.12%	85.71%	86.39%	0.0%
	BC						F		H	K										
CAHPS Rate (%Always + %Usually)	372	9720	23657	399	400	34	331	36	300	287	83	9	113	100	136	183	185	189	183	0
	96.12%	93.90%	94.16%	95.68%	96.62%	82.93%	97.64%	80.00%	99.01%	98.29%	89.25%	100.00%	95.76%	96.15%	95.77%	96.32%	95.85%	96.43%	95.81%	0.0%
	BC				BC		F		H	K										
3-point composite mean	2.8217	2.7511	2.7520	2.7914	2.8068	2.4878	2.8584	2.4000	2.8812	2.8767	2.6452	2.8889	2.8475	2.8365	2.7746	2.7947	2.8497	2.8214	2.8220	0
	BC				BC		F		H	K										
4-point composite mean	3.8191	3.7413	3.7411	3.7770	3.7995	3.4634	3.8584	3.3778	3.8812	3.8733	3.6452	3.8889	3.8390	3.8365	3.7746	3.7895	3.8497	3.8163	3.8220	0
	BC				BC		F		H	K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	33 6.13% D	711 4.66% D	1716 4.53% D	9 1.63%	59 9.87% ABCD	6 8.82%	26 5.70%	3 4.76%	11 3.07%	21 5.17%	12 9.30%	3 25.00%	8 5.52%	7 4.61%	10 4.78%	21 7.75%	11 4.21%	25 8.53% S	8 3.27%	0 0.0%
Appropriately skipped	119 22.12%	4193 27.50% ADE	11014 29.10% ABDE	125 22.64%	127 21.24%	21 30.88%	92 20.18%	14 22.22%	45 12.57%	92 22.66%	26 20.16%	0 0.0%	18 12.41%	41 26.97% M	59 28.23% M	59 21.77%	59 22.61%	72 24.57%	47 19.18%	0 0.0%
BASE = Those who responded	386 71.75% BC	10345 67.84% C	25119 66.37%	418 75.72% BCE	412 68.90%	41 60.29%	338 74.12% F	46 73.02%	302 84.36%	293 72.17%	91 70.54%	9 75.00%	119 82.07% NO	104 68.42%	140 66.99%	191 70.48%	191 73.18%	196 66.89%	190 77.55% R	0 0.0%
Never	1 0.26%	60 0.58%	151 0.60%	6 1.44%	3 0.73%	0 0.0%	1 0.30%	1 2.17%	0 0.0%	0 0.0%	1 1.10%	0 0.0%	0 0.0%	0 0.0%	1 0.71%	0 0.0%	1 0.52%	0 0.0%	1 0.53%	0 0.0%
Sometimes	16 4.15%	455 4.40% D	1054 4.20% D	10 2.39%	14 3.40%	6 14.63% G	10 2.96%	7 15.22% I	6 1.99%	7 2.39%	9 9.89% J	0 0.0%	7 5.88%	3 2.88%	5 3.57%	10 5.24%	6 3.14%	6 3.06%	10 5.26%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	17 4.40%	515 4.98%	1205 4.80%	16 3.83%	17 4.13%	6 14.63% G	11 3.25%	8 17.39% I	6 1.99%	7 2.39%	10 10.99% J	0 0.0%	7 5.88%	3 2.88%	6 4.29%	10 5.24%	7 3.66%	6 3.06%	11 5.79%	0 0.0%
Usually	49 12.69%	1270 12.28%	3173 12.63%	45 10.77%	50 12.14%	9 21.95%	40 11.83%	11 23.91%	35 11.59%	30 10.24%	19 20.88% J	1 11.11%	12 10.08%	13 12.50%	23 16.43%	27 14.14%	22 11.52%	25 12.76%	24 12.63%	0 0.0%
Always	320 82.90%	8560 82.75%	20741 82.57%	357 85.41%	345 83.74%	26 63.41%	287 84.91% F	27 58.70%	261 86.42% H	256 87.37% K	62 68.13%	8 88.89%	100 84.03%	88 84.62%	111 79.29%	154 80.63%	162 84.82%	165 84.18%	155 81.58%	0 0.0%
CAHPS Rate (%Always + %Usually)	369 95.60%	9830 95.02%	23914 95.20%	402 96.17%	395 95.87%	35 85.37%	327 96.75% F	38 82.61%	296 98.01% H	286 97.61% K	81 89.01%	9 100.00%	112 94.12%	101 97.12%	134 95.71%	181 94.76%	184 96.34%	190 96.94%	179 94.21%	0 0.0%
3-point composite mean	2.7850	2.7777	2.7777	2.8158	2.7961	2.4878	2.8166 F	2.4130	2.8444 H	2.8498 K	2.5714	2.8889	2.7815	2.8173	2.7500	2.7539	2.8115	2.8112	2.7579	0
4-point composite mean	3.7824	3.7719	3.7717	3.8014	3.7888	3.4878	3.8136 F	3.3913	3.8444 H	3.8498 K	3.5604	3.8889	3.7815	3.8173	3.7429	3.7539	3.8063	3.8112	3.7526	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	30	703	1703	9	58	4	25	2	10	20	10	3	8	7	8	20	9	24	6	0
	5.58%	4.61%	4.50%	1.63%	9.70%	5.88%	5.48%	3.17%	2.79%	4.93%	7.75%	25.00%	5.52%	4.61%	3.83%	7.38%	3.45%	8.19%	2.45%	0.0%
	D	D	D		ABCD											Q		S		
Appropriately skipped	119	4193	11014	125	127	21	92	14	45	92	26	0	18	41	59	59	59	72	47	0
	22.12%	27.50%	29.10%	22.64%	21.24%	30.88%	20.18%	22.22%	12.57%	22.66%	20.16%	0.0%	12.41%	26.97%	28.23%	21.77%	22.61%	24.57%	19.18%	0.0%
		ADE	ABDE											M	M					
BASE = Those who responded	389	10353	25132	418	413	43	339	47	303	294	93	9	119	104	142	192	193	197	192	0
	72.30%	67.89%	66.40%	75.72%	69.06%	63.24%	74.34%	74.60%	84.64%	72.41%	72.09%	75.00%	82.07%	68.42%	67.94%	70.85%	73.95%	67.24%	78.37%	0.0%
	BC	C		BCE									NO						R	
Never	3	57	147	6	4	0	3	2	1	0	3	0	2	0	1	2	1	1	2	0
	0.77%	0.55%	0.58%	1.44%	0.97%	0.0%	0.88%	4.26%	0.33%	0.0%	3.23%	0.0%	1.68%	0.0%	0.70%	1.04%	0.52%	0.51%	1.04%	0.0%
Sometimes	6	323	775	9	12	2	4	4	2	2	4	0	3	2	1	5	1	2	4	0
	1.54%	3.12%	3.08%	2.15%	2.91%	4.65%	1.18%	8.51%	0.66%	0.68%	4.30%	0.0%	2.52%	1.92%	0.70%	2.60%	0.52%	1.02%	2.08%	0.0%
		A	A																	
Bottom Two Box (%Never + %Sometimes)	9	380	922	15	16	2	7	6	3	2	7	0	5	2	2	7	2	3	6	0
	2.31%	3.67%	3.67%	3.59%	3.87%	4.65%	2.06%	12.77%	0.99%	0.68%	7.53%	0.0%	4.20%	1.92%	1.41%	3.65%	1.04%	1.52%	3.13%	0.0%
								I			J									
Usually	41	1020	2512	39	32	10	31	11	28	27	14	1	10	9	19	19	22	24	17	0
	10.54%	9.85%	10.00%	9.33%	7.75%	23.26%	9.14%	23.40%	9.24%	9.18%	15.05%	11.11%	8.40%	8.65%	13.38%	9.90%	11.40%	12.18%	8.85%	0.0%
						G		I												
Always	339	8953	21698	364	365	31	301	30	272	265	72	8	104	93	121	166	169	170	169	0
	87.15%	86.48%	86.34%	87.08%	88.38%	72.09%	88.79%	63.83%	89.77%	90.14%	77.42%	88.89%	87.39%	89.42%	85.21%	86.46%	87.56%	86.29%	88.02%	0.0%
							F		H	K										
CAHPS Rate (%Always + %Usually)	380	9973	24210	403	397	41	332	41	300	292	86	9	114	102	140	185	191	194	186	0
	97.69%	96.33%	96.33%	96.41%	96.13%	95.35%	97.94%	87.23%	99.01%	99.32%	92.47%	100.00%	95.80%	98.08%	98.59%	96.35%	98.96%	98.48%	96.88%	0.0%
									H	K										
3-point composite mean	2.8483	2.8281	2.8267	2.8349	2.8450	2.6744	2.8673	2.5106	2.8878	2.8946	2.6989	2.8889	2.8319	2.8750	2.8380	2.8281	2.8653	2.8477	2.8490	0
							F		H	K										
4-point composite mean	3.8406	3.8226	3.8208	3.8206	3.8354	3.6744	3.8584	3.4681	3.8845	3.8946	3.6667	3.8889	3.8151	3.8750	3.8310	3.8177	3.8601	3.8426	3.8385	0
							F		H	K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

20. Is your child able to talk with doctors about his or her health care?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	34	769	1882	9	59	4	29	2	13	22	12	3	9	7	10	20	13	26	8	0
	6.32%	5.04%	4.97%	1.63%	9.87%	5.88%	6.36%	3.17%	3.63%	5.42%	9.30%	25.00%	6.21%	4.61%	4.78%	7.38%	4.98%	8.87%	3.27%	0.0%
	D	D	D		ABCD													S		
Appropriately skipped	119	4193	11014	125	127	21	92	14	45	92	26	0	18	41	59	59	59	72	47	0
	22.12%	27.50%	29.10%	22.64%	21.24%	30.88%	20.18%	22.22%	12.57%	22.66%	20.16%	0.0%	12.41%	26.97%	28.23%	21.77%	22.61%	24.57%	19.18%	0.0%
		ADE	ABDE											M	M					
BASE = Those who responded	385	10287	24953	418	412	43	335	47	300	292	91	9	118	104	140	192	189	195	190	0
	71.56%	67.46%	65.93%	75.72%	68.90%	63.24%	73.46%	74.60%	83.80%	71.92%	70.54%	75.00%	81.38%	68.42%	66.99%	70.85%	72.41%	66.55%	77.55%	0.0%
	BC	C		BCE									NO						R	
Yes	271	6928	16958	278	294	32	237	28	212	201	69	0	37	89	136	136	133	128	143	0
	70.39%	67.35%	67.96%	66.51%	71.36%	74.42%	70.75%	59.57%	70.67%	68.84%	75.82%	0.0%	31.36%	85.58%	97.14%	70.83%	70.37%	65.64%	75.26%	0.0%
														M	MN				R	
No	114	3359	7995	140	118	11	98	19	88	91	22	9	81	15	4	56	56	67	47	0
	29.61%	32.65%	32.04%	33.49%	28.64%	25.58%	29.25%	40.43%	29.33%	31.16%	24.18%	100.00%	68.64%	14.42%	2.86%	29.17%	29.63%	34.36%	24.74%	0.0%
													NO	O				S		
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	36 6.69% D	851 5.58% D	2065 5.46% D	15 2.72%	62 10.37% ABCD	4 5.88%	31 6.80%	2 3.17%	15 4.19%	24 5.91%	12 9.30%	3 25.00%	10 6.90%	7 4.61%	11 5.26%	22 8.12%	13 4.98%	28 9.56% S	8 3.27%	0 0.0%
Appropriately skipped	233 43.31%	7552 49.52% AE	19009 50.22% AE	265 48.01% E	245 40.97%	32 47.06%	190 41.67%	33 52.38% I	133 37.15%	183 45.07%	48 37.21%	9 75.00%	99 68.28% NO	56 36.84%	63 30.14%	115 42.44%	115 44.06%	139 47.44% S	94 38.37%	0 0.0%
BASE = Those who responded	269 50.00% BC	6846 44.89%	16775 44.32%	272 49.28% BC	291 48.66% C	32 47.06%	235 51.54%	28 44.44%	210 58.66% H	199 49.01%	69 53.49%	0 0.0%	36 24.83%	89 58.55% M	135 64.59% M	134 49.45%	133 50.96%	126 43.00%	143 58.37% R	0 0.0%
Never	4 1.49%	92 1.34%	193 1.15%	5 1.84%	7 2.41%	3 9.38%	1 0.43%	3 10.71%	0 0.0%	2 1.01%	2 2.90%	0 0.0%	2 5.56%	1 1.12%	1 0.74%	2 1.49%	2 1.50%	3 2.38%	1 0.70%	0 0.0%
Sometimes	17 6.32%	432 6.31%	977 5.82%	26 9.56% C	17 5.84%	3 9.38%	14 5.96%	4 14.29%	13 6.19%	12 6.03%	5 7.25%	0 0.0%	5 13.89%	7 7.87%	4 2.96%	8 5.97%	9 6.77%	6 4.76%	11 7.69%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	21 7.81%	524 7.65%	1170 6.97%	31 11.40% C	24 8.25%	6 18.75%	15 6.38%	7 25.00%	13 6.19%	14 7.04%	7 10.14%	0 0.0%	7 19.44% O	8 8.99%	5 3.70%	10 7.46%	11 8.27%	9 7.14%	12 8.39%	0 0.0%
Usually	46 17.10%	1172 17.12%	3011 17.95%	43 15.81%	46 15.81%	11 34.38% G	35 14.89%	8 28.57%	34 16.19%	30 15.08%	16 23.19%	0 0.0%	2 5.56%	19 21.35% M	23 17.04% M	23 17.16%	23 17.29%	20 15.87%	26 18.18%	0 0.0%
Always	202 75.09%	5150 75.23%	12594 75.08%	198 72.79%	221 75.95%	15 46.88%	185 78.72% F	13 46.43%	163 77.62%	155 77.89%	46 66.67%	0 0.0%	27 75.00%	62 69.66%	107 79.26%	101 75.37%	99 74.44%	97 76.98%	105 73.43%	0 0.0%
CAHPS Rate (%Always + %Usually)	248 92.19%	6322 92.35%	15605 93.03% D	241 88.60%	267 91.75%	26 81.25%	220 93.62%	21 75.00%	197 93.81%	185 92.96%	62 89.86%	0 0.0%	29 80.56%	81 91.01%	130 96.30% M	124 92.54%	122 91.73%	117 92.86%	131 91.61%	0 0.0%
3-point composite mean	2.6729	2.6757	2.6810	2.6140	2.6770	2.2813	2.7234 F	2.2143	2.7143	2.7085	2.5652	0	2.5556	2.6067	2.7556	2.6791	2.6617	2.6984	2.6503	0
4-point composite mean	3.6580	3.6623	3.6695	3.5956	3.6529	3.1875	3.7191 F	3.1071	3.7143	3.6985	3.5362	0	3.5000	3.5955	3.7481	3.6642	3.6466	3.6746	3.6434	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	31	743	1813	11	59	4	26	2	11	21	10	3	9	7	8	21	9	24	7	0
	5.76%	4.87%	4.79%	1.99%	9.87%	5.88%	5.70%	3.17%	3.07%	5.17%	7.75%	25.00%	6.21%	4.61%	3.83%	7.75%	3.45%	8.19%	2.86%	0.0%
	D	D	D		ABCD											Q		S		
Appropriately skipped	119	4193	11014	125	127	21	92	14	45	92	26	0	18	41	59	59	59	72	47	0
	22.12%	27.50%	29.10%	22.64%	21.24%	30.88%	20.18%	22.22%	12.57%	22.66%	20.16%	0.0%	12.41%	26.97%	28.23%	21.77%	22.61%	24.57%	19.18%	0.0%
		ADE	ABDE											M	M					
BASE = Those who responded	388	10313	25022	416	412	43	338	47	302	293	93	9	118	104	142	191	193	197	191	0
	72.12%	67.63%	66.11%	75.36%	68.90%	63.24%	74.12%	74.60%	84.36%	72.17%	72.09%	75.00%	81.38%	68.42%	67.94%	70.48%	73.95%	67.24%	77.96%	0.0%
	BC	C		BCE									NO						R	
Never	6	216	495	4	5	1	5	4	2	3	3	0	2	3	1	1	5	2	4	0
	1.55%	2.09%	1.98%	0.96%	1.21%	2.33%	1.48%	8.51%	0.66%	1.02%	3.23%	0.0%	1.69%	2.88%	0.70%	0.52%	2.59%	1.02%	2.09%	0.0%
		D	D																	
Sometimes	24	919	2124	28	20	11	13	10	12	13	11	0	8	7	8	16	8	9	15	0
	6.19%	8.91%	8.49%	6.73%	4.85%	25.58%	3.85%	21.28%	3.97%	4.44%	11.83%	0.0%	6.78%	6.73%	5.63%	8.38%	4.15%	4.57%	7.85%	0.0%
		AE	E			G		I			J									
Bottom Two Box (%Never + %Sometimes)	30	1135	2619	32	25	12	18	14	14	16	14	0	10	10	9	17	13	11	19	0
	7.73%	11.01%	10.47%	7.69%	6.07%	27.91%	5.33%	29.79%	4.64%	5.46%	15.05%	0.0%	8.47%	9.62%	6.34%	8.90%	6.74%	5.58%	9.95%	0.0%
		ADE	ADE			G		I			J									
Usually	60	2100	5219	76	65	9	50	11	42	37	23	0	19	12	25	29	29	35	25	0
	15.46%	20.36%	20.86%	18.27%	15.78%	20.93%	14.79%	23.40%	13.91%	12.63%	24.73%	0.0%	16.10%	11.54%	17.61%	15.18%	15.03%	17.77%	13.09%	0.0%
		AE	AE								J									
Always	298	7078	17184	308	322	22	270	22	246	240	56	9	89	82	108	145	151	151	147	0
	76.80%	68.63%	68.68%	74.04%	78.16%	51.16%	79.88%	46.81%	81.46%	81.91%	60.22%	100.00%	75.42%	78.85%	76.06%	75.92%	78.24%	76.65%	76.96%	0.0%
	BC			BC	BC		F		H	K										
CAHPS Rate (%Always + %Usually)	358	9178	22403	384	387	31	320	33	288	277	79	9	108	94	133	174	180	186	172	0
	92.27%	88.99%	89.53%	92.31%	93.93%	72.09%	94.67%	70.21%	95.36%	94.54%	84.95%	100.00%	91.53%	90.38%	93.66%	91.10%	93.26%	94.42%	90.05%	0.0%
	BC			BC	BC		F		H	K										
3-point composite mean	2.6907	2.5763	2.5821	2.6635	2.7209	2.2326	2.7456	2.1702	2.7682	2.7645	2.4516	3.0000	2.6695	2.6923	2.6972	2.6702	2.7150	2.7107	2.6702	0
	BC			BC	BC		F		H	K										
4-point composite mean	3.6753	3.5553	3.5623	3.6538	3.7087	3.2093	3.7308	3.0851	3.7616	3.7543	3.4194	4.0000	3.6525	3.6635	3.6901	3.6649	3.6891	3.7005	3.6492	0
	BC			BC	BC		F		H	K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	34	736	1801	10	62	7	26	4	11	22	12	3	8	8	10	21	12	25	9	0
	6.32%	4.83%	4.76%	1.81%	10.37%	10.29%	5.70%	6.35%	3.07%	5.42%	9.30%	25.00%	5.52%	5.26%	4.78%	7.75%	4.60%	8.53%	3.67%	0.0%
	D	D	D		ABCD													S		
Appropriately skipped	119	4193	11014	125	127	21	92	14	45	92	26	0	18	41	59	59	59	72	47	0
	22.12%	27.50%	29.10%	22.64%	21.24%	30.88%	20.18%	22.22%	12.57%	22.66%	20.16%	0.0%	12.41%	26.97%	28.23%	21.77%	22.61%	24.57%	19.18%	0.0%
		ADE	ABDE											M	M					
BASE = Those who responded	385	10320	25034	417	409	40	338	45	302	292	91	9	119	103	140	191	190	196	189	0
	71.56%	67.68%	66.14%	75.54%	68.39%	58.82%	74.12%	71.43%	84.36%	71.92%	70.54%	75.00%	82.07%	67.76%	66.99%	70.48%	72.80%	66.89%	77.14%	0.0%
	BC	C		BCE			F		H				NO						R	
Yes	351	9181	22128	387	364	32	312	36	278	275	74	9	111	90	128	180	167	171	180	0
	91.17%	88.96%	88.39%	92.81%	89.00%	80.00%	92.31%	80.00%	92.05%	94.18%	81.32%	100.00%	93.28%	87.38%	91.43%	94.24%	87.89%	87.24%	95.24%	0.0%
				BC						K						Q			R	
No	34	1139	2906	30	45	8	26	9	24	17	17	0	8	13	12	11	23	25	9	0
	8.83%	11.04%	11.61%	7.19%	11.00%	20.00%	7.69%	20.00%	7.95%	5.82%	18.68%	0.0%	6.72%	12.62%	8.57%	5.76%	12.11%	12.76%	4.76%	0.0%
		D	D								J						P	S		
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

	2017 Plan Results																			
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.18%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	31	759	1840	10	64	5	25	3	10	21	10	3	8	7	8	21	9	25	6	0
	5.76%	4.98%	4.86%	1.81%	10.70%	7.35%	5.48%	4.76%	2.79%	5.17%	7.75%	25.00%	5.52%	4.61%	3.83%	7.75%	3.45%	8.53%	2.45%	0.0%
	D	D	D		ABCD											Q		S		
Appropriately skipped	119	4193	11014	125	127	21	92	14	45	92	26	0	18	41	59	59	59	72	47	0
	22.12%	27.50%	29.10%	22.64%	21.24%	30.88%	20.18%	22.22%	12.57%	22.66%	20.16%	0.0%	12.41%	26.97%	28.23%	21.77%	22.61%	24.57%	19.18%	0.0%
		ADE	ABDE											M	M					
BASE = Those who responded	388	10297	24995	416	407	42	339	46	303	293	93	9	119	104	142	191	193	196	192	0
	72.12%	67.53%	66.04%	75.36%	68.06%	61.76%	74.34%	73.02%	84.64%	72.17%	72.09%	75.00%	82.07%	68.42%	67.94%	70.48%	73.95%	66.89%	78.37%	0.0%
	BC	C		BCE			F		H				NO						R	
Yes	208	4271	10491	206	199	25	179	31	157	159	48	7	67	50	75	99	107	112	96	0
	53.61%	41.48%	41.97%	49.52%	48.89%	59.52%	52.80%	67.39%	51.82%	54.27%	51.61%	77.78%	56.30%	48.08%	52.82%	51.83%	55.44%	57.14%	50.00%	0.0%
	BC			BC	BC			I												
No	180	6026	14504	210	208	17	160	15	146	134	45	2	52	54	67	92	86	84	96	0
	46.39%	58.52%	58.03%	50.48%	51.11%	40.48%	47.20%	32.61%	48.18%	45.73%	48.39%	22.22%	43.70%	51.92%	47.18%	48.17%	44.56%	42.86%	50.00%	0.0%
		ADE	ADE						H											
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

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25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	36 6.69% D	857 5.62% D	2060 5.44% D	15 2.72%	67 11.20% ABCD	5 7.35%	30 6.58%	3 4.76%	14 3.91%	25 6.16%	11 8.53%	3 25.00%	9 6.21%	8 5.26%	10 4.78%	23 8.49%	12 4.60%	29 9.90% S	7 2.86%	0 0.0%
Appropriately skipped	299 55.58%	10219 67.01% ADE	25518 67.42% ADE	335 60.69%	335 56.02%	38 55.88%	252 55.26%	29 46.03%	191 53.35%	226 55.67%	71 55.04%	2 16.67%	70 48.28%	95 62.50% M	126 60.29% M	151 55.72%	145 55.56%	156 53.24%	143 58.37%	0 0.0%
BASE = Those who responded	203 37.73% BC	4173 27.37%	10271 27.14%	202 36.59% BC	196 32.78% BC	25 36.76%	174 38.16%	31 49.21%	153 42.74%	155 38.18%	47 36.43%	7 58.33%	66 45.52% NO	49 32.24%	73 34.93%	97 35.79%	104 39.85%	108 36.86%	95 38.78%	0 0.0%
Never	9 4.43%	224 5.37%	593 5.77%	11 5.45%	11 5.61%	3 12.00%	6 3.45%	4 12.90%	4 2.61%	6 3.87%	3 6.38%	0 0.0%	2 3.03%	2 4.08%	5 6.85%	2 2.06%	7 6.73%	6 5.56%	3 3.16%	0 0.0%
Sometimes	22 10.84%	533 12.77%	1264 12.31%	23 11.39%	23 11.73%	3 12.00%	19 10.92%	3 9.68%	18 11.76%	14 9.03%	8 17.02%	0 0.0%	7 10.61%	5 10.20%	10 13.70%	12 12.37%	10 9.62%	8 7.41%	14 14.74%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	31 15.27%	757 18.14%	1857 18.08%	34 16.83%	34 17.35%	6 24.00%	25 14.37%	7 22.58%	22 14.38%	20 12.90%	11 23.40%	0 0.0%	9 13.64%	7 14.29%	15 20.55%	14 14.43%	17 16.35%	14 12.96%	17 17.89%	0 0.0%
Usually	52 25.62%	958 22.96%	2438 23.74%	44 21.78%	47 23.98%	10 40.00%	40 22.99%	8 25.81%	39 25.49%	36 23.23%	16 34.04%	0 0.0%	18 27.27%	14 28.57%	15 20.55%	31 31.96% Q	20 19.23%	27 25.00%	25 26.32%	0 0.0%
Always	120 59.11%	2458 58.90%	5976 58.18%	124 61.39%	115 58.67%	9 36.00%	109 62.64%	16 51.61%	92 60.13%	99 63.87% K	20 42.55%	7 100.00%	39 59.09%	28 57.14%	43 58.90%	52 53.61%	67 64.42%	67 62.04%	53 55.79%	0 0.0%
CAHPS Rate (%Always + %Usually)	172 84.73%	3416 81.86%	8414 81.92%	168 83.17%	162 82.65%	19 76.00%	149 85.63%	24 77.42%	131 85.62%	135 87.10%	36 76.60%	7 100.00%	57 86.36%	42 85.71%	58 79.45%	83 85.57%	87 83.65%	94 87.04%	78 82.11%	0 0.0%
3-point composite mean	2.4384	2.4076	2.4010	2.4455	2.4133	2.1200	2.4828	2.2903	2.4575	2.5097 K	2.1915	3.0000	2.4545	2.4286	2.3836	2.3918	2.4808	2.4907	2.3789	0
4-point composite mean	3.3941	3.3539	3.3433	3.3911	3.3571	3.0000	3.4483	3.1613	3.4314	3.4710 K	3.1277	4.0000	3.4242	3.3878	3.3151	3.3711	3.4135	3.4352	3.3474	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.17%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	25 4.65% D	487 3.19% D	1198 3.17% D	7 1.27%	59 9.87% ABCD	5 7.35%	17 3.73%	3 4.76%	8 2.23%	17 4.19%	8 6.20%	1 8.33%	6 4.14%	6 3.95%	8 3.83%	14 5.17%	11 4.21%	23 7.85% S	2 0.82%	0 0.0%
Appropriately skipped	41 7.62%	1753 11.50% ADE	4522 11.95% ADE	28 5.07%	46 7.69%	6 8.82%	32 7.02%	6 9.52%	20 5.59%	27 6.65%	13 10.08%	0 0.0%	5 3.45%	11 7.24%	24 11.48% M	19 7.01%	21 8.05%	29 9.90% S	12 4.90%	0 0.0%
BASE = Those who responded	472 87.73% CE	13009 85.31%	32129 84.89%	517 93.66% ABCE	492 82.27%	57 83.82%	407 89.25%	54 85.71%	330 92.18%	362 89.16%	108 83.72%	11 91.67%	134 92.41% O	135 88.82%	177 84.69%	238 87.82%	229 87.74%	241 82.25%	231 94.29% R	0 0.0%
10 - Best personal doctor possible	297 62.92%	7718 59.33%	18949 58.98%	311 60.15%	304 61.79%	22 38.60%	271 66.58% F	14 25.93%	231 70.00% H	237 65.47% K	59 54.63%	7 63.64%	89 66.42%	77 57.04%	113 63.84%	146 61.34%	149 65.07%	158 65.56%	139 60.17%	0 0.0%
9 -	50 10.59%	2134 16.40% AE	5398 16.80% AE	75 14.51%	65 13.21%	4 7.02%	45 11.06%	3 5.56%	37 11.21%	41 11.33%	9 8.33%	1 9.09%	12 8.96%	17 12.59%	19 10.73%	24 10.08%	25 10.92%	22 9.13%	28 12.12%	0 0.0%
Top Two Box	347 73.52%	9852 75.73%	24347 75.78%	386 74.66%	369 75.00%	26 45.61%	316 77.64% F	17 31.48%	268 81.21% H	278 76.80% K	68 62.96%	8 72.73%	101 75.37%	94 69.63%	132 74.58%	170 71.43%	174 75.98%	180 74.69%	167 72.29%	0 0.0%
8 -	70 14.83%	1809 13.91%	4457 13.87%	67 12.96%	61 12.40%	9 15.79%	60 14.74%	10 18.52%	47 14.24%	51 14.09%	19 17.59%	3 27.27%	16 11.94%	23 17.04%	26 14.69%	40 16.81%	29 12.66%	34 14.11%	36 15.58%	0 0.0%
CAHPS Rate (Top Three Box)	417 88.35%	11661 89.64%	28804 89.65%	453 87.62%	430 87.40%	35 61.40%	376 92.38% F	27 50.00%	315 95.45% H	329 90.88% K	87 80.56%	11 100.00%	117 87.31%	117 86.67%	158 89.27%	210 88.24%	203 88.65%	214 88.80%	203 87.88%	0 0.0%
7 -	16 3.39%	601 4.62%	1553 4.83%	22 4.26%	35 7.11% AB	4 7.02%	11 2.70%	7 12.96% I	6 1.82%	11 3.04%	4 3.70%	0 0.0%	6 4.48%	3 2.22%	6 3.39%	8 3.36%	7 3.06%	4 1.66%	12 5.19% R	0 0.0%
6 -	13 2.75%	264 2.03%	592 1.84%	12 2.32%	9 1.83%	8 14.04% G	4 0.98%	8 14.81% I	1 0.30%	6 1.66%	7 6.48%	0 0.0%	3 2.24%	7 5.19%	3 1.69%	8 3.36%	5 2.18%	6 2.49%	7 3.03%	0 0.0%
5 -	18 3.81% BCE	268 2.06%	662 2.06%	13 2.51%	7 1.42%	8 14.04% G	10 2.46%	8 14.81% I	6 1.82%	11 3.04%	7 6.48%	0 0.0%	7 5.22%	6 4.44%	5 2.82%	7 2.94%	11 4.80%	12 4.98%	6 2.60%	0 0.0%
4 -	4 0.85%	66 0.51%	166 0.52%	7 1.35%	7 1.42%	1 1.75%	3 0.74%	2 3.70%	1 0.30%	3 0.83%	1 0.93%	0 0.0%	1 0.75%	1 0.74%	2 1.13%	3 1.26%	1 0.44%	3 1.24%	1 0.43%	0 0.0%
3 -	1 0.21%	48 0.37%	122 0.38%	5 0.97%	1 0.20%	0 0.0%	1 0.25%	0 0.0%	0 0.0%	1 0.28%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.56%	1 0.42%	0 0.0%	1 0.41%	0 0.0%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
2 -	0	35	89	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.27% AE	0.28% AE	0.39%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1 -	3	35	70	2	2	1	2	2	1	1	2	0	0	1	2	1	2	1	2	0
	0.64%	0.27%	0.22%	0.39%	0.41%	1.75%	0.49%	3.70%	0.30%	0.28%	1.85%	0.0%	0.0%	0.74%	1.13%	0.42%	0.87%	0.41%	0.87%	0.0%
0 - Worst personal doctor possible	0	31	71	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.24% A	0.22% A	0.19%	0.20%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0-7 (NET)	55	1348	3325	64	62	22	31	27	15	33	21	0	17	18	19	28	26	27	28	0
	11.65%	10.36%	10.35%	12.38%	12.60%	38.60% G	7.62%	50.00% I	4.55%	9.12%	19.44% J	0.0%	12.69%	13.33%	10.73%	11.76%	11.35%	11.20%	12.12%	0.0%
Bottom Three Box	3	101	230	5	3	1	2	2	1	1	2	0	0	1	2	1	2	1	2	0
	0.64%	0.78%	0.72%	0.97%	0.61%	1.75%	0.49%	3.70%	0.30%	0.28%	1.85%	0.0%	0.0%	0.74%	1.13%	0.42%	0.87%	0.41%	0.87%	0.0%
Bottom Two Box	3	66	141	3	3	1	2	2	1	1	2	0	0	1	2	1	2	1	2	0
	0.64%	0.51%	0.44%	0.58%	0.61%	1.75%	0.49%	3.70%	0.30%	0.28%	1.85%	0.0%	0.0%	0.74%	1.13%	0.42%	0.87%	0.41%	0.87%	0.0%
Average rating	9.0720	9.1092	9.1114	9.0155	9.1057	7.8772	9.2457 F	7.2963	9.4000 H	9.2017 K	8.6481	9.3636	9.1418	8.9259	9.0791	9.0378	9.1135	9.0871	9.0563	0
Standard deviation	1.5687	1.4745	1.4577	1.6712	1.5037	2.1527	1.3892	2.2495	1.1589	1.4125	1.9451	0.8814	1.4719	1.6313	1.6517	1.5566	1.5874	1.6132	1.5208	0
3-point composite mean	2.6525	2.6999	2.7026	2.6654	2.6951	2.1404	2.7273 F	1.9444	2.7848 H	2.7072 K	2.4722	2.7273	2.6716	2.5852	2.6723	2.6303	2.6769	2.6515	2.6537	0
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments for your child to see a specialist?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.36%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	8	130	329	1	49	0	8	1	3	5	3	0	3	3	2	1	7	6	2	0
	1.49%	0.85%	0.87%	0.18%	8.19%	0.0%	1.75%	1.59%	0.84%	1.23%	2.33%	0.0%	2.07%	1.97%	0.96%	0.37%	2.68%	2.05%	0.82%	0.0%
	D	D	D		ABCD		F										P			
BASE = Those who responded	530	15119	37520	549	549	68	448	62	355	401	126	12	142	149	207	270	254	287	243	0
	98.51%	99.15%	99.13%	99.46%	91.81%	100.00%	98.25%	98.41%	99.16%	98.77%	97.67%	100.00%	97.93%	98.03%	99.04%	99.63%	97.32%	97.95%	99.18%	0.0%
	E	E	E	E		G										Q				
Yes	130	3301	8336	149	137	20	109	22	88	87	42	2	30	39	54	62	66	76	54	0
	24.53%	21.83%	22.22%	27.14%	24.95%	29.41%	24.33%	35.48%	24.79%	21.70%	33.33%	16.67%	21.13%	26.17%	26.09%	22.96%	25.98%	26.48%	22.22%	0.0%
				BC							J									
No	400	11818	29184	400	412	48	339	40	267	314	84	10	112	110	153	208	188	211	189	0
	75.47%	78.17%	77.78%	72.86%	75.05%	70.59%	75.67%	64.52%	75.21%	78.30%	66.67%	83.33%	78.87%	73.83%	73.91%	77.04%	74.02%	73.52%	77.78%	0.0%
		D	D							K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	9 1.67%	195 1.28%	482 1.27%	6 1.09%	55 9.20% ABCD	0 0.0%	9 1.97% F	1 1.59%	3 0.84%	5 1.23%	4 3.10%	0 0.0%	3 2.07%	4 2.63%	2 0.96%	2 0.74%	7 2.68%	7 2.39%	2 0.82%	0 0.0%
Appropriately skipped	400 74.35% E	11818 77.50% DE	29184 77.11% DE	400 72.46%	412 68.90%	48 70.59%	339 74.34%	40 63.49%	267 74.58%	314 77.34% K	84 65.12%	10 83.33%	112 77.24%	110 72.37%	153 73.21%	208 76.75%	188 72.03%	211 72.01%	189 77.14%	0 0.0%
BASE = Those who responded	129 23.98%	3236 21.22%	8183 21.62%	146 26.45% BC	131 21.91%	20 29.41%	108 23.68%	22 34.92%	88 24.58%	87 21.43%	41 31.78% J	2 16.67%	30 20.69%	38 25.00%	54 25.84%	61 22.51%	66 25.29%	75 25.60%	54 22.04%	0 0.0%
Never	6 4.65%	138 4.26% E	318 3.89% E	8 5.48%	2 1.53%	3 15.00%	3 2.78%	1 4.55%	5 5.68%	3 3.45%	3 7.32%	0 0.0%	0 0.0%	2 5.26%	4 7.41% M	3 4.92%	3 4.55%	3 4.00%	3 5.56%	0 0.0%
Sometimes	8 6.20%	478 14.77% A	1229 15.02% A	16 10.96%	20 15.27% A	3 15.00%	5 4.63%	5 22.73%	2 2.27%	5 5.75%	3 7.32%	0 0.0%	3 10.00%	2 5.26%	2 3.70%	3 4.92%	5 7.58%	2 2.67%	6 11.11%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	14 10.85%	616 19.04% A	1547 18.91% A	24 16.44%	22 16.79%	6 30.00%	8 7.41%	6 27.27%	7 7.95%	8 9.20%	6 14.63%	0 0.0%	3 10.00%	4 10.53%	6 11.11%	6 9.84%	8 12.12%	5 6.67%	9 16.67%	0 0.0%
Usually	33 25.58%	715 22.10%	1891 23.11%	36 24.66%	26 19.85%	9 45.00%	24 22.22%	9 40.91%	20 22.73%	19 21.84%	14 34.15%	0 0.0%	6 20.00%	9 23.68%	15 27.78%	18 29.51%	15 22.73%	22 29.33%	11 20.37%	0 0.0%
Always	82 63.57%	1905 58.87%	4745 57.99%	86 58.90%	83 63.36%	5 25.00%	76 70.37%	7 31.82%	61 69.32%	60 68.97%	21 51.22%	2 100.00%	21 70.00%	25 65.79%	33 61.11%	37 60.66%	43 65.15%	48 64.00%	34 62.96%	0 0.0%
CAHPS Rate (%Always + %Usually)	115 89.15% BC	2620 80.96%	6636 81.09%	122 83.56%	109 83.21%	14 70.00%	100 92.59%	16 72.73%	81 92.05%	79 90.80%	35 85.37%	2 100.00%	27 90.00%	34 89.47%	48 88.89%	55 90.16%	58 87.88%	70 93.33%	45 83.33%	0 0.0%
3-point composite mean	2.5271 BC	2.3983	2.3908	2.4247	2.4656	1.9500	2.6296	2.0455	2.6136	2.5977	2.3659	3.0000	2.6000	2.5526	2.5000	2.5082	2.5303	2.5733	2.4630	0
4-point composite mean	3.4806	3.3557	3.3519	3.3699	3.4504	2.8000	3.6019	3.0000	3.5568	3.5632	3.2927	4.0000	3.6000	3.5000	3.4259	3.4590	3.4848	3.5333	3.4074	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

29. How many specialists has your child seen in the last 6 months?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.17%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	9 1.67%	196 1.29%	490 1.29%	6 1.09%	53 8.86% ABCD	0 0.0%	9 1.97% F	1 1.59%	3 0.84%	5 1.23%	4 3.10%	0 0.0%	3 2.07%	4 2.63%	2 0.96%	2 0.74%	7 2.68%	7 2.39%	2 0.82%	0 0.0%
Appropriately skipped	400 74.35% E	11818 77.50% DE	29184 77.11% DE	400 72.46%	412 68.90%	48 70.59%	339 74.34%	40 63.49%	267 74.58%	314 77.34% K	84 65.12%	10 83.33%	112 77.24%	110 72.37%	153 73.21%	208 76.75%	188 72.03%	211 72.01%	189 77.14%	0 0.0%
BASE = Those who responded	129 23.98%	3235 21.21%	8175 21.60%	146 26.45% BC	132 22.07%	20 29.41%	108 23.68%	22 34.92%	88 24.58%	87 21.43%	41 31.78% J	2 16.67%	30 20.69%	38 25.00%	54 25.84%	61 22.51%	66 25.29%	75 25.60%	54 22.04%	0 0.0%
None (v 0)	9 6.98%	189 5.84%	424 5.19%	12 8.22%	9 6.82%	2 10.00%	7 6.48%	1 4.55%	7 7.95%	7 8.05%	2 4.88%	1 50.00%	2 6.67%	2 5.26%	4 7.41%	4 6.56%	5 7.58%	5 6.67%	4 7.41%	0 0.0%
Saw a specialist (NET)	120 93.02%	3046 94.16%	7751 94.81%	134 91.78%	123 93.18%	18 90.00%	101 93.52%	21 95.45%	81 92.05%	80 91.95%	39 95.12%	1 50.00%	28 93.33%	36 94.74%	50 92.59%	57 93.44%	61 92.42%	70 93.33%	50 92.59%	0 0.0%
1 specialist (v 1)	90 69.77%	2114 65.35%	5319 65.06%	107 73.29% BC	94 71.21%	12 60.00%	78 72.22%	10 45.45%	66 75.00%	63 72.41%	27 65.85%	1 50.00%	19 63.33%	29 76.32%	38 70.37%	42 68.85%	47 71.21%	54 72.00%	36 66.67%	0 0.0%
2 (v 2)	21 16.28%	632 19.54% D	1588 19.43% D	17 11.64%	20 15.15%	5 25.00%	16 14.81%	6 27.27%	12 13.64%	14 16.09%	7 17.07%	0 0.0%	6 20.00%	5 13.16%	8 14.81%	11 18.03%	9 13.64%	11 14.67%	10 18.52%	0 0.0%
3 (v 3)	6 4.65%	195 6.03%	495 6.06%	7 4.79%	7 5.30%	1 5.00%	4 3.70%	3 13.64%	2 2.27%	1 1.15%	4 9.76%	0 0.0%	2 6.67%	1 2.63%	3 5.56%	1 1.64%	5 7.58%	3 4.00%	3 5.56%	0 0.0%
4 (v 4)	0 0.0%	60 1.85% A	177 2.17% A	2 1.37%	1 0.76%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
5 or more specialists (v 6)	3 2.33%	45 1.39%	172 2.10% BD	1 0.68%	1 0.76%	0 0.0%	3 2.78%	2 9.09%	1 1.14%	2 2.30%	1 2.44%	0 0.0%	1 3.33%	1 2.63%	1 1.85%	3 4.92%	0 0.0%	2 2.67%	1 1.85%	0 0.0%
Average	1.3023	1.3827 D	1.4336 BDE	1.2055	1.2500	1.2500	1.2963	1.9545	1.1591	1.2184	1.4390	0.5000	1.4333	1.2632	1.2778	1.3934	1.2121	1.2933	1.3148	0
Standard deviation	0.9532	0.9290	1.0105	0.8017	0.7918	0.6982	0.9837	1.4917	0.7521	0.9024	1.0133	0.5000	1.0858	0.9371	0.9112	1.1774	0.6857	0.9767	0.9194	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

30. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	11	231	588	8	55	0	10	1	4	5	6	0	3	5	3	2	9	9	2	0
	2.04%	1.51%	1.55%	1.45%	9.20%	0.0%	2.19%	1.59%	1.12%	1.23%	4.65%	0.0%	2.07%	3.29%	1.44%	0.74%	3.45%	3.07%	0.82%	0.0%
					ABCD		F										P			
Appropriately skipped	409	12007	29608	412	421	50	346	41	274	321	86	11	114	112	157	212	193	216	193	0
	76.02%	78.74%	78.23%	74.64%	70.40%	73.53%	75.88%	65.08%	76.54%	79.06%	66.67%	91.67%	78.62%	73.68%	75.12%	78.23%	73.95%	73.72%	78.78%	0.0%
	E	DE	E							K										
BASE = Those who responded	118	3011	7653	132	122	18	100	21	80	80	37	1	28	35	49	57	59	68	50	0
	21.93%	19.75%	20.22%	23.91%	20.40%	26.47%	21.93%	33.33%	22.35%	19.70%	28.68%	8.33%	19.31%	23.03%	23.44%	21.03%	22.61%	23.21%	20.41%	0.0%
				BC							J									
10 - Best specialist possible	66	1696	4256	72	63	6	60	7	48	51	14	1	19	17	27	35	30	37	29	0
	55.93%	56.33%	55.61%	54.55%	51.64%	33.33%	60.00%	33.33%	60.00%	63.75%	37.84%	100.00%	67.86%	48.57%	55.10%	61.40%	50.85%	54.41%	58.00%	0.0%
										K										
9 -	18	547	1381	24	19	1	17	4	12	11	7	0	3	8	7	6	12	9	9	0
	15.25%	18.17%	18.05%	18.18%	15.57%	5.56%	17.00%	19.05%	15.00%	13.75%	18.92%	0.0%	10.71%	22.86%	14.29%	10.53%	20.34%	13.24%	18.00%	0.0%
Top Two Box	84	2243	5637	96	82	7	77	11	60	62	21	1	22	25	34	41	42	46	38	0
	71.19%	74.49%	73.66%	72.73%	67.21%	38.89%	77.00%	52.38%	75.00%	77.50%	56.76%	100.00%	78.57%	71.43%	69.39%	71.93%	71.19%	67.65%	76.00%	0.0%
										K										
8 -	17	382	1006	17	16	4	13	3	11	11	6	0	4	4	9	9	8	9	8	0
	14.41%	12.69%	13.15%	12.88%	13.11%	22.22%	13.00%	14.29%	13.75%	13.75%	16.22%	0.0%	14.29%	11.43%	18.37%	15.79%	13.56%	13.24%	16.00%	0.0%
CAHPS Rate (Top Three Box)	101	2625	6643	113	98	11	90	14	71	73	27	1	26	29	43	50	50	55	46	0
	85.59%	87.18%	86.80%	85.61%	80.33%	61.11%	90.00%	66.67%	88.75%	91.25%	72.97%	100.00%	92.86%	82.86%	87.76%	87.72%	84.75%	80.88%	92.00%	0.0%
										K										
7 -	9	159	437	10	9	2	7	3	5	4	5	0	2	2	3	4	4	7	2	0
	7.63%	5.28%	5.71%	7.58%	7.38%	11.11%	7.00%	14.29%	6.25%	5.00%	13.51%	0.0%	7.14%	5.71%	6.12%	7.02%	6.78%	10.29%	4.00%	0.0%
6 -	4	72	173	5	5	3	1	2	2	1	3	0	0	2	2	1	3	3	1	0
	3.39%	2.39%	2.26%	3.79%	4.10%	16.67%	1.00%	9.52%	2.50%	1.25%	8.11%	0.0%	0.0%	5.71%	4.08%	1.75%	5.08%	4.41%	2.00%	0.0%
5 -	3	79	194	2	3	1	2	1	2	2	1	0	0	2	0	2	1	3	0	0
	2.54%	2.62%	2.53%	1.52%	2.46%	5.56%	2.00%	4.76%	2.50%	2.50%	2.70%	0.0%	0.0%	5.71%	0.0%	3.51%	1.69%	4.41%	0.0%	0.0%
4 -	0	19	53	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.63%	0.69%	0.76%	2.46%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		A	A																	
3 -	0	12	43	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.40%	0.56%	0.0%	0.82%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AD	AD																	

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

30. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
2 -	0	18	39	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.60%	0.51%	0.76%	1.64%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		A	A																	
1 -	0	8	29	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.27%	0.38%	0.0%	0.82%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AD	AD																	
0 - Worst specialist possible	1	19	42	0	0	1	0	1	0	0	1	0	0	0	1	0	1	0	1	0
	0.85%	0.63%	0.55%	0.0%	0.0%	5.56%	0.0%	4.76%	0.0%	0.0%	2.70%	0.0%	0.0%	0.0%	2.04%	0.0%	1.69%	0.0%	2.00%	0.0%
		DE	DE																	
0-7 (NET)	17	386	1010	19	24	7	10	7	9	7	10	0	2	6	6	7	9	13	4	0
	14.41%	12.82%	13.20%	14.39%	19.67%	38.89%	10.00%	33.33%	11.25%	8.75%	27.03%	0.0%	7.14%	17.14%	12.24%	12.28%	15.25%	19.12%	8.00%	0.0%
											J									
Bottom Three Box	1	45	110	1	3	1	0	1	0	0	1	0	0	0	1	0	1	0	1	0
	0.85%	1.49%	1.44%	0.76%	2.46%	5.56%	0.0%	4.76%	0.0%	0.0%	2.70%	0.0%	0.0%	0.0%	2.04%	0.0%	1.69%	0.0%	2.00%	0.0%
Bottom Two Box	1	27	71	0	1	1	0	1	0	0	1	0	0	0	1	0	1	0	1	0
	0.85%	0.90%	0.93%	0.0%	0.82%	5.56%	0.0%	4.76%	0.0%	0.0%	2.70%	0.0%	0.0%	0.0%	2.04%	0.0%	1.69%	0.0%	2.00%	0.0%
		D	D																	
Average rating	8.9831	8.9787	8.9575	9.0000	8.6639	7.6667	9.2200	8.0000	9.1625	9.2625	8.3514	10.0000	9.3929	8.8571	8.9388	9.1228	8.8644	8.8971	9.1000	0
										K										
Standard deviation	1.5513	1.6767	1.6839	1.4564	1.9570	2.4721	1.1712	2.3503	1.2594	1.1910	2.0029	0	0.9761	1.4956	1.7310	1.3255	1.7316	1.4767	1.6401	0
3-point composite mean	2.6441	2.6695	2.6617	2.6591	2.5492	2.1111	2.7400	2.3333	2.7000	2.7375	2.4324	3.0000	2.7857	2.6000	2.6327	2.6667	2.6271	2.5882	2.7200	0
										K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

31. In the last 6 months, did you get information or help from customer service at your child's health plan?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	9	297	749	6	47	0	9	3	5	5	4	0	3	5	1	2	7	4	5	0
	1.67%	1.95%	1.98%	1.09%	7.86%	0.0%	1.97%	4.76%	1.40%	1.23%	3.10%	0.0%	2.07%	3.29%	0.48%	0.74%	2.68%	1.37%	2.04%	0.0%
			D		ABCD		F													
BASE = Those who responded	529	14952	37100	546	551	68	447	60	353	401	125	12	142	147	208	269	254	289	240	0
	98.33%	98.05%	98.02%	98.91%	92.14%	100.00%	98.03%	95.24%	98.60%	98.77%	96.90%	100.00%	97.93%	96.71%	99.52%	99.26%	97.32%	98.63%	97.96%	0.0%
	E	E	E	CE		G														
Yes	143	4764	11305	155	122	14	124	16	102	107	34	4	40	39	54	75	66	68	75	0
	27.03%	31.86%	30.47%	28.39%	22.14%	20.59%	27.74%	26.67%	28.90%	26.68%	27.20%	33.33%	28.17%	26.53%	25.96%	27.88%	25.98%	23.53%	31.25%	0.0%
		ACE	E	E															R	
No	386	10188	25795	391	429	54	323	44	251	294	91	8	102	108	154	194	188	221	165	0
	72.97%	68.14%	69.53%	71.61%	77.86%	79.41%	72.26%	73.33%	71.10%	73.32%	72.80%	66.67%	71.83%	73.47%	74.04%	72.12%	74.02%	76.47%	68.75%	0.0%
	B		B		BCD													S		
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	12 2.23%	378 2.48% D	953 2.52% D	6 1.09%	48 8.03% ABCD	0 0.0%	11 2.41% F	3 4.76%	6 1.68%	5 1.23%	6 4.65%	0 0.0%	4 2.76%	6 3.95% O	1 0.48%	4 1.48%	7 2.68%	6 2.05%	6 2.45%	0 0.0%
Appropriately skipped	386 71.75% B	10188 66.81%	25795 68.15% B	391 70.83% B	429 71.74% B	54 79.41%	323 70.83%	44 69.84%	251 70.11%	294 72.41%	91 70.54%	8 66.67%	102 70.34%	108 71.05%	154 73.68%	194 71.59%	188 72.03%	221 75.43% S	165 67.35%	0 0.0%
BASE = Those who responded	140 26.02% E	4683 30.71% ACE	11101 29.33% E	155 28.08% E	121 20.23%	14 20.59%	122 26.75%	16 25.40%	101 28.21%	107 26.35%	32 24.81%	4 33.33%	39 26.90%	38 25.00%	54 25.84%	73 26.94%	66 25.29%	66 22.53%	74 30.20% R	0 0.0%
Never	5 3.57%	111 2.37%	278 2.50%	5 3.23%	7 5.79%	0 0.0%	4 3.28%	0 0.0%	3 2.97%	5 4.67% K	0 0.0%	0 0.0%	0 0.0%	1 2.63%	4 7.41% M	4 5.48%	1 1.52%	1 1.52%	4 5.41%	0 0.0%
Sometimes	18 12.86%	753 16.08%	1679 15.12%	21 13.55%	16 13.22%	8 57.14%	10 8.20%	5 31.25%	9 8.91%	16 14.95%	2 6.25%	0 0.0%	5 12.82%	4 10.53%	8 14.81%	9 12.33%	9 13.64%	7 10.61%	11 14.86%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	23 16.43%	864 18.45%	1957 17.63%	26 16.77%	23 19.01%	8 57.14%	14 11.48%	5 31.25%	12 11.88%	21 19.63% K	2 6.25%	0 0.0%	5 12.82%	5 13.16%	12 22.22%	13 17.81%	10 15.15%	8 12.12%	15 20.27%	0 0.0%
Usually	25 17.86%	1108 23.66%	2753 24.80% A	42 27.10%	22 18.18%	3 21.43%	21 17.21%	2 12.50%	20 19.80%	20 18.69%	5 15.63%	2 50.00%	6 15.38%	3 7.89%	12 22.22% N	13 17.81%	12 18.18%	15 22.73%	10 13.51%	0 0.0%
Always	92 65.71% C	2711 57.89%	6391 57.57%	87 56.13%	76 62.81%	3 21.43%	87 71.31%	9 56.25%	69 68.32%	66 61.68%	25 78.13%	2 50.00%	28 71.79%	30 78.95% O	30 55.56%	47 64.38%	44 66.67%	43 65.15%	49 66.22%	0 0.0%
CAHPS Rate (%Always + %Usually)	117 83.57%	3819 81.55%	9144 82.37%	129 83.23%	98 80.99%	6 42.86%	108 88.52%	11 68.75%	89 88.12%	86 80.37%	30 93.75% J	4 100.00%	34 87.18%	33 86.84%	42 77.78%	60 82.19%	56 84.85%	58 87.88%	59 79.73%	0 0.0%
3-point composite mean	2.4929	2.3944	2.3994	2.3935	2.4380	1.6429	2.5984	2.2500	2.5644	2.4206	2.7188 J	2.5000	2.5897	2.6579 O	2.3333	2.4658	2.5152	2.5303	2.4595	0
4-point composite mean	3.4571	3.3707	3.3744	3.3613	3.3802	2.6429	3.5656	3.2500	3.5347	3.3738	3.7188 J	3.5000	3.5897	3.6316	3.2593	3.4110	3.5000	3.5152	3.4054	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Child Medicaid Satisfaction Survey (ANTM22492)

33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	15	389	976	8	48	1	13	4	8	7	6	0	5	6	2	6	8	8	7	0
	2.79%	2.55%	2.58%	1.45%	8.03%	1.47%	2.85%	6.35%	2.23%	1.72%	4.65%	0.0%	3.45%	3.95%	0.96%	2.21%	3.07%	2.73%	2.86%	0.0%
		D	D		ABCD															
Appropriately skipped	386	10188	25795	391	429	54	323	44	251	294	91	8	102	108	154	194	188	221	165	0
	71.75%	66.81%	68.15%	70.83%	71.74%	79.41%	70.83%	69.84%	70.11%	72.41%	70.54%	66.67%	70.34%	71.05%	73.68%	71.59%	72.03%	75.43%	67.35%	0.0%
	B		B	B	B													S		
BASE = Those who responded	137	4672	11078	153	121	13	120	15	99	105	32	4	38	38	53	71	65	64	73	0
	25.46%	30.64%	29.27%	27.72%	20.23%	19.12%	26.32%	23.81%	27.65%	25.86%	24.81%	33.33%	26.21%	25.00%	25.36%	26.20%	24.90%	21.84%	29.80%	0.0%
	E	ACE	AE	E															R	
Never	1	60	143	3	3	0	1	0	0	1	0	0	0	0	1	1	0	0	1	0
	0.73%	1.28%	1.29%	1.96%	2.48%	0.0%	0.83%	0.0%	0.0%	0.95%	0.0%	0.0%	0.0%	0.0%	1.89%	1.41%	0.0%	0.0%	1.37%	0.0%
Sometimes	8	217	499	7	3	3	5	2	4	6	2	0	2	1	5	4	4	5	3	0
	5.84%	4.64%	4.50%	4.58%	2.48%	23.08%	4.17%	13.33%	4.04%	5.71%	6.25%	0.0%	5.26%	2.63%	9.43%	5.63%	6.15%	7.81%	4.11%	0.0%
Bottom Two Box (%Never + %Sometimes)	9	277	642	10	6	3	6	2	4	7	2	0	2	1	6	5	4	5	4	0
	6.57%	5.93%	5.80%	6.54%	4.96%	23.08%	5.00%	13.33%	4.04%	6.67%	6.25%	0.0%	5.26%	2.63%	11.32%	7.04%	6.15%	7.81%	5.48%	0.0%
Usually	10	695	1708	29	15	2	8	0	8	8	2	1	4	3	2	5	5	5	5	0
	7.30%	14.88%	15.42%	18.95%	12.40%	15.38%	6.67%	0.0%	8.08%	7.62%	6.25%	25.00%	10.53%	7.89%	3.77%	7.04%	7.69%	7.81%	6.85%	0.0%
		A	A	A																
Always	118	3700	8728	114	100	8	106	13	87	90	28	3	32	34	45	61	56	54	64	0
	86.13%	79.20%	78.79%	74.51%	82.64%	61.54%	88.33%	86.67%	87.88%	85.71%	87.50%	75.00%	84.21%	89.47%	84.91%	85.92%	86.15%	84.38%	87.67%	0.0%
	BCD																			
CAHPS Rate (%Always + %Usually)	128	4395	10436	143	115	10	114	13	95	98	30	4	36	37	47	66	61	59	69	0
	93.43%	94.07%	94.20%	93.46%	95.04%	76.92%	95.00%	86.67%	95.96%	93.33%	93.75%	100.00%	94.74%	97.37%	88.68%	92.96%	93.85%	92.19%	94.52%	0.0%
3-point composite mean	2.7956	2.7327	2.7299	2.6797	2.7769	2.3846	2.8333	2.7333	2.8384	2.7905	2.8125	2.7500	2.7895	2.8684	2.7358	2.7887	2.8000	2.7656	2.8219	0
4-point composite mean	3.7883	3.7198	3.7170	3.6601	3.7521	3.3846	3.8250	3.7333	3.8384	3.7810	3.8125	3.7500	3.7895	3.8684	3.7170	3.7746	3.8000	3.7656	3.8082	0
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

34. In the last 6 months, did your child's health plan give you any forms to fill out?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.17%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	25	547	1282	10	59	2	20	2	15	15	9	0	8	9	4	9	14	11	14	0
	4.65%	3.59%	3.39%	1.81%	9.87%	2.94%	4.39%	3.17%	4.19%	3.69%	6.98%	0.0%	5.52%	5.92%	1.91%	3.32%	5.36%	3.75%	5.71%	0.0%
	D	D	D		ABCD															
BASE = Those who responded	513	14702	36567	542	538	66	436	61	343	391	120	12	137	143	205	262	247	282	231	0
	95.35%	96.41%	96.61%	98.19%	89.97%	97.06%	95.61%	96.83%	95.81%	96.31%	93.02%	100.00%	94.48%	94.08%	98.09%	96.68%	94.64%	96.25%	94.29%	0.0%
	E	E	E	ABCE																
Yes	119	4241	10508	142	108	9	109	12	86	91	26	3	43	29	41	63	54	50	69	0
	23.20%	28.85%	28.74%	26.20%	20.07%	13.64%	25.00%	19.67%	25.07%	23.27%	21.67%	25.00%	31.39%	20.28%	20.00%	24.05%	21.86%	17.73%	29.87%	0.0%
		AE	AE	E			F						NO						R	
No	394	10461	26059	400	430	57	327	49	257	300	94	9	94	114	164	199	193	232	162	0
	76.80%	71.15%	71.26%	73.80%	79.93%	86.36%	75.00%	80.33%	74.93%	76.73%	78.33%	75.00%	68.61%	79.72%	80.00%	75.95%	78.14%	82.27%	70.13%	0.0%
	BC				BCD	G								M	M			S		
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	1 0.18%	1 0.17%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	28 5.20% D	666 4.37% D	1570 4.15% D	10 1.81%	63 10.54% ABCD	2 2.94%	22 4.82%	2 3.17%	17 4.75%	16 3.94%	10 7.75%	0 0.0%	8 5.52%	10 6.58%	5 2.39%	10 3.69%	15 5.75%	13 4.44%	15 6.12%	0 0.0%
BASE = Those who responded	510 94.80% E	14583 95.63% E	36279 95.85% E	541 98.01% ABCE	534 89.30%	66 97.06%	434 95.18%	61 96.83%	341 95.25%	390 96.06%	119 92.25%	12 100.00%	137 94.48%	142 93.42%	204 97.61%	261 96.31%	246 94.25%	280 95.56%	230 93.88%	0 0.0%
Never	3 0.59%	149 1.02% E	324 0.89% E	4 0.74% E	0 0.0%	0 0.0%	3 0.69%	1 1.64%	1 0.29%	3 0.77%	0 0.0%	0 0.0%	1 0.73%	1 0.70%	1 0.49%	2 0.77%	1 0.41%	1 0.36%	2 0.87%	0 0.0%
Sometimes	19 3.73%	608 4.17%	1519 4.19%	22 4.07%	15 2.81%	4 6.06%	15 3.46%	3 4.92%	12 3.52%	14 3.59%	5 4.20%	0 0.0%	10 7.30% N	3 2.11%	6 2.94%	10 3.83%	9 3.66%	5 1.79%	14 6.09% R	0 0.0%
Bottom Two Box (%Never + %Sometimes)	22 4.31%	757 5.19% E	1843 5.08% E	26 4.81%	15 2.81%	4 6.06%	18 4.15%	4 6.56%	13 3.81%	17 4.36%	5 4.20%	0 0.0%	11 8.03%	4 2.82%	7 3.43%	12 4.60%	10 4.07%	6 2.14%	16 6.96% R	0 0.0%
Usually	26 5.10%	1102 7.56% AE	2955 8.15% ABDE	33 6.10%	27 5.06%	4 6.06%	22 5.07%	4 6.56%	17 4.99%	20 5.13%	6 5.04%	0 0.0%	8 5.84%	3 2.11%	13 6.37% N	14 5.36%	11 4.47%	12 4.29%	14 6.09%	0 0.0%
Always	68 13.33%	2263 15.52% E	5422 14.95% E	82 15.16%	62 11.61%	1 1.52%	67 15.44% F	4 6.56%	54 15.84% H	53 13.59%	14 11.76%	3 25.00%	24 17.52% O	21 14.79%	20 9.80%	36 13.79%	32 13.01%	30 10.71%	38 16.52%	0 0.0%
Always - q34 = "No"	394 77.25% BC	10461 71.73%	26059 71.83%	400 73.94%	430 80.52% BCD	57 86.36% G	327 75.35%	49 80.33%	257 75.37%	300 76.92%	94 78.99%	9 75.00%	94 68.61%	114 80.28% M	164 80.39% M	199 76.25%	193 78.46%	232 82.86% S	162 70.43%	0 0.0%
Always (Net)	462 90.59% BC	12724 87.25%	31481 86.77%	482 89.09%	492 92.13% BC	58 87.88%	394 90.78%	53 86.89%	311 91.20%	353 90.51%	108 90.76%	12 100.00%	118 86.13%	135 95.07% M	184 90.20%	235 90.04%	225 91.46%	262 93.57% S	200 86.96%	0 0.0%
CAHPS Rate (%Always+%Usually)	488 95.69%	13826 94.81%	34436 94.92%	515 95.19%	519 97.19% BC	62 93.94%	416 95.85%	57 93.44%	328 96.19%	373 95.64%	114 95.80%	12 100.00%	126 91.97%	138 97.18%	197 96.57%	249 95.40%	236 95.93%	274 97.86% S	214 93.04%	0 0.0%
3-point composite mean	2.8627 BC	2.8206	2.8169	2.8429	2.8933 BC	2.8182	2.8664	2.8033	2.8739	2.8615	2.8655	3.0000	2.7810	2.9225 M	2.8676	2.8544	2.8740	2.9143 S	2.8000	0
4-point composite mean	3.8569 BC	3.8104	3.8080	3.8355	3.8933 BCD	3.8182	3.8594	3.7869	3.8710	3.8538	3.8655	4.0000	3.7737	3.9155 M	3.8627	3.8467	3.8699	3.9107 S	3.7913	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	14 2.60% D	402 2.64% D	969 2.56% D	5 0.91%	48 8.03% ABCD	0 0.0%	0 0.0%	0 0.0%	6 1.68% H	11 2.71%	1 0.78%	2 16.67%	2 1.38%	2 1.32%	4 1.91%	8 2.95%	4 1.53%	10 3.41%	4 1.63%	0 0.0%
BASE = Those who responded	524 97.40% E	14847 97.36% E	36880 97.44% E	547 99.09% ABCE	550 91.97%	68 100.00%	456 100.00%	63 100.00% I	352 98.32%	395 97.29%	128 99.22%	10 83.33%	143 98.62%	150 98.68%	205 98.09%	263 97.05%	257 98.47%	283 96.59%	241 98.37%	0 0.0%
10 - Best health plan possible	280 53.44%	7897 53.19%	19824 53.75%	292 53.38%	281 51.09%	0 0.0%	280 61.40% F	15 23.81%	212 60.23% H	224 56.71% K	55 42.97%	5 50.00%	83 58.04%	74 49.33%	109 53.17%	131 49.81%	147 57.20%	158 55.83%	122 50.62%	0 0.0%
9 -	89 16.98%	2449 16.49%	6275 17.01%	78 14.26%	100 18.18%	0 0.0%	89 19.52% F	4 6.35%	67 19.03% H	65 16.46%	24 18.75%	2 20.00%	18 12.59%	30 20.00%	39 19.02%	45 17.11%	43 16.73%	47 16.61%	42 17.43%	0 0.0%
Top Two Box	369 70.42%	10346 69.68%	26099 70.77% B	370 67.64%	381 69.27%	0 0.0%	369 80.92% F	19 30.16%	279 79.26% H	289 73.16% K	79 61.72%	7 70.00%	101 70.63%	104 69.33%	148 72.20%	176 66.92%	190 73.93%	205 72.44%	164 68.05%	0 0.0%
8 -	87 16.60%	2322 15.64%	5689 15.43%	88 16.09%	85 15.45%	0 0.0%	87 19.08% F	10 15.87%	57 16.19%	59 14.94%	28 21.88%	3 30.00%	25 17.48%	27 18.00%	29 14.15%	52 19.77%	35 13.62%	35 12.37%	52 21.58% R	0 0.0%
CAHPS Rate (Top Three Box)	456 87.02%	12668 85.32%	31788 86.19% B	458 83.73%	466 84.73%	0 0.0%	456 100.00% F	29 46.03%	336 95.45% H	348 88.10%	107 83.59%	10 100.00%	126 88.11%	131 87.33%	177 86.34%	228 86.69%	225 87.55%	240 84.81%	216 89.63%	0 0.0%
7 -	23 4.39%	965 6.50% A	2362 6.40% A	28 5.12%	27 4.91%	23 33.82% G	0 0.0%	11 17.46% I	7 1.99%	17 4.30%	6 4.69%	0 0.0%	5 3.50%	6 4.00%	10 4.88%	11 4.18%	12 4.67%	15 5.30%	8 3.32%	0 0.0%
6 -	18 3.44%	403 2.71%	902 2.45%	22 4.02%	20 3.64%	18 26.47% G	0 0.0%	9 14.29% I	3 0.85%	14 3.54%	4 3.13%	0 0.0%	4 2.80%	5 3.33%	8 3.90%	10 3.80%	7 2.72%	9 3.18%	9 3.73%	0 0.0%
5 -	18 3.44%	485 3.27%	1107 3.00%	23 4.20%	24 4.36%	18 26.47% G	0 0.0%	8 12.70% I	5 1.42%	9 2.28%	9 7.03% J	0 0.0%	5 3.50%	7 4.67%	6 2.93%	9 3.42%	9 3.50%	12 4.24%	6 2.49%	0 0.0%
4 -	5 0.95%	103 0.69%	233 0.63%	6 1.10%	4 0.73%	5 7.35% G	0 0.0%	3 4.76%	1 0.28%	3 0.76%	2 1.56%	0 0.0%	1 0.70%	0 0.0%	4 1.95% N	2 0.76%	3 1.17%	4 1.41%	1 0.41%	0 0.0%
3 -	2 0.38%	73 0.49% DE	157 0.43% DE	0 0.0%	0 0.0%	2 2.94%	0 0.0%	2 3.17%	0 0.0%	2 0.51%	0 0.0%	0 0.0%	1 0.70%	0 0.0%	0 0.0%	2 0.76%	0 0.0%	2 0.71%	0 0.0%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
2 -	0	58	127	5	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.39%	0.34%	0.91%	0.55%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		A	A	A																
1 -	1	31	73	1	0	1	0	1	0	1	0	0	1	0	0	1	0	0	1	0
	0.19%	0.21%	0.20%	0.18%	0.0%	1.47%	0.0%	1.59%	0.0%	0.25%	0.0%	0.0%	0.70%	0.0%	0.0%	0.38%	0.0%	0.0%	0.41%	0.0%
		E	E																	
0 - Worst health plan possible	1	61	131	4	6	1	0	0	0	1	0	0	0	1	0	0	1	1	0	0
	0.19%	0.41%	0.36%	0.73%	1.09%	1.47%	0.0%	0.0%	0.0%	0.25%	0.0%	0.0%	0.0%	0.67%	0.0%	0.0%	0.39%	0.35%	0.0%	0.0%
0-7 (NET)	68	2179	5092	89	84	68	0	34	16	47	21	0	17	19	28	35	32	43	25	0
	12.98%	14.68%	13.81%	16.27%	15.27%	100.00%	0.0%	53.97%	4.55%	11.90%	16.41%	0.0%	11.89%	12.67%	13.66%	13.31%	12.45%	15.19%	10.37%	0.0%
		C				G		I												
Bottom Three Box	2	150	331	10	9	2	0	1	0	2	0	0	1	1	0	1	1	1	1	0
	0.38%	1.01%	0.90%	1.83%	1.64%	2.94%	0.0%	1.59%	0.0%	0.51%	0.0%	0.0%	0.70%	0.67%	0.0%	0.38%	0.39%	0.35%	0.41%	0.0%
		A		A	A															
Bottom Two Box	2	92	204	5	6	2	0	1	0	2	0	0	1	1	0	1	1	1	1	0
	0.38%	0.62%	0.55%	0.91%	1.09%	2.94%	0.0%	1.59%	0.0%	0.51%	0.0%	0.0%	0.70%	0.67%	0.0%	0.38%	0.39%	0.35%	0.41%	0.0%
Average rating	8.9370	8.8882	8.9327	8.7824	8.8018	5.6765	9.4232	7.2381	9.3040	9.0228	8.6641	9.2000	8.9790	8.8867	8.9610	8.8517	9.0272	8.9187	8.9585	0
			B				F		H	K										
Standard deviation	1.5438	1.6465	1.5932	1.8216	1.7835	1.3979	0.7910	2.1581	1.0613	1.5202	1.5874	0.8718	1.6062	1.5515	1.4745	1.5614	1.5188	1.6571	1.3989	0
3-point composite mean	2.6183	2.6151	2.6336	2.5649	2.5891	1.3382	2.8092	1.9365	2.7670	2.6557	2.5000	2.7000	2.6224	2.6067	2.6341	2.5779	2.6615	2.6254	2.6100	0
			BD				F		H	K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

37. In general, how would you rate your child's overall health?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.17%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	3	249	615	1	38	0	1	0	2	0	0	0	0	0	1	1	0	1	2	0
	0.56%	1.63%	1.62%	0.18%	6.35%	0.0%	0.22%	0.0%	0.56%	0.0%	0.0%	0.0%	0.0%	0.0%	0.48%	0.37%	0.0%	0.34%	0.82%	0.0%
		AD	AD		ABCD															
BASE = Those who responded	535	15000	37234	551	559	68	455	63	356	406	129	12	145	152	208	270	261	292	243	0
	99.44%	98.37%	98.38%	99.82%	93.48%	100.00%	99.78%	100.00%	99.44%	100.00%	100.00%	100.00%	100.00%	100.00%	99.52%	99.63%	100.00%	99.66%	99.18%	0.0%
	BCE	E	E	BCE																
5 - Excellent	206	6134	15251	215	223	15	185	13	137	206	0	8	67	54	71	103	102	111	95	0
	38.50%	40.89%	40.96%	39.02%	39.89%	22.06%	40.66%	20.63%	38.48%	50.74%	0.0%	66.67%	46.21%	35.53%	34.13%	38.15%	39.08%	38.01%	39.09%	0.0%
							F		H	K			O							
4 - Very good	200	5266	13129	215	202	32	163	30	133	200	0	2	55	58	76	107	90	113	87	0
	37.38%	35.11%	35.26%	39.02%	36.14%	47.06%	35.82%	47.62%	37.36%	49.26%	0.0%	16.67%	37.93%	38.16%	36.54%	39.63%	34.48%	38.70%	35.80%	0.0%
										K										
CAHPS Rate (Top Two Box)	406	11400	28380	430	425	47	348	43	270	406	0	10	122	112	147	210	192	224	182	0
	75.89%	76.00%	76.22%	78.04%	76.03%	69.12%	76.48%	68.25%	75.84%	100.00%	0.0%	83.33%	84.14%	73.68%	70.67%	77.78%	73.56%	76.71%	74.90%	0.0%
										K			NO							
3 - Good	109	2895	7166	99	107	15	93	15	75	0	109	2	19	34	52	53	56	59	50	0
	20.37%	19.30%	19.25%	17.97%	19.14%	22.06%	20.44%	23.81%	21.07%	0.0%	84.50%	16.67%	13.10%	22.37%	25.00%	19.63%	21.46%	20.21%	20.58%	0.0%
											J			M	M					
Top Three Box	515	14295	35546	529	532	62	441	58	345	406	109	12	141	146	199	263	248	283	232	0
	96.26%	95.30%	95.47%	96.01%	95.17%	91.18%	96.92%	92.06%	96.91%	100.00%	84.50%	100.00%	97.24%	96.05%	95.67%	97.41%	95.02%	96.92%	95.47%	0.0%
										K										
2 - Fair	19	654	1572	21	23	6	13	5	10	0	19	0	3	6	9	6	13	8	11	0
	3.55%	4.36%	4.22%	3.81%	4.11%	8.82%	2.86%	7.94%	2.81%	0.0%	14.73%	0.0%	2.07%	3.95%	4.33%	2.22%	4.98%	2.74%	4.53%	0.0%
											J									
1 - Poor	1	51	116	1	4	0	1	0	1	0	1	0	1	0	0	1	0	1	0	0
	0.19%	0.34%	0.31%	0.18%	0.72%	0.0%	0.22%	0.0%	0.28%	0.0%	0.78%	0.0%	0.69%	0.0%	0.0%	0.37%	0.0%	0.34%	0.0%	0.0%
Bottom Two Box	20	705	1688	22	27	6	14	5	11	0	20	0	4	6	9	7	13	9	11	0
	3.74%	4.70%	4.53%	3.99%	4.83%	8.82%	3.08%	7.94%	3.09%	0.0%	15.50%	0.0%	2.76%	3.95%	4.33%	2.59%	4.98%	3.08%	4.53%	0.0%
											J									
Average rating	4.1047	4.1185	4.1234	4.1289	4.1038	3.8235	4.1385	3.8095	4.1096	4.5074	2.8372	4.5000	4.2690	4.0526	4.0048	4.1296	4.0766	4.1130	4.0947	0
							F		H	K			NO							
Standard deviation	0.8583	0.8904	0.8853	0.8497	0.8992	0.8735	0.8520	0.8518	0.8492	0.4999	0.3896	0.7638	0.8158	0.8568	0.8743	0.8266	0.8937	0.8425	0.8768	0
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

38. In general, how would you rate your child's overall mental or emotional health?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	1 0.18%	1 0.17%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	3 0.56%	276 1.81% AD	694 1.83% AD	1 0.18%	39 6.52% ABCD	0 0.0%	1 0.22%	0 0.0%	2 0.56%	0 0.0%	1 0.78%	0 0.0%	0 0.0%	1 0.66%	0 0.0%	0 0.0%	1 0.38%	1 0.34%	2 0.82%	0 0.0%
BASE = Those who responded	535 99.44% BCE	14973 98.19% E	37155 98.17% E	550 99.64% BCE	558 93.31%	68 100.00%	455 99.78%	63 100.00%	356 99.44%	406 100.00%	128 99.22%	12 100.00%	145 100.00%	151 99.34%	209 100.00%	271 100.00%	260 99.62%	292 99.66%	243 99.18%	0 0.0%
5 - Excellent	243 45.42%	7277 48.60%	18104 48.73%	268 48.73%	274 49.10%	21 30.88%	216 47.47% F	20 31.75%	159 44.66% H	225 55.42% K	18 14.06%	12 100.00%	88 60.69% NO	64 42.38%	71 33.97%	128 47.23%	113 43.46%	131 44.86%	112 46.09%	0 0.0%
4 - Very good	145 27.10%	3809 25.44%	9628 25.91%	160 29.09%	144 25.81%	21 30.88%	122 26.81%	20 31.75%	99 27.81%	109 26.85%	35 27.34%	0 0.0%	28 19.31%	52 34.44% M	60 28.71% M	69 25.46%	75 28.85%	74 25.34%	71 29.22%	0 0.0%
CAHPS Rate (Top Two Box)	388 72.52%	11086 74.04%	27732 74.64%	428 77.82% AB	418 74.91%	42 61.76%	338 74.29% F	40 63.49%	258 72.47%	334 82.27% K	53 41.41%	12 100.00%	116 80.00% O	116 76.82% O	131 62.68%	197 72.69%	188 72.31%	205 70.21%	183 75.31%	0 0.0%
3 - Good	120 22.43% BCDE	2702 18.05%	6570 17.68%	85 15.45%	90 16.13%	20 29.41%	97 21.32%	15 23.81%	84 23.60%	64 15.76%	56 43.75% J	0 0.0%	23 15.86%	31 20.53%	63 30.14% MN	63 23.25%	56 21.54%	68 23.29%	52 21.40%	0 0.0%
2 - Fair	16 2.99%	979 6.54% A	2374 6.39% A	32 5.82% A	42 7.53% A	4 5.88%	12 2.64%	4 6.35%	10 2.81%	4 0.99%	12 9.38% J	0 0.0%	3 2.07%	2 1.32%	9 4.31%	8 2.95%	8 3.08%	12 4.11%	4 1.65%	0 0.0%
1 - Poor	11 2.06%	206 1.38%	479 1.29%	5 0.91%	8 1.43%	2 2.94%	8 1.76%	4 6.35%	4 1.12%	4 0.99%	7 5.47% J	0 0.0%	3 2.07%	2 1.32%	6 2.87%	3 1.11%	8 3.08%	7 2.40%	4 1.65%	0 0.0%
Bottom Two Box	27 5.05%	1185 7.91% A	2853 7.68% A	37 6.73%	50 8.96% A	6 8.82%	20 4.40%	8 12.70% I	14 3.93%	8 1.97%	19 14.84% J	0 0.0%	6 4.14%	4 2.65%	15 7.18% N	11 4.06%	16 6.15%	19 6.51%	8 3.29%	0 0.0%
Average	4.1084	4.1335	4.1440	4.1891	4.1362	3.8088	4.1560 F	3.7619	4.1208 H	4.3473 K	3.3516	5.0000	4.3448 O	4.1523 O	3.8660	4.1476	4.0654	4.0616	4.1646	0
Standard deviation	0.9856	1.0169	1.0075	0.9595	1.0314	1.0327	0.9630	1.1508	0.9389	0.8481	1.0123	0	0.9569	0.8821	1.0266	0.9491	1.0226	1.0285	0.9283	0
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

39. What is your child's age?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	20	530	1431	6	44	4	12	3	12	15	3	0	0	0	0	6	9	18	2	0
	3.72%	3.48%	3.78%	1.09%	7.36%	5.88%	2.63%	4.76%	3.35%	3.69%	2.33%	0.0%	0.0%	0.0%	0.0%	2.21%	3.45%	6.14%	0.82%	0.0%
	D	D	D		ABCD													S		
BASE = Those who responded	518	14719	36418	546	554	64	444	60	346	391	126	12	145	152	209	265	252	275	243	0
	96.28%	96.52%	96.22%	98.91%	92.64%	94.12%	97.37%	95.24%	96.65%	96.31%	97.67%	100.00%	100.00%	100.00%	100.00%	97.79%	96.55%	93.86%	99.18%	0.0%
	E	E	E	ABCE															R	
Less than 1 year old	12	428	790	10	6	0	10	1	10	10	2	12	0	0	0	7	5	7	5	0
	2.32%	2.91%	2.17%	1.83%	1.08%	0.0%	2.25%	1.67%	2.89%	2.56%	1.59%	100.00%	0.0%	0.0%	0.0%	2.64%	1.98%	2.55%	2.06%	0.0%
		CE	E				F													
1 year or more (NET)	506	14291	35628	536	548	64	434	59	336	381	124	0	145	152	209	258	247	268	238	0
	97.68%	97.09%	97.83%	98.17%	98.92%	100.00%	97.75%	98.33%	97.11%	97.44%	98.41%	0.0%	100.00%	100.00%	100.00%	97.36%	98.02%	97.45%	97.94%	0.0%
			B		BC	G														
1 - 5 years old	145	4401	10557	167	164	17	126	19	102	122	23	0	145	0	0	77	68	74	71	0
	27.99%	29.90%	28.99%	30.59%	29.60%	26.56%	28.38%	31.67%	29.48%	31.20%	18.25%	0.0%	100.00%	0.0%	0.0%	29.06%	26.98%	26.91%	29.22%	0.0%
		C								K			NO							
6 - 10 years old	152	4075	10214	172	147	19	131	17	103	112	40	0	0	152	0	68	84	79	73	0
	29.34%	27.69%	28.05%	31.50%	26.53%	29.69%	29.50%	28.33%	29.77%	28.64%	31.75%	0.0%	0.0%	100.00%	0.0%	25.66%	33.33%	28.73%	30.04%	0.0%
														MO						
11 - 15 years old	143	4065	10235	141	162	16	123	17	90	108	35	0	0	0	143	84	58	79	64	0
	27.61%	27.62%	28.10%	25.82%	29.24%	25.00%	27.70%	28.33%	26.01%	27.62%	27.78%	0.0%	0.0%	0.0%	68.42%	31.70%	23.02%	28.73%	26.34%	0.0%
															MN	Q				
Over 15 years old	66	1750	4622	56	75	12	54	6	41	39	26	0	0	0	66	29	37	36	30	0
	12.74%	11.89%	12.69%	10.26%	13.54%	18.75%	12.16%	10.00%	11.85%	9.97%	20.63%	0.0%	0.0%	0.0%	31.58%	10.94%	14.68%	13.09%	12.35%	0.0%
			B								J				MN					
2 years or more (NET)	489	13420	33726	500	522	61	421	56	323	365	123	0	128	152	209	250	238	258	231	0
	94.40%	91.17%	92.61%	91.58%	94.22%	95.31%	94.82%	93.33%	93.35%	93.35%	97.62%	0.0%	88.28%	100.00%	100.00%	94.34%	94.44%	93.82%	95.06%	0.0%
	B		B		B						J			M	M					
Average age	9.0039	8.6775	8.8801	8.4615	9.0433	9.7344	8.9324	8.7667	8.6734	8.4962	10.5079	0	3.2276	8.0197	14.2440	9.0340	8.9643	9.1018	8.8930	0
			B								J			M	MN					
Standard deviation	5.0446	5.1611	5.1124	4.9639	5.1257	5.1879	4.9932	5.0444	5.0740	5.0104	4.7971	0	1.3531	1.4071	2.0964	5.1111	4.9820	5.1229	4.9521	0
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

40. Is your child male or female?

	2017 Plan Results																			
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.72%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				ABCE																
No response	6	377	1006	0	40	1	3	0	4	4	0	0	0	0	1	0	0	3	3	0
	1.12%	2.47%	2.66%	0.0%	6.69%	1.47%	0.66%	0.0%	1.12%	0.99%	0.0%	0.0%	0.0%	0.0%	0.48%	0.0%	0.0%	1.02%	1.22%	0.0%
	D	AD	AD		ABCD				H	K										
BASE = Those who responded	532	14872	36843	548	558	67	453	63	354	402	129	12	145	152	208	271	261	290	242	0
	98.88%	97.53%	97.34%	99.28%	93.31%	98.53%	99.34%	100.00%	98.88%	99.01%	100.00%	100.00%	100.00%	100.00%	99.52%	100.00%	100.00%	98.98%	98.78%	0.0%
	BCE	E	E	BCE				I			J									
Male	271	7699	19096	292	273	35	228	33	173	210	60	7	77	68	113	271	0	140	131	0
	50.94%	51.77%	51.83%	53.28%	48.92%	52.24%	50.33%	52.38%	48.87%	52.24%	46.51%	58.33%	53.10%	44.74%	54.33%	100.00%	0.0%	48.28%	54.13%	0.0%
																Q				
Female	261	7173	17747	256	285	32	225	30	181	192	69	5	68	84	95	0	261	150	111	0
	49.06%	48.23%	48.17%	46.72%	51.08%	47.76%	49.67%	47.62%	51.13%	47.76%	53.49%	41.67%	46.90%	55.26%	45.67%	0.0%	100.00%	51.72%	45.87%	0.0%
																	P			
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

41. Is your child of Hispanic or Latino origin or descent?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.17%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	19	641	1477	16	49	2	12	0	9	8	9	1	3	3	8	7	10	11	8	0
	3.53%	4.20%	3.90%	2.90%	8.19%	2.94%	2.63%	0.0%	2.51%	1.97%	6.98%	8.33%	2.07%	1.97%	3.83%	2.58%	3.83%	3.75%	3.27%	0.0%
					ABCD				H		J									
BASE = Those who responded	519	14608	36372	536	548	66	444	63	349	398	120	11	142	149	201	264	251	282	237	0
	96.47%	95.80%	96.10%	97.10%	91.64%	97.06%	97.37%	100.00%	97.49%	98.03%	93.02%	91.67%	97.93%	98.03%	96.17%	97.42%	96.17%	96.25%	96.73%	0.0%
	E	E	E	E				I		K										
Yes, Hispanic or Latino	23	4826	12598	21	18	1	22	3	14	16	7	1	8	6	7	10	12	13	10	0
	4.43%	33.04%	34.64%	3.92%	3.28%	1.52%	4.95%	4.76%	4.01%	4.02%	5.83%	9.09%	5.63%	4.03%	3.48%	3.79%	4.78%	4.61%	4.22%	0.0%
		ADE	ABDE																	
No, not Hispanic or Latino	496	9782	23774	515	530	65	422	60	335	382	113	10	134	143	194	254	239	269	227	0
	95.57%	66.96%	65.36%	96.08%	96.72%	98.48%	95.05%	95.24%	95.99%	95.98%	94.17%	90.91%	94.37%	95.97%	96.52%	96.21%	95.22%	95.39%	95.78%	0.0%
	BC	C		BC	BC															
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

42. What is your child's race?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No response	6	1346	3337	5	44	0	3	0	3	3	1	0	2	0	1	2	2	1	5	0
	1.12%	8.83%	8.82%	0.91%	7.36%	0.0%	0.66%	0.0%	0.84%	0.74%	0.78%	0.0%	1.38%	0.0%	0.48%	0.74%	0.77%	0.34%	2.04%	0.0%
		AD	AD		AD															
BASE = Those who responded	532	13903	34512	547	554	68	453	63	355	403	128	12	143	152	208	269	259	292	240	0
	98.88%	91.17%	91.18%	99.09%	92.64%	100.00%	99.34%	100.00%	99.16%	99.26%	99.22%	100.00%	98.62%	100.00%	99.52%	99.26%	99.23%	99.66%	97.96%	0.0%
	BCE			BCE																
White	489	8584	22626	508	506	64	415	60	328	371	117	12	135	140	187	248	237	266	223	0
	91.92%	61.74%	65.56%	92.87%	91.34%	94.12%	91.61%	95.24%	92.39%	92.06%	91.41%	100.00%	94.41%	92.11%	89.90%	92.19%	91.51%	91.10%	92.92%	0.0%
	BC		B	BC	BC															
Black or African-American	57	3444	7188	52	48	6	49	6	35	43	14	0	16	15	23	26	31	29	28	0
	10.71%	24.77%	20.83%	9.51%	8.66%	8.82%	10.82%	9.52%	9.86%	10.67%	10.94%	0.0%	11.19%	9.87%	11.06%	9.67%	11.97%	9.93%	11.67%	0.0%
		ACDE	ADE																	
Asian	6	845	2207	4	8	0	6	0	5	5	1	0	1	2	2	2	4	4	2	0
	1.13%	6.08%	6.39%	0.73%	1.44%	0.0%	1.32%	0.0%	1.41%	1.24%	0.78%	0.0%	0.70%	1.32%	0.96%	0.74%	1.54%	1.37%	0.83%	0.0%
		ADE	ADE				F		H											
Native Hawaiian or other Pacific Islander	1	225	614	0	1	1	0	1	0	1	0	0	1	0	0	0	1	0	1	0
	0.19%	1.62%	1.78%	0.0%	0.18%	1.47%	0.0%	1.59%	0.0%	0.25%	0.0%	0.0%	0.70%	0.0%	0.0%	0.0%	0.39%	0.0%	0.42%	0.0%
		ADE	ADE																	
American Indian or Alaska Native	19	545	1309	16	15	3	16	4	12	15	4	0	6	3	10	9	10	3	16	0
	3.57%	3.92%	3.79%	2.93%	2.71%	4.41%	3.53%	6.35%	3.38%	3.72%	3.13%	0.0%	4.20%	1.97%	4.81%	3.35%	3.86%	1.03%	6.67%	0.0%
																			R	
Other	29	2626	6225	32	23	2	26	2	17	24	5	0	6	7	14	15	13	12	17	0
	5.45%	18.89%	18.04%	5.85%	4.15%	2.94%	5.74%	3.17%	4.79%	5.96%	3.91%	0.0%	4.20%	4.61%	6.73%	5.58%	5.02%	4.11%	7.08%	0.0%
		ACDE	ADE																	
Sigma	607	17615	43506	617	645	76	515	73	400	462	142	12	167	167	237	302	298	315	292	0
	112.83%	115.52%	114.95%	111.78%	107.86%	111.76%	112.94%	115.87%	111.73%	113.79%	110.08%	100.00%	115.17%	109.87%	113.40%	111.44%	114.18%	107.51%	119.18%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

43. What is your age?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	2 0.36%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	9 1.67%	476 3.12% AD	1190 3.14% AD	5 0.91%	39 6.52% ABCD	2 2.94%	4 0.88%	0 0.0%	4 1.12% H	6 1.48%	1 0.78%	0 0.0%	1 0.69%	3 1.97%	2 0.96%	5 1.85%	2 0.77%	3 1.02%	6 2.45%	0 0.0%
BASE = Those who responded	529 98.33% BCE	14773 96.88% E	36659 96.86% E	545 98.73% BCE	559 93.48%	66 97.06%	452 99.12%	63 100.00% I	354 98.88%	400 98.52%	128 99.22%	12 100.00%	144 99.31%	149 98.03%	207 99.04%	266 98.15%	259 99.23%	290 98.98%	239 97.55%	0 0.0%
Under 18 (v 16)	41 7.75%	923 6.25%	2257 6.16%	47 8.62% C	78 13.95% ABCD	3 4.55%	37 8.19%	6 9.52%	25 7.06%	28 7.00%	12 9.38%	0 0.0%	8 5.56%	15 10.07%	14 6.76%	21 7.89%	20 7.72%	41 14.14% S	0 0.0%	0 0.0%
18-34 (NET)	190 35.92%	5541 37.51%	13483 36.78%	231 42.39% ABCE	200 35.78%	27 40.91%	161 35.62%	28 44.44%	125 35.31%	161 40.25% K	29 22.66%	9 75.00%	94 65.28% NO	54 36.24% O	26 12.56%	99 37.22%	89 34.36%	89 30.69%	101 42.26% R	0 0.0%
18 to 24 (v 21)	36 6.81%	960 6.50%	2248 6.13%	39 7.16%	48 8.59% C	5 7.58%	31 6.86%	5 7.94%	23 6.50%	32 8.00% K	4 3.13%	1 8.33%	28 19.44% NO	3 2.01%	2 0.97%	19 7.14%	17 6.56%	18 6.21%	18 7.53%	0 0.0%
25 to 34 (v 29.5)	154 29.11%	4581 31.01% E	11235 30.65%	192 35.23% ABCE	152 27.19%	22 33.33%	130 28.76%	23 36.51%	102 28.81%	129 32.25% K	25 19.53%	8 66.67%	66 45.83% NO	51 34.23% O	24 11.59%	80 30.08%	72 27.80%	71 24.48%	83 34.73% R	0 0.0%
35 to 44 (v 39.5)	146 27.60% E	4504 30.49% DE	11727 31.99% ABDE	139 25.50%	121 21.65%	19 28.79%	124 27.43%	17 26.98%	98 27.68%	110 27.50%	36 28.13%	2 16.67%	22 15.28%	39 26.17% M	81 39.13% MN	72 27.07%	73 28.19%	70 24.14%	76 31.80%	0 0.0%
45 to 54 (v 49.5)	71 13.42%	2393 16.20% D	6074 16.57% ADE	65 11.93%	76 13.60%	10 15.15%	56 12.39%	8 12.70%	44 12.43%	47 11.75%	24 18.75%	1 8.33%	10 6.94%	16 10.74%	42 20.29% MN	35 13.16%	36 13.90%	40 13.79%	31 12.97%	0 0.0%
55 or older (NET)	81 15.31% BC	1412 9.56% C	3118 8.51%	63 11.56% C	84 15.03% BC	7 10.61%	74 16.37%	4 6.35%	62 17.51% H	54 13.50%	27 21.09%	0 0.0%	10 6.94%	25 16.78% M	44 21.26% M	39 14.66%	41 15.83%	50 17.24%	31 12.97%	0 0.0%
55 to 64 (v 59.5)	49 9.26% BC	957 6.48% C	2155 5.88%	38 6.97%	53 9.48% BC	6 9.09%	43 9.51%	4 6.35%	35 9.89%	34 8.50%	15 11.72%	0 0.0%	7 4.86%	13 8.72%	29 14.01% M	26 9.77%	23 8.88%	30 10.34%	19 7.95%	0 0.0%
65 to 74 (v 69.5)	28 5.29% BC	377 2.55% C	796 2.17%	22 4.04% C	26 4.65% BC	0 0.0%	28 6.19% F	0 0.0%	24 6.78% H	19 4.75%	9 7.03%	0 0.0%	3 2.08%	11 7.38% M	12 5.80%	13 4.89%	14 5.41%	17 5.86%	11 4.60%	0 0.0%
75 or older (v 79.5)	4 0.76%	78 0.53%	167 0.46%	3 0.55%	5 0.89%	1 1.52%	3 0.66%	0 0.0%	3 0.85%	1 0.25%	3 2.34%	0 0.0%	0 0.0%	1 0.67%	3 1.45%	0 0.0%	4 1.54% P	3 1.03%	1 0.42%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

43. What is your age?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Average age	38.5936	37.6209	37.5202	36.6450	36.9222	37.6364	38.6969	34.6825	39.3503	37.5500	42.0313	32.1250	32.3056	38.6409	43.7222	38.0526	39.0965	38.2017	39.0690	0
	D								H		J			M	MN					
Standard deviation	14.3035	12.5598	12.1914	13.5701	15.3194	12.5159	14.6154	11.4522	14.7167	13.6742	15.5563	7.0093	11.6808	14.7917	13.6424	13.8660	14.6808	15.7035	12.3776	0
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

44. Are you male or female?

	2017 Plan Results																			
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	7	417	1072	3	37	2	3	1	3	3	2	0	3	2	0	3	2	3	4	0
	1.30%	2.73%	2.83%	0.54%	6.19%	2.94%	0.66%	1.59%	0.84%	0.74%	1.55%	0.0%	2.07%	1.32%	0.0%	1.11%	0.77%	1.02%	1.63%	0.0%
		AD	AD		ABCD															
BASE = Those who responded	531	14832	36777	549	561	66	453	62	355	403	127	12	142	150	209	268	259	290	241	0
	98.70%	97.27%	97.17%	99.46%	93.81%	97.06%	99.34%	98.41%	99.16%	99.26%	98.45%	100.00%	97.93%	98.68%	100.00%	98.89%	99.23%	98.98%	98.37%	0.0%
	BCE	E	E	BCE																
Male	75	1951	4877	50	72	5	66	7	52	57	18	1	12	24	36	42	32	36	39	0
	14.12%	13.15%	13.26%	9.11%	12.83%	7.58%	14.57%	11.29%	14.65%	14.14%	14.17%	8.33%	8.45%	16.00%	17.22%	15.67%	12.36%	12.41%	16.18%	0.0%
	D	D	D		D									M	M					
Female	456	12881	31900	499	489	61	387	55	303	346	109	11	130	126	173	226	227	254	202	0
	85.88%	86.85%	86.74%	90.89%	87.17%	92.42%	85.43%	88.71%	85.35%	85.86%	85.83%	91.67%	91.55%	84.00%	82.78%	84.33%	87.64%	87.59%	83.82%	0.0%
				ABCE									NO							
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

45. What is the highest grade or level of school that you have completed?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No response	13	682	1654	6	45	2	9	0	7	3	8	0	3	4	4	4	7	5	8	0
	2.42%	4.47%	4.37%	1.09%	7.53%	2.94%	1.97%	0.0%	1.96%	0.74%	6.20%	0.0%	2.07%	2.63%	1.91%	1.48%	2.68%	1.71%	3.27%	0.0%
		AD	AD		ABCD				H		J									
BASE = Those who responded	525	14567	36195	546	553	66	447	63	351	403	121	12	142	148	205	267	254	288	237	0
	97.58%	95.53%	95.63%	98.91%	92.47%	97.06%	98.03%	100.00%	98.04%	99.26%	93.80%	100.00%	97.93%	97.37%	98.09%	98.52%	97.32%	98.29%	96.73%	0.0%
	BCE	E	E	BCE				I		K										
High school or less (NET)	296	7732	18463	338	342	36	251	33	193	213	82	4	78	79	123	148	145	166	130	0
	56.38%	53.08%	51.01%	61.90%	61.84%	54.55%	56.15%	52.38%	54.99%	52.85%	67.77%	33.33%	54.93%	53.38%	60.00%	55.43%	57.09%	57.64%	54.85%	0.0%
	C	C		BC	BC						J									
8th grade or less	18	1289	2878	18	25	1	15	1	8	13	5	0	4	5	7	8	9	10	8	0
	3.43%	8.85%	7.95%	3.30%	4.52%	1.52%	3.36%	1.59%	2.28%	3.23%	4.13%	0.0%	2.82%	3.38%	3.41%	3.00%	3.54%	3.47%	3.38%	0.0%
		ACDE	ADE																	
Some high school, but did not graduate	62	1743	4039	60	81	6	54	7	36	44	18	1	17	17	24	31	31	36	26	0
	11.81%	11.97%	11.16%	10.99%	14.65%	9.09%	12.08%	11.11%	10.26%	10.92%	14.88%	8.33%	11.97%	11.49%	11.71%	11.61%	12.20%	12.50%	10.97%	0.0%
		C			C															
High school graduate or GED	216	4700	11546	260	236	29	182	25	149	156	59	3	57	57	92	109	105	120	96	0
	41.14%	32.26%	31.90%	47.62%	42.68%	43.94%	40.72%	39.68%	42.45%	38.71%	48.76%	25.00%	40.14%	38.51%	44.88%	40.82%	41.34%	41.67%	40.51%	0.0%
	BC			ABC	BC															
Some college or 2-year degree	180	4598	11961	154	170	22	155	27	125	148	32	5	52	57	61	91	88	97	83	0
	34.29%	31.56%	33.05%	28.21%	30.74%	33.33%	34.68%	42.86%	35.61%	36.72%	26.45%	41.67%	36.62%	38.51%	29.76%	34.08%	34.65%	33.68%	35.02%	0.0%
	D		BD							K										
College graduate or more (NET)	49	2237	5771	54	41	8	41	3	33	42	7	3	12	12	21	28	21	25	24	0
	9.33%	15.36%	15.94%	9.89%	7.41%	12.12%	9.17%	4.76%	9.40%	10.42%	5.79%	25.00%	8.45%	8.11%	10.24%	10.49%	8.27%	8.68%	10.13%	0.0%
		ADE	ADE																	
4-year college graduate	33	1408	3706	36	29	7	26	2	22	27	6	2	7	8	16	18	15	19	14	0
	6.29%	9.67%	10.24%	6.59%	5.24%	10.61%	5.82%	3.17%	6.27%	6.70%	4.96%	16.67%	4.93%	5.41%	7.80%	6.74%	5.91%	6.60%	5.91%	0.0%
		ADE	ABDE																	
More than 4-year college degree	16	829	2065	18	12	1	15	1	11	15	1	1	5	4	5	10	6	6	10	0
	3.05%	5.69%	5.71%	3.30%	2.17%	1.52%	3.36%	1.59%	3.13%	3.72%	0.83%	8.33%	3.52%	2.70%	2.44%	3.75%	2.36%	2.08%	4.22%	0.0%
		ADE	ADE							K										
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

46. How are you related to the child?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	13	22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	2.36%	3.68%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
				ABC	ABC															
No response	24	732	1740	7	39	4	18	1	14	16	6	0	3	6	10	11	11	19	5	0
	4.46%	4.80%	4.60%	1.27%	6.52%	5.88%	3.95%	1.59%	3.91%	3.94%	4.65%	0.0%	2.07%	3.95%	4.78%	4.06%	4.21%	6.48%	2.04%	0.0%
	D	D	D		D													S		
BASE = Those who responded	514	14517	36109	532	537	64	438	62	344	390	123	12	142	146	199	260	250	274	240	0
	95.54%	95.20%	95.40%	96.38%	89.80%	94.12%	96.05%	98.41%	96.09%	96.06%	95.35%	100.00%	97.93%	96.05%	95.22%	95.94%	95.79%	93.52%	97.96%	0.0%
	E	E	E	E															R	
Mother or father	413	13230	33381	443	453	56	349	55	265	321	91	12	121	113	154	216	194	217	196	0
	80.35%	91.13%	92.45%	83.27%	84.36%	87.50%	79.68%	88.71%	77.03%	82.31%	73.98%	100.00%	85.21%	77.40%	77.39%	83.08%	77.60%	79.20%	81.67%	0.0%
		ADE	ABDE					I												
Grandparent	72	826	1810	63	60	6	64	5	55	47	25	0	14	27	30	27	44	41	31	0
	14.01%	5.69%	5.01%	11.84%	11.17%	9.38%	14.61%	8.06%	15.99%	12.05%	20.33%	0.0%	9.86%	18.49%	15.08%	10.38%	17.60%	14.96%	12.92%	0.0%
	BC	C		BC	BC				H		J			M			P			
Other (NET)	29	461	918	26	24	2	25	2	24	22	7	0	7	6	15	17	12	16	13	0
	5.64%	3.18%	2.54%	4.89%	4.47%	3.13%	5.71%	3.23%	6.98%	5.64%	5.69%	0.0%	4.93%	4.11%	7.54%	6.54%	4.80%	5.84%	5.42%	0.0%
	BC	C		C	C															
Aunt or uncle	4	120	240	9	4	0	3	0	3	2	2	0	1	1	1	1	3	2	2	0
	0.78%	0.83%	0.66%	1.69%	0.74%	0.0%	0.68%	0.0%	0.87%	0.51%	1.63%	0.0%	0.70%	0.68%	0.50%	0.38%	1.20%	0.73%	0.83%	0.0%
Older brother or sister	1	33	78	2	0	0	1	0	1	1	0	0	0	0	1	1	0	0	1	0
	0.19%	0.23%	0.22%	0.38%	0.0%	0.0%	0.23%	0.0%	0.29%	0.26%	0.0%	0.0%	0.0%	0.0%	0.50%	0.38%	0.0%	0.0%	0.42%	0.0%
		E	E																	
Other relative	3	27	68	1	1	0	3	0	3	3	0	0	1	1	1	1	2	0	3	0
	0.58%	0.19%	0.19%	0.19%	0.19%	0.0%	0.68%	0.0%	0.87%	0.77%	0.0%	0.0%	0.70%	0.68%	0.50%	0.38%	0.80%	0.0%	1.25%	0.0%
Legal guardian	19	228	430	11	16	2	16	2	15	14	5	0	4	4	11	12	7	13	6	0
	3.70%	1.57%	1.19%	2.07%	2.98%	3.13%	3.65%	3.23%	4.36%	3.59%	4.07%	0.0%	2.82%	2.74%	5.53%	4.62%	2.80%	4.74%	2.50%	0.0%
	BC	C			C															
Someone else	2	53	102	3	3	0	2	0	2	2	0	0	1	0	1	2	0	1	1	0
	0.39%	0.37%	0.28%	0.56%	0.56%	0.0%	0.46%	0.0%	0.58%	0.51%	0.0%	0.0%	0.70%	0.0%	0.50%	0.77%	0.0%	0.36%	0.42%	0.0%
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

47. Did someone help you complete this survey?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	6 1.12%	145 0.95%	406 1.07%	4 0.72%	4 0.67%	0 0.0%	6 1.32% F	0 0.0%	3 0.84%	5 1.23%	1 0.78%	0 0.0%	1 0.69%	3 1.97%	1 0.48%	2 0.74%	4 1.53%	6 2.05% S	0 0.0%	0 0.0%
Appropriately skipped	245 45.54%	7655 50.20% ACE	17254 45.59%	260 47.10%	266 44.48%	25 36.76%	216 47.37%	24 38.10%	172 48.04%	182 44.83%	61 47.29%	5 41.67%	71 48.97%	73 48.03%	94 44.98%	131 48.34%	111 42.53%	0 0.0%	245 100.00% R	0 0.0%
BASE = Those who responded	287 53.35% B	7449 48.85%	20189 53.34% B	288 52.17%	328 54.85% B	43 63.24%	234 51.32%	39 61.90%	183 51.12%	219 53.94%	67 51.94%	7 58.33%	73 50.34%	76 50.00%	114 54.55%	138 50.92%	146 55.94%	287 97.95% S	0 0.0%	0 0.0%
Yes	8 2.79%	429 5.76% ADE	1142 5.66% ADE	9 3.13%	6 1.83%	0 0.0%	7 2.99% F	1 2.56%	6 3.28%	6 2.74%	2 2.99%	0 0.0%	4 5.48%	1 1.32%	2 1.75%	3 2.17%	4 2.74%	8 2.79%	0 0.0%	0 0.0%
No	279 97.21% BC	7020 94.24%	19047 94.34%	279 96.88% BC	322 98.17% BC	43 100.00% G	227 97.01%	38 97.44%	177 96.72%	213 97.26%	65 97.01%	7 100.00%	69 94.52%	75 98.68%	112 98.25%	135 97.83%	142 97.26%	279 97.21%	0 0.0%	0 0.0%
Sigma	538 100.00%	15249 100.00%	37849 100.00%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

48. How did that person help you?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No response	6	155	429	4	4	0	6	0	3	5	1	0	1	3	1	2	4	6	0	0
	1.12%	1.02%	1.13%	0.72%	0.67%	0.0%	1.32%	0.0%	0.84%	1.23%	0.78%	0.0%	0.69%	1.97%	0.48%	0.74%	1.53%	2.05%	0.0%	0.0%
							F											S		
Appropriately skipped	524	14675	36301	539	588	68	443	62	349	395	126	12	140	148	206	266	253	279	245	0
	97.40%	96.24%	95.91%	97.64%	98.33%	100.00%	97.15%	98.41%	97.49%	97.29%	97.67%	100.00%	96.55%	97.37%	98.56%	98.15%	96.93%	95.22%	100.00%	0.0%
	C			BC	BC	G													R	
BASE = Those who responded	8	419	1119	9	6	0	7	1	6	6	2	0	4	1	2	3	4	8	0	0
	1.49%	2.75%	2.96%	1.63%	1.00%	0.0%	1.54%	1.59%	1.68%	1.48%	1.55%	0.0%	2.76%	0.66%	0.96%	1.11%	1.53%	2.73%	0.0%	0.0%
		ADE	ADE				F											S		
Read the questions to me	4	202	533	6	3	0	3	1	2	4	0	0	2	0	2	2	2	4	0	0
	50.00%	48.21%	47.63%	66.67%	50.00%	0.0%	42.86%	100.00%	33.33%	66.67%	0.0%	0.0%	50.00%	0.0%	100.00%	66.67%	50.00%	50.00%	0.0%	0.0%
Wrote down the answers I gave	3	113	302	3	1	0	3	0	3	2	1	0	1	1	1	1	2	3	0	0
	37.50%	26.97%	26.99%	33.33%	16.67%	0.0%	42.86%	0.0%	50.00%	33.33%	50.00%	0.0%	25.00%	100.00%	50.00%	33.33%	50.00%	37.50%	0.0%	0.0%
Answered the questions for me	2	71	152	1	0	0	1	0	1	2	0	0	2	0	0	0	2	2	0	0
	25.00%	16.95%	13.58%	11.11%	0.0%	0.0%	14.29%	0.0%	16.67%	33.33%	0.0%	0.0%	50.00%	0.0%	0.0%	0.0%	50.00%	25.00%	0.0%	0.0%
Translated the questions into my language	1	219	587	2	0	0	1	0	1	1	0	0	0	0	0	0	0	1	0	0
	12.50%	52.27%	52.46%	22.22%	0.0%	0.0%	14.29%	0.0%	16.67%	16.67%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.50%	0.0%	0.0%
Helped in some other way	1	46	105	0	3	0	1	0	1	0	1	0	1	0	0	1	0	1	0	0
	12.50%	10.98%	9.38%	0.0%	50.00%	0.0%	14.29%	0.0%	16.67%	0.0%	50.00%	0.0%	25.00%	0.0%	0.0%	33.33%	0.0%	12.50%	0.0%	0.0%
Sigma	541	15481	38409	555	599	68	458	63	360	409	129	12	147	152	210	272	263	296	245	0
	100.56%	101.52%	101.48%	100.54%	100.17%	100.00%	100.44%	100.00%	100.56%	100.74%	100.00%	100.00%	101.38%	100.00%	100.48%	100.37%	100.77%	101.02%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

49. In the last 6 months, how many times did your child go to an emergency room to get care?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	0 0.0%	0 0.0%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 0.33%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	12 2.23%	0 0.0%	0 0.0%	11 1.99%	40 6.69% AD	1 1.47%	9 1.97%	0 0.0%	8 2.23% H	6 1.48%	4 3.10%	0 0.0%	2 1.38%	3 1.97%	5 2.39%	6 2.21%	4 1.53%	4 1.37%	8 3.27%	0 0.0%
BASE = Those who responded	526 97.77% E	0 0.0%	0 0.0%	541 98.01% E	556 92.98%	67 98.53%	447 98.03%	63 100.00% I	350 97.77%	400 98.52%	125 96.90%	12 100.00%	143 98.62%	149 98.03%	204 97.61%	265 97.79%	257 98.47%	289 98.63%	237 96.73%	0 0.0%
None (v 0)	375 71.29%	0 0.0%	0 0.0%	382 70.61%	405 72.84%	46 68.66%	319 71.36%	35 55.56%	251 71.71% H	287 71.75%	88 70.40%	8 66.67%	98 68.53%	108 72.48%	151 74.02%	195 73.58%	179 69.65%	206 71.28%	169 71.31%	0 0.0%
1 (v 1)	91 17.30%	0 0.0%	0 0.0%	99 18.30%	98 17.63%	8 11.94%	81 18.12%	8 12.70%	70 20.00%	75 18.75%	16 12.80%	3 25.00%	28 19.58%	28 18.79%	27 13.24%	42 15.85%	48 18.68%	56 19.38%	35 14.77%	0 0.0%
2 (v 2)	37 7.03%	0 0.0%	0 0.0%	36 6.65%	33 5.94%	11 16.42% G	26 5.82%	15 23.81% I	18 5.14%	24 6.00%	13 10.40%	0 0.0%	10 6.99%	7 4.70%	18 8.82%	13 4.91%	23 8.95%	19 6.57%	18 7.59%	0 0.0%
3 (v 3)	14 2.66%	0 0.0%	0 0.0%	14 2.59%	10 1.80%	1 1.49%	13 2.91%	2 3.17%	7 2.00%	11 2.75%	2 1.60%	1 8.33%	5 3.50%	3 2.01%	4 1.96%	10 3.77%	3 1.17%	6 2.08%	8 3.38%	0 0.0%
4 (v 4)	4 0.76%	0 0.0%	0 0.0%	8 1.48%	4 0.72%	1 1.49%	3 0.67%	1 1.59%	1 0.29%	2 0.50%	2 1.60%	0 0.0%	1 0.70%	0 0.0%	3 1.47%	3 1.13%	1 0.39%	1 0.35%	3 1.27%	0 0.0%
5 to 9 (v 7)	5 0.95%	0 0.0%	0 0.0%	2 0.37%	5 0.90%	0 0.0%	5 1.12% F	2 3.17%	3 0.86%	1 0.25%	4 3.20%	0 0.0%	1 0.70%	3 2.01%	1 0.49%	2 0.75%	3 1.17%	1 0.35%	4 1.69%	0 0.0%
10 or more (v 11)	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.18%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Average number of times	0.4905	0	0	0.4787	0.4604	0.5522	0.4899	0.9841 I	0.4343	0.4275	0.6720	0.5000	0.5175	0.4832	0.4608	0.4679	0.4981	0.4256	0.5696	0
Standard deviation	1.0202	0	0	0.9331	1.0663	0.9189	1.0445	1.4853	0.9289	0.8335	1.4354	0.8660	0.9884	1.1446	0.9617	1.0131	1.0178	0.8291	1.2084	0
Sigma	538 100.00%	0 0.0%	0 0.0%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

50. In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	0 0.0%	0 0.0%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	2 0.36%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	27 5.02% D	0 0.0%	0 0.0%	12 2.17%	45 7.53% D	2 2.94%	21 4.61%	0 0.0%	17 4.75% H	16 3.94%	9 6.98%	1 8.33%	7 4.83%	7 4.61%	8 3.83%	14 5.17%	11 4.21%	20 6.83% S	7 2.86%	0 0.0%
My child does not have a personal doctor	0 0.0%	0 0.0%	0 0.0%	3 0.54%	10 1.67% A	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
My child's personal doctor and I do not speak different languages	45 8.36% DE	0 0.0%	0 0.0%	0 0.0%	0 0.0%	9 13.24%	35 7.68%	6 9.52%	31 8.66%	38 9.36%	7 5.43%	1 8.33%	13 8.97%	13 8.55%	17 8.13%	14 5.17%	30 11.49% P	41 13.99% S	4 1.63%	0 0.0%
BASE = Those who responded	466 86.62%	0 0.0%	0 0.0%	535 96.92% AE	543 90.80% A	57 83.82%	400 87.72%	57 90.48%	310 86.59%	352 86.70%	113 87.60%	10 83.33%	125 86.21%	132 86.84%	184 88.04%	243 89.67%	220 84.29%	232 79.18%	234 95.51% R	0 0.0%
Never	423 90.77%	0 0.0%	0 0.0%	483 90.28%	488 89.87%	48 84.21%	366 91.50%	45 78.95%	285 91.94% H	326 92.61%	97 85.84%	10 100.00%	118 94.40%	118 89.39%	163 88.59%	222 91.36%	198 90.00%	210 90.52%	213 91.03%	0 0.0%
Sometimes	32 6.87%	0 0.0%	0 0.0%	33 6.17%	37 6.81%	8 14.04%	24 6.00%	9 15.79% I	17 5.48%	21 5.97%	11 9.73%	0 0.0%	7 5.60%	12 9.09%	13 7.07%	15 6.17%	17 7.73%	16 6.90%	16 6.84%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	455 97.64%	0 0.0%	0 0.0%	516 96.45%	525 96.69%	56 98.25%	390 97.50%	54 94.74%	302 97.42%	347 98.58%	108 95.58%	10 100.00%	125 100.00% O	130 98.48%	176 95.65%	237 97.53%	215 97.73%	226 97.41%	229 97.86%	0 0.0%
Usually	2 0.43%	0 0.0%	0 0.0%	9 1.68% A	7 1.29%	1 1.75%	1 0.25%	0 0.0%	2 0.65%	2 0.57%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 1.09%	1 0.41%	1 0.45%	2 0.86%	0 0.0%	0 0.0%
Always	9 1.93%	0 0.0%	0 0.0%	10 1.87%	11 2.03%	0 0.0%	9 2.25% F	3 5.26%	6 1.94%	3 0.85%	5 4.42%	0 0.0%	0 0.0%	2 1.52%	6 3.26% M	5 2.06%	4 1.82%	4 1.72%	5 2.14%	0 0.0%
Top Two Box (%Always + %Usually)	11 2.36%	0 0.0%	0 0.0%	19 3.55%	18 3.31%	1 1.75%	10 2.50%	3 5.26%	8 2.58%	5 1.42%	5 4.42%	0 0.0%	0 0.0%	2 1.52%	8 4.35% M	6 2.47%	5 2.27%	6 2.59%	5 2.14%	0 0.0%
4-point composite mean	1.1352	0	0	1.1514	1.1547	1.1754	1.1325	1.3158	1.1258	1.0966	1.2301 J	1.0000	1.0560	1.1364	1.1902 M	1.1317	1.1409	1.1379	1.1325	0
Sigma	538 100.00%	0 0.0%	0 0.0%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

51. Since your child joined this health plan, how often was it easy it to get a personal doctor for him or her that you are happy with?

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538 100.00%	0 0.0%	0 0.0%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.17%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	18 3.35%	0 0.0%	0 0.0%	17 3.08%	53 8.86% AD	3 4.41%	11 2.41%	1 1.59%	10 2.79%	12 2.96%	4 3.10%	0 0.0%	6 4.14%	5 3.29%	4 1.91%	8 2.95%	8 3.07%	7 2.39%	11 4.49%	0 0.0%
My child does not have a personal doctor	17 3.16% DE	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 2.94%	14 3.07%	1 1.59%	11 3.07%	10 2.46%	7 5.43%	0 0.0%	4 2.76%	5 3.29%	8 3.83%	8 2.95%	9 3.45%	16 5.46% S	1 0.41%	0 0.0%
BASE = Those who responded	503 93.49%	0 0.0%	0 0.0%	535 96.92% AE	544 90.97%	63 92.65%	431 94.52%	61 96.83%	337 94.13%	384 94.58%	118 91.47%	12 100.00%	135 93.10%	142 93.42%	197 94.26%	255 94.10%	244 93.49%	270 92.15%	233 95.10%	0 0.0%
Never	25 4.97%	0 0.0%	0 0.0%	34 6.36%	34 6.25%	4 6.35%	19 4.41%	3 4.92%	10 2.97%	20 5.21%	5 4.24%	0 0.0%	4 2.96%	9 6.34%	11 5.58%	11 4.31%	14 5.74%	14 5.19%	11 4.72%	0 0.0%
Sometimes	33 6.56%	0 0.0%	0 0.0%	47 8.79%	42 7.72%	12 19.05% G	21 4.87%	12 19.67% I	14 4.15%	18 4.69%	15 12.71% J	0 0.0%	10 7.41%	9 6.34%	13 6.60%	17 6.67%	15 6.15%	17 6.30%	16 6.87%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	58 11.53%	0 0.0%	0 0.0%	81 15.14%	76 13.97%	16 25.40% G	40 9.28%	15 24.59% I	24 7.12%	38 9.90%	20 16.95%	0 0.0%	14 10.37%	18 12.68%	24 12.18%	28 10.98%	29 11.89%	31 11.48%	27 11.59%	0 0.0%
Usually	72 14.31%	0 0.0%	0 0.0%	103 19.25% A	90 16.54%	20 31.75% G	50 11.60%	21 34.43% I	39 11.57%	46 11.98%	26 22.03% J	1 8.33%	16 11.85%	18 12.68%	34 17.26%	43 16.86%	28 11.48%	44 16.30%	28 12.02%	0 0.0%
Always	373 74.16% D	0 0.0%	0 0.0%	351 65.61%	378 69.49%	27 42.86%	341 79.12% F	25 40.98%	274 81.31% H	300 78.13% K	72 61.02%	11 91.67%	105 77.78%	106 74.65%	139 70.56%	184 72.16%	187 76.64%	195 72.22%	178 76.39%	0 0.0%
Top Two Box (%Always + %Usually)	445 88.47%	0 0.0%	0 0.0%	454 84.86%	468 86.03%	47 74.60%	391 90.72% F	46 75.41%	313 92.88% H	346 90.10%	98 83.05%	12 100.00%	121 89.63%	124 87.32%	173 87.82%	227 89.02%	215 88.11%	239 88.52%	206 88.41%	0 0.0%
4-point composite mean	3.5765 D	0	0	3.4411	3.4926	3.1111	3.6543 F	3.1148	3.7122 H	3.6302 K	3.3983	3.9167	3.6444	3.5563	3.5279	3.5686	3.5902	3.5556	3.6009	0
Sigma	538 100.00%	0 0.0%	0 0.0%	552 100.00%	598 100.00%	68 100.00%	456 100.00%	63 100.00%	358 100.00%	406 100.00%	129 100.00%	12 100.00%	145 100.00%	152 100.00%	209 100.00%	271 100.00%	261 100.00%	293 100.00%	245 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

Survey Language

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Total	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
English	538	12952	32691	551	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	84.94%	86.37%	99.82%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
	BC		B	BC	BC															
Spanish	0	2297	5158	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	15.06%	13.63%	0.18%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		ACDE	ADE																	
Sigma	538	15249	37849	552	598	68	456	63	358	406	129	12	145	152	209	271	261	293	245	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Child Medicaid Satisfaction Survey (ANTM22492)

Customer Service Composite Score

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Customer Service Composite Score (BASE)	140 E	4711 ACE	11160 E	155 E	122	14	122	16	101	107	32	4	39	38	54	73	66	66	74 R	0
NEVER/SOMETIMES COMPOSITE	11.50%	12.19%	11.71%	11.66%	11.98%	40.11%	8.24%	22.29%	7.96%	13.15%	6.25%	0.0%	9.04%	7.89%	16.77%	12.43%	10.65%	9.97%	12.87%	0.0%
USUALLY COMPOSITE	12.58%	19.27% A	20.11% A	23.03% A	15.29%	18.41%	11.94%	6.25%	13.94%	13.16%	10.94%	37.50%	12.96%	7.89%	13.00%	12.43%	12.94%	15.27%	10.18%	0.0%
ALWAYS COMPOSITE	75.92% BCD	68.54%	68.18%	65.32%	72.73%	41.48%	79.82%	71.46%	78.10%	73.70%	82.81%	62.50%	78.00%	84.21%	70.23%	75.15%	76.41%	74.76%	76.94%	0.0%
CAHPS RATE	88.50%	87.81%	88.29%	88.34%	88.02%	59.89%	91.76%	77.71%	92.04%	86.85%	93.75%	100.00%	90.96%	92.11%	83.23%	87.57%	89.35%	90.03%	87.13%	0.0%
AVERAGE	2.6442	2.5635	2.5647	2.5366	2.6074	2.0137	2.7158	2.4917	2.7014	2.6055	2.7656	2.6250	2.6896	2.7632	2.5346	2.6272	2.6576	2.6480	2.6407	0
Standard deviation	0.6514	0.6702	0.6646	0.6740	0.6567	0.8234	0.5871	0.7906	0.5802	0.6722	0.5493	0.4665	0.6135	0.5536	0.7326	0.6662	0.6378	0.6402	0.6572	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

Getting Needed Care Composite Score

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Getting Needed Care Composite Score (BASE)	440 BCE	11546 C	28135	456 BCE	455	51	382	63	357	326	112	11	126 O	125	163	213	222	237	203	0
NEVER/SOMETIMES COMPOSITE	9.35%	14.75% AE	14.43% AE	12.59%	11.21%	29.29% G	6.31%	31.38% I	5.52%	7.80%	13.39%	0.0%	7.87%	9.89%	9.78%	9.53%	9.38%	6.00%	13.69% R	0.0%
USUALLY COMPOSITE	22.65%	21.97%	22.68%	23.48%	20.93%	37.81% G	20.43%	37.39% I	19.91%	19.25%	31.56% J	4.55%	19.43%	22.77%	23.63%	24.71%	20.84%	25.78%	18.60%	0.0%
ALWAYS COMPOSITE	68.01% BC	63.28%	62.90%	63.93%	67.86% BC	32.91%	73.27% F	31.23%	74.58% H	72.94% K	55.05%	95.45%	72.70%	67.35%	66.59%	65.76%	69.78%	68.22%	67.71%	0.0%
CAHPS RATE	90.65% BC	85.25%	85.57%	87.41%	88.79% BC	70.71%	93.69% F	68.62%	94.48% H	92.20%	86.61%	100.00%	92.13%	90.11%	90.22%	90.47%	90.62%	94.00% S	86.31%	0.0%
AVERAGE	2.5866	2.4852	2.4847	2.5135	2.5665	2.0362	2.6696	1.9985	2.6906	2.6514	2.4166	2.9545	2.6484	2.5746	2.5682	2.5624	2.6040	2.6222	2.5402	0
Standard deviation	0.6519	0.7308	0.7252	0.7003	0.6714	0.7819	0.5872	0.7896	0.5597	0.6156	0.7129	0.1437	0.6172	0.6645	0.6599	0.6585	0.6468	0.5935	0.7170	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

Getting Care Quickly Composite Score

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Getting Care Quickly Composite Score (BASE)	430 CE	11730 C	28542	445 BCE	448	52	371	55	325	325	103	11	124 O	126 O	152	208	217	225	205 R	0
NEVER/SOMETIMES COMPOSITE	3.91%	10.45% ADE	9.95% ADE	6.68%	5.89%	13.92% G	2.70%	20.51% I	1.12%	2.91%	7.22%	0.0%	3.09%	4.29%	4.01%	4.44%	3.51%	2.50%	5.57%	0.0%
USUALLY COMPOSITE	12.17%	14.20%	14.80%	12.08%	15.86%	20.17%	11.25%	19.80%	11.04%	10.72%	16.60%	0.0%	12.37%	9.29%	15.03%	13.64%	10.31%	11.17%	13.42%	0.0%
ALWAYS COMPOSITE	83.92% BCE	75.35%	75.25%	81.24% BC	78.24%	65.91%	86.04% F	59.70%	87.84% H	86.37% K	76.18%	100.00%	84.54%	86.41%	80.96%	81.92%	86.18%	86.33%	81.02%	0.0%
CAHPS RATE	96.09% BC	89.55%	90.05%	93.32% BC	94.11% BC	86.08%	97.30% F	79.49%	98.88% H	97.09%	92.78%	100.00%	96.91%	95.71%	95.99%	95.56%	96.49%	97.50%	94.43%	0.0%
AVERAGE	2.8002	2.6489	2.6530	2.7456	2.7235	2.5198	2.8334	2.3919	2.8672	2.8346	2.6896	3.0000	2.8145	2.8212	2.7695	2.7747	2.8267	2.8384	2.7545	0
Standard deviation	0.4687	0.6546	0.6466	0.5661	0.5556	0.7044	0.4169	0.7723	0.3410	0.4222	0.5786	0	0.4432	0.4277	0.4986	0.5036	0.4295	0.4064	0.5295	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Child Medicaid Satisfaction Survey (ANTM22492)

How Well Doctors Communicate Composite Score

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
How Well Doctors Communicate Composite Score (BASE)	389 BC	10387 C	25210	418 BCE	414	43	339	47	303	294	93	9	119 NO	104	142	192	193	197	192 R	0
NEVER/SOMETIMES COMPOSITE	4.58%	6.44% E	6.19%	4.86%	4.36%	16.07% G	3.25%	19.99% I	2.15%	2.56%	11.08% J	0.0%	5.70%	4.57%	4.06%	5.37%	3.90%	3.43%	5.76%	0.0%
USUALLY COMPOSITE	12.19%	13.80%	14.15%	12.65%	12.06%	20.80%	11.30%	22.68%	11.16%	10.24%	18.66%	8.33%	10.34%	10.34%	15.37%	13.09%	11.17%	13.35%	11.00%	0.0%
ALWAYS COMPOSITE	83.22%	79.77%	79.66%	82.49%	83.58% BC	63.13%	85.45% F	57.33%	86.69% H	87.20% K	70.26%	91.67%	83.96%	85.10%	80.56%	81.54%	84.93%	83.21%	83.24%	0.0%
CAHPS RATE	95.42%	93.56%	93.81%	95.14%	95.64% B	83.93%	96.75% F	80.01%	97.85% H	97.44% K	88.92%	100.00%	94.30%	95.43%	95.94%	94.63%	96.10%	96.57%	94.24%	0.0%
AVERAGE	2.7864	2.7333	2.7346	2.7764	2.7922	2.4706	2.8219	2.3735	2.8454	2.8464	2.5918	2.9167	2.7826	2.8053	2.7650	2.7617	2.8104	2.7978	2.7747	0
Standard deviation	0.5013	0.5559	0.5519	0.5124	0.4980	0.7307	0.4535	0.7844	0.4081	0.4156	0.6724	0.2357	0.5245	0.4846	0.5045	0.5303	0.4717	0.4732	0.5279	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Child Medicaid Satisfaction Survey (ANTM22492)

Shared Decision Making Composite Score

						2017 Plan Results														
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Child Age				Child Gender		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel/ Very Good (J)	Good/ Fair/ Poor (K)	< 1 (L)	1-5 (M)	6-10 (N)	11 + (O)	Male (P)	Female (Q)	Mail (R)	Phone (S)	Internet (T)
Shared Decision Making Composite Score (BASE)	131	3456 C	8209	127	138	17	112	21	109	86	44 J	4	34	37	50	67	62	82 S	49	0
YES COMPOSITE	80.49%	79.27%	79.52%	76.28%	78.75%	75.98%	81.11%	77.46%	81.20%	80.04%	80.92%	83.33%	76.96%	78.08%	84.67%	82.77%	78.49%	79.34%	82.31%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S/T

2017 CAHPS® 5.0H Member Survey

Adult Medicaid – HMO

Prepared for:

Unicare of West Virginia

June 2017

Prepared by:

DSS Research

DSS RESEARCH

Looking Beyond the Expected

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Background and objectives

Background. DSS has conducted the CAHPS® member survey since 1995. For participating plans (those who submit their data to NCQA) this information can be disclosed to the public and provides a direct comparison to other participating plans. The 2017 CAHPS 5.0H survey accurately captures customer feedback and expands the scope of information gathered relative to quality of care issues.

Objectives. Specific objectives of the 2017 CAHPS 5.0H member satisfaction survey include:

Determination of member ratings of:

- Health Plan Overall
- Health Care Overall
- Personal Doctor Overall
- Specialist Overall

Assessment of member perceptions related to:

- Customer Service (CS)
- Getting Needed Care (GNC)
- Getting Care Quickly (GCQ)
- How Well Doctors Communicate (HWDC)
- Shared Decision Making (SDM)
- Coordination of Care (CoC)
- Health Promotion and Education (HPE)

Evaluation of assistance with smoking and tobacco use cessation measures.

Assessment of aspirin use for the primary prevention of cardiovascular disease.

Measurement of the percent of members who receive flu shots or sprays.

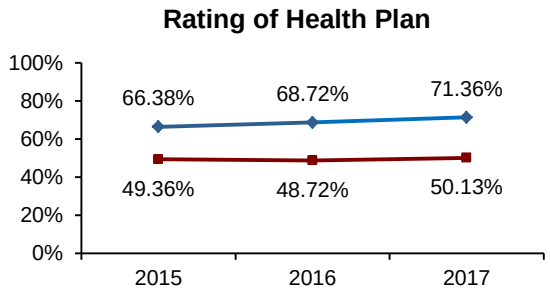
Standard measurement of all areas mentioned to facilitate meaningful comparisons among participating health plans.

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

Executive summary

Unicare of West Virginia performed similar to last year on the overall health plan rating and performed similar to two years ago.

- More than seven in 10 (71.36%) gave their health plan an overall rating of 8, 9 or 10 on a 0 to 10 scale, which is not significantly different from last year and not significantly different from two years ago.
- Half (50.13%) gave a rating of 9 or 10, which is not significantly different from last year and not significantly different from two years ago.



↑↓ *indicates a significantly higher or lower score than 2016.*

⇞⇟ *indicates a significantly higher or lower score than 2015.*

A significant improvement was seen on the following key measure compared to last year:

- Coordination of Care

Also, compared to two years ago, a significant improvement was seen on the following composite score:

- Getting Needed Care composite

Significant changes	2016 vs. 2015	2017 vs. 2016	2017 vs. 2015
Overall ratings			
Rating of Health Plan (% 8, 9 or 10) (Q35)			
Rating of Health Care (% 8, 9 or 10) (Q13)			
Rating of Personal Doctor (% 8, 9 or 10) (Q23)			
Rating of Specialist (% 8, 9 or 10) (Q27)			
Composite global proportions			
Customer Service (% Always or Usually)			
Getting Needed Care (% Always or Usually)			
Getting Care Quickly (% Always or Usually)			
How Well Doctors Communicate (% Always or Usually)			
Shared Decision Making (% Yes)			
Health Promotion and Education (% Yes) (Q8)			
Coordination of Care (% Always or Usually) (Q22)			

Green shading indicates a significantly higher score than the corresponding previous year.
Red shading indicates a significantly lower score than the corresponding previous year.
No shading indicates no significant changes.

Resources for improvement

AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link: https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html

Voice of the Member

DSS also provides feedback from adult consumers with health insurance coverage across the country. See Appendix E.

Key drivers of the overall health plan rating

The SatisAction™ key driver statistical model was used to identify the key drivers of the overall health plan rating and the results are presented in the POWeR™ Chart classification matrix on the following page.

POWeR™ Chart classification matrix

Relative performance: Higher	Relative importance: Lower	Relative importance: Higher
	Retain Items in this quadrant have a relatively small impact on the overall rating but performance is above average. ***Simply maintain performance on these items.***	**Power** These items have a relatively large impact on the overall rating and performance is above average. ***Promote and leverage strengths in this quadrant.***
Relative performance: Lower	**Wait** These items are somewhat less important than those that fall on the right side of the chart and, relatively speaking, performance is below average. ***Dealing with these items can wait until more important items have been dealt with.***	**Opportunity** Items in this quadrant have a relatively large impact on the overall rating but performance is below average. ***Focus resources on improving processes that underlie these items***.

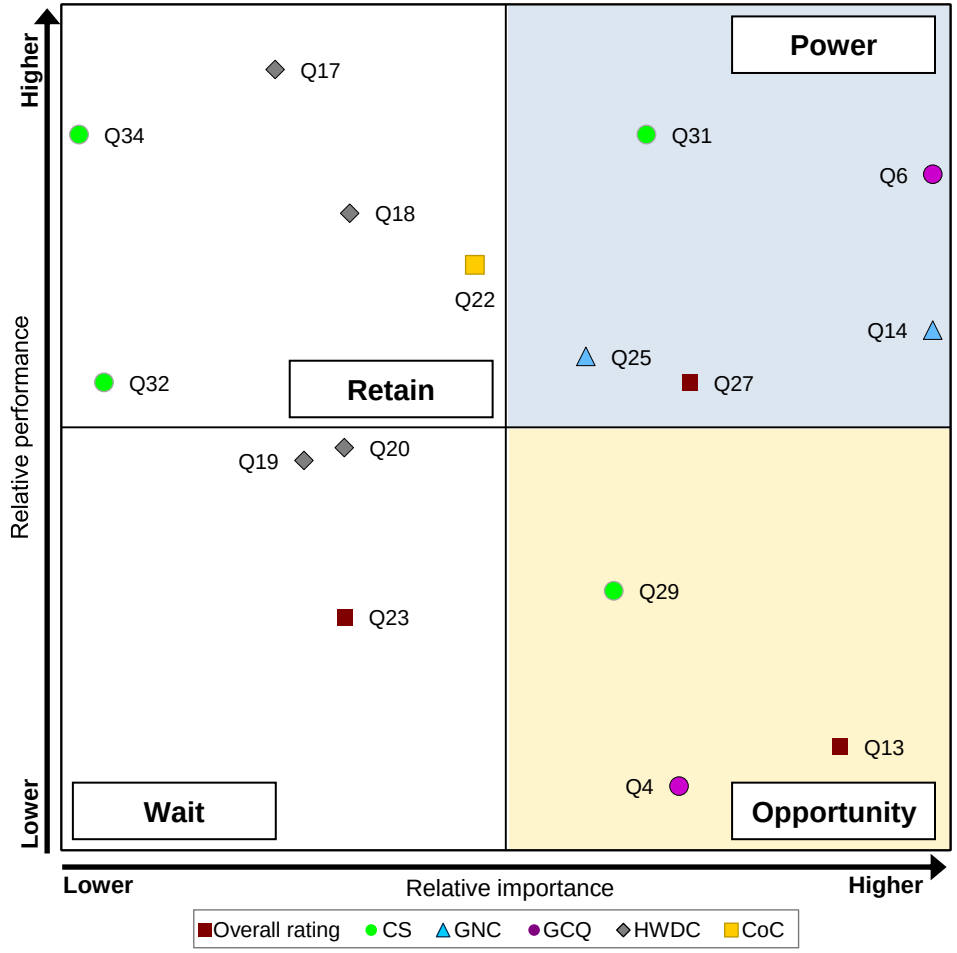
Key for Composite Names in POWeR™ Chart (on page 6)	
CS	Customer Service
GNC	Getting Needed Care
GCQ	Getting Care Quickly
HWDC	How Well Doctors Communicate
CoC	Coordination of Care

Key drivers, estimated percentiles and estimated ratings

The key drivers of the overall health plan rating are presented in the POWeR™ Chart classification matrix below. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the overall health plan rating (see Appendix C for more details).

POWeR™ Chart classification matrix

Unicare of WV



Survey Measure		Score	Estimated Percentile	Estimated Rating
Power				
Q6	Got routine care	83.21%	75th	4
Q14	Got care/tests/treatment	86.53%	75th	4
Q27	Specialist overall*	81.88%	50th	3
Q31	CS provided info./help	86.49%	75th	4
Q25	Got specialist appt.	81.46%	67th	4
Opportunity				
Q13	Health care overall*	71.14%	25th	2
Q4	Got urgent care	78.70%	10th	2
Q29	Info. provided in materials	64.86%	10th	2
Wait				
Q23	Personal doctor overall*	80.07%	33rd	3
Q20	Dr. spent enough time	89.30%	50th	3
Q19	Dr. showed respect	93.00%	50th	3
Retain				
Q22	Dr. informed about care	85.00%	75th	4
Q18	Dr. listened carefully	93.42%	75th	4
Q17	Dr. explained things	96.30%	95th	5
Q32	CS courtesy/respect	94.37%	50th	3
Q34	Easy to fill out forms	96.31%	90th	5

* Overall ratings are top 3 scores (% 8, 9 and 10).

Estimated accreditation score

The CAHPS 5.0H portion of the HEDIS® accreditation score is determined by comparing plan results to the NCQA Benchmarks and Thresholds. Points are assigned to the overall ratings and composite scores according to accreditation year and percentile range in which the score falls.

Survey measure	Mean score[1]	Estimated Percentile[2]	Percentile Threshold[2]	Points[3] 2014 Standards[4]	Points[3] 2017 Standards[4]
Overall mean ratings					
Rating of Health Plan[5]	2.3069	23.04%	<25th	0.6500	0.6500
Rating of Health Care	2.3087	24.54%	<25th	0.3250	0.3250
Rating of Personal Doctor	2.5223	46.15%	25th	0.6500	0.6500
Rating of Specialist	2.5638	64.88%	50th	1.1050	1.1050
Composite mean scores					
Customer Service	2.6300	82.50%	75th	NA	NA
Getting Needed Care	2.4291	82.16%	75th	1.4300	1.4300
Getting Care Quickly	2.4097	54.85%	50th	1.1050	1.1050
How Well Doctors Communicate[6]	2.7212	90.04%	90th	1.6250	---
Coordination of Care[6]	2.4286	69.30%	50th	---	1.1050
Total points				**6.8900**	**6.3700**

Points are assigned by percentile threshold as follows (if all measures are valid – denominator of at least 100)[3]**:**

Percentile Threshold	Percentile	Points[4]
90th	Greater than or equal to 90th percentile	1.4444
75th	Greater than or equal to 75th percentile but less than 90th percentile	1.2711
50th	Greater than or equal to 50th percentile but less than 75th percentile	0.9822
25th	Greater than or equal to 25th percentile but less than 50th percentile	0.5778
<25th	Less than 25th percentile	0.2889
	Maximum number of points	**13.0000**

Notes:

[1] Overall ratings and composite measures are converted to a mean score using a 1 to 3 scale in the accreditation score calculation according to NCQA-defined guidelines.

[2] The percentiles and percentile thresholds shown here are estimates and may change when the mid-year update is released, usually in September.

[3] NCQA will assign a measure result of NA and not assign accreditation points to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100. The measure is removed for scoring purposes and the points are redistributed among the remaining measures.

[4] A health plan's standard year is based on when they submit documentation to NCQA. The 2014 standards cover submissions between July 1, 2014, and June 30, 2015, and the 2017 standards cover submissions between July 1, 2017, and June 30, 2018. For plans accredited under the 2015 and 2016 standards, NCQA will calculate scores based on the current reporting year (2017 standards) until July 1, 2018. At that time, all plans will move to the 2018 standards.

[5] Rating of Health Plan is worth twice the points in each percentile band, i.e., 2.8889, 2.5422, 1.9644, 1.1556 and 0.5778, respectively.

[6] The How Well Doctors Communicate composite was removed from accreditation scoring in 2015 and the Coordination of Care measure was added in 2016.

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Executive summary

The flowchart below shows how the items used in the calculation of the plan's 2017 estimated accreditation score perform relative to each other. See Appendix D for more details.

Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

Accreditation Score

2014 Standards	2017 Standards	
13.0000	13.0000	Max possible score
6.8900	6.3700	Estimated 2017 total points
6.1100	6.6300	Potential to improve

Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

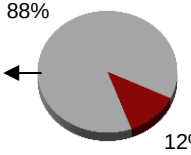
	Rating of Health Plan		Rating of Health Care			Rating of Personal Doctor		Rating of Specialist	
	2014	2017	2014	2017		2014	2017	2014	2017
Percentile	23.04%		24.54%			46.15%		64.88%	
Points	0.6500	0.6500	0.3250	0.3250		0.6500	0.6500	1.1050	1.1050
Points left	2.6000	2.6000	1.3000	1.3000		0.9750	0.9750	0.5200	0.5200

Contribution
Gap

Contribution
Gap

Customer Service

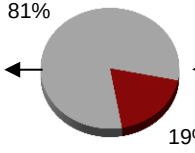
2014	2017
82.50%	
NA	NA
NA	NA



	(Q31) Info. from customer service	(Q32) Treated with courtesy/ respect
%	41.9%	45.8%
Gap	8.1%	4.2%

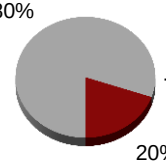
Getting Needed Care

2014	2017
82.16%	
1.4300	1.4300
0.1950	0.1950



	(Q14) Ease of getting care	(Q25) Got appt. with specialist
%	40.6%	40.4%
Gap	9.4%	9.6%

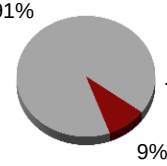
	(Q4) Urgent care	(Q6) Routine care
%	39.5%	40.8%
Gap	10.5%	9.2%



Getting Care Quickly

2014	2017
54.85%	
1.1050	1.1050
0.5200	0.5200

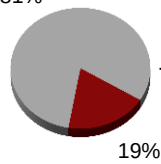
	(Q17) Dr. explained things	(Q18) Dr. listened carefully	(Q19) Dr. showed respect	(Q20) Dr. spent enough time
%	23.1%	22.8%	23.0%	21.8%
Gap	1.9%	2.2%	2.0%	3.2%



How Well Doctors Communicate

2014	2017
90.04%	
1.6250	---
0.0000	---

	(Q22) Coordination of care
%	81.0%
Gap	19.0%



Coordination of Care

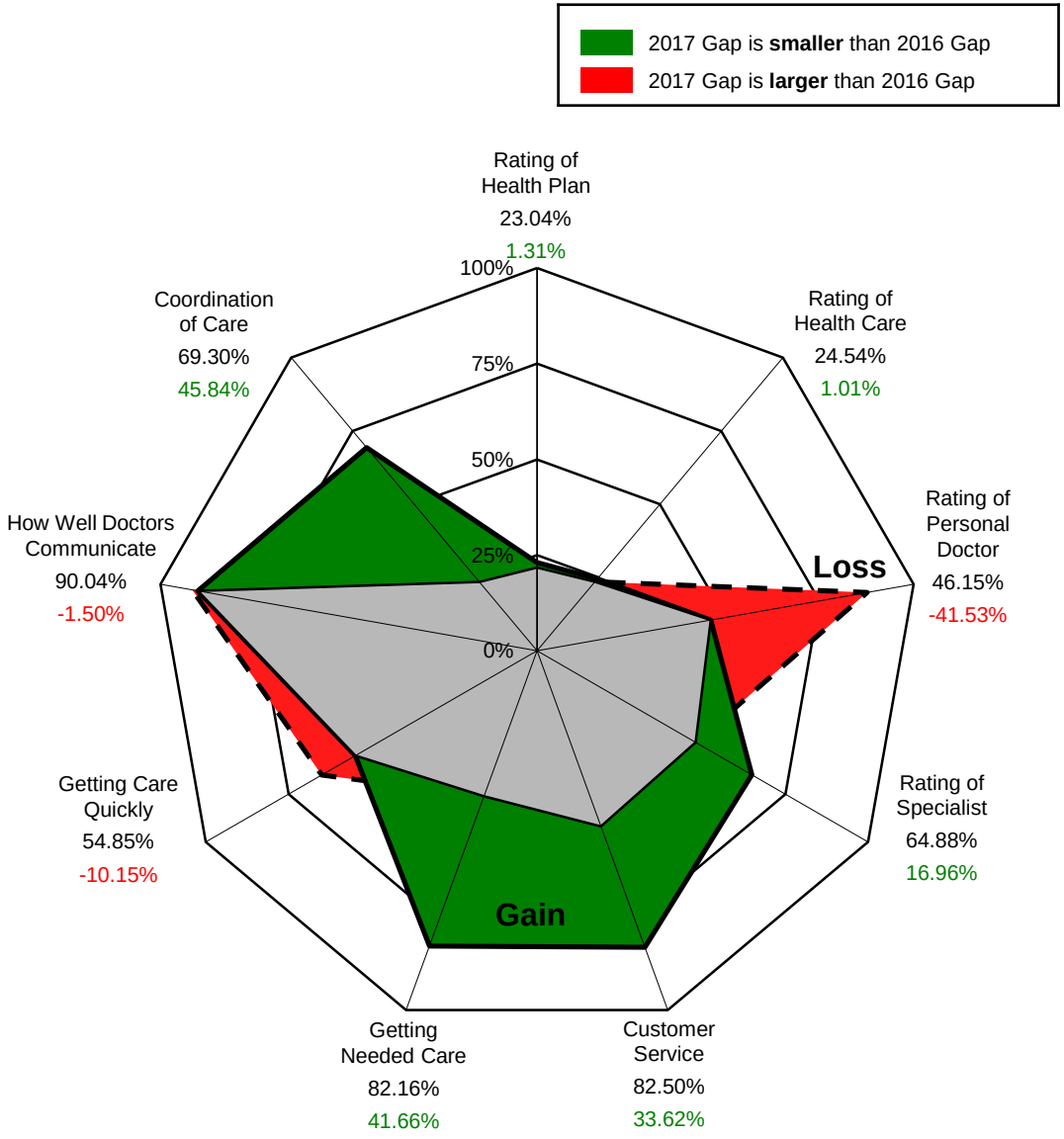
2014	2017
69.30%	
---	1.1050
---	0.5200

Strength (at or above the 90th percentile)

Potential to improve (component with largest gap)

Percentile gap analysis. The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved.

- The percentile gap was closed compared to last year on the following measures:
  - Coordination of Care
  - Getting Needed Care composite
  - Customer Service composite
  - Rating of Specialist
  - Rating of Health Plan
  - Rating of Health Care
- However, the percentile gap increased on these measures:
  - Rating of Personal Doctor
  - Getting Care Quickly composite
  - How Well Doctors Communicate composite



NCQA Health Insurance Plan Ratings

- Beginning in 2015, NCQA replaced its ranking methodology with a rating methodology.
- Health plans are now rated in three categories: clinical quality (includes prevention and treatment), consumer satisfaction and NCQA's review of health quality processes.
- Plans are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.
- The consumer satisfaction category of the rating comes from the CAHPS survey and is summarized in the table below. Percentiles and ratings are **estimated** based on the 2016 Quality Compass® data since the 2017 data were not available at the time of this report.

	Score*	Percentile	Rating
Consumer Satisfaction			**3.0**
Getting Care			3.5
Getting care easily	83.99%	67th	4.0
Getting care quickly	80.95%	33rd	3.0
Satisfaction with physicians			3.0
Rating of doctor	64.60%	33rd	3.0
Rating of specialists	70.47%	67th	4.0
Rating of care	48.99%	10th	2.0
Coordination of care	85.00%	67th	4.0
Health promotion and education	69.23%	10th	2.0
Satisfaction with health plan services			2.0
Rating of health plan	50.13%	10th	2.0
Customer service	90.43%	67th	NA

Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

* Scores are top 2 ratings (% Always or Usually or % 9 or 10) for the consumer satisfaction category.

NOTE: NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.

Questionnaire. The CAHPS 5.0H survey was used. DSS designed the survey instrument using health plan colors. An attractively formatted booklet with a cover letter explaining the importance of completing the survey was mailed to the sampled members using first class postage. A return business reply envelope addressed to DSS was included with each booklet. A copy of the survey is provided in Appendix F.

Data collection. The methodology detailed in *HEDIS® 2017 Volume 3: Specifications for Survey Measures* was used. A synopsis is outlined below.

Survey Protocol	Timeframe	Date
First questionnaire mailing	0 days	1/27/2017
First reminder postcard	4 - 10 days	2/3/2017
Second questionnaire mailing	35 days	3/3/2017
Second reminder postcard	39 - 45 days	3/10/2017
Initiate telephone interviewing	56 days	3/24/2017
Complete telephone interviewing	70 days	4/7/2017
Last day to accept completed surveys	Minimum of 81 days	5/20/2017
Data submission to NCQA		5/25/2017

Staffing of the toll-free help line. DSS staffed a toll-free phone line for members to call if they had any questions.

Sample design.

- **Qualified respondents.** Members eligible for the survey were those 18 years and older (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.
- **Sample type.** A simple random sample of the required sample size for the population was drawn. To reduce possible confusion and respondent burden, the sample was processed to remove duplicates so that only one adult per household was included in the sample.
- **Sample size and sampling error.** A sample of 406 members was obtained with an overall sampling error of +/- 4.9% at 95% confidence, using the most pessimistic assumption regarding variance (p=0.5).

- **Response rate.** The return volume and response rate information is summarized below:

Item	2017
Total mailed	1,755
Required sample	1,350
Oversample	405
Total ineligible	16
Total completed surveys	406
Mail completes	284
Phone completes	122
Adjusted response rate	23.35%
Overall sampling error	+/- 4.9%

The 2016 national average response rate for adult Medicaid was 23.7%.

Data processing and analysis. DSS processed all completed surveys and analyzed the results.

Comparison averages. Most measures are compared to the 2017 Anthem Average (2017 ANM Avg.) and the 2017 DSS Adult Medicaid Book of Business (2017 DSS Avg.). The DSS Adult Medicaid Book of Business is made up of 69 adult Medicaid plans with a total of 26,909 respondents.

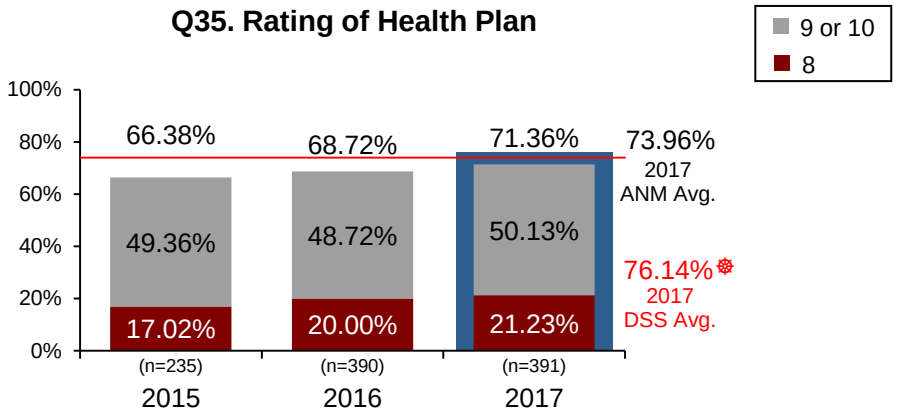
Spanish surveys. Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish. There were no surveys completed in Spanish.

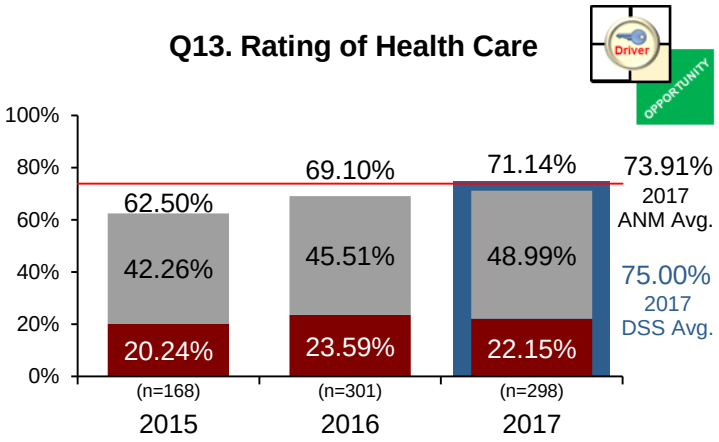
Overall ratings

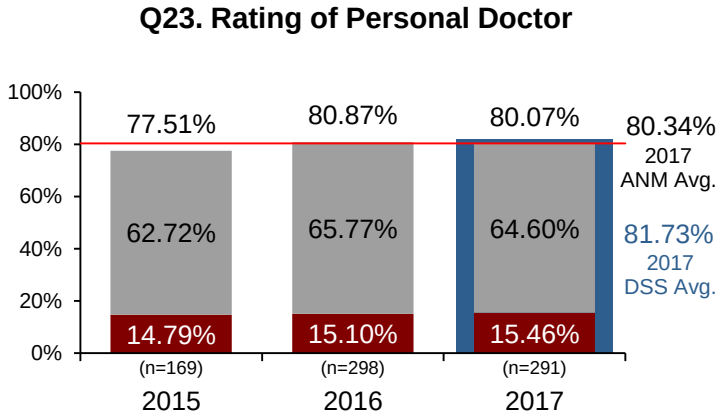
Compared to the 2016 plan result:
- None of the differences are significant.

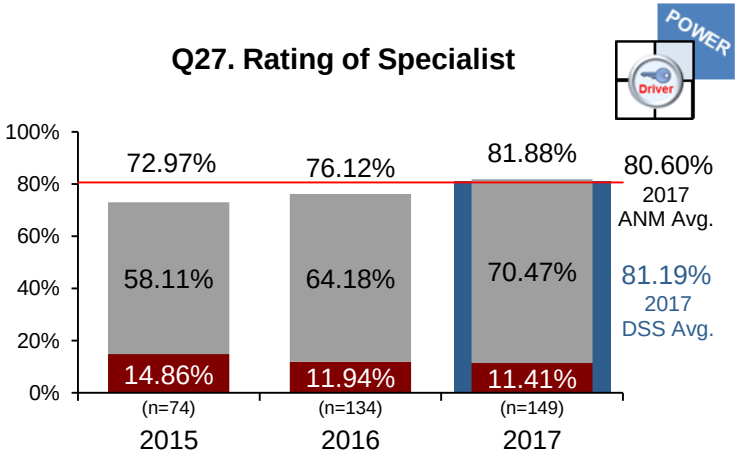
Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- Health plan is significantly lower.





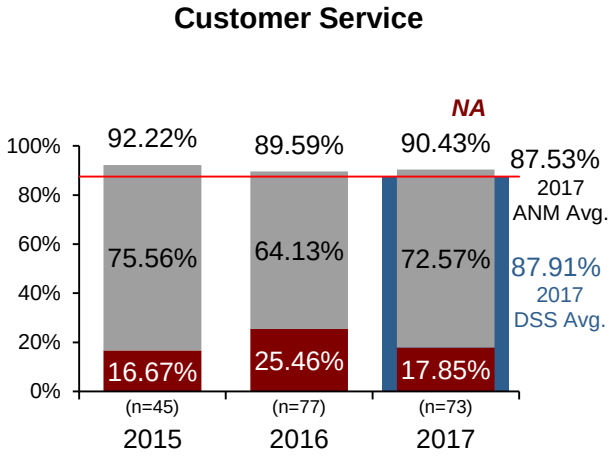


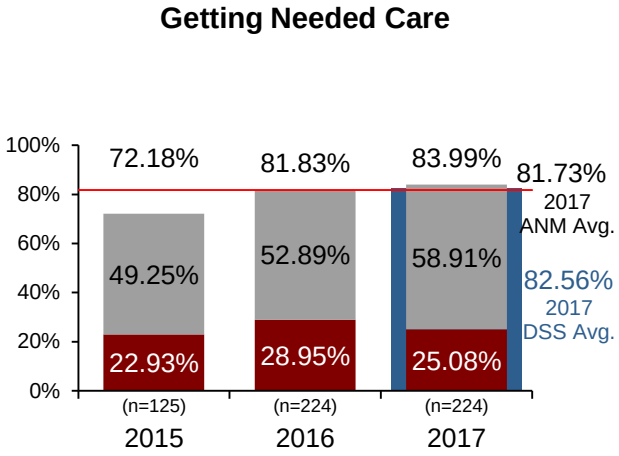


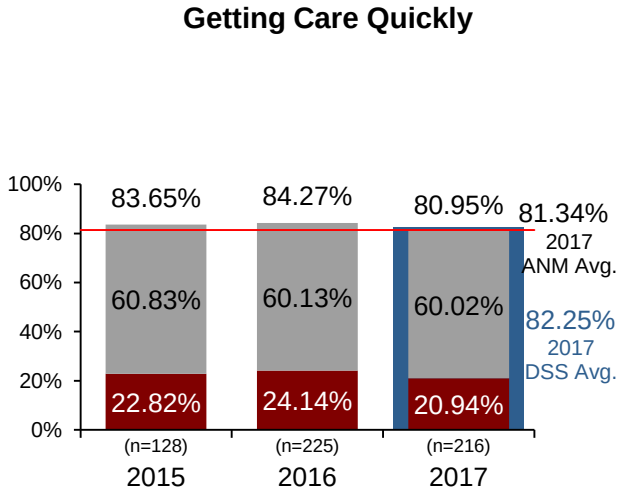
↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.
◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

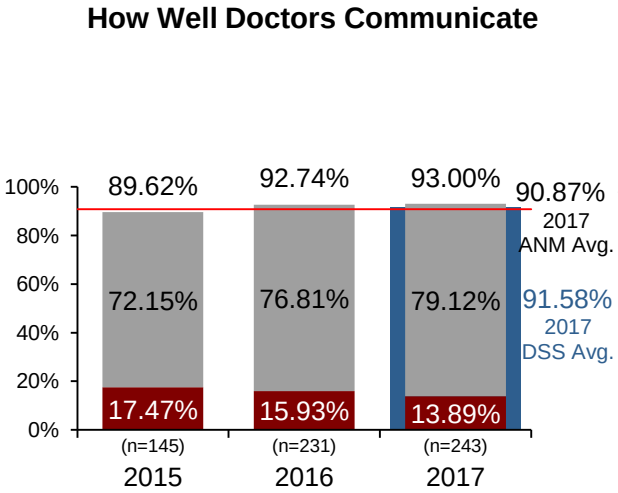
Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

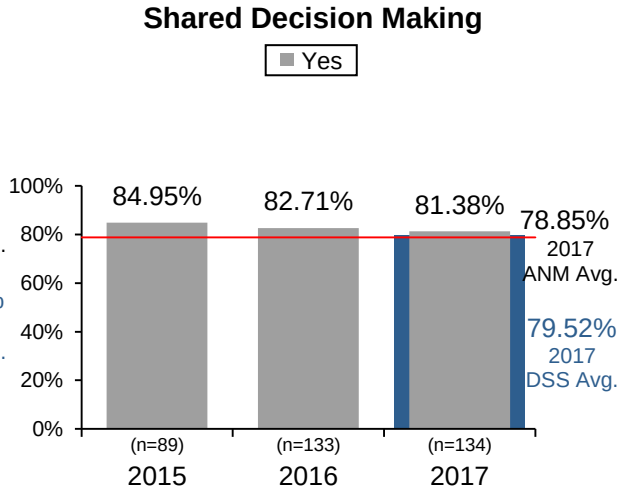
Composite global proportions











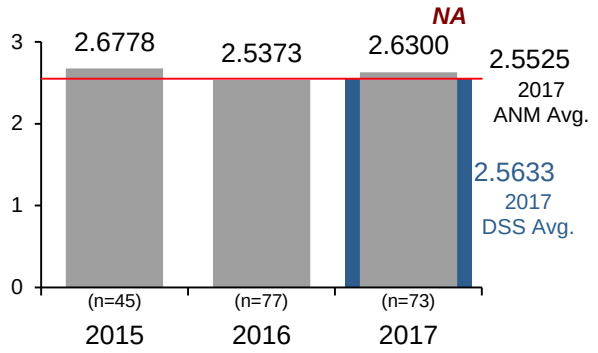
NA = NCQA will assign a measure result of NA for 2017 because the denominator (i.e., the average number of responses across all questions used to calculate the composite) is less than 100.

↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.
◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

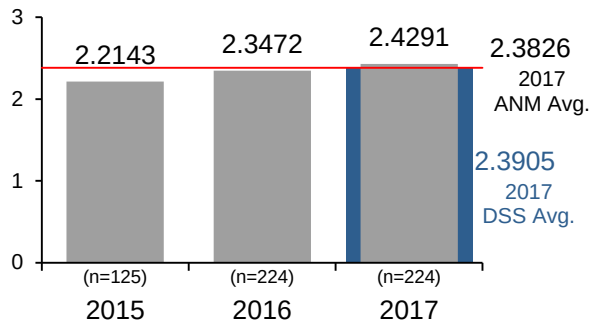
Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Composite mean scores

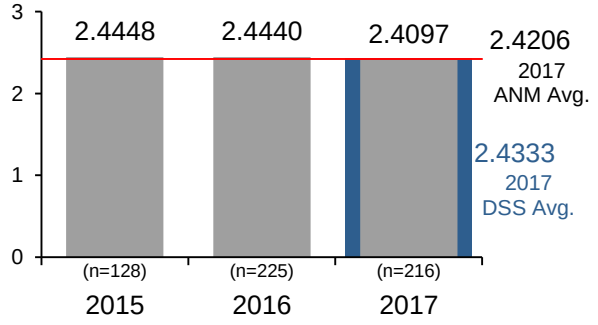
Customer Service



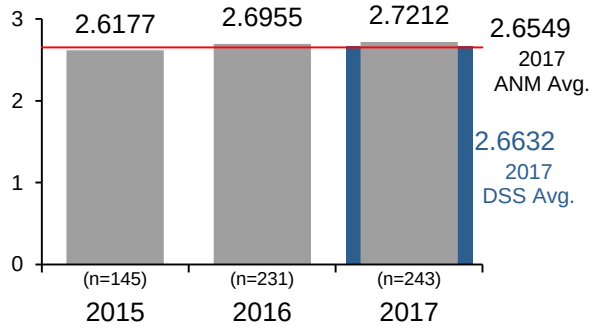
Getting Needed Care



Getting Care Quickly



How Well Doctors Communicate



***NA** = NCQA will assign a measure result of NA for 2017 because the denominator (i.e., the average number of responses across all questions used to calculate the composite) is less than 100.*

↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.
◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Customer Service

Compared to the 2016 plan result:
- None of the differences are significant.

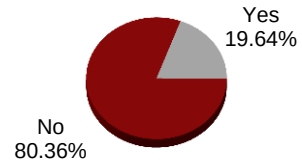
Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

Customer Service composite	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	92.22%	89.59%	90.43%	87.53%	87.91%
Mean score	2.6778	2.5373	2.6300	2.5525	2.5633

NCQA will assign a measure result of NA for 2017 because the denominator (i.e., the average number of responses across all questions used to calculate the composite) is less than 100.

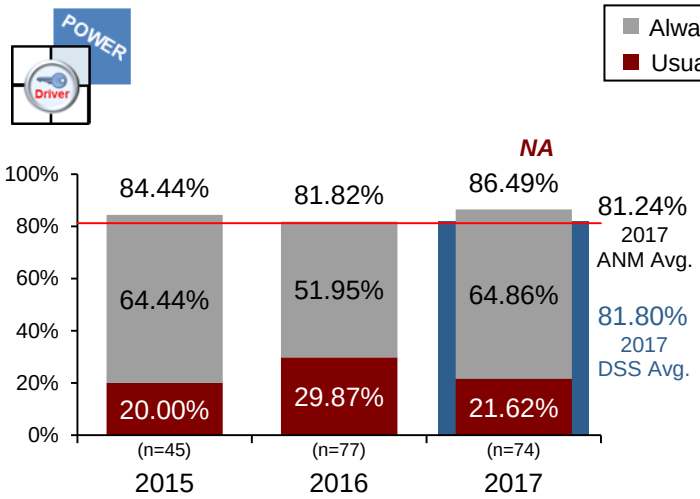
Q30. Tried to get information or help from health plan's customer service



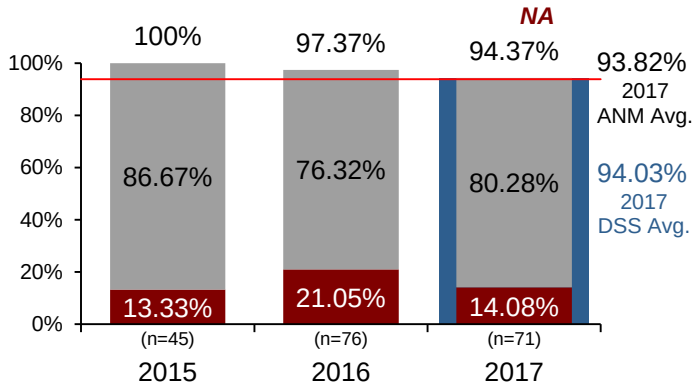
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
19.48%	19.80%	34.48%◆	33.72% ❁

Q31. Customer service provided needed information or help



Q32. Customer service treated member with courtesy and respect



***NA** = NCQA will assign a measure result of NA for 2017 because the denominator is less than 100.*

↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.
◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

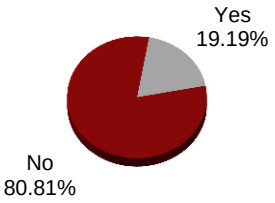
Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

Q28. Looked for information in written materials/on the Internet



(% "Yes")

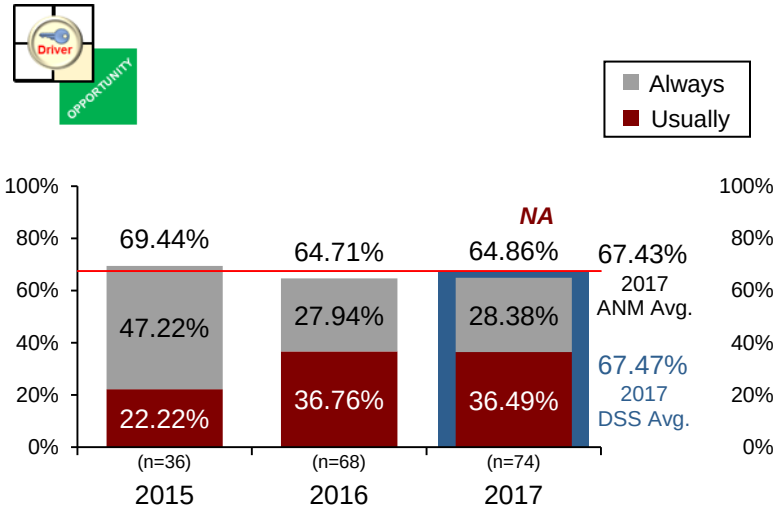
2015	2016	2017 ANM Avg.	2017 DSS Avg.
15.83%	17.24%	22.42%	21.47%

Q33. Health plan gave member forms to fill out

(% "Yes")

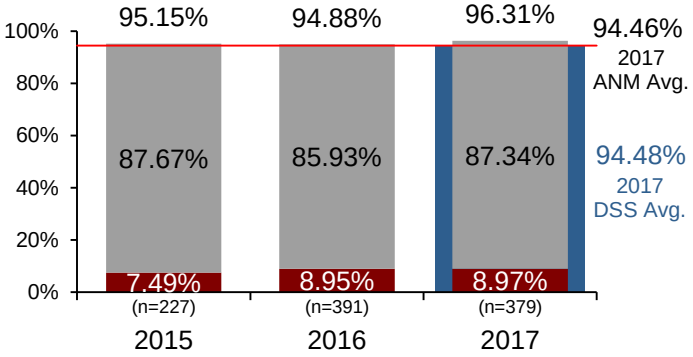
2015	2016	2017 ANM Avg.	2017 DSS Avg.
27.75%	25.70%	28.28%	27.63%

Q29. Written materials or Internet provided needed information



Q34. Health plan forms were easy to fill out

Note: The rate for this question is calculated using the responses to this question and "No" responses to Q33.



NA = NCQA will assign a measure result of NA for 2017 because the denominator is less than 100.

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◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Getting Needed Care

Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

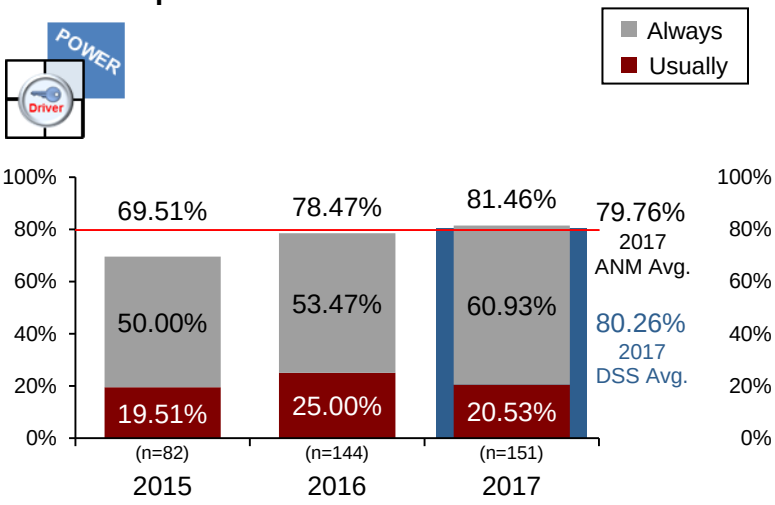
Getting Needed Care composite					
	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	72.18%	81.83%	83.99%	81.73%	82.56%
Mean score	2.2143	2.3472	2.4291	2.3826	2.3905

Q24. Made appointment to see a specialist

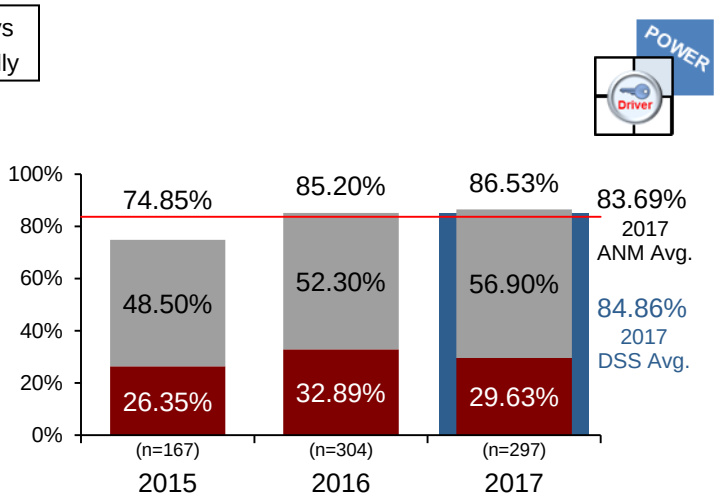
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
35.27%	36.14%	43.89%◆	44.45% ❁

Q25. Got appointment with specialist as soon as needed



Q14. Ease of getting care, tests or treatment



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◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Getting Care Quickly

Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

Q3. Had illness/injury/condition that needed care right away

(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
44.72%	47.77%	43.01%	42.22%

Q5. Made appointments for health care at doctor's office or clinic

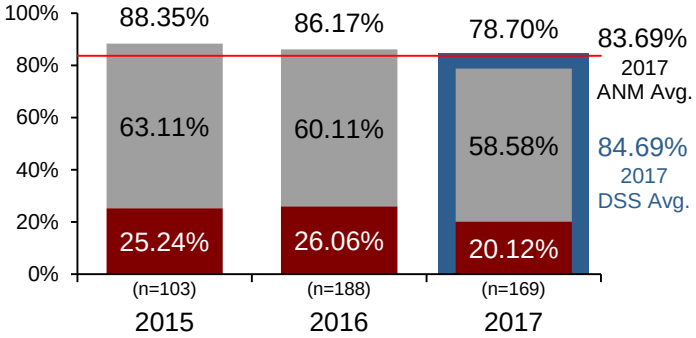
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
64.49%	67.49%	71.83%	72.87%

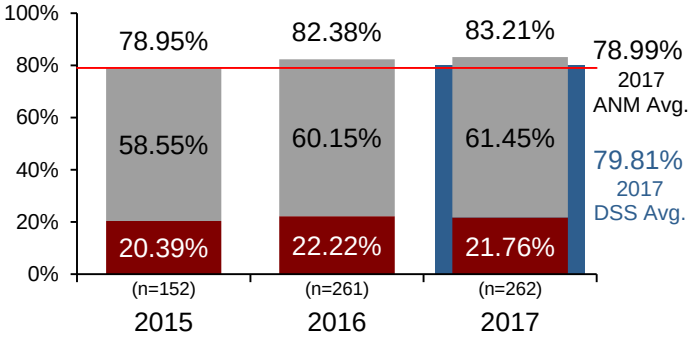
Getting Care Quickly composite

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	83.65%	84.27%	80.95%	81.34%	82.25%
Mean score	2.4448	2.4440	2.4097	2.4206	2.4333

Q4. Got urgent care as soon as needed



Q6. Got check-up or routine appointment as soon as needed



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◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

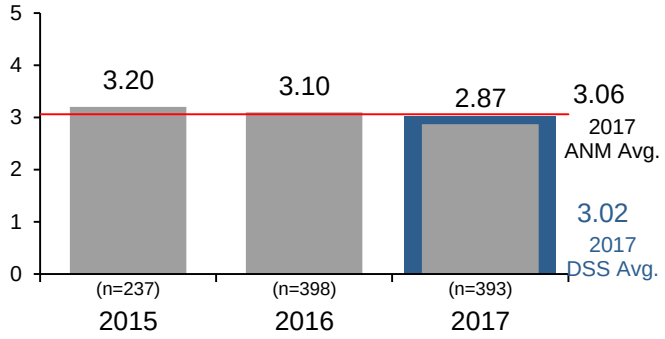
Doctor or Specialist Visits

Compared to the 2016 plan result:
- None of the differences are significant.

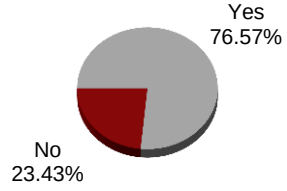
Compared to the 2017 ANM Average:
- Average number of specialists seen is significantly lower.

Compared to the 2017 DSS Average:
- Average number of specialists seen is significantly lower.

Q7. Average number of visits to doctor's office or clinic



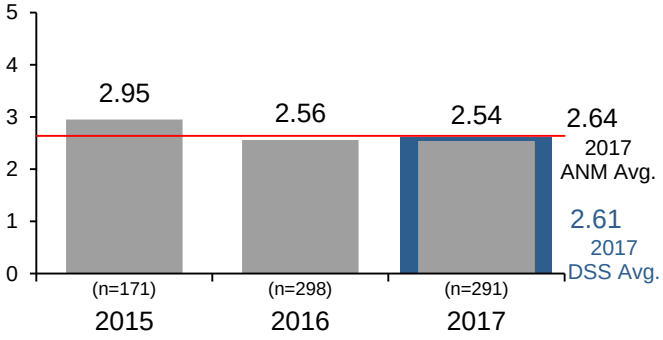
Q15. Have a personal doctor



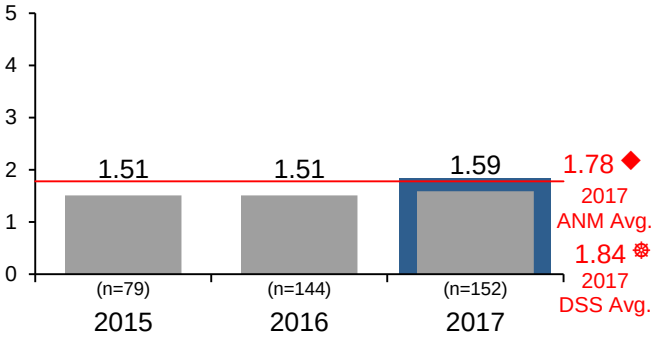
(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
72.20%	77.67%	80.62%	80.94% ❁

Q16. Average number of visits to personal doctor



Q26. Average number of specialists seen



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Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

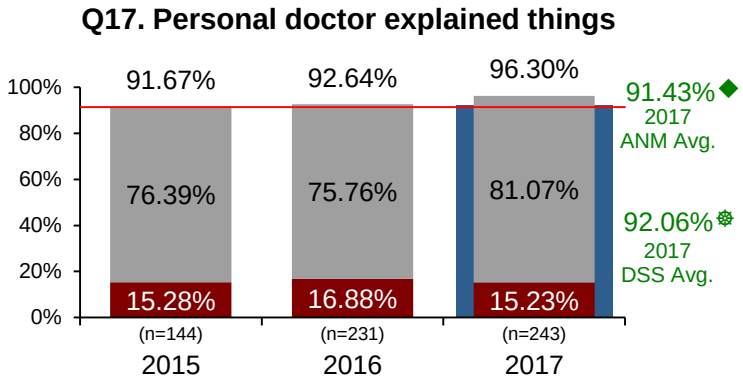
How Well Doctors Communicate

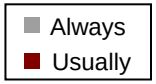
Compared to the 2016 plan result:
- None of the differences are significant.

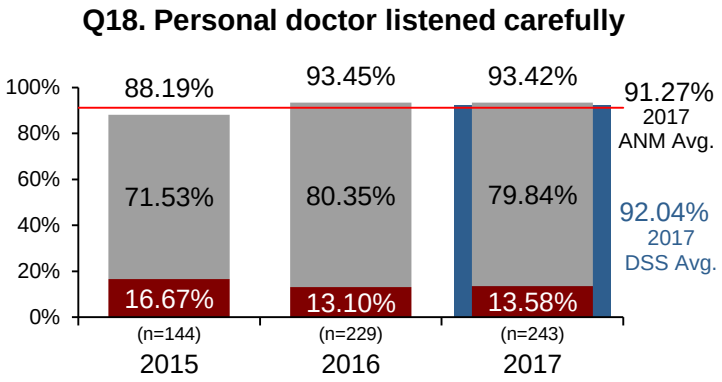
Compared to the 2017 ANM Average:
- Doctor explained things is significantly higher.

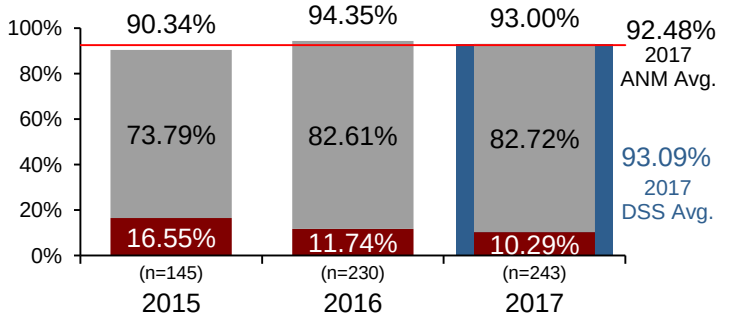
Compared to the 2017 DSS Average:
- Doctor explained things is significantly higher.

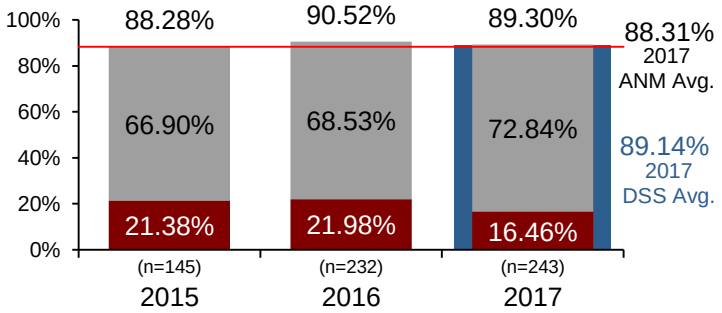
How Well Doctors Communicate composite					
	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	89.62%	92.74%	93.00%	90.87%	91.58%
Mean score	2.6177	2.6955	2.7212	2.6549	2.6632











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Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Shared Decision Making

Compared to the 2016 plan result:
- None of the differences are significant.

Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

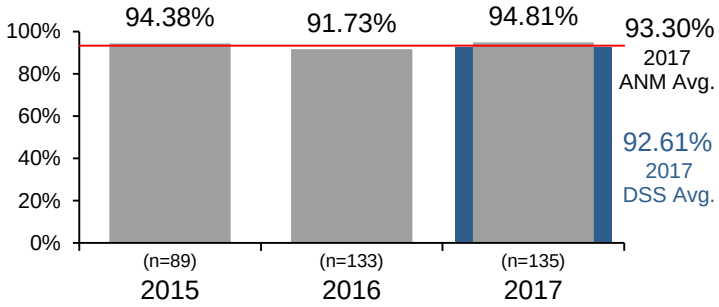
Q9. Doctor discussed starting or stopping a prescription medicine

(% "Yes")

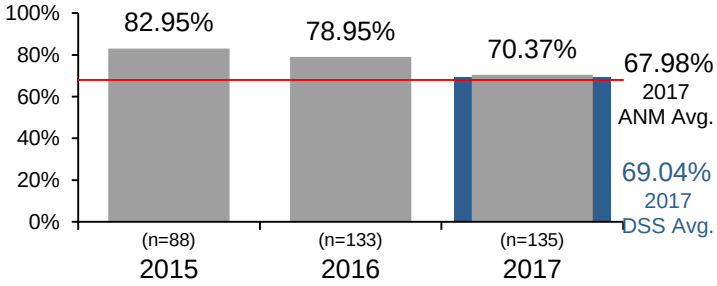
2015	2016	2017 ANM Avg.	2017 DSS Avg.
52.94%	44.67%	47.79%	47.61%

Shared Decision Making composite	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Global proportion	84.95%	82.71%	81.38%	78.85%	79.52%

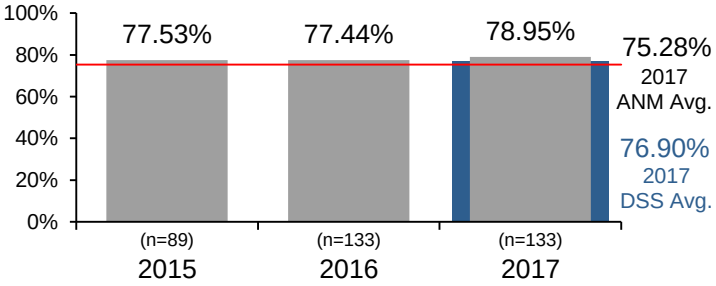
Q10. Doctor discussed reasons to take a medicine
(% "Yes")



Q11. Doctor discussed reasons <u>not</u> to take a medicine
(% "Yes")



Q12. Doctor asked what you thought was best
(% "Yes")



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◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

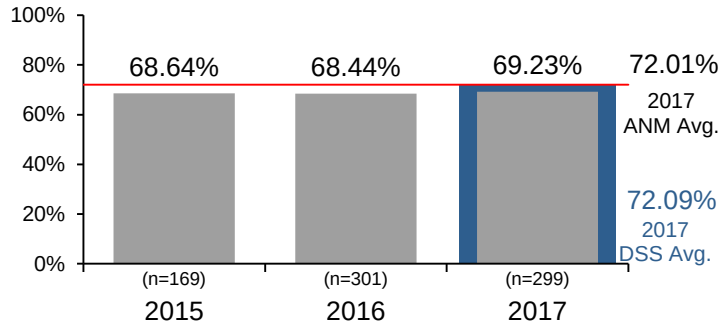
Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Compared to the 2016 plan result:
- The difference is not significant.

Compared to the 2017 ANM Average:
- The difference is not significant.

Compared to the 2017 DSS Average:
- The difference is not significant.

Q8. Doctor discussed ways to prevent illness
(% "Yes")



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❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

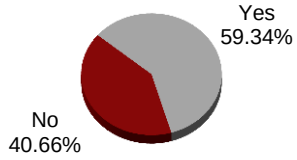
Coordination of Care

Compared to the 2016 plan result:
- Doctor seemed informed about care from other providers is significantly higher.

Compared to the 2017 ANM Average:
- The difference is not significant.

Compared to the 2017 DSS Average:
- The difference is not significant.

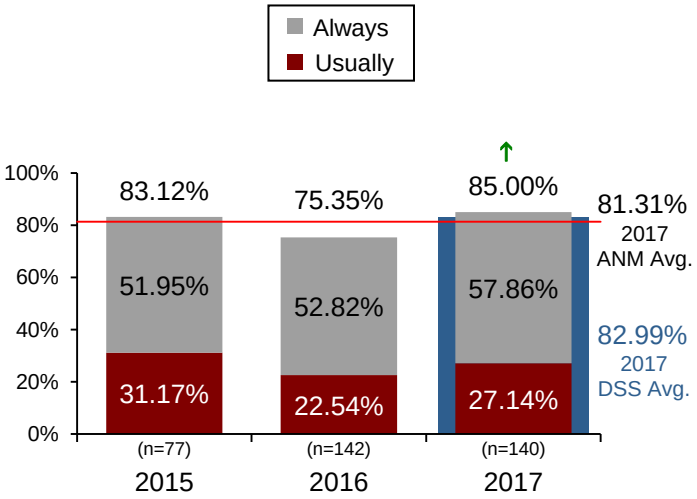
Q21. Received care from doctor or health provider besides personal doctor



(% "Yes")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
53.85%	61.90%	60.69%	60.90%

Q22. Personal doctor seemed informed about care from other providers



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Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

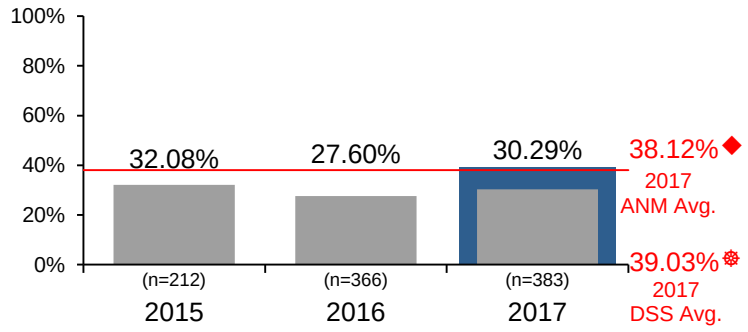
Flu Vaccinations for Adults Ages 18-64

Compared to the 2016 plan result:
- The difference is not significant.

Compared to the 2017 ANM Average:
- Flu shot is significantly lower.

Compared to the 2017 DSS Average:
- Flu shot is significantly lower.

Q38. Received a flu shot or spray since July 1 (of previous year)
(% "Yes")



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❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Medical Assistance With Smoking and Tobacco Use Cessation

Compared to the 2016 plan result:
- Discussing cessation medications is significantly higher.

Compared to the 2017 ANM Average:
- None of the differences are significant.

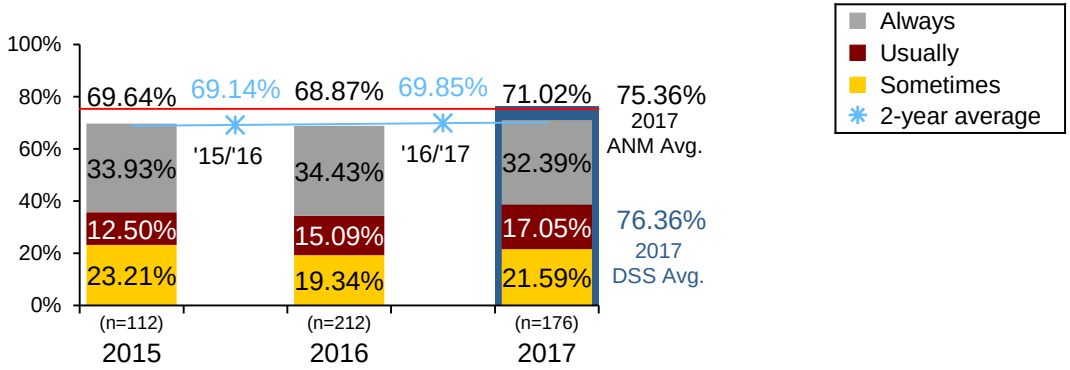
Compared to the 2017 DSS Average:
- None of the differences are significant.

Q39. Currently smoke cigarettes/ use tobacco

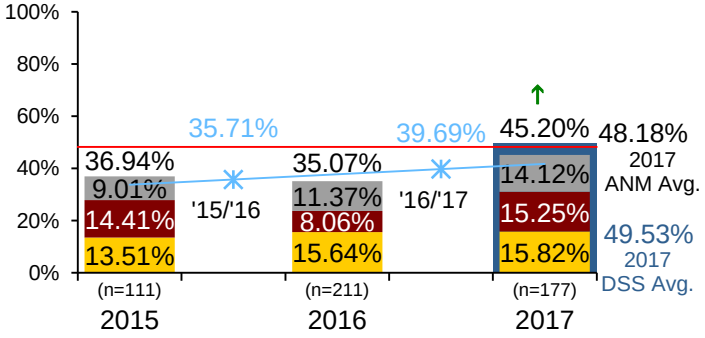
(% "Every day" or "Some days")

2015	2016	2017 ANM Avg.	2017 DSS Avg.
47.88%	52.74%	33.77%◆	31.63%❁

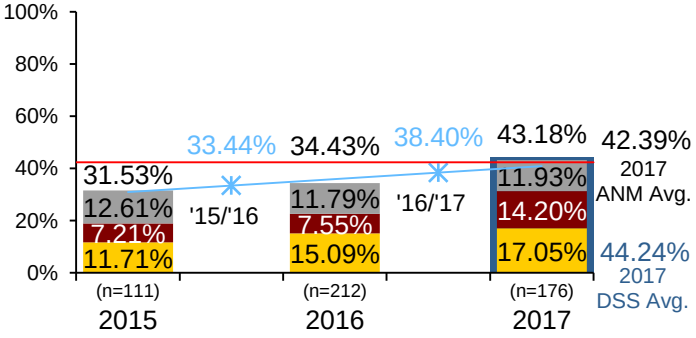
Q40. Advising Smokers and Tobacco Users to Quit



Q41. Discussing Cessation Medications



Q42. Discussing Cessation Strategies



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❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

Percentages lower than 5% are not labeled in charts where space does not permit.

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

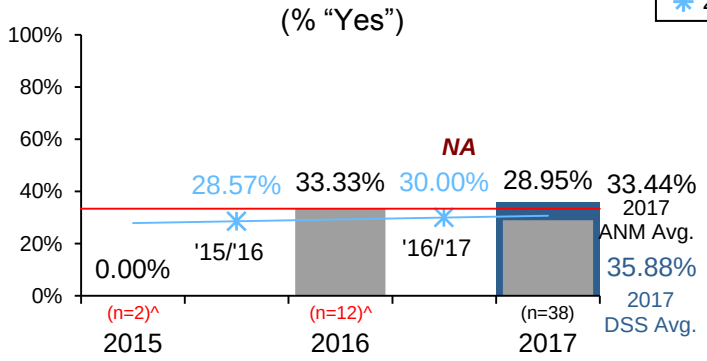
Aspirin Use and Discussion

Compared to the 2016 plan result:
- None of the differences are significant.

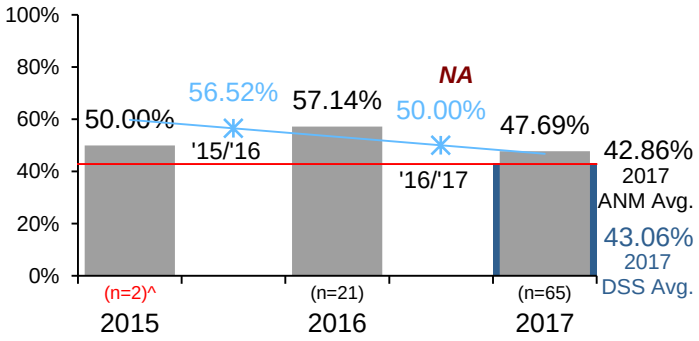
Compared to the 2017 ANM Average:
- None of the differences are significant.

Compared to the 2017 DSS Average:
- None of the differences are significant.

Q43. Aspirin Use (daily or every other day)
(% "Yes")



Q45. Discussing Aspirin Risks and Benefits
(% "Yes")



NA = NCQA will assign a measure result of NA for 2017 because the denominator is less than 100 for the current 2-year average.

NCQA only reports this measure for the following members:

Those who do not have a health problem or take medication that makes taking aspirin unsafe (Q44 = "No"), do not have an exclusion (any response to Q47) and who are:

1. Women age 56-79 with at least two risk factors
2. Men age 46-65 with at least one risk factor
3. Men age 66-79

Risk factors include:
Q39 = Smoke/use tobacco "every day" or "some days"
Q46 = Have "high cholesterol"
Q46 = Have "high blood pressure"
Q46 = Have "parent or sibling with heart attack before the age of 60"

NCQA only reports this measure for the following members:

Those who do not have an exclusion (any response to Q47) and who are:

1. Women age 56-79
2. Men age 46-79

Q47 exclusions include:
- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.
◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.
❁ ❁ Indicates a significant difference between the 2017 plan result and the 2017 DSS Average.

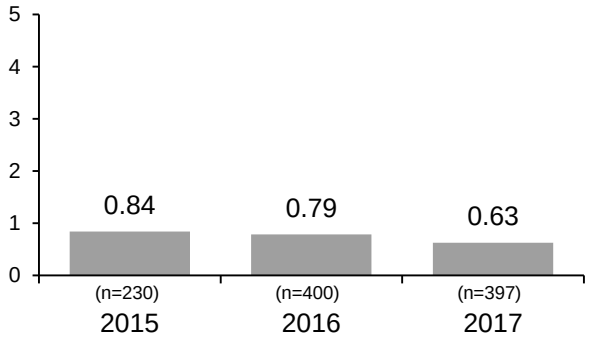
^Caution: small base size (n<20).

Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Additional questions

Emergency care

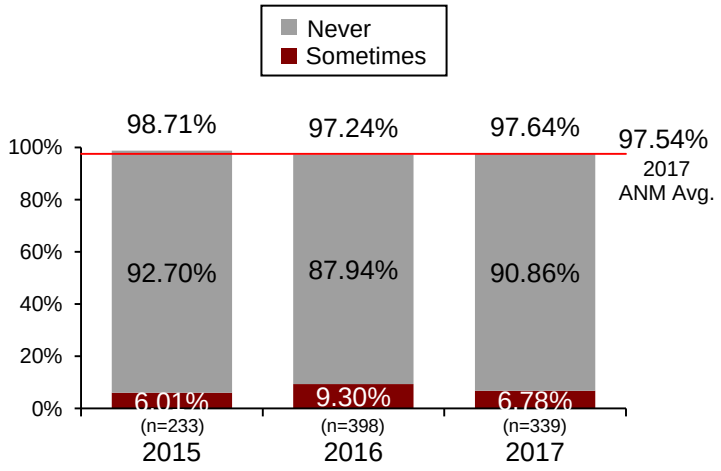
Q59. Average frequency of going to ER for care
(In number of visits)



↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.

Language barriers

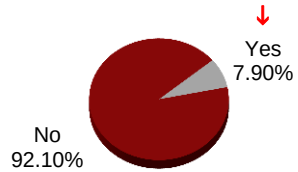
Q60. Had hard time speaking with or understanding physician



↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.
◆ ◆ Indicates a significant difference between the 2017 plan result and the 2017 ANM Average.

Calling a doctor's office after hours

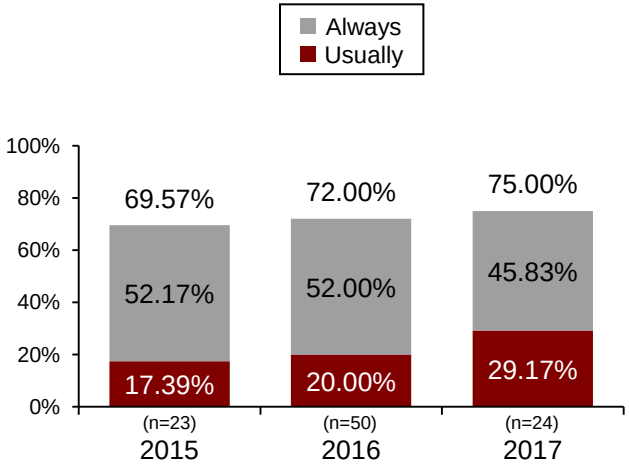
Q61. Phoned to get help or advice



(% "Yes")

2015	2016	2017 ANM Avg.
9.96%	12.78%	---

Q62. Got help needed or advice



↑ ↓ Indicates a significant difference between the 2017 plan result and the 2016 plan result.

Appendix A
Member profile

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Member health					
Overall health (Q36)					
Excellent/Very good	39.24%	34.49%	29.72%	32.24%	32.01%
Good	30.80%	38.71%	34.26%	32.54%	32.98%
Fair/Poor	29.96%	26.80%	36.02% ↑	35.23%	35.02%
Overall mental/emotional health (Q37)					
Excellent/Very good	40.08%	37.13%	40.66%	42.28%	41.85%
Good	31.22%	35.40%	31.31%	28.20%	29.08%
Fair/Poor	28.69%	27.48%	28.03%	29.51%	29.07%
Aspirin use and discussion					
Aspirin Use (Q43) – All respondents	15.95%	13.68%	20.45% ↑	24.80% ◆	26.64% ❁
Aspirin Use (Q43) – Qualified respondents	0.00%	33.33%	28.95%	33.44%	35.88%
Have a health problem/take medication that makes taking aspirin unsafe (Q44)	5.80%	6.81%	9.36%	11.15%	11.16%
Discussing Aspirin Risks and Benefits (Q45) – All respondents	35.71%	33.83%	40.55% ↑	40.36%	41.42%
Discussing Aspirin Risks and Benefits (Q45) – Qualified respondents	50.00%	57.14%	47.69%	42.86%	43.06%
Aware of having of any of the following conditions (Q46):					
High cholesterol	12.36%	13.17%	26.60% ↑	26.53%	28.30%
High blood pressure	23.94%	20.24%	36.70% ↑	36.88%	37.83%
Parent or sibling with heart attack before the age of 60	22.39%	29.51%	26.85%	20.20% ◆	19.12% ❁
Doctor has told you that you have the following conditions (Q47):					
Heart attack	3.09%	1.46%	3.45%	5.29% ◆	5.66% ❁
Angina or coronary heart disease	2.32%	2.44%	4.68%	5.32%	5.55%
Stroke	3.09%	1.95%	3.94%	5.08%	5.46%
Any kind of diabetes or high blood sugar	11.58%	13.66%	19.70% ↑	20.98%	21.82%
Got health care 3 or more times for the same condition or problem in the last 6 months (Q48)	30.77%	32.92%	33.59%	34.65%	34.23%
Condition or problem has lasted for at least 3 months (not including pregnancy or menopause) (Q49)	82.86%	79.23%	84.13%	83.95%	84.11%
Now need or take medicine prescribed by a doctor (not including birth control) (Q50)	49.58%	51.37%	65.74% ↑	64.48%	66.38%
Medicine is to treat a condition that has lasted for at least 3 months (not including pregnancy or menopause) (Q51)	96.55%	93.17%	96.86%	91.98% ◆	92.06% ❁

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Note: The DSS Average is the 2017 DSS Adult Medicaid Book of Business.

Member profile

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Member demographics					
Age (Q52)					
18-34	63.40%	62.96%	33.75% ↓	31.78%	27.49% ☸
35-44	25.11%	22.47%	19.75%	14.98% ◆	13.99% ☸
45-54	11.06%	12.59%	22.50% ↑	20.36%	20.28%
55 or older	0.43%	1.98%	24.00% ↑	32.88% ◆	38.24% ☸
Gender (Q53)					
Male	12.09%	24.11%	35.88% ↑	38.06%	38.71%
Female	87.91%	75.89%	64.12% ↓	61.94%	61.29%
Education (Q54)					
High school or less	70.13%	73.05%	71.97%	63.60% ◆	61.72% ☸
Some college	25.11%	22.42%	22.73%	27.15% ◆	28.03% ☸
College graduate or more	4.76%	4.53%	5.30%	9.25% ◆	10.25% ☸
Race/ethnicity (Q55/Q56)					
White	94.04%	96.98%	95.47%	64.92% ◆	65.30% ☸
Hispanic or Latino	1.29%	1.80%	2.08%	13.77% ◆	17.08% ☸
Black or African-American	5.11%	4.03%	5.54%	24.90% ◆	22.12% ☸
Asian	0.43%	0.25%	0.25%	4.85% ◆	5.73% ☸
Native Hawaiian or other Pacific Islander	0.85%	0.25%	0.25%	1.03% ◆	2.00% ☸
American Indian or Alaska Native	5.11%	6.05%	6.30%	5.29%	4.96%
Other	1.70%	3.02%	2.02%	10.67% ◆	11.34% ☸

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Appendix B
Overall ratings and composite score summary tables

Key measures – global proportions and summary rates

	2015	2016	2017	2017 Num.	2017 Den.	2017 ANM Avg.	2017 DSS Avg.
Rating of Health Plan (Q35) (% 8, 9 or 10)	**66.38%**	**68.72%**	**71.36%**	***279***	***391***	**73.96%**	**76.14%** ☸
Rating of Health Care (Q13) (% 8, 9 or 10)	**62.50%**	**69.10%**	**71.14%**	***212***	***298***	**73.91%**	**75.00%**
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	**77.51%**	**80.87%**	**80.07%**	***233***	***291***	**80.34%**	**81.73%**
Rating of Specialist (Q27) (% 8, 9 or 10)	**72.97%**	**76.12%**	**81.88%**	***122***	***149***	**80.60%**	**81.19%**
Customer Service (% Always or Usually)	**92.22%**	**89.59%**	**90.43%**	**---**	***73***	**87.53%**	**87.91%**
Q31. Got needed information from customer service	84.44%	81.82%	86.49%	*64*	*74*	81.24%	81.80%
Q32. Staff treated you with courtesy and respect	100%	97.37%	94.37%	*67*	*71*	93.82%	94.03%
Getting Needed Care (% Always or Usually)	**72.18%**	**81.83%**	**83.99%**	**---**	***224***	**81.73%**	**82.56%**
Q25. Got appointment with specialist as soon as needed	69.51%	78.47%	81.46%	*123*	*151*	79.76%	80.26%
Q14. Ease of getting needed care, tests or treatment	74.85%	85.20%	86.53%	*257*	*297*	83.69%	84.86%
Getting Care Quickly (% Always or Usually)	**83.65%**	**84.27%**	**80.95%**	**---**	***216***	**81.34%**	**82.25%**
Q4. Got urgent care as soon as needed	88.35%	86.17%	78.70%	*133*	*169*	83.69%	84.69%
Q6. Got routine appointment as soon as needed	78.95%	82.38%	83.21%	*218*	*262*	78.99%	79.81%
How Well Doctors Communicate (% Always or Usually)	**89.62%**	**92.74%**	**93.00%**	**---**	***243***	**90.87%**	**91.58%**
Q17. Personal doctor explained things	91.67%	92.64%	96.30%	*234*	*243*	91.43% ◆	92.06% ☸
Q18. Personal doctor listened carefully	88.19%	93.45%	93.42%	*227*	*243*	91.27%	92.04%
Q19. Personal doctor showed respect	90.34%	94.35%	93.00%	*226*	*243*	92.48%	93.09%
Q20. Personal doctor spent enough time	88.28%	90.52%	89.30%	*217*	*243*	88.31%	89.14%
Shared Decision Making (% Yes)	**84.95%**	**82.71%**	**81.38%**	**---**	***134***	**78.85%**	**79.52%**
Q10. Doctor discussed reasons to take medicines	94.38%	91.73%	94.81%	*128*	*135*	93.30%	92.61%
Q11. Doctor discussed reasons to not take medicines	82.95%	78.95%	70.37%	*95*	*135*	67.98%	69.04%
Q12. Doctor asked what you thought was best	77.53%	77.44%	78.95%	*105*	*133*	75.28%	76.90%
Health Promotion and Education (Q8) (% Yes)	**68.64%**	**68.44%**	**69.23%**	***207***	***299***	**72.01%**	**72.09%**
Coordination of Care (Q22) (% Always or Usually)	**83.12%**	**75.35%**	**85.00%** ↑	***119***	***140***	**81.31%**	**82.99%**
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	**32.08%**	**27.60%**	**30.29%**	***116***	***383***	**38.12%** ◆	**39.03%** ☸
Medical Assistance With Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Two-year average)*		**2015/2016**	**2016/2017**				
Q40. Advising Smokers and Tobacco Users to Quit	---	69.14%	69.85%	*271*	*388*	75.36% ◆	76.36% ☸
Q41. Discussing Cessation Medications	---	35.71%	39.69%	*154*	*388*	48.18% ◆	49.53% ☸
Q42. Discussing Cessation Strategies	---	33.44%	38.40%	*149*	*388*	42.39%	44.24% ☸
Aspirin Use and Discussion *(Two-year average)*							
Q43. Aspirin Use – Qualified respondents	---	28.57%	30.00%	*15*	*50*	33.44%	35.88%
Q45. Discussing Aspirin Risks and Benefits – Qualified respondents	---	56.52%	50.00%	*43*	*86*	42.86%	43.06%

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Overall ratings and composites – global proportions and summary rates

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Overall ratings					
Rating of Health Plan (Q35) (% 8, 9 or 10)	66.38%	68.72%	71.36%	73.96%	76.14% ❁
Rating of Health Care (Q13) (% 8, 9 or 10)	62.50%	69.10%	71.14%	73.91%	75.00%
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	77.51%	80.87%	80.07%	80.34%	81.73%
Rating of Specialist (Q27) (% 8, 9 or 10)	72.97%	76.12%	81.88%	80.60%	81.19%
Overall ratings and composite scores					
Rating of Health Plan (Q35) (% 9 or 10)	49.36%	48.72%	50.13%	56.62% ◆	59.24% ❁
Rating of Health Care (Q13) (% 9 or 10)	42.26%	45.51%	48.99%	53.88%	55.54% ❁
Rating of Personal Doctor (Q23) (% 9 or 10)	62.72%	65.77%	64.60%	65.08%	66.90%
Rating of Specialist (Q27) (% 9 or 10)	58.11%	64.18%	70.47%	66.39%	66.85%
Customer Service (% Always or Usually)	92.22%	89.59%	90.43%	87.53%	87.91%
Getting Needed Care (% Always or Usually)	72.18%	81.83%	83.99%	81.73%	82.56%
Getting Care Quickly (% Always or Usually)	83.65%	84.27%	80.95%	81.34%	82.25%
How Well Doctors Communicate (% Always or Usually)	89.62%	92.74%	93.00%	90.87%	91.58%
Shared Decision Making (% Yes)	84.95%	82.71%	81.38%	78.85%	79.52%
Health Promotion and Education (Q8) (% Yes)	68.64%	68.44%	69.23%	72.01%	72.09%
Coordination of Care (Q22) (% Always or Usually)	83.12%	75.35%	85.00% ↑	81.31%	82.99%

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Overall ratings and composites – mean scores

	2015	2016	2017	2017 ANM Avg.	2017 DSS Avg.
Overall mean ratings: 0 - 10 scale					
Rating of Health Plan (Q35)	7.9702	8.0821	8.1688	8.3215	8.4218 ☸
Rating of Health Care (Q13)	7.8690	8.0864	8.2282	8.2927	8.3415
Rating of Personal Doctor (Q23)	8.4675	8.7349	8.6289	8.6029	8.6764
Rating of Specialist (Q27)	8.2838	8.5224	8.6779	8.6282	8.6442
Overall ratings and composite scores: Three-point mean scores					
Rating of Health Plan (Q35)	2.2851	2.3026	2.3069	2.4053 ◆	2.4447 ☸
Rating of Health Care (Q13)	2.1845	2.2791	2.3087	2.3845	2.4072 ☸
Rating of Personal Doctor (Q23)	2.4615	2.5638	2.5223	2.5238	2.5518
Rating of Specialist (Q27)	2.4054	2.5075	2.5638	2.5416	2.5483
Customer Service	2.6778	2.5373	2.6300	2.5525	2.5633
Getting Needed Care	2.2143	2.3472	2.4291	2.3826	2.3905
Getting Care Quickly	2.4448	2.4440	2.4097	2.4206	2.4333
How Well Doctors Communicate	2.6177	2.6955	2.7212	2.6549	2.6632
Health Promotion and Education (Q8)	2.3728	2.3688	2.3846	2.4402	2.4418
Coordination of Care (Q22)	2.3506	2.2817	2.4286	2.3825	2.4097

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Overall ratings and composites – percentiles

	2017 Plan		National Percentiles from 2016 Quality Compass (Adult Medicaid)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating of Health Plan (Q35) (% 8, 9 or 10)	**71.36%**	**10th**	65.94	68.10	71.67	72.73	75.70	77.72	78.78	81.37	83.10
Rating of Health Care (Q13) (% 8, 9 or 10)	**71.14%**	**25th**	65.25	67.51	70.83	71.88	74.06	75.64	76.47	78.91	79.82
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	**80.07%**	**33rd**	74.09	75.55	77.88	79.06	80.58	81.74	82.48	84.80	85.61
Rating of Specialist (Q27) (% 8, 9 or 10)	**81.88%**	**50th**	74.61	75.62	78.10	79.17	80.75	82.02	82.78	84.81	86.40
Customer Service (% Always or Usually)	**90.43%**	**75th**	82.42	84.07	85.45	86.56	87.45	88.94	89.80	91.04	91.88
Q31. Got needed information from customer service	86.49%	75th	74.84	75.73	78.23	79.43	81.56	82.79	83.74	87.00	88.19
Q32. Staff treated you with courtesy and respect	94.37%	50th	89.62	91.13	92.56	93.04	93.94	94.78	95.21	96.52	97.06
Getting Needed Care (% Always or Usually)	**83.99%**	**75th**	73.09	75.07	78.23	79.23	81.11	82.57	83.36	85.67	86.45
Q25. Got appointment with specialist as soon as needed	81.46%	67th	70.63	72.79	75.76	76.97	78.72	80.79	81.57	84.21	85.47
Q14. Ease of getting care, tests or treatment	86.53%	75th	75.77	77.08	79.93	81.25	83.22	85.07	86.26	88.29	88.94
Getting Care Quickly (% Always or Usually)	**80.95%**	**50th**	70.47	74.32	77.74	78.84	80.52	82.55	83.36	85.67	86.05
Q4. Got urgent care as soon as needed	78.70%	10th	76.35	77.85	80.53	81.41	83.17	85.11	86.15	88.11	88.82
Q6. Got routine appointment as soon as needed	83.21%	75th	66.82	70.55	74.54	76.40	78.82	80.60	81.86	83.81	84.98
How Well Doctors Communicate (% Always or Usually)	**93.00%**	**75th**	86.78	87.82	89.48	89.93	90.96	91.75	92.37	93.47	94.29
Q17. Personal doctor explained things	96.30%	95th	86.54	87.75	89.38	90.27	91.09	92.15	92.53	94.31	94.87
Q18. Personal doctor listened carefully	93.42%	75th	86.80	87.64	89.66	90.10	91.35	92.61	92.95	93.93	94.78
Q19. Personal doctor showed respect	93.00%	50th	88.54	89.90	91.30	91.71	92.71	93.47	93.94	95.18	95.73
Q20. Personal doctor spent enough time	89.30%	50th	83.33	84.24	86.59	87.36	88.58	89.74	90.24	91.85	93.07
Shared Decision Making (% Yes)	**81.38%**	**75th**	73.31	74.73	77.37	78.31	79.70	80.57	81.24	82.80	83.65
Q10. Doctor discussed reasons to take medicines	94.81%	75th	87.45	88.97	90.72	91.52	92.59	93.88	94.30	95.52	96.43
Q11. Doctor discussed reasons to not take medicines	70.37%	67th	57.98	61.74	65.32	66.00	67.92	70.07	71.07	74.78	76.07
Q12. Doctor asked what you thought was best	78.95%	50th	70.23	71.54	74.53	75.86	77.42	79.10	80.18	82.22	83.72
Health Promotion and Education (Q8) (% Yes)	**69.23%**	**10th**	64.18	66.37	69.40	70.27	72.01	74.08	75.10	77.29	80.28
Coordination of Care (Q22) (% Always or Usually)	**85.00%**	**75th**	74.80	75.84	79.65	80.17	81.57	83.80	84.62	86.61	87.80
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	**30.29%**	**10th**	25.44	28.7	33.79	35.06	38.03	41.87	43.54	48.01	51.30
Medical Assistance With Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Two-year average)*											
Q40. Advising Smokers and Tobacco Users to Quit	69.85%	10th	64.56	67.83	73.14	74.65	76.59	78.48	79.36	81.85	83.89
Q41. Discussing Cessation Medications	39.69%	10th	33.54	36.67	43.01	45.16	48.31	51.75	53.85	58.39	60.42
Q42. Discussing Cessation Strategies	38.40%	10th	31.46	34.00	38.86	40.67	43.82	46.36	47.83	51.75	54.43
Other reported measures											
Q29. Written materials or Internet provided needed information (% Always or Usually)	64.86%	10th	60.78	62.00	65.45	66.04	67.78	70.87	71.88	74.64	75.47
Q34. Health plan forms were easy to fill out (% Always or Usually)	96.31%	90th	90.68	92.06	93.12	93.54	94.52	95.14	95.46	96.09	96.64
Q36. Rating of overall health (% Excellent or Very good)	29.72%	25th	21.02	22.92	28.63	30.26	33.41	36.92	39.31	45.03	47.54
Q37. Rating of overall mental/emotional health (% Excellent or Very good)	40.66%	25th	28.96	33.45	37.80	40.69	44.59	48.66	50.33	55.81	59.01

Overall ratings and composites – demographic analysis

	Health Status		Age				Gender		Education		Survey Type	
	Excellent or Very good (A)	Good, Fair or Poor (B)	18-34 (C)	35-44 (D)	45-54 (E)	55+ (F)	Male (G)	Female (H)	High school or less (I)	Some college or more (J)	Mail (K)	Phone (L)
Total respondents	*118*	*279*	*135*	*79*	*90*	*96*	*127*	*227*	*285*	*111*	*284*	*122*
Rating of Health Plan (Q35) (% 8, 9 or 10)	**76.52%**	**69.00%**	**65.41%**	**67.11%**	**76.47%**	**77.66%** [C]	**70.73%**	**71.95%**	**71.64%**	**69.72%**	**71.64%**	**70.69%**
Rating of Health Care (Q13) (% 8, 9 or 10)	**79.45%** [B]	**67.87%**	**67.03%**	**73.21%**	**69.57%**	**74.36%**	**69.32%**	**70.05%**	**71.29%**	**69.88%**	**71.23%**	**70.93%**
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	**85.51%**	**78.24%**	**73.81%**	**81.48%**	**81.69%**	**83.33%**	**84.71%**	**79.21%**	**81.55%**	**74.68%**	**80.30%**	**79.57%**
Rating of Specialist (Q27) (% 8, 9 or 10)	**90.32%**	**79.31%**	**76.32%**	**71.88%**	**86.11%**	**90.24%** [D]	**82.22%**	**81.52%**	**82.22%**	**80.70%**	**83.50%**	**78.26%**
Customer Service (% Always or Usually)	**93.75%**	**89.13%**	**93.48%**	**93.75%**	**79.02%**	**97.06%**	**88.21%**	**91.89%**	**89.10%**	**95.45%**	**88.83%**	**92.42%**
Q31. Got needed information from customer service	93.75%	83.93%	91.30%	93.75%	64.71%	100%	80.00%	91.89%	84.31%	95.45%	82.93%	90.91%
Q32. Staff treated you with courtesy and respect	93.75%	94.34%	95.65%	93.75%	93.33%	94.12%	96.43%	91.89%	93.88%	95.45%	94.74%	93.94%
Getting Needed Care (% Always or Usually)	**94.96%** [B]	**80.70%**	**83.86%**	**77.76%**	**90.26%**	**82.68%**	**81.38%**	**85.11%**	**84.67%**	**82.06%**	**87.20%** [L]	**76.46%**
Q25. Got appointment with specialist as soon as needed	96.77% [B]	77.31%	84.21%	71.88%	92.11% [DF]	75.61%	75.56%	84.04%	82.80%	78.57%	85.71%	71.74%
Q14. Ease of getting care, tests or treatment	93.15% [B]	84.09%	83.52%	83.64%	88.41%	89.74%	87.21%	86.17%	86.54%	85.54%	88.68%	81.18%
Getting Care Quickly (% Always or Usually)	**81.02%**	**80.96%**	**69.27%**	**85.66%** [C]	**87.58%** [C]	**84.33%** [C]	**80.21%**	**82.71%**	**77.88%**	**87.22%** [I]	**84.52%** [L]	**72.42%**
Q4. Got urgent care as soon as needed	84.62%	76.56%	66.07%	86.84% [C]	85.00% [C]	82.35%	78.95%	79.00%	75.00%	86.27%	83.33% [L]	67.35%
Q6. Got routine appointment as soon as needed	77.42%	85.35%	72.46%	84.48%	90.16% [C]	86.30% [C]	81.48%	86.42%	80.77%	88.16%	85.71%	77.50%
How Well Doctors Communicate (% Always or Usually)	**95.25%**	**92.31%**	**90.11%**	**92.74%**	**94.32%**	**94.17%**	**96.16%**	**91.90%**	**91.45%**	**96.14%**	**93.64%**	**91.55%**
Q17. Personal doctor explained things	97.87%	95.83%	93.44%	95.56%	98.48%	97.06%	98.59%	95.48%	94.58%	100% [I]	97.04%	94.59%
Q18. Personal doctor listened carefully	93.75%	93.19%	90.16%	93.33%	95.45%	94.12%	95.77%	92.90%	91.62%	97.18%	94.67%	90.54%
Q19. Personal doctor showed respect	93.62%	92.71%	90.16%	93.18%	93.94%	94.20%	95.83%	91.56%	91.57%	95.83%	92.90%	93.24%
Q20. Personal doctor spent enough time	95.74% [B]	87.50%	86.67%	88.89%	89.39%	91.30%	94.44%	87.66%	88.02%	91.55%	89.94%	87.84%
Shared Decision Making (% Yes)	**89.33%**	**79.56%**	**85.83%**	**80.21%**	**76.04%**	**82.35%**	**74.17%**	**85.65%**	**81.71%**	**81.40%**	**83.96%**	**74.45%**
Q10. Doctor discussed reasons to take medicine	100%	93.64%	95.00%	93.75%	90.63%	100%	92.50%	96.63%	93.33%	97.67%	94.90%	94.59%
Q11. Doctor discussed reasons to not take medicine	80.00%	68.18%	77.50%	71.88%	62.50%	67.74%	57.50%	76.40% [G]	71.11%	69.77%	72.45%	64.86%
Q12. Doctor asked what you thought was best	88.00%	76.85%	85.00%	75.00%	75.00%	79.31%	72.50%	83.91%	80.68%	76.74%	84.54% [L]	63.89%
Health Promotion and Education (Q8) (% Yes)	**63.01%**	**71.17%**	**57.61%**	**67.27%**	**72.86%** [C]	**79.49%** [C]	**64.77%**	**70.74%**	**68.90%**	**67.47%**	**69.63%**	**68.24%**
Coordination of Care (Q22) (% Always or Usually)	**88.00%**	**84.82%**	**75.00%**	**96.77%** [C]	**83.33%**	**85.00%**	**90.70%**	**81.32%**	**85.54%**	**83.93%**	**83.84%**	**87.80%**
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	**18.75%**	**35.07%** [A]	**21.85%**	**24.36%**	**32.95%**	**43.16%** [CD]	**25.41%**	**34.88%**	**31.00%**	**27.62%**	**28.84%**	**33.62%**
Medical Assistance With Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes)												
Q40. Advising Smokers and Tobacco Users to Quit	54.29%	74.82% [A]	62.00%	69.77%	77.08%	78.13%	63.75%	82.28% [G]	69.01%	82.14%	71.32%	70.21%
Q41. Discussing Cessation Medications	37.14%	46.76%	35.29%	46.51%	52.08%	46.88%	41.98%	49.37%	42.96%	51.72%	44.62%	46.81%
Q42. Discussing Cessation Strategies	40.00%	43.48%	35.29%	44.19%	43.75%	53.13%	41.98%	44.30%	40.85%	55.17%	43.08%	43.48%
Aspirin Use and Discussion												
Q43. Aspirin Use – Qualified respondents	18.18%	30.77%	NR	NR	25.00%	28.57%	31.03%	NR	28.13%	NR	30.00%	NR
Q45. Discussing Aspirin Risks and Benefits – Qualified respondents	42.11%	48.89%	NR	NR	40.91%	50.00%	40.00%	59.09%	47.06%	41.67%	43.40%	66.67%

A capital letter and green font indicates that result is significantly higher than the corresponding column.

NR = Not reportable. Base size < 11.

Appendix C
SatisAction™ key driver statistical model

POWeR™ Chart shown in the executive summary on page 6.

Instructions to access trAction™ Decision (Impact Analysis) Tool:

1. **Log on to https://client.dssresearch.com using your current User Name and Password.**
2. **Contact DSS Research at 1-800-989-5150 if you do not have a User Name and Password.**
3. **Once on the portal, select Reporting and then Tools.**
4. **Select the trAction™ Decision Tool for access to the Impact Analysis Tool and to run "what if" scenarios.**

Background

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of the overall health plan rating and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. DSS Research has been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving the overall rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

Importance analysis. The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor Analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression Analysis. Regression analysis is then used to predict the overall rating of the health plan on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

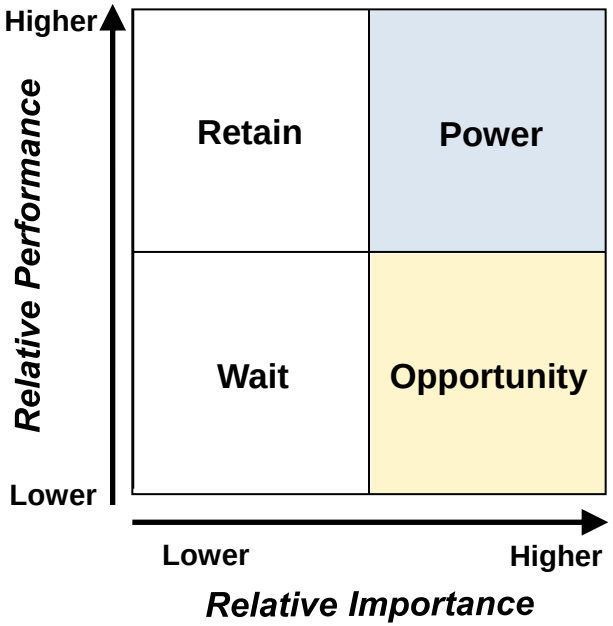
Derived Importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance analysis. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Adult Medicaid Book of Business and a relative percentile for each item in the model is computed for the plan.

Classification matrix. Results of the modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- *Power.* These items have a relatively large impact on the overall rating of the health plan and your performance levels on these items are high. Promote and leverage strengths in this quadrant.
- *Opportunity.* Items in this quadrant also have a relatively large impact on the overall rating of the health plan but your performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the overall health plan rating.
- *Wait.* Though these items still impact the overall rating of the health plan, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, your performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- *Retain.* Items in this quadrant also have a relatively small impact on the overall rating of the health plan but your performance is above average. Simply maintain performance on these items.

POWeR™ Chart classification matrix



Variables in the model

Variables from the CAHPS 5.0H survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q35 – overall rating of health plan) and the independent or predictor variables. Finally, it shows how the variables are coded for the importance and the performance analyses.

Variables Used in the Model		Coding for Regression (Importance)
Dependent Variable		
Q35	Rating of overall heath plan	0 through 10, All other = missing
Independent Variables		
Q4	Got urgent care	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q6	Got routine care	
Q13	Health care overall	0 through 10, All other = missing
Q14	Got care/tests/treatment	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q17	Dr. explained things	
Q18	Dr. listened carefully	
Q19	Dr. showed respect	
Q20	Dr. spent enough time	
Q22	Dr. informed about care	
Q23	Personal doctor overall	0 through 10, All other = missing
Q25	Got specialist appt.	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q27	Specialist overall	0 through 10, All other = missing
Q29	Info. provided in materials	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q31	CS provided info./help	
Q32	CS courtesy/respect	
Q34	Easy to fill out forms	

Factor analysis. Factor analysis reduced the 16 highly-correlated model variables to 6 orthogonal (uncorrelated) factors that explain 71.5% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings. For readability, only those variables with correlations greater than 0.250 are displayed.

Factor Correlations with Survey Variables

Question	Survey items	Factors					
		1	2	3	4	5	6
Q19	Dr. showed respect	0.828					
Q18	Dr. listened carefully	0.805					
Q17	Dr. explained things	0.784					
Q20	Dr. spent enough time	0.767				0.297	
Q23	Personal doctor overall	0.613				0.454	
Q06	Got routine care		0.773				
Q14	Got care/tests/treatment		0.741				
Q13	Health care overall		0.634			0.431	
Q04	Got urgent care		0.609	0.396			
Q27	Specialist overall			0.867			
Q25	Got specialist appt.			0.812			
Q31	CS provided info./help				0.890		
Q29	Info. provided in materials				0.668	0.532	
Q22	Dr. informed about care	0.362				0.745	
Q34	Easy to fill out forms						0.844
Q32	CS courtesy/respect				0.292		0.798

Regression analysis. The 6 factors identified in the previous step were used as predictors in a regression model with Q35, overall health plan rating, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the overall health plan rating. These coefficients provide estimates of the relative importance of each factor in determining the overall health plan rating. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 29.8% of the variation in the dependent variable ($R^2 = 0.298$).

Regression Coefficients

Variable	Unstandardized coefficients	Standardized (Beta) coefficients	Significance level
Constant	8.3616	0.0000	0.0000
Factor 1 -- Q19, Q18, Q17, Q20, Q23	0.2144	0.1219	0.0055
Factor 2 -- Q6, Q14, Q13, Q4	0.6193	0.3543	0.0000
Factor 3 -- Q27, Q25	0.3779	0.2218	0.0000
Factor 4 -- Q31, Q29	0.3776	0.2207	0.0000
Factor 5 -- Q22	0.4127	0.2352	0.0000
Factor 6 -- Q34, Q32	0.0155	0.0091	0.8348

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Plan performance. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Adult Medicaid Book of Business and a relative percentile for each item in the model is computed for the plan.

Question	Survey items	Importance	Performance
Q14	Got care/tests/treatment	100	62
Q06	Got routine care	98	80
Q13	Health care overall	88	12
Q27	Specialist overall	71	55
Q04	Got urgent care	69	8
Q31	CS provided info./help	66	85
Q29	Info. provided in materials	62	31
Q25	Got specialist appt.	59	58
Q22	Dr. informed about care	47	69
Q18	Dr. listened carefully	32	75
Q23	Personal doctor overall	32	28
Q20	Dr. spent enough time	32	48
Q19	Dr. showed respect	27	46
Q17	Dr. explained things	24	92
Q32	CS courtesy/respect	5	55
Q34	Easy to fill out forms	0	85

Appendix D
Gap analysis

Gap analysis

The flowchart on page 8 shows how the items used in the calculation of the plan's 2017 estimated accreditation score perform relative to each other. When considering the flowchart, the following points should be noted:

- Overall ratings are shown in **blue text**.
- Composite scores are shown in **red text**.
- Estimated percentiles are shown first.
- Estimated accreditation points are shown in the middle.
- Potential points remaining to receive the maximum accreditation points for each measure are shown third.
- A **green box** around an overall rating or composite indicates performance at or above the 90th percentile, receiving all accreditation points.
- Composite score components are shown in the black and red flowchart boxes.
- For each flowchart box:
  - The actual percent contributing is shown first. This is the percentage that a given question is actually contributing to the composite mean score. Each question in composite scores with two component questions can contribute a maximum of 50.0% to the composite mean score. Similarly, each question in composite scores with four component questions can contribute a maximum of 25.0% to the composite mean score.
  - The gap between the percent actually contributing and the maximum possible contribution percentage is shown second.
- A **red box** is around the component with the largest gap indicating the most potential to improve that composite. This displays what to focus on to increase a given composite mean score and, in turn, increase the plan's accreditation score.

Appendix E
Voice of the Member

Voice of the Member

Voice of the Member feedback is based on qualitative findings from DSS-funded online research communities consisting of adult consumers from across the country with Medicaid coverage. Please note that these Voice of the Member comments are not from your specific plan member population. This general qualitative feedback was collected to provide deeper insight about how to give members what they feel may be lacking.

We offer the following actions to focus improvement efforts on items in the area(s) listed below.

Q4. Got urgent care as soon as needed	
Member poll	**Response summary**
PRIMARY CARE DOCTOR VISIT	
How long do members expect to wait for an URGENT CARE appointment to see a primary care doctor?	Most expect to see a primary care doctor within three days for an urgent care issue.
SPECIALIST VISIT	
How long do members expect to wait for an URGENT CARE appointment to see a specialist?	Most expect to see a specialist within one to two days for an urgent care issue, but would wait up to a week for an appointment.
Q6. Got check-up or routine appointment as soon as needed	
Member poll	**Response summary**
PRIMARY CARE DOCTOR VISIT	
How long do members expect to wait for a ROUTINE CARE appointment to see a primary care doctor?	Most expect to wait two to four weeks for a routine care appointment with a primary care doctor.
SPECIALIST VISIT	
How long do members expect to wait for a ROUTINE CARE appointment to see a specialist?	Most expect to see a specialist within six to eight weeks for a routine care appointment, but would wait up to six months for an appointment.

Q10. Doctor discussed reasons to take a medicine Q11. Doctor discussed reasons not to take a medicine	
Improvement action	**Member comments**
Discuss potential side effects.	The doctor could discuss the side effects, the cost and how long I would have to take it. I need to know what will happen if I do or don't take the medicine. I need my doctor to sit down with me to tell me about the pros and cons of my medication. My doctor always tells me to do what makes me feel comfortable. She never makes me take something if I did not feel right about it, and that is what helps me feel comfortable. It is extremely important to me that they discuss it with me. It not only makes me aware of what may help, but also the possible reactions and side effects.
Involve the patient in the treatment plan.	My doctor suggests treatment plans to me and we decide together what we think is best. I love that she includes me in the discussion and that it is a decision made together. It's important to collaborate on what's best for the patient. After weighing the pros and cons, you and your doctor can come to a reasonable solution.
Discuss alternatives to medications with the patient.	I like that my PCP is very familiar with the medications he prescribes and does explain the pros and cons. This familiarity with the drugs and the alternative options is a sign of deep knowledge about them and makes me comfortable that I'm not being over medicated. Discussion could lead to an interest in an alternate medication or the possibilities of none at all.

Q12. Doctor asked what you thought was best	
Improvement action	**Member comments**
Invite the patient's input on prescriptions.	My doctors seem interested in my input and discuss my options. I like this routine. I would love if my doctor asked me for my opinion before he prescribed me medication. I never had a doctor ask me what I thought was best. I talked to my doctor about a medicine that was making me sick. She always asks me if I think it is best to stop taking it. She says it's up to me and she will do whatever I want. I feel like she really cares and only wants what is best for me. She lets me make my own decision. My doctor has asked me every time for my opinion on medication, especially considering allergies and reactions that I have had to others. It is great that they pay attention to the needs of patients.
Engage the patient in a discussion about medications.	She does not want to just prescribe a medication and send me on my way, but rather would speak with me about it first. I'd love to have a provider include me in decisions about my own pharmaceutical health, rather than dictate to me what it will/will not be. Fosters relationship of trust and partnership, which is essential to feeling safe.

Q13. Rating of Health Care	
Improvement action	**Member comments**
Ensure that the formulary includes needed medications.	They do not cover a lot of medications, especially brand names. I am in pain 24 hours a day and need medication. Now I started a generic but it is giving me too many side effects. In the past couple of years, I have probably had over 20 medications denied by my insurance, so it makes it hard for my doctors to figure out a new plan for me when what they had in mind won't get approved.
Ensure that the network includes an adequate selection of doctors.	The insurer that I have chosen doesn't have as large of a selection of doctors as I'd like them to have. Just as an example, where I live, they allow me to see basically any doctors at a local hospital by me, but if you haven't had the greatest experiences with that place, there really aren't any other choices for me. Just the other day, I was told to go see a Pain Management doctor, and the receptionist told me that they literally take every insurance plan through Medicaid except mine. It's Medicaid, so it's free and prescription costs are minimal, but they have very few doctors that take the insurance. The optometrist before last didn't give me the right glasses prescription. I hate my dentist; it took over 10 years to get my second wisdom tooth out.
Maintain an up-to-date list of in-network providers.	There are inconsistencies with in-network provider listings not being accurate as compared to when calling the doctor directly.
Offer dental and vision coverage.	My plan originally included limited optical and dental coverage. After discovering that they were not required to offer it by Obamacare, the provider cut it from my plan. This health plan covers a lot of expenses. It covers routine doctor visits, my medication, yearly eye exams and glasses or contacts. However, there is no coverage for dental exams or cleanings. The plan is great and covers many necessities, such as prescriptions and eye exams, and cuts costs on other visits and expenses. However, there is no coverage for adult dental, etc., which is not fully necessary but would still be helpful.
Show personal concern for the patient.	I received medical treatment. I have yet to receive care. My doctors are doing a good job keeping me healthy by reminding me to have routine check-ups. I have not had anyone outside of friends and family care so much about my well-being. I am glad I have found them!
Provide effective treatments.	I have had a good six months with my primary doctor. I have been able to lower my blood pressure and lose some weight.

Q14. Ease of getting care, tests or treatment	
Improvement action	**Member comments**
Conduct a thorough assessment of the patient's needs.	I recently changed my primary doctor and she seemed to genuinely care about my health issues. She added a pain medication and talked to me about my two medical conditions for a while, which surprised me, as my previous primary talked very little and was not thorough at all. This office has also sent me for multiple MRI's and recently a sleep study. Unlike other offices who send you on your way to get approval for these types of things on your own, the people who work here advocate for me and get everything approved, which is a tremendous help for anyone who is sickly.
Treat patients with urgent issues promptly.	When I wasn't feeling well, I called my primary care physician's office. The receptionist was not there and the doctor answered the phone. I told him my problem and he told me to come in right away. I had a terrible sinus infection and my primary care physician referred me to an ENT. Every ENT in my town had a waiting list of several months. I called my PCP and they were able to schedule an appointment for me with an ENT the next day. She said I needed to have surgery right away. I was scared and asked her how long I would have to wait for an appointment. She told me we could do it right then. I had been in pain for years and I never knew why. This woman did everything she could to save me.
Provide care and services quickly.	I had a throat problem one time and I was able to get right in and get the tests I needed. The doctors and nurses were very kind.
Minimize wait times and communicate reasons for delays.	I've had a couple of experiences in an ER, where I had to wait a long time just to get seen. I wish at those times, I would have seen someone who told me what was going on and assured me I would be seen soon.

Q17. Personal doctor explained things	
Improvement action	**Member comments**
Explain concepts in simple terms.	My doctor always communicates to me in a way I understand. If he uses medical terms, he explains the meaning. My doctor tries to use words that I understand. Even if she uses the medical terms for things, I ask when I don't understand. I like to know exactly what is going on with myself or my child's health. My doctor made it easy for me to understand. She showed me a picture of my ultrasound to let me know everything was okay. When she broke it down for me and showed me everything was okay, it made me feel better.
Educate patients about relevant health issues.	My eye doctor, on my annual exam, told me all about the risk to your vision, caused by diabetes. This is the importance of an annual visit. He told me what I needed to do in order to reach my health care goals, and answered my questions, so that I understood what was happening to me and what steps I needed to take.

Q17. Personal doctor explained things	
Improvement action	**Member comments**
Ensure that all questions and concerns are addressed.	They communicate with me like I am a relative of theirs that they really care about. They speak plainly about my conditions and explain what may come down the road or what side effects I may have on certain medications. The first time I met with her for a good hour. She just listened to my whole story so she could get a grasp on my illnesses and how she could help me. My doctor explained that she was checking for cancer, told me when the results would be in and explained what our next option would be for surgery. We also discussed recovery time. My doctor was very thorough and answered any questions that I had.
Address language barriers.	My doctor doesn't exactly have a mastery of the English language.

Q18. Personal doctor listened carefully	
Improvement action	**Member comments**
Make eye contact and use non-verbal cues to indicate attention.	They can look you in the eyes and respond to your questions. If you have a question, they need to clarify it. They should stop everything they are doing and make eye contact. I can always tell if a doctor is listening to what I say if they are looking directly at me and nod whenever they hear something I've said. Nod and use verbal cues such as "okay" or "uh-huh" in a genuine tone. Doctors should avoid silences and long pauses. Don't be unresponsive or disengaging with patients. Doctors can make good eye contact while interacting to help me to know they are actively listening to me. Make some facial expressions while I am talking. That is another form of non-verbal communication that would show me that they are actively listening to me.
Avoid multitasking.	They need to avoid doing other things while you are talking to them, such as talking to the nurse in the room with you. They should avoid writing something down or talking to someone else. Doctors should avoid looking at their computers and typing while I am talking to them. And should never just leave the room and expect the nurses to explain the course of treatment or whatever needs to be done. Sometimes they are so busy on their tablets or laptops, taking notes, that I wonder if they hear what I am really saying/asking.
Ensure that all questions and concerns are addressed.	They should respond with an answer to your question. They can answer all your questions with clear and complete answers. They can show active listening by actually answering the questions I ask.

Q18. Personal doctor listened carefully	
Improvement action	**Member comments**
Take thorough notes.	My doctor types in my chart as I am talking. I like that she types as I talk because it seems like she is taking notes. I want her to be able to look back into her notes to see when and if things are reoccurring with me.
Address the patient by name.	Call me by name so they know that they have the correct patient.
Repeat the patient's concerns to ensure understanding.	Rephrase and repeat what I've just said in your own words to confirm we are on the same page of understanding. They can ask questions or maybe repeat what I have said, so we know that they understand perfectly.
Q19. Personal doctor showed respect	
Improvement action	**Member comments**
Show empathy and interest in the patient's opinion.	They should listen to you and answer your questions without making you feel that you are stupid or ignorant. My doctor shows me respect by asking my opinion. I like knowing that my opinion matters to her and her decision on what we need to do. Show genuine interest in the patient's complaints or symptoms. Explain that you are understanding and sympathizing with them. Let them know you want to help and ask for their opinions during an exam.
Q20. Personal doctor spent enough time	
Improvement action	**Member comments**
Avoid rushing the visit.	When I had my yearly physical last year with the nurse practitioner, she spent five minutes with me, which was terrible, as a yearly physical should take 20-25 minutes at least and cover a lot more than she did. My doctor has always been good with sitting down and talking through everything with me.
Schedule appointments with sufficient time.	There shouldn't be a limit to how much time doctors can spend with you. It should just be however long you need. Unfortunately, these days, doctors are booked every 15 minutes. I think a lot of the Medicaid doctors have taken on too many patients and just don't have the time to spend what they want with every patient.
Q22. Personal doctor seemed informed about care from other providers	
Improvement action	**Member comments**
Use technology to transfer/share medical records.	I had to make a trip the ER one night. I was having breathing problems and didn't want to mess around with that. I thought that the hospital would add the visit to my chart, since they are associated. I was mistaken. At my next appointment, I thought we were going to discuss the hospital visit. I asked her about it and she had no record of me going to the ER.

Q22. Personal doctor seemed informed about care from other providers	
Improvement action	**Member comments**
Encourage communication between specialists and PCPs.	I am part of a hospital health care network. Everything is coordinated and in the system. My specialists (eye doctor, Oncologist, Plastic surgeon, etc.) are all keeping my PCP on top of things. When we meet he tells me of my specialist visits. My doctor always seems to have gotten the correct information about any tests/labs he's ordered in a timely manner. He is prepared to discuss the results with me during our follow-up visits. Even though his preferred physician's network affiliates are not usually in my plan, he is still able to work with any of the providers in my area that are included in my coverage.

Q23. Rating of Personal Doctor	
Improvement action	**Member comments**
Ensure that providers are informed about the patient's relevant medical and personal background.	My new doctor knew of my medical conditions and asked me if my current medications were working. It always impresses me when they are already familiar with why I am there and not have to ask me each time. My PCP reviews my charts in advance, so I don't have to watch him read it in front of me. My nurse practitioner has been so thorough and listens to me so well, that when I come in, she barely has to read over my information to remember things. She'll ask me how certain medications are working out for me, if I am still attempting yoga at home, if my conditions have improved, etc. So it makes me feel good when she can remember all of this offhand and take her time with me. A new doctor began working at our clinic. When I entered her office, she had already learned what she could about me, including allergies, conditions, reactions, and when my last visit was. She was kind and inquisitive as to how I was doing and whether the previous doctor's care helped me. She knew all she could find out and it made her better able to understand and help me. It made me feel like she really cared.
Remain up-to-date on medical advancements.	When I asked him about taking fish oil supplements, he said I should take them for my triglycerides. He also stated that the latest findings show that fish oil helps with inflammation and arthritis. This indicated to me that he was up-to-date with the latest findings.
Connect with the patient on a personal level.	It would be nice if the doctor's office would call me if my medications need authorization or if she changes my medications, which she recently did. He takes an absolute interest in my health and all I have to say. He genuinely cares and I mean it. He knows me very well. He calls me by phone to follow up on procedures, makes sure I get recommended tests, and will perform minor surgeries in his office. He is an old-fashioned doctor who truly cares for his patients. My primary doctor is a really sweet doctor who truly cares for her patients. She is dedicated and keeps up to date on all new procedures and everything else.

Q23. Rating of Personal Doctor	
Improvement action	**Member comments**
Use technology to provide efficient care.	They have a health portal site where I can send the doctors messages and they can send me messages back regarding my problems. If I need a quick referral or need to ask a quick question, they answer me back that way and I don't always have to get an appointment just to ask something.
Reduce wait times in the office.	The wait times are horrible at every doctor I ever go to, current PCP included. I basically have to blow a half day every appointment. Most of the time is spent in the exam room, alone, waiting. It's like they are quick to take you back, but then let you linger forever.
Offer alternate treatment options and consider all symptoms.	If I feel the need to spend extra time talking to them about my care, I am able to. My doctor gives me information on health issues I should be aware of, so that I can think about what steps I might want to take, and then follows through with me on what I want to do.

Q27. Rating of Specialist	
Improvement action	**Member comments**
Listen to the patient's concerns and spend adequate time with them.	She didn't take the time to sit down and talk to me. I wasn't having any problems, though, and didn't have any questions, but I felt she was rushed and in a hurry to leave. Also, she didn't examine me. When I went to the orthodontist's office, the doctor spent a total of five minutes with me. It was a horrible experience, and I will never go back there. I wish they would sit down and really hear and listen. They seem to just want to be in and out quickly. They don't take the time to really listen and seem to be more worried about the numbers of people that they see. Just moving them in and back out.
Engage the patient in a discussion about medications.	Sometimes, I wish my rheumatologist would ask me if there were any medications that I had heard about that I might want more information about, but it doesn't happen.
Avoid using medical jargon and technical language.	My rheumatologist, although great at his job, does sometimes speak to me as if I went to medical school. I know he does not do it on purpose, but at times it can be hard to interpret what my results were or why he wants to put me on a certain medication.

Q29. Written materials or Internet provided needed information	
Improvement action	**Member comments**
Provide information about the network.	I really have not received very much about network size and what is covered or not covered. They assigned me a doctor (who I never saw) and at first I ended up with a geriatric nurse practitioner. I expect to find a list, broken down by category, showing what providers are in my health care network. Also, participating hospitals and drugstores.
Provide formulary information.	I also expected more information about prescriptions, but I was only able to find that some are partially covered, giving me limited information.

Q29. Written materials or Internet provided needed information	
Improvement action	**Member comments**
Provide information about the coverage guidelines.	I expect to find what is covered. Are prescriptions covered and are there any copays? What hospitals and doctors are covered? Are preventive exams paid for (mammograms and pap smears)? It is incredibly important for me to know which services require a referral and which services require a prior authorization. The same thing goes for medications.
Leverage multiple channels to provide information.	I did not find anything in the booklet but when I went online I found out all the information. It was very easy to find online. The booklet I received in the mail was super helpful to me, but I have found that going online to the insurer's website gives me the additional information that the book doesn't provide. The written materials were just a starting place for me; they pointed me to online information that went into the specifics I needed to know, in order to get started with my new health plan.
Explain concepts in layman's terms.	Information written in accessible language so that an individual with a high school diploma could easily read and understand, no hidden loopholes, no legal or medical terms, no gray areas, no confusing or vague statements, no conflicting statements.
Include provider ratings on the website.	I think not only should everything in my provider's health book be available, but also ratings of the individual doctors or health care providers, as I think these would be up for constant updating. I search for each doctor on Google and look to see their ratings on Healthgrades.com or something similar. It would be a lot easier if the website just gave you reviews/ratings of the doctors.
Ensure that claims information is accurate.	One of the biggest things for me is that I hope to be able to see my claims and make sure they are being processed. Seeing your claims is an excellent benefit for a provider's website. My provider has that function on their website and it comes in very handy.
Ensure that information on the website is current.	The only negative I have found is that sometimes the doctors they have listed are no longer at said practice or actually do not accept my insurance when I call up to inquire about making an appointment. The same info that I would expect to find in a written handbook and expanded to include the most up-to-date information.
Provide detailed cost information.	On the Internet, I would expect to find how much this plan's premiums are and out-of-pocket costs are.

Q31. Customer service provided needed information or help.	
Improvement action	**Member comments**
Ensure that representatives are friendly and polite.	I needed a new doctor and they told me which doctors accept Medicaid. Now I have a much better doctor. They were polite and friendly on the phone. One man I spoke to had the same medical problem I have and we discussed this. The person I got was friendly and easy to understand. I just had one question before I took myself and my kids to a clinic, to double-check if they were covered as well. I was assured that we were covered and it eased my mind a lot.
Resolve issues completely and follow up with members.	When I went for my annual gynecological exam, the receptionist told me that my insurance was no longer accepted there. I went home and called the insurance company and they helped me find another gynecologist nearby that participated. They were very helpful. Although it was a simple question, they answered it thoroughly and helped me in finding other discount plans or providers with a sliding-scale payment method in order to meet my need. They were kind and courteous, and I felt as though I did matter as a customer, even though I am young and new to health plans.
Ensure that callers can reach a representative quickly.	The agent was nice and courteous, but all she did was give me the number to an exchange that has you on hold for over an hour and makes you give up.

Q32. Customer service treated member with courtesy and respect	
Improvement action	**Member comments**
Ensure that representatives are courteous and empathetic.	I just feel that they don't understand how big of an issue small things can turn into when you are on Medicaid and fear not having enough money to pay for things if you screw up and go out of network or get notices saying they won't pay your doctors. To them, you are just another caller, but to us, it feels like the end of the world. I just think they need some training on empathy and how to see things from a customer's viewpoint. Every customer service representative I have spoken with was very knowledgeable and courteous. I feel they went beyond what I expected. I felt very comfortable asking my questions and also answering their questions when they called me. I contacted them regarding a prescription, and they were would not prescribe it to me at first. They made me wait about one month to get it, even though I was in extreme pain.
Ensure that representatives listen carefully and avoid interrupting.	A lot of the time, they hurry you through your call, as if they don't have the time for you. You can hear them sigh in annoyance when you ask them questions. Or they interrupt you.
Call back when requested or promised.	I've called repeatedly, trying to find a provider for my diabetic supplies. I've been told that I'll get a call back but I never do.

Q34. Health plan forms were easy to fill out	
Improvement action	**Member comments**
Make forms short, simple and straightforward.	I would suggest making the forms shorter. I think there are too many pages that you don't even need to fill out. I just think it is such a pain when they list so many possible ailments that you might have, and you have to go through them all.
Avoid redundancies.	Because I have Medicaid, they want to know information about me and anyone else that lives with me, even though they do not have anything to do with me and my insurance. It seems that the information they want never changes, and I'm answering the same questions over and over again.
Provide an online option for paperwork and forms.	I would prefer to be able to complete everything and track the process online. Basically, I want a "dashboard" or similar view that shows what needs to be completed, when it needs to be done by, any items that may require more info, items that have been reviewed/received correctly and are complete, and specifically what it is about any of the items that is incomplete and needs to be addressed. I can't really see how they can improve these experiences unless if they could allow people to complete all the paperwork online. I like the idea of having an online form available, but they shouldn't do away with paper forms. Having both options would be great.
Use simple language.	Write the forms and the information related to it in plain, accessible language. What that means is that someone who has the equivalent of a high school education or reads Twitter can pick it up, read it and have a reasonable expectation of understanding the material. That is NOT how they are set up now.

Appendix F
Questionnaire

UniCare®

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

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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 back 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 1.888.797.3605, ext. 4190.

1. Our records show that you are now in UniCare Health Plan of West Virginia, Inc. Is that right?

☐ Yes ➔ ***If Yes, Go to Question 3***
☐ No

2. What is the name of your health plan? *(Please print)*

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

☐ Yes
☐ No ➔ ***If No, Go to Question 5***

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

☐ Yes
☐ No ➔ ***If No, Go to Question 7***

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- ☐ None ➔ ***If None, Go to Question 15***
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- ☐ Yes
- ☐ No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 13***

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- ☐ Yes
- ☐ No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

- ☐ Yes
- ☐ No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- ☐ Yes
- ☐ No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR PERSONAL DOCTOR

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt.
Do you have a personal doctor?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 24***

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ☐ None ➔ ***If None, Go to Question 23***
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 23***

22. In the last 6 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- ☐ 0 Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments to see a specialist?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 28***

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26. How many specialists have you seen in the last 6 months?

- ☐ None ➔ ***If None, Go to Question 28***
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 30***

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 33***

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 35***

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

ABOUT YOU

36. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

37. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?

- ☐ Yes
- ☐ No
- ☐ Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all ➔ ***If Not at all, Go to Question 43***
- ☐ Don't know ➔ ***If Don't know, Go to Question 43***

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? ***Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.***

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? ***Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.***

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

43. Do you take aspirin daily or every other day?

- ☐ Yes
- ☐ No
- ☐ Don't know

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- ☐ Yes
- ☐ No
- ☐ Don't know

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- ☐ Yes
- ☐ No

46. Are you aware that you have any of the following conditions? ***Mark one or more***

- ☐ High cholesterol
- ☐ High blood pressure
- ☐ Parent or sibling with heart attack before the age of 60

47. Has a doctor ever told you that you have any of the following conditions? ***Mark one or more***

- ☐ A heart attack
- ☐ Angina or coronary heart disease
- ☐ A stroke
- ☐ Any kind of diabetes or high blood sugar

48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 50***

49. Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

- ☐ Yes
- ☐ No

50. Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birth control.

- ☐ Yes
- ☐ No ➔ ***If No, Go to Question 52***

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

- ☐ Yes
- ☐ No

52. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

53. Are you male or female?

- ☐ Male
- ☐ Female

54. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

55. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

56. What is your race? ***Mark one or more***

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other

57. Did someone help you complete this survey?

- ☐ Yes ➔ ***If Yes, Go to Question 58***
- ☐ No ➔ ***If No, Go to Question 59***

58. How did that person help you?
Mark one or more

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

ADDITIONAL QUESTIONS

Now we would like to ask you a few more questions. These questions provide additional information on important topics.

59. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

60. In the last 6 months, how often did you have a hard time speaking with or understanding your personal doctor because you spoke different languages?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not have a personal doctor
- ☐ My personal doctor and I do not speak different languages

61. In the last 6 months, did you phone your personal doctor's office after regular office hours to get help or advice for yourself?

- ☐ Yes
- ☐ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***
- ☐ I do not have a personal doctor ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

62. In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not phone for help or advice after regular office hours in the past 6 months

---

Thank You
Please return the completed survey in the postage-paid envelope or send to:
DSS Research • P.O. Box 985009
Ft. Worth, TX 76185-5009

If you have any questions, please call 1.888.797.3605, ext. 4190.

Appendix G
Crosstabulations

Crosstabulations explanation

The following tables show detailed results for each question in your survey. Crosstabulations or “crosstabs” let you compare the results across different groups (i.e., males versus females). The following instructions are provided to aid you in analyzing the data in these tables:

Across the top of the table are column headers indicating the different categories by which the data are being compared. The first group of columns are the health plan’s total results for the current year and up to two prior years. This allows you to see how you are performing over time. The Anthem Average and the DSS Average are also provided in the first group of columns. These averages give you national benchmarks for comparison to your results. Following the plan total columns are other demographic categories such as years with the plan, current health status, age, gender and education level.

Listed down the left side of the table are row labels. First, there is a “Total” row which represents the total number of respondents who are eligible to answer that question. Next, there are labels for “Multiple Mark” and “No response.” Respondents who give multiple answers or no answer are removed from the base. Then, the “Base” row gives the number of respondents who responded appropriately to that question. Finally, there are labels for the relevant responses to that question. For example, “Always”, “Usually”, “Sometimes” and “Never” are possible responses to the question, “In the last 6 months, how often did your personal doctor listen carefully to you?”

Among the possible responses down the left side may be items such as “Top Two Box” and “Top Three Box.” These are summary scores of either the top two responses or top three responses. For example, on a 0 to 10 scale, the “Top Two Box” indicates how many respondents gave a “9” or “10” on the question. In addition, there are some tables with the row label “CAHPS Rate.” This designates which response or group of responses are reported by NCQA for that question. For example, “CAHPS Rate (% Always + % Usually)” indicates that this is a question where NCQA reports the percentage of respondents who gave either “Always” or “Usually” as the response to that question.

Significance between groups is indicated by an upper-case letter beneath a column percentage. If a letter is present under a percentage, that percentage is significantly higher than the percentage (on the same row) in the corresponding column. In calculating significance, a Z-test is conducted at the 95% confidence level.

An example is provided on the following page.

Crosstabulations explanation – example

[1] For this example, results for males versus females are being compared.

[2] The total number of respondents eligible for this question is 159 -- 51 are males and 106 are females. You will notice the sum of the number of males and females does not add up to the total (159). This indicates that two respondents did not report their gender on the survey.

[3] The total number of respondents that gave valid answers to this question is 139 (8 males and 12 females either did not answer this question or replied that they don't know).

[4] NCQA reports the percent responding "Always" or "Usually" to this question.

[5] Significantly more females than males gave the response "Always" or "Usually" to this question. The letter "B" below the percentage indicates 97.9% is significantly higher than the percentage in column B (74.4%) at the 95% confidence level.

18. In the last 6 months, how often did your personal doctor listen carefully to you?

	2017 Plan Total (A)	===== GENDER[1] ===== Male (B)	Female (C)
Total	159[2] 100%	51 100%	106 100%
Multiple Mark	*	*	*
No response	2 0.6%	0 0.0%	2 0.9%
Don't know	18 11.3%	8 15.7%	10 9.4%
BASE = Those who responded	139[3] 87.4%	43 84.3%	94 88.7%
Never	6 4.3%	5 11.6% C	1 1.1%
Sometimes	7 5.0%	6 14.0% C	1 1.1%
Usually	53 38.1%	23 53.5% C	30 31.9%
Always	73 52.5%	9 20.9%	62 66.0% B
CAHPS Rate (%Always + %Usually)[4]	126 90.6%	32 74.4%	92 97.9% B[5]

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Medicaid Satisfaction Survey (ANTM22491)

1. Our records show that you are now in UniCare Health Plan of West Virginia, Inc. Is that right?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	3	155	438	6	13	0	3	0	3	0	3	0	1	1	1	2	1	2	1	3	0	0
	0.74%	1.56%	1.63%	1.46%	5.02%	0.0%	1.08%	0.0%	1.42%	0.0%	1.08%	0.0%	1.27%	1.11%	1.04%	1.57%	0.44%	0.70%	0.90%	1.06%	0.0%	0.0%
			A		ABCD																	
BASE = Those who responded	403	9766	26471	404	246	112	276	86	209	118	276	135	78	89	95	125	226	283	110	281	122	0
	99.26%	98.44%	98.37%	98.54%	94.98%	100.00%	98.92%	100.00%	98.58%	100.00%	98.92%	100.00%	98.73%	98.89%	98.96%	98.43%	99.56%	99.30%	99.10%	98.94%	100.00%	0.0%
	CE	E	E	E																		
Yes	184	4200	11177	193	110	56	124	52	110	45	136	61	40	45	37	61	110	124	58	135	49	0
	45.66%	43.01%	42.22%	47.77%	44.72%	50.00%	44.93%	60.47%	52.63%	38.14%	49.28%	45.19%	51.28%	50.56%	38.95%	48.80%	48.67%	43.82%	52.73%	48.04%	40.16%	0.0%
				C							J											
No	219	5566	15294	211	136	56	152	34	99	73	140	74	38	44	58	64	116	159	52	146	73	0
	54.34%	56.99%	57.78%	52.23%	55.28%	50.00%	55.07%	39.53%	47.37%	61.86%	50.72%	54.81%	48.72%	49.44%	61.05%	51.20%	51.33%	56.18%	47.27%	51.96%	59.84%	0.0%
			D							K												
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

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4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	18 4.43%	352 3.55%	1024 3.81%	11 2.68%	20 7.72% BCD	6 5.36%	12 4.30%	5 5.81%	9 4.25%	6 5.08%	11 3.94%	5 3.70%	3 3.80%	6 6.67%	4 4.17%	6 4.72%	11 4.85%	10 3.51%	8 7.21%	18 6.34% U	0 0.0%	0 0.0%
Appropriately skipped	219 53.94%	5566 56.10%	15294 56.84% D	211 51.46%	136 52.51%	56 50.00%	152 54.48%	34 39.53%	99 46.70%	73 61.86% K	140 50.18%	74 54.81%	38 48.10%	44 48.89%	58 60.42%	64 50.39%	116 51.10%	159 55.79%	52 46.85%	146 51.41%	73 59.84%	0 0.0%
BASE = Those who responded	169 41.63%	4003 40.35%	10591 39.36%	188 45.85% BC	103 39.77%	50 44.64%	115 41.22%	47 54.65%	104 49.06%	39 33.05%	128 45.88% J	56 41.48%	38 48.10%	40 44.44%	34 35.42%	57 44.88%	100 44.05%	116 40.70%	51 45.95%	120 42.25%	49 40.16%	0 0.0%
Never	1 0.59%	78 1.95% AD	217 2.05% AD	1 0.53%	3 2.91%	0 0.0%	1 0.87%	0 0.0%	0 0.0%	0 0.0%	1 0.78%	0 0.0%	0 0.0%	1 2.50%	0 0.0%	0 0.0%	1 1.00%	0 0.0%	1 1.96%	0 0.0%	1 2.04%	0 0.0%
Sometimes	35 20.71% BCE	575 14.36% E	1404 13.26%	25 13.30%	9 8.74%	19 38.00% G	16 13.91%	21 44.68% I	12 11.54%	6 15.38%	29 22.66%	19 33.93% MN	5 13.16%	5 12.50%	6 17.65%	12 21.05%	20 20.00%	29 25.00% S	6 11.76%	20 16.67%	15 30.61%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	36 21.30% E	653 16.31%	1621 15.31%	26 13.83%	12 11.65%	19 38.00% G	17 14.78%	21 44.68% I	12 11.54%	6 15.38%	30 23.44%	19 33.93% MN	5 13.16%	6 15.00%	6 17.65%	12 21.05%	21 21.00%	29 25.00%	7 13.73%	20 16.67%	16 32.65% T	0 0.0%
Usually	34 20.12%	783 19.56%	2094 19.77%	49 26.06% B	26 25.24%	13 26.00%	19 16.52%	13 27.66%	18 17.31%	9 23.08%	25 19.53%	12 21.43%	7 18.42%	7 17.50%	8 23.53%	8 14.04%	24 24.00%	23 19.83%	11 21.57%	28 23.33%	6 12.24%	0 0.0%
Always	99 58.58%	2567 64.13%	6876 64.92%	113 60.11%	65 63.11%	18 36.00%	79 68.70% F	13 27.66%	74 71.15% H	24 61.54%	73 57.03%	25 44.64%	26 68.42% L	27 67.50% L	20 58.82%	37 64.91%	55 55.00%	64 55.17%	33 64.71%	72 60.00%	27 55.10%	0 0.0%
CAHPS Rate (%Always + %Usually)	133 78.70%	3350 83.69%	8970 84.69%	162 86.17%	91 88.35% A	31 62.00%	98 85.22% F	26 55.32%	92 88.46% H	33 84.62%	98 76.56%	37 66.07%	33 86.84% L	34 85.00% L	28 82.35%	45 78.95%	79 79.00%	87 75.00%	44 86.27%	100 83.33% U	33 67.35%	0 0.0%
3-point composite mean	2.3728	2.4781	2.4962 A	2.4628	2.5146	1.9800	2.5391 F	1.8298	2.5962 H	2.4615	2.3359	2.1071	2.5526 L	2.5250 L	2.4118	2.4386	2.3400	2.3017	2.5098	2.4333	2.2245	0
4-point composite mean	3.3669	3.4587	3.4757	3.4574	3.4854	2.9800	3.5304 F	2.8298	3.5962 H	3.4615	3.3281	3.1071	3.5526 L	3.5000 L	3.4118	3.4386	3.3300	3.3017	3.4902	3.4333	3.2041	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	4	170	429	7	14	2	1	1	1	1	2	2	0	0	2	3	1	3	1	3	1	0
	0.99%	1.71%	1.59%	1.71%	5.41%	1.79%	0.36%	1.16%	0.47%	0.85%	0.72%	1.48%	0.0%	0.0%	2.08%	2.36%	0.44%	1.05%	0.90%	1.06%	0.82%	0.0%
					ABCD																	
BASE = Those who responded	402	9751	26480	403	245	110	278	85	211	117	277	133	79	90	94	124	226	282	110	281	121	0
	99.01%	98.29%	98.41%	98.29%	94.59%	98.21%	99.64%	98.84%	99.53%	99.15%	99.28%	98.52%	100.00%	100.00%	97.92%	97.64%	99.56%	98.95%	99.10%	98.94%	99.18%	0.0%
	E	E	E	E																		
Yes	283	7004	19296	272	158	75	203	73	180	69	210	74	59	69	79	85	177	194	84	201	82	0
	70.40%	71.83%	72.87%	67.49%	64.49%	68.18%	73.02%	85.88%	85.31%	58.97%	75.81%	55.64%	74.68%	76.67%	84.04%	68.55%	78.32%	68.79%	76.36%	71.53%	67.77%	0.0%
		E	BDE								J		L	L	L							
No	119	2747	7184	131	87	35	75	12	31	48	67	59	20	21	15	39	49	88	26	80	39	0
	29.60%	28.17%	27.13%	32.51%	35.51%	31.82%	26.98%	14.12%	14.69%	41.03%	24.19%	44.36%	25.32%	23.33%	15.96%	31.45%	21.68%	31.21%	23.64%	28.47%	32.23%	0.0%
		C		C	BC					K		MNO										
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	25 6.16%	491 4.95%	1384 5.14%	18 4.39%	20 7.72%	5 4.46%	18 6.45%	7 8.14%	12 5.66%	8 6.78%	14 5.02%	7 5.19%	1 1.27%	8 8.89% M	8 8.33% M	7 5.51%	16 7.05%	15 5.26%	9 8.11%	22 7.75% U	3 2.46%	0 0.0%
Appropriately skipped	119 29.31%	2747 27.69%	7184 26.70%	131 31.95% C	87 33.59% BC	35 31.25%	75 26.88%	12 13.95%	31 14.62%	48 40.68% K	67 24.01%	59 43.70% MNO	20 25.32%	21 23.33%	15 15.63%	39 30.71%	49 21.59%	88 30.88%	26 23.42%	80 28.17%	39 31.97%	0 0.0%
BASE = Those who responded	262 64.53%	6683 67.36% E	18341 68.16% E	261 63.66%	152 58.69%	72 64.29%	186 66.67%	67 77.91%	169 79.72%	62 52.54%	198 70.97% J	69 51.11%	58 73.42% L	61 67.78% L	73 76.04% L	81 63.78%	162 71.37%	182 63.86%	76 68.47%	182 64.08%	80 65.57%	0 0.0%
Never	3 1.15%	128 1.92%	398 2.17%	5 1.92%	4 2.63%	2 2.78%	1 0.54%	2 2.99%	0 0.0%	1 1.61%	2 1.01%	1 1.45%	1 1.72%	0 0.0%	1 1.37%	1 1.23%	1 0.62%	1 0.55%	2 2.63%	1 0.55%	2 2.50%	0 0.0%
Sometimes	41 15.65%	1276 19.09%	3305 18.02%	41 15.71%	28 18.42%	15 20.83%	25 13.44%	17 25.37% I	20 11.83%	13 20.97%	27 13.64%	18 26.09% NO	8 13.79%	6 9.84%	9 12.33%	14 17.28%	21 12.96%	34 18.68% S	7 9.21%	25 13.74%	16 20.00%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	44 16.79%	1404 21.01%	3703 20.19%	46 17.62%	32 21.05%	17 23.61%	26 13.98%	19 28.36% I	20 11.83%	14 22.58%	29 14.65%	19 27.54% NO	9 15.52%	6 9.84%	10 13.70%	15 18.52%	22 13.58%	35 19.23%	9 11.84%	26 14.29%	18 22.50%	0 0.0%
Usually	57 21.76%	1449 21.68%	4140 22.57%	58 22.22%	31 20.39%	17 23.61%	40 21.51%	18 26.87%	29 17.16%	11 17.74%	45 22.73%	17 24.64%	12 20.69%	11 18.03%	17 23.29%	14 17.28%	41 25.31%	37 20.33%	19 25.00%	43 23.63%	14 17.50%	0 0.0%
Always	161 61.45%	3830 57.31%	10498 57.24%	157 60.15%	89 58.55%	38 52.78%	120 64.52%	30 44.78%	120 71.01% H	37 59.68%	124 62.63%	33 47.83%	37 63.79%	44 72.13% L	46 63.01%	52 64.20%	99 61.11%	110 60.44%	48 63.16%	113 62.09%	48 60.00%	0 0.0%
CAHPS Rate (%Always + %Usually)	218 83.21%	5279 78.99%	14638 79.81%	215 82.38%	120 78.95%	55 76.39%	160 86.02%	48 71.64%	149 88.17% H	48 77.42%	169 85.35%	50 72.46%	49 84.48%	55 90.16% L	63 86.30% L	66 81.48%	140 86.42%	147 80.77%	67 88.16%	156 85.71%	62 77.50%	0 0.0%
3-point composite mean	2.4466	2.3630	2.3705	2.4253	2.3750	2.2917	2.5054 F	2.1642	2.5917 H	2.3710	2.4798	2.2029	2.4828	2.6230 L	2.4932 L	2.4568	2.4753	2.4121	2.5132	2.4780	2.3750	0
4-point composite mean	3.4351	3.3439	3.3488	3.4061	3.3487	3.2639	3.5000 F	3.1343	3.5917 H	3.3548	3.4697	3.1884	3.4655	3.6230 L	3.4795 L	3.4444	3.4691	3.4066	3.4868	3.4725	3.3500	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	1 0.24%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	13 3.20%	399 4.02%	1045 3.88%	11 2.68%	22 8.49% ABCD	4 3.57%	8 2.87%	0 0.0%	0 0.0%	3 2.54%	7 2.51%	4 2.96%	1 1.27%	4 4.44%	4 4.17%	5 3.94%	6 2.64%	8 2.81%	5 4.50%	8 2.82%	5 4.10%	0 0.0%
BASE = Those who responded	393 96.80% E	9522 95.98% E	25864 96.12% E	398 97.07% E	237 91.51%	108 96.43%	271 97.13%	86 100.00%	212 100.00%	115 97.46%	272 97.49%	131 97.04%	78 98.73%	86 95.56%	92 95.83%	122 96.06%	221 97.36%	277 97.19%	106 95.50%	276 97.18%	117 95.90%	0 0.0%
None (v 0)	88 22.39%	2178 22.87%	5924 22.90%	91 22.86%	65 27.43%	28 25.93%	52 19.19%	0 0.0%	0 0.0%	40 34.78% K	46 16.91%	38 29.01% NO	21 26.92% O	15 17.44%	12 13.04%	31 25.41% Q	30 13.57%	64 23.10%	21 19.81%	57 20.65%	31 26.50%	0 0.0%
1 time (v 1)	56 14.25%	1493 15.68%	4288 16.58% BE	54 13.57%	29 12.24%	17 15.74%	38 14.02%	18 20.93%	38 17.92%	15 13.04%	41 15.07%	23 17.56%	8 10.26%	9 10.47%	15 16.30%	16 13.11%	35 15.84%	45 16.25%	10 9.43%	42 15.22%	14 11.97%	0 0.0%
2 (v 2)	85 21.63% E	1753 18.41%	4751 18.37%	72 18.09%	35 14.77%	25 23.15%	57 21.03%	23 26.74%	60 28.30%	24 20.87%	59 21.69%	22 16.79%	14 17.95%	25 29.07% L	22 23.91%	30 24.59%	45 20.36%	59 21.30%	23 21.70%	58 21.01%	27 23.08%	0 0.0%
3 (v 3)	52 13.23%	1279 13.43%	3412 13.19%	57 14.32%	32 13.50%	11 10.19%	40 14.76%	12 13.95%	38 17.92%	14 12.17%	36 13.24%	13 9.92%	13 16.67%	12 13.95%	14 15.22%	14 11.48%	38 17.19%	36 13.00%	16 15.09%	40 14.49%	12 10.26%	0 0.0%
4 (v 4)	47 11.96% E	848 8.91%	2313 8.94%	42 10.55%	15 6.33%	10 9.26%	37 13.65%	14 16.28%	33 15.57%	8 6.96%	39 14.34% J	12 9.16%	6 7.69%	15 17.44%	13 14.13%	15 12.30%	27 12.22%	31 11.19%	14 13.21%	32 11.59%	15 12.82%	0 0.0%
5 to 9 (v 7)	46 11.70%	1398 14.68%	3627 14.02%	60 15.08%	47 19.83% ABC	10 9.26%	35 12.92%	14 16.28%	30 14.15%	10 8.70%	36 13.24%	17 12.98% N	11 14.10% N	4 4.65%	14 15.22% N	9 7.38%	37 16.74% P	29 10.47%	16 15.09%	35 12.68%	11 9.40%	0 0.0%
10 or more (v 12.5)	19 4.83%	573 6.02%	1549 5.99%	22 5.53%	14 5.91%	7 6.48%	12 4.43%	5 5.81%	13 6.13%	4 3.48%	15 5.51%	6 4.58%	5 6.41%	6 6.98%	2 2.17%	7 5.74%	9 4.07%	13 4.69%	6 5.66%	12 4.35%	7 5.98%	0 0.0%
Average	2.8740	3.0641	3.0169	3.0955	3.2025	2.7546	3.0074	3.6802	3.6627	2.2348	3.1710 J	2.6565	3.0577	3.0000	3.0000	2.6926	3.2511	2.7455	3.2736	2.9022	2.8077	0
Standard deviation	3.0235	3.2764	3.2629	3.2060	3.4106	3.2493	2.9491	2.9422	2.9180	2.8063	3.0904	3.1088	3.3359	3.0813	2.5697	3.0732	2.9107	2.9833	3.1557	2.9558	3.1763	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.39%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	19	497	1324	18	24	4	14	0	2	5	11	5	3	5	6	8	9	12	7	13	6	0
	4.68%	5.01%	4.92%	4.39%	9.27%	3.57%	5.02%	0.0%	0.94%	4.24%	3.94%	3.70%	3.80%	5.56%	6.25%	6.30%	3.96%	4.21%	6.31%	4.58%	4.92%	0.0%
					ABCD																	
Appropriately skipped	88	2178	5924	91	65	28	52	0	0	40	46	38	21	15	12	31	30	64	21	57	31	0
	21.67%	21.95%	22.01%	22.20%	25.10%	25.00%	18.64%	0.0%	0.0%	33.90%	16.49%	28.15%	26.58%	16.67%	12.50%	24.41%	13.22%	22.46%	18.92%	20.07%	25.41%	0.0%
										K		NO	O			Q						
BASE = Those who responded	299	7246	19661	301	169	80	213	86	210	73	222	92	55	70	78	88	188	209	83	214	85	0
	73.65%	73.04%	73.06%	73.41%	65.25%	71.43%	76.34%	100.00%	99.06%	61.86%	79.57%	68.15%	69.62%	77.78%	81.25%	69.29%	82.82%	73.33%	74.77%	75.35%	69.67%	0.0%
	E	E	E	E							J				L		P					
Yes	207	5218	14174	206	116	52	151	52	152	46	158	53	37	51	62	57	133	144	56	149	58	0
	69.23%	72.01%	72.09%	68.44%	68.64%	65.00%	70.89%	60.47%	72.38%	63.01%	71.17%	57.61%	67.27%	72.86%	79.49%	64.77%	70.74%	68.90%	67.47%	69.63%	68.24%	0.0%
														L	L							
No	92	2028	5487	95	53	28	62	34	58	27	64	39	18	19	16	31	55	65	27	65	27	0
	30.77%	27.99%	27.91%	31.56%	31.36%	35.00%	29.11%	39.53%	27.62%	36.99%	28.83%	42.39%	32.73%	27.14%	20.51%	35.23%	29.26%	31.10%	32.53%	30.37%	31.76%	0.0%
												NO										
3-point composite mean	2.3846	2.4402	2.4418	2.3688	2.3728	2.3000	2.4178	2.2093	2.4476	2.2603	2.4234	2.1522	2.3455	2.4571	2.5897	2.2955	2.4149	2.3780	2.3494	2.3925	2.3647	0
									H					L	L							
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	20 4.93%	514 5.18%	1388 5.16%	19 4.63%	24 9.27% ABCD	4 3.57%	15 5.38%	1 1.16%	1 0.47%	5 4.24%	12 4.30%	6 4.44%	2 2.53%	5 5.56%	7 7.29%	7 5.51%	11 4.85%	13 4.56%	7 6.31%	15 5.28%	5 4.10%	0 0.0%
Appropriately skipped	88 21.67%	2178 21.95%	5924 22.01%	91 22.20%	65 25.10%	28 25.00%	52 18.64%	0 0.0%	0 0.0%	40 33.90% K	46 16.49%	38 28.15% NO	21 26.58% O	15 16.67%	12 12.50%	31 24.41% Q	30 13.22%	64 22.46%	21 18.92%	57 20.07%	31 25.41%	0 0.0%
BASE = Those who responded	298 73.40% E	7229 72.87% E	19597 72.83% E	300 73.17% E	170 65.64%	80 71.43%	212 75.99%	85 98.84%	211 99.53%	73 61.86%	221 79.21% J	91 67.41%	56 70.89%	70 77.78%	77 80.21% L	89 70.08%	186 81.94% P	208 72.98%	83 74.77%	212 74.65%	86 70.49%	0 0.0%
Yes	136 45.64%	3455 47.79%	9330 47.61%	134 44.67%	90 52.94%	44 55.00% G	89 41.98%	41 48.24%	94 44.55%	25 34.25%	111 50.23% J	40 43.96%	32 57.14%	33 47.14%	31 40.26%	41 46.07%	89 47.85%	91 43.75%	43 51.81%	99 46.70%	37 43.02%	0 0.0%
No	162 54.36%	3774 52.21%	10267 52.39%	166 55.33%	80 47.06%	36 45.00%	123 58.02% F	44 51.76%	117 55.45%	48 65.75% K	110 49.77%	51 56.04%	24 42.86%	37 52.86%	46 59.74%	48 53.93%	97 52.15%	117 56.25%	40 48.19%	113 53.30%	49 56.98%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	21	550	1504	20	25	5	15	2	1	5	13	6	2	6	7	8	11	14	7	16	5	0
	5.17%	5.54%	5.59%	4.88%	9.65%	4.46%	5.38%	2.33%	0.47%	4.24%	4.66%	4.44%	2.53%	6.67%	7.29%	6.30%	4.85%	4.91%	6.31%	5.63%	4.10%	0.0%
					ABCD																	
Appropriately skipped	250	5952	16191	257	145	64	175	44	117	88	156	89	45	52	58	79	127	181	61	170	80	0
	61.58%	59.99%	60.17%	62.68%	55.98%	57.14%	62.72%	51.16%	55.19%	74.58%	55.91%	65.93%	56.96%	57.78%	60.42%	62.20%	55.95%	63.51%	54.95%	59.86%	65.57%	0.0%
										K												
BASE = Those who responded	135	3419	9214	133	89	43	89	40	94	25	110	40	32	32	31	40	89	90	43	98	37	0
	33.25%	34.46%	34.24%	32.44%	34.36%	38.39%	31.90%	46.51%	44.34%	21.19%	39.43%	29.63%	40.51%	35.56%	32.29%	31.50%	39.21%	31.58%	38.74%	34.51%	30.33%	0.0%
											J											
Yes	128	3190	8533	122	84	40	85	38	89	25	103	38	30	29	31	37	86	84	42	93	35	0
	94.81%	93.30%	92.61%	91.73%	94.38%	93.02%	95.51%	95.00%	94.68%	100.00%	93.64%	95.00%	93.75%	90.63%	100.00%	92.50%	96.63%	93.33%	97.67%	94.90%	94.59%	0.0%
No	7	229	681	11	5	3	4	2	5	0	7	2	2	3	0	3	3	6	1	5	2	0
	5.19%	6.70%	7.39%	8.27%	5.62%	6.98%	4.49%	5.00%	5.32%	0.0%	6.36%	5.00%	6.25%	9.38%	0.0%	7.50%	3.37%	6.67%	2.33%	5.10%	5.41%	0.0%
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	21 5.17%	546 5.50%	1525 5.67%	20 4.88%	26 10.04% ABCD	5 4.46%	15 5.38%	2 2.33%	1 0.47%	5 4.24%	13 4.66%	6 4.44%	2 2.53%	6 6.67%	7 7.29%	8 6.30%	11 4.85%	14 4.91%	7 6.31%	16 5.63%	5 4.10%	0 0.0%
Appropriately skipped	250 61.58%	5952 59.99%	16191 60.17%	257 62.68%	145 55.98%	64 57.14%	175 62.72%	44 51.16%	117 55.19%	88 74.58% K	156 55.91%	89 65.93%	45 56.96%	52 57.78%	58 60.42%	79 62.20%	127 55.95%	181 63.51%	61 54.95%	170 59.86%	80 65.57%	0 0.0%
BASE = Those who responded	135 33.25%	3423 34.50%	9193 34.16%	133 32.44%	88 33.98%	43 38.39%	89 31.90%	40 46.51%	94 44.34%	25 21.19%	110 39.43% J	40 29.63%	32 40.51%	32 35.56%	31 32.29%	40 31.50%	89 39.21%	90 31.58%	43 38.74%	98 34.51%	37 30.33%	0 0.0%
Yes	95 70.37%	2327 67.98%	6347 69.04%	105 78.95% BC	73 82.95% ABC	27 62.79%	65 73.03%	25 62.50%	70 74.47%	20 80.00%	75 68.18%	31 77.50%	23 71.88%	20 62.50%	21 67.74%	23 57.50%	68 76.40% P	64 71.11%	30 69.77%	71 72.45%	24 64.86%	0 0.0%
No	40 29.63% E	1096 32.02% DE	2846 30.96% DE	28 21.05%	15 17.05%	16 37.21%	24 26.97%	15 37.50%	24 25.53%	5 20.00%	35 31.82%	9 22.50%	9 28.13%	12 37.50%	10 32.26%	17 42.50% Q	21 23.60%	26 28.89%	13 30.23%	27 27.55%	13 35.14%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	23	571	1581	20	25	6	16	2	3	5	15	6	2	6	9	8	13	16	7	17	6	0
	5.67%	5.76%	5.88%	4.88%	9.65% BCD	5.36%	5.73%	2.33%	1.42%	4.24%	5.38%	4.44%	2.53%	6.67%	9.38% M	6.30%	5.73%	5.61%	6.31%	5.99%	4.92%	0.0%
Appropriately skipped	250	5952	16191	257	145	64	175	44	117	88	156	89	45	52	58	79	127	181	61	170	80	0
	61.58%	59.99%	60.17%	62.68%	55.98%	57.14%	62.72%	51.16%	55.19%	74.58% K	55.91%	65.93%	56.96%	57.78%	60.42%	62.20%	55.95%	63.51%	54.95%	59.86%	65.57%	0.0%
BASE = Those who responded	133	3398	9137	133	89	42	88	40	92	25	108	40	32	32	29	40	87	88	43	97	36	0
	32.76%	34.25%	33.96%	32.44%	34.36%	37.50%	31.54%	46.51%	43.40%	21.19%	38.71% J	29.63%	40.51%	35.56%	30.21%	31.50%	38.33%	30.88%	38.74%	34.15%	29.51%	0.0%
Yes	105	2558	7026	103	69	30	72	29	75	22	83	34	24	24	23	29	73	71	33	82	23	0
	78.95%	75.28%	76.90%	77.44%	77.53%	71.43%	81.82%	72.50%	81.52%	88.00%	76.85%	85.00%	75.00%	75.00%	79.31%	72.50%	83.91%	80.68%	76.74%	84.54% U	63.89%	0.0%
No	28	840	2111	30	20	12	16	11	17	3	25	6	8	8	6	11	14	17	10	15	13	0
	21.05%	24.72%	23.10%	22.56%	22.47%	28.57%	18.18%	27.50%	18.48%	12.00%	23.15%	15.00%	25.00%	25.00%	20.69%	27.50%	16.09%	19.32%	23.26%	15.46%	36.11% T	0.0%
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.39%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	20 4.93%	521 5.25%	1347 5.01%	18 4.39%	25 9.65% ABCD	5 4.46%	14 5.02%	0 0.0%	0 0.0%	5 4.24%	12 4.30%	6 4.44%	2 2.53%	6 6.67%	6 6.25%	8 6.30%	10 4.41%	12 4.21%	7 6.31%	15 5.28%	5 4.10%	0 0.0%
Appropriately skipped	88 21.67%	2178 21.95%	5924 22.01%	91 22.20%	65 25.10%	28 25.00%	52 18.64%	0 0.0%	0 0.0%	40 33.90% K	46 16.49%	38 28.15% NO	21 26.58% O	15 16.67%	12 12.50%	31 24.41% Q	30 13.22%	64 22.46%	21 18.92%	57 20.07%	31 25.41%	0 0.0%
BASE = Those who responded	298 73.40% E	7222 72.80% E	19638 72.98% E	301 73.41% E	168 64.86%	79 70.54%	213 76.34%	86 100.00%	212 100.00%	73 61.86%	221 79.21% J	91 67.41%	56 70.89%	69 76.67%	78 81.25% L	88 69.29%	187 82.38% P	209 73.33%	83 74.77%	212 74.65%	86 70.49%	0 0.0%
10 - Best health care possible	111 37.25%	2855 39.53% DE	7913 40.29% DE	98 32.56%	51 30.36%	8 10.13%	101 47.42% F	0 0.0%	111 52.36% H	32 43.84%	77 34.84%	29 31.87%	21 37.50%	24 34.78%	35 44.87%	31 35.23%	70 37.43%	85 40.67%	24 28.92%	75 35.38%	36 41.86%	0 0.0%
9 -	35 11.74%	1036 14.35%	2993 15.24%	39 12.96%	20 11.90%	4 5.06%	30 14.08% F	0 0.0%	35 16.51% H	10 13.70%	24 10.86%	9 9.89%	8 14.29%	9 13.04%	8 10.26%	13 14.77%	20 10.70%	25 11.96%	9 10.84%	24 11.32%	11 12.79%	0 0.0%
Top Two Box	146 48.99%	3891 53.88% DE	10906 55.54% ABDE	137 45.51%	71 42.26%	12 15.19%	131 61.50% F	0 0.0%	146 68.87% H	42 57.53%	101 45.70%	38 41.76%	29 51.79%	33 47.83%	43 55.13%	44 50.00%	90 48.13%	110 52.63% S	33 39.76%	99 46.70%	47 54.65%	0 0.0%
8 -	66 22.15%	1447 20.04%	3823 19.47%	71 23.59%	34 20.24%	16 20.25%	50 23.47%	0 0.0%	66 31.13% H	16 21.92%	49 22.17%	23 25.27%	12 21.43%	15 21.74%	15 19.23%	17 19.32%	41 21.93%	39 18.66%	25 30.12% R	52 24.53%	14 16.28%	0 0.0%
CAHPS Rate (Top Three Box)	212 71.14%	5338 73.91% E	14729 75.00% DE	208 69.10%	105 62.50%	28 35.44%	181 84.98% F	0 0.0%	212 100.00% H	58 79.45% K	150 67.87%	61 67.03%	41 73.21%	48 69.57%	58 74.36%	61 69.32%	131 70.05%	149 71.29%	58 69.88%	151 71.23%	61 70.93%	0 0.0%
7 -	32 10.74%	770 10.66%	1999 10.18%	40 13.29%	23 13.69%	18 22.78% G	14 6.57%	32 37.21% I	0 0.0%	7 9.59%	25 11.31%	11 12.09%	6 10.71%	6 8.70%	9 11.54%	13 14.77%	18 9.63%	21 10.05%	11 13.25%	23 10.85%	9 10.47%	0 0.0%
6 -	22 7.38%	355 4.92%	892 4.54%	21 6.98%	15 8.93% C	14 17.72% G	6 2.82%	22 25.58% I	0 0.0%	1 1.37%	21 9.50% J	6 6.59%	4 7.14%	6 8.70%	6 7.69%	8 9.09%	13 6.95%	14 6.70%	7 8.43%	16 7.55%	6 6.98%	0 0.0%
5 -	22 7.38%	402 5.57%	1085 5.53%	20 6.64%	16 9.52%	13 16.46% G	8 3.76%	22 25.58% I	0 0.0%	6 8.22%	16 7.24%	8 8.79%	4 7.14%	7 10.14%	3 3.85%	5 5.68%	16 8.56%	17 8.13%	5 6.02%	16 7.55%	6 6.98%	0 0.0%
4 -	6 2.01%	130 1.80%	326 1.66%	3 1.00%	5 2.98%	3 3.80%	3 1.41%	6 6.98% I	0 0.0%	0 0.0%	6 2.71% J	4 4.40% MO	0 0.0%	2 2.90%	0 0.0%	1 1.14%	5 2.67%	6 2.87% S	0 0.0%	5 2.36%	1 1.16%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

						2017 Plan Results															
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
3 -	3	81	227	4	3	3	0	3	0	0	3	0	1	0	2	0	3	1	2	1	2	0
	1.01%	1.12%	1.16%	1.33%	1.79%	3.80%	0.0%	3.49%	0.0%	0.0%	1.36%	0.0%	1.79%	0.0%	2.56%	0.0%	1.60%	0.48%	2.41%	0.47%	2.33%	0.0%
2 -	0	60	157	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.83%	0.80%	0.33%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AE	AE																			
1 -	0	27	90	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.37%	0.46%	1.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AE	AE																			
0 - Worst health care possible	1	59	133	1	1	0	1	1	0	1	0	1	0	0	0	0	1	1	0	0	1	0
	0.34%	0.82%	0.68%	0.33%	0.60%	0.0%	0.47%	1.16%	0.0%	1.37%	0.0%	1.10%	0.0%	0.0%	0.0%	0.0%	0.53%	0.48%	0.0%	0.0%	1.16%	0.0%
0-7 (NET)	86	1884	4909	93	63	51	32	86	0	15	71	30	15	21	20	27	56	60	25	61	25	0
	28.86%	26.09%	25.00%	30.90%	37.50%	64.56%	15.02%	100.00%	0.0%	20.55%	32.13%	32.97%	26.79%	30.43%	25.64%	30.68%	29.95%	28.71%	30.12%	28.77%	29.07%	0.0%
				C	BC	G		I			J											
Bottom Three Box	1	146	380	5	1	0	1	1	0	1	0	1	0	0	0	0	1	1	0	0	1	0
	0.34%	2.02%	1.94%	1.66%	0.60%	0.0%	0.47%	1.16%	0.0%	1.37%	0.0%	1.10%	0.0%	0.0%	0.0%	0.0%	0.53%	0.48%	0.0%	0.0%	1.16%	0.0%
		AE	AE																			
Bottom Two Box	1	86	223	4	1	0	1	1	0	1	0	1	0	0	0	0	1	1	0	0	1	0
	0.34%	1.19%	1.14%	1.33%	0.60%	0.0%	0.47%	1.16%	0.0%	1.37%	0.0%	1.10%	0.0%	0.0%	0.0%	0.0%	0.53%	0.48%	0.0%	0.0%	1.16%	0.0%
		A	A																			
Average	8.2282	8.2927	8.3415	8.0864	7.8690	6.8354	8.7606	5.8023	9.2123	8.5342	8.1086	7.9560	8.3393	8.1449	8.4872	8.3068	8.1337	8.2775	8.0843	8.2170	8.2558	0
		E	DE				F		H													
Standard deviation	1.8469	2.0042	1.9821	1.9356	1.9927	1.7533	1.5816	1.2651	0.8887	1.8363	1.8464	1.9885	1.7349	1.8200	1.7522	1.6332	1.9753	1.9118	1.6948	1.7510	2.0640	0
3-point composite mean	2.3087	2.3845	2.4072	2.2791	2.1845	1.7342	2.5305	1.3721	2.6887	2.4658	2.2489	2.2088	2.3571	2.2609	2.4103	2.3409	2.2781	2.3397	2.2289	2.2877	2.3605	0
		DE	ABDE				F		H	K												
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	21 5.17%	500 5.04%	1328 4.94%	15 3.66%	27 10.42% ABCD	4 3.57%	16 5.73%	0 0.0%	2 0.94%	5 4.24%	13 4.66%	6 4.44%	3 3.80%	6 6.67%	6 6.25%	10 7.87%	9 3.96%	13 4.56%	7 6.31%	15 5.28%	6 4.92%	0 0.0%
Appropriately skipped	88 21.67%	2178 21.95%	5924 22.01%	91 22.20%	65 25.10%	28 25.00%	52 18.64%	0 0.0%	0 0.0%	40 33.90% K	46 16.49%	38 28.15% NO	21 26.58% O	15 16.67%	12 12.50%	31 24.41% Q	30 13.22%	64 22.46%	21 18.92%	57 20.07%	31 25.41%	0 0.0%
BASE = Those who responded	297 73.15% E	7243 73.01% E	19657 73.05% E	304 74.15% E	167 64.48%	80 71.43%	211 75.63%	86 100.00%	210 99.06%	73 61.86%	220 78.85% J	91 67.41%	55 69.62%	69 76.67%	78 81.25% L	86 67.72%	188 82.82% P	208 72.98%	83 74.77%	212 74.65%	85 69.67%	0 0.0%
Never	6 2.02%	179 2.47% CD	401 2.04% D	2 0.66%	6 3.59%	3 3.75%	3 1.42%	5 5.81% I	1 0.48%	0 0.0%	6 2.73% J	2 2.20%	1 1.82%	1 1.45%	2 2.56%	1 1.16%	5 2.66%	3 1.44%	3 3.61%	3 1.42%	3 3.53%	0 0.0%
Sometimes	34 11.45%	1002 13.83%	2575 13.10%	43 14.14%	36 21.56% ABCD	19 23.75% G	14 6.64%	23 26.74% I	10 4.76%	5 6.85%	29 13.18%	13 14.29%	8 14.55%	7 10.14%	6 7.69%	10 11.63%	21 11.17%	25 12.02%	9 10.84%	21 9.91%	13 15.29%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	40 13.47%	1181 16.31% C	2976 15.14%	45 14.80%	42 25.15% ABCD	22 27.50% G	17 8.06%	28 32.56% I	11 5.24%	5 6.85%	35 15.91% J	15 16.48%	9 16.36%	8 11.59%	8 10.26%	11 12.79%	26 13.83%	28 13.46%	12 14.46%	24 11.32%	16 18.82%	0 0.0%
Usually	88 29.63%	1919 26.49%	5284 26.88%	100 32.89% BC	44 26.35%	36 45.00% G	50 23.70%	40 46.51% I	48 22.86%	17 23.29%	71 32.27%	28 30.77%	19 34.55%	20 28.99%	19 24.36%	26 30.23%	58 30.85%	53 25.48%	33 39.76% R	71 33.49% U	17 20.00%	0 0.0%
Always	169 56.90%	4143 57.20% E	11397 57.98% DE	159 52.30%	81 48.50%	22 27.50%	144 68.25% F	18 20.93%	151 71.90% H	51 69.86% K	114 51.82%	48 52.75%	27 49.09%	41 59.42%	51 65.38%	49 56.98%	104 55.32%	127 61.06% S	38 45.78%	117 55.19%	52 61.18%	0 0.0%
CAHPS Rate (%Always + %Usually)	257 86.53% E	6062 83.69% E	16681 84.86% BE	259 85.20% E	125 74.85%	58 72.50%	194 91.94% F	58 67.44%	199 94.76% H	68 93.15% K	185 84.09%	76 83.52%	46 83.64%	61 88.41%	70 89.74%	75 87.21%	162 86.17%	180 86.54%	71 85.54%	188 88.68%	69 81.18%	0 0.0%
3-point composite mean	2.4343 E	2.4089 E	2.4284 E	2.3750	2.2335	2.0000	2.6019 F	1.8837	2.6667 H	2.6301 K	2.3591	2.3626	2.3273	2.4783	2.5513	2.4419	2.4149	2.4760	2.3133	2.4387	2.4235	0
4-point composite mean	3.4141 E	3.3842 E	3.4080 BE	3.3684 E	3.1976	2.9625	3.5877 F	2.8256	3.6619 H	3.6301 K	3.3318	3.3407	3.3091	3.4638	3.5256	3.4302	3.3883	3.4615	3.2771	3.4245	3.3882	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.49%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	9	204	485	5	18	4	3	0	2	5	4	3	3	1	2	5	3	4	4	7	2	0
	2.22%	2.06%	1.80%	1.22%	6.95%	3.57%	1.08%	0.0%	0.94%	4.24%	1.43%	2.22%	3.80%	1.11%	2.08%	3.94%	1.32%	1.40%	3.60%	2.46%	1.64%	0.0%
					ABCD																	
BASE = Those who responded	397	9717	26424	403	241	108	276	86	210	113	275	132	76	89	94	122	224	281	107	277	120	0
	97.78%	97.94%	98.20%	98.29%	93.05%	96.43%	98.92%	100.00%	99.06%	95.76%	98.57%	97.78%	96.20%	98.89%	97.92%	96.06%	98.68%	98.60%	96.40%	97.54%	98.36%	0.0%
	E	E	E	E																		
Yes	304	7834	21388	313	174	80	220	67	184	72	225	88	55	75	82	91	185	218	80	210	94	0
	76.57%	80.62%	80.94%	77.67%	72.20%	74.07%	79.71%	77.91%	87.62%	63.72%	81.82%	66.67%	72.37%	84.27%	87.23%	74.59%	82.59%	77.58%	74.77%	75.81%	78.33%	0.0%
		E	AE								J			L	LM							
No	93	1883	5036	90	67	28	56	19	26	41	50	44	21	14	12	31	39	63	27	67	26	0
	23.43%	19.38%	19.06%	22.33%	27.80%	25.93%	20.29%	22.09%	12.38%	36.28%	18.18%	33.33%	27.63%	15.73%	12.77%	25.41%	17.41%	22.42%	25.23%	24.19%	21.67%	0.0%
	C				BC					K		NO	O									
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	3 0.73%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	22 5.42%	494 4.98%	1353 5.03%	19 4.63%	21 8.11%	7 6.25%	13 4.66%	1 1.16%	8 3.77%	8 6.78%	12 4.30%	7 5.19%	4 5.06%	4 4.44%	7 7.29%	9 7.09%	11 4.85%	16 5.61%	5 4.50%	19 6.69% U	3 2.46%	0 0.0%
Appropriately skipped	93 22.91% C	1883 18.98%	5036 18.71%	90 21.95%	67 25.87% BC	28 25.00%	56 20.07%	19 22.09%	26 12.26%	41 34.75% K	50 17.92%	44 32.59% NO	21 26.58% O	14 15.56%	12 12.50%	31 24.41%	39 17.18%	63 22.11%	27 24.32%	67 23.59%	26 21.31%	0 0.0%
BASE = Those who responded	291 71.67%	7544 76.04% E	20520 76.26% AE	298 72.68%	171 66.02%	77 68.75%	210 75.27%	66 76.74%	178 83.96%	69 58.47%	217 77.78% J	84 62.22%	54 68.35%	72 80.00% L	77 80.21% L	87 68.50%	177 77.97%	206 72.28%	79 71.17%	198 69.72%	93 76.23%	0 0.0%
None (v 0)	46 15.81%	1295 17.17%	3375 16.45%	64 21.48% C	25 14.62%	13 16.88%	32 15.24%	6 9.09%	10 5.62%	21 30.43% K	24 11.06%	23 27.38% NO	9 16.67%	6 8.33%	7 9.09%	15 17.24%	21 11.86%	38 18.45% S	7 8.86%	27 13.64%	19 20.43%	0 0.0%
1 time (v 1)	71 24.40%	1739 23.05%	4946 24.10%	61 20.47%	36 21.05%	23 29.87%	46 21.90%	15 22.73%	49 27.53%	24 34.78% K	45 20.74%	25 29.76%	9 16.67%	16 22.22%	19 24.68%	13 14.94%	51 28.81% P	46 22.33%	23 29.11%	51 25.76%	20 21.51%	0 0.0%
2 (v 2)	77 26.46%	1690 22.40%	4709 22.95%	64 21.48%	41 23.98%	22 28.57%	54 25.71%	26 39.39% I	46 25.84%	12 17.39%	65 29.95% J	15 17.86%	18 33.33% L	18 25.00%	26 33.77% L	24 27.59%	48 27.12%	54 26.21%	23 29.11%	50 25.25%	27 29.03%	0 0.0%
3 (v 3)	31 10.65%	1088 14.42% A	2847 13.87%	42 14.09%	25 14.62%	4 5.19%	27 12.86% F	5 7.58%	25 14.04%	4 5.80%	25 11.52%	4 4.76%	6 11.11%	11 15.28% L	9 11.69%	12 13.79%	18 10.17%	19 9.22%	11 13.92%	22 11.11%	9 9.68%	0 0.0%
4 (v 4)	26 8.93%	607 8.05%	1726 8.41%	20 6.71%	10 5.85%	3 3.90%	23 10.95% F	3 4.55%	21 11.80% H	1 1.45%	25 11.52% J	6 7.14%	4 7.41%	9 12.50%	7 9.09%	14 16.09% Q	11 6.21%	20 9.71%	6 7.59%	22 11.11% U	4 4.30%	0 0.0%
5 to 9 (v 7)	33 11.34%	904 11.98%	2304 11.23%	40 13.42%	28 16.37%	10 12.99%	23 10.95%	10 15.15%	21 11.80%	6 8.70%	27 12.44%	9 10.71%	6 11.11%	10 13.89%	8 10.39%	7 8.05%	25 14.12%	22 10.68%	9 11.39%	22 11.11%	11 11.83%	0 0.0%
10 or more (v 12.5)	7 2.41%	221 2.93%	613 2.99%	7 2.35%	6 3.51%	2 2.60%	5 2.38%	1 1.52%	6 3.37%	1 1.45%	6 2.76%	2 2.38%	2 3.70%	2 2.78%	1 1.30%	2 2.30%	3 1.69%	7 3.40% S	0 0.0%	4 2.02%	3 3.23%	0 0.0%
Average	2.5447	2.6381	2.6121	2.5587	2.9474	2.4156	2.6214	2.6742	2.9326	1.7174	2.8295 J	2.1310	2.7037	3.0000 L	2.5260	2.6092	2.5847	2.5850	2.3924	2.5707	2.4892	0
Standard deviation	2.5555	2.6836	2.6646	2.6658	2.8705	2.6682	2.5243	2.4191	2.6284	2.3180	2.5878	2.6481	2.7580	2.5967	2.2008	2.4074	2.4841	2.7415	1.9449	2.4572	2.7523	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	24 5.91%	538 5.42%	1464 5.44%	25 6.10%	23 8.88%	8 7.14%	14 5.02%	2 2.33%	9 4.25%	9 7.63%	13 4.66%	7 5.19%	4 5.06%	4 4.44%	9 9.38%	10 7.87%	12 5.29%	18 6.32%	5 4.50%	21 7.39% U	3 2.46%	0 0.0%
Appropriately skipped	139 34.24%	3178 32.03%	8411 31.26%	154 37.56% BC	92 35.52%	41 36.61%	88 31.54%	25 29.07% I	36 16.98%	62 52.54% K	74 26.52%	67 49.63% NO	30 37.97% NO	20 22.22%	19 19.79%	46 36.22%	60 26.43%	101 35.44%	34 30.63%	94 33.10%	45 36.89%	0 0.0%
BASE = Those who responded	243 59.85%	6205 62.54% DE	17034 63.30% DE	231 56.34%	144 55.60%	63 56.25%	177 63.44%	59 68.60%	167 78.77%	47 39.83%	192 68.82% J	61 45.19%	45 56.96%	66 73.33% LM	68 70.83% L	71 55.91%	155 68.28% P	166 58.25%	72 64.86%	169 59.51%	74 60.66%	0 0.0%
Never	2 0.82%	97 1.56%	250 1.47%	2 0.87%	1 0.69%	1 1.59%	1 0.56%	0 0.0%	1 0.60%	0 0.0%	2 1.04%	2 3.28%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 1.29%	2 1.20%	0 0.0%	1 0.59%	1 1.35%	0 0.0%
Sometimes	7 2.88%	435 7.01% A	1103 6.48% A	15 6.49%	11 7.64%	4 6.35%	3 1.69%	2 3.39%	4 2.40%	1 2.13%	6 3.13%	2 3.28%	2 4.44%	1 1.52%	2 2.94%	1 1.41%	5 3.23%	7 4.22% S	0 0.0%	4 2.37%	3 4.05%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	9 3.70%	532 8.57% A	1353 7.94% A	17 7.36%	12 8.33%	5 7.94%	4 2.26%	2 3.39%	5 2.99%	1 2.13%	8 4.17%	4 6.56%	2 4.44%	1 1.52%	2 2.94%	1 1.41%	7 4.52%	9 5.42% S	0 0.0%	5 2.96%	4 5.41%	0 0.0%
Usually	37 15.23%	1013 16.33%	2920 17.14%	39 16.88%	22 15.28%	16 25.40% G	21 11.86%	14 23.73%	22 13.17%	5 10.64%	32 16.67%	10 16.39%	5 11.11%	12 18.18%	9 13.24%	11 15.49%	25 16.13%	20 12.05%	16 22.22%	31 18.34% U	6 8.11%	0 0.0%
Always	197 81.07% BC	4660 75.10%	12761 74.91%	175 75.76%	110 76.39%	42 66.67%	152 85.88% F	43 72.88%	140 83.83%	41 87.23%	152 79.17%	47 77.05%	38 84.44%	53 80.30%	57 83.82%	59 83.10%	123 79.35%	137 82.53%	56 77.78%	133 78.70%	64 86.49%	0 0.0%
CAHPS Rate (%Always + %Usually)	234 96.30% BC	5673 91.43%	15681 92.06%	214 92.64%	132 91.67%	58 92.06%	173 97.74%	57 96.61%	162 97.01%	46 97.87%	184 95.83%	57 93.44%	43 95.56%	65 98.48%	66 97.06%	70 98.59%	148 95.48%	157 94.58%	72 100.00% R	164 97.04%	70 94.59%	0 0.0%
3-point composite mean	2.7737 BC	2.6653	2.6697	2.6840	2.6806	2.5873	2.8362 F	2.6949	2.8084	2.8511	2.7500	2.7049	2.8000	2.7879	2.8088	2.8169	2.7484	2.7711	2.7778	2.7574	2.8108	0
4-point composite mean	3.7654 BC	3.6496	3.6550	3.6753	3.6736	3.5714	3.8305 F	3.6949	3.8024	3.8511	3.7396	3.6721	3.8000	3.7879	3.8088	3.8169	3.7355	3.7590	3.7778	3.7515	3.7973	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

18. In the last 6 months, how often did your personal doctor listen carefully to you?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.39%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	24 5.91%	538 5.42%	1481 5.50%	27 6.59%	22 8.49%	8 7.14%	14 5.02%	2 2.33%	9 4.25%	8 6.78%	14 5.02%	7 5.19%	4 5.06%	4 4.44%	9 9.38%	10 7.87%	12 5.29%	17 5.96%	6 5.41%	21 7.39% U	3 2.46%	0 0.0%
Appropriately skipped	139 34.24%	3178 32.03%	8411 31.26%	154 37.56% BC	92 35.52%	41 36.61%	88 31.54%	25 29.07% I	36 16.98%	62 52.54% K	74 26.52%	67 49.63% NO	30 37.97% NO	20 22.22%	19 19.79%	46 36.22%	60 26.43%	101 35.44%	34 30.63%	94 33.10%	45 36.89%	0 0.0%
BASE = Those who responded	243 59.85%	6205 62.54% DE	17017 63.24% DE	229 55.85%	144 55.60%	63 56.25%	177 63.44%	59 68.60%	167 78.77%	48 40.68%	191 68.46% J	61 45.19%	45 56.96%	66 73.33% LM	68 70.83% L	71 55.91%	155 68.28% P	167 58.60%	71 63.96%	169 59.51%	74 60.66%	0 0.0%
Never	0 0.0%	94 1.51% A	235 1.38% A	2 0.87%	4 2.78% A	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Sometimes	16 6.58%	448 7.22%	1120 6.58%	13 5.68%	13 9.03%	8 12.70%	8 4.52%	9 15.25% I	6 3.59%	3 6.25%	13 6.81%	6 9.84%	3 6.67%	3 4.55%	4 5.88%	3 4.23%	11 7.10%	14 8.38%	2 2.82%	9 5.33%	7 9.46%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	16 6.58%	542 8.73%	1355 7.96%	15 6.55%	17 11.81%	8 12.70%	8 4.52%	9 15.25% I	6 3.59%	3 6.25%	13 6.81%	6 9.84%	3 6.67%	3 4.55%	4 5.88%	3 4.23%	11 7.10%	14 8.38%	2 2.82%	9 5.33%	7 9.46%	0 0.0%
Usually	33 13.58%	998 16.08%	2745 16.13%	30 13.10%	24 16.67%	14 22.22% G	19 10.73%	17 28.81% I	16 9.58%	4 8.33%	29 15.18%	9 14.75%	6 13.33%	7 10.61%	11 16.18%	6 8.45%	25 16.13%	19 11.38%	14 19.72%	25 14.79%	8 10.81%	0 0.0%
Always	194 79.84%	4665 75.18%	12917 75.91%	184 80.35%	103 71.53%	41 65.08%	150 84.75% F	33 55.93%	145 86.83% H	41 85.42%	149 78.01%	46 75.41%	36 80.00%	56 84.85%	53 77.94%	62 87.32% Q	119 76.77%	134 80.24%	55 77.46%	135 79.88%	59 79.73%	0 0.0%
CAHPS Rate (%Always + %Usually)	227 93.42%	5663 91.27%	15662 92.04%	214 93.45%	127 88.19%	55 87.30%	169 95.48%	50 84.75%	161 96.41% H	45 93.75%	178 93.19%	55 90.16%	42 93.33%	63 95.45%	64 94.12%	68 95.77%	144 92.90%	153 91.62%	69 97.18%	160 94.67%	67 90.54%	0 0.0%
3-point composite mean	2.7325 E	2.6645	2.6794	2.7380 E	2.5972	2.5238	2.8023 F	2.4068	2.8323 H	2.7917	2.7120	2.6557	2.7333	2.8030	2.7206	2.8310	2.6968	2.7186	2.7465	2.7456	2.7027	0
4-point composite mean	3.7325 BE	3.6493	3.6656	3.7293 BE	3.5694	3.5238	3.8023 F	3.4068	3.8323 H	3.7917	3.7120	3.6557	3.7333	3.8030	3.7206	3.8310	3.6968	3.7186	3.7465	3.7456	3.7027	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	24 5.91%	537 5.41%	1458 5.42%	26 6.34%	22 8.49%	9 8.04%	13 4.66%	3 3.49%	8 3.77%	9 7.63%	13 4.66%	7 5.19%	5 6.33%	4 4.44%	8 8.33%	9 7.09%	13 5.73%	18 6.32%	5 4.50%	21 7.39% U	3 2.46%	0 0.0%
Appropriately skipped	139 34.24%	3178 32.03%	8411 31.26%	154 37.56% BC	92 35.52%	41 36.61%	88 31.54%	25 29.07% I	36 16.98%	62 52.54% K	74 26.52%	67 49.63% NO	30 37.97% NO	20 22.22%	19 19.79%	46 36.22%	60 26.43%	101 35.44%	34 30.63%	94 33.10%	45 36.89%	0 0.0%
BASE = Those who responded	243 59.85%	6206 62.55% DE	17040 63.32% DE	230 56.10%	145 55.98%	62 55.36%	178 63.80%	58 67.44%	168 79.25% H	47 39.83%	192 68.82% J	61 45.19%	44 55.70%	66 73.33% LM	69 71.88% LM	72 56.69%	154 67.84% P	166 58.25%	72 64.86%	169 59.51%	74 60.66%	0 0.0%
Never	1 0.41%	85 1.37% AD	221 1.30% A	1 0.43%	4 2.76%	1 1.61%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.52%	1 1.64%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.65%	1 0.60%	0 0.0%	1 0.59%	0 0.0%	0 0.0%
Sometimes	16 6.58%	382 6.16%	957 5.62%	12 5.22%	10 6.90%	9 14.52% G	7 3.93%	9 15.52% I	6 3.57%	3 6.38%	13 6.77%	5 8.20%	3 6.82%	4 6.06%	4 5.80%	3 4.17%	12 7.79%	13 7.83%	3 4.17%	11 6.51%	5 6.76%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	17 7.00%	467 7.52%	1178 6.91%	13 5.65%	14 9.66%	10 16.13% G	7 3.93%	9 15.52% I	6 3.57%	3 6.38%	14 7.29%	6 9.84%	3 6.82%	4 6.06%	4 5.80%	3 4.17%	13 8.44%	14 8.43%	3 4.17%	12 7.10%	5 6.76%	0 0.0%
Usually	25 10.29%	814 13.12%	2271 13.33%	27 11.74%	24 16.55%	10 16.13%	15 8.43%	11 18.97%	14 8.33%	5 10.64%	20 10.42%	8 13.11%	4 9.09%	7 10.61%	6 8.70%	5 6.94%	18 11.69%	10 6.02%	14 19.44% R	20 11.83%	5 6.76%	0 0.0%
Always	201 82.72% E	4925 79.36%	13591 79.76%	190 82.61% E	107 73.79%	42 67.74%	156 87.64% F	38 65.52%	148 88.10% H	39 82.98%	158 82.29%	47 77.05%	37 84.09%	55 83.33%	59 85.51%	64 88.89%	123 79.87%	142 85.54%	55 76.39%	137 81.07%	64 86.49%	0 0.0%
CAHPS Rate (%Always + %Usually)	226 93.00%	5739 92.48%	15862 93.09%	217 94.35%	131 90.34%	52 83.87%	171 96.07% F	49 84.48%	162 96.43% H	44 93.62%	178 92.71%	55 90.16%	41 93.18%	62 93.94%	65 94.20%	69 95.83%	141 91.56%	152 91.57%	69 95.83%	157 92.90%	69 93.24%	0 0.0%
3-point composite mean	2.7572	2.7183	2.7285	2.7696 E	2.6414	2.5161	2.8371 F	2.5000	2.8452 H	2.7660	2.7500	2.6721	2.7727	2.7727	2.7971	2.8472	2.7143	2.7711	2.7222	2.7396	2.7973	0
4-point composite mean	3.7531	3.7046	3.7155	3.7652 E	3.6138	3.5000	3.8371 F	3.5000	3.8452 H	3.7660	3.7448	3.6557	3.7727	3.7727	3.7971	3.8472	3.7078	3.7651	3.7222	3.7337	3.7973	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

20. In the last 6 months, how often did your personal doctor spend enough time with you?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	24 5.91%	541 5.45%	1462 5.43%	24 5.85%	22 8.49%	8 7.14%	14 5.02%	2 2.33%	9 4.25%	9 7.63%	13 4.66%	8 5.93%	4 5.06%	4 4.44%	8 8.33%	9 7.09%	13 5.73%	17 5.96%	6 5.41%	21 7.39% U	3 2.46%	0 0.0%
Appropriately skipped	139 34.24%	3178 32.03%	8411 31.26%	154 37.56% BC	92 35.52%	41 36.61%	88 31.54%	25 29.07% I	36 16.98%	62 52.54% K	74 26.52%	67 49.63% NO	30 37.97% NO	20 22.22%	19 19.79%	46 36.22%	60 26.43%	101 35.44%	34 30.63%	94 33.10%	45 36.89%	0 0.0%
BASE = Those who responded	243 59.85%	6202 62.51% DE	17036 63.31% DE	232 56.59%	145 55.98%	63 56.25%	177 63.44%	59 68.60%	167 78.77%	47 39.83%	192 68.82% J	60 44.44%	45 56.96%	66 73.33% LM	69 71.88% LM	72 56.69%	154 67.84% P	167 58.60%	71 63.96%	169 59.51%	74 60.66%	0 0.0%
Never	2 0.82%	143 2.31% AD	334 1.96% D	1 0.43%	5 3.45%	1 1.59%	1 0.56%	2 3.39%	0 0.0%	0 0.0%	2 1.04%	1 1.67%	0 0.0%	0 0.0%	1 1.45%	1 1.39%	1 0.65%	2 1.20%	0 0.0%	2 1.18%	0 0.0%	0 0.0%
Sometimes	24 9.88%	582 9.38%	1516 8.90%	21 9.05%	12 8.28%	10 15.87%	14 7.91%	12 20.34% I	10 5.99%	2 4.26%	22 11.46%	7 11.67%	5 11.11%	7 10.61%	5 7.25%	3 4.17%	18 11.69% P	18 10.78%	6 8.45%	15 8.88%	9 12.16%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	26 10.70%	725 11.69%	1850 10.86%	22 9.48%	17 11.72%	11 17.46%	15 8.47%	14 23.73% I	10 5.99%	2 4.26%	24 12.50% J	8 13.33%	5 11.11%	7 10.61%	6 8.70%	4 5.56%	19 12.34%	20 11.98%	6 8.45%	17 10.06%	9 12.16%	0 0.0%
Usually	40 16.46%	1208 19.48%	3537 20.76% B	51 21.98%	31 21.38%	13 20.63%	26 14.69%	15 25.42%	22 13.17%	8 17.02%	30 15.63%	10 16.67%	8 17.78%	7 10.61%	14 20.29%	11 15.28%	25 16.23%	21 12.57%	18 25.35% R	27 15.98%	13 17.57%	0 0.0%
Always	177 72.84%	4269 68.83%	11649 68.38%	159 68.53%	97 66.90%	39 61.90%	136 76.84% F	30 50.85%	135 80.84% H	37 78.72%	138 71.88%	42 70.00%	32 71.11%	52 78.79%	49 71.01%	57 79.17%	110 71.43%	126 75.45%	47 66.20%	125 73.96%	52 70.27%	0 0.0%
CAHPS Rate (%Always + %Usually)	217 89.30%	5477 88.31%	15186 89.14%	210 90.52%	128 88.28%	52 82.54%	162 91.53%	45 76.27%	157 94.01% H	45 95.74% K	168 87.50%	52 86.67%	40 88.89%	59 89.39%	63 91.30%	68 94.44%	135 87.66%	147 88.02%	65 91.55%	152 89.94%	65 87.84%	0 0.0%
3-point composite mean	2.6214	2.5714	2.5752	2.5905	2.5517	2.4444	2.6836 F	2.2712	2.7485 H	2.7447	2.5938	2.5667	2.6000	2.6818	2.6232	2.7361	2.5909	2.6347	2.5775	2.6391	2.5811	0
4-point composite mean	3.6132	3.5484	3.5556	3.5862	3.5172	3.4286	3.6780 F	3.2373	3.7485 H	3.7447	3.5833	3.5500	3.6000	3.6818	3.6087	3.7222	3.5844	3.6228	3.5775	3.6272	3.5811	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	26 6.40%	599 6.04%	1589 5.91%	25 6.10%	24 9.27%	8 7.14%	16 5.73%	2 2.33%	11 5.19%	9 7.63%	15 5.38%	7 5.19%	5 6.33%	4 4.44%	10 10.42%	11 8.66%	13 5.73%	19 6.67%	6 5.41%	23 8.10% U	3 2.46%	0 0.0%
Appropriately skipped	139 34.24%	3178 32.03%	8411 31.26%	154 37.56% BC	92 35.52%	41 36.61%	88 31.54%	25 29.07% I	36 16.98%	62 52.54% K	74 26.52%	67 49.63% NO	30 37.97% NO	20 22.22%	19 19.79%	46 36.22%	60 26.43%	101 35.44%	34 30.63%	94 33.10%	45 36.89%	0 0.0%
BASE = Those who responded	241 59.36%	6144 61.93% DE	16909 62.84% DE	231 56.34%	143 55.21%	63 56.25%	175 62.72%	59 68.60%	165 77.83%	47 39.83%	190 68.10% J	61 45.19%	44 55.70%	66 73.33% LM	67 69.79% L	70 55.12%	154 67.84% P	165 57.89%	71 63.96%	167 58.80%	74 60.66%	0 0.0%
Yes	143 59.34%	3729 60.69%	10298 60.90%	143 61.90%	77 53.85%	39 61.90%	103 58.86%	35 59.32%	102 61.82%	25 53.19%	115 60.53%	32 52.46%	31 70.45%	36 54.55%	43 64.18%	44 62.86%	93 60.39%	84 50.91%	58 81.69% R	102 61.08%	41 55.41%	0 0.0%
No	98 40.66%	2415 39.31%	6611 39.10%	88 38.10%	66 46.15%	24 38.10%	72 41.14%	24 40.68%	63 38.18%	22 46.81%	75 39.47%	29 47.54%	13 29.55%	30 45.45%	24 35.82%	26 37.14%	61 39.61%	81 49.09% S	13 18.31%	65 38.92%	33 44.59%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

22. In the last 6 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?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	29 7.14%	663 6.68%	1788 6.64%	26 6.34%	24 9.27%	9 8.04%	18 6.45%	3 3.49%	13 6.13%	9 7.63%	18 6.45%	7 5.19%	5 6.33%	4 4.44%	13 13.54% LN	12 9.45%	15 6.61%	20 7.02%	8 7.21%	26 9.15% U	3 2.46%	0 0.0%
Appropriately skipped	237 58.37%	5593 56.38%	15022 55.83%	242 59.02%	158 61.00%	65 58.04%	160 57.35%	49 56.98%	99 46.70%	84 71.19% K	149 53.41%	96 71.11% MNO	43 54.43%	50 55.56%	43 44.79%	72 56.69%	121 53.30%	182 63.86% S	47 42.34%	159 55.99%	78 63.93%	0 0.0%
BASE = Those who responded	140 34.48%	3665 36.94% E	10099 37.53% E	142 34.63%	77 29.73%	38 33.93%	101 36.20%	34 39.53%	100 47.17%	25 21.19%	112 40.14% J	32 23.70%	31 39.24% L	36 40.00% L	40 41.67% L	43 33.86%	91 40.09%	83 29.12%	56 50.45% R	99 34.86%	41 33.61%	0 0.0%
Never	2 1.43%	216 5.89% A	520 5.15% A	17 11.97% ABC	5 6.49%	1 2.63%	1 0.99%	1 2.94%	0 0.0%	0 0.0%	2 1.79%	0 0.0%	0 0.0%	1 2.78%	1 2.50%	1 2.33%	1 1.10%	2 2.41%	0 0.0%	1 1.01%	1 2.44%	0 0.0%
Sometimes	19 13.57%	469 12.80%	1198 11.86%	18 12.68%	8 10.39%	9 23.68% G	9 8.91%	9 26.47% I	9 9.00%	3 12.00%	15 13.39%	8 25.00% M	1 3.23%	5 13.89%	5 12.50%	3 6.98%	16 17.58%	10 12.05%	9 16.07%	15 15.15%	4 9.76%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	21 15.00%	685 18.69% C	1718 17.01%	35 24.65% AC	13 16.88%	10 26.32% G	10 9.90%	10 29.41% I	9 9.00%	3 12.00%	17 15.18%	8 25.00% M	1 3.23%	6 16.67%	6 15.00%	4 9.30%	17 18.68%	12 14.46%	9 16.07%	16 16.16%	5 12.20%	0 0.0%
Usually	38 27.14%	893 24.37%	2525 25.00%	32 22.54%	24 31.17%	12 31.58%	26 25.74%	10 29.41%	28 28.00%	7 28.00%	31 27.68%	8 25.00%	9 29.03%	10 27.78%	10 25.00%	9 20.93%	27 29.67%	21 25.30%	16 28.57%	26 26.26%	12 29.27%	0 0.0%
Always	81 57.86%	2087 56.94%	5856 57.99%	75 52.82%	40 51.95%	16 42.11%	65 64.36% F	14 41.18%	63 63.00% H	15 60.00%	64 57.14%	16 50.00%	21 67.74%	20 55.56%	24 60.00%	30 69.77% Q	47 51.65%	50 60.24%	31 55.36%	57 57.58%	24 58.54%	0 0.0%
CAHPS Rate (%Always + %Usually)	119 85.00% D	2980 81.31%	8381 82.99% BD	107 75.35%	64 83.12%	28 73.68%	91 90.10% F	24 70.59%	91 91.00% H	22 88.00%	95 84.82%	24 75.00%	30 96.77% L	30 83.33%	34 85.00%	39 90.70%	74 81.32%	71 85.54%	47 83.93%	83 83.84%	36 87.80%	0 0.0%
3-point composite mean	2.4286	2.3825	2.4097 D	2.2817	2.3506	2.1579	2.5446 F	2.1176	2.5400 H	2.4800	2.4196	2.2500	2.6452 L	2.3889	2.4500	2.6047 Q	2.3297	2.4578	2.3929	2.4141	2.4634	0
4-point composite mean	3.4143 D	3.3236	3.3583 BD	3.1620	3.2857	3.1316	3.5347 F	3.0882	3.5400 H	3.4800	3.4018	3.2500	3.6452 L	3.3611	3.4250	3.5814	3.3187	3.4337	3.3929	3.4040	3.4390	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	22 5.42%	486 4.90%	1275 4.74%	22 5.37%	23 8.88% BC	7 6.25%	12 4.30%	2 2.33%	8 3.77%	8 6.78%	13 4.66%	7 5.19%	4 5.06%	5 5.56%	6 6.25%	11 8.66%	10 4.41%	16 5.61%	5 4.50%	19 6.69% U	3 2.46%	0 0.0%
Appropriately skipped	93 22.91% C	1883 18.98%	5036 18.71%	90 21.95%	67 25.87% BC	28 25.00%	56 20.07%	19 22.09%	26 12.26%	41 34.75% K	50 17.92%	44 32.59% NO	21 26.58% O	14 15.56%	12 12.50%	31 24.41%	39 17.18%	63 22.11%	27 24.32%	67 23.59%	26 21.31%	0 0.0%
BASE = Those who responded	291 71.67%	7552 76.12% E	20598 76.55% AE	298 72.68% E	169 65.25%	77 68.75%	211 75.63%	65 75.58%	178 83.96%	69 58.47%	216 77.42% J	84 62.22%	54 68.35%	71 78.89% L	78 81.25% L	85 66.93%	178 78.41% P	206 72.28%	79 71.17%	198 69.72%	93 76.23%	0 0.0%
10 - Best personal doctor possible	143 49.14%	3835 50.78%	10635 51.63%	147 49.33%	79 46.75%	19 24.68%	121 57.35% F	16 24.62%	115 64.61% H	35 50.72%	105 48.61%	34 40.48%	25 46.30%	37 52.11%	45 57.69% L	40 47.06%	93 52.25%	107 51.94%	34 43.04%	98 49.49%	45 48.39%	0 0.0%
9 -	45 15.46%	1080 14.30%	3146 15.27% B	49 16.44%	27 15.98%	13 16.88%	32 15.17%	12 18.46%	29 16.29%	11 15.94%	33 15.28%	14 16.67%	7 12.96%	12 16.90%	12 15.38%	15 17.65%	28 15.73%	31 15.05%	13 16.46%	30 15.15%	15 16.13%	0 0.0%
Top Two Box	188 64.60%	4915 65.08%	13781 66.90% B	196 65.77%	106 62.72%	32 41.56%	153 72.51% F	28 43.08%	144 80.90% H	46 66.67%	138 63.89%	48 57.14%	32 59.26%	49 69.01%	57 73.08% L	55 64.71%	121 67.98%	138 66.99%	47 59.49%	128 64.65%	60 64.52%	0 0.0%
8 -	45 15.46%	1152 15.25%	3054 14.83%	45 15.10%	25 14.79%	16 20.78%	29 13.74%	12 18.46%	20 11.24%	13 18.84%	31 14.35%	14 16.67%	12 22.22%	9 12.68%	8 10.26%	17 20.00%	20 11.24%	30 14.56%	12 15.19%	31 15.66%	14 15.05%	0 0.0%
CAHPS Rate (Top Three Box)	233 80.07%	6067 80.34%	16835 81.73% B	241 80.87%	131 77.51%	48 62.34%	182 86.26% F	40 61.54%	164 92.13% H	59 85.51%	169 78.24%	62 73.81%	44 81.48%	58 81.69%	65 83.33%	72 84.71%	141 79.21%	168 81.55%	59 74.68%	159 80.30%	74 79.57%	0 0.0%
7 -	22 7.56%	526 6.97%	1347 6.54%	29 9.73%	10 5.92%	10 12.99%	12 5.69%	8 12.31% I	6 3.37%	6 8.70%	16 7.41%	8 9.52%	5 9.26%	4 5.63%	5 6.41%	5 5.88%	13 7.30%	11 5.34%	11 13.92% R	12 6.06%	10 10.75%	0 0.0%
6 -	10 3.44%	233 3.09%	636 3.09%	7 2.35%	8 4.73%	4 5.19%	6 2.84%	4 6.15%	3 1.69%	1 1.45%	8 3.70%	5 5.95% M	0 0.0%	1 1.41%	4 5.13% M	2 2.35%	7 3.93%	6 2.91%	4 5.06%	8 4.04%	2 2.15%	0 0.0%
5 -	14 4.81%	361 4.78% C	856 4.16%	14 4.70%	12 7.10%	9 11.69% G	5 2.37%	9 13.85% I	1 0.56%	0 0.0%	14 6.48% J	5 5.95%	4 7.41%	3 4.23%	2 2.56%	3 3.53%	9 5.06%	11 5.34%	3 3.80%	9 4.55%	5 5.38%	0 0.0%
4 -	3 1.03%	103 1.36%	256 1.24%	2 0.67%	3 1.78%	3 3.90%	0 0.0%	2 3.08%	0 0.0%	1 1.45%	2 0.93%	2 2.38%	0 0.0%	1 1.41%	0 0.0%	2 2.35%	1 0.56%	3 1.46%	0 0.0%	3 1.52%	0 0.0%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

						2017 Plan Results															
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
3 -	4	69	206	2	1	3	1	1	2	0	4	1	0	2	1	0	4	4	0	3	1	0
	1.37%	0.91%	1.00%	0.67%	0.59%	3.90%	0.47%	1.54%	1.12%	0.0%	1.85%	1.19%	0.0%	2.82%	1.28%	0.0%	2.25%	1.94%	0.0%	1.52%	1.08%	0.0%
											J						P	S				
2 -	3	65	162	1	2	0	3	1	1	1	2	0	1	1	1	1	1	1	2	2	1	0
	1.03%	0.86%	0.79%	0.34%	1.18%	0.0%	1.42%	1.54%	0.56%	1.45%	0.93%	0.0%	1.85%	1.41%	1.28%	1.18%	0.56%	0.49%	2.53%	1.01%	1.08%	0.0%
1 -	2	49	130	1	1	0	2	0	1	1	1	1	0	1	0	0	2	2	0	2	0	0
	0.69%	0.65%	0.63%	0.34%	0.59%	0.0%	0.95%	0.0%	0.56%	1.45%	0.46%	1.19%	0.0%	1.41%	0.0%	0.0%	1.12%	0.97%	0.0%	1.01%	0.0%	0.0%
0 - Worst personal doctor possible	0	79	170	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	1.05%	0.83%	0.34%	0.59%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AD	A																			
0-7 (NET)	58	1485	3763	57	38	29	29	25	14	10	47	22	10	13	13	13	37	38	20	39	19	0
	19.93%	19.66%	18.27%	19.13%	22.49%	37.66%	13.74%	38.46%	7.87%	14.49%	21.76%	26.19%	18.52%	18.31%	16.67%	15.29%	20.79%	18.45%	25.32%	19.70%	20.43%	0.0%
		C				G		I														
Bottom Three Box	5	193	462	3	4	0	5	1	2	2	3	1	1	2	1	1	3	3	2	4	1	0
	1.72%	2.56%	2.24%	1.01%	2.37%	0.0%	2.37%	1.54%	1.12%	2.90%	1.39%	1.19%	1.85%	2.82%	1.28%	1.18%	1.69%	1.46%	2.53%	2.02%	1.08%	0.0%
		D	D				F															
Bottom Two Box	2	128	300	2	2	0	2	0	1	1	1	1	0	1	0	0	2	2	0	2	0	0
	0.69%	1.69%	1.46%	0.67%	1.18%	0.0%	0.95%	0.0%	0.56%	1.45%	0.46%	1.19%	0.0%	1.41%	0.0%	0.0%	1.12%	0.97%	0.0%	1.01%	0.0%	0.0%
		AD																				
Average	8.6289	8.6029	8.6764	8.7349	8.4675	7.7273	8.9384	7.7231	9.2416	8.8116	8.5648	8.3452	8.6296	8.6197	8.9231	8.7412	8.6517	8.6650	8.5190	8.5960	8.6989	0
			B				F		H						L							
Standard deviation	1.8940	2.0440	1.9730	1.7282	2.0555	2.0170	1.7446	2.0344	1.4546	1.7716	1.9378	1.9487	1.7352	2.1188	1.7004	1.6674	1.9780	1.9507	1.7921	1.9716	1.7151	0
3-point composite mean	2.5223	2.5238	2.5518	2.5638	2.4615	2.1688	2.6445	2.1692	2.7640	2.6087	2.4954	2.4048	2.5000	2.5634	2.6282	2.5529	2.5449	2.5388	2.4810	2.5101	2.5484	0
			B				F		H						L							
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	8	182	463	6	18	3	5	2	2	4	3	1	2	0	5	1	6	6	2	8	0	0
	1.97%	1.83%	1.72%	1.46%	6.95%	2.68%	1.79%	2.33%	0.94%	3.39%	1.08%	0.74%	2.53%	0.0%	5.21%	0.79%	2.64%	2.11%	1.80%	2.82%	0.0%	0.0%
					ABCD										N					U		
BASE = Those who responded	398	9739	26446	404	241	109	274	84	210	114	276	134	77	90	91	126	221	279	109	276	122	0
	98.03%	98.17%	98.28%	98.54%	93.05%	97.32%	98.21%	97.67%	99.06%	96.61%	98.92%	99.26%	97.47%	100.00%	94.79%	99.21%	97.36%	97.89%	98.20%	97.18%	100.00%	0.0%
	E	E	E	E										O							T	
Yes	153	4274	11754	146	85	36	114	38	105	32	119	40	32	38	41	46	95	93	58	107	46	0
	38.44%	43.89%	44.45%	36.14%	35.27%	33.03%	41.61%	45.24%	50.00%	28.07%	43.12%	29.85%	41.56%	42.22%	45.05%	36.51%	42.99%	33.33%	53.21%	38.77%	37.70%	0.0%
		ADE	ADE								J				L				R			
No	245	5465	14692	258	156	73	160	46	105	82	157	94	45	52	50	80	126	186	51	169	76	0
	61.56%	56.11%	55.55%	63.86%	64.73%	66.97%	58.39%	54.76%	50.00%	71.93%	56.88%	70.15%	58.44%	57.78%	54.95%	63.49%	57.01%	66.67%	46.79%	61.23%	62.30%	0.0%
	BC			BC	BC					K		O						S				
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	10 2.46%	282 2.84%	710 2.64%	8 1.95%	21 8.11% ABCD	3 2.68%	7 2.51%	2 2.33%	2 0.94%	5 4.24%	3 1.08%	3 2.22%	2 2.53%	0 0.0%	5 5.21% N	2 1.57%	7 3.08%	6 2.11%	4 3.60%	10 3.52% U	0 0.0%	0 0.0%
Appropriately skipped	245 60.34% BC	5465 55.09%	14692 54.60%	258 62.93% BC	156 60.23%	73 65.18%	160 57.35%	46 53.49%	105 49.53%	82 69.49% K	157 56.27%	94 69.63% O	45 56.96%	52 57.78%	50 52.08%	80 62.99%	126 55.51%	186 65.26% S	51 45.95%	169 59.51%	76 62.30%	0 0.0%
BASE = Those who responded	151 37.19%	4174 42.07% ADE	11507 42.76% ADE	144 35.12%	82 31.66%	36 32.14%	112 40.14%	38 44.19%	105 49.53%	31 26.27%	119 42.65% J	38 28.15%	32 40.51%	38 42.22% L	41 42.71% L	45 35.43%	94 41.41%	93 32.63%	56 50.45% R	105 36.97%	46 37.70%	0 0.0%
Never	6 3.97%	176 4.22%	451 3.92%	6 4.17%	6 7.32%	4 11.11%	2 1.79%	4 10.53%	2 1.90%	0 0.0%	6 5.04% J	1 2.63%	1 3.13%	1 2.63%	3 7.32%	2 4.44%	4 4.26%	3 3.23%	3 5.36%	6 5.71% U	0 0.0%	0 0.0%
Sometimes	22 14.57%	669 16.03%	1820 15.82%	25 17.36%	19 23.17%	8 22.22%	14 12.50%	13 34.21% I	8 7.62%	1 3.23%	21 17.65% J	5 13.16%	8 25.00% N	2 5.26%	7 17.07%	9 20.00%	11 11.70%	13 13.98%	9 16.07%	9 8.57%	13 28.26% T	0 0.0%
Bottom Two Box (%Never + %Sometimes)	28 18.54%	845 20.24%	2271 19.74%	31 21.53%	25 30.49% ABC	12 33.33% G	16 14.29%	17 44.74% I	10 9.52%	1 3.23%	27 22.69% J	6 15.79%	9 28.13% N	3 7.89%	10 24.39% N	11 24.44%	15 15.96%	16 17.20%	12 21.43%	15 14.29%	13 28.26%	0 0.0%
Usually	31 20.53%	997 23.89%	2908 25.27%	36 25.00%	16 19.51%	12 33.33% G	17 15.18%	11 28.95%	18 17.14%	5 16.13%	26 21.85%	10 26.32%	3 9.38%	7 18.42%	10 24.39%	11 24.44%	17 18.09%	19 20.43%	11 19.64%	26 24.76% U	5 10.87%	0 0.0%
Always	92 60.93%	2332 55.87%	6328 54.99%	77 53.47%	41 50.00%	12 33.33%	79 70.54% F	10 26.32%	77 73.33% H	25 80.65% K	66 55.46%	22 57.89%	20 62.50%	28 73.68% O	21 51.22%	23 51.11%	62 65.96%	58 62.37%	33 58.93%	64 60.95%	28 60.87%	0 0.0%
CAHPS Rate (%Always + %Usually)	123 81.46% E	3329 79.76% E	9236 80.26% E	113 78.47%	57 69.51%	24 66.67%	96 85.71% F	21 55.26%	95 90.48% H	30 96.77% K	92 77.31%	32 84.21%	23 71.88%	35 92.11% MO	31 75.61%	34 75.56%	79 84.04%	77 82.80%	44 78.57%	90 85.71%	33 71.74%	0 0.0%
3-point composite mean	2.4238 E	2.3563	2.3526	2.3194	2.1951	2.0000	2.5625 F	1.8158	2.6381 H	2.7742 K	2.3277	2.4211	2.3438	2.6579 O	2.2683	2.2667	2.5000	2.4516	2.3750	2.4667	2.3261	0
4-point composite mean	3.3841 E	3.3141	3.3134	3.2778	3.1220	2.8889	3.5446 F	2.7105	3.6190 H	3.7742 K	3.2773	3.3947	3.3125	3.6316 O	3.1951	3.2222	3.4574	3.4194	3.3214	3.4095	3.3261	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

26. How many specialists have you seen in the last 6 months?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.39%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	9 2.22%	291 2.93%	754 2.80%	8 1.95%	23 8.88% ABCD	3 2.68%	6 2.15%	2 2.33%	2 0.94%	5 4.24%	3 1.08%	2 1.48%	2 2.53%	0 0.0%	5 5.21% N	1 0.79%	7 3.08%	6 2.11%	3 2.70%	9 3.17% U	0 0.0%	0 0.0%
Appropriately skipped	245 60.34% BC	5465 55.09%	14692 54.60%	258 62.93% BC	156 60.23%	73 65.18%	160 57.35%	46 53.49%	105 49.53%	82 69.49% K	157 56.27%	94 69.63% O	45 56.96%	52 57.78%	50 52.08%	80 62.99%	126 55.51%	186 65.26% S	51 45.95%	169 59.51%	76 62.30%	0 0.0%
BASE = Those who responded	152 37.44%	4165 41.98% DE	11463 42.60% ADE	144 35.12%	79 30.50%	36 32.14%	113 40.50%	38 44.19%	105 49.53%	31 26.27%	119 42.65% J	39 28.89%	32 40.51%	38 42.22% L	41 42.71% L	46 36.22%	94 41.41%	93 32.63%	57 51.35% R	106 37.32%	46 37.70%	0 0.0%
None (v 0)	2 1.32%	192 4.61% A	491 4.28% A	10 6.94% A	5 6.33%	2 5.56%	0 0.0%	2 5.26%	0 0.0%	0 0.0%	2 1.68%	1 2.56%	0 0.0%	1 2.63%	0 0.0%	1 2.17%	1 1.06%	2 2.15%	0 0.0%	2 1.89%	0 0.0%	0 0.0%
Saw a specialist (NET)	150 98.68% BCD	3973 95.39%	10972 95.72%	134 93.06%	74 93.67%	34 94.44%	113 100.00%	36 94.74%	105 100.00%	31 100.00%	117 98.32%	38 97.44%	32 100.00%	37 97.37%	41 100.00%	45 97.83%	93 98.94%	91 97.85%	57 100.00%	104 98.11%	46 100.00%	0 0.0%
1 specialist (v 1)	85 55.92% BC	1985 47.66%	5345 46.63%	81 56.25% BC	40 50.63%	18 50.00%	65 57.52%	18 47.37%	60 57.14%	22 70.97% K	61 51.26%	27 69.23% N	16 50.00%	17 44.74%	24 58.54%	23 50.00%	53 56.38%	55 59.14%	29 50.88%	59 55.66%	26 56.52%	0 0.0%
2 (v 2)	46 30.26%	1169 28.07%	3152 27.50%	32 22.22%	26 32.91%	11 30.56%	34 30.09%	12 31.58%	33 31.43%	8 25.81%	38 31.93%	11 28.21%	11 34.38%	13 34.21%	10 24.39%	16 34.78%	27 28.72%	24 25.81%	21 36.84%	33 31.13%	13 28.26%	0 0.0%
3 (v 3)	13 8.55%	494 11.86%	1453 12.68%	15 10.42%	7 8.86%	1 2.78%	12 10.62%	3 7.89%	10 9.52%	1 3.23%	12 10.08%	0 0.0%	4 12.50% L	4 10.53% L	5 12.20% L	4 8.70%	9 9.57%	7 7.53%	6 10.53%	8 7.55%	5 10.87%	0 0.0%
4 (v 4)	5 3.29% E	179 4.30% E	546 4.76% E	4 2.78% E	0 0.0%	3 8.33%	2 1.77%	2 5.26%	2 1.90%	0 0.0%	5 4.20% J	0 0.0%	1 3.13%	3 7.89%	1 2.44%	2 4.35%	3 3.19%	4 4.30%	1 1.75%	4 3.77%	1 2.17%	0 0.0%
5 or more specialists (v 6)	1 0.66%	146 3.51% AD	476 4.15% ADE	2 1.39%	1 1.27%	1 2.78%	0 0.0%	1 2.63%	0 0.0%	0 0.0%	1 0.84%	0 0.0%	0 0.0%	0 0.0%	1 2.44%	0 0.0%	1 1.06%	1 1.08%	0 0.0%	0 0.0%	1 2.17%	0 0.0%
Average	1.5921	1.7760 ADE	1.8362 ABDE	1.5139	1.5063	1.6944	1.5664	1.7105	1.5619	1.3226	1.6723 J	1.2564	1.6875 L	1.7632 L	1.6829 L	1.6304	1.6170	1.5699	1.6316	1.5566	1.6739	0
Standard deviation	0.8763	1.2092	1.2619	1.0205	0.8983	1.1977	0.7511	1.1450	0.7422	0.5320	0.9358	0.4919	0.8077	0.9579	1.0462	0.8434	0.9238	0.9549	0.7406	0.8136	1.0012	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	10 2.46%	337 3.40% D	874 3.25%	8 1.95%	24 9.27% ABCD	3 2.68%	6 2.15%	3 3.49%	2 0.94%	5 4.24%	4 1.43%	2 1.48%	2 2.53%	1 1.11%	5 5.21%	1 0.79%	8 3.52%	7 2.46%	3 2.70%	10 3.52% U	0 0.0%	0 0.0%
Appropriately skipped	247 60.84%	5657 57.02%	15183 56.42%	268 65.37% BC	161 62.16%	75 66.96%	160 57.35%	48 55.81%	105 49.53%	82 69.49% K	159 56.99%	95 70.37% O	45 56.96%	53 58.89%	50 52.08%	81 63.78%	127 55.95%	188 65.96% S	51 45.95%	171 60.21%	76 62.30%	0 0.0%
BASE = Those who responded	149 36.70% E	3927 39.58% DE	10852 40.33% DE	134 32.68%	74 28.57%	34 30.36%	113 40.50%	35 40.70%	105 49.53%	31 26.27%	116 41.58% J	38 28.15%	32 40.51%	36 40.00%	41 42.71% L	45 35.43%	92 40.53%	90 31.58%	57 51.35% R	103 36.27%	46 37.70%	0 0.0%
10 - Best specialist possible	73 48.99%	1964 50.01%	5407 49.82%	60 44.78%	35 47.30%	7 20.59%	65 57.52% F	6 17.14%	64 60.95% H	20 64.52% K	52 44.83%	18 47.37%	13 40.63%	20 55.56%	21 51.22%	21 46.67%	45 48.91%	51 56.67% S	21 36.84%	53 51.46%	20 43.48%	0 0.0%
9 -	32 21.48% E	643 16.37%	1848 17.03%	26 19.40%	8 10.81%	5 14.71%	26 23.01%	8 22.86%	21 20.00%	5 16.13%	27 23.28%	8 21.05%	5 15.63%	9 25.00%	9 21.95%	12 26.67%	18 19.57%	18 20.00%	13 22.81%	22 21.36%	10 21.74%	0 0.0%
Top Two Box	105 70.47%	2607 66.39%	7255 66.85%	86 64.18%	43 58.11%	12 35.29%	91 80.53% F	14 40.00%	85 80.95% H	25 80.65%	79 68.10%	26 68.42%	18 56.25%	29 80.56% M	30 73.17%	33 73.33%	63 68.48%	69 76.67% S	34 59.65%	75 72.82%	30 65.22%	0 0.0%
8 -	17 11.41%	558 14.21%	1556 14.34%	16 11.94%	11 14.86%	6 17.65%	11 9.73%	4 11.43%	11 10.48%	3 9.68%	13 11.21%	3 7.89%	5 15.63%	2 5.56%	7 17.07%	4 8.89%	12 13.04%	5 5.56%	12 21.05% R	11 10.68%	6 13.04%	0 0.0%
CAHPS Rate (Top Three Box)	122 81.88%	3165 80.60%	8811 81.19%	102 76.12%	54 72.97%	18 52.94%	102 90.27% F	18 51.43%	96 91.43% H	28 90.32%	92 79.31%	29 76.32%	23 71.88%	31 86.11%	37 90.24% M	37 82.22%	75 81.52%	74 82.22%	46 80.70%	86 83.50%	36 78.26%	0 0.0%
7 -	6 4.03%	282 7.18%	736 6.78%	14 10.45% A	7 9.46%	2 5.88%	4 3.54%	3 8.57%	3 2.86%	1 3.23%	5 4.31%	2 5.26%	2 6.25%	2 5.56%	0 0.0%	3 6.67%	3 3.26%	4 4.44%	2 3.51%	5 4.85%	1 2.17%	0 0.0%
6 -	6 4.03%	122 3.11%	334 3.08%	7 5.22%	2 2.70%	4 11.76%	2 1.77%	3 8.57%	2 1.90%	0 0.0%	6 5.17% J	1 2.63%	2 6.25%	1 2.78%	2 4.88%	0 0.0%	5 5.43% P	2 2.22%	4 7.02%	2 1.94%	4 8.70%	0 0.0%
5 -	8 5.37%	161 4.10%	452 4.17%	5 3.73%	7 9.46%	6 17.65% G	2 1.77%	7 20.00% I	1 0.95%	1 3.23%	7 6.03%	3 7.89%	2 6.25%	1 2.78%	2 4.88%	3 6.67%	5 5.43%	6 6.67%	2 3.51%	5 4.85%	3 6.52%	0 0.0%
4 -	3 2.01%	60 1.53% E	151 1.39% E	3 2.24%	0 0.0%	2 5.88%	1 0.88%	2 5.71%	1 0.95%	0 0.0%	3 2.59%	0 0.0%	2 6.25%	1 2.78%	0 0.0%	2 4.44%	0 0.0%	1 1.11%	2 3.51%	1 0.97%	2 4.35%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

						2017 Plan Results															
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
3 -	3	48	128	0	0	1	2	1	2	1	2	2	1	0	0	0	3	2	1	3	0	0
	2.01%	1.22%	1.18%	0.0%	0.0%	2.94%	1.77%	2.86%	1.90%	3.23%	1.72%	5.26%	3.13%	0.0%	0.0%	0.0%	3.26%	2.22%	1.75%	2.91%	0.0%	0.0%
		DE	DE																			
2 -	0	38	96	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.97%	0.88%	0.75%	4.05%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		A	A																			
1 -	0	21	61	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.53%	0.56%	0.75%	1.35%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		A	A																			
0 - Worst specialist possible	1	30	83	1	0	1	0	1	0	0	1	1	0	0	0	0	1	1	0	1	0	0
	0.67%	0.76%	0.76%	0.75%	0.0%	2.94%	0.0%	2.86%	0.0%	0.0%	0.86%	2.63%	0.0%	0.0%	0.0%	0.0%	1.09%	1.11%	0.0%	0.97%	0.0%	0.0%
		E	E																			
0-7 (NET)	27	762	2041	32	20	16	11	17	9	3	24	9	9	5	4	8	17	16	11	17	10	0
	18.12%	19.40%	18.81%	23.88%	27.03%	47.06%	9.73%	48.57%	8.57%	9.68%	20.69%	23.68%	28.13%	13.89%	9.76%	17.78%	18.48%	17.78%	19.30%	16.50%	21.74%	0.0%
						G		I					O									
Bottom Three Box	1	89	240	3	4	1	0	1	0	0	1	1	0	0	0	0	1	1	0	1	0	0
	0.67%	2.27%	2.21%	2.24%	5.41%	2.94%	0.0%	2.86%	0.0%	0.0%	0.86%	2.63%	0.0%	0.0%	0.0%	0.0%	1.09%	1.11%	0.0%	0.97%	0.0%	0.0%
		A	A																			
Bottom Two Box	1	51	144	2	1	1	0	1	0	0	1	1	0	0	0	0	1	1	0	1	0	0
	0.67%	1.30%	1.33%	1.49%	1.35%	2.94%	0.0%	2.86%	0.0%	0.0%	0.86%	2.63%	0.0%	0.0%	0.0%	0.0%	1.09%	1.11%	0.0%	0.97%	0.0%	0.0%
Average	8.6779	8.6282	8.6442	8.5224	8.2838	7.1176	9.1327	7.1143	9.1905	9.1613	8.5431	8.3421	8.1875	9.0556	9.0000	8.7556	8.6196	8.8000	8.4561	8.7476	8.5217	0
							F		H													
Standard deviation	1.9117	1.9960	1.9786	1.9574	2.2572	2.4225	1.4482	2.4115	1.4283	1.5882	1.9800	2.4201	2.0982	1.4897	1.3793	1.7147	2.0046	2.0011	1.7678	1.9445	1.8266	0
3-point composite mean	2.5638	2.5416	2.5483	2.5075	2.4054	1.9412	2.7434	2.0000	2.7524	2.7419	2.5172	2.5000	2.3438	2.7222	2.6341	2.6222	2.5326	2.6333	2.4386	2.6117	2.4565	0
							F		H					M								
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	10	195	529	4	19	1	8	2	7	0	8	0	1	3	6	3	6	9	1	10	0	0
	2.46%	1.97%	1.97%	0.98%	7.34%	0.89%	2.87%	2.33%	3.30%	0.0%	2.87%	0.0%	1.27%	3.33%	6.25%	2.36%	2.64%	3.16%	0.90%	3.52%	0.0%	0.0%
			D		ABCD						J				L					U		
BASE = Those who responded	396	9726	26380	406	240	111	271	84	205	118	271	135	78	87	90	124	221	276	110	274	122	0
	97.54%	98.03%	98.03%	99.02%	92.66%	99.11%	97.13%	97.67%	96.70%	100.00%	97.13%	100.00%	98.73%	96.67%	93.75%	97.64%	97.36%	96.84%	99.10%	96.48%	100.00%	0.0%
	E	E	E	CE						K		O									T	
Yes	76	2181	5663	70	38	25	51	22	43	25	51	24	19	13	20	20	48	43	33	48	28	0
	19.19%	22.42%	21.47%	17.24%	15.83%	22.52%	18.82%	26.19%	20.98%	21.19%	18.82%	17.78%	24.36%	14.94%	22.22%	16.13%	21.72%	15.58%	30.00%	17.52%	22.95%	0.0%
		DE	DE																R			
No	320	7545	20717	336	202	86	220	62	162	93	220	111	59	74	70	104	173	233	77	226	94	0
	80.81%	77.58%	78.53%	82.76%	84.17%	77.48%	81.18%	73.81%	79.02%	78.81%	81.18%	82.22%	75.64%	85.06%	77.78%	83.87%	78.28%	84.42%	70.00%	82.48%	77.05%	0.0%
				BC	BC													S				
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	12 2.96%	233 2.35%	646 2.40%	6 1.46%	21 8.11% ABCD	1 0.89%	10 3.58%	2 2.33%	8 3.77%	1 0.85%	9 3.23%	1 0.74%	2 2.53%	3 3.33%	6 6.25% L	3 2.36%	8 3.52%	9 3.16%	3 2.70%	11 3.87% U	1 0.82%	0 0.0%
Appropriately skipped	320 78.82%	7545 76.05%	20717 76.99%	336 81.95% BC	202 77.99%	86 76.79%	220 78.85%	62 72.09%	162 76.42%	93 78.81%	220 78.85%	111 82.22%	59 74.68%	74 82.22%	70 72.92%	104 81.89%	173 76.21%	233 81.75% S	77 69.37%	226 79.58%	94 77.05%	0 0.0%
BASE = Those who responded	74 18.23%	2143 21.60% CDE	5546 20.61% DE	68 16.59%	36 13.90%	25 22.32%	49 17.56%	22 25.58%	42 19.81%	24 20.34%	50 17.92%	23 17.04%	18 22.78%	13 14.44%	20 20.83%	20 15.75%	46 20.26%	43 15.09%	31 27.93% R	47 16.55%	27 22.13%	0 0.0%
Never	1 1.35%	109 5.09% A	310 5.59% A	6 8.82% A	2 5.56%	1 4.00%	0 0.0%	1 4.55%	0 0.0%	1 4.17%	0 0.0%	1 4.35%	0 0.0%	0 0.0%	0 0.0%	1 5.00%	0 0.0%	1 2.33%	0 0.0%	1 2.13%	0 0.0%	0 0.0%
Sometimes	25 33.78%	589 27.48%	1494 26.94%	18 26.47%	9 25.00%	14 56.00%	11 22.45%	11 50.00%	9 21.43%	3 12.50%	22 44.00%	10 43.48%	2 11.11%	7 53.85%	6 30.00%	10 50.00%	15 32.61%	15 34.88%	10 32.26%	18 38.30%	7 25.93%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	26 35.14%	698 32.57%	1804 32.53%	24 35.29%	11 30.56%	15 60.00%	11 22.45%	12 54.55%	9 21.43%	4 16.67%	22 44.00%	11 47.83%	2 11.11%	7 53.85%	6 30.00%	11 55.00%	15 32.61%	16 37.21%	10 32.26%	19 40.43%	7 25.93%	0 0.0%
Usually	27 36.49%	689 32.15%	1802 32.49%	25 36.76%	8 22.22%	7 28.00%	20 40.82%	7 31.82%	18 42.86%	9 37.50%	18 36.00%	8 34.78%	8 44.44%	4 30.77%	7 35.00%	3 15.00%	20 43.48%	12 27.91%	15 48.39%	16 34.04%	11 40.74%	0 0.0%
Always	21 28.38%	756 35.28%	1940 34.98%	19 27.94%	17 47.22%	3 12.00%	18 36.73%	3 13.64%	15 35.71%	11 45.83%	10 20.00%	4 17.39%	8 44.44%	2 15.38%	7 35.00%	6 30.00%	11 23.91%	15 34.88%	6 19.35%	12 25.53%	9 33.33%	0 0.0%
CAHPS Rate (%Always + %Usually)	48 64.86%	1445 67.43%	3742 67.47%	44 64.71%	25 69.44%	10 40.00%	38 77.55%	10 45.45%	33 78.57%	20 83.33%	28 56.00%	12 52.17%	16 88.89%	6 46.15%	14 70.00%	9 45.00%	31 67.39%	27 62.79%	21 67.74%	28 59.57%	20 74.07%	0 0.0%
3-point composite mean	1.9324	2.0271	2.0245	1.9265	2.1667	1.5200	2.1429	1.5909	2.1429	2.2917	1.7600	1.6957	2.3333	1.6154	2.0500	1.7500	1.9130	1.9767	1.8710	1.8511	2.0741	0
4-point composite mean	2.9189	2.9762	2.9686	2.8382	3.1111	2.4800	3.1429	2.5455	3.1429	3.2500	2.7600	2.6522	3.3333	2.6154	3.0500	2.7000	2.9130	2.9535	2.8710	2.8298	3.0741	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

30. In the last 6 months, did you get information or help from your health plan's customer service?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	14 3.45%	316 3.19%	826 3.07%	11 2.68%	28 10.81% ABCD	0 0.0%	11 3.94% F	3 3.49%	9 4.25%	1 0.85%	11 3.94% J	1 0.74%	1 1.27%	5 5.56%	7 7.29% LM	3 2.36%	10 4.41%	12 4.21%	2 1.80%	11 3.87%	3 2.46%	0 0.0%
BASE = Those who responded	392 96.55% E	9605 96.81% E	26083 96.93% E	399 97.32% E	231 89.19%	112 100.00% G	268 96.06%	83 96.51%	203 95.75%	117 99.15% K	268 96.06%	134 99.26% O	78 98.73% O	85 94.44%	89 92.71%	124 97.64%	217 95.59%	273 95.79%	109 98.20%	273 96.13%	119 97.54%	0 0.0%
Yes	77 19.64%	3312 34.48% ADE	8795 33.72% ADE	79 19.80%	45 19.48%	13 11.61%	63 23.51% F	15 18.07%	53 26.11%	17 14.53%	57 21.27%	24 17.91%	17 21.79%	17 20.00%	17 19.10%	31 25.00%	38 17.51%	51 18.68%	24 22.02%	43 15.75%	34 28.57% T	0 0.0%
No	315 80.36% BC	6293 65.52%	17288 66.28%	320 80.20% BC	186 80.52% BC	99 88.39% G	205 76.49%	68 81.93%	150 73.89%	100 85.47%	211 78.73%	110 82.09%	61 78.21%	68 80.00%	72 80.90%	93 75.00%	179 82.49%	222 81.32%	85 77.98%	230 84.25% U	85 71.43%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	17 4.19%	365 3.68%	991 3.68%	13 3.17%	28 10.81% ABCD	1 0.89%	12 4.30% F	4 4.65%	10 4.72%	2 1.69%	12 4.30%	2 1.48%	2 2.53%	5 5.56%	7 7.29% L	4 3.15%	11 4.85%	12 4.21%	4 3.60%	13 4.58%	4 3.28%	0 0.0%
Appropriately skipped	315 77.59% BC	6293 63.43%	17288 64.25%	320 78.05% BC	186 71.81% BC	99 88.39% G	205 73.48%	68 79.07%	150 70.75%	100 84.75% K	211 75.63%	110 81.48%	61 77.22%	68 75.56%	72 75.00%	93 73.23%	179 78.85%	222 77.89%	85 76.58%	230 80.99% U	85 69.67%	0 0.0%
BASE = Those who responded	74 18.23%	3263 32.89% ADE	8630 32.07% ADE	77 18.78%	45 17.37%	12 10.71%	62 22.22% F	14 16.28%	52 24.53%	16 13.56%	56 20.07%	23 17.04%	16 20.25%	17 18.89%	17 17.71%	30 23.62%	37 16.30%	51 17.89%	22 19.82%	41 14.44%	33 27.05% T	0 0.0%
Never	4 5.41% E	87 2.67% E	214 2.48% E	2 2.60%	0 0.0%	2 16.67%	2 3.23%	2 14.29%	2 3.85%	1 6.25%	3 5.36%	1 4.35%	0 0.0%	2 11.76%	0 0.0%	3 10.00%	0 0.0%	3 5.88%	0 0.0%	4 9.76% U	0 0.0%	0 0.0%
Sometimes	6 8.11%	525 16.09% A	1357 15.72% A	12 15.58%	7 15.56%	2 16.67%	4 6.45%	2 14.29%	4 7.69%	0 0.0%	6 10.71%	1 4.35%	1 6.25%	4 23.53%	0 0.0%	3 10.00%	3 8.11%	5 9.80%	1 4.55%	3 7.32%	3 9.09%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	10 13.51%	612 18.76%	1571 18.20%	14 18.18%	7 15.56%	4 33.33%	6 9.68%	4 28.57%	6 11.54%	1 6.25%	9 16.07%	2 8.70%	1 6.25%	6 35.29%	0 0.0%	6 20.00%	3 8.11%	8 15.69%	1 4.55%	7 17.07%	3 9.09%	0 0.0%
Usually	16 21.62%	795 24.36%	2086 24.17%	23 29.87%	9 20.00%	2 16.67%	14 22.58%	3 21.43%	10 19.23%	5 31.25%	10 17.86%	9 39.13%	4 25.00%	0 0.0%	3 17.65%	9 30.00%	7 18.92%	9 17.65%	7 31.82%	11 26.83%	5 15.15%	0 0.0%
Always	48 64.86%	1856 56.88%	4973 57.62%	40 51.95%	29 64.44%	6 50.00%	42 67.74%	7 50.00%	36 69.23%	10 62.50%	37 66.07%	12 52.17%	11 68.75%	11 64.71%	14 82.35%	15 50.00%	27 72.97%	34 66.67%	14 63.64%	23 56.10%	25 75.76%	0 0.0%
CAHPS Rate (%Always + %Usually)	64 86.49%	2651 81.24%	7059 81.80%	63 81.82%	38 84.44%	8 66.67%	56 90.32%	10 71.43%	46 88.46%	15 93.75%	47 83.93%	21 91.30%	15 93.75%	11 64.71%	17 100.00%	24 80.00%	34 91.89%	43 84.31%	21 95.45%	34 82.93%	30 90.91%	0 0.0%
3-point composite mean	2.5135	2.3812	2.3942	2.3377	2.4889	2.1667	2.5806	2.2143	2.5769	2.5625	2.5000	2.4348	2.6250	2.2941	2.8235	2.3000	2.6486 P	2.5098	2.5909	2.3902	2.6667	0
4-point composite mean	3.4595	3.3546	3.3694	3.3117	3.4889	3.0000	3.5484	3.0714	3.5385	3.5000	3.4464	3.3913	3.6250	3.1765	3.8235	3.2000	3.6486 P	3.4510	3.5909	3.2927	3.6667 T	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	20 4.93%	377 3.80%	1013 3.76%	14 3.41%	28 10.81% ABCD	2 1.79%	14 5.02%	5 5.81%	12 5.66%	2 1.69%	15 5.38% J	2 1.48%	2 2.53%	7 7.78% L	7 7.29% L	6 4.72%	11 4.85%	14 4.91%	4 3.60%	16 5.63%	4 3.28%	0 0.0%
Appropriately skipped	315 77.59% BC	6293 63.43%	17288 64.25%	320 78.05% BC	186 71.81% BC	99 88.39% G	205 73.48%	68 79.07%	150 70.75%	100 84.75% K	211 75.63%	110 81.48%	61 77.22%	68 75.56%	72 75.00%	93 73.23%	179 78.85%	222 77.89%	85 76.58%	230 80.99% U	85 69.67%	0 0.0%
BASE = Those who responded	71 17.49%	3251 32.77% ADE	8608 31.99% ADE	76 18.54%	45 17.37%	11 9.82%	60 21.51% F	13 15.12%	50 23.58%	16 13.56%	53 19.00%	23 17.04%	16 20.25%	15 16.67%	17 17.71%	28 22.05%	37 16.30%	49 17.19%	22 19.82%	38 13.38%	33 27.05% T	0 0.0%
Never	0 0.0%	34 1.05% ADE	86 1.00% ADE	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Sometimes	4 5.63% E	167 5.14% E	428 4.97% E	2 2.63%	0 0.0%	1 9.09%	3 5.00%	0 0.0%	4 8.00%	1 6.25%	3 5.66%	1 4.35%	1 6.25%	1 6.67%	1 5.88%	1 3.57%	3 8.11%	3 6.12%	1 4.55%	2 5.26%	2 6.06%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	4 5.63% E	201 6.18% E	514 5.97% E	2 2.63%	0 0.0%	1 9.09%	3 5.00%	0 0.0%	4 8.00%	1 6.25%	3 5.66%	1 4.35%	1 6.25%	1 6.67%	1 5.88%	1 3.57%	3 8.11%	3 6.12%	1 4.55%	2 5.26%	2 6.06%	0 0.0%
Usually	10 14.08%	496 15.26%	1275 14.81%	16 21.05%	6 13.33%	0 0.0%	10 16.67%	3 23.08%	5 10.00%	3 18.75%	6 11.32%	7 30.43%	0 0.0%	1 6.67%	2 11.76%	3 10.71%	6 16.22%	6 12.24%	4 18.18%	6 15.79%	4 12.12%	0 0.0%
Always	57 80.28%	2554 78.56%	6819 79.22%	58 76.32%	39 86.67%	10 90.91%	47 78.33%	10 76.92%	41 82.00%	12 75.00%	44 83.02%	15 65.22%	15 93.75%	13 86.67%	14 82.35%	24 85.71%	28 75.68%	40 81.63%	17 77.27%	30 78.95%	27 81.82%	0 0.0%
CAHPS Rate (%Always + %Usually)	67 94.37%	3050 93.82%	8094 94.03%	74 97.37%	45 100.00% ABC	10 90.91%	57 95.00%	13 100.00%	46 92.00%	15 93.75%	50 94.34%	22 95.65%	15 93.75%	14 93.33%	16 94.12%	27 96.43%	34 91.89%	46 93.88%	21 95.45%	36 94.74%	31 93.94%	0 0.0%
3-point composite mean	2.7465	2.7238	2.7325	2.7368	2.8667 BC	2.8182	2.7333	2.7692	2.7400	2.6875	2.7736	2.6087	2.8750	2.8000	2.7647	2.8214	2.6757	2.7551	2.7273	2.7368	2.7576	0
4-point composite mean	3.7465	3.7133	3.7225	3.7368	3.8667 BC	3.8182	3.7333	3.7692	3.7400	3.6875	3.7736	3.6087	3.8750	3.8000	3.7647	3.8214	3.6757	3.7551	3.7273	3.7368	3.7576	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

33. In the last 6 months, did your health plan give you any forms to fill out?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	24	430	1158	17	32	2	16	5	14	2	18	3	5	8	6	4	13	16	6	14	10	0
	5.91%	4.33%	4.30%	4.15%	12.36%	1.79%	5.73%	5.81%	6.60%	1.69%	6.45%	2.22%	6.33%	8.89%	6.25%	3.15%	5.73%	5.61%	5.41%	4.93%	8.20%	0.0%
					ABCD		F				J			L								
BASE = Those who responded	382	9491	25751	393	227	110	263	81	198	116	261	132	74	82	90	123	214	269	105	270	112	0
	94.09%	95.67%	95.70%	95.85%	87.64%	98.21%	94.27%	94.19%	93.40%	98.31%	93.55%	97.78%	93.67%	91.11%	93.75%	96.85%	94.27%	94.39%	94.59%	95.07%	91.80%	0.0%
	E	E	E	E		G				K		N										
Yes	92	2684	7115	101	63	22	68	23	51	33	59	44	19	13	16	27	54	64	27	55	37	0
	24.08%	28.28%	27.63%	25.70%	27.75%	20.00%	25.86%	28.40%	25.76%	28.45%	22.61%	33.33%	25.68%	15.85%	17.78%	21.95%	25.23%	23.79%	25.71%	20.37%	33.04%	0.0%
												NO									T	
No	290	6807	18636	292	164	88	195	58	147	83	202	88	55	69	74	96	160	205	78	215	75	0
	75.92%	71.72%	72.37%	74.30%	72.25%	80.00%	74.14%	71.60%	74.24%	71.55%	77.39%	66.67%	74.32%	84.15%	82.22%	78.05%	74.77%	76.21%	74.29%	79.63%	66.96%	0.0%
														L	L					U		
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

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

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	27 6.65%	536 5.40%	1408 5.23%	19 4.63%	32 12.36% ABCD	3 2.68%	18 6.45%	6 6.98%	14 6.60%	4 3.39%	19 6.81%	4 2.96%	7 8.86%	8 8.89%	6 6.25%	5 3.94%	14 6.17%	17 5.96%	8 7.21%	15 5.28%	12 9.84%	0 0.0%
BASE = Those who responded	379 93.35% E	9385 94.60% E	25501 94.77% E	391 95.37% E	227 87.64%	109 97.32%	261 93.55%	80 93.02%	198 93.40%	114 96.61%	260 93.19%	131 97.04%	72 91.14%	82 91.11%	90 93.75%	122 96.06%	213 93.83%	268 94.04%	103 92.79%	269 94.72%	110 90.16%	0 0.0%
Never	3 0.79%	113 1.20% DE	254 1.00% DE	1 0.26%	0 0.0%	1 0.92%	2 0.77%	1 1.25%	2 1.01%	2 1.75%	1 0.38%	2 1.53%	1 1.39%	0 0.0%	0 0.0%	1 0.82%	1 0.47%	3 1.12%	0 0.0%	1 0.37%	2 1.82%	0 0.0%
Sometimes	11 2.90%	407 4.34%	1153 4.52%	19 4.86%	11 4.85%	4 3.67%	7 2.68%	4 5.00%	6 3.03%	1 0.88%	10 3.85% J	4 3.05%	2 2.78%	3 3.66%	2 2.22%	3 2.46%	6 2.82%	9 3.36%	2 1.94%	2 0.74%	9 8.18% T	0 0.0%
Bottom Two Box (%Never + %Sometimes)	14 3.69%	520 5.54%	1407 5.52%	20 5.12%	11 4.85%	5 4.59%	9 3.45%	5 6.25%	8 4.04%	3 2.63%	11 4.23%	6 4.58%	3 4.17%	3 3.66%	2 2.22%	4 3.28%	7 3.29%	12 4.48%	2 1.94%	3 1.12%	11 10.00% T	0 0.0%
Usually	34 8.97%	827 8.81%	2146 8.42%	35 8.95%	17 7.49%	9 8.26%	24 9.20%	10 12.50%	18 9.09%	11 9.65%	23 8.85%	17 12.98% N	8 11.11%	4 4.88%	5 5.56%	13 10.66%	20 9.39%	21 7.84%	12 11.65%	25 9.29%	9 8.18%	0 0.0%
Always	41 10.82%	1231 13.12%	3312 12.99%	44 11.25%	35 15.42%	7 6.42%	33 12.64% F	7 8.75%	25 12.63%	17 14.91%	24 9.23%	20 15.27%	6 8.33%	6 7.32%	9 10.00%	9 7.38%	26 12.21%	30 11.19%	11 10.68%	26 9.67%	15 13.64%	0 0.0%
Always - q33 = "No"	290 76.52%	6807 72.53%	18636 73.08%	292 74.68%	164 72.25%	88 80.73%	195 74.71%	58 72.50%	147 74.24%	83 72.81%	202 77.69%	88 67.18%	55 76.39%	69 84.15% L	74 82.22% L	96 78.69%	160 75.12%	205 76.49%	78 75.73%	215 79.93% U	75 68.18%	0 0.0%
Always (Net)	331 87.34%	8038 85.65%	21948 86.07%	336 85.93%	199 87.67%	95 87.16%	228 87.36%	65 81.25%	172 86.87%	100 87.72%	226 86.92%	108 82.44%	61 84.72%	75 91.46% L	83 92.22% L	105 86.07%	186 87.32%	235 87.69%	89 86.41%	241 89.59%	90 81.82%	0 0.0%
CAHPS Rate (%Always+%Usually)	365 96.31%	8865 94.46%	24094 94.48%	371 94.88%	216 95.15%	104 95.41%	252 96.55%	75 93.75%	190 95.96%	111 97.37%	249 95.77%	125 95.42%	69 95.83%	79 96.34%	88 97.78%	118 96.72%	206 96.71%	256 95.52%	101 98.06%	266 98.88% U	99 90.00%	0 0.0%
3-point composite mean	2.8364	2.8011	2.8055	2.8082	2.8282	2.8257	2.8391	2.7500	2.8283	2.8509	2.8269	2.7786	2.8056	2.8780	2.9000 L	2.8279	2.8404	2.8321	2.8447	2.8848 U	2.7182	0
4-point composite mean	3.8285	3.7890	3.7955	3.8056	3.8282	3.8165	3.8314	3.7375	3.8182	3.8333	3.8231	3.7634	3.7917	3.8780	3.9000 L	3.8197	3.8357	3.8209	3.8447	3.8810 U	3.7000	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

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

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 0.77%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	15 3.69%	365 3.68%	1001 3.72%	20 4.88%	22 8.49% ABC	0 0.0%	0 0.0%	3 3.49%	3 1.42%	3 2.54%	8 2.87%	2 1.48%	3 3.80%	5 5.56%	2 2.08%	4 3.15%	6 2.64%	10 3.51%	2 1.80%	9 3.17%	6 4.92%	0 0.0%
BASE = Those who responded	391 96.31% E	9556 96.32% E	25908 96.28% E	390 95.12% E	235 90.73%	112 100.00%	279 100.00%	83 96.51%	209 98.58%	115 97.46%	271 97.13%	133 98.52%	76 96.20%	85 94.44%	94 97.92%	123 96.85%	221 97.36%	275 96.49%	109 98.20%	275 96.83%	116 95.08%	0 0.0%
10 - Best health plan possible	151 38.62%	4047 42.35% D	11439 44.15% ABDE	136 34.87%	88 37.45%	0 0.0%	151 54.12% F	6 7.23%	109 52.15% H	50 43.48%	99 36.53%	43 32.33%	29 38.16%	38 44.71%	40 42.55%	48 39.02%	84 38.01%	117 42.55% S	31 28.44%	105 38.18%	46 39.66%	0 0.0%
9 -	45 11.51%	1364 14.27%	3908 15.08% A	54 13.85%	28 11.91%	0 0.0%	45 16.13% F	9 10.84%	31 14.83%	14 12.17%	31 11.44%	12 9.02%	8 10.53%	12 14.12%	12 12.77%	10 8.13%	32 14.48%	23 8.36%	20 18.35% R	37 13.45% U	8 6.90%	0 0.0%
Top Two Box	196 50.13%	5411 56.62% ADE	15347 59.24% ABDE	190 48.72%	116 49.36%	0 0.0%	196 70.25% F	15 18.07%	140 66.99% H	64 55.65%	130 47.97%	55 41.35%	37 48.68%	50 58.82% L	52 55.32% L	58 47.15%	116 52.49%	140 50.91%	51 46.79%	142 51.64%	54 46.55%	0 0.0%
8 -	83 21.23% C	1657 17.34%	4379 16.90%	78 20.00%	40 17.02%	0 0.0%	83 29.75% F	17 20.48%	41 19.62%	24 20.87%	57 21.03%	32 24.06%	14 18.42%	15 17.65%	21 22.34%	29 23.58%	43 19.46%	57 20.73%	25 22.94%	55 20.00%	28 24.14%	0 0.0%
CAHPS Rate (Top Three Box)	279 71.36%	7068 73.96% DE	19726 76.14% ABDE	268 68.72%	156 66.38%	0 0.0%	279 100.00% F	32 38.55%	181 86.60% H	88 76.52%	187 69.00%	87 65.41%	51 67.11%	65 76.47%	73 77.66% L	87 70.73%	159 71.95%	197 71.64%	76 69.72%	197 71.64%	82 70.69%	0 0.0%
7 -	36 9.21%	950 9.94% C	2355 9.09%	50 12.82% C	30 12.77%	36 32.14% G	0 0.0%	16 19.28% I	10 4.78%	12 10.43%	24 8.86%	11 8.27%	12 15.79% N	4 4.71%	9 9.57%	12 9.76%	20 9.05%	19 6.91%	17 15.60% R	25 9.09%	11 9.48%	0 0.0%
6 -	25 6.39%	461 4.82%	1129 4.36%	20 5.13%	11 4.68%	25 22.32% G	0 0.0%	11 13.25% I	11 5.26%	7 6.09%	17 6.27%	11 8.27%	5 6.58%	6 7.06%	3 3.19%	10 8.13%	11 4.98%	19 6.91%	6 5.50%	14 5.09%	11 9.48%	0 0.0%
5 -	31 7.93%	606 6.34%	1538 5.94%	34 8.72%	20 8.51%	31 27.68% G	0 0.0%	13 15.66% I	6 2.87%	6 5.22%	25 9.23%	16 12.03% N	4 5.26%	4 4.71%	7 7.45%	7 5.69%	20 9.05%	23 8.36%	8 7.34%	25 9.09%	6 5.17%	0 0.0%
4 -	8 2.05%	133 1.39%	337 1.30%	4 1.03%	8 3.40%	8 7.14% G	0 0.0%	4 4.82%	1 0.48%	0 0.0%	8 2.95% J	3 2.26%	2 2.63%	3 3.53%	0 0.0%	3 2.44%	4 1.81%	8 2.91% S	0 0.0%	6 2.18%	2 1.72%	0 0.0%
3 -	7 1.79%	111 1.16%	277 1.07%	5 1.28%	3 1.28%	7 6.25% G	0 0.0%	5 6.02% I	0 0.0%	1 0.87%	6 2.21%	2 1.50%	0 0.0%	3 3.53%	2 2.13%	3 2.44%	4 1.81%	5 1.82%	1 0.92%	5 1.82%	2 1.72%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
2 -	2	78	170	3	2	2	0	1	0	1	1	1	1	0	0	1	1	1	1	2	0	0
	0.51%	0.82%	0.66%	0.77%	0.85%	1.79%	0.0%	1.20%	0.0%	0.87%	0.37%	0.75%	1.32%	0.0%	0.0%	0.81%	0.45%	0.36%	0.92%	0.73%	0.0%	0.0%
1 -	1	51	131	5	0	1	0	1	0	0	1	0	1	0	0	0	1	1	0	0	1	0
	0.26%	0.53%	0.51%	1.28%	0.0%	0.89%	0.0%	1.20%	0.0%	0.0%	0.37%	0.0%	1.32%	0.0%	0.0%	0.0%	0.45%	0.36%	0.0%	0.0%	0.86%	0.0%
		E	E	E																		
0 - Worst health plan possible	2	98	245	1	5	2	0	0	0	0	2	2	0	0	0	0	1	2	0	1	1	0
	0.51%	1.03%	0.95%	0.26%	2.13%	1.79%	0.0%	0.0%	0.0%	0.0%	0.74%	1.50%	0.0%	0.0%	0.0%	0.0%	0.45%	0.73%	0.0%	0.36%	0.86%	0.0%
		D	D																			
0-7 (NET)	112	2488	6182	122	79	112	0	51	28	27	84	46	25	20	21	36	62	78	33	78	34	0
	28.64%	26.04%	23.86%	31.28%	33.62%	100.00%	0.0%	61.45%	13.40%	23.48%	31.00%	34.59%	32.89%	23.53%	22.34%	29.27%	28.05%	28.36%	30.28%	28.36%	29.31%	0.0%
	C	C		BC	BC	G		I				O										
Bottom Three Box	5	227	546	9	7	5	0	2	0	1	4	3	2	0	0	1	3	4	1	3	2	0
	1.28%	2.38%	2.11%	2.31%	2.98%	4.46%	0.0%	2.41%	0.0%	0.87%	1.48%	2.26%	2.63%	0.0%	0.0%	0.81%	1.36%	1.45%	0.92%	1.09%	1.72%	0.0%
						G																
Bottom Two Box	3	149	376	6	5	3	0	1	0	0	3	2	1	0	0	0	2	3	0	1	2	0
	0.77%	1.56%	1.45%	1.54%	2.13%	2.68%	0.0%	1.20%	0.0%	0.0%	1.11%	1.50%	1.32%	0.0%	0.0%	0.0%	0.90%	1.09%	0.0%	0.36%	1.72%	0.0%
Average	8.1688	8.3215	8.4218	8.0821	7.9702	5.4911	9.2437	6.6747	8.9330	8.5130	8.0185	7.7970	8.1447	8.3882	8.4894	8.1626	8.1855	8.1636	8.1651	8.1818	8.1379	0
		DE	ABDE				F		H	K				L	L							
Standard deviation	2.0260	2.0788	2.0256	2.0490	2.2867	1.5294	0.8828	2.0186	1.3990	1.7162	2.1347	2.1928	2.0112	1.9947	1.7366	1.9605	2.0374	2.1334	1.7000	2.0099	2.0632	0
3-point composite mean	2.3069	2.4053	2.4447	2.3026	2.2851	1.3214	2.7025	1.7590	2.5837	2.4261	2.2583	2.1504	2.3158	2.4000	2.4255	2.2764	2.3348	2.2945	2.3211	2.3236	2.2672	0
		ADE	ABDE				F		H					L	L							
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

36. In general, how would you rate your overall health?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.39%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	9 2.22%	221 2.23%	644 2.39%	7 1.71%	21 8.11% ABCD	1 0.89%	4 1.43%	0 0.0%	4 1.89% H	0 0.0%	0 0.0%	2 1.48%	0 0.0%	1 1.11%	3 3.13%	3 2.36%	1 0.44%	5 1.75%	1 0.90%	5 1.76%	4 3.28%	0 0.0%
BASE = Those who responded	397 97.78% E	9700 97.77% E	26265 97.61% E	403 98.29% E	237 91.51%	111 99.11%	275 98.57%	86 100.00% I	208 98.11%	118 100.00%	279 100.00%	133 98.52%	79 100.00%	89 98.89%	93 96.88%	124 97.64%	226 99.56%	280 98.25%	110 99.10%	279 98.24%	118 96.72%	0 0.0%
5 - Excellent	32 8.06%	1061 10.94% A	2791 10.63%	35 8.68%	24 10.13%	6 5.41%	25 9.09%	6 6.98%	18 8.65%	32 27.12% K	0 0.0%	19 14.29% MNO	4 5.06%	4 4.49%	5 5.38%	8 6.45%	16 7.08%	20 7.14%	12 10.91%	17 6.09%	15 12.71%	0 0.0%
4 - Very good	86 21.66%	2066 21.30%	5616 21.38%	104 25.81% BC	69 29.11% ABC	21 18.92%	63 22.91%	9 10.47%	40 19.23% H	86 72.88% K	0 0.0%	40 30.08% NO	20 25.32%	12 13.48%	13 13.98%	23 18.55%	44 19.47%	53 18.93%	31 28.18%	63 22.58%	23 19.49%	0 0.0%
CAHPS Rate (Top Two Box)	118 29.72%	3127 32.24%	8407 32.01%	139 34.49%	93 39.24% ABC	27 24.32%	88 32.00%	15 17.44%	58 27.88% H	118 100.00% K	0 0.0%	59 44.36% MNO	24 30.38%	16 17.98%	18 19.35%	31 25.00%	60 26.55%	73 26.07%	43 39.09% R	80 28.67%	38 32.20%	0 0.0%
3 - Good	136 34.26%	3156 32.54%	8661 32.98%	156 38.71% BCE	73 30.80%	41 36.94%	90 32.73%	28 32.56%	76 36.54%	0 0.0%	136 48.75% J	49 36.84%	28 35.44%	29 32.58%	29 31.18%	44 35.48%	80 35.40%	95 33.93%	39 35.45%	100 35.84%	36 30.51%	0 0.0%
2 - Fair	116 29.22% DE	2482 25.59%	6780 25.81% D	87 21.59%	51 21.52%	35 31.53%	79 28.73%	31 36.05%	64 30.77%	0 0.0%	116 41.58% J	19 14.29%	22 27.85% L	31 34.83% L	43 46.24% LM	35 28.23%	73 32.30%	92 32.86% S	22 20.00%	81 29.03%	35 29.66%	0 0.0%
1 - Poor	27 6.80%	935 9.64% AD	2417 9.20% D	21 5.21%	20 8.44%	8 7.21%	18 6.55%	12 13.95% I	10 4.81%	0 0.0%	27 9.68% J	6 4.51%	5 6.33%	13 14.61% LO	3 3.23%	14 11.29%	13 5.75%	20 7.14%	6 5.45%	18 6.45%	9 7.63%	0 0.0%
Bottom Two Box	143 36.02% D	3417 35.23% D	9197 35.02% D	108 26.80%	71 29.96%	43 38.74%	97 35.27%	43 50.00% I	74 35.58%	0 0.0%	143 51.25% J	25 18.80%	27 34.18% L	44 49.44% LM	46 49.46% LM	49 39.52%	86 38.05%	112 40.00% S	28 25.45%	99 35.48%	44 37.29%	0 0.0%
Average	2.9496	2.9831	2.9842	3.1117 ABC	3.1097	2.8378	2.9927	2.6047	2.9615 H	4.2712 K	2.3907	3.3534 MNO	2.9494 N	2.5843	2.7204	2.8065	2.8982	2.8607	3.1909 R	2.9283	3.0000	0
Standard deviation	1.0492	1.1365	1.1247	1.0086	1.1122	0.9913	1.0685	1.0705	1.0183	0.4446	0.6570	1.0347	0.9924	1.0365	0.9317	1.0677	1.0103	1.0344	1.0488	1.0064	1.1424	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

37. In general, how would you rate your overall mental or emotional health?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	1 0.24%	2 0.77%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	10 2.46%	234 2.36% D	649 2.41% D	5 1.22%	20 7.72% ABCD	3 2.68%	3 1.08%	2 2.33%	4 1.89%	0 0.0%	4 1.43% J	2 1.48%	0 0.0%	2 2.22%	3 3.13%	1 0.79%	5 2.20%	7 2.46% S	0 0.0%	7 2.46%	3 2.46%	0 0.0%
BASE = Those who responded	396 97.54% E	9687 97.64% E	26260 97.59% E	404 98.54% E	237 91.51%	109 97.32%	276 98.92%	84 97.67%	208 98.11%	118 100.00% K	275 98.57%	133 98.52%	79 100.00%	88 97.78%	93 96.88%	126 99.21%	222 97.80%	278 97.54%	111 100.00% R	277 97.54%	119 97.54%	0 0.0%
5 - Excellent	69 17.42%	1903 19.64%	4981 18.97%	71 17.57%	46 19.41%	14 12.84%	53 19.20%	11 13.10%	39 18.75%	48 40.68% K	21 7.64%	30 22.56% N	12 15.19%	10 11.36%	17 18.28%	23 18.25%	29 13.06%	46 16.55%	23 20.72%	41 14.80%	28 23.53% T	0 0.0%
4 - Very good	92 23.23%	2193 22.64%	6009 22.88%	79 19.55%	49 20.68%	27 24.77%	62 22.46%	13 15.48%	43 20.67%	46 38.98% K	46 16.73%	38 28.57%	15 18.99%	17 19.32%	21 22.58%	22 17.46%	62 27.93% P	63 22.66%	28 25.23%	76 27.44% U	16 13.45%	0 0.0%
CAHPS Rate (Top Two Box)	161 40.66%	4096 42.28% D	10990 41.85%	150 37.13%	95 40.08%	41 37.61%	115 41.67%	24 28.57%	82 39.42%	94 79.66% K	67 24.36%	68 51.13% MN	27 34.18%	27 30.68%	38 40.86%	45 35.71%	91 40.99%	109 39.21%	51 45.95%	117 42.24%	44 36.97%	0 0.0%
3 - Good	124 31.31%	2732 28.20%	7637 29.08%	143 35.40% BC	74 31.22%	36 33.03%	85 30.80%	25 29.76%	66 31.73%	20 16.95%	102 37.09% J	42 31.58%	25 31.65%	29 32.95%	26 27.96%	39 30.95%	68 30.63%	84 30.22%	36 32.43%	82 29.60%	42 35.29%	0 0.0%
2 - Fair	80 20.20%	2132 22.01%	5673 21.60%	87 21.53%	50 21.10%	20 18.35%	57 20.65%	24 28.57%	45 21.63%	4 3.39%	75 27.27% J	15 11.28%	19 24.05% L	22 25.00% L	24 25.81% L	30 23.81%	45 20.27%	63 22.66% S	16 14.41%	53 19.13%	27 22.69%	0 0.0%
1 - Poor	31 7.83%	727 7.50%	1960 7.46%	24 5.94%	18 7.59%	12 11.01%	19 6.88%	11 13.10%	15 7.21%	0 0.0%	31 11.27% J	8 6.02%	8 10.13%	10 11.36%	5 5.38%	12 9.52%	18 8.11%	22 7.91%	8 7.21%	25 9.03%	6 5.04%	0 0.0%
Bottom Two Box	111 28.03%	2859 29.51%	7633 29.07%	111 27.48%	68 28.69%	32 29.36%	76 27.54%	35 41.67% I	60 28.85%	4 3.39%	106 38.55% J	23 17.29%	27 34.18% L	32 36.36% L	29 31.18% L	42 33.33%	63 28.38%	85 30.58%	24 21.62%	78 28.16%	33 27.73%	0 0.0%
Average	3.2222	3.2491	3.2429	3.2129	3.2321	3.1009	3.2645	2.8690	3.2212 H	4.1695 K	2.8218	3.5038 MN	3.0506	2.9432	3.2258	3.1111	3.1757	3.1727	3.3784	3.1986	3.2773	0
Standard deviation	1.1811	1.2126	1.2013	1.1429	1.2017	1.1727	1.1852	1.2128	1.1885	0.8265	1.0792	1.1347	1.2002	1.1615	1.1744	1.2294	1.1393	1.1840	1.1706	1.1745	1.1947	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	7	177	514	7	20	2	1	0	4	0	2	2	0	1	1	2	2	4	0	4	3	0
	1.72%	1.78%	1.91%	1.71%	7.72%	1.79%	0.36%	0.0%	1.89%	0.0%	0.72%	1.48%	0.0%	1.11%	1.04%	1.57%	0.88%	1.40%	0.0%	1.41%	2.46%	0.0%
					ABCD				H									S				
Don't know	7	244	714	9	7	1	6	0	2	3	3	6	1	0	0	2	3	2	5	5	2	0
	1.72%	2.46%	2.65%	2.20%	2.70%	0.89%	2.15%	0.0%	0.94%	2.54%	1.08%	4.44%	1.27%	0.0%	0.0%	1.57%	1.32%	0.70%	4.50%	1.76%	1.64%	0.0%
												NO										
BASE = Those who responded	392	9500	25681	394	232	109	272	86	206	115	274	127	78	89	95	123	222	279	106	275	117	0
	96.55%	95.76%	95.44%	96.10%	89.58%	97.32%	97.49%	100.00%	97.17%	97.46%	98.21%	94.07%	98.73%	98.89%	98.96%	96.85%	97.80%	97.89%	95.50%	96.83%	95.90%	0.0%
	E	E	E	E				I						L	L							
Yes	119	3717	10614	110	80	27	90	28	76	23	95	29	19	29	41	31	77	87	29	79	40	0
	30.36%	39.13%	41.33%	27.92%	34.48%	24.77%	33.09%	32.56%	36.89%	20.00%	34.67%	22.83%	24.36%	32.58%	43.16%	25.20%	34.68%	31.18%	27.36%	28.73%	34.19%	0.0%
		AD	ABDE								J				LM							
No	273	5783	15067	284	152	82	182	58	130	92	179	98	59	60	54	92	145	192	77	196	77	0
	69.64%	60.87%	58.67%	72.08%	65.52%	75.23%	66.91%	67.44%	63.11%	80.00%	65.33%	77.17%	75.64%	67.42%	56.84%	74.80%	65.32%	68.82%	72.64%	71.27%	65.81%	0.0%
	BC	C		BC	C					K		O	O									
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?
(THOSE RESPONDENTS FLAGGED AS 18-64 IN THE SAMPLE)

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	396	9248	24131	382	238	109	272	85	206	114	273	126	79	89	96	126	219	276	110	275	121	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	7	166	445	7	19	2	1	0	4	0	2	2	0	1	1	2	2	4	0	4	3	0
	1.77%	1.79%	1.84%	1.83%	7.98%	1.83%	0.37%	0.0%	1.94%	0.0%	0.73%	1.59%	0.0%	1.12%	1.04%	1.59%	0.91%	1.45%	0.0%	1.45%	2.48%	0.0%
					ABCD				H									S				
Don't know	6	213	622	9	7	1	5	0	2	2	3	5	1	0	0	2	2	1	5	4	2	0
	1.52%	2.30%	2.58%	2.36%	2.94%	0.92%	1.84%	0.0%	0.97%	1.75%	1.10%	3.97%	1.27%	0.0%	0.0%	1.59%	0.91%	0.36%	4.55%	1.45%	1.65%	0.0%
												NO							R			
BASE = Those who responded	383	8869	23064	366	212	106	266	85	200	112	268	119	78	88	95	122	215	271	105	267	116	0
	96.72%	95.90%	95.58%	95.81%	89.08%	97.25%	97.79%	100.00%	97.09%	98.25%	98.17%	94.44%	98.73%	98.88%	98.96%	96.83%	98.17%	98.19%	95.45%	97.09%	95.87%	0.0%
	E	E	E	E				I							L							
Yes	116	3381	9002	101	68	27	87	28	74	21	94	26	19	29	41	31	75	84	29	77	39	0
	30.29%	38.12%	39.03%	27.60%	32.08%	25.47%	32.71%	32.94%	37.00%	18.75%	35.07%	21.85%	24.36%	32.95%	43.16%	25.41%	34.88%	31.00%	27.62%	28.84%	33.62%	0.0%
		AD	ADE								J				LM							
No	267	5488	14062	265	144	79	179	57	126	91	174	93	59	59	54	91	140	187	76	190	77	0
	69.71%	61.88%	60.97%	72.40%	67.92%	74.53%	67.29%	67.06%	63.00%	81.25%	64.93%	78.15%	75.64%	67.05%	56.84%	74.59%	65.12%	69.00%	72.38%	71.16%	66.38%	0.0%
	BC			BC	C					K		O	O									
Sigma	396	9248	24131	382	238	109	272	85	206	114	273	126	79	89	96	126	219	276	110	275	121	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.39%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	10	239	645	8	22	2	3	2	6	0	6	0	1	2	4	0	7	7	0	6	4	0
	2.46%	2.41%	2.40%	1.95%	8.49%	1.79%	1.08%	2.33%	2.83%	0.0%	2.15%	0.0%	1.27%	2.22%	4.17%	0.0%	3.08%	2.46%	0.0%	2.11%	3.28%	0.0%
					ABCD						J				L		P	S				
BASE = Those who responded	396	9682	26264	402	236	110	276	84	206	118	273	135	78	88	92	127	220	278	111	278	118	0
	97.54%	97.59%	97.60%	98.05%	91.12%	98.21%	98.92%	97.67%	97.17%	100.00%	97.85%	100.00%	98.73%	97.78%	95.83%	100.00%	96.92%	97.54%	100.00%	97.89%	96.72%	0.0%
	E	E	E	E						K		O				Q			R			
Every day	130	2053	5184	169	84	37	88	28	65	23	107	39	28	38	22	59	58	105	20	95	35	0
	32.83%	21.20%	19.74%	42.04%	35.59%	33.64%	31.88%	33.33%	31.55%	19.49%	39.19%	28.89%	35.90%	43.18%	23.91%	46.46%	26.36%	37.77%	18.02%	34.17%	29.66%	0.0%
	BC	C		ABC	BC						J			LO		Q		S				
Some days	47	1217	3122	43	29	15	30	12	21	12	32	12	15	10	10	22	21	37	9	35	12	0
	11.87%	12.57%	11.89%	10.70%	12.29%	13.64%	10.87%	14.29%	10.19%	10.17%	11.72%	8.89%	19.23%	11.36%	10.87%	17.32%	9.55%	13.31%	8.11%	12.59%	10.17%	0.0%
													L			Q						
Every day + Some days (NET)	177	3270	8306	212	113	52	118	40	86	35	139	51	43	48	32	81	79	142	29	130	47	0
	44.70%	33.77%	31.63%	52.74%	47.88%	47.27%	42.75%	47.62%	41.75%	29.66%	50.92%	37.78%	55.13%	54.55%	34.78%	63.78%	35.91%	51.08%	26.13%	46.76%	39.83%	0.0%
	BC	C		ABC	BC						J		LO	LO		Q		S				
Not at all	219	6357	17818	190	122	58	158	44	120	83	134	84	35	40	60	46	141	136	82	148	71	0
	55.30%	65.66%	67.84%	47.26%	51.69%	52.73%	57.25%	52.38%	58.25%	70.34%	49.08%	62.22%	44.87%	45.45%	65.22%	36.22%	64.09%	48.92%	73.87%	53.24%	60.17%	0.0%
	D	ADE	ABDE							K		MN			MN		P		R			
Don't know	0	55	140	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.57%	0.53%	0.0%	0.42%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		AD	AD																			
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	11 2.71%	282 2.84%	760 2.82%	8 1.95%	24 9.27% ABCD	2 1.79%	4 1.43%	2 2.33%	6 2.83%	0 0.0%	6 2.15% J	1 0.74%	1 1.27%	2 2.22%	4 4.17%	1 0.79%	7 3.08%	7 2.46%	1 0.90%	7 2.46%	4 3.28%	0 0.0%
Appropriately skipped	219 53.94% D	6412 64.63% ADE	17958 66.74% ABDE	190 46.34%	123 47.49%	58 51.79%	158 56.63%	44 51.16%	120 56.60%	83 70.34% K	134 48.03%	84 62.22% MN	35 44.30%	40 44.44%	60 62.50% MN	46 36.22%	141 62.11% P	136 47.72%	82 73.87% R	148 52.11%	71 58.20%	0 0.0%
BASE = Those who responded	176 43.35% BC	3227 32.53% C	8191 30.44%	212 51.71% ABCE	112 43.24% BC	52 46.43%	117 41.94%	40 46.51%	86 40.57%	35 29.66%	139 49.82% J	50 37.04%	43 54.43% LO	48 53.33% LO	32 33.33%	80 62.99% Q	79 34.80%	142 49.82% S	28 25.23%	129 45.42%	47 38.52%	0 0.0%
Never	51 28.98%	795 24.64%	1936 23.64%	66 31.13% BC	34 30.36%	15 28.85%	33 28.21%	6 15.00%	17 19.77%	16 45.71% K	35 25.18%	19 38.00%	13 30.23%	11 22.92%	7 21.88%	29 36.25% Q	14 17.72%	44 30.99%	5 17.86%	37 28.68%	14 29.79%	0 0.0%
Sometimes	38 21.59%	705 21.85%	1777 21.69%	41 19.34%	26 23.21%	15 28.85%	21 17.95%	12 30.00%	16 18.60%	4 11.43%	33 23.74%	8 16.00%	11 25.58%	11 22.92%	8 25.00%	15 18.75%	20 25.32%	30 21.13%	7 25.00%	29 22.48%	9 19.15%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	89 50.57%	1500 46.48%	3713 45.33%	107 50.47%	60 53.57%	30 57.69%	54 46.15%	18 45.00%	33 38.37%	20 57.14%	68 48.92%	27 54.00%	24 55.81%	22 45.83%	15 46.88%	44 55.00%	34 43.04%	74 52.11%	12 42.86%	66 51.16%	23 48.94%	0 0.0%
Usually	30 17.05%	514 15.93%	1305 15.93%	32 15.09%	14 12.50%	9 17.31%	21 17.95%	9 22.50%	18 20.93%	7 20.00%	23 16.55%	8 16.00%	5 11.63%	9 18.75%	6 18.75%	13 16.25%	14 17.72%	22 15.49%	5 17.86%	23 17.83%	7 14.89%	0 0.0%
Always	57 32.39%	1213 37.59%	3173 38.74%	73 34.43%	38 33.93%	13 25.00%	42 35.90%	13 32.50%	35 40.70%	8 22.86%	48 34.53%	15 30.00%	14 32.56%	17 35.42%	11 34.38%	23 28.75%	31 39.24%	46 32.39%	11 39.29%	40 31.01%	17 36.17%	0 0.0%
CAHPS Rate (%Always + %Usually + %Sometimes)	125 71.02%	2432 75.36% D	6255 76.36% D	146 68.87%	78 69.64%	37 71.15%	84 71.79%	34 85.00%	69 80.23%	19 54.29%	104 74.82% J	31 62.00%	30 69.77%	37 77.08%	25 78.13%	51 63.75%	65 82.28% P	98 69.01%	23 82.14%	92 71.32%	33 70.21%	0 0.0%
3-point composite mean	1.8182	1.9111	1.9341	1.8396	1.8036	1.6731	1.8974	1.8750	2.0233	1.6571	1.8561	1.7600	1.7674	1.8958	1.8750	1.7375	1.9620	1.8028	1.9643	1.7984	1.8723	0
4-point composite mean	2.5284	2.6647	2.6977 D	2.5283	2.5000	2.3846	2.6154	2.7250	2.8256	2.2000	2.6043	2.3800	2.4651	2.6667	2.6563	2.3750	2.7848 P	2.4930	2.7857	2.5116	2.5745	0
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

				Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017/ 2016 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	0-7 (D)	8-10 (E)	0-7 (F)	8-10 (G)	Excel./ Very Good (H)	Good/ Fair/ Poor (I)	18-34 (J)	35-44 (K)	45-54 (L)	55+ (M)	Male (N)	Female (O)	High School or Less (P)	Some College or More (Q)	Mail (R)	Phone (S)	Internet (T)
Total	816	9921	26909	234	547	179	420	257	543	390	170	141	104	208	482	575	218	542	274	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	19	282	760	4	5	2	12	2	7	4	2	2	4	2	12	8	3	12	7	0
	2.33%	2.84%	2.82%	1.71%	0.91%	1.12%	2.86%	0.78%	1.29%	1.03%	1.18%	1.42%	3.85%	0.96%	2.49%	1.39%	1.38%	2.21%	2.55%	0.0%
Appropriately skipped	409	6412	17958	109	290	82	228	169	237	204	74	67	63	71	269	251	151	267	142	0
	50.12%	64.63%	66.74%	46.58%	53.02%	45.81%	54.29%	65.76%	43.65%	52.31%	43.53%	47.52%	60.58%	34.13%	55.81%	43.65%	69.27%	49.26%	51.82%	0.0%
		A	AB					I					KL		N		P			
BASE = Those who responded	388	3227	8191	121	252	95	180	86	299	182	94	72	37	135	201	316	64	263	125	0
	47.55%	32.53%	30.44%	51.71%	46.07%	53.07%	42.86%	33.46%	55.06%	46.67%	55.29%	51.06%	35.58%	64.90%	41.70%	54.96%	29.36%	48.52%	45.62%	0.0%
	BC	C				G			H	M	M	M		O		Q				
Never	117	795	1936	36	74	22	30	34	83	59	29	20	8	51	44	101	14	82	35	0
	30.15%	24.64%	23.64%	29.75%	29.37%	23.16%	16.67%	39.53%	27.76%	32.42%	30.85%	27.78%	21.62%	37.78%	21.89%	31.96%	21.88%	31.18%	28.00%	0.0%
	BC							I						O						
Sometimes	79	705	1777	28	48	27	32	17	61	36	19	14	10	27	43	63	14	55	24	0
	20.36%	21.85%	21.69%	23.14%	19.05%	28.42%	17.78%	19.77%	20.40%	19.78%	20.21%	19.44%	27.03%	20.00%	21.39%	19.94%	21.88%	20.91%	19.20%	0.0%
Bottom Two Box (%Never + %Sometimes)	196	1500	3713	64	122	49	62	51	144	95	48	34	18	78	87	164	28	137	59	0
	50.52%	46.48%	45.33%	52.89%	48.41%	51.58%	34.44%	59.30%	48.16%	52.20%	51.06%	47.22%	48.65%	57.78%	43.28%	51.90%	43.75%	52.09%	47.20%	0.0%
	C					G								O						
Usually	62	514	1305	21	41	18	37	12	49	32	10	12	6	20	33	47	12	43	19	0
	15.98%	15.93%	15.93%	17.36%	16.27%	18.95%	20.56%	13.95%	16.39%	17.58%	10.64%	16.67%	16.22%	14.81%	16.42%	14.87%	18.75%	16.35%	15.20%	0.0%
Always	130	1213	3173	36	89	28	81	23	106	55	36	26	13	37	81	105	24	83	47	0
	33.51%	37.59%	38.74%	29.75%	35.32%	29.47%	45.00%	26.74%	35.45%	30.22%	38.30%	36.11%	35.14%	27.41%	40.30%	33.23%	37.50%	31.56%	37.60%	0.0%
			A				F								N					
CAHPS Rate (%Always + %Usually + %Sometimes)	271	2432	6255	85	178	73	150	52	216	123	65	52	29	84	157	215	50	181	90	0
	69.85%	75.36%	76.36%	70.25%	70.63%	76.84%	83.33%	60.47%	72.24%	67.58%	69.15%	72.22%	78.38%	62.22%	78.11%	68.04%	78.13%	68.82%	72.00%	0.0%
		A	A						H						N					
3-point composite mean	1.8299	1.9111	1.9341	1.7686	1.8690	1.7789	2.1056	1.6744	1.8729	1.7802	1.8723	1.8889	1.8649	1.6963	1.9701	1.8133	1.9375	1.7947	1.9040	0
			A				F								N					
4-point composite mean	2.5284	2.6647	2.6977	2.4711	2.5754	2.5474	2.9389	2.2791	2.5953	2.4560	2.5638	2.6111	2.6486	2.3185	2.7512	2.4937	2.7188	2.4829	2.6240	0
		A	A				F		H						N					
Sigma	816	9921	26909	234	547	179	420	257	543	390	170	141	104	208	482	575	218	542	274	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C, D/E, F/G, H/I, J/K/L/M, N/O, P/Q, R/S/T

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

		Overall Rating of Plan		Overall Rating of Health Car		Health Status		Age				Gender		Education		Survey Type		
	2016/ 2015 Plan Total (A)	0-7 (B)	8-10 (C)	0-7 (D)	8-10 (E)	Excel./ Very Good (F)	Good/ Fair/ Poor (G)	18-34 (H)	35-44 (I)	45-54 (J)	55+ (K)	Male (L)	Female (M)	High School or Less (N)	Some College or More (O)	Mail (P)	Phone (Q)	Internet (R)
Total	669	201	424	156	313	232	408	404	150	77	9	103	415	452	176	397	272	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	32	6	2	3	8	4	3	4	4	0	0	2	8	3	4	10	22	0
	4.78%	2.99%	0.47%	1.92%	2.56%	1.72%	0.74%	0.99%	2.67%	0.0%	0.0%	1.94%	1.93%	0.66%	2.27%	2.52%	8.09%	0.0%
		C						J	J								P	
Appropriately skipped	313	86	217	66	163	145	165	199	68	40	3	37	212	195	106	193	120	0
	46.79%	42.79%	51.18%	42.31%	52.08%	62.50%	40.44%	49.26%	45.33%	51.95%	33.33%	35.92%	51.08%	43.14%	60.23%	48.61%	44.12%	0.0%
			B		D	G							L		N			
BASE = Those who responded	324	109	205	87	142	83	240	201	78	37	6	64	195	254	66	194	130	0
	48.43%	54.23%	48.35%	55.77%	45.37%	35.78%	58.82%	49.75%	52.00%	48.05%	66.67%	62.14%	46.99%	56.19%	37.50%	48.87%	47.79%	0.0%
				E			F					M		O				
Never	100	35	60	22	22	28	72	62	24	12	1	25	47	85	14	59	41	0
	30.86%	32.11%	29.27%	25.29%	15.49%	33.73%	30.00%	30.85%	30.77%	32.43%	16.67%	39.06%	24.10%	33.46%	21.21%	30.41%	31.54%	0.0%
												M		O				
Sometimes	67	22	43	26	24	23	44	43	13	8	2	15	39	50	15	41	26	0
	20.68%	20.18%	20.98%	29.89%	16.90%	27.71%	18.33%	21.39%	16.67%	21.62%	33.33%	23.44%	20.00%	19.69%	22.73%	21.13%	20.00%	0.0%
				E														
Bottom Two Box (%Never + %Sometimes)	167	57	103	48	46	51	116	105	37	20	3	40	86	135	29	100	67	0
	51.54%	52.29%	50.24%	55.17%	32.39%	61.45%	48.33%	52.24%	47.44%	54.05%	50.00%	62.50%	44.10%	53.15%	43.94%	51.55%	51.54%	0.0%
				E		G						M						
Usually	46	18	28	14	28	7	38	34	8	4	0	7	31	35	11	29	17	0
	14.20%	16.51%	13.66%	16.09%	19.72%	8.43%	15.83%	16.92%	10.26%	10.81%	0.0%	10.94%	15.90%	13.78%	16.67%	14.95%	13.08%	0.0%
Always	111	34	74	25	68	25	86	62	33	13	3	17	78	84	26	65	46	0
	34.26%	31.19%	36.10%	28.74%	47.89%	30.12%	35.83%	30.85%	42.31%	35.14%	50.00%	26.56%	40.00%	33.07%	39.39%	33.51%	35.38%	0.0%
					D								L					
CAHPS Rate (%Always + %Usually + %Sometimes)	224	74	145	65	120	55	168	139	54	25	5	39	148	169	52	135	89	0
	69.14%	67.89%	70.73%	74.71%	84.51%	66.27%	70.00%	69.15%	69.23%	67.57%	83.33%	60.94%	75.90%	66.54%	78.79%	69.59%	68.46%	0.0%
													L		N			
3-point composite mean	1.8272	1.7890	1.8585	1.7356	2.1549	1.6867	1.8750	1.7861	1.9487	1.8108	2.0000	1.6406	1.9590	1.7992	1.9545	1.8196	1.8385	0
					D								L					
4-point composite mean	2.5185	2.4679	2.5659	2.4828	3.0000	2.3494	2.5750	2.4776	2.6410	2.4865	2.8333	2.2500	2.7179	2.4646	2.7424	2.5155	2.5231	0
					D								L					
Sigma	669	201	424	156	313	232	408	404	150	77	9	103	415	452	176	397	272	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. B/C, D/E, F/G, H/I/J/K, L/M, N/O, P/Q/R

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	10	296	799	9	25	2	3	2	6	0	6	0	1	2	4	0	7	7	0	6	4	0
	2.46%	2.98%	2.97%	2.20%	9.65%	1.79%	1.08%	2.33%	2.83%	0.0%	2.15%	0.0%	1.27%	2.22%	4.17%	0.0%	3.08%	2.46%	0.0%	2.11%	3.28%	0.0%
					ABCD						J				L		P	S				
Appropriately skipped	219	6412	17958	190	123	58	158	44	120	83	134	84	35	40	60	46	141	136	82	148	71	0
	53.94%	64.63%	66.74%	46.34%	47.49%	51.79%	56.63%	51.16%	56.60%	70.34%	48.03%	62.22%	44.30%	44.44%	62.50%	36.22%	62.11%	47.72%	73.87%	52.11%	58.20%	0.0%
	D	ADE	ABDE							K		MN			MN		P		R			
BASE = Those who responded	177	3213	8152	211	111	52	118	40	86	35	139	51	43	48	32	81	79	142	29	130	47	0
	43.60%	32.39%	30.29%	51.46%	42.86%	46.43%	42.29%	46.51%	40.57%	29.66%	49.82%	37.78%	54.43%	53.33%	33.33%	63.78%	34.80%	49.82%	26.13%	45.77%	38.52%	0.0%
	BC	C		ABCE	BC						J		LO	LO		Q		S				
Never	97	1665	4114	137	70	28	63	17	39	22	74	33	23	23	17	47	40	81	14	72	25	0
	54.80%	51.82%	50.47%	64.93%	63.06%	53.85%	53.39%	42.50%	45.35%	62.86%	53.24%	64.71%	53.49%	47.92%	53.13%	58.02%	50.63%	57.04%	48.28%	55.38%	53.19%	0.0%
				ABC	BC																	
Sometimes	28	648	1627	33	15	9	19	9	17	4	24	7	10	10	1	11	14	24	3	16	12	0
	15.82%	20.17%	19.96%	15.64%	13.51%	17.31%	16.10%	22.50%	19.77%	11.43%	17.27%	13.73%	23.26%	20.83%	3.13%	13.58%	17.72%	16.90%	10.34%	12.31%	25.53%	0.0%
		E	E										O	O								
Bottom Two Box (%Never + %Sometimes)	125	2313	5741	170	85	37	82	26	56	26	98	40	33	33	18	58	54	105	17	88	37	0
	70.62%	71.99%	70.42%	80.57%	76.58%	71.15%	69.49%	65.00%	65.12%	74.29%	70.50%	78.43%	76.74%	68.75%	56.25%	71.60%	68.35%	73.94%	58.62%	67.69%	78.72%	0.0%
				ABC								O										
Usually	27	334	937	17	16	7	19	9	15	5	21	4	4	8	9	8	17	18	6	24	3	0
	15.25%	10.40%	11.49%	8.06%	14.41%	13.46%	16.10%	22.50%	17.44%	14.29%	15.11%	7.84%	9.30%	16.67%	28.13%	9.88%	21.52%	12.68%	20.69%	18.46%	6.38%	0.0%
	D														LM		P			U		
Always	25	566	1474	24	10	8	17	5	15	4	20	7	6	7	5	15	8	19	6	18	7	0
	14.12%	17.62%	18.08%	11.37%	9.01%	15.38%	14.41%	12.50%	17.44%	11.43%	14.39%	13.73%	13.95%	14.58%	15.63%	18.52%	10.13%	13.38%	20.69%	13.85%	14.89%	0.0%
		DE	DE																			
CAHPS Rate (%Always + %Usually + %Sometimes)	80	1548	4038	74	41	24	55	23	47	13	65	18	20	25	15	34	39	61	15	58	22	0
	45.20%	48.18%	49.53%	35.07%	36.94%	46.15%	46.61%	57.50%	54.65%	37.14%	46.76%	35.29%	46.51%	52.08%	46.88%	41.98%	49.37%	42.96%	51.72%	44.62%	46.81%	0.0%
	D	DE	DE																			
3-point composite mean	1.4350	1.4563	1.4766	1.3081	1.3243	1.4423	1.4492	1.4750	1.5233	1.3714	1.4388	1.3529	1.3721	1.4583	1.5938	1.4691	1.4177	1.3944	1.6207	1.4615	1.3617	0
		DE	DE																			
4-point composite mean	1.8870	1.9381	1.9719	1.6588	1.6937	1.9038	1.9153	2.0500	2.0698	1.7429	1.9065	1.7059	1.8372	1.9792	2.0625	1.8889	1.9114	1.8239	2.1379	1.9077	1.8298	0
	D	DE	DE																			
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

				Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017/ 2016 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	0-7 (D)	8-10 (E)	0-7 (F)	8-10 (G)	Excel./ Very Good (H)	Good/ Fair/ Poor (I)	18-34 (J)	35-44 (K)	45-54 (L)	55+ (M)	Male (N)	Female (O)	High School or Less (P)	Some College or More (Q)	Mail (R)	Phone (S)	Internet (T)
Total	816 100.00%	9921 100.00%	26909 100.00%	234 100.00%	547 100.00%	179 100.00%	420 100.00%	257 100.00%	543 100.00%	390 100.00%	170 100.00%	141 100.00%	104 100.00%	208 100.00%	482 100.00%	575 100.00%	218 100.00%	542 100.00%	274 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	19 2.33%	296 2.98%	799 2.97%	5 2.14%	4 0.73%	3 1.68%	12 2.86%	2 0.78%	8 1.47%	3 0.77%	3 1.76%	2 1.42%	4 3.85%	1 0.48%	13 2.70% N	8 1.39%	3 1.38%	12 2.21%	7 2.55%	0 0.0%
Appropriately skipped	409 50.12%	6412 64.63% A	17958 66.74% AB	109 46.58%	290 53.02%	82 45.81%	228 54.29%	169 65.76% I	237 43.65%	204 52.31%	74 43.53%	67 47.52%	63 60.58% KL	71 34.13%	269 55.81% N	251 43.65%	151 69.27% P	267 49.26%	142 51.82%	0 0.0%
BASE = Those who responded	388 47.55% BC	3213 32.39% C	8152 30.29%	120 51.28%	253 46.25%	94 52.51% G	180 42.86%	86 33.46%	298 54.88% H	183 46.92% M	93 54.71% M	72 51.06% M	37 35.58%	136 65.38% O	200 41.49%	316 54.96% Q	64 29.36%	263 48.52%	125 45.62%	0 0.0%
Never	234 60.31% BC	1665 51.82%	4114 50.47%	70 58.33%	151 59.68%	54 57.45%	85 47.22%	59 68.60%	173 58.05%	121 66.12% L	56 60.22%	35 48.61%	21 56.76%	83 61.03%	117 58.50%	195 61.71%	36 56.25%	163 61.98%	71 56.80%	0 0.0%
Sometimes	61 15.72%	648 20.17% A	1627 19.96% A	23 19.17%	38 15.02%	17 18.09%	37 20.56%	9 10.47%	52 17.45%	28 15.30% M	16 17.20% M	15 20.83% M	2 5.41%	19 13.97%	34 17.00%	50 15.82%	9 14.06%	33 12.55%	28 22.40% R	0 0.0%
Bottom Two Box (%Never + %Sometimes)	295 76.03% C	2313 71.99%	5741 70.42%	93 77.50%	189 74.70%	71 75.53%	122 67.78%	68 79.07%	225 75.50%	149 81.42% M	72 77.42%	50 69.44%	23 62.16%	102 75.00%	151 75.50%	245 77.53%	45 70.31%	196 74.52%	99 79.20%	0 0.0%
Usually	44 11.34%	334 10.40%	937 11.49%	11 9.17%	31 12.25%	14 14.89%	26 14.44%	9 10.47%	34 11.41%	12 6.56%	8 8.60%	13 18.06% J	9 24.32% JK	16 11.76%	25 12.50%	31 9.81%	10 15.63%	36 13.69% S	8 6.40%	0 0.0%
Always	49 12.63%	566 17.62% A	1474 18.08% A	16 13.33%	33 13.04%	9 9.57%	32 17.78% F	9 10.47%	39 13.09%	22 12.02%	13 13.98%	9 12.50%	5 13.51%	18 13.24%	24 12.00%	40 12.66%	9 14.06%	31 11.79%	18 14.40%	0 0.0%
CAHPS Rate (%Always + %Usually + %Sometimes)	154 39.69%	1548 48.18% A	4038 49.53% A	50 41.67%	102 40.32%	40 42.55%	95 52.78%	27 31.40%	125 41.95%	62 33.88%	37 39.78%	37 51.39% J	16 43.24%	53 38.97%	83 41.50%	121 38.29%	28 43.75%	100 38.02%	54 43.20%	0 0.0%
3-point composite mean	1.3660	1.4563 A	1.4766 A	1.3583	1.3834	1.3404	1.5000	1.3140	1.3758	1.3060	1.3656	1.4306	1.5135	1.3824	1.3650	1.3513	1.4375	1.3726	1.3520	0
4-point composite mean	1.7629	1.9381 A	1.9719 A	1.7750	1.7866	1.7660	2.0278	1.6279	1.7953	1.6448	1.7634	1.9444 J	1.9459	1.7721	1.7800	1.7342	1.8750	1.7529	1.7840	0
Sigma	816 100.00%	9921 100.00%	26909 100.00%	234 100.00%	547 100.00%	179 100.00%	420 100.00%	257 100.00%	543 100.00%	390 100.00%	170 100.00%	141 100.00%	104 100.00%	208 100.00%	482 100.00%	575 100.00%	218 100.00%	542 100.00%	274 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C, D/E, F/G, H/I, J/K/L/M, N/O, P/Q, R/S/T

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

		Overall Rating of Plan		Overall Rating of Health Car		Health Status		Age				Gender		Education		Survey Type		
	2016/ 2015 Plan Total (A)	0-7 (B)	8-10 (C)	0-7 (D)	8-10 (E)	Excel./ Very Good (F)	Good/ Fair/ Poor (G)	18-34 (H)	35-44 (I)	45-54 (J)	55+ (K)	Male (L)	Female (M)	High School or Less (N)	Some College or More (O)	Mail (P)	Phone (Q)	Internet (R)
Total	669	201	424	156	313	232	408	404	150	77	9	103	415	452	176	397	272	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	34	7	3	4	8	4	5	4	5	0	0	2	9	3	5	11	23	0
	5.08%	3.48%	0.71%	2.56%	2.56%	1.72%	1.23%	0.99%	3.33%	0.0%	0.0%	1.94%	2.17%	0.66%	2.84%	2.77%	8.46%	0.0%
		C						J	J								P	
Appropriately skipped	313	86	217	66	163	145	165	199	68	40	3	37	212	195	106	193	120	0
	46.79%	42.79%	51.18%	42.31%	52.08%	62.50%	40.44%	49.26%	45.33%	51.95%	33.33%	35.92%	51.08%	43.14%	60.23%	48.61%	44.12%	0.0%
			B		D	G							L		N			
BASE = Those who responded	322	108	204	86	142	83	238	201	77	37	6	64	194	254	65	193	129	0
	48.13%	53.73%	48.11%	55.13%	45.37%	35.78%	58.33%	49.75%	51.33%	48.05%	66.67%	62.14%	46.75%	56.19%	36.93%	48.61%	47.43%	0.0%
				E			F					M		O				
Never	207	69	129	55	71	59	147	132	49	21	5	45	117	168	38	127	80	0
	64.29%	63.89%	63.24%	63.95%	50.00%	71.08%	61.76%	65.67%	63.64%	56.76%	83.33%	70.31%	60.31%	66.14%	58.46%	65.80%	62.02%	0.0%
				E														
Sometimes	48	19	29	13	30	9	39	29	10	8	1	8	32	35	12	27	21	0
	14.91%	17.59%	14.22%	15.12%	21.13%	10.84%	16.39%	14.43%	12.99%	21.62%	16.67%	12.50%	16.49%	13.78%	18.46%	13.99%	16.28%	0.0%
Bottom Two Box (%Never + %Sometimes)	255	88	158	68	101	68	186	161	59	29	6	53	149	203	50	154	101	0
	79.19%	81.48%	77.45%	79.07%	71.13%	81.93%	78.15%	80.10%	76.62%	78.38%	100.00%	82.81%	76.80%	79.92%	76.92%	79.79%	78.29%	0.0%
Usually	33	9	23	10	20	8	25	18	9	6	0	8	21	24	9	20	13	0
	10.25%	8.33%	11.27%	11.63%	14.08%	9.64%	10.50%	8.96%	11.69%	16.22%	0.0%	12.50%	10.82%	9.45%	13.85%	10.36%	10.08%	0.0%
Always	34	11	23	8	21	7	27	22	9	2	0	3	24	27	6	19	15	0
	10.56%	10.19%	11.27%	9.30%	14.79%	8.43%	11.34%	10.95%	11.69%	5.41%	0.0%	4.69%	12.37%	10.63%	9.23%	9.84%	11.63%	0.0%
													L					
CAHPS Rate (%Always + %Usually + %Sometimes)	115	39	75	31	71	24	91	69	28	16	1	19	77	86	27	66	49	0
	35.71%	36.11%	36.76%	36.05%	50.00%	28.92%	38.24%	34.33%	36.36%	43.24%	16.67%	29.69%	39.69%	33.86%	41.54%	34.20%	37.98%	0.0%
					D													
3-point composite mean	1.3137	1.2870	1.3382	1.3023	1.4366	1.2651	1.3319	1.3085	1.3506	1.2703	1.0000	1.2188	1.3557	1.3071	1.3231	1.3005	1.3333	0
4-point composite mean	1.6708	1.6481	1.7059	1.6628	1.9366	1.5542	1.7143	1.6517	1.7143	1.7027	1.1667	1.5156	1.7526	1.6457	1.7385	1.6425	1.7132	0
Sigma	669	201	424	156	313	232	408	404	150	77	9	103	415	452	176	397	272	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. B/C, D/E, F/G, H/I/J/K, L/M, N/O, P/Q/R

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	11	301	827	8	25	2	4	2	7	0	7	0	1	2	4	0	7	7	0	6	5	0
	2.71%	3.03%	3.07%	1.95%	9.65%	1.79%	1.43%	2.33%	3.30%	0.0%	2.51%	0.0%	1.27%	2.22%	4.17%	0.0%	3.08%	2.46%	0.0%	2.11%	4.10%	0.0%
					ABCD						J				L		P	S				
Appropriately skipped	219	6412	17958	190	123	58	158	44	120	83	134	84	35	40	60	46	141	136	82	148	71	0
	53.94%	64.63%	66.74%	46.34%	47.49%	51.79%	56.63%	51.16%	56.60%	70.34%	48.03%	62.22%	44.30%	44.44%	62.50%	36.22%	62.11%	47.72%	73.87%	52.11%	58.20%	0.0%
	D	ADE	ABDE							K		MN			MN		P		R			
BASE = Those who responded	176	3208	8124	212	111	52	117	40	85	35	138	51	43	48	32	81	79	142	29	130	46	0
	43.35%	32.34%	30.19%	51.71%	42.86%	46.43%	41.94%	46.51%	40.09%	29.66%	49.46%	37.78%	54.43%	53.33%	33.33%	63.78%	34.80%	49.82%	26.13%	45.77%	37.70%	0.0%
	BC	C		ABCE	BC						J		LO	LO		Q		S				
Never	100	1848	4530	139	76	28	66	18	41	21	78	33	24	27	15	47	44	84	13	74	26	0
	56.82%	57.61%	55.76%	65.57%	68.47%	53.85%	56.41%	45.00%	48.24%	60.00%	56.52%	64.71%	55.81%	56.25%	46.88%	58.02%	55.70%	59.15%	44.83%	56.92%	56.52%	0.0%
				BC	ABC																	
Sometimes	30	595	1578	32	13	13	17	11	18	5	25	9	9	8	4	13	13	23	7	18	12	0
	17.05%	18.55%	19.42%	15.09%	11.71%	25.00%	14.53%	27.50%	21.18%	14.29%	18.12%	17.65%	20.93%	16.67%	12.50%	16.05%	16.46%	16.20%	24.14%	13.85%	26.09%	0.0%
		E	E																			
Bottom Two Box (%Never + %Sometimes)	130	2443	6108	171	89	41	83	29	59	26	103	42	33	35	19	60	57	107	20	92	38	0
	73.86%	76.15%	75.18%	80.66%	80.18%	78.85%	70.94%	72.50%	69.41%	74.29%	74.64%	82.35%	76.74%	72.92%	59.38%	74.07%	72.15%	75.35%	68.97%	70.77%	82.61%	0.0%
				C								O										
Usually	25	306	852	16	8	5	19	7	14	4	20	5	4	6	9	8	16	20	4	22	3	0
	14.20%	9.54%	10.49%	7.55%	7.21%	9.62%	16.24%	17.50%	16.47%	11.43%	14.49%	9.80%	9.30%	12.50%	28.13%	9.88%	20.25%	14.08%	13.79%	16.92%	6.52%	0.0%
	D														LM					U		
Always	21	459	1164	25	14	6	15	4	12	5	15	4	6	7	4	13	6	15	5	16	5	0
	11.93%	14.31%	14.33%	11.79%	12.61%	11.54%	12.82%	10.00%	14.12%	14.29%	10.87%	7.84%	13.95%	14.58%	12.50%	16.05%	7.59%	10.56%	17.24%	12.31%	10.87%	0.0%
CAHPS Rate (%Always + %Usually + %Sometimes)	76	1360	3594	73	35	24	51	22	44	14	60	18	19	21	17	34	35	58	16	56	20	0
	43.18%	42.39%	44.24%	34.43%	31.53%	46.15%	43.59%	55.00%	51.76%	40.00%	43.48%	35.29%	44.19%	43.75%	53.13%	41.98%	44.30%	40.85%	55.17%	43.08%	43.48%	0.0%
	E	DE	DE																			
3-point composite mean	1.3807	1.3815	1.3914	1.3113	1.3243	1.3269	1.4188	1.3750	1.4471	1.4000	1.3623	1.2549	1.3721	1.4167	1.5313	1.4198	1.3544	1.3521	1.4828	1.4154	1.2826	0
4-point composite mean	1.8125	1.8055	1.8338	1.6557	1.6396	1.7885	1.8547	1.9250	1.9647	1.8000	1.7971	1.6078	1.8140	1.8542	2.0625	1.8395	1.7975	1.7606	2.0345	1.8462	1.7174	0
			D																			
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

				Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017/ 2016 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	0-7 (D)	8-10 (E)	0-7 (F)	8-10 (G)	Excel./ Very Good (H)	Good/ Fair/ Poor (I)	18-34 (J)	35-44 (K)	45-54 (L)	55+ (M)	Male (N)	Female (O)	High School or Less (P)	Some College or More (Q)	Mail (R)	Phone (S)	Internet (T)
Total	816 100.00%	9921 100.00%	26909 100.00%	234 100.00%	547 100.00%	179 100.00%	420 100.00%	257 100.00%	543 100.00%	390 100.00%	170 100.00%	141 100.00%	104 100.00%	208 100.00%	482 100.00%	575 100.00%	218 100.00%	542 100.00%	274 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	19 2.33%	301 3.03%	827 3.07%	4 1.71%	5 0.91%	2 1.12%	13 3.10%	2 0.78%	8 1.47%	3 0.77%	2 1.18%	2 1.42%	4 3.85%	1 0.48%	12 2.49% N	8 1.39%	2 0.92%	11 2.03%	8 2.92%	0 0.0%
Appropriately skipped	409 50.12%	6412 64.63% A	17958 66.74% AB	109 46.58%	290 53.02%	82 45.81%	228 54.29%	169 65.76% I	237 43.65%	204 52.31%	74 43.53%	67 47.52%	63 60.58% KL	71 34.13%	269 55.81% N	251 43.65%	151 69.27% P	267 49.26%	142 51.82%	0 0.0%
BASE = Those who responded	388 47.55% BC	3208 32.34% C	8124 30.19%	121 51.71%	252 46.07%	95 53.07% G	179 42.62%	86 33.46%	298 54.88% H	183 46.92% M	94 55.29% M	72 51.06% M	37 35.58%	136 65.38% O	201 41.70%	316 54.96% Q	65 29.82%	264 48.71%	124 45.26%	0 0.0%
Never	239 61.60% C	1848 57.61%	4530 55.76%	76 62.81%	151 59.92%	56 58.95%	90 50.28%	59 68.60%	179 60.07%	120 65.57%	60 63.83%	39 54.17%	19 51.35%	84 61.76%	122 60.70%	198 62.66%	37 56.92%	162 61.36%	77 62.10%	0 0.0%
Sometimes	62 15.98%	595 18.55%	1578 19.42%	23 19.01%	38 15.08%	22 23.16%	34 18.99%	9 10.47%	53 17.79%	30 16.39%	12 12.77%	15 20.83%	5 13.51%	21 15.44%	31 15.42%	51 16.14%	10 15.38%	37 14.02%	25 20.16%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	301 77.58%	2443 76.15%	6108 75.18%	99 81.82%	189 75.00%	78 82.11% G	124 69.27%	68 79.07%	232 77.85%	150 81.97% M	72 76.60%	54 75.00%	24 64.86%	105 77.21%	153 76.12%	249 78.80%	47 72.31%	199 75.38%	102 82.26%	0 0.0%
Usually	41 10.57%	306 9.54%	852 10.49%	9 7.44%	31 12.30%	10 10.53%	25 13.97%	6 6.98%	33 11.07%	15 8.20%	8 8.51%	8 11.11%	9 24.32% JK	14 10.29%	26 12.94%	34 10.76%	6 9.23%	34 12.88% S	7 5.65%	0 0.0%
Always	46 11.86%	459 14.31%	1164 14.33%	13 10.74%	32 12.70%	7 7.37%	30 16.76% F	12 13.95%	33 11.07%	18 9.84%	14 14.89%	10 13.89%	4 10.81%	17 12.50%	22 10.95%	33 10.44%	12 18.46%	31 11.74%	15 12.10%	0 0.0%
CAHPS Rate (%Always + %Usually + %Sometimes)	149 38.40%	1360 42.39%	3594 44.24% A	45 37.19%	101 40.08%	39 41.05%	89 49.72%	27 31.40%	119 39.93%	63 34.43%	34 36.17%	33 45.83%	18 48.65%	52 38.24%	79 39.30%	118 37.34%	28 43.08%	102 38.64%	47 37.90%	0 0.0%
3-point composite mean	1.3428	1.3815	1.3914	1.2893	1.3770	1.2526	1.4749 F	1.3488	1.3322	1.2787	1.3830	1.3889	1.4595	1.3529	1.3483	1.3165	1.4615	1.3636	1.2984	0
4-point composite mean	1.7268	1.8055	1.8338	1.6612	1.7778	1.6632	1.9721 F	1.6628	1.7315	1.6230	1.7447	1.8472	1.9459	1.7353	1.7413	1.6899	1.8923	1.7500	1.6774	0
Sigma	816 100.00%	9921 100.00%	26909 100.00%	234 100.00%	547 100.00%	179 100.00%	420 100.00%	257 100.00%	543 100.00%	390 100.00%	170 100.00%	141 100.00%	104 100.00%	208 100.00%	482 100.00%	575 100.00%	218 100.00%	542 100.00%	274 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C, D/E, F/G, H/I, J/K/L/M, N/O, P/Q, R/S/T

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

		Overall Rating of Plan		Overall Rating of Health Car		Health Status		Age				Gender		Education		Survey Type		
	2016/ 2015 Plan Total (A)	0-7 (B)	8-10 (C)	0-7 (D)	8-10 (E)	Excel./ Very Good (F)	Good/ Fair/ Poor (G)	18-34 (H)	35-44 (I)	45-54 (J)	55+ (K)	Male (L)	Female (M)	High School or Less (N)	Some College or More (O)	Mail (P)	Phone (Q)	Internet (R)
Total	669 100.00%	201 100.00%	424 100.00%	156 100.00%	313 100.00%	232 100.00%	408 100.00%	404 100.00%	150 100.00%	77 100.00%	9 100.00%	103 100.00%	415 100.00%	452 100.00%	176 100.00%	397 100.00%	272 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	33 4.93%	6 2.99%	3 0.71%	3 1.92%	8 2.56%	4 1.72%	4 0.98%	4 0.99% J	4 2.67% J	0 0.0%	0 0.0%	2 1.94%	8 1.93%	3 0.66%	4 2.27%	10 2.52%	23 8.46% P	0 0.0%
Appropriately skipped	313 46.79%	86 42.79%	217 51.18% B	66 42.31%	163 52.08% D	145 62.50% G	165 40.44%	199 49.26%	68 45.33%	40 51.95%	3 33.33%	37 35.92%	212 51.08% L	195 43.14%	106 60.23% N	193 48.61%	120 44.12%	0 0.0%
BASE = Those who responded	323 48.28%	109 54.23%	204 48.11%	87 55.77% E	142 45.37%	83 35.78%	239 58.58% F	201 49.75%	78 52.00%	37 48.05%	6 66.67%	64 62.14% M	195 46.99%	254 56.19% O	66 37.50%	194 48.87%	129 47.43%	0 0.0%
Never	215 66.56%	78 71.56%	129 63.24%	61 70.11% E	75 52.82%	60 72.29%	155 64.85%	136 67.66%	54 69.23%	21 56.76%	4 66.67%	46 71.88%	123 63.08%	172 67.72%	42 63.64%	126 64.95%	89 68.99%	0 0.0%
Sometimes	45 13.93%	15 13.76%	29 14.22%	18 20.69%	22 15.49%	7 8.43%	38 15.90%	27 13.43%	6 7.69%	11 29.73% HI	1 16.67%	8 12.50%	29 14.87%	35 13.78%	9 13.64%	27 13.92%	18 13.95%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	260 80.50%	93 85.32%	158 77.45%	79 90.80% E	97 68.31%	67 80.72%	193 80.75%	163 81.09%	60 76.92%	32 86.49%	5 83.33%	54 84.38%	152 77.95%	207 81.50%	51 77.27%	153 78.87%	107 82.95%	0 0.0%
Usually	24 7.43%	6 5.50%	18 8.82%	3 3.45%	19 13.38% D	4 4.82%	19 7.95%	15 7.46%	7 8.97%	2 5.41%	0 0.0%	6 9.38%	17 8.72%	19 7.48%	5 7.58%	18 9.28%	6 4.65%	0 0.0%
Always	39 12.07%	10 9.17%	28 13.73%	5 5.75%	26 18.31% D	12 14.46%	27 11.30%	23 11.44%	11 14.10%	3 8.11%	1 16.67%	4 6.25%	26 13.33%	28 11.02%	10 15.15%	23 11.86%	16 12.40%	0 0.0%
CAHPS Rate (%Always + %Usually + %Sometimes)	108 33.44%	31 28.44%	75 36.76%	26 29.89%	67 47.18% D	23 27.71%	84 35.15%	65 32.34%	24 30.77%	16 43.24%	2 33.33%	18 28.13%	72 36.92%	82 32.28%	24 36.36%	68 35.05%	40 31.01%	0 0.0%
3-point composite mean	1.3158	1.2385	1.3627	1.1494	1.5000 D	1.3373	1.3054	1.3035	1.3718	1.2162	1.3333	1.2188	1.3538	1.2953	1.3788	1.3299	1.2946	0
4-point composite mean	1.6502	1.5229	1.7304	1.4483	1.9718 D	1.6145	1.6569	1.6269	1.6795	1.6486	1.6667	1.5000	1.7231	1.6181	1.7424	1.6804	1.6047	0
Sigma	669 100.00%	201 100.00%	424 100.00%	156 100.00%	313 100.00%	232 100.00%	408 100.00%	404 100.00%	150 100.00%	77 100.00%	9 100.00%	103 100.00%	415 100.00%	452 100.00%	176 100.00%	397 100.00%	272 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. B/C, D/E, F/G, H/I/J/K, L/M, N/O, P/Q/R

43. Do you take aspirin daily or every other day? - All respondents

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	7	243	646	6	25	0	4	0	4	2	2	0	1	1	0	1	1	0	1	2	5	0
	1.72%	2.45%	2.40%	1.46%	9.65%	0.0%	1.43%	0.0%	1.89%	1.69%	0.72%	0.0%	1.27%	1.11%	0.0%	0.79%	0.44%	0.0%	0.90%	0.70%	4.10%	0.0%
					ABCD		F		H													
Don't know	3	109	288	2	2	3	0	0	1	1	2	3	0	0	0	2	1	3	0	3	0	0
	0.74%	1.10%	1.07%	0.49%	0.77%	2.68%	0.0%	0.0%	0.47%	0.85%	0.72%	2.22%	0.0%	0.0%	0.0%	1.57%	0.44%	1.05%	0.0%	1.06%	0.0%	0.0%
BASE = Those who responded	396	9569	25975	402	232	109	275	86	207	115	275	132	78	89	96	124	225	282	110	279	117	0
	97.54%	96.45%	96.53%	98.05%	89.58%	97.32%	98.57%	100.00%	97.64%	97.46%	98.57%	97.78%	98.73%	98.89%	100.00%	97.64%	99.12%	98.95%	99.10%	98.24%	95.90%	0.0%
	E	E	E	BCE				I														
Yes	81	2373	6919	55	37	16	63	11	54	14	66	6	14	24	36	34	43	66	14	58	23	0
	20.45%	24.80%	26.64%	13.68%	15.95%	14.68%	22.91%	12.79%	26.09%	12.17%	24.00%	4.55%	17.95%	26.97%	37.50%	27.42%	19.11%	23.40%	12.73%	20.79%	19.66%	0.0%
	D	ADE	ABDE						H		J		L	L	LM			S				
No	315	7196	19056	347	195	93	212	75	153	101	209	126	64	65	60	90	182	216	96	221	94	0
	79.55%	75.20%	73.36%	86.32%	84.05%	85.32%	77.09%	87.21%	73.91%	87.83%	76.00%	95.45%	82.05%	73.03%	62.50%	72.58%	80.89%	76.60%	87.27%	79.21%	80.34%	0.0%
	BC	C		ABC	BC			I		K		MNO	O						R			
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

43. Do you take aspirin daily or every other day? - Aspirin use qualified

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	38	936	2840	12	2	7	28	10	15	11	26	0	0	16	21	29	7	32	5	30	8	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Don't know	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	38	936	2840	12	2	7	28	10	15	11	26	0	0	16	21	29	7	32	5	30	8	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	11	313	1019	4	0	1	9	0	6	2	8	0	0	4	6	9	1	9	1	9	2	0
	28.95%	33.44%	35.88%	33.33%	0.0%	14.29%	32.14%	0.0%	40.00%	18.18%	30.77%	0.0%	0.0%	25.00%	28.57%	31.03%	14.29%	28.13%	20.00%	30.00%	25.00%	0.0%
No	27	623	1821	8	2	6	19	10	9	9	18	0	0	12	15	20	6	23	4	21	6	0
	71.05%	66.56%	64.12%	66.67%	100.00%	85.71%	67.86%	100.00%	60.00%	81.82%	69.23%	0.0%	0.0%	75.00%	71.43%	68.97%	85.71%	71.88%	80.00%	70.00%	75.00%	0.0%
Sigma	38	936	2840	12	2	7	28	10	15	11	26	0	0	16	21	29	7	32	5	30	8	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

43. Do you take aspirin daily or every other day? - Aspirin use qualified

				Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017/ 2016 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	0-7 (D)	8-10 (E)	0-7 (F)	8-10 (G)	Excel./ Very Good (H)	Good/ Fair/ Poor (I)	18-34 (J)	35-44 (K)	45-54 (L)	55+ (M)	Male (N)	Female (O)	High School or Less (P)	Some College or More (Q)	Mail (R)	Phone (S)	Internet (T)
Total	50	936	2840	8	38	10	23	14	35	1	1	22	25	37	9	42	7	38	12	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Don't know	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	50	936	2840	8	38	10	23	14	35	1	1	22	25	37	9	42	7	38	12	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	15	313	1019	1	13	0	9	4	10	0	0	7	7	13	1	12	2	12	3	0
	30.00%	33.44%	35.88%	12.50%	34.21%	0.0%	39.13%	28.57%	28.57%	0.0%	0.0%	31.82%	28.00%	35.14%	11.11%	28.57%	28.57%	31.58%	25.00%	0.0%
No	35	623	1821	7	25	10	14	10	25	1	1	15	18	24	8	30	5	26	9	0
	70.00%	66.56%	64.12%	87.50%	65.79%	100.00%	60.87%	71.43%	71.43%	100.00%	100.00%	68.18%	72.00%	64.86%	88.89%	71.43%	71.43%	68.42%	75.00%	0.0%
Sigma	50	936	2840	8	38	10	23	14	35	1	1	22	25	37	9	42	7	38	12	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C, D/E, F/G, H/I, J/K/L/M, N/O, P/Q, R/S/T

43. Do you take aspirin daily or every other day? - Aspirin use qualified

	2016/ 2015 Plan Total (A)	Overall Rating of Plan 0-7 (B)	Overall Rating of Plan 8-10 (C)	Overall Rating of Health Car 0-7 (D)	Overall Rating of Health Car 8-10 (E)	Health Status Excel./ Very Good (F)	Health Status Good/ Fair/ Poor (G)	Age 18-34 (H)	Age 35-44 (I)	Age 45-54 (J)	Age 55+ (K)	Gender Male (L)	Gender Female (M)	Education High School or Less (N)	Education Some College or More (O)	Survey Type Mail (P)	Survey Type Phone (Q)	Survey Type Internet (R)
Total	14	1	12	0	9	4	10	1	1	8	4	9	2	12	2	9	5	0
	100.00%	100.00%	100.00%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Don't know	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	14	1	12	0	9	4	10	1	1	8	4	9	2	12	2	9	5	0
	100.00%	100.00%	100.00%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	4	0	4	0	3	2	2	0	0	3	1	4	0	3	1	3	1	0
	28.57%	0.0%	33.33%	0.0%	33.33%	50.00%	20.00%	0.0%	0.0%	37.50%	25.00%	44.44%	0.0%	25.00%	50.00%	33.33%	20.00%	0.0%
No	10	1	8	0	6	2	8	1	1	5	3	5	2	9	1	6	4	0
	71.43%	100.00%	66.67%	0.0%	66.67%	50.00%	80.00%	100.00%	100.00%	62.50%	75.00%	55.56%	100.00%	75.00%	50.00%	66.67%	80.00%	0.0%
Sigma	14	1	12	0	9	4	10	1	1	8	4	9	2	12	2	9	5	0
	100.00%	100.00%	100.00%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. B/C, D/E, F/G, H/I/J/K, L/M, N/O, P/Q/R

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	6	232	650	6	22	0	3	0	3	1	1	0	0	0	1	0	0	1	0	2	4	0
	1.48%	2.34%	2.42%	1.46%	8.49%	0.0%	1.08%	0.0%	1.42%	0.85%	0.36%	0.0%	0.0%	0.0%	1.04%	0.0%	0.0%	0.35%	0.0%	0.70%	3.28%	0.0%
					ABCD																	
Don't know	26	663	2044	22	13	7	17	3	16	2	24	6	4	7	9	8	18	21	5	23	3	0
	6.40%	6.68%	7.60%	5.37%	5.02%	6.25%	6.09%	3.49%	7.55%	1.69%	8.60%	4.44%	5.06%	7.78%	9.38%	6.30%	7.93%	7.37%	4.50%	8.10%	2.46%	0.0%
			BD								J									U		
BASE = Those who responded	374	9026	24215	382	224	105	259	83	193	115	254	129	75	83	86	119	209	263	106	259	115	0
	92.12%	90.98%	89.99%	93.17%	86.49%	93.75%	92.83%	96.51%	91.04%	97.46%	91.04%	95.56%	94.94%	92.22%	89.58%	93.70%	92.07%	92.28%	95.50%	91.20%	94.26%	0.0%
	E	CE		CE						K												
Yes	35	1006	2703	26	13	14	21	11	20	5	28	11	4	8	12	12	22	21	13	22	13	0
	9.36%	11.15%	11.16%	6.81%	5.80%	13.33%	8.11%	13.25%	10.36%	4.35%	11.02%	8.53%	5.33%	9.64%	13.95%	10.08%	10.53%	7.98%	12.26%	8.49%	11.30%	0.0%
		DE	DE								J											
No	339	8020	21512	356	211	91	238	72	173	110	226	118	71	75	74	107	187	242	93	237	102	0
	90.64%	88.85%	88.84%	93.19%	94.20%	86.67%	91.89%	86.75%	89.64%	95.65%	88.98%	91.47%	94.67%	90.36%	86.05%	89.92%	89.47%	92.02%	87.74%	91.51%	88.70%	0.0%
				BC	BC					K												
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke? - All respondents

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	9 2.22%	263 2.65%	717 2.66%	8 1.95%	21 8.11% ABCD	1 0.89%	5 1.79%	1 1.16%	3 1.42%	1 0.85%	4 1.43%	0 0.0%	2 2.53%	1 1.11%	1 1.04%	1 0.79%	1 0.44%	3 1.05%	1 0.90%	2 0.70%	7 5.74% T	0 0.0%
BASE = Those who responded	397 97.78% E	9658 97.35% E	26192 97.34% E	402 98.05% E	238 91.89%	111 99.11%	274 98.21%	85 98.84%	209 98.58%	117 99.15%	275 98.57%	135 100.00%	77 97.47%	89 98.89%	95 98.96%	126 99.21%	226 99.56%	282 98.95%	110 99.10%	282 99.30% U	115 94.26%	0 0.0%
Yes	161 40.55% D	3898 40.36% D	10848 41.42% D	136 33.83%	85 35.71%	35 31.53%	123 44.89% F	28 32.94%	102 48.80% H	34 29.06%	125 45.45% J	31 22.96%	32 41.56% L	42 47.19% L	55 57.89% LM	47 37.30%	94 41.59%	124 43.97% S	35 31.82%	101 35.82%	60 52.17% T	0 0.0%
No	236 59.45%	5760 59.64%	15344 58.58%	266 66.17% ABC	153 64.29%	76 68.47% G	151 55.11%	57 67.06% I	107 51.20%	83 70.94% K	150 54.55%	104 77.04% MNO	45 58.44% O	47 52.81%	40 42.11%	79 62.70%	132 58.41%	158 56.03%	75 68.18% R	181 64.18% U	55 47.83%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke? - Discussing aspirin risks and benefits qualified

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	65	1990	6049	21	2	13	49	16	30	19	45	0	0	22	42	40	22	51	12	53	12	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	65	1990	6049	21	2	13	49	16	30	19	45	0	0	22	42	40	22	51	12	53	12	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	31	853	2605	12	1	5	25	3	18	8	22	0	0	9	21	16	13	24	5	23	8	0
	47.69%	42.86%	43.06%	57.14%	50.00%	38.46%	51.02%	18.75%	60.00%	42.11%	48.89%	0.0%	0.0%	40.91%	50.00%	40.00%	59.09%	47.06%	41.67%	43.40%	66.67%	0.0%
No	34	1137	3444	9	1	8	24	13	12	11	23	0	0	13	21	24	9	27	7	30	4	0
	52.31%	57.14%	56.94%	42.86%	50.00%	61.54%	48.98%	81.25%	40.00%	57.89%	51.11%	0.0%	0.0%	59.09%	50.00%	60.00%	40.91%	52.94%	58.33%	56.60%	33.33%	0.0%
Sigma	65	1990	6049	21	2	13	49	16	30	19	45	0	0	22	42	40	22	51	12	53	12	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke? - Discussing aspirin risks and benefits qualified

				Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017/ 2016 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	0-7 (D)	8-10 (E)	0-7 (F)	8-10 (G)	Excel./ Very Good (H)	Good/ Fair/ Poor (I)	18-34 (J)	35-44 (K)	45-54 (L)	55+ (M)	Male (N)	Female (O)	High School or Less (P)	Some College or More (Q)	Mail (R)	Phone (S)	Internet (T)
Total	86	1990	6049	18	63	19	42	25	60	1	1	34	49	54	27	66	18	67	19	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	86	1990	6049	18	63	19	42	25	60	1	1	34	49	54	27	66	18	67	19	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	43	853	2605	7	34	4	26	13	29	0	0	17	25	25	15	32	9	30	13	0
	50.00%	42.86%	43.06%	38.89%	53.97%	21.05%	61.90%	52.00%	48.33%	0.0%	0.0%	50.00%	51.02%	46.30%	55.56%	48.48%	50.00%	44.78%	68.42%	0.0%
No	43	1137	3444	11	29	15	16	12	31	1	1	17	24	29	12	34	9	37	6	0
	50.00%	57.14%	56.94%	61.11%	46.03%	78.95%	38.10%	48.00%	51.67%	100.00%	100.00%	50.00%	48.98%	53.70%	44.44%	51.52%	50.00%	55.22%	31.58%	0.0%
Sigma	86	1990	6049	18	63	19	42	25	60	1	1	34	49	54	27	66	18	67	19	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C, D/E, F/G, H/I, J/K/L/M, N/O, P/Q, R/S/T

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke? - Discussing aspirin risks and benefits qualified

		Overall Rating of Plan		Overall Rating of Health Car		Health Status		Age				Gender		Education		Survey Type		
	2016/ 2015 Plan Total (A)	0-7 (B)	8-10 (C)	0-7 (D)	8-10 (E)	Excel./ Very Good (F)	Good/ Fair/ Poor (G)	18-34 (H)	35-44 (I)	45-54 (J)	55+ (K)	Male (L)	Female (M)	High School or Less (N)	Some College or More (O)	Mail (P)	Phone (Q)	Internet (R)
Total	23	5	16	3	13	7	16	1	1	14	7	15	5	17	6	15	8	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	23	5	16	3	13	7	16	1	1	14	7	15	5	17	6	15	8	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Yes	13	2	10	1	9	5	8	0	0	9	4	10	2	9	4	8	5	0
	56.52%	40.00%	62.50%	33.33%	69.23%	71.43%	50.00%	0.0%	0.0%	64.29%	57.14%	66.67%	40.00%	52.94%	66.67%	53.33%	62.50%	0.0%
No	10	3	6	2	4	2	8	1	1	5	3	5	3	8	2	7	3	0
	43.48%	60.00%	37.50%	66.67%	30.77%	28.57%	50.00%	100.00%	100.00%	35.71%	42.86%	33.33%	60.00%	47.06%	33.33%	46.67%	37.50%	0.0%
Sigma	23	5	16	3	13	7	16	1	1	14	7	15	5	17	6	15	8	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. B/C, D/E, F/G, H/I/J/K, L/M, N/O, P/Q/R

46. Are you aware that you have any of the following conditions?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
BASE = Those who responded	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
High cholesterol	108	2632	7616	54	32	28	79	24	68	13	94	9	15	35	49	35	69	83	25	80	28	0
	26.60%	26.53%	28.30%	13.17%	12.36%	25.00%	28.32%	27.91%	32.08%	11.02%	33.69%	6.67%	18.99%	38.89%	51.04%	27.56%	30.40%	29.12%	22.52%	28.17%	22.95%	0.0%
	DE	DE	BDE								J		L	LM	LM							
High blood pressure	149	3659	10179	83	62	40	106	33	87	22	123	19	25	43	61	63	73	106	39	105	44	0
	36.70%	36.88%	37.83%	20.24%	23.94%	35.71%	37.99%	38.37%	41.04%	18.64%	44.09%	14.07%	31.65%	47.78%	63.54%	49.61%	32.16%	37.19%	35.14%	36.97%	36.07%	0.0%
	DE	DE	DE								J		L	LM	LMN	Q						
Parent or sibling with heart attack before the age of 60	109	2004	5146	121	58	28	77	23	63	21	88	28	23	27	31	34	63	85	24	78	31	0
	26.85%	20.20%	19.12%	29.51%	22.39%	25.00%	27.60%	26.74%	29.72%	17.80%	31.54%	20.74%	29.11%	30.00%	32.29%	26.77%	27.75%	29.82%	21.62%	27.46%	25.41%	0.0%
	BC	C		BCE							J											
None/no response	171	4530	11981	230	154	48	115	39	73	72	94	88	34	26	18	44	95	114	51	112	59	0
	42.12%	45.66%	44.52%	56.10%	59.46%	42.86%	41.22%	45.35%	34.43%	61.02%	33.69%	65.19%	43.04%	28.89%	18.75%	34.65%	41.85%	40.00%	45.95%	39.44%	48.36%	0.0%
				ABC	ABC					K		MNO	O									
Sigma	537	12825	34922	488	306	144	377	119	291	128	399	144	97	131	159	176	300	388	139	375	162	0
	132.27%	129.27%	129.78%	119.02%	118.15%	128.57%	135.13%	138.37%	137.26%	108.47%	143.01%	106.67%	122.78%	145.56%	165.63%	138.58%	132.16%	136.14%	125.23%	132.04%	132.79%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

47. Has a doctor ever told you that you have any of the following conditions?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
BASE = Those who responded	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
A heart attack	14	525	1522	6	8	3	11	1	11	2	12	0	1	5	8	7	6	12	2	8	6	0
	3.45%	5.29%	5.66%	1.46%	3.09%	2.68%	3.94%	1.16%	5.19%	1.69%	4.30%	0.0%	1.27%	5.56%	8.33%	5.51%	2.64%	4.21%	1.80%	2.82%	4.92%	0.0%
		ADE	ADE						H					L	LM							
Angina or coronary heart disease	19	528	1493	10	6	4	14	2	16	1	18	1	1	8	9	6	12	16	3	15	4	0
	4.68%	5.32%	5.55%	2.44%	2.32%	3.57%	5.02%	2.33%	7.55%	0.85%	6.45%	0.74%	1.27%	8.89%	9.38%	4.72%	5.29%	5.61%	2.70%	5.28%	3.28%	0.0%
		DE	DE						H		J			LM	LM							
A stroke	16	504	1468	8	8	3	13	5	10	1	15	1	2	5	8	4	12	12	4	12	4	0
	3.94%	5.08%	5.46%	1.95%	3.09%	2.68%	4.66%	5.81%	4.72%	0.85%	5.38%	0.74%	2.53%	5.56%	8.33%	3.15%	5.29%	4.21%	3.60%	4.23%	3.28%	0.0%
		D	DE								J				L							
Any kind of diabetes or high blood sugar	80	2081	5872	56	30	19	60	17	54	7	72	12	15	19	34	25	50	56	23	56	24	0
	19.70%	20.98%	21.82%	13.66%	11.58%	16.96%	21.51%	19.77%	25.47%	5.93%	25.81%	8.89%	18.99%	21.11%	35.42%	19.69%	22.03%	19.65%	20.72%	19.72%	19.67%	0.0%
	DE	DE	DE								J		L	L	LMN							
None/no response	305	7150	18951	338	217	87	204	63	144	110	187	121	61	63	54	95	164	214	82	214	91	0
	75.12%	72.07%	70.43%	82.44%	83.78%	77.68%	73.12%	73.26%	67.92%	93.22%	67.03%	89.63%	77.22%	70.00%	56.25%	74.80%	72.25%	75.09%	73.87%	75.35%	74.59%	0.0%
	C	C		ABC	ABC					K		MNO	O									
Sigma	434	10788	29306	418	269	116	302	88	235	121	304	135	80	100	113	137	244	310	114	305	129	0
	106.90%	108.74%	108.91%	101.95%	103.86%	103.57%	108.24%	102.33%	110.85%	102.54%	108.96%	100.00%	101.27%	111.11%	117.71%	107.87%	107.49%	108.77%	102.70%	107.39%	105.74%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	19	432	1151	9	25	3	13	1	9	1	13	1	1	2	10	4	9	13	1	14	5	0
	4.68%	4.35%	4.28%	2.20%	9.65%	2.68%	4.66%	1.16%	4.25%	0.85%	4.66%	0.74%	1.27%	2.22%	10.42%	3.15%	3.96%	4.56%	0.90%	4.93%	4.10%	0.0%
		D	D		ABCD						J				LMN			S				
BASE = Those who responded	387	9489	25758	401	234	109	266	85	203	117	266	134	78	88	86	123	218	272	110	270	117	0
	95.32%	95.65%	95.72%	97.80%	90.35%	97.32%	95.34%	98.84%	95.75%	99.15%	95.34%	99.26%	98.73%	97.78%	89.58%	96.85%	96.04%	95.44%	99.10%	95.07%	95.90%	0.0%
	E	E	E	BCE						K		O	O	O					R			
Yes	130	3288	8818	132	72	32	95	31	90	20	108	31	27	36	36	44	78	87	41	83	47	0
	33.59%	34.65%	34.23%	32.92%	30.77%	29.36%	35.71%	36.47%	44.33%	17.09%	40.60%	23.13%	34.62%	40.91%	41.86%	35.77%	35.78%	31.99%	37.27%	30.74%	40.17%	0.0%
											J			L	L							
No	257	6201	16940	269	162	77	171	54	113	97	158	103	51	52	50	79	140	185	69	187	70	0
	66.41%	65.35%	65.77%	67.08%	69.23%	70.64%	64.29%	63.53%	55.67%	82.91%	59.40%	76.87%	65.38%	59.09%	58.14%	64.23%	64.22%	68.01%	62.73%	69.26%	59.83%	0.0%
										K		NO										
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.24%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	23	530	1430	10	27	3	17	1	13	2	16	1	1	3	13	4	13	17	1	18	5	0
	5.67%	5.34%	5.31%	2.44%	10.42%	2.68%	6.09%	1.16%	6.13%	1.69%	5.73%	0.74%	1.27%	3.33%	13.54%	3.15%	5.73%	5.96%	0.90%	6.34%	4.10%	0.0%
	D	D	D		ABCD				H		J				LMN			S				
Appropriately skipped	257	6201	16940	269	162	77	171	54	113	97	158	103	51	52	50	79	140	185	69	187	70	0
	63.30%	62.50%	62.95%	65.61%	62.55%	68.75%	61.29%	62.79%	53.30%	82.20%	56.63%	76.30%	64.56%	57.78%	52.08%	62.20%	61.67%	64.91%	62.16%	65.85%	57.38%	0.0%
										K		NO										
BASE = Those who responded	126	3190	8539	130	70	32	91	31	86	19	105	31	27	35	33	44	74	83	41	79	47	0
	31.03%	32.15%	31.73%	31.71%	27.03%	28.57%	32.62%	36.05%	40.57%	16.10%	37.63%	22.96%	34.18%	38.89%	34.38%	34.65%	32.60%	29.12%	36.94%	27.82%	38.52%	0.0%
											J			L							T	
Yes	106	2678	7182	103	58	30	73	30	68	11	93	25	21	32	28	40	63	69	35	67	39	0
	84.13%	83.95%	84.11%	79.23%	82.86%	93.75%	80.22%	96.77%	79.07%	57.89%	88.57%	80.65%	77.78%	91.43%	84.85%	90.91%	85.14%	83.13%	85.37%	84.81%	82.98%	0.0%
						G		I														
No	20	512	1357	27	12	2	18	1	18	8	12	6	6	3	5	4	11	14	6	12	8	0
	15.87%	16.05%	15.89%	20.77%	17.14%	6.25%	19.78%	3.23%	20.93%	42.11%	11.43%	19.35%	22.22%	8.57%	15.15%	9.09%	14.86%	16.87%	14.63%	15.19%	17.02%	0.0%
							F		H													
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	9	343	956	9	23	0	6	0	6	2	3	1	0	0	2	0	2	3	0	5	4	0
	2.22%	3.46%	3.55%	2.20%	8.88%	0.0%	2.15%	0.0%	2.83%	1.69%	1.08%	0.74%	0.0%	0.0%	2.08%	0.0%	0.88%	1.05%	0.0%	1.76%	3.28%	0.0%
					ABCD		F		H													
BASE = Those who responded	397	9578	25953	401	236	112	273	86	206	116	276	134	79	90	94	127	225	282	111	279	118	0
	97.78%	96.54%	96.45%	97.80%	91.12%	100.00%	97.85%	100.00%	97.17%	98.31%	98.92%	99.26%	100.00%	100.00%	97.92%	100.00%	99.12%	98.95%	100.00%	98.24%	96.72%	0.0%
	E	E	E	E		G		I														
Yes	261	6176	17228	206	117	66	190	65	165	47	211	58	52	72	79	92	169	186	72	188	73	0
	65.74%	64.48%	66.38%	51.37%	49.58%	58.93%	69.60%	75.58%	80.10%	40.52%	76.45%	43.28%	65.82%	80.00%	84.04%	72.44%	75.11%	65.96%	64.86%	67.38%	61.86%	0.0%
	DE	DE	BDE				F				J		L	LM	LM							
No	136	3402	8725	195	119	46	83	21	41	69	65	76	27	18	15	35	56	96	39	91	45	0
	34.26%	35.52%	33.62%	48.63%	50.42%	41.07%	30.40%	24.42%	19.90%	59.48%	23.55%	56.72%	34.18%	20.00%	15.96%	27.56%	24.89%	34.04%	35.14%	32.62%	38.14%	0.0%
		C		ABC	ABC	G				K		MNO	NO									
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	15	482	1438	10	24	0	12	3	9	3	8	3	0	0	6	1	7	7	2	10	5	0
	3.69%	4.86%	5.34%	2.44%	9.27%	0.0%	4.30%	3.49%	4.25%	2.54%	2.87%	2.22%	0.0%	0.0%	6.25%	0.79%	3.08%	2.46%	1.80%	3.52%	4.10%	0.0%
		D	D		ABCD		F								MN							
Appropriately skipped	136	3402	8725	195	119	46	83	21	41	69	65	76	27	18	15	35	56	96	39	91	45	0
	33.50%	34.29%	32.42%	47.56%	45.95%	41.07%	29.75%	24.42%	19.34%	58.47%	23.30%	56.30%	34.18%	20.00%	15.63%	27.56%	24.67%	33.68%	35.14%	32.04%	36.89%	0.0%
		C		ABC	ABC	G				K		MNO	NO									
BASE = Those who responded	255	6037	16746	205	116	66	184	62	162	46	206	56	52	72	75	91	164	182	70	183	72	0
	62.81%	60.85%	62.23%	50.00%	44.79%	58.93%	65.95%	72.09%	76.42%	38.98%	73.84%	41.48%	65.82%	80.00%	78.13%	71.65%	72.25%	63.86%	63.06%	64.44%	59.02%	0.0%
	DE	DE	BDE								J		L	LM	L							
Yes	247	5553	15417	191	112	63	179	61	157	43	201	51	51	71	74	89	158	177	67	179	68	0
	96.86%	91.98%	92.06%	93.17%	96.55%	95.45%	97.28%	98.39%	96.91%	93.48%	97.57%	91.07%	98.08%	98.61%	98.67%	97.80%	96.34%	97.25%	95.71%	97.81%	94.44%	0.0%
	BC				BC																	
No	8	484	1329	14	4	3	5	1	5	3	5	5	1	1	1	2	6	5	3	4	4	0
	3.14%	8.02%	7.94%	6.83%	3.45%	4.55%	2.72%	1.61%	3.09%	6.52%	2.43%	8.93%	1.92%	1.39%	1.33%	2.20%	3.66%	2.75%	4.29%	2.19%	5.56%	0.0%
		AE	AE																			
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

52. What is your age?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	6	276	797	5	24	0	3	0	4	1	2	0	0	0	0	0	0	0	0	2	4	0
	1.48%	2.78%	2.96%	1.22%	9.27%	0.0%	1.08%	0.0%	1.89%	0.85%	0.72%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.70%	3.28%	0.0%
		AD	AD		ABCD				H													
BASE = Those who responded	400	9645	26112	405	235	112	276	86	208	117	277	135	79	90	96	127	227	285	111	282	118	0
	98.52%	97.22%	97.04%	98.78%	90.73%	100.00%	98.92%	100.00%	98.11%	99.15%	99.28%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.30%	96.72%	0.0%
	BCE	E	E	BCE				I														
18-34 (NET)	135	3065	7178	255	149	46	87	30	61	59	74	135	0	0	0	35	78	92	43	94	41	0
	33.75%	31.78%	27.49%	62.96%	63.40%	41.07%	31.52%	34.88%	29.33%	50.43%	26.71%	100.00%	0.0%	0.0%	0.0%	27.56%	34.36%	32.28%	38.74%	33.33%	34.75%	0.0%
	C	C		ABC	ABC					K		MNO										
18 to 24 (v 21)	57	1325	3019	120	81	21	36	10	25	29	28	57	0	0	0	6	36	43	14	39	18	0
	14.25%	13.74%	11.56%	29.63%	34.47%	18.75%	13.04%	11.63%	12.02%	24.79%	10.11%	42.22%	0.0%	0.0%	0.0%	4.72%	15.86%	15.09%	12.61%	13.83%	15.25%	0.0%
		C		ABC	ABC					K		MNO					P					
25 to 34 (v 29.5)	78	1740	4159	135	68	25	51	20	36	30	46	78	0	0	0	29	42	49	29	55	23	0
	19.50%	18.04%	15.93%	33.33%	28.94%	22.32%	18.48%	23.26%	17.31%	25.64%	16.61%	57.78%	0.0%	0.0%	0.0%	22.83%	18.50%	17.19%	26.13%	19.50%	19.49%	0.0%
		C		ABC	ABC							MNO										
35 to 44 (v 39.5)	79	1445	3654	91	59	25	51	15	41	24	55	0	79	0	0	23	39	46	32	41	38	0
	19.75%	14.98%	13.99%	22.47%	25.11%	22.32%	18.48%	17.44%	19.71%	20.51%	19.86%	0.0%	100.00%	0.0%	0.0%	18.11%	17.18%	16.14%	28.83%	14.54%	32.20%	0.0%
	BC	C		BC	BC								LNO						R		T	
45 to 54 (v 49.5)	90	1964	5296	51	26	20	65	21	48	16	73	0	0	90	0	35	50	75	13	67	23	0
	22.50%	20.36%	20.28%	12.59%	11.06%	17.86%	23.55%	24.42%	23.08%	13.68%	26.35%	0.0%	0.0%	100.00%	0.0%	27.56%	22.03%	26.32%	11.71%	23.76%	19.49%	0.0%
	DE	DE	DE								J			LMO				S				
55 or older (NET)	96	3171	9984	8	1	21	73	20	58	18	75	0	0	0	96	34	60	72	23	80	16	0
	24.00%	32.88%	38.24%	1.98%	0.43%	18.75%	26.45%	23.26%	27.88%	15.38%	27.08%	0.0%	0.0%	0.0%	100.00%	26.77%	26.43%	25.26%	20.72%	28.37%	13.56%	0.0%
	DE	ADE	ABDE								J				LMN					U		
55 to 64 (v 59.5)	94	2700	7490	8	1	21	71	19	58	17	74	0	0	0	94	33	59	70	23	79	15	0
	23.50%	27.99%	28.68%	1.98%	0.43%	18.75%	25.72%	22.09%	27.88%	14.53%	26.71%	0.0%	0.0%	0.0%	97.92%	25.98%	25.99%	24.56%	20.72%	28.01%	12.71%	0.0%
	DE	ADE	ADE								J				LMN					U		
65 to 74 (v 69.5)	2	309	1391	0	0	0	2	1	0	1	1	0	0	0	2	1	1	2	0	1	1	0
	0.50%	3.20%	5.33%	0.0%	0.0%	0.0%	0.72%	1.16%	0.0%	0.85%	0.36%	0.0%	0.0%	0.0%	2.08%	0.79%	0.44%	0.70%	0.0%	0.35%	0.85%	0.0%
		ADE	ABDE																			
75 or older (v 79.5)	0	162	1103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	1.68%	4.22%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		ADE	ABDE																			
Average	42.0138	44.4225	46.8211	32.3395	31.4213	39.3348	42.9565	42.2326	43.4303	36.8803	44.0560	25.9111	39.5000	49.5000	59.7083	44.5315	42.2489	42.7439	39.8694	43.0762	39.4746	0
	DE	ADE	ABDE				F				J				L					U		

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

52. What is your age?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Standard deviation	13.5260	15.1285	15.8886	10.1962	9.7161	13.3912	13.5699	13.3732	13.3271	13.5313	12.9193	4.1983	0	0	1.4283	12.3398	13.9707	13.7545	12.7965	13.8944	12.2337	0
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

53. Are you male or female?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	52	1763	4250	74	77	14	33	3	20	27	20	22	17	5	2	0	0	30	15	3	49	0
	12.81%	17.77%	15.79%	18.05%	29.73%	12.50%	11.83%	3.49%	9.43%	22.88%	7.17%	16.30%	21.52%	5.56%	2.08%	0.0%	0.0%	10.53%	13.51%	1.06%	40.16%	0.0%
		AC		A	ABCD				H	K		NO	NO								T	
BASE = Those who responded	354	8158	22659	336	182	98	246	83	192	91	259	113	62	85	94	127	227	255	96	281	73	0
	87.19%	82.23%	84.21%	81.95%	70.27%	87.50%	88.17%	96.51%	90.57%	77.12%	92.83%	83.70%	78.48%	94.44%	97.92%	100.00%	100.00%	89.47%	86.49%	98.94%	59.84%	0.0%
	BDE	E	BE	E				I			J			LM	LM					U		
Male	127	3105	8772	81	22	36	87	27	61	31	93	35	23	35	34	127	0	99	27	103	24	0
	35.88%	38.06%	38.71%	24.11%	12.09%	36.73%	35.37%	32.53%	31.77%	34.07%	35.91%	30.97%	37.10%	41.18%	36.17%	100.00%	0.0%	38.82%	28.13%	36.65%	32.88%	0.0%
	DE	DE	DE	E												Q						
Female	227	5053	13887	255	160	62	159	56	131	60	166	78	39	50	60	0	227	156	69	178	49	0
	64.12%	61.94%	61.29%	75.89%	87.91%	63.27%	64.63%	67.47%	68.23%	65.93%	64.09%	69.03%	62.90%	58.82%	63.83%	0.0%	100.00%	61.18%	71.88%	63.35%	67.12%	0.0%
				ABC	ABCD												P					
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

54. What is the highest grade or level of school that you have completed?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	10 2.46%	429 4.32% A	1312 4.88% AB	13 3.17%	28 10.81% ABCD	1 0.89%	6 2.15%	1 1.16%	5 2.36%	2 1.69%	5 1.79%	0 0.0%	1 1.27%	2 2.22%	1 1.04%	1 0.79%	2 0.88%	0 0.0%	0 0.0%	5 1.76%	5 4.10%	0 0.0%
BASE = Those who responded	396 97.54% BCE	9492 95.68% CE	25597 95.12% E	397 96.83% E	231 89.19%	111 99.11%	273 97.85%	85 98.84%	207 97.64%	116 98.31%	274 98.21%	135 100.00%	78 98.73%	88 97.78%	95 98.96%	126 99.21%	225 99.12%	285 100.00%	111 100.00%	279 98.24%	117 95.90%	0 0.0%
High school or less (NET)	285 71.97% BC	6037 63.60% C	15799 61.72%	290 73.05% BC	162 70.13% BC	78 70.27%	197 72.16%	60 70.59%	149 71.98%	73 62.93%	207 75.55% J	92 68.15%	46 58.97%	75 85.23% LM	72 75.79% M	99 78.57%	156 69.33%	285 100.00% S	0 0.0%	205 73.48%	80 68.38%	0 0.0%
8th grade or less	22 5.56%	609 6.42% D	1961 7.66% BDE	13 3.27%	9 3.90%	2 1.80%	19 6.96% F	4 4.71%	9 4.35%	2 1.72%	19 6.93% J	0 0.0%	2 2.56%	13 14.77% LM	7 7.37% L	8 6.35%	12 5.33%	22 7.72% S	0 0.0%	16 5.73%	6 5.13%	0 0.0%
Some high school, but did not graduate	75 18.94%	1626 17.13% C	4067 15.89%	67 16.88%	42 18.18%	21 18.92%	49 17.95%	18 21.18%	36 17.39%	19 16.38%	54 19.71%	27 20.00%	11 14.10%	16 18.18%	21 22.11%	30 23.81%	35 15.56%	75 26.32% S	0 0.0%	53 19.00%	22 18.80%	0 0.0%
High school graduate or GED	188 47.47% BC	3802 40.05% C	9771 38.17%	210 52.90% BC	111 48.05% BC	55 49.55%	129 47.25%	38 44.71%	104 50.24%	52 44.83%	134 48.91%	65 48.15%	33 42.31%	46 52.27%	44 46.32%	61 48.41%	109 48.44%	188 65.96% S	0 0.0%	136 48.75%	52 44.44%	0 0.0%
Some college or 2-year degree	90 22.73%	2577 27.15% AD	7175 28.03% AD	89 22.42%	58 25.11%	29 26.13%	60 21.98%	23 27.06%	45 21.74%	30 25.86%	59 21.53%	33 24.44% N	29 37.18% NO	8 9.09%	20 21.05% N	23 18.25%	57 25.33%	0 0.0%	90 81.08% R	61 21.86%	29 24.79%	0 0.0%
College graduate or more (NET)	21 5.30%	878 9.25% ADE	2623 10.25% ABDE	18 4.53%	11 4.76%	4 3.60%	16 5.86%	2 2.35%	13 6.28%	13 11.21% K	8 2.92%	10 7.41%	3 3.85%	5 5.68%	3 3.16%	4 3.17%	12 5.33%	0 0.0%	21 18.92% R	13 4.66%	8 6.84%	0 0.0%
4-year college graduate	18 4.55%	586 6.17% D	1682 6.57% DE	13 3.27%	9 3.90%	4 3.60%	13 4.76%	2 2.35%	10 4.83%	10 8.62% K	8 2.92%	8 5.93%	3 3.85%	5 5.68%	2 2.11%	4 3.17%	10 4.44%	0 0.0%	18 16.22% R	12 4.30%	6 5.13%	0 0.0%
More than 4-year college degree	3 0.76%	292 3.08% ADE	941 3.68% ABDE	5 1.26%	2 0.87%	0 0.0%	3 1.10%	0 0.0%	3 1.45%	3 2.59%	0 0.0%	2 1.48%	0 0.0%	0 0.0%	1 1.05%	0 0.0%	2 0.89%	0 0.0%	3 2.70%	1 0.36%	2 1.71%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

55. Are you of Hispanic or Latino origin or descent?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	21 5.17%	597 6.02%	1728 6.42%	21 5.12%	26 10.04% ABD	3 2.68%	15 5.38%	3 3.49%	12 5.66%	3 2.54%	15 5.38%	3 2.22%	0 0.0%	5 5.56% M	7 7.29% M	7 5.51%	8 3.52%	12 4.21%	2 1.80%	16 5.63%	5 4.10%	0 0.0%
BASE = Those who responded	385 94.83% E	9324 93.98% E	25181 93.58%	389 94.88% E	233 89.96%	109 97.32%	264 94.62%	83 96.51%	200 94.34%	115 97.46%	264 94.62%	132 97.78%	79 100.00% NO	85 94.44%	89 92.71%	120 94.49%	219 96.48%	273 95.79%	109 98.20%	268 94.37%	117 95.90%	0 0.0%
Yes, Hispanic or Latino	8 2.08%	1284 13.77% ADE	4302 17.08% ABDE	7 1.80%	3 1.29%	3 2.75%	5 1.89%	0 0.0%	5 2.50% H	4 3.48%	3 1.14%	4 3.03% N	1 1.27%	0 0.0%	3 3.37%	2 1.67%	4 1.83%	7 2.56%	1 0.92%	5 1.87%	3 2.56%	0 0.0%
No, not Hispanic or Latino	377 97.92% BC	8040 86.23% C	20879 82.92%	382 98.20% BC	230 98.71% BC	106 97.25%	259 98.11%	83 100.00% I	195 97.50%	111 96.52%	261 98.86%	128 96.97%	78 98.73%	85 100.00% L	86 96.63%	118 98.33%	215 98.17%	266 97.44%	108 99.08%	263 98.13%	114 97.44%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

56. What is your race?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
No response	9 2.22%	595 6.00% AD	1823 6.77% ABD	13 3.17%	24 9.27% AD	0 0.0%	6 2.15% F	0 0.0%	5 2.36% H	1 0.85%	4 1.43%	1 0.74%	1 1.27%	0 0.0%	1 1.04%	0 0.0%	1 0.44%	2 0.70%	0 0.0%	3 1.06%	6 4.92%	0 0.0%
BASE = Those who responded	397 97.78% BCE	9326 94.00% C	25086 93.23%	397 96.83% BCE	235 90.73%	112 100.00% G	273 97.85%	86 100.00% I	207 97.64%	117 99.15%	275 98.57%	134 99.26%	78 98.73%	90 100.00%	95 98.96%	127 100.00%	226 99.56%	283 99.30%	111 100.00%	281 98.94%	116 95.08%	0 0.0%
White	379 95.47% BC	6054 64.92%	16381 65.30%	385 96.98% BC	221 94.04% BC	107 95.54%	260 95.24%	84 97.67%	196 94.69%	109 93.16%	265 96.36%	129 96.27%	72 92.31%	87 96.67%	91 95.79%	120 94.49%	220 97.35%	271 95.76%	105 94.59%	269 95.73%	110 94.83%	0 0.0%
Black or African-American	22 5.54%	2322 24.90% ACDE	5550 22.12% ADE	16 4.03%	12 5.11%	7 6.25%	15 5.49%	3 3.49%	13 6.28%	11 9.40%	11 4.00%	9 6.72%	6 7.69%	4 4.44%	3 3.16%	8 6.30%	8 3.54%	16 5.65%	6 5.41%	13 4.63%	9 7.76%	0 0.0%
Asian	1 0.25%	452 4.85% ADE	1438 5.73% ABDE	1 0.25%	1 0.43%	0 0.0%	1 0.37%	0 0.0%	0 0.0%	1 0.85%	0 0.0%	0 0.0%	1 1.28%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.90%	0 0.0%	1 0.86%	0 0.0%
Native Hawaiian or other Pacific Islander	1 0.25%	96 1.03% AD	502 2.00% ABD	1 0.25%	2 0.85%	0 0.0%	1 0.37%	0 0.0%	1 0.48%	1 0.85%	0 0.0%	0 0.0%	1 1.28%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.35%	0 0.0%	0 0.0%	1 0.86%	0 0.0%
American Indian or Alaska Native	25 6.30%	493 5.29%	1244 4.96%	24 6.05%	12 5.11%	3 2.68%	22 8.06% F	5 5.81%	12 5.80%	8 6.84%	17 6.18%	6 4.48%	7 8.97%	7 7.78%	5 5.26%	10 7.87%	8 3.54%	18 6.36%	6 5.41%	6 2.14%	19 16.38% T	0 0.0%
Other	8 2.02%	995 10.67% ADE	2845 11.34% ADE	12 3.02%	4 1.70%	3 2.68%	5 1.83%	5 5.81%	2 0.97%	0 0.0%	8 2.91% J	2 1.49%	1 1.28%	1 1.11%	4 4.21%	2 1.57%	4 1.77%	7 2.47%	1 0.90%	2 0.71%	6 5.17% T	0 0.0%
Sigma	445 109.61%	11007 110.95%	29783 110.68%	452 110.24%	276 106.56%	120 107.14%	310 111.11%	97 112.79%	229 108.02%	131 111.02%	305 109.32%	147 108.89%	89 112.66%	99 110.00%	104 108.33%	140 110.24%	241 106.17%	315 110.53%	119 107.21%	293 103.17%	152 124.59%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

57. Did someone help you complete this survey?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	7 1.72%	154 1.55%	561 2.08% BE	6 1.46%	2 0.77%	3 2.68%	4 1.43%	1 1.16%	3 1.42%	3 2.54%	3 1.08%	2 1.48%	0 0.0%	1 1.11%	3 3.13%	5 3.94%	1 0.44%	5 1.75%	1 0.90%	7 2.46% U	0 0.0%	0 0.0%
Appropriately skipped	122 30.05%	3657 36.86% AC	8946 33.25%	152 37.07% A	120 46.33% ABCD	34 30.36%	82 29.39%	25 29.07%	61 28.77%	38 32.20%	80 28.67%	41 30.37% O	38 48.10% LNO	23 25.56%	16 16.67%	24 18.90%	49 21.59%	80 28.07%	37 33.33%	0 0.0%	122 100.00% T	0 0.0%
BASE = Those who responded	277 68.23% BDE	6110 61.59% E	17402 64.67% BE	252 61.46% E	137 52.90%	75 66.96%	193 69.18%	60 69.77%	148 69.81%	77 65.25%	196 70.25%	92 68.15% M	41 51.90%	66 73.33% M	77 80.21% LM	98 77.17%	177 77.97%	200 70.18%	73 65.77%	277 97.54% U	0 0.0%	0 0.0%
Yes	30 10.83%	1004 16.43% ADE	3031 17.42% ADE	27 10.71%	12 8.76%	11 14.67%	19 9.84%	8 13.33%	11 7.43%	5 6.49%	24 12.24%	14 15.22%	3 7.32%	7 10.61%	6 7.79%	20 20.41% Q	10 5.65%	23 11.50%	7 9.59%	30 10.83%	0 0.0%	0 0.0%
No	247 89.17% BC	5106 83.57%	14371 82.58%	225 89.29% BC	125 91.24% BC	64 85.33%	174 90.16%	52 86.67%	137 92.57%	72 93.51%	172 87.76%	78 84.78%	38 92.68%	59 89.39%	71 92.21%	78 79.59%	167 94.35% P	177 88.50%	66 90.41%	247 89.17%	0 0.0%	0 0.0%
Sigma	406 100.00%	9921 100.00%	26909 100.00%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

58. How did that person help you?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No response	7	180	629	6	2	3	4	1	3	3	3	2	0	1	3	5	1	5	1	7	0	0
	1.72%	1.81%	2.34%	1.46%	0.77%	2.68%	1.43%	1.16%	1.42%	2.54%	1.08%	1.48%	0.0%	1.11%	3.13%	3.94%	0.44%	1.75%	0.90%	2.46%	0.0%	0.0%
			BE																	U		
Appropriately skipped	369	8763	23317	377	245	98	256	77	198	110	252	119	76	82	87	102	216	257	103	247	122	0
	90.89%	88.33%	86.65%	91.95%	94.59%	87.50%	91.76%	89.53%	93.40%	93.22%	90.32%	88.15%	96.20%	91.11%	90.63%	80.31%	95.15%	90.18%	92.79%	86.97%	100.00%	0.0%
	C	C		BC	BC								L				P				T	
BASE = Those who responded	30	978	2963	27	12	11	19	8	11	5	24	14	3	7	6	20	10	23	7	30	0	0
	7.39%	9.86%	11.01%	6.59%	4.63%	9.82%	6.81%	9.30%	5.19%	4.24%	8.60%	10.37%	3.80%	7.78%	6.25%	15.75%	4.41%	8.07%	6.31%	10.56%	0.0%	0.0%
		DE	ABDE													Q				U		
Read the questions to me	12	473	1417	11	4	3	9	3	5	2	9	2	2	5	3	9	3	10	2	12	0	0
	40.00%	48.36%	47.82%	40.74%	33.33%	27.27%	47.37%	37.50%	45.45%	40.00%	37.50%	14.29%	66.67%	71.43%	50.00%	45.00%	30.00%	43.48%	28.57%	40.00%	0.0%	0.0%
Wrote down the answers I gave	7	330	988	7	4	2	5	2	1	3	3	2	0	1	4	6	1	6	1	7	0	0
	23.33%	33.74%	33.34%	25.93%	33.33%	18.18%	26.32%	25.00%	9.09%	60.00%	12.50%	14.29%	0.0%	14.29%	66.67%	30.00%	10.00%	26.09%	14.29%	23.33%	0.0%	0.0%
Answered the questions for me	6	294	946	13	4	3	3	1	3	1	5	5	0	1	0	4	2	4	2	6	0	0
	20.00%	30.06%	31.93%	48.15%	33.33%	27.27%	15.79%	12.50%	27.27%	20.00%	20.83%	35.71%	0.0%	14.29%	0.0%	20.00%	20.00%	17.39%	28.57%	20.00%	0.0%	0.0%
Translated the questions into my language	0	124	421	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	12.68%	14.21%	3.70%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		A	A																			
Helped in some other way	9	119	314	4	2	5	4	4	3	0	9	6	1	1	1	5	4	6	3	9	0	0
	30.00%	12.17%	10.60%	14.81%	16.67%	45.45%	21.05%	50.00%	27.27%	0.0%	37.50%	42.86%	33.33%	14.29%	16.67%	25.00%	40.00%	26.09%	42.86%	30.00%	0.0%	0.0%
	BC																					
Sigma	410	10283	28032	419	261	114	281	88	213	119	281	136	79	91	98	131	227	288	112	288	122	0
	100.99%	103.65%	104.17%	102.20%	100.77%	101.79%	100.72%	102.33%	100.47%	100.85%	100.72%	100.74%	100.00%	101.11%	102.08%	103.15%	100.00%	101.05%	100.90%	101.41%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

59. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	0 0.0%	0 0.0%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	1 0.24%	2 0.77%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	9 2.22%	0 0.0%	0 0.0%	9 2.20%	27 10.42% AD	1 0.89%	5 1.79%	1 1.16%	5 2.36%	1 0.85%	4 1.43%	1 0.74%	1 1.27%	0 0.0%	2 2.08%	1 0.79%	2 0.88%	3 1.05%	1 0.90%	3 1.06%	6 4.92%	0 0.0%
BASE = Those who responded	397 97.78% E	0 0.0%	0 0.0%	400 97.56% E	230 88.80%	111 99.11%	274 98.21%	85 98.84%	207 97.64%	117 99.15%	275 98.57%	134 99.26%	78 98.73%	90 100.00%	94 97.92%	126 99.21%	225 99.12%	282 98.95%	110 99.10%	281 98.94%	116 95.08%	0 0.0%
None (v 0)	265 66.75%	0 0.0%	0 0.0%	247 61.75%	142 61.74%	74 66.67%	182 66.42%	47 55.29%	136 65.70%	92 78.63% K	171 62.18%	93 69.40%	50 64.10%	56 62.22%	65 69.15%	78 61.90%	150 66.67%	175 62.06%	85 77.27% R	186 66.19%	79 68.10%	0 0.0%
1 (v 1)	70 17.63%	0 0.0%	0 0.0%	78 19.50%	41 17.83%	21 18.92%	47 17.15%	16 18.82%	42 20.29%	16 13.68%	52 18.91%	22 16.42%	13 16.67%	18 20.00%	17 18.09%	29 23.02%	38 16.89%	58 20.57% S	12 10.91%	55 19.57%	15 12.93%	0 0.0%
2 (v 2)	37 9.32%	0 0.0%	0 0.0%	37 9.25%	22 9.57%	8 7.21%	28 10.22%	14 16.47% I	15 7.25%	6 5.13%	30 10.91% J	9 6.72%	9 11.54%	11 12.22%	8 8.51%	13 10.32%	20 8.89%	29 10.28%	8 7.27%	25 8.90%	12 10.34%	0 0.0%
3 (v 3)	13 3.27%	0 0.0%	0 0.0%	19 4.75%	13 5.65%	3 2.70%	10 3.65%	4 4.71%	8 3.86%	1 0.85%	12 4.36% J	5 3.73%	5 6.41%	2 2.22%	1 1.06%	5 3.97%	7 3.11%	11 3.90%	2 1.82%	7 2.49%	6 5.17%	0 0.0%
4 (v 4)	6 1.51%	0 0.0%	0 0.0%	12 3.00%	6 2.61%	2 1.80%	4 1.46%	1 1.18%	4 1.93%	1 0.85%	5 1.82%	2 1.49%	1 1.28%	2 2.22%	1 1.06%	1 0.79%	5 2.22%	5 1.77%	1 0.91%	5 1.78%	1 0.86%	0 0.0%
5 to 9 (v 7)	6 1.51%	0 0.0%	0 0.0%	5 1.25%	5 2.17%	3 2.70%	3 1.09%	3 3.53%	2 0.97%	1 0.85%	5 1.82%	3 2.24%	0 0.0%	1 1.11%	2 2.13%	0 0.0%	5 2.22% P	4 1.42%	2 1.82%	3 1.07%	3 2.59%	0 0.0%
10 or more (v 11)	0 0.0%	0 0.0%	0 0.0%	2 0.50%	1 0.43%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Average	0.6272	0	0	0.7850	0.8435	0.6757	0.6204	0.9529	0.6087	0.3590	0.7382 J	0.6269	0.6410	0.6778	0.5745	0.5873	0.6844	0.6986	0.4727	0.5943	0.7069	0
Standard deviation	1.1970	0	0	1.4401	1.5384	1.3700	1.1375	1.5100	1.1192	0.9195	1.2865	1.3082	0.9997	1.1530	1.2247	0.8843	1.3343	1.2078	1.1733	1.1092	1.3835	0
Sigma	406 100.00%	0 0.0%	0 0.0%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

60. In the last 6 months, how often did you have a hard time speaking with or understanding your personal doctor because you spoke different languages?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	1425 100.00%	0 0.0%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	15 3.69%	88 6.18% AD	0 0.0%	12 2.93%	26 10.04% AD	2 1.79%	10 3.58%	1 1.16%	6 2.83%	4 3.39%	7 2.51%	5 3.70% M	0 0.0%	2 2.22%	3 3.13%	2 1.57%	7 3.08%	7 2.46%	3 2.70%	10 3.52%	5 4.10%	0 0.0%
I do not have a personal doctor	12 2.96% DE	54 3.79% DE	0 0.0%	0 0.0%	0 0.0%	6 5.36%	5 1.79%	0 0.0%	4 1.89% H	3 2.54%	9 3.23%	9 6.67% MN	0 0.0%	1 1.11%	2 2.08%	6 4.72%	5 2.20%	9 3.16%	3 2.70%	11 3.87% U	1 0.82%	0 0.0%
My personal doctor and I do not speak different languages	40 9.85% DE	145 10.18% DE	0 0.0%	0 0.0%	0 0.0%	15 13.39%	25 8.96%	13 15.12%	19 8.96%	7 5.93%	32 11.47%	12 8.89%	5 6.33%	12 13.33%	10 10.42%	10 7.87%	28 12.33%	31 10.88%	8 7.21%	38 13.38% U	2 1.64%	0 0.0%
BASE = Those who responded	339 83.50%	1138 79.86%	0 0.0%	398 97.07% ABE	233 89.96% AB	89 79.46%	239 85.66%	72 83.72%	183 86.32%	104 88.14%	231 82.80%	109 80.74%	74 93.67% LNO	75 83.33%	81 84.38%	109 85.83%	187 82.38%	238 83.51%	97 87.39%	225 79.23%	114 93.44% T	0 0.0%
Never	308 90.86%	1018 89.46%	0 0.0%	350 87.94%	216 92.70% D	78 87.64%	222 92.89%	59 81.94%	170 92.90% H	98 94.23%	208 90.04%	99 90.83%	70 94.59%	64 85.33%	75 92.59%	97 88.99%	169 90.37%	209 87.82%	95 97.94% R	203 90.22%	105 92.11%	0 0.0%
Sometimes	23 6.78%	92 8.08%	0 0.0%	37 9.30%	14 6.01%	7 7.87%	14 5.86%	12 16.67% I	9 4.92%	5 4.81%	18 7.79%	8 7.34%	3 4.05%	7 9.33%	5 6.17%	7 6.42%	16 8.56%	22 9.24% S	1 1.03%	16 7.11%	7 6.14%	0 0.0%
Bottom Two Box (%Never + %Sometimes)	331 97.64%	1110 97.54%	0 0.0%	387 97.24%	230 98.71%	85 95.51%	236 98.74%	71 98.61%	179 97.81%	103 99.04%	226 97.84%	107 98.17%	73 98.65%	71 94.67%	80 98.77%	104 95.41%	185 98.93%	231 97.06%	96 98.97%	219 97.33%	112 98.25%	0 0.0%
Usually	5 1.47%	12 1.05%	0 0.0%	5 1.26%	1 0.43%	3 3.37%	2 0.84%	1 1.39%	3 1.64%	1 0.96%	4 1.73%	2 1.83%	1 1.35%	2 2.67%	0 0.0%	3 2.75%	1 0.53%	4 1.68%	1 1.03%	4 1.78%	1 0.88%	0 0.0%
Always	3 0.88%	16 1.41%	0 0.0%	6 1.51%	2 0.86%	1 1.12%	1 0.42%	0 0.0%	1 0.55%	0 0.0%	1 0.43%	0 0.0%	0 0.0%	2 2.67%	1 1.23%	2 1.83%	1 0.53%	3 1.26%	0 0.0%	2 0.89%	1 0.88%	0 0.0%
Top Two Box (%Always + %Usually)	8 2.36%	28 2.46%	0 0.0%	11 2.76%	3 1.29%	4 4.49%	3 1.26%	1 1.39%	4 2.19%	1 0.96%	5 2.16%	2 1.83%	1 1.35%	4 5.33%	1 1.23%	5 4.59%	2 1.07%	7 2.94%	1 1.03%	6 2.67%	2 1.75%	0 0.0%
4-point composite mean	1.1239	1.1441	0	1.1633	1.0944	1.1798	1.0879	1.1944	1.0984	1.0673	1.1255	1.1101	1.0676	1.2267 M	1.0988	1.1743	1.1123	1.1639 S	1.0309	1.1333	1.1053	0
Sigma	406 100.00%	1425 100.00%	0 0.0%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

61. In the last 6 months, did you phone your personal doctor's office after regular office hours to get help or advice for yourself?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406 100.00%	0 0.0%	0 0.0%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%
Multiple mark	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.39%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
No response	23 5.67% D	0 0.0%	0 0.0%	11 2.68%	27 10.42% AD	2 1.79%	15 5.38%	2 2.33%	10 4.72%	4 3.39%	14 5.02%	9 6.67% M	1 1.27%	4 4.44%	4 4.17%	7 5.51%	10 4.41%	14 4.91%	4 3.60%	18 6.34%	5 4.10%	0 0.0%
I do not have a personal doctor	16 3.94% DE	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 6.25%	9 3.23%	6 6.98%	3 1.42%	4 3.39%	12 4.30%	11 8.15% NO	3 3.80%	0 0.0%	2 2.08%	7 5.51%	8 3.52%	12 4.21%	4 3.60%	15 5.28% U	1 0.82%	0 0.0%
BASE = Those who responded	367 90.39%	0 0.0%	0 0.0%	399 97.32% AE	231 89.19%	103 91.96%	255 91.40%	78 90.70%	199 93.87%	110 93.22%	253 90.68%	115 85.19%	75 94.94% L	86 95.56% L	90 93.75% L	113 88.98%	209 92.07%	259 90.88%	103 92.79%	251 88.38%	116 95.08% T	0 0.0%
Yes	29 7.90%	0 0.0%	0 0.0%	51 12.78% A	23 9.96%	9 8.74%	20 7.84%	9 11.54%	17 8.54%	4 3.64%	24 9.49% J	8 6.96%	6 8.00%	7 8.14%	7 7.78%	6 5.31%	21 10.05%	20 7.72%	8 7.77%	16 6.37%	13 11.21%	0 0.0%
No	338 92.10% D	0 0.0%	0 0.0%	348 87.22%	208 90.04%	94 91.26%	235 92.16%	69 88.46%	182 91.46%	106 96.36% K	229 90.51%	107 93.04%	69 92.00%	79 91.86%	83 92.22%	107 94.69%	188 89.95%	239 92.28%	95 92.23%	235 93.63%	103 88.79%	0 0.0%
Sigma	406 100.00%	0 0.0%	0 0.0%	410 100.00%	259 100.00%	112 100.00%	279 100.00%	86 100.00%	212 100.00%	118 100.00%	279 100.00%	135 100.00%	79 100.00%	90 100.00%	96 100.00%	127 100.00%	227 100.00%	285 100.00%	111 100.00%	284 100.00%	122 100.00%	0 0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

62. In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed?

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	0	0	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
Multiple mark	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No response	27	0	0	12	28	2	19	2	13	5	17	10	1	5	6	8	13	16	6	22	5	0
	6.65%	0.0%	0.0%	2.93%	10.81%	1.79%	6.81%	2.33%	6.13%	4.24%	6.09%	7.41%	1.27%	5.56%	6.25%	6.30%	5.73%	5.61%	5.41%	7.75%	4.10%	0.0%
	D				D		F					M										
I did not phone for help or advice after regular office hours in the past 6 months	1	0	0	0	0	1	0	0	1	0	1	1	0	0	0	1	0	1	0	1	0	0
	0.25%	0.0%	0.0%	0.0%	0.0%	0.89%	0.0%	0.0%	0.47%	0.0%	0.36%	0.74%	0.0%	0.0%	0.0%	0.79%	0.0%	0.35%	0.0%	0.35%	0.0%	0.0%
Appropriately skipped	354	0	0	348	208	101	244	75	185	110	241	118	72	79	85	114	196	251	99	250	104	0
	87.19%	0.0%	0.0%	84.88%	80.31%	90.18%	87.46%	87.21%	87.26%	93.22%	86.38%	87.41%	91.14%	87.78%	88.54%	89.76%	86.34%	88.07%	89.19%	88.03%	85.25%	0.0%
	E									K												
BASE = Those who responded	24	0	0	50	23	8	16	9	13	3	20	6	6	6	5	4	18	17	6	11	13	0
	5.91%	0.0%	0.0%	12.20%	8.88%	7.14%	5.73%	10.47%	6.13%	2.54%	7.17%	4.44%	7.59%	6.67%	5.21%	3.15%	7.93%	5.96%	5.41%	3.87%	10.66%	0.0%
				A							J						P				T	
Never	4	0	0	6	3	2	2	1	1	0	3	2	0	2	0	2	2	2	2	1	3	0
	16.67%	0.0%	0.0%	12.00%	13.04%	25.00%	12.50%	11.11%	7.69%	0.0%	15.00%	33.33%	0.0%	33.33%	0.0%	50.00%	11.11%	11.76%	33.33%	9.09%	23.08%	0.0%
Sometimes	2	0	0	8	4	2	0	1	1	0	2	0	0	0	2	0	2	1	1	1	1	0
	8.33%	0.0%	0.0%	16.00%	17.39%	25.00%	0.0%	11.11%	7.69%	0.0%	10.00%	0.0%	0.0%	0.0%	40.00%	0.0%	11.11%	5.88%	16.67%	9.09%	7.69%	0.0%
Bottom Two Box (%Never + %Sometimes)	6	0	0	14	7	4	2	2	2	0	5	2	0	2	2	2	4	3	3	2	4	0
	25.00%	0.0%	0.0%	28.00%	30.43%	50.00%	12.50%	22.22%	15.38%	0.0%	25.00%	33.33%	0.0%	33.33%	40.00%	50.00%	22.22%	17.65%	50.00%	18.18%	30.77%	0.0%
Usually	7	0	0	10	4	2	5	3	4	1	6	2	2	1	2	0	7	5	2	3	4	0
	29.17%	0.0%	0.0%	20.00%	17.39%	25.00%	31.25%	33.33%	30.77%	33.33%	30.00%	33.33%	33.33%	16.67%	40.00%	0.0%	38.89%	29.41%	33.33%	27.27%	30.77%	0.0%
Always	11	0	0	26	12	2	9	4	7	2	9	2	4	3	1	2	7	9	1	6	5	0
	45.83%	0.0%	0.0%	52.00%	52.17%	25.00%	56.25%	44.44%	53.85%	66.67%	45.00%	33.33%	66.67%	50.00%	20.00%	50.00%	38.89%	52.94%	16.67%	54.55%	38.46%	0.0%
Top Two Box (%Always + %Usually)	18	0	0	36	16	4	14	7	11	3	15	4	6	4	3	2	14	14	3	9	9	0
	75.00%	0.0%	0.0%	72.00%	69.57%	50.00%	87.50%	77.78%	84.62%	100.00%	75.00%	66.67%	100.00%	66.67%	60.00%	50.00%	77.78%	82.35%	50.00%	81.82%	69.23%	0.0%
4-point composite mean	3.0417	0	0	3.1200	3.0870	2.5000	3.3125	3.1111	3.3077	3.6667	3.0500	2.6667	3.6667	2.8333	2.8000	2.5000	3.0556	3.2353	2.3333	3.2727	2.8462	0
Sigma	406	0	0	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	0.0%	0.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

Survey Language

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Total	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
No response	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BASE = Those who responded	406	9921	26908	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
English	406	9525	25621	409	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	96.01%	95.22%	99.76%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%
	BC	C		BC	BC																	
Spanish	0	396	1287	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	3.99%	4.78%	0.24%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
		ADE	ABDE																			
Sigma	406	9921	26909	410	259	112	279	86	212	118	279	135	79	90	96	127	227	285	111	284	122	0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Medicaid Satisfaction Survey (ANTM22491)

Customer Service Composite Score

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Customer Service Composite Score (BASE)	74	3276	8676	77	45	12	62	14	52	16	56	23	16	17	17	30	37	51	22	41	33	0
NEVER/SOMETIMES COMPOSITE	9.57%	12.47%	12.09%	10.41%	7.78%	21.21%	7.34%	14.29%	9.77%	6.25%	10.87%	6.52%	6.25%	20.98%	2.94%	11.79%	8.11%	10.90%	4.55%	11.17%	7.58%	0.0%
USUALLY COMPOSITE	17.85%	19.81%	19.49%	25.46%	16.67%	8.33%	19.62%	22.25%	14.62%	25.00%	14.59%	34.78%	12.50%	3.33%	14.71%	20.36%	17.57%	14.95%	25.00%	21.31%	13.64%	0.0%
ALWAYS COMPOSITE	72.57%	67.72%	68.42%	64.13%	75.56%	70.45%	73.04%	63.46%	75.62%	68.75%	74.55%	58.70%	81.25%	75.69%	82.35%	67.86%	74.32%	74.15%	70.45%	67.52%	78.79%	0.0%
CAHPS RATE	90.43%	87.53%	87.91%	89.59%	92.22%	78.79%	92.66%	85.71%	90.23%	93.75%	89.13%	93.48%	93.75%	79.02%	97.06%	88.21%	91.89%	89.10%	95.45%	88.83%	92.42%	0.0%
AVERAGE	2.6300	2.5525	2.5633	2.5373	2.6778	2.4924	2.6570	2.4918	2.6585	2.6250	2.6368	2.5217	2.7500	2.5471	2.7941	2.5607	2.6622	2.6325	2.6591	2.5635	2.7121	0
Standard deviation	0.6353	0.6753	0.6690	0.6314	0.5445	0.7362	0.6024	0.6407	0.6414	0.5961	0.6465	0.6090	0.5418	0.7487	0.4634	0.6240	0.6210	0.6526	0.5573	0.6541	0.5939	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

Getting Needed Care Composite Score

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Getting Needed Care Composite Score (BASE)	305	7646 E	20804 E	312	179	81	217	86	211	74	226 J	92	57	70	81 L	89	191 P	212	86	216	89	0
NEVER/SOMETIMES COMPOSITE	16.01%	18.27%	17.44%	18.17%	27.82% ABCD	30.42% G	11.17%	38.65% I	7.38%	5.04%	19.30% J	16.14%	22.24%	9.74%	17.32%	18.62%	14.89%	15.33%	17.94%	12.80%	23.54% T	0.0%
USUALLY COMPOSITE	25.08%	25.19%	26.08%	28.95%	22.93%	39.17% G	19.44%	37.73% I	20.00%	19.71%	27.06%	28.54%	21.96%	23.70%	24.37%	27.34%	24.47%	22.96%	29.70%	29.13% U	15.43%	0.0%
ALWAYS COMPOSITE	58.91% E	56.53%	56.49%	52.89%	49.25%	30.42%	69.39% F	23.62%	72.62% H	75.25% K	53.64%	55.32%	55.80%	66.55%	58.30%	54.04%	60.64%	61.71%	52.36%	58.07%	61.02%	0.0%
CAHPS RATE	83.99% E	81.73% E	82.56% E	81.83% E	72.18%	69.58%	88.83% F	61.35%	92.62% H	94.96% K	80.70%	83.86%	77.76%	90.26%	82.68%	81.38%	85.11%	84.67%	82.06%	87.20% U	76.46%	0.0%
AVERAGE	2.4291	2.3826	2.3905	2.3472	2.2143	2.0000	2.5822	1.8498	2.6524	2.7022	2.3434	2.3918	2.3355	2.5681	2.4098	2.3543	2.4574	2.4638	2.3441	2.4527	2.3748	0
Standard deviation	0.7510	0.7750	0.7647	0.7666	0.8508	0.7791	0.6812	0.7723	0.6105	0.5488	0.7808	0.7485	0.8138	0.6563	0.7499	0.7681	0.7375	0.7447	0.7622	0.7093	0.8369	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

Getting Care Quickly Composite Score

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Getting Care Quickly Composite Score (BASE)	293	7416	20208	305	178	83	205	74	184	70	220	88	61	65	77	91	179	206	82	205	88	0
NEVER/SOMETIMES COMPOSITE	19.05%	18.66%	17.75%	15.73%	16.35%	30.81% G	14.38%	36.52% I	11.69%	18.98%	19.04%	30.73% MNO	14.34%	12.42%	15.67%	19.79%	17.29%	22.12% S	12.78%	15.48%	27.58% T	0.0%
USUALLY COMPOSITE	20.94%	20.62%	21.17%	24.14%	22.82%	24.81%	19.01%	27.26%	17.23%	20.41%	21.13%	23.03%	19.56%	17.77%	23.41%	15.66%	24.65%	20.08%	23.28%	23.48%	14.87%	0.0%
ALWAYS COMPOSITE	60.02%	60.72%	61.08%	60.13%	60.83%	44.39%	66.61% F	36.22%	71.08% H	60.61%	59.83%	46.23%	66.11% L	69.82% L	60.92%	64.55%	58.06%	57.81%	63.93%	61.04%	57.55%	0.0%
CAHPS RATE	80.95%	81.34%	82.25%	84.27%	83.65%	69.19%	85.62% F	63.48%	88.31% H	81.02%	80.96%	69.27%	85.66% L	87.58% L	84.33% L	80.21%	82.71%	77.88%	87.22% R	84.52% U	72.42%	0.0%
AVERAGE	2.4097	2.4206	2.4333	2.4440	2.4448	2.1358	2.5223	1.9970	2.5939	2.4163	2.4079	2.1550	2.5177	2.5740	2.4525	2.4477	2.4077	2.3569	2.5115	2.4557	2.2997	0
Standard deviation	0.7879	0.7829	0.7719	0.7487	0.7522	0.8420	0.7327	0.8363	0.6891	0.7867	0.7842	0.8620	0.7314	0.6991	0.7476	0.8017	0.7623	0.8174	0.7109	0.7462	0.8684	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

UNICARE OF WEST VIRGINIA
2017 CAHPS 5.0H Medicaid Satisfaction Survey (ANTM22491)

How Well Doctors Communicate Composite Score

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
How Well Doctors Communicate Composite Score (BASE)	244	6228	17102	232	145	63	178	59	168	48	192	61	45	66	69	72	155	167	72	170	74	0
NEVER/SOMETIMES COMPOSITE	7.00%	9.13%	8.42%	7.26%	10.38%	13.56%	4.80%	14.47% I	4.04%	4.75%	7.69%	9.89%	7.26%	5.68%	5.83%	3.84%	8.10%	8.55%	3.86%	6.36%	8.45%	0.0%
USUALLY COMPOSITE	13.89%	16.25%	16.84%	15.93%	17.47%	21.10%	11.43%	24.23% I	11.07%	11.66%	14.47%	15.23%	12.83%	12.50%	14.60%	11.54%	15.05%	10.51%	21.68% R	15.24%	10.81%	0.0%
ALWAYS COMPOSITE	79.12%	74.62%	74.74%	76.81%	72.15%	65.35%	83.77% F	61.29%	84.90% H	83.59%	77.84%	74.88%	79.91%	81.82%	79.57%	84.62%	76.86%	80.94%	74.46%	78.40%	80.74%	0.0%
CAHPS RATE	93.00%	90.87%	91.58%	92.74%	89.62%	86.44%	95.20%	85.53%	95.96% H	95.25%	92.31%	90.11%	92.74%	94.32%	94.17%	96.16%	91.90%	91.45%	96.14%	93.64%	91.55%	0.0%
AVERAGE	2.7212	2.6549	2.6632	2.6955	2.6177	2.5179	2.7898	2.4682	2.8086	2.7883	2.7014	2.6499	2.7265	2.7614	2.7374	2.8078	2.6876	2.7239	2.7060	2.7204	2.7230	0
Standard deviation	0.5777	0.6361	0.6224	0.5920	0.6637	0.7179	0.5027	0.7092	0.4820	0.5071	0.5957	0.6485	0.5777	0.5358	0.5483	0.4774	0.6079	0.6040	0.5217	0.5682	0.5962	0

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

Shared Decision Making Composite Score

						2017 Plan Results																
						Overall Rating of Plan		Overall Rating of Health Care		Health Status		Age				Gender		Education		Survey Type		
	2017 Plan Total (A)	2017 Anthem Avg. (B)	2017 DSS Book of Bus. (C)	2016 Plan Total (D)	2015 Plan Total (E)	0-7 (F)	8-10 (G)	0-7 (H)	8-10 (I)	Excel./ Very Good (J)	Good/ Fair/ Poor (K)	18-34 (L)	35-44 (M)	45-54 (N)	55+ (O)	Male (P)	Female (Q)	High School or Less (R)	Some College or More (S)	Mail (T)	Phone (U)	Internet (V)
Shared Decision Making Composite Score (BASE)	135	3437	9252	133	89	43	89	40	94	25	110 J	40	32	32	31	40	89	90	43	98	37	0
YES COMPOSITE	81.38%	78.85%	79.52%	82.71%	84.95%	75.75%	83.45%	76.67%	83.56%	89.33%	79.56%	85.83%	80.21%	76.04%	82.35%	74.17%	85.65%	81.71%	81.40%	83.96%	74.45%	0.0%

Note: A text notation appearing beneath a column percentage indicates the number is significantly different from the column indicated (e.g., A) at the 95% confidence level. A/B/C/D/E, F/G, H/I, J/K, L/M/N/O, P/Q, R/S, T/U/V

UniCare Health Plan West Virginia Provider Satisfaction 2017 Results

Prepared for:

Anthem, Inc.

October 2017

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DSS RESEARCH

Looking Beyond the Expected

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Background and objectives

Background. Anthem, Inc. contracted with DSS Research to conduct provider satisfaction surveys for its affiliate health plan, UniCare Health Plan of West Virginia (UniCare). This research can be used to provide rational direction for efforts to strengthen provider relationships.

Objectives. This research is designed to:

- Gauge satisfaction with UniCare overall and in the following areas:
  - Provider enrollment process and complaint systems.
  - Claims processing and provider reimbursement.
  - Utilization Management.
  - Quality Management.
  - Disease Management (DM).
  - Local health plan provider services.
  - Communication and technology.
  - Continuity and coordination of care.
- Compare current results to those previously recorded.

Questionnaire. Anthem, Inc. developed the survey instrument. The survey was designed for mail, telephone and Internet administration.

Data collection. Data collection information is detailed in the table below.

Data collection details	
Initial mailing	July 7, 2017
Follow-up mailing	July 28, 2017
Began follow-up phone calls to non-responders	August 18, 2017
Last day to accept completed surveys	September 08, 2017

Sample design.

- **Qualified respondents.** The population surveyed includes providers affiliated or contracted with UniCare.
- **Sample source.** Anthem, Inc. supplied the sample, including names and contact information for providers.
- **Sample size and response rate.**

Sample size	Total undeliverable records	Undeliverable conversions to complete	Completes	Response rate	Adjusted response rate
1,000	50	5	322	32.2%	33.9%

Data processing and tabulation. DSS processed all completed surveys and produced detailed tables that summarize the results.

Advanced analytics. Details regarding the SatisAction™ key driver statistical model are provided in the appendix.

Percentages lower than 5.0% are not labeled in charts or graphs where space does not permit.

Executive summary

Most providers in West Virginia are satisfied overall.

- 83% are very or somewhat satisfied with UniCare overall and 64% are satisfied with the provider complaint systems. Additionally, both of these measures increased slightly (vs. 80% and 59% in 2016, respectively).
- 77% are satisfied with the provider enrollment process.
- The overall satisfaction composite score is stable, at 75%. The composite is the average of the scores for the three high-level satisfaction measures mentioned above.

The SatisAction™ key driver analysis (illustrated on the following page) indicates that utilization management is the most important driver of overall satisfaction. However, UniCare performance in this area is lower than on many other less important items.

- Improvements that increase satisfaction with these two utilization management measures have the most potential to increase the overall score.
  - Obtaining precertification and/or authorization (78%).
  - The timeliness of the medical director's response to concerns (76%).
- Additionally, satisfaction with the provider complaint systems is also important and, with a score of 64%, performance on this measure is lower than nearly all other items.

Enrollment and interest in most Disease Management programs increased overall.

- Most notably, enrollment and interest in more information about the schizophrenia program increased significantly.
- Interest in the HIV/AIDS program also increased significantly.

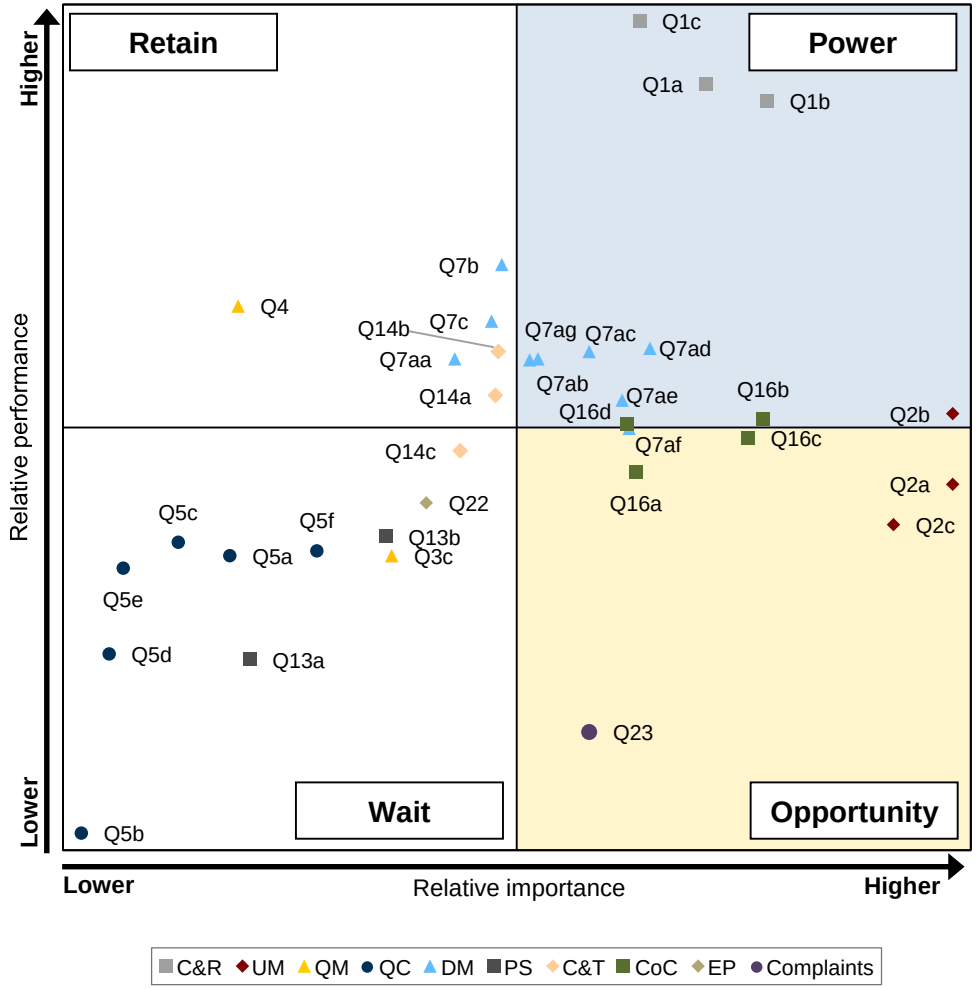
Communication among some providers is less common than in 2016.

- Communications from PCPs and behavioral health practitioners increased slightly, but communications from four other types of providers, facilities and agencies decreased slightly.
- However, the percentage of behavioral health care providers who typically contact their new patient's PCP in order to coordinate care increased slightly.

Several measures shifted, but none by significant margins.

POWeR™ Chart for overall satisfaction with UniCare

POWeR™ Chart classification matrix

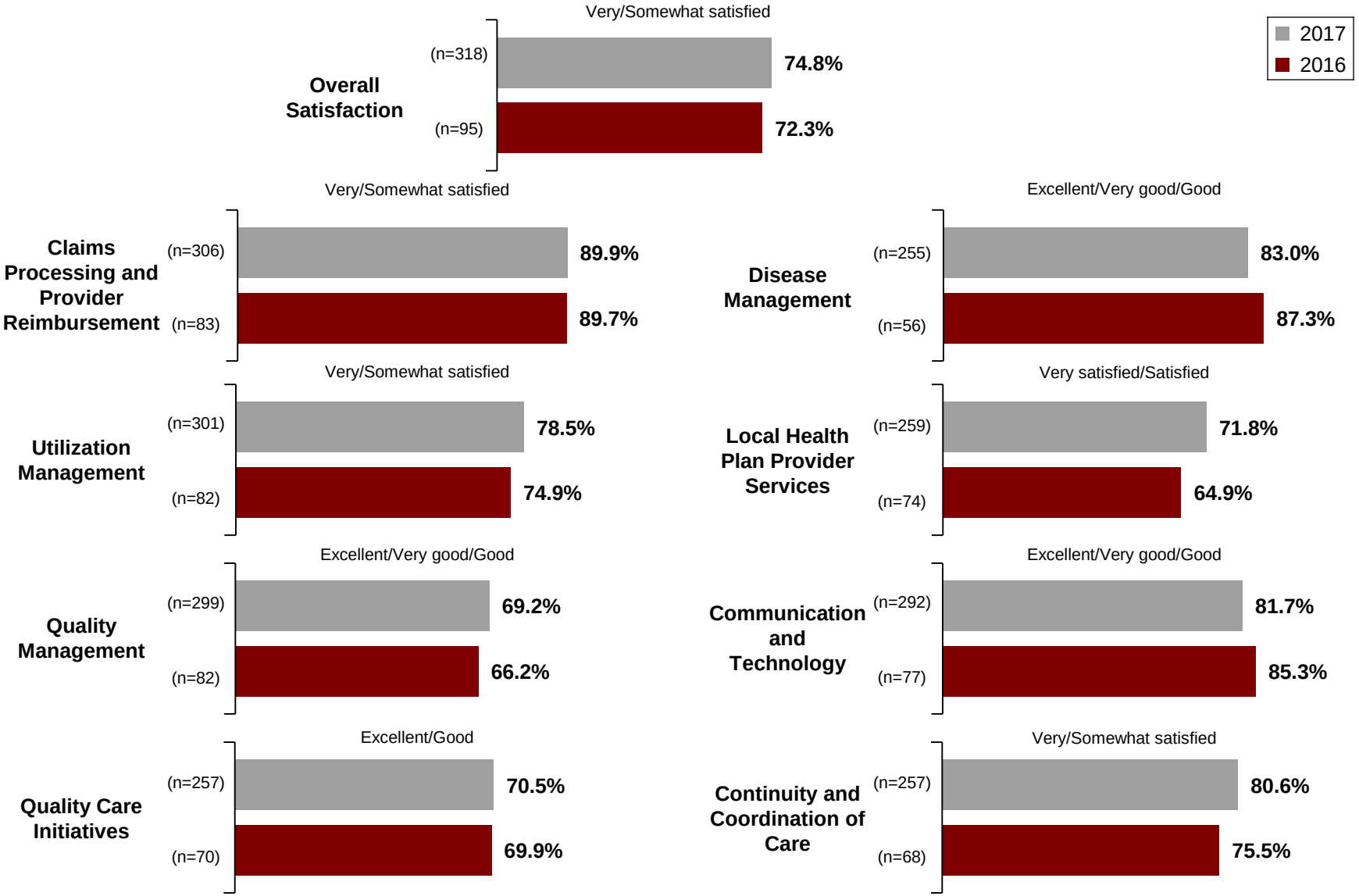


Survey Measure		Score
Power		
Q2b	Efficiency of the UM process overall	81.6%
Q1b	Accuracy of claims payment	89.0%
Q16b	Accuracy of information exchange	81.5%
Q1a	Timeliness of claims payment	89.4%
Q7ad	Timing of distribution of program materials	*83.2%
Q1c	Clarity of the remittance advice	91.3%
Q16d	Sufficiency of information to coordinate care	81.4%
Q7ae	Mode of delivery of program materials	*82.0%
Q7ac	Written program materials	*83.1%
Q7ab	Member interventions by staff	*82.9%
Q7ag	Communications provided by case managers	*82.9%
Opportunity		
Q2a	Obtaining precertification/authorization for members	78.1%
Q2c	Timeliness of response to concerns	75.9%
Q16c	Clarity of information exchange	80.7%
Q16a	Timeliness of information exchange	78.8%
Q7af	Frequency of delivery of program materials	*81.3%
Q23	Satisfaction with provider complaint systems	64.3%

Note: Key drivers in the "Power" quadrant are shaded in blue, while those in the "Opportunity" quadrant are shaded in yellow.
See Appendix for full listing of questions in the model.

* Denotes top-three-box scores.

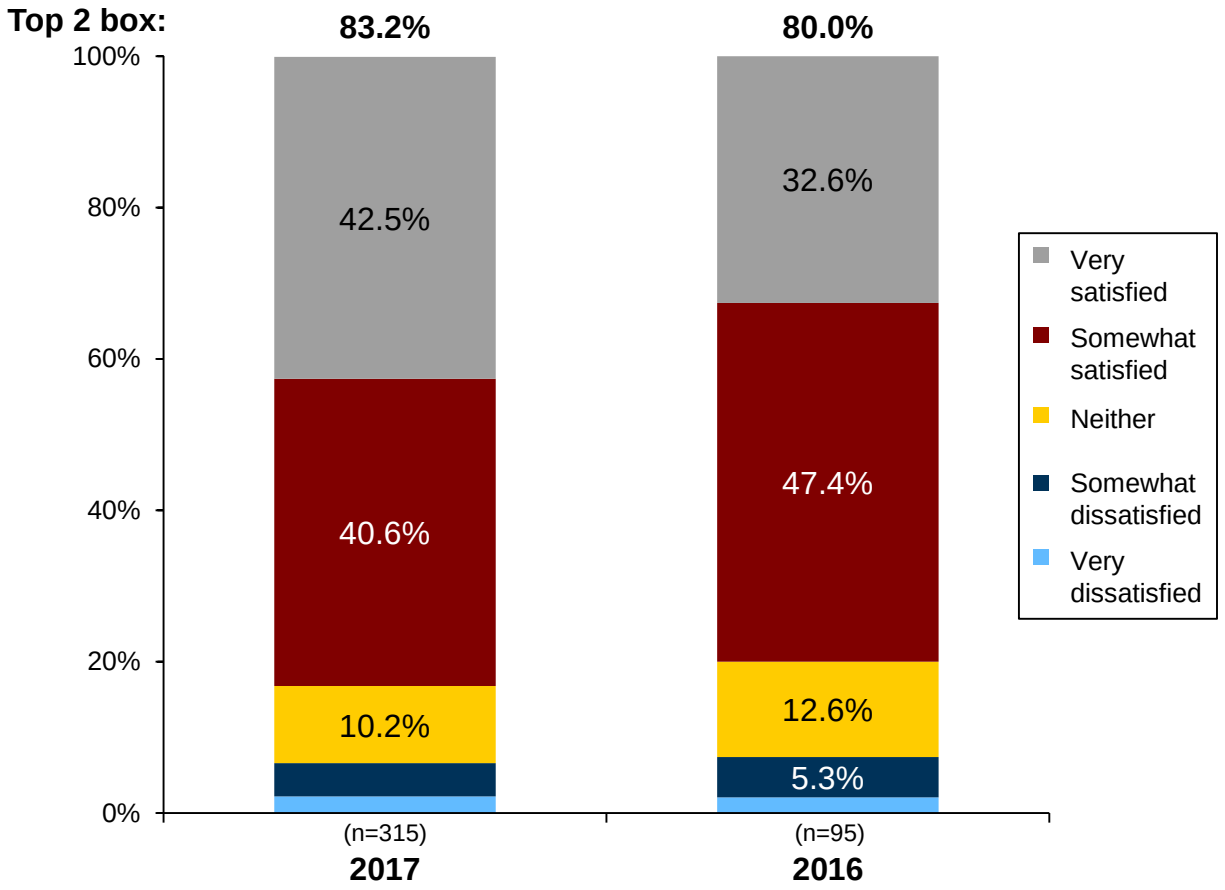
Composite summary



An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Satisfaction with UniCare increased slightly among providers in West Virginia.

Overall satisfaction with UniCare

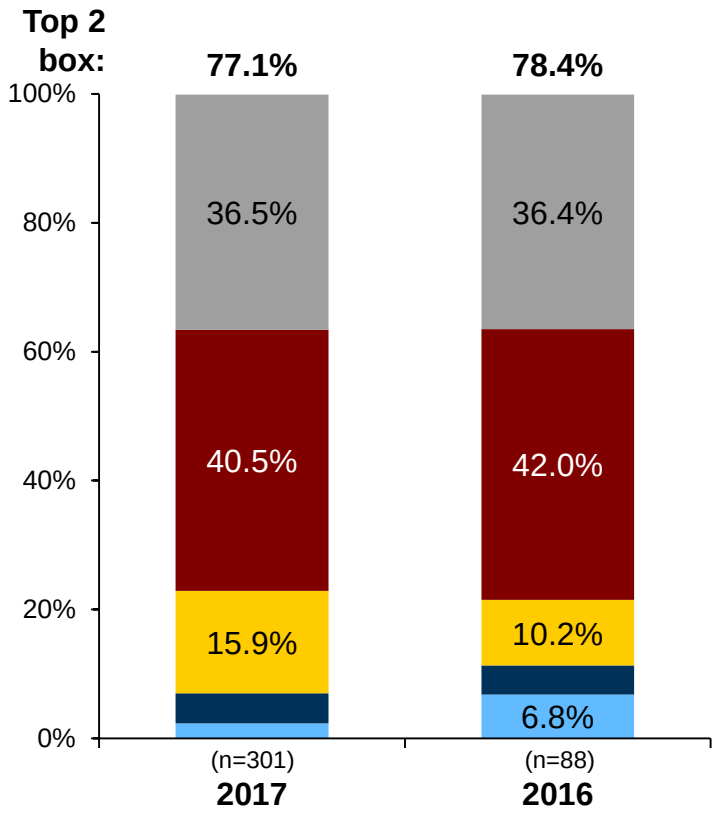


Q21. Please rate your overall satisfaction with UniCare. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

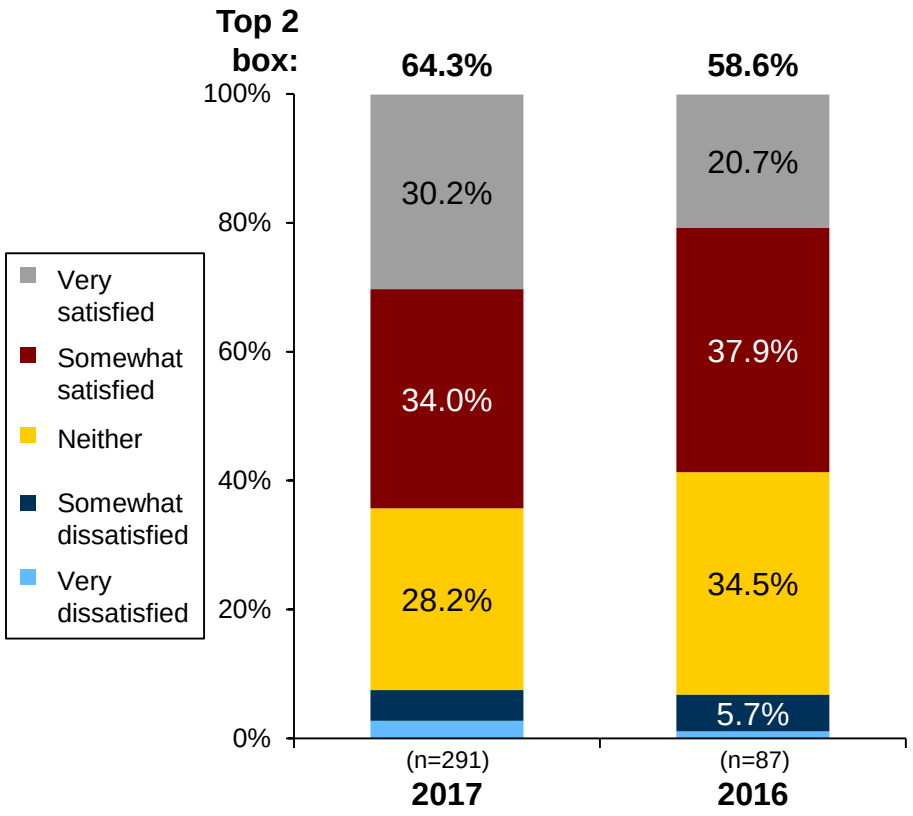
Similarly, satisfaction with the provider complaint systems increased slightly.

Satisfaction with other provider services

Provider enrollment process



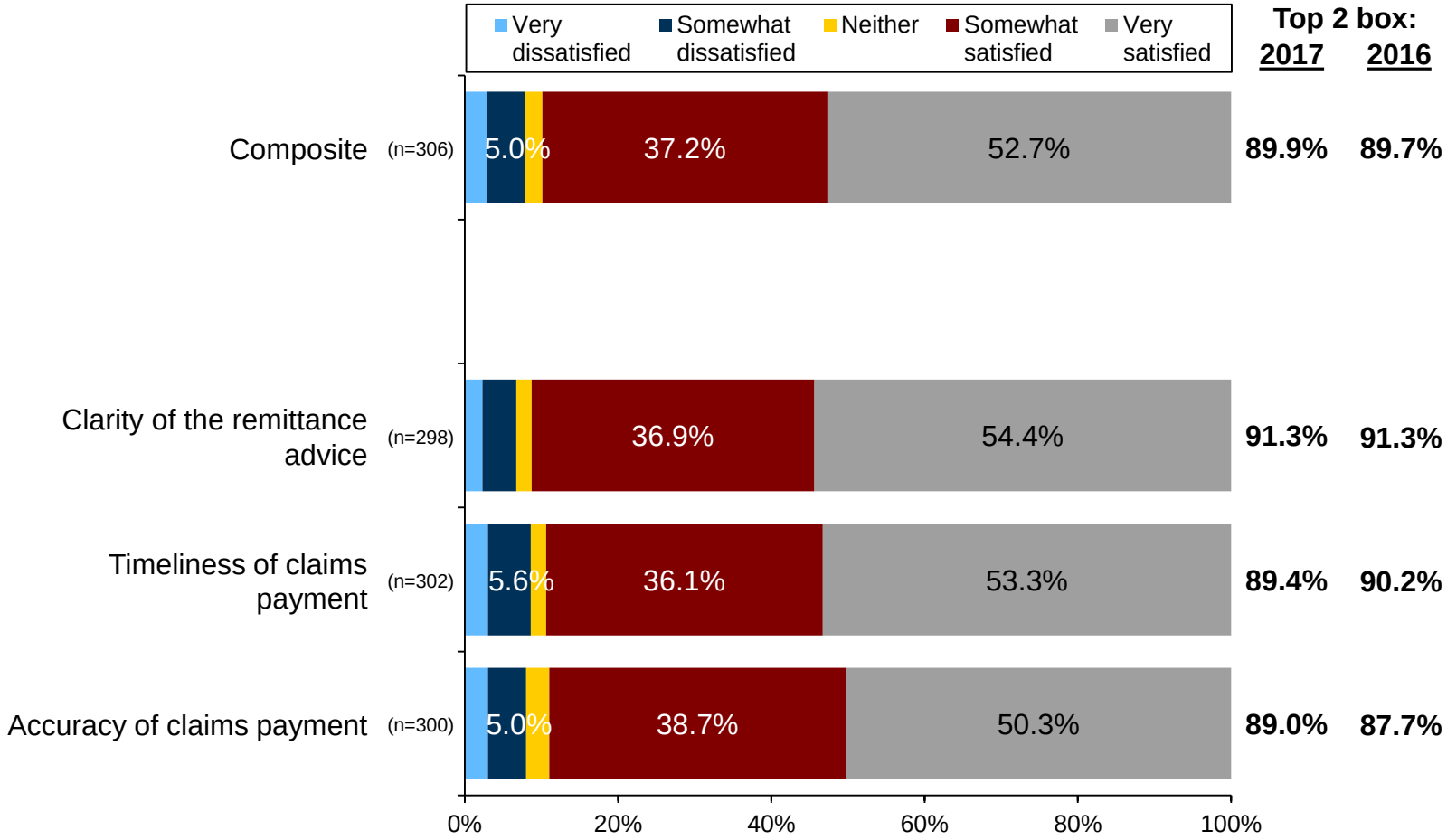
Provider complaint systems



Q22. Please rate your overall satisfaction with the provider enrollment process. Q23. Please rate your overall satisfaction with the provider complaint systems. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

These measures are stable.

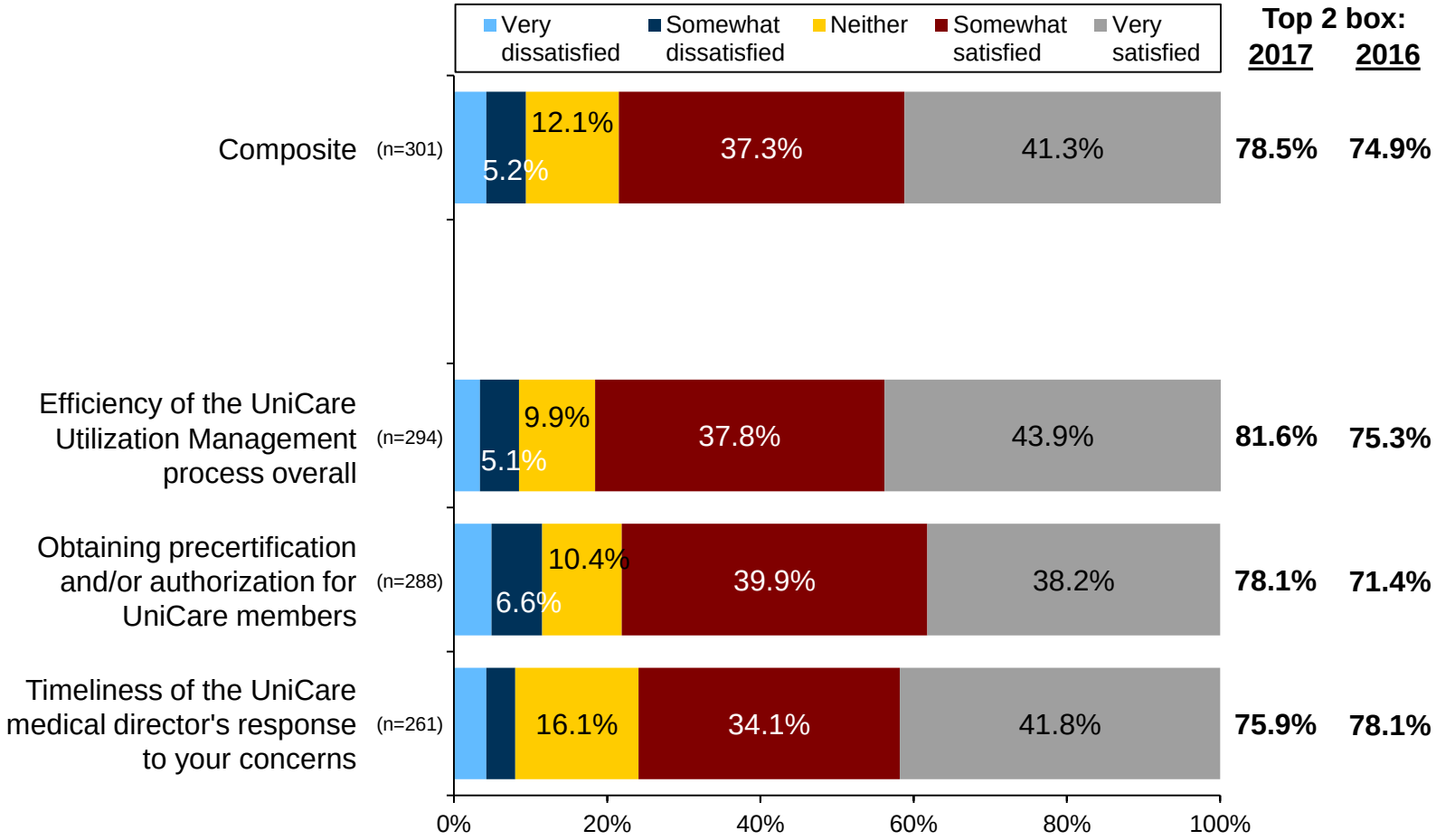
Satisfaction with claims payments and remittance advice



Q1. How satisfied are you with UniCare performance in these areas: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Two of these measures increased slightly, resulting in a slight increase in the average.

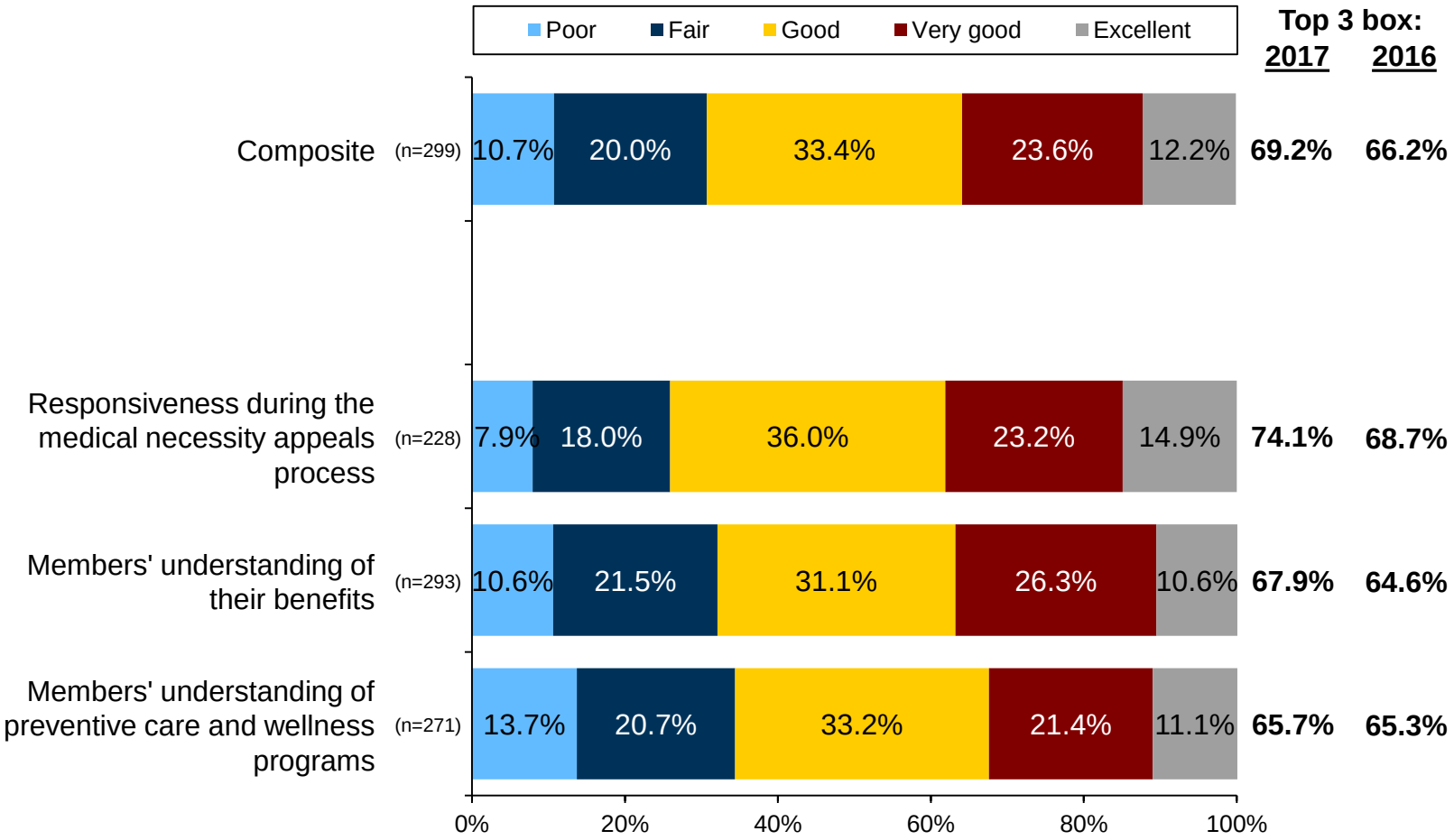
Satisfaction with Utilization Management process



Q2. Please rate your satisfaction with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Similarly, two of these measures increased slightly, resulting in a slight increase in the average.

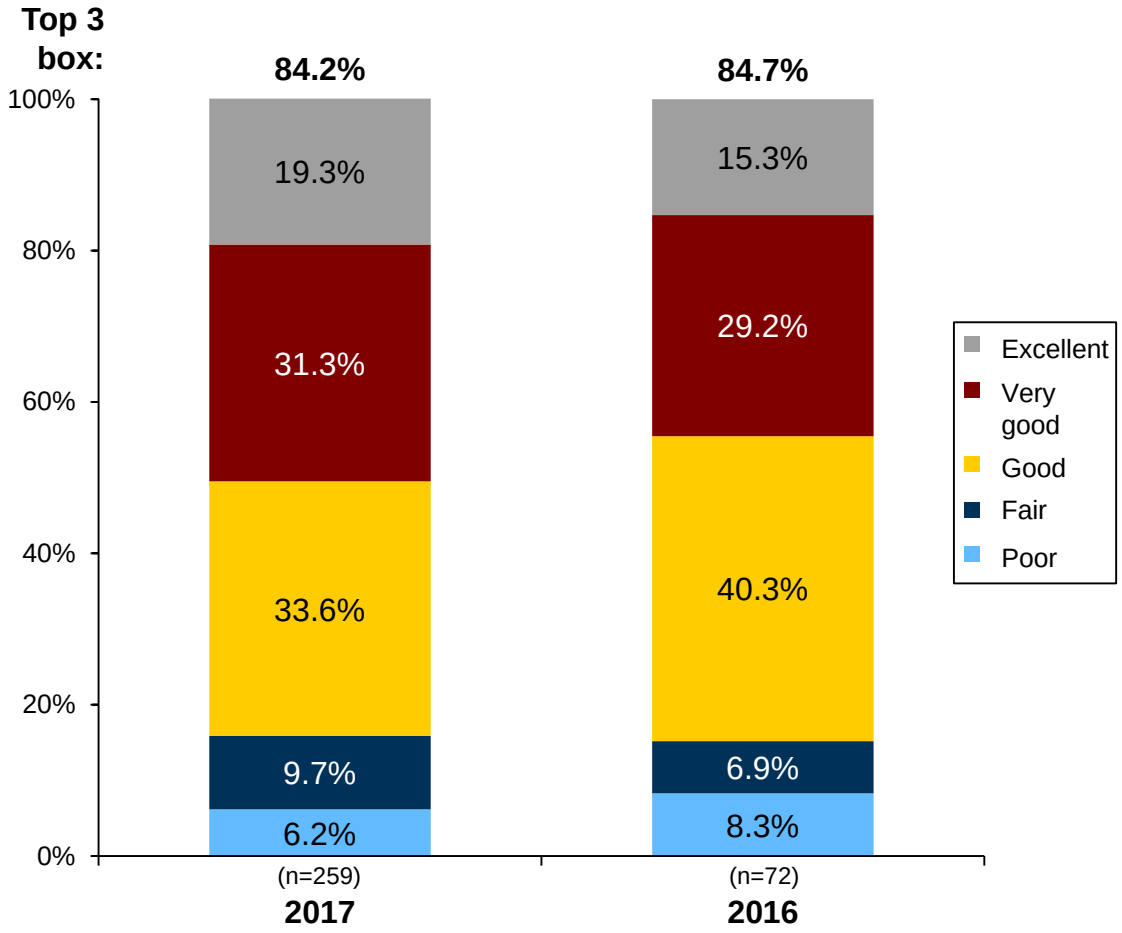
Ratings of experiences with UniCare



Q3. Please rate your experience with UniCare: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

The rating for the education provided by Amerigroup about how to maximize HEDIS performance is stable.

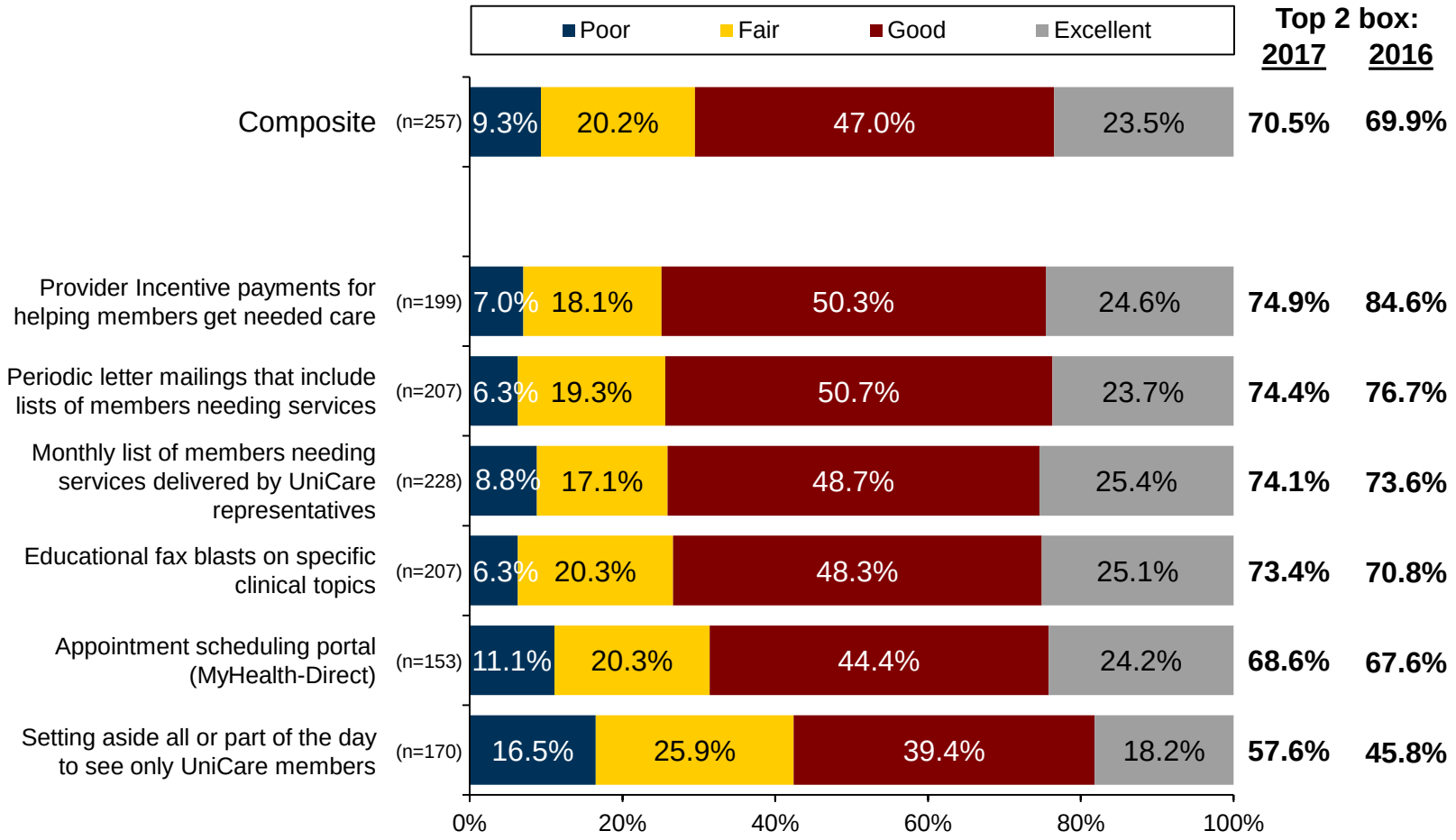
Rating of HEDIS® education



HEDIS is a registered trademark of the National Committee for Quality Assurance.
Q4. How would you describe the education provided to you by UniCare on data collection and reporting to maximize your HEDIS® performance? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

The rating of the provider incentive payments for helping members get needed services decreased, while the rating of the initiative requiring providers to set aside times to see only UniCare members increased. However, neither of these changes are significant and the average is stable.

Rating of quality care initiatives

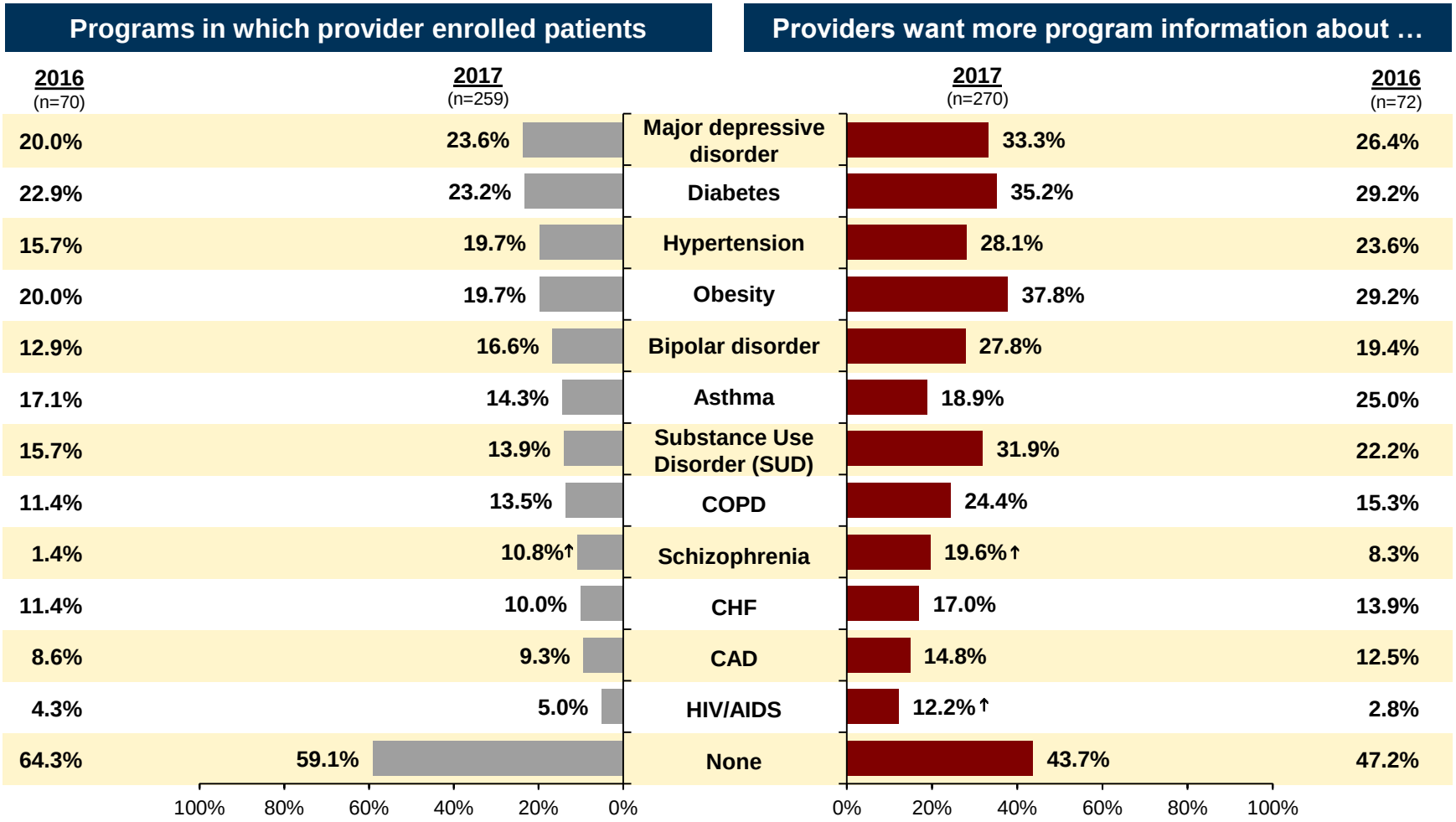


Q5. We have implemented several provider-focused improvement initiatives as part of our performance improvement projects. How beneficial are these interventions in helping you provide quality care? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Disease Management (DM)

Participation increased overall, with a slightly lower percentage than in 2016 indicating that they have not enrolled a patient in any of these programs. Additionally, interest in additional information about most of these programs also increased. Most notably, enrollment and interest in more information about the schizophrenia program increased significantly.

Disease Management programs

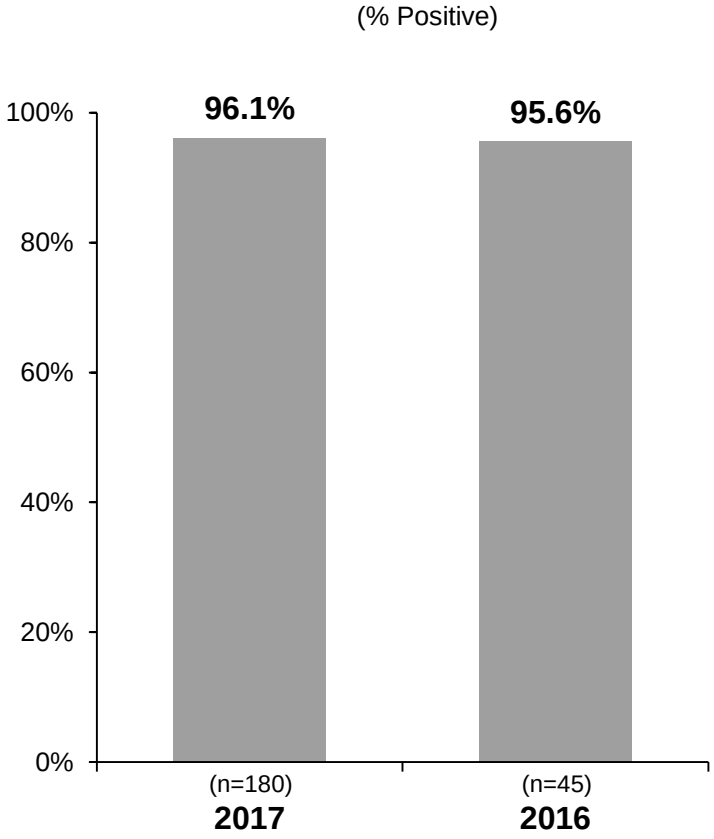


Q6. In which program(s) did you enroll your patients? Q11. Please check the DM programs you would like more information about: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

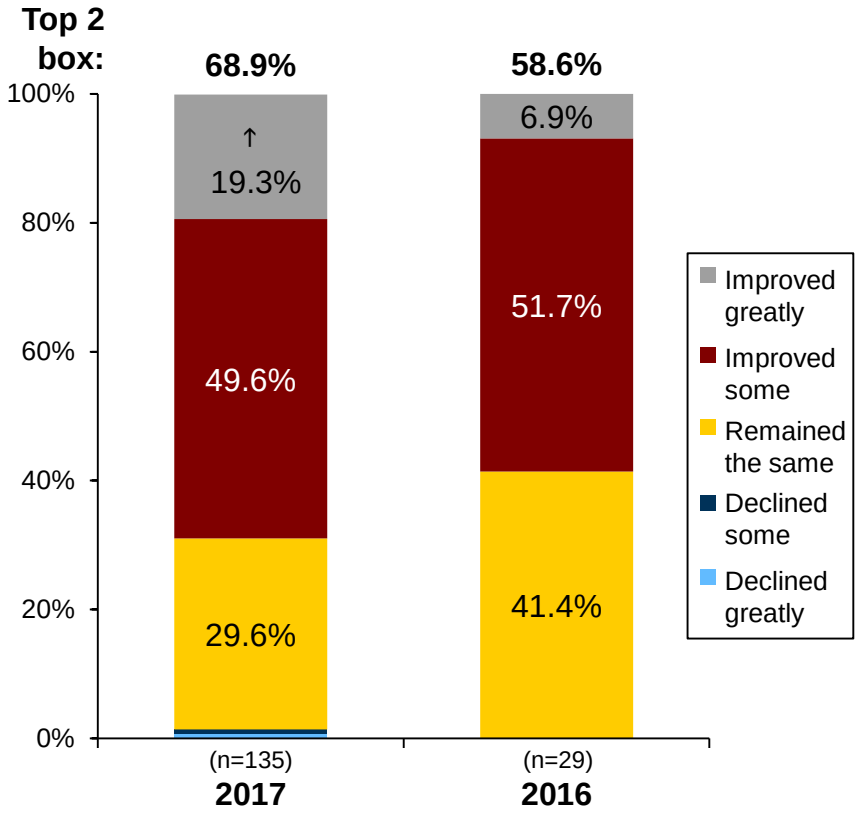
A higher percentage than in 2016 indicated that patient quality of life has improved since enrolling in the UniCare Disease Management programs, driven by a significantly higher percentage indicating that it improved greatly.

Overall ratings of DM programs

Impact of disease management programs



Patient quality of life has …



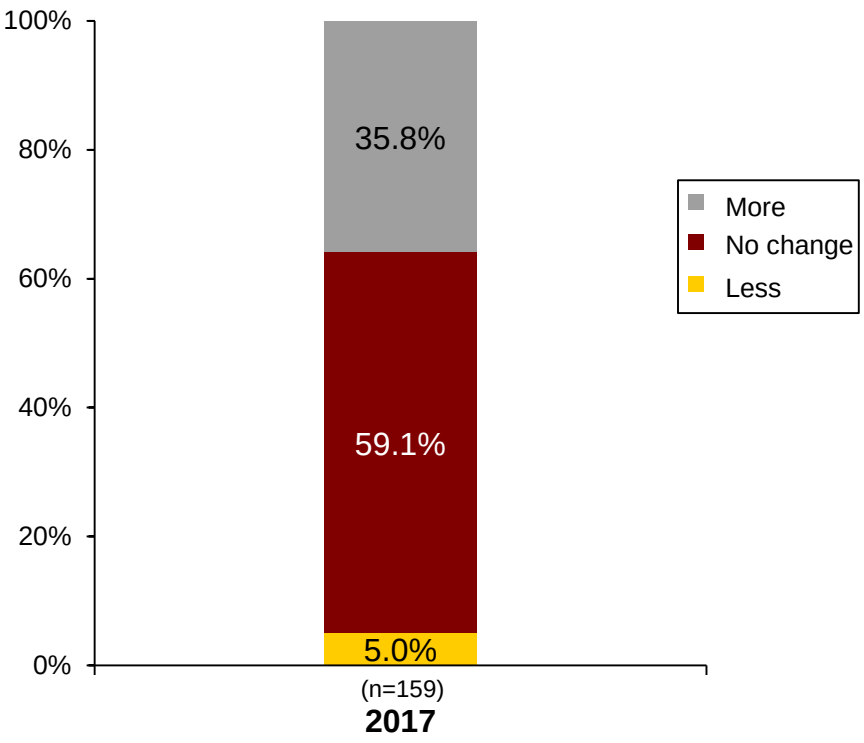
In 2017, 16.5% indicated that program exposure has not been long enough to measure changes.

Q10. Do you perceive disease management programs as having a positive or negative impact on a patient's health status relative to their condition? Q8. In general, since enrollment in the UniCare DM program(s), has patient quality of life … An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

More than one-third indicated that their patients are using more services as a result of participation in a DM program. The percentage of providers who would recommend the programs decreased slightly.

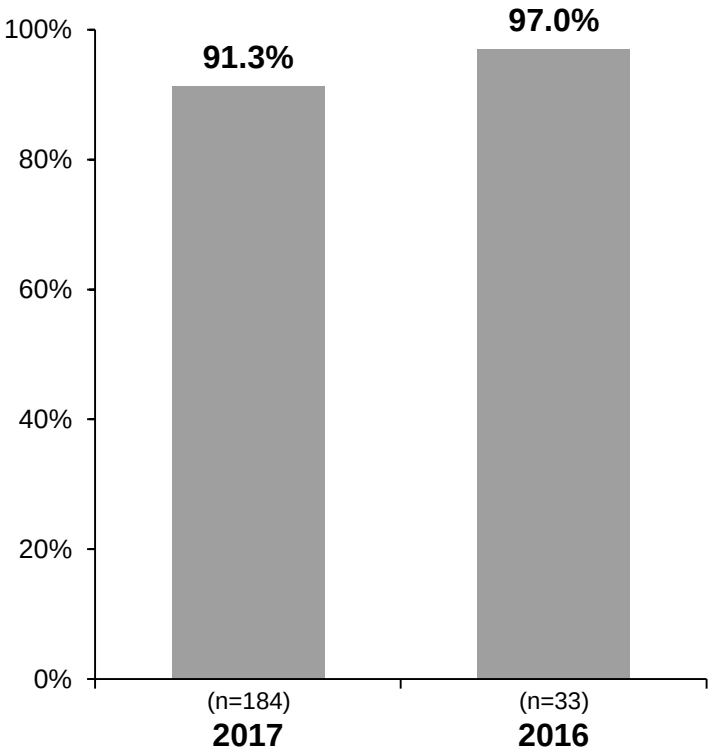
Overall ratings of DM programs (cont'd)

Patient usage of services*



Would recommend to other providers

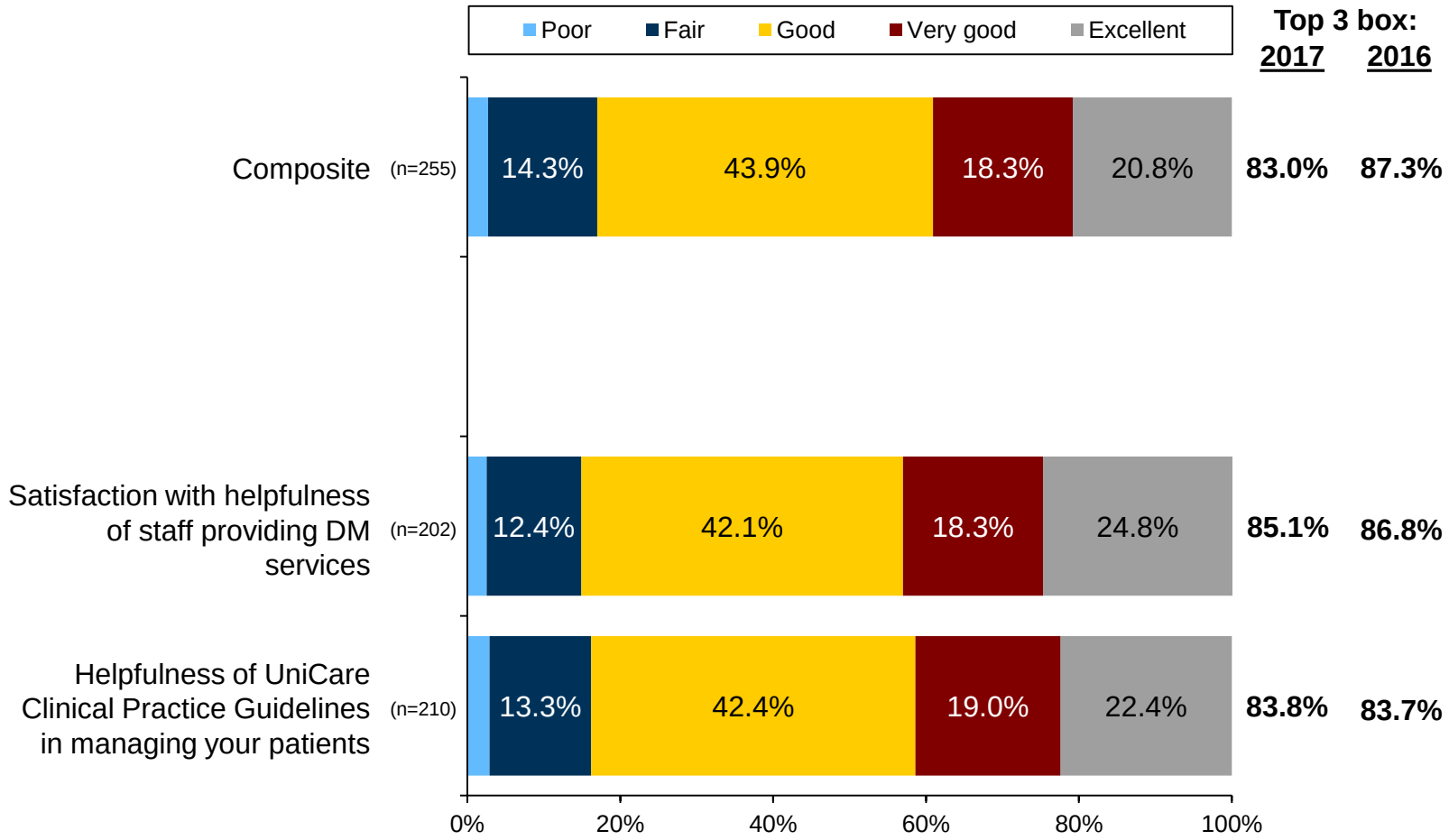
(% Yes)



Q9. Are patients using more or less of services as a result of participation in a DM program? Q12. Would you recommend the UniCare DM program(s) to other providers? An asterisk (*) indicates a new item in 2017. An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

These two measures are stable. However, slight decreases in several other measures related to the DM programs (shown on the following page), resulted in a slight decrease in the average.

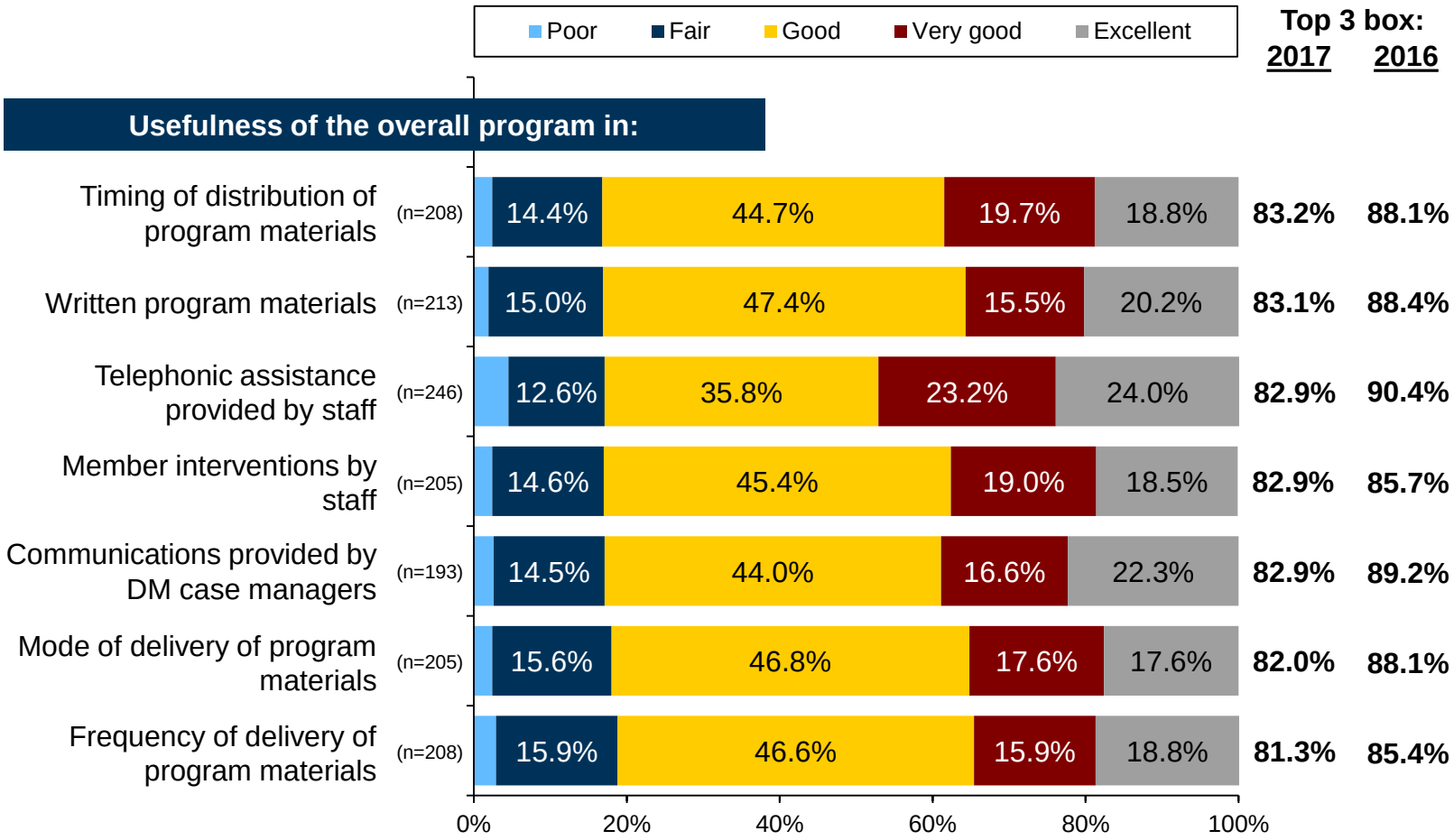
Rating of experience with DM elements



Q7. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

These measures decreased, but not significantly so.

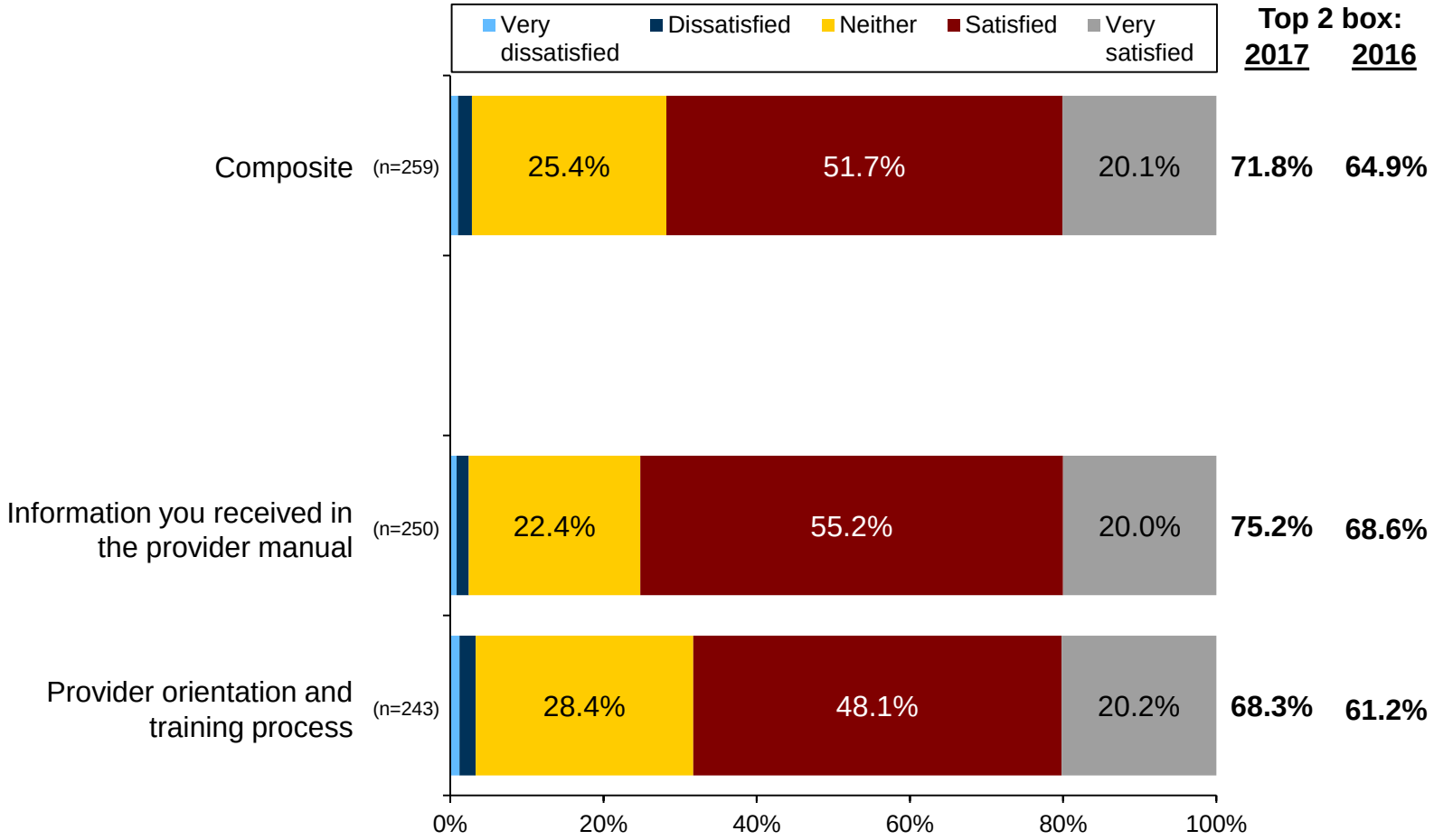
Rating of experience with DM elements (cont'd)



Q7. Please rate your experience with: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Both of these measures increased slightly, resulting in a slight increase in the average.

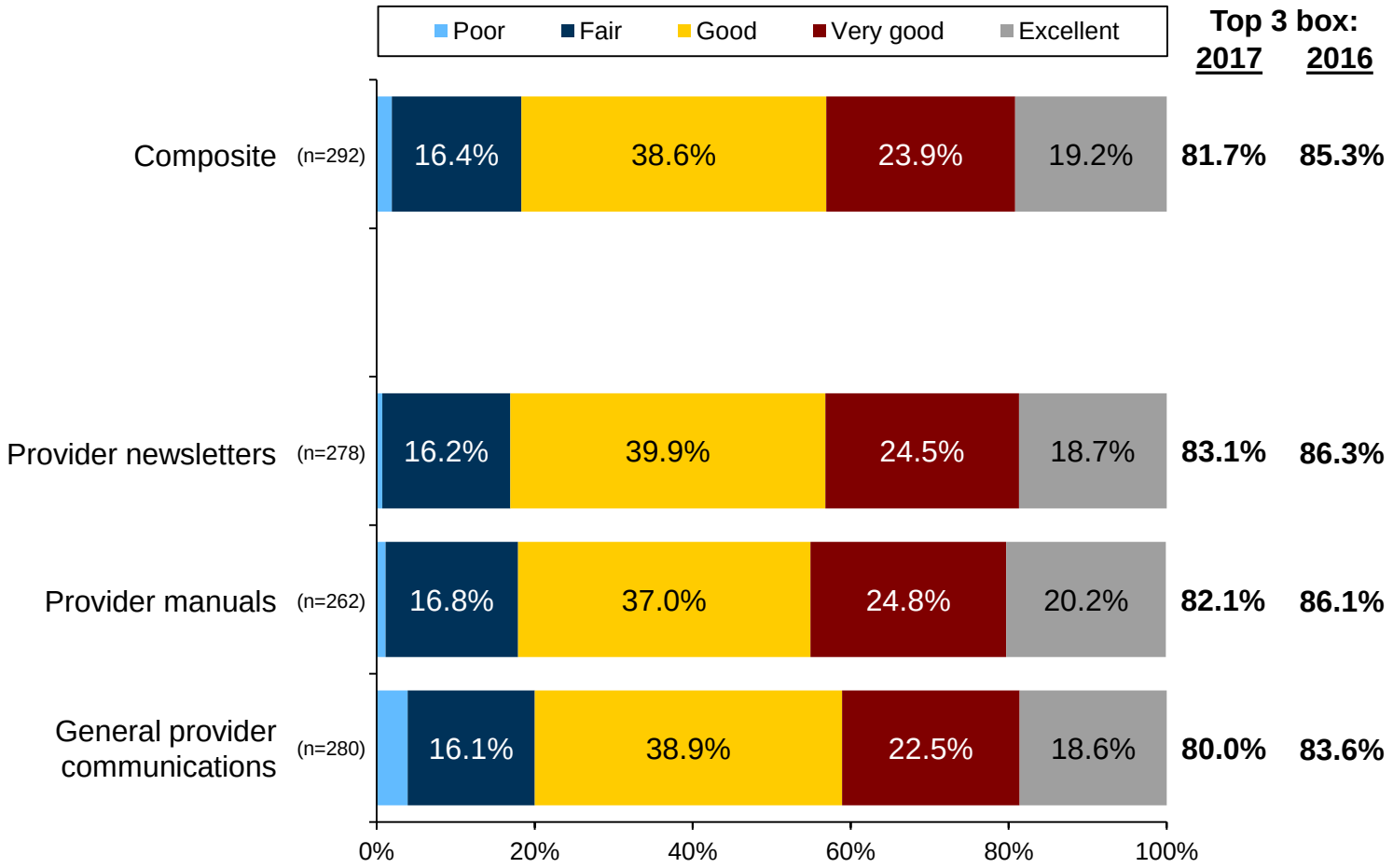
Satisfaction with services



Q13. How satisfied were you with the following: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Each of these measures decreased slightly, resulting in a slight decrease in the average.

Ratings of UniCare materials



Q14. Please rate the quality and effectiveness of the following UniCare materials: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Among those who would like to be contacted by a health plan representative, participation in a Quality Incentive Program is the most common topic that providers would like to discuss. Additionally, interest in this topic, as well as three others, increased significantly.

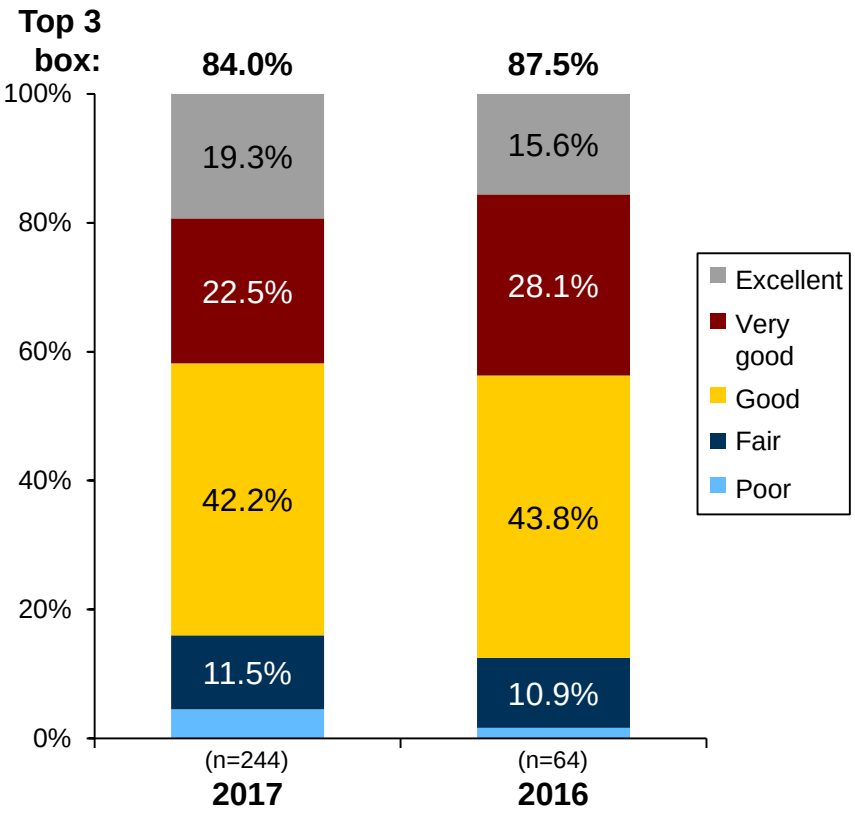
Information providers want to discuss (All mentions)	**2017**	**2016**
Base:	(n=107)	(n=27)
Participation in a Quality Incentive Program	57.0%↑	22.2%
Initiation of electronic claims processing	36.4%↑	11.1%
Why HEDIS measures are important	34.6%	22.2%
Innovative programs my practice employs	30.8%	22.2%
Providing after-hours care in my practice	25.2%↑	7.4%
Claims/denials/billing/payments (slow, inaccurate)	12.1%	11.1%
Enrollment/credentialing/contracts	5.6%↑	0.0%
Need program information	1.9%	0.0%
Patient issues/suggestions	0.9%	0.0%
Coverage/eligibility	0.9%	0.0%
Website issues	0.9%	0.0%
Referral/authorization issues	0.9%	0.0%
Network mentions	0.9%	3.7%
No need for contact/none/nothing/N/A	9.3%↓	40.7%

Q24. I would like to be contacted by a health plan representative to discuss: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

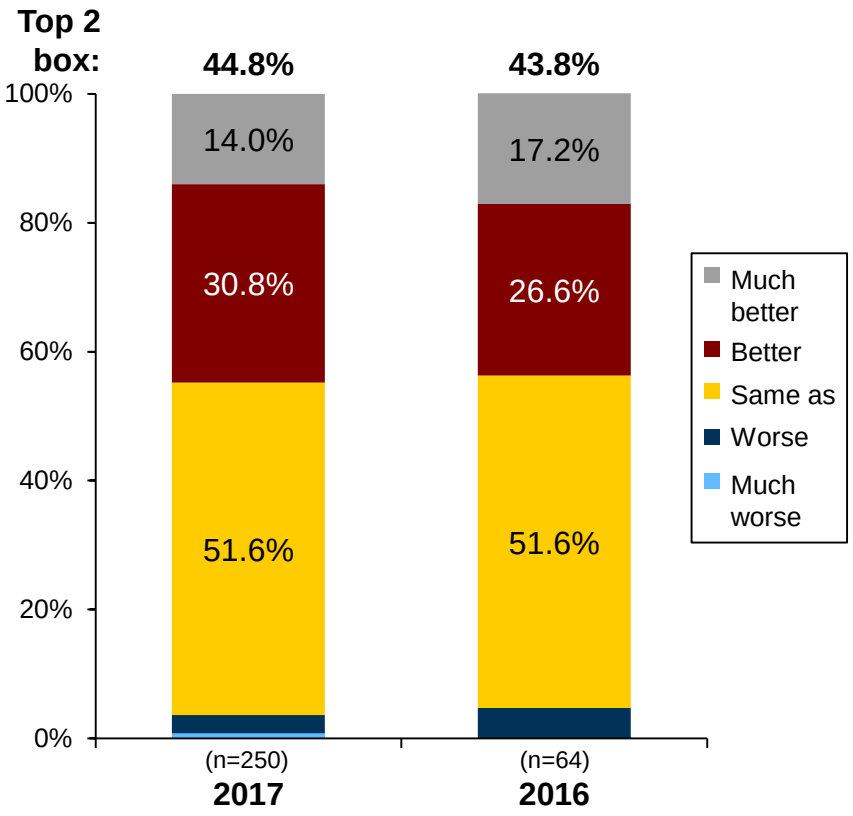
The rating of the quality of UniCare case management services decreased slightly.

Ratings of experience with continuity and coordination of care

Quality of case management services



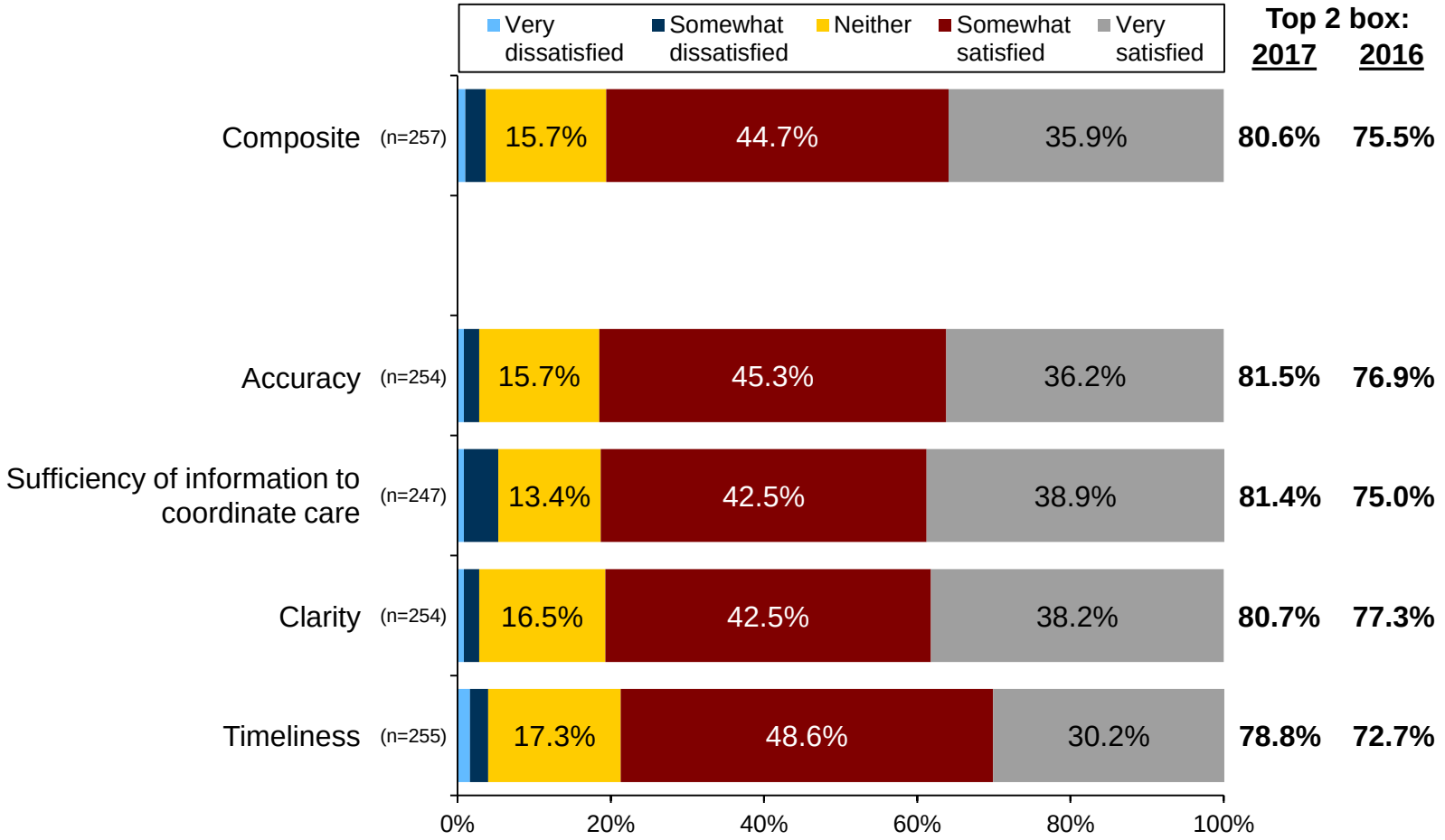
UniCare comparison to other plans



Q17. Please rate your experience with the quality of case management services regarding continuity and coordination of care. Q18. How does the UniCare continuity and coordination of care compare to other Medicaid/Medicare Advantage plans? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Each of these measures increased slightly, resulting in a slight increase in the average.

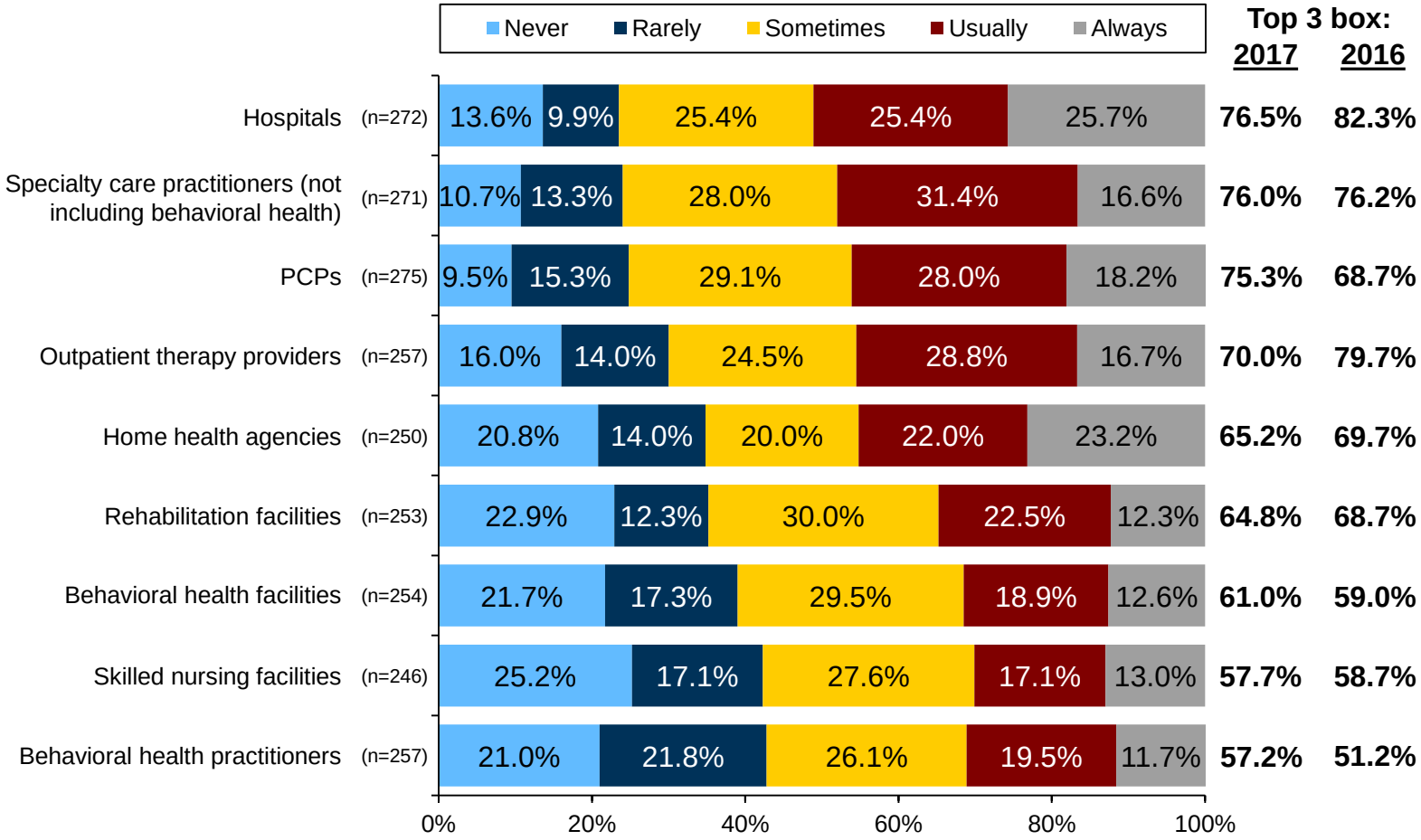
Satisfaction with information exchange



Q16. Please rate your experience in the following dimensions of information exchange for the coordination of medical and behavioral health care: An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Communications from PCPs and behavioral health practitioners increased slightly. However, communications from four other sources decreased slightly.

Frequency of receiving verbal/written communication from other providers



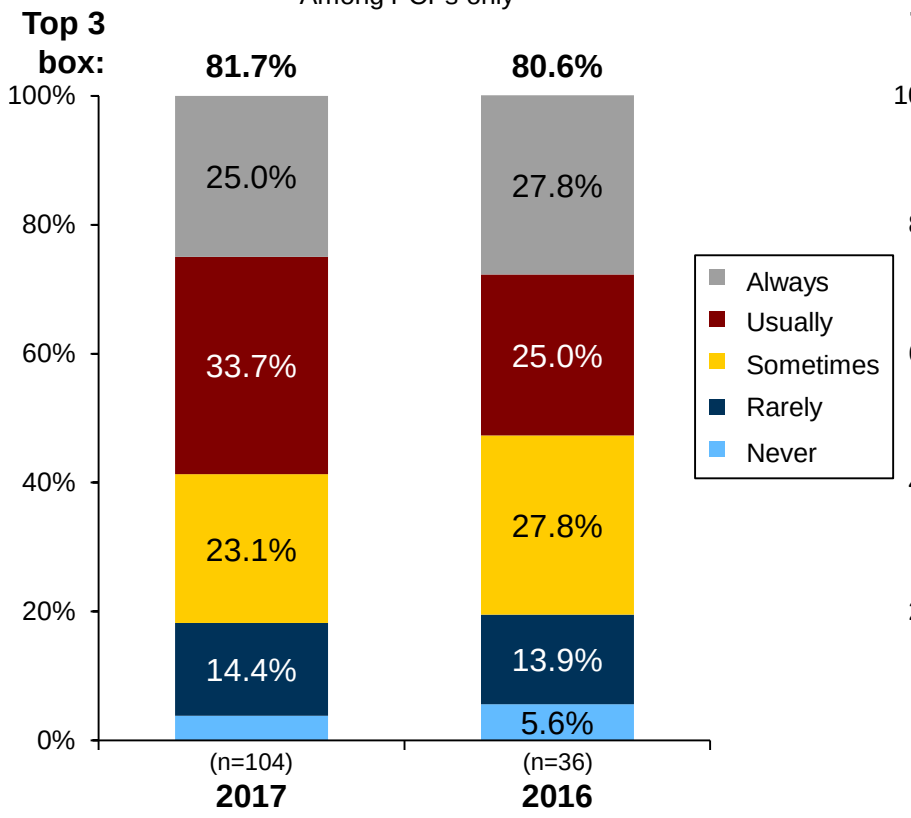
Q15. How often do you receive verbal and/or written communication from other practitioners and providers regarding your patients? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

The percentage of behavioral health providers who typically contact their new patient's PCP in order to coordinate care increased slightly.

Frequency of contact

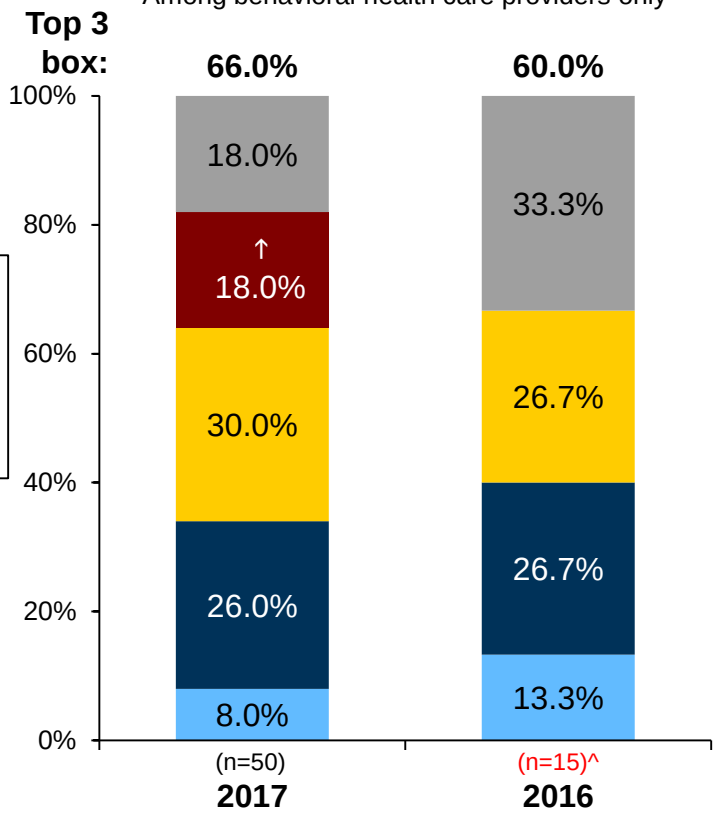
Contact patient's BH provider

Among PCPs only



Contact patient's PCP

Among behavioral health care providers only



Q19. When you are informed by an UniCare member that he or she is actively receiving services from a behavioral health provider, how often do you contact that provider to coordinate care? Q20. When you receive an UniCare member as a new patient, how often do you contact the member's PCP to coordinate care? An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level. A caret (^) indicates a base size smaller than 20. Interpret results with caution.

Respondent profile

Individual completing survey	2017	2016
Base:	(n=307)	(n=93)
Office manager	46.9%↑	34.4%
Physician (PCP)	9.1%↓	19.4%
Behavioral health practitioner	7.2%	11.8%
Physician (Specialist)	3.6%	2.2%
Physician (OB/GYN)	2.3%↑	0.0%
Other staff	30.9%	32.3%
Provider type		
Base:	(n=322)	(n=95)
BH	17.1%	17.9%
OB/GYN	7.8%	7.4%
PCP	42.2%	49.5%
Specialist	32.9%	25.3%
Practice type		
Base:	(n=322)	(n=95)
Group	100%	100%

An arrow (↑↓) indicates a significantly different result from the previous year at the 95% confidence level.

Appendix: SatisAction™ key driver statistical model

Background

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of satisfaction and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving overall satisfaction ratings for UniCare providers.
- Measurement of the relative importance of each of these elements.
- Measurement of how well providers think UniCare performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for provider satisfaction improvement efforts by UniCare.

Importance analysis.

The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs, or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression analysis. Regression analysis is then used to predict overall satisfaction on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value to 0 points and the median value is 50 points.

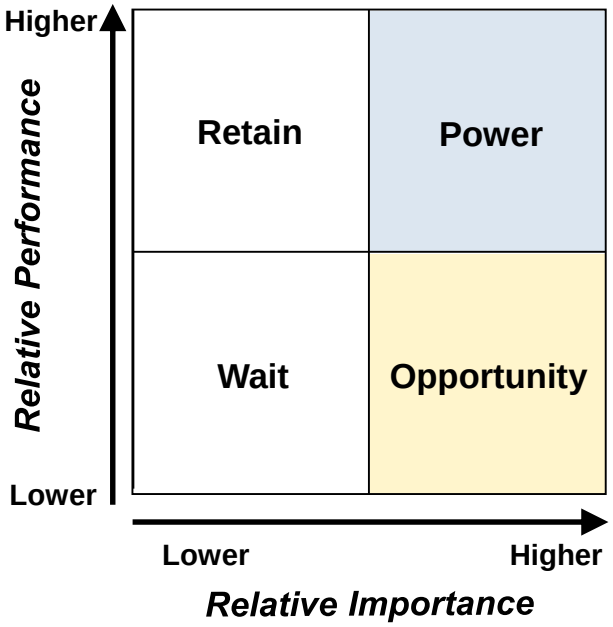
Performance analysis.

Relative performance (the top-two-/top-three-box rating) is calculated for each survey variable. Ratings are rescaled on a 100-point basis (like importance values) so that the highest rating is set to 100 points, the lowest rating is set to 0 points and the median rating is set to 50 points.

Classification matrix. Results of the key driver modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of the most important drivers of satisfaction and how UniCare is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- *Power.* These items have a relatively large impact on satisfaction and UniCare performance levels on these items are high. Promote and leverage strengths in this quadrant.
- *Opportunity.* Items in this quadrant also have a relatively large impact on satisfaction but UniCare performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the satisfaction score.
- *Wait.* Though these items still impact satisfaction, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, UniCare performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- *Retain.* Items in this quadrant also have a relatively small impact on satisfaction but UniCare performance is above average. Simply maintain performance on these items.

POWeR™ Chart classification matrix



Variables in the model

The independent or predictor variables are:

Claims processing and provider reimbursement (C&R)
- Q1a. Timeliness of claims payment
- Q1b. Accuracy of claims payment
- Q1c. Clarity of the remittance advice

Utilization Management (UM)
- Q2a. Obtaining precertification/authorization for members
- Q2b. Efficiency of the UM process overall
- Q2c. Timeliness of response to concerns

Quality Management (QM)
- Q3c. Responsiveness during appeals process
- Q4. Rating of HEDIS education

Quality care initiatives (QC)
- Q5a. List of members needing services
- Q5b. Seeing only members
- Q5c. Provider incentive payments
- Q5d. Appointment scheduling portal
- Q5e. Educational fax blasts
- Q5f. Periodic mailings

Disease Management (DM)
- Q7aa. Telephonic assistance provided by staff
- Q7ab. Member interventions by staff
- Q7ac. Written program materials
- Q7ad. Timing of distribution of program materials
- Q7ae. Mode of delivery of program materials
- Q7af. Frequency of delivery of program materials
- Q7ag. Communications provided by case managers
- Q7b. Helpfulness of staff providing services
- Q7c. Helpfulness of Clinical Practice Guidelines in managing patients

Local health plan provider services (PS)
- Q13a. Provider orientation and training process
- Q13b. Information in the provider manual

Communication and technology (C&T)
- Q14a. Provider manuals
- Q14b. Provider newsletters
- Q14c. General provider communications

Continuity and coordination of care (CoC)
- Q16a. Timeliness of information exchange
- Q16b. Accuracy of information exchange
- Q16c. Clarity of information exchange
- Q16d. Sufficiency of information to coordinate care

Enrollment process (EP)
- Q22. Satisfaction with provider enrollment process

Complaint systems (Complaints)
- Q23. Satisfaction with provider complaint systems

The dependent variable is:
- Q21. Overall satisfaction with UniCare

Variables in the model

Factor analysis. Factor analysis reduced the 34 highly-correlated model variables to seven orthogonal (uncorrelated) factors that explain 76.1% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings.

Factor correlations with survey variables

Question	Survey items	Factors						
		1	2	3	4	5	6	7
Q7ad	Timing of distribution of program materials	0.8453						
Q7af	Frequency of delivery of program materials	0.8373						
Q7ae	Mode of delivery of program materials	0.8346						
Q7ac	Written program materials	0.8086						
Q7ab	Member interventions by staff	0.7716						
Q7ag	Communications provided by case managers	0.7712			0.3106			
Q7c	Helpfulness of Clinical Practice Guidelines in managing patients	0.7545						
Q7b	Helpfulness of staff providing services	0.7521						
Q7aa	Telephonic assistance provided by staff	0.6660				0.2780		
Q4	Rating of HEDIS education	0.4206	0.3679	0.2752				0.2619
Q5d	Appointment scheduling portal		0.7874					
Q5e	Educational fax blasts	0.2707	0.7618					
Q5c	Provider incentive payments	0.3235	0.6904			0.2538		
Q5b	Seeing only members		0.6794					0.3008
Q5f	Periodic mailings		0.6049		0.2960			-0.3724
Q5a	List of members needing services		0.5753		0.2975	0.2517		
Q16b	Accuracy of information exchange	0.2607		0.8614				
Q16c	Clarity of information exchange			0.8600				
Q16d	Sufficiency of information to coordinate care			0.7864				
Q16a	Timeliness of information exchange	0.2751		0.7599				
Q14a	Provider manuals	0.3567			0.7573			
Q14b	Provider newsletters	0.3720			0.7563			
Q13b	Information in the provider manual	0.3518			0.7357			
Q14c	General provider communications	0.3844	0.3209		0.6873			
Q13a	Provider orientation and training process	0.3543			0.5781			
Q2a	Obtaining precertification/authorization for members					0.8467		
Q2b	Efficiency of the UM process overall					0.8125		
Q2c	Timeliness of response to concerns					0.7579	0.3257	
Q3c	Responsiveness during appeals process	0.3085				0.5161		
Q1b	Accuracy of claims payment					0.2556	0.8120	
Q1c	Clarity of the remittance advice						0.7899	
Q1a	Timeliness of claims payment						0.7620	
Q23	Satisfaction with provider complaint systems			0.2846	0.3185	0.3333	0.2938	0.5691
Q22	Satisfaction with provider enrollment process			0.3278	0.3473	0.4036		0.4046

Regression analysis results

Regression analysis. The seven factors identified in the previous step were used as predictors in a regression model with Q22, overall satisfaction, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of overall satisfaction. These coefficients provide estimates of the relative importance of each factor in determining overall satisfaction. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 70.5% of the variation in the dependent variable (R^2= 0.705).

Regression coefficients

Variable	Unstandardized coefficients	Standardized (Beta) coefficients	Significance level
Constant	4.2469	0.0000	0.0000
Factor 1 -- Q7ad, Q7af, Q7ae, Q7ac, Q7ab, Q7ag, Q7c, Q7b, Q7aa, Q4	0.2514	0.3047	0.0000
Factor 2 -- Q5d, Q5e, Q5c, Q5b, Q5f, Q5a	0.1396	0.1596	0.0000
Factor 3 -- Q16b, Q16c, Q16d, Q16a	0.2659	0.3154	0.0000
Factor 4 -- Q14a, Q14b, Q13b, Q14c, Q13a	0.2029	0.2462	0.0000
Factor 5 -- Q2a, Q2b, Q2c, Q3c	0.3799	0.4354	0.0000
Factor 6 -- Q1b, Q1c, Q1a	0.3148	0.3640	0.0000
Factor 7 -- Q23, Q22	0.2604	0.3070	0.0000

Importance and performance results

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance. Plan performance is calculated for each survey variable. Ratings are rescaled on a 100-point basis (like importance values) so that the highest rating is set to 100 points, the lowest rating is set to 0 points and the median rating is set to 50 points.

Top-three-box scores are shaded

Question	Survey items	Importance	Performance	Top-two-box/Top-three-box scores
Q2a	Obtaining precertification/authorization for members	100	43	78.1%
Q2b	Efficiency of the UM process overall	98	52	81.6%
Q2c	Timeliness of response to concerns	91	38	75.9%
Q1b	Accuracy of claims payment	78	89	89.0%
Q16b	Accuracy of information exchange	77	51	81.5%
Q16c	Clarity of information exchange	75	49	80.7%
Q1a	Timeliness of claims payment	71	91	89.4%
Q7ad	Timing of distribution of program materials	65	59	83.2%
Q1c	Clarity of the remittance advice	64	100	91.3%
Q16a	Timeliness of information exchange	63	45	78.8%
Q7af	Frequency of delivery of program materials	62	50	81.3%
Q16d	Sufficiency of information to coordinate care	62	50	81.4%
Q7ae	Mode of delivery of program materials	62	53	82.0%
Q7ac	Written program materials	58	59	83.1%
Q23	Satisfaction with provider complaint systems	58	14	64.3%
Q7ab	Member interventions by staff	52	58	82.9%
Q7ag	Communications provided by case managers	51	58	82.9%
Q7b	Helpfulness of staff providing services	48	69	85.1%
Q14b	Provider newsletters	48	59	83.1%
Q14a	Provider manuals	48	54	82.1%
Q7c	Helpfulness of Clinical Practice Guidelines in managing patients	47	63	83.8%
Q14c	General provider communications	44	47	80.0%
Q7aa	Telephonic assistance provided by staff	43	58	82.9%
Q22	Satisfaction with provider enrollment process	40	41	77.1%
Q3c	Responsiveness during appeals process	36	35	74.1%
Q13b	Information in the provider manual	36	37	75.2%
Q5f	Periodic mailings	28	35	74.4%
Q13a	Provider orientation and training process	21	23	68.3%
Q4	Rating of HEDIS education	19	64	84.2%
Q5a	List of members needing services	18	35	74.1%
Q5c	Provider incentive payments	13	36	74.9%
Q5e	Educational fax blasts	7	33	73.4%
Q5d	Appointment scheduling portal	5	23	68.6%
Q5b	Seeing only members	0	0	57.6%

Opportunities for improvement

POWeR™ Chart.

Finally, the importance and performance results are summarized in the classification matrix on page 6. The biggest opportunity for improving overall satisfaction is to focus on the items in the “Opportunity” quadrant. These are items that have the largest impact on satisfaction on which UniCare received below average performance ratings (listed in order of importance):

- Obtaining precertification/authorization for members.
- Timeliness of response to concerns.
- Clarity of information exchange.
- Timeliness of information exchange.
- Frequency of delivery of program materials.
- Satisfaction with provider complaint systems.

Focus resources on improving processes that underlie these items and look for a significant improvement in the overall satisfaction score.

2017 Ancillary/Hospital Provider Satisfaction Survey

West Virginia Family Health

Project Number(s): 9128380

1965 Evergreen Boulevard Suite 100, Duluth, Georgia 30096

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1. Executive Summary

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by West Virginia Family Health to conduct its 2017 Ancillary/Hospital Provider Satisfaction Survey. Information obtained from provider surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

Using a two-wave mail/internet with phone follow-up survey methodology, SPH collected 220 responses from a stratified sample of 650 ancillary providers yielding a mail/internet response rate of 18.5% and a phone response rate of 31.7%. Results were collected from September to December of 2017. Please refer to the *Project Overview* (Section 2) for further detail on the calculation of response rates.

The chart below presents 2017 Summary Rate Scores[1] for West Virginia Family Health's composites and overall satisfaction attributes. In the survey, respondents were asked to rate West Virginia Family Health's *Medicaid Assured* products. A comparison between these scores is displayed in the chart below.

Composites/Attributes	Summary Rate Definition	2017 Summary Rate Scores
		Medicaid
WVFH Representative and Communication	Excellent, Very good or Good	89.9%
Provider Services and Claims		85.9%
Utilization Management		90.3%
Hours of Availability	Yes	96.4%
Overall Satisfaction		**91.5%**
Consistency across all departments	Very/Smwt consistent	94.9%
Overall Satisfaction with WVFH	Very/Smwt satisfied	**88.2%**

[1] The Summary Rate Score is the percentage of respondents giving a positive response; responses included in the Summary Rate Score are provided for each composite and attribute in the column labeled, "Summary Rate Definition."

Presentation of Results

- Summary Rate Score is the sum of the proportion of respondents who selected the most positive response options ("Excellent," "Very good," or "Good;" "Yes;" "Very consistent" or "Somewhat consistent;" and "Very satisfied" or "Somewhat satisfied") for the attribute.
- Attributes are the individual questions that focus on specific characteristics of the health plan.
- Composites are calculated by taking the average of the Summary Rate Scores of the attributes in the specified section.

2017 Provider Satisfaction Attributes & Composites

WVFH Representative and Communication
The professionalism and courtesy of the representative, timeliness of the representative when responding to inquiries, and the knowledge of the representative regarding policies and procedures are addressed in this composite. Respondents also evaluate their overall satisfaction with the quality of service from the representative and assess the quality of written communications, policy bulletins, and manuals received from WVFH.

Provider Services and Claims
Respondents are asked to rate the following regarding the Provider Services Representative: consistency of answers to inquiries, knowledge of WVFH's policies and procedures, professionalism and courtesy, and timeliness of responding to inquiries. Respondents also rate their satisfaction with clean claims being processed consistently and in a timely manner, and with the claims review and/or appeals process. Furthermore, if respondents express that they are dissatisfied with the claims review and/or appeals process, they are asked to indicate the area and reason for the dissatisfaction.

Utilization Management
In this composite providers rate their knowledge of the services that require an authorization, how to obtain an authorization for a WVFH member, and of which services require a referral. Providers also rate the following regarding the Utilization Management staff: clinical knowledge and the consistency in the authorization process. Additionally, providers rate whether the physician reviewer's decision is clearly communicated by WVFH. Finally, the professionalism/courtesy of the UM staff and overall satisfaction with the UM process are measured in this composite.

Hours of Availability
In this composite, providers are asked whether or not the hours of availability of the following departments meet their needs: Provider Services and Utilization Management.

Overall Satisfaction
Respondents are asked to rate their overall satisfaction with WVFH's *Medicaid Assured* products. They are also asked to rate the consistency across all departments at WVFH for both Medicaid. Two open-ended questions allow respondents to comment on what they like best about West Virginia Family Health, and what could be done to improve the plan.

Attributes Correlated with Health Plan Ratings

The provider's overall satisfaction with the plan (Q24) is an important measure of how well the plan is meeting the needs and expectations of the provider network. Thus, the collection and review of data related to the provider's rating of West Virginia Family Health could provide your plan with the fundamental information needed to help maintain or even improve the overall caliber of your plan.

Not all plan services impact providers' overall rating of the plan to the same degree. A correlation analysis was run to determine which attributes have the strongest relationship with overall satisfaction with West Virginia Family Health for both Medicaid products (Q24). The correlation analysis produces the Pearson correlation coefficient, which illustrates the strength of the relationship between each attribute and overall satisfaction for your health plan. A correlation coefficient of '1' represents the strongest correlation (a perfect positive relationship), while a coefficient of '0' represents the weakest correlation (no relationship).

Respondents who positively rate the attributes highlighted in this section also rated their overall satisfaction with the plan positively. Attributes in the tables on the following page are listed in descending order of correlation coefficient.

Medicaid Attributes

Attribute	Correlation Coefficient
Q23. Consistency across all departments at WVFH is:	0.795
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	0.683
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	0.614
Q12. Your overall satisfaction with the claims review and/or appeals process.	0.604

2. Project Overview

Your Sales Executive for this project is Candi Charmoli (770-299-1411), and your Account Project Manager is Pooja Rastogi (770-978-3173, ext. 1348). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Sales Executive or your Account Project Manager.

Background

SPH was selected by West Virginia Family Health to conduct its 2017 Ancillary/Hospital Provider Satisfaction Survey. NCQA Standard UM 11 (satisfaction with the Utilization Management Process) currently directs that at least annually, managed care organizations gather information regarding provider satisfaction with the UM process. The 2017 SPH Provider Satisfaction Survey supports this requirement.

The Provider Satisfaction Survey targets ancillary and hospital providers to measure their satisfaction with West Virginia Family Health's *Medicaid Assured* products. For comparison purposes, results are presented by Summary Rate Scores. The Summary Rate Score is the sum of the proportion of respondents who selected the most positive response options ("Excellent," "Very good," or "Good;" "Yes;" "Very consistent" or "Somewhat consistent;" and "Very satisfied" or "Somewhat satisfied") for the attribute.

This report summarizes results from the survey and presents the findings by both plan service area (composite) and by each individual question (attribute). The composite scores are calculated by taking the average Summary Rate Scores of the attributes in the specified section. The following composites are covered by the survey:

- WVFH Representative and Communication
- Provider Services and Claims
- Utilization Management
- Hours of Availability
- Overall Satisfaction

Throughout the report, comparisons are made between product lines and trend data.

Response Rate

SPH utilized a two-wave mail/internet with phone follow-up survey methodology to administer the survey to a sample of 650 providers. A total of 220 surveys were completed.

The mail survey was distributed to a sample of West Virginia Family Health providers. A total of 73 surveys were considered ineligible, yielding a response rate of 18.5%. Mail surveys are considered ineligible if returned for the following reasons: bad address with no forwarding information, provider is deceased, or if the provider no longer participates with the health plan. The chart below shows the number of ineligible mail surveys for the disposition categories listed.

At the pre-determined date, follow-up phone calls were made to office managers of non-respondent practices by means of the CATI system. As a result, 445 office managers were included in the database for the phone follow-up data collection component. From this sample of office managers, 113 surveys were completed, yielding a response rate of 31.7% after adjusting for ineligible surveys. Phone surveys are considered ineligible if they meet one of the disposition categories listed in the table below.

Survey Methodology	Ineligible Disposition	N
Mail Component	Bad Address with no forwarding information	71
	Deceased, Not Eligible	2
	TOTAL MAIL INELIGIBLE SURVEYS	**73**

Survey Methodology	Ineligible Disposition	N
Phone Component	Deceased	0
	No Eligible Respondent	18
	Wrong Number	14
	Fax/Pager/Modem/Data Line	7
	Not in Service	0
	Disconnected	40
	Cell Phone	0
	Number Changed	10
	TOTAL PHONE INELIGIBLE SURVEYS	**89**

To calculate the response rate, ineligible surveys are subtracted from the sample size.

$$\frac{\text{Completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response rate}$$

Using the final figures from West Virginia Family Health's Ancillary/Hospital Provider Satisfaction Survey, the numerator and denominator used to compute your response rates are presented below:

Mail Component

$$\frac{77 \text{ (mail)} + 30 \text{ (internet)}}{650 \text{ (sample)} - 73 \text{ (ineligible)}} = 18.5\%$$

Phone Component

$$\frac{113 \text{ (phone)}}{445 \text{ (sample)} - 89 \text{ (ineligible)}} = 31.7\%$$

Sampling Error

All sample surveys are subject to sampling error, which is the extent to which the results differ from what would be obtained if every eligible provider were surveyed. The size of the sampling error largely depends on the percentage distributions of each question and the number of providers surveyed. For information on how to estimate sampling error based upon your sample size, please see the *Technical Notes*.

Provider Profile

The characteristics of respondents surveyed should be representative of your provider population. The charts beginning on page 2A illustrate the following demographics and communication attributes for your plan:

- Type of Facility (QA)
- Survey Respondent (Q27)
- Preferred Method of Communication (QB)
- Utilization of WVFH's Website (QC)
- Provide Report/Discharge Summary/Progress Notes for Referring Provider and Primary Care Physician (QD)

Page 2C displays the demographic proportions for West Virginia Family Health compared to previous results. To help you identify how your plan's population differs from the trend data, significant differences are highlighted. Significant differences are determined by a z-test. (See *Technical Notes* for more information on this topic.)

Charts 2A – 2C

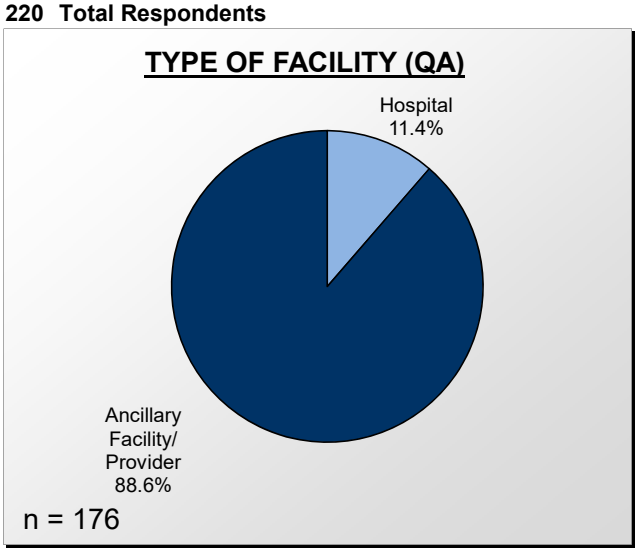
Profile of Survey Respondents

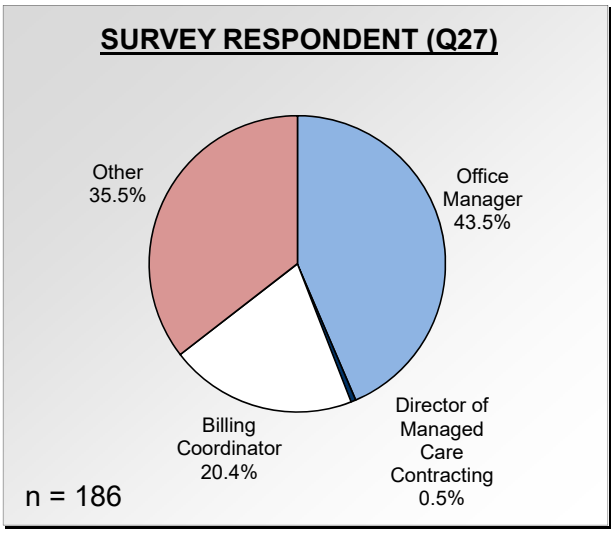
West Virginia Family Health

Practice Demographics

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents





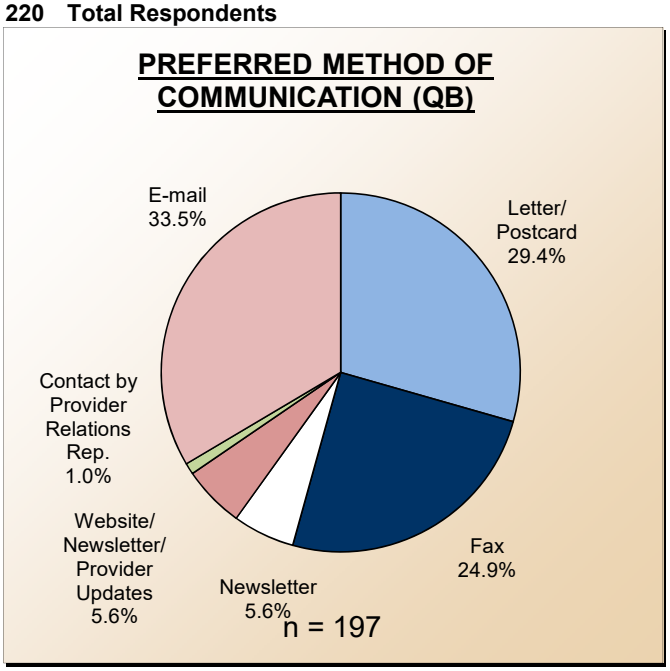
Profile of Survey Respondents

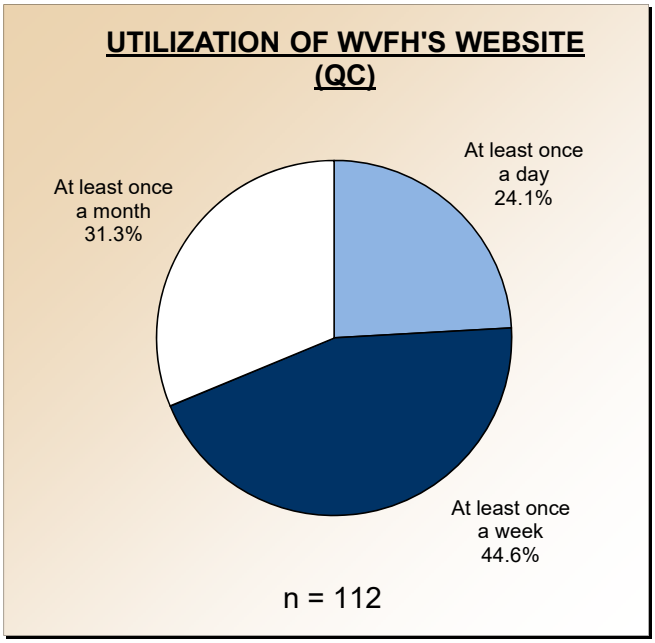
West Virginia Family Health

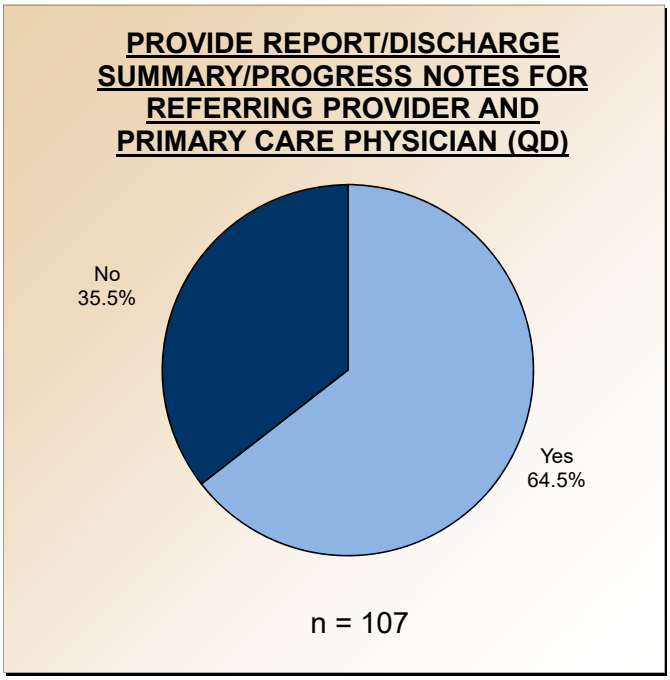
Communication & Website

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents







Profile of Survey Respondents
Trending Comparison

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Demographic	Category	West Virginia Family Health			Significance Testing*	
		2017	2016	2015	2017 vs. 2016	2017 vs. 2015
Type of Facility (QA)	Hospital	11.4%	NA	NA	NA	NA
	Ancillary Facility/Provider	88.6%	NA	NA	NA	NA
Survey Respondent (Q27)	Office Manager	43.5%	NA	NA	NA	NA
	Director of Managed Care Contracting	0.5%	NA	NA	NA	NA
	Billing Coordinator	20.4%	NA	NA	NA	NA
	Other	35.5%	NA	NA	NA	NA
Preferred Method of Communication (QB)	Letter/Postcard	29.4%	NA	NA	NA	NA
	Fax	24.9%	NA	NA	NA	NA
	Newsletter	5.6%	NA	NA	NA	NA
	Website/Newsletter/Provider Updates	5.6%	NA	NA	NA	NA
	Contact by Provider Relations Rep.	1.0%	NA	NA	NA	NA
	E-mail	33.5%	NA	NA	NA	NA
Utilization of WVFH's Website (QC)	At least once a day	24.1%	NA	NA	NA	NA
	At least once a week	44.6%	NA	NA	NA	NA
	At least once a month	31.3%	NA	NA	NA	NA
Provide Report/Discharge Summary/Progress Notes for Referring Provider and PCP (QD)	Yes	64.5%	NA	NA	NA	NA
	No	35.5%	NA	NA	NA	NA

** Significance Testing - "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Not sig." denotes that there was insufficient support to conclude that there was a significant difference in percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

3. Summary Rate Comparison

Results are presented by Summary Rate Scores, which represent the combined percentage of respondents that rated the statement the following:

- "Excellent," "Very good," or "Good"
- "Yes"
- "Very consistent" or Somewhat consistent"
- "Very satisfied" or "Somewhat satisfied"

The charts and graphs on the following pages provide Summary Rate Score comparisons for the following:

- Medicaid 2017, 2016, & 2015 Attributes & Composites
- Medicaid 2017, 2016, & 2015 Composites (Graphical Comparison)

On each page, the Summary Rate Scores are compared to the other set of scores specified. Composite scores are calculated by taking the average Summary Rate Score of those attributes within each section.

Focus should be given to those attributes that show significant changes in satisfaction scores. Significance testing determines if an observed difference is too large to have occurred by chance alone and is provided where applicable on the comparison pages. Please see the *Technical Notes* for more information on significance testing.

- ***Significantly lower/decrease*** denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower.
- ***Significantly higher/increase*** denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher.
- ***Not significant*** denotes that there is insufficient support to conclude that a significant difference exists between the percentages.
- ***Unable to Test*** denotes that there is an insufficient sample size to conduct the statistical test.

Charts 3A – 3B

Summary Rate Comparison
Medicaid Trending

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Composite/Attribute	West Virginia Family Health Valid n & Summary Rate Score* (Medicaid)						Significance Testing**	
	2017		2016		2015		2017 vs. 2016	2017 vs. 2015
WVFH Representative and Communication		**89.9%**		**NA**		**NA**	**NA**	**NA**
Q1. Professionalism and courtesy of your WVFH Representative.	159	94.3%	NA	NA	NA	NA	NA	NA
Q2. Timeliness of the WVFH Representative when responding to inquiries.	167	91.0%	NA	NA	NA	NA	NA	NA
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	168	90.5%	NA	NA	NA	NA	NA	NA
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	174	90.8%	NA	NA	NA	NA	NA	NA
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	169	82.8%	NA	NA	NA	NA	NA	NA
Provider Services and Claims		**85.9%**		**NA**		**NA**	**NA**	**NA**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	174	87.4%	NA	NA	NA	NA	NA	NA
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	183	85.2%	NA	NA	NA	NA	NA	NA
Q8. Professionalism and courtesy of the Provider Services Representative.	180	93.3%	NA	NA	NA	NA	NA	NA
Q9. Timeliness of Provider Services staff when responding to inquiries.	179	88.8%	NA	NA	NA	NA	NA	NA
Q10. Your satisfaction with clean claims being processed consistently.	166	81.9%	NA	NA	NA	NA	NA	NA
Q11. Your satisfaction with clean claims being paid in a timely manner.	166	84.9%	NA	NA	NA	NA	NA	NA
Q12. Your overall satisfaction with the claims review and/or appeals process.	157	79.6%	NA	NA	NA	NA	NA	NA
Utilization Management		**90.3%**		**NA**		**NA**	**NA**	**NA**
Q14. Your knowledge of which services require an authorization.	176	85.8%	NA	NA	NA	NA	NA	NA
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	179	92.2%	NA	NA	NA	NA	NA	NA
Q16. Your knowledge of which services require a referral.	145	84.8%	NA	NA	NA	NA	NA	NA
Q17. UM staff's clinical knowledge.	158	92.4%	NA	NA	NA	NA	NA	NA
Q18. UM staff's consistency in the authorization process.	167	88.6%	NA	NA	NA	NA	NA	NA
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	127	91.3%	NA	NA	NA	NA	NA	NA
Q20. Professionalism/courtesy of the UM staff representative.	166	96.4%	NA	NA	NA	NA	NA	NA
Q21. Your overall satisfaction with the UM process.	167	91.0%	NA	NA	NA	NA	NA	NA
Hours of Availability		**96.4%**		**NA**		**NA**	**NA**	**NA**
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	171	95.9%	NA	NA	NA	NA	NA	NA
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	159	96.9%	NA	NA	NA	NA	NA	NA
Overall Satisfaction		**91.5%**		**NA**		**NA**	**NA**	**NA**
Q23. Consistency across all departments at WVFH is:	156	94.9%	NA	NA	NA	NA	NA	NA
Q24. Overall satisfaction with WVFH?	186	88.2%	NA	NA	NA	NA	NA	NA

** Valid n is the number of respondents who gave a rating for the attribute. Summary Rate Scores represent the most favorable response options.*

*** Significance Testing - "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher when compared to previous years. "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower when compared to previous years. "Not sig." denotes that there was insufficient support to conclude that there was a significant difference between the percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.*

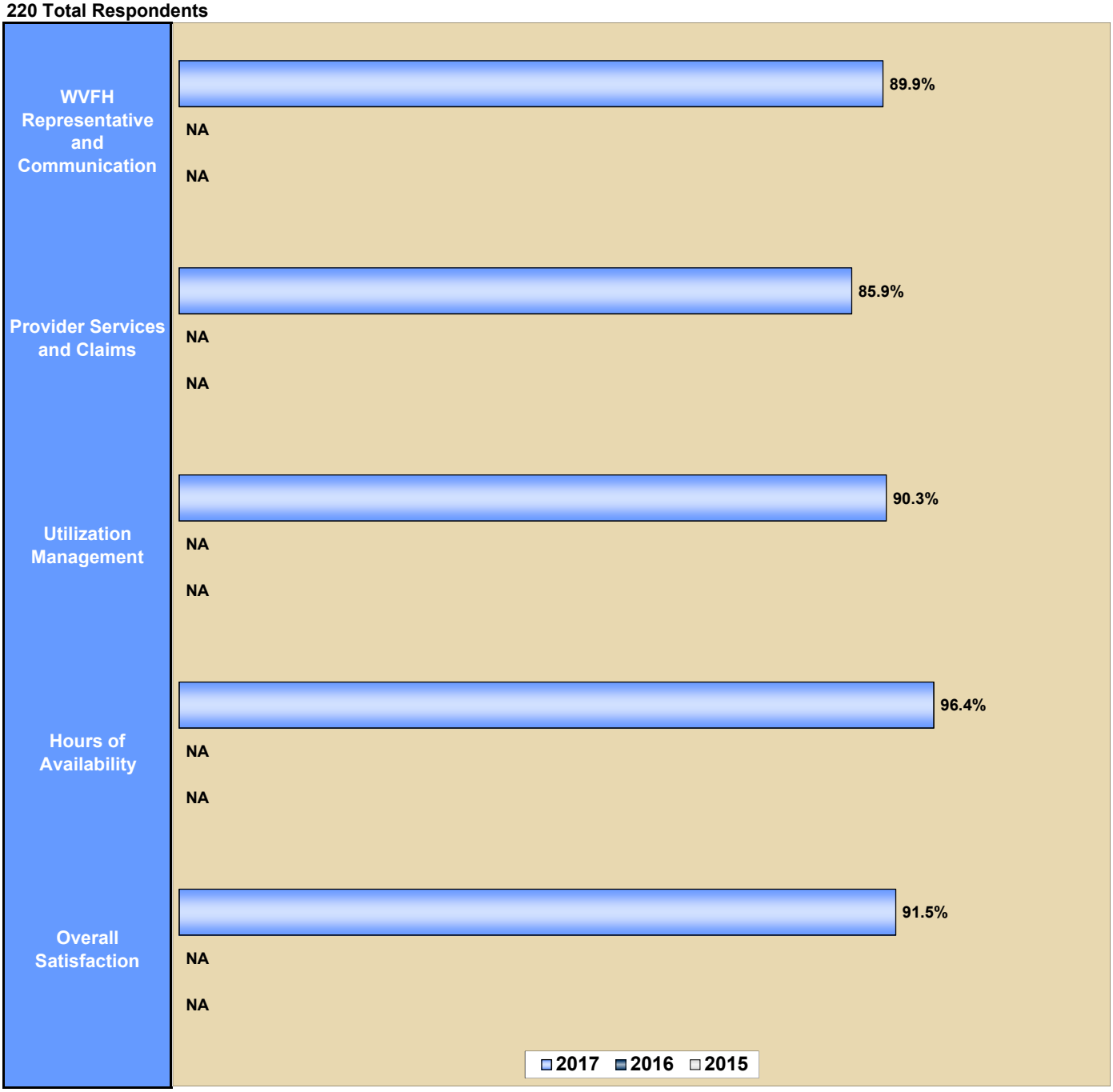
Trend Comparison - Medicaid

Composites

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents



4. Question Summaries

The proportion of respondents that fall into each response category for all questions is shown beginning on page 4A. Each question addresses the provider's rating of West Virginia Family Health's Medicaid Assured products. The question summary pages are broken down into several sections, which are described below.

Valid n & Category Responses

The valid n column shows the number of respondents who chose to answer the question. This number may be lower than the total number of respondents who completed the survey because respondents either chose not to answer the question (left the question blank on the survey tool) or selected "NA." The Category Responses section provides the percentage of respondents who selected each response option.

Summary Rate Scores

The Summary Rate Scores section provides trend comparisons of West Virginia Family Health's Summary Rate Scores. The Summary Rate Score is the sum of the most positive response options for each question; typically, it is the sum of the proportion of respondents who selected "Excellent," "Very good," or "Good." Additionally, 2016 and 2015 trend data are available for the Medicaid product lines.

Mean Scores

The Mean Scores section provides further analysis of your results. While Summary Rate Scores are very helpful in that they highlight areas where your plan scores well, they are not a complete indication of performance.

Mean Scores provide an average of responses. The score is calculated by assigning a value of one to five to each response option. For example, "Excellent" receives a score of '5,' while "Poor" receives a score of '1.' Therefore, higher Mean Scores indicate more favorable responses, while lower Mean Scores indicate unfavorable responses.

Charts 4A – 4G

Question Summaries

WVFH Representative and Communication

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

This is the department responsible for face to face and written orientation, education, and communication of plan policies and procedures. Please rate the following qualities and services provided by WVFH.	Plan	Valid n	Category Responses					Summary Rate Scores*		
Survey Item			Excellent	Very good	Good	Fair	Poor	2017	2016	2015
Q1. Professionalism and courtesy of your WVFH Representative.	Medicaid	159	23.3%	40.3%	30.8%	3.8%	1.9%	**94.3%**	NA	NA
Q2. Timeliness of the WVFH Representative when responding to inquiries.	Medicaid	167	16.8%	37.1%	37.1%	5.4%	3.6%	**91.0%**	NA	NA
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	Medicaid	168	16.7%	38.1%	35.7%	7.1%	2.4%	**90.5%**	NA	NA
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	Medicaid	174	17.2%	37.4%	36.2%	3.4%	5.7%	**90.8%**	NA	NA
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	Medicaid	169	12.4%	34.3%	36.1%	11.8%	5.3%	**82.8%**	NA	NA

** Summary Rate Scores represent the most favorable response options (shaded in gray).*

*** Mean scores are the average of all responses.*

Question Summaries

Provider Services and Claims

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

The Provider Services Department is responsible for providing telephonic responses pertaining to WVFH's plan criteria and assists providers with inquiries and requirements for submitting claims. The Claims Department is responsible for processing claims timely and accurately according to WVFH's plan guidelines and contractual agreements in accordance with timeframes established by regulatory agencies.	Plan	Valid n	Category Responses					Summary Rate Scores*		
Survey Item			Excellent	Very good	Good	Fair	Poor	2017	2016	2015
Q6. Consistency of Provider Services Representatives' answer to inquiries.	Medicaid	174	13.8%	29.9%	43.7%	8.0%	4.6%	**87.4%**	NA	NA
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	Medicaid	183	12.6%	33.3%	39.3%	10.4%	4.4%	**85.2%**	NA	NA
Q8. Professionalism and courtesy of the Provider Services Representative.	Medicaid	180	22.2%	37.2%	33.9%	6.7%	0.0%	**93.3%**	NA	NA
Q9. Timeliness of Provider Services staff when responding to inquiries.	Medicaid	179	15.1%	36.9%	36.9%	8.9%	2.2%	**88.8%**	NA	NA
Q10. Your satisfaction with clean claims being processed consistently.	Medicaid	166	11.4%	32.5%	38.0%	12.0%	6.0%	**81.9%**	NA	NA
Q11. Your satisfaction with clean claims being paid in a timely manner.	Medicaid	166	13.9%	30.1%	41.0%	10.2%	4.8%	**84.9%**	NA	NA
Q12. Your overall satisfaction with the claims review and/or appeals process.	Medicaid	157	7.0%	29.3%	43.3%	12.1%	8.3%	**79.6%**	NA	NA
			Claims Review		Appeals Process			2017	2016	2015
Q12a. If dissatisfied, in what area are you dissatisfied?* **	Medicaid	24	58.3%		41.7%			**NA**	NA	NA
			Timeliness	Consistency	Outcome	Other		2017	2016	2015
Q12b. Why the dissatisfaction?* **	Medicaid	24	25.0%	29.2%	25.0%	20.8%		**NA**	NA	NA
			Yes	No	Not Applicable			2017	2016	2015
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	Medicaid	171	95.9%	4.1%	n = 26			**95.9%**	NA	NA

** Summary Rate Scores represent the most favorable response options (shaded in gray).*

*** Mean scores are the average of all responses.*

**** Only those respondents who answered Q12 (Medicaid or Medicare Assured) with "Fair" or "Poor" were eligible to answer Q12a and Q12b.*

Question Summaries

Utilization Management

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Please rate the following qualities and services provided by West Virginia Family Health.	Plan	Valid n	Category Responses					Summary Rate Scores*		
Survey Item			Excellent	Very good	Good	Fair	Poor	2017	2016	2015
Q14. Your knowledge of which services require an authorization.	Medicaid	176	17.0%	35.2%	33.5%	10.8%	3.4%	**85.8%**	NA	NA
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	Medicaid	179	19.6%	38.0%	34.6%	4.5%	3.4%	**92.2%**	NA	NA
Q16. Your knowledge of which services require a referral.	Medicaid	145	14.5%	29.7%	40.7%	12.4%	2.8%	**84.8%**	NA	NA
Q17. UM staff's clinical knowledge.	Medicaid	158	10.8%	31.0%	50.6%	6.3%	1.3%	**92.4%**	NA	NA
Q18. UM staff's consistency in the authorization process.	Medicaid	167	13.2%	30.5%	44.9%	9.6%	1.8%	**88.6%**	NA	NA
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	Medicaid	127	9.4%	34.6%	47.2%	7.1%	1.6%	**91.3%**	NA	NA

** Summary Rate Scores represent the most favorable response options (shaded in gray).*

*** Mean scores are the average of all responses.*

Question Summaries

Utilization Management (continued)

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Please rate the following qualities and services provided by West Virginia Family Health.	Plan	Valid n	Category Responses					Summary Rate Scores*		
Survey Item			Excellent	Very good	Good	Fair	Poor	**2017**	**2016**	**2015**
Q20. Professionalism/courtesy of the UM staff representative.	Medicaid	166	14.5%	41.6%	40.4%	3.6%	0.0%	**96.4%**	NA	NA
Q21. Your overall satisfaction with the UM process.	Medicaid	167	10.2%	38.3%	42.5%	7.2%	1.8%	**91.0%**	NA	NA
Survey Item	**Plan**	**Valid n**	Yes	No	Not Applicable			**2017**	**2016**	**2015**
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	Medicaid	159	96.9%	3.1%	n = 32			**96.9%**	NA	NA

** Summary Rate Scores represent the most favorable response options (shaded in gray).*

*** Mean scores are the average of all responses.*

Question Summaries

Overall Satisfaction

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Please rate the following qualities and services provided by West Virginia Family Health.	Plan	Valid n	Category Responses					Summary Rate Scores*		
Survey Item			Very consistent	Somewhat consistent	Not consistent	Not applicable		**2017**	**2016**	**2015**
Q23. Consistency across all departments at WVFH is:	Medicaid	156	53.8%	41.0%	5.1%	n = 34		**94.9%**	NA	NA
			Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied			
Q24. Overall satisfaction with WVFH?	Medicaid	186	49.5%	38.7%	6.5%	2.2%	3.2%	**88.2%**	NA	NA

** Summary Rate Scores represent the most favorable response options (shaded in gray).*

*** Mean scores are the average of all responses.*

Question Summaries

Compliance with PA Code on Reportable Conditions

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

	Valid n	Category Responses		Summary Rate Scores*		
				2017	2016	2015
Q28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?	158	Yes 89.9%	No 10.1%	**89.9%**	NA	NA

** Summary Rate Scores represent the most favorable response options (shaded in gray).*

*** Mean scores are the average of all responses.*

Question Summaries

Demographics

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Survey Item	Valid n	Category Responses					
A. Please indicate the type of facility in which you practice.	176	Hospital 11.4%	Ancillary Facility/ Provider 88.6%				
B. Your preferred method of communication regarding plan changes, updates, and clinical information:	197	Letter/ postcard 29.4%	Fax 24.9%	Newsletter 5.6%	Website/ Newsletter/ Provider Updates 5.6%	Contact by Provider Relations Representative 1.0%	E-mail 33.5%
C. How often do you utilize WVFH's website?	112	At least once a day 24.1%	At least once a week 44.6%	At least once a month 31.3%	I do not access WVFH's Website n = 98	I do not have access to the Internet n = 0	
D. When you see a WVFH member, do you forward a report, discharge summary, or progress notes back to the referring practitioner and primary care physician?	107	Yes 64.5%	No 35.5%	Not applicable n = 107			
Q27. Please mark who is completing this survey. (Mark only one)	186	Office Manager 43.5%	Director of Managed Care Contracting 0.5%	Billing Coordinator 20.4%	Other 35.5%		

5. *Mean Score Analysis*

The Mean Score Analysis on page 5A displays the Mean Scores for West Virginia Family Health's Medicaid product lines. Mean Scores are a useful tool for understanding how neutral or dissatisfied respondents are when they rate a particular question or composite area. Summary Rates alone are not as complete of an indication of performance. For example, the chart below shows two cases where the Summary Rate Scores are equal; however, the Mean Scores are very different due to the distribution of responses.

	Excellent	Very good	Good	Fair	Poor	Summary Rate*	Mean Score
Case 1.	10%	65%	0%	0%	25%	75%	3.35
Case 2.	70%	5%	25%	0%	0%	75%	4.45

* The Summary Rate is the sum of the proportion of respondents who selected "Excellent" or "Very good."

By focusing on all the response categories of a question a high Summary Rate becomes less telling as: (1) a relatively small percentage of members are found to be very satisfied ("Excellent") or (2) a large proportion of the Summary Rate responses are "Very good" responses, rather than the more favorable "Excellent" responses.

Mean Score Calculation

The Mean Score is calculated by assigning a value to each response option. For example, to calculate the Mean Score for a five-point scale, such as the 'Excellent to Poor' scale, a value of five is assigned to "Excellent," four to "Very good," three to "Good," two to "Fair," and one to "Poor." When using a four-point scale, a value of four is applied to the most positive response option, and when using a three-point scale, a value of three is assigned to the most positive response option. Higher Mean Scores indicate more favorable responses while lower Mean Scores indicate unfavorable responses. Using the five-point scale of 'Excellent to Poor,' a Mean Score of 3.35 would indicate that, on average, respondents rate the plan between "Good" and "Very good" on a specific attribute, while a Mean Score of 4.45 indicates that, on average, respondents rate the plan between "Very good" and "Excellent."

The chart on the following page presents mean scores for the Medicaid products.

Chart 5A

Mean Score Analysis

Medicaid Mean Score

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Composite/Attribute	Mean Score* Medicare
WVFH Representative and Communication	**3.581**
Q1. Professionalism and courtesy of your WVFH Representative.	3.792
Q2. Timeliness of the WVFH Representative when responding to inquiries.	3.581
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	3.595
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	3.569
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	3.367
Provider Services and Claims	**3.417**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	3.402
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	3.393
Q8. Professionalism and courtesy of the Provider Services Representative.	3.750
Q9. Timeliness of Provider Services staff when responding to inquiries.	3.536
Q10. Your satisfaction with clean claims being processed consistently.	3.313
Q11. Your satisfaction with clean claims being paid in a timely manner.	3.380
Q12. Your overall satisfaction with the claims review and/or appeals process.	3.146
Utilization Management	**3.505**
Q14. Your knowledge of which services require an authorization.	3.517
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	3.659
Q16. Your knowledge of which services require a referral.	3.407
Q17. UM staff's clinical knowledge.	3.437
Q18. UM staff's consistency in the authorization process.	3.437
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	3.433
Q20. Professionalism/courtesy of the UM staff representative.	3.669
Q21. Your overall satisfaction with the UM process.	3.479
Overall Satisfaction	**3.389**
Q23. Consistency across all departments at WVFH is:	2.487
Q24. Overall satisfaction with WVFH?	4.290

** Mean score is average of all responses.*

6. Segmentation Analysis

The Provider Satisfaction Survey asks demographic questions about the respondent's medical practice. The database provided by West Virginia Family Health also includes demographic information, which facilitates a market segmentation of the providers. The charts beginning on page 6A present Summary Rate Scores organized across the following practice demographics:

- Area of Practice (QA)
- Survey Respondent (Q27)
- County (Database)
- Specialty (Database)
- Preferred Method of Communication (QB)
- Utilization – WVFH's Website (QC)

The percentages represent the Summary Rate Score for each segment of the demographic category. For example, in the table below, the Summary Rate Score for overall satisfaction with West Virginia Family Health is the percentage of respondents who selected 'Very satisfied' or 'Somewhat satisfied.' The interpretation of this example would be, "Of the hospital providers, 88.9% are 'Very satisfied' or 'Somewhat satisfied' with West Virginia Family Health, while 87.1% of ancillary providers are 'Very satisfied' or 'Somewhat satisfied.'"

Type of Facility (QA)	Hospital	Ancillary
Q24. Overall satisfaction with West Virginia Family Health?	88.9%	87.1%

Results on the following pages are provided for individual attributes and for each composite. Caution is recommended when making comparisons between segments with a small valid n (less than 30) as the results may not be representative of the population.

Charts 6A – 6F

Segmentation Analysis

Type of Facility (QA)

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Type of Facility (QA)	Hospital		Ancillary Facility/ Provider	
Composite/Attribute (Medicaid)	**Valid n**	**2017 SRS***	**Valid n**	**2017 SRS***
WVFH Representative and Communication		**85.0%**		**90.6%**
Q1. Professionalism and courtesy of your WVFH Representative.	15	93.3%	116	93.1%
Q2. Timeliness of the WVFH Representative when responding to inquiries.	15	86.7%	124	92.7%
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	15	80.0%	124	92.7%
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	15	86.7%	131	91.6%
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	14	78.6%	127	82.7%
Provider Services and Claims		**75.2%**		**88.4%**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	17	76.5%	131	89.3%
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	18	72.2%	135	88.1%
Q8. Professionalism and courtesy of the Provider Services Representative.	18	88.9%	133	95.5%
Q9. Timeliness of Provider Services staff when responding to inquiries.	18	77.8%	132	90.9%
Q10. Your satisfaction with clean claims being processed consistently.	18	72.2%	124	84.7%
Q11. Your satisfaction with clean claims being paid in a timely manner.	18	77.8%	124	87.9%
Q12. Your overall satisfaction with the claims review and/or appeals process.	18	61.1%	119	82.4%
Utilization Management		**85.1%**		**90.6%**
Q14. Your knowledge of which services require an authorization.	16	68.8%	133	87.2%
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	17	88.2%	134	91.8%
Q16. Your knowledge of which services require a referral.	16	75.0%	106	86.8%
Q17. UM staff's clinical knowledge.	16	93.8%	116	93.1%
Q18. UM staff's consistency in the authorization process.	16	81.3%	124	89.5%
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	13	92.3%	93	89.2%
Q20. Professionalism/courtesy of the UM staff representative.	15	100.0%	124	96.0%
Q21. Your overall satisfaction with the UM process.	16	81.3%	125	91.2%
Hours of Availability		**100.0%**		**97.2%**
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	15	100.0%	126	96.8%
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	16	100.0%	119	97.5%
Overall Satisfaction		**91.1%**		**90.6%**
Q23. Consistency across all departments at WVFH is:	15	93.3%	118	94.1%
Q24. Overall satisfaction with WVFH?	18	88.9%	139	87.1%

** SRS (Summary Rate Scores) represent the most favorable response options.*

Segmentation Analysis

Survey Respondent (Q27)

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Survey Respondent (Q27)	Office Manager		Director of Managed Care Contracting		Billing Coordinator		Other	
Composite/Attribute (Medicaid)	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*
WVFH Representative and Communication		**93.3%**		**40.0%**		**89.7%**		**87.4%**
Q1. Professionalism and courtesy of your WVFH Representative.	55	96.4%	0	0.0%	33	97.0%	55	90.9%
Q2. Timeliness of the WVFH Representative when responding to inquiries.	60	93.3%	0	0.0%	36	94.4%	55	89.1%
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	61	93.4%	0	0.0%	35	85.7%	56	91.1%
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	63	93.7%	1	100.0%	36	86.1%	57	91.2%
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	67	89.6%	1	100.0%	34	85.3%	51	74.5%
Provider Services and Claims		**87.1%**		**100.0%**		**84.7%**		**85.9%**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	71	90.1%	1	100.0%	34	88.2%	56	83.9%
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	72	90.3%	1	100.0%	35	80.0%	59	83.1%
Q8. Professionalism and courtesy of the Provider Services Representative.	69	95.7%	1	100.0%	36	91.7%	59	93.2%
Q9. Timeliness of Provider Services staff when responding to inquiries.	69	92.8%	1	100.0%	37	83.8%	58	87.9%
Q10. Your satisfaction with clean claims being processed consistently.	64	81.3%	1	100.0%	38	84.2%	52	82.7%
Q11. Your satisfaction with clean claims being paid in a timely manner.	64	82.8%	1	100.0%	38	89.5%	52	84.6%
Q12. Your overall satisfaction with the claims review and/or appeals process.	60	76.7%	1	100.0%	37	75.7%	49	85.7%
Utilization Management		**92.0%**		**100.0%**		**91.4%**		**88.2%**
Q14. Your knowledge of which services require an authorization.	74	90.5%	1	100.0%	33	81.8%	58	81.0%
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	75	97.3%	1	100.0%	34	91.2%	60	86.7%
Q16. Your knowledge of which services require a referral.	62	87.1%	1	100.0%	24	87.5%	51	86.3%
Q17. UM staff's clinical knowledge.	67	92.5%	1	100.0%	27	96.3%	56	91.1%
Q18. UM staff's consistency in the authorization process.	73	86.3%	1	100.0%	29	93.1%	56	89.3%
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	59	91.5%	1	100.0%	19	94.7%	44	88.6%
Q20. Professionalism/courtesy of the UM staff representative.	72	98.6%	1	100.0%	29	96.6%	57	93.0%
Q21. Your overall satisfaction with the UM process.	72	91.7%	1	100.0%	30	90.0%	58	89.7%
Hours of Availability		**94.9%**		**50.0%**		**98.6%**		**96.4%**
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	71	94.4%	0	0.0%	35	97.1%	56	96.4%
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	67	95.5%	1	100.0%	30	100.0%	56	96.4%
Overall Satisfaction		**90.1%**		**50.0%**		**90.2%**		**93.4%**
Q23. Consistency across all departments at WVFH is:	66	93.9%	0	0.0%	33	93.9%	53	96.2%
Q24. Overall satisfaction with WVFH?	80	86.3%	1	100.0%	37	86.5%	63	90.5%

** SRS (Summary Rate Scores) represent the most favorable response options.*

Segmentation Analysis

County (Database)

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

County (Database)	Raleigh		Kanawha		Monongalia		Marion		Wood		Cabell		Harrison		Other	
Composite/Attribute	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*
WVFH Representative and Communication		**80.9%**		**88.9%**		**81.8%**		**94.0%**		**81.9%**		**100.0%**		**81.9%**		**92.2%**
Q1. Professionalism and courtesy of your WVFH Representative.	15	86.7%	10	100.0%	10	90.0%	9	100.0%	6	83.3%	7	100.0%	6	83.3%	96	95.8%
Q2. Timeliness of the WVFH Representative when responding to inquiries.	16	81.3%	11	100.0%	10	80.0%	9	100.0%	8	87.5%	8	100.0%	6	83.3%	99	91.9%
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	16	81.3%	10	90.0%	9	88.9%	10	90.0%	8	75.0%	7	100.0%	7	85.7%	101	93.1%
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	15	86.7%	11	81.8%	10	80.0%	10	90.0%	9	88.9%	9	100.0%	7	85.7%	103	93.2%
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	16	68.8%	11	72.7%	10	70.0%	10	90.0%	8	75.0%	8	100.0%	7	71.4%	99	86.9%
Provider Services and Claims		**90.6%**		**84.1%**		**81.5%**		**89.2%**		**85.9%**		**91.3%**		**81.5%**		**85.6%**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	13	92.3%	11	81.8%	11	81.8%	10	90.0%	7	71.4%	9	100.0%	6	83.3%	107	87.9%
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	15	86.7%	13	84.6%	12	75.0%	10	80.0%	8	75.0%	9	100.0%	7	85.7%	109	86.2%
Q8. Professionalism and courtesy of the Provider Services Representative.	14	85.7%	13	100.0%	12	91.7%	10	100.0%	8	100.0%	9	100.0%	7	85.7%	107	92.5%
Q9. Timeliness of Provider Services staff when responding to inquiries.	15	93.3%	13	92.3%	12	83.3%	9	88.9%	8	75.0%	9	100.0%	7	85.7%	106	88.7%
Q10. Your satisfaction with clean claims being processed consistently.	13	84.6%	10	80.0%	9	88.9%	9	88.9%	6	100.0%	8	75.0%	6	66.7%	105	81.0%
Q11. Your satisfaction with clean claims being paid in a timely manner.	12	91.7%	10	80.0%	10	80.0%	9	88.9%	5	100.0%	9	88.9%	6	83.3%	105	83.8%
Q12. Your overall satisfaction with the claims review and/or appeals process.	11	100.0%	10	70.0%	10	70.0%	8	87.5%	5	80.0%	8	75.0%	5	80.0%	100	79.0%
Utilization Management		**90.9%**		**94.7%**		**83.1%**		**88.8%**		**86.5%**		**100.0%**		**83.1%**		**90.4%**
Q14. Your knowledge of which services require an authorization.	14	92.9%	13	92.3%	12	83.3%	9	77.8%	7	85.7%	8	100.0%	6	83.3%	107	84.1%
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	15	93.3%	13	100.0%	12	83.3%	10	100.0%	8	87.5%	9	100.0%	6	100.0%	106	90.6%
Q16. Your knowledge of which services require a referral.	14	78.6%	10	100.0%	11	90.9%	8	100.0%	8	75.0%	6	100.0%	4	100.0%	84	81.0%
Q17. UM staff's clinical knowledge.	13	92.3%	11	90.9%	10	90.0%	9	88.9%	8	87.5%	7	100.0%	5	80.0%	95	93.7%
Q18. UM staff's consistency in the authorization process.	14	85.7%	11	90.9%	11	81.8%	10	80.0%	8	87.5%	9	100.0%	5	80.0%	99	89.9%
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	12	91.7%	11	90.9%	7	71.4%	6	83.3%	6	83.3%	9	100.0%	3	66.7%	73	94.5%
Q20. Professionalism/courtesy of the UM staff representative.	14	100.0%	12	100.0%	11	90.9%	10	90.0%	8	100.0%	9	100.0%	5	80.0%	97	96.9%
Q21. Your overall satisfaction with the UM process.	14	92.9%	13	92.3%	11	72.7%	10	90.0%	7	85.7%	9	100.0%	4	75.0%	99	92.9%
Hours of Availability		**92.8%**		**100.0%**		**86.4%**		**100.0%**		**100.0%**		**100.0%**		**100.0%**		**96.5%**
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	15	93.3%	11	100.0%	11	81.8%	8	100.0%	7	100.0%	8	100.0%	6	100.0%	105	96.2%
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	13	92.3%	11	100.0%	11	90.9%	8	100.0%	7	100.0%	8	100.0%	4	100.0%	97	96.9%
Overall Satisfaction		**84.3%**		**91.6%**		**83.3%**		**87.9%**		**92.9%**		**100.0%**		**91.7%**		**92.8%**
Q23. Consistency across all departments at WVFH is:	12	91.7%	11	90.9%	12	91.7%	7	85.7%	7	85.7%	8	100.0%	3	100.0%	96	96.9%
Q24. Overall satisfaction with WVFH?	13	76.9%	13	92.3%	12	75.0%	10	90.0%	8	100.0%	9	100.0%	6	83.3%	115	88.7%

** SRS (Summary Rate Scores) represent the most favorable response options.*

Segmentation Analysis

Specialty (Database)

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Specialty (Database)	Durable Medical Equipment		Ambulance		Hospital		Home Health		Dialysis Clinic		Urgent Care Center		Physical Therapy		Occupational Therapy		Other	
Composite/Attribute	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*
WVFH Representative and Communication		**89.1%**		**94.3%**		**82.9%**		**86.5%**		**100.0%**		**100.0%**		**85.7%**		**91.4%**		**90.6%**
Q1. Professionalism and courtesy of your WVFH Representative.	72	91.7%	12	100.0%	11	90.9%	11	90.9%	6	100.0%	5	100.0%	7	85.7%	7	100.0%	28	100.0%
Q2. Timeliness of the WVFH Representative when responding to inquiries.	74	87.8%	14	92.9%	12	83.3%	10	90.0%	6	100.0%	6	100.0%	7	85.7%	7	100.0%	31	96.8%
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	76	90.8%	14	92.9%	12	75.0%	11	90.9%	5	100.0%	6	100.0%	7	85.7%	7	100.0%	30	90.0%
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	79	91.1%	13	100.0%	12	83.3%	11	90.9%	6	100.0%	7	100.0%	7	85.7%	7	85.7%	32	87.5%
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	75	84.0%	14	85.7%	11	81.8%	10	70.0%	5	100.0%	7	100.0%	7	85.7%	7	71.4%	33	78.8%
Provider Services and Claims		**87.5%**		**86.7%**		**74.3%**		**80.8%**		**97.6%**		**100.0%**		**91.5%**		**89.8%**		**83.4%**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	80	92.5%	14	78.6%	13	76.9%	12	83.3%	4	100.0%	4	100.0%	7	85.7%	7	85.7%	33	81.8%
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	86	89.5%	13	84.6%	14	71.4%	12	83.3%	6	83.3%	5	100.0%	7	71.4%	7	85.7%	33	81.8%
Q8. Professionalism and courtesy of the Provider Services Representative.	84	91.7%	13	92.3%	14	92.9%	12	91.7%	5	100.0%	4	100.0%	7	100.0%	7	100.0%	34	94.1%
Q9. Timeliness of Provider Services staff when responding to inquiries.	85	91.8%	12	83.3%	14	71.4%	11	90.9%	5	100.0%	5	100.0%	6	83.3%	7	100.0%	34	85.3%
Q10. Your satisfaction with clean claims being processed consistently.	74	81.1%	16	87.5%	14	64.3%	12	75.0%	3	100.0%	4	100.0%	5	100.0%	6	100.0%	32	81.3%
Q11. Your satisfaction with clean claims being paid in a timely manner.	71	84.5%	17	94.1%	14	71.4%	12	75.0%	4	100.0%	3	100.0%	5	100.0%	7	85.7%	33	84.8%
Q12. Your overall satisfaction with the claims review and/or appeals process.	65	81.5%	15	86.7%	14	71.4%	12	66.7%	4	100.0%	3	100.0%	5	100.0%	7	71.4%	32	75.0%
Utilization Management		**90.8%**		**84.2%**		**87.7%**		**92.6%**		**97.5%**		**97.9%**		**84.9%**		**90.5%**		**93.4%**
Q14. Your knowledge of which services require an authorization.	81	87.7%	15	80.0%	13	69.2%	12	91.7%	4	100.0%	6	100.0%	7	85.7%	7	100.0%	31	80.6%
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	82	92.7%	15	80.0%	13	92.3%	12	100.0%	4	100.0%	7	100.0%	7	100.0%	7	85.7%	32	90.6%
Q16. Your knowledge of which services require a referral.	67	80.6%	15	100.0%	13	100.0%	10	100.0%	6	100.0%	7	100.0%	5	80.0%	7	100.0%	28	92.9%
Q17. UM staff's clinical knowledge.	72	91.7%	11	81.8%	12	91.7%	12	91.7%	4	100.0%	6	100.0%	6	83.3%	5	100.0%	30	96.7%
Q18. UM staff's consistency in the authorization process.	77	89.6%	11	81.8%	12	75.0%	12	91.7%	5	80.0%	6	100.0%	6	83.3%	7	85.7%	31	93.5%
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	55	94.5%	10	80.0%	10	90.0%	6	83.3%	4	100.0%	7	100.0%	5	80.0%	6	66.7%	24	95.8%
Q20. Professionalism/courtesy of the UM staff representative.	76	97.4%	14	85.7%	11	100.0%	11	90.9%	4	100.0%	6	100.0%	6	83.3%	7	100.0%	31	100.0%
Q21. Your overall satisfaction with the UM process.	76	92.1%	13	84.6%	12	83.3%	12	91.7%	4	100.0%	6	83.3%	6	83.3%	7	85.7%	31	96.8%
Hours of Availability		**96.8%**		**91.9%**		**100.0%**		**100.0%**		**100.0%**		**60.0%**		**100.0%**		**92.9%**		**100.0%**
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	80	96.3%	14	92.9%	12	100.0%	11	100.0%	4	100.0%	5	60.0%	7	100.0%	7	85.7%	31	100.0%
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	74	97.3%	11	90.9%	12	100.0%	12	100.0%	4	100.0%	5	60.0%	5	100.0%	7	100.0%	29	100.0%
Overall Satisfaction		**90.4%**		**97.1%**		**88.7%**		**95.8%**		**83.3%**		**100.0%**		**82.9%**		**85.7%**		**93.7%**
Q23. Consistency across all departments at WVFH is:	70	94.3%	13	100.0%	12	91.7%	10	100.0%	4	100.0%	5	100.0%	5	80.0%	7	100.0%	30	93.3%
Q24. Overall satisfaction with WVFH?	82	86.6%	17	94.1%	14	85.7%	12	91.7%	6	66.7%	7	100.0%	7	85.7%	7	71.4%	34	94.1%

** SRS (Summary Rate Scores) represent the most favorable response options.*

Segmentation Analysis

Preferred Method of Communication (QB)

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Preferred Method of Communication (QB)	Letter		Fax		Newsletter		Website/Provider Updates		Contact by Rep		Email	
Composite/Attribute (Medicaid)	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*
WVFH Representative and Communication		**88.1%**		**92.4%**		**97.5%**		**92.1%**		**30.0%**		**89.3%**
Q1. Professionalism and courtesy of your WVFH Representative.	31	90.3%	40	97.5%	8	100.0%	5	100.0%	1	0.0%	56	92.9%
Q2. Timeliness of the WVFH Representative when responding to inquiries.	35	85.7%	40	95.0%	8	100.0%	7	100.0%	2	50.0%	56	89.3%
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	35	85.7%	42	95.2%	7	100.0%	7	85.7%	2	50.0%	56	91.1%
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	35	88.6%	43	93.0%	8	100.0%	7	85.7%	2	50.0%	60	91.7%
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	41	90.2%	37	81.1%	8	87.5%	9	88.9%	1	0.0%	55	81.8%
Provider Services and Claims		**84.4%**		**87.4%**		**98.4%**		**82.9%**		**50.0%**		**86.5%**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	41	80.5%	36	94.4%	9	100.0%	9	88.9%	2	50.0%	59	86.4%
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	41	82.9%	41	87.8%	8	100.0%	10	80.0%	2	50.0%	61	85.2%
Q8. Professionalism and courtesy of the Provider Services Representative.	40	90.0%	39	92.3%	9	100.0%	9	100.0%	2	50.0%	61	96.7%
Q9. Timeliness of Provider Services staff when responding to inquiries.	40	87.5%	38	94.7%	9	100.0%	9	88.9%	2	50.0%	60	86.7%
Q10. Your satisfaction with clean claims being processed consistently.	40	82.5%	32	84.4%	9	100.0%	9	77.8%	2	50.0%	56	82.1%
Q11. Your satisfaction with clean claims being paid in a timely manner.	38	84.2%	31	83.9%	9	100.0%	9	77.8%	2	50.0%	59	86.4%
Q12. Your overall satisfaction with the claims review and/or appeals process.	36	83.3%	27	74.1%	9	88.9%	9	66.7%	2	50.0%	55	81.8%
Utilization Management		**82.6%**		**92.0%**		**92.5%**		**86.8%**		**87.5%**		**93.1%**
Q14. Your knowledge of which services require an authorization.	37	73.0%	37	97.3%	10	90.0%	9	88.9%	2	50.0%	59	88.1%
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	37	86.5%	39	94.9%	10	90.0%	9	88.9%	2	100.0%	61	95.1%
Q16. Your knowledge of which services require a referral.	30	76.7%	33	81.8%	8	87.5%	6	66.7%	1	100.0%	47	91.5%
Q17. UM staff's clinical knowledge.	35	85.7%	36	91.7%	9	100.0%	9	88.9%	2	100.0%	50	94.0%
Q18. UM staff's consistency in the authorization process.	36	83.3%	38	89.5%	9	88.9%	9	88.9%	2	50.0%	55	90.9%
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	24	83.3%	25	92.0%	6	83.3%	6	83.3%	1	100.0%	48	93.8%
Q20. Professionalism/courtesy of the UM staff representative.	37	89.2%	35	100.0%	8	100.0%	9	100.0%	2	100.0%	57	96.5%
Q21. Your overall satisfaction with the UM process.	36	83.3%	35	88.6%	9	100.0%	9	88.9%	2	100.0%	56	94.6%
Hours of Availability		**86.6%**		**97.1%**		**100.0%**		**100.0%**		**100.0%**		**100.0%**
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	41	85.4%	35	97.1%	9	100.0%	9	100.0%	2	100.0%	54	100.0%
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	33	87.9%	34	97.1%	9	100.0%	9	100.0%	2	100.0%	53	100.0%
Overall Satisfaction		**91.6%**		**91.7%**		**90.0%**		**100.0%**		**50.0%**		**92.3%**
Q23. Consistency across all departments at WVFH is:	32	96.9%	32	96.9%	9	100.0%	8	100.0%	2	50.0%	54	92.6%
Q24. Overall satisfaction with WVFH?	44	86.4%	37	86.5%	10	80.0%	9	100.0%	2	50.0%	62	91.9%

** SRS (Summary Rate Scores) represent the most favorable response options.*

Segmentation Analysis

Utilization - Gateway's Website (QC)

West Virginia Family Health

Ancillary/Hospital Provider Satisfaction Survey

220 Total Respondents

Utilization - Gateway's Website (QC)	Once a Day		Once a Week		Once a Month		Do not access web		Do not have access	
Composite/Attribute (Medicaid)	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*	Valid n	2017 SRS*
WVFH Representative and Communication		**86.0%**		**88.8%**		**95.6%**		**89.9%**		**NA**
Q1. Professionalism and courtesy of your WVFH Representative.	23	95.7%	43	90.7%	26	100.0%	62	93.5%	NA	NA
Q2. Timeliness of the WVFH Representative when responding to inquiries.	23	82.6%	46	91.3%	24	100.0%	69	89.9%	NA	NA
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	22	90.9%	47	89.4%	24	95.8%	69	89.9%	NA	NA
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	23	87.0%	48	87.5%	26	96.2%	71	93.0%	NA	NA
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	23	73.9%	47	85.1%	29	86.2%	65	83.1%	NA	NA
Provider Services and Claims		**76.2%**		**85.9%**		**91.8%**		**87.4%**		**NA**
Q6. Consistency of Provider Services Representatives' answer to inquiries.	26	76.9%	49	89.8%	28	92.9%	64	89.1%	NA	NA
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	26	73.1%	48	89.6%	31	90.3%	71	84.5%	NA	NA
Q8. Professionalism and courtesy of the Provider Services Representative.	26	92.3%	47	93.6%	31	96.8%	69	91.3%	NA	NA
Q9. Timeliness of Provider Services staff when responding to inquiries.	24	79.2%	49	89.8%	29	86.2%	71	94.4%	NA	NA
Q10. Your satisfaction with clean claims being processed consistently.	23	69.6%	45	75.6%	29	100.0%	63	82.5%	NA	NA
Q11. Your satisfaction with clean claims being paid in a timely manner.	24	83.3%	44	84.1%	30	93.3%	62	83.9%	NA	NA
Q12. Your overall satisfaction with the claims review and/or appeals process.	22	59.1%	42	78.6%	29	82.8%	59	86.4%	NA	NA
Utilization Management		**87.6%**		**91.9%**		**91.6%**		**89.9%**		**NA**
Q14. Your knowledge of which services require an authorization.	24	87.5%	47	95.7%	29	79.3%	69	82.6%	NA	NA
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	26	92.3%	47	97.9%	29	93.1%	70	87.1%	NA	NA
Q16. Your knowledge of which services require a referral.	22	81.8%	36	83.3%	22	90.9%	58	82.8%	NA	NA
Q17. UM staff's clinical knowledge.	25	88.0%	42	90.5%	24	95.8%	61	93.4%	NA	NA
Q18. UM staff's consistency in the authorization process.	27	81.5%	47	89.4%	24	87.5%	62	93.5%	NA	NA
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	22	86.4%	36	91.7%	20	90.0%	46	93.5%	NA	NA
Q20. Professionalism/courtesy of the UM staff representative.	24	95.8%	47	97.9%	25	100.0%	64	93.8%	NA	NA
Q21. Your overall satisfaction with the UM process.	24	87.5%	46	89.1%	26	96.2%	64	92.2%	NA	NA
Hours of Availability		**96.3%**		**97.7%**		**95.9%**		**95.3%**		**NA**
Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.	27	92.6%	45	97.8%	26	96.2%	67	95.5%	NA	NA
Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	24	100.0%	43	97.7%	23	95.7%	62	95.2%	NA	NA
Overall Satisfaction		**89.9%**		**91.2%**		**94.8%**		**91.8%**		**NA**
Q23. Consistency across all departments at WVFH is:	23	91.3%	42	92.9%	23	100.0%	63	96.8%	NA	NA
Q24. Overall satisfaction with WVFH?	26	88.5%	48	89.6%	29	89.7%	76	86.8%	NA	NA

** SRS (Summary Rate Scores) represent the most favorable response options.*

Note: There were no respondents who stated that they did not have access to the internet.

7. Statistical Analysis

Correlation Analysis

The provider's overall satisfaction with the plan (Q24) is an important measure of how well the plan is meeting the needs and expectations of the provider network. Thus, the collection and review of data related to the provider's satisfaction of West Virginia Family Health could provide your plan with the fundamental information needed to help maintain or even improve the overall caliber of your plan.

Not all plan services impact providers' overall satisfaction with the plan to the same degree. A correlation analysis was run to determine which attributes have the strongest relationship with overall satisfaction with West Virginia Family Health for both Medicaid products (Q24). The correlation analysis produces the Pearson correlation coefficient, which illustrates the strength of the relationship between each attribute and overall satisfaction for your health plan. A correlation coefficient of '1' represents the strongest correlation (a perfect positive relationship), while a coefficient of '0' represents the weakest correlation (no relationship).

Respondents who positively rate the attributes highlighted in this section also rated their overall satisfaction with the plan positively. Attributes in the following tables are listed in descending order of correlation coefficient.

Medicaid Attributes

Attribute	Correlation Coefficient
Q23. Consistency across all departments at WVFH is:	0.795
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	0.683
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	0.614
Q12. Your overall satisfaction with the claims review and/or appeals process.	0.604

The correlation analysis presented on page 7A lists each applicable attribute and the corresponding Pearson correlation coefficient. In addition, Summary Rate Scores for West Virginia Family Health's Medicaid products are provided. Attributes identified as being highly correlated with overall satisfaction are shown in gray.

Chart 7A

Correlation Analysis

Attribute Correlations to Satisfaction with Health Plan (Q24)

220 Total Respondents

Attributes	Correlation Coefficient**	2017 WVFH Summary Rate Score*
	Medicare	Medicare
WVFH Representative and Communication		
Q1. Professionalism and courtesy of your WVFH Representative.	0.522	94.3%
Q2. Timeliness of the WVFH Representative when responding to inquiries.	0.512	91.0%
Q3. Knowledge of the Representative regarding WVFH's policies and procedures.	**0.614**	90.5%
Q4. Your overall satisfaction with the quality of service from your WVFH Representative.	**0.683**	90.8%
Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.	0.588	82.8%
Provider Services and Claims		
Q6. Consistency of Provider Services Representatives' answer to inquiries.	0.541	87.4%
Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	0.529	85.2%
Q8. Professionalism and courtesy of the Provider Services Representative.	0.390	93.3%
Q9. Timeliness of Provider Services staff when responding to inquiries.	0.440	88.8%
Q10. Your satisfaction with clean claims being processed consistently.	0.587	81.9%
Q11. Your satisfaction with clean claims being paid in a timely manner.	0.528	84.9%
Q12. Your overall satisfaction with the claims review and/or appeals process.	**0.604**	79.6%
Utilization Management		
Q14. Your knowledge of which services require an authorization.	0.345	85.8%
Q15. Your knowledge of how to obtain an authorization for a WVFH member.	0.153	92.2%
Q16. Your knowledge of which services require a referral.	0.167	84.8%
Q17. UM staff's clinical knowledge.	0.400	92.4%
Q18. UM staff's consistency in the authorization process.	0.503	88.6%
Q19. Physician reviewer's decision-making is clearly communicated to WVFH.	0.550	91.3%
Q20. Professionalism/courtesy of the UM staff representative.	0.343	96.4%
Q21. Your overall satisfaction with the UM process.	0.538	91.0%
Overall Satisfaction		
Q23. Consistency across all departments at WVFH is:	**0.795**	94.9%

** Summary Rate Scores represent the most favorable response options.*

*** As the correlation coefficient approaches a value of 1.000, the association of the attribute with overall satisfaction is increased. See Technical Notes for a thorough explanation of the Correlation Coefficient.*

Note: Attributes highly correlated with overall satisfaction are shown in gray.

8. Technical Notes

Presented alphabetically by subject area

Composite Categories

The West Virginia Family Health Provider Satisfaction Survey includes five composite categories. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. The composite score is the average of the Summary Rate Scores of the questions comprising a composite. For example, the *WVFH Representative and Communication* composite is the average of the Summary Rate Scores of Questions 1 through 5.

Correlation Analysis

Correlation analysis is run between attributes and the overall satisfaction variable as measured by Question 24, *Overall satisfaction with West Virginia Family Health?* The Pearson's product-moment correlation coefficient, *r*, is used to measure the strength of the linear association between each attribute and the overall satisfaction variable. These scores can range from 0 (no relationship) to 1 (perfect positive correlation).

The correlation analysis is designed to compare continuous variables. As such, not every survey attribute, such as those with dichotomous response options ("Yes" or "No"), is applicable for use within the correlation analysis.

Mean Score

Mean Scores are an average of all responses. They are calculated by assigning a value of five to the most favorable response option, a four on the next most favorable response option, and so on until a value of one is reached. These values are assuming that there are five response options. If there are a different number of response options, the most favorable response option receives a value equal to the total number of response options. When every response receives a value, the values are averaged to give the Mean Score.

Multiple Mark Response

Some questions allow for respondents to mark multiple response options. As a result, response options to these questions typically add up to more than 100%. Also note that Multiple Mark Responses contain an extra row of information in the Banner Tables called "Total Valid Responses" which displays the total number of responses given.

Response Rate

The formula for determining the response rate is:

$$\frac{\text{Completed surveys}}{\text{Final sample size} - \text{Ineligible surveys}} = \text{Response rate}$$

For a mail with phone follow-up survey methodology, the following dispositions are considered ineligible: deceased, not eligible, bad address, wrong number, fax/pager/modem data line, not in service, disconnected, cell phone, and number changed.

Rounding of Data

For many survey questions, you will often see listed response distribution percentages that do not add to exactly 100%. In some cases, they may add to 99.9% and in others to 100.1%. This tends to cause some concern, as it gives the appearance of a valid response being omitted or even counted twice. The following explanation is provided as a means to understand how rounding affects the percentages shown in the report.

The key to understanding how rounding affects listed percentages is to know that the survey question's entire valid response set is being accounted for. That is, although the percentages do not add to exactly 100%, the entire response set is represented in the percentages shown.

In many cases, dividing a number of responses by the total number of valid responses provides a percentage that will go out to an infinite number of decimal places. An example of this is dividing one by three: No matter how many decimal places this quotient is taken out, it will always be a continuous string of '3's. As a result, we see the following when adding each of the item response percentages:

Response 1:	n = 1	.3	.33	.333	.3333
Response 2:	n = 1	.3	.33	.333	.3333
Response 3:	n = 1	.3	.33	.333	.3333
	3	.9	.99	.999	.9999

It is evident that no matter how many decimal places we take our quotient out, we will never be able to add the results to exactly '1' (or 100%), even though all '3' responses are included in the percentage calculation.

Through consultation with a number of our clients, SPH has determined that using a single decimal place in the reporting of percentages provides an adequate level of detail. Typically, when percentages are calculated in our report applications, all decimal places are computed, but only the first decimal place is actually shown. As such, adding rounded single-digit decimals may not equal 100%. If the same figures were taken out an additional decimal place, however, they might then add to exactly 100%. Or, as the example above shows, they may never equal an even 100%.

Finally, when rounding, SPH employs the standard practice of rounding down any number from one to four and rounding up any number from five to nine.

Sampling Error

Sampling error can be thought of as the extent to which survey results may differ from what would be obtained if every eligible member in the sample had been surveyed. The size of such error depends largely on the percentage 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.

The following tables may be used in estimating approximate sampling error. The first table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **95** out of 100 times a sample of that size and percentage distribution would be selected. The second table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **90** out of 100 times a sample of that size and percentage distribution would be selected.

95% Confidence Interval
Approximate Half Width (+/-) for Population Percent

Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	13.9	13.6	12.7	11.1	8.3
100	9.8	9.6	9.0	7.8	5.9
200	6.9	6.8	6.4	5.5	4.2
300	5.7	5.5	5.2	4.5	3.4
400	4.9	4.8	4.5	3.9	2.9
500	4.4	4.3	4.0	3.5	2.6
750	3.6	3.5	3.3	2.9	2.1
850	3.4	3.3	3.1	2.7	2.0

90% Confidence Interval
Approximate Half Width (+/-) for Population Percent

Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	11.6	11.4	10.7	9.3	7.0
100	8.2	8.1	7.5	6.6	4.9
200	5.8	5.7	5.3	4.7	3.5
300	4.7	4.7	4.4	3.8	2.8
400	4.1	4.0	3.8	3.3	2.5
500	3.7	3.6	3.4	2.9	2.2
750	3.0	2.9	2.8	2.4	1.8
850	2.8	2.8	2.6	2.3	1.7

The sampling error table is used in the following manner. Assume that “overall satisfaction with the health plan” received a Summary Rate Score of seventy percent (70.0%) from a sample of 500 valid responses. For a 95% confidence interval, 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, on

average, in 95 out of 100 similar samples, the 95% confidence interval (e.g., 66.0% to 74.0%) will span the true unknown population percentage.

Statistical Significance

A statistically significant hypothesis testing result means that—based on the sample(s), conditions/assumptions, and level of significance—there is sufficient evidence to conclude the alternate hypothesis. For example, when testing for a difference between a population Summary Rate Score and a set constant score (SPH Analytics Book of Business), statistical significance would mean that there is sufficient support for the statement that there is a difference between the population Summary Rate Score and the set constant score. As another example, when testing to see if there is a difference between last year's population Summary Rate Score and this year's population Summary Rate Score—statistical significance would mean that there is sufficient evidence for the statement that the population Summary Rate Scores are different.

Survey Administration Protocol

The Ancillary/Hospital Provider Satisfaction Survey was administered using a two-wave mail/internet with phone follow-up survey methodology.

Survey Administration Tasks	Time Frame
First questionnaire including a web address to fill the survey online is sent to each provider's office.	9/22/2017
A second questionnaire including a web address to fill the survey online is sent to non-respondents.	10/17/207
Telephone calls by CATI (computer-assisted telephone interviews) are conducted for non-respondents.	11/8/2017
Data collection ends.	12/11/2017

Summary Rate Scores

All survey questions have specific response options designated for inclusion in Summary Rate scoring. These scores are computed as the proportion of favorable responses to the total number of valid responses for each question. For example, the rating questions' Summary Rate Scores are computed using the following proportion:

$$\frac{\text{Excellent + Very good + Good}}{\text{Excellent + Very good + Good + Fair + Poor}}$$

The overall satisfaction question uses the following scale specifically asking about the respondent's level of satisfaction:

$$\frac{\text{Very satisfied + Somewhat satisfied}}{\text{Very satisfied + Somewhat satisfied + Neither satisfied nor dissatisfied + Somewhat dissatisfied + Very dissatisfied}}$$

Valid n

The term valid n is used to show the number of respondents giving a valid response to a particular question. It gives information only on the question it refers to and no others. Valid responses are those that actually rate an attribute. They do not include responses such as "NA" because a response of "NA" does not rate an attribute. The difference in value between the valid n and the total number of respondents completing the survey is a result of removing invalid responses and respondents submitting a survey but not answering that particular question.

Z-Test

To test for true differences in population score(s), statistical inference methods are applied. In particular, hypothesis testing is done to draw conclusions about differences in scores between a population and a set constant (e.g., a Summary Rate Score versus SPH Analytics Book of Business score) or between different populations (e.g., a Summary Rate Score for this year versus a Summary Rate Score for last year). The hypothesis of no difference is rejected if the absolute value of the test statistic exceeds a critical value corresponding to a level of significance. The test statistic used depends on which of these types of hypothesis tests are performed.

When checking for a statistically significant difference between a Summary Rate Score for a population and a set constant score—with various conditions/assumptions—SPH uses the statistic test displayed on the following page.

$$z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0 q_0}{n}}}$$

$\hat{p}$ = Summary Rate Score from the sample
p_0 = Set constant score for comparison
q_0 = 1 – (Set constant score) = $(1 - p_0)$

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With a large sample size (generally n>30, technically $np_0 \geq 5$ and $nq_0 \geq 5$), the z-statistic has a distribution that can be treated as the standard normal

distribution. Thus, the hypothesis that the population "Summary Rate Score" equals the set constant score, p_0, is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

The second hypothesis-testing situation involves testing for statistically significant differences between two population percents (or proportions), e.g., two population Summary Rate Scores. When comparing the population percentages (or proportions)—with various conditions/ assumptions—the appropriate test statistic is the z-statistic as follows:

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}\hat{q}\left(\frac{1}{n_1} + \frac{1}{n_2}\right)}}$$

$\hat{p}_1$ = Summary Rate Score from the 1st sample
$\hat{p}_2$ = Summary Rate Score from the 2nd sample
n_1 = Size of the sample from the 1st population
n_2 = Size of the sample from the 2nd population
$\hat{p}$ = Pooled Summary Rate Score,

$$\hat{p} = \frac{n_1\hat{p}_1 + n_2\hat{p}_2}{n_1 + n_2}$$

$\hat{q}$ = 1 – (Pooled Summary Rate Score)

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With large sample sizes ($n_1\hat{p}_1 \geq 5$, $n_1(1-\hat{p}_1) \geq 5$, $n_2\hat{p}_2 \geq 5$, and $n_2(1-\hat{p}_2) \geq 5$) the z-statistic has a distribution that can be treated as the standard normal distribution. Thus, the hypothesis that the populations under comparison have equal population Summary Rate Scores is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

9. West Virginia Family Health Survey Tool

Thank you. Please return the completed survey in the postage-paid envelope.

SPH Analytics
Attn: Survey Processing Department
PO Box 100072, Duluth, GA 30096-9876
Toll-Free: **1-877-499-2538**

9128380

West Virginia Family Health

PROVIDER SATISFACTION SURVEY

Answer **all** the questions by marking the box with blue or black ink ☒.

If you want to know more about this study, please call SPH Analytics at 1-877-499-2538.

A. Please indicate the type of facility in which you practice.
- ☐1 Hospital
- ☐2 Ancillary Facility/Provider

B. Your preferred method of communication regarding plan changes, updates and clinical information:
- ☐1 Letter/Postcard
- ☐2 Fax
- ☐3 Newsletter
- ☐4 Website/Newsletter/Provider Updates
- ☐5 Contact by Provider Relations Representative
- ☐6 E-mail

C. How often do you utilize West Virginia Family Health (WVFH)'s website?
- ☐1 At least once a day
- ☐2 At least once a week
- ☐3 At least once a month
- ☐4 I do not access WVFH's website
- ☐5 I do not have access to the Internet

D. When you see a WVFH member, do you forward a report, discharge summary, or progress notes back to the referring practitioner and primary care physician?
- ☐1 Yes
- ☐2 No
- ☐3 Not applicable

WVFH Representative and Communication

This is the department responsible for face to face and written orientation, education, and communication of plan policies and procedures. Please rate the following qualities and services provided by WVFH.

1. Professionalism and courtesy of your WVFH Representative.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

2. Timeliness of the WVFH Representative when responding to inquiries.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

3. Knowledge of the Representative regarding WVFH's policies and procedures.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

4. Your overall satisfaction with the quality of service from your WVFH Representative.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

5. Quality of written communications, policy bulletins, and manuals received from WVFH.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

Provider Services and Claims

The Provider Services Department is responsible for providing telephonic responses pertaining to WVFH's plan criteria and assists providers with inquiries and requirements for submitting claims. The Claims Department is responsible for processing claims timely and accurately according to WVFH's plan guidelines and contractual agreements in accordance with timeframes established by regulatory agencies.

6. Consistency of Provider Services Representatives' answer to inquiries.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

8. Professionalism and courtesy of the Provider Services Representative.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

9. Timeliness of Provider Services staff when responding to inquiries.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

10. Your satisfaction with clean claims being processed consistently.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

11. Your satisfaction with clean claims being paid in a timely manner.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

12. Your overall satisfaction with the claims review and/or appeals process.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

12a. If dissatisfied, in what area are you dissatisfied?
    - ☐1 Claims Review
    - ☐2 Appeals Process

12b. Why the dissatisfaction?
    - ☐1 Timeliness
    - ☐2 Consistency
    - ☐3 Outcome
    - ☐4 Other

13. When calling the Provider Services Department, the hours of availability meet your practice's needs.
    - ☐1 Yes
    - ☐2 No
    - ☐3 Not Applicable

Utilization Management

14. Your knowledge of which services require an authorization.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

15. Your knowledge of how to obtain an authorization for a WVFH member.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

16. Your knowledge of which services require a referral.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

17. UM staff's clinical knowledge.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

18. UM staff's consistency in the authorization process.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

19. Physician reviewer's decision-making is clearly communicated to WVFH.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

20. Professionalism/courtesy of the UM staff representative.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

21. Your overall satisfaction with the UM process.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.
    - ☐1 Yes
    - ☐2 No
    - ☐3 Not Applicable

Overall Satisfaction and Loyalty

23. Consistency across all departments at WVFH is:
    - ☐1 Very consistent
    - ☐2 Somewhat consistent
    - ☐3 Not consistent
    - ☐4 Not applicable

24. Overall satisfaction with WVFH?
    - ☐1 Very satisfied
    - ☐2 Somewhat satisfied
    - ☐3 Neither
    - ☐4 Somewhat dissatisfied
    - ☐5 Very dissatisfied

25. What do you like best about WVFH?

    _____
    _____
    _____
    _____
    _____
    _____

26. How can we improve WVFH?

    _____
    _____
    _____
    _____
    _____

27. Please mark who is completing this survey. *(Mark only one)*
    - ☐1 Office Manager
    - ☐2 Director of Managed Care Contracting
    - ☐3 Billing Coordinator
    - ☐4 Other

Compliance with Reportable Conditions

28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?
    - ☐1 Yes
    - ☐2 No

10. Comments

Open-ended questions often provide valuable insight into topics not specifically addressed on the survey tool. Respondents can give feedback regarding issues, concerns, compliments, and praise based upon their interaction with the health plan, or simply provide additional demographic information. The 2017 West Virginia Family Health survey tool includes two open-ended questions:

- ✓ Question 25. What do you like best about WVFH?
- ✓ Question 26. How can we improve WVFH?

Verbatim comments from these questions are included within an Excel data file (9128380 Comments Report). These responses are indexed by key questions and demographics to provide more information about the individual respondent and include the following:

- ✓ Facility Type (QA)
- ✓ Overall Satisfaction with West Virginia Family Health (Q24)
- ✓ Survey Respondent (Q27)

11. Glossary of Terms

Attributes are the individual questions that relate to specific characteristics of the health plan.

Composites are the mean of the Summary Rate Scores of attributes with similar question topics.

Rating questions use a scale of “Very satisfied” to “Very dissatisfied” for assessing overall experience with West Virginia Family Health.

Summary Rate Scores are single statistics generated for a survey question. Summary Rates represent the percentage of respondents who chose the most favorable response option(s) (“Excellent”, “Very good” and “Good”; “Yes”; “Very consistent” and “Somewhat consistent;” “Very satisfied” and “Somewhat satisfied”).

12. Banner Tables

The tables in the following section show detailed results for each question in your survey. Responses are organized across the banner table by various practice characteristics. In order to aid you in viewing the data contained in these tables, the following explanation is provided.

The different categories by which the data are "sliced" are presented as column headers. Each category has a set of possible response choices that are listed immediately below the headers. The left-most column in each table is labeled "Total" and shows results for the entire set of valid responses.

On the left side of the page, you will see three row headers: "Total," "Total Answering," and "No Answer." "Total" represents the number of possible responses that meet the criteria for inclusion into the given question. For questions that are asked of all respondents, this figure will typically equal the valid number of responses to the current survey. "Total Answering" shows how many of the total respondents provided valid answers to the given question. Finally, "No Answer" is the number of individuals who did not respond to the question, even though they were eligible to do so.

You will notice that, in some cases, a survey response choice shows only the number of respondents providing that answer with no percentage. These response options are not considered valid responses by standard analytical practice, and are therefore omitted from the percentage calculations.

In some tables, an additional row is added to show Summary Rate Scores and is labeled "Summary Rate." These scores are a single question response or combination of question responses considered to be favorable. It is included at the bottom of each of these tables and is shown with the response option or options that make up the score listed beside it.

Information regarding the statistical testing of results is shown in the lower left corner of each table. The first line displays the Comparison Groups. These are the columns (denoted by uppercase letters and separated by a slash (/)) in which statistical tests are run. Columns (B) and (C), for example, show results for the Primary Care and Specialty groups. These columns are compared in the statistical test to each other, but not to any other columns. If a letter is present, whether uppercase or lowercase, its corresponding percentage is significantly higher than the specified percentages within its comparison group.

The second line shows the type or types of statistical tests that are included in the table. The last two lines define the meaning of the uppercase and lowercase letters. If a percentage has an uppercase letter beneath it, a significant difference exists at the 95% level of confidence. A lowercase letter denotes a significant difference at the 90% level of confidence. A banner table example is presented below with key points noted.

		AREA OF PRACTICE	
	Total	Primary Care	Specialty
	(A)	(B)	(C)
Total	433[1]	22	407
Total Answering	429[2] 100.0%	22 100.0%	403 100.0%
No Answer	4[3]	-	4
Yes	198 46.2%	6 27.3%	189 46.9% B[4]
No	231 53.8%	16 72.7 C[5]	214 53.1%

1 – For the given question, 433 respondents were eligible to answer. For questions asked of all respondents, this figure will equal the number of complete surveys. In other cases, it will equal the number of appropriate responses to a gate question. Gate questions are those that filter out respondents who would not logically be able to answer follow-up questions. For example, respondents who say that they do not have a personal doctor would not be able to provide a doctor rating, and so they are filtered out of the response set for the rating question.

2 – Of those who were eligible to answer this question, 429 provided valid responses.

3 – Four respondents – all Specialists – who were eligible to answer the question did not provide an answer.

4 – Specialists provided a significantly higher percentage of “Yes” responses than PCPs. The “B” below the percentage refers to the group in column B – in this case, PCPs – and signifies that the 46.9% is significantly higher than the 27.3%. Because the “B” is capitalized, we know that the difference is significant at the 95% level.

5 – PCPs provided a significantly higher percentage of “No” responses. As in the previous note, the “C” refers to the group in column C – Specialists – and is significant at 95%.

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Page 32 Q28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

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A. Please indicate the type of facility in which you practice.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	176	20	156	66	1	35	53	43	34	11	11	2	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	-	-	15	-	3	13	15	15	-	-	-	10
Hospital	20	20	-	3	-	7	7	4	1	2	1	1	7
	11.4%	100.0%		4.5%		20.0%	13.2%	9.3%	2.9%	18.2%	9.1%	50.0%	12.5%
						R							
Ancillary Facility/ Provider	156	-	156	63	1	28	46	39	33	9	10	1	49
	88.6%		100.0%	95.5%	100.0%	80.0%	86.8%	90.7%	97.1%	81.8%	90.9%	50.0%	87.5%
				T	rTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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B. Your preferred method of communication regarding plan changes, updates, and clinical information:

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	197	16	141	76	1	28	58	58	49	11	11	2	66
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	4	15	5	-	10	8	-	-	-	-	-	-
Letter/postcard	58	4	39	20	-	9	16	58	-	-	-	-	-
	29.4%	25.0%	27.7%	26.3%		32.1%	27.6%	100.0%					
Fax	49	1	33	18	-	-	20	-	49	-	-	-	-
	24.9%	6.3%	23.4%	23.7%			34.5%		100.0%				
			B										
Newsletter	11	2	9	2	-	4	4	-	-	11	-	-	-
	5.6%	12.5%	6.4%	2.6%		14.3%	6.9%			100.0%			
						r							
Website/Newsletter/ Provider Updates	11	1	10	6	-	2	1	-	-	-	11	-	-
	5.6%	6.3%	7.1%	7.9%		7.1%	1.7%				100.0%		
				u									
Contact by WVFH Representative	2	1	1	1	-	1	-	-	-	-	-	2	-
	1.0%	6.3%	0.7%	1.3%		3.6%						100.0%	
E-mail	66	7	49	29	1	12	17	-	-	-	-	-	66
	33.5%	43.8%	34.8%	38.2%	100.0%	42.9%	29.3%						100.0%
					RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

C. How often do you utilize WVFH's website?

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	112	16	76	49	-	25	26	21	24	6	6	2	41
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	10	1	6	3	-	1	4	3	5	-	-	-	-
At least once a day	27	9	13	12	-	5	8	7	4	1	1	1	11
	24.1%	56.3%	17.1%	24.5%		20.0%	30.8%	33.3%	16.7%	16.7%	16.7%	50.0%	26.8%
		C											
At least once a week	50	4	36	22	-	13	11	10	10	1	4	1	18
	44.6%	25.0%	47.4%	44.9%		52.0%	42.3%	47.6%	41.7%	16.7%	66.7%	50.0%	43.9%
			b										
At least once a month	35	3	27	15	-	7	7	4	10	4	1	-	12
	31.3%	18.8%	35.5%	30.6%		28.0%	26.9%	19.0%	41.7%	66.7%	16.7%		29.3%
I do not access WVFH's Website	98	3	74	29	1	12	36	34	20	5	5	-	25
I do not have access to the Internet	-	-	-	-	-	-	-	-	-	-	-	-	-

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

D. When you see a WVFH member, do you forward a report, discharge summary, or progress notes back to the referring practitioner and primary care physician?

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	107	10	77	50	-	17	29	28	28	2	4	1	31
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	1	5	-	-	2	3	1	-	1	-	-	2
Yes	69	8	49	27	-	13	22	15	21	2	2	1	19
	64.5%	80.0%	63.6%	54.0%		76.5%	75.9%	53.6%	75.0%	100.0%	50.0%	100.0%	61.3%
						r	R						
No	38	2	28	23	-	4	7	13	7	-	2	-	12
	35.5%	20.0%	36.4%	46.0%		23.5%	24.1%	46.4%	25.0%		50.0%		38.7%
				tU									
N/A	107	9	74	31	1	19	34	29	21	8	7	1	33

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q1. Professionalism and courtesy of your WVFH Representative.

		FACILITY TYPE		SURVEY RESPONDENT				PREFERRED METHOD OF COMMUNICATION					
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	159	15	116	55	-	33	55	31	40	8	5	1	56
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	1	5	3	-	1	-	1	1	-	2	1	1
Excellent	37	5	27	14	-	8	11	8	13	1	-	-	15
	23.3%	33.3%	23.3%	25.5%		24.2%	20.0%	25.8%	32.5%	12.5%			26.8%
Very good	64	5	47	22	-	11	27	10	18	3	3	-	20
	40.3%	33.3%	40.5%	40.0%		33.3%	49.1%	32.3%	45.0%	37.5%	60.0%		35.7%
Good	49	4	34	17	-	13	12	10	8	4	2	-	17
	30.8%	26.7%	29.3%	30.9%		39.4%	21.8%	32.3%	20.0%	50.0%	40.0%		30.4%
						u							
Fair	6	-	6	-	-	-	5	3	1	-	-	-	2
	3.8%		5.2%				9.1%	9.7%	2.5%				3.6%
Poor	3	1	2	2	-	1	-	-	-	-	-	1	2
	1.9%	6.7%	1.7%	3.6%		3.0%						100.0%	3.6%
N/A	55	4	35	23	1	4	11	26	8	3	4	-	9
Summary Rate - Excellent/	150	14	108	53	-	32	50	28	39	8	5	-	52
Very good/Good	94.3%	93.3%	93.1%	96.4%		97.0%	90.9%	90.3%	97.5%	100.0%	100.0%		92.9%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q2. Timeliness of the WVFH Representative when responding to inquiries.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	167	15	124	60	-	36	55	35	40	8	7	2	56
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	2	1	-	-	-	-	1	1	1	-	-	1
Excellent	28	3	22	9	-	5	11	4	11	-	1	1	11
	16.8%	20.0%	17.7%	15.0%		13.9%	20.0%	11.4%	27.5%		14.3%	50.0%	19.6%
Very good	62	5	45	20	-	15	23	12	15	3	1	-	21
	37.1%	33.3%	36.3%	33.3%		41.7%	41.8%	34.3%	37.5%	37.5%	14.3%		37.5%
Good	62	5	48	27	-	14	15	14	12	5	5	-	18
	37.1%	33.3%	38.7%	45.0%		38.9%	27.3%	40.0%	30.0%	62.5%	71.4%		32.1%
				U									
Fair	9	1	4	-	-	1	5	4	2	-	-	-	2
	5.4%	6.7%	3.2%			2.8%	9.1%	11.4%	5.0%				3.6%
Poor	6	1	5	4	-	1	1	1	-	-	-	1	4
	3.6%	6.7%	4.0%	6.7%		2.8%	1.8%	2.9%				50.0%	7.1%
N/A	49	3	31	21	1	2	11	22	8	2	4	-	9
Summary Rate - Excellent/	152	13	115	56	-	34	49	30	38	8	7	1	50
Very good/Good	91.0%	86.7%	92.7%	93.3%		94.4%	89.1%	85.7%	95.0%	100.0%	100.0%	50.0%	89.3%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q3. Knowledge of the Representative regarding WVFH's policies and procedures.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	168	15	124	61	-	35	56	35	42	7	7	2	56
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	2	2	2	-	-	-	2	1	1	-	-	2
Excellent	28	2	22	10	-	6	11	4	11	1	1	1	9
	16.7%	13.3%	17.7%	16.4%		17.1%	19.6%	11.4%	26.2%	14.3%	14.3%	50.0%	16.1%
Very good	64	4	45	28	-	11	20	11	16	2	2	-	23
	38.1%	26.7%	36.3%	45.9%		31.4%	35.7%	31.4%	38.1%	28.6%	28.6%		41.1%
Good	60	6	48	19	-	13	20	15	13	4	3	-	19
	35.7%	40.0%	38.7%	31.1%		37.1%	35.7%	42.9%	31.0%	57.1%	42.9%		33.9%
Fair	12	2	6	3	-	3	4	5	2	-	-	1	2
	7.1%	13.3%	4.8%	4.9%		8.6%	7.1%	14.3%	4.8%			50.0%	3.6%
Poor	4	1	3	1	-	2	1	-	-	-	1	-	3
	2.4%	6.7%	2.4%	1.6%		5.7%	1.8%				14.3%		5.4%
N/A	46	3	30	18	1	3	10	21	6	3	4	-	8
Summary Rate - Excellent/	152	12	115	57	-	30	51	30	40	7	6	1	51
Very good/Good	90.5%	80.0%	92.7%	93.4%		85.7%	91.1%	85.7%	95.2%	100.0%	85.7%	50.0%	91.1%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q4. Your overall satisfaction with the quality of service from your WVFH Representative.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	174	15	131	63	1	36	57	35	43	8	7	2	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	2	2	2	-	-	-	-	1	1	-	-	2
Excellent	30	3	22	9	-	6	13	4	13	1	1	1	9
	17.2%	20.0%	16.8%	14.3%		16.7%	22.8%	11.4%	30.2%	12.5%	14.3%	50.0%	15.0%
Very good	65	4	46	28	-	11	20	10	18	3	2	-	23
	37.4%	26.7%	35.1%	44.4%		30.6%	35.1%	28.6%	41.9%	37.5%	28.6%		38.3%
Good	63	6	52	22	1	14	19	17	9	4	3	-	23
	36.2%	40.0%	39.7%	34.9%	100.0% RTU	38.9%	33.3%	48.6%	20.9%	50.0%	42.9%		38.3%
Fair	6	-	3	1	-	2	1	4	-	-	-	-	1
	3.4%		2.3%	1.6%		5.6%	1.8%	11.4%					1.7%
Poor	10	2	8	3	-	3	4	-	3	-	1	1	4
	5.7%	13.3%	6.1%	4.8%		8.3%	7.0%		7.0%		14.3%	50.0%	6.7%
N/A	41	3	23	16	-	2	9	23	5	2	4	-	4
Summary Rate - Excellent/	158	13	120	59	1	31	52	31	40	8	6	1	55
Very good/Good	90.8%	86.7%	91.6%	93.7%	100.0% RTU	86.1%	91.2%	88.6%	93.0%	100.0%	85.7%	50.0%	91.7%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	169	14	127	67	1	34	51	41	37	8	9	1	55
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	2	2	2	-	-	-	-	1	1	-	-	2
Excellent	21	2	16	10	-	6	5	7	6	-	1	-	6
	12.4%	14.3%	12.6%	14.9%		17.6%	9.8%	17.1%	16.2%		11.1%		10.9%
Very good	58	4	41	25	-	9	18	11	14	3	2	-	21
	34.3%	28.6%	32.3%	37.3%		26.5%	35.3%	26.8%	37.8%	37.5%	22.2%		38.2%
Good	61	5	48	25	1	14	15	19	10	4	5	-	18
	36.1%	35.7%	37.8%	37.3%	100.0%	41.2%	29.4%	46.3%	27.0%	50.0%	55.6%		32.7%
					RTU								
Fair	20	2	15	4	-	2	10	4	5	-	1	-	6
	11.8%	14.3%	11.8%	6.0%		5.9%	19.6%	9.8%	13.5%		11.1%		10.9%
							RT						
Poor	9	1	7	3	-	3	3	-	2	1	-	1	4
	5.3%	7.1%	5.5%	4.5%		8.8%	5.9%		5.4%	12.5%		100.0%	7.3%
N/A	46	4	27	12	-	4	15	17	11	2	2	1	9
Summary Rate - Excellent/	140	11	105	60	1	29	38	37	30	7	8	-	45
Very good/Good	82.8%	78.6%	82.7%	89.6%	100.0%	85.3%	74.5%	90.2%	81.1%	87.5%	88.9%		81.8%
				U	RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q6. Consistency of Provider Services Representatives' answer to inquiries.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	174	17	131	71	1	34	56	41	36	9	9	2	59
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	12	1	7	2	-	-	1	3	5	2	-	-	-
Excellent	24	1	19	12	-	4	8	6	7	-	1	1	8
	13.8%	5.9%	14.5%	16.9%		11.8%	14.3%	14.6%	19.4%		11.1%	50.0%	13.6%
Very good	52	4	40	23	-	10	16	11	13	3	2	-	15
	29.9%	23.5%	30.5%	32.4%		29.4%	28.6%	26.8%	36.1%	33.3%	22.2%		25.4%
Good	76	8	58	29	1	16	23	16	14	6	5	-	28
	43.7%	47.1%	44.3%	40.8%	100.0%	47.1%	41.1%	39.0%	38.9%	66.7%	55.6%		47.5%
					RTU								
Fair	14	2	9	4	-	3	6	5	2	-	1	-	4
	8.0%	11.8%	6.9%	5.6%		8.8%	10.7%	12.2%	5.6%		11.1%		6.8%
Poor	8	2	5	3	-	1	3	3	-	-	-	1	4
	4.6%	11.8%	3.8%	4.2%		2.9%	5.4%	7.3%				50.0%	6.8%
N/A	34	2	18	8	-	4	9	14	8	-	2	-	7
Summary Rate - Excellent/	152	13	117	64	1	30	47	33	34	9	8	1	51
Very good/Good	87.4%	76.5%	89.3%	90.1%	100.0%	88.2%	83.9%	80.5%	94.4%	100.0%	88.9%	50.0%	86.4%
					RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	183	18	135	72	1	35	59	41	41	8	10	2	61
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	13	1	7	2	-	-	1	4	4	2	-	-	1
Excellent	23	2	17	11	-	4	7	5	9	-	1	1	7
	12.6%	11.1%	12.6%	15.3%		11.4%	11.9%	12.2%	22.0%		10.0%	50.0%	11.5%
Very good	61	4	44	26	-	11	20	13	14	3	2	-	17
	33.3%	22.2%	32.6%	36.1%		31.4%	33.9%	31.7%	34.1%	37.5%	20.0%		27.9%
Good	72	7	58	28	1	13	22	16	13	5	5	-	28
	39.3%	38.9%	43.0%	38.9%	100.0%	37.1%	37.3%	39.0%	31.7%	62.5%	50.0%		45.9%
					RTU								
Fair	19	3	10	5	-	5	6	7	4	-	-	1	4
	10.4%	16.7%	7.4%	6.9%		14.3%	10.2%	17.1%	9.8%			50.0%	6.6%
Poor	8	2	6	2	-	2	4	-	1	-	2	-	5
	4.4%	11.1%	4.4%	2.8%		5.7%	6.8%		2.4%		20.0%		8.2%
N/A	24	1	14	7	-	3	6	13	4	1	1	-	4
Summary Rate - Excellent/	156	13	119	65	1	28	49	34	36	8	8	1	52
Very good/Good	85.2%	72.2%	88.1%	90.3%	100.0%	80.0%	83.1%	82.9%	87.8%	100.0%	80.0%	50.0%	85.2%
					RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q8. Professionalism and courtesy of the Provider Services Representative.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	180	18	133	69	1	36	59	40	39	9	9	2	61
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	1	9	2	-	-	1	5	6	2	-	-	1
Excellent	40	3	30	19	-	6	13	8	15	1	1	1	11
	22.2%	16.7%	22.6%	27.5%		16.7%	22.0%	20.0%	38.5%	11.1%	11.1%	50.0%	18.0%
Very good	67	6	49	24	-	16	23	13	15	4	4	-	21
	37.2%	33.3%	36.8%	34.8%		44.4%	39.0%	32.5%	38.5%	44.4%	44.4%		34.4%
Good	61	7	48	23	1	11	19	15	6	4	4	-	27
	33.9%	38.9%	36.1%	33.3%	100.0%	30.6%	32.2%	37.5%	15.4%	44.4%	44.4%		44.3%
					RTU								
Fair	12	2	6	3	-	3	4	4	3	-	-	1	2
	6.7%	11.1%	4.5%	4.3%		8.3%	6.8%	10.0%	7.7%			50.0%	3.3%
Poor	-	-	-	-	-	-	-	-	-	-	-	-	-
N/A	24	1	14	10	-	2	6	13	4	-	2	-	4
Summary Rate - Excellent/	168	16	127	66	1	33	55	36	36	9	9	1	59
Very good/Good	93.3%	88.9%	95.5%	95.7%	100.0%	91.7%	93.2%	90.0%	92.3%	100.0%	100.0%	50.0%	96.7%
					rtU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q9. Timeliness of Provider Services staff when responding to inquiries.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	179	18	132	69	1	37	58	40	38	9	9	2	60
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	1	9	2	-	-	1	5	6	2	-	-	1
Excellent	27	3	21	11	-	5	11	4	8	-	1	1	11
	15.1%	16.7%	15.9%	15.9%		13.5%	19.0%	10.0%	21.1%		11.1%	50.0%	18.3%
Very good	66	3	52	28	-	10	23	14	18	4	2	-	19
	36.9%	16.7%	39.4%	40.6%		27.0%	39.7%	35.0%	47.4%	44.4%	22.2%		31.7%
			B										
Good	66	8	47	25	1	16	17	17	10	5	5	-	22
	36.9%	44.4%	35.6%	36.2%	100.0%	43.2%	29.3%	42.5%	26.3%	55.6%	55.6%		36.7%
					RTU								
Fair	16	4	9	5	-	5	5	4	2	-	1	1	6
	8.9%	22.2%	6.8%	7.2%		13.5%	8.6%	10.0%	5.3%		11.1%	50.0%	10.0%
Poor	4	-	3	-	-	1	2	1	-	-	-	-	2
	2.2%		2.3%			2.7%	3.4%	2.5%					3.3%
N/A	25	1	15	10	-	1	7	13	5	-	2	-	5
Summary Rate - Excellent/	159	14	120	64	1	31	51	35	36	9	8	1	52
Very good/Good	88.8%	77.8%	90.9%	92.8%	100.0%	83.8%	87.9%	87.5%	94.7%	100.0%	88.9%	50.0%	86.7%
					RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q10. Your satisfaction with clean claims being processed consistently.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	166	18	124	64	1	38	52	40	32	9	9	2	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	18	1	11	3	-	-	1	5	7	2	-	-	2
Excellent	19	1	15	6	-	5	7	6	5	-	1	1	4
	11.4%	5.6%	12.1%	9.4%		13.2%	13.5%	15.0%	15.6%		11.1%	50.0%	7.1%
Very good	54	6	40	24	-	10	17	12	10	3	2	-	21
	32.5%	33.3%	32.3%	37.5%		26.3%	32.7%	30.0%	31.3%	33.3%	22.2%		37.5%
Good	63	6	50	22	1	17	19	15	12	6	4	-	21
	38.0%	33.3%	40.3%	34.4%	100.0%	44.7%	36.5%	37.5%	37.5%	66.7%	44.4%		37.5%
					RTU								
Fair	20	4	10	8	-	3	7	5	4	-	2	-	6
	12.0%	22.2%	8.1%	12.5%		7.9%	13.5%	12.5%	12.5%		22.2%		10.7%
Poor	10	1	9	4	-	3	2	2	1	-	-	1	4
	6.0%	5.6%	7.3%	6.3%		7.9%	3.8%	5.0%	3.1%			50.0%	7.1%
N/A	36	1	21	14	-	-	13	13	10	-	2	-	8
Summary Rate - Excellent/	136	13	105	52	1	32	43	33	27	9	7	1	46
Very good/Good	81.9%	72.2%	84.7%	81.3%	100.0%	84.2%	82.7%	82.5%	84.4%	100.0%	77.8%	50.0%	82.1%
					RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q11. Your satisfaction with clean claims being paid in a timely manner.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	166	18	124	64	1	38	52	38	31	9	9	2	59
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	1	12	3	-	-	2	7	7	2	-	-	2
Excellent	23	1	17	8	-	5	9	7	5	-	-	1	8
	13.9%	5.6%	13.7%	12.5%		13.2%	17.3%	18.4%	16.1%			50.0%	13.6%
Very good	50	5	40	24	-	9	15	11	9	3	5	-	17
	30.1%	27.8%	32.3%	37.5%		23.7%	28.8%	28.9%	29.0%	33.3%	55.6%		28.8%
Good	68	8	52	21	1	20	20	14	12	6	2	-	26
	41.0%	44.4%	41.9%	32.8%	100.0%	52.6%	38.5%	36.8%	38.7%	66.7%	22.2%		44.1%
					RTU	R							
Fair	17	4	7	9	-	1	6	4	4	-	2	1	5
	10.2%	22.2%	5.6%	14.1%		2.6%	11.5%	10.5%	12.9%		22.2%	50.0%	8.5%
		c		T			t						
Poor	8	-	8	2	-	3	2	2	1	-	-	-	3
	4.8%		6.5%	3.1%		7.9%	3.8%	5.3%	3.2%				5.1%
N/A	34	1	20	14	-	-	12	13	11	-	2	-	5
Summary Rate - Excellent/	141	14	109	53	1	34	44	32	26	9	7	1	51
Very good/Good	84.9%	77.8%	87.9%	82.8%	100.0%	89.5%	84.6%	84.2%	83.9%	100.0%	77.8%	50.0%	86.4%
					RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12. Your overall satisfaction with the claims review and/or appeals process.

	== FACILITY =	========== SURVEY	=========	========== PREFERRED METHOD OF COMMUNICATION								
	==== TYPE ===	======== RESPONDENT	=======	==========								
		Ancl-		Dir.								
		lry	Offc.	Mng Cr	Blng.					Website/	Contact by	
	Total	Hsptl	Fclty	Mngr	Cont	Coord.	Other	Letter	Fax	Newsletter	Prov Upd	Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	157	18	119	60	1	37	49	36	27	9	9	2	55
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	1	13	4	-	-	1	6	8	2	-	-	2
Excellent	11	1	8	4	-	4	3	3	3	-	-	1	3
	7.0%	5.6%	6.7%	6.7%		10.8%	6.1%	8.3%	11.1%			50.0%	5.5%
Very good	46	5	34	20	-	9	15	12	8	3	4	-	12
	29.3%	27.8%	28.6%	33.3%		24.3%	30.6%	33.3%	29.6%	33.3%	44.4%		21.8%
Good	68	5	56	22	1	15	24	15	9	5	2	-	30
	43.3%	27.8%	47.1%	36.7%	100.0%	40.5%	49.0%	41.7%	33.3%	55.6%	22.2%		54.5%
			b		RTU								
Fair	19	5	10	10	-	5	3	5	5	-	2	-	5
	12.1%	27.8%	8.4%	16.7%		13.5%	6.1%	13.9%	18.5%		22.2%		9.1%
		c		u									
Poor	13	2	11	4	-	4	4	1	2	1	1	1	5
	8.3%	11.1%	9.2%	6.7%		10.8%	8.2%	2.8%	7.4%	11.1%	11.1%	50.0%	9.1%
N/A	43	1	24	17	-	1	16	16	14	-	2	-	9
Summary Rate - Excellent/	125	11	98	46	1	28	42	30	20	8	6	1	45
Very good/Good	79.6%	61.1%	82.4%	76.7%	100.0%	75.7%	85.7%	83.3%	74.1%	88.9%	66.7%	50.0%	81.8%
			b		RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12a. If dissatisfied, in what area are you dissatisfied?

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	32	7	21	14	-	9	7	6	7	1	3	1	10
Total Answering	24	6	15	10	-	7	5	6	4	-	3	1	7
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%
No Answer	8	1	6	4	-	2	2	-	3	1	-	-	3
Claims Review	14	2	10	5	-	4	3	4	2	-	2	-	4
	58.3%	33.3%	66.7%	50.0%		57.1%	60.0%	66.7%	50.0%		66.7%		57.1%
Appeals Process	10	4	5	5	-	3	2	2	2	-	1	1	3
	41.7%	66.7%	33.3%	50.0%		42.9%	40.0%	33.3%	50.0%		33.3%	100.0%	42.9%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12b. Why the dissatisfaction?

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	32	7	21	14	-	9	7	6	7	1	3	1	10
Total Answering	24	7	14	11	-	6	5	6	4	-	3	1	8
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%
No Answer	8	-	7	3	-	3	2	-	3	1	-	-	2
Timeliness	6	-	4	3	-	1	-	3	1	-	1	-	1
	25.0%		28.6%	27.3%		16.7%		50.0%	25.0%		33.3%		12.5%
Consistency	7	3	3	4	-	2	1	-	1	-	1	1	2
	29.2%	42.9%	21.4%	36.4%		33.3%	20.0%		25.0%		33.3%	100.0%	25.0%
Outcome	6	1	5	3	-	1	2	1	1	-	-	-	4
	25.0%	14.3%	35.7%	27.3%		16.7%	40.0%	16.7%	25.0%				50.0%
Other	5	3	2	1	-	2	2	2	1	-	1	-	1
	20.8%	42.9%	14.3%	9.1%		33.3%	40.0%	33.3%	25.0%		33.3%		12.5%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	171	15	126	71	-	35	56	41	35	9	9	2	54
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	3	13	1	-	1	2	8	10	2	-	-	2
Yes	164	15	122	67	-	34	54	35	34	9	9	2	54
	95.9%	100.0%	96.8%	94.4%		97.1%	96.4%	85.4%	97.1%	100.0%	100.0%	100.0%	100.0%
		C											
No	7	-	4	4	-	1	2	6	1	-	-	-	-
	4.1%		3.2%	5.6%		2.9%	3.6%	14.6%	2.9%				
N/A	26	2	17	9	1	2	8	9	4	-	2	-	10
Summary Rate - Yes	164	15	122	67	-	34	54	35	34	9	9	2	54
	95.9%	100.0%	96.8%	94.4%		97.1%	96.4%	85.4%	97.1%	100.0%	100.0%	100.0%	100.0%
		C											

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q14. Your knowledge of which services require an authorization.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	176	16	133	74	1	33	58	37	37	10	9	2	59
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	19	2	10	-	-	-	-	8	9	1	-	-	1
Excellent	30	1	24	15	-	6	9	6	13	-	1	1	8
	17.0%	6.3%	18.0%	20.3%		18.2%	15.5%	16.2%	35.1%		11.1%	50.0%	13.6%
			b										
Very good	62	7	42	24	-	10	22	7	15	4	4	-	23
	35.2%	43.8%	31.6%	32.4%		30.3%	37.9%	18.9%	40.5%	40.0%	44.4%		39.0%
Good	59	3	50	28	1	11	16	14	8	5	3	-	21
	33.5%	18.8%	37.6%	37.8%	100.0%	33.3%	27.6%	37.8%	21.6%	50.0%	33.3%		35.6%
			b		RTU								
Fair	19	5	12	7	-	3	8	9	1	-	1	1	5
	10.8%	31.3%	9.0%	9.5%		9.1%	13.8%	24.3%	2.7%		11.1%	50.0%	8.5%
		c											
Poor	6	-	5	-	-	3	3	1	-	1	-	-	2
	3.4%		3.8%			9.1%	5.2%	2.7%		10.0%			3.4%
N/A	25	2	13	7	-	5	8	13	3	-	2	-	6
Summary Rate - Excellent/	151	11	116	67	1	27	47	27	36	9	8	1	52
Very good/Good	85.8%	68.8%	87.2%	90.5%	100.0%	81.8%	81.0%	73.0%	97.3%	90.0%	88.9%	50.0%	88.1%
					RTU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q15. Your knowledge of how to obtain an authorization for a WVFH member.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	179	17	134	75	1	34	60	37	39	10	9	2	61
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	22	2	13	-	-	-	-	9	9	1	-	-	3
Excellent	35	5	25	15	-	6	14	6	14	-	1	2	12
	19.6%	29.4%	18.7%	20.0%		17.6%	23.3%	16.2%	35.9%		11.1%	100.0%	19.7%
Very good	68	7	49	24	-	16	24	8	13	5	4	-	27
	38.0%	41.2%	36.6%	32.0%		47.1%	40.0%	21.6%	33.3%	50.0%	44.4%		44.3%
Good	62	3	49	34	1	9	14	18	10	4	3	-	19
	34.6%	17.6%	36.6%	45.3%	100.0%	26.5%	23.3%	48.6%	25.6%	40.0%	33.3%		31.1%
			b	TU	RTU								
Fair	8	-	7	2	-	1	4	5	1	-	1	-	1
	4.5%		5.2%	2.7%		2.9%	6.7%	13.5%	2.6%		11.1%		1.6%
Poor	6	2	4	-	-	2	4	-	1	1	-	-	2
	3.4%	11.8%	3.0%			5.9%	6.7%		2.6%	10.0%			3.3%
N/A	19	1	9	6	-	4	6	12	1	-	2	-	2
Summary Rate - Excellent/	165	15	123	73	1	31	52	32	37	9	8	2	58
Very good/Good	92.2%	88.2%	91.8%	97.3%	100.0%	91.2%	86.7%	86.5%	94.9%	90.0%	88.9%	100.0%	95.1%
				U	tU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q16. Your knowledge of which services require a referral.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	145	16	106	62	1	24	51	30	33	8	6	1	47
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	24	2	14	-	-	-	-	10	9	1	1	-	3
Excellent	21	4	14	9	-	5	7	4	8	-	-	1	8
	14.5%	25.0%	13.2%	14.5%		20.8%	13.7%	13.3%	24.2%			100.0%	17.0%
Very good	43	3	30	17	-	7	17	5	10	2	1	-	17
	29.7%	18.8%	28.3%	27.4%		29.2%	33.3%	16.7%	30.3%	25.0%	16.7%		36.2%
Good	59	5	48	28	1	9	20	14	9	5	3	-	18
	40.7%	31.3%	45.3%	45.2%	100.0%	37.5%	39.2%	46.7%	27.3%	62.5%	50.0%		38.3%
					RTU								
Fair	18	4	10	7	-	2	5	7	4	-	2	-	4
	12.4%	25.0%	9.4%	11.3%		8.3%	9.8%	23.3%	12.1%		33.3%		8.5%
Poor	4	-	4	1	-	1	2	-	2	1	-	-	-
	2.8%		3.8%	1.6%		4.2%	3.9%		6.1%	12.5%			
N/A	51	2	36	19	-	14	15	18	7	2	4	1	16
Summary Rate - Excellent/	123	12	92	54	1	21	44	23	27	7	4	1	43
Very good/Good	84.8%	75.0%	86.8%	87.1%	100.0%	87.5%	86.3%	76.7%	81.8%	87.5%	66.7%	100.0%	91.5%
					RtU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q17. UM staff's clinical knowledge.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	158	16	116	67	1	27	56	35	36	9	9	2	50
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	2	15	-	-	-	1	10	11	1	1	-	4
Excellent	17	2	12	7	-	3	7	3	6	-	1	2	5
	10.8%	12.5%	10.3%	10.4%		11.1%	12.5%	8.6%	16.7%		11.1%	100.0%	10.0%
Very good	49	5	36	18	-	8	21	9	13	4	2	-	16
	31.0%	31.3%	31.0%	26.9%		29.6%	37.5%	25.7%	36.1%	44.4%	22.2%		32.0%
Good	80	8	60	37	1	15	23	18	14	5	5	-	26
	50.6%	50.0%	51.7%	55.2%	100.0%	55.6%	41.1%	51.4%	38.9%	55.6%	55.6%		52.0%
					RTU								
Fair	10	-	7	3	-	1	5	5	2	-	1	-	2
	6.3%		6.0%	4.5%		3.7%	8.9%	14.3%	5.6%		11.1%		4.0%
Poor	2	1	1	2	-	-	-	-	1	-	-	-	1
	1.3%	6.3%	0.9%	3.0%					2.8%				2.0%
N/A	35	2	25	14	-	11	9	13	2	1	1	-	12
Summary Rate - Excellent/	146	15	108	62	1	26	51	30	33	9	8	2	47
Very good/Good	92.4%	93.8%	93.1%	92.5%	100.0%	96.3%	91.1%	85.7%	91.7%	100.0%	88.9%	100.0%	94.0%
					RU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q18. UM staff's consistency in the authorization process.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	167	16	124	73	1	29	56	36	38	9	9	2	55
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	26	2	14	-	-	-	-	10	10	1	1	-	4
Excellent	22	1	16	10	-	3	9	4	9	-	1	1	7
	13.2%	6.3%	12.9%	13.7%		10.3%	16.1%	11.1%	23.7%		11.1%	50.0%	12.7%
Very good	51	6	41	21	-	9	19	7	13	3	2	-	19
	30.5%	37.5%	33.1%	28.8%		31.0%	33.9%	19.4%	34.2%	33.3%	22.2%		34.5%
Good	75	6	54	32	1	15	22	19	12	5	5	-	24
	44.9%	37.5%	43.5%	43.8%	100.0%	51.7%	39.3%	52.8%	31.6%	55.6%	55.6%		43.6%
					RTU								
Fair	16	2	12	8	-	2	6	5	3	1	1	1	4
	9.6%	12.5%	9.7%	11.0%		6.9%	10.7%	13.9%	7.9%	11.1%	11.1%	50.0%	7.3%
Poor	3	1	1	2	-	-	-	1	1	-	-	-	1
	1.8%	6.3%	0.8%	2.7%				2.8%	2.6%				1.8%
N/A	27	2	18	8	-	9	10	12	1	1	1	-	7
Summary Rate - Excellent/	148	13	111	63	1	27	50	30	34	8	8	1	50
Very good/Good	88.6%	81.3%	89.5%	86.3%	100.0%	93.1%	89.3%	83.3%	89.5%	88.9%	88.9%	50.0%	90.9%
					RU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q19. Physician reviewer's decision-making is clearly communicated to WVFH.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	127	13	93	59	1	19	44	24	25	6	6	1	48
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	2	16	1	-	1	-	11	10	1	1	-	6
Excellent	12	1	9	4	-	2	6	3	3	-	-	-	6
	9.4%	7.7%	9.7%	6.8%		10.5%	13.6%	12.5%	12.0%				12.5%
Very good	44	5	30	21	-	7	14	7	10	3	2	-	15
	34.6%	38.5%	32.3%	35.6%		36.8%	31.8%	29.2%	40.0%	50.0%	33.3%		31.3%
Good	60	6	44	29	1	9	19	10	10	2	3	1	24
	47.2%	46.2%	47.3%	49.2%	100.0%	47.4%	43.2%	41.7%	40.0%	33.3%	50.0%	100.0%	50.0%
					RTU								
Fair	9	1	8	5	-	-	4	3	1	1	1	-	3
	7.1%	7.7%	8.6%	8.5%			9.1%	12.5%	4.0%	16.7%	16.7%		6.3%
Poor	2	-	2	-	-	1	1	1	1	-	-	-	-
	1.6%		2.2%			5.3%	2.3%	4.2%	4.0%				
N/A	64	5	47	21	-	18	22	23	14	4	4	1	12
Summary Rate - Excellent/	116	12	83	54	1	18	39	20	23	5	5	1	45
Very good/Good	91.3%	92.3%	89.2%	91.5%	100.0%	94.7%	88.6%	83.3%	92.0%	83.3%	83.3%	100.0%	93.8%
					RU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q20. Professionalism/courtesy of the UM staff representative.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	166	15	124	72	1	29	57	37	35	8	9	2	57
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	2	14	-	-	-	-	11	10	1	1	-	4
Excellent	24	2	17	10	-	4	9	5	8	-	1	1	9
	14.5%	13.3%	13.7%	13.9%		13.8%	15.8%	13.5%	22.9%		11.1%	50.0%	15.8%
Very good	69	9	48	29	-	12	26	10	15	4	3	-	25
	41.6%	60.0%	38.7%	40.3%		41.4%	45.6%	27.0%	42.9%	50.0%	33.3%		43.9%
Good	67	4	54	32	1	12	18	18	12	4	5	1	21
	40.4%	26.7%	43.5%	44.4%	100.0%	41.4%	31.6%	48.6%	34.3%	50.0%	55.6%	50.0%	36.8%
					RTU								
Fair	6	-	5	1	-	1	4	4	-	-	-	-	2
	3.6%		4.0%	1.4%		3.4%	7.0%	10.8%					3.5%
Poor	-	-	-	-	-	-	-	-	-	-	-	-	-
N/A	27	3	18	9	-	9	9	10	4	2	1	-	5
Summary Rate - Excellent/	160	15	119	71	1	28	53	33	35	8	9	2	55
Very good/Good	96.4%	100.0%	96.0%	98.6%	100.0%	96.6%	93.0%	89.2%	100.0%	100.0%	100.0%	100.0%	96.5%
		C			U								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q21. Your overall satisfaction with the UM process.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	167	16	125	72	1	30	58	36	35	9	9	2	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	2	14	-	-	-	1	12	11	1	1	-	4
Excellent	17	1	13	6	-	3	8	3	7	-	1	1	5
	10.2%	6.3%	10.4%	8.3%		10.0%	13.8%	8.3%	20.0%		11.1%	50.0%	8.9%
Very good	64	5	45	29	-	10	22	12	13	4	2	-	22
	38.3%	31.3%	36.0%	40.3%		33.3%	37.9%	33.3%	37.1%	44.4%	22.2%		39.3%
Good	71	7	56	31	1	14	22	15	11	5	5	1	26
	42.5%	43.8%	44.8%	43.1%	100.0%	46.7%	37.9%	41.7%	31.4%	55.6%	55.6%	50.0%	46.4%
					RTU								
Fair	12	3	8	5	-	2	5	6	2	-	1	-	3
	7.2%	18.8%	6.4%	6.9%		6.7%	8.6%	16.7%	5.7%		11.1%		5.4%
Poor	3	-	3	1	-	1	1	-	2	-	-	-	-
	1.8%		2.4%	1.4%		3.3%	1.7%		5.7%				
N/A	24	2	17	9	-	8	7	10	3	1	1	-	6
Summary Rate - Excellent/	152	13	114	66	1	27	52	30	31	9	8	2	53
Very good/Good	91.0%	81.3%	91.2%	91.7%	100.0%	90.0%	89.7%	83.3%	88.6%	100.0%	88.9%	100.0%	94.6%
					RtU								

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	159	16	119	67	1	30	56	33	34	9	9	2	53
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	2	14	-	-	-	-	12	11	1	1	-	4
Yes	154	16	116	64	1	30	54	29	33	9	9	2	53
	96.9%	100.0%	97.5%	95.5%	100.0%	100.0%	96.4%	87.9%	97.1%	100.0%	100.0%	100.0%	100.0%
		c			r	r							
No	5	-	3	3	-	-	2	4	1	-	-	-	-
	3.1%		2.5%	4.5%			3.6%	12.1%	2.9%				
N/A	32	2	23	14	-	8	10	13	4	1	1	-	9
Summary Rate - Yes	154	16	116	64	1	30	54	29	33	9	9	2	53
	96.9%	100.0%	97.5%	95.5%	100.0%	100.0%	96.4%	87.9%	97.1%	100.0%	100.0%	100.0%	100.0%
		c			r	r							

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q23. Consistency across all departments at WVFH is:

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	156	15	118	66	-	33	53	32	32	9	8	2	54
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	30	2	15	-	-	1	-	12	11	1	1	-	4
Very consistent	84	4	66	36	-	17	29	17	20	5	5	1	26
	53.8%	26.7%	55.9% B	54.5%		51.5%	54.7%	53.1%	62.5%	55.6%	62.5%	50.0%	48.1%
Somewhat consistent	64	10	45	26	-	14	22	14	11	4	3	-	24
	41.0%	66.7% C	38.1%	39.4%		42.4%	41.5%	43.8%	34.4%	44.4%	37.5%		44.4%
Not consistent	8	1	7	4	-	2	2	1	1	-	-	1	4
	5.1%	6.7%	5.9%	6.1%		6.1%	3.8%	3.1%	3.1%			50.0%	7.4%
N/A	34	3	23	15	1	4	13	14	6	1	2	-	8
Summary Rate - Very consistent/Somewhat consistent	148	14	111	62	-	31	51	31	31	9	8	1	50
	94.9%	93.3%	94.1%	93.9%		93.9%	96.2%	96.9%	96.9%	100.0%	100.0%	50.0%	92.6%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q24. Overall satisfaction with WVFH?

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	186	18	139	80	1	37	63	44	37	10	9	2	62
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	2	17	1	-	1	3	14	12	1	2	-	4
Very satisfied	92	4	72	40	-	17	31	19	23	5	6	1	28
	49.5%	22.2%	51.8% B	50.0%		45.9%	49.2%	43.2%	62.2%	50.0%	66.7%	50.0%	45.2%
Somewhat satisfied	72	12	49	29	1	15	26	19	9	3	3	-	29
	38.7%	66.7% C	35.3%	36.3%	100.0% RTU	40.5%	41.3%	43.2%	24.3%	30.0%	33.3%		46.8%
Neither	12	1	9	6	-	3	3	4	3	2	-	-	1
	6.5%	5.6%	6.5%	7.5%		8.1%	4.8%	9.1%	8.1%	20.0%			1.6%
Somewhat dissatisfied	4	-	4	1	-	-	3	1	1	-	-	-	2
	2.2%		2.9%	1.3%			4.8%	2.3%	2.7%				3.2%
Very dissatisfied	6	1	5	4	-	2	-	1	1	-	-	1	2
	3.2%	5.6%	3.6%	5.0%		5.4%		2.3%	2.7%			50.0%	3.2%
Summary Rate - Very satisfied/Somewhat satisfied	164	16	121	69	1	32	57	38	32	8	9	1	57
	88.2%	88.9%	87.1%	86.3%	100.0% RTU	86.5%	90.5%	86.4%	86.5%	80.0%	100.0%	50.0%	91.9%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q27. Please mark who is completing this survey. (Mark only one)

	== FACILITY = ========== SURVEY =========							========== PREFERRED METHOD OF COMMUNICATION ==========					
	==== TYPE === ======== RESPONDENT =======												
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	186	17	138	81	1	38	66	45	38	10	9	2	59
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	3	18	-	-	-	-	13	11	1	2	-	7
Office Manager	81	3	63	81	-	-	-	20	18	2	6	1	29
	43.5%	17.6%	45.7% B	100.0%				44.4%	47.4%	20.0%	66.7%	50.0%	49.2%
Director of Managed Care Contracting	1	-	1	-	1	-	-	-	-	-	-	-	1
	0.5%		0.7%		100.0%								1.7%
Billing Coordinator	38	7	28	-	-	38	-	9	-	4	2	1	12
	20.4%	41.2% c	20.3%			100.0%		20.0%		40.0%	22.2%	50.0%	20.3%
Other	66	7	46	-	-	-	66	16	20	4	1	-	17
	35.5%	41.2%	33.3%				100.0%	35.6%	52.6%	40.0%	11.1%		28.8%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

		FACILITY TYPE		SURVEY RESPONDENT				PREFERRED METHOD OF COMMUNICATION						
	Total	Hsptl	Ancl-lry Fclty	Offc. Mngr	Dir. Mng Cr Cont	Blng. Coord.	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail
	(A)	(B)	(C)	(R)	(S)	(T)	(U)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	20	156	81	1	38	66	58	49	11	11	2	66
Total Answering	158	16	118	71	1	31	52	35	32	8	9	2	55
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	62	4	38	10	-	7	14	23	17	3	2	-	11
Yes	142	16	103	61	1	28	49	33	27	7	9	2	49
	89.9%	100.0%	87.3%	85.9%	100.0%	90.3%	94.2%	94.3%	84.4%	87.5%	100.0%	100.0%	89.1%
		C			Rtu								
No	16	-	15	10	-	3	3	2	5	1	-	-	6
	10.1%		12.7%	14.1%		9.7%	5.8%	5.7%	15.6%	12.5%			10.9%

Comparison Groups: BC/RSTU
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
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A. Please indicate the type of facility in which you practice.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	176	22	40	30	77	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	44	5	10	5	21	-
Hospital	20	9	4	3	3	-
	11.4%	40.9%	10.0%	10.0%	3.9%	
		CDE				
Ancillary Facility/ Provider	156	13	36	27	74	-
	88.6%	59.1%	90.0%	90.0%	96.1%	
			B	B	B	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

B. Your preferred method of communication regarding plan changes, updates, and clinical information:

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	197	25	44	31	89	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	23	2	6	4	9	-
Letter/postcard	58	7	10	4	34	-
	29.4%	28.0%	22.7%	12.9%	38.2%	
					cD	
Fax	49	4	10	10	20	-
	24.9%	16.0%	22.7%	32.3%	22.5%	
Newsletter	11	1	1	4	5	-
	5.6%	4.0%	2.3%	12.9%	5.6%	
				c		
Website/Newsletter/ Provider Updates	11	1	4	1	5	-
	5.6%	4.0%	9.1%	3.2%	5.6%	
Contact by WVFH Representative	2	1	1	-	-	-
	1.0%	4.0%	2.3%			
E-mail	66	11	18	12	25	-
	33.5%	44.0%	40.9%	38.7%	28.1%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

C. How often do you utilize WVFH's website?

	Utilize Website					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	112	27	50	35	-	-
	100.0%	100.0%	100.0%	100.0%		
No Answer	10	-	-	-	-	-
At least once a day	27	27	-	-	-	-
	24.1%	100.0%				
At least once a week	50	-	50	-	-	-
	44.6%		100.0%			
At least once a month	35	-	-	35	-	-
	31.3%			100.0%		
I do not access WVFH's Website	98	-	-	-	98	-
I do not have access to the Internet	-	-	-	-	-	-

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

D. When you see a WVFH member, do you forward a report, discharge summary, or progress notes back to the referring practitioner and primary care physician?

	Utilize Website					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	107	16	16	16	54	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	6	1	2	-	2	-
Yes	69	11	7	9	37	-
	64.5%	68.8%	43.8%	56.3%	68.5% c	
No	38	5	9	7	17	-
	35.5%	31.3%	56.3% e	43.8%	31.5%	
N/A	107	10	32	19	42	-

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q1. Professionalism and courtesy of your WVFH Representative.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	159	23	43	26	62	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	6	1	3	-	2	-
Excellent	37	7	7	4	16	-
	23.3%	30.4%	16.3%	15.4%	25.8%	
Very good	64	6	17	10	29	-
	40.3%	26.1%	39.5%	38.5%	46.8%	
					b	
Good	49	9	15	12	13	-
	30.8%	39.1%	34.9%	46.2%	21.0%	
				E		
Fair	6	-	3	-	3	-
	3.8%		7.0%		4.8%	
Poor	3	1	1	-	1	-
	1.9%	4.3%	2.3%		1.6%	
N/A	55	3	4	9	34	-
Summary Rate - Excellent/	150	22	39	26	58	-
Very good/Good	94.3%	95.7%	90.7%	100.0%	93.5%	
				CE		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q2. Timeliness of the WVFH Representative when responding to inquiries.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	167	23	46	24	69	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	4	1	-	1	1	-
Excellent	28	4	5	3	14	-
	16.8%	17.4%	10.9%	12.5%	20.3%	
Very good	62	4	19	8	29	-
	37.1%	17.4%	41.3%	33.3%	42.0%	
			B		B	
Good	62	11	18	13	19	-
	37.1%	47.8%	39.1%	54.2%	27.5%	
		e		E		
Fair	9	2	2	-	5	-
	5.4%	8.7%	4.3%		7.2%	
Poor	6	2	2	-	2	-
	3.6%	8.7%	4.3%		2.9%	
N/A	49	3	4	10	28	-
Summary Rate - Excellent/ Very good/Good	152	19	42	24	62	-
	91.0%	82.6%	91.3%	100.0%	89.9%	
				BCE		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
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Q3. Knowledge of the Representative regarding WVFH's policies and procedures.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	168	22	47	24	69	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	6	3	-	1	1	-
Excellent	28	4	5	3	13	-
	16.7%	18.2%	10.6%	12.5%	18.8%	
Very good	64	6	16	9	32	-
	38.1%	27.3%	34.0%	37.5%	46.4%	
					b	
Good	60	10	21	11	17	-
	35.7%	45.5%	44.7%	45.8%	24.6%	
		e	E	e		
Fair	12	2	2	1	6	-
	7.1%	9.1%	4.3%	4.2%	8.7%	
Poor	4	-	3	-	1	-
	2.4%		6.4%		1.4%	
N/A	46	2	3	10	28	-
Summary Rate - Excellent/ Very good/Good	152	20	42	23	62	-
	90.5%	90.9%	89.4%	95.8%	89.9%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
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Q4. Your overall satisfaction with the quality of service from your WVFH Representative.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	174	23	48	26	71	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	5	2	-	1	1	-
Excellent	30	5	4	2	16	-
	17.2%	21.7%	8.3%	7.7%	22.5%	
					CD	
Very good	65	6	18	12	28	-
	37.4%	26.1%	37.5%	46.2%	39.4%	
Good	63	9	20	11	22	-
	36.2%	39.1%	41.7%	42.3%	31.0%	
Fair	6	2	1	1	2	-
	3.4%	8.7%	2.1%	3.8%	2.8%	
Poor	10	1	5	-	3	-
	5.7%	4.3%	10.4%		4.2%	
N/A	41	2	2	8	26	-
Summary Rate - Excellent/	158	20	42	25	66	-
Very good/Good	90.8%	87.0%	87.5%	96.2%	93.0%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
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Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	169	23	47	29	65	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	5	2	-	1	1	-
Excellent	21	3	5	2	10	-
	12.4%	13.0%	10.6%	6.9%	15.4%	
Very good	58	8	18	12	18	-
	34.3%	34.8%	38.3%	41.4%	27.7%	
Good	61	6	17	11	26	-
	36.1%	26.1%	36.2%	37.9%	40.0%	
Fair	20	5	6	2	7	-
	11.8%	21.7%	12.8%	6.9%	10.8%	
Poor	9	1	1	2	4	-
	5.3%	4.3%	2.1%	6.9%	6.2%	
N/A	46	2	3	5	32	-
Summary Rate - Excellent/	140	17	40	25	54	-
Very good/Good	82.8%	73.9%	85.1%	86.2%	83.1%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
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Q6. Consistency of Provider Services Representatives' answer to inquiries.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	174	26	49	28	64	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	12	-	-	3	8	-
Excellent	24	4	5	3	10	-
	13.8%	15.4%	10.2%	10.7%	15.6%	
Very good	52	5	14	10	20	-
	29.9%	19.2%	28.6%	35.7%	31.3%	
Good	76	11	25	13	27	-
	43.7%	42.3%	51.0%	46.4%	42.2%	
Fair	14	4	3	2	3	-
	8.0%	15.4%	6.1%	7.1%	4.7%	
Poor	8	2	2	-	4	-
	4.6%	7.7%	4.1%		6.3%	
N/A	34	1	1	4	26	-
Summary Rate - Excellent/	152	20	44	26	57	-
Very good/Good	87.4%	76.9%	89.8%	92.9%	89.1%	
				b		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	183	26	48	31	71	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	13	-	-	3	9	-
Excellent	23	4	5	2	9	-
	12.6%	15.4%	10.4%	6.5%	12.7%	
Very good	61	6	15	10	28	-
	33.3%	23.1%	31.3%	32.3%	39.4%	
Good	72	9	23	16	23	-
	39.3%	34.6%	47.9%	51.6%	32.4%	
			e	e		
Fair	19	6	1	3	8	-
	10.4%	23.1%	2.1%	9.7%	11.3%	
		C			C	
Poor	8	1	4	-	3	-
	4.4%	3.8%	8.3%		4.2%	
N/A	24	1	2	1	18	-
Summary Rate - Excellent/	156	19	43	28	60	-
Very good/Good	85.2%	73.1%	89.6%	90.3%	84.5%	
			b	b		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q8. Professionalism and courtesy of the Provider Services Representative.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	180	26	47	31	69	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	16	-	-	3	12	-
Excellent	40	4	7	8	17	-
	22.2%	15.4%	14.9%	25.8%	24.6%	
Very good	67	9	18	9	29	-
	37.2%	34.6%	38.3%	29.0%	42.0%	
Good	61	11	19	13	17	-
	33.9%	42.3%	40.4%	41.9%	24.6%	
			e	e		
Fair	12	2	3	1	6	-
	6.7%	7.7%	6.4%	3.2%	8.7%	
Poor	-	-	-	-	-	-
N/A	24	1	3	1	17	-
Summary Rate - Excellent/	168	24	44	30	63	-
Very good/Good	93.3%	92.3%	93.6%	96.8%	91.3%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q9. Timeliness of Provider Services staff when responding to inquiries.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	179	24	49	29	71	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	16	-	-	3	12	-
Excellent	27	4	5	4	12	-
	15.1%	16.7%	10.2%	13.8%	16.9%	
Very good	66	7	18	10	30	-
	36.9%	29.2%	36.7%	34.5%	42.3%	
Good	66	8	21	11	25	-
	36.9%	33.3%	42.9%	37.9%	35.2%	
Fair	16	4	4	4	2	-
	8.9%	16.7% e	8.2%	13.8%	2.8%	
Poor	4	1	1	-	2	-
	2.2%	4.2%	2.0%		2.8%	
N/A	25	3	1	3	15	-
Summary Rate - Excellent/ Very good/Good	159	19	44	25	67	-
	88.8%	79.2%	89.8%	86.2%	94.4% b	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q10. Your satisfaction with clean claims being processed consistently.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	166	23	45	29	63	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	18	-	-	4	13	-
Excellent	19	4	4	2	7	-
	11.4%	17.4%	8.9%	6.9%	11.1%	
Very good	54	7	15	11	20	-
	32.5%	30.4%	33.3%	37.9%	31.7%	
Good	63	5	15	16	25	-
	38.0%	21.7%	33.3%	55.2%	39.7%	
				Bc	b	
Fair	20	5	9	-	6	-
	12.0%	21.7%	20.0%		9.5%	
Poor	10	2	2	-	5	-
	6.0%	8.7%	4.4%		7.9%	
N/A	36	4	5	2	22	-
Summary Rate - Excellent/ Very good/Good	136	16	34	29	52	-
	81.9%	69.6%	75.6%	100.0%	82.5%	
				BCE		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q11. Your satisfaction with clean claims being paid in a timely manner.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	166	24	44	30	62	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	20	-	-	3	16	-
Excellent	23	4	4	2	11	-
	13.9%	16.7%	9.1%	6.7%	17.7%	
					d	
Very good	50	9	12	11	17	-
	30.1%	37.5%	27.3%	36.7%	27.4%	
Good	68	7	21	15	24	-
	41.0%	29.2%	47.7%	50.0%	38.7%	
Fair	17	4	5	2	5	-
	10.2%	16.7%	11.4%	6.7%	8.1%	
Poor	8	-	2	-	5	-
	4.8%		4.5%		8.1%	
N/A	34	3	6	2	20	-
Summary Rate - Excellent/ Very good/Good	141	20	37	28	52	-
	84.9%	83.3%	84.1%	93.3%	83.9%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12. Your overall satisfaction with the claims review and/or appeals process.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	157	22	42	29	59	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	20	-	1	3	15	-
Excellent	11	2	4	-	5	-
	7.0%	9.1%	9.5%		8.5%	
Very good	46	7	7	11	20	-
	29.3%	31.8%	16.7%	37.9%	33.9%	
				C	C	
Good	68	4	22	13	26	-
	43.3%	18.2%	52.4%	44.8%	44.1%	
			B	B	B	
Fair	19	7	6	3	3	-
	12.1%	31.8%	14.3%	10.3%	5.1%	
		dE				
Poor	13	2	3	2	5	-
	8.3%	9.1%	7.1%	6.9%	8.5%	
N/A	43	5	7	3	24	-
Summary Rate - Excellent/ Very good/Good	125	13	33	24	51	-
	79.6%	59.1%	78.6%	82.8%	86.4%	
				b	B	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12a. If dissatisfied, in what area are you dissatisfied?

	Utilize Website					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	32	9	9	5	8	-
Total Answering	24	6	8	3	7	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	8	3	1	2	1	-
Claims Review	14	2	6	1	5	-
	58.3%	33.3%	75.0% b	33.3%	71.4%	
Appeals Process	10	4	2	2	2	-
	41.7%	66.7% c	25.0%	66.7%	28.6%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
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Q12b. Why the dissatisfaction?

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	32	9	9	5	8	-
Total Answering	24	7	8	3	6	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	8	2	1	2	2	-
Timeliness	6	1	2	1	2	-
	25.0%	14.3%	25.0%	33.3%	33.3%	
Consistency	7	3	3	1	-	-
	29.2%	42.9%	37.5%	33.3%		
Outcome	6	1	2	1	2	-
	25.0%	14.3%	25.0%	33.3%	33.3%	
Other	5	2	1	-	2	-
	20.8%	28.6%	12.5%		33.3%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	171	27	45	26	67	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	23	-	1	4	16	-
Yes	164	25	44	25	64	-
	95.9%	92.6%	97.8%	96.2%	95.5%	
No	7	2	1	1	3	-
	4.1%	7.4%	2.2%	3.8%	4.5%	
N/A	26	-	4	5	15	-
Summary Rate - Yes	164	25	44	25	64	-
	95.9%	92.6%	97.8%	96.2%	95.5%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q14. Your knowledge of which services require an authorization.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	176	24	47	29	69	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	19	-	-	3	14	-
Excellent	30	4	9	-	14	-
	17.0%	16.7%	19.1%		20.3%	
Very good	62	12	17	7	24	-
	35.2%	50.0%	36.2%	24.1%	34.8%	
		D				
Good	59	5	19	16	19	-
	33.5%	20.8%	40.4%	55.2%	27.5%	
			b	BE		
Fair	19	3	2	4	9	-
	10.8%	12.5%	4.3%	13.8%	13.0%	
					c	
Poor	6	-	-	2	3	-
	3.4%			6.9%	4.3%	
N/A	25	3	3	3	15	-
Summary Rate - Excellent/ Very good/Good	151	21	45	23	57	-
	85.8%	87.5%	95.7%	79.3%	82.6%	
			DE			

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q15. Your knowledge of how to obtain an authorization for a WVFH member.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	179	26	47	29	70	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	22	-	1	4	15	-
Excellent	35	8	8	2	15	-
	19.6%	30.8%	17.0%	6.9%	21.4%	
		D			D	
Very good	68	11	19	11	24	-
	38.0%	42.3%	40.4%	37.9%	34.3%	
Good	62	5	19	14	22	-
	34.6%	19.2%	40.4%	48.3%	31.4%	
			B	B		
Fair	8	1	1	1	5	-
	4.5%	3.8%	2.1%	3.4%	7.1%	
Poor	6	1	-	1	4	-
	3.4%	3.8%		3.4%	5.7%	
N/A	19	1	2	2	13	-
Summary Rate - Excellent/	165	24	46	27	61	-
Very good/Good	92.2%	92.3%	97.9%	93.1%	87.1%	
			E			

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q16. Your knowledge of which services require a referral.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	145	22	36	22	58	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	24	-	1	5	16	-
Excellent	21	7	5	1	7	-
	14.5%	31.8%	13.9%	4.5%	12.1%	
		De				
Very good	43	5	10	8	16	-
	29.7%	22.7%	27.8%	36.4%	27.6%	
Good	59	6	15	11	25	-
	40.7%	27.3%	41.7%	50.0%	43.1%	
Fair	18	4	6	2	6	-
	12.4%	18.2%	16.7%	9.1%	10.3%	
Poor	4	-	-	-	4	-
	2.8%				6.9%	
N/A	51	5	13	8	24	-
Summary Rate - Excellent/ Very good/Good	123	18	30	20	48	-
	84.8%	81.8%	83.3%	90.9%	82.8%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q17. UM staff's clinical knowledge.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	158	25	42	24	61	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	27	-	1	5	19	-
Excellent	17	5	5	-	6	-
	10.8%	20.0%	11.9%		9.8%	
Very good	49	7	10	8	22	-
	31.0%	28.0%	23.8%	33.3%	36.1%	
Good	80	10	23	15	29	-
	50.6%	40.0%	54.8%	62.5%	47.5%	
Fair	10	2	3	1	4	-
	6.3%	8.0%	7.1%	4.2%	6.6%	
Poor	2	1	1	-	-	-
	1.3%	4.0%	2.4%			
N/A	35	2	7	6	18	-
Summary Rate - Excellent/	146	22	38	23	57	-
Very good/Good	92.4%	88.0%	90.5%	95.8%	93.4%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q18. UM staff's consistency in the authorization process.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	167	27	47	24	62	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	26	-	1	5	18	-
Excellent	22	5	6	1	9	-
	13.2%	18.5%	12.8%	4.2%	14.5%	
		d			d	
Very good	51	8	13	8	19	-
	30.5%	29.6%	27.7%	33.3%	30.6%	
Good	75	9	23	12	30	-
	44.9%	33.3%	48.9%	50.0%	48.4%	
Fair	16	3	5	3	3	-
	9.6%	11.1%	10.6%	12.5%	4.8%	
Poor	3	2	-	-	1	-
	1.8%	7.4%			1.6%	
N/A	27	-	2	6	18	-
Summary Rate - Excellent/ Very good/Good	148	22	42	21	58	-
	88.6%	81.5%	89.4%	87.5%	93.5%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q19. Physician reviewer's decision-making is clearly communicated to WVFH.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	127	22	36	20	46	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	29	2	1	6	18	-
Excellent	12	3	3	-	6	-
	9.4%	13.6%	8.3%		13.0%	
Very good	44	9	10	7	15	-
	34.6%	40.9%	27.8%	35.0%	32.6%	
Good	60	7	20	11	22	-
	47.2%	31.8%	55.6%	55.0%	47.8%	
			b			
Fair	9	2	2	2	3	-
	7.1%	9.1%	5.6%	10.0%	6.5%	
Poor	2	1	1	-	-	-
	1.6%	4.5%	2.8%			
N/A	64	3	13	9	34	-
Summary Rate - Excellent/	116	19	33	18	43	-
Very good/Good	91.3%	86.4%	91.7%	90.0%	93.5%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
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Q20. Professionalism/courtesy of the UM staff representative.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	166	24	47	25	64	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	27	1	1	5	18	-
Excellent	24	4	6	1	11	-
	14.5%	16.7%	12.8%	4.0%	17.2%	
					D	
Very good	69	10	21	9	26	-
	41.6%	41.7%	44.7%	36.0%	40.6%	
Good	67	9	19	15	23	-
	40.4%	37.5%	40.4%	60.0%	35.9%	
				E		
Fair	6	1	1	-	4	-
	3.6%	4.2%	2.1%		6.3%	
Poor	-	-	-	-	-	-
N/A	27	2	2	5	16	-
Summary Rate - Excellent/	160	23	46	25	60	-
Very good/Good	96.4%	95.8%	97.9%	100.0%	93.8%	
				E		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q21. Your overall satisfaction with the UM process.

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	167	24	46	26	64	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	29	1	1	5	19	-
Excellent	17	3	5	-	7	-
	10.2%	12.5%	10.9%		10.9%	
Very good	64	9	18	10	25	-
	38.3%	37.5%	39.1%	38.5%	39.1%	
Good	71	9	18	15	27	-
	42.5%	37.5%	39.1%	57.7%	42.2%	
Fair	12	3	4	1	3	-
	7.2%	12.5%	8.7%	3.8%	4.7%	
Poor	3	-	1	-	2	-
	1.8%		2.2%		3.1%	
N/A	24	2	3	4	15	-
Summary Rate - Excellent/	152	21	41	25	59	-
Very good/Good	91.0%	87.5%	89.1%	96.2%	92.2%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	159	24	43	23	62	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	29	1	2	5	19	-
Yes	154	24	42	22	59	-
	96.9%	100.0% e	97.7%	95.7%	95.2%	
No	5	-	1	1	3	-
	3.1%		2.3%	4.3%	4.8%	
N/A	32	2	5	7	17	-
Summary Rate - Yes	154	24	42	22	59	-
	96.9%	100.0% e	97.7%	95.7%	95.2%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q23. Consistency across all departments at WVFH is:

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	156	23	42	23	63	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	30	1	2	6	19	-
Very consistent	84	12	17	12	39	-
	53.8%	52.2%	40.5%	52.2%	61.9%	
					C	
Somewhat consistent	64	9	22	11	22	-
	41.0%	39.1%	52.4%	47.8%	34.9%	
			e			
Not consistent	8	2	3	-	2	-
	5.1%	8.7%	7.1%		3.2%	
N/A	34	3	6	6	16	-
Summary Rate - Very consistent/Somewhat consistent	148	21	39	23	61	-
	94.9%	91.3%	92.9%	100.0%	96.8%	
				c		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q24. Overall satisfaction with WVFH?

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	186 100.0%	26 100.0%	48 100.0%	29 100.0%	76 100.0%	-
No Answer	34	1	2	6	22	-
Very satisfied	92 49.5%	11 42.3%	20 41.7%	14 48.3%	42 55.3%	-
Somewhat satisfied	72 38.7%	12 46.2%	23 47.9% e	12 41.4%	24 31.6%	-
Neither	12 6.5%	1 3.8%	2 4.2%	3 10.3%	6 7.9%	-
Somewhat dissatisfied	4 2.2%	1 3.8%	1 2.1%	-	2 2.6%	-
Very dissatisfied	6 3.2%	1 3.8%	2 4.2%	-	2 2.6%	-
Summary Rate - Very satisfied/Somewhat satisfied	164 88.2%	23 88.5%	43 89.6%	26 89.7%	66 86.8%	-

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q27. Please mark who is completing this survey. (Mark only one)

		Utilize Website				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	186 100.0%	25 100.0%	46 100.0%	29 100.0%	78 100.0%	-
No Answer	34	2	4	6	20	-
Office Manager	81 43.5%	12 48.0%	22 47.8%	15 51.7%	29 37.2%	-
Director of Managed Care Contracting	1 0.5%	-	-	-	1 1.3%	-
Billing Coordinator	38 20.4%	5 20.0%	13 28.3% e	7 24.1%	12 15.4%	-
Other	66 35.5%	8 32.0%	11 23.9%	7 24.1%	36 46.2% CD	-

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

		========== Utilize Website ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	220	27	50	35	98	-
Total Answering	158	22	40	24	65	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	62	5	10	11	33	-
Yes	142	22	34	23	56	-
	89.9%	100.0% CE	85.0%	95.8%	86.2%	
No	16	-	6	1	9	-
	10.1%		15.0%	4.2%	13.8%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

A. Please indicate the type of facility in which you practice.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	176	14	14	11	9	9	7	8	104
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	3	3	1	2	-	2	1	32
Hospital	20	-	3	1	-	1	1	-	14
	11.4%		21.4%	9.1%		11.1%	14.3%		13.5%
Ancillary Facility/ Provider	156	14	11	10	9	8	6	8	90
	88.6%	100.0%	78.6%	90.9%	100.0%	88.9%	85.7%	100.0%	86.5%
		cI			cI			cI	

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

B. Your preferred method of communication regarding plan changes, updates, and clinical information:

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	MEDICAID COUNTY								
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	197	14	16	12	10	7	9	9	120
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	3	1	-	1	2	-	-	16
Letter/postcard	58	1	3	3	2	2	1	2	44
	29.4%	7.1%	18.8%	25.0%	20.0%	28.6%	11.1%	22.2%	36.7%
									BcG
Fax	49	6	8	2	2	1	2	3	25
	24.9%	42.9%	50.0%	16.7%	20.0%	14.3%	22.2%	33.3%	20.8%
			DeFI						
Newsletter	11	-	-	1	-	1	1	-	8
	5.6%			8.3%		14.3%	11.1%		6.7%
Website/Newsletter/ Provider Updates	11	-	2	-	1	-	-	-	8
	5.6%		12.5%		10.0%				6.7%
Contact by WVFH Representative	2	-	-	-	-	-	-	-	2
	1.0%								1.7%
E-mail	66	7	3	6	5	3	5	4	33
	33.5%	50.0%	18.8%	50.0%	50.0%	42.9%	55.6%	44.4%	27.5%
		c		c	c		c		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

C. How often do you utilize WVFH's website?

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	112	7	9	11	5	2	8	4	66
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	10	1	1	-	3	-	-	-	5
At least once a day	27	1	3	3	2	1	2	1	14
	24.1%	14.3%	33.3%	27.3%	40.0%	50.0%	25.0%	25.0%	21.2%
At least once a week	50	4	3	4	1	1	5	1	31
	44.6%	57.1%	33.3%	36.4%	20.0%	50.0%	62.5%	25.0%	47.0%
							e		
At least once a month	35	2	3	4	2	-	1	2	21
	31.3%	28.6%	33.3%	36.4%	40.0%		12.5%	50.0%	31.8%
I do not access WVFH's Website	98	9	7	1	3	7	1	5	65
I do not have access to the Internet	-	-	-	-	-	-	-	-	-

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

D. When you see a WVFH member, do you forward a report, discharge summary, or progress notes back to the referring practitioner and primary care physician?

	MEDICAID COUNTY								
	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	107	10	10	9	5	7	5	4	57
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	1	-	-	1	-	-	-	4
Yes	69	8	7	4	4	7	2	2	35
	64.5%	80.0%	70.0%	44.4%	80.0%	100.0%	40.0%	50.0%	61.4%
		d				CDGHI			
No	38	2	3	5	1	-	3	2	22
	35.5%	20.0%	30.0%	55.6%	20.0%		60.0%	50.0%	38.6%
				b					
N/A	107	6	7	3	5	2	4	5	75

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q1. Professionalism and courtesy of your WVFH Representative.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	159	15	10	10	9	6	7	6	96
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	-	1	-	1	-	-	1	3
Excellent	37	4	2	1	2	2	2	2	22
	23.3%	26.7%	20.0%	10.0%	22.2%	33.3%	28.6%	33.3%	22.9%
Very good	64	3	5	4	5	2	3	1	41
	40.3%	20.0%	50.0%	40.0%	55.6%	33.3%	42.9%	16.7%	42.7%
					bh				B
Good	49	6	3	4	2	1	2	2	29
	30.8%	40.0%	30.0%	40.0%	22.2%	16.7%	28.6%	33.3%	30.2%
Fair	6	1	-	-	-	1	-	1	3
	3.8%	6.7%				16.7%		16.7%	3.1%
Poor	3	1	-	1	-	-	-	-	1
	1.9%	6.7%		10.0%					1.0%
N/A	55	2	6	2	1	3	2	2	37
Summary Rate - Excellent/	150	13	10	9	9	5	7	5	92
Very good/Good	94.3%	86.7%	100.0%	90.0%	100.0%	83.3%	100.0%	83.3%	95.8%
			I		I		I		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q2. Timeliness of the WVFH Representative when responding to inquiries.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	167	16	11	10	9	8	8	6	99
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	-	1	-	-	-	-	1	2
Excellent	28	3	3	-	3	1	1	1	16
	16.8%	18.8%	27.3%		33.3%	12.5%	12.5%	16.7%	16.2%
Very good	62	2	2	3	5	2	5	3	40
	37.1%	12.5%	18.2%	30.0%	55.6%	25.0%	62.5%	50.0%	40.4%
					Bc		BC	b	Bc
Good	62	8	6	5	1	4	2	1	35
	37.1%	50.0%	54.5%	50.0%	11.1%	50.0%	25.0%	16.7%	35.4%
		Eh	Eh	E		e			E
Fair	9	2	-	-	-	-	-	1	6
	5.4%	12.5%						16.7%	6.1%
Poor	6	1	-	2	-	1	-	-	2
	3.6%	6.3%		20.0%		12.5%			2.0%
N/A	49	1	5	2	2	1	1	2	35
Summary Rate - Excellent/	152	13	11	8	9	7	8	5	91
Very good/Good	91.0%	81.3%	100.0%	80.0%	100.0%	87.5%	100.0%	83.3%	91.9%
			bI		bI		bI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q3. Knowledge of the Representative regarding WVFH's policies and procedures.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	168	16	10	9	10	8	7	7	101
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	-	1	1	-	-	-	1	3
Excellent	28	4	2	-	3	1	2	2	14
	16.7%	25.0%	20.0%		30.0%	12.5%	28.6%	28.6%	13.9%
Very good	64	2	3	3	4	2	2	2	46
	38.1%	12.5%	30.0%	33.3%	40.0%	25.0%	28.6%	28.6%	45.5%
									B
Good	60	7	4	5	2	3	3	2	34
	35.7%	43.8%	40.0%	55.6%	20.0%	37.5%	42.9%	28.6%	33.7%
				e					
Fair	12	2	-	-	1	1	-	1	7
	7.1%	12.5%			10.0%	12.5%		14.3%	6.9%
Poor	4	1	1	1	-	1	-	-	-
	2.4%	6.3%	10.0%	11.1%		12.5%			
N/A	46	1	6	2	1	1	2	1	32
Summary Rate - Excellent/	152	13	9	8	9	6	7	6	94
Very good/Good	90.5%	81.3%	90.0%	88.9%	90.0%	75.0%	100.0%	85.7%	93.1%
							bI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q4. Your overall satisfaction with the quality of service from your WVFH Representative.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	174	15	11	10	10	9	9	7	103
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	-	2	1	-	-	-	-	2
Excellent	30	4	2	-	3	1	1	2	17
	17.2%	26.7%	18.2%		30.0%	11.1%	11.1%	28.6%	16.5%
Very good	65	2	6	3	4	3	4	1	42
	37.4%	13.3%	54.5%	30.0%	40.0%	33.3%	44.4%	14.3%	40.8%
			BH				b		Bh
Good	63	7	1	5	2	4	4	3	37
	36.2%	46.7%	9.1%	50.0%	20.0%	44.4%	44.4%	42.9%	35.9%
		C		C		c	c		C
Fair	6	-	-	-	-	-	-	-	6
	3.4%								5.8%
Poor	10	2	2	2	1	1	-	1	1
	5.7%	13.3%	18.2%	20.0%	10.0%	11.1%		14.3%	1.0%
N/A	41	2	4	1	1	-	-	2	31
Summary Rate - Excellent/	158	13	9	8	9	8	9	6	96
Very good/Good	90.8%	86.7%	81.8%	80.0%	90.0%	88.9%	100.0%	85.7%	93.2%
							I		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	MEDICAID COUNTY								
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	169	16	11	10	10	8	8	7	99
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	-	2	1	-	-	-	-	2
Excellent	21	2	2	1	3	1	2	1	9
	12.4%	12.5%	18.2%	10.0%	30.0%	12.5%	25.0%	14.3%	9.1%
Very good	58	2	4	3	3	2	4	1	39
	34.3%	12.5%	36.4%	30.0%	30.0%	25.0%	50.0%	14.3%	39.4%
							b		Bh
Good	61	7	2	3	3	3	2	3	38
	36.1%	43.8%	18.2%	30.0%	30.0%	37.5%	25.0%	42.9%	38.4%
Fair	20	4	3	1	-	2	-	-	10
	11.8%	25.0%	27.3%	10.0%		25.0%			10.1%
Poor	9	1	-	2	1	-	-	2	3
	5.3%	6.3%		20.0%	10.0%			28.6%	3.0%
N/A	46	1	4	1	1	1	1	2	35
Summary Rate - Excellent/	140	11	8	7	9	6	8	5	86
Very good/Good	82.8%	68.8%	72.7%	70.0%	90.0%	75.0%	100.0%	71.4%	86.9%
							BCDhI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q6. Consistency of Provider Services Representatives' answer to inquiries.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	174	13	11	11	10	7	9	6	107
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	12	2	3	-	-	-	-	1	6
Excellent	24	3	2	-	3	-	2	1	13
	13.8%	23.1%	18.2%		30.0%		22.2%	16.7%	12.1%
Very good	52	3	4	3	3	1	4	-	34
	29.9%	23.1%	36.4%	27.3%	30.0%	14.3%	44.4%		31.8%
Good	76	6	3	6	3	4	3	4	47
	43.7%	46.2%	27.3%	54.5%	30.0%	57.1%	33.3%	66.7%	43.9%
								c	
Fair	14	1	2	1	1	-	-	-	9
	8.0%	7.7%	18.2%	9.1%	10.0%				8.4%
Poor	8	-	-	1	-	2	-	1	4
	4.6%			9.1%		28.6%		16.7%	3.7%
N/A	34	2	3	1	1	2	-	2	23
Summary Rate - Excellent/	152	12	9	9	9	5	9	5	94
Very good/Good	87.4%	92.3%	81.8%	81.8%	90.0%	71.4%	100.0%	83.3%	87.9%
							fI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	183	15	13	12	10	8	9	7	109
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	13	2	3	-	-	-	-	1	7
Excellent	23	2	3	-	3	-	2	1	12
	12.6%	13.3%	23.1%		30.0%		22.2%	14.3%	11.0%
Very good	61	3	4	4	4	2	2	-	42
	33.3%	20.0%	30.8%	33.3%	40.0%	25.0%	22.2%		38.5%
Good	72	8	4	5	1	4	5	5	40
	39.3%	53.3%	30.8%	41.7%	10.0%	50.0%	55.6%	71.4%	36.7%
		E		e		E	E	cEI	E
Fair	19	1	1	2	2	-	-	-	13
	10.4%	6.7%	7.7%	16.7%	20.0%				11.9%
Poor	8	1	1	1	-	2	-	1	2
	4.4%	6.7%	7.7%	8.3%		25.0%		14.3%	1.8%
N/A	24	-	1	-	1	1	-	1	20
Summary Rate - Excellent/ Very good/Good	156	13	11	9	8	6	9	6	94
	85.2%	86.7%	84.6%	75.0%	80.0%	75.0%	100.0%	85.7%	86.2%
							DI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q8. Professionalism and courtesy of the Provider Services Representative.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	180	14	13	12	10	8	9	7	107
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	2	3	-	-	-	-	2	9
Excellent	40	5	3	-	4	1	3	1	23
	22.2%	35.7%	23.1%		40.0%	12.5%	33.3%	14.3%	21.5%
Very good	67	1	8	5	4	2	4	1	42
	37.2%	7.1%	61.5%	41.7%	40.0%	25.0%	44.4%	14.3%	39.3%
			BfH	B	b		B		Bh
Good	61	6	2	6	2	5	2	4	34
	33.9%	42.9%	15.4%	50.0%	20.0%	62.5%	22.2%	57.1%	31.8%
		c		C		CEgi		C	
Fair	12	2	-	1	-	-	-	1	8
	6.7%	14.3%		8.3%				14.3%	7.5%
Poor	-	-	-	-	-	-	-	-	-
N/A	24	1	1	-	1	1	-	-	20
Summary Rate - Excellent/	168	12	13	11	10	8	9	6	99
Very good/Good	93.3%	85.7%	100.0%	91.7%	100.0%	100.0%	100.0%	85.7%	92.5%
			I		I	I	I		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q9. Timeliness of Provider Services staff when responding to inquiries.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	MEDICAID COUNTY								
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	179	15	13	12	9	8	9	7	106
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	2	3	-	-	-	-	2	9
Excellent	27	4	2	-	3	1	2	1	14
	15.1%	26.7%	15.4%		33.3%	12.5%	22.2%	14.3%	13.2%
Very good	66	3	7	7	3	1	3	1	41
	36.9%	20.0%	53.8%	58.3%	33.3%	12.5%	33.3%	14.3%	38.7%
			BFH	BFH					Fh
Good	66	7	3	3	2	4	4	4	39
	36.9%	46.7%	23.1%	25.0%	22.2%	50.0%	44.4%	57.1%	36.8%
Fair	16	1	1	2	1	1	-	-	10
	8.9%	6.7%	7.7%	16.7%	11.1%	12.5%			9.4%
Poor	4	-	-	-	-	1	-	1	2
	2.2%					12.5%		14.3%	1.9%
N/A	25	-	1	-	2	1	-	-	21
Summary Rate - Excellent/	159	14	12	10	8	6	9	6	94
Very good/Good	88.8%	93.3%	92.3%	83.3%	88.9%	75.0%	100.0%	85.7%	88.7%
							I		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q10. Your satisfaction with clean claims being processed consistently.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	166	13	10	9	9	6	8	6	105
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	18	2	4	1	-	-	-	2	9
Excellent	19	1	1	-	1	-	1	1	14
	11.4%	7.7%	10.0%		11.1%		12.5%	16.7%	13.3%
Very good	54	2	5	4	5	2	4	-	32
	32.5%	15.4%	50.0%	44.4%	55.6%	33.3%	50.0%		30.5%
			b		B		b		
Good	63	8	2	4	2	4	1	3	39
	38.0%	61.5%	20.0%	44.4%	22.2%	66.7%	12.5%	50.0%	37.1%
		CEGi				CeG			g
Fair	20	2	1	-	-	-	2	1	14
	12.0%	15.4%	10.0%				25.0%	16.7%	13.3%
Poor	10	-	1	1	1	-	-	1	6
	6.0%		10.0%	11.1%	11.1%			16.7%	5.7%
N/A	36	2	3	2	2	3	1	1	22
Summary Rate - Excellent/	136	11	8	8	8	6	6	4	85
Very good/Good	81.9%	84.6%	80.0%	88.9%	88.9%	100.0%	75.0%	66.7%	81.0%
						hI			

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q11. Your satisfaction with clean claims being paid in a timely manner.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	166	12	10	10	9	5	9	6	105
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	3	4	-	-	1	-	2	10
Excellent	23	3	2	1	1	-	1	1	14
	13.9%	25.0%	20.0%	10.0%	11.1%		11.1%	16.7%	13.3%
Very good	50	2	5	4	5	3	3	2	26
	30.1%	16.7%	50.0%	40.0%	55.6%	60.0%	33.3%	33.3%	24.8%
			b		Bi	b			
Good	68	6	1	3	2	2	4	2	48
	41.0%	50.0%	10.0%	30.0%	22.2%	40.0%	44.4%	33.3%	45.7%
		C					c		C
Fair	17	1	1	1	-	-	1	-	13
	10.2%	8.3%	10.0%	10.0%			11.1%		12.4%
Poor	8	-	1	1	1	-	-	1	4
	4.8%		10.0%	10.0%	11.1%			16.7%	3.8%
N/A	34	2	3	2	2	3	-	1	21
Summary Rate - Excellent/	141	11	8	8	8	5	8	5	88
Very good/Good	84.9%	91.7%	80.0%	80.0%	88.9%	100.0%	88.9%	83.3%	83.8%
						I			

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12. Your overall satisfaction with the claims review and/or appeals process.

		MEDICAID COUNTY							
	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	157	11	10	10	8	5	8	5	100
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	3	4	-	-	1	-	2	10
Excellent	11	2	1	-	1	-	-	1	6
	7.0%	18.2%	10.0%		12.5%			20.0%	6.0%
Very good	46	1	4	5	3	1	3	1	28
	29.3%	9.1%	40.0%	50.0%	37.5%	20.0%	37.5%	20.0%	28.0%
			b	B					b
Good	68	8	2	2	3	3	3	2	45
	43.3%	72.7%	20.0%	20.0%	37.5%	60.0%	37.5%	40.0%	45.0%
		CDi							cd
Fair	19	-	1	-	-	1	2	-	15
	12.1%		10.0%			20.0%	25.0%		15.0%
Poor	13	-	2	3	1	-	-	1	6
	8.3%		20.0%	30.0%	12.5%			20.0%	6.0%
N/A	43	3	3	2	3	3	1	2	26
Summary Rate - Excellent/	125	11	7	7	7	4	6	4	79
Very good/Good	79.6%	100.0%	70.0%	70.0%	87.5%	80.0%	75.0%	80.0%	79.0%
		CDI							

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12a. If dissatisfied, in what area are you dissatisfied?

	Total	MEDICAID COUNTY							
		Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	32	-	3	3	1	1	2	1	21
Total Answering	24	-	3	2	-	-	1	1	17
	100%		100.0%	100.0%			100.0%	100.0%	100.0%
No Answer	8	-	-	1	1	1	1	-	4
Claims Review	14	-	3	1	-	-	1	1	8
	58.3%		100.0%	50.0%			100.0%	100.0%	47.1%
			I				I	I	
Appeals Process	10	-	-	1	-	-	-	-	9
	41.7%			50.0%					52.9%

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12b. Why the dissatisfaction?

	Total	MEDICAID COUNTY							
		Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	32	-	3	3	1	1	2	1	21
Total Answering	24	-	3	2	-	1	1	1	16
	100%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	8	-	-	1	1	-	1	-	5
Timeliness	6	-	-	-	-	-	-	-	6
	25.0%								37.5%
Consistency	7	-	-	-	-	-	1	-	6
	29.2%						100.0%		37.5%
							I		
Outcome	6	-	1	1	-	1	-	-	3
	25.0%		33.3%	50.0%		100.0%			18.8%
						CI			
Other	5	-	2	1	-	-	-	1	1
	20.8%		66.7%	50.0%				100.0%	6.3%
			I					I	

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.

		MEDICAID COUNTY							
	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	171	15	11	11	8	7	8	6	105
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	2	4	-	-	1	-	3	13
Yes	164	14	11	9	8	7	8	6	101
	95.9%	93.3%	100.0%	81.8%	100.0%	100.0%	100.0%	100.0%	96.2%
			I		I	I	I	I	
No	7	1	-	2	-	-	-	-	4
	4.1%	6.7%		18.2%					3.8%
N/A	26	-	2	1	3	1	1	-	18
Summary Rate - Yes	164	14	11	9	8	7	8	6	101
	95.9%	93.3%	100.0%	81.8%	100.0%	100.0%	100.0%	100.0%	96.2%
			I		I	I	I	I	

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q14. Your knowledge of which services require an authorization.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	176	14	13	12	9	7	8	6	107
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	19	2	4	-	-	1	-	3	9
Excellent	30	5	3	3	4	1	2	1	11
	17.0%	35.7%	23.1%	25.0%	44.4%	14.3%	25.0%	16.7%	10.3%
		i			I				
Very good	62	3	5	3	1	3	4	2	41
	35.2%	21.4%	38.5%	25.0%	11.1%	42.9%	50.0%	33.3%	38.3%
							e		E
Good	59	5	4	4	2	2	2	2	38
	33.5%	35.7%	30.8%	33.3%	22.2%	28.6%	25.0%	33.3%	35.5%
Fair	19	1	1	1	1	1	-	1	13
	10.8%	7.1%	7.7%	8.3%	11.1%	14.3%		16.7%	12.1%
Poor	6	-	-	1	1	-	-	-	4
	3.4%			8.3%	11.1%				3.7%
N/A	25	1	-	-	2	1	1	-	20
Summary Rate - Excellent/	151	13	12	10	7	6	8	5	90
Very good/Good	85.8%	92.9%	92.3%	83.3%	77.8%	85.7%	100.0%	83.3%	84.1%
							I		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q15. Your knowledge of how to obtain an authorization for a WVFH member.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	179	15	13	12	10	8	9	6	106
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	22	2	4	-	1	1	-	3	11
Excellent	35	5	3	3	3	2	1	1	17
	19.6%	33.3%	23.1%	25.0%	30.0%	25.0%	11.1%	16.7%	16.0%
Very good	68	4	6	5	4	2	7	2	38
	38.0%	26.7%	46.2%	41.7%	40.0%	25.0%	77.8%	33.3%	35.8%
							BdeFhI		
Good	62	5	4	2	3	3	1	3	41
	34.6%	33.3%	30.8%	16.7%	30.0%	37.5%	11.1%	50.0%	38.7%
								g	dG
Fair	8	1	-	2	-	1	-	-	4
	4.5%	6.7%		16.7%		12.5%			3.8%
Poor	6	-	-	-	-	-	-	-	6
	3.4%								5.7%
N/A	19	-	-	-	-	-	-	-	19
Summary Rate - Excellent/	165	14	13	10	10	7	9	6	96
Very good/Good	92.2%	93.3%	100.0%	83.3%	100.0%	87.5%	100.0%	100.0%	90.6%
			I		I		I	I	

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q16. Your knowledge of which services require a referral.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	145	14	10	11	8	8	6	4	84
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	24	2	4	-	1	1	-	3	13
Excellent	21	2	2	3	1	-	1	1	11
	14.5%	14.3%	20.0%	27.3%	12.5%		16.7%	25.0%	13.1%
Very good	43	3	3	3	4	2	4	1	23
	29.7%	21.4%	30.0%	27.3%	50.0%	25.0%	66.7%	25.0%	27.4%
							BdfI		
Good	59	6	5	4	3	4	1	2	34
	40.7%	42.9%	50.0%	36.4%	37.5%	50.0%	16.7%	50.0%	40.5%
Fair	18	3	-	1	-	2	-	-	12
	12.4%	21.4%		9.1%		25.0%			14.3%
Poor	4	-	-	-	-	-	-	-	4
	2.8%								4.8%
N/A	51	1	3	1	2	-	3	2	39
Summary Rate - Excellent/	123	11	10	10	8	6	6	4	68
Very good/Good	84.8%	78.6%	100.0%	90.9%	100.0%	75.0%	100.0%	100.0%	81.0%
			bI		bI		bI	bI	

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q17. UM staff's clinical knowledge.

	MEDICAID COUNTY								
	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	158	13	11	10	9	8	7	5	95
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	3	4	1	1	1	-	3	14
Excellent	17	1	1	-	3	-	1	1	10
	10.8%	7.7%	9.1%		33.3%		14.3%	20.0%	10.5%
Very good	49	5	4	2	2	2	3	1	30
	31.0%	38.5%	36.4%	20.0%	22.2%	25.0%	42.9%	20.0%	31.6%
Good	80	6	5	7	3	5	3	2	49
	50.6%	46.2%	45.5%	70.0%	33.3%	62.5%	42.9%	40.0%	51.6%
				e					
Fair	10	1	-	1	1	-	-	1	6
	6.3%	7.7%		10.0%	11.1%			20.0%	6.3%
Poor	2	-	1	-	-	1	-	-	-
	1.3%		9.1%			12.5%			
N/A	35	1	2	1	1	-	2	1	27
Summary Rate - Excellent/	146	12	10	9	8	7	7	4	89
Very good/Good	92.4%	92.3%	90.9%	90.0%	88.9%	87.5%	100.0%	80.0%	93.7%
							I		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q18. UM staff's consistency in the authorization process.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	167	14	11	11	10	8	9	5	99
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	26	3	4	-	1	1	-	3	14
Excellent	22	3	2	-	3	-	2	1	11
	13.2%	21.4%	18.2%		30.0%		22.2%	20.0%	11.1%
Very good	51	3	4	5	3	2	4	1	29
	30.5%	21.4%	36.4%	45.5%	30.0%	25.0%	44.4%	20.0%	29.3%
Good	75	6	4	4	2	5	3	2	49
	44.9%	42.9%	36.4%	36.4%	20.0%	62.5%	33.3%	40.0%	49.5%
						E			E
Fair	16	2	1	2	2	-	-	1	8
	9.6%	14.3%	9.1%	18.2%	20.0%			20.0%	8.1%
Poor	3	-	-	-	-	1	-	-	2
	1.8%					12.5%			2.0%
N/A	27	-	2	1	-	-	-	1	23
Summary Rate - Excellent/	148	12	10	9	8	7	9	4	89
Very good/Good	88.6%	85.7%	90.9%	81.8%	80.0%	87.5%	100.0%	80.0%	89.9%
							I		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q19. Physician reviewer's decision-making is clearly communicated to WVFH.

	MEDICAID COUNTY								
	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	127	12	11	7	6	6	9	3	73
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	3	4	2	1	1	-	3	15
Excellent	12	1	1	-	2	-	1	1	6
	9.4%	8.3%	9.1%		33.3%		11.1%	33.3%	8.2%
Very good	44	3	4	3	3	1	5	-	25
	34.6%	25.0%	36.4%	42.9%	50.0%	16.7%	55.6%		34.2%
							f		
Good	60	7	5	2	-	4	3	1	38
	47.2%	58.3%	45.5%	28.6%		66.7%	33.3%	33.3%	52.1%
Fair	9	-	1	1	1	1	-	1	4
	7.1%		9.1%	14.3%	16.7%	16.7%		33.3%	5.5%
Poor	2	1	-	1	-	-	-	-	-
	1.6%	8.3%		14.3%					
N/A	64	2	2	3	4	2	-	3	48
Summary Rate - Excellent/	116	11	10	5	5	5	9	2	69
Very good/Good	91.3%	91.7%	90.9%	71.4%	83.3%	83.3%	100.0%	66.7%	94.5%
							dI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q20. Professionalism/courtesy of the UM staff representative.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	166	14	12	11	10	8	9	5	97
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	3	4	-	1	1	-	3	15
Excellent	24	4	2	-	3	-	3	1	11
	14.5%	28.6%	16.7%		30.0%		33.3%	20.0%	11.3%
Very good	69	3	5	4	4	3	5	1	44
	41.6%	21.4%	41.7%	36.4%	40.0%	37.5%	55.6%	20.0%	45.4%
							b		B
Good	67	7	5	6	2	5	1	2	39
	40.4%	50.0%	41.7%	54.5%	20.0%	62.5%	11.1%	40.0%	40.2%
		G	g	eG		EG			G
Fair	6	-	-	1	1	-	-	1	3
	3.6%			9.1%	10.0%			20.0%	3.1%
Poor	-	-	-	-	-	-	-	-	-
N/A	27	-	1	1	-	-	-	1	24
Summary Rate - Excellent/	160	14	12	10	9	8	9	4	94
Very good/Good	96.4%	100.0%	100.0%	90.9%	90.0%	100.0%	100.0%	80.0%	96.9%
		i	i			i	i		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q21. Your overall satisfaction with the UM process.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	167	14	13	11	10	7	9	4	99
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	3	4	-	1	1	-	3	17
Excellent	17	3	1	-	2	-	2	1	8
	10.2%	21.4%	7.7%		20.0%		22.2%	25.0%	8.1%
Very good	64	3	4	4	4	3	6	1	39
	38.3%	21.4%	30.8%	36.4%	40.0%	42.9%	66.7%	25.0%	39.4%
							Bci		
Good	71	7	7	4	3	3	1	1	45
	42.5%	50.0%	53.8%	36.4%	30.0%	42.9%	11.1%	25.0%	45.5%
		G	G						G
Fair	12	1	-	2	1	1	-	1	6
	7.2%	7.1%		18.2%	10.0%	14.3%		25.0%	6.1%
Poor	3	-	1	1	-	-	-	-	1
	1.8%		7.7%	9.1%					1.0%
N/A	24	-	-	1	-	1	-	2	20
Summary Rate - Excellent/	152	13	12	8	9	6	9	3	92
Very good/Good	91.0%	92.9%	92.3%	72.7%	90.0%	85.7%	100.0%	75.0%	92.9%
							DI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
	MEDICAID COUNTY								
Total	220	17	17	12	11	9	9	9	136
Total Answering	159	13	11	11	8	7	8	4	97
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	3	4	-	1	1	-	3	17
Yes	154	12	11	10	8	7	8	4	94
	96.9%	92.3%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	96.9%
			i		i	i	i	i	
No	5	1	-	1	-	-	-	-	3
	3.1%	7.7%		9.1%					3.1%
N/A	32	1	2	1	2	1	1	2	22
Summary Rate - Yes	154	12	11	10	8	7	8	4	94
	96.9%	92.3%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	96.9%
			i		i	i	i	i	

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q23. Consistency across all departments at WVFH is:

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	156	12	11	12	7	7	8	3	96
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	30	4	4	-	1	1	-	3	17
Very consistent	84	7	7	5	6	3	5	2	49
	53.8%	58.3%	63.6%	41.7%	85.7%	42.9%	62.5%	66.7%	51.0%
					DfI				
Somewhat consistent	64	4	3	6	-	3	3	1	44
	41.0%	33.3%	27.3%	50.0%		42.9%	37.5%	33.3%	45.8%
Not consistent	8	1	1	1	1	1	-	-	3
	5.1%	8.3%	9.1%	8.3%	14.3%	14.3%			3.1%
N/A	34	1	2	-	3	1	1	3	23
Summary Rate - Very consistent/Somewhat consistent	148	11	10	11	6	6	8	3	93
	94.9%	91.7%	90.9%	91.7%	85.7%	85.7%	100.0%	100.0%	96.9%
							i	i	

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q24. Overall satisfaction with WVFH?

	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
		MEDICAID COUNTY							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	186	13	13	12	10	8	9	6	115
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	4	4	-	1	1	-	3	21
Very satisfied	92	8	6	4	7	3	5	4	55
	49.5%	61.5%	46.2%	33.3%	70.0%	37.5%	55.6%	66.7%	47.8%
					d				
Somewhat satisfied	72	2	6	5	2	5	4	1	47
	38.7%	15.4%	46.2%	41.7%	20.0%	62.5%	44.4%	16.7%	40.9%
			b			BEH			B
Neither	12	1	-	2	-	-	-	-	9
	6.5%	7.7%		16.7%					7.8%
Somewhat dissatisfied	4	1	-	-	-	-	-	1	2
	2.2%	7.7%						16.7%	1.7%
Very dissatisfied	6	1	1	1	1	-	-	-	2
	3.2%	7.7%	7.7%	8.3%	10.0%				1.7%
Summary Rate - Very satisfied/Somewhat satisfied	164	10	12	9	9	8	9	5	102
	88.2%	76.9%	92.3%	75.0%	90.0%	100.0%	100.0%	83.3%	88.7%
						BDI	BDI		

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q27. Please mark who is completing this survey. (Mark only one)

		MEDICAID COUNTY							
	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	186	14	13	12	10	8	9	6	114
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	3	4	-	1	1	-	3	22
Office Manager	81	5	8	5	6	3	4	2	48
	43.5%	35.7%	61.5%	41.7%	60.0%	37.5%	44.4%	33.3%	42.1%
Director of Managed Care Contracting	1	-	-	-	-	-	-	-	1
	0.5%								0.9%
Billing Coordinator	38	4	1	3	1	1	1	1	26
	20.4%	28.6%	7.7%	25.0%	10.0%	12.5%	11.1%	16.7%	22.8%
									c
Other	66	5	4	4	3	4	4	3	39
	35.5%	35.7%	30.8%	33.3%	30.0%	50.0%	44.4%	50.0%	34.2%

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

	MEDICAID COUNTY								
	Total	Raleigh	Kanawha	Monongalia	Marion	Wood	Cabell	Harrison	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total	220	17	17	12	11	9	9	9	136
Total Answering	158	13	11	10	9	5	8	4	98
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	62	4	6	2	2	4	1	5	38
Yes	142	10	9	10	9	4	7	4	89
	89.9%	76.9%	81.8%	100.0%	100.0%	80.0%	87.5%	100.0%	90.8%
				BI	BI			BI	
No	16	3	2	-	-	1	1	-	9
	10.1%	23.1%	18.2%			20.0%	12.5%		9.2%

Comparison Groups: BCDEFGHI
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

A. Please indicate the type of facility in which you practice.

		MEDICAID SPECIALTY								
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	176	76	17	14	10	8	8	6	7	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	19	6	1	3	3	3	1	-	8
Hospital	20	-	1	13	-	-	-	-	-	6
	11.4%		5.9%	92.9%						20.0%
				CJ						
Ancillary Facility/	156	76	16	1	10	8	8	6	7	24
Provider	88.6%	100.0%	94.1%	7.1%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%
		DJ	D		DJ	DJ	DJ	DJ	DJ	D

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

B. Your preferred method of communication regarding plan changes, updates, and clinical information:

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	197	88	20	11	13	11	10	7	7	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	7	3	4	-	-	1	-	-	8
Letter/postcard	58	23	11	2	2	4	5	2	1	8
	29.4%	26.1%	55.0%	18.2%	15.4%	36.4%	50.0%	28.6%	14.3%	26.7%
			BDEIJ				ei			
Fax	49	30	-	-	3	4	4	3	2	3
	24.9%	34.1%			23.1%	36.4%	40.0%	42.9%	28.6%	10.0%
		J				j	j	j		
Newsletter	11	4	2	1	1	-	-	-	1	2
	5.6%	4.5%	10.0%	9.1%	7.7%				14.3%	6.7%
Website/Newsletter/ Provider Updates	11	4	1	1	1	1	-	-	-	3
	5.6%	4.5%	5.0%	9.1%	7.7%	9.1%				10.0%
Contact by WVFH Representative	2	-	-	1	-	-	-	-	-	1
	1.0%			9.1%						3.3%
E-mail	66	27	6	6	6	2	1	2	3	13
	33.5%	30.7%	30.0%	54.5%	46.2%	18.2%	10.0%	28.6%	42.9%	43.3%
		g		fG	G					fG

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

C. How often do you utilize WVFH's website?

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	MEDICAID SPECIALTY									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	112	47	7	11	4	1	4	5	5	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	10	5	2	1	-	1	-	-	-	1
At least once a day	27	7	2	6	-	-	2	2	2	6
	24.1%	14.9%	28.6%	54.5%			50.0%	40.0%	40.0%	21.4%
				Bj						
At least once a week	50	26	3	3	2	-	1	1	1	13
	44.6%	55.3%	42.9%	27.3%	50.0%		25.0%	20.0%	20.0%	46.4%
		dhi								
At least once a month	35	14	2	2	2	1	1	2	2	9
	31.3%	29.8%	28.6%	18.2%	50.0%	100.0%	25.0%	40.0%	40.0%	32.1%
						BCDEGHIJ				
I do not access WVFH's Website	98	43	14	3	9	9	7	2	2	9
I do not have access to the Internet	-	-	-	-	-	-	-	-	-	-

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

D. When you see a WVFH member, do you forward a report, discharge summary, or progress notes back to the referring practitioner and primary care physician?

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	107	39	8	6	8	7	9	7	5	18
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	2	1	1	-	-	-	-	-	2
Yes	69	21	3	5	7	5	3	7	4	14
	64.5%	53.8%	37.5%	83.3%	87.5%	71.4%	33.3%	100.0%	80.0%	77.8%
				bCG	BCG			BCfGJ	cg	bCG
No	38	18	5	1	1	2	6	-	1	4
	35.5%	46.2%	62.5%	16.7%	12.5%	28.6%	66.7%		20.0%	22.2%
		dEj	DEiJ				DEiJ			
N/A	107	54	14	8	5	4	2	-	2	18

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q1. Professionalism and courtesy of your WVFH Representative.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	159	72	12	11	11	6	5	7	7	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	2	-	1	-	-	1	-	-	2
Excellent	37	16	3	3	1	3	2	2	3	4
	23.3%	22.2%	25.0%	27.3%	9.1%	50.0%	40.0%	28.6%	42.9%	14.3%
						ej				
Very good	64	33	4	3	3	2	2	1	3	13
	40.3%	45.8%	33.3%	27.3%	27.3%	33.3%	40.0%	14.3%	42.9%	46.4%
		H								H
Good	49	17	5	4	6	1	1	3	1	11
	30.8%	23.6%	41.7%	36.4%	54.5%	16.7%	20.0%	42.9%	14.3%	39.3%
					bfI					
Fair	6	4	-	-	1	-	-	1	-	-
	3.8%	5.6%			9.1%			14.3%		
Poor	3	2	-	1	-	-	-	-	-	-
	1.9%	2.8%		9.1%						
N/A	55	21	11	3	2	5	5	-	-	8
Summary Rate - Excellent/	150	66	12	10	10	6	5	6	7	28
Very good/Good	94.3%	91.7%	100.0%	90.9%	90.9%	100.0%	100.0%	85.7%	100.0%	100.0%
			B			B	B		B	B

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q2. Timeliness of the WVFH Representative when responding to inquiries.

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	MEDICAID SPECIALTY									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	167	74	14	12	10	6	6	7	7	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	1	-	1	-	-	1	-	-	1
Excellent	28	12	1	2	1	2	3	1	2	4
	16.8%	16.2%	7.1%	16.7%	10.0%	33.3%	50.0%	14.3%	28.6%	12.9%
							Cej			
Very good	62	31	7	3	2	3	-	3	3	10
	37.1%	41.9%	50.0%	25.0%	20.0%	50.0%		42.9%	42.9%	32.3%
Good	62	22	5	5	6	1	3	2	2	16
	37.1%	29.7%	35.7%	41.7%	60.0%	16.7%	50.0%	28.6%	28.6%	51.6%
					bF					BF
Fair	9	5	1	1	1	-	-	-	-	1
	5.4%	6.8%	7.1%	8.3%	10.0%					3.2%
Poor	6	4	-	1	-	-	-	1	-	-
	3.6%	5.4%		8.3%				14.3%		
N/A	49	20	9	2	3	5	4	-	-	6
Summary Rate - Excellent/	152	65	13	10	9	6	6	6	7	30
Very good/Good	91.0%	87.8%	92.9%	83.3%	90.0%	100.0%	100.0%	85.7%	100.0%	96.8%
						B	B		B	b

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q3. Knowledge of the Representative regarding WVFH's policies and procedures.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	168	76	14	12	11	5	6	7	7	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	3	-	1	-	-	1	-	-	1
Excellent	28	15	2	1	-	1	2	1	2	4
	16.7%	19.7%	14.3%	8.3%		20.0%	33.3%	14.3%	28.6%	13.3%
Very good	64	29	8	3	4	3	2	3	2	10
	38.1%	38.2%	57.1%	25.0%	36.4%	60.0%	33.3%	42.9%	28.6%	33.3%
			d							
Good	60	25	3	5	6	1	2	2	3	13
	35.7%	32.9%	21.4%	41.7%	54.5%	20.0%	33.3%	28.6%	42.9%	43.3%
					c					
Fair	12	5	1	2	1	-	-	-	-	3
	7.1%	6.6%	7.1%	16.7%	9.1%					10.0%
Poor	4	2	-	1	-	-	-	1	-	-
	2.4%	2.6%		8.3%				14.3%		
N/A	46	16	9	2	2	6	4	-	-	7
Summary Rate - Excellent/	152	69	13	9	10	5	6	6	7	27
Very good/Good	90.5%	90.8%	92.9%	75.0%	90.9%	100.0%	100.0%	85.7%	100.0%	90.0%
						BDj	BDj		BDj	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q4. Your overall satisfaction with the quality of service from your WVFH Representative.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	174	79	13	12	11	6	7	7	7	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	2	-	1	-	-	1	-	-	1
Excellent	30	15	2	2	-	2	1	2	2	4
	17.2%	19.0%	15.4%	16.7%		33.3%	14.3%	28.6%	28.6%	12.5%
Very good	65	32	6	3	3	3	2	2	3	11
	37.4%	40.5%	46.2%	25.0%	27.3%	50.0%	28.6%	28.6%	42.9%	34.4%
Good	63	25	5	5	7	1	4	2	1	13
	36.2%	31.6%	38.5%	41.7%	63.6%	16.7%	57.1%	28.6%	14.3%	40.6%
					BFI		fi			i
Fair	6	3	-	-	-	-	-	-	-	3
	3.4%	3.8%								9.4%
Poor	10	4	-	2	1	-	-	1	1	1
	5.7%	5.1%		16.7%	9.1%			14.3%	14.3%	3.1%
N/A	41	14	10	2	2	5	3	-	-	5
Summary Rate - Excellent/	158	72	13	10	10	6	7	6	6	28
Very good/Good	90.8%	91.1%	100.0%	83.3%	90.9%	100.0%	100.0%	85.7%	85.7%	87.5%
			BJ			BJ	BJ			

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	169	75	14	11	10	5	7	7	7	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	2	-	1	-	-	1	-	-	1
Excellent	21	11	-	1	-	1	1	1	2	4
	12.4%	14.7%		9.1%		20.0%	14.3%	14.3%	28.6%	12.1%
Very good	58	23	9	3	2	3	3	2	2	11
	34.3%	30.7%	64.3%	27.3%	20.0%	60.0%	42.9%	28.6%	28.6%	33.3%
			BDEhiJ							
Good	61	29	3	5	5	1	3	3	1	11
	36.1%	38.7%	21.4%	45.5%	50.0%	20.0%	42.9%	42.9%	14.3%	33.3%
		i			i					
Fair	20	8	1	1	2	-	-	1	1	6
	11.8%	10.7%	7.1%	9.1%	20.0%			14.3%	14.3%	18.2%
Poor	9	4	1	1	1	-	-	-	1	1
	5.3%	5.3%	7.1%	9.1%	10.0%				14.3%	3.0%
N/A	46	18	9	3	3	6	3	-	-	4
Summary Rate - Excellent/	140	63	12	9	7	5	7	6	5	26
Very good/Good	82.8%	84.0%	85.7%	81.8%	70.0%	100.0%	100.0%	85.7%	71.4%	78.8%
						BEiJ	BEiJ			

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q6. Consistency of Provider Services Representatives' answer to inquiries.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	174	80	14	13	12	4	4	7	7	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	12	3	1	-	-	1	4	-	-	3
Excellent	24	13	1	-	-	1	1	1	2	5
	13.8%	16.3%	7.1%			25.0%	25.0%	14.3%	28.6%	15.2%
Very good	52	29	5	3	3	2	2	1	2	5
	29.9%	36.3%	35.7%	23.1%	25.0%	50.0%	50.0%	14.3%	28.6%	15.2%
		J								
Good	76	32	5	7	7	1	1	4	2	17
	43.7%	40.0%	35.7%	53.8%	58.3%	25.0%	25.0%	57.1%	28.6%	51.5%
Fair	14	3	2	1	1	-	-	-	1	6
	8.0%	3.8%	14.3%	7.7%	8.3%				14.3%	18.2%
										B
Poor	8	3	1	2	1	-	-	1	-	-
	4.6%	3.8%	7.1%	15.4%	8.3%			14.3%		
N/A	34	12	8	2	1	6	3	-	-	2
Summary Rate - Excellent/	152	74	11	10	10	4	4	6	6	27
Very good/Good	87.4%	92.5%	78.6%	76.9%	83.3%	100.0%	100.0%	85.7%	85.7%	81.8%
						BcDJ	BcDJ			

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	183	86	13	14	12	6	5	7	7	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	13	2	1	-	-	2	5	-	-	3
Excellent	23	12	-	1	-	2	1	1	2	4
	12.6%	14.0%		7.1%		33.3%	20.0%	14.3%	28.6%	12.1%
Very good	61	35	7	3	2	2	2	1	2	7
	33.3%	40.7%	53.8%	21.4%	16.7%	33.3%	40.0%	14.3%	28.6%	21.2%
		EhJ	dEHJ							
Good	72	30	4	6	8	1	2	3	2	16
	39.3%	34.9%	30.8%	42.9%	66.7%	16.7%	40.0%	42.9%	28.6%	48.5%
					BcFi					f
Fair	19	7	2	2	-	-	-	1	1	6
	10.4%	8.1%	15.4%	14.3%				14.3%	14.3%	18.2%
Poor	8	2	-	2	2	1	-	1	-	-
	4.4%	2.3%		14.3%	16.7%	16.7%		14.3%		
N/A	24	7	9	1	1	3	1	-	-	2
Summary Rate - Excellent/	156	77	11	10	10	5	5	5	6	27
Very good/Good	85.2%	89.5%	84.6%	71.4%	83.3%	83.3%	100.0%	71.4%	85.7%	81.8%
							BDhJ			

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q8. Professionalism and courtesy of the Provider Services Representative.

	Total	MEDICAID SPECIALTY: Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	180	84	13	14	12	5	4	7	7	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	4	1	-	-	3	5	-	-	3
Excellent	40	22	2	2	1	2	1	2	2	6
	22.2%	26.2% e	15.4%	14.3%	8.3%	40.0%	25.0%	28.6%	28.6%	17.6%
Very good	67	29	5	4	6	3	2	2	4	12
	37.2%	34.5%	38.5%	28.6%	50.0%	60.0%	50.0%	28.6%	57.1%	35.3%
Good	61	26	5	7	4	-	1	3	1	14
	33.9%	31.0%	38.5%	50.0% i	33.3%		25.0%	42.9%	14.3%	41.2% i
Fair	12	7	1	1	1	-	-	-	-	2
	6.7%	8.3%	7.7%	7.1%	8.3%					5.9%
Poor	-	-	-	-	-	-	-	-	-	-
N/A	24	7	9	1	1	3	2	-	-	1
Summary Rate - Excellent/ Very good/Good	168	77	12	13	11	5	4	7	7	32
	93.3%	91.7%	92.3%	92.9%	91.7%	100.0% B	100.0% B	100.0% B	100.0% B	94.1%

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q9. Timeliness of Provider Services staff when responding to inquiries.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	179	85	12	14	11	5	5	6	7	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	4	1	-	-	3	5	-	-	3
Excellent	27	13	-	2	-	1	1	2	2	6
	15.1%	15.3%		14.3%		20.0%	20.0%	33.3%	28.6%	17.6%
Very good	66	38	4	2	2	4	2	1	4	9
	36.9%	44.7%	33.3%	14.3%	18.2%	80.0%	40.0%	16.7%	57.1%	26.5%
		DEhJ				bCDEHJ			Deh	
Good	66	27	6	6	8	-	2	2	1	14
	36.9%	31.8%	50.0%	42.9%	72.7%		40.0%	33.3%	14.3%	41.2%
			i		BhIJ					i
Fair	16	5	2	4	-	-	-	-	-	5
	8.9%	5.9%	16.7%	28.6%						14.7%
				b						
Poor	4	2	-	-	1	-	-	1	-	-
	2.2%	2.4%			9.1%			16.7%		
N/A	25	6	10	1	2	3	1	1	-	1
Summary Rate - Excellent/ Very good/Good	159	78	10	10	10	5	5	5	7	29
	88.8%	91.8%	83.3%	71.4%	90.9%	100.0%	100.0%	83.3%	100.0%	85.3%
						BDJ	BDJ		BDJ	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q10. Your satisfaction with clean claims being processed consistently.

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	MEDICAID SPECIALTY									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	166	74	16	14	12	3	4	5	6	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	18	4	1	-	-	4	5	-	1	3
Excellent	19	8	2	-	1	1	1	1	2	3
	11.4%	10.8%	12.5%		8.3%	33.3%	25.0%	20.0%	33.3%	9.4%
Very good	54	24	8	5	1	2	2	-	3	9
	32.5%	32.4%	50.0%	35.7%	8.3%	66.7%	50.0%		50.0%	28.1%
		E	E	e		E			e	e
Good	63	28	4	4	7	-	1	4	1	14
	38.0%	37.8%	25.0%	28.6%	58.3%		25.0%	80.0%	16.7%	43.8%
					cI			BCDgIj		
Fair	20	9	2	4	1	-	-	-	-	4
	12.0%	12.2%	12.5%	28.6%	8.3%					12.5%
Poor	10	5	-	1	2	-	-	-	-	2
	6.0%	6.8%		7.1%	16.7%					6.3%
N/A	36	17	6	1	1	4	2	2	-	3
Summary Rate - Excellent/	136	60	14	9	9	3	4	5	6	26
Very good/Good	81.9%	81.1%	87.5%	64.3%	75.0%	100.0%	100.0%	100.0%	100.0%	81.3%
						BDEJ	BDEJ	BDEJ	BDEJ	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q11. Your satisfaction with clean claims being paid in a timely manner.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	166	71	17	14	12	4	3	5	7	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	6	2	-	-	4	5	-	-	3
Excellent	23	11	3	-	-	1	1	1	2	4
	13.9%	15.5%	17.6%			25.0%	33.3%	20.0%	28.6%	12.1%
Very good	50	20	7	4	2	3	2	2	3	7
	30.1%	28.2%	41.2%	28.6%	16.7%	75.0%	66.7%	40.0%	42.9%	21.2%
						BdEJ	e			
Good	68	29	6	6	7	-	-	2	1	17
	41.0%	40.8%	35.3%	42.9%	58.3%			40.0%	14.3%	51.5%
		i			I					I
Fair	17	6	1	4	1	-	-	-	1	4
	10.2%	8.5%	5.9%	28.6%	8.3%				14.3%	12.1%
				c						
Poor	8	5	-	-	2	-	-	-	-	1
	4.8%	7.0%			16.7%					3.0%
N/A	34	18	4	1	1	3	3	2	-	2
Summary Rate - Excellent/	141	60	16	10	9	4	3	5	6	28
Very good/Good	84.9%	84.5%	94.1%	71.4%	75.0%	100.0%	100.0%	100.0%	85.7%	84.8%
			d			BDEJ	BDEJ	BDEJ		

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12. Your overall satisfaction with the claims review and/or appeals process.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	157	65	15	14	12	4	3	5	7	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	7	1	-	-	4	5	-	-	3
Excellent	11	5	-	-	-	1	-	-	2	3
	7.0%	7.7%				25.0%			28.6%	9.4%
Very good	46	19	7	4	1	3	3	2	3	4
	29.3%	29.2%	46.7%	28.6%	8.3%	75.0%	100.0%	40.0%	42.9%	12.5%
		EJ	EJ			BdEJ	BCDEHIJ		e	
Good	68	29	6	6	7	-	-	3	-	17
	43.3%	44.6%	40.0%	42.9%	58.3%			60.0%		53.1%
Fair	19	8	1	2	2	-	-	-	-	6
	12.1%	12.3%	6.7%	14.3%	16.7%					18.8%
Poor	13	4	1	2	2	-	-	-	2	2
	8.3%	6.2%	6.7%	14.3%	16.7%				28.6%	6.3%
N/A	43	23	7	1	1	3	3	2	-	3
Summary Rate - Excellent/	125	53	13	10	8	4	3	5	5	24
Very good/Good	79.6%	81.5%	86.7%	71.4%	66.7%	100.0%	100.0%	100.0%	71.4%	75.0%
						BDEiJ	BDEiJ	BDEiJ		

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12a. If dissatisfied, in what area are you dissatisfied?

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	32	12	2	4	4	-	-	-	2	8
Total Answering	24	9	2	3	3	-	-	-	1	6
	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100.0%
No Answer	8	3	-	1	1	-	-	-	1	2
Claims Review	14	8	-	1	2	-	-	-	-	3
	58.3%	88.9%		33.3%	66.7%					50.0%
		dj								
Appeals Process	10	1	2	2	1	-	-	-	1	3
	41.7%	11.1%	100.0%	66.7%	33.3%				100.0%	50.0%
			BEJ	b					BEJ	b

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12b. Why the dissatisfaction?

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	MEDICAID SPECIALTY									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	32	12	2	4	4	-	-	-	2	8
Total Answering	24	8	2	4	3	-	-	-	1	6
	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100.0%
No Answer	8	4	-	-	1	-	-	-	1	2
Timeliness	6	3	-	-	1	-	-	-	-	2
	25.0%	37.5%			33.3%					33.3%
Consistency	7	2	-	2	-	-	-	-	-	3
	29.2%	25.0%		50.0%						50.0%
Outcome	6	3	1	1	1	-	-	-	-	-
	25.0%	37.5%	50.0%	25.0%	33.3%					
Other	5	-	1	1	1	-	-	-	1	1
	20.8%		50.0%	25.0%	33.3%				100.0%	16.7%
									DEJ	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.

		MEDICAID SPECIALTY								
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	171	80	14	12	11	4	5	7	7	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	8	2	1	-	4	4	-	-	4
Yes	164	77	13	12	11	4	3	7	6	31
	95.9%	96.3%	92.9%	100.0%	100.0%	100.0%	60.0%	100.0%	85.7%	100.0%
		g		bg	bg	bg		bg		bg
No	7	3	1	-	-	-	2	-	1	-
	4.1%	3.8%	7.1%				40.0%		14.3%	
							b			
N/A	26	7	7	2	2	3	2	-	-	3
Summary Rate - Yes	164	77	13	12	11	4	3	7	6	31
	95.9%	96.3%	92.9%	100.0%	100.0%	100.0%	60.0%	100.0%	85.7%	100.0%
		g		bg	bg	bg		bg		bg

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q14. Your knowledge of which services require an authorization.

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
		MEDICAID SPECIALTY								
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	176	81	15	13	12	4	6	7	7	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	19	7	1	1	-	4	4	-	-	2
Excellent	30	18	1	-	1	1	1	1	3	4
	17.0%	22.2%	6.7%		8.3%	25.0%	16.7%	14.3%	42.9%	12.9%
		C							ce	
Very good	62	27	7	6	6	2	3	3	2	6
	35.2%	33.3%	46.7%	46.2%	50.0%	50.0%	50.0%	42.9%	28.6%	19.4%
			j	j	j					
Good	59	26	4	3	4	1	2	2	2	15
	33.5%	32.1%	26.7%	23.1%	33.3%	25.0%	33.3%	28.6%	28.6%	48.4%
										d
Fair	19	8	2	4	1	-	-	1	-	3
	10.8%	9.9%	13.3%	30.8%	8.3%			14.3%		9.7%
Poor	6	2	1	-	-	-	-	-	-	3
	3.4%	2.5%	6.7%							9.7%
N/A	25	7	7	1	1	3	1	-	-	5
Summary Rate - Excellent/	151	71	12	9	11	4	6	6	7	25
Very good/Good	85.8%	87.7%	80.0%	69.2%	91.7%	100.0%	100.0%	85.7%	100.0%	80.6%
						BcDJ	BcDJ		BcDJ	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q15. Your knowledge of how to obtain an authorization for a WVFH member.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	179	82	15	13	12	4	7	7	7	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	22	9	1	1	1	4	4	-	-	2
Excellent	35	17	1	3	2	1	2	1	3	5
	19.6%	20.7%	6.7%	23.1%	16.7%	25.0%	28.6%	14.3%	42.9%	15.6%
		c							c	
Very good	68	30	7	6	4	3	2	4	3	9
	38.0%	36.6%	46.7%	46.2%	33.3%	75.0%	28.6%	57.1%	42.9%	28.1%
						bgJ				
Good	62	29	4	3	6	-	3	2	-	15
	34.6%	35.4%	26.7%	23.1%	50.0%		42.9%	28.6%		46.9%
Fair	8	4	2	-	-	-	-	-	1	1
	4.5%	4.9%	13.3%						14.3%	3.1%
Poor	6	2	1	1	-	-	-	-	-	2
	3.4%	2.4%	6.7%	7.7%						6.3%
N/A	19	4	7	1	-	3	-	-	-	4
Summary Rate - Excellent/	165	76	12	12	12	4	7	7	6	29
Very good/Good	92.2%	92.7%	80.0%	92.3%	100.0%	100.0%	100.0%	100.0%	85.7%	90.6%
					Bcj	Bcj	Bcj	Bcj		

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q16. Your knowledge of which services require a referral.

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	MEDICAID SPECIALTY									
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	145	62	13	12	8	5	7	5	7	26
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	24	9	2	1	1	4	4	-	-	3
Excellent	21	11	1	2	-	-	1	-	3	3
	14.5%	17.7%	7.7%	16.7%			14.3%		42.9%	11.5%
									c	
Very good	43	20	4	2	2	3	1	3	3	5
	29.7%	32.3%	30.8%	16.7%	25.0%	60.0%	14.3%	60.0%	42.9%	19.2%
						dgj		dgj		
Good	59	21	5	5	5	1	4	2	1	15
	40.7%	33.9%	38.5%	41.7%	62.5%	20.0%	57.1%	40.0%	14.3%	57.7%
					fI		i			BfI
Fair	18	8	2	3	1	-	1	-	-	3
	12.4%	12.9%	15.4%	25.0%	12.5%		14.3%			11.5%
Poor	4	2	1	-	-	1	-	-	-	-
	2.8%	3.2%	7.7%			20.0%				
N/A	51	24	8	2	4	2	-	2	-	9
Summary Rate - Excellent/	123	52	10	9	7	4	6	5	7	23
Very good/Good	84.8%	83.9%	76.9%	75.0%	87.5%	80.0%	85.7%	100.0%	100.0%	88.5%
								BCDj	BCDj	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q17. UM staff's clinical knowledge.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	158	72	11	12	12	4	6	6	5	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	10	3	1	1	4	4	-	1	3
Excellent	17	8	-	1	-	1	1	-	2	4
	10.8%	11.1%		8.3%		25.0%	16.7%		40.0%	13.3%
Very good	49	24	3	4	3	2	2	4	-	7
	31.0%	33.3%	27.3%	33.3%	25.0%	50.0%	33.3%	66.7%		23.3%
								bceJ		
Good	80	34	6	6	8	1	3	1	3	18
	50.6%	47.2%	54.5%	50.0%	66.7%	25.0%	50.0%	16.7%	60.0%	60.0%
		h	h		H					H
Fair	10	5	2	-	1	-	-	1	-	1
	6.3%	6.9%	18.2%		8.3%			16.7%		3.3%
Poor	2	1	-	1	-	-	-	-	-	-
	1.3%	1.4%		8.3%						
N/A	35	13	9	2	-	3	1	1	1	5
Summary Rate - Excellent/	146	66	9	11	11	4	6	5	5	29
Very good/Good	92.4%	91.7%	81.8%	91.7%	91.7%	100.0%	100.0%	83.3%	100.0%	96.7%
						B	B		B	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q18. UM staff's consistency in the authorization process.

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
		MEDICAID SPECIALTY								
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	167	77	11	12	12	5	6	6	7	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	26	10	3	1	1	4	4	-	-	3
Excellent	22	12	-	-	-	1	1	1	2	5
	13.2%	15.6%				20.0%	16.7%	16.7%	28.6%	16.1%
Very good	51	23	3	5	3	2	3	3	3	6
	30.5%	29.9%	27.3%	41.7%	25.0%	40.0%	50.0%	50.0%	42.9%	19.4%
Good	75	34	6	4	8	1	2	1	1	18
	44.9%	44.2%	54.5%	33.3%	66.7%	20.0%	33.3%	16.7%	14.3%	58.1%
		hI	hI		dFHI					fHI
Fair	16	7	2	2	1	-	-	1	1	2
	9.6%	9.1%	18.2%	16.7%	8.3%			16.7%	14.3%	6.5%
Poor	3	1	-	1	-	1	-	-	-	-
	1.8%	1.3%		8.3%		20.0%				
N/A	27	8	9	2	-	2	1	1	-	4
Summary Rate - Excellent/	148	69	9	9	11	4	6	5	6	29
Very good/Good	88.6%	89.6%	81.8%	75.0%	91.7%	80.0%	100.0%	83.3%	85.7%	93.5%
							BD			

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q19. Physician reviewer's decision-making is clearly communicated to WVFH.

	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	127	55	10	10	6	4	7	5	6	24
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	12	3	1	1	4	4	-	-	4
Excellent	12	6	-	-	-	1	-	-	2	3
	9.4%	10.9%				25.0%			33.3%	12.5%
Very good	44	22	4	3	1	3	3	3	2	3
	34.6%	40.0%	40.0%	30.0%	16.7%	75.0%	42.9%	60.0%	33.3%	12.5%
		J				dEJ		J		
Good	60	24	4	6	4	-	4	1	-	17
	47.2%	43.6%	40.0%	60.0%	66.7%		57.1%	20.0%		70.8%
				h	h					BcH
Fair	9	2	2	1	1	-	-	1	1	1
	7.1%	3.6%	20.0%	10.0%	16.7%			20.0%	16.7%	4.2%
Poor	2	1	-	-	-	-	-	-	1	-
	1.6%	1.8%							16.7%	
N/A	64	28	10	4	6	3	-	2	1	10
Summary Rate - Excellent/	116	52	8	9	5	4	7	4	4	23
Very good/Good	91.3%	94.5%	80.0%	90.0%	83.3%	100.0%	100.0%	80.0%	66.7%	95.8%
						bi	bi			

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q20. Professionalism/courtesy of the UM staff representative.

	Total	MEDICAID SPECIALTY: Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	166	76	14	11	11	4	6	6	7	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	11	3	1	1	4	4	-	-	3
Excellent	24	12	-	1	-	1	1	-	2	7
	14.5%	15.8%		9.1%		25.0%	16.7%		28.6%	22.6%
Very good	69	30	6	7	5	3	2	4	3	9
	41.6%	39.5%	42.9%	63.6%	45.5%	75.0%	33.3%	66.7%	42.9%	29.0%
				J		J		j		
Good	67	32	6	3	5	-	3	1	2	15
	40.4%	42.1%	42.9%	27.3%	45.5%		50.0%	16.7%	28.6%	48.4%
										h
Fair	6	2	2	-	1	-	-	1	-	-
	3.6%	2.6%	14.3%		9.1%			16.7%		
Poor	-	-	-	-	-	-	-	-	-	-
N/A	27	8	6	3	1	3	1	1	-	4
Summary Rate - Excellent/	160	74	12	11	10	4	6	5	7	31
Very good/Good	96.4%	97.4%	85.7%	100.0%	90.9%	100.0%	100.0%	83.3%	100.0%	100.0%

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q21. Your overall satisfaction with the UM process.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	167	76	13	12	12	4	6	6	7	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	12	4	1	1	4	4	-	-	3
Excellent	17	10	-	-	-	1	1	-	2	3
	10.2%	13.2%				25.0%	16.7%		28.6%	9.7%
Very good	64	30	5	4	3	3	2	4	3	10
	38.3%	39.5%	38.5%	33.3%	25.0%	75.0%	33.3%	66.7%	42.9%	32.3%
						Ej		e		
Good	71	30	6	6	8	-	2	1	1	17
	42.5%	39.5%	46.2%	50.0%	66.7%		33.3%	16.7%	14.3%	54.8%
		i	i	i	bHI					HI
Fair	12	4	2	2	1	-	1	1	-	1
	7.2%	5.3%	15.4%	16.7%	8.3%		16.7%	16.7%		3.2%
Poor	3	2	-	-	-	-	-	-	1	-
	1.8%	2.6%							14.3%	
N/A	24	7	6	2	-	3	1	1	-	4
Summary Rate - Excellent/	152	70	11	10	11	4	5	5	6	30
Very good/Good	91.0%	92.1%	84.6%	83.3%	91.7%	100.0%	83.3%	83.3%	85.7%	96.8%
						B				

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

	MEDICAID SPECIALTY									
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	159	74	11	12	12	4	5	5	7	29
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	12	4	1	1	4	4	-	-	3
Yes	154	72	10	12	12	4	3	5	7	29
	96.9%	97.3%	90.9%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%
		g		g	g	g		g	g	g
No	5	2	1	-	-	-	2	-	-	-
	3.1%	2.7%	9.1%				40.0%			
							b			
N/A	32	9	8	2	-	3	2	2	-	6
Summary Rate - Yes	154	72	10	12	12	4	3	5	7	29
	96.9%	97.3%	90.9%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	100.0%
		g		g	g	g		g	g	g

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
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Q23. Consistency across all departments at WVFH is:

	Total	MEDICAID SPECIALTY								
		Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	156	70	13	12	10	4	5	5	7	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	30	12	4	1	1	4	4	-	-	4
Very consistent	84	43	5	3	4	3	3	3	4	16
	53.8%	61.4%	38.5%	25.0%	40.0%	75.0%	60.0%	60.0%	57.1%	53.3%
		D				D				d
Somewhat consistent	64	23	8	8	6	1	2	1	3	12
	41.0%	32.9%	61.5%	66.7%	60.0%	25.0%	40.0%	20.0%	42.9%	40.0%
			Bh	BH	bh					
Not consistent	8	4	-	1	-	-	-	1	-	2
	5.1%	5.7%		8.3%				20.0%		6.7%
N/A	34	13	6	2	2	3	2	2	-	4
Summary Rate - Very consistent/Somewhat consistent	148	66	13	11	10	4	5	4	7	28
	94.9%	94.3%	100.0%	91.7%	100.0%	100.0%	100.0%	80.0%	100.0%	93.3%
			B		B	B	B		B	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q24. Overall satisfaction with WVFH?

		MEDICAID SPECIALTY								
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	186	82	17	14	12	6	7	7	7	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	13	6	1	1	5	4	-	-	4
Very satisfied	92	44	9	2	5	4	4	3	4	17
	49.5%	53.7%	52.9%	14.3%	41.7%	66.7%	57.1%	42.9%	57.1%	50.0%
		D	D			D	D		D	D
Somewhat satisfied	72	27	7	10	6	-	3	3	1	15
	38.7%	32.9%	41.2%	71.4%	50.0%		42.9%	42.9%	14.3%	44.1%
				BcIj	i					i
Neither	12	5	1	1	-	2	-	1	2	-
	6.5%	6.1%	5.9%	7.1%		33.3%		14.3%	28.6%	
Somewhat dissatisfied	4	2	-	-	1	-	-	-	-	1
	2.2%	2.4%			8.3%					2.9%
Very dissatisfied	6	4	-	1	-	-	-	-	-	1
	3.2%	4.9%		7.1%						2.9%
Summary Rate - Very satisfied/Somewhat satisfied	164	71	16	12	11	4	7	6	5	32
	88.2%	86.6%	94.1%	85.7%	91.7%	66.7%	100.0%	85.7%	71.4%	94.1%
							Bfi			

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q27. Please mark who is completing this survey. (Mark only one)

	Total	MEDICAID SPECIALTY: Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	186	81	18	13	11	7	7	7	7	35
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	14	5	2	2	4	4	-	-	3
Office Manager	81	42	5	3	2	6	5	2	2	14
	43.5%	51.9%	27.8%	23.1%	18.2%	85.7%	71.4%	28.6%	28.6%	40.0%
		CDE				BCDEHIJ	CDEhij			
Director of Managed Care Contracting	1	1	-	-	-	-	-	-	-	-
	0.5%	1.2%								
Billing Coordinator	38	10	5	4	2	-	-	1	1	15
	20.4%	12.3%	27.8%	30.8%	18.2%			14.3%	14.3%	42.9%
										Behi
Other	66	28	8	6	7	1	2	4	4	6
	35.5%	34.6%	44.4%	46.2%	63.6%	14.3%	28.6%	57.1%	57.1%	17.1%
		J	fJ	fj	bFJ			fJ	fJ	

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
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Q28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

		MEDICAID SPECIALTY								
	Total	Durable Medical Equipment	Ambulance	Hospital	Home Health	Dialysis Clinic	Urgent Care Center	Physical Therapy	Occu. Therapy	Other
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total	220	95	23	15	13	11	11	7	7	38
Total Answering	158	67	15	13	10	6	7	5	7	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	62	28	8	2	3	5	4	2	-	10
Yes	142	54	15	13	10	6	7	4	7	26
	89.9%	80.6%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	92.9%
			B	B	B	B	B		B	b
No	16	13	-	-	-	-	-	1	-	2
	10.1%	19.4%						20.0%		7.1%
		j								

Comparison Groups: BCDEFGHIJ
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

A. Please indicate the type of facility in which you practice.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	176	66	1	35	53
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	15	-	3	13
Hospital	20	3	-	7	7
	11.4%	4.5%		20.0%	13.2%
				B	
Ancillary Facility/ Provider	156	63	1	28	46
	88.6%	95.5%	100.0%	80.0%	86.8%
		D	bDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

B. Your preferred method of communication regarding plan changes, updates, and clinical information:

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	197	76	1	28	58
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	23	5	-	10	8
Letter/postcard	58	20	-	9	16
	29.4%	26.3%		32.1%	27.6%
Fax	49	18	-	-	20
	24.9%	23.7%			34.5%
Newsletter	11	2	-	4	4
	5.6%	2.6%		14.3%	6.9%
				b	
Website/Newsletter/ Provider Updates	11	6	-	2	1
	5.6%	7.9%		7.1%	1.7%
		e			
Contact by WVFH Representative	2	1	-	1	-
	1.0%	1.3%		3.6%	
E-mail	66	29	1	12	17
	33.5%	38.2%	100.0%	42.9%	29.3%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

C. How often do you utilize WVFH's website?

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
		========== SURVEY RESPONDENT ==========			
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	112	49	-	25	26
	100.0%	100.0%		100.0%	100.0%
No Answer	10	3	-	1	4
At least once a day	27	12	-	5	8
	24.1%	24.5%		20.0%	30.8%
At least once a week	50	22	-	13	11
	44.6%	44.9%		52.0%	42.3%
At least once a month	35	15	-	7	7
	31.3%	30.6%		28.0%	26.9%
I do not access WVFH's Website	98	29	1	12	36
I do not have access to the Internet	-	-	-	-	-

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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D. When you see a WVFH member, do you forward a report, discharge summary, or progress notes back to the referring practitioner and primary care physician?

	Total	SURVEY RESPONDENT: Office Manager	Dir. of Mnged Cre Contract.	Billing Coordinator	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	107	50	-	17	29
	100.0%	100.0%		100.0%	100.0%
No Answer	6	-	-	2	3
Yes	69	27	-	13	22
	64.5%	54.0%		76.5%	75.9%
				b	B
No	38	23	-	4	7
	35.5%	46.0%		23.5%	24.1%
		dE			
N/A	107	31	1	19	34

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q1. Professionalism and courtesy of your WVFH Representative.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
		========== SURVEY RESPONDENT ==========			
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	159	55	-	33	55
	100.0%	100.0%		100.0%	100.0%
No Answer	6	3	-	1	-
Excellent	37	14	-	8	11
	23.3%	25.5%		24.2%	20.0%
Very good	64	22	-	11	27
	40.3%	40.0%		33.3%	49.1%
Good	49	17	-	13	12
	30.8%	30.9%		39.4%	21.8%
				e	
Fair	6	-	-	-	5
	3.8%				9.1%
Poor	3	2	-	1	-
	1.9%	3.6%		3.0%	
N/A	55	23	1	4	11
Summary Rate - Excellent/ Very good/Good	150	53	-	32	50
	94.3%	96.4%		97.0%	90.9%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q2. Timeliness of the WVFH Representative when responding to inquiries.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	167	60	-	36	55
	100.0%	100.0%		100.0%	100.0%
No Answer	4	-	-	-	-
Excellent	28	9	-	5	11
	16.8%	15.0%		13.9%	20.0%
Very good	62	20	-	15	23
	37.1%	33.3%		41.7%	41.8%
Good	62	27	-	14	15
	37.1%	45.0%		38.9%	27.3%
		E			
Fair	9	-	-	1	5
	5.4%			2.8%	9.1%
Poor	6	4	-	1	1
	3.6%	6.7%		2.8%	1.8%
N/A	49	21	1	2	11
Summary Rate - Excellent/ Very good/Good	152	56	-	34	49
	91.0%	93.3%		94.4%	89.1%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q3. Knowledge of the Representative regarding WVFH's policies and procedures.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	168	61	-	35	56
	100.0%	100.0%		100.0%	100.0%
No Answer	6	2	-	-	-
Excellent	28	10	-	6	11
	16.7%	16.4%		17.1%	19.6%
Very good	64	28	-	11	20
	38.1%	45.9%		31.4%	35.7%
Good	60	19	-	13	20
	35.7%	31.1%		37.1%	35.7%
Fair	12	3	-	3	4
	7.1%	4.9%		8.6%	7.1%
Poor	4	1	-	2	1
	2.4%	1.6%		5.7%	1.8%
N/A	46	18	1	3	10
Summary Rate - Excellent/	152	57	-	30	51
Very good/Good	90.5%	93.4%		85.7%	91.1%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q4. Your overall satisfaction with the quality of service from your WVFH Representative.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	174	63	1	36	57
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	2	-	-	-
Excellent	30	9	-	6	13
	17.2%	14.3%		16.7%	22.8%
Very good	65	28	-	11	20
	37.4%	44.4%		30.6%	35.1%
Good	63	22	1	14	19
	36.2%	34.9%	100.0%	38.9%	33.3%
			BDE		
Fair	6	1	-	2	1
	3.4%	1.6%		5.6%	1.8%
Poor	10	3	-	3	4
	5.7%	4.8%		8.3%	7.0%
N/A	41	16	-	2	9
Summary Rate - Excellent/ Very good/Good	158	59	1	31	52
	90.8%	93.7%	100.0%	86.1%	91.2%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q5. Quality of written communications, policy bulletins, and manuals received from WVFH.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	169	67	1	34	51
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	5	2	-	-	-
Excellent	21	10	-	6	5
	12.4%	14.9%		17.6%	9.8%
Very good	58	25	-	9	18
	34.3%	37.3%		26.5%	35.3%
Good	61	25	1	14	15
	36.1%	37.3%	100.0%	41.2%	29.4%
			BDE		
Fair	20	4	-	2	10
	11.8%	6.0%		5.9%	19.6%
					BD
Poor	9	3	-	3	3
	5.3%	4.5%		8.8%	5.9%
N/A	46	12	-	4	15
Summary Rate - Excellent/	140	60	1	29	38
Very good/Good	82.8%	89.6%	100.0%	85.3%	74.5%
		E	BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q6. Consistency of Provider Services Representatives' answer to inquiries.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	174	71	1	34	56
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	12	2	-	-	1
Excellent	24	12	-	4	8
	13.8%	16.9%		11.8%	14.3%
Very good	52	23	-	10	16
	29.9%	32.4%		29.4%	28.6%
Good	76	29	1	16	23
	43.7%	40.8%	100.0%	47.1%	41.1%
			BDE		
Fair	14	4	-	3	6
	8.0%	5.6%		8.8%	10.7%
Poor	8	3	-	1	3
	4.6%	4.2%		2.9%	5.4%
N/A	34	8	-	4	9
Summary Rate - Excellent/	152	64	1	30	47
Very good/Good	87.4%	90.1%	100.0%	88.2%	83.9%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q7. Knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	183	72	1	35	59
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	13	2	-	-	1
Excellent	23	11	-	4	7
	12.6%	15.3%		11.4%	11.9%
Very good	61	26	-	11	20
	33.3%	36.1%		31.4%	33.9%
Good	72	28	1	13	22
	39.3%	38.9%	100.0%	37.1%	37.3%
			BDE		
Fair	19	5	-	5	6
	10.4%	6.9%		14.3%	10.2%
Poor	8	2	-	2	4
	4.4%	2.8%		5.7%	6.8%
N/A	24	7	-	3	6
Summary Rate - Excellent/	156	65	1	28	49
Very good/Good	85.2%	90.3%	100.0%	80.0%	83.1%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q8. Professionalism and courtesy of the Provider Services Representative.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	180	69	1	36	59
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	2	-	-	1
Excellent	40	19	-	6	13
	22.2%	27.5%		16.7%	22.0%
Very good	67	24	-	16	23
	37.2%	34.8%		44.4%	39.0%
Good	61	23	1	11	19
	33.9%	33.3%	100.0%	30.6%	32.2%
			BDE		
Fair	12	3	-	3	4
	6.7%	4.3%		8.3%	6.8%
Poor	-	-	-	-	-
N/A	24	10	-	2	6
Summary Rate - Excellent/	168	66	1	33	55
Very good/Good	93.3%	95.7%	100.0%	91.7%	93.2%
			bdE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q9. Timeliness of Provider Services staff when responding to inquiries.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	179	69	1	37	58
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	16	2	-	-	1
Excellent	27	11	-	5	11
	15.1%	15.9%		13.5%	19.0%
Very good	66	28	-	10	23
	36.9%	40.6%		27.0%	39.7%
Good	66	25	1	16	17
	36.9%	36.2%	100.0%	43.2%	29.3%
			BDE		
Fair	16	5	-	5	5
	8.9%	7.2%		13.5%	8.6%
Poor	4	-	-	1	2
	2.2%			2.7%	3.4%
N/A	25	10	-	1	7
Summary Rate - Excellent/	159	64	1	31	51
Very good/Good	88.8%	92.8%	100.0%	83.8%	87.9%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q10. Your satisfaction with clean claims being processed consistently.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordinator	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	166	64	1	38	52
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	18	3	-	-	1
Excellent	19	6	-	5	7
	11.4%	9.4%		13.2%	13.5%
Very good	54	24	-	10	17
	32.5%	37.5%		26.3%	32.7%
Good	63	22	1	17	19
	38.0%	34.4%	100.0%	44.7%	36.5%
			BDE		
Fair	20	8	-	3	7
	12.0%	12.5%		7.9%	13.5%
Poor	10	4	-	3	2
	6.0%	6.3%		7.9%	3.8%
N/A	36	14	-	-	13
Summary Rate - Excellent/ Very good/Good	136	52	1	32	43
	81.9%	81.3%	100.0%	84.2%	82.7%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q11. Your satisfaction with clean claims being paid in a timely manner.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	166	64	1	38	52
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	3	-	-	2
Excellent	23	8	-	5	9
	13.9%	12.5%		13.2%	17.3%
Very good	50	24	-	9	15
	30.1%	37.5%		23.7%	28.8%
Good	68	21	1	20	20
	41.0%	32.8%	100.0%	52.6%	38.5%
			BDE	B	
Fair	17	9	-	1	6
	10.2%	14.1%		2.6%	11.5%
		D			d
Poor	8	2	-	3	2
	4.8%	3.1%		7.9%	3.8%
N/A	34	14	-	-	12
Summary Rate - Excellent/	141	53	1	34	44
Very good/Good	84.9%	82.8%	100.0%	89.5%	84.6%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12. Your overall satisfaction with the claims review and/or appeals process.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	157	60	1	37	49
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	20	4	-	-	1
Excellent	11	4	-	4	3
	7.0%	6.7%		10.8%	6.1%
Very good	46	20	-	9	15
	29.3%	33.3%		24.3%	30.6%
Good	68	22	1	15	24
	43.3%	36.7%	100.0%	40.5%	49.0%
			BDE		
Fair	19	10	-	5	3
	12.1%	16.7%		13.5%	6.1%
		e			
Poor	13	4	-	4	4
	8.3%	6.7%		10.8%	8.2%
N/A	43	17	-	1	16
Summary Rate - Excellent/	125	46	1	28	42
Very good/Good	79.6%	76.7%	100.0%	75.7%	85.7%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12a. If dissatisfied, in what area are you dissatisfied?

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	32	14	-	9	7
Total Answering	24	10	-	7	5
	100.0%	100.0%		100.0%	100.0%
No Answer	8	4	-	2	2
Claims Review	14	5	-	4	3
	58.3%	50.0%		57.1%	60.0%
Appeals Process	10	5	-	3	2
	41.7%	50.0%		42.9%	40.0%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q12b. Why the dissatisfaction?

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	32	14	-	9	7
Total Answering	24	11	-	6	5
	100.0%	100.0%		100.0%	100.0%
No Answer	8	3	-	3	2
Timeliness	6	3	-	1	-
	25.0%	27.3%		16.7%	
Consistency	7	4	-	2	1
	29.2%	36.4%		33.3%	20.0%
Outcome	6	3	-	1	2
	25.0%	27.3%		16.7%	40.0%
Other	5	1	-	2	2
	20.8%	9.1%		33.3%	40.0%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q13. When calling the Provider Services Department, the hours of availability meet your practice's needs.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	171	71	-	35	56
	100.0%	100.0%		100.0%	100.0%
No Answer	23	1	-	1	2
Yes	164	67	-	34	54
	95.9%	94.4%		97.1%	96.4%
No	7	4	-	1	2
	4.1%	5.6%		2.9%	3.6%
N/A	26	9	1	2	8
Summary Rate - Yes	164	67	-	34	54
	95.9%	94.4%		97.1%	96.4%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q14. Your knowledge of which services require an authorization.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
		========== SURVEY RESPONDENT ==========			
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	176	74	1	33	58
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	19	-	-	-	-
Excellent	30	15	-	6	9
	17.0%	20.3%		18.2%	15.5%
Very good	62	24	-	10	22
	35.2%	32.4%		30.3%	37.9%
Good	59	28	1	11	16
	33.5%	37.8%	100.0%	33.3%	27.6%
			BDE		
Fair	19	7	-	3	8
	10.8%	9.5%		9.1%	13.8%
Poor	6	-	-	3	3
	3.4%			9.1%	5.2%
N/A	25	7	-	5	8
Summary Rate - Excellent/	151	67	1	27	47
Very good/Good	85.8%	90.5%	100.0%	81.8%	81.0%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q15. Your knowledge of how to obtain an authorization for a WVFH member.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	179	75	1	34	60
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	22	-	-	-	-
Excellent	35	15	-	6	14
	19.6%	20.0%		17.6%	23.3%
Very good	68	24	-	16	24
	38.0%	32.0%		47.1%	40.0%
Good	62	34	1	9	14
	34.6%	45.3%	100.0%	26.5%	23.3%
		DE	BDE		
Fair	8	2	-	1	4
	4.5%	2.7%		2.9%	6.7%
Poor	6	-	-	2	4
	3.4%			5.9%	6.7%
N/A	19	6	-	4	6
Summary Rate - Excellent/ Very good/Good	165	73	1	31	52
	92.2%	97.3%	100.0%	91.2%	86.7%
		E	dE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q16. Your knowledge of which services require a referral.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	145	62	1	24	51
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	24	-	-	-	-
Excellent	21	9	-	5	7
	14.5%	14.5%		20.8%	13.7%
Very good	43	17	-	7	17
	29.7%	27.4%		29.2%	33.3%
Good	59	28	1	9	20
	40.7%	45.2%	100.0%	37.5%	39.2%
			BDE		
Fair	18	7	-	2	5
	12.4%	11.3%		8.3%	9.8%
Poor	4	1	-	1	2
	2.8%	1.6%		4.2%	3.9%
N/A	51	19	-	14	15
Summary Rate - Excellent/ Very good/Good	123	54	1	21	44
	84.8%	87.1%	100.0%	87.5%	86.3%
			BdE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q17. UM staff's clinical knowledge.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	158	67	1	27	56
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	-	-	-	1
Excellent	17	7	-	3	7
	10.8%	10.4%		11.1%	12.5%
Very good	49	18	-	8	21
	31.0%	26.9%		29.6%	37.5%
Good	80	37	1	15	23
	50.6%	55.2%	100.0%	55.6%	41.1%
			BDE		
Fair	10	3	-	1	5
	6.3%	4.5%		3.7%	8.9%
Poor	2	2	-	-	-
	1.3%	3.0%			
N/A	35	14	-	11	9
Summary Rate - Excellent/	146	62	1	26	51
Very good/Good	92.4%	92.5%	100.0%	96.3%	91.1%
			BE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q18. UM staff's consistency in the authorization process.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	167	73	1	29	56
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	26	-	-	-	-
Excellent	22	10	-	3	9
	13.2%	13.7%		10.3%	16.1%
Very good	51	21	-	9	19
	30.5%	28.8%		31.0%	33.9%
Good	75	32	1	15	22
	44.9%	43.8%	100.0%	51.7%	39.3%
			BDE		
Fair	16	8	-	2	6
	9.6%	11.0%		6.9%	10.7%
Poor	3	2	-	-	-
	1.8%	2.7%			
N/A	27	8	-	9	10
Summary Rate - Excellent/	148	63	1	27	50
Very good/Good	88.6%	86.3%	100.0%	93.1%	89.3%
			BE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q19. Physician reviewer's decision-making is clearly communicated to WVFH.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	127	59	1	19	44
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	1	-	1	-
Excellent	12	4	-	2	6
	9.4%	6.8%		10.5%	13.6%
Very good	44	21	-	7	14
	34.6%	35.6%		36.8%	31.8%
Good	60	29	1	9	19
	47.2%	49.2%	100.0%	47.4%	43.2%
			BDE		
Fair	9	5	-	-	4
	7.1%	8.5%			9.1%
Poor	2	-	-	1	1
	1.6%			5.3%	2.3%
N/A	64	21	-	18	22
Summary Rate - Excellent/	116	54	1	18	39
Very good/Good	91.3%	91.5%	100.0%	94.7%	88.6%
			BE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q20. Professionalism/courtesy of the UM staff representative.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordinator	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	166	72	1	29	57
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	27	-	-	-	-
Excellent	24	10	-	4	9
	14.5%	13.9%		13.8%	15.8%
Very good	69	29	-	12	26
	41.6%	40.3%		41.4%	45.6%
Good	67	32	1	12	18
	40.4%	44.4%	100.0%	41.4%	31.6%
			BDE		
Fair	6	1	-	1	4
	3.6%	1.4%		3.4%	7.0%
Poor	-	-	-	-	-
N/A	27	9	-	9	9
Summary Rate - Excellent/	160	71	1	28	53
Very good/Good	96.4%	98.6%	100.0%	96.6%	93.0%
			E		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q21. Your overall satisfaction with the UM process.

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	167	72	1	30	58
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	-	-	-	1
Excellent	17	6	-	3	8
	10.2%	8.3%		10.0%	13.8%
Very good	64	29	-	10	22
	38.3%	40.3%		33.3%	37.9%
Good	71	31	1	14	22
	42.5%	43.1%	100.0%	46.7%	37.9%
			BDE		
Fair	12	5	-	2	5
	7.2%	6.9%		6.7%	8.6%
Poor	3	1	-	1	1
	1.8%	1.4%		3.3%	1.7%
N/A	24	9	-	8	7
Summary Rate - Excellent/ Very good/Good	152	66	1	27	52
	91.0%	91.7%	100.0%	90.0%	89.7%
			BdE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q22. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	159	67	1	30	56
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	29	-	-	-	-
Yes	154	64	1	30	54
	96.9%	95.5%	100.0%	100.0%	96.4%
			b	b	
No	5	3	-	-	2
	3.1%	4.5%			3.6%
N/A	32	14	-	8	10
Summary Rate - Yes	154	64	1	30	54
	96.9%	95.5%	100.0%	100.0%	96.4%
			b	b	

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q23. Consistency across all departments at WVFH is:

	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	========== SURVEY RESPONDENT ==========				
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	156	66	-	33	53
	100.0%	100.0%		100.0%	100.0%
No Answer	30	-	-	1	-
Very consistent	84	36	-	17	29
	53.8%	54.5%		51.5%	54.7%
Somewhat consistent	64	26	-	14	22
	41.0%	39.4%		42.4%	41.5%
Not consistent	8	4	-	2	2
	5.1%	6.1%		6.1%	3.8%
N/A	34	15	1	4	13
Summary Rate - Very consistent/Somewhat consistent	148	62	-	31	51
	94.9%	93.9%		93.9%	96.2%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q24. Overall satisfaction with WVFH?

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	186	80	1	37	63
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	1	-	1	3
Very satisfied	92	40	-	17	31
	49.5%	50.0%		45.9%	49.2%
Somewhat satisfied	72	29	1	15	26
	38.7%	36.3%	100.0%	40.5%	41.3%
			BDE		
Neither	12	6	-	3	3
	6.5%	7.5%		8.1%	4.8%
Somewhat dissatisfied	4	1	-	-	3
	2.2%	1.3%			4.8%
Very dissatisfied	6	4	-	2	-
	3.2%	5.0%		5.4%	
Summary Rate - Very satisfied/Somewhat satisfied	164	69	1	32	57
	88.2%	86.3%	100.0%	86.5%	90.5%
			BDE		

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q27. Please mark who is completing this survey. (Mark only one)

		========== SURVEY RESPONDENT ==========			
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	186	81	1	38	66
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	-	-	-	-
Office Manager	81	81	-	-	-
	43.5%	100.0%			
Director of Managed Care Contracting	1	-	1	-	-
	0.5%		100.0%		
Billing Coordinator	38	-	-	38	-
	20.4%			100.0%	
Other	66	-	-	-	66
	35.5%				100.0%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Ancillary/Hospital Provider Satisfaction Survey (9128380)

Q28. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

	========== SURVEY RESPONDENT ==========				
	Total	Office Manager	Dir. of Mnged Cre Contract.	Billing Coordina tor	Other
	(A)	(B)	(C)	(D)	(E)
Total	220	81	1	38	66
Total Answering	158	71	1	31	52
	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	62	10	-	7	14
Yes	142	61	1	28	49
	89.9%	85.9%	100.0% Bde	90.3%	94.2%
No	16	10	-	3	3
	10.1%	14.1%		9.7%	5.8%

Comparison Groups: BCDE
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Empowering Healthcare Transformation

Quality Improvement Consulting

SPH Analytics Can Help You Identify Opportunities to Improve Performance

SPH Analytics' Quality Consulting Services help evaluate initiatives for potential improvement based on the survey data provided and best industry practices through consultation with your organization's team members. An in-depth analysis can help organizations identify strengths and weaknesses, as well as opportunities to improve performance.

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SPHA Consulting Services help organizations develop initiatives and solutions for improved performance, patient/member satisfaction, and improvement in scores and ratings.

Action Plans for Improvement

SPHA consultants work with you to develop action plans for improvement. Our experienced consultants have extensive backgrounds in quality improvement, healthcare research, and program evaluation and development. Consultants have worked with and for leading healthcare organizations to implement process improvements and strategic initiatives.

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We understand Star Ratings and scores improvement is important to your organization. As a leader in healthcare transformation, SPHA helps you evaluate your organization's performance to develop a realistic plan for improvement. SPHA looks beyond typical measures to help you gain a more meaningful understanding of patient and member sentiment. SPHA consultants help guide your performance improvement initiatives.

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Benefits of SPHA's Consulting Services:

- Gain insight and information based on overall findings
- Examine organizational strengths and weaknesses and their impact on performance
- Identify common themes, best practices, and calls to action
- Develop action plans for improvement
- Improve ratings and scores

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2017 Practitioner Provider Satisfaction Survey
Final Report

West Virginia Family Health

Project Number(s): 9128379

1965 Evergreen Boulevard Suite 100, Duluth, Georgia 30096

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1. Executive Summary

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by West Virginia Family Health to conduct its 2017 Practitioner Satisfaction Survey. Information obtained from provider surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

SPH followed a two-wave mail/internet with phone follow-up survey methodology to administer the Practitioner Satisfaction Survey from August to December of 2017. A total of 291 surveys were completed (108 mail surveys, 37 internet surveys and 146 phone surveys), yielding a response rate of 16.5% for the mail/internet data collection component and 26.4% for the phone data collection component. Please refer to the *Project Overview* (Section 2) for further detail on the calculation of response rates.

The chart below presents 2017 Summary Rate Scores[1] for West Virginia Family Health's composites and overall satisfaction attributes. In the survey, respondents were asked to rate West Virginia Family Health's *Medicaid Assured* products. A comparison between these scores is displayed in the chart below.

Composites/Attributes	Summary Rate Definition	2017 Summary Rate Scores
		Medicaid
Continuity and Coordination of Care	Yes	86.9%
WVFH Representative and Communication	Excellent, Very good or Good	92.5%
Provider Services and Claims		87.9%
Utilization Management		89.0%
EPSDT Services	Excellent, Very good, or Good	93.3%
Disease Management	Yes	93.9%
Hours of Availability	Yes	97.4%
Overall Satisfaction and Loyalty		**92.1%**
Consistency across all departments at WVFH	Very/Smwt consistent	97.0%
Overall satisfaction with WVFH	Very/Smwt Satisfied	**87.2%**

[1] The Summary Rate Score is the percentage of respondents giving a positive response; it is provided for each composite and attribute in the column labeled "Summary Rate Definition."

Presentation of Results

- Summary Rate Score is the sum of the proportion of respondents who selected the most positive response options (Always or Usually; Excellent, Very good, or Good; Yes; Very consistent or Somewhat consistent; Definitely or Probably Yes; and Very or Somewhat Satisfied) for the attribute.
- Attributes are the individual questions that focus on specific characteristics of the health plan.
- Composites are calculated by taking the average of the Summary Rate Scores of the attributes in the specified section.

2017 Practitioner Satisfaction Composites

Continuity and Coordination of Care
This composite asks respondents if they use a computer or handheld device during their patients' visit to look up test results or other information, show information or order prescription medicines; review patients' medications and ask if there are any medication questions at each visit; and if they routinely communicate test results to patients by mail, phone, or an office visit. In addition, this section asks primary care providers whether they receive the appropriate documentation from Specialty Care practitioners, Hospitals, Skilled Nursing Facilities, and Home Health Agencies when a WVFH member is referred to these providers. If they answer "yes" to any of those questions, they are asked if they discussed the information (medical records and test results) at the time of the follow-up with their patient. One question is for Specialists only and asks if the specialist sends appropriate documentation back to the WVFH member's PCP. There is also one open-ended question that asks respondents to share the names of health care providers that are currently not sending appropriate documentation to their office.

WVFH Representative and Communication
The professionalism and courtesy of the representative, the timeliness of the representative when responding to inquiries, and the knowledge of the representative regarding policies and procedures are addressed in this composite. Respondents also evaluate their overall satisfaction with the quality of service from the representative, the quality of written communications, policies bulletins, website material, and manuals.

Provider Services and Claims
Respondents are asked to rate the following regarding the Provider Services Representative: consistency of answers to inquiries, knowledge of WVFH's policies and procedures, professionalism and courtesy, and timeliness when responding to inquiries. Respondents also rate their satisfaction with clean claims being processed consistently and paid in a timely manner, as well as overall satisfaction with claims review and/or appeals process. Respondents are given the opportunity to indicate which of the two areas that they may be dissatisfied with as well as the reason for the dissatisfaction.

Utilization Management
In this composite providers rate their knowledge of which services require an authorization. Providers also rate the following regarding the Utilization Management staff: clinical knowledge, consistency in the authorization process, and professionalism and courtesy. Additionally providers rate whether the physician reviewer's decision is clearly communicated by WVFH and Medicaid providers rate their knowledge of which services require a referral. Finally, overall satisfaction with the UM process and the primary care

provider's ease of generating a referral through Digital Voice Assistant (DIVA) are also measured in this composite.

Disease Management
Primary care physicians are also asked if their patients benefit from the following disease management programs: Asthma, Diabetes, Cardiac, COPD, and MOM Matters High Risk Maternity.

EPSDT Services
Medicaid primary care providers are asked to provide their overall satisfaction with the EPSDT program.

Hours of Availability
In this composite providers are asked whether or not the hours of availability of the following departments meet their needs: Provider Services and Utilization Management.

Overall Satisfaction and Loyalty
Respondents are asked to rate their overall satisfaction with WVFH's Medicaid products. They are also asked to rate the consistency across all departments at WVFH for Medicaid and whether they would recommend WVFH to other physicians' practices. Two open-ended questions allow respondents to comment on what they like best about West Virginia Family Health, and what could be done to improve the plan.

Attributes Correlated with Health Plan Ratings

Providers set standards for health plan performance whether consciously or subconsciously. Standards are usually set higher for plan characteristics that are deemed important to each provider.

Attributes associated with overall satisfaction are identified using correlation analysis, which measures the linear relationship between each attribute and Question 46, "Overall satisfaction with West Virginia Family Health." The correlation analysis produces the Pearson correlation coefficient, which illustrates the strength of the relationship between the attribute and overall satisfaction for your health plan. A correlation coefficient of '1' represents the strongest relationship (a perfect positive relationship) while a coefficient of '0' represents the weakest relationship (no relationship). As the correlation coefficient increases, so also does the strength of the relationship.

For attributes with high correlation coefficients, respondents who rate the attributes highlighted in this section positively also rate their overall satisfaction with the plan positively. The tables on the following page present the attributes with high correlation coefficients. Attributes are listed in descending order of correlation coefficient.

Medicaid Attributes

Attribute	Correlation Coefficient
Q28. UM staff's consistency in the authorization process.	0.560
Q31. Your overall satisfaction with the UM process.	0.559
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	0.552

2. Project Overview

Your Sales Executive for this project is Candi Charmoli (770-299-1411), and your Account Project Manager is Pooja Rastogi (770-978-3173, ext. 1345). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Sales Executive or your Account Project Manager.

Background

SPH was selected by West Virginia Family Health to conduct its 2017 Practitioner Satisfaction Survey. NCQA Standard UM 11 (satisfaction with the Utilization Management Process) currently directs that at least annually, managed care organizations gather information regarding provider satisfaction with the UM process. The 2017 SPH Provider Satisfaction Survey supports this requirement.

The Practitioner Satisfaction Survey targets primary care and specialty providers to measure their satisfaction with West Virginia Family Health's Medicaid products. For comparison purposes, results are presented by Summary Rate Scores. The Summary Rate Score is the sum of the proportion of respondents who selected the most positive response options (Always or Usually; Excellent, Very good, or Good; Yes; Very or Somewhat consistent; Definitely or Probably Yes; and Very or Somewhat satisfied) for the attribute.

This report summarizes results from the survey and presents the findings by both plan service area (composite) and by each individual question (attribute). The composite scores are calculated by taking the average Summary Rate Scores of the attributes in the specified section. The following key attribute and composites are covered by the survey:

- Continuity and Coordination of Care
- WVFH Representative and Communication
- Provider Services and Claims
- Utilization Management
- EPSDT Services
- Disease Management
- Hours of Availability
- Overall Satisfaction and Loyalty

Throughout the report, comparisons are made between trend data whenever applicable.

Response Rate

SPH utilized a two-wave mail/internet with phone follow-up survey methodology to administer the survey to a stratified sample of West Virginia Family Health providers. A total of 291 mail, internet, and phone surveys were completed.

The mail/internet survey was distributed to a sample of 959 providers. A total of 78 surveys were considered ineligible, yielding a response rate of 16.5%. Mail surveys are considered ineligible if returned for the following reasons: bad address with no forwarding information, provider is deceased, or if the provider no longer participates with the health plan. The chart below shows the number of ineligible mail surveys for the disposition categories listed.

At the pre-determined date, follow-up phone calls were made to office managers of non-respondent practices by means of the Computer-Assisted Telephone Interview system (CATI). As a result, 670 office managers were included in the database for the phone follow-up data collection component. From this sample of office managers, 146 surveys were completed yielding a response rate of 26.4% after adjusting for ineligible surveys. Phone surveys are considered ineligible if they meet one of the disposition categories listed in the table below.

Survey Methodology	Ineligible Disposition	N
Mail Component	Bad Address with no forwarding information	78
	Deceased, Not Eligible	0
	TOTAL MAIL INELIGIBLE SURVEYS	**78**

Survey Methodology	Ineligible Disposition	N
Phone Component	Deceased	0
	Wrong Number	31
	Disconnected	44
	Fax/Pager/Modem/Data Line	13
	Not in Service	0
	Cell Phone	0
	Number Changed	22
	No Eligible Respondent	8
	TOTAL PHONE INELIGIBLE SURVEYS	**118**

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

$$\frac{\text{Completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response rate}$$

Using the final figures from West Virginia Family Health's Practitioner Satisfaction Survey, the numerator and denominator used to compute your response rate are presented below:

Mail/Internet Component

$$\frac{108 \text{ (mail)} + 37 \text{ (internet)}}{959 \text{ (sample)} - 78 \text{ (ineligible)}} = \frac{145}{881} = 16.5\%$$

Phone Component

$$\frac{146 \text{ (phone)}}{670 \text{ (sample)} - 118 \text{ (ineligible)}} = \frac{146}{552} = 26.4\%$$

Sampling Error

All sample surveys are subject to sampling error, which is the extent to which the results differ from what would be obtained if every eligible provider were surveyed. The size of the sampling error largely depends on the percentage distributions of each question and the number of providers surveyed. For information on how to estimate sampling error based upon your sample size, please see the *Technical Notes*.

Provider Profile

The characteristics of respondents surveyed should be representative of your provider population. The charts beginning on page 2A illustrate the following demographics and communication attributes for your plan:

- Area of Medicine (QA)
- Preferred Method of Communication (QB)
- Utilization of Gateway's Website (QC)
- Survey Respondent (Q43)

Page 2C displays the demographic proportions for West Virginia Family Health compared to previous results (if available). To help you identify how your plan's population differs from the trend data, significant differences are highlighted. Significant differences are determined by a z-test. (See *Technical Notes* for more information on this topic.)

Charts 2A – 2C

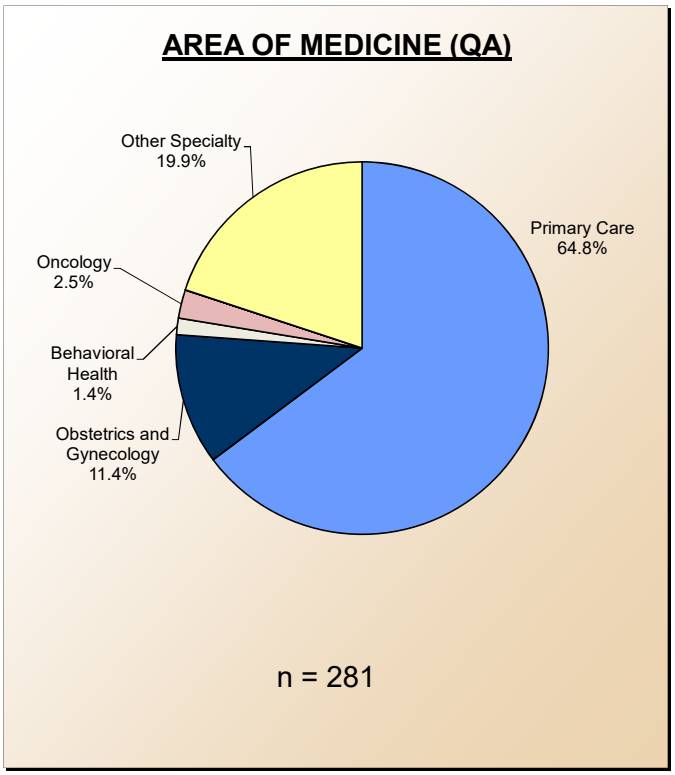
Profile of Survey Respondents

Practice Demographics

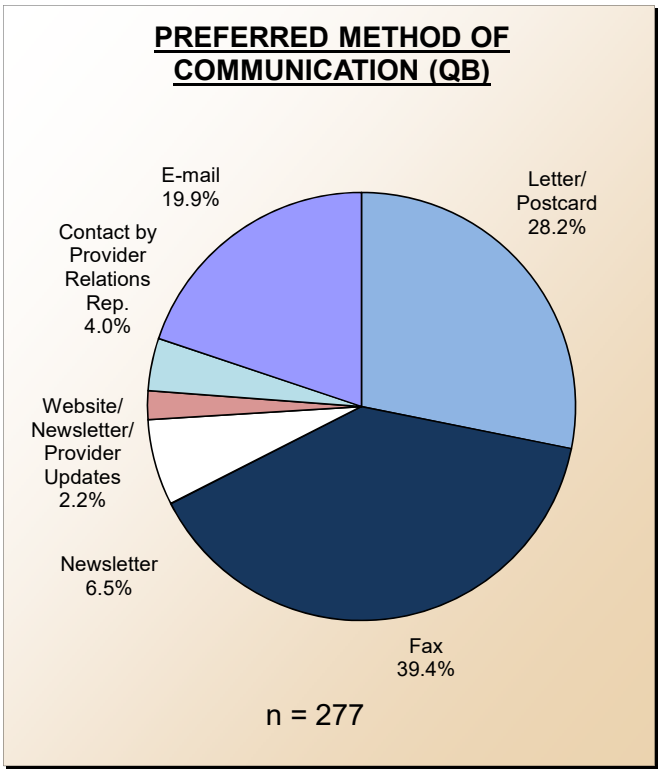
West Virginia Family Health

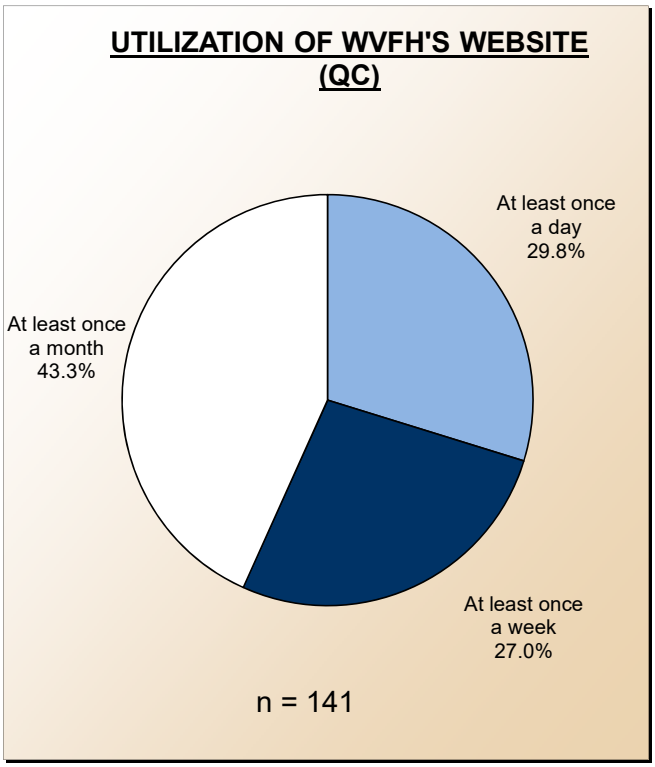
Practitioner Provider Satisfaction Survey

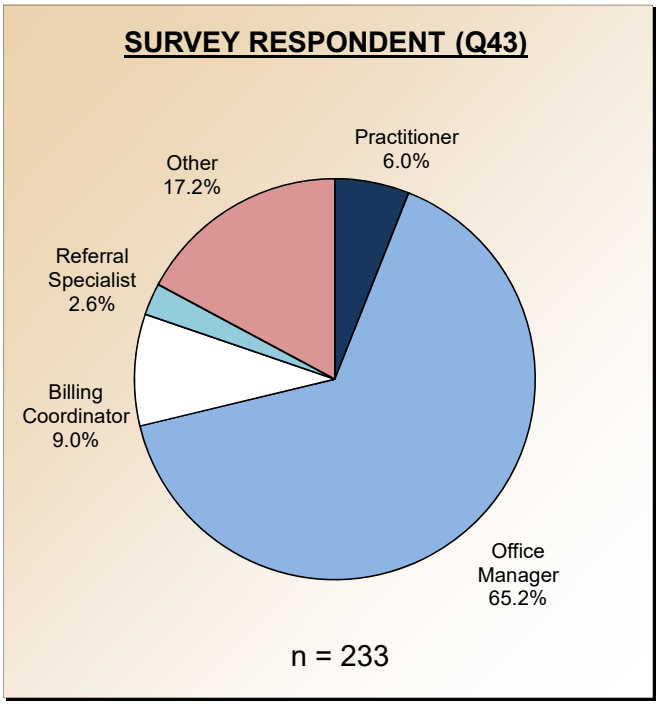
291 Total Respondents



291 Total Respondents







Profile of Survey Respondents

Trending Comparison

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Demographic	Category	West Virginia Family Health			Significance Testing*	
		2017	2016	2015	2017 vs. 2016	2017 vs. 2015
Area of Medicine (QA)	**Primary Care**	64.8%	NA	NA	NA	NA
	Obstetrics and Gynecology	11.4%	NA	NA	NA	NA
	Behavioral Health	1.4%	NA	NA	NA	NA
	Oncology	2.5%	NA	NA	NA	NA
	Other Specialty	19.9%	NA	NA	NA	NA
Preferred Method of Communication (QB)	**Letter/Postcard**	28.2%	NA	NA	NA	NA
	Fax	39.4%	NA	NA	NA	NA
	Newsletter	6.5%	NA	NA	NA	NA
	Website/Newsletter/Provider Updates	2.2%	NA	NA	NA	NA
	Contact by Provider Relations Rep.	4.0%	NA	NA	NA	NA
	E-mail	19.9%	NA	NA	NA	NA
Utilization of WVFH's Website (QC)	**At least once a day**	29.8%	NA	NA	NA	NA
	At least once a week	27.0%	NA	NA	NA	NA
	At least once a month	43.3%	NA	NA	NA	NA
Survey Respondent (Q43)	**Practitioner**	6.0%	NA	NA	NA	NA
	Office Manager	65.2%	NA	NA	NA	NA
	Billing Coordinator	9.0%	NA	NA	NA	NA
	Referral Specialist	2.6%	NA	NA	NA	NA
	Other	17.2%	NA	NA	NA	NA

** Significance Testing - "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Not sig." denotes that there was insufficient support to conclude that there was a significant difference in percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.*

3. Summary Rate Comparison

Results are presented by Summary Rate Scores, which represent the combined percentage of respondents that rated the statement the following:

- Always or Usually
- Yes
- Excellent, Very good, or Good
- Very consistent or Somewhat consistent
- Definitely yes or Probably yes
- Very satisfied or Somewhat satisfied

The charts and graphs on the following pages provide Summary Rate Score comparisons for the following:

- Medicaid 2017, 2016 & 2015 Attributes & Composites
- Medicaid 2017, 2016 & 2015 Composites (Graphical Comparison)

Focus should be given to those attributes that show significant changes in satisfaction scores. Significance testing determines if an observed difference is too large to have occurred by chance alone and is provided where applicable on the comparison pages. Please see the *Technical Notes* for more information on significance testing.

- ***Significantly lower/decrease*** denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower.
- ***Significantly higher/increase*** denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher.
- ***Not significant*** denotes that there is insufficient support to conclude that a difference exists between the percentages.
- ***Unable to Test*** denotes that there is an insufficient sample size to conduct the statistical test.

Charts 3A – 3B

Summary Rate Comparison

Medicaid Trending

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Composite/Attribute	West Virginia Family Health Valid n & Summary Rate Score* (Medicaid)						Significance Testing**	
	2017		2016		2015		2017 vs. 2016	2017 vs. 2015
Continuity and Coordination of Care		**86.9%**		**NA**		**NA**	**NA**	**NA**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	285	74.4%	NA	NA	NA	NA	NA	NA
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	276	97.5%	NA	NA	NA	NA	NA	NA
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	283	97.2%	NA	NA	NA	NA	NA	NA
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	216	88.4%	NA	NA	NA	NA	NA	NA
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	183	99.5%	NA	NA	NA	NA	NA	NA
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	212	87.7%	NA	NA	NA	NA	NA	NA
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	184	100.0%	NA	NA	NA	NA	NA	NA
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	181	78.5%	NA	NA	NA	NA	NA	NA
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	140	99.3%	NA	NA	NA	NA	NA	NA
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	195	92.8%	NA	NA	NA	NA	NA	NA
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	178	98.9%	NA	NA	NA	NA	NA	NA
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	40	85.0%	NA	NA	NA	NA	NA	NA
WVFH Representative and Communication		**92.5%**		**NA**		**NA**	**NA**	**NA**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	199	93.0%	NA	NA	NA	NA	NA	NA
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	198	93.9%	NA	NA	NA	NA	NA	NA
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	195	93.8%	NA	NA	NA	NA	NA	NA
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	203	92.1%	NA	NA	NA	NA	NA	NA
Q17. Quality of written communications, policy bulletins, website material, and manuals.	221	89.6%	NA	NA	NA	NA	NA	NA
Provider Services and Claims		**87.9%**		**NA**		**NA**	**NA**	**NA**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	209	89.0%	NA	NA	NA	NA	NA	NA
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	210	92.4%	NA	NA	NA	NA	NA	NA
Q20. The professionalism and courtesy of the Provider Services Representative.	215	94.9%	NA	NA	NA	NA	NA	NA
Q21. Timeliness of Provider Services Staff when responding to inquiries.	217	86.6%	NA	NA	NA	NA	NA	NA
Q22. Your satisfaction with clean claims being processed consistently.	214	85.5%	NA	NA	NA	NA	NA	NA
Q23. Your satisfaction with clean claims being paid in a timely manner.	207	87.0%	NA	NA	NA	NA	NA	NA
Q24. Your overall satisfaction with the claims review and/or appeals process.	198	79.8%	NA	NA	NA	NA	NA	NA

** Valid n is the number of respondents who gave a rating for the attribute. Summary Rate Scores represent the most favorable response option(s).*

*** Significance Testing - "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher when compared to previous years. "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower when compared to previous years. "Not sig." denotes that there was insufficient support to conclude that there was a significant difference between the percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.*

Note: Only those scores highlighted in gray are included in the composite score calculation for Continuity and Coordination of Care and WVFH Representative and Communication.

Continued on the following page.

Summary Rate Comparison

Medicaid Trending

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Composite/Attribute	West Virginia Family Health Valid n & Summary Rate Score* (Medicaid)						Significance Testing**	
	2017		2016		2015		2017 vs. 2016	2017 vs. 2015
Utilization Management		**89.0%**		**NA**		**NA**	**NA**	**NA**
Q26. Your knowledge of which services require an authorization.	236	84.7%	NA	NA	NA	NA	NA	NA
Q27. UM staff's clinical knowledge.	220	90.5%	NA	NA	NA	NA	NA	NA
Q28. UM staff's consistency in the authorization process.	222	86.9%	NA	NA	NA	NA	NA	NA
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	216	89.8%	NA	NA	NA	NA	NA	NA
Q30. Professionalism/courtesy of the UM staff representative.	217	95.4%	NA	NA	NA	NA	NA	NA
Q31. Your overall satisfaction with the UM process.	222	86.9%	NA	NA	NA	NA	NA	NA
Disease Management		**93.9%**		**NA**		**NA**	**NA**	**NA**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	30	90.0%	NA	NA	NA	NA	NA	NA
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	61	96.7%	NA	NA	NA	NA	NA	NA
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	52	94.2%	NA	NA	NA	NA	NA	NA
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	53	96.2%	NA	NA	NA	NA	NA	NA
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	40	92.5%	47	NA	NA	NA	NA	NA
EPSDT Services		**93.3%**		**NA**		**NA**	**NA**	**NA**
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	104	93.3%	NA	NA	NA	NA	NA	NA
Hours of Availability		**97.4%**		**NA**		**NA**	**NA**	**NA**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	204	98.0%	NA	NA	NA	NA	NA	NA
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	218	96.8%	NA	NA	NA	NA	NA	NA
Overall Satisfaction and Loyalty		**92.1%**		**NA**		**NA**	**NA**	**NA**
Q41. Consistency across all departments at WVFH is:	199	97.0%	NA	NA	NA	NA	NA	NA
Q46. Overall satisfaction with WVFH?	226	87.2%	NA	NA	NA	NA	NA	NA

** Valid n is the number of respondents who gave a rating for the attribute. Summary Rate Scores represent the most favorable response options.*

*** Significance Testing - "Sig. increase" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher when compared to previous years. "Sig. decrease" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower when compared to previous years. "Not sig." denotes that there was insufficient support to conclude that there was a significant difference between the percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.*

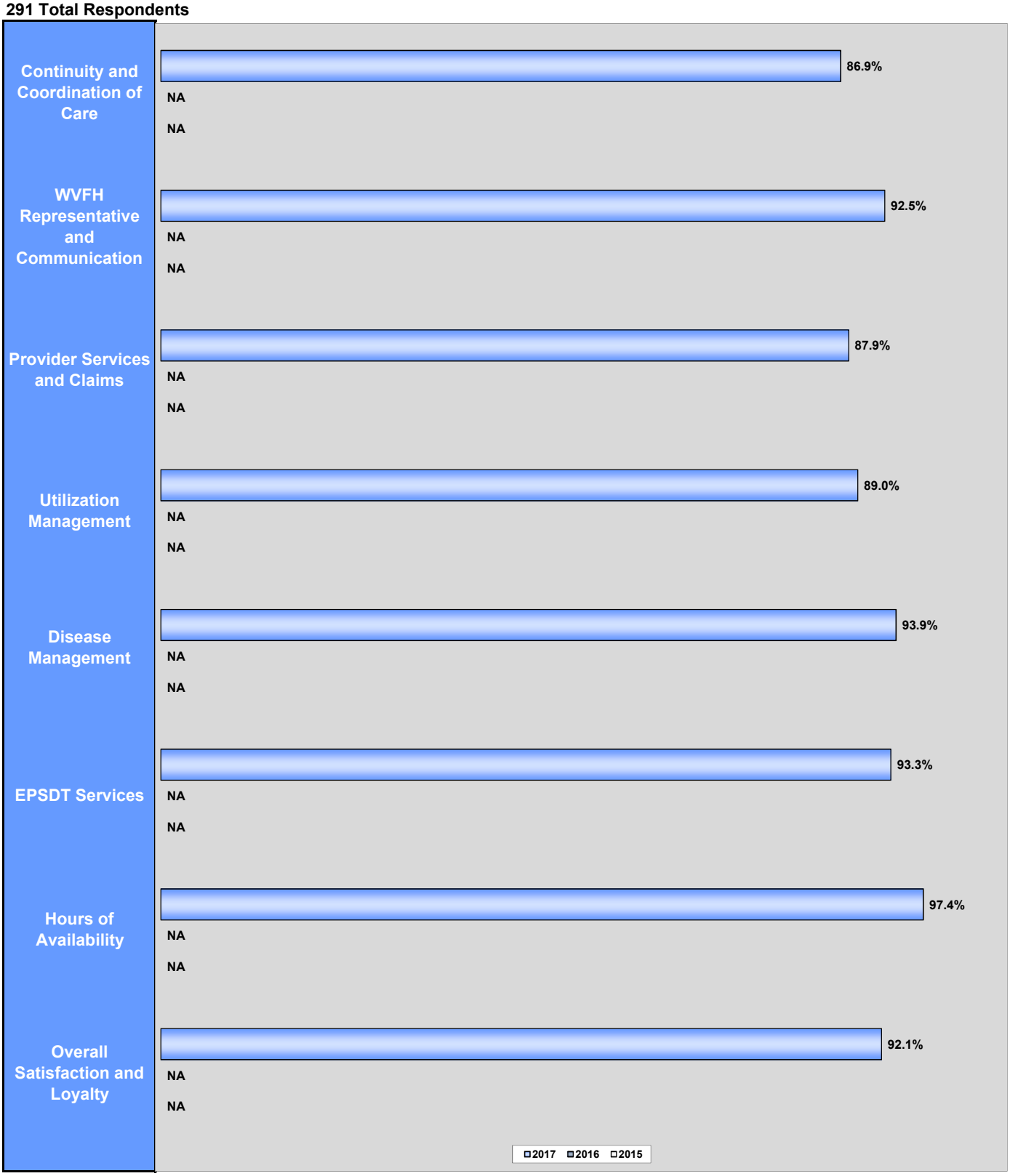
Trend Comparisons

Composites

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents



4. Question Summaries

The proportion of respondents who fall into each response category for all questions is shown beginning on page 4A. Each question addresses the provider's rating of West Virginia Family Health's Medicaid products. The question summary pages are broken down into several sections, which are described below.

Valid n & Category Responses
The valid n column shows the number of respondents who chose to answer the question. This number may be lower than the total number of respondents who completed the survey because respondents either chose not to answer the question (left the question blank on the survey tool) or selected "NA." The Category Responses section provides the percentage of respondents who selected each response option.

Summary Rate Scores
The Summary Rate Scores section provides trend comparisons of West Virginia Family Health's Summary Rate Scores. The Summary Rate Score is typically the sum of the proportion of respondents who selected 'Excellent,' 'Very good,' or 'Good.' For all other questions, the Summary Rate Score is the sum of the shaded category responses. Both 2016 and 2015 trend data are available for Medicaid product lines where applicable.

Mean Scores
The Mean Scores section provides further analysis of your results. While Summary Rate Scores are very helpful in that they highlight areas where your plan scores well, they are not a complete indication of performance. Mean Scores provide an average of responses. The score is calculated by assigning a value of one to five to each response option. For example, 'Excellent' receives a score of 5, while 'Poor' receives a score of 1. Therefore, higher Mean Scores indicate more favorable responses, while lower Mean Scores indicate unfavorable responses. For example, the Mean Score for the Medicaid product line in the example below is 3.77, meaning that the average response option chosen is between 'Good' and 'Very good'.

Question	Plan	Plan Mean
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	Medicaid	3.77

Charts 4A – 4N

Question Summaries

Demographics

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Survey Item	Valid n	Category Responses					
A. Please indicate the area of medicine in which you practice.	281	Primary Care	Obstetrics and Gynecology	Behavioral Health	Oncology	Other Specialty	
		64.8%	11.4%	1.4%	2.5%	19.9%	
B. Your preferred method of communication regarding plan changes, updates and clinical information:	277	Letter/Postcard	Fax	Newsletter	Website/ Newsletter/ Provider Updates	Contact by Provider Relations Representative	E-mail
		28.2%	39.4%	6.5%	2.2%	4.0%	19.9%
C. How often do you utilize WVFH's website?	141	At least once a day	At least once a week	At least once a month	I do not access WVFH's website	I do not have access to the Internet	
		29.8%	27.0%	43.3%	n = 124	n = 8	
Q43. Please mark who is completing this survey. (Mark only one)	233	Practitioner	Office Manager	Billing Coordinator	Referral Specialist	Other	
		6.0%	65.2%	9.0%	2.6%	17.2%	

5. *Mean Score Analysis*

The Mean Score Analysis on page 5A compares the Mean Scores for West Virginia Family Health's Medicaid product lines. Mean Scores are a useful tool for understanding how neutral or dissatisfied respondents are when they rate a particular question or composite area. Summary Rates alone are not as complete of an indication of performance. For example, the chart below shows two cases where the Summary Rate Scores are equal, however, the Mean Scores are very different due to the distribution of responses.

	Excellent	Very good	Good	Fair	Poor	Summary Rate*	Mean Score
Case 1.	10%	65%	0%	0%	25%	75%	3.35
Case 2.	70%	5%	25%	0%	0%	75%	4.45

* The Summary Rate is the sum of the proportion of respondents who selected 'Excellent' or 'Very good.'

By focusing on all the response categories of a question a high Summary Rate becomes less telling as: (1) a relatively small percentage of members are found to be very satisfied ('Excellent') or (2) a large proportion of the Summary Rate responses are 'Very good' responses, rather than the more favorable 'Excellent' responses.

Mean Score Calculation

The Mean Score is calculated by assigning a value to each response option. For example, to calculate the Mean Score for a five-point scale such as the 'Excellent to Poor' scale, a value of five is assigned to 'Excellent,' four to 'Very good,' three to 'Good,' two to 'Fair,' and one to 'Poor.' When using a four-point scale, a value of four is applied to the most positive response option, and when using a three-point scale, a value of three is assigned to the most positive response option.

Higher Mean Scores indicate more favorable responses while lower Mean Scores indicate unfavorable responses. Using the five-point scale of 'Excellent to Poor,' a Mean Score of 3.35 would indicate that, on average, respondents rate the plan between 'Good' and 'Very good' on a specific attribute, while a Mean Score of 4.45 indicates that, on average, respondents rate the plan between 'Very good' and 'Excellent.'

The chart on the following page presents mean scores for the Medicaid products.

Chart 5A

Mean Score Comparison

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Composite/Attribute	2017 Mean Scores*
	Medicaid
Continuity and Coordination of Care	**3.688**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	3.249
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	3.920
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	3.894
WVFH Representative and Communication	**3.692**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	3.769
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	3.682
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	3.738
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	3.685
Q17. Quality of written communications, policy bulletins, website material, and manuals.	3.584
Provider Services and Claims	**3.482**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	3.498
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	3.571
Q20. The professionalism and courtesy of the Provider Services Representative.	3.730
Q21. Timeliness of Provider Services Staff when responding to inquiries.	3.475
Q22. Your satisfaction with clean claims being processed consistently.	3.402
Q23. Your satisfaction with clean claims being paid in a timely manner.	3.420
Q24. Your overall satisfaction with the claims review and/or appeals process.	3.278
Utilization Management	**3.419**
Q26. Your knowledge of which services require an authorization.	3.390
Q27. UM staff's clinical knowledge.	3.441
Q28. UM staff's consistency in the authorization process.	3.414
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	3.440
Q30. Professionalism/courtesy of the UM staff representative.	3.673
Q31. Your overall satisfaction with the UM process.	3.432
Q34. PCPs Only - The ease of generating a referral through Digital Voice Assistant (DIVA).	3.140
EPSDT Services	**3.635**
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	3.635
Overall Satisfaction and Loyalty	**3.423**
Q41. Consistency across all departments at WVFH is:	2.518
Q46. Overall satisfaction with WVFH?	4.327

** Mean Scores are the average of all response options.*

6. Segmentation Analysis

The Practitioner Satisfaction Survey asks demographic questions about the respondent's medical practice, facilitating a market segmentation of the providers. The charts beginning on page 6A present Summary Rate Scores organized across the following practice demographics:

- Medicaid Area of Medicine (QA)
- Medicaid Preferred Method of Communication (QB)
- Medicaid Survey Respondent (Q43)
- Medicaid Website Utilization (QC)
- Medicaid ProviderType (Database): All Respondents, Primary Care, and Specialty
- Medicaid Region (Database)
- Medicaid Specialty (Database)

The percentages represent the Summary Rate Score for each segment of the demographic category. For example, in the table below, the Summary Rate Score for overall satisfaction with West Virginia Family Health is the percentage of respondents who selected 'Very satisfied' or 'Somewhat satisfied'. The interpretation of this example would be, "Of the respondents who are Primary Care Providers, 86.9% are 'Very satisfied' or 'Somewhat Satisfied' with West Virginia Family Health, while 84.0% of respondents who are Obstetricians/Gynecologists are 'Very satisfied' or 'Somewhat satisfied.'"

Area of Medicine (QA) - Medicaid	Primary Care	Obstetrics and Gynecology
Q46. Overall satisfaction with West Virginia Family Health?	86.9%	84.0%

Results on the following pages are provided for individual attributes and for each composite. Caution is recommended when making comparisons between segments with a small valid n (less than 30) as the results may not be representative of the population.

Charts 6A – 6G

Segmentation Analysis

West Virginia Family Health

Area of Medicine (QA)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Area of Medicine (QA)	Primary Care		Obstetrics and Gynecology		Behavioral Health		Cardiology		Other Specialty	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Continuity and Coordination of Care		**89.0%**		**62.5%**		**75.0%**		**NA**		**77.1%**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	178	79.2%	31	67.7%	4	50.0%	7	100.0%	55	61.8%
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	171	99.4%	30	100.0%	4	75.0%	7	100.0%	54	90.7%
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	177	99.4%	30	96.7%	4	75.0%	7	100.0%	55	90.9%
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	162	89.5%	2	50.0%	2	50.0%	0	0.0%	40	87.5%
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	140	100.0%	1	100.0%	1	100.0%	0	0.0%	32	96.9%
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	161	90.1%	2	50.0%	1	100.0%	0	0.0%	38	78.9%
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	144	100.0%	1	100.0%	1	100.0%	0	0.0%	29	100.0%
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	139	80.6%	2	50.0%	1	100.0%	0	0.0%	31	64.5%
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	110	99.1%	1	100.0%	1	100.0%	0	0.0%	20	100.0%
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	151	96.0%	2	100.0%	2	50.0%	0	0.0%	31	77.4%
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	142	98.6%	2	100.0%	1	100.0%	0	0.0%	24	100.0%
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	3	100.0%	27	77.8%	0	0.0%	6	100.0%	4	100.0%
WVFH Representative and Communication		**91.8%**		**91.9%**		**61.7%**		**97.1%**		**96.3%**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	126	92.1%	20	90.0%	3	66.7%	4	100.0%	38	97.4%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	126	92.9%	18	100.0%	3	66.7%	4	100.0%	38	97.4%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	126	92.9%	17	100.0%	3	33.3%	4	100.0%	36	97.2%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	128	92.2%	21	85.7%	3	66.7%	4	100.0%	38	94.7%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	138	89.1%	25	84.0%	4	75.0%	7	85.7%	39	94.9%
Provider Services and Claims		**88.2%**		**89.9%**		**57.1%**		**82.1%**		**89.8%**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	130	90.0%	26	92.3%	4	50.0%	4	75.0%	36	88.9%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	130	93.1%	24	87.5%	4	75.0%	4	100.0%	40	92.5%
Q20. The professionalism and courtesy of the Provider Services Representative.	134	95.5%	25	96.0%	3	100.0%	4	100.0%	40	95.0%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	135	86.7%	25	88.0%	3	66.7%	5	80.0%	41	87.8%
Q22. Your satisfaction with clean claims being processed consistently.	132	85.6%	23	91.3%	4	50.0%	5	60.0%	40	90.0%
Q23. Your satisfaction with clean claims being paid in a timely manner.	129	87.6%	23	95.7%	4	25.0%	5	80.0%	36	86.1%
Q24. Your overall satisfaction with the claims review and/or appeals process.	122	78.7%	23	78.3%	3	33.3%	5	80.0%	35	88.6%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note 1: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Continued on the following page.

Segmentation Analysis

West Virginia Family Health

Area of Medicine (QA)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Area of Medicine (QA)	Primary Care		Obstetrics and Gynecology		Behavioral Health		Cardiology		Other Specialty	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Utilization Management		**92.3%**		**94.0%**		**75.0%**		**83.9%**		**94.4%**
Q26. Your knowledge of which services require an authorization.	152	84.9%	26	88.5%	4	100.0%	7	100.0%	37	81.1%
Q27. UM staff's clinical knowledge.	139	92.1%	26	92.3%	4	50.0%	7	71.4%	35	94.3%
Q28. UM staff's consistency in the authorization process.	142	88.0%	25	88.0%	4	75.0%	7	71.4%	35	91.4%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	142	92.3%	23	91.3%	4	25.0%	7	57.1%	32	96.9%
Q30. Professionalism/courtesy of the UM staff representative.	140	95.7%	23	100.0%	4	75.0%	7	100.0%	34	97.1%
Q31. Your overall satisfaction with the UM process.	140	85.7%	24	91.7%	4	75.0%	7	71.4%	38	94.7%
Disease Management		**92.5%**		**NA**		**NA**		**NA**		**100.0%**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	24	87.5%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	50	96.0%	1	100.0%	0	0.0%	0	0.0%	5	100.0%
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	39	94.9%	0	0.0%	0	0.0%	0	0.0%	6	100.0%
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	41	95.1%	1	100.0%	0	0.0%	0	0.0%	6	100.0%
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	27	88.9%	6	100.0%	0	0.0%	0	0.0%	3	100.0%
EPSDT Services										
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	84	94.0%	1	100.0%	1	100.0%	0	0.0%	10	90.0%
Hours of Availability		**96.6%**		**100.0%**		**75.0%**		**100.0%**		**100.0%**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	128	98.4%	22	100.0%	4	75.0%	7	100.0%	36	100.0%
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	138	96.4%	23	100.0%	4	75.0%	7	100.0%	37	100.0%
Overall Satisfaction and Loyalty		**92.1%**		**91.8%**		**63.9%**		**90.5%**		**95.4%**
Q41. Consistency across all departments at WVFH is:	125	96.8%	23	95.7%	3	66.7%	7	100.0%	31	100.0%
Q42. Would you recommend WVFH to other physicians' practices?	147	92.5%	24	95.8%	4	75.0%	6	100.0%	42	92.9%
Q46. Overall satisfaction with WVFH?	137	86.9%	25	84.0%	4	50.0%	7	71.4%	45	93.3%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note 1: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Segmentation Analysis

West Virginia Family Health

Preferred Method of Communication (QB)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Preferred Method of Communication (QB)	Letter		Fax		Newsletter		Website/ Provider Updates		Contact by Representative		E-mail	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Continuity and Coordination of Care		**87.2%**		**86.7%**		**96.4%**		**100.0%**		**78.2%**		**82.3%**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	76	78.9%	107	75.7%	18	66.7%	6	83.3%	11	81.8%	53	71.7%
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	71	98.6%	104	98.1%	18	88.9%	6	100.0%	11	100.0%	52	96.2%
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	76	97.4%	105	97.1%	17	100.0%	6	100.0%	11	100.0%	54	94.4%
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	63	90.5%	81	88.9%	11	100.0%	4	100.0%	11	72.7%	34	79.4%
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	56	98.2%	67	100.0%	11	100.0%	4	100.0%	8	100.0%	26	100.0%
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	62	85.5%	83	88.0%	11	100.0%	4	100.0%	10	80.0%	30	86.7%
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	53	100.0%	72	100.0%	11	100.0%	4	100.0%	8	100.0%	25	100.0%
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	51	80.4%	72	76.4%	7	85.7%	4	100.0%	10	70.0%	29	75.9%
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	41	100.0%	53	100.0%	6	100.0%	4	100.0%	7	100.0%	22	95.5%
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	53	92.5%	79	93.7%	10	100.0%	4	100.0%	10	90.0%	31	87.1%
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	48	100.0%	72	100.0%	10	90.0%	4	100.0%	9	100.0%	27	96.3%
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	10	80.0%	18	88.9%	2	100.0%	2	100.0%	0	0.0%	8	75.0%
WVFH Representative and Communication		**98.6%**		**94.6%**		**88.2%**		**100.0%**		**76.7%**		**88.3%**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	51	98.0%	71	94.4%	15	93.3%	6	100.0%	9	88.9%	38	86.8%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	50	100.0%	73	94.5%	15	86.7%	6	100.0%	10	70.0%	35	91.4%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	48	100.0%	72	95.8%	15	86.7%	6	100.0%	9	77.8%	36	91.7%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	50	100.0%	73	94.5%	15	86.7%	6	100.0%	10	80.0%	39	87.2%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	58	94.8%	82	93.9%	16	87.5%	6	100.0%	9	66.7%	39	84.6%
Provider Services and Claims		**91.9%**		**90.7%**		**85.8%**		**97.1%**		**52.3%**		**82.9%**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	55	90.9%	76	90.8%	15	86.7%	6	100.0%	8	50.0%	38	86.8%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	55	98.2%	75	92.0%	15	93.3%	6	100.0%	9	66.7%	39	87.2%
Q20. The professionalism and courtesy of the Provider Services Representative.	57	98.2%	77	96.1%	15	100.0%	6	100.0%	9	77.8%	40	87.5%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	59	93.2%	77	85.7%	16	75.0%	6	100.0%	9	33.3%	39	89.7%
Q22. Your satisfaction with clean claims being processed consistently.	55	89.1%	73	90.4%	15	86.7%	6	100.0%	11	54.5%	42	76.2%
Q23. Your satisfaction with clean claims being paid in a timely manner.	53	90.6%	69	92.8%	15	73.3%	5	100.0%	11	63.6%	42	78.6%
Q24. Your overall satisfaction with the claims review and/or appeals process.	54	83.3%	69	87.0%	14	85.7%	5	80.0%	10	20.0%	35	74.3%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note 1: Only those scores highlighted in gray are included in the composite score.

Continued on the following page.

Segmentation Analysis

Preferred Method of Communication (QB)

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Preferred Method of Communication (QB)	Letter		Fax		Newsletter		Website/ Provider Updates		Contact by Representative		E-mail	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Utilization Management		**91.3%**		**93.4%**		**93.5%**		**100.0%**		**72.0%**		**89.7%**
Q26. Your knowledge of which services require an authorization.	62	91.9%	87	81.6%	16	87.5%	6	100.0%	11	63.6%	43	79.1%
Q27. UM staff's clinical knowledge.	61	85.2%	83	95.2%	15	93.3%	6	100.0%	9	66.7%	35	88.6%
Q28. UM staff's consistency in the authorization process.	63	85.7%	82	90.2%	16	87.5%	6	100.0%	8	50.0%	37	83.8%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	62	88.7%	80	95.0%	14	92.9%	5	100.0%	9	55.6%	36	83.3%
Q30. Professionalism/courtesy of the UM staff representative.	63	95.2%	78	97.4%	15	93.3%	6	100.0%	10	80.0%	34	94.1%
Q31. Your overall satisfaction with the UM process.	62	83.9%	82	87.8%	15	93.3%	6	100.0%	10	60.0%	36	88.9%
Disease Management		**93.1%**		**92.4%**		**100.0%**		**80.0%**		**100.0%**		**93.1%**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	7	85.7%	15	93.3%	1	100.0%	0	0.0%	2	100.0%	5	80.0%
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	17	94.1%	22	95.5%	2	100.0%	1	100.0%	3	100.0%	11	100.0%
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	13	100.0%	22	86.4%	2	100.0%	1	100.0%	2	100.0%	9	100.0%
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	12	100.0%	24	91.7%	2	100.0%	1	100.0%	2	100.0%	9	100.0%
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	7	85.7%	21	95.2%	2	100.0%	1	100.0%	2	100.0%	7	85.7%
EPSDT Services												
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	30	96.7%	40	97.5%	3	100.0%	2	100.0%	8	75.0%	16	87.5%
Hours of Availability		**96.0%**		**95.5%**		**100.0%**		**100.0%**		**100.0%**		**96.1%**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	54	94.4%	75	100.0%	15	100.0%	6	100.0%	9	100.0%	34	97.1%
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	61	93.4%	82	100.0%	15	100.0%	6	100.0%	9	100.0%	34	91.2%
Overall Satisfaction and Loyalty		**94.6%**		**93.6%**		**88.7%**		**83.3%**		**92.6%**		**86.9%**
Q41. Consistency across all departments at WVFH is:	56	98.2%	72	98.6%	13	92.3%	5	100.0%	8	100.0%	35	91.4%
Q42. Would you recommend WVFH to other physicians' practices?	62	95.2%	89	94.4%	16	93.8%	6	83.3%	9	88.9%	39	87.2%
Q46. Overall satisfaction with WVFH?	62	90.3%	83	88.0%	15	80.0%	6	66.7%	9	88.9%	39	82.1%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note 1: Only those scores highlighted in gray are included in the composite score.

Segmentation Analysis

West Virginia Family Health

Survey Respondent (Q43)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Survey Respondent (Q43)	Practitioner		Office Manager		Billing Coordinator		Referral Specialist		Other	
Composite/Attribute	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Continuity and Coordination of Care		**92.2%**		**84.6%**		**74.4%**		**90.0%**		**94.9%**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	14	78.6%	147	73.5%	21	61.9%	6	100.0%	40	77.5%
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	14	92.9%	146	99.3%	20	90.0%	6	100.0%	36	97.2%
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	14	92.9%	150	98.7%	21	95.2%	6	100.0%	39	94.9%
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	11	100.0%	111	84.7%	14	85.7%	5	80.0%	30	93.3%
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	11	100.0%	91	98.9%	12	100.0%	4	100.0%	28	100.0%
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	11	90.9%	114	86.0%	13	76.9%	5	80.0%	30	96.7%
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	10	100.0%	97	100.0%	10	100.0%	4	100.0%	29	100.0%
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	9	77.8%	93	75.3%	12	75.0%	4	100.0%	29	93.1%
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	7	100.0%	69	98.6%	9	100.0%	4	100.0%	27	100.0%
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	9	100.0%	108	92.6%	10	60.0%	5	100.0%	29	96.6%
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	9	100.0%	98	99.0%	6	100.0%	5	100.0%	28	100.0%
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	3	100.0%	28	85.7%	1	100.0%	1	100.0%	4	75.0%
WVFH Representative and Communication		**94.5%**		**92.8%**		**94.2%**		**96.0%**		**90.8%**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	11	90.9%	113	93.8%	16	93.8%	4	100.0%	29	93.1%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	11	90.9%	110	94.5%	17	100.0%	5	80.0%	30	93.3%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	11	100.0%	108	93.5%	16	100.0%	5	100.0%	30	90.0%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	11	90.9%	114	91.2%	17	94.1%	5	100.0%	31	93.5%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	12	100.0%	130	90.8%	18	83.3%	4	100.0%	31	83.9%
Provider Services and Claims		**88.1%**		**88.5%**		**90.1%**		**86.4%**		**88.2%**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	12	91.7%	119	89.9%	20	90.0%	4	100.0%	31	83.9%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	12	91.7%	119	94.1%	20	95.0%	4	100.0%	32	87.5%
Q20. The professionalism and courtesy of the Provider Services Representative.	12	83.3%	123	96.7%	19	100.0%	4	100.0%	34	97.1%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	12	83.3%	127	87.4%	19	89.5%	4	75.0%	35	85.7%
Q22. Your satisfaction with clean claims being processed consistently.	12	91.7%	125	84.0%	21	85.7%	4	75.0%	32	90.6%
Q23. Your satisfaction with clean claims being paid in a timely manner.	12	91.7%	119	84.9%	21	85.7%	4	75.0%	30	90.0%
Q24. Your overall satisfaction with the claims review and/or appeals process.	12	83.3%	109	82.6%	20	85.0%	5	80.0%	34	82.4%
Utilization Management		**85.6%**		**92.2%**		**90.3%**		**93.8%**		**95.3%**
Q26. Your knowledge of which services require an authorization.	14	85.7%	144	87.5%	20	80.0%	6	66.7%	34	85.3%
Q27. UM staff's clinical knowledge.	14	78.6%	132	92.4%	17	82.4%	6	100.0%	36	91.7%
Q28. UM staff's consistency in the authorization process.	14	71.4%	135	88.1%	17	82.4%	6	83.3%	36	91.7%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	14	85.7%	130	90.0%	18	88.9%	5	100.0%	32	96.9%
Q30. Professionalism/courtesy of the UM staff representative.	13	92.3%	133	94.7%	17	94.1%	6	100.0%	33	100.0%
Q31. Your overall satisfaction with the UM process.	14	71.4%	135	84.4%	19	94.7%	6	100.0%	33	97.0%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Continued on the following page.

Segmentation Analysis

West Virginia Family Health

Survey Respondent (Q43)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Survey Respondent (Q43)	Practitioner		Office Manager		Billing Coordinator		Referral Specialist		Other	
Composite/Attribute	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Disease Management		**100.0%**		**98.8%**		**66.0%**		**NA**		**90.0%**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	2	100.0%	19	100.0%	2	50.0%	0	0.0%	4	75.0%
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	5	100.0%	37	97.3%	5	80.0%	2	100.0%	5	100.0%
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	4	100.0%	31	96.8%	4	75.0%	2	100.0%	6	100.0%
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	3	100.0%	33	100.0%	4	75.0%	1	100.0%	6	100.0%
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	3	100.0%	28	100.0%	2	50.0%	0	0.0%	4	75.0%
EPSDT Services										
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	6	100.0%	66	90.9%	8	87.5%	2	100.0%	13	100.0%
Hours of Availability		**89.5%**		**97.7%**		**89.8%**		**100.0%**		**99.0%**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	10	90.0%	127	97.6%	16	100.0%	5	100.0%	33	100.0%
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	14	78.6%	133	98.5%	18	94.4%	6	100.0%	34	97.1%
Overall Satisfaction and Loyalty		**92.9%**		**92.7%**		**91.9%**		**100.0%**		**93.4%**
Q41. Consistency across all departments at WVFH is:	14	92.9%	125	98.4%	20	90.0%	6	100.0%	27	96.3%
Q42. Would you recommend WVFH to other physicians' practices?	14	92.9%	147	93.2%	21	100.0%	6	100.0%	36	91.7%
Q46. Overall satisfaction with WVFH?	14	92.9%	141	86.5%	21	85.7%	5	100.0%	38	92.1%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Segmentation Analysis

WVFH Website Utilization (QC)

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

WVFH Website Utilization (QC)	Once a Day		Once a Week		Once a Month		Do not access web		Do not have access	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Continuity and Coordination of Care		**92.4%**		**86.5%**		**81.9%**		**86.0%**		**83.1%**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	40	80.0%	38	89.5%	60	71.7%	121	71.1%	8	62.5%
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	37	100.0%	37	100.0%	59	96.6%	117	97.4%	8	75.0%
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	40	97.5%	37	100.0%	60	96.7%	122	96.7%	8	87.5%
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	32	93.8%	26	88.5%	41	85.4%	96	86.5%	6	83.3%
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	29	96.6%	23	100.0%	34	100.0%	81	100.0%	5	100.0%
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	32	93.8%	26	88.5%	39	82.1%	93	86.0%	7	85.7%
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	30	100.0%	23	100.0%	31	100.0%	79	100.0%	6	100.0%
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	27	88.9%	26	84.6%	34	67.6%	77	76.6%	5	80.0%
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	24	100.0%	22	100.0%	22	95.5%	58	100.0%	4	100.0%
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	29	93.1%	26	84.6%	41	92.7%	81	95.1%	6	83.3%
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	27	100.0%	22	100.0%	36	100.0%	76	97.4%	5	100.0%
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	6	83.3%	7	100.0%	12	83.3%	14	85.7%	1	0.0%
WVFH Representative and Communication		**100.0%**		**91.3%**		**93.8%**		**90.6%**		**78.0%**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	34	100.0%	32	90.6%	46	97.8%	71	90.1%	6	66.7%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	35	100.0%	33	97.0%	44	93.2%	69	92.8%	6	83.3%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	33	100.0%	31	93.5%	47	93.6%	68	94.1%	5	80.0%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	33	100.0%	33	90.9%	48	91.7%	73	90.4%	5	80.0%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	35	100.0%	32	84.4%	55	92.7%	82	85.4%	5	80.0%
Provider Services and Claims		**94.8%**		**82.6%**		**87.5%**		**87.3%**		**82.0%**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	35	97.1%	30	83.3%	53	83.0%	75	90.7%	6	100.0%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	34	100.0%	32	87.5%	53	90.6%	74	90.5%	6	100.0%
Q20. The professionalism and courtesy of the Provider Services Representative.	34	97.1%	33	93.9%	52	98.1%	78	92.3%	7	85.7%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	34	91.2%	32	81.3%	54	87.0%	79	86.1%	6	83.3%
Q22. Your satisfaction with clean claims being processed consistently.	34	91.2%	28	82.1%	54	87.0%	80	83.8%	7	71.4%
Q23. Your satisfaction with clean claims being paid in a timely manner.	30	96.7%	28	82.1%	54	85.2%	79	87.3%	6	66.7%
Q24. Your overall satisfaction with the claims review and/or appeals process.	31	90.3%	28	67.9%	48	81.3%	76	80.3%	6	66.7%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note 1: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Continued on the following page.

Segmentation Analysis

WVFH Website Utilization (QC)

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

WVFH Website Utilization (QC)	Once a Day		Once a Week		Once a Month		Do not access web		Do not have access	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Utilization Management		**97.6%**		**87.7%**		**91.3%**		**90.4%**		**98.2%**
Q26. Your knowledge of which services require an authorization.	33	100.0%	32	75.0%	55	83.6%	98	82.7%	7	85.7%
Q27. UM staff's clinical knowledge.	32	93.8%	30	86.7%	51	88.2%	88	89.8%	7	100.0%
Q28. UM staff's consistency in the authorization process.	32	96.9%	30	73.3%	52	84.6%	89	86.5%	7	100.0%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	31	96.8%	31	87.1%	48	93.8%	88	85.2%	7	100.0%
Q30. Professionalism/courtesy of the UM staff representative.	32	96.9%	29	96.6%	49	95.9%	90	94.4%	6	100.0%
Q31. Your overall satisfaction with the UM process.	31	96.8%	30	83.3%	52	84.6%	92	84.8%	5	100.0%
Disease Management		**100.0%**		**100.0%**		**98.7%**		**89.5%**		**0.0%**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	6	100.0%	4	100.0%	7	100.0%	11	81.8%	1	0.0%
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	8	100.0%	12	100.0%	15	93.3%	23	95.7%	0	0.0%
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	8	100.0%	9	100.0%	14	100.0%	19	89.5%	0	0.0%
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	8	100.0%	11	100.0%	12	100.0%	20	95.0%	0	0.0%
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	9	100.0%	5	100.0%	10	100.0%	14	85.7%	1	0.0%
EPSDT Services										
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	14	100.0%	14	85.7%	23	100.0%	47	89.4%	0	0.0%
Hours of Availability		**97.0%**		**100.0%**		**98.0%**		**94.5%**		**NA**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	34	97.1%	29	100.0%	47	97.9%	78	97.4%	4	100.0%
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	33	93.9%	30	100.0%	51	96.1%	87	96.6%	5	100.0%
Overall Satisfaction and Loyalty		**96.0%**		**93.2%**		**90.7%**		**90.7%**		**95.2%**
Q41. Consistency across all departments at WVFH is:	29	100.0%	27	96.3%	49	95.9%	81	96.3%	5	100.0%
Q42. Would you recommend WVFH to other physicians' practices?	34	94.1%	31	93.5%	54	96.3%	95	89.5%	7	100.0%
Q46. Overall satisfaction with WVFH?	32	93.8%	29	89.7%	50	80.0%	96	86.5%	7	85.7%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note 1: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Segmentation Analysis

Provider Type (Database)

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Provider Type (Database)	All Respondents		PCP		Specialty	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*
Continuity and Coordination of Care		**86.9%**		**86.9%**		**NA**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	285	74.4%	243	74.5%	42	73.8%
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	276	97.5%	234	97.0%	42	100.0%
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	283	97.2%	241	97.1%	42	97.6%
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	216	88.4%	216	88.4%	0	0.0%
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	183	99.5%	183	99.5%	0	0.0%
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	212	87.7%	212	87.7%	0	0.0%
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	184	100.0%	184	100.0%	0	0.0%
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	181	78.5%	181	78.5%	0	0.0%
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	140	99.3%	140	99.3%	0	0.0%
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	195	92.8%	195	92.8%	0	0.0%
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	178	98.9%	178	98.9%	0	0.0%
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	40	85.0%	0	0.0%	40	85.0%
WVFH Representative and Communication		**92.5%**		**92.7%**		**91.5%**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	199	93.0%	169	93.5%	30	90.0%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	198	93.9%	170	93.5%	28	96.4%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	195	93.8%	170	92.9%	25	100.0%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	203	92.1%	173	93.1%	30	86.7%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	221	89.6%	182	90.7%	39	84.6%
Provider Services and Claims		**87.9%**		**87.7%**		**88.8%**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	209	89.0%	174	88.5%	35	91.4%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	210	92.4%	177	92.7%	33	90.9%
Q20. The professionalism and courtesy of the Provider Services Representative.	215	94.9%	181	94.5%	34	97.1%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	217	86.6%	181	86.7%	36	86.1%
Q22. Your satisfaction with clean claims being processed consistently.	214	85.5%	180	85.6%	34	85.3%
Q23. Your satisfaction with clean claims being paid in a timely manner.	207	87.0%	173	86.1%	34	91.2%
Q24. Your overall satisfaction with the claims review and/or appeals process.	198	79.8%	164	79.9%	34	79.4%
Utilization Management		**91.8%**		**91.8%**		**91.6%**
Q26. Your knowledge of which services require an authorization.	236	84.7%	198	84.3%	38	86.8%
Q27. UM staff's clinical knowledge.	220	90.5%	182	90.7%	38	89.5%
Q28. UM staff's consistency in the authorization process.	222	86.9%	184	88.0%	38	81.6%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	216	89.8%	180	90.6%	36	86.1%
Q30. Professionalism/courtesy of the UM staff representative.	217	95.4%	181	94.5%	36	100.0%
Q31. Your overall satisfaction with the UM process.	222	86.9%	185	86.5%	37	89.2%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note 1: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Continued on the following page.

Segmentation Analysis

Provider Type (Database)

West Virginia Family Health

Practitioner Provider Satisfaction Survey

291 Total Respondents

Provider Type (Database)	All Respondents		PCP		Specialty	
Composite/Attribute (Medicaid)	n	SRS*	n	SRS*	n	SRS*
Disease Management		**93.9%**		**93.4%**		**NA**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	30	90.0%	30	90.0%	0	0.0%
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	61	96.7%	61	96.7%	0	0.0%
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	52	94.2%	52	94.2%	0	0.0%
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	53	96.2%	53	96.2%	0	0.0%
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	40	92.5%	30	90.0%	10	100.0%
EPSDT Services						
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	104	93.3%	104	93.3%	0	0.0%
Hours of Availability		**96.4%**		**96.0%**		**100.0%**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	204	98.0%	170	97.6%	34	100.0%
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	218	96.8%	182	96.2%	36	100.0%
Overall Satisfaction and Loyalty		**92.4%**		**92.4%**		**92.9%**
Q41. Consistency across all departments at WVFH is:	199	97.0%	164	97.0%	35	97.1%
Q42. Would you recommend WVFH to other physicians' practices?	233	93.1%	196	92.3%	37	97.3%
Q46. Overall satisfaction with WVFH?	226	87.2%	188	87.8%	38	84.2%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*
Note 1: Only those scores highlighted in gray are included in the composite score.
Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Segmentation Analysis

West Virginia Family Health

Region (Database)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Region (Database)	Kanawha		Wood		Cabell		Ohio		Mercer		Marion		Hancock		Other	
Composite/Attribute	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Continuity and Coordination of Care		**82.3%**		**70.9%**		**92.2%**		**84.7%**		**95.8%**		**100.0%**		**92.2%**		**86.6%**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	26	84.6%	17	64.7%	17	94.1%	13	61.5%	13	61.5%	12	66.7%	12	83.3%	175	73.7%
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	24	100.0%	15	93.3%	17	100.0%	13	100.0%	13	100.0%	12	100.0%	12	100.0%	170	96.5%
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	26	100.0%	16	93.8%	17	100.0%	13	92.3%	13	100.0%	13	100.0%	12	100.0%	173	96.5%
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	18	88.9%	14	71.4%	10	80.0%	9	88.9%	7	100.0%	10	100.0%	11	90.9%	137	89.1%
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	15	100.0%	9	100.0%	8	100.0%	8	100.0%	6	100.0%	9	100.0%	10	100.0%	118	99.2%
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	19	84.2%	11	63.6%	9	88.9%	9	100.0%	8	100.0%	9	100.0%	11	100.0%	136	86.8%
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	16	100.0%	6	100.0%	8	100.0%	9	100.0%	8	100.0%	9	100.0%	11	100.0%	117	100.0%
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	16	75.0%	9	66.7%	9	100.0%	4	50.0%	6	83.3%	7	100.0%	9	77.8%	121	77.7%
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	12	100.0%	6	100.0%	9	100.0%	2	100.0%	5	100.0%	7	100.0%	7	100.0%	92	98.9%
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	16	81.3%	11	81.8%	9	100.0%	8	100.0%	7	100.0%	9	100.0%	9	100.0%	126	92.9%
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	13	100.0%	8	100.0%	9	100.0%	8	100.0%	7	85.7%	9	100.0%	9	100.0%	115	99.1%
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	8	100.0%	3	66.7%	6	83.3%	3	66.7%	3	100.0%	2	100.0%	1	100.0%	14	78.6%
WVFH Representative and Communication		**92.5%**		**77.5%**		**98.3%**		**96.0%**		**95.6%**		**95.6%**		**98.0%**		**92.2%**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	20	95.0%	11	81.8%	12	100.0%	9	88.9%	8	100.0%	9	88.9%	7	100.0%	123	92.7%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	19	100.0%	9	77.8%	11	100.0%	9	100.0%	9	88.9%	9	100.0%	8	100.0%	124	92.7%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	17	94.1%	10	80.0%	12	91.7%	9	100.0%	9	88.9%	8	100.0%	8	100.0%	122	94.3%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	19	89.5%	11	72.7%	12	100.0%	9	100.0%	9	100.0%	7	100.0%	8	100.0%	128	91.4%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	25	84.0%	12	75.0%	13	100.0%	11	90.9%	9	100.0%	9	88.9%	10	90.0%	132	90.2%
Provider Services and Claims		**85.4%**		**70.2%**		**92.8%**		**98.6%**		**98.2%**		**100.0%**		**84.1%**		**87.3%**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	20	90.0%	13	61.5%	13	92.3%	11	100.0%	8	100.0%	9	100.0%	10	80.0%	125	89.6%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	20	90.0%	12	66.7%	13	100.0%	10	100.0%	8	100.0%	9	100.0%	10	90.0%	128	93.0%
Q20. The professionalism and courtesy of the Provider Services Representative.	20	95.0%	11	81.8%	13	100.0%	11	100.0%	8	100.0%	9	100.0%	10	100.0%	133	94.0%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	21	76.2%	13	61.5%	14	100.0%	11	100.0%	8	87.5%	9	100.0%	10	70.0%	131	88.5%
Q22. Your satisfaction with clean claims being processed consistently.	21	81.0%	15	73.3%	14	92.9%	11	100.0%	10	100.0%	9	100.0%	8	87.5%	126	83.3%
Q23. Your satisfaction with clean claims being paid in a timely manner.	18	83.3%	15	80.0%	14	92.9%	11	100.0%	10	100.0%	9	100.0%	6	83.3%	124	84.7%
Q24. Your overall satisfaction with the claims review and/or appeals process.	17	82.4%	12	66.7%	14	71.4%	10	90.0%	10	100.0%	9	100.0%	9	77.8%	117	77.8%
Utilization Management		**87.0%**		**79.7%**		**94.4%**		**95.5%**		**98.8%**		**93.8%**		**91.3%**		**92.4%**
Q26. Your knowledge of which services require an authorization.	21	85.7%	14	71.4%	14	92.9%	11	90.9%	10	90.0%	8	87.5%	10	80.0%	148	84.5%
Q27. UM staff's clinical knowledge.	21	76.2%	11	81.8%	13	92.3%	11	90.9%	10	100.0%	8	87.5%	10	90.0%	136	92.6%
Q28. UM staff's consistency in the authorization process.	22	81.8%	11	54.5%	13	100.0%	11	90.9%	10	100.0%	8	87.5%	10	90.0%	137	87.6%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	20	75.0%	12	83.3%	13	84.6%	10	100.0%	10	100.0%	8	87.5%	10	90.0%	133	91.7%
Q30. Professionalism/courtesy of the UM staff representative.	23	95.7%	10	80.0%	14	92.9%	10	100.0%	10	100.0%	7	100.0%	10	90.0%	133	96.2%
Q31. Your overall satisfaction with the UM process.	22	81.8%	12	66.7%	14	92.9%	11	90.9%	10	100.0%	7	100.0%	10	90.0%	136	86.8%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Continued on the following page.

Segmentation Analysis

West Virginia Family Health

Region (Database)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Region (Database)	Kanawha		Wood		Cabell		Ohio		Mercer		Marion		Hancock		Other	
Composite/Attribute	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*	n	SRS*
Disease Management		**100.0%**		**NA**		**NA**		**NA**		**100.0%**		**93.3%**		**93.3%**		**94.5%**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	1	100.0%	0	0.0%	2	50.0%	0	0.0%	1	100.0%	1	100.0%	1	100.0%	24	91.7%
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	4	100.0%	2	100.0%	2	100.0%	1	100.0%	2	100.0%	3	66.7%	1	100.0%	46	97.8%
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	3	100.0%	0	0.0%	0	0.0%	1	100.0%	2	100.0%	3	100.0%	3	66.7%	40	95.0%
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	3	100.0%	0	0.0%	2	100.0%	0	0.0%	2	100.0%	3	100.0%	2	100.0%	41	95.1%
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	2	100.0%	0	0.0%	5	80.0%	0	0.0%	2	100.0%	1	100.0%	2	100.0%	28	92.9%
EPSDT Services																
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	7	100.0%	5	100.0%	4	100.0%	1	100.0%	2	100.0%	4	100.0%	4	75.0%	77	92.2%
Hours of Availability		**100.0%**		**NA**		**NA**		**100.0%**		**100.0%**		**100.0%**		**91.7%**		**96.3%**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	20	100.0%	11	90.9%	14	92.9%	9	100.0%	10	100.0%	8	100.0%	10	100.0%	122	98.4%
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	22	100.0%	12	91.7%	15	100.0%	9	100.0%	9	100.0%	8	100.0%	10	100.0%	133	95.5%
Overall Satisfaction and Loyalty		**88.9%**		**83.3%**		**88.1%**		**93.5%**		**96.7%**		**91.1%**		**100.0%**		**93.4%**
Q41. Consistency across all departments at WVFH is:	18	94.4%	11	90.9%	11	100.0%	10	100.0%	10	100.0%	8	87.5%	10	100.0%	121	97.5%
Q42. Would you recommend WVFH to other physicians' practices?	21	90.5%	13	92.3%	14	85.7%	12	91.7%	10	100.0%	8	100.0%	10	100.0%	145	93.1%
Q46. Overall satisfaction with WVFH?	22	81.8%	12	66.7%	14	78.6%	9	88.9%	10	90.0%	7	85.7%	9	100.0%	143	89.5%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*
Note: Only those scores highlighted in gray are included in the composite score.
Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Segmentation Analysis

West Virginia Family Health

Specialty (Database)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Specialty (Database)	PCP		Oncology		OB/GYN	
Composite/Attribute	**n**	**SRS***	**n**	**SRS***	**n**	**SRS***
Continuity and Coordination of Care		**86.9%**		**NA**		**NA**
Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?	243	74.5%	8	100.0%	34	67.6%
Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?	234	97.0%	8	100.0%	34	100.0%
Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?	241	97.1%	8	100.0%	34	97.1%
Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?	216	88.4%	0	0.0%	0	0.0%
Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?	183	99.5%	0	0.0%	0	0.0%
Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?	212	87.7%	0	0.0%	0	0.0%
Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?	184	100.0%	0	0.0%	0	0.0%
Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?	181	78.5%	0	0.0%	0	0.0%
Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?	140	99.3%	0	0.0%	0	0.0%
Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?	195	92.8%	0	0.0%	0	0.0%
Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?	178	98.9%	0	0.0%	0	0.0%
Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?	0	0.0%	7	100.0%	33	81.8%
WVFH Representative and Communication		**92.7%**		**97.5%**		**90.3%**
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	169	93.5%	5	100.0%	25	88.0%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	170	93.5%	5	100.0%	23	95.7%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	170	92.9%	5	100.0%	20	100.0%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	173	93.1%	5	100.0%	25	84.0%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	182	90.7%	8	87.5%	31	83.9%
Provider Services and Claims		**87.7%**		**85.2%**		**89.5%**
Q18. Consistency of Provider Services Representatives' answer to inquiries.	174	88.5%	5	80.0%	30	93.3%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	177	92.7%	5	100.0%	28	89.3%
Q20. The professionalism and courtesy of the Provider Services Representative.	181	94.5%	5	100.0%	29	96.6%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	181	86.7%	6	83.3%	30	86.7%
Q22. Your satisfaction with clean claims being processed consistently.	180	85.6%	6	66.7%	28	89.3%
Q23. Your satisfaction with clean claims being paid in a timely manner.	173	86.1%	6	83.3%	28	92.9%
Q24. Your overall satisfaction with the claims review and/or appeals process.	164	79.9%	6	83.3%	28	78.6%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

Continued on the following page.

Segmentation Analysis

West Virginia Family Health

Specialty (Database)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Specialty (Database)	PCP		Oncology		OB/GYN	
Composite/Attribute	**n**	**SRS***	**n**	**SRS***	**n**	**SRS***
Utilization Management		**91.8%**		**82.8%**		**94.1%**
Q26. Your knowledge of which services require an authorization.	198	84.3%	8	87.5%	30	86.7%
Q27. UM staff's clinical knowledge.	182	90.7%	8	75.0%	30	93.3%
Q28. UM staff's consistency in the authorization process.	184	88.0%	8	62.5%	30	86.7%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	180	90.6%	8	62.5%	28	92.9%
Q30. Professionalism/courtesy of the UM staff representative.	181	94.5%	8	100.0%	28	100.0%
Q31. Your overall satisfaction with the UM process.	185	86.5%	8	75.0%	29	93.1%
Disease Management		**93.4%**		**NA**		**NA**
Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	30	90.0%	0	0.0%	0	0.0%
Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	61	96.7%	0	0.0%	0	0.0%
Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	52	94.2%	0	0.0%	0	0.0%
Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	53	96.2%	0	0.0%	0	0.0%
Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)	30	90.0%	0	0.0%	10	100.0%
EPSDT Services						
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	104	93.3%	0	0.0%	0	0.0%
Hours of Availability		**96.0%**		**NA**		**100.0%**
Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.	170	97.6%	8	100.0%	26	100.0%
Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.	182	96.2%	8	100.0%	28	100.0%
Overall Satisfaction and Loyalty		**92.4%**		**91.7%**		**93.2%**
Q41. Consistency across all departments at WVFH is:	164	97.0%	8	100.0%	27	96.3%
Q42. Would you recommend WVFH to other physicians' practices?	196	92.3%	7	100.0%	30	96.7%
Q46. Overall satisfaction with WVFH?	188	87.8%	8	75.0%	30	86.7%

** SRS (Summary Rate Scores) represent the most favorable response option(s).*

Note: Only those scores highlighted in gray are included in the composite score.

Note 2: NA indicates there is at least one attribute within the composite with no valid respondents.

7. Statistical Analysis

Correlation Analysis

Providers set standards for health plan performance whether consciously or subconsciously. Standards are usually set higher for plan characteristics that are deemed important to each provider.

Attributes associated with overall satisfaction are identified using correlation analysis, which measures the linear relationship between each attribute and Question 49, "Overall satisfaction with West Virginia Family Health." The correlation analysis produces the Pearson correlation coefficient, which illustrates the strength of the relationship between the attribute and overall satisfaction for your health plan. A correlation coefficient of '1' represents the strongest relationship (a perfect positive relationship) while a coefficient of '0' represents the weakest relationship (no relationship). As the correlation coefficient increases, so also does the strength of the relationship.

The attributes considered to be highly correlated with overall satisfaction are noted below. Attributes are listed in descending order of correlation coefficient.

Medicaid Attributes

Attribute	Correlation Coefficient
Q28. UM staff's consistency in the authorization process.	0.560
Q31. Your overall satisfaction with the UM process.	0.559
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	0.552

The correlation analysis presented on page 7A lists each applicable attribute and the corresponding Pearson correlation coefficient. In addition, Summary Rate Scores for West Virginia Family Health's Medicaid products are provided. Attributes identified as being highly associated with overall satisfaction are shown in gray.

Chart 7A

Correlation Analysis

West Virginia Family Health

Attribute Correlations to Overall Satisfaction with Health Plan (Q46)

Practitioner Provider Satisfaction Survey

291 Total Respondents

Attributes	Correlation Coefficient**	2017 WVFH Summary Rate Score*
	Medicaid	Medicaid
WVFH Representative and Communication		
Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.	0.465	93.0%
Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.	0.468	93.9%
Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.	0.455	93.8%
Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.	0.494	92.1%
Q17. Quality of written communications, policy bulletins, website material, and manuals.	0.529	89.6%
Provider Services and Claims		
Q18. Consistency of Provider Services Representatives' answer to inquiries.	0.517	89.0%
Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.	0.448	92.4%
Q20. The professionalism and courtesy of the Provider Services Representative.	0.403	94.9%
Q21. Timeliness of Provider Services Staff when responding to inquiries.	0.447	86.6%
Q22. Your satisfaction with clean claims being processed consistently.	0.466	85.5%
Q23. Your satisfaction with clean claims being paid in a timely manner.	0.479	87.0%
Q24. Your overall satisfaction with the claims review and/or appeals process.	0.508	79.8%
Utilization Management		
Q26. Your knowledge of which services require an authorization.	0.374	84.7%
Q27. UM staff's clinical knowledge.	0.494	90.5%
Q28. UM staff's consistency in the authorization process.	**0.560**	86.9%
Q29. Physician reviewer's decision-making is clearly communicated by WVFH.	**0.552**	89.8%
Q30. Professionalism/courtesy of the UM staff representative.	0.525	95.4%
Q31. Your overall satisfaction with the UM process.	**0.559**	86.9%
Q34. PCPs Only - The ease of generating a referral through Digital Voice Assistant (DIVA).	0.436	73.7%
EPSDT Services		
Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:	0.421	93.3%

** Summary Rate Scores represent the most favorable response options.*

*** As the correlation coefficient approaches a value of +/- 1.000, the association of the attribute with overall satisfaction is increased. See Technical Notes for a thorough explanation of the correlation coefficient.*

Note: Attributes highly correlated with overall satisfaction (Q46) are shaded in gray.

8. Technical Notes

Presented alphabetically by subject area

Composite Categories

The West Virginia Family Health Practitioner Satisfaction Survey includes nine composite categories. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. The composite score is the average of the Summary Rate Scores of the questions comprising a composite. For example, the *Continuity and Coordination of Care* composite is the average of the Summary Rate Scores of Questions 4, 5, 6, and 7.

Correlation Analysis

Correlation analysis is run between attributes and the overall satisfaction variable as measured by Question 46, "Overall satisfaction with West Virginia Family Health?" The Pearson's product moment correlation coefficient, *r*, is used to measure the strength of the linear association between each attribute and the overall satisfaction variable. These scores can range from 0 (no relationship) to 1 (perfect positive relationship).

The correlation analysis is designed to compare continuous variables. As such, not every survey attribute, such as those with dichotomous response options ("Yes" or "No"), is applicable for use within the correlation analysis.

Mean Score

Mean Scores are an average of all responses. They are calculated by assigning a value of five to the most favorable response option, a four on the next most favorable response option, and so on until a value of one is reached. These values are assuming that there are five response options. If there are a different number of response options, the most favorable response option receives a value equal to the total number of response options. When every response receives a value, the values are averaged to give the Mean Score.

Multiple Mark Response

Some questions allow for respondents to mark multiple response options. As a result, response options to these questions typically add up to more than 100%. Also note that Multiple Mark Responses contain an extra row of information in the Banner Tables called "Total Valid Responses" which displays the total number of responses given.

Response Rate

The formula for determining the response rate is:

$$\frac{\text{Completed surveys}}{\text{Final sample size} - \text{Ineligible surveys}} = \text{Response rate}$$

For a mail with phone follow-up survey methodology, the following dispositions are considered ineligible: deceased, not eligible, bad address, wrong number, fax/pager/modem/data line, number changed, cell phone, not in service, and disconnected.

Rounding of Data

For many survey questions, you will often see listed response distribution percentages that do not add to exactly 100%. In some cases, they may add to 99.9% and in others to 100.1%. This tends to cause some concern, as it gives the appearance of a valid response being omitted or even counted twice. The following explanation is provided as a means to understanding how rounding affects the percentages shown in the report.

The key to understanding how rounding affects listed percentages is to know that the survey question's entire valid response set is being accounted for. That is, although the percentages do not add to exactly 100%, the entire response set is represented in the percentages shown.

In many cases, dividing a number of responses by the total number of valid responses provides a percentage that will go out to an infinite number of decimal places. An example of this is dividing one by three: No matter how many decimal places this quotient is taken out, it will always be a continuous string of three's. As a result, we see the following when adding each of the item response percentages:

Response 1:	n = 1	.3	.33	.333	.3333
Response 2:	n = 1	.3	.33	.333	.3333
Response 3:	n = 1	.3	.33	.333	.3333
	3	.9	.99	.999	.9999

It is evident that no matter how many decimal places we take our quotient out, we will never be able to add the results to exactly 1 (or 100%), even though all 3 responses are included in the percentage calculation.

Through consultation with a number of our clients, SPH has determined that using a single decimal place in the reporting of percentages provides an adequate level of detail. Typically, when percentages are calculated in our report applications, all decimal places are computed, but only the first decimal place is actually shown. As such, adding rounded single-digit decimals may not equal 100%. If the same figures were taken out an additional decimal place, however, they might then add to exactly 100%. Or, as the example above shows, they may never equal an even 100%.

Finally, when rounding, SPH employs the standard practice of rounding down any number from one to four and rounding up any number from five to nine.

Sampling Error

Sampling error can be thought of as the extent to which survey results may differ from what would be obtained if every eligible member in the sample had been surveyed. The size of such error depends largely on the percentage 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.

The following tables may be used in estimating approximate sampling error. The first table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **95** out of 100 times a sample of that size and percentage distribution would be selected. The second table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **90** out of 100 times a sample of that size and percentage distribution would be selected.

95% Confidence Interval
Approximate Half Width (+/-) for Population Percent

Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	13.9	13.6	12.7	11.1	8.3
100	9.8	9.6	9.0	7.8	5.9
200	6.9	6.8	6.4	5.5	4.2
300	5.7	5.5	5.2	4.5	3.4
400	4.9	4.8	4.5	3.9	2.9
500	4.4	4.3	4.0	3.5	2.6
750	3.6	3.5	3.3	2.9	2.1
850	3.4	3.3	3.1	2.7	2.0

90% Confidence Interval
Approximate Half Width (+/-) for Population Percent

Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	11.6	11.4	10.7	9.3	7.0
100	8.2	8.1	7.5	6.6	4.9
200	5.8	5.7	5.3	4.7	3.5
300	4.7	4.7	4.4	3.8	2.8
400	4.1	4.0	3.8	3.3	2.5
500	3.7	3.6	3.4	2.9	2.2
750	3.0	2.9	2.8	2.4	1.8
850	2.8	2.8	2.6	2.3	1.7

The sampling error table is used in the following manner. Assume that “overall satisfaction with the health plan” received a Summary Rate Score of seventy percent (70.0%) from a sample of 500 valid responses. For a 95% confidence interval, 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, on

average, in 95 out of 100 similar samples, the 95% confidence interval (e.g., 66.0% to 74.0%) will span the true unknown population percentage.

Statistical Significance

A statistically significant hypothesis testing result means that—based on the sample(s), conditions/assumptions, and level of significance—there is sufficient evidence to conclude the alternate hypothesis. For example, when testing for a difference between a population Summary Rate Score and a set constant score (SPH Analytics Book of Business), statistical significance would mean that there is sufficient support for the statement that there is a difference between the population Summary Rate Score and the set constant score. As another example, when testing to see if there is a difference between last year's population Summary Rate Score and this year's population Summary Rate Score—statistical significance would mean that there is sufficient evidence for the statement that the population Summary Rate Scores are different.

Survey Administration Protocol

The Practitioner Satisfaction Survey was administered using a two-wave mail/internet with phone follow-up survey methodology. The protocol is outlined in the chart below.

Survey Administration Tasks	Time Frame
Questionnaire, including a web address to complete the survey online is sent to each provider's office.	09/22/2017
A second questionnaire, including a web address to complete the survey online is sent to non-respondents.	10/18/2017
Telephone calls by CATI (computer-assisted telephone interviews) are conducted for non-respondents.	11/08/2017
Data collection ends.	12/11/2017

Summary Rate Scores

All survey questions have specific response options designated for inclusion in Summary Rate scoring. These scores are computed as the proportion of favorable responses to the total number of valid responses for each question. For example, the rating questions' Summary Rate Scores are computed using the following proportion:

$$\frac{\text{Excellent + Very good + Good}}{\text{Excellent + Very good + Good + Fair + Poor}}$$

The overall satisfaction question uses the following scale specifically asking about the respondent's level of satisfaction:

$$\frac{\text{Very satisfied + Somewhat satisfied}}{\text{Very satisfied + Somewhat satisfied + Neither satisfied nor dissatisfied + Somewhat dissatisfied + Very dissatisfied}}$$

Valid n

The term valid n is used to show the number of respondents giving a valid response to a particular question. It gives information only on the question it refers to and no others. Valid responses are those that actually rate an attribute. They do not include responses such as "NA" because a response of "NA" does not rate an attribute. The difference in value between the valid n and the total number of respondents completing the survey is a result of removing invalid responses and respondents submitting a survey but not answering that particular question.

Z-Test

To test for true differences in population score(s), statistical inference methods are applied. In particular, hypothesis testing is done to draw conclusions about differences in scores between a population and a set constant (e.g., a Summary Rate Score versus SPH Analytics Book of Business score) or between different populations (e.g., a Summary Rate Score for this year versus a Summary Rate Score for last year). The hypothesis of no difference is rejected if the absolute value of the test statistic exceeds a critical value corresponding to a level of significance. The test statistic used depends on which of these types of hypothesis tests are performed.

When checking for a statistically significant difference between a Summary Rate Score for a population and a set constant score—with various conditions/assumptions—SPH uses the statistic test that follows:

$$z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0 q_0}{n}}}$$

$\hat{p}$ = Summary Rate Score from the sample
p_0 = Set constant score for comparison
q_0 = 1 – (Set constant score) = $(1 - p_0)$
n = Sample size

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With a large sample size (generally n>30, technically $np_0 \geq 5$ and $nq_0 \geq 5$), the z-statistic has a distribution that can be treated as the standard normal distribution. Thus, the hypothesis that the population "Summary Rate Score" equals the set constant score, p_0, is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

The second hypothesis-testing situation involves testing for statistically significant differences between two population percents (or proportions), e.g., two population Summary Rate Scores. When comparing the population percentages (or proportions)—

with various conditions/ assumptions—the appropriate test statistic is the z-statistic as follows:

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}\hat{q}\left(\frac{1}{n_1} + \frac{1}{n_2}\right)}}$$

$\hat{p}_1$ = Summary Rate Score from the 1st sample
$\hat{p}_2$ = Summary Rate Score from the 2nd sample
n_1 = Size of the sample from the 1st population
n_2 = Size of the sample from the 2nd population
$\hat{p}$ = Pooled Summary Rate Score,

$$\hat{p} = \frac{n_1\hat{p}_1 + n_2\hat{p}_2}{n_1 + n_2}$$

$\hat{q}$ = 1 – (Pooled Summary Rate Score)

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With large sample sizes ($n_1\hat{p}_1 \geq 5$, $n_1(1-\hat{p}_1) \geq 5$, $n_2\hat{p}_2 \geq 5$, and $n_2(1-\hat{p}_2) \geq 5$) the z-statistic has a distribution that can be treated as the standard normal distribution. Thus, the hypothesis that the populations under comparison have equal population Summary Rate Scores is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

9. West Virginia Family Health Survey Tool

Thank you. Please return the completed survey in the postage-paid envelope.

SPH analytics
SPH Analytics
Attn: Survey Processing Department
PO Box 100072, Duluth, GA 30096-9876
Toll-Free: **1-877-499-2538**

9128379

West Virginia
Family Health

PRACTITIONER SATISFACTION SURVEY

Answer **all** the questions by marking the box with blue or black ink ☒.

If you want to know more about this study, please call SPH Analytics at 1-877-499-2538.

A. Please indicate the area of medicine in which you practice.
- ☐1 Primary Care
- ☐2 Obstetrics and Gynecology
- ☐3 Behavioral Health
- ☐4 Oncology
- ☐5 Other Specialty *(Please specify):*

_____

B. Your preferred method of communication regarding plan changes, updates and clinical information:
- ☐1 Letter/Postcard
- ☐2 Fax
- ☐3 Newsletter
- ☐4 Website/Newsletter/Provider Updates
- ☐5 Contact by Provider Account Liaison
- ☐6 E-mail

C. How often do you utilize WVFH's website?
- ☐1 At least once a day
- ☐2 At least once a week
- ☐3 At least once a month
- ☐4 I do not access WVFH's website
- ☐5 I do not have access to the Internet

Continuity and Coordination of Care

1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?
   - ☐1 Always
   - ☐2 Usually
   - ☐3 Sometimes
   - ☐4 Never

2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?
   - ☐1 Always
   - ☐2 Usually
   - ☐3 Sometimes
   - ☐4 Never

3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?
   - ☐1 Always
   - ☐2 Usually
   - ☐3 Sometimes
   - ☐4 Never

4. PCPs ONLY – When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?
   - ☐1 Yes
   - ☐2 No

4a. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and tests results) at the time of the follow-up with your patient?
   - ☐1 Yes
   - ☐2 No

5. PCPs ONLY - When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?
   - ☐1 Yes
   - ☐2 No

5a. "If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?
   - ☐1 Yes
   - ☐2 No

6. PCPs ONLY - When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?
   - ☐1 Yes
   - ☐2 No

6a. "If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?
   - ☐1 Yes
   - ☐2 No

7. PCPs ONLY - When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?
   - ☐1 Yes
   - ☐2 No

7a. "If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?
   - ☐1 Yes
   - ☐2 No

8. PCPs ONLY - Do you receive information from your patient's treating behavioral health practitioners or providers?
   - ☐1 Always
   - ☐2 Usually
   - ☐3 Sometimes
   - ☐4 Never

9. PCPs ONLY - When your patient has a co-existing medical and behavioral health disorder, are you satisfied with the accuracy, sufficiency, timeliness, frequency and clarity of the behavioral health treatment and follow-up information you receive from each of your patients' treating behavioral health practitioners or providers?
   - ☐1 Always
   - ☐2 Usually
   - ☐3 Sometimes
   - ☐4 Never

10. PCPs ONLY - As part of the initial medical assessment for patients 18 and older, do you include a nationally recognized Depression Screening, such as the PHQ-9, PHQ-2, Beck Inventory, or Zung Rating Scale?
   - ☐1 Always
   - ☐2 Usually
   - ☐3 Sometimes
   - ☐4 Never

11. Specialist ONLY - When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?
   - ☐1 Yes
   - ☐2 No

12. In order to assist you, please share the names of health care providers (Questions 4-7 above) that are not currently sending appropriate documentation to your office. We will use this information to re-educate the provider.

_____

_____

_____

_____

_____

WVFH Representative and Communication

This is the department responsible for face to face and written orientation, education, and communication of plan policies and procedures. Please rate the following qualities and services provided by WVFH.

13. Professionalism and courtesy of your WVFH Provider Account Liaison.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

14. Timeliness of the WVFH Provider Account Liaison when responding to inquiries.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

15. Knowledge of the Provider Account Liaison regarding WVFH's policies and procedures.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

16. Your overall satisfaction with the quality of service from your WVFH Provider Account Liaison.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

17. Quality of written communications, policy bulletins, website material, and manuals.
   - ☐1 Excellent
   - ☐2 Very good
   - ☐3 Good
   - ☐4 Fair
   - ☐5 Poor
   - ☐6 Not applicable

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Provider Services and Claims

The Provider Services Department is responsible for providing telephonic responses pertaining to WVFH's plan criteria and assists providers with inquiries and requirements for submitting claims. The Claims Department is responsible for processing claims timely and accurately according to WVFH's plan guidelines and contractual agreements in accordance with timeframes established by regulatory agencies.

18. Consistency of Provider Services Representatives' answer to inquiries.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

20. The professionalism and courtesy of the Provider Services Representative.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

21. Timeliness of Provider Services Staff when responding to inquiries.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

22. Your satisfaction with clean claims being processed consistently.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

23. Your satisfaction with clean claims being paid in a timely manner.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

24. Your overall satisfaction with the claims review and/or appeals process.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

24a. If dissatisfied, in what area are you dissatisfied?
    - ☐1 Claims Review
    - ☐2 Appeals process

24b. Why the dissatisfaction?
    - ☐1 Timeliness
    - ☐2 Consistency
    - ☐3 Outcome
    - ☐4 Other

25. When calling the Provider Services Department, the hours of availability meet your practice's needs.
    - ☐1 Yes
    - ☐2 No
    - ☐3 Not Applicable

Utilization Management

26. Your knowledge of which services require an authorization.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

27. UM staff's clinical knowledge.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

28. UM staff's consistency in the authorization process.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

29. Physician reviewer's decision-making is clearly communicated by WVFH.
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor
    - ☐6 Not applicable

30. Professionalism/courtesy of the UM staff representative.
- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor
- ☐6 Not applicable

31. Your overall satisfaction with the UM process.
- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor
- ☐6 Not applicable

32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.
- ☐1 Yes
- ☐2 No
- ☐3 Not Applicable

33. Your knowledge of which services require a referral.
- ☐1 Yes
- ☐2 No
- ☐3 Not Applicable

34. PCPs ONLY - The ease of generating a referral through Digital Voice Assistant (DIVA).
- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor
- ☐6 Not applicable

Disease Management

35. PCPs ONLY - If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If you are not a doctor, please collaborate with your physician when answering this question.)
- ☐1 Yes
- ☐2 No
- ☐3 Not Applicable

36. PCPs ONLY - If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If you are not a doctor, please collaborate with your physician when answering this question.)
- ☐1 Yes
- ☐2 No
- ☐3 Not Applicable

37. PCPs ONLY - If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If you are not a doctor, please collaborate with your physician when answering this question.)
- ☐1 Yes
- ☐2 No
- ☐3 Not Applicable

38. PCPs ONLY - If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If you are not a doctor, please collaborate with your physician when answering this question.)
- ☐1 Yes
- ☐2 No
- ☐3 Not Applicable

39. PCPs (if you do deliveries) and OB/GYN ONLY - If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If you are not a doctor, please collaborate with your physician when answering this question.)
- ☐1 Yes
- ☐2 No
- ☐3 Not Applicable

EPSDT Services

40. PCPs ONLY - If you have conducted EPSDT screens in your office, your overall satisfaction with the EPSDT program is:
- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor
- ☐6 Not applicable

Overall Satisfaction and Loyalty

41. Consistency across all departments at WVFH is:
- ☐1 Very consistent
- ☐2 Somewhat consistent
- ☐3 Not consistent
- ☐4 Not applicable

42. Would you recommend WVFH to other physicians' practices?
- ☐1 Definitely yes
- ☐2 Probably yes
- ☐3 Probably not
- ☐4 Definitely not

43. Please mark who is completing this survey. *(Mark only one)*
- ☐1 Practitioner
- ☐2 Office Manager
- ☐3 Billing Coordinator
- ☐4 Referral Specialist
- ☐5 Other *(please specify)*

Title: _____

44. What do you like best about WVFH?

_____
_____
_____
_____
_____

45. How can we improve WVFH?

_____
_____
_____
_____
_____

46. Overall satisfaction with WVFH?
- ☐1 Very satisfied
- ☐2 Somewhat satisfied
- ☐3 Neither
- ☐4 Somewhat dissatisfied
- ☐5 Very dissatisfied

Compliance with Reportable Conditions

47. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?
- ☐1 Yes
- ☐2 No

10. Comments

Open-ended questions often provide valuable insight into topics not specifically addressed on the survey tool. Respondents can give feedback regarding issues, concerns, compliments, and praise based upon their interaction with the health plan or simply provide additional demographic information. The 2017 Gateway Practitioner Satisfaction survey tool includes five open-ended questions:

- ✓ Question A. Please indicate the area of medicine in which you practice. (Other Specialty)
- ✓ Question 12. In order to assist you, please share the names of health care providers that are not currently sending appropriate documentation to your office. We will use this information to re-educate the provider.
- ✓ Question 43. Please mark who is completing this survey. (Other)
- ✓ Question 44. What do you like best about WVFH?
- ✓ Question 45. How can we improve WVFH?

Verbatim comments from these questions are included within an Excel data file (9128379 Comments Report). These responses are indexed by key questions to provide more information about the individual respondent and include the following:

- ✓ Area of Medicine (QA)
- ✓ Would you recommend WVFH Health to other physician's practices? (Q42)
- ✓ Survey Respondent (Q43)
- ✓ Overall Satisfaction with WVFH Health (Q46)

11. Glossary of Terms

Attributes are the individual questions that relate to specific characteristics of the health plan.

Composites are the mean of the Summary Rate Scores of attributes with similar question topics.

Rating questions use a scale of 'Very dissatisfied to Very satisfied' for assessing overall experience with West Virginia Family Health.

Summary Rate Scores are single statistics generated for a survey question. Summary Rates represent the percentage of respondents who chose the most favorable response option(s) ('Always' or 'Usually:' 'Excellent,' 'Very good,' or 'Good;' 'Yes;' 'Definitely Yes' or 'Probably Yes;' 'Very satisfied' or 'Somewhat satisfied,' 'Very consistent' or 'Somewhat consistent').

12. Banner Tables

The tables in the following section show detailed results for each question in your survey. Responses are organized across the banner table by various practice characteristics. In order to aid you in viewing the data contained in these tables, the following explanation is provided.

The different categories by which the data are "sliced" are presented as column headers. Each category has a set of possible response choices that are listed immediately below the headers. The left-most column in each table is labeled "Total" and shows results for the entire set of valid responses.

On the left side of the page, you will see three row headers: "Total," "Total Answering," and "No Answer." "Total" represents the number of possible responses that meet the criteria for inclusion into the given question. For questions that are asked of all respondents, this figure will typically equal 291, which is the valid number of responses to the current survey. "Total Answering" shows how many of the total respondents provided valid answers to the given question. Finally, "No Answer" is the number of individuals who did not respond to the question, even though they were eligible to do so.

You will notice that, in some cases, a survey response choice shows only the number of respondents providing that answer with no percentage. These response options are not considered valid responses by standard analytical practice, and are therefore omitted from the percentage calculations.

In some tables, an additional row is added to show Summary Rate Scores and is labeled "Summary Rate." These scores are a single question response or combination of question responses considered to be favorable. It is included at the bottom of each of these tables and is shown with the response option or options that make up the score listed beside it.

Information regarding the statistical testing of results is shown in the lower left corner of each table. The first line displays the Comparison Groups. These are the columns (denoted by uppercase letters and separated by a slash (/)) in which statistical tests are run. Columns (B) and (C), for example, show results for the Primary Care and Specialty groups. These columns are compared in the statistical test to each other but not to any other columns. If a letter is present, whether uppercase or lowercase, its corresponding percentage is significantly higher than the specified percentages within its comparison group.

The second line shows the type or types of statistical tests that are included in the table. The last two lines define the meaning of the uppercase and lowercase letters. If a percentage has an uppercase letter beneath it, a significant difference exists at the 95% level of confidence. A lowercase letter denotes a significant difference at the 90% level of confidence. A banner table example is presented below with key points noted.

		AREA OF PRACTICE	
	Total	Primary Care	Specialty
	(A)	(B)	(C)
Total	433[1]	22	407
Total Answering	429[2] 100.0%	22 100.0%	403 100.0%
No Answer	4[3]	-	4
Yes	198 46.2%	6 27.3%	189 46.9% B[4]
No	231 53.8%	16 72.7 C[5]	214 53.1%

1 – For the given question, 433 respondents were eligible to answer. For questions asked of all respondents, this figure will equal the number of complete surveys. In other cases, it will equal the number of appropriate responses to a gate question. Gate questions are those that filter out respondents who would not logically be able to answer follow-up questions. For example, respondents who say that they do not have a personal doctor would not be able to provide a doctor rating, and so they are filtered out of the response set for the rating question.

2 – Of those who were eligible to answer this question, 429 provided valid responses.

3 – Four respondents – all Specialists – who were eligible to answer the question did not provide an answer.

4 – Specialists provided a significantly higher percentage of “Yes” responses than PCPs. The “B” below the percentage refers to the group in column B – in this case, PCPs – and signifies that the 46.9% is significantly higher than the 27.3%. Because the “B” is capitalized, we know that the difference is significant at the 95% level.

5 – PCPs provided a significantly higher percentage of “No” responses. As in the previous note, the “C” refers to the group in column C – Specialists – and is significant at 95%.

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

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Page 2 B. Your preferred method of communication regarding plan changes, updates and clinical information:

Page 3 C. How often do you utilize WVFH's website?

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Page 5 Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?

Page 6 Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?

Page 7 Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?

Page 8 Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?

Page 9 Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?

Page 10 Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?

Page 11 Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?

Page 12 Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?

Page 13 Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?

Page 14 Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?

Page 15 Q8. PCPs ONLY - Do you receive information from your patient’s treating behavioral health practitioners or providers?

Page 16 Q9. PCPs ONLY - When your patient has a co-existing medical and behavioral health disorder, are you satisfied with the accuracy, sufficiency, timeliness, frequency and clarity of the behavioral health treatment and follow-up information you receive from each of your patients’ treating behavioral health practitioners or providers?

Page 17 Q10. PCPs ONLY - As part of the initial medical assessment for patients 18 and older, do you include a nationally recognized Depression Screening, such as the PHQ-9, PHQ-2, Beck Inventory, or Zung Rating Scale?

Page 18 Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?

Page 19 Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.

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A. Please indicate the area of medicine in which you practice.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	281	182	32	4	7	56	76	104	18	6	11	53	237	44
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	10	-	-	-	-	-	2	5	-	-	-	2	10	-
Primary Care	182	182	-	-	-	-	48	71	12	4	8	28	177	5
	64.8%	100.0%					63.2%	68.3%	66.7%	66.7%	72.7%	52.8%	74.7%	11.4%
								n					P	
Obstetrics and Gynecology	32	-	32	-	-	-	7	16	1	1	-	6	3	29
	11.4%		100.0%				9.2%	15.4%	5.6%	16.7%		11.3%	1.3%	65.9%
														O
Behavioral Health	4	-	-	4	-	-	-	-	2	-	-	2	4	-
	1.4%			100.0%					11.1%			3.8%	1.7%	
Oncology	7	-	-	-	7	-	3	2	-	-	-	2	1	6
	2.5%				100.0%		3.9%	1.9%				3.8%	0.4%	13.6%
														O
Other Specialty	56	-	-	-	-	56	18	15	3	1	3	15	52	4
	19.9%					100.0%	23.7%	14.4%	16.7%	16.7%	27.3%	28.3%	21.9%	9.1%
												j	P	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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B. Your preferred method of communication regarding plan changes, updates and clinical information:

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	277	171	31	4	7	55	78	109	18	6	11	55	234	43
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	14	11	1	-	-	1	-	-	-	-	-	-	13	1
Letter/Postcard	78	48	7	-	3	18	78	-	-	-	-	-	68	10
	28.2%	28.1%	22.6%		42.9%	32.7%	100.0%						29.1%	23.3%
Fax	109	71	16	-	2	15	-	109	-	-	-	-	90	19
	39.4%	41.5%	51.6%		28.6%	27.3%		100.0%					38.5%	44.2%
		F	F											
Newsletter	18	12	1	2	-	3	-	-	18	-	-	-	15	3
	6.5%	7.0%	3.2%	50.0%		5.5%			100.0%				6.4%	7.0%
				bcf										
Website/Newsletter/ Provider Updates	6	4	1	-	-	1	-	-	-	6	-	-	4	2
	2.2%	2.3%	3.2%			1.8%				100.0%			1.7%	4.7%
Contact by Provider Relations Representative	11	8	-	-	-	3	-	-	-	-	11	-	11	-
	4.0%	4.7%				5.5%					100.0%		4.7%	
E-mail	55	28	6	2	2	15	-	-	-	-	-	55	46	9
	19.9%	16.4%	19.4%	50.0%	28.6%	27.3%						100.0%	19.7%	20.9%

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

C. How often do you utilize WVFH's website?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	141	81	17	1	5	31	34	52	12	6	5	29	114	27
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	18	15	-	1	-	2	7	6	1	-	-	2	18	-
At least once a day	42	26	3	-	-	11	14	16	1	5	-	6	36	6
	29.8%	32.1%	17.6%			35.5%	41.2%	30.8%	8.3%	83.3%		20.7%	31.6%	22.2%
							Kn	K		IJKN				
At least once a week	38	18	6	-	2	11	7	12	2	-	4	13	30	8
	27.0%	22.2%	35.3%		40.0%	35.5%	20.6%	23.1%	16.7%		80.0%	44.8%	26.3%	29.6%
											IJKn	IJK		
At least once a month	61	37	8	1	3	9	13	24	9	1	1	10	48	13
	43.3%	45.7%	47.1%	100.0%	60.0%	29.0%	38.2%	46.2%	75.0%	16.7%	20.0%	34.5%	42.1%	48.1%
		f		BCeF				l	IJLMN					
I do not access WVFH's website	124	81	14	2	2	21	35	48	4	-	6	23	108	16
I do not have access to the internet	8	5	1	-	-	2	2	3	1	-	-	1	7	1

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	285	178	31	4	7	55	76	107	18	6	11	53	243	42
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	4	1	-	-	1	2	2	-	-	-	2	4	2
Always	194	129	20	2	4	32	56	71	12	5	6	37	167	27
	68.1%	72.5%	64.5%	50.0%	57.1%	58.2%	73.7%	66.4%	66.7%	83.3%	54.5%	69.8%	68.7%	64.3%
		f												
Usually	18	12	1	-	3	2	4	10	-	-	3	1	14	4
	6.3%	6.7%	3.2%		42.9%	3.6%	5.3%	9.3%			27.3%	1.9%	5.8%	9.5%
					bCF			N			n			
Sometimes	23	12	5	-	-	5	5	9	-	-	2	6	18	5
	8.1%	6.7%	16.1%			9.1%	6.6%	8.4%			18.2%	11.3%	7.4%	11.9%
Never	50	25	5	2	-	16	11	17	6	1	-	9	44	6
	17.5%	14.0%	16.1%	50.0%		29.1%	14.5%	15.9%	33.3%	16.7%		17.0%	18.1%	14.3%
						B								
Summary Rate - Always/ Usually	212	141	21	2	7	34	60	81	12	5	9	38	181	31
	74.4%	79.2%	67.7%	50.0%	100.0%	61.8%	78.9%	75.7%	66.7%	83.3%	81.8%	71.7%	74.5%	73.8%
		F			BCDF									

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	276	171	30	4	7	54	71	104	18	6	11	52	234	42
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	15	11	2	-	-	2	7	5	-	-	-	3	13	2
Always	264	166	30	3	7	48	68	100	16	6	10	50	222	42
	95.7%	97.1%	100.0%	75.0%	100.0%	88.9%	95.8%	96.2%	88.9%	100.0%	90.9%	96.2%	94.9%	100.0%
		f	BF		BF					iJ				O
Usually	5	4	-	-	-	1	2	2	-	-	1	-	5	-
	1.8%	2.3%				1.9%	2.8%	1.9%			9.1%		2.1%	
Sometimes	4	1	-	-	-	3	1	2	1	-	-	-	4	-
	1.4%	0.6%				5.6%	1.4%	1.9%	5.6%				1.7%	
Never	3	-	-	1	-	2	-	-	1	-	-	2	3	-
	1.1%			25.0%		3.7%			5.6%			3.8%	1.3%	
Summary Rate - Always/ Usually	269	170	30	3	7	49	70	102	16	6	11	50	227	42
	97.5%	99.4%	100.0%	75.0%	100.0%	90.7%	98.6%	98.1%	88.9%	100.0%	100.0%	96.2%	97.0%	100.0%
		F	F		F									O

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	283	177	30	4	7	55	76	105	17	6	11	54	241	42
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	8	5	2	-	-	1	2	4	1	-	-	1	6	2
Always	265	169	29	3	7	47	71	97	17	6	10	50	224	41
	93.6%	95.5%	96.7%	75.0%	100.0%	85.5%	93.4%	92.4%	100.0%	100.0%	90.9%	92.6%	92.9%	97.6%
		F	f		BF				IJN	IJN				
Usually	10	7	-	-	-	3	3	5	-	-	1	1	10	-
	3.5%	4.0%				5.5%	3.9%	4.8%			9.1%	1.9%	4.1%	
Sometimes	4	1	1	-	-	2	2	2	-	-	-	-	3	1
	1.4%	0.6%	3.3%			3.6%	2.6%	1.9%					1.2%	2.4%
Never	4	-	-	1	-	3	-	1	-	-	-	3	4	-
	1.4%			25.0%		5.5%		1.0%				5.6%	1.7%	
Summary Rate - Always/ Usually	275	176	29	3	7	50	74	102	17	6	11	51	234	41
	97.2%	99.4%	96.7%	75.0%	100.0%	90.9%	97.4%	97.1%	100.0%	100.0%	100.0%	94.4%	97.1%	97.6%
		F			F				jn	jn	jn			

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	216	162	2	2	-	40	63	81	11	4	11	34	216	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	31	15	1	2	1	12	5	9	4	-	-	12	31	-
Yes	191	145	1	1	-	35	57	72	11	4	8	27	191	-
	88.4%	89.5%	50.0%	50.0%		87.5%	90.5%	88.9%	100.0%	100.0%	72.7%	79.4%	88.4%	
									IJMN	IJMN				
No	25	17	1	1	-	5	6	9	-	-	3	7	25	-
	11.6%	10.5%	50.0%	50.0%		12.5%	9.5%	11.1%			27.3%	20.6%	11.6%	
Summary Rate - Yes	191	145	1	1	-	35	57	72	11	4	8	27	191	-
	88.4%	89.5%	50.0%	50.0%		87.5%	90.5%	88.9%	100.0%	100.0%	72.7%	79.4%	88.4%	
									IJMN	IJMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION							PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	191	145	1	1	-	35	57	72	11	4	8	27	191	-
Total Answering	183	140	1	1	-	32	56	67	11	4	8	26	183	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	8	5	-	-	-	3	1	5	-	-	-	1	8	-
Yes	182	140	1	1	-	31	55	67	11	4	8	26	182	-
	99.5%	100.0%	100.0%	100.0%		96.9%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	
No	1	-	-	-	-	1	1	-	-	-	-	-	1	-
	0.5%					3.1%	1.8%						0.5%	
Summary Rate - Yes	182	140	1	1	-	31	55	67	11	4	8	26	182	-
	99.5%	100.0%	100.0%	100.0%		96.9%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	212	161	2	1	-	38	62	83	11	4	10	30	212	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	35	16	1	3	1	14	6	7	4	-	1	16	35	-
Yes	186	145	1	1	-	30	53	73	11	4	8	26	186	-
	87.7%	90.1%	50.0%	100.0%		78.9%	85.5%	88.0%	100.0%	100.0%	80.0%	86.7%	87.7%	
				BF					IJN	IJN				
No	26	16	1	-	-	8	9	10	-	-	2	4	26	-
	12.3%	9.9%	50.0%			21.1%	14.5%	12.0%			20.0%	13.3%	12.3%	
Summary Rate - Yes	186	145	1	1	-	30	53	73	11	4	8	26	186	-
	87.7%	90.1%	50.0%	100.0%		78.9%	85.5%	88.0%	100.0%	100.0%	80.0%	86.7%	87.7%	
				BF					IJN	IJN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION							PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	186	145	1	1	-	30	53	73	11	4	8	26	186	-
Total Answering	184	144	1	1	-	29	53	72	11	4	8	25	184	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	2	1	-	-	-	1	-	1	-	-	-	1	2	-
Yes	184	144	1	1	-	29	53	72	11	4	8	25	184	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Summary Rate - Yes	184	144	1	1	-	29	53	72	11	4	8	25	184	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	181	139	2	1	-	31	51	72	7	4	10	29	181	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	66	38	1	3	1	21	17	18	8	-	1	17	66	-
Yes	142	112	1	1	-	20	41	55	6	4	7	22	142	-
	78.5%	80.6%	50.0%	100.0%		64.5%	80.4%	76.4%	85.7%	100.0%	70.0%	75.9%	78.5%	
		f		BF						IJMN				
No	39	27	1	-	-	11	10	17	1	-	3	7	39	-
	21.5%	19.4%	50.0%			35.5%	19.6%	23.6%	14.3%		30.0%	24.1%	21.5%	
						b								
Summary Rate - Yes	142	112	1	1	-	20	41	55	6	4	7	22	142	-
	78.5%	80.6%	50.0%	100.0%		64.5%	80.4%	76.4%	85.7%	100.0%	70.0%	75.9%	78.5%	
		f		BF						IJMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	142	112	1	1	-	20	41	55	6	4	7	22	142	-
Total Answering	140	110	1	1	-	20	41	53	6	4	7	22	140	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	2	2	-	-	-	-	-	2	-	-	-	-	2	-
Yes	139	109	1	1	-	20	41	53	6	4	7	21	139	-
	99.3%	99.1%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	99.3%	
No	1	1	-	-	-	-	-	-	-	-	-	1	1	-
	0.7%	0.9%										4.5%	0.7%	
Summary Rate - Yes	139	109	1	1	-	20	41	53	6	4	7	21	139	-
	99.3%	99.1%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	99.3%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	195	151	2	2	-	31	53	79	10	4	10	31	195	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	52	26	1	2	1	21	15	11	5	-	1	15	52	-
Yes	181	145	2	1	-	24	49	74	10	4	9	27	181	-
	92.8%	96.0%	100.0%	50.0%		77.4%	92.5%	93.7%	100.0%	100.0%	90.0%	87.1%	92.8%	
		F	BF						IJN	IJN				
No	14	6	-	1	-	7	4	5	-	-	1	4	14	-
	7.2%	4.0%		50.0%		22.6%	7.5%	6.3%			10.0%	12.9%	7.2%	
						B								
Summary Rate - Yes	181	145	2	1	-	24	49	74	10	4	9	27	181	-
	92.8%	96.0%	100.0%	50.0%		77.4%	92.5%	93.7%	100.0%	100.0%	90.0%	87.1%	92.8%	
		F	BF						IJN	IJN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	181	145	2	1	-	24	49	74	10	4	9	27	181	-
Total Answering	178	142	2	1	-	24	48	72	10	4	9	27	178	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	3	3	-	-	-	-	1	2	-	-	-	-	3	-
Yes	176	140	2	1	-	24	48	72	9	4	9	26	176	-
	98.9%	98.6%	100.0%	100.0%		100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	96.3%	98.9%	
No	2	2	-	-	-	-	-	-	1	-	-	1	2	-
	1.1%	1.4%							10.0%			3.7%	1.1%	
Summary Rate - Yes	176	140	2	1	-	24	48	72	9	4	9	26	176	-
	98.9%	98.6%	100.0%	100.0%		100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	96.3%	98.9%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q8. PCPs ONLY - Do you receive information from your patient's treating behavioral health practitioners or providers?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	207	158	2	2	-	35	60	79	9	4	11	34	207	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	40	19	1	2	1	17	8	11	6	-	-	12	40	-
Always	67	46	1	-	-	14	21	27	3	2	2	8	67	-
	32.4%	29.1%	50.0%			40.0%	35.0%	34.2%	33.3%	50.0%	18.2%	23.5%	32.4%	
Usually	46	39	1	-	-	4	12	19	3	2	2	6	46	-
	22.2%	24.7%	50.0%			11.4%	20.0%	24.1%	33.3%	50.0%	18.2%	17.6%	22.2%	
		F												
Sometimes	69	54	-	2	-	11	20	25	3	-	4	14	69	-
	33.3%	34.2%		100.0%		31.4%	33.3%	31.6%	33.3%		36.4%	41.2%	33.3%	
				BF										
Never	25	19	-	-	-	6	7	8	-	-	3	6	25	-
	12.1%	12.0%				17.1%	11.7%	10.1%			27.3%	17.6%	12.1%	
Summary Rate - Always/ Usually	113	85	2	-	-	18	33	46	6	4	4	14	113	-
	54.6%	53.8%	100.0%			51.4%	55.0%	58.2%	66.7%	100.0%	36.4%	41.2%	54.6%	
			BF					n		IJKMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q9. PCPs ONLY - When your patient has a co-existing medical and behavioral health disorder, are you satisfied with the accuracy, sufficiency, timeliness, frequency and clarity of the behavioral health treatment and follow-up information you receive from each of your patients' treating behavioral health practitioners or providers?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	197	149	1	3	-	34	53	73	11	4	11	35	197	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	50	28	2	1	1	18	15	17	4	-	-	11	50	-
Always	45	31	-	-	-	11	12	18	2	2	2	6	45	-
	22.8%	20.8%				32.4%	22.6%	24.7%	18.2%	50.0%	18.2%	17.1%	22.8%	
Usually	77	59	1	1	-	10	21	30	6	2	3	11	77	-
	39.1%	39.6%	100.0%	33.3%		29.4%	39.6%	41.1%	54.5%	50.0%	27.3%	31.4%	39.1%	
			BDF											
Sometimes	53	43	-	1	-	8	14	19	3	-	5	10	53	-
	26.9%	28.9%		33.3%		23.5%	26.4%	26.0%	27.3%		45.5%	28.6%	26.9%	
Never	22	16	-	1	-	5	6	6	-	-	1	8	22	-
	11.2%	10.7%		33.3%		14.7%	11.3%	8.2%			9.1%	22.9%	11.2%	
												j		
Summary Rate - Always/ Usually	122	90	1	1	-	21	33	48	8	4	5	17	122	-
	61.9%	60.4%	100.0%	33.3%		61.8%	62.3%	65.8%	72.7%	100.0%	45.5%	48.6%	61.9%	
			BDF					n		IJKMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q10. PCPs ONLY - As part of the initial medical assessment for patients 18 and older, do you include a nationally recognized Depression Screening, such as the PHQ-9, PHQ-2, Beck Inventory, or Zung Rating Scale?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	178	138	2	3	-	25	45	69	10	4	11	30	178	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	69	39	1	1	1	27	23	21	5	-	-	16	69	-
Always	80	61	2	2	-	10	14	35	3	3	3	19	80	-
	44.9%	44.2%	100.0%	66.7%		40.0%	31.1%	50.7%	30.0%	75.0%	27.3%	63.3%	44.9%	
			BF					I		ikm		IKM		
Usually	34	28	-	1	-	3	10	15	5	-	1	1	34	-
	19.1%	20.3%		33.3%		12.0%	22.2%	21.7%	50.0%		9.1%	3.3%	19.1%	
							N	N	jMN					
Sometimes	37	31	-	-	-	5	14	12	1	1	2	4	37	-
	20.8%	22.5%				20.0%	31.1%	17.4%	10.0%	25.0%	18.2%	13.3%	20.8%	
							jkn							
Never	27	18	-	-	-	7	7	7	1	-	5	6	27	-
	15.2%	13.0%				28.0%	15.6%	10.1%	10.0%		45.5%	20.0%	15.2%	
											iJK			
Summary Rate - Always/ Usually	114	89	2	3	-	13	24	50	8	3	4	20	114	-
	64.0%	64.5%	100.0%	100.0%		52.0%	53.3%	72.5%	80.0%	75.0%	36.4%	66.7%	64.0%	
			BF	BF				IM	iM			m		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	44	5	29	-	6	4	10	19	3	2	-	9	-	44
Total Answering	40	3	27	-	6	4	10	18	2	2	-	8	-	40
	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%
No Answer	4	2	2	-	-	-	-	1	1	-	-	1	-	4
Yes	34	3	21	-	6	4	8	16	2	2	-	6	-	34
	85.0%	100.0%	77.8%		100.0%	100.0%	80.0%	88.9%	100.0%	100.0%		75.0%		85.0%
		C			C	C								
No	6	-	6	-	-	-	2	2	-	-	-	2	-	6
	15.0%		22.2%				20.0%	11.1%				25.0%		15.0%
Summary Rate - Yes	34	3	21	-	6	4	8	16	2	2	-	6	-	34
	85.0%	100.0%	77.8%		100.0%	100.0%	80.0%	88.9%	100.0%	100.0%		75.0%		85.0%
		C			C	C								

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	199	126	20	3	4	38	51	71	15	6	9	38	169	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	35	22	5	-	-	7	11	14	1	-	1	6	31	4
Excellent	45	25	7	1	1	9	11	19	2	2	-	9	35	10
	22.6%	19.8%	35.0%	33.3%	25.0%	23.7%	21.6%	26.8%	13.3%	33.3%		23.7%	20.7%	33.3%
Very good	83	58	6	-	3	13	23	29	7	2	3	15	73	10
	41.7%	46.0%	30.0%		75.0%	34.2%	45.1%	40.8%	46.7%	33.3%	33.3%	39.5%	43.2%	33.3%
					cf									
Good	57	33	5	1	-	15	16	19	5	2	5	9	50	7
	28.6%	26.2%	25.0%	33.3%		39.5%	31.4%	26.8%	33.3%	33.3%	55.6%	23.7%	29.6%	23.3%
											jn			
Fair	8	7	-	1	-	-	1	2	1	-	-	2	8	-
	4.0%	5.6%		33.3%			2.0%	2.8%	6.7%			5.3%	4.7%	
Poor	6	3	2	-	-	1	-	2	-	-	1	3	3	3
	3.0%	2.4%	10.0%			2.6%		2.8%			11.1%	7.9%	1.8%	10.0%
N/A	57	34	7	1	3	11	16	24	2	-	1	11	47	10
Summary Rate - Excellent/	185	116	18	2	4	37	50	67	14	6	8	33	158	27
Very good/Good	93.0%	92.1%	90.0%	66.7%	100.0%	97.4%	98.0%	94.4%	93.3%	100.0%	88.9%	86.8%	93.5%	90.0%
					B		n			JN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	198	126	18	3	4	38	50	73	15	6	10	35	170	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	22	5	-	-	7	11	13	1	-	-	7	30	4
Excellent	34	21	5	-	-	7	7	14	3	2	1	6	28	6
	17.2%	16.7%	27.8%			18.4%	14.0%	19.2%	20.0%	33.3%	10.0%	17.1%	16.5%	21.4%
Very good	82	55	6	1	1	14	19	30	6	2	2	18	73	9
	41.4%	43.7%	33.3%	33.3%	25.0%	36.8%	38.0%	41.1%	40.0%	33.3%	20.0%	51.4%	42.9%	32.1%
												M		
Good	70	41	7	1	3	16	24	25	4	2	4	8	58	12
	35.4%	32.5%	38.9%	33.3%	75.0%	42.1%	48.0%	34.2%	26.7%	33.3%	40.0%	22.9%	34.1%	42.9%
					b		N							
Fair	9	6	-	1	-	1	-	3	1	-	3	2	9	-
	4.5%	4.8%		33.3%		2.6%		4.1%	6.7%		30.0%	5.7%	5.3%	
											j			
Poor	3	3	-	-	-	-	-	1	1	-	-	1	2	1
	1.5%	2.4%						1.4%	6.7%			2.9%	1.2%	3.6%
N/A	59	34	9	1	3	11	17	23	2	-	1	13	47	12
Summary Rate - Excellent/	186	117	18	2	4	37	50	69	13	6	7	32	159	27
Very good/Good	93.9%	92.9%	100.0%	66.7%	100.0%	97.4%	100.0%	94.5%	86.7%	100.0%	70.0%	91.4%	93.5%	96.4%
			B		B		JMn	m		JMn				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	195	126	17	3	4	36	48	72	15	6	9	36	170	25
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	23	4	-	-	7	11	12	1	-	-	8	31	3
Excellent	40	24	6	-	1	8	10	15	3	2	1	8	32	8
	20.5%	19.0%	35.3%		25.0%	22.2%	20.8%	20.8%	20.0%	33.3%	11.1%	22.2%	18.8%	32.0%
Very good	78	51	6	-	2	14	19	29	6	2	2	15	69	9
	40.0%	40.5%	35.3%		50.0%	38.9%	39.6%	40.3%	40.0%	33.3%	22.2%	41.7%	40.6%	36.0%
Good	65	42	5	1	1	13	19	25	4	2	4	10	57	8
	33.3%	33.3%	29.4%	33.3%	25.0%	36.1%	39.6%	34.7%	26.7%	33.3%	44.4%	27.8%	33.5%	32.0%
Fair	10	7	-	2	-	1	-	2	1	-	2	3	10	-
	5.1%	5.6%		66.7%		2.8%		2.8%	6.7%		22.2%	8.3%	5.9%	
				BF										
Poor	2	2	-	-	-	-	-	1	1	-	-	-	2	-
	1.0%	1.6%						1.4%	6.7%				1.2%	
N/A	62	33	11	1	3	13	19	25	2	-	2	11	46	16
Summary Rate - Excellent/	183	117	17	1	4	35	48	69	13	6	7	33	158	25
Very good/Good	93.8%	92.9%	100.0%	33.3%	100.0%	97.2%	100.0%	95.8%	86.7%	100.0%	77.8%	91.7%	92.9%	100.0%
		D	BD		BD	D	jn			jn				O

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	203	128	21	3	4	38	50	73	15	6	10	39	173	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	22	4	-	1	7	11	12	1	-	-	8	30	4
Excellent	41	22	7	-	1	9	11	17	2	1	1	8	31	10
	20.2%	17.2%	33.3%		25.0%	23.7%	22.0%	23.3%	13.3%	16.7%	10.0%	20.5%	17.9%	33.3%
														o
Very good	79	53	5	1	2	14	21	23	9	3	2	16	70	9
	38.9%	41.4%	23.8%	33.3%	50.0%	36.8%	42.0%	31.5%	60.0%	50.0%	20.0%	41.0%	40.5%	30.0%
		c							JM					
Good	67	43	6	1	1	13	18	29	2	2	5	10	60	7
	33.0%	33.6%	28.6%	33.3%	25.0%	34.2%	36.0%	39.7%	13.3%	33.3%	50.0%	25.6%	34.7%	23.3%
							K	K			K			
Fair	10	6	2	1	-	1	-	2	1	-	1	3	8	2
	4.9%	4.7%	9.5%	33.3%		2.6%		2.7%	6.7%		10.0%	7.7%	4.6%	6.7%
Poor	6	4	1	-	-	1	-	2	1	-	1	2	4	2
	3.0%	3.1%	4.8%			2.6%		2.7%	6.7%		10.0%	5.1%	2.3%	6.7%
N/A	54	32	7	1	2	11	17	24	2	-	1	8	44	10
Summary Rate - Excellent/	187	118	18	2	4	36	50	69	13	6	8	34	161	26
Very good/Good	92.1%	92.2%	85.7%	66.7%	100.0%	94.7%	100.0%	94.5%	86.7%	100.0%	80.0%	87.2%	93.1%	86.7%
					Bc		JN			JN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q17. Quality of written communications, policy bulletins, website material, and manuals.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	221	138	25	4	7	39	58	82	16	6	9	39	182	39
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	31	21	2	-	-	8	9	12	1	-	-	7	30	1
Excellent	38	21	7	-	1	8	11	16	2	2	-	6	28	10
	17.2%	15.2%	28.0%		14.3%	20.5%	19.0%	19.5%	12.5%	33.3%		15.4%	15.4%	25.6%
Very good	82	52	7	1	2	15	21	32	8	2	1	13	71	11
	37.1%	37.7%	28.0%	25.0%	28.6%	38.5%	36.2%	39.0%	50.0%	33.3%	11.1%	33.3%	39.0%	28.2%
							M	M	M			m		
Good	78	50	7	2	3	14	23	29	4	2	5	14	66	12
	35.3%	36.2%	28.0%	50.0%	42.9%	35.9%	39.7%	35.4%	25.0%	33.3%	55.6%	35.9%	36.3%	30.8%
Fair	17	12	2	1	1	1	2	3	2	-	2	4	13	4
	7.7%	8.7%	8.0%	25.0%	14.3%	2.6%	3.4%	3.7%	12.5%		22.2%	10.3%	7.1%	10.3%
		f												
Poor	6	3	2	-	-	1	1	2	-	-	1	2	4	2
	2.7%	2.2%	8.0%			2.6%	1.7%	2.4%			11.1%	5.1%	2.2%	5.1%
N/A	39	23	5	-	-	9	11	15	1	-	2	9	35	4
Summary Rate - Excellent/	198	123	21	3	6	37	55	77	14	6	6	33	165	33
Very good/Good	89.6%	89.1%	84.0%	75.0%	85.7%	94.9%	94.8%	93.9%	87.5%	100.0%	66.7%	84.6%	90.7%	84.6%
							m	m		iJMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q18. Consistency of Provider Services Representatives' answer to inquiries.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	209	130	26	4	4	36	55	76	15	6	8	38	174	35
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	25	3	-	-	8	9	16	1	-	-	8	34	2
Excellent	30	17	5	-	-	6	7	13	2	2	-	4	24	6
	14.4%	13.1%	19.2%			16.7%	12.7%	17.1%	13.3%	33.3%		10.5%	13.8%	17.1%
Very good	69	49	8	1	-	8	18	26	3	2	1	15	59	10
	33.0%	37.7%	30.8%	25.0%		22.2%	32.7%	34.2%	20.0%	33.3%	12.5%	39.5%	33.9%	28.6%
		f						m				m		
Good	87	51	11	1	3	18	25	30	8	2	3	14	71	16
	41.6%	39.2%	42.3%	25.0%	75.0%	50.0%	45.5%	39.5%	53.3%	33.3%	37.5%	36.8%	40.8%	45.7%
Fair	21	12	2	1	1	4	5	7	1	-	4	4	18	3
	10.0%	9.2%	7.7%	25.0%	25.0%	11.1%	9.1%	9.2%	6.7%		50.0%	10.5%	10.3%	8.6%
											IJKN			
Poor	2	1	-	1	-	-	-	-	1	-	-	1	2	-
	1.0%	0.8%		25.0%					6.7%			2.6%	1.1%	
N/A	46	27	3	-	3	12	14	17	2	-	3	9	39	7
Summary Rate - Excellent/	186	117	24	2	3	32	50	69	13	6	4	33	154	32
Very good/Good	89.0%	90.0%	92.3%	50.0%	75.0%	88.9%	90.9%	90.8%	86.7%	100.0%	50.0%	86.8%	88.5%	91.4%
			d				M	M	m	IJMN		M		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	210	130	24	4	4	40	55	75	15	6	9	39	177	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	25	3	-	-	8	9	16	1	-	-	8	34	2
Excellent	32	20	5	-	1	5	7	16	2	2	-	4	25	7
	15.2%	15.4%	20.8%		25.0%	12.5%	12.7%	21.3%	13.3%	33.3%		10.3%	14.1%	21.2%
Very good	74	48	9	1	1	12	20	25	3	2	2	17	64	10
	35.2%	36.9%	37.5%	25.0%	25.0%	30.0%	36.4%	33.3%	20.0%	33.3%	22.2%	43.6%	36.2%	30.3%
												k		
Good	88	53	7	2	2	20	27	28	9	2	4	13	75	13
	41.9%	40.8%	29.2%	50.0%	50.0%	50.0%	49.1%	37.3%	60.0%	33.3%	44.4%	33.3%	42.4%	39.4%
						c			n					
Fair	14	8	3	1	-	2	1	5	-	-	3	5	11	3
	6.7%	6.2%	12.5%	25.0%		5.0%	1.8%	6.7%			33.3%	12.8%	6.2%	9.1%
											Ij	i		
Poor	2	1	-	-	-	1	-	1	1	-	-	-	2	-
	1.0%	0.8%				2.5%		1.3%	6.7%				1.1%	
N/A	45	27	5	-	3	8	14	18	2	-	2	8	36	9
Summary Rate - Excellent/	194	121	21	3	4	37	54	69	14	6	6	34	164	30
Very good/Good	92.4%	93.1%	87.5%	75.0%	100.0%	92.5%	98.2%	92.0%	93.3%	100.0%	66.7%	87.2%	92.7%	90.9%
					Bcf		jMn			JMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q20. The professionalism and courtesy of the Provider Services Representative.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	215	134	25	3	4	40	57	77	15	6	9	40	181	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	25	3	-	-	8	9	16	1	-	-	8	34	2
Excellent	45	24	8	1	1	10	15	16	2	2	-	9	34	11
	20.9%	17.9%	32.0%	33.3%	25.0%	25.0%	26.3%	20.8%	13.3%	33.3%		22.5%	18.8%	32.4%
Very good	78	55	8	-	2	9	17	33	2	2	1	16	69	9
	36.3%	41.0%	32.0%		50.0%	22.5%	29.8%	42.9%	13.3%	33.3%	11.1%	40.0%	38.1%	26.5%
		F						KM				KM		
Good	81	49	8	2	1	19	24	25	11	2	6	10	68	13
	37.7%	36.6%	32.0%	66.7%	25.0%	47.5%	42.1%	32.5%	73.3%	33.3%	66.7%	25.0%	37.6%	38.2%
							n		IJlN		JN			
Fair	11	6	1	-	-	2	1	3	-	-	2	5	10	1
	5.1%	4.5%	4.0%			5.0%	1.8%	3.9%			22.2%	12.5%	5.5%	2.9%
												i		
Poor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N/A	40	23	4	1	3	8	12	16	2	-	2	7	32	8
Summary Rate - Excellent/	204	128	24	3	4	38	56	74	15	6	7	35	171	33
Very good/Good	94.9%	95.5%	96.0%	100.0%	100.0%	95.0%	98.2%	96.1%	100.0%	100.0%	77.8%	87.5%	94.5%	97.1%
				B	B		n		jN	jN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q21. Timeliness of Provider Services Staff when responding to inquiries.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	217	135	25	3	5	41	59	77	16	6	9	39	181	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	39	26	4	-	-	9	10	17	1	-	-	9	36	3
Excellent	34	20	6	1	-	6	10	14	2	1	-	6	26	8
	15.7%	14.8%	24.0%	33.3%		14.6%	16.9%	18.2%	12.5%	16.7%		15.4%	14.4%	22.2%
Very good	67	44	7	-	3	10	19	24	1	3	1	13	58	9
	30.9%	32.6%	28.0%		60.0%	24.4%	32.2%	31.2%	6.3%	50.0%	11.1%	33.3%	32.0%	25.0%
							Km	Km		Km		Km		
Good	87	53	9	1	1	20	26	28	9	2	2	16	73	14
	40.1%	39.3%	36.0%	33.3%	20.0%	48.8%	44.1%	36.4%	56.3%	33.3%	22.2%	41.0%	40.3%	38.9%
									m					
Fair	26	16	2	1	1	5	4	10	3	-	5	4	22	4
	12.0%	11.9%	8.0%	33.3%	20.0%	12.2%	6.8%	13.0%	18.8%		55.6%	10.3%	12.2%	11.1%
											IJkN			
Poor	3	2	1	-	-	-	-	1	1	-	1	-	2	1
	1.4%	1.5%	4.0%					1.3%	6.3%		11.1%		1.1%	2.8%
N/A	35	21	3	1	2	6	9	15	1	-	2	7	30	5
Summary Rate - Excellent/	188	117	22	2	4	36	55	66	12	6	3	35	157	31
Very good/Good	86.6%	86.7%	88.0%	66.7%	80.0%	87.8%	93.2%	85.7%	75.0%	100.0%	33.3%	89.7%	86.7%	86.1%
							M	M	M	IJKMN		M		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
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Q22. Your satisfaction with clean claims being processed consistently.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	214	132	23	4	5	40	55	73	15	6	11	42	180	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	30	5	-	-	9	12	19	2	-	-	10	40	4
Excellent	29	17	5	-	-	5	7	13	2	1	-	5	23	6
	13.6%	12.9%	21.7%			12.5%	12.7%	17.8%	13.3%	16.7%		11.9%	12.8%	17.6%
Very good	63	44	5	-	1	10	17	22	2	3	1	15	57	6
	29.4%	33.3%	21.7%		20.0%	25.0%	30.9%	30.1%	13.3%	50.0%	9.1%	35.7%	31.7%	17.6%
							M	M		km		kM	p	
Good	91	52	11	2	2	21	25	31	9	2	5	12	74	17
	42.5%	39.4%	47.8%	50.0%	40.0%	52.5%	45.5%	42.5%	60.0%	33.3%	45.5%	28.6%	41.1%	50.0%
							n		N					
Fair	27	16	2	2	1	4	5	7	2	-	5	7	23	4
	12.6%	12.1%	8.7%	50.0%	20.0%	10.0%	9.1%	9.6%	13.3%		45.5%	16.7%	12.8%	11.8%
											IJkn			
Poor	4	3	-	-	1	-	1	-	-	-	-	3	3	1
	1.9%	2.3%			20.0%		1.8%					7.1%	1.7%	2.9%
N/A	33	20	4	-	2	7	11	17	1	-	-	3	27	6
Summary Rate - Excellent/	183	113	21	2	3	36	49	66	13	6	6	32	154	29
Very good/Good	85.5%	85.6%	91.3%	50.0%	60.0%	90.0%	89.1%	90.4%	86.7%	100.0%	54.5%	76.2%	85.6%	85.3%
							Mn	Mn	m	IJMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q23. Your satisfaction with clean claims being paid in a timely manner.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	207	129	23	4	5	36	53	69	15	5	11	42	173	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	42	28	5	-	-	9	13	17	1	-	-	10	38	4
Excellent	29	19	5	-	-	4	8	11	2	1	-	5	23	6
	14.0%	14.7%	21.7%			11.1%	15.1%	15.9%	13.3%	20.0%		11.9%	13.3%	17.6%
Very good	59	39	8	-	-	9	16	25	2	2	1	8	50	9
	28.5%	30.2%	34.8%			25.0%	30.2%	36.2%	13.3%	40.0%	9.1%	19.0%	28.9%	26.5%
							M	KMN						
Good	92	55	9	1	4	18	24	28	7	2	6	20	76	16
	44.4%	42.6%	39.1%	25.0%	80.0%	50.0%	45.3%	40.6%	46.7%	40.0%	54.5%	47.6%	43.9%	47.1%
					BCd									
Fair	24	13	1	3	1	5	5	5	4	-	4	6	21	3
	11.6%	10.1%	4.3%	75.0%	20.0%	13.9%	9.4%	7.2%	26.7%		36.4%	14.3%	12.1%	8.8%
				BCeF							iJ			
Poor	3	3	-	-	-	-	-	-	-	-	-	3	3	-
	1.4%	2.3%										7.1%	1.7%	
N/A	42	25	4	-	2	11	12	23	2	1	-	3	36	6
Summary Rate - Excellent/	180	113	22	1	4	31	48	64	11	5	7	33	149	31
Very good/Good	87.0%	87.6%	95.7%	25.0%	80.0%	86.1%	90.6%	92.8%	73.3%	100.0%	63.6%	78.6%	86.1%	91.2%
		D	D		d	D	m	MN		IJKMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24. Your overall satisfaction with the claims review and/or appeals process.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	198	122	23	3	5	35	54	69	14	5	10	35	164	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	32	4	1	-	9	12	19	1	-	-	13	43	3
Excellent	27	15	5	-	-	6	6	14	1	1	-	4	21	6
	13.6%	12.3%	21.7%			17.1%	11.1%	20.3%	7.1%	20.0%		11.4%	12.8%	17.6%
Very good	49	35	3	-	1	6	14	17	2	2	1	8	44	5
	24.7%	28.7%	13.0%		20.0%	17.1%	25.9%	24.6%	14.3%	40.0%	10.0%	22.9%	26.8%	14.7%
		c											p	
Good	82	46	10	1	3	19	25	29	9	1	1	14	66	16
	41.4%	37.7%	43.5%	33.3%	60.0%	54.3%	46.3%	42.0%	64.3%	20.0%	10.0%	40.0%	40.2%	47.1%
						b	M	M	LM			M		
Fair	32	22	3	2	-	3	7	7	1	1	6	9	28	4
	16.2%	18.0%	13.0%	66.7%		8.6%	13.0%	10.1%	7.1%	20.0%	60.0%	25.7%	17.1%	11.8%
				bcF							IJKlN	jk		
Poor	8	4	2	-	1	1	2	2	1	-	2	-	5	3
	4.0%	3.3%	8.7%		20.0%	2.9%	3.7%	2.9%	7.1%		20.0%		3.0%	8.8%
N/A	47	28	5	-	2	12	12	21	3	1	1	7	40	7
Summary Rate - Excellent/	158	96	18	1	4	31	45	60	12	4	2	26	131	27
Very good/Good	79.8%	78.7%	78.3%	33.3%	80.0%	88.6%	83.3%	87.0%	85.7%	80.0%	20.0%	74.3%	79.9%	79.4%
		d				D	M	M	M	M		M		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24A. If dissatisfied, in what area are you dissatisfied?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	40	26	5	2	1	4	9	9	2	1	8	9	33	7
Total Answering	23	15	3	1	1	2	6	6	1	-	6	4	19	4
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	17	11	2	1	-	2	3	3	1	1	2	5	14	3
Claims Review	10	7	1	1	-	1	1	3	1	-	2	3	9	1
	43.5%	46.7%	33.3%	100.0%		50.0%	16.7%	50.0%	100.0%		33.3%	75.0%	47.4%	25.0%
				BC					IJM			I		
Appeals process	13	8	2	-	1	1	5	3	-	-	4	1	10	3
	56.5%	53.3%	66.7%		100.0%	50.0%	83.3%	50.0%			66.7%	25.0%	52.6%	75.0%
					B		N							

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24B. Why the dissatisfaction?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	40	26	5	2	1	4	9	9	2	1	8	9	33	7
Total Answering	27	18	3	1	1	3	6	6	1	1	6	6	22	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	13	8	2	1	-	1	3	3	1	-	2	3	11	2
Timeliness	4	2	1	-	-	1	2	2	-	-	-	-	3	1
	14.8%	11.1%	33.3%			33.3%	33.3%	33.3%					13.6%	20.0%
Consistency	2	-	-	-	-	1	1	-	-	-	-	1	2	-
	7.4%					33.3%	16.7%					16.7%	9.1%	
Outcome	13	11	1	1	-	-	1	4	-	1	5	2	11	2
	48.1%	61.1%	33.3%	100.0%			16.7%	66.7%		100.0%	83.3%	33.3%	50.0%	40.0%
				BC				I		IjN	IN			
Other	8	5	1	-	1	1	2	-	1	-	1	3	6	2
	29.6%	27.8%	33.3%		100.0%	33.3%	33.3%		100.0%		16.7%	50.0%	27.3%	40.0%
					BCF				IMN					

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	204	128	22	4	7	36	54	75	15	6	9	34	170	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	55	36	5	-	-	13	13	22	3	-	1	14	50	5
Yes	200	126	22	3	7	36	51	75	15	6	9	33	166	34
	98.0%	98.4%	100.0%	75.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	97.1%	97.6%	100.0%
								i	i	i	i			O
No	4	2	-	1	-	-	3	-	-	-	-	1	4	-
	2.0%	1.6%		25.0%			5.6%					2.9%	2.4%	
N/A	32	18	5	-	-	7	11	12	-	-	1	7	27	5
Summary Rate - Yes	200	126	22	3	7	36	51	75	15	6	9	33	166	34
	98.0%	98.4%	100.0%	75.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	97.1%	97.6%	100.0%
								i	i	i	i			O

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q26. Your knowledge of which services require an authorization.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	236	152	26	4	7	37	62	87	16	6	11	43	198	38
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	40	25	3	-	-	12	9	16	1	-	-	12	37	3
Excellent	35	24	5	-	-	5	12	13	2	1	1	5	30	5
	14.8%	15.8%	19.2%			13.5%	19.4%	14.9%	12.5%	16.7%	9.1%	11.6%	15.2%	13.2%
Very good	65	43	5	1	4	10	18	25	3	4	1	11	55	10
	27.5%	28.3%	19.2%	25.0%	57.1%	27.0%	29.0%	28.7%	18.8%	66.7%	9.1%	25.6%	27.8%	26.3%
					c		m	M		ijKMN				
Good	100	62	13	3	3	15	27	33	9	1	5	18	82	18
	42.4%	40.8%	50.0%	75.0%	42.9%	40.5%	43.5%	37.9%	56.3%	16.7%	45.5%	41.9%	41.4%	47.4%
									L					
Fair	29	20	2	-	-	4	4	14	2	-	3	6	25	4
	12.3%	13.2%	7.7%			10.8%	6.5%	16.1%	12.5%		27.3%	14.0%	12.6%	10.5%
								i						
Poor	7	3	1	-	-	3	1	2	-	-	1	3	6	1
	3.0%	2.0%	3.8%			8.1%	1.6%	2.3%			9.1%	7.0%	3.0%	2.6%
N/A	15	5	3	-	-	7	7	6	1	-	-	-	12	3
Summary Rate - Excellent/	200	129	23	4	7	30	57	71	14	6	7	34	167	33
Very good/Good	84.7%	84.9%	88.5%	100.0%	100.0%	81.1%	91.9%	81.6%	87.5%	100.0%	63.6%	79.1%	84.3%	86.8%
				BcF	BcF		jmn			IJMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q27. UM staff's clinical knowledge.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	220	139	26	4	7	35	61	83	15	6	9	35	182	38
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	28	4	-	-	12	11	17	1	-	-	13	41	3
Excellent	34	23	5	-	-	5	10	15	2	1	-	4	29	5
	15.5%	16.5%	19.2%			14.3%	16.4%	18.1%	13.3%	16.7%		11.4%	15.9%	13.2%
Very good	56	35	5	-	2	10	15	24	1	3	1	9	48	8
	25.5%	25.2%	19.2%		28.6%	28.6%	24.6%	28.9%	6.7%	50.0%	11.1%	25.7%	26.4%	21.1%
							K	K		Km		k		
Good	109	70	14	2	3	18	27	40	11	2	5	18	88	21
	49.5%	50.4%	53.8%	50.0%	42.9%	51.4%	44.3%	48.2%	73.3%	33.3%	55.6%	51.4%	48.4%	55.3%
									IJl					
Fair	15	7	1	2	1	2	5	3	1	-	3	3	13	2
	6.8%	5.0%	3.8%	50.0%	14.3%	5.7%	8.2%	3.6%	6.7%		33.3%	8.6%	7.1%	5.3%
				bcf							j			
Poor	6	4	1	-	1	-	4	1	-	-	-	1	4	2
	2.7%	2.9%	3.8%		14.3%		6.6%	1.2%				2.9%	2.2%	5.3%
N/A	27	15	2	-	-	9	6	9	2	-	2	7	24	3
Summary Rate - Excellent/	199	128	24	2	5	33	52	79	14	6	6	31	165	34
Very good/Good	90.5%	92.1%	92.3%	50.0%	71.4%	94.3%	85.2%	95.2%	93.3%	100.0%	66.7%	88.6%	90.7%	89.5%
		d	d			d		im		IJMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q28. UM staff's consistency in the authorization process.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	222	142	25	4	7	35	63	82	16	6	8	37	184	38
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	30	5	-	-	11	11	17	1	-	1	13	42	4
Excellent	36	23	7	-	1	4	9	15	3	1	-	6	28	8
	16.2%	16.2%	28.0%		14.3%	11.4%	14.3%	18.3%	18.8%	16.7%		16.2%	15.2%	21.1%
Very good	56	33	6	-	1	13	17	25	2	3	-	7	47	9
	25.2%	23.2%	24.0%		14.3%	37.1%	27.0%	30.5%	12.5%	50.0%		18.9%	25.5%	23.7%
								k		k				
Good	101	69	9	3	3	15	28	34	9	2	4	18	87	14
	45.5%	48.6%	36.0%	75.0%	42.9%	42.9%	44.4%	41.5%	56.3%	33.3%	50.0%	48.6%	47.3%	36.8%
				c										
Fair	22	12	2	1	1	3	5	7	2	-	4	4	17	5
	9.9%	8.5%	8.0%	25.0%	14.3%	8.6%	7.9%	8.5%	12.5%		50.0%	10.8%	9.2%	13.2%
											IJkN			
Poor	7	5	1	-	1	-	4	1	-	-	-	2	5	2
	3.2%	3.5%	4.0%		14.3%		6.3%	1.2%				5.4%	2.7%	5.3%
N/A	23	10	2	-	-	10	4	10	1	-	2	5	21	2
Summary Rate - Excellent/	193	125	22	3	5	32	54	74	14	6	4	31	162	31
Very good/Good	86.9%	88.0%	88.0%	75.0%	71.4%	91.4%	85.7%	90.2%	87.5%	100.0%	50.0%	83.8%	88.0%	81.6%
							M	M	m	IJMN		m		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q29. Physician reviewer's decision-making is clearly communicated by WVFH.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	216	142	23	4	7	32	62	80	14	5	9	36	180	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	30	4	-	-	11	11	17	1	-	1	13	42	3
Excellent	34	22	6	-	1	4	11	16	1	1	-	3	26	8
	15.7%	15.5%	26.1%		14.3%	12.5%	17.7%	20.0%	7.1%	20.0%		8.3%	14.4%	22.2%
								n						
Very good	56	38	3	-	1	11	11	27	2	2	-	11	51	5
	25.9%	26.8%	13.0%		14.3%	34.4%	17.7%	33.8%	14.3%	40.0%		30.6%	28.3%	13.9%
		c				c		Ik					P	
Good	104	71	12	1	2	16	33	33	10	2	5	16	86	18
	48.1%	50.0%	52.2%	25.0%	28.6%	50.0%	53.2%	41.3%	71.4%	40.0%	55.6%	44.4%	47.8%	50.0%
									Jn					
Fair	15	7	1	3	1	1	3	3	1	-	4	4	13	2
	6.9%	4.9%	4.3%	75.0%	14.3%	3.1%	4.8%	3.8%	7.1%		44.4%	11.1%	7.2%	5.6%
				BCEF							IJKn			
Poor	7	4	1	-	2	-	4	1	-	-	-	2	4	3
	3.2%	2.8%	4.3%		28.6%		6.5%	1.3%				5.6%	2.2%	8.3%
N/A	30	10	5	-	-	13	5	12	3	1	1	6	25	5
Summary Rate - Excellent/	194	131	21	1	4	31	55	76	13	5	5	30	163	31
Very good/Good	89.8%	92.3%	91.3%	25.0%	57.1%	96.9%	88.7%	95.0%	92.9%	100.0%	55.6%	83.3%	90.6%	86.1%
		De	De			DE	m	Mn	M	IJMN				

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q30. Professionalism/courtesy of the UM staff representative.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	217	140	23	4	7	34	63	78	15	6	10	34	181	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	30	4	-	-	11	11	16	1	-	-	15	42	3
Excellent	45	29	7	-	1	7	12	21	1	1	-	9	35	10
	20.7%	20.7%	30.4%		14.3%	20.6%	19.0%	26.9%	6.7%	16.7%		26.5%	19.3%	27.8%
								K				K		
Very good	68	44	7	-	2	12	18	28	2	3	1	10	58	10
	31.3%	31.4%	30.4%		28.6%	35.3%	28.6%	35.9%	13.3%	50.0%	10.0%	29.4%	32.0%	27.8%
							m	KM		km				
Good	94	61	9	3	4	14	30	27	11	2	7	13	78	16
	43.3%	43.6%	39.1%	75.0%	57.1%	41.2%	47.6%	34.6%	73.3%	33.3%	70.0%	38.2%	43.1%	44.4%
									IJlN		Jn			
Fair	8	5	-	-	-	1	3	2	1	-	2	-	8	-
	3.7%	3.6%				2.9%	4.8%	2.6%	6.7%		20.0%		4.4%	
Poor	2	1	-	1	-	-	-	-	-	-	-	2	2	-
	0.9%	0.7%		25.0%								5.9%	1.1%	
N/A	29	12	5	-	-	11	4	15	2	-	1	6	24	5
Summary Rate - Excellent/	207	134	23	3	7	33	60	76	14	6	8	32	171	36
Very good/Good	95.4%	95.7%	100.0%	75.0%	100.0%	97.1%	95.2%	97.4%	93.3%	100.0%	80.0%	94.1%	94.5%	100.0%
			B		B					i				O

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q31. Your overall satisfaction with the UM process.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	222	140	24	4	7	38	62	82	15	6	10	36	185	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	31	3	-	-	11	11	17	1	-	-	14	42	3
Excellent	34	20	7	-	1	5	9	16	2	1	-	5	25	9
	15.3%	14.3%	29.2%		14.3%	13.2%	14.5%	19.5%	13.3%	16.7%		13.9%	13.5%	24.3%
Very good	65	43	5	-	1	13	14	27	2	3	1	11	59	6
	29.3%	30.7%	20.8%		14.3%	34.2%	22.6%	32.9%	13.3%	50.0%	10.0%	30.6%	31.9%	16.2%
								kM		km		m	P	
Good	94	57	10	3	3	18	29	29	10	2	5	16	76	18
	42.3%	40.7%	41.7%	75.0%	42.9%	47.4%	46.8%	35.4%	66.7%	33.3%	50.0%	44.4%	41.1%	48.6%
									J					
Fair	21	16	1	-	-	2	5	9	1	-	4	2	20	1
	9.5%	11.4%	4.2%			5.3%	8.1%	11.0%	6.7%		40.0%	5.6%	10.8%	2.7%
											IjKN		P	
Poor	8	4	1	1	2	-	5	1	-	-	-	2	5	3
	3.6%	2.9%	4.2%	25.0%	28.6%		8.1%	1.2%				5.6%	2.7%	8.1%
							j							
N/A	24	11	5	-	-	7	5	10	2	-	1	5	20	4
Summary Rate - Excellent/	193	120	22	3	5	36	52	72	14	6	6	32	160	33
Very good/Good	86.9%	85.7%	91.7%	75.0%	71.4%	94.7%	83.9%	87.8%	93.3%	100.0%	60.0%	88.9%	86.5%	89.2%
						b		m	M	IJMN		m		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	218	138	23	4	7	37	61	82	15	6	9	34	182	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	48	33	4	-	-	11	13	18	1	-	-	14	45	3
Yes	211	133	23	3	7	37	57	82	15	6	9	31	175	36
	96.8%	96.4%	100.0%	75.0%	100.0%	100.0%	93.4%	100.0%	100.0%	100.0%	100.0%	91.2%	96.2%	100.0%
			B		B	B		In	In	In	In			O
No	7	5	-	1	-	-	4	-	-	-	-	3	7	-
	3.2%	3.6%		25.0%			6.6%					8.8%	3.8%	
N/A	25	11	5	-	-	8	4	9	2	-	2	7	20	5
Summary Rate - Yes	211	133	23	3	7	37	57	82	15	6	9	31	175	36
	96.8%	96.4%	100.0%	75.0%	100.0%	100.0%	93.4%	100.0%	100.0%	100.0%	100.0%	91.2%	96.2%	100.0%
			B		B	B		In	In	In	In			O

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q33. Your knnowledge of which services require a referral.

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	208	136	19	3	5	36	55	79	14	6	11	32	178	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	49	32	4	-	1	12	12	20	1	-	-	14	44	5
Yes	192	126	16	3	5	33	51	75	13	5	9	29	166	26
	92.3%	92.6%	84.2%	100.0%	100.0%	91.7%	92.7%	94.9%	92.9%	83.3%	81.8%	90.6%	93.3%	86.7%
				Bcf	Bcf									
No	16	10	3	-	-	3	4	4	1	1	2	3	12	4
	7.7%	7.4%	15.8%			8.3%	7.3%	5.1%	7.1%	16.7%	18.2%	9.4%	6.7%	13.3%
N/A	34	14	9	1	1	8	11	10	3	-	-	9	25	9
Summary Rate - Yes	192	126	16	3	5	33	51	75	13	5	9	29	166	26
	92.3%	92.6%	84.2%	100.0%	100.0%	91.7%	92.7%	94.9%	92.9%	83.3%	81.8%	90.6%	93.3%	86.7%
				Bcf	Bcf									

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q34. PCPs Only - The ease of generating a referral through Digital Voice Assistant (DIVA).

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	114	87	-	2	-	19	32	50	5	2	6	13	114	-
	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	56	33	1	-	1	21	14	16	4	-	1	18	56	-
Excellent	11	8	-	-	-	3	3	5	1	-	-	2	11	-
	9.6%	9.2%				15.8%	9.4%	10.0%	20.0%			15.4%	9.6%	
Very good	29	21	-	1	-	5	2	19	2	1	1	2	29	-
	25.4%	24.1%		50.0%		26.3%	6.3%	38.0%	40.0%	50.0%	16.7%	15.4%	25.4%	
								In						
Good	44	34	-	-	-	8	15	18	-	-	2	7	44	-
	38.6%	39.1%				42.1%	46.9%	36.0%			33.3%	53.8%	38.6%	
Fair	25	19	-	1	-	3	8	8	2	1	3	2	25	-
	21.9%	21.8%		50.0%		15.8%	25.0%	16.0%	40.0%	50.0%	50.0%	15.4%	21.9%	
Poor	5	5	-	-	-	-	4	-	-	-	-	-	5	-
	4.4%	5.7%					12.5%						4.4%	
N/A	77	57	2	2	-	12	22	24	6	2	4	15	77	-
Summary Rate - Excellent/	84	63	-	1	-	16	20	42	3	1	3	11	84	-
Very good/Good	73.7%	72.4%		50.0%		84.2%	62.5%	84.0%	60.0%	50.0%	50.0%	84.6%	73.7%	
								I				i		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	49	39	-	-	-	5	15	18	-	2	3	9	49	-
	100.0%	100.0%				100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	
No Answer	78	49	1	1	1	25	24	24	4	-	1	22	78	-
Yes	47	37	-	-	-	5	14	17	-	2	3	9	47	-
	95.9%	94.9%				100.0%	93.3%	94.4%		100.0%	100.0%	100.0%	95.9%	
No	2	2	-	-	-	-	1	1	-	-	-	-	2	-
	4.1%	5.1%					6.7%	5.6%					4.1%	
N/A	120	89	2	3	-	22	29	48	11	2	7	15	120	-
Summary Rate - Yes	47	37	-	-	-	5	14	17	-	2	3	9	47	-
	95.9%	94.9%				100.0%	93.3%	94.4%		100.0%	100.0%	100.0%	95.9%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	61	50	1	-	-	5	17	22	2	1	3	11	61	-
	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	81	54	-	-	1	25	24	28	4	1	1	20	81	-
Yes	59	48	1	-	-	5	16	21	2	1	3	11	59	-
	96.7%	96.0%	100.0%			100.0%	94.1%	95.5%	100.0%	100.0%	100.0%	100.0%	96.7%	
No	2	2	-	-	-	-	1	1	-	-	-	-	2	-
	3.3%	4.0%					5.9%	4.5%					3.3%	
N/A	105	73	2	4	-	22	27	40	9	2	7	15	105	-
Summary Rate - Yes	59	48	1	-	-	5	16	21	2	1	3	11	59	-
	96.7%	96.0%	100.0%			100.0%	94.1%	95.5%	100.0%	100.0%	100.0%	100.0%	96.7%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	52	39	-	-	-	6	13	22	2	1	2	9	52	-
	100.0%	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	77	50	1	-	1	25	25	22	4	-	1	21	77	-
Yes	49	37	-	-	-	6	13	19	2	1	2	9	49	-
	94.2%	94.9%				100.0%	100.0%	86.4%	100.0%	100.0%	100.0%	100.0%	94.2%	
							j		j	j	j	j		
No	3	2	-	-	-	-	-	3	-	-	-	-	3	-
	5.8%	5.1%						13.6%					5.8%	
N/A	118	88	2	4	-	21	30	46	9	3	8	16	118	-
Summary Rate - Yes	49	37	-	-	-	6	13	19	2	1	2	9	49	-
	94.2%	94.9%				100.0%	100.0%	86.4%	100.0%	100.0%	100.0%	100.0%	94.2%	
							j		j	j	j	j		

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	53	41	1	-	-	6	12	24	2	1	2	9	53	-
	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	74	50	-	-	1	22	24	20	4	-	1	21	74	-
Yes	51	39	1	-	-	6	12	22	2	1	2	9	51	-
	96.2%	95.1%	100.0%			100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	96.2%	
No	2	2	-	-	-	-	-	2	-	-	-	-	2	-
	3.8%	4.9%						8.3%					3.8%	
N/A	120	86	2	4	-	24	32	46	9	3	8	16	120	-
Summary Rate - Yes	51	39	1	-	-	6	12	22	2	1	2	9	51	-
	96.2%	95.1%	100.0%			100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	96.2%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	283	181	32	4	1	55	75	107	17	6	11	53	247	36
Total Answering	40	27	6	-	-	3	7	21	2	1	2	7	30	10
	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	93	51	13	-	1	26	29	25	5	1	1	25	80	13
Yes	37	24	6	-	-	3	6	20	2	1	2	6	27	10
	92.5%	88.9%	100.0%			100.0%	85.7%	95.2%	100.0%	100.0%	100.0%	85.7%	90.0%	100.0%
			b			b								o
No	3	3	-	-	-	-	1	1	-	-	-	1	3	-
	7.5%	11.1%					14.3%	4.8%				14.3%	10.0%	
N/A	150	103	13	4	-	26	39	61	10	4	8	21	137	13
Summary Rate - Yes	37	24	6	-	-	3	6	20	2	1	2	6	27	10
	92.5%	88.9%	100.0%			100.0%	85.7%	95.2%	100.0%	100.0%	100.0%	85.7%	90.0%	100.0%
			b			b								o

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	247	177	3	4	1	52	68	90	15	4	11	46	247	-
Total Answering	104	84	1	1	-	10	30	40	3	2	8	16	104	-
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	70	45	1	-	1	22	19	19	8	-	1	21	70	-
Excellent	21	18	-	-	-	2	7	4	1	-	-	7	21	-
	20.2%	21.4%				20.0%	23.3%	10.0%	33.3%			43.8%	20.2%	
												J		
Very good	31	23	1	-	-	2	9	16	-	1	-	3	31	-
	29.8%	27.4%	100.0%			20.0%	30.0%	40.0%		50.0%		18.8%	29.8%	
			BF					n						
Good	45	38	-	1	-	5	13	19	2	1	6	4	45	-
	43.3%	45.2%		100.0%		50.0%	43.3%	47.5%	66.7%	50.0%	75.0%	25.0%	43.3%	
				BF				n			iN			
Fair	7	5	-	-	-	1	1	1	-	-	2	2	7	-
	6.7%	6.0%				10.0%	3.3%	2.5%			25.0%	12.5%	6.7%	
Poor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N/A	73	48	1	3	-	20	19	31	4	2	2	9	73	-
Summary Rate - Excellent/	97	79	1	1	-	9	29	39	3	2	6	14	97	-
Very good/Good	93.3%	94.0%	100.0%	100.0%		90.0%	96.7%	97.5%	100.0%	100.0%	75.0%	87.5%	93.3%	
			B	B										

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q41. Consistency across all departments at WVFH is:

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	199	125	23	3	7	31	56	72	13	5	8	35	164	35
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	53	36	5	-	-	12	14	19	1	-	1	16	49	4
Very consistent	109	65	15	-	4	21	31	40	9	3	1	21	85	24
	54.8%	52.0%	65.2%		57.1%	67.7%	55.4%	55.6%	69.2%	60.0%	12.5%	60.0%	51.8%	68.6%
						b	M	M	M	m		M		o
Somewhat consistent	84	56	7	2	3	10	24	31	3	2	7	11	74	10
	42.2%	44.8%	30.4%	66.7%	42.9%	32.3%	42.9%	43.1%	23.1%	40.0%	87.5%	31.4%	45.1%	28.6%
											IJKlN		p	
Not consistent	6	4	1	1	-	-	1	1	1	-	-	3	5	1
	3.0%	3.2%	4.3%	33.3%			1.8%	1.4%	7.7%			8.6%	3.0%	2.9%
N/A	39	21	4	1	-	13	8	18	4	1	2	4	34	5
Summary Rate - Very consistent/Somewhat consistent	193	121	22	2	7	31	55	71	12	5	8	32	159	34
	97.0%	96.8%	95.7%	66.7%	100.0%	100.0%	98.2%	98.6%	92.3%	100.0%	100.0%	91.4%	97.0%	97.1%
					B	B				n	n			

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q42. Would you recommend WVFH to other physicians' practices?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlology	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	233	147	24	4	6	42	62	89	16	6	9	39	196	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	35	8	-	1	14	16	20	2	-	2	16	51	7
Definitely yes	80	50	12	-	1	16	21	31	3	2	2	17	66	14
	34.3%	34.0%	50.0%		16.7%	38.1%	33.9%	34.8%	18.8%	33.3%	22.2%	43.6%	33.7%	37.8%
			e									K		
Probably yes	137	86	11	3	5	23	38	53	12	3	6	17	115	22
	58.8%	58.5%	45.8%	75.0%	83.3%	54.8%	61.3%	59.6%	75.0%	50.0%	66.7%	43.6%	58.7%	59.5%
					Cf		n	n	N					
Probably not	12	7	1	1	-	3	3	4	-	1	1	3	11	1
	5.2%	4.8%	4.2%	25.0%		7.1%	4.8%	4.5%		16.7%	11.1%	7.7%	5.6%	2.7%
Definitely not	4	4	-	-	-	-	-	1	1	-	-	2	4	-
	1.7%	2.7%						1.1%	6.3%			5.1%	2.0%	
Summary Rate - Definitely yes/Probably yes	217	136	23	3	6	39	59	84	15	5	8	34	181	36
	93.1%	92.5%	95.8%	75.0%	100.0%	92.9%	95.2%	94.4%	93.8%	83.3%	88.9%	87.2%	92.3%	97.3%
					Bf									

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q43. Please mark who is completing this survey. (Mark only one)

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	233	141	29	4	7	42	65	89	17	5	8	38	193	40
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	41	3	-	-	14	13	20	1	1	3	17	54	4
Practitioner	14	7	1	-	-	4	9	1	1	-	-	2	11	3
	6.0%	5.0%	3.4%			9.5%	13.8%	1.1%	5.9%			5.3%	5.7%	7.5%
							J							
Office Manager	152	99	21	3	5	19	41	58	12	5	6	24	122	30
	65.2%	70.2%	72.4%	75.0%	71.4%	45.2%	63.1%	65.2%	70.6%	100.0%	75.0%	63.2%	63.2%	75.0%
		F	F							IJKN				
Billing Coordinator	21	9	2	1	1	7	3	5	1	-	2	7	19	2
	9.0%	6.4%	6.9%	25.0%	14.3%	16.7%	4.6%	5.6%	5.9%		25.0%	18.4%	9.8%	5.0%
						b						Ij		
Referral Specialist	6	4	-	-	1	-	-	5	-	-	-	1	5	1
	2.6%	2.8%			14.3%			5.6%				2.6%	2.6%	2.5%
Other	40	22	5	-	-	12	12	20	3	-	-	4	36	4
	17.2%	15.6%	17.2%			28.6%	18.5%	22.5%	17.6%			10.5%	18.7%	10.0%
						b		n						

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
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Q46. Overall satisfaction with WVFH?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	226	137	25	4	7	45	62	83	15	6	9	39	188	38
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	65	45	7	-	-	11	16	26	3	-	2	16	59	6
Very satisfied	115	69	14	1	4	23	28	45	9	2	3	21	93	22
	50.9%	50.4%	56.0%	25.0%	57.1%	51.1%	45.2%	54.2%	60.0%	33.3%	33.3%	53.8%	49.5%	57.9%
Somewhat satisfied	82	50	7	1	1	19	28	28	3	2	5	11	72	10
	36.3%	36.5%	28.0%	25.0%	14.3%	42.2%	45.2%	33.7%	20.0%	33.3%	55.6%	28.2%	38.3%	26.3%
						e	Kn				k			
Neither	20	12	2	1	2	3	6	7	2	1	1	3	16	4
	8.8%	8.8%	8.0%	25.0%	28.6%	6.7%	9.7%	8.4%	13.3%	16.7%	11.1%	7.7%	8.5%	10.5%
Somewhat dissatisfied	6	3	2	1	-	-	-	2	-	1	-	3	4	2
	2.7%	2.2%	8.0%	25.0%				2.4%		16.7%		7.7%	2.1%	5.3%
Very dissatisfied	3	3	-	-	-	-	-	1	1	-	-	1	3	-
	1.3%	2.2%						1.2%	6.7%			2.6%	1.6%	
Summary Rate - Very satisfied/Somewhat satisfied	197	119	21	2	5	42	56	73	12	4	8	32	165	32
	87.2%	86.9%	84.0%	50.0%	71.4%	93.3%	90.3%	88.0%	80.0%	66.7%	88.9%	82.1%	87.8%	84.2%
						d								

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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Q47. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

		AREA OF MEDICINE					PREFERRED METHOD OF COMMUNICATION						PROVIDER TYPE	
	Total	Prmry Care	OBGYN	Behav Hlth	Cardlo logy	Other	Letter	Fax	Newsletter	Website/ Prov Upd	Contact by Provider R	E-mail	PCP	Specialist
	(A)	(B)	(C)	(D)	(E)	(F)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)
Total	291	182	32	4	7	56	78	109	18	6	11	55	247	44
Total Answering	206	125	23	3	7	40	50	79	14	6	8	37	170	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	85	57	9	1	-	16	28	30	4	-	3	18	77	8
Yes	203	124	23	3	7	38	50	78	14	6	6	37	167	36
	98.5%	99.2%	100.0%	100.0%	100.0%	95.0%	100.0%	98.7%	100.0%	100.0%	75.0%	100.0%	98.2%	100.0% o
No	3	1	-	-	-	2	-	1	-	-	2	-	3	-
	1.5%	0.8%				5.0%		1.3%			25.0%		1.8%	

Comparison Groups: BCDEF/IJKLMN/OP
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

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A. Please indicate the area of medicine in which you practice.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	281	40	37	58	120	8
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	10	2	1	3	4	-
Primary Care	182	26	18	37	81	5
	64.8%	65.0%	48.6%	63.8%	67.5%	62.5%
					C	
Obstetrics and Gynecology	32	3	6	8	14	1
	11.4%	7.5%	16.2%	13.8%	11.7%	12.5%
Behavioral Health	4	-	-	1	2	-
	1.4%			1.7%	1.7%	
Oncology	7	-	2	3	2	-
	2.5%		5.4%	5.2%	1.7%	
Other Specialty	56	11	11	9	21	2
	19.9%	27.5%	29.7%	15.5%	17.5%	25.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

B. Your preferred method of communication regarding plan changes, updates and clinical information:

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	277	42	38	58	116	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	14	-	-	3	8	1
Letter/Postcard	78	14	7	13	35	2
	28.2%	33.3%	18.4%	22.4%	30.2%	28.6%
Fax	109	16	12	24	48	3
	39.4%	38.1%	31.6%	41.4%	41.4%	42.9%
Newsletter	18	1	2	9	4	1
	6.5%	2.4%	5.3%	15.5%	3.4%	14.3%
				BcE		
Website/Newsletter/ Provider Updates	6	5	-	1	-	-
	2.2%	11.9%		1.7%		
		d				
Contact by Provider Relations Representative	11	-	4	1	6	-
	4.0%		10.5%	1.7%	5.2%	
			d			
E-mail	55	6	13	10	23	1
	19.9%	14.3%	34.2%	17.2%	19.8%	14.3%
			Bde			

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
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C. How often do you utilize WVFH's website?

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	141	42	38	61	-	-
	100.0%	100.0%	100.0%	100.0%		
No Answer	18	-	-	-	-	-
At least once a day	42	42	-	-	-	-
	29.8%	100.0%				
At least once a week	38	-	38	-	-	-
	27.0%		100.0%			
At least once a month	61	-	-	61	-	-
	43.3%			100.0%		
I do not access WVFH's website	124	-	-	-	124	-
I do not have access to the internet	8	-	-	-	-	8

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	285	40	38	60	121	8
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	2	-	1	3	-
Always	194	29	32	35	81	5
	68.1%	72.5%	84.2%	58.3%	66.9%	62.5%
			DE			
Usually	18	3	2	8	5	-
	6.3%	7.5%	5.3%	13.3%	4.1%	
				e		
Sometimes	23	3	3	4	10	-
	8.1%	7.5%	7.9%	6.7%	8.3%	
Never	50	5	1	13	25	3
	17.5%	12.5%	2.6%	21.7%	20.7%	37.5%
		c		C	C	C
Summary Rate - Always/ Usually	212	32	34	43	86	5
	74.4%	80.0%	89.5%	71.7%	71.1%	62.5%
			DE			

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	276	37	37	59	117	8
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	15	5	1	2	7	-
Always	264	36	36	55	113	6
	95.7%	97.3%	97.3%	93.2%	96.6%	75.0%
Usually	5	1	1	2	1	-
	1.8%	2.7%	2.7%	3.4%	0.9%	
Sometimes	4	-	-	1	1	2
	1.4%			1.7%	0.9%	25.0%
Never	3	-	-	1	2	-
	1.1%			1.7%	1.7%	
Summary Rate - Always/	269	37	37	57	114	6
Usually	97.5%	100.0%	100.0%	96.6%	97.4%	75.0%
		e	e			

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	283	40	37	60	122	8
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	8	2	1	1	2	-
Always	265	38	34	55	115	7
	93.6%	95.0%	91.9%	91.7%	94.3%	87.5%
Usually	10	1	3	3	3	-
	3.5%	2.5%	8.1%	5.0%	2.5%	
Sometimes	4	1	-	1	2	-
	1.4%	2.5%		1.7%	1.6%	
Never	4	-	-	1	2	1
	1.4%			1.7%	1.6%	12.5%
Summary Rate - Always/ Usually	275	39	37	58	118	7
	97.2%	97.5%	100.0%	96.7%	96.7%	87.5%
			E			

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	216	32	26	41	96	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	31	4	4	7	12	1
Yes	191	30	23	35	83	5
	88.4%	93.8%	88.5%	85.4%	86.5%	83.3%
No	25	2	3	6	13	1
	11.6%	6.3%	11.5%	14.6%	13.5%	16.7%
Summary Rate - Yes	191	30	23	35	83	5
	88.4%	93.8%	88.5%	85.4%	86.5%	83.3%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	191	30	23	35	83	5
Total Answering	183	29	23	34	81	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	8	1	-	1	2	-
Yes	182	28	23	34	81	5
	99.5%	96.6%	100.0%	100.0%	100.0%	100.0%
No	1	1	-	-	-	-
	0.5%	3.4%				
Summary Rate - Yes	182	28	23	34	81	5
	99.5%	96.6%	100.0%	100.0%	100.0%	100.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	212	32	26	39	93	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	35	4	4	9	15	-
Yes	186	30	23	32	80	6
	87.7%	93.8%	88.5%	82.1%	86.0%	85.7%
No	26	2	3	7	13	1
	12.3%	6.3%	11.5%	17.9%	14.0%	14.3%
Summary Rate - Yes	186	30	23	32	80	6
	87.7%	93.8%	88.5%	82.1%	86.0%	85.7%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	186	30	23	32	80	6
Total Answering	184	30	23	31	79	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	-	-	1	1	-
Yes	184	30	23	31	79	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No	-	-	-	-	-	-
Summary Rate - Yes	184	30	23	31	79	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	181	27	26	34	77	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	66	9	4	14	31	2
Yes	142	24	22	23	59	4
	78.5%	88.9%	84.6%	67.6%	76.6%	80.0%
		D				
No	39	3	4	11	18	1
	21.5%	11.1%	15.4%	32.4%	23.4%	20.0%
				B		
Summary Rate - Yes	142	24	22	23	59	4
	78.5%	88.9%	84.6%	67.6%	76.6%	80.0%
		D				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	142	24	22	23	59	4
Total Answering	140	24	22	22	58	4
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	-	-	1	1	-
Yes	139	24	22	21	58	4
	99.3%	100.0%	100.0%	95.5%	100.0%	100.0%
No	1	-	-	1	-	-
	0.7%			4.5%		
Summary Rate - Yes	139	24	22	21	58	4
	99.3%	100.0%	100.0%	95.5%	100.0%	100.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	195	29	26	41	81	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	52	7	4	7	27	1
Yes	181	27	22	38	77	5
	92.8%	93.1%	84.6%	92.7%	95.1%	83.3%
No	14	2	4	3	4	1
	7.2%	6.9%	15.4%	7.3%	4.9%	16.7%
Summary Rate - Yes	181	27	22	38	77	5
	92.8%	93.1%	84.6%	92.7%	95.1%	83.3%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	181	27	22	38	77	5
Total Answering	178	27	22	36	76	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	-	-	2	1	-
Yes	176	27	22	36	74	5
	98.9%	100.0%	100.0%	100.0%	97.4%	100.0%
No	2	-	-	-	2	-
	1.1%				2.6%	
Summary Rate - Yes	176	27	22	36	74	5
	98.9%	100.0%	100.0%	100.0%	97.4%	100.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q8. PCPs ONLY - Do you receive information from your patient's treating behavioral health practitioners or providers?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	207	31	27	42	89	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	40	5	3	6	19	2
Always	67	14	7	15	26	-
	32.4%	45.2%	25.9%	35.7%	29.2%	
Usually	46	10	4	11	17	1
	22.2%	32.3%	14.8%	26.2%	19.1%	20.0%
Sometimes	69	5	10	11	36	2
	33.3%	16.1%	37.0%	26.2%	40.4%	40.0%
			b		Bd	
Never	25	2	6	5	10	2
	12.1%	6.5%	22.2%	11.9%	11.2%	40.0%
			b			
Summary Rate - Always/ Usually	113	24	11	26	43	1
	54.6%	77.4%	40.7%	61.9%	48.3%	20.0%
		CEF		cF		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q9. PCPs ONLY - When your patient has a co-existing medical and behavioral health disorder, are you satisfied with the accuracy, sufficiency, timeliness, frequency and clarity of the behavioral health treatment and follow-up information you receive from each of your patients' treating behavioral health practitioners or providers?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	197	28	27	41	83	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	50	8	3	7	25	1
Always	45	10	5	9	18	1
	22.8%	35.7%	18.5%	22.0%	21.7%	16.7%
Usually	77	10	13	16	30	2
	39.1%	35.7%	48.1%	39.0%	36.1%	33.3%
Sometimes	53	7	6	11	25	1
	26.9%	25.0%	22.2%	26.8%	30.1%	16.7%
Never	22	1	3	5	10	2
	11.2%	3.6%	11.1%	12.2%	12.0%	33.3%
					b	
Summary Rate - Always/ Usually	122	20	18	25	48	3
	61.9%	71.4%	66.7%	61.0%	57.8%	50.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q10. PCPs ONLY - As part of the initial medical assessment for patients 18 and older, do you include a nationally recognized Depression Screening, such as the PHQ-9, PHQ-2, Beck Inventory, or Zung Rating Scale?

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	178	21	24	39	75	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	69	15	6	9	33	1
Always	80	9	15	18	31	1
	44.9%	42.9%	62.5%	46.2%	41.3%	16.7%
			eF	f		
Usually	34	2	3	11	14	-
	19.1%	9.5%	12.5%	28.2%	18.7%	
				b		
Sometimes	37	7	1	6	17	3
	20.8%	33.3%	4.2%	15.4%	22.7%	50.0%
		C			C	C
Never	27	3	5	4	13	2
	15.2%	14.3%	20.8%	10.3%	17.3%	33.3%
Summary Rate - Always/ Usually	114	11	18	29	45	1
	64.0%	52.4%	75.0%	74.4%	60.0%	16.7%
		f	F	bF	F	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	44	6	8	13	16	1
Total Answering	40	6	7	12	14	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	-	1	1	2	-
Yes	34	5	7	10	12	-
	85.0%	83.3%	100.0%	83.3%	85.7%	
No	6	1	-	2	2	1
	15.0%	16.7%		16.7%	14.3%	100.0%
						BDE
Summary Rate - Yes	34	5	7	10	12	-
	85.0%	83.3%	100.0%	83.3%	85.7%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	199	34	32	46	71	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	35	8	3	6	12	-
Excellent	45	9	8	11	14	2
	22.6%	26.5%	25.0%	23.9%	19.7%	33.3%
Very good	83	9	9	25	33	-
	41.7%	26.5%	28.1%	54.3%	46.5%	
				BC	Bc	
Good	57	16	12	9	17	2
	28.6%	47.1%	37.5%	19.6%	23.9%	33.3%
		DE	d			
Fair	8	-	1	1	4	1
	4.0%		3.1%	2.2%	5.6%	16.7%
Poor	6	-	2	-	3	1
	3.0%		6.3%		4.2%	16.7%
N/A	57	-	3	9	41	2
Summary Rate - Excellent/	185	34	29	45	64	4
Very good/Good	93.0%	100.0%	90.6%	97.8%	90.1%	66.7%
		cEf		e		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	198	35	33	44	69	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	7	4	4	14	-
Excellent	34	9	5	6	13	-
	17.2%	25.7%	15.2%	13.6%	18.8%	
Very good	82	9	11	24	30	2
	41.4%	25.7%	33.3%	54.5%	43.5%	33.3%
				Bc	b	
Good	70	17	16	11	21	3
	35.4%	48.6%	48.5%	25.0%	30.4%	50.0%
		De	De			
Fair	9	-	1	2	4	-
	4.5%		3.0%	4.5%	5.8%	
Poor	3	-	-	1	1	1
	1.5%			2.3%	1.4%	16.7%
N/A	59	-	1	13	41	2
Summary Rate - Excellent/	186	35	32	41	64	5
Very good/Good	93.9%	100.0%	97.0%	93.2%	92.8%	83.3%
		dE				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	195	33	31	47	68	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	8	4	3	14	-
Excellent	40	7	8	9	14	1
	20.5%	21.2%	25.8%	19.1%	20.6%	20.0%
Very good	78	11	8	24	29	1
	40.0%	33.3%	25.8%	51.1%	42.6%	20.0%
				C	c	
Good	65	15	13	11	21	2
	33.3%	45.5%	41.9%	23.4%	30.9%	40.0%
		D	d			
Fair	10	-	2	2	4	-
	5.1%		6.5%	4.3%	5.9%	
Poor	2	-	-	1	-	1
	1.0%			2.1%		20.0%
N/A	62	1	3	11	42	3
Summary Rate - Excellent/	183	33	29	44	64	4
Very good/Good	93.8%	100.0%	93.5%	93.6%	94.1%	80.0%
		dE				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	203	33	33	48	73	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	7	4	3	15	-
Excellent	41	9	7	8	15	-
	20.2%	27.3%	21.2%	16.7%	20.5%	
Very good	79	10	9	26	28	1
	38.9%	30.3%	27.3%	54.2%	38.4%	20.0%
				BCef		
Good	67	14	14	10	23	3
	33.0%	42.4%	42.4%	20.8%	31.5%	60.0%
		D	D			d
Fair	10	-	3	2	4	-
	4.9%		9.1%	4.2%	5.5%	
Poor	6	-	-	2	3	1
	3.0%			4.2%	4.1%	20.0%
N/A	54	2	1	10	36	3
Summary Rate - Excellent/	187	33	30	44	66	4
Very good/Good	92.1%	100.0%	90.9%	91.7%	90.4%	80.0%
		cDE				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q17. Quality of written communications, policy bulletins, website material, and manuals.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	221	35	32	55	82	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	31	7	4	2	12	1
Excellent	38	7	8	9	11	1
	17.2%	20.0%	25.0%	16.4%	13.4%	20.0%
Very good	82	13	8	24	31	1
	37.1%	37.1%	25.0%	43.6%	37.8%	20.0%
				c		
Good	78	15	11	18	28	2
	35.3%	42.9%	34.4%	32.7%	34.1%	40.0%
Fair	17	-	2	4	10	1
	7.7%		6.3%	7.3%	12.2%	20.0%
Poor	6	-	3	-	2	-
	2.7%		9.4%		2.4%	
N/A	39	-	2	4	30	2
Summary Rate - Excellent/	198	35	27	51	70	4
Very good/Good	89.6%	100.0%	84.4%	92.7%	85.4%	80.0%
		CDE				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q18. Consistency of Provider Services Representatives' answer to inquiries.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	209	35	30	53	75	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	6	5	4	14	-
Excellent	30	8	6	5	10	-
	14.4%	22.9%	20.0%	9.4%	13.3%	
		d				
Very good	69	9	4	21	27	3
	33.0%	25.7%	13.3%	39.6%	36.0%	50.0%
				C	C	c
Good	87	17	15	18	31	3
	41.6%	48.6%	50.0%	34.0%	41.3%	50.0%
Fair	21	1	5	7	7	-
	10.0%	2.9%	16.7%	13.2%	9.3%	
			b	b		
Poor	2	-	-	2	-	-
	1.0%			3.8%		
N/A	46	1	3	4	35	2
Summary Rate - Excellent/ Very good/Good	186	34	25	44	68	6
	89.0%	97.1%	83.3%	83.0%	90.7%	100.0%
		cD				CDE

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

	Total	========== WVFH WEBSITE UTILIZATION ========== Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	210	34	32	53	74	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	7	4	4	15	-
Excellent	32	8	5	5	10	1
	15.2%	23.5%	15.6%	9.4%	13.5%	16.7%
		d				
Very good	74	10	8	20	30	3
	35.2%	29.4%	25.0%	37.7%	40.5%	50.0%
Good	88	16	15	23	27	2
	41.9%	47.1%	46.9%	43.4%	36.5%	33.3%
Fair	14	-	4	4	6	-
	6.7%		12.5%	7.5%	8.1%	
Poor	2	-	-	1	1	-
	1.0%			1.9%	1.4%	
N/A	45	1	2	4	35	2
Summary Rate - Excellent/	194	34	28	48	67	6
Very good/Good	92.4%	100.0%	87.5%	90.6%	90.5%	100.0%
		CDE				CDE

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q20. The professionalism and courtesy of the Provider Services Representative.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	215	34	33	52	78	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	7	4	4	15	-
Excellent	45	10	8	8	14	2
	20.9%	29.4%	24.2%	15.4%	17.9%	28.6%
Very good	78	10	11	20	30	2
	36.3%	29.4%	33.3%	38.5%	38.5%	28.6%
Good	81	13	12	23	28	2
	37.7%	38.2%	36.4%	44.2%	35.9%	28.6%
Fair	11	1	2	1	6	1
	5.1%	2.9%	6.1%	1.9%	7.7%	14.3%
Poor	-	-	-	-	-	-
N/A	40	1	1	5	31	1
Summary Rate - Excellent/	204	33	31	51	72	6
Very good/Good	94.9%	97.1%	93.9%	98.1%	92.3%	85.7%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q21. Timeliness of Provider Services Staff when responding to inquiries.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	217	34	32	54	79	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	39	7	5	4	17	-
Excellent	34	6	6	7	13	-
	15.7%	17.6%	18.8%	13.0%	16.5%	
Very good	67	11	6	17	27	1
	30.9%	32.4%	18.8%	31.5%	34.2%	16.7%
					c	
Good	87	14	14	23	28	4
	40.1%	41.2%	43.8%	42.6%	35.4%	66.7%
Fair	26	3	6	5	10	1
	12.0%	8.8%	18.8%	9.3%	12.7%	16.7%
Poor	3	-	-	2	1	-
	1.4%			3.7%	1.3%	
N/A	35	1	1	3	28	2
Summary Rate - Excellent/ Very good/Good	188	31	26	47	68	5
	86.6%	91.2%	81.3%	87.0%	86.1%	83.3%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q22. Your satisfaction with clean claims being processed consistently.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	214	34	28	54	80	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	8	6	4	20	-
Excellent	29	6	5	6	10	-
	13.6%	17.6%	17.9%	11.1%	12.5%	
Very good	63	9	10	16	22	1
	29.4%	26.5%	35.7%	29.6%	27.5%	14.3%
Good	91	16	8	25	35	4
	42.5%	47.1%	28.6%	46.3%	43.8%	57.1%
Fair	27	3	5	5	11	2
	12.6%	8.8%	17.9%	9.3%	13.8%	28.6%
Poor	4	-	-	2	2	-
	1.9%			3.7%	2.5%	
N/A	33	-	4	3	24	1
Summary Rate - Excellent/	183	31	23	47	67	5
Very good/Good	85.5%	91.2%	82.1%	87.0%	83.8%	71.4%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q23. Your satisfaction with clean claims being paid in a timely manner.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	207	30	28	54	79	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	42	8	6	4	18	-
Excellent	29	6	6	6	10	1
	14.0%	20.0%	21.4%	11.1%	12.7%	16.7%
Very good	59	7	5	15	25	1
	28.5%	23.3%	17.9%	27.8%	31.6%	16.7%
Good	92	16	12	25	34	2
	44.4%	53.3%	42.9%	46.3%	43.0%	33.3%
Fair	24	1	5	8	7	2
	11.6%	3.3%	17.9%	14.8%	8.9%	33.3%
			b	B		
Poor	3	-	-	-	3	-
	1.4%				3.8%	
N/A	42	4	4	3	27	2
Summary Rate - Excellent/	180	29	23	46	69	4
Very good/Good	87.0%	96.7%	82.1%	85.2%	87.3%	66.7%
		cDe				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24. Your overall satisfaction with the claims review and/or appeals process.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	198	31	28	48	76	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	8	6	6	20	-
Excellent	27	5	6	5	11	-
	13.6%	16.1%	21.4%	10.4%	14.5%	
Very good	49	8	4	14	19	-
	24.7%	25.8%	14.3%	29.2%	25.0%	
Good	82	15	9	20	31	4
	41.4%	48.4%	32.1%	41.7%	40.8%	66.7%
Fair	32	3	7	6	14	1
	16.2%	9.7%	25.0%	12.5%	18.4%	16.7%
Poor	8	-	2	3	1	1
	4.0%		7.1%	6.3%	1.3%	16.7%
N/A	47	3	4	7	28	2
Summary Rate - Excellent/	158	28	19	39	61	4
Very good/Good	79.8%	90.3%	67.9%	81.3%	80.3%	66.7%
		C				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24A. If dissatisfied, in what area are you dissatisfied?

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	========== WVFH WEBSITE UTILIZATION ==========					
	(A)	(B)	(C)	(D)	(E)	(F)
Total	40	3	9	9	15	2
Total Answering	23	2	7	6	7	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	17	1	2	3	8	2
Claims Review	10	-	3	1	5	-
	43.5%		42.9%	16.7%	71.4%	
					D	
Appeals process	13	2	4	5	2	-
	56.5%	100.0%	57.1%	83.3%	28.6%	
		CE		E		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24B. Why the dissatisfaction?

		========== WVFH WEBSITE UTILIZATION ==========				
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	40	3	9	9	15	2
Total Answering	27	3	7	6	9	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	13	-	2	3	6	1
Timeliness	4	1	-	-	2	-
	14.8%	33.3%			22.2%	
Consistency	2	1	-	-	1	-
	7.4%	33.3%			11.1%	
Outcome	13	1	4	4	4	-
	48.1%	33.3%	57.1%	66.7%	44.4%	
Other	8	-	3	2	2	1
	29.6%		42.9%	33.3%	22.2%	100.0%
						CDE

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	204	34	29	47	78	4
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	55	7	5	9	26	2
Yes	200	33	29	46	76	4
	98.0%	97.1%	100.0%	97.9%	97.4%	100.0%
No	4	1	-	1	2	-
	2.0%	2.9%		2.1%	2.6%	
N/A	32	1	4	5	20	2
Summary Rate - Yes	200	33	29	46	76	4
	98.0%	97.1%	100.0%	97.9%	97.4%	100.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q26. Your knowledge of which services require an authorization.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	236	33	32	55	98	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	40	7	6	4	17	-
Excellent	35	7	3	5	13	3
	14.8%	21.2%	9.4%	9.1%	13.3%	42.9%
						cd
Very good	65	13	4	19	24	2
	27.5%	39.4%	12.5%	34.5%	24.5%	28.6%
		C		C	c	
Good	100	13	17	22	44	1
	42.4%	39.4%	53.1%	40.0%	44.9%	14.3%
			F	f	F	
Fair	29	-	5	9	14	1
	12.3%		15.6%	16.4%	14.3%	14.3%
Poor	7	-	3	-	3	-
	3.0%		9.4%		3.1%	
N/A	15	2	-	2	9	1
Summary Rate - Excellent/ Very good/Good	200	33	24	46	81	6
	84.7%	100.0%	75.0%	83.6%	82.7%	85.7%
		CDE				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q27. UM staff's clinical knowledge.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	220	32	30	51	88	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	8	5	6	19	-
Excellent	34	5	5	5	14	3
	15.5%	15.6%	16.7%	9.8%	15.9%	42.9% d
Very good	56	12	4	15	18	1
	25.5%	37.5% Ce	13.3%	29.4% c	20.5%	14.3%
Good	109	13	17	25	47	3
	49.5%	40.6%	56.7%	49.0%	53.4%	42.9%
Fair	15	2	3	5	5	-
	6.8%	6.3%	10.0%	9.8%	5.7%	
Poor	6	-	1	1	4	-
	2.7%		3.3%	2.0%	4.5%	
N/A	27	2	3	4	17	1
Summary Rate - Excellent/ Very good/Good	199	30	26	45	79	7
	90.5%	93.8%	86.7%	88.2%	89.8%	100.0% CDE

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q28. UM staff's consistency in the authorization process.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	222	32	30	52	89	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	8	6	5	21	-
Excellent	36	6	5	6	13	2
	16.2%	18.8%	16.7%	11.5%	14.6%	28.6%
Very good	56	12	5	16	18	1
	25.2%	37.5%	16.7%	30.8%	20.2%	14.3%
		ce				
Good	101	13	12	22	46	4
	45.5%	40.6%	40.0%	42.3%	51.7%	57.1%
Fair	22	1	6	8	7	-
	9.9%	3.1%	20.0%	15.4%	7.9%	
			B	B		
Poor	7	-	2	-	5	-
	3.2%		6.7%		5.6%	
N/A	23	2	2	4	14	1
Summary Rate - Excellent/	193	31	22	44	77	7
Very good/Good	86.9%	96.9%	73.3%	84.6%	86.5%	100.0%
		CDE				CDE

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q29. Physician reviewer's decision-making is clearly communicated by WVFH.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	216	31	31	48	88	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	8	5	5	21	-
Excellent	34	5	6	6	11	2
	15.7%	16.1%	19.4%	12.5%	12.5%	28.6%
Very good	56	11	6	14	22	1
	25.9%	35.5%	19.4%	29.2%	25.0%	14.3%
Good	104	14	15	25	42	4
	48.1%	45.2%	48.4%	52.1%	47.7%	57.1%
Fair	15	1	3	2	8	-
	6.9%	3.2%	9.7%	4.2%	9.1%	
Poor	7	-	1	1	5	-
	3.2%		3.2%	2.1%	5.7%	
N/A	30	3	2	8	15	1
Summary Rate - Excellent/	194	30	27	45	75	7
Very good/Good	89.8%	96.8%	87.1%	93.8%	85.2%	100.0%
		E		e		CdE

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q30. Professionalism/courtesy of the UM staff representative.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	217	32	29	49	90	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	8	6	5	19	1
Excellent	45	7	9	7	15	2
	20.7%	21.9%	31.0%	14.3%	16.7%	33.3%
			d			
Very good	68	12	8	18	26	1
	31.3%	37.5%	27.6%	36.7%	28.9%	16.7%
Good	94	12	11	22	44	3
	43.3%	37.5%	37.9%	44.9%	48.9%	50.0%
Fair	8	1	1	1	4	-
	3.7%	3.1%	3.4%	2.0%	4.4%	
Poor	2	-	-	1	1	-
	0.9%			2.0%	1.1%	
N/A	29	2	3	7	15	1
Summary Rate - Excellent/ Very good/Good	207	31	28	47	85	6
	95.4%	96.9%	96.6%	95.9%	94.4%	100.0%
						E

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q31. Your overall satisfaction with the UM process.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	222	31	30	52	92	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	9	5	5	19	1
Excellent	34	6	7	7	11	1
	15.3%	19.4%	23.3%	13.5%	12.0%	20.0%
Very good	65	10	6	17	26	2
	29.3%	32.3%	20.0%	32.7%	28.3%	40.0%
Good	94	14	12	20	41	2
	42.3%	45.2%	40.0%	38.5%	44.6%	40.0%
Fair	21	1	5	6	8	-
	9.5%	3.2%	16.7%	11.5%	8.7%	
			b			
Poor	8	-	-	2	6	-
	3.6%			3.8%	6.5%	
N/A	24	2	3	4	13	2
Summary Rate - Excellent/	193	30	25	44	78	5
Very good/Good	86.9%	96.8%	83.3%	84.6%	84.8%	100.0%
		cDE				CDE

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	218	33	30	51	87	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	48	8	5	6	22	1
Yes	211	31	30	49	84	5
	96.8%	93.9%	100.0%	96.1%	96.6%	100.0%
			e			e
No	7	2	-	2	3	-
	3.2%	6.1%		3.9%	3.4%	
N/A	25	1	3	4	15	2
Summary Rate - Yes	211	31	30	49	84	5
	96.8%	93.9%	100.0%	96.1%	96.6%	100.0%
			e			e

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q33. Your knnowledge of which services require a referral.

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	208	31	28	49	83	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	49	9	5	6	22	1
Yes	192	28	27	43	78	4
	92.3%	90.3%	96.4%	87.8%	94.0%	80.0%
No	16	3	1	6	5	1
	7.7%	9.7%	3.6%	12.2%	6.0%	20.0%
N/A	34	2	5	6	19	2
Summary Rate - Yes	192	28	27	43	78	4
	92.3%	90.3%	96.4%	87.8%	94.0%	80.0%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q34. PCPs Only - The ease of generating a referral through Digital Voice Assistant (DIVA).

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	114	18	19	22	44	2
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	56	8	6	9	25	2
Excellent	11	3	2	2	4	-
	9.6%	16.7%	10.5%	9.1%	9.1%	
Very good	29	2	4	7	13	-
	25.4%	11.1%	21.1%	31.8%	29.5%	
				b	b	
Good	44	10	7	9	15	-
	38.6%	55.6%	36.8%	40.9%	34.1%	
Fair	25	3	6	4	9	1
	21.9%	16.7%	31.6%	18.2%	20.5%	50.0%
Poor	5	-	-	-	3	1
	4.4%				6.8%	50.0%
N/A	77	10	5	17	39	3
Summary Rate - Excellent/ Very good/Good	84	15	13	18	32	-
	73.7%	83.3%	68.4%	81.8%	72.7%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	49	6	8	13	20	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	78	12	11	10	34	2
Yes	47	6	8	13	18	-
	95.9%	100.0%	100.0%	100.0%	90.0%	
No	2	-	-	-	2	-
	4.1%				10.0%	
N/A	120	18	11	25	54	5
Summary Rate - Yes	47	6	8	13	18	-
	95.9%	100.0%	100.0%	100.0%	90.0%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	61	8	12	15	23	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	81	15	10	10	35	2
Yes	59	8	12	14	22	-
	96.7%	100.0%	100.0%	93.3%	95.7%	
No	2	-	-	1	1	-
	3.3%			6.7%	4.3%	
N/A	105	13	8	23	50	5
Summary Rate - Yes	59	8	12	14	22	-
	96.7%	100.0%	100.0%	93.3%	95.7%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	52	8	9	14	19	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	77	11	11	10	33	2
Yes	49	8	9	14	17	-
	94.2%	100.0%	100.0%	100.0%	89.5%	
No	3	-	-	-	2	-
	5.8%				10.5%	
N/A	118	17	10	24	56	5
Summary Rate - Yes	49	8	9	14	17	-
	94.2%	100.0%	100.0%	100.0%	89.5%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	53	8	11	12	20	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	74	10	9	10	34	2
Yes	51	8	11	12	19	-
	96.2%	100.0%	100.0%	100.0%	95.0%	
No	2	-	-	-	1	-
	3.8%				5.0%	
N/A	120	18	10	26	54	5
Summary Rate - Yes	51	8	11	12	19	-
	96.2%	100.0%	100.0%	100.0%	95.0%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	========== WVFH WEBSITE UTILIZATION ==========					
	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	283	42	36	57	122	8
Total Answering	40	9	5	10	14	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	93	11	16	20	34	4
Yes	37	9	5	10	12	-
	92.5%	100.0%	100.0%	100.0%	85.7%	
No	3	-	-	-	2	1
	7.5%				14.3%	100.0%
						E
N/A	150	22	15	27	74	3
Summary Rate - Yes	37	9	5	10	12	-
	92.5%	100.0%	100.0%	100.0%	85.7%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	247	36	30	48	108	7
Total Answering	104	14	14	23	47	-
	100.0%	100.0%	100.0%	100.0%	100.0%	
No Answer	70	9	10	14	28	2
Excellent	21	5	1	5	7	-
	20.2%	35.7%	7.1%	21.7%	14.9%	
		C				
Very good	31	4	2	12	12	-
	29.8%	28.6%	14.3%	52.2%	25.5%	
				CE		
Good	45	5	9	6	23	-
	43.3%	35.7%	64.3%	26.1%	48.9%	
			D		d	
Fair	7	-	2	-	5	-
	6.7%		14.3%		10.6%	
Poor	-	-	-	-	-	-
N/A	73	13	6	11	33	5
Summary Rate - Excellent/ Very good/Good	97	14	12	23	42	-
	93.3%	100.0%	85.7%	100.0%	89.4%	
		E		E		

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q41. Consistency across all departments at WVFH is:

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	========== WVFH WEBSITE UTILIZATION ==========					
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	199	29	27	49	81	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	53	8	8	8	22	1
Very consistent	109	20	17	27	40	1
	54.8%	69.0%	63.0%	55.1%	49.4%	20.0%
		eF	F	f		
Somewhat consistent	84	9	9	20	38	4
	42.2%	31.0%	33.3%	40.8%	46.9%	80.0%
						BCDe
Not consistent	6	-	1	2	3	-
	3.0%		3.7%	4.1%	3.7%	
N/A	39	5	3	4	21	2
Summary Rate - Very consistent/Somewhat consistent	193	29	26	47	78	5
	97.0%	100.0%	96.3%	95.9%	96.3%	100.0%
		e				e

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q42. Would you recommend WVFH to other physicians' practices?

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
		========== WVFH WEBSITE UTILIZATION ==========				
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	233	34	31	54	95	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	8	7	7	29	1
Definitely yes	80	13	13	18	31	1
	34.3%	38.2%	41.9%	33.3%	32.6%	14.3%
			f			
Probably yes	137	19	16	34	54	6
	58.8%	55.9%	51.6%	63.0%	56.8%	85.7%
						bCE
Probably not	12	2	1	-	9	-
	5.2%	5.9%	3.2%		9.5%	
Definitely not	4	-	1	2	1	-
	1.7%		3.2%	3.7%	1.1%	
Summary Rate - Definitely yes/Probably yes	217	32	29	52	85	7
	93.1%	94.1%	93.5%	96.3%	89.5%	100.0%
				e		E

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q43. Please mark who is completing this survey. (Mark only one)

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	233	32	30	55	99	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	10	8	6	25	1
Practitioner	14	1	2	4	7	-
	6.0%	3.1%	6.7%	7.3%	7.1%	
Office Manager	152	22	17	36	66	3
	65.2%	68.8%	56.7%	65.5%	66.7%	42.9%
Billing Coordinator	21	1	6	7	6	1
	9.0%	3.1%	20.0%	12.7%	6.1%	14.3%
			Be	b		
Referral Specialist	6	1	1	1	3	-
	2.6%	3.1%	3.3%	1.8%	3.0%	
Other	40	7	4	7	17	3
	17.2%	21.9%	13.3%	12.7%	17.2%	42.9%

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q46. Overall satisfaction with WVFH?

	Total	========== WVFH WEBSITE UTILIZATION ========== Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	226	32	29	50	96	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	65	10	9	11	28	1
Very satisfied	115	21	17	26	42	1
	50.9%	65.6%	58.6%	52.0%	43.8%	14.3%
		EF	F	F	F	
Somewhat satisfied	82	9	9	14	41	5
	36.3%	28.1%	31.0%	28.0%	42.7%	71.4%
					d	BCD
Neither	20	2	1	6	10	1
	8.8%	6.3%	3.4%	12.0%	10.4%	14.3%
Somewhat dissatisfied	6	-	1	2	3	-
	2.7%		3.4%	4.0%	3.1%	
Very dissatisfied	3	-	1	2	-	-
	1.3%		3.4%	4.0%		
Summary Rate - Very satisfied/Somewhat satisfied	197	30	26	40	83	6
	87.2%	93.8%	89.7%	80.0%	86.5%	85.7%
		d				

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q47. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

========== WVFH WEBSITE UTILIZATION ==========

	Total	Once a Day	Once a Week	Once a Month	Do not access web	Do not have access
	(A)	(B)	(C)	(D)	(E)	(F)
Total	291	42	38	61	124	8
Total Answering	206	27	26	49	91	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	85	15	12	12	33	3
Yes	203	27	25	49	89	5
	98.5%	100.0%	96.2%	100.0%	97.8%	100.0%
No	3	-	1	-	2	-
	1.5%		3.8%		2.2%	

Comparison Groups: BCDEF
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

A. Please indicate the area of medicine in which you practice.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	281	27	17	17	13	13	13	11	170
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	10	-	1	-	-	-	-	1	8
Primary Care	182	13	9	8	10	9	9	6	118
	64.8%	48.1%	52.9%	47.1%	76.9%	69.2%	69.2%	54.5%	69.4%
Obstetrics and Gynecology	32	5	3	6	3	3	1	-	11
	11.4%	18.5%	17.6%	35.3%	23.1%	23.1%	7.7%		6.5%
Behavioral Health	4	-	1	1	-	-	-	1	1
	1.4%		5.9%	5.9%				9.1%	0.6%
Oncology	7	3	-	-	-	1	1	-	2
	2.5%	11.1%				7.7%	7.7%		1.2%
Other Specialty	56	6	4	2	-	-	2	4	38
	19.9%	22.2%	23.5%	11.8%			15.4%	36.4%	22.4%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

B. Your preferred method of communication regarding plan changes, updates and clinical information:

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	277	27	17	16	11	13	11	12	170
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	14	-	1	1	2	-	2	-	8
Letter/Postcard	78	14	4	2	1	3	8	3	43
	28.2%	51.9%	23.5%	12.5%	9.1%	23.1%	72.7%	25.0%	25.3%
Fax	109	7	8	7	4	4	2	6	71
	39.4%	25.9%	47.1%	43.8%	36.4%	30.8%	18.2%	50.0%	41.8%
Newsletter	18	1	-	-	5	2	-	1	9
	6.5%	3.7%			45.5%	15.4%		8.3%	5.3%
Website/Newsletter/ Provider Updates	6	-	-	1	-	-	-	1	4
	2.2%			6.3%				8.3%	2.4%
Contact by Provider Relations Representative	11	-	-	2	-	-	-	-	9
	4.0%			12.5%					5.3%
E-mail	55	5	5	4	1	4	1	1	34
	19.9%	18.5%	29.4%	25.0%	9.1%	30.8%	9.1%	8.3%	20.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

C. How often do you utilize WVFH's website?

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	141	16	11	9	8	4	9	5	79
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	18	1	-	1	-	2	2	-	12
At least once a day	42	8	2	2	1	-	2	3	24
	29.8%	50.0%	18.2%	22.2%	12.5%		22.2%	60.0%	30.4%
At least once a week	38	1	2	3	1	4	3	2	22
	27.0%	6.3%	18.2%	33.3%	12.5%	100.0%	33.3%	40.0%	27.8%
At least once a month	61	7	7	4	6	-	4	-	33
	43.3%	43.8%	63.6%	44.4%	75.0%		44.4%		41.8%
I do not access WVFH's website	124	10	7	7	5	7	2	7	79
I do not have access to the internet	8	-	-	-	-	-	-	-	8

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	285	26	17	17	13	13	12	12	175
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	1	1	-	-	-	1	-	3
Always	194	20	11	16	8	8	7	10	114
	68.1%	76.9%	64.7%	94.1%	61.5%	61.5%	58.3%	83.3%	65.1%
Usually	18	2	-	-	-	-	1	-	15
	6.3%	7.7%					8.3%		8.6%
Sometimes	23	3	1	-	3	2	2	1	11
	8.1%	11.5%	5.9%		23.1%	15.4%	16.7%	8.3%	6.3%
Never	50	1	5	1	2	3	2	1	35
	17.5%	3.8%	29.4%	5.9%	15.4%	23.1%	16.7%	8.3%	20.0%
Summary Rate - Always/ Usually	212	22	11	16	8	8	8	10	129
	74.4%	84.6%	64.7%	94.1%	61.5%	61.5%	66.7%	83.3%	73.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	276	24	15	17	13	13	12	12	170
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	15	3	3	-	-	-	1	-	8
Always	264	24	14	17	13	13	11	12	160
	95.7%	100.0%	93.3%	100.0%	100.0%	100.0%	91.7%	100.0%	94.1%
Usually	5	-	-	-	-	-	1	-	4
	1.8%						8.3%		2.4%
Sometimes	4	-	-	-	-	-	-	-	4
	1.4%								2.4%
Never	3	-	1	-	-	-	-	-	2
	1.1%		6.7%						1.2%
Summary Rate - Always/ Usually	269	24	14	17	13	13	12	12	164
	97.5%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	96.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	283	26	16	17	13	13	13	12	173
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	8	1	2	-	-	-	-	-	5
Always	265	25	14	17	12	13	12	12	160
	93.6%	96.2%	87.5%	100.0%	92.3%	100.0%	92.3%	100.0%	92.5%
Usually	10	1	1	-	-	-	1	-	7
	3.5%	3.8%	6.3%				7.7%		4.0%
Sometimes	4	-	-	-	1	-	-	-	3
	1.4%				7.7%				1.7%
Never	4	-	1	-	-	-	-	-	3
	1.4%		6.3%						1.7%
Summary Rate - Always/ Usually	275	26	15	17	12	13	13	12	167
	97.2%	100.0%	93.8%	100.0%	92.3%	100.0%	100.0%	100.0%	96.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	216	18	14	10	9	7	10	11	137
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	31	1	-	1	-	3	1	-	25
Yes	191	16	10	8	8	7	10	10	122
	88.4%	88.9%	71.4%	80.0%	88.9%	100.0%	100.0%	90.9%	89.1%
No	25	2	4	2	1	-	-	1	15
	11.6%	11.1%	28.6%	20.0%	11.1%			9.1%	10.9%
Summary Rate - Yes	191	16	10	8	8	7	10	10	122
	88.4%	88.9%	71.4%	80.0%	88.9%	100.0%	100.0%	90.9%	89.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	191	16	10	8	8	7	10	10	122
Total Answering	183	15	9	8	8	6	9	10	118
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	8	1	1	-	-	1	1	-	4
Yes	182	15	9	8	8	6	9	10	117
	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%
No	1	-	-	-	-	-	-	-	1
	0.5%								0.8%
Summary Rate - Yes	182	15	9	8	8	6	9	10	117
	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	212	19	11	9	9	8	9	11	136
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	35	-	3	2	-	2	2	-	26
Yes	186	16	7	8	9	8	9	11	118
	87.7%	84.2%	63.6%	88.9%	100.0%	100.0%	100.0%	100.0%	86.8%
No	26	3	4	1	-	-	-	-	18
	12.3%	15.8%	36.4%	11.1%					13.2%
Summary Rate - Yes	186	16	7	8	9	8	9	11	118
	87.7%	84.2%	63.6%	88.9%	100.0%	100.0%	100.0%	100.0%	86.8%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	186	16	7	8	9	8	9	11	118
Total Answering	184	16	6	8	9	8	9	11	117
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	-	1	-	-	-	-	-	1
Yes	184	16	6	8	9	8	9	11	117
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No	-	-	-	-	-	-	-	-	-
Summary Rate - Yes	184	16	6	8	9	8	9	11	117
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	181	16	9	9	4	6	7	9	121
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	66	3	5	2	5	4	4	2	41
Yes	142	12	6	9	2	5	7	7	94
	78.5%	75.0%	66.7%	100.0%	50.0%	83.3%	100.0%	77.8%	77.7%
No	39	4	3	-	2	1	-	2	27
	21.5%	25.0%	33.3%		50.0%	16.7%		22.2%	22.3%
Summary Rate - Yes	142	12	6	9	2	5	7	7	94
	78.5%	75.0%	66.7%	100.0%	50.0%	83.3%	100.0%	77.8%	77.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	142	12	6	9	2	5	7	7	94
Total Answering	140	12	6	9	2	5	7	7	92
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	-	-	-	-	-	-	-	2
Yes	139	12	6	9	2	5	7	7	91
	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%
No	1	-	-	-	-	-	-	-	1
	0.7%								1.1%
Summary Rate - Yes	139	12	6	9	2	5	7	7	91
	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	195	16	11	9	8	7	9	9	126
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	52	3	3	2	1	3	2	2	36
Yes	181	13	9	9	8	7	9	9	117
	92.8%	81.3%	81.8%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%
No	14	3	2	-	-	-	-	-	9
	7.2%	18.8%	18.2%						7.1%
Summary Rate - Yes	181	13	9	9	8	7	9	9	117
	92.8%	81.3%	81.8%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	181	13	9	9	8	7	9	9	117
Total Answering	178	13	8	9	8	7	9	9	115
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	-	1	-	-	-	-	-	2
Yes	176	13	8	9	8	6	9	9	114
	98.9%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	99.1%
No	2	-	-	-	-	1	-	-	1
	1.1%					14.3%			0.9%
Summary Rate - Yes	176	13	8	9	8	6	9	9	114
	98.9%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	99.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q8. PCPs ONLY - Do you receive information from your patient’s treating behavioral health practitioners or providers?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	207	19	13	10	7	8	9	10	131
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	40	-	1	1	2	2	2	1	31
Always	67	4	2	3	1	2	5	4	46
	32.4%	21.1%	15.4%	30.0%	14.3%	25.0%	55.6%	40.0%	35.1%
Usually	46	5	1	5	3	-	3	1	28
	22.2%	26.3%	7.7%	50.0%	42.9%		33.3%	10.0%	21.4%
Sometimes	69	6	8	1	1	6	1	5	41
	33.3%	31.6%	61.5%	10.0%	14.3%	75.0%	11.1%	50.0%	31.3%
Never	25	4	2	1	2	-	-	-	16
	12.1%	21.1%	15.4%	10.0%	28.6%				12.2%
Summary Rate - Always/ Usually	113	9	3	8	4	2	8	5	74
	54.6%	47.4%	23.1%	80.0%	57.1%	25.0%	88.9%	50.0%	56.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q9. PCPs ONLY - When your patient has a co-existing medical and behavioral health disorder, are you satisfied with the accuracy, sufficiency, timeliness, frequency and clarity of the behavioral health treatment and follow-up information you receive from each of your patients' treating behavioral health practitioners or providers?

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	197	17	12	8	8	7	9	8	128
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	50	2	2	3	1	3	2	3	34
Always	45	2	2	3	1	3	3	3	28
	22.8%	11.8%	16.7%	37.5%	12.5%	42.9%	33.3%	37.5%	21.9%
Usually	77	10	2	3	6	1	5	2	48
	39.1%	58.8%	16.7%	37.5%	75.0%	14.3%	55.6%	25.0%	37.5%
Sometimes	53	4	6	2	-	3	1	3	34
	26.9%	23.5%	50.0%	25.0%		42.9%	11.1%	37.5%	26.6%
Never	22	1	2	-	1	-	-	-	18
	11.2%	5.9%	16.7%		12.5%				14.1%
Summary Rate - Always/ Usually	122	12	4	6	7	4	8	5	76
	61.9%	70.6%	33.3%	75.0%	87.5%	57.1%	88.9%	62.5%	59.4%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q10. PCPs ONLY - As part of the initial medical assessment for patients 18 and older, do you include a nationally recognized Depression Screening, such as the PHQ-9, PHQ-2, Beck Inventory, or Zung Rating Scale?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	178	16	8	9	8	6	6	8	117
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	69	3	6	2	1	4	5	3	45
Always	80	10	4	7	2	3	2	5	47
	44.9%	62.5%	50.0%	77.8%	25.0%	50.0%	33.3%	62.5%	40.2%
Usually	34	-	-	1	4	1	1	-	27
	19.1%			11.1%	50.0%	16.7%	16.7%		23.1%
Sometimes	37	3	2	1	1	1	2	1	26
	20.8%	18.8%	25.0%	11.1%	12.5%	16.7%	33.3%	12.5%	22.2%
Never	27	3	2	-	1	1	1	2	17
	15.2%	18.8%	25.0%		12.5%	16.7%	16.7%	25.0%	14.5%
Summary Rate - Always/ Usually	114	10	4	8	6	4	3	5	74
	64.0%	62.5%	50.0%	88.9%	75.0%	66.7%	50.0%	62.5%	63.2%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	44	8	4	6	4	3	2	1	16
Total Answering	40	8	3	6	3	3	2	1	14
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	-	1	-	1	-	-	-	2
Yes	34	8	2	5	2	3	2	1	11
	85.0%	100.0%	66.7%	83.3%	66.7%	100.0%	100.0%	100.0%	78.6%
No	6	-	1	1	1	-	-	-	3
	15.0%		33.3%	16.7%	33.3%				21.4%
Summary Rate - Yes	34	8	2	5	2	3	2	1	11
	85.0%	100.0%	66.7%	83.3%	66.7%	100.0%	100.0%	100.0%	78.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	199	20	11	12	9	8	9	7	123
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	35	2	3	1	-	3	3	1	22
Excellent	45	5	2	4	-	2	-	3	29
	22.6%	25.0%	18.2%	33.3%		25.0%		42.9%	23.6%
Very good	83	10	4	5	7	5	4	2	46
	41.7%	50.0%	36.4%	41.7%	77.8%	62.5%	44.4%	28.6%	37.4%
Good	57	4	3	3	1	1	4	2	39
	28.6%	20.0%	27.3%	25.0%	11.1%	12.5%	44.4%	28.6%	31.7%
Fair	8	-	2	-	1	-	-	-	5
	4.0%		18.2%		11.1%				4.1%
Poor	6	1	-	-	-	-	1	-	4
	3.0%	5.0%					11.1%		3.3%
N/A	57	5	4	4	4	2	1	4	33
Summary Rate - Excellent/	185	19	9	12	8	8	8	7	114
Very good/Good	93.0%	95.0%	81.8%	100.0%	88.9%	100.0%	88.9%	100.0%	92.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	198	19	9	11	9	9	9	8	124
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	2	2	1	1	2	3	1	22
Excellent	34	2	1	2	-	2	1	1	25
	17.2%	10.5%	11.1%	18.2%		22.2%	11.1%	12.5%	20.2%
Very good	82	9	3	6	8	3	1	4	48
	41.4%	47.4%	33.3%	54.5%	88.9%	33.3%	11.1%	50.0%	38.7%
Good	70	8	3	3	1	3	7	3	42
	35.4%	42.1%	33.3%	27.3%	11.1%	33.3%	77.8%	37.5%	33.9%
Fair	9	-	2	-	-	1	-	-	6
	4.5%		22.2%			11.1%			4.8%
Poor	3	-	-	-	-	-	-	-	3
	1.5%								2.4%
N/A	59	6	7	5	3	2	1	3	32
Summary Rate - Excellent/	186	19	7	11	9	8	9	8	115
Very good/Good	93.9%	100.0%	77.8%	100.0%	100.0%	88.9%	100.0%	100.0%	92.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	195	17	10	12	9	9	8	8	122
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	3	3	-	-	2	3	1	22
Excellent	40	2	3	3	-	2	-	2	28
	20.5%	11.8%	30.0%	25.0%		22.2%		25.0%	23.0%
Very good	78	10	1	5	8	4	3	3	44
	40.0%	58.8%	10.0%	41.7%	88.9%	44.4%	37.5%	37.5%	36.1%
Good	65	4	4	3	1	2	5	3	43
	33.3%	23.5%	40.0%	25.0%	11.1%	22.2%	62.5%	37.5%	35.2%
Fair	10	1	2	1	-	1	-	-	5
	5.1%	5.9%	20.0%	8.3%		11.1%			4.1%
Poor	2	-	-	-	-	-	-	-	2
	1.0%								1.6%
N/A	62	7	5	5	4	2	2	3	34
Summary Rate - Excellent/	183	16	8	11	9	8	8	8	115
Very good/Good	93.8%	94.1%	80.0%	91.7%	100.0%	88.9%	100.0%	100.0%	94.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	203	19	11	12	9	9	7	8	128
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	3	3	-	-	2	4	1	21
Excellent	41	5	2	3	-	2	-	2	27
	20.2%	26.3%	18.2%	25.0%		22.2%		25.0%	21.1%
Very good	79	7	1	5	8	4	4	3	47
	38.9%	36.8%	9.1%	41.7%	88.9%	44.4%	57.1%	37.5%	36.7%
Good	67	5	5	4	1	3	3	3	43
	33.0%	26.3%	45.5%	33.3%	11.1%	33.3%	42.9%	37.5%	33.6%
Fair	10	1	2	-	-	-	-	-	7
	4.9%	5.3%	18.2%						5.5%
Poor	6	1	1	-	-	-	-	-	4
	3.0%	5.3%	9.1%						3.1%
N/A	54	5	4	5	4	2	2	3	29
Summary Rate - Excellent/	187	17	8	12	9	9	7	8	117
Very good/Good	92.1%	89.5%	72.7%	100.0%	100.0%	100.0%	100.0%	100.0%	91.4%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q17. Quality of written communications, policy bulletins, website material, and manuals.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	221	25	12	13	11	9	9	10	132
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	31	2	2	-	-	2	4	1	20
Excellent	38	4	2	2	-	2	2	1	25
	17.2%	16.0%	16.7%	15.4%		22.2%	22.2%	10.0%	18.9%
Very good	82	9	3	5	7	4	4	5	45
	37.1%	36.0%	25.0%	38.5%	63.6%	44.4%	44.4%	50.0%	34.1%
Good	78	8	4	6	3	3	2	3	49
	35.3%	32.0%	33.3%	46.2%	27.3%	33.3%	22.2%	30.0%	37.1%
Fair	17	3	3	-	1	-	-	1	9
	7.7%	12.0%	25.0%		9.1%			10.0%	6.8%
Poor	6	1	-	-	-	-	1	-	4
	2.7%	4.0%					11.1%		3.0%
N/A	39	-	4	4	2	2	-	1	26
Summary Rate - Excellent/	198	21	9	13	10	9	8	9	119
Very good/Good	89.6%	84.0%	75.0%	100.0%	90.9%	100.0%	88.9%	90.0%	90.2%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q18. Consistency of Provider Services Representatives' answer to inquiries.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	209	20	13	13	11	8	9	10	125
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	4	1	-	-	3	4	1	23
Excellent	30	4	2	4	-	2	1	2	15
	14.4%	20.0%	15.4%	30.8%		25.0%	11.1%	20.0%	12.0%
Very good	69	5	1	4	4	2	3	2	48
	33.0%	25.0%	7.7%	30.8%	36.4%	25.0%	33.3%	20.0%	38.4%
Good	87	9	5	4	7	4	5	4	49
	41.6%	45.0%	38.5%	30.8%	63.6%	50.0%	55.6%	40.0%	39.2%
Fair	21	2	4	1	-	-	-	2	12
	10.0%	10.0%	30.8%	7.7%				20.0%	9.6%
Poor	2	-	1	-	-	-	-	-	1
	1.0%		7.7%						0.8%
N/A	46	3	4	4	2	2	-	1	30
Summary Rate - Excellent/	186	18	8	12	11	8	9	8	112
Very good/Good	89.0%	90.0%	61.5%	92.3%	100.0%	100.0%	100.0%	80.0%	89.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	210	20	12	13	10	8	9	10	128
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	3	1	-	-	3	4	2	23
Excellent	32	3	1	3	-	2	1	2	20
	15.2%	15.0%	8.3%	23.1%		25.0%	11.1%	20.0%	15.6%
Very good	74	5	3	5	4	4	3	3	47
	35.2%	25.0%	25.0%	38.5%	40.0%	50.0%	33.3%	30.0%	36.7%
Good	88	10	4	5	6	2	5	4	52
	41.9%	50.0%	33.3%	38.5%	60.0%	25.0%	55.6%	40.0%	40.6%
Fair	14	2	4	-	-	-	-	-	8
	6.7%	10.0%	33.3%						6.3%
Poor	2	-	-	-	-	-	-	1	1
	1.0%							10.0%	0.8%
N/A	45	4	5	4	3	2	-	-	27
Summary Rate - Excellent/	194	18	8	13	10	8	9	9	119
Very good/Good	92.4%	90.0%	66.7%	100.0%	100.0%	100.0%	100.0%	90.0%	93.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q20. The professionalism and courtesy of the Provider Services Representative.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	215	20	11	13	11	8	9	10	133
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	3	1	-	-	3	4	2	23
Excellent	45	5	2	5	1	2	2	2	26
	20.9%	25.0%	18.2%	38.5%	9.1%	25.0%	22.2%	20.0%	19.5%
Very good	78	6	3	3	5	5	2	4	50
	36.3%	30.0%	27.3%	23.1%	45.5%	62.5%	22.2%	40.0%	37.6%
Good	81	8	4	5	5	1	5	4	49
	37.7%	40.0%	36.4%	38.5%	45.5%	12.5%	55.6%	40.0%	36.8%
Fair	11	1	2	-	-	-	-	-	8
	5.1%	5.0%	18.2%						6.0%
Poor	-	-	-	-	-	-	-	-	-
N/A	40	4	6	4	2	2	-	-	22
Summary Rate - Excellent/	204	19	9	13	11	8	9	10	125
Very good/Good	94.9%	95.0%	81.8%	100.0%	100.0%	100.0%	100.0%	100.0%	94.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q21. Timeliness of Provider Services Staff when responding to inquiries.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	217	21	13	14	11	8	9	10	131
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	39	4	1	-	-	3	4	2	25
Excellent	34	3	2	4	1	2	1	2	19
	15.7%	14.3%	15.4%	28.6%	9.1%	25.0%	11.1%	20.0%	14.5%
Very good	67	5	2	4	3	2	3	2	46
	30.9%	23.8%	15.4%	28.6%	27.3%	25.0%	33.3%	20.0%	35.1%
Good	87	8	4	6	7	3	5	3	51
	40.1%	38.1%	30.8%	42.9%	63.6%	37.5%	55.6%	30.0%	38.9%
Fair	26	5	4	-	-	1	-	3	13
	12.0%	23.8%	30.8%			12.5%		30.0%	9.9%
Poor	3	-	1	-	-	-	-	-	2
	1.4%		7.7%						1.5%
N/A	35	2	4	3	2	2	-	-	22
Summary Rate - Excellent/	188	16	8	14	11	7	9	7	116
Very good/Good	86.6%	76.2%	61.5%	100.0%	100.0%	87.5%	100.0%	70.0%	88.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q22. Your satisfaction with clean claims being processed consistently.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	214	21	15	14	11	10	9	8	126
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	5	2	-	-	3	4	2	28
Excellent	29	3	1	4	-	2	1	1	17
	13.6%	14.3%	6.7%	28.6%		20.0%	11.1%	12.5%	13.5%
Very good	63	6	5	3	3	5	1	2	38
	29.4%	28.6%	33.3%	21.4%	27.3%	50.0%	11.1%	25.0%	30.2%
Good	91	8	5	6	8	3	7	4	50
	42.5%	38.1%	33.3%	42.9%	72.7%	30.0%	77.8%	50.0%	39.7%
Fair	27	3	3	1	-	-	-	1	19
	12.6%	14.3%	20.0%	7.1%				12.5%	15.1%
Poor	4	1	1	-	-	-	-	-	2
	1.9%	4.8%	6.7%						1.6%
N/A	33	1	1	3	2	-	-	2	24
Summary Rate - Excellent/	183	17	11	13	11	10	9	7	105
Very good/Good	85.5%	81.0%	73.3%	92.9%	100.0%	100.0%	100.0%	87.5%	83.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q23. Your satisfaction with clean claims being paid in a timely manner.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	207	18	15	14	11	10	9	6	124
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	42	6	2	-	-	3	4	2	25
Excellent	29	3	1	4	-	2	1	1	17
	14.0%	16.7%	6.7%	28.6%		20.0%	11.1%	16.7%	13.7%
Very good	59	4	7	3	2	4	1	2	36
	28.5%	22.2%	46.7%	21.4%	18.2%	40.0%	11.1%	33.3%	29.0%
Good	92	8	4	6	9	4	7	2	52
	44.4%	44.4%	26.7%	42.9%	81.8%	40.0%	77.8%	33.3%	41.9%
Fair	24	2	3	1	-	-	-	1	17
	11.6%	11.1%	20.0%	7.1%				16.7%	13.7%
Poor	3	1	-	-	-	-	-	-	2
	1.4%	5.6%							1.6%
N/A	42	3	1	3	2	-	-	4	29
Summary Rate - Excellent/	180	15	12	13	11	10	9	5	105
Very good/Good	87.0%	83.3%	80.0%	92.9%	100.0%	100.0%	100.0%	83.3%	84.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24. Your overall satisfaction with the claims review and/or appeals process.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	198	17	12	14	10	10	9	9	117
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	4	4	-	-	3	4	2	29
Excellent	27	2	2	3	-	2	1	2	15
	13.6%	11.8%	16.7%	21.4%		20.0%	11.1%	22.2%	12.8%
Very good	49	5	2	3	2	1	1	2	33
	24.7%	29.4%	16.7%	21.4%	20.0%	10.0%	11.1%	22.2%	28.2%
Good	82	7	4	4	7	7	7	3	43
	41.4%	41.2%	33.3%	28.6%	70.0%	70.0%	77.8%	33.3%	36.8%
Fair	32	2	3	3	1	-	-	2	21
	16.2%	11.8%	25.0%	21.4%	10.0%			22.2%	17.9%
Poor	8	1	1	1	-	-	-	-	5
	4.0%	5.9%	8.3%	7.1%					4.3%
N/A	47	6	2	3	3	-	-	1	32
Summary Rate - Excellent/	158	14	8	10	9	10	9	7	91
Very good/Good	79.8%	82.4%	66.7%	71.4%	90.0%	100.0%	100.0%	77.8%	77.8%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24A. If dissatisfied, in what area are you dissatisfied?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	40	3	4	4	1	-	-	2	26
Total Answering	23	3	2	3	1	-	-	1	13
	100%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%
No Answer	17	-	2	1	-	-	-	1	13
Claims Review	10	-	1	1	-	-	-	-	8
	43.5%		50.0%	33.3%					61.5%
Appeals process	13	3	1	2	1	-	-	1	5
	56.5%	100.0%	50.0%	66.7%	100.0%			100.0%	38.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24B. Why the dissatisfaction?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	40	3	4	4	1	-	-	2	26
Total Answering	27	3	2	3	1	-	-	1	17
	100%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%
No Answer	13	-	2	1	-	-	-	1	9
Timeliness	4	-	1	-	-	-	-	1	2
	14.8%		50.0%					100.0%	11.8%
Consistency	2	-	-	-	-	-	-	-	2
	7.4%								11.8%
Outcome	13	1	1	3	-	-	-	-	8
	48.1%	33.3%	50.0%	100.0%					47.1%
Other	8	2	-	-	1	-	-	-	5
	29.6%	66.7%			100.0%				29.4%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	204	20	11	14	9	10	8	10	122
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	55	4	5	1	1	3	4	2	35
Yes	200	20	10	13	9	10	8	10	120
	98.0%	100.0%	90.9%	92.9%	100.0%	100.0%	100.0%	100.0%	98.4%
No	4	-	1	1	-	-	-	-	2
	2.0%		9.1%	7.1%					1.6%
N/A	32	3	2	2	3	-	1	-	21
Summary Rate - Yes	200	20	10	13	9	10	8	10	120
	98.0%	100.0%	90.9%	92.9%	100.0%	100.0%	100.0%	100.0%	98.4%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q26. Your knowledge of which services require an authorization.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	236	21	14	14	11	10	8	10	148
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	40	3	3	-	-	3	4	2	25
Excellent	35	5	1	2	-	1	1	1	24
	14.8%	23.8%	7.1%	14.3%		10.0%	12.5%	10.0%	16.2%
Very good	65	5	2	5	3	1	-	4	45
	27.5%	23.8%	14.3%	35.7%	27.3%	10.0%		40.0%	30.4%
Good	100	8	7	6	7	7	6	3	56
	42.4%	38.1%	50.0%	42.9%	63.6%	70.0%	75.0%	30.0%	37.8%
Fair	29	3	4	1	1	-	-	2	18
	12.3%	14.3%	28.6%	7.1%	9.1%			20.0%	12.2%
Poor	7	-	-	-	-	1	1	-	5
	3.0%					10.0%	12.5%		3.4%
N/A	15	3	1	3	2	-	1	-	5
Summary Rate - Excellent/	200	18	10	13	10	9	7	8	125
Very good/Good	84.7%	85.7%	71.4%	92.9%	90.9%	90.0%	87.5%	80.0%	84.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q27. UM staff's clinical knowledge.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	220	21	11	13	11	10	8	10	136
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	4	5	-	-	3	4	2	26
Excellent	34	2	1	3	1	3	1	3	20
	15.5%	9.5%	9.1%	23.1%	9.1%	30.0%	12.5%	30.0%	14.7%
Very good	56	3	1	7	1	1	-	2	41
	25.5%	14.3%	9.1%	53.8%	9.1%	10.0%		20.0%	30.1%
Good	109	11	7	2	8	6	6	4	65
	49.5%	52.4%	63.6%	15.4%	72.7%	60.0%	75.0%	40.0%	47.8%
Fair	15	4	1	1	1	-	-	1	7
	6.8%	19.0%	9.1%	7.7%	9.1%			10.0%	5.1%
Poor	6	1	1	-	-	-	1	-	3
	2.7%	4.8%	9.1%				12.5%		2.2%
N/A	27	2	2	4	2	-	1	-	16
Summary Rate - Excellent/	199	16	9	12	10	10	7	9	126
Very good/Good	90.5%	76.2%	81.8%	92.3%	90.9%	100.0%	87.5%	90.0%	92.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q28. UM staff's consistency in the authorization process.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	222	22	11	13	11	10	8	10	137
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	4	4	-	-	3	4	2	29
Excellent	36	3	1	3	1	3	1	2	22
	16.2%	13.6%	9.1%	23.1%	9.1%	30.0%	12.5%	20.0%	16.1%
Very good	56	4	1	6	2	1	1	3	38
	25.2%	18.2%	9.1%	46.2%	18.2%	10.0%	12.5%	30.0%	27.7%
Good	101	11	4	4	7	6	5	4	60
	45.5%	50.0%	36.4%	30.8%	63.6%	60.0%	62.5%	40.0%	43.8%
Fair	22	3	4	-	1	-	-	1	13
	9.9%	13.6%	36.4%		9.1%			10.0%	9.5%
Poor	7	1	1	-	-	-	1	-	4
	3.2%	4.5%	9.1%				12.5%		2.9%
N/A	23	1	3	4	2	-	1	-	12
Summary Rate - Excellent/	193	18	6	13	10	10	7	9	120
Very good/Good	86.9%	81.8%	54.5%	100.0%	90.9%	100.0%	87.5%	90.0%	87.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q29. Physician reviewer's decision-making is clearly communicated by WVFH.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	216	20	12	13	10	10	8	10	133
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	4	4	-	-	3	4	2	28
Excellent	34	4	1	2	1	2	1	2	21
	15.7%	20.0%	8.3%	15.4%	10.0%	20.0%	12.5%	20.0%	15.8%
Very good	56	2	2	6	2	1	-	2	41
	25.9%	10.0%	16.7%	46.2%	20.0%	10.0%		20.0%	30.8%
Good	104	9	7	3	7	7	6	5	60
	48.1%	45.0%	58.3%	23.1%	70.0%	70.0%	75.0%	50.0%	45.1%
Fair	15	3	1	2	-	-	-	1	8
	6.9%	15.0%	8.3%	15.4%				10.0%	6.0%
Poor	7	2	1	-	-	-	1	-	3
	3.2%	10.0%	8.3%				12.5%		2.3%
N/A	30	3	2	4	3	-	1	-	17
Summary Rate - Excellent/	194	15	10	11	10	10	7	9	122
Very good/Good	89.8%	75.0%	83.3%	84.6%	100.0%	100.0%	87.5%	90.0%	91.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q30. Professionalism/courtesy of the UM staff representative.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	217	23	10	14	10	10	7	10	133
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	4	4	-	1	3	4	2	27
Excellent	45	5	2	3	-	2	1	3	29
	20.7%	21.7%	20.0%	21.4%		20.0%	14.3%	30.0%	21.8%
Very good	68	8	2	4	3	4	2	3	42
	31.3%	34.8%	20.0%	28.6%	30.0%	40.0%	28.6%	30.0%	31.6%
Good	94	9	4	6	7	4	4	3	57
	43.3%	39.1%	40.0%	42.9%	70.0%	40.0%	57.1%	30.0%	42.9%
Fair	8	1	1	1	-	-	-	1	4
	3.7%	4.3%	10.0%	7.1%				10.0%	3.0%
Poor	2	-	1	-	-	-	-	-	1
	0.9%		10.0%						0.8%
N/A	29	-	4	3	2	-	2	-	18
Summary Rate - Excellent/	207	22	8	13	10	10	7	9	128
Very good/Good	95.4%	95.7%	80.0%	92.9%	100.0%	100.0%	100.0%	90.0%	96.2%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q31. Your overall satisfaction with the UM process.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	222	22	12	14	11	10	7	10	136
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	3	4	-	-	3	4	2	29
Excellent	34	2	1	3	-	2	1	2	23
	15.3%	9.1%	8.3%	21.4%		20.0%	14.3%	20.0%	16.9%
Very good	65	5	2	5	3	2	2	3	43
	29.3%	22.7%	16.7%	35.7%	27.3%	20.0%	28.6%	30.0%	31.6%
Good	94	11	5	5	7	6	4	4	52
	42.3%	50.0%	41.7%	35.7%	63.6%	60.0%	57.1%	40.0%	38.2%
Fair	21	2	1	1	1	-	-	1	15
	9.5%	9.1%	8.3%	7.1%	9.1%			10.0%	11.0%
Poor	8	2	3	-	-	-	-	-	3
	3.6%	9.1%	25.0%						2.2%
N/A	24	2	2	3	2	-	2	-	13
Summary Rate - Excellent/	193	18	8	13	10	10	7	9	118
Very good/Good	86.9%	81.8%	66.7%	92.9%	90.9%	100.0%	100.0%	90.0%	86.8%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	218	22	12	15	9	9	8	10	133
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	48	4	4	-	-	4	4	2	30
Yes	211	22	11	15	9	9	8	10	127
	96.8%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%
No	7	-	1	-	-	-	-	-	6
	3.2%		8.3%						4.5%
N/A	25	1	2	2	4	-	1	-	15
Summary Rate - Yes	211	22	11	15	9	9	8	10	127
	96.8%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q33. Your knnowledge of which services require a referral.

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	208	18	12	12	10	8	7	10	131
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	49	4	5	-	-	3	4	2	31
Yes	192	15	12	12	10	6	6	10	121
	92.3%	83.3%	100.0%	100.0%	100.0%	75.0%	85.7%	100.0%	92.4%
No	16	3	-	-	-	2	1	-	10
	7.7%	16.7%				25.0%	14.3%		7.6%
N/A	34	5	1	5	3	2	2	-	16
Summary Rate - Yes	192	15	12	12	10	6	6	10	121
	92.3%	83.3%	100.0%	100.0%	100.0%	75.0%	85.7%	100.0%	92.4%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q34. PCPs Only - The ease of generating a referral through Digital Voice Assistant (DIVA).

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	114	9	6	5	3	3	5	6	77
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	56	4	3	2	-	4	5	2	36
Excellent	11	1	1	1	-	-	-	-	8
	9.6%	11.1%	16.7%	20.0%					10.4%
Very good	29	2	1	1	2	1	-	2	20
	25.4%	22.2%	16.7%	20.0%	66.7%	33.3%		33.3%	26.0%
Good	44	3	3	3	1	1	3	2	28
	38.6%	33.3%	50.0%	60.0%	33.3%	33.3%	60.0%	33.3%	36.4%
Fair	25	3	-	-	-	1	2	2	17
	21.9%	33.3%				33.3%	40.0%	33.3%	22.1%
Poor	5	-	1	-	-	-	-	-	4
	4.4%		16.7%						5.2%
N/A	77	6	5	4	6	3	1	3	49
Summary Rate - Excellent/	84	6	5	5	3	2	3	4	56
Very good/Good	73.7%	66.7%	83.3%	100.0%	100.0%	66.7%	60.0%	66.7%	72.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	MEDICAID COUNTY								
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	49	4	1	1	1	1	3	1	37
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	78	4	5	5	-	4	6	4	50
Yes	47	3	1	1	1	1	3	1	36
	95.9%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.3%
No	2	1	-	-	-	-	-	-	1
	4.1%	25.0%							2.7%
N/A	120	11	8	5	8	5	2	6	75
Summary Rate - Yes	47	3	1	1	1	1	3	1	36
	95.9%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	61	4	2	2	1	2	3	1	46
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	81	4	5	4	-	5	7	5	51
Yes	59	4	2	2	1	2	2	1	45
	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	97.8%
No	2	-	-	-	-	-	1	-	1
	3.3%						33.3%		2.2%
N/A	105	11	7	5	8	3	1	5	65
Summary Rate - Yes	59	4	2	2	1	2	2	1	45
	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	97.8%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	52	3	-	-	1	2	3	3	40
	100%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	77	4	6	3	-	5	7	4	48
Yes	49	3	-	-	1	2	3	2	38
	94.2%	100.0%			100.0%	100.0%	100.0%	66.7%	95.0%
No	3	-	-	-	-	-	-	1	2
	5.8%							33.3%	5.0%
N/A	118	12	8	8	8	3	1	4	74
Summary Rate - Yes	49	3	-	-	1	2	3	2	38
	94.2%	100.0%			100.0%	100.0%	100.0%	66.7%	95.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	53	3	-	2	-	2	3	2	41
	100%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	74	4	5	3	1	5	7	3	46
Yes	51	3	-	2	-	2	3	2	39
	96.2%	100.0%		100.0%		100.0%	100.0%	100.0%	95.1%
No	2	-	-	-	-	-	-	-	2
	3.8%								4.9%
N/A	120	12	9	6	8	3	1	6	75
Summary Rate - Yes	51	3	-	2	-	2	3	2	39
	96.2%	100.0%		100.0%		100.0%	100.0%	100.0%	95.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	MEDICAID COUNTY								
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	283	24	18	17	12	13	12	12	175
Total Answering	40	2	-	5	-	2	1	2	28
	100%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	93	8	7	6	3	6	8	2	53
Yes	37	2	-	4	-	2	1	2	26
	92.5%	100.0%		80.0%		100.0%	100.0%	100.0%	92.9%
No	3	-	-	1	-	-	-	-	2
	7.5%			20.0%					7.1%
N/A	150	14	11	6	9	5	3	8	94
Summary Rate - Yes	37	2	-	4	-	2	1	2	26
	92.5%	100.0%		80.0%		100.0%	100.0%	100.0%	92.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	247	19	14	11	9	10	11	11	162
Total Answering	104	7	5	4	1	2	4	4	77
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	70	5	3	2	5	5	6	3	41
Excellent	21	1	1	1	-	-	1	-	17
	20.2%	14.3%	20.0%	25.0%			25.0%		22.1%
Very good	31	3	-	2	1	-	2	1	22
	29.8%	42.9%		50.0%	100.0%		50.0%	25.0%	28.6%
Good	45	3	4	1	-	2	1	2	32
	43.3%	42.9%	80.0%	25.0%		100.0%	25.0%	50.0%	41.6%
Fair	7	-	-	-	-	-	-	1	6
	6.7%							25.0%	7.8%
Poor	-	-	-	-	-	-	-	-	-
N/A	73	7	6	5	3	3	1	4	44
Summary Rate - Excellent/	97	7	5	4	1	2	4	3	71
Very good/Good	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	92.2%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q41. Consistency across all departments at WVFH is:

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	199	18	11	11	10	10	8	10	121
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	53	4	4	2	1	3	5	2	32
Very consistent	109	10	4	8	9	8	3	6	61
	54.8%	55.6%	36.4%	72.7%	90.0%	80.0%	37.5%	60.0%	50.4%
Somewhat consistent	84	7	6	3	1	2	4	4	57
	42.2%	38.9%	54.5%	27.3%	10.0%	20.0%	50.0%	40.0%	47.1%
Not consistent	6	1	1	-	-	-	1	-	3
	3.0%	5.6%	9.1%				12.5%		2.5%
N/A	39	5	3	4	2	-	-	-	25
Summary Rate - Very consistent/Somewhat consistent	193	17	10	11	10	10	7	10	118
	97.0%	94.4%	90.9%	100.0%	100.0%	100.0%	87.5%	100.0%	97.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q42. Would you recommend WVFH to other physicians' practices?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	233	21	13	14	12	10	8	10	145
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	6	5	3	1	3	5	2	33
Definitely yes	80	8	2	8	3	6	2	4	47
	34.3%	38.1%	15.4%	57.1%	25.0%	60.0%	25.0%	40.0%	32.4%
Probably yes	137	11	10	4	8	4	6	6	88
	58.8%	52.4%	76.9%	28.6%	66.7%	40.0%	75.0%	60.0%	60.7%
Probably not	12	2	1	1	1	-	-	-	7
	5.2%	9.5%	7.7%	7.1%	8.3%				4.8%
Definitely not	4	-	-	1	-	-	-	-	3
	1.7%			7.1%					2.1%
Summary Rate - Definitely yes/Probably yes	217	19	12	12	11	10	8	10	135
	93.1%	90.5%	92.3%	85.7%	91.7%	100.0%	100.0%	100.0%	93.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q43. Please mark who is completing this survey. (Mark only one)

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	233	23	14	14	12	10	8	10	142
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	4	4	3	1	3	5	2	36
Practitioner	14	3	-	-	-	-	-	1	10
	6.0%	13.0%						10.0%	7.0%
Office Manager	152	16	8	9	11	9	4	7	88
	65.2%	69.6%	57.1%	64.3%	91.7%	90.0%	50.0%	70.0%	62.0%
Billing Coordinator	21	-	3	1	-	1	3	-	13
	9.0%		21.4%	7.1%		10.0%	37.5%		9.2%
Referral Specialist	6	-	1	-	-	-	-	2	3
	2.6%		7.1%					20.0%	2.1%
Other	40	4	2	4	1	-	1	-	28
	17.2%	17.4%	14.3%	28.6%	8.3%		12.5%		19.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q46. Overall satisfaction with WVFH?

	Total	MEDICAID COUNTY							
		Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	226	22	12	14	9	10	7	9	143
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	65	5	6	3	4	3	6	3	35
Very satisfied	115	13	3	9	6	7	3	6	68
	50.9%	59.1%	25.0%	64.3%	66.7%	70.0%	42.9%	66.7%	47.6%
Somewhat satisfied	82	5	5	2	2	2	3	3	60
	36.3%	22.7%	41.7%	14.3%	22.2%	20.0%	42.9%	33.3%	42.0%
Neither	20	3	3	1	1	1	-	-	11
	8.8%	13.6%	25.0%	7.1%	11.1%	10.0%			7.7%
Somewhat dissatisfied	6	1	1	1	-	-	1	-	2
	2.7%	4.5%	8.3%	7.1%			14.3%		1.4%
Very dissatisfied	3	-	-	1	-	-	-	-	2
	1.3%			7.1%					1.4%
Summary Rate - Very satisfied/Somewhat satisfied	197	18	8	11	8	9	6	9	128
	87.2%	81.8%	66.7%	78.6%	88.9%	90.0%	85.7%	100.0%	89.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q47. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

		MEDICAID COUNTY							
	Total	Kanawha	Wood	Cabell	Ohio	Mercer	Marion	Hancock	Other
Total	291	27	18	17	13	13	13	12	178
Total Answering	206	19	11	11	11	7	8	10	129
	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	85	8	7	6	2	6	5	2	49
Yes	203	19	11	11	11	7	8	10	126
	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.7%
No	3	-	-	-	-	-	-	-	3
	1.5%								2.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

A. Please indicate the area of medicine in which you practice.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	281	237	8	36
	100.0%	100.0%	100.0%	100.0%
No Answer	10	10	-	-
Primary Care	182	177	1	4
	64.8%	74.7%	12.5%	11.1%
Obstetrics and Gynecology	32	3	-	29
	11.4%	1.3%		80.6%
Behavioral Health	4	4	-	-
	1.4%	1.7%		
Oncology	7	1	6	-
	2.5%	0.4%	75.0%	
Other Specialty	56	52	1	3
	19.9%	21.9%	12.5%	8.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

B. Your preferred method of communication regarding plan changes, updates and clinical information:

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	277	234	8	35
	100.0%	100.0%	100.0%	100.0%
No Answer	14	13	-	1
Letter/Postcard	78	68	3	7
	28.2%	29.1%	37.5%	20.0%
Fax	109	90	2	17
	39.4%	38.5%	25.0%	48.6%
Newsletter	18	15	1	2
	6.5%	6.4%	12.5%	5.7%
Website/Newsletter/ Provider Updates	6	4	-	2
	2.2%	1.7%		5.7%
Contact by Provider Relations Representative	11	11	-	-
	4.0%	4.7%		
E-mail	55	46	2	7
	19.9%	19.7%	25.0%	20.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

C. How often do you utilize WVFH's website?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	141	114	6	21
	100.0%	100.0%	100.0%	100.0%
No Answer	18	18	-	-
At least once a day	42	36	-	6
	29.8%	31.6%		28.6%
At least once a week	38	30	2	6
	27.0%	26.3%	33.3%	28.6%
At least once a month	61	48	4	9
	43.3%	42.1%	66.7%	42.9%
I do not access WVFH's website	124	108	2	14
I do not have access to the internet	8	7	-	1

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	285	243	8	34
	100.0%	100.0%	100.0%	100.0%
No Answer	6	4	-	2
Always	194	167	5	22
	68.1%	68.7%	62.5%	64.7%
Usually	18	14	3	1
	6.3%	5.8%	37.5%	2.9%
Sometimes	23	18	-	5
	8.1%	7.4%		14.7%
Never	50	44	-	6
	17.5%	18.1%		17.6%
Summary Rate - Always/ Usually	212	181	8	23
	74.4%	74.5%	100.0%	67.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	276	234	8	34
	100.0%	100.0%	100.0%	100.0%
No Answer	15	13	-	2
Always	264	222	8	34
	95.7%	94.9%	100.0%	100.0%
Usually	5	5	-	-
	1.8%	2.1%		
Sometimes	4	4	-	-
	1.4%	1.7%		
Never	3	3	-	-
	1.1%	1.3%		
Summary Rate - Always/ Usually	269	227	8	34
	97.5%	97.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	283	241	8	34
	100.0%	100.0%	100.0%	100.0%
No Answer	8	6	-	2
Always	265	224	8	33
	93.6%	92.9%	100.0%	97.1%
Usually	10	10	-	-
	3.5%	4.1%		
Sometimes	4	3	-	1
	1.4%	1.2%		2.9%
Never	4	4	-	-
	1.4%	1.7%		
Summary Rate - Always/ Usually	275	234	8	33
	97.2%	97.1%	100.0%	97.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	216	216	-	-
	100.0%	100.0%		
No Answer	31	31	-	-
Yes	191	191	-	-
	88.4%	88.4%		
No	25	25	-	-
	11.6%	11.6%		
Summary Rate - Yes	191	191	-	-
	88.4%	88.4%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	191	191	-	-
Total Answering	183	183	-	-
	100.0%	100.0%		
No Answer	8	8	-	-
Yes	182	182	-	-
	99.5%	99.5%		
No	1	1	-	-
	0.5%	0.5%		
Summary Rate - Yes	182	182	-	-
	99.5%	99.5%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	212	212	-	-
	100.0%	100.0%		
No Answer	35	35	-	-
Yes	186	186	-	-
	87.7%	87.7%		
No	26	26	-	-
	12.3%	12.3%		
Summary Rate - Yes	186	186	-	-
	87.7%	87.7%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	186	186	-	-
Total Answering	184	184	-	-
	100.0%	100.0%		
No Answer	2	2	-	-
Yes	184	184	-	-
	100.0%	100.0%		
No	-	-	-	-
Summary Rate - Yes	184	184	-	-
	100.0%	100.0%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	181	181	-	-
	100.0%	100.0%		
No Answer	66	66	-	-
Yes	142	142	-	-
	78.5%	78.5%		
No	39	39	-	-
	21.5%	21.5%		
Summary Rate - Yes	142	142	-	-
	78.5%	78.5%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	142	142	-	-
Total Answering	140	140	-	-
	100.0%	100.0%		
No Answer	2	2	-	-
Yes	139	139	-	-
	99.3%	99.3%		
No	1	1	-	-
	0.7%	0.7%		
Summary Rate - Yes	139	139	-	-
	99.3%	99.3%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	195	195	-	-
	100.0%	100.0%		
No Answer	52	52	-	-
Yes	181	181	-	-
	92.8%	92.8%		
No	14	14	-	-
	7.2%	7.2%		
Summary Rate - Yes	181	181	-	-
	92.8%	92.8%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	181	181	-	-
Total Answering	178	178	-	-
	100.0%	100.0%		
No Answer	3	3	-	-
Yes	176	176	-	-
	98.9%	98.9%		
No	2	2	-	-
	1.1%	1.1%		
Summary Rate - Yes	176	176	-	-
	98.9%	98.9%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q8. PCPs ONLY - Do you receive information from your patient’s treating behavioral health practitioners or providers?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	207 100.0%	207 100.0%	-	-
No Answer	40	40	-	-
Always	67 32.4%	67 32.4%	-	-
Usually	46 22.2%	46 22.2%	-	-
Sometimes	69 33.3%	69 33.3%	-	-
Never	25 12.1%	25 12.1%	-	-
Summary Rate - Always/ Usually	113 54.6%	113 54.6%	-	-

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q9. PCPs ONLY - When your patient has a co-existing medical and behavioral health disorder, are you satisfied with the accuracy, sufficiency, timeliness, frequency and clarity of the behavioral health treatment and follow-up information you receive from each of your patients' treating behavioral health practitioners or providers?

	========== MEDICAID =========			
	==========SPECIALTY =========			
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	197	197	-	-
	100.0%	100.0%		
No Answer	50	50	-	-
Always	45	45	-	-
	22.8%	22.8%		
Usually	77	77	-	-
	39.1%	39.1%		
Sometimes	53	53	-	-
	26.9%	26.9%		
Never	22	22	-	-
	11.2%	11.2%		
Summary Rate - Always/ Usually	122	122	-	-
	61.9%	61.9%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q10. PCPs ONLY - As part of the initial medical assessment for patients 18 and older, do you include a nationally recognized Depression Screening, such as the PHQ-9, PHQ-2, Beck Inventory, or Zung Rating Scale?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	178	178	-	-
	100.0%	100.0%		
No Answer	69	69	-	-
Always	80	80	-	-
	44.9%	44.9%		
Usually	34	34	-	-
	19.1%	19.1%		
Sometimes	37	37	-	-
	20.8%	20.8%		
Never	27	27	-	-
	15.2%	15.2%		
Summary Rate - Always/ Usually	114	114	-	-
	64.0%	64.0%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	44	-	8	36
Total Answering	40	-	7	33
	100.0%		100.0%	100.0%
No Answer	4	-	1	3
Yes	34	-	7	27
	85.0%		100.0%	81.8%
No	6	-	-	6
	15.0%			18.2%
Summary Rate - Yes	34	-	7	27
	85.0%		100.0%	81.8%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	199	169	5	25
	100.0%	100.0%	100.0%	100.0%
No Answer	35	31	-	4
Excellent	45	35	1	9
	22.6%	20.7%	20.0%	36.0%
Very good	83	73	3	7
	41.7%	43.2%	60.0%	28.0%
Good	57	50	1	6
	28.6%	29.6%	20.0%	24.0%
Fair	8	8	-	-
	4.0%	4.7%		
Poor	6	3	-	3
	3.0%	1.8%		12.0%
N/A	57	47	3	7
Summary Rate - Excellent/ Very good/Good	185	158	5	22
	93.0%	93.5%	100.0%	88.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	198	170	5	23
	100.0%	100.0%	100.0%	100.0%
No Answer	34	30	-	4
Excellent	34	28	-	6
	17.2%	16.5%		26.1%
Very good	82	73	2	7
	41.4%	42.9%	40.0%	30.4%
Good	70	58	3	9
	35.4%	34.1%	60.0%	39.1%
Fair	9	9	-	-
	4.5%	5.3%		
Poor	3	2	-	1
	1.5%	1.2%		4.3%
N/A	59	47	3	9
Summary Rate - Excellent/ Very good/Good	186	159	5	22
	93.9%	93.5%	100.0%	95.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	195	170	5	20
	100.0%	100.0%	100.0%	100.0%
No Answer	34	31	-	3
Excellent	40	32	1	7
	20.5%	18.8%	20.0%	35.0%
Very good	78	69	3	6
	40.0%	40.6%	60.0%	30.0%
Good	65	57	1	7
	33.3%	33.5%	20.0%	35.0%
Fair	10	10	-	-
	5.1%	5.9%		
Poor	2	2	-	-
	1.0%	1.2%		
N/A	62	46	3	13
Summary Rate - Excellent/	183	158	5	20
Very good/Good	93.8%	92.9%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	203	173	5	25
	100.0%	100.0%	100.0%	100.0%
No Answer	34	30	1	3
Excellent	41	31	2	8
	20.2%	17.9%	40.0%	32.0%
Very good	79	70	3	6
	38.9%	40.5%	60.0%	24.0%
Good	67	60	-	7
	33.0%	34.7%		28.0%
Fair	10	8	-	2
	4.9%	4.6%		8.0%
Poor	6	4	-	2
	3.0%	2.3%		8.0%
N/A	54	44	2	8
Summary Rate - Excellent/	187	161	5	21
Very good/Good	92.1%	93.1%	100.0%	84.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q17. Quality of written communications, policy bulletins, website material, and manuals.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	221	182	8	31
	100.0%	100.0%	100.0%	100.0%
No Answer	31	30	-	1
Excellent	38	28	2	8
	17.2%	15.4%	25.0%	25.8%
Very good	82	71	3	8
	37.1%	39.0%	37.5%	25.8%
Good	78	66	2	10
	35.3%	36.3%	25.0%	32.3%
Fair	17	13	1	3
	7.7%	7.1%	12.5%	9.7%
Poor	6	4	-	2
	2.7%	2.2%		6.5%
N/A	39	35	-	4
Summary Rate - Excellent/	198	165	7	26
Very good/Good	89.6%	90.7%	87.5%	83.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q18. Consistency of Provider Services Representatives' answer to inquiries.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	209	174	5	30
	100.0%	100.0%	100.0%	100.0%
No Answer	36	34	-	2
Excellent	30	24	-	6
	14.4%	13.8%		20.0%
Very good	69	59	-	10
	33.0%	33.9%		33.3%
Good	87	71	4	12
	41.6%	40.8%	80.0%	40.0%
Fair	21	18	1	2
	10.0%	10.3%	20.0%	6.7%
Poor	2	2	-	-
	1.0%	1.1%		
N/A	46	39	3	4
Summary Rate - Excellent/	186	154	4	28
Very good/Good	89.0%	88.5%	80.0%	93.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	210	177	5	28
	100.0%	100.0%	100.0%	100.0%
No Answer	36	34	-	2
Excellent	32	25	1	6
	15.2%	14.1%	20.0%	21.4%
Very good	74	64	1	9
	35.2%	36.2%	20.0%	32.1%
Good	88	75	3	10
	41.9%	42.4%	60.0%	35.7%
Fair	14	11	-	3
	6.7%	6.2%		10.7%
Poor	2	2	-	-
	1.0%	1.1%		
N/A	45	36	3	6
Summary Rate - Excellent/ Very good/Good	194	164	5	25
	92.4%	92.7%	100.0%	89.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q20. The professionalism and courtesy of the Provider Services Representative.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	215	181	5	29
	100.0%	100.0%	100.0%	100.0%
No Answer	36	34	-	2
Excellent	45	34	2	9
	20.9%	18.8%	40.0%	31.0%
Very good	78	69	1	8
	36.3%	38.1%	20.0%	27.6%
Good	81	68	2	11
	37.7%	37.6%	40.0%	37.9%
Fair	11	10	-	1
	5.1%	5.5%		3.4%
Poor	-	-	-	-
N/A	40	32	3	5
Summary Rate - Excellent/	204	171	5	28
Very good/Good	94.9%	94.5%	100.0%	96.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q21. Timeliness of Provider Services Staff when responding to inquiries.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	217	181	6	30
	100.0%	100.0%	100.0%	100.0%
No Answer	39	36	-	3
Excellent	34	26	1	7
	15.7%	14.4%	16.7%	23.3%
Very good	67	58	2	7
	30.9%	32.0%	33.3%	23.3%
Good	87	73	2	12
	40.1%	40.3%	33.3%	40.0%
Fair	26	22	1	3
	12.0%	12.2%	16.7%	10.0%
Poor	3	2	-	1
	1.4%	1.1%		3.3%
N/A	35	30	2	3
Summary Rate - Excellent/	188	157	5	26
Very good/Good	86.6%	86.7%	83.3%	86.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q22. Your satisfaction with clean claims being processed consistently.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	214	180	6	28
	100.0%	100.0%	100.0%	100.0%
No Answer	44	40	-	4
Excellent	29	23	-	6
	13.6%	12.8%		21.4%
Very good	63	57	1	5
	29.4%	31.7%	16.7%	17.9%
Good	91	74	3	14
	42.5%	41.1%	50.0%	50.0%
Fair	27	23	1	3
	12.6%	12.8%	16.7%	10.7%
Poor	4	3	1	-
	1.9%	1.7%	16.7%	
N/A	33	27	2	4
Summary Rate - Excellent/	183	154	4	25
Very good/Good	85.5%	85.6%	66.7%	89.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q23. Your satisfaction with clean claims being paid in a timely manner.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	207	173	6	28
	100.0%	100.0%	100.0%	100.0%
No Answer	42	38	-	4
Excellent	29	23	-	6
	14.0%	13.3%		21.4%
Very good	59	50	-	9
	28.5%	28.9%		32.1%
Good	92	76	5	11
	44.4%	43.9%	83.3%	39.3%
Fair	24	21	1	2
	11.6%	12.1%	16.7%	7.1%
Poor	3	3	-	-
	1.4%	1.7%		
N/A	42	36	2	4
Summary Rate - Excellent/	180	149	5	26
Very good/Good	87.0%	86.1%	83.3%	92.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24. Your overall satisfaction with the claims review and/or appeals process.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	198	164	6	28
	100.0%	100.0%	100.0%	100.0%
No Answer	46	43	-	3
Excellent	27	21	-	6
	13.6%	12.8%		21.4%
Very good	49	44	1	4
	24.7%	26.8%	16.7%	14.3%
Good	82	66	4	12
	41.4%	40.2%	66.7%	42.9%
Fair	32	28	-	4
	16.2%	17.1%		14.3%
Poor	8	5	1	2
	4.0%	3.0%	16.7%	7.1%
N/A	47	40	2	5
Summary Rate - Excellent/	158	131	5	22
Very good/Good	79.8%	79.9%	83.3%	78.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24A. If dissatisfied, in what area are you dissatisfied?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	40	33	1	6
Total Answering	23	19	1	3
	100.0%	100.0%	100.0%	100.0%
No Answer	17	14	-	3
Claims Review	10	9	-	1
	43.5%	47.4%		33.3%
Appeals process	13	10	1	2
	56.5%	52.6%	100.0%	66.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24B. Why the dissatisfaction?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	40	33	1	6
Total Answering	27	22	1	4
	100.0%	100.0%	100.0%	100.0%
No Answer	13	11	-	2
Timeliness	4	3	-	1
	14.8%	13.6%		25.0%
Consistency	2	2	-	-
	7.4%	9.1%		
Outcome	13	11	-	2
	48.1%	50.0%		50.0%
Other	8	6	1	1
	29.6%	27.3%	100.0%	25.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	204	170	8	26
	100.0%	100.0%	100.0%	100.0%
No Answer	55	50	-	5
Yes	200	166	8	26
	98.0%	97.6%	100.0%	100.0%
No	4	4	-	-
	2.0%	2.4%		
N/A	32	27	-	5
Summary Rate - Yes	200	166	8	26
	98.0%	97.6%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q26. Your knowledge of which services require an authorization.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	236	198	8	30
	100.0%	100.0%	100.0%	100.0%
No Answer	40	37	-	3
Excellent	35	30	-	5
	14.8%	15.2%		16.7%
Very good	65	55	4	6
	27.5%	27.8%	50.0%	20.0%
Good	100	82	3	15
	42.4%	41.4%	37.5%	50.0%
Fair	29	25	1	3
	12.3%	12.6%	12.5%	10.0%
Poor	7	6	-	1
	3.0%	3.0%		3.3%
N/A	15	12	-	3
Summary Rate - Excellent/ Very good/Good	200	167	7	26
	84.7%	84.3%	87.5%	86.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q27. UM staff's clinical knowledge.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	220	182	8	30
	100.0%	100.0%	100.0%	100.0%
No Answer	44	41	-	3
Excellent	34	29	-	5
	15.5%	15.9%		16.7%
Very good	56	48	2	6
	25.5%	26.4%	25.0%	20.0%
Good	109	88	4	17
	49.5%	48.4%	50.0%	56.7%
Fair	15	13	1	1
	6.8%	7.1%	12.5%	3.3%
Poor	6	4	1	1
	2.7%	2.2%	12.5%	3.3%
N/A	27	24	-	3
Summary Rate - Excellent/	199	165	6	28
Very good/Good	90.5%	90.7%	75.0%	93.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q28. UM staff's consistency in the authorization process.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	222	184	8	30
	100.0%	100.0%	100.0%	100.0%
No Answer	46	42	-	4
Excellent	36	28	1	7
	16.2%	15.2%	12.5%	23.3%
Very good	56	47	1	8
	25.2%	25.5%	12.5%	26.7%
Good	101	87	3	11
	45.5%	47.3%	37.5%	36.7%
Fair	22	17	2	3
	9.9%	9.2%	25.0%	10.0%
Poor	7	5	1	1
	3.2%	2.7%	12.5%	3.3%
N/A	23	21	-	2
Summary Rate - Excellent/	193	162	5	26
Very good/Good	86.9%	88.0%	62.5%	86.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q29. Physician reviewer's decision-making is clearly communicated by WVFH.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	216	180	8	28
	100.0%	100.0%	100.0%	100.0%
No Answer	45	42	-	3
Excellent	34	26	1	7
	15.7%	14.4%	12.5%	25.0%
Very good	56	51	1	4
	25.9%	28.3%	12.5%	14.3%
Good	104	86	3	15
	48.1%	47.8%	37.5%	53.6%
Fair	15	13	1	1
	6.9%	7.2%	12.5%	3.6%
Poor	7	4	2	1
	3.2%	2.2%	25.0%	3.6%
N/A	30	25	-	5
Summary Rate - Excellent/	194	163	5	26
Very good/Good	89.8%	90.6%	62.5%	92.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q30. Professionalism/courtesy of the UM staff representative.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	217	181	8	28
	100.0%	100.0%	100.0%	100.0%
No Answer	45	42	-	3
Excellent	45	35	2	8
	20.7%	19.3%	25.0%	28.6%
Very good	68	58	1	9
	31.3%	32.0%	12.5%	32.1%
Good	94	78	5	11
	43.3%	43.1%	62.5%	39.3%
Fair	8	8	-	-
	3.7%	4.4%		
Poor	2	2	-	-
	0.9%	1.1%		
N/A	29	24	-	5
Summary Rate - Excellent/	207	171	8	28
Very good/Good	95.4%	94.5%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q31. Your overall satisfaction with the UM process.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	222	185	8	29
	100.0%	100.0%	100.0%	100.0%
No Answer	45	42	-	3
Excellent	34	25	1	8
	15.3%	13.5%	12.5%	27.6%
Very good	65	59	1	5
	29.3%	31.9%	12.5%	17.2%
Good	94	76	4	14
	42.3%	41.1%	50.0%	48.3%
Fair	21	20	-	1
	9.5%	10.8%		3.4%
Poor	8	5	2	1
	3.6%	2.7%	25.0%	3.4%
N/A	24	20	-	4
Summary Rate - Excellent/	193	160	6	27
Very good/Good	86.9%	86.5%	75.0%	93.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	218	182	8	28
	100.0%	100.0%	100.0%	100.0%
No Answer	48	45	-	3
Yes	211	175	8	28
	96.8%	96.2%	100.0%	100.0%
No	7	7	-	-
	3.2%	3.8%		
N/A	25	20	-	5
Summary Rate - Yes	211	175	8	28
	96.8%	96.2%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q33. Your knnowledge of which services require a referral.

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	208	178	6	24
	100.0%	100.0%	100.0%	100.0%
No Answer	49	44	1	4
Yes	192	166	6	20
	92.3%	93.3%	100.0%	83.3%
No	16	12	-	4
	7.7%	6.7%		16.7%
N/A	34	25	1	8
Summary Rate - Yes	192	166	6	20
	92.3%	93.3%	100.0%	83.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q34. PCPs Only - The ease of generating a referral through Digital Voice Assistant (DIVA).

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	114	114	-	-
	100.0%	100.0%		
No Answer	56	56	-	-
Excellent	11	11	-	-
	9.6%	9.6%		
Very good	29	29	-	-
	25.4%	25.4%		
Good	44	44	-	-
	38.6%	38.6%		
Fair	25	25	-	-
	21.9%	21.9%		
Poor	5	5	-	-
	4.4%	4.4%		
N/A	77	77	-	-
Summary Rate - Excellent/ Very good/Good	84	84	-	-
	73.7%	73.7%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	49	49	-	-
	100.0%	100.0%		
No Answer	78	78	-	-
Yes	47	47	-	-
	95.9%	95.9%		
No	2	2	-	-
	4.1%	4.1%		
N/A	120	120	-	-
Summary Rate - Yes	47	47	-	-
	95.9%	95.9%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	61	61	-	-
	100.0%	100.0%		
No Answer	81	81	-	-
Yes	59	59	-	-
	96.7%	96.7%		
No	2	2	-	-
	3.3%	3.3%		
N/A	105	105	-	-
Summary Rate - Yes	59	59	-	-
	96.7%	96.7%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	52	52	-	-
	100.0%	100.0%		
No Answer	77	77	-	-
Yes	49	49	-	-
	94.2%	94.2%		
No	3	3	-	-
	5.8%	5.8%		
N/A	118	118	-	-
Summary Rate - Yes	49	49	-	-
	94.2%	94.2%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	53	53	-	-
	100.0%	100.0%		
No Answer	74	74	-	-
Yes	51	51	-	-
	96.2%	96.2%		
No	2	2	-	-
	3.8%	3.8%		
N/A	120	120	-	-
Summary Rate - Yes	51	51	-	-
	96.2%	96.2%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	283	247	-	36
Total Answering	40	30	-	10
	100.0%	100.0%		100.0%
No Answer	93	80	-	13
Yes	37	27	-	10
	92.5%	90.0%		100.0%
No	3	3	-	-
	7.5%	10.0%		
N/A	150	137	-	13
Summary Rate - Yes	37	27	-	10
	92.5%	90.0%		100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	247	247	-	-
Total Answering	104	104	-	-
	100.0%	100.0%		
No Answer	70	70	-	-
Excellent	21	21	-	-
	20.2%	20.2%		
Very good	31	31	-	-
	29.8%	29.8%		
Good	45	45	-	-
	43.3%	43.3%		
Fair	7	7	-	-
	6.7%	6.7%		
Poor	-	-	-	-
N/A	73	73	-	-
Summary Rate - Excellent/	97	97	-	-
Very good/Good	93.3%	93.3%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q41. Consistency across all departments at WVFH is:

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	199	164	8	27
	100.0%	100.0%	100.0%	100.0%
No Answer	53	49	-	4
Very consistent	109	85	5	19
	54.8%	51.8%	62.5%	70.4%
Somewhat consistent	84	74	3	7
	42.2%	45.1%	37.5%	25.9%
Not consistent	6	5	-	1
	3.0%	3.0%		3.7%
N/A	39	34	-	5
Summary Rate - Very consistent/Somewhat consistent	193	159	8	26
	97.0%	97.0%	100.0%	96.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q42. Would you recommend WVFH to other physicians' practices?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	233	196	7	30
	100.0%	100.0%	100.0%	100.0%
No Answer	58	51	1	6
Definitely yes	80	66	-	14
	34.3%	33.7%		46.7%
Probably yes	137	115	7	15
	58.8%	58.7%	100.0%	50.0%
Probably not	12	11	-	1
	5.2%	5.6%		3.3%
Definitely not	4	4	-	-
	1.7%	2.0%		
Summary Rate - Definitely yes/Probably yes	217	181	7	29
	93.1%	92.3%	100.0%	96.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q43. Please mark who is completing this survey. (Mark only one)

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	233	193	8	32
	100.0%	100.0%	100.0%	100.0%
No Answer	58	54	-	4
Practitioner	14	11	1	2
	6.0%	5.7%	12.5%	6.3%
Office Manager	152	122	6	24
	65.2%	63.2%	75.0%	75.0%
Billing Coordinator	21	19	-	2
	9.0%	9.8%		6.3%
Referral Specialist	6	5	1	-
	2.6%	2.6%	12.5%	
Other	40	36	-	4
	17.2%	18.7%		12.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q46. Overall satisfaction with WVFH?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	226	188	8	30
	100.0%	100.0%	100.0%	100.0%
No Answer	65	59	-	6
Very satisfied	115	93	5	17
	50.9%	49.5%	62.5%	56.7%
Somewhat satisfied	82	72	1	9
	36.3%	38.3%	12.5%	30.0%
Neither	20	16	2	2
	8.8%	8.5%	25.0%	6.7%
Somewhat dissatisfied	6	4	-	2
	2.7%	2.1%		6.7%
Very dissatisfied	3	3	-	-
	1.3%	1.6%		
Summary Rate - Very satisfied/Somewhat satisfied	197	165	6	26
	87.2%	87.8%	75.0%	86.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q47. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

		========== MEDICAID =========		
		==========SPECIALTY =========		
	Total	PCP	Oncology	OB/GYN
Total	291	247	8	36
Total Answering	206	170	8	28
	100.0%	100.0%	100.0%	100.0%
No Answer	85	77	-	8
Yes	203	167	8	28
	98.5%	98.2%	100.0%	100.0%
No	3	3	-	-
	1.5%	1.8%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

A. Please indicate the area of medicine in which you practice.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	281	12	147	20	5	39
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	10	2	5	1	1	1
Primary Care	182	7	99	9	4	22
	64.8%	58.3%	67.3%	45.0%	80.0%	56.4%
Obstetrics and Gynecology	32	1	21	2	-	5
	11.4%	8.3%	14.3%	10.0%		12.8%
Behavioral Health	4	-	3	1	-	-
	1.4%		2.0%	5.0%		
Oncology	7	-	5	1	1	-
	2.5%		3.4%	5.0%	20.0%	
Other Specialty	56	4	19	7	-	12
	19.9%	33.3%	12.9%	35.0%		30.8%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

B. Your preferred method of communication regarding plan changes, updates and clinical information:

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	277	13	146	18	6	39
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	14	1	6	3	-	1
Letter/Postcard	78	9	41	3	-	12
	28.2%	69.2%	28.1%	16.7%		30.8%
Fax	109	1	58	5	5	20
	39.4%	7.7%	39.7%	27.8%	83.3%	51.3%
Newsletter	18	1	12	1	-	3
	6.5%	7.7%	8.2%	5.6%		7.7%
Website/Newsletter/ Provider Updates	6	-	5	-	-	-
	2.2%		3.4%			
Contact by Provider Relations Representative	11	-	6	2	-	-
	4.0%		4.1%	11.1%		
E-mail	55	2	24	7	1	4
	19.9%	15.4%	16.4%	38.9%	16.7%	10.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

C. How often do you utilize WVFH's website?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	141	7	75	14	3	18
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	18	-	8	-	-	2
At least once a day	42	1	22	1	1	7
	29.8%	14.3%	29.3%	7.1%	33.3%	38.9%
At least once a week	38	2	17	6	1	4
	27.0%	28.6%	22.7%	42.9%	33.3%	22.2%
At least once a month	61	4	36	7	1	7
	43.3%	57.1%	48.0%	50.0%	33.3%	38.9%
I do not access WVFH's website	124	7	66	6	3	17
I do not have access to the internet	8	-	3	1	-	3

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q1. Do you use a computer or handheld device during your patients' visit to look up test results or other information, show information or order prescription medicines?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	285	14	147	21	6	40
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	6	-	5	-	-	-
Always	194	10	96	10	5	31
	68.1%	71.4%	65.3%	47.6%	83.3%	77.5%
Usually	18	1	12	3	1	-
	6.3%	7.1%	8.2%	14.3%	16.7%	
Sometimes	23	1	12	1	-	4
	8.1%	7.1%	8.2%	4.8%		10.0%
Never	50	2	27	7	-	5
	17.5%	14.3%	18.4%	33.3%		12.5%
Summary Rate - Always/ Usually	212	11	108	13	6	31
	74.4%	78.6%	73.5%	61.9%	100.0%	77.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q2. Do you review your patients' medications at each visit and ask if there are any medication questions at each visit?

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	276	14	146	20	6	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	15	-	6	1	-	4
Always	264	13	142	16	6	35
	95.7%	92.9%	97.3%	80.0%	100.0%	97.2%
Usually	5	-	3	2	-	-
	1.8%		2.1%	10.0%		
Sometimes	4	1	1	1	-	-
	1.4%	7.1%	0.7%	5.0%		
Never	3	-	-	1	-	1
	1.1%			5.0%		2.8%
Summary Rate - Always/ Usually	269	13	145	18	6	35
	97.5%	92.9%	99.3%	90.0%	100.0%	97.2%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q3. Do you routinely communicate test results to your patients either by mail, phone, electronically or at an office visit?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	283	14	150	21	6	39
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	8	-	2	-	-	1
Always	265	12	143	18	6	36
	93.6%	85.7%	95.3%	85.7%	100.0%	92.3%
Usually	10	1	5	2	-	1
	3.5%	7.1%	3.3%	9.5%		2.6%
Sometimes	4	1	1	-	-	1
	1.4%	7.1%	0.7%			2.6%
Never	4	-	1	1	-	1
	1.4%		0.7%	4.8%		2.6%
Summary Rate - Always/ Usually	275	13	148	20	6	37
	97.2%	92.9%	98.7%	95.2%	100.0%	94.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4. PCPs ONLY-When your WVFH Member is referred to a Specialty Care Practitioner, do you receive the appropriate documentation back for the patient's record, for example progress notes, lab reports, etc.?

		========== SURVEY RESPONDENT ==========				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	216	11	111	14	5	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	31	-	11	5	-	6
Yes	191	11	94	12	4	28
	88.4%	100.0%	84.7%	85.7%	80.0%	93.3%
No	25	-	17	2	1	2
	11.6%		15.3%	14.3%	20.0%	6.7%
Summary Rate - Yes	191	11	94	12	4	28
	88.4%	100.0%	84.7%	85.7%	80.0%	93.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q4A. If you answered "Yes" to the above question, did you discuss specialist care information (medical records and test results) at the time of the follow-up with your patient?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	191	11	94	12	4	28
Total Answering	183	11	91	12	4	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	8	-	3	-	-	-
Yes	182	11	90	12	4	28
	99.5%	100.0%	98.9%	100.0%	100.0%	100.0%
No	1	-	1	-	-	-
	0.5%		1.1%			
Summary Rate - Yes	182	11	90	12	4	28
	99.5%	100.0%	98.9%	100.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5. PCPs ONLY-When your WVFH member is referred to a Hospital, do you receive the appropriate documentation back for the patient's record, for example discharge summary, etc.?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	212	11	114	13	5	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	35	-	8	6	-	6
Yes	186	10	98	10	4	29
	87.7%	90.9%	86.0%	76.9%	80.0%	96.7%
No	26	1	16	3	1	1
	12.3%	9.1%	14.0%	23.1%	20.0%	3.3%
Summary Rate - Yes	186	10	98	10	4	29
	87.7%	90.9%	86.0%	76.9%	80.0%	96.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q5A. If you answered "Yes" to the above question, did you discuss hospital information (medical records and tests results) at the time of the follow-up with your patient?

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	186	10	98	10	4	29
Total Answering	184	10	97	10	4	29
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	-	1	-	-	-
Yes	184	10	97	10	4	29
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No	-	-	-	-	-	-
Summary Rate - Yes	184	10	97	10	4	29
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6. PCPs ONLY-When your WVFH member is referred to a Skilled Nursing Facility, do you receive the appropriate documentation back for the patient's record, for example progress notes, discharge summary, etc.?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	181	9	93	12	4	29
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	66	2	29	7	1	7
Yes	142	7	70	9	4	27
	78.5%	77.8%	75.3%	75.0%	100.0%	93.1%
No	39	2	23	3	-	2
	21.5%	22.2%	24.7%	25.0%		6.9%
Summary Rate - Yes	142	7	70	9	4	27
	78.5%	77.8%	75.3%	75.0%	100.0%	93.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q6A. If you answered "Yes" to the above question, did you discuss skilled nursing information (medical records and tests results) at the time of the follow-up with your patient?

		========== SURVEY RESPONDENT ==========				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	142	7	70	9	4	27
Total Answering	140	7	69	9	4	27
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	2	-	1	-	-	-
Yes	139	7	68	9	4	27
	99.3%	100.0%	98.6%	100.0%	100.0%	100.0%
No	1	-	1	-	-	-
	0.7%		1.4%			
Summary Rate - Yes	139	7	68	9	4	27
	99.3%	100.0%	98.6%	100.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7. PCPs ONLY-When your WVFH member is referred to a Home Health Agency, do you receive the appropriate documentation back for the patient's record, for example progress notes, etc.?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	195	9	108	10	5	29
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	52	2	14	9	-	7
Yes	181	9	100	6	5	28
	92.8%	100.0%	92.6%	60.0%	100.0%	96.6%
No	14	-	8	4	-	1
	7.2%		7.4%	40.0%		3.4%
Summary Rate - Yes	181	9	100	6	5	28
	92.8%	100.0%	92.6%	60.0%	100.0%	96.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q7A. If you answered "Yes" to the above question, did you discuss home health agency information (medical records and tests results) at the time of the follow-up with your patient?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	181	9	100	6	5	28
Total Answering	178	9	98	6	5	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	3	-	2	-	-	-
Yes	176	9	97	6	5	28
	98.9%	100.0%	99.0%	100.0%	100.0%	100.0%
No	2	-	1	-	-	-
	1.1%		1.0%			
Summary Rate - Yes	176	9	97	6	5	28
	98.9%	100.0%	99.0%	100.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q8. PCPs ONLY - Do you receive information from your patient’s treating behavioral health practitioners or providers?

	Total	SURVEY RESPONDENT: Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	207	11	112	13	5	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	40	-	10	6	-	6
Always	67	5	30	4	3	14
	32.4%	45.5%	26.8%	30.8%	60.0%	46.7%
Usually	46	1	26	2	-	5
	22.2%	9.1%	23.2%	15.4%		16.7%
Sometimes	69	5	39	4	2	8
	33.3%	45.5%	34.8%	30.8%	40.0%	26.7%
Never	25	-	17	3	-	3
	12.1%		15.2%	23.1%		10.0%
Summary Rate - Always/ Usually	113	6	56	6	3	19
	54.6%	54.5%	50.0%	46.2%	60.0%	63.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q9. PCPs ONLY - When your patient has a co-existing medical and behavioral health disorder, are you satisfied with the accuracy, sufficiency, timeliness, frequency and clarity of the behavioral health treatment and follow-up information you receive from each of your patients' treating behavioral health practitioners or providers?

		========== SURVEY RESPONDENT ==========				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	197	11	107	13	5	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	50	-	15	6	-	8
Always	45	1	19	4	1	13
	22.8%	9.1%	17.8%	30.8%	20.0%	46.4%
Usually	77	6	43	4	3	10
	39.1%	54.5%	40.2%	30.8%	60.0%	35.7%
Sometimes	53	4	33	2	1	3
	26.9%	36.4%	30.8%	15.4%	20.0%	10.7%
Never	22	-	12	3	-	2
	11.2%		11.2%	23.1%		7.1%
Summary Rate - Always/ Usually	122	7	62	8	4	23
	61.9%	63.6%	57.9%	61.5%	80.0%	82.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q10. PCPs ONLY - As part of the initial medical assessment for patients 18 and older, do you include a nationally recognized Depression Screening, such as the PHQ-9, PHQ-2, Beck Inventory, or Zung Rating Scale?

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	178	10	105	10	5	24
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	69	1	17	9	-	12
Always	80	2	44	5	3	14
	44.9%	20.0%	41.9%	50.0%	60.0%	58.3%
Usually	34	5	21	1	-	5
	19.1%	50.0%	20.0%	10.0%		20.8%
Sometimes	37	-	25	-	2	5
	20.8%		23.8%		40.0%	20.8%
Never	27	3	15	4	-	-
	15.2%	30.0%	14.3%	40.0%		
Summary Rate - Always/ Usually	114	7	65	6	3	19
	64.0%	70.0%	61.9%	60.0%	60.0%	79.2%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q11. Specialist ONLY-When you see a WVFH member, do you send appropriate documentation back to the patient's PCP, for example progress notes, etc.?

	Total	SURVEY RESPONDENT Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	44	3	30	2	1	4
Total Answering	40	3	28	1	1	4
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	4	-	2	1	-	-
Yes	34	3	24	1	1	3
	85.0%	100.0%	85.7%	100.0%	100.0%	75.0%
No	6	-	4	-	-	1
	15.0%		14.3%			25.0%
Summary Rate - Yes	34	3	24	1	1	3
	85.0%	100.0%	85.7%	100.0%	100.0%	75.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q13. Professionalism and courtesy of your WVFH Provider Relations Representative.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	199	11	113	16	4	29
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	35	-	7	2	-	-
Excellent	45	5	26	1	1	8
	22.6%	45.5%	23.0%	6.3%	25.0%	27.6%
Very good	83	1	52	5	1	12
	41.7%	9.1%	46.0%	31.3%	25.0%	41.4%
Good	57	4	28	9	2	7
	28.6%	36.4%	24.8%	56.3%	50.0%	24.1%
Fair	8	1	4	-	-	1
	4.0%	9.1%	3.5%			3.4%
Poor	6	-	3	1	-	1
	3.0%		2.7%	6.3%		3.4%
N/A	57	3	32	3	2	11
Summary Rate - Excellent/	185	10	106	15	4	27
Very good/Good	93.0%	90.9%	93.8%	93.8%	100.0%	93.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q14. Timeliness of the WVFH Provider Relations Representative when responding to inquiries.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	198	11	110	17	5	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	-	7	1	-	-
Excellent	34	3	16	2	1	9
	17.2%	27.3%	14.5%	11.8%	20.0%	30.0%
Very good	82	3	50	5	2	10
	41.4%	27.3%	45.5%	29.4%	40.0%	33.3%
Good	70	4	38	10	1	9
	35.4%	36.4%	34.5%	58.8%	20.0%	30.0%
Fair	9	1	5	-	1	-
	4.5%	9.1%	4.5%		20.0%	
Poor	3	-	1	-	-	2
	1.5%		0.9%			6.7%
N/A	59	3	35	3	1	10
Summary Rate - Excellent/ Very good/Good	186	10	104	17	4	28
	93.9%	90.9%	94.5%	100.0%	80.0%	93.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q15. Knowledge of the Provider Relations Representative regarding WVFH's policies and procedures.

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	195	11	108	16	5	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	-	7	1	-	-
Excellent	40	4	21	2	1	8
	20.5%	36.4%	19.4%	12.5%	20.0%	26.7%
Very good	78	2	49	5	2	11
	40.0%	18.2%	45.4%	31.3%	40.0%	36.7%
Good	65	5	31	9	2	8
	33.3%	45.5%	28.7%	56.3%	40.0%	26.7%
Fair	10	-	7	-	-	1
	5.1%		6.5%			3.3%
Poor	2	-	-	-	-	2
	1.0%					6.7%
N/A	62	3	37	4	1	10
Summary Rate - Excellent/	183	11	101	16	5	27
Very good/Good	93.8%	100.0%	93.5%	100.0%	100.0%	90.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q16. Your overall satisfaction with the quality of service from your WVFH Provider Relations Representative.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	203	11	114	17	5	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	34	-	7	1	-	-
Excellent	41	6	21	1	2	8
	20.2%	54.5%	18.4%	5.9%	40.0%	25.8%
Very good	79	2	53	5	1	9
	38.9%	18.2%	46.5%	29.4%	20.0%	29.0%
Good	67	2	30	10	2	12
	33.0%	18.2%	26.3%	58.8%	40.0%	38.7%
Fair	10	1	6	1	-	-
	4.9%	9.1%	5.3%	5.9%		
Poor	6	-	4	-	-	2
	3.0%		3.5%			6.5%
N/A	54	3	31	3	1	9
Summary Rate - Excellent/ Very good/Good	187	10	104	16	5	29
	92.1%	90.9%	91.2%	94.1%	100.0%	93.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q17. Quality of written communications, policy bulletins, website material, and manuals.

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	221	12	130	18	4	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	31	-	4	1	-	-
Excellent	38	6	18	3	1	8
	17.2%	50.0%	13.8%	16.7%	25.0%	25.8%
Very good	82	2	57	3	2	10
	37.1%	16.7%	43.8%	16.7%	50.0%	32.3%
Good	78	4	43	9	1	8
	35.3%	33.3%	33.1%	50.0%	25.0%	25.8%
Fair	17	-	9	2	-	4
	7.7%		6.9%	11.1%		12.9%
Poor	6	-	3	1	-	1
	2.7%		2.3%	5.6%		3.2%
N/A	39	2	18	2	2	9
Summary Rate - Excellent/ Very good/Good	198	12	118	15	4	26
	89.6%	100.0%	90.8%	83.3%	100.0%	83.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q18. Consistency of Provider Services Representatives' answer to inquiries.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	209	12	119	20	4	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	-	6	-	-	1
Excellent	30	3	15	4	1	7
	14.4%	25.0%	12.6%	20.0%	25.0%	22.6%
Very good	69	4	41	2	2	9
	33.0%	33.3%	34.5%	10.0%	50.0%	29.0%
Good	87	4	51	12	1	10
	41.6%	33.3%	42.9%	60.0%	25.0%	32.3%
Fair	21	1	12	1	-	4
	10.0%	8.3%	10.1%	5.0%		12.9%
Poor	2	-	-	1	-	1
	1.0%			5.0%		3.2%
N/A	46	2	27	1	2	8
Summary Rate - Excellent/	186	11	107	18	4	26
Very good/Good	89.0%	91.7%	89.9%	90.0%	100.0%	83.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q19. The knowledge of the Provider Services Representative regarding WVFH's policies and procedures.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	210	12	119	20	4	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	-	5	-	-	-
Excellent	32	3	19	1	2	6
	15.2%	25.0%	16.0%	5.0%	50.0%	18.8%
Very good	74	3	44	5	1	12
	35.2%	25.0%	37.0%	25.0%	25.0%	37.5%
Good	88	5	49	13	1	10
	41.9%	41.7%	41.2%	65.0%	25.0%	31.3%
Fair	14	1	6	1	-	3
	6.7%	8.3%	5.0%	5.0%		9.4%
Poor	2	-	1	-	-	1
	1.0%		0.8%			3.1%
N/A	45	2	28	1	2	8
Summary Rate - Excellent/ Very good/Good	194	11	112	19	4	28
	92.4%	91.7%	94.1%	95.0%	100.0%	87.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q20. The professionalism and courtesy of the Provider Services Representative.

		========== SURVEY RESPONDENT ==========				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	215	12	123	19	4	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	36	-	5	-	-	-
Excellent	45	6	24	3	2	10
	20.9%	50.0%	19.5%	15.8%	50.0%	29.4%
Very good	78	2	48	5	2	10
	36.3%	16.7%	39.0%	26.3%	50.0%	29.4%
Good	81	2	47	11	-	13
	37.7%	16.7%	38.2%	57.9%		38.2%
Fair	11	2	4	-	-	1
	5.1%	16.7%	3.3%			2.9%
Poor	-	-	-	-	-	-
N/A	40	2	24	2	2	6
Summary Rate - Excellent/	204	10	119	19	4	33
Very good/Good	94.9%	83.3%	96.7%	100.0%	100.0%	97.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q21. Timeliness of Provider Services Staff when responding to inquiries.

	========== SURVEY RESPONDENT ==========					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	217	12	127	19	4	35
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	39	-	5	-	-	-
Excellent	34	5	17	2	2	8
	15.7%	41.7%	13.4%	10.5%	50.0%	22.9%
Very good	67	2	40	6	1	12
	30.9%	16.7%	31.5%	31.6%	25.0%	34.3%
Good	87	3	54	9	-	10
	40.1%	25.0%	42.5%	47.4%		28.6%
Fair	26	2	14	2	1	4
	12.0%	16.7%	11.0%	10.5%	25.0%	11.4%
Poor	3	-	2	-	-	1
	1.4%		1.6%			2.9%
N/A	35	2	20	2	2	5
Summary Rate - Excellent/ Very good/Good	188	10	111	17	3	30
	86.6%	83.3%	87.4%	89.5%	75.0%	85.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q22. Your satisfaction with clean claims being processed consistently.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	214	12	125	21	4	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	-	8	-	-	1
Excellent	29	3	14	2	2	8
	13.6%	25.0%	11.2%	9.5%	50.0%	25.0%
Very good	63	2	41	5	-	8
	29.4%	16.7%	32.8%	23.8%		25.0%
Good	91	6	50	11	1	13
	42.5%	50.0%	40.0%	52.4%	25.0%	40.6%
Fair	27	1	17	3	1	3
	12.6%	8.3%	13.6%	14.3%	25.0%	9.4%
Poor	4	-	3	-	-	-
	1.9%		2.4%			
N/A	33	2	19	-	2	7
Summary Rate - Excellent/	183	11	105	18	3	29
Very good/Good	85.5%	91.7%	84.0%	85.7%	75.0%	90.6%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q23. Your satisfaction with clean claims being paid in a timely manner.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	207	12	119	21	4	30
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	42	-	7	-	-	1
Excellent	29	4	12	4	2	7
	14.0%	33.3%	10.1%	19.0%	50.0%	23.3%
Very good	59	1	39	2	-	10
	28.5%	8.3%	32.8%	9.5%		33.3%
Good	92	6	50	12	1	10
	44.4%	50.0%	42.0%	57.1%	25.0%	33.3%
Fair	24	1	15	3	1	3
	11.6%	8.3%	12.6%	14.3%	25.0%	10.0%
Poor	3	-	3	-	-	-
	1.4%		2.5%			
N/A	42	2	26	-	2	9
Summary Rate - Excellent/ Very good/Good	180	11	101	18	3	27
	87.0%	91.7%	84.9%	85.7%	75.0%	90.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
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Q24. Your overall satisfaction with the claims review and/or appeals process.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	198	12	109	20	5	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	-	8	1	-	-
Excellent	27	3	12	3	2	7
	13.6%	25.0%	11.0%	15.0%	40.0%	20.6%
Very good	49	3	31	2	1	8
	24.7%	25.0%	28.4%	10.0%	20.0%	23.5%
Good	82	4	47	12	1	13
	41.4%	33.3%	43.1%	60.0%	20.0%	38.2%
Fair	32	2	15	2	1	5
	16.2%	16.7%	13.8%	10.0%	20.0%	14.7%
Poor	8	-	4	1	-	1
	4.0%		3.7%	5.0%		2.9%
N/A	47	2	35	-	1	6
Summary Rate - Excellent/	158	10	90	17	4	28
Very good/Good	79.8%	83.3%	82.6%	85.0%	80.0%	82.4%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24A. If dissatisfied, in what area are you dissatisfied?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	40	2	19	3	1	6
Total Answering	23	1	13	2	-	4
	100.0%	100.0%	100.0%	100.0%		100.0%
No Answer	17	1	6	1	1	2
Claims Review	10	-	7	-	-	2
	43.5%		53.8%			50.0%
Appeals process	13	1	6	2	-	2
	56.5%	100.0%	46.2%	100.0%		50.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q24B. Why the dissatisfaction?

		========== SURVEY RESPONDENT ==========				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	40	2	19	3	1	6
Total Answering	27	1	15	2	-	5
	100.0%	100.0%	100.0%	100.0%		100.0%
No Answer	13	1	4	1	1	1
Timeliness	4	-	3	-	-	-
	14.8%		20.0%			
Consistency	2	1	-	-	-	1
	7.4%	100.0%				20.0%
Outcome	13	-	7	2	-	2
	48.1%		46.7%	100.0%		40.0%
Other	8	-	5	-	-	2
	29.6%		33.3%			40.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q25. When calling the Provider Services Department, the hours of availability meet your practice's needs.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	204	10	127	16	5	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	55	1	8	2	1	2
Yes	200	9	124	16	5	33
	98.0%	90.0%	97.6%	100.0%	100.0%	100.0%
No	4	1	3	-	-	-
	2.0%	10.0%	2.4%			
N/A	32	3	17	3	-	5
Summary Rate - Yes	200	9	124	16	5	33
	98.0%	90.0%	97.6%	100.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q26. Your knowledge of which services require an authorization.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	236	14	144	20	6	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	40	-	-	-	-	2
Excellent	35	5	14	1	1	11
	14.8%	35.7%	9.7%	5.0%	16.7%	32.4%
Very good	65	2	43	4	2	9
	27.5%	14.3%	29.9%	20.0%	33.3%	26.5%
Good	100	5	69	11	1	9
	42.4%	35.7%	47.9%	55.0%	16.7%	26.5%
Fair	29	2	13	3	2	5
	12.3%	14.3%	9.0%	15.0%	33.3%	14.7%
Poor	7	-	5	1	-	-
	3.0%		3.5%	5.0%		
N/A	15	-	8	1	-	4
Summary Rate - Excellent/ Very good/Good	200	12	126	16	4	29
	84.7%	85.7%	87.5%	80.0%	66.7%	85.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q27. UM staff's clinical knowledge.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	220	14	132	17	6	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	44	-	2	1	-	1
Excellent	34	4	17	1	2	10
	15.5%	28.6%	12.9%	5.9%	33.3%	27.8%
Very good	56	2	33	5	2	10
	25.5%	14.3%	25.0%	29.4%	33.3%	27.8%
Good	109	5	72	8	2	13
	49.5%	35.7%	54.5%	47.1%	33.3%	36.1%
Fair	15	1	7	2	-	3
	6.8%	7.1%	5.3%	11.8%		8.3%
Poor	6	2	3	1	-	-
	2.7%	14.3%	2.3%	5.9%		
N/A	27	-	18	3	-	3
Summary Rate - Excellent/ Very good/Good	199	11	122	14	6	33
	90.5%	78.6%	92.4%	82.4%	100.0%	91.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q28. UM staff's consistency in the authorization process.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	222	14	135	17	6	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	46	-	3	1	-	1
Excellent	36	3	19	1	3	10
	16.2%	21.4%	14.1%	5.9%	50.0%	27.8%
Very good	56	5	32	4	1	10
	25.2%	35.7%	23.7%	23.5%	16.7%	27.8%
Good	101	2	68	9	1	13
	45.5%	14.3%	50.4%	52.9%	16.7%	36.1%
Fair	22	2	12	2	1	3
	9.9%	14.3%	8.9%	11.8%	16.7%	8.3%
Poor	7	2	4	1	-	-
	3.2%	14.3%	3.0%	5.9%		
N/A	23	-	14	3	-	3
Summary Rate - Excellent/ Very good/Good	193	10	119	14	5	33
	86.9%	71.4%	88.1%	82.4%	83.3%	91.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q29. Physician reviewer's decision-making is clearly communicated by WVFH.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	216	14	130	18	5	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	-	4	-	-	1
Excellent	34	5	15	1	2	10
	15.7%	35.7%	11.5%	5.6%	40.0%	31.3%
Very good	56	2	32	6	2	10
	25.9%	14.3%	24.6%	33.3%	40.0%	31.3%
Good	104	5	70	9	1	11
	48.1%	35.7%	53.8%	50.0%	20.0%	34.4%
Fair	15	1	9	1	-	1
	6.9%	7.1%	6.9%	5.6%		3.1%
Poor	7	1	4	1	-	-
	3.2%	7.1%	3.1%	5.6%		
N/A	30	-	18	3	1	7
Summary Rate - Excellent/	194	12	117	16	5	31
Very good/Good	89.8%	85.7%	90.0%	88.9%	100.0%	96.9%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q30. Professionalism/courtesy of the UM staff representative.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	217	13	133	17	6	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	-	2	-	-	1
Excellent	45	7	19	2	3	12
	20.7%	53.8%	14.3%	11.8%	50.0%	36.4%
Very good	68	1	45	5	2	13
	31.3%	7.7%	33.8%	29.4%	33.3%	39.4%
Good	94	4	62	9	1	8
	43.3%	30.8%	46.6%	52.9%	16.7%	24.2%
Fair	8	1	6	-	-	-
	3.7%	7.7%	4.5%			
Poor	2	-	1	1	-	-
	0.9%		0.8%	5.9%		
N/A	29	1	17	4	-	6
Summary Rate - Excellent/ Very good/Good	207	12	126	16	6	33
	95.4%	92.3%	94.7%	94.1%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q31. Your overall satisfaction with the UM process.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	222	14	135	19	6	33
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	45	-	2	-	-	1
Excellent	34	5	16	1	3	9
	15.3%	35.7%	11.9%	5.3%	50.0%	27.3%
Very good	65	2	40	6	1	12
	29.3%	14.3%	29.6%	31.6%	16.7%	36.4%
Good	94	3	58	11	2	11
	42.3%	21.4%	43.0%	57.9%	33.3%	33.3%
Fair	21	2	16	-	-	1
	9.5%	14.3%	11.9%			3.0%
Poor	8	2	5	1	-	-
	3.6%	14.3%	3.7%	5.3%		
N/A	24	-	15	2	-	6
Summary Rate - Excellent/ Very good/Good	193	10	114	18	6	32
	86.9%	71.4%	84.4%	94.7%	100.0%	97.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q32. When calling the Utilization Management Department, the hours of availability meet your practice's needs.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	218	14	133	18	6	34
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	48	-	5	-	-	1
Yes	211	11	131	17	6	33
	96.8%	78.6%	98.5%	94.4%	100.0%	97.1%
No	7	3	2	1	-	1
	3.2%	21.4%	1.5%	5.6%		2.9%
N/A	25	-	14	3	-	5
Summary Rate - Yes	211	11	131	17	6	33
	96.8%	78.6%	98.5%	94.4%	100.0%	97.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q33. Your knnowledge of which services require a referral.

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	208	12	130	17	5	31
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	49	-	4	-	1	2
Yes	192	12	118	17	5	30
	92.3%	100.0%	90.8%	100.0%	100.0%	96.8%
No	16	-	12	-	-	1
	7.7%		9.2%			3.2%
N/A	34	2	18	4	-	7
Summary Rate - Yes	192	12	118	17	5	30
	92.3%	100.0%	90.8%	100.0%	100.0%	96.8%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q34. PCPs Only - The ease of generating a referral through Digital Voice Assistant (DIVA).

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	114	6	68	7	1	21
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	56	-	4	7	-	4
Excellent	11	2	3	1	-	4
	9.6%	33.3%	4.4%	14.3%		19.0%
Very good	29	-	20	-	-	4
	25.4%		29.4%			19.0%
Good	44	2	23	5	-	11
	38.6%	33.3%	33.8%	71.4%		52.4%
Fair	25	1	18	1	1	2
	21.9%	16.7%	26.5%	14.3%	100.0%	9.5%
Poor	5	1	4	-	-	-
	4.4%	16.7%	5.9%			
N/A	77	5	50	5	4	11
Summary Rate - Excellent/ Very good/Good	84	4	46	6	-	19
	73.7%	66.7%	67.6%	85.7%		90.5%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q35. PCPs ONLY-If your patients have utilized the Asthma Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	49	5	27	5	2	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	78	-	18	9	1	10
Yes	47	5	26	4	2	5
	95.9%	100.0%	96.3%	80.0%	100.0%	100.0%
No	2	-	1	1	-	-
	4.1%		3.7%	20.0%		
N/A	120	6	77	5	2	21
Summary Rate - Yes	47	5	26	4	2	5
	95.9%	100.0%	96.3%	80.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q36. PCPs ONLY-If your patients have utilized the Diabetes Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	61	5	37	5	2	5
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	81	-	19	9	1	10
Yes	59	5	36	4	2	5
	96.7%	100.0%	97.3%	80.0%	100.0%	100.0%
No	2	-	1	1	-	-
	3.3%		2.7%	20.0%		
N/A	105	6	66	5	2	21
Summary Rate - Yes	59	5	36	4	2	5
	96.7%	100.0%	97.3%	80.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q37. PCPs ONLY-If your patients have utilized the Cardiac Disease Management Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	52	4	31	4	2	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	77	-	16	9	1	9
Yes	49	4	30	3	2	6
	94.2%	100.0%	96.8%	75.0%	100.0%	100.0%
No	3	-	1	1	-	-
	5.8%		3.2%	25.0%		
N/A	118	7	75	6	2	21
Summary Rate - Yes	49	4	30	3	2	6
	94.2%	100.0%	96.8%	75.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q38. PCPs ONLY-If your patients have utilized the COPD Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

	========== SURVEY RESPONDENT ==========					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	53	3	33	4	1	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	74	-	13	8	1	9
Yes	51	3	33	3	1	6
	96.2%	100.0%	100.0%	75.0%	100.0%	100.0%
No	2	-	-	1	-	-
	3.8%			25.0%		
N/A	120	8	76	7	3	21
Summary Rate - Yes	51	3	33	3	1	6
	96.2%	100.0%	100.0%	75.0%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q39. PCPs and OB/GYN ONLY-If your patients have utilized the MOM Matters High Risk Maternity Program, do you feel your patients benefit from the program? (If not a doctor, collaborate with physician.)

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	283	13	146	21	5	40
Total Answering	40	3	28	2	-	4
	100.0%	100.0%	100.0%	100.0%		100.0%
No Answer	93	1	23	11	-	14
Yes	37	3	28	1	-	3
	92.5%	100.0%	100.0%	50.0%		75.0%
No	3	-	-	1	-	1
	7.5%			50.0%		25.0%
N/A	150	9	95	8	5	22
Summary Rate - Yes	37	3	28	1	-	3
	92.5%	100.0%	100.0%	50.0%		75.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q40. PCPs Only - If you have conducted EPSDT screens in your office, your overall satisfaction with EPSDT program is:

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	247	11	122	19	5	36
Total Answering	104	6	66	8	2	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	70	-	11	7	1	7
Excellent	21	3	10	1	1	3
	20.2%	50.0%	15.2%	12.5%	50.0%	23.1%
Very good	31	2	21	2	-	6
	29.8%	33.3%	31.8%	25.0%		46.2%
Good	45	1	29	4	1	4
	43.3%	16.7%	43.9%	50.0%	50.0%	30.8%
Fair	7	-	6	1	-	-
	6.7%		9.1%	12.5%		
Poor	-	-	-	-	-	-
N/A	73	5	45	4	2	16
Summary Rate - Excellent/	97	6	60	7	2	13
Very good/Good	93.3%	100.0%	90.9%	87.5%	100.0%	100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q41. Consistency across all departments at WVFH is:

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	199	14	125	20	6	27
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	53	-	4	-	-	1
Very consistent	109	8	65	8	6	18
	54.8%	57.1%	52.0%	40.0%	100.0%	66.7%
Somewhat consistent	84	5	58	10	-	8
	42.2%	35.7%	46.4%	50.0%		29.6%
Not consistent	6	1	2	2	-	1
	3.0%	7.1%	1.6%	10.0%		3.7%
N/A	39	-	23	1	-	12
Summary Rate - Very consistent/Somewhat consistent	193	13	123	18	6	26
	97.0%	92.9%	98.4%	90.0%	100.0%	96.3%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q42. Would you recommend WVFH to other physicians' practices?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	233	14	147	21	6	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	-	5	-	-	4
Definitely yes	80	6	46	9	3	14
	34.3%	42.9%	31.3%	42.9%	50.0%	38.9%
Probably yes	137	7	91	12	3	19
	58.8%	50.0%	61.9%	57.1%	50.0%	52.8%
Probably not	12	1	9	-	-	1
	5.2%	7.1%	6.1%			2.8%
Definitely not	4	-	1	-	-	2
	1.7%		0.7%			5.6%
Summary Rate - Definitely yes/Probably yes	217	13	137	21	6	33
	93.1%	92.9%	93.2%	100.0%	100.0%	91.7%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q43. Please mark who is completing this survey. (Mark only one)

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	233	14	152	21	6	40
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	58	-	-	-	-	-
Practitioner	14	14	-	-	-	-
	6.0%	100.0%				
Office Manager	152	-	152	-	-	-
	65.2%		100.0%			
Billing Coordinator	21	-	-	21	-	-
	9.0%			100.0%		
Referral Specialist	6	-	-	-	6	-
	2.6%				100.0%	
Other	40	-	-	-	-	40
	17.2%					100.0%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q46. Overall satisfaction with WVFH?

	SURVEY RESPONDENT					
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	226	14	141	21	5	38
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	65	-	11	-	1	2
Very satisfied	115	8	70	10	4	20
	50.9%	57.1%	49.6%	47.6%	80.0%	52.6%
Somewhat satisfied	82	5	52	8	1	15
	36.3%	35.7%	36.9%	38.1%	20.0%	39.5%
Neither	20	1	13	2	-	1
	8.8%	7.1%	9.2%	9.5%		2.6%
Somewhat dissatisfied	6	-	5	1	-	-
	2.7%		3.5%	4.8%		
Very dissatisfied	3	-	1	-	-	2
	1.3%		0.7%			5.3%
Summary Rate - Very satisfied/Somewhat satisfied	197	13	122	18	5	35
	87.2%	92.9%	86.5%	85.7%	100.0%	92.1%

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

West Virginia Family Health
Practitioner Provider Satisfaction Survey (9128379)

Q47. Are you complying with WV Code §16-4-6, WV Code §16-25-3, and WV Legislative Rules Title 64, Series to report certain diseases, infections, conditions, or outbreaks such as but not limited to: chicken pox, lead poisoning, Lyme disease, mumps?

		SURVEY RESPONDENT				
	Total	Prctitionr	Office Manager	Billing Crdinator	Referral Specialist	Other
Total	291	14	152	21	6	40
Total Answering	206	12	136	19	5	27
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No Answer	85	2	16	2	1	13
Yes	203	12	134	18	5	27
	98.5%	100.0%	98.5%	94.7%	100.0%	100.0%
No	3	-	2	1	-	-
	1.5%		1.5%	5.3%		

Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30).

SPH analytics™

Empowering Healthcare Transformation

Quality Improvement Consulting

SPH Analytics Can Help You Identify Opportunities to Improve Performance

SPH Analytics' Quality Consulting Services help evaluate initiatives for potential improvement based on the survey data provided and best industry practices through consultation with your organization's team members. An in-depth analysis can help organizations identify strengths and weaknesses, as well as opportunities to improve performance.

Harnessing the Power of Information

SPHA Consulting Services help organizations develop initiatives and solutions for improved performance, patient/member satisfaction, and improvement in scores and ratings.

Action Plans for Improvement

SPHA consultants work with you to develop action plans for improvement. Our experienced consultants have extensive backgrounds in quality improvement, healthcare research, and program evaluation and development. Consultants have worked with and for leading healthcare organizations to implement process improvements and strategic initiatives.

Stars/Scores Improvement

We understand Star Ratings and scores improvement is important to your organization. As a leader in healthcare transformation, SPHA helps you evaluate your organization's performance to develop a realistic plan for improvement. SPHA looks beyond typical measures to help you gain a more meaningful understanding of patient and member sentiment. SPHA consultants help guide your performance improvement initiatives.

The answers are not always easy to find. However, there are steps you can take to bring you closer to your goals. SPHA's knowledgeable consultants help you develop plans that empower long-term success in the rapidly changing healthcare environment.

Benefits of SPHA's Consulting Services:

- Gain insight and information based on overall findings
- Examine organizational strengths and weaknesses and their impact on performance
- Identify common themes, best practices, and calls to action
- Develop action plans for improvement
- Improve ratings and scores

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

THANK YOU. ***Please return the completed survey in the postage-paid envelope.***

SPH Analytics
Attn: Survey Processing Department
PO Box 100072
Duluth, GA 30096-9876
Toll-Free: **1-877-476-7538**

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West Virginia Family Health

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

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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 1-877-476-7538.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in

West Virginia Family Health.

Is that right?
☐1 Yes ➔ **If Yes, Go to Question 3**
☐2 No

2. What is the name of your child's health plan? (please print)

_____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
☐1 Yes
☐2 No ➔ **If No, Go to Question 5**

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
☐1 Never
☐2 Sometimes
☐3 Usually
☐4 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
☐1 Yes
☐2 No ➔ **If No, Go to Question 7**

6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
☐1 Never
☐2 Sometimes
☐3 Usually
☐4 Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
☐1 None ➔ **If None, Go to Question 15**
☐2 1 time
☐3 2
☐4 3
☐5 4
☐6 5 to 9
☐7 10 or more times

8. **In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?**
   - ☐1 Yes
   - ☐2 No

9. **In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?**
   - ☐1 Yes
   - ☐2 No ➔ **If No, Go to Question 13**

10. **Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?**
    - ☐1 Yes
    - ☐2 No

11. **Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?**
    - ☐1 Yes
    - ☐2 No

12. **When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?**
    - ☐1 Yes
    - ☐2 No

13. **Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?**

Worst health care possible										Best health care possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

14. **In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

YOUR CHILD'S PERSONAL DOCTOR

15. **A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?**
    - ☐1 Yes
    - ☐2 No ➔ **If No, Go to Question 27**

16. **In the last 6 months, how many times did your child visit his or her personal doctor for care?**
    - ☐1 None ➔ **If None, Go to Question 26**
    - ☐2 1 time
    - ☐3 2
    - ☐4 3
    - ☐5 4
    - ☐6 5 to 9
    - ☐7 10 or more times

17. **In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

18. **In the last 6 months, how often did your child's personal doctor listen carefully to you?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

19. **In the last 6 months, how often did your child's personal doctor show respect for what you had to say?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

20. **Is your child able to talk with doctors about his or her health care?**
    - ☐1 Yes
    - ☐2 No ➔ **If No, Go to Question 22**

21. **In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

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53. If your child had a problem seeing a specialist, please indicate what the problem(s) were related to. (Mark all that apply)

- ☐ A Getting the referral in a timely manner
- ☐ B Scheduling an appointment as soon as my child needed
- ☐ C Quality of specialist
- ☐ D Could not see the specialist I originally requested or preferred
- ☐ E Other (Specify): _____
- ☐ F My child did not have any problems seeing a specialist

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- ☐ 1 Yes
- ☐ 2 No

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 26**

25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

Worst personal doctor possible										Best personal doctor possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> include dental visits or care your child got when he or she stayed overnight in a hospital.

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?

- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 31**

28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

29. How many specialists has your child seen in the last 6 months?

- ☐ 1 None ➔ **If None, Go to Question 31**
- ☐ 2 1 specialist
- ☐ 3 2
- ☐ 4 3
- ☐ 5 4
- ☐ 6 5 or more specialists

30. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Worst specialist possible										Best specialist possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

31. In the last 6 months, did you get information or help from customer service at your child's health plan?
- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 34**

32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?
- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

34. In the last 6 months, did your child's health plan give you any forms to fill out?
- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 36**

35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?
- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

Worst health plan possible										Best health plan possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

ABOUT YOUR CHILD AND YOU

37. In general, how would you rate your child's overall health?
- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

38. In general, how would you rate your child's overall mental or emotional health?
- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

39. What is your child's age?
- ☐ 00 Less than 1 year old
- ☐☐ YEARS OLD *(write in)*

40. Is your child male or female?
- ☐ 1 Male
- ☐ 2 Female

41. Is your child of Hispanic or Latino origin or descent?
- ☐ 1 Yes, Hispanic or Latino
- ☐ 2 No, not Hispanic or Latino

42. What is your child's race? Mark one or more.
- ☐ A White
- ☐ B Black or African-American
- ☐ C Asian
- ☐ D Native Hawaiian or other Pacific Islander
- ☐ E American Indian or Alaska Native
- ☐ F Other

43. What is your age?
- ☐ 1 Under 18
- ☐ 2 18 to 24
- ☐ 3 25 to 34
- ☐ 4 35 to 44
- ☐ 5 45 to 54
- ☐ 6 55 to 64
- ☐ 7 65 to 74
- ☐ 8 75 or older

44. Are you male or female?
- ☐ 1 Male
- ☐ 2 Female

45. What is the highest grade or level of school that you have completed?
- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

46. How are you related to the child?
- ☐ 1 Mother or father
- ☐ 2 Grandparent
- ☐ 3 Aunt or uncle
- ☐ 4 Older brother or sister
- ☐ 5 Other relative
- ☐ 6 Legal guardian
- ☐ 7 Someone else

47. Did someone help you complete this survey?
- ☐ 1 Yes ➔ **If Yes, Go to Question 48**
- ☐ 2 No ➔ **If No, Go to Question 49**

48. How did that person help you? Mark one or more.
- ☐ A Read the questions to me
- ☐ B Wrote down the answers I gave
- ☐ C Answered the questions for me
- ☐ D Translated the questions into my language
- ☐ E Helped in some other way

Now we would like to ask a few more questions about the services your child's health plan provides

49. In the last 6 months when you called your child's health plan's customer service, what information or help did you want? (Mark all that apply)
- ☐ A Information about what services and benefits are covered
- ☐ B To find out if your child needed prior authorization for something
- ☐ C Help in finding a provider
- ☐ D Help in understanding a bill or statement
- ☐ E Information on payment to provider(s)
- ☐ F Information about eligibility for services
- ☐ G Information about how to change or switch to a different health plan
- ☐ H Other (specify) _____
- ☐ I I did not call my child's health plan's customer service in the last 6 months ➔ **Go to Question 51**

50. If you called West Virginia Family Health Member Services for your child, and you thought the service could be better, what was the reason?
- ☐ 1 Representative I spoke to did not seem to know the answer to my question
- ☐ 2 I felt rushed
- ☐ 3 It was hard to get to a live person on the phone
- ☐ 4 The representative I spoke to was not friendly and did not make me feel important
- ☐ 5 I was satisfied with the phone call
- ☐ 6 Other reason

51. If you had a problem understanding the benefits your child's health plan offers, what information did you find hard to understand? (Mark all that apply)
- ☐ A Copays, coinsurance, deductibles
- ☐ B Pharmacy benefits and the plan formulary
- ☐ C Inpatient hospitalization
- ☐ D Emergency Care
- ☐ E In-network versus out-of-network care
- ☐ F Lab and radiology
- ☐ G Preventive care
- ☐ H Other (specify) _____
- ☐ I I did not find it hard to understand the benefits from my child's health plan

52. In the last 6 months, if you had a problem getting the care, tests, or treatment you thought your child needed through your health plan, what was the main problem you had? (Please select only one)
- ☐ 1 Plan did not approve my child's care, tests, or treatment
- ☐ 2 Care, tests, or treatment delayed while waiting for plan's approval
- ☐ 3 Providers I wanted my child to see were not in plan or network
- ☐ 4 Could not get an appointment with provider at a convenient time
- ☐ 5 The cost to me for my child's care, tests, or treatment was too high
- ☐ 6 Brand name medications I wanted cost more than the generic available
- ☐ 7 The cost of my child's medications was too high
- ☐ 8 Problem getting plan to pay claims after getting care, tests, or treatment
- ☐ 9 Problem getting a referral to a specialist
- ☐ 10 Other (specify) _____

THANK YOU. ***Please return the completed survey in the postage-paid envelope.***

SPH Analytics
Attn: Survey Processing Department
PO Box 100072
Duluth, GA 30096-9876
Toll-Free: **1-877-476-7538**

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West Virginia Family Health

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

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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 1-877-476-7538.

1. Our records show that you are now in

West Virginia Family Health.

Is that right?
☐1 Yes ➔ **If Yes, Go to Question 3**
☐2 No

2. What is the name of your health plan? (Please print)

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
☐1 Yes
☐2 No ➔ **If No, Go to Question 5**

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
☐1 Never
☐2 Sometimes
☐3 Usually
☐4 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
☐1 Yes
☐2 No ➔ **If No, Go to Question 7**

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
☐1 Never
☐2 Sometimes
☐3 Usually
☐4 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
☐1 None ➔ **If None, Go to Question 15**
☐2 1 time
☐3 2
☐4 3
☐5 4
☐6 5 to 9
☐7 10 or more times

8. **In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?**
   - ☐1 Yes
   - ☐2 No

9. **In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?**
   - ☐1 Yes
   - ☐2 No ➔ **If No, Go to Question 13**

10. **Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?**
    - ☐1 Yes
    - ☐2 No

11. **Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?**
    - ☐1 Yes
    - ☐2 No

12. **When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?**
    - ☐1 Yes
    - ☐2 No

13. **Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?**

Worst health care possible										Best health care possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

14. **In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

YOUR PERSONAL DOCTOR

15. **A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?**
    - ☐1 Yes
    - ☐2 No ➔ **If No, Go to Question 24**

16. **In the last 6 months, how many times did you visit your personal doctor to get care for yourself?**
    - ☐1 None ➔ **If None, Go to Question 23**
    - ☐2 1 time
    - ☐3 2
    - ☐4 3
    - ☐5 4
    - ☐6 5 to 9
    - ☐7 10 or more times

17. **In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

18. **In the last 6 months, how often did your personal doctor listen carefully to you?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

19. **In the last 6 months, how often did your personal doctor show respect for what you had to say?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

20. **In the last 6 months, how often did your personal doctor spend enough time with you?**
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

21. **In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?**
    - ☐1 Yes
    - ☐2 No ➔ **If No, Go to Question 23**

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58. In the last 6 months, if you had a problem seeing a specialist, what type of specialist did you need to see?

- ☐ 1 Cardiologist (Heart doctor)
- ☐ 2 Orthopedic (Bone doctor)
- ☐ 3 Surgeon
- ☐ 4 Allergist/ENT
- ☐ 5 Dermatologist (Skin doctor)
- ☐ 6 Psychiatrist (Behavioral Health doctor)
- ☐ 7 Gastroenterologist
- ☐ 8 Obstetrician/Gynecologist
- ☐ 9 Did not have a problem seeing a specialist

22. In the last 6 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?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Worst personal doctor possible										Best personal doctor possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 28**

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

26. How many specialists have you seen in the last 6 months?

- ☐ 1 None ➔ **If None, Go to Question 28**
- ☐ 2 1 specialist
- ☐ 3 2
- ☐ 4 3
- ☐ 5 4
- ☐ 6 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Worst specialist possible										Best specialist possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 30**

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 33**

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 35**

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Worst health plan possible										Best health plan possible
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

ABOUT YOU

36. In general, how would you rate your overall health?
- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

37. In general, how would you rate your overall mental or emotional health?
- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2017?
- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
- ☐ 1 Every day
- ☐ 2 Some days
- ☐ 3 Not at all ➔ **If Not at all, Go to Question 43**
- ☐ 4 Don't know ➔ **If Don't know, Go to Question 43**

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

43. In the last 6 months, did you get health care 3 or more times for the same condition or problem?
- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 45**

44. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
- ☐ 1 Yes
- ☐ 2 No

45. Do you now need or take medicine prescribed by a doctor? Do not include birth control.
- ☐ 1 Yes
- ☐ 2 No ➔ **If No, Go to Question 47**

46. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
- ☐ 1 Yes
- ☐ 2 No

47. What is your age?
- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 or older

48. Are you male or female?
- ☐ 1 Male
- ☐ 2 Female

49. What is the highest grade or level of school that you have completed?
- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?
- ☐ 1 Yes, Hispanic or Latino
- ☐ 2 No, Not Hispanic or Latino

51. What is your race? Mark one or more.
- ☐ A White
- ☐ B Black or African-American
- ☐ C Asian
- ☐ D Native Hawaiian or other Pacific Islander
- ☐ E American Indian or Alaska Native
- ☐ F Other

52. Did someone help you complete this survey?
- ☐ 1 Yes ➔ **If Yes, Go to Question 53**
- ☐ 2 No ➔ **If No, Go to Question 54**

53. How did that person help you? Mark one or more.
- ☐ A Read the questions to me
- ☐ B Wrote down the answers I gave
- ☐ C Answered the questions for me
- ☐ D Translated the questions into my language
- ☐ E Helped in some other way

Now we would like to ask a few more questions about the services your health plan provides

54. If you experienced a problem with West Virginia Family Health's customer service, what was the reason for the problem? (Please select only one)
- ☐ 1 I was on hold too long
- ☐ 2 My issue took longer to resolve than communicated
- ☐ 3 The Customer Service Representative was not knowledgeable
- ☐ 4 I received inaccurate/incomplete information
- ☐ 5 I was transferred from department to department
- ☐ 6 The Customer Service Representative was disinterested or rude
- ☐ 7 I made multiple calls on the same issue
- ☐ 8 The Customer Service Rep did not clearly explain information
- ☐ 9 I did not have a problem with customer service

55. In the last 6 months, when you called your health plan's customer service with a question, complaint, or problem, how many calls did it take for you to get the help or information you needed?
- ☐ 1 1 call
- ☐ 2 2 calls
- ☐ 3 3 or more calls
- ☐ 4 My question, complaint, or problem was never resolved to my satisfaction
- ☐ 5 I did not call my health plan's customer service in the last 6 months

56. In the last 6 months, if you had a problem getting the care, tests, or treatment you thought you needed through your health plan, what was the main problem you had?
- ☐ 1 Plan did not approve my care, tests, or treatment
- ☐ 2 Care, tests, or treatment delayed while waiting for plan's approval
- ☐ 3 Providers I wanted to see were not in my plan or network
- ☐ 4 Could not get an appointment with a provider at a convenient time
- ☐ 5 The cost for care, tests, or treatment was too high for me
- ☐ 6 Brand name medications I wanted cost more than the generic available
- ☐ 7 The cost of my medications was too high
- ☐ 8 Problems getting my plan to pay claims after getting care, tests, or treatment
- ☐ 9 Problems getting a referral to a specialist
- ☐ 10 Other (specify) _____
- ☐ 11 I did not have a problem getting care, tests, or treatment

57. Please select any of the following reasons that made it hard for you to see a specialist as soon as you needed. (Mark all that apply)
- ☐ A Appointment times were not available soon enough
- ☐ B Office hours were inconvenient
- ☐ C I had trouble reaching the specialist office by telephone
- ☐ D Specialist and/or procedures were not a covered benefit
- ☐ E The specialist office is located too far away
- ☐ F Not enough specialists to choose from
- ☐ G I spent too much time in the waiting room after my scheduled appointment time
- ☐ H I spent too much time in the exam room while waiting to see the doctor
- ☐ I I did not know what type of specialist to see
- ☐ J I thought I needed a referral, but did not
- ☐ K The specialist I needed to see was out of network
- ☐ L I did not have a problem seeing a specialist
- ☐ M I have not seen a specialist in the last 6 months

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Report of Results of

Aetna Better Health of West Virginia

2017 HEDIS®/CAHPS® Health Plan Survey

Child Medicaid Version

for Medicaid Members Enrolled as of December 31, 2016

CSS
Center for the Study of Services

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WHAT'S NEW IN 2017

NCQA 2017 HEDIS/CAHPS SURVEY UPDATES

NCQA introduced the following changes to the HEDIS/CAHPS survey methodology this year:

- The sampling methodology was revised to include deduplication of sample frames by household prior to systematic sample selection.
- An interim (test) data submission requirement was added to ensure a smooth data submission process of final survey results.
- A requirement for approval of new custom taglines for survey materials was added.
- Survey disposition codes were revised.

ABOUT THIS REPORT

The key features of this 2017 HEDIS/CAHPS report, prepared by CSS for Aetna Better Health of West Virginia, hereafter referred to as ABH West Virginia HMO, are highlighted below.

- All survey results presented in this report were calculated by CSS following the NCQA guidelines published in *HEDIS 2017, Volume 3: Specifications for Survey Measures*. To support the plan's quality improvement efforts, results are presented for all measures, regardless of whether the plan submits survey data to NCQA or achieves the NCQA-required minimum of 100 valid responses. Any result shown in this report that does not meet the NCQA reporting threshold of 100 valid responses is marked as "NA".

- Throughout the report, 2017 ABH West Virginia HMO results are compared to national benchmark scores, represented by the 2017 CSS Child Medicaid Average and the 2016 NCQA Child Medicaid National Average for All Lines of Business (LOBs). The 2017 CSS Child Medicaid Average is calculated by pooling survey responses across eight representative Child Medicaid plans surveyed by CSS. The 2016 NCQA Child Medicaid National Average (All LOBs) is made up of Child Medicaid plans that submitted data to NCQA last year.

- *Executive Summary* provides a high-level overview of survey findings for ABH West Virginia HMO. This section highlights areas of plan performance that are significantly above or below national benchmarks. If prior-year survey results are available, any statistically significant improvements or declines on key survey measures and changes in the plan's NCQA Accreditation percentiles are also noted. The plan's top priorities for quality improvement based on CSS's *Key Driver Analysis* are identified.

- *Summary of Survey Results* presents the plan's scores on key survey measures, including question summary rates (QSRs), global proportions, means, and NCQA Accreditation percentiles; changes in QSR and global proportion scores from the previous year (if applicable); and comparisons to relevant national benchmarks. Statistically significant differences in scores are noted.

- *Detailed Performance Charts* are provided for the rating questions, composite measures, and individual survey items representing the various CAHPS domains of care. The plan's 2017 QSRs and global proportions are compared to the 2017 CSS Child Medicaid Average on all measures. Where appropriate, the 2017 QSRs and global proportions are compared to the 2016 NCQA Child Medicaid National Average (All LOBs) and performance percentiles, calculated by NCQA. Where available, a three-year trend in plan scores is also shown.

- *Scoring for NCQA Accreditation* presents the plan's mean scores on relevant measures, which are used by NCQA for Accreditation scoring. If applicable and/or available, a three-year trend in the plan's scores is shown. The plan's 2017 Accreditation percentile is provided for all measures that meet the NCQA reporting threshold of 100 valid responses. This section of the report is limited to those measures that are scored for NCQA Accreditation.

- *Analysis of Member Characteristics* compares the plan's respondent profile to the national distribution of demographic characteristics and utilization variables (e.g., number of doctor visits, number of specialists seen, etc.). Variation in health plan ratings by member segment is examined.

- *Key Driver Analysis* identifies the areas or dimensions of health plan performance that are closely related to the overall rating of the plan. The CSS *Key Driver Model* quantifies the contribution of each performance area to the overall evaluation of the plan. ABH West Virginia HMO results on each key driver are compared to the highest score among the eight Child Medicaid plans contributing to the 2017 CSS Child Medicaid Average, yielding a measure of available room for improvement in each area. The result is then weighted by the key driver's contribution to the overall *Rating of Health Plan* score. Opportunities for improvement are prioritized based on the expected improvement in the overall health plan rating score due to improved performance on the key driver measure. A separate section of the report highlights some helpful resources for health plan quality improvement.

- The *Appendix* includes:

  - *Survey Results at a Glance*;

  - Detailed cross-tabulations of survey responses for every survey question, with additional tables summarizing performance on key survey measures;

  - Copies of survey materials; and

  - Step-by-step guidelines for calculating composite and rating mean scores and global proportions.

HEDIS/CAHPS 5.0H HEALTH PLAN SURVEY

BACKGROUND

Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and communication skills of providers.

The National Committee for Quality Assurance (NCQA) uses the Health Plan CAHPS survey in its Health Plan Accreditation Program as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures health plan performance on important dimensions of care and service and is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. For health plans seeking NCQA Accreditation, the Health Plan CAHPS survey represents the member satisfaction component of the HEDIS measurement set. The survey measures member *Satisfaction with the Experience of Care* and gives a general indication of how well the health plan meets members' expectations. Surveyed members are asked to rate various aspects of the health plan based on their experience with the plan during the previous six months.

EXECUTIVE SUMMARY

CSS administered the Child Medicaid version of the 2017 HEDIS/CAHPS Health Plan Survey on behalf of ABH West Virginia HMO between February 17 and May 11, 2017. The final survey sample for ABH West Virginia HMO included 1,815 members. 424 members completed the survey, resulting in the NCQA response rate of 23.57 percent. This section highlights some of the key survey findings, including statistically significant improvements or declines on reportable CAHPS ratings and composites compared to 2016 (if applicable) and differences from national benchmarks. Results are based on the rates of members answering *8*, *9*, or *10* for ratings; *Yes* for the *Shared Decision Making* composite; and *Usually* or *Always* for all other composites. Statistical significance tests were conducted at the 95% confidence level. Changes in the plan's estimated NCQA Accreditation percentiles from 2016 (if applicable) as well as its top priorities for quality improvement are also listed.

CAHPS RATINGS AND COMPOSITES SHOWING STATISTICALLY SIGNIFICANT IMPROVEMENTS OR DECLINES COMPARED TO 2016

Reportable Plan Rate IMPROVED	Reportable Plan Rate DECLINED
No statistically significant improvements	No statistically significant declines

CAHPS RATINGS AND COMPOSITES SHOWING STATISTICALLY SIGNIFICANT DIFFERENCES FROM NATIONAL BENCHMARKS

Reportable Plan Rate ABOVE National Benchmark	Reportable Plan Rate BELOW National Benchmark
National Benchmark: 2017 CSS Child Medicaid Average	
Getting Needed Care (by 5.9 points) Getting Care Quickly (by 3.95 points)	None
National Benchmark: 2016 NCQA Child Medicaid National Average, All LOBs	
Getting Needed Care (by 9.61 points) Getting Care Quickly (by 7.57 points) How Well Doctors Communicate (by 2.94 points)	None

CHANGE IN PLAN'S ESTIMATED NCQA ACCREDITATION PERCENTILES FROM 2016 TO 2017

NCQA Accreditation Percentile IMPROVED or 90th Percentile MAINTAINED	NCQA Accreditation Percentile DECLINED
Getting Needed Care (from 75th to 90th percentile) Getting Care Quickly (remained at 90th percentile) How Well Doctors Communicate (remained at 90th percentile; retired from Accreditation in 2015)	Rating of Personal Doctor (from 90th to 75th percentile) Rating of All Health Care (from 75th to 25th percentile) Rating of Health Plan (from 75th to below 25th percentile) Coordination of Care (from 90th to 50th percentile)

TOP PRIORITIES FOR QUALITY IMPROVEMENT IDENTIFIED IN KEY DRIVER ANALYSIS

CSS's *Key Driver Analysis* identifies the areas of health plan performance and aspects of member experience that shape members' overall assessment of the plan. To the extent that these areas or experiences can be improved, the overall rating of the plan can be expected to improve as a result. Quality improvement opportunities with the highest return on investment for your plan are identified below. Effective interventions in these areas have the greatest potential impact on the *Rating of Health Plan* score.

Top Priorities for Health Plan Quality Improvement
1. Improving the quality of physicians in the plan's network (personal doctors)
2. Improving member access to care (ease of getting needed care, tests, or treatment)

The remainder of this report examines these and other findings in greater detail.

SURVEY ADMINISTRATION PROTOCOL

CSS administered the Child Medicaid version of the 2017 HEDIS/CAHPS Health Plan Survey on behalf of ABH West Virginia HMO in accordance with the NCQA methodology detailed in *HEDIS 2017, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2017 Survey Measures.* Health plans administering the survey may choose between a mail-only methodology and a mixed (mail with telephone follow-up) methodology. Both of these standard survey protocols include two questionnaire mailings, each followed by a reminder postcard. For plans following the mail-only protocol, non-respondents are sent a third, final survey mailing. Non-respondents from the mixed-methodology samples are contacted by telephone.

ABH West Virginia HMO opted for the mixed with methodology. The standard data collection protocol consisted of the following milestones:

- An initial questionnaire with cover letter, which was mailed on February 17;
- An initial reminder/thank-you postcard, which was mailed on February 22;
- A replacement questionnaire with cover letter, which was mailed on March 24;
- An additional reminder/thank-you postcard, which was mailed on March 29; and
- A telephone follow-up phase targeting non-respondents, with up to six telephone follow-up attempts spaced at different times of the day and on different days of the week, which started on April 13.

Data collection closed on May 11, 2017. Data for the plan were submitted to NCQA on May 31, 2017.

SURVEY MATERIALS

The complete set of survey materials used for ABH West Virginia HMO is provided in the Appendix. CSS designed survey materials for ABH West Virginia HMO following the NCQA specifications detailed in *HEDIS 2017, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2017 Survey Measures*. All of the elements of the survey package, including the questionnaire, cover letters, postcards, and envelopes, were approved by NCQA prior to the initial mailing. The name and logo of the plan appeared on all of the mailing materials. The carrier envelope used for survey mailings was marked “RESPONSE NEEDED” or “FINAL REMINDER – PLEASE RESPOND”, depending on the mailing wave, to enhance response rates. Each survey package included a postage-paid return envelope. Besides the core CAHPS questions, the survey included five supplemental questions added by the plan. In addition to English, the health plan gave members the option to complete the survey in Spanish using a telephone request line.

SAMPLE SELECTION

CSS followed NCQA's systematic sampling protocol to generate the survey sample for ABH West Virginia HMO. Sample-eligible members were defined as plan members who were 17 years old or younger as of December 31, 2016; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. Prior to sampling, CSS carefully inspected the member file(s) provided by the plan and informed the plan of any errors or irregularities found (such as missing address elements or subscriber numbers). Once the quality assurance process had been completed, CSS processed member addresses through the USPS National Change of Address (NCOA) service to ensure that the mailing addresses were up-to-date. The final sample was generated following the NCQA-specified methodology, with no more than one member per household selected to receive the survey. CSS assigned each sampled member a unique identification number, which was used to track their progress throughout the data collection process.

NCQA's sampling methodology prevents plans from identifying disenrolled members after the start of survey administration. Plans that were unable to identify disenrollees prior to December 31, 2016 were advised to increase their sample size by a factor sufficient to compensate for members expected to leave the plan by the time the survey was fielded. Plans could also choose to oversample to receive more completed surveys.

The NCQA-prescribed sample size for health plans administering the Child Medicaid version of the survey is 1,650 members. ABH West Virginia HMO chose to oversample by 10 percent. The final survey sample for ABH West Virginia HMO included 1,815 members.

DATA CAPTURE

Questionnaires returned by mail were recorded using either manual data entry or optical scanning. Responses recorded via manual data entry were keyed by two independent data entry operators, and any discrepancies between the two response records were flagged and reconciled by a supervisor. Individual items on surveys recorded via optical scanning were sent to data entry operators if the scanning technology was unable to identify the specific response option selected with a pre-defined degree of certainty.

For plans selecting the mixed methodology, Computer Assisted Telephone Interviewing (CATI) technology was used to electronically capture survey responses obtained during telephone interviews. On-site CATI supervisors maintained quality control by monitoring the telephone interviews and keyboard entry of interviewers in real time. In addition, CSS research staff remotely monitored interviews on a regular basis. Due to the multiple mailings and varied modes of data collection, multiple survey responses could be received from the same sample member. In those cases, CSS included only one survey response (the most complete survey) in the final analysis dataset.

MEMBER DISPOSITIONS AND RESPONSE RATE

Among all of the ABH West Virginia HMO sample members who met final eligibility criteria, 424 completed the survey, resulting in the NCQA response rate of 23.57 percent. Additional detail on sample member dispositions is provided in Exhibit 1.

EXHIBIT 1. 2017 ABH WEST VIRGINIA HMO CHILD MEDICAID CAHPS SURVEY: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATE

Disposition	2017 This Plan				2017 CSS Child Medicaid Average
	Mail*	Phone	Total		
	Number	Number	Number	% Initial sample	
Initial Sample			1,815		
Ineligible					
Did not meet eligible population criteria	3	6	9	0.50%	0.61%
Deceased	0	0	1	0.06%	0.02%
Language barrier	0	0	6	0.33%	1.19%
Mentally or physically incapacitated	0	0	0	0.00%	0.00%
Unreturned Surveys/Refusals					
Non-respondents after maximum attempts	820	1	821	45.23%	46.74%
Non-respondents – incompletes	1	20	21	1.16%	1.35%
Refused to answer the survey	0	0	114	6.28%	5.04%
Unable to contact	0	0	399	21.98%	22.01%
Eligible Returns					
Completed surveys	279	145	424	23.36%	22.35%
NCQA Response Rate**				**23.57%**	**22.76%**

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* Any sample members who called and requested another survey were given the option to complete the survey online. Due to the rarity of this occurrence any surveys completed online are included with mail responses.

**NCQA response rate = (Number of completed surveys)/(Initial sample – Ineligible: number not in eligible population – Ineligible: number of deceased – Ineligible: number with language barrier – Ineligible: number mentally or physically incapacitated)

SATISFACTION WITH THE EXPERIENCE OF CARE DOMAIN

MEASURES

CAHPS Health Plan Survey 5.0H, Child Medicaid version includes four global ***rating questions*** that ask respondents to rate the following items on a *0* to *10* scale:

- ***Rating of Personal Doctor*** (*0* = worst personal doctor possible; *10* = best personal doctor possible)
- ***Rating of Specialist Seen Most Often*** (*0* = worst specialist possible; *10* = best specialist possible)
- ***Rating of All Health Care*** (*0* = worst health care possible; *10* = best health care possible)
- ***Rating of Health Plan*** (*0* = worst health plan possible; *10* = best health plan possible)

The results for five ***composite measures*** are also reported. Composite measures combine results from related survey questions into a single measure to summarize health plan performance in the areas listed below.

- ***Getting Needed Care*** combines responses to two survey questions that address member access to care:
  - *In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?*
  - *In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?*
- ***Getting Care Quickly*** combines responses to two survey questions that address timely availability of both urgent and routine care:
  - *In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?*
  - *In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?*
- ***How Well Doctors Communicate*** combines responses to four survey questions that address physician communication:
  - *In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?*

- *In the last 6 months, how often did your child's personal doctor listen carefully to you?*
- *In the last 6 months, how often did your child's personal doctor show respect for what you had to say?*
- *In the last 6 months, how often did your child's personal doctor spend enough time with your child?*

- ***Customer Service*** combines responses to two survey questions that ask about member experience with the health plan's customer service:
  - *In the last 6 months, how often did customer service staff at your child's health plan give you the information or help you needed?*
  - *In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?*
- ***Shared Decision Making*** combines responses to three survey questions that focus on decisions about taking prescription medicines:
  - *Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?*
  - *Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?*
  - *When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?*

  The *Shared Decision Making* composite measure was substantially revised with the introduction of CAHPS 5.0H and subsequently in 2015.

In addition to the five composite measures listed above, question summary rates are also reported for two survey items summarizing the following concepts:

- ***Health Promotion and Education***

  In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- ***Coordination of Care***

  In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

CALCULATION AND REPORTING OF RESULTS

QUESTION SUMMARY RATES AND COMPOSITE GLOBAL PROPORTIONS

Question Summary Rates (QSRs) express the proportion of respondents selecting the response option(s) of interest from a given question on the survey.

- Rating questions use a *0* to *10* scale with *10* being the most favorable response. Results are reported as the proportion of members selecting one of the top three responses (*8*, *9*, or *10*).
- Most survey items use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members selecting *Usually* or *Always*.
- *Shared Decision Making* and *Health Promotion and Education* use a *Yes* or *No* scale, with *Yes* being the desired response. Results are reported as the proportion of members selecting *Yes*.

Composite Global Proportions express the proportion of respondents selecting the response option(s) of interest from a given group of questions on the survey. They are calculated by first determining the proportion of respondents selecting the reported response(s) on each survey question contributing to the composite and subsequently averaging these proportions across all items in the composite.

- For composite measures except *Shared Decision Making*, results are reported as *Usually* or *Always* global proportions.
- For the *Shared Decision Making* composite, the proportion of *Yes* is reported.

Throughout the report, all question summary rates and composite global proportions are rounded to two decimal places for display purposes (e.g., 0.23456 is displayed as 23.46%). However, all calculations involving rates and proportions, including statistical significance testing, are carried out prior to rounding. For more details on the calculations please refer to *HEDIS 2017, Volume 3: Specifications for Survey Measures* or consult the Appendix.

RATING AND COMPOSITE MEANS

In addition to the QSRs and global proportions, CSS calculated rating and composite means on a 3-point scale. The mean scoring procedure is described in more detail in the *Scoring for NCQA Accreditation* section as well as in the Appendix of this report.

NCQA MINIMUM DENOMINATOR SIZE

NCQA requires health plans to achieve a denominator of at least 100 valid responses to obtain a reportable result on a measure. The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite (note: composite denominators are rounded for display purposes). If the denominator for a particular rate is less than 100, NCQA assigns a measure result of "NA". This report presents results for all measures, regardless of denominator size. Any result that does not meet the NCQA threshold of 100 valid responses is denoted with "NA". The only exception is the *Scoring for NCQA Accreditation* section, where reporting is limited to the measures that meet the NCQA minimum denominator threshold.

COMPARISONS TO NATIONAL BENCHMARKS AND PRIOR-YEAR PLAN RESULTS

Throughout the report, the 2017 ABH West Virginia HMO question summary rates and composite global proportions are compared to the 2017 CSS Child Medicaid Average as well as to the 2016 NCQA Child Medicaid National Average (All LOBs), where available. The 2017 CSS Child Medicaid Average is calculated by pooling survey responses across eight representative Child Medicaid plans surveyed by CSS. The 2016 NCQA Child Medicaid National Average (All LOBs) is made up of Child Medicaid plans that submitted data to NCQA last year.

If prior-year results are available for ABH West Virginia HMO, they are provided alongside the 2017 plan results for comparison. Where appropriate, year-to-year changes in results are tested for statistical significance. All of the statistical tests are carried out at the 95% confidence level (i.e., there is a 95% probability that the observed difference is not due to chance).

SUMMARY OF SURVEY RESULTS

Exhibit 2 provides a high-level overview of the 2017 ABH West Virginia HMO results on key survey measures. These include overall ratings, composite global proportions, and QSRs for additional content areas. Where applicable, changes in plan scores over time and comparisons to relevant national benchmarks are reported and tested for statistical significance.

EXHIBIT 2. 2017 ABH WEST VIRGINIA HMO CHILD MEDICAID CAHPS SURVEY: SUMMARY OF RESULTS ON KEY MEASURES

CAHPS 5.0H Survey Measures*	2017 Plan Rate	Difference** between 2017 Plan Rate and…			2017 NCQA Accreditation Scoring	
		2016 Plan Rate	2017 CSS Child Medicaid Average	2016 NCQA Child Medicaid National Average, All LOBs	Mean	Percentile for Accreditation
Ratings						
Rating of Personal Doctor	88.34%	-2.81%	-0.98%	-0.08%	2.7409	75th
Rating of Specialist Seen Most Often	91.15%	7.37%	3.53%	5.62%	2.7168	75th
Rating of All Health Care	85.14%	0.17%	-1.85%	-0.67%	2.6086	25th
Rating of Health Plan	82.06%	-4.64%	-2.32%	-2.64%	2.5332	below 25th
Composite Measures						
Getting Needed Care	93.27%	3.69%	5.90% ▲	9.61% ▲	2.6350	90th
Getting Care Quickly	96.11%	0.54%	3.95% ▲	7.57% ▲	2.8117	90th
How Well Doctors Communicate	96.11%	-0.41%	1.16%	2.94% ▲	2.8133	90th
Customer Service NA	96.12%	6.56%	6.77% ▲	8.14% ▲	2.7121	90th
Shared Decision Making	79.91%	-4.13%	1.67%	1.50%	Not calculated	Not scored
Additional Content Areas						
Health Promotion and Education	70.66%	-5.82%	-2.10%	-0.26%	2.4131	Not scored
Coordination of Care	84.15%	-4.05%	-0.98%	1.51%	2.4536	50th

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* Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA.
How Well Doctors Communicate was retired from Accreditation scoring in 2015. Accreditation mean and percentile values for this measure are provided for reference only.

NA appears next to the measure name and a lighter display is used for results to indicate that the result is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates measure results for reference only.

** Comparisons to prior-year results and relevant benchmark scores are reported regardless of whether the rate meets the minimum denominator threshold for NCQA reporting (n=100). All differences in rates are calculated prior to rounding and are rounded for display purposes only. All statistical tests are conducted at the 95% confidence level. Statistically significant differences between the plan and the comparison score are marked as ▲ when the plan's score is higher or ▼ when the plan's score is lower.

DETAILED PERFORMANCE CHARTS

This section of the report includes detailed charts for composite global proportions, rating question summary rates (QSRs), as well as additional QSRs for individual survey items. The charts have the following features:

TREND IN PLAN RESULTS

- Plan scores are trended over three consecutive years of data collection, if available. A result may not be available if the plan did not conduct the survey in a given year or if the measure is new or is not deemed appropriate for trending. In such cases, "No data" appears in place of the score.
- Where appropriate, changes in the distribution of favorable ratings over time are shown in the *Top Rating Distribution* panel of the chart (i.e., percent responding *8* vs. percent responding *9* or *10*, or percent responding *Usually* vs. percent responding *Always*).
- The number of valid responses (the NCQA-defined denominator, *n*) appears above each bar. If the number of responses is less than 100, "NA" appears next to the value of *n*, indicating that the result is not reportable by NCQA. CSS calculates the unofficial rate for reference only.
- Statistical comparisons are conducted between the current-year rate and each of the prior-year rates, if available. Where appropriate, differences in both standard (e.g., *8* + *9* + *10* or *Usually* + *Always*) as well as top-box (e.g., *9* + *10* or *Always*) rates are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated with a ★ symbol next to the comparison score. For example, ★ appearing next to the 2016 rate denotes a statistically significant difference between the 2017 and 2016 rates.

COMPARISON TO NCQA PERFORMANCE BENCHMARKS AND PERCENTILES

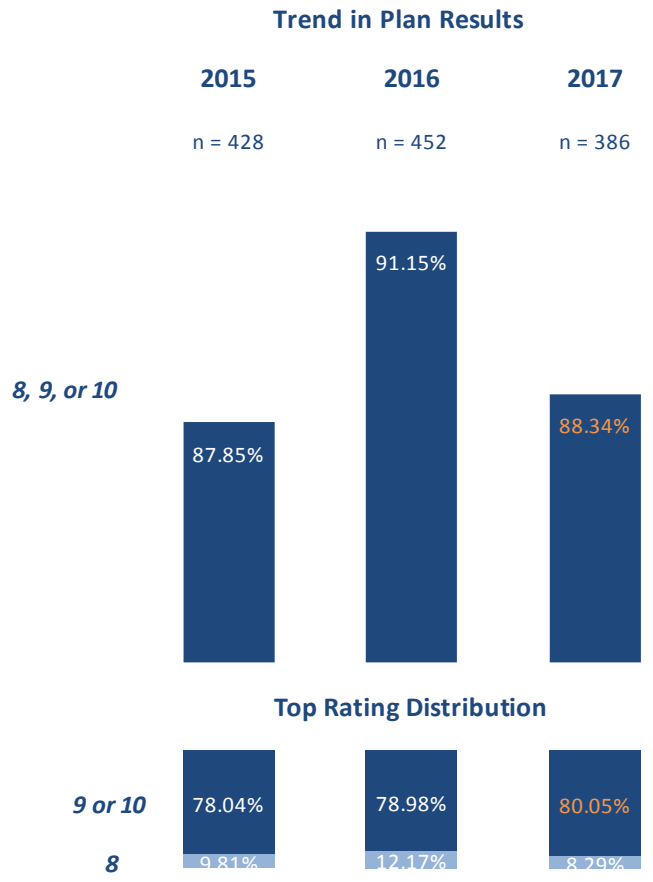
To provide ABH West Virginia HMO with an indication of the plan's performance with respect to industry benchmarks on key CAHPS measures, CSS licensed the *2016 NCQA Quality Compass CAHPS Booklet*. The *CAHPS Booklet* includes QSRs and global proportions corresponding to the national Quality Compass averages as well as the 10th, 25th, 50th, 75th, and 90th performance percentiles for all lines of business. CSS's agreement with NCQA authorizes CSS to provide this information to ABH West Virginia HMO for the plan's internal use only. Under the terms of this agreement, ABH West Virginia HMO may not publicly report these results.

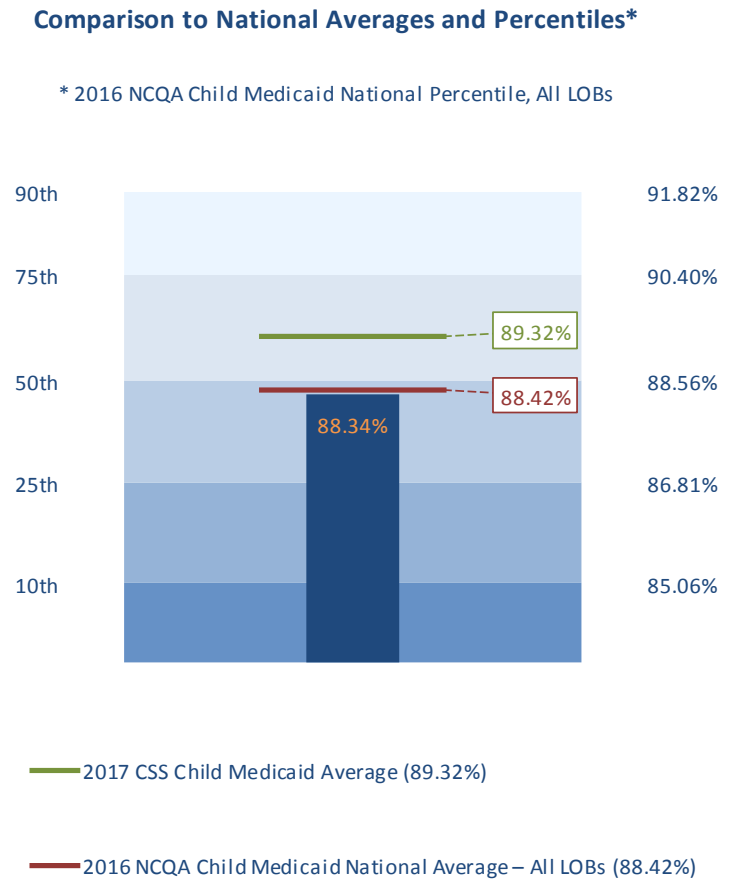
- If the 2016 NCQA benchmarks are available, the bar representing the 2017 ABH West Virginia HMO score is juxtaposed against the NCQA percentile distribution, providing an indication of the plan's competitive position on the measure. Note that the performance percentiles displayed in these charts are calculated on the basis of QSRs and global proportions and are different from the mean score-based percentiles used for NCQA Accreditation scoring. In many cases, the plan's performance percentile will not correspond to its Accreditation percentile (see *Scoring for NCQA Accreditation*).

- The horizontal lines displayed on the charts correspond to the 2017 CSS Child Medicaid Average as well as the 2016 NCQA Child Medicaid National Average (All LOBs), if available. If the 2017 ABH West Virginia HMO score is significantly different from any of these benchmark scores at the 95% confidence level, ★ appears next to the relevant score.

Rating of Personal Doctor

Percent Responding 8, 9, or 10





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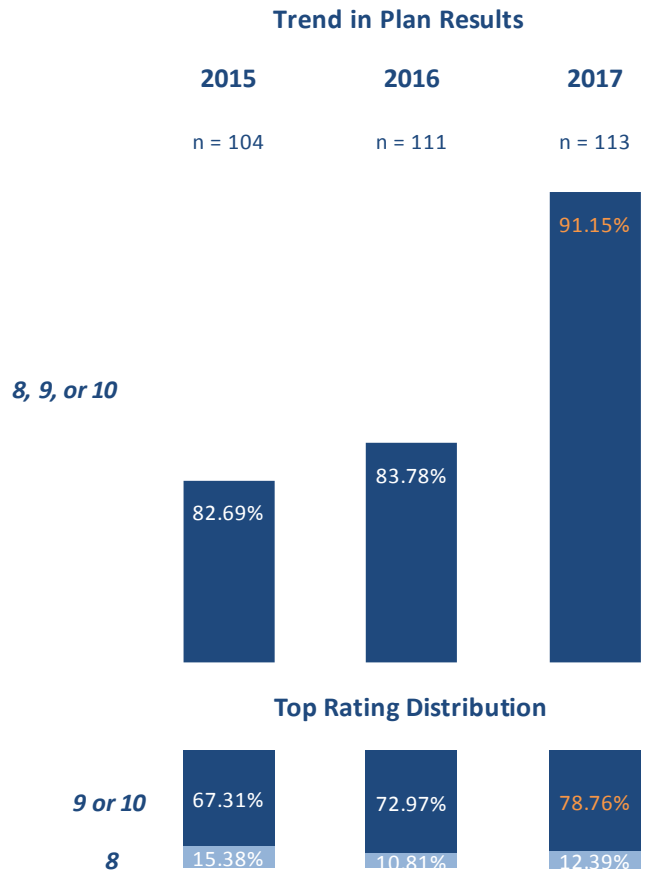
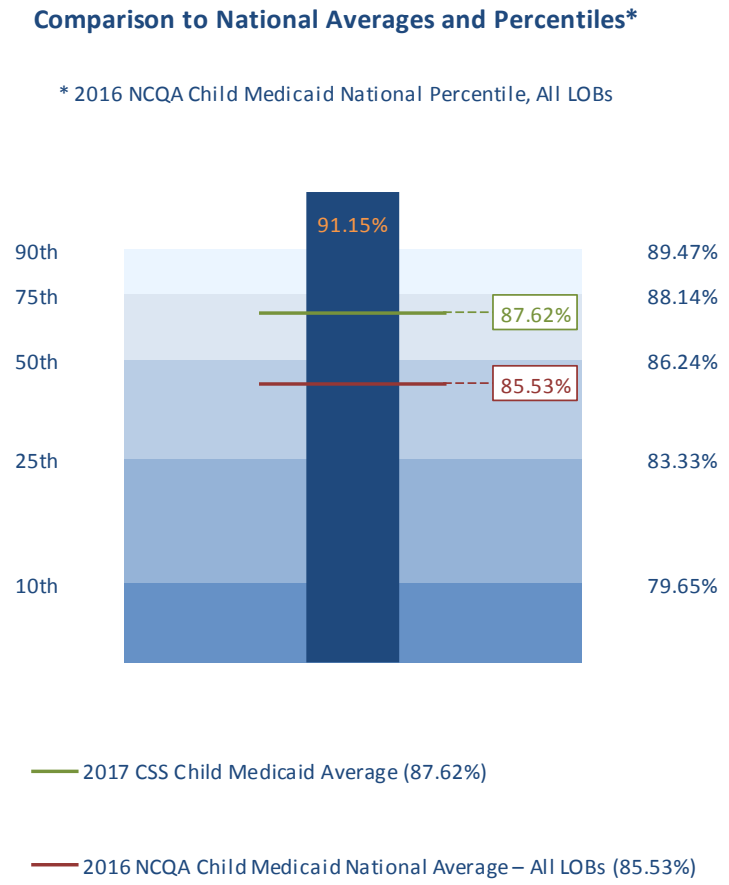
Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

Rating of Specialist Seen Most Often

Percent Responding 8, 9, or 10





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Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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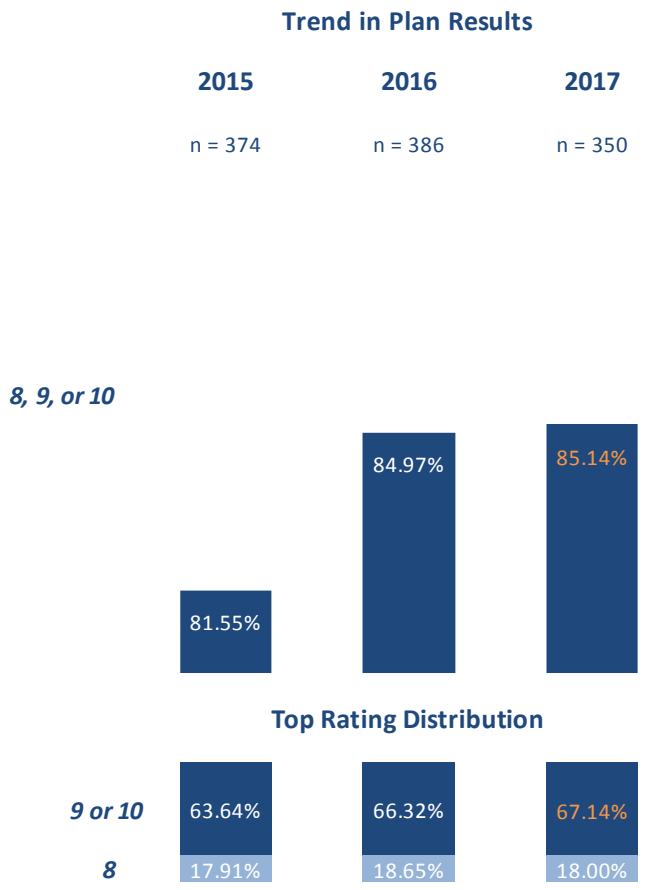
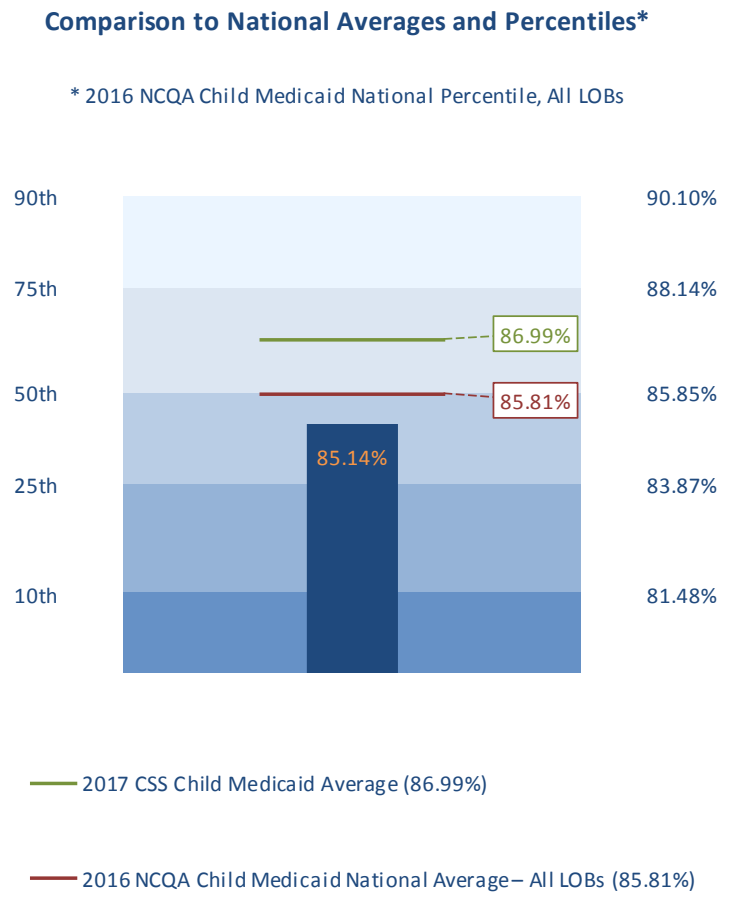
Rating of All Health Care

Percent Responding 8, 9, or 10





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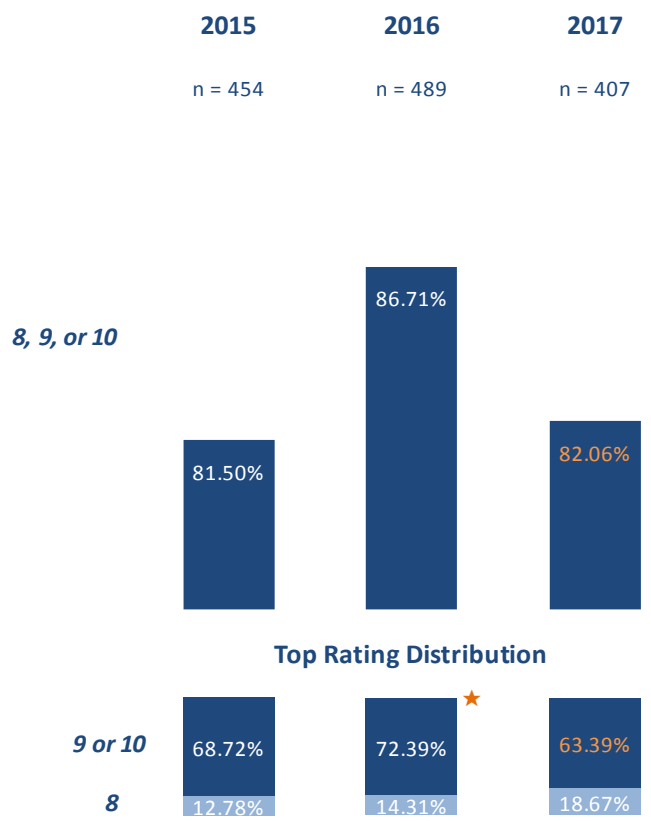
Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

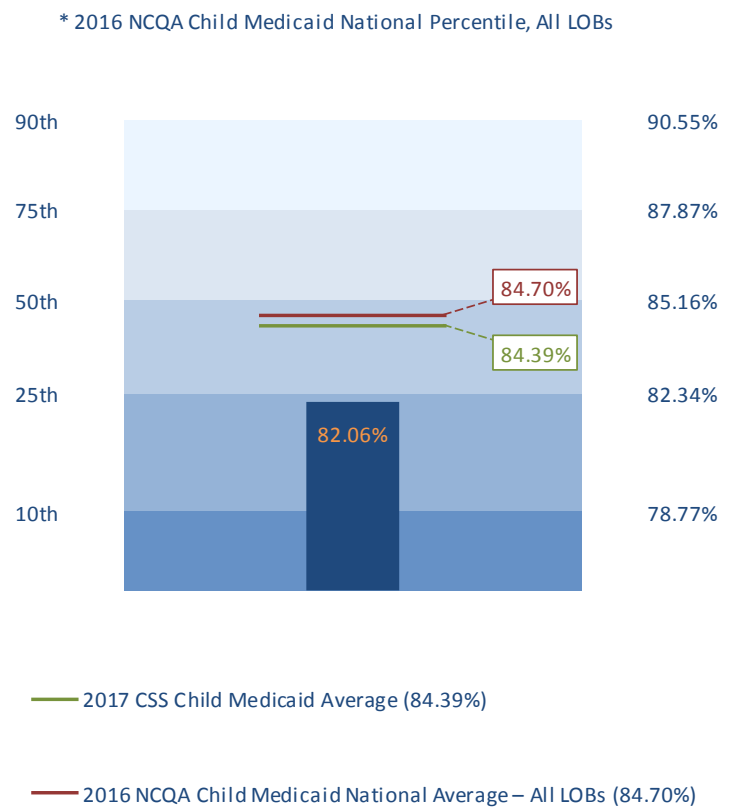
Rating of Health Plan

Percent Responding 8, 9, or 10

Trend in Plan Results



Comparison to National Averages and Percentiles*



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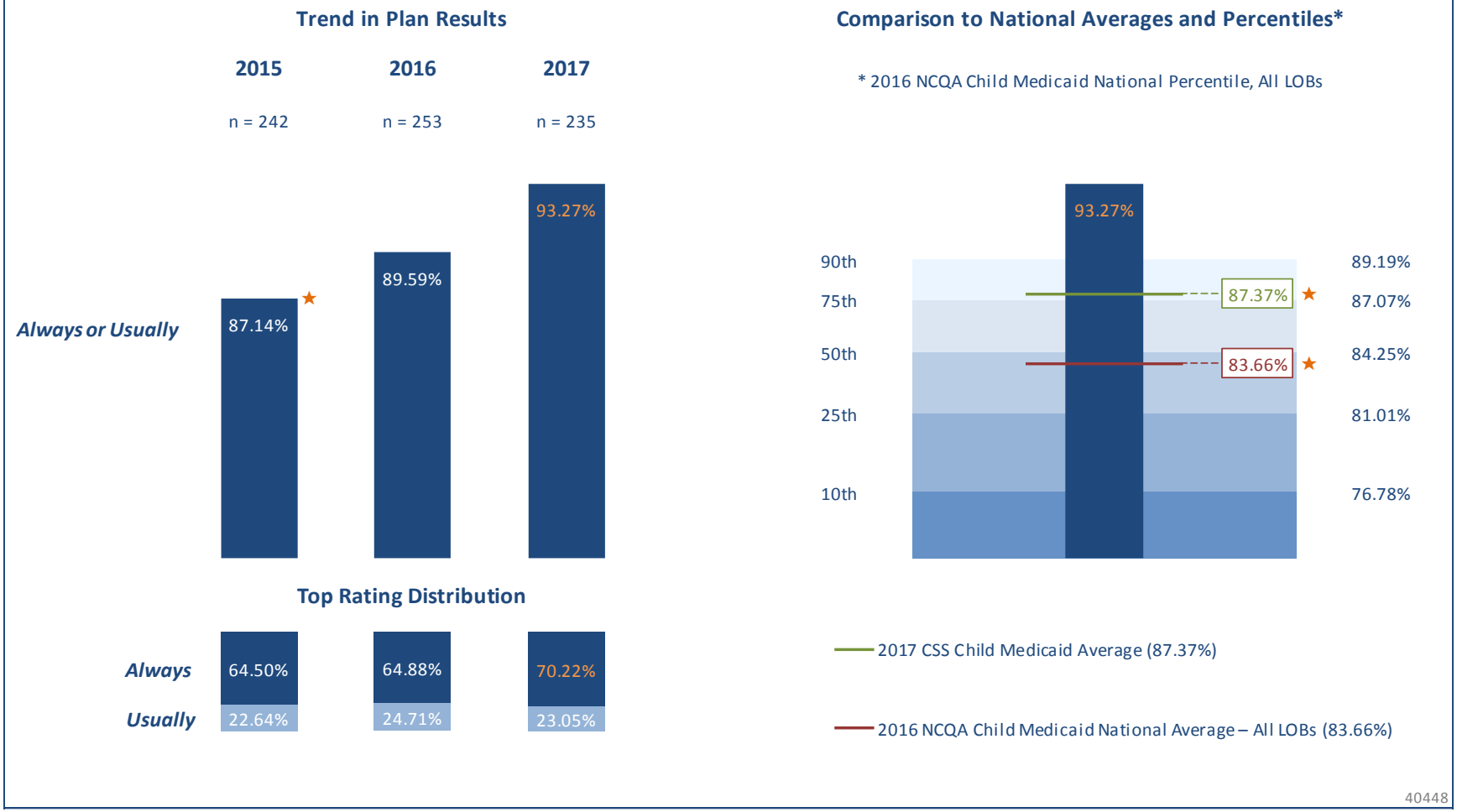
Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

Getting Needed Care (Composite)

Percent Responding Always or Usually



Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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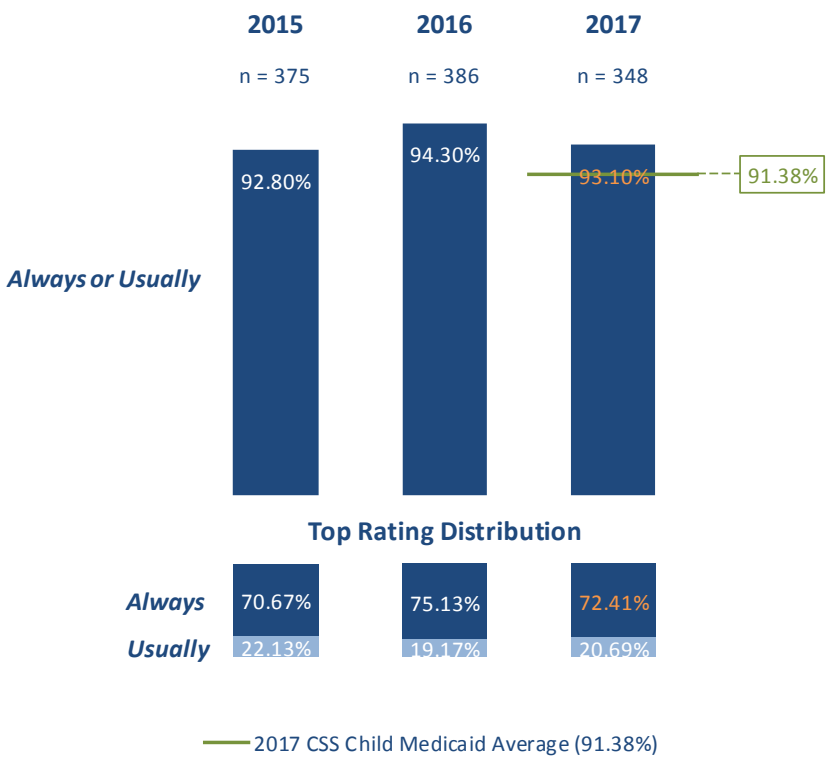
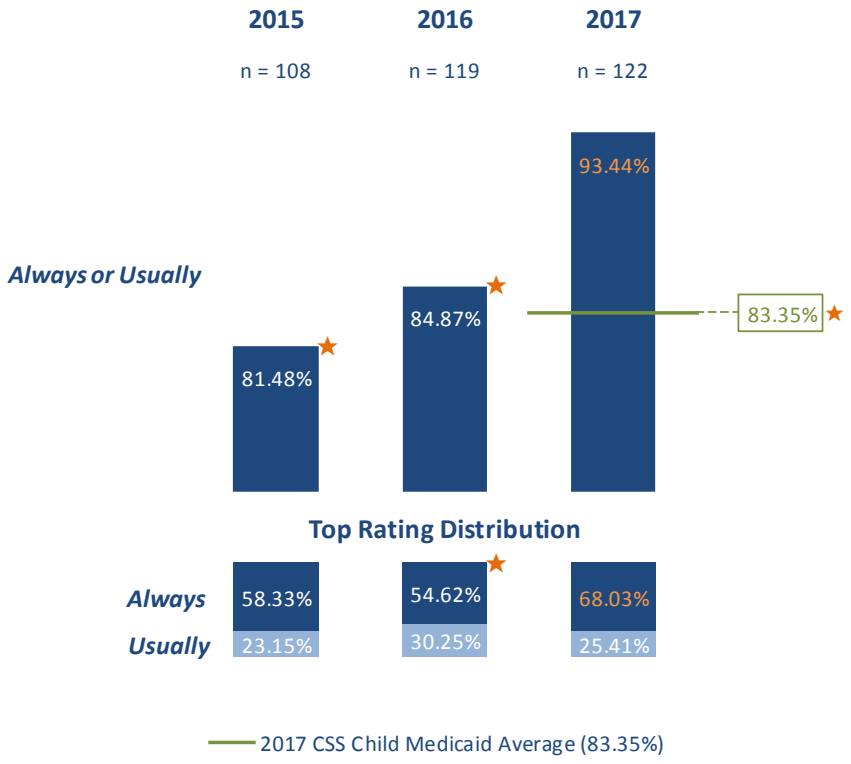
Getting Needed Care (Contributing Items)

Percent Responding Always or Usually

Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?



Q28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?



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Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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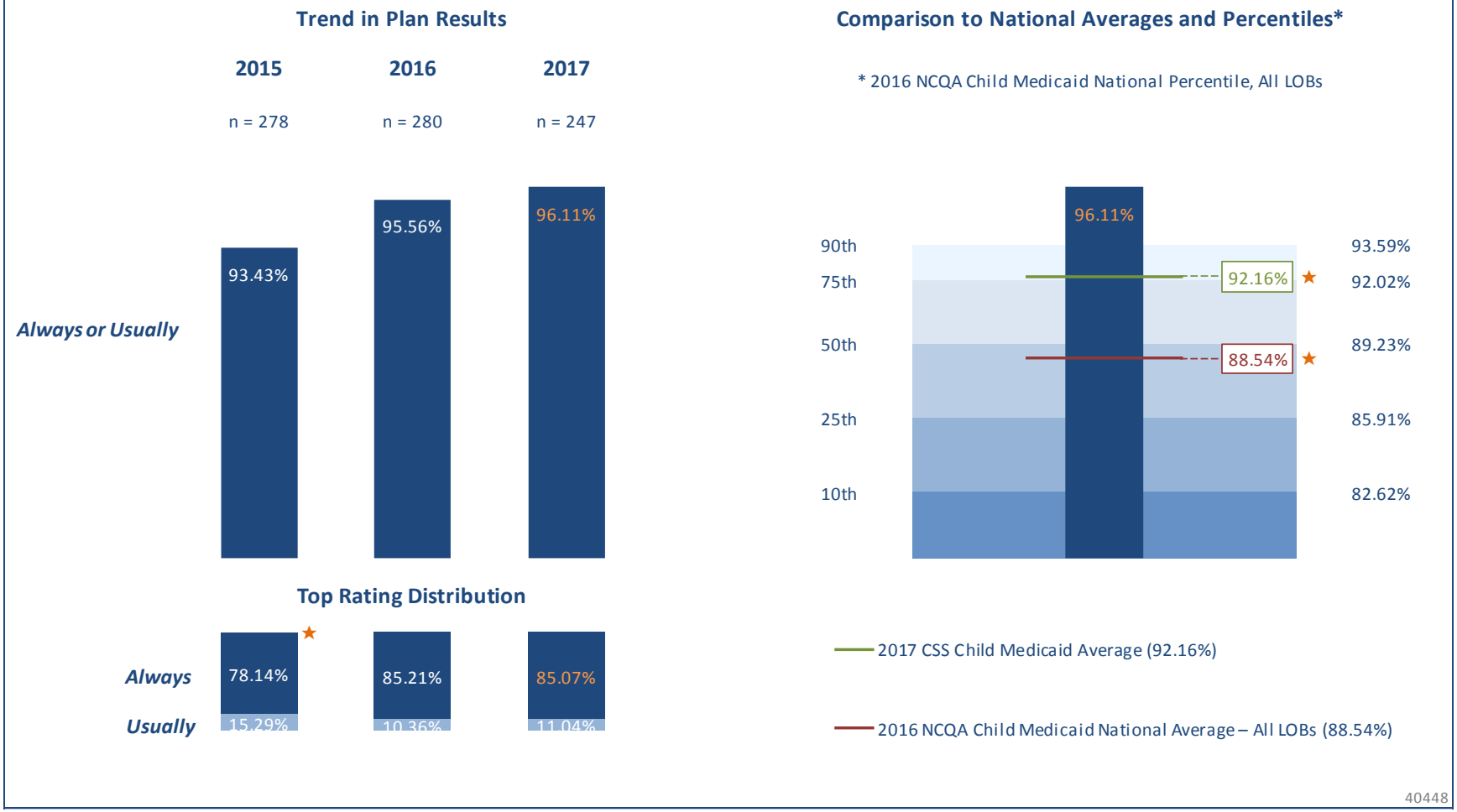
Getting Care Quickly (Composite)

Percent Responding Always or Usually



Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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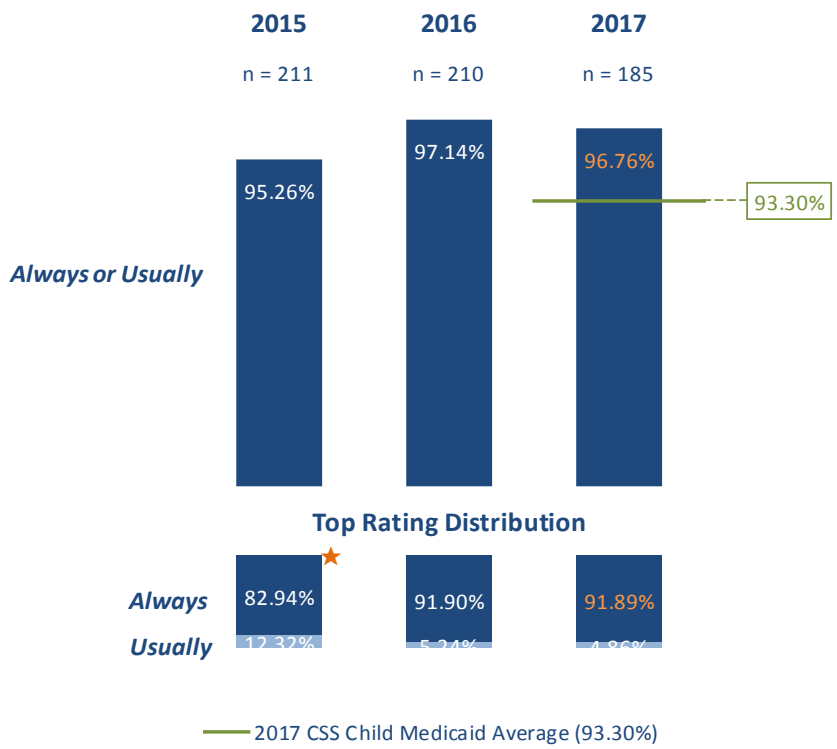
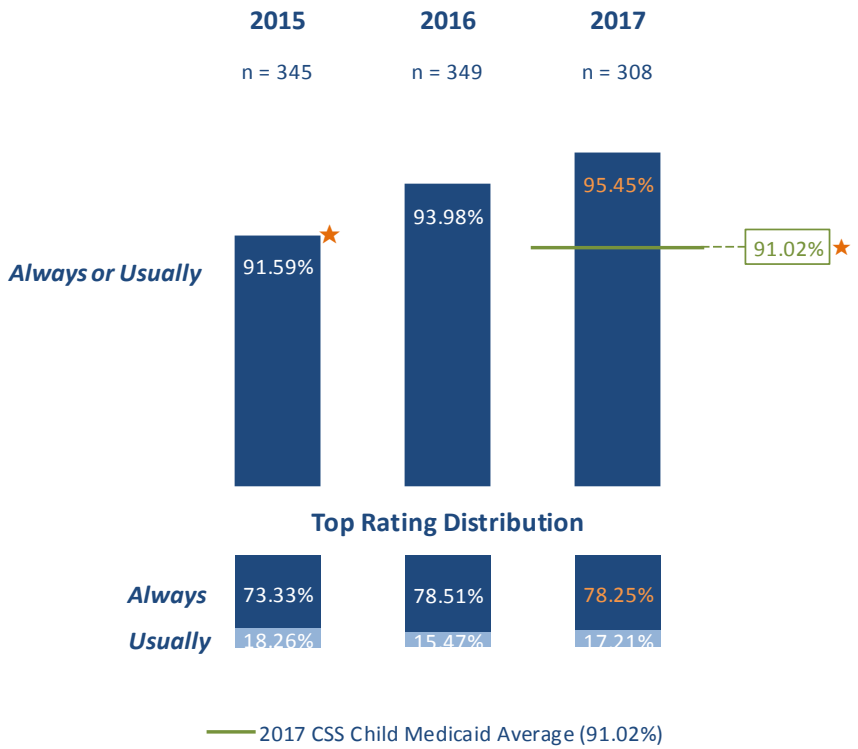
Getting Care Quickly (Contributing Items)

Percent Responding Always or Usually

Q4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?



Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?



Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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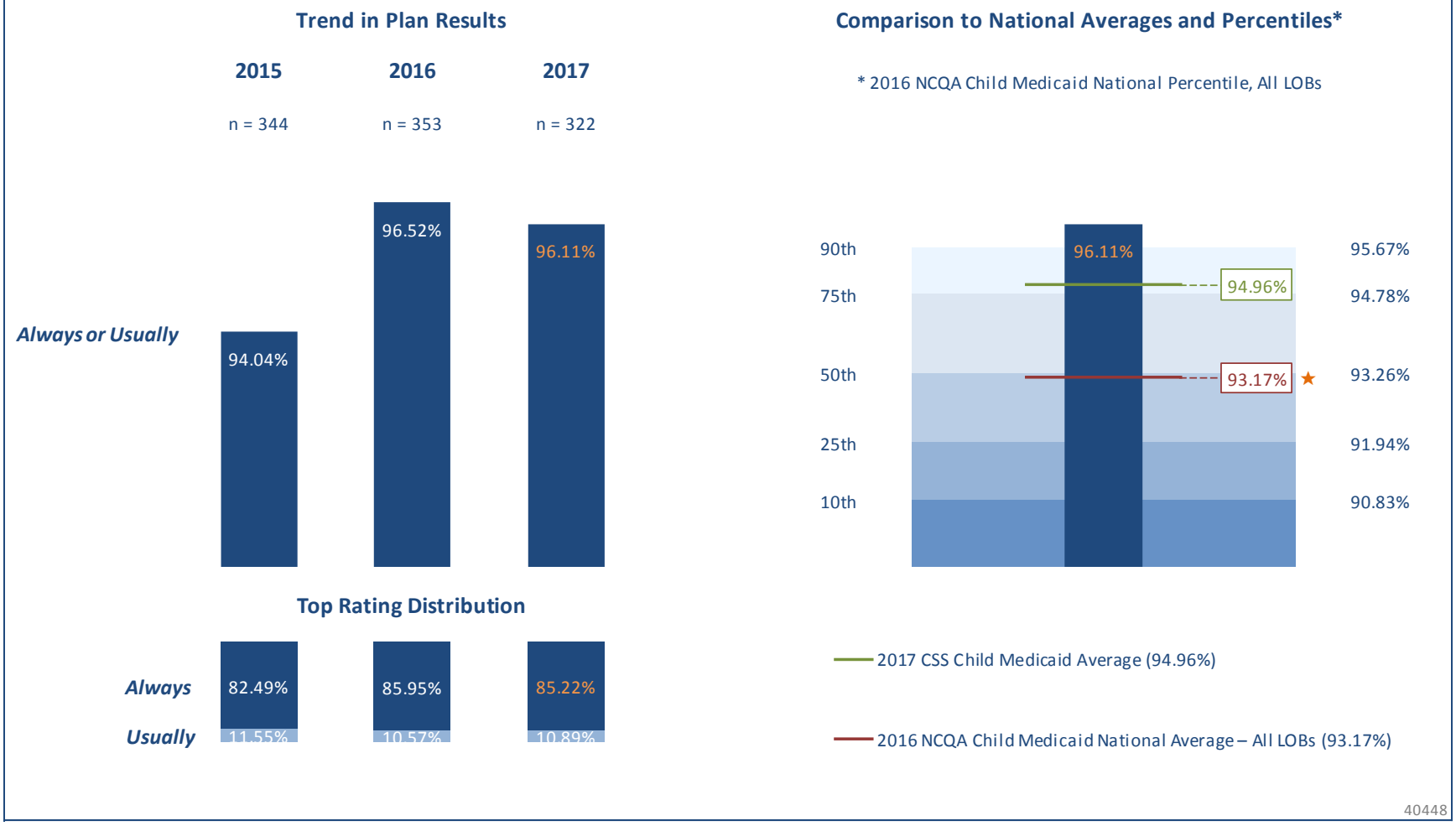
How Well Doctors Communicate (Composite)

Percent Responding Always or Usually



Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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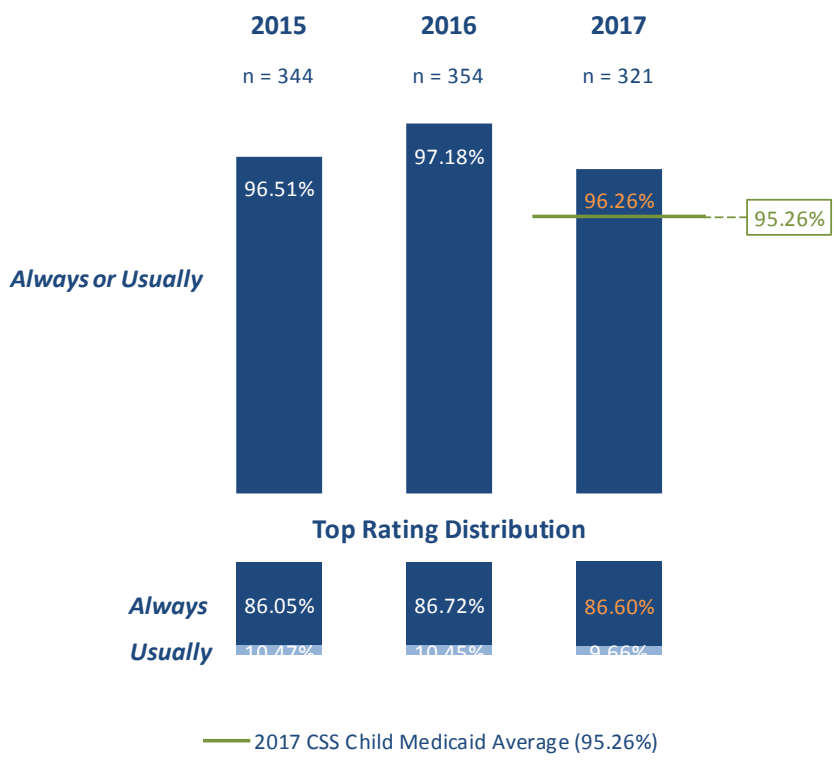
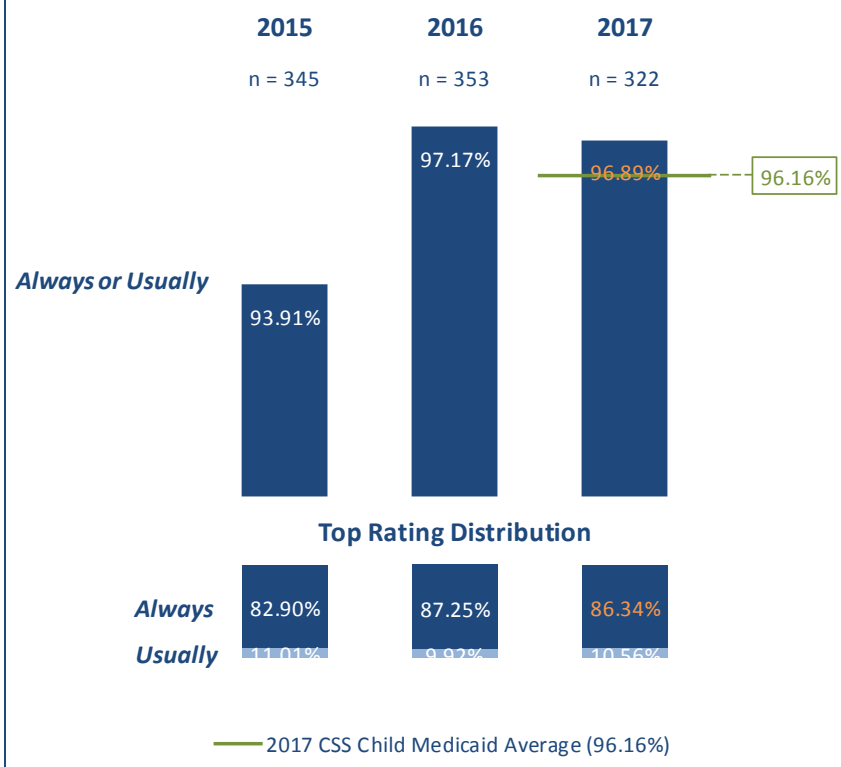
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?



Q18. In the last 6 months, how often did your child's personal doctor listen carefully to you?



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Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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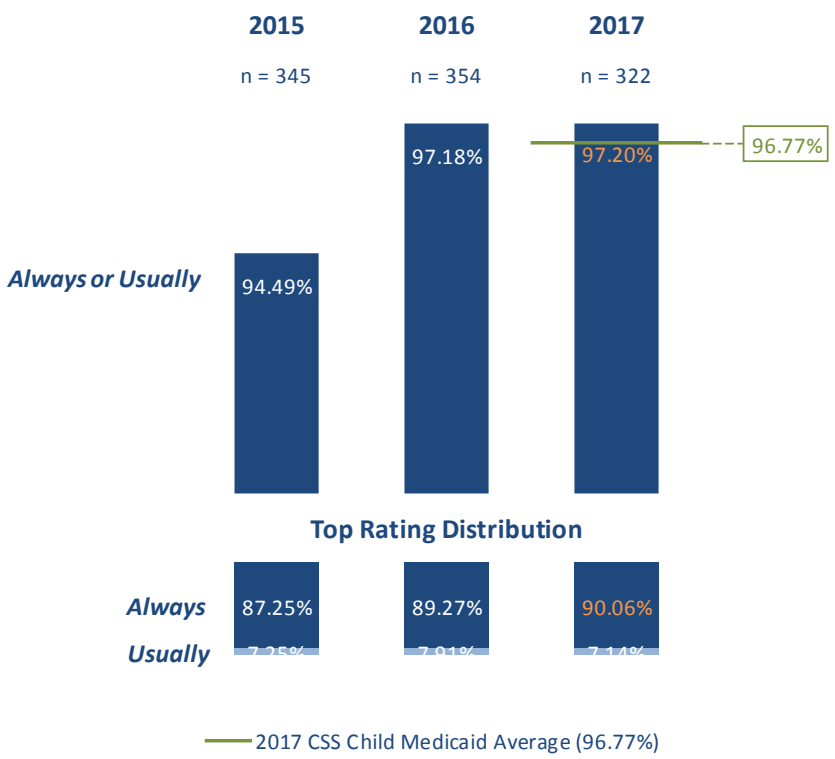
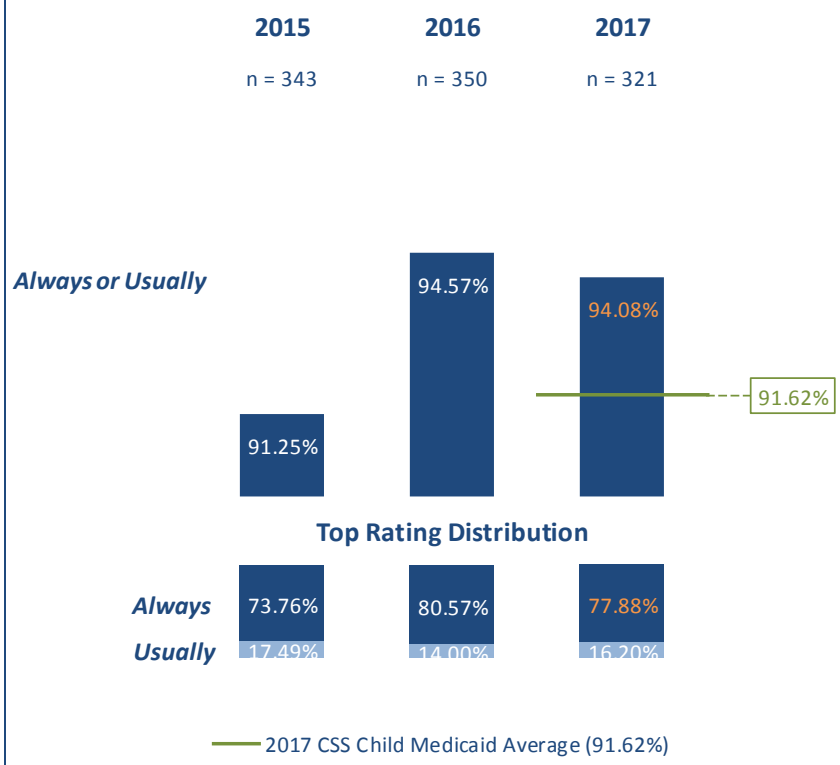
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?



Q22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?



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Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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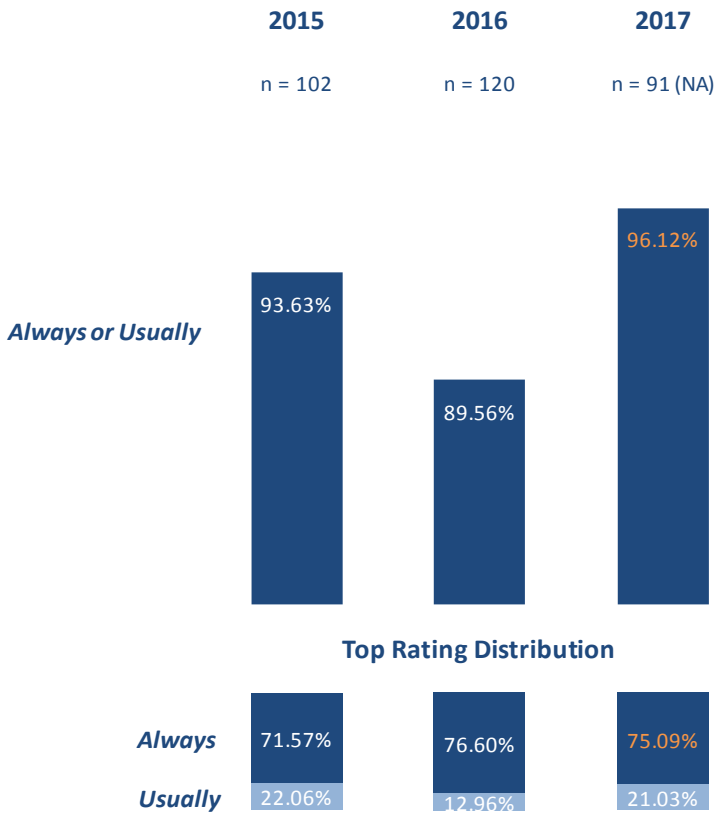
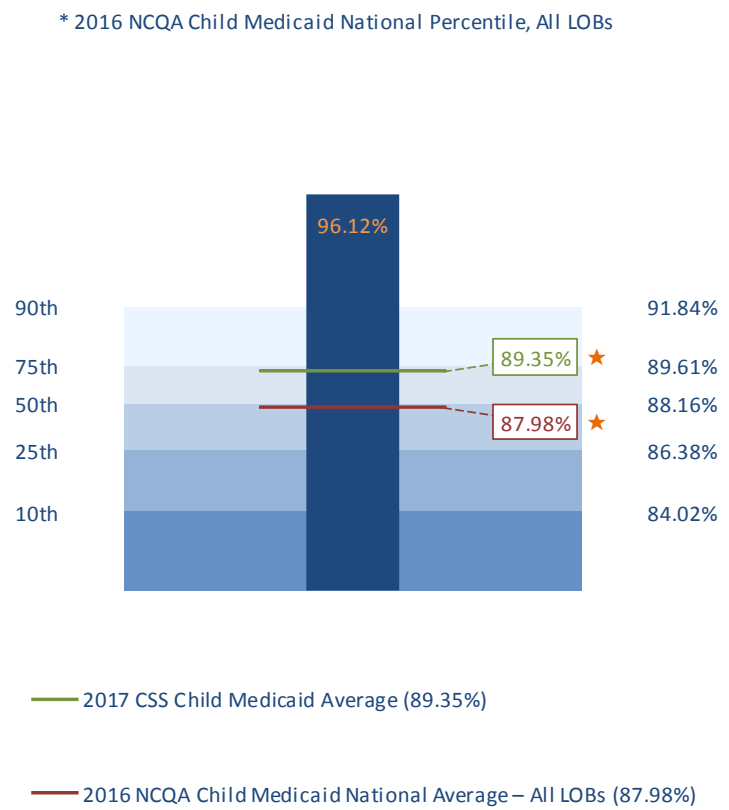
Customer Service (Composite)

Percent Responding Always or Usually

Trend in Plan Results



Comparison to National Averages and Percentiles*



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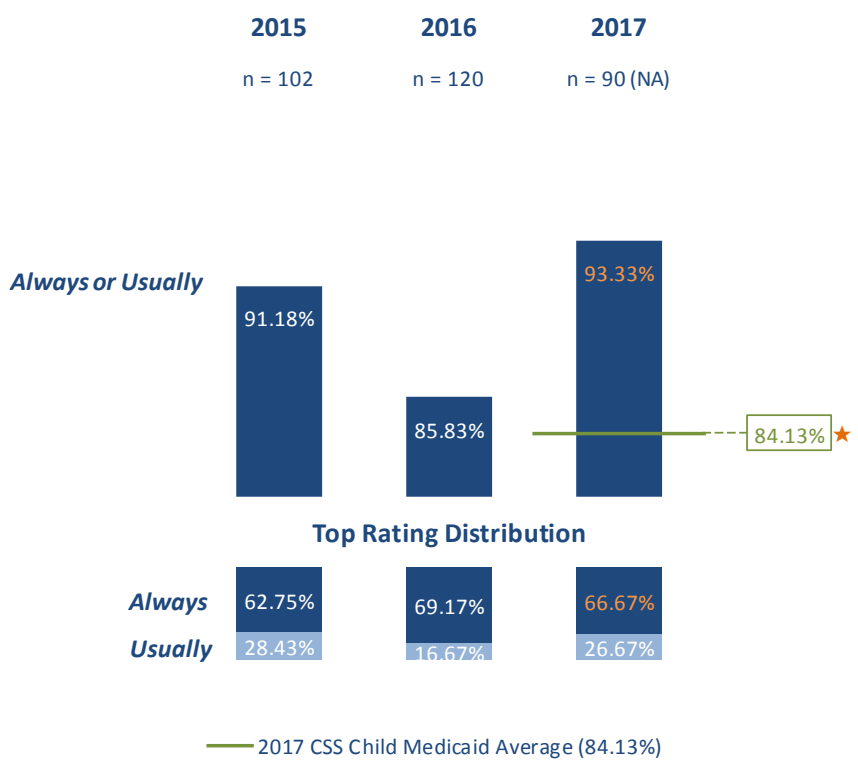
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

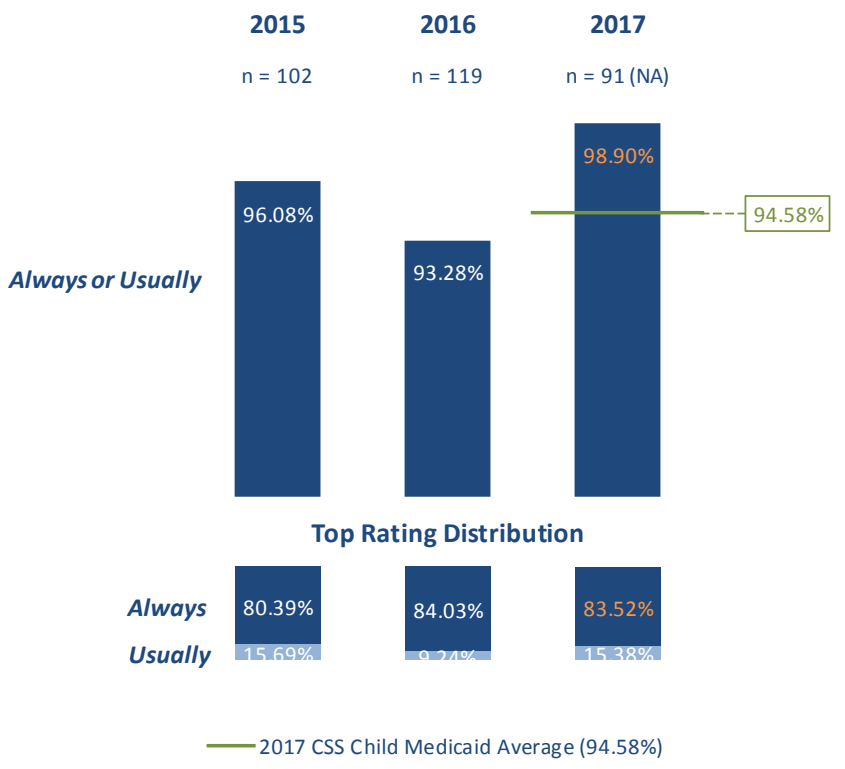
Customer Service (Contributing Items)

Percent Responding Always or Usually

Q32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?



Q33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?



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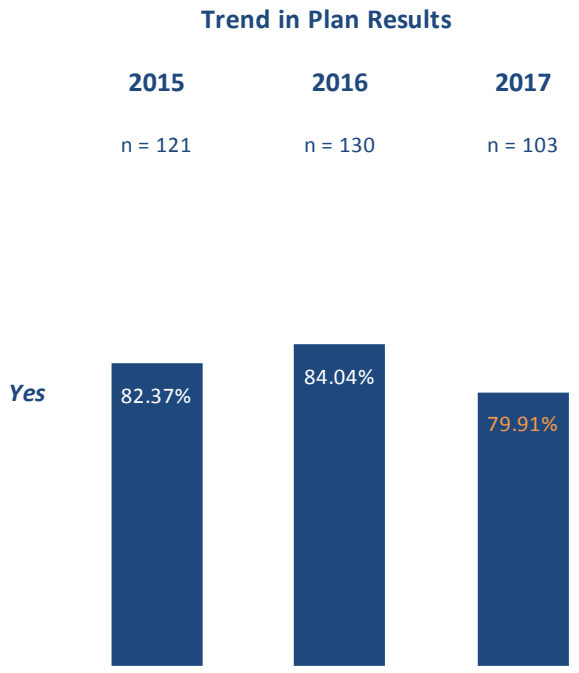
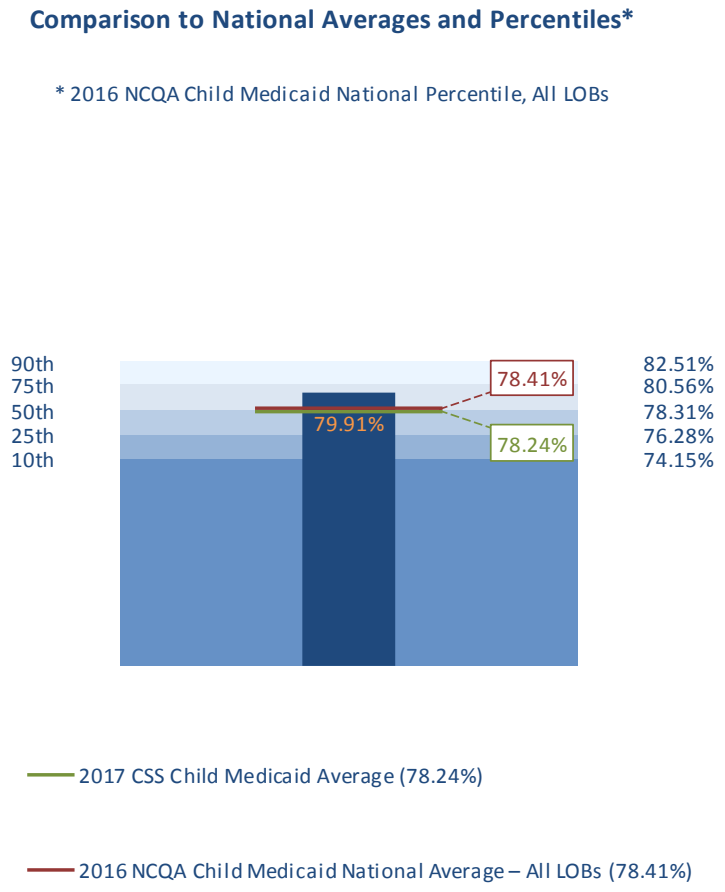
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

Shared Decision Making (Composite)

Percent Responding Yes





40448

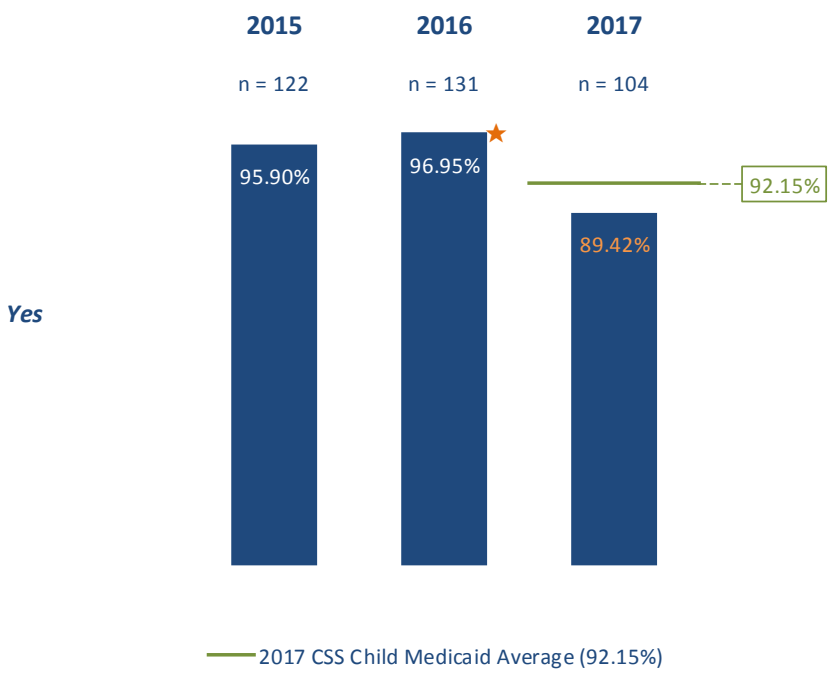
Tests of statistical significance were conducted for the *Yes* rate. Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

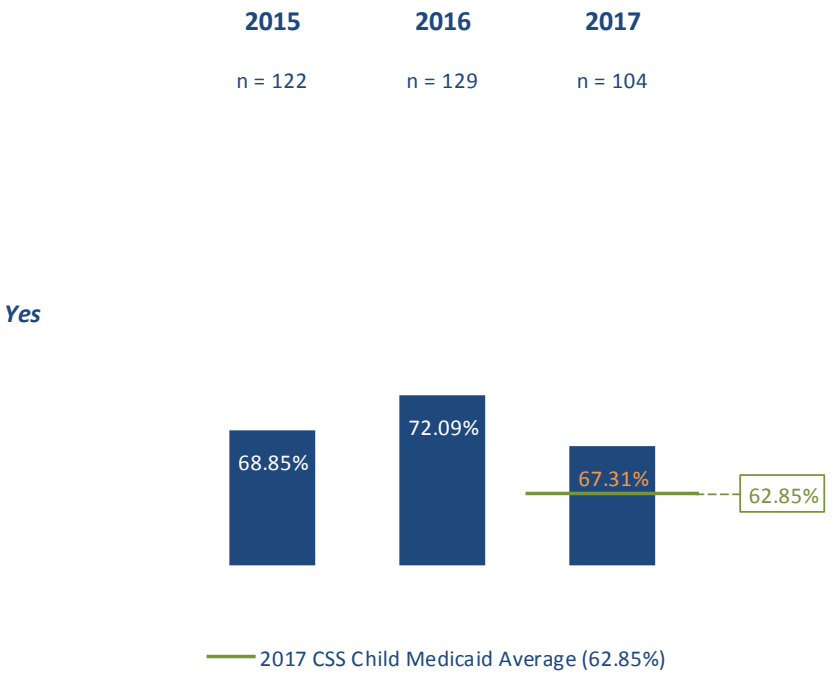
Shared Decision Making (Contributing Items)

Percent Responding Yes

Q10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?



Q11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?



40448

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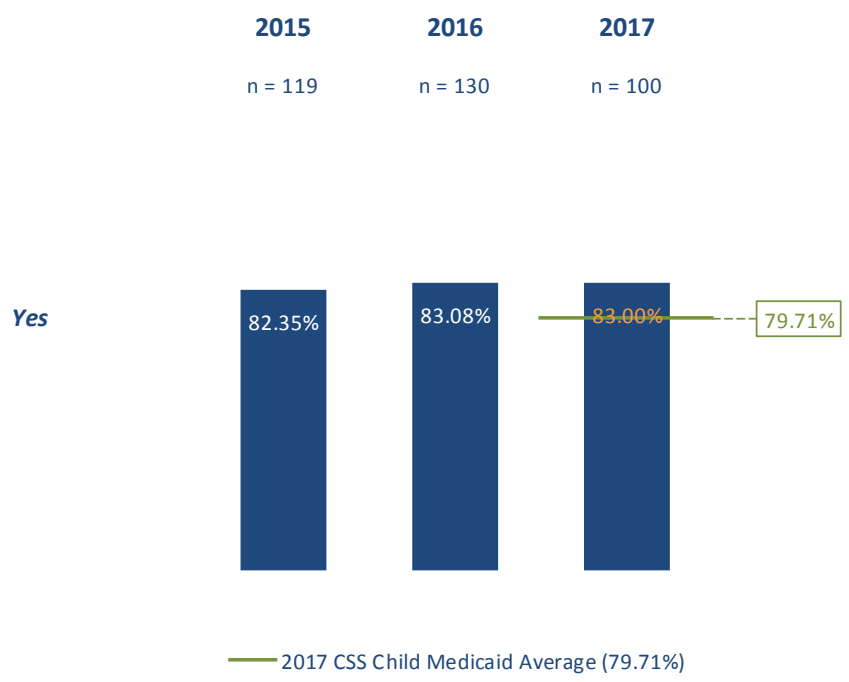
Shared Decision Making (Contributing Items)

Percent Responding Yes

Q12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?



40448

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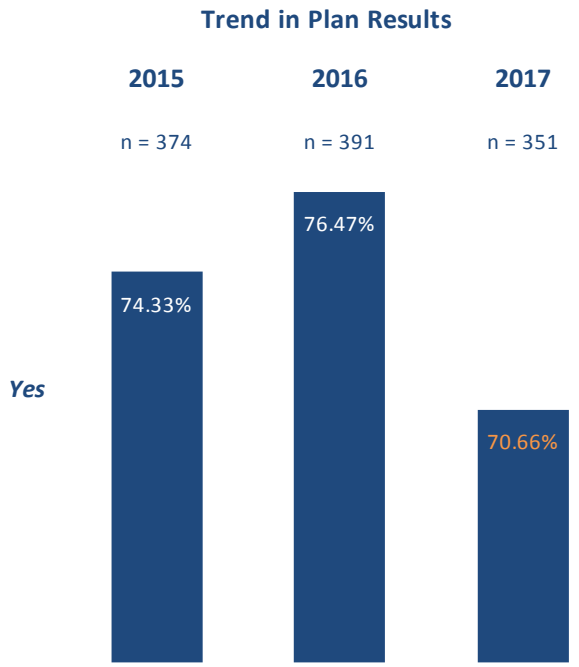
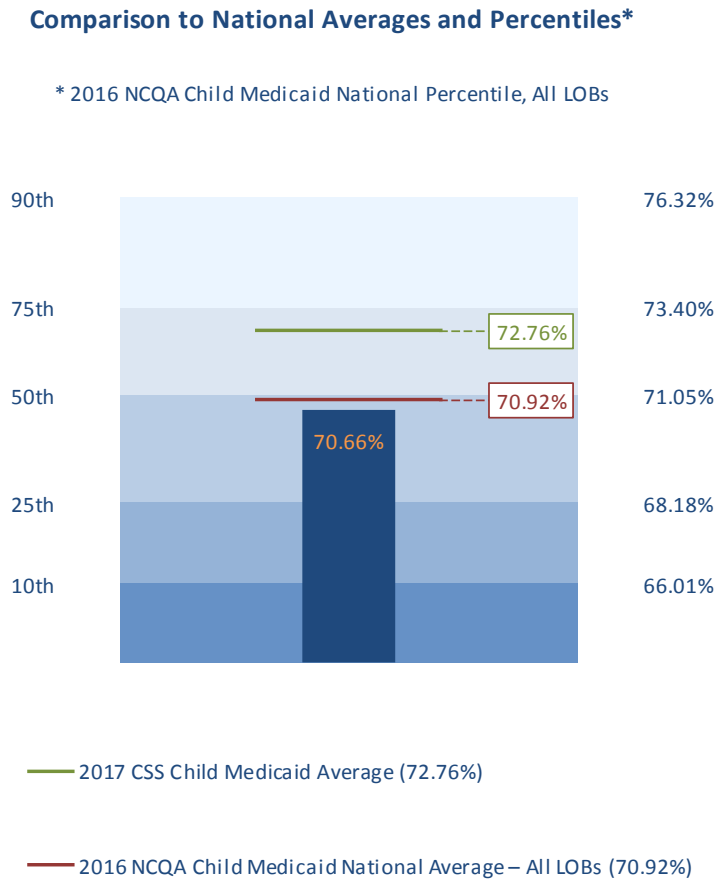
Health Promotion and Education (Single Item)

Percent Responding Yes





40448

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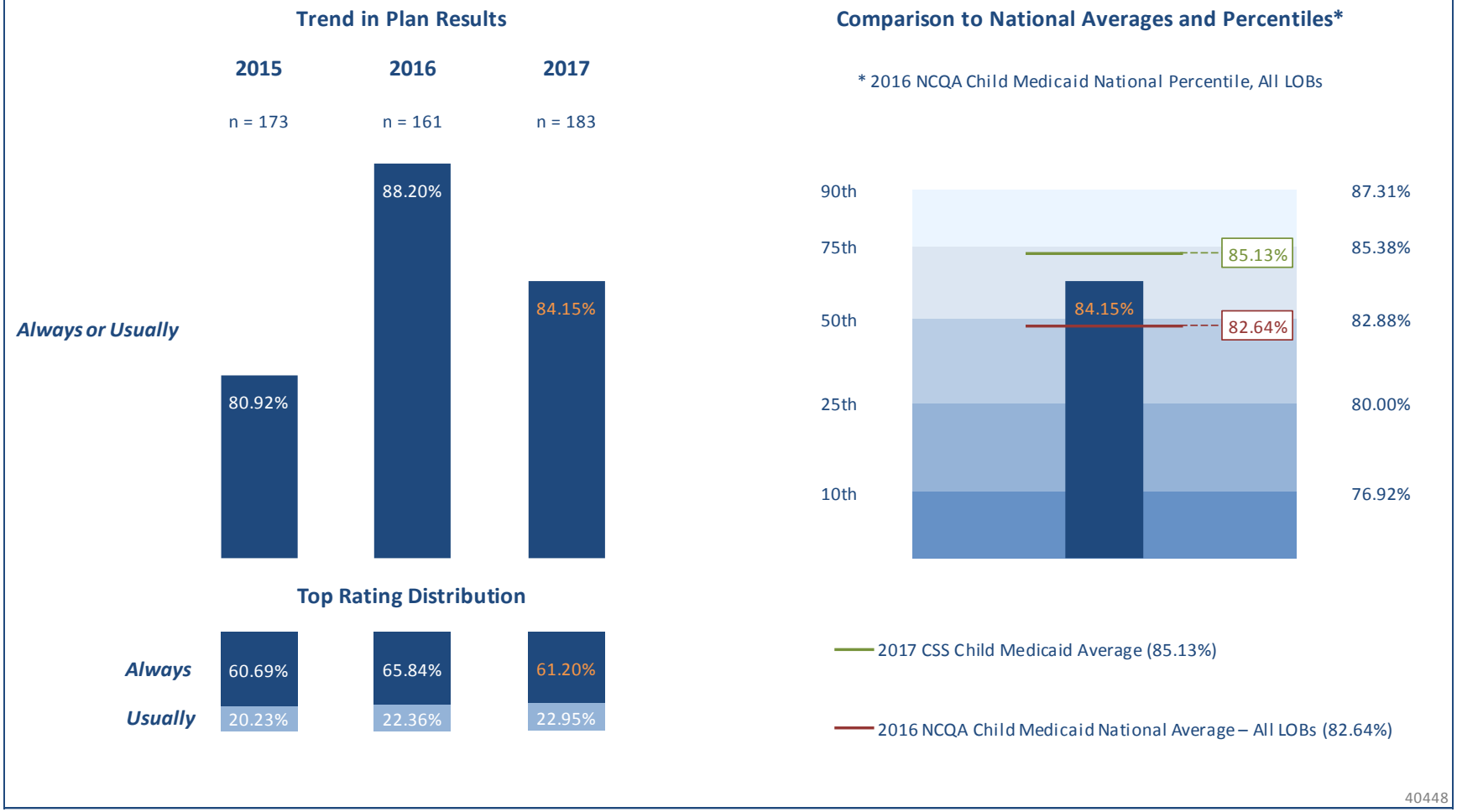
Coordination of Care (Single Item)

Percent Responding Always or Usually



Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

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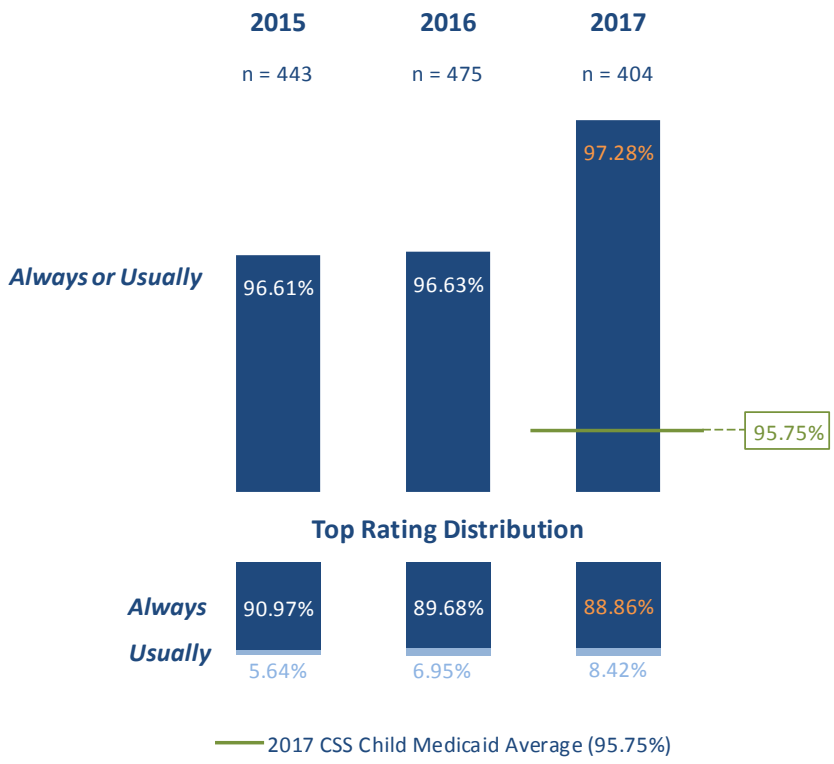
Forms from Plan Were Easy to Fill Out (Single Item)

Percent Responding Always or Usually

Q35. In the last 6 months, how often were the forms from your child's health plan easy to fill out? (Note: Following NCQA guidelines, respondents who did not have to fill out any forms from the health plan are counted as answering "Always".)



40448

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ANALYSIS OF MEMBER CHARACTERISTICS

This section of the report presents a detailed profile of the health plan's membership. In addition to member demographics and health status, responses to survey items that assess utilization of healthcare services are included.

Each plan's membership mix is shaped by multiple factors, most of which are beyond the scope of this survey. These include benefit design, geography, availability of health plan choices, and member self-selection into products that best meet their needs. CSS's analysis of industry data suggests that there is considerable variation in demographic makeup and member utilization patterns across plans. To the extent that various member segments have distinct healthcare needs, utilization patterns, expectations, experiences, as well as attitudes and perceptions, their ratings of the *same* health plan will likely differ.

Certain member characteristics (e.g., health status) appear to be directly related to differences in healthcare needs and utilization levels. For example, some plans have predominantly healthy members, whose interactions with care providers and the plan tend to be limited. By contrast, other plans serve populations with higher rates of illness. These members tend to have more frequent encounters with the healthcare system and as a result may become more experienced users of health plans. The ways in which members use the plan, the frequency of their interactions with providers and staff, and their overall level of familiarity with how the plan works may affect ratings.

In addition to health care needs and utilization patterns, demographic characteristics have been shown to have an effect on survey responses. For example, all else being equal, older respondents and members of certain ethnic groups (e.g., Hispanic or Latino respondents) tend to rate their health care providers and plans more positively. By contrast, more educated members rate more critically, regardless of age or ethnicity.

While the interplay between these membership variables (often referred to as the plan's "case mix") and health plan ratings is complex, health plan ratings clearly vary across demographic groups and user segments. Understanding the plan's case mix can help managers to gain insight into possible sources of this variation.

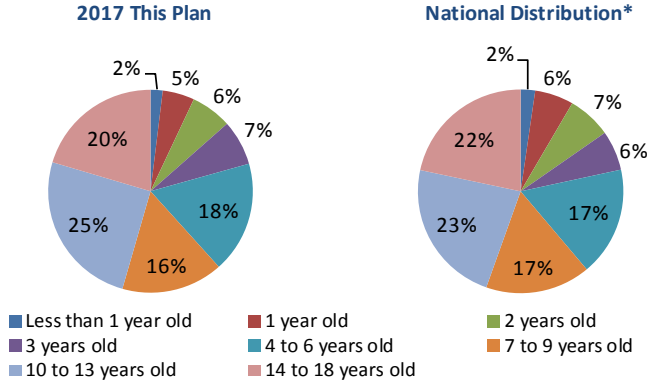
The charts on the following pages compare your plan's membership profile to the relevant national distribution on demographic characteristics and utilization patterns. The pie charts in the upper half of each panel contrast the distribution of the ABH West Virginia HMO membership on a given variable (e.g., gender, education level, number of doctor visits, etc.) with the national distribution on the same variable. The bar chart in the lower half of each panel shows how the overall rating of the plan varies by member segment.

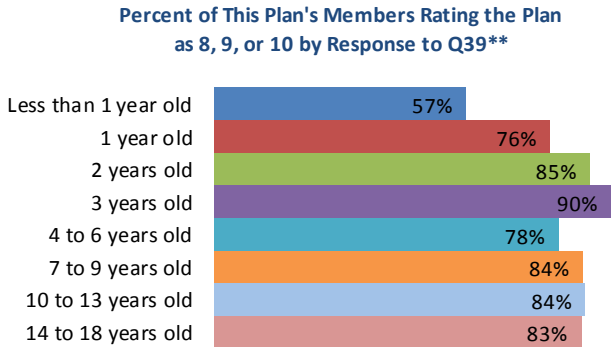
HEALTH STATUS AND DEMOGRAPHICS

The following characteristics are profiled in this section:

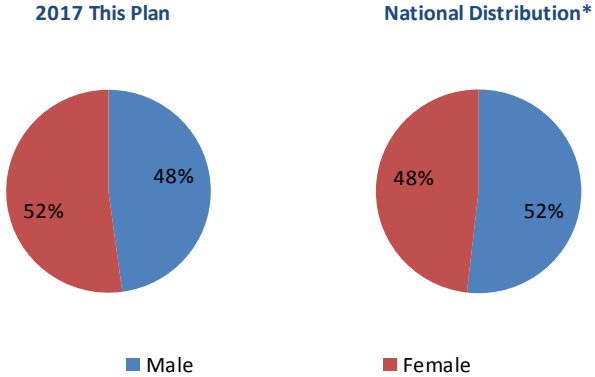
- Child's age
- Child's gender
- Child's health status
- Child's mental or emotional health status
- Respondent's age
- Respondent's gender
- Respondent's education level
- Respondent's relationship to the child
- Child's race
- Child's ethnicity (Hispanic or Latino)

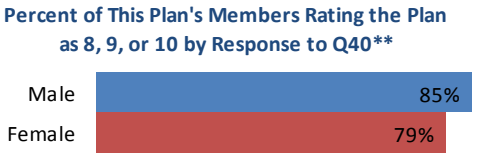
Q39. What is your child's age?





Q40. Is your child male or female?





Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40448

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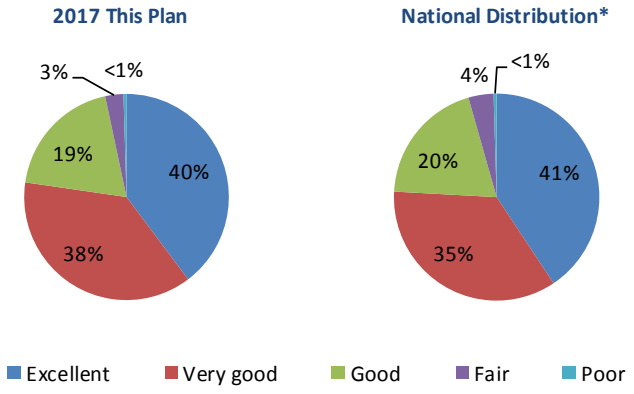
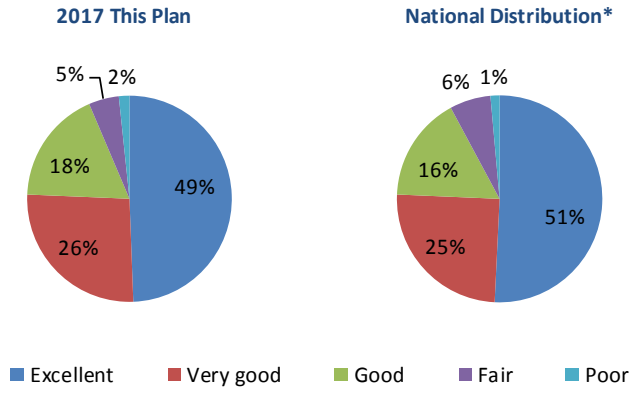
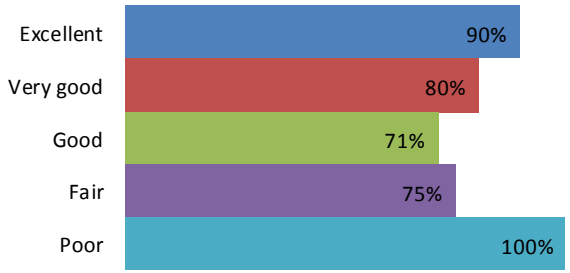
Q37. In general, how would you rate your child's overall health?	Q38. In general, how would you rate your child's overall mental or emotional health?

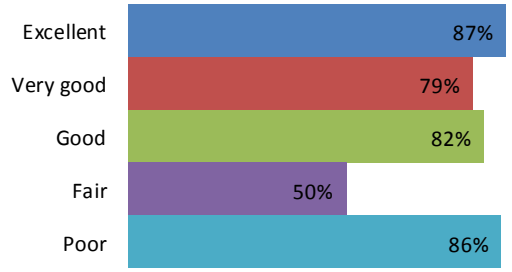




Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q37**



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q38**



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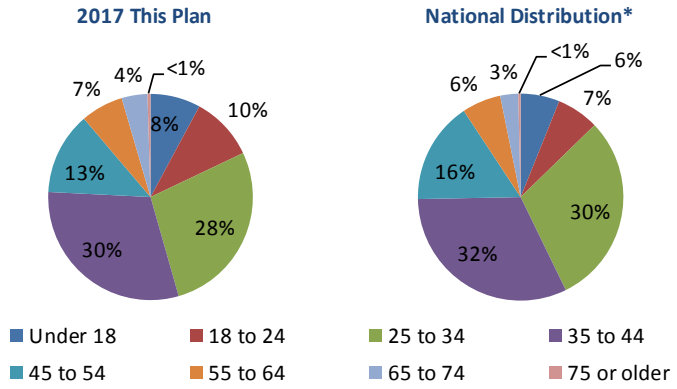
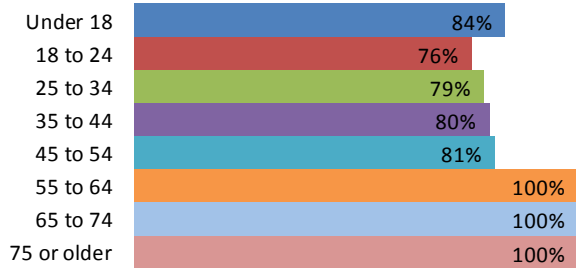
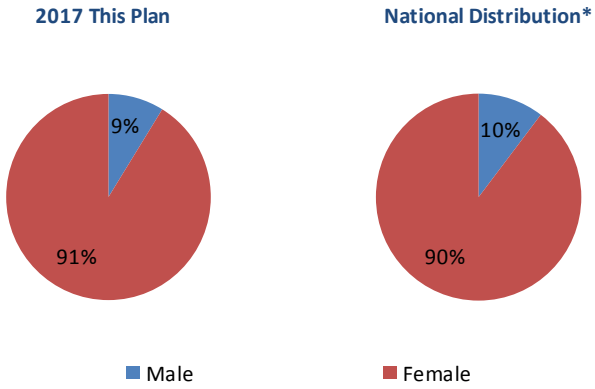
Q43. What is your age?





Q44. Are you male or female?



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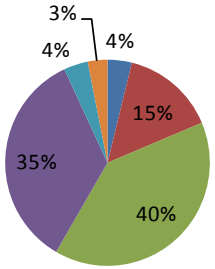
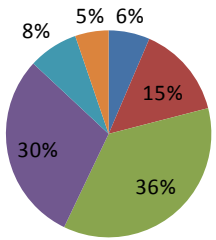
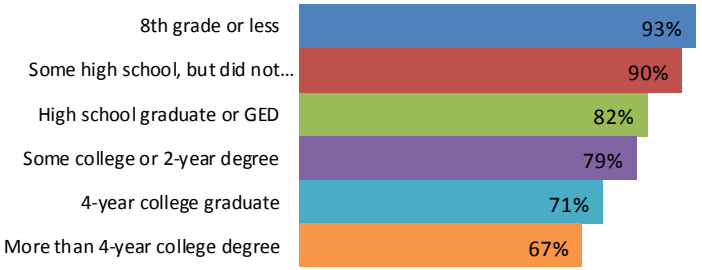
Q45. What is the highest grade or level of school that you have completed?



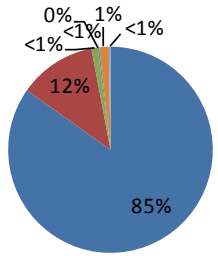


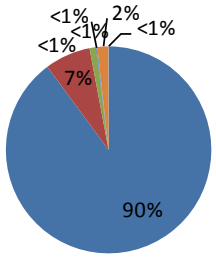
- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q45**



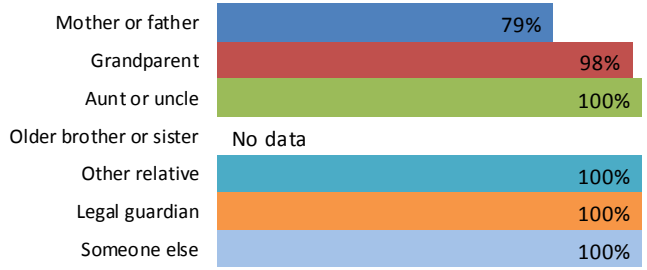
Q46. How are you related to the child?





- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q46**



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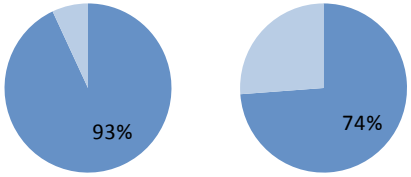
Q42. What is your child's race? Mark one or more.

% White

2017 This Plan | National Distribution*

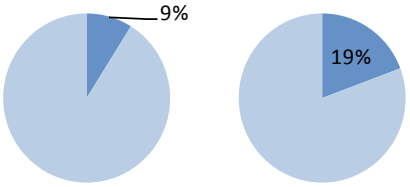


Percent of White Members Rating the Plan as 8, 9, or 10** 81%

Q42. What is your child's race? Mark one or more.

% Black or African-American

2017 This Plan | National Distribution*

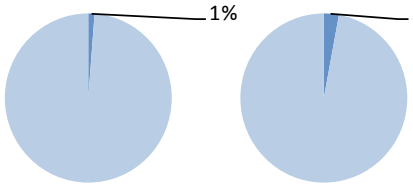


Percent of Black or African-American Members Rating the Plan as 8, 9, or 10** 91%

Q42. What is your child's race? Mark one or more.

% Asian

2017 This Plan | National Distribution*

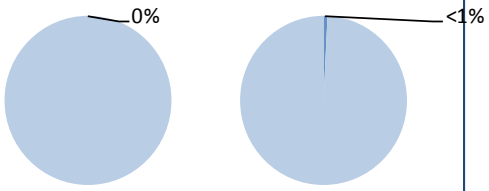


Percent of Asian Members Rating the Plan as 8, 9, or 10** 100%

Q42. What is your child's race? Mark one or more.

% Native Hawaiian or other Pacific Islander

2017 This Plan | National Distribution*

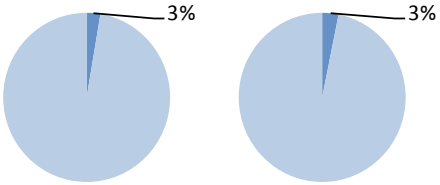


Percent of Native Hawaiian or other Pacific Islander Members Rating the Plan as 8, 9, or 10** No data

Q42. What is your child's race? Mark one or more.

% American Indian or Alaska Native

2017 This Plan | National Distribution*

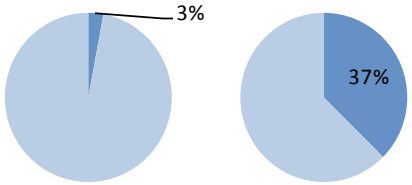


Percent of American Indian or Alaska Native Members Rating the Plan as 8, 9, or 10** 80%

Q41. Is your child of Hispanic or Latino origin or descent?

% Yes, Hispanic or Latino

2017 This Plan | National Distribution*



Percent of Yes, Hispanic or Latino Members Rating the Plan as 8, 9, or 10** 82%

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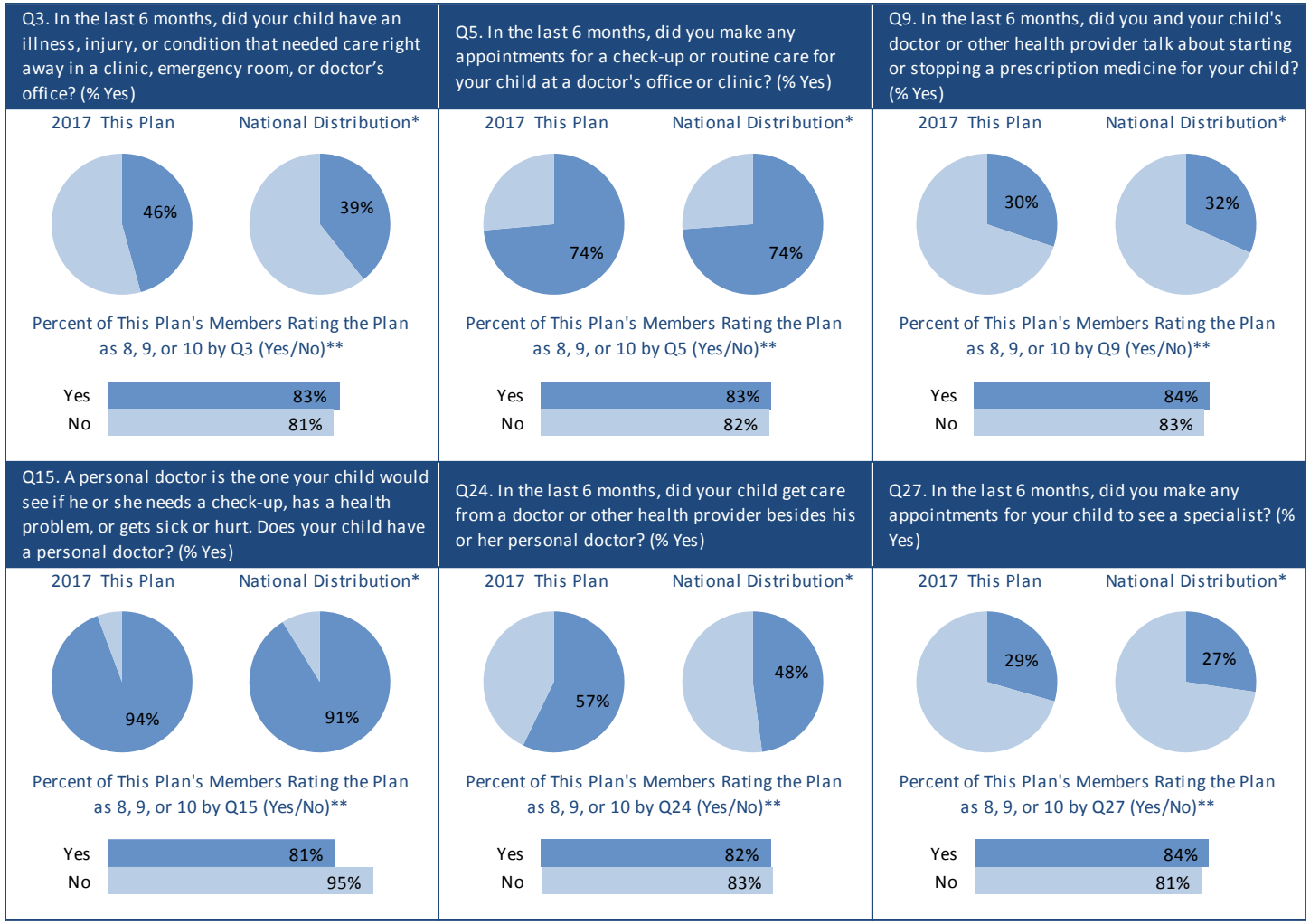
USE OF SERVICES

The following utilization measures are included in this section:

- Seeking urgent care
- Making appointments for routine care
- Discussing prescription medications with doctor
- Having a personal doctor
- Receiving care from a provider other than personal doctor
- Making an appointment to see a specialist
- Number of visits to a doctor's office or clinic
- Number of specialists seen



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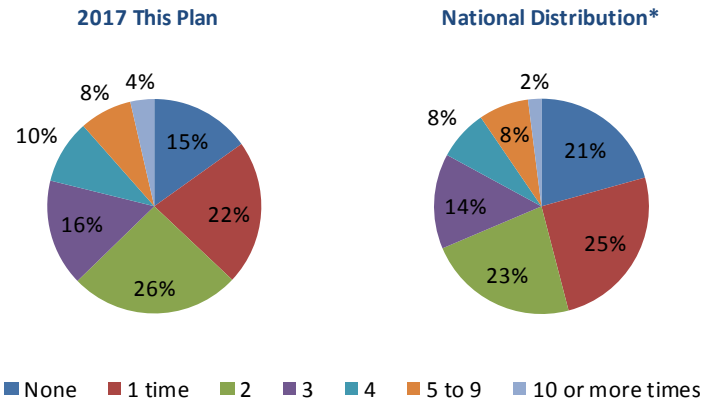
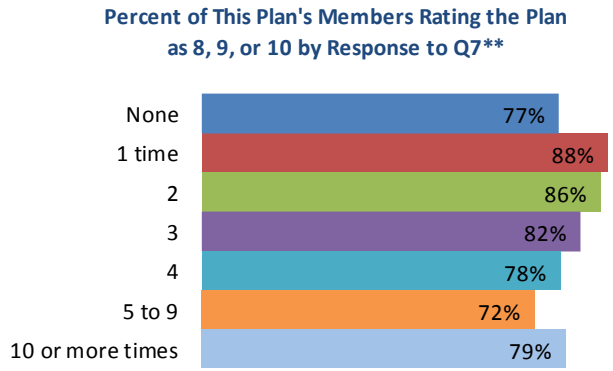
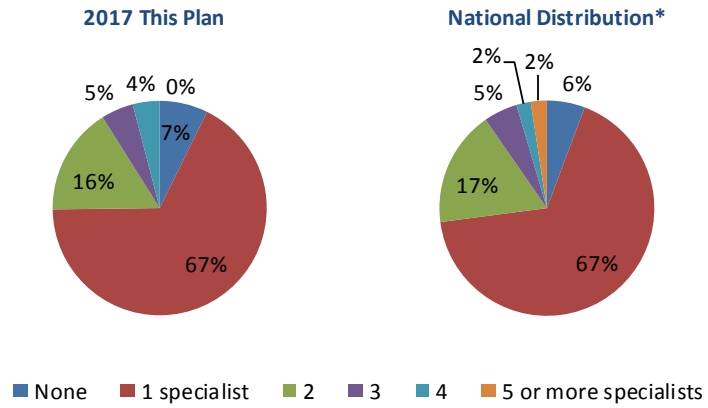
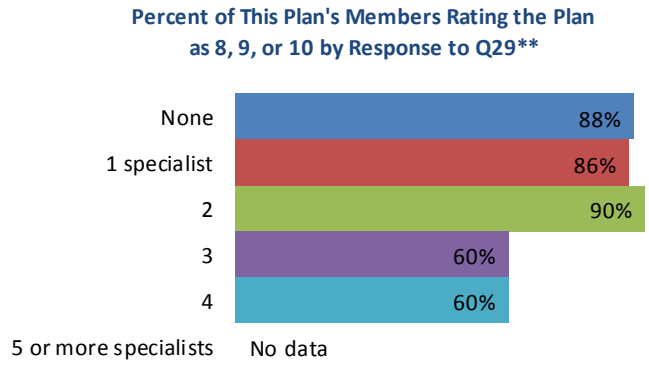
Q7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?





Q29. How many specialists has your child seen in the last 6 months? (Note: the question applies only to those respondents who had appointments with specialists.)





Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40448

* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Child Medicaid Average.

** Includes members of this health plan who answered the question and provided a valid response to Q36 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q36 or if no one rated the plan as 8, 9, or 10.

SCORING FOR NCQA ACCREDITATION

In order to be used for HEDIS reporting and NCQA Accreditation, HEDIS/CAHPS survey results must be calculated by NCQA. All of the results reported in this section should be used only as guidelines for estimating the plan's Accreditation score.

CALCULATION OF MEAN SCORES

This section outlines how NCQA assigns points toward Accreditation earned by the plan based on its CAHPS survey results. Mean scores provide the basis for calculating Accreditation points. For more information, please refer to the following documents: *HEDIS 2017, Volume 3: Specifications for Survey Measures* and *NCQA 2017 Accreditation Benchmarks and Thresholds* (released in March of 2017). Note that NCQA usually releases final benchmarks and thresholds in its *Accreditation Benchmarks and Thresholds – Mid-Year Update* memo in early August.

As the first step in the mean scoring procedure, all of the original responses are converted to a 3-point scale at the respondent level as follows (note: missing, invalid, and "Don't know" responses are excluded):

Measure Used in Accreditation Scoring	Mean Scoring Scale Based on Responses
Composites and related items; *Coordination of Care*	*Never* or *Sometimes* = 1; *Usually* = 2; *Always* = 3
Ratings	*0* to *6* = 1; *7* or *8* = 2; *9* or *10* = 3

Next, for each rating question, single-item measure (e.g., *Coordination of Care*), and survey item contributing to a composite, the mean of these recoded score values is computed across all valid responses. For composite measures, the mean of the question means is computed to arrive at the composite mean (note: each question in a composite is weighted equally, regardless of how many members respond). An example of this calculation is illustrated in the Appendix.

NCQA determines the Accreditation points contributed by each CAHPS survey measure by first comparing the plan's mean score on the measure with a national 90th percentile "benchmark" and with national thresholds (the 75th, 50th and 25th percentiles). The plan's percentile on each measure is then translated into a point value component of the Accreditation score. A health plan's CAHPS survey results can contribute up to 13 points towards the plan's total NCQA Accreditation score. CSS does not calculate the CAHPS component of the plan's Accreditation score.

The *Coordination of Care* measure was added to Accreditation scoring in 2016. If available, the plan's 2015 mean score on this measure is reported in the next section. Note, however, that NCQA introduced the national benchmark and thresholds for *Coordination of Care* only in 2016.

The *How Well Doctors Communicate* composite measure was retired from Accreditation scoring in 2015. However, NCQA continues to provide the national benchmark and thresholds for this measure, and health plans may find their scores on this composite informative. This report includes your plan's score trend on *How Well Doctors Communicate* for reference.

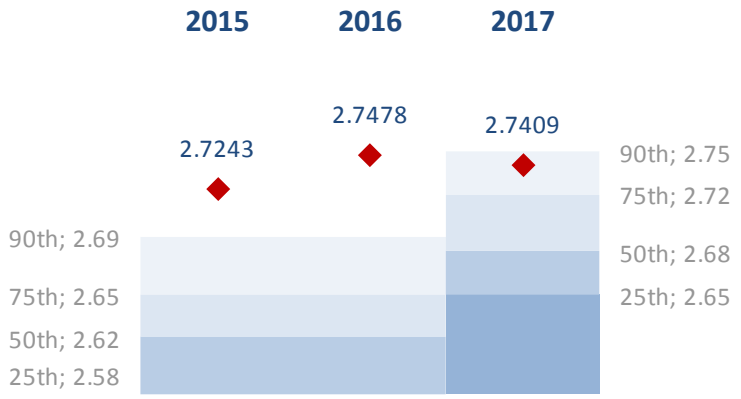
THREE-YEAR TREND IN ACCREDITATION MEANS

The charts on the following pages show the trend in the plan's mean scores over time, where applicable and/or available. Since these scores are used exclusively for Accreditation scoring, the reported means are limited to the measures that are scored for NCQA Accreditation and meet the NCQA minimum denominator threshold of 100 valid responses. The charts have the following features:

- The 2017 NCQA Accreditation percentile is provided at the top of each chart. Note that this percentile value is based on the plan's mean score and may not necessarily correspond to its performance percentile shown in the *Detailed Results Charts*.
- The plan's Accreditation mean scores are plotted in relation to the NCQA Accreditation percentile thresholds.
- If the number of responses is less than 100, "NA" appears next to the year label, indicating that the result is not reportable by NCQA. In such cases the result is not displayed.

Rating of Personal Doctor

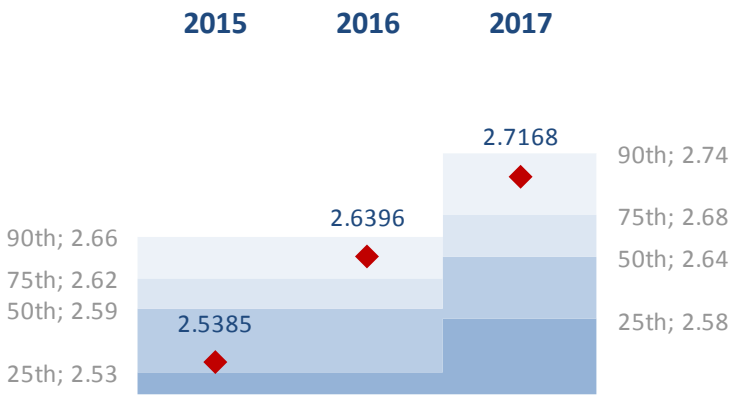
2017 NCQA Accreditation Percentile: 75th



Note: The Accreditation thresholds for this measure changed in 2017.

Rating of Specialist Seen Most Often

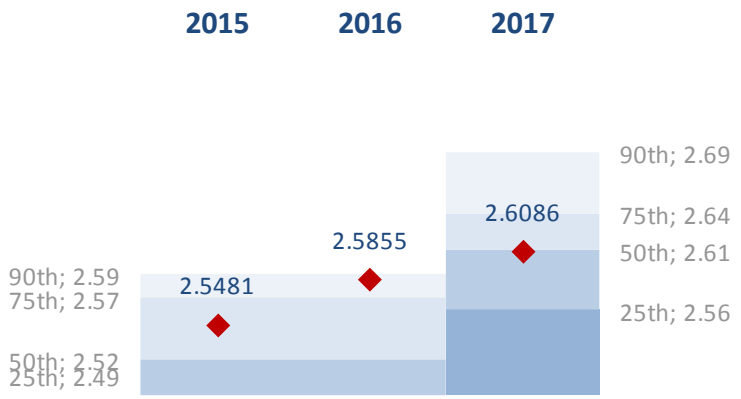
2017 NCQA Accreditation Percentile: 75th



Note: The Accreditation thresholds for this measure changed in 2017.

Rating of All Health Care

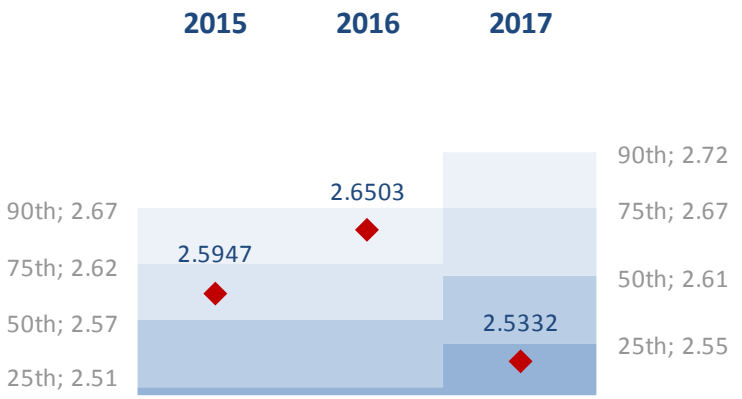
2017 NCQA Accreditation Percentile: 25th



Note: The Accreditation thresholds for this measure changed in 2017.

Rating of Health Plan

2017 NCQA Accreditation Percentile: below 25th



Note: The Accreditation thresholds for this measure changed in 2017.

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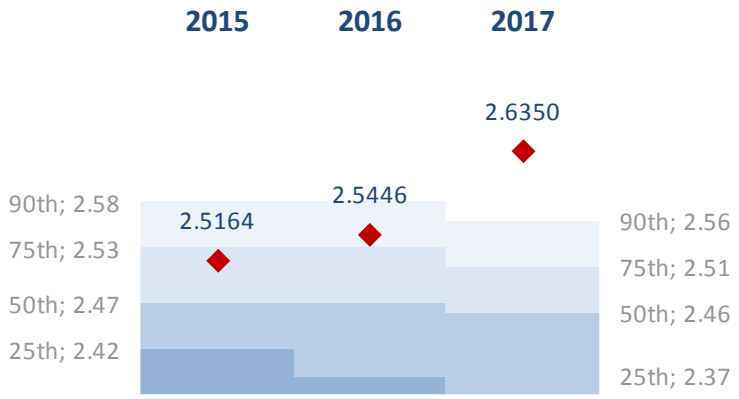
Getting Needed Care

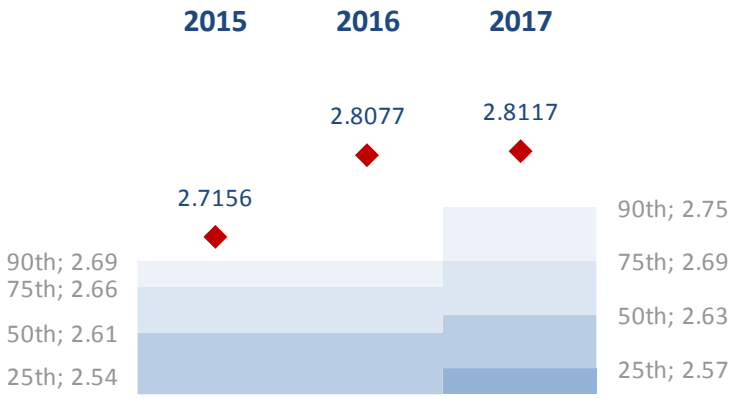
2017 NCQA Accreditation Percentile: 90th



Note: The Accreditation thresholds for this measure changed in 2016 and 2017.

Getting Care Quickly

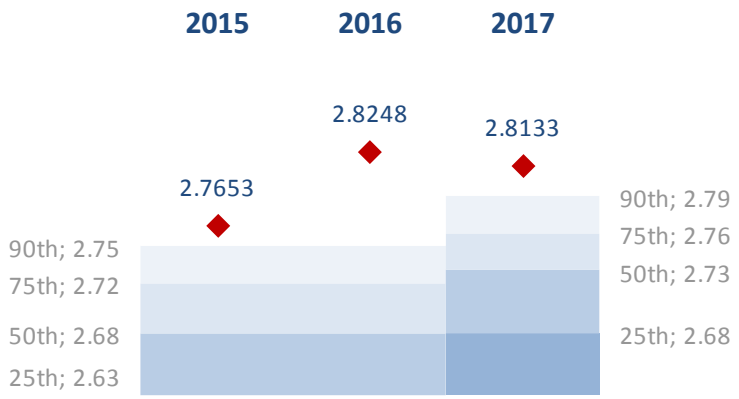
2017 NCQA Accreditation Percentile: 90th



Note: The Accreditation thresholds for this measure changed in 2017.

How Well Doctors Communicate

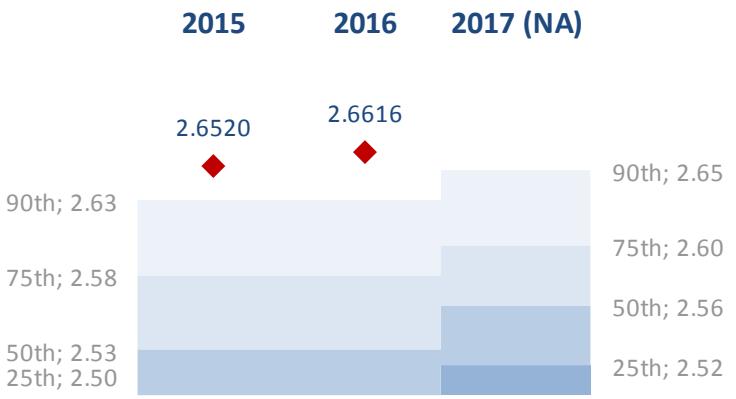
2017 NCQA Accreditation Percentile: 90th



NCQA retired this measure from Accreditation scoring in 2015. Accreditation mean and percentile values are provided for reference only.

Customer Service

2017 NCQA Accreditation Percentile: NA



Note: The Accreditation thresholds for this measure changed in 2017.

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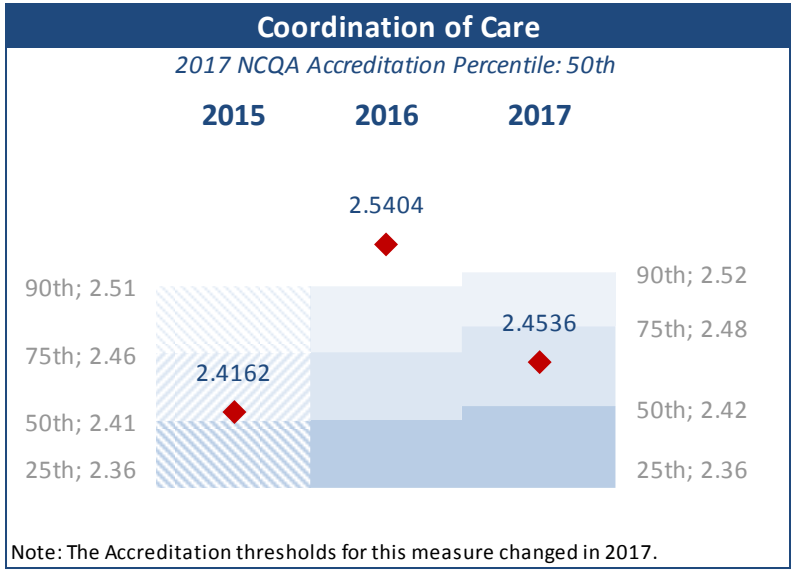
"(NA)" indicates that the score is not reportable by NCQA because fewer than 100 responses were collected for the measure.



NCQA added this measure to Accreditation scoring in 2016. The 2015 area of the chart represents the 2016 NCQA benchmark and threshold levels. The cross-hatched pattern indicates that they were not used in Accreditation scoring prior to 2016 and are provided for reference only.

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KEY DRIVER ANALYSIS

OBJECTIVES

CSS's *Key Driver Analysis (KDA)* highlights some of the key differences between high- and low-rated health plans at the industry level. The principal objectives of the KDA are:

- To isolate a set of plan attributes, or key drivers, that distinguish high-rated plans from low-rated plans;
- To highlight industry best practices on the key driver measures;
- To compare ABH West Virginia HMO to industry best practices in these areas; and
- To estimate the impact of improving the plan's performance on these measures on its overall rating.

TECHNICAL APPROACH

INDUSTRY VIEW

Industry-level analysis, which uses health plans as units of analysis, has a number of important advantages compared to the alternative approach, which focuses on member experiences *within* a single plan. Certain plan attributes are strongly related to member satisfaction *at the industry level*. However, these relationships may be missed if we focus on only one plan at a time. For example, it has been shown that plans that are rated highly on measures of access and availability of care tend to have high overall ratings. Conversely, poor access scores are associated with low overall plan scores. This relationship is readily apparent when ratings are compared *across* plans. However, *within* a specific plan, member experiences may not be sufficiently varied to reveal the underlying relationship. That is, if all of the plan's members are equally dissatisfied with access to care, this measure will show a misleadingly low correlation with the overall rating of the plan. As a result, the plan may underestimate the key role of access to care as a driver of member satisfaction and miss a critical opportunity for improvement.

In addition, expressing every CAHPS survey variable as a plan-level rate yields a complete and rich information set on each plan. This effectively eliminates any "gaps" in respondent-level data from a single plan caused by survey skip patterns and allows every response to be used in the analysis.

Finally, in addition to the standard CAHPS performance measures, other sources of differences between health plans can be explored, increasing the explanatory power of the model and allowing for more precise estimation of the individual key driver effects. These include experience rates, which are based

on responses to the CAHPS screener questions. Screeners establish whether a member had a particular type of experience or interaction with the plan (e.g., contacted customer service, searched for information in the plan's written materials, etc.). CSS's analysis shows that these experience variables explain a significant portion of the plan's overall satisfaction score. Additional components of the overall score include utilization rates and demographic characteristics of the plan's membership, addressed in more detail in the *Analysis of Member Characteristics* section of this report. Clearly, from the plan's perspective, some of these factors are more actionable than others. However, to yield an accurate model of key drivers of member satisfaction, the analysis must take into account any and all measurable influences on the overall rating of the plan.

KEY DRIVER MODEL DEVELOPMENT

The CSS *Key Driver Model* was developed on the basis of a rich dataset of CAHPS survey results comprising 395 Child Medicaid samples included in the National CAHPS Benchmarking Database (NCBD) in 2015 and 2014. CSS performed regression analysis of health plan ratings to identify the sources of variation in overall satisfaction scores across the industry spectrum, using individual health plans as units of analysis. Regression analysis expresses mathematically the relationship between plan attributes (predictors) and overall satisfaction scores, controlling for interdependencies among the predictors and other factors that may influence ratings (e.g., member demographics, utilization patterns, etc.). Predictors were chosen carefully to yield a model that is both meaningful and actionable from the health plan's point of view.

All of the plan variables, including potential drivers of satisfaction (i.e., variables that the plan may consider actionable) and control variables (member demographics, health status, utilization rates, product type, and year of data collection) were entered into the regression model, and the independent contribution of each variable was estimated. As in the past, CSS excluded *Rating of All Health Care* from the list of predictors both because of its high correlation with *Rating of Health Plan* and the presence of other survey items that measure more specific aspects of member experience. If included, *Rating of all Health Care* would account for a large portion of the variance and confound coefficient estimates for the remaining variables in the model.

INDUSTRY KEY DRIVER MODEL

The table below lists five key drivers of Child Medicaid member satisfaction in order of importance, from highest to lowest, based on their relative contribution to the *Rating of Health Plan* score. All of these variables have statistically significant coefficients in the regression model (p-value < 0.1). Performance on these variables, together with the control variables, explains 67 percent of the industry variation in Child Medicaid health plan ratings. Note that this ordering reflects *only* the strength of the overall relationship between each key driver and the health plan score at the industry level. It does not take into account how ABH West Virginia HMO is currently performing on these measures, and is thus not necessarily indicative of the plan's improvement opportunities. Plan-specific improvement targets, which take into account both the strength of the key driver and the plan's current performance in the area, are presented graphically in the next section.

Ratings of the plan are strongly related to members' ability to get the care they need as soon as they need it (Q14, Q28, and Q6). *Rating of Personal Doctor* (Q26) may reflect the quality of the health plan's network and its ability to contract with better providers.

Key Driver	Interpretation
Q14. Ease of getting needed care, tests, or treatment (percent *Always* or *Usually*)	The higher the proportion of respondents reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score
Q26. Rating of Personal Doctor (percent *8*, *9*, or *10*)	The higher the proportion of members rating their child's personal doctor as *8*, *9*, or *10*, the higher the overall plan score
Q32. Customer service provided needed information or help (percent *Always* or *Usually*)	The higher the proportion of respondents who got the information or help they needed when they called customer service, the higher the overall plan score
Q28. Got specialist appointment as soon as needed (percent *Always* or *Usually*)	The higher the proportion of respondents who were able to get a specialist appointment when they needed it, the higher the overall plan score
Q6. Got an appointment for a check-up or routine care as soon as needed (percent *Always* or *Usually*)	The higher the proportion of respondents who made checkup/routine care appointments for their child at a doctor's office or clinic during the past 6 months, the higher the overall plan score

OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

Exhibit 3 lists opportunities and priorities for improvement identified specifically for ABH West Virginia HMO. The ordering takes into account both the strength of each key driver in the broad industry context and the plan's current performance on the measure.

The middle panel of the chart compares the plan's current performance to the *best practice* score on each key driver. CSS defined the best practice score as the highest score among the eight Child Medicaid plans contributing to the 2017 CSS Child Medicaid Average. Room for improvement, represented by the green arrows on the chart, is the difference between the 2017 ABH West Virginia HMO score and the best practice score.

The bar chart on the right displays the expected improvement in the overall *Rating of Health Plan* score that could be achieved by ABH West Virginia HMO if it performed on par with the best practice plan on each of the key driver measures. Each bar represents the plan's room for improvement on the key driver weighted by its contribution to the *Rating of Health Plan* score.

EXHIBIT 3. 2017 ABH WEST VIRGINIA HMO CHILD MEDICAID CAHPS SURVEY: KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance		Room for Improvement on Key Driver		Overall Improvement Opportunity
2017 Plan Rate		Percentage Point Difference Between Current Key Driver Score and the **Best Practice Score***		Expected Percentage Point **Improvement** in **Rating of Health Plan** score (percent *8*, *9*, or *10*) if Key Driver Performs at Best Practice Level
Q26. Rating of Personal Doctor (percent *8, 9,* or *10*)	**88.34%**	+5.25%	**93.60%**	**+2.26%**
Q14. Ease of getting needed care, tests, or treatment (percent *Always* or *Usually*)	**93.10%**	+0.65%	**93.75%**	**+0.31%**
Q6. Got an appointment for a check-up or routine care as soon as needed (percent *Always* or *Usually*)	**95.45%**	Current Key Driver performance is at or above the Best Practice level	**95.45%**	**None**
Q28. Got specialist appointment as soon as needed (percent *Always* or *Usually*)	**93.44%**	Current Key Driver performance is at or above the Best Practice level	**93.44%**	**None**
Q32. Customer service provided needed information or help (percent *Always* or *Usually*)	**93.33%**	Current Key Driver performance is at or above the Best Practice level	**93.33%**	**None**

* Best score on the key driver measure among all plans included in the 2017 CSS Child Medicaid Average

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HEALTH PLAN QUALITY IMPROVEMENT RESOURCES FOR KEY DRIVERS

CSS's Industry *Key Driver Analysis* lists improvement opportunities and priorities for your plan. The following is a list of possible interventions and resources related to each of the key drivers. This section is included as a guide to assist the plan in its quality improvement efforts. Some of these resources may be more applicable to your plan than others, especially because many of the cited interventions are intended to be implemented at the practice or provider level.

IMPROVING ACCESS TO CARE: SCHEDULING APPOINTMENTS FOR ROUTINE AND SPECIALTY CARE; EASE OF GETTING NEEDED CARE, TESTS, OR TREATMENT (Q6 & Q28; Q14)

Removing barriers to care is central to improving the health care experience of plan members. The following resources suggest ways to improve patient access to care, tests, and treatment. For child Medicaid members, two key drivers tap into this concept. The first key driver is whether or not members scheduled an appointment for routine care. The second is ease of getting care, tests, and treatment. Because the two are so closely linked, resources related to both of these key drivers are presented together.

- *Alternative Access Centers* – This brief by the Robert Wood Johnson Foundation highlights the growing capacity of retail clinics and telemedicine to meet patient medical needs, particularly in rural and underserved communities. Providing patients with alternative venues to access health care, rather than the traditional doctor's office, lowers barriers to care. See http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2015/rwjf419415.

- *Same-Day Appointment Scheduling* – The Agency for Healthcare Research and Quality (AHRQ) recommends a method of scheduling that leaves part of each physician's day open for same-day appointments, rather than a traditional scheduling model that books appointments weeks or months in advance. Because the method does not differentiate between urgent and routine care, patients with non-urgent concerns are able to schedule appointments sooner than under traditional scheduling methods. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html.

- *Implement Process Improvements to Streamline Patient Flow* – Delays experienced by patients while waiting for care, tests, or treatment can be minimized through a variety of mechanisms. For example, reallocating tasks such as physical exams and ordering x-rays to physician's assistants and nurse practitioners frees up physicians' time to attend to more pressing patient concerns. The exact form of these improvements will vary widely by practice. See http://www.ahrq.gov/research/findings/final-reports/ptflow/index.html for examples of interventions provided by AHRQ.

- *Importance of Usual Source of Care* – A usual source of care is important not only for satisfaction purposes, but also because usual sources of care are related to health outcomes. These papers, funded by AHRQ, explore the role of a usual source of care in ensuring that children receive proper care. See http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3512198/ and http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3262919/.

- *Patient-Centered Medical Homes (PCMH)* – This model increases patient access to physicians. There are many resources available that provide information on the medical home model of care. For example, Family Medicine for America's Health is a collaboration of family medicine organizations dedicated to improving health care by expanding and emphasizing primary care, particularly through the use of patient-centered medical homes. See http://fmahealth.org/ for details and resources. For AHRQ's resources on transitioning a practice to a patient-centered medical home model, see http://www.pcmh.ahrq.gov/.

- *Improve Referral Communication* – The coordination of care between primary and specialist providers can be a challenge and may affect patient perceptions of their specialist care. Improving the coordination of care and case management can increase satisfaction with specialists. For examples of interventions that improve care coordination efficiency and quality, see https://innovations.ahrq.gov/profiles/electronic-referrals-and-communications-reduce-wait-times-specialty-appointments-and as well as https://innovations.ahrq.gov/profiles/referring-physicians-send-electronic-handoff-note-pertinent-patient-information-emergency.

IMPROVING QUALITY OF DOCTORS IN HEALTH PLAN NETWORK (Q26)

These resources concentrate on improving the physician-patient relationship, with a focus on communication. Implementing the solutions proposed here may result in improved doctor ratings.

- *Improve Physician Communication* – Seminars and workshops for physicians serve as a resource for physicians to learn and practice communication techniques. For example, The California Quality Collaborative has identified nine effective strategies for improving patient experience with health care providers in their *Improving the Patient Experience Change Package* (see http://www.calquality.org/storage/Improving_Pt_Experience_Spread_Change_Pkg_UpdatedMay2011.pdf). For general recommendations related to physician communication, see https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6gtraining.html.

- *Help Patients Communicate* – Patients who can effectively communicate their needs tend to have higher satisfaction with their care. AHRQ recommends four interventions that prepare patients to better communicate with their providers, including record sharing, writing down talking points prior to visits, and "coached care" programs. Many of these recommendations could be adapted for parents or guardians of younger patients. See http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6i-shared-decisionmaking.html and http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6htools.html. For a sample communication template that providers can distribute to patients before or during visits, see http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2013/rwjf404048.

- *Build Physician-Patient Relationships* – An article published in the British Journal of General Practice found that patients seeing their preferred doctor rated their satisfaction with visits significantly higher than patients who did not have a doctor preference or those who would have preferred to see a different doctor. Prioritizing continuity of care by honoring the physician preference of adults responsible for their enrollee's care may increase patient satisfaction. See http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1326072/. Additionally, a study of English National Health Service data found that confidence and trust in a doctor is an important predictor of overall patient satisfaction. Focusing on building relationships may increase confidence and trust in physicians. See http://www.ncbi.nlm.nih.gov/pubmed/18416910/.

IMPROVING ABILITY OF CUSTOMER SERVICE TO PROVIDE MEMBERS WITH INFORMATION OR HELP (Q32)

As representatives of the plan, customer service personnel must ensure that those adults responsible for the enrollee's care have confidence and trust in customer service staff and the information they provide. The following sources make recommendations for improving customer service.

- *Develop Customer Service Standards* – To improve customer service, AHRQ suggests first articulating which aspects of customer service are most important to your organization. After developing these standards, monitor performance and promote accountability among staff. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6q-custservice-standards.html.

- *Iterative Improvement for Member Services* – This RAND paper details a case study in which a health plan used additional surveys to supplement CAHPS results and more thoroughly assess member satisfaction with customer service. Throughout the process, plan leadership continually examined and adjusted improvement goals. The intervention resulted in a reduction of wait time for customer service calls and increased member satisfaction with customer service, as measured on the CAHPS survey. See http://www.rand.org/pubs/working_papers/WR517.html.

- *Implement Service Recovery Procedures* – When customers have a complaint, service recovery programs support customer service personnel in identifying and remedying the problem. While complaints may be inevitable, their proper handling can reassure members and restore loyalty to the health plan. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6p-service-recovery.html.

APPENDIX

SURVEY RESULTS AT A GLANCE

CAHPS 5.0H Survey Measures		Global Proportions and Question Summary Rates			Valid Responses			Accreditation Means and Percentiles			2017 CSS Child Medicaid Average	2016 NCQA Child Medicaid National Average, All LOBs
		2015	2016	2017	2015	2016	2017	2015	2016	2017		
Overall Ratings (% 8, 9, or 10)	Q13. Rating of All Health Care	81.55%	84.97%	**85.14%**	374	386	**350**	2.5481 (50th)	2.5855 (75th)	**2.6086 (25th)**	86.99%	85.81%
	Q26. Rating of Personal Doctor	87.85%	91.15%	**88.34%**	428	452	**386**	2.7243 (90th)	2.7478 (90th)	**2.7409 (75th)**	89.32%	88.42%
	Q30. Rating of Specialist Seen Most Often	82.69%	83.78%	**91.15%**	104	111	**113**	2.5385 (25th)	2.6396 (75th)	**2.7168 (75th)**	87.62%	85.53%
	Q36. Rating of Health Plan	81.50%	86.71%	**82.06%**	454	489	**407**	2.5947 (50th)	2.6503 (75th)	**2.5332 (<25th)**	84.39%	84.70%
Getting Needed Care (% Always or Usually)	***Getting Needed Care Composite***	87.14% ▲	89.59%	**93.27%**	242	253	**235**	2.5164 (50th)	2.5446 (75th)	**2.6350 (90th)**	87.37% ▲	83.66% ▲
	Q14. Easy to get needed care	92.80%	94.30%	**93.10%**	375	386	**348**				91.38%	
	Q28. Easy to see specialists	81.48% ▲	84.87% ▲	**93.44%**	108	119	**122**				83.35% ▲	
Getting Care Quickly (% Always or Usually)	***Getting Care Quickly Composite***	93.43%	95.56%	**96.11%**	278	280	**247**	2.7156 (90th)	2.8077 (90th)	**2.8117 (90th)**	92.16% ▲	88.54% ▲
	Q4. Got urgent care as soon as needed	95.26%	97.14%	**96.76%**	211	210	**185**				93.30%	
	Q6. Got routine care as soon as needed	91.59% ▲	93.98%	**95.45%**	345	349	**308**				91.02% ▲	
How Well Doctors Communicate* (% Always or Usually)	***How Well Doctors Communicate Composite***	94.04%	96.52%	**96.11%**	344	353	**322**	2.7653 (90th)	2.8248 (90th)	**2.8133 (90th)**	94.96%	93.17% ▲
	Q17. Doctor explained things	96.51%	97.18%	**96.26%**	344	354	**321**				95.26%	
	Q18. Doctor listened carefully	93.91%	97.17%	**96.89%**	345	353	**322**				96.16%	
	Q19. Doctor showed respect	94.49%	97.18%	**97.20%**	345	354	**322**				96.77%	
	Q22. Doctor spent enough time	91.25%	94.57%	**94.08%**	343	350	**321**				91.62%	
Customer Service (% Always or Usually)	***Customer Service Composite***	93.63%	89.56%	**96.12% (NA)**	102	120	**91**	2.6520 (90th)	2.6616 (90th)	**2.7121 (NA)**	89.35% ▲	87.98% ▲
	Q32. Provided needed information/help	91.18%	85.83%	**93.33% (NA)**	102	120	**90**				84.13% ▲	
	Q33. Treated with courtesy/respect	96.08%	93.28%	**98.90% (NA)**	102	119	**91**				94.58%	
Shared Decision Making** (% Yes)	***Shared Decision Making Composite***	82.37%	84.04%	**79.91%**	121	130	**103**				78.24%	78.41%
	Q10. Discussed reasons to take a medicine	95.90%	96.95% ▼	**89.42%**	122	131	**104**				92.15%	
	Q11. Discussed reasons not to take a medicine	68.85%	72.09%	**67.31%**	122	129	**104**				62.85%	
	Q12. Discussed what was best for you	82.35%	83.08%	**83.00%**	119	130	**100**				79.71%	
Other Areas	Q8. Health Promotion and Education (% Yes)	74.33%	76.47%	**70.66%**	374	391	**351**				72.76%	70.92%
	Q25. Coordination of Care (% Always or Usually)	80.92%	88.20%	**84.15%**	173	161	**183**	2.4162 (50th)	2.5404 (90th)	**2.4536 (50th)**	85.13%	82.64%

Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA.

40448

"NA" appears next to the result if is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates the result for reference only.

Comparisons to prior-year results and relevant benchmark scores are reported regardless of whether the rate meets the minimum denominator threshold for NCQA reporting (n=100). All statistical tests are conducted at the 95% confidence level prior to rounding. Statistically significant differences between the plan and the comparison score are marked as ▲ when the plan's score is higher or ▼ when the plan's score is lower.

* *How Well Doctors Communicate* was retired from Accreditation scoring in 2015. Accreditation mean and percentile values for this measure are provided for reference only.

** *Shared Decision Making* is not scored for NCQA Accreditation.

CROSS-TABULATIONS OF SURVEY RESPONSES

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Satisfaction With the Experience of Care

Survey Measures*	Global Proportions					NCQA Accreditation Scoring	
	2016 NCQA National Average, All LOBs	2017 CSS Average	Plan Rate			2017 Plan Mean	2017 Percentile for Accreditation Scoring**
			2017	2016	2015		
Ratings							
Rating of Personal Doctor	88.42%	89.32%	**88.34%**	91.15%	87.85%	2.7409	75th
Rating of Specialist	85.53%	87.62%	**91.15%**	83.78%	82.69%	2.7168	75th
Rating of All Health Care	85.81%	86.99%	**85.14%**	84.97%	81.55%	2.6086	25th
Rating of Health Plan	84.70%	84.39%	**82.06%**	86.71%	81.50%	2.5332	Below 25th
Composites							
Getting Needed Care	83.66%	87.37%	**93.27%**	89.59%	87.14%	2.6350	90th
Getting Care Quickly	88.54%	92.16%	**96.11%**	95.56%	93.43%	2.8117	90th
How Well Doctors Communicate	93.17%	94.96%	**96.11%**	96.52%	94.04%	2.8133	90th
Customer Service	87.98%	89.35%	**96.12%**	89.56%	93.63%	2.7121	90th
Shared Decision Making	78.41%	78.24%	**79.91%**	84.04%	82.37%	No Applicable Mean	Not scored for Accred.
Additional Content Areas							
Health Promotion and Education	70.92%	72.76%	**70.66%**	76.47%	74.33%	2.4131	Not scored for Accred.
Coordination of Care	82.64%	85.13%	**84.15%**	88.20%	80.92%	2.4536	50th

40448

* Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA. A lighter display is used to indicate that a result is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates measure results only for internal plan reporting.

** Percentiles are based on the 2017 Accreditation Benchmarks and Thresholds released by NCQA in January 2017. The How Well Doctors Communicate measure was removed from accreditation scoring in 2015. Coordination of Care was added in 2016.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 3

In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	28	**4**	2	8	0	4	2	2	0	1	2	1	0	4	3	0	1	4	0	0	0	4	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,946	**420**	495	461	37	379	137	191	85	77	164	173	12	397	355	19	38	319	81	14	63	301	48
	99.1%	**99.1%**	99.6%	98.3%	100.0%	99.0%	98.6%	99.0%	100.0%	98.7%	98.8%	99.4%	100.0%	99.0%	99.2%	100.0%	97.4%	98.8%	100.0%	100.0%	100.0%	98.7%	100.0%
Yes	1,158	**192**	212	216	9	181	63	86	40	38	68	84	5	180	171	5	12	132	50	7	9	144	35
	39.3%	**45.7%**	42.8%	46.9%	24.3%	47.8%	46.0%	45.0%	47.1%	49.4%	41.5%	48.6%	41.7%	45.3%	48.2%	26.3%	31.6%	41.4%	61.7%	50.0%	14.3%	47.8%	72.9%
No	1,788	**228**	283	245	28	198	74	105	45	39	96	89	7	217	184	14	26	187	31	7	54	157	13
	60.7%	**54.3%**	57.2%	53.1%	75.7%	52.2%	54.0%	55.0%	52.9%	50.6%	58.5%	51.4%	58.3%	54.7%	51.8%	73.7%	68.4%	58.6%	38.3%	50.0%	85.7%	52.2%	27.1%
Significantly different from column:*		A			F	E												S	R		VW	UW	UV

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 4

In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

Base: All respondents whose child needed care right away (Q3)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,158	**192**	212	216	9	181	63	86	40	38	68	84	5	180	171	5	12	132	50	7	9	144	35
Number missing or multiple answer	23	**7**	2	5	0	7	2	4	1	2	2	3	0	6	7	0	0	5	1	1	1	3	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,135	**185**	210	211	9	174	61	82	39	36	66	81	5	174	164	5	12	127	49	6	8	141	33
	98.0%	**96.4%**	99.1%	97.7%	100.0%	96.1%	96.8%	95.3%	97.5%	94.7%	97.1%	96.4%	100.0%	96.7%	95.9%	100.0%	100.0%	96.2%	98.0%	85.7%	88.9%	97.9%	94.3%
Never	7	**0**	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.6%	**0.0%**	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sometimes	69	**6**	3	10	0	5	3	2	0	0	2	3	0	5	5	0	0	3	2	0	0	1	4
	6.1%	**3.2%**	1.4%	4.7%	0.0%	2.9%	4.9%	2.4%	0.0%	0.0%	3.0%	3.7%	0.0%	2.9%	3.0%	0.0%	0.0%	2.4%	4.1%	0.0%	0.0%	0.7%	12.1%
Usually	100	**9**	11	26	1	8	0	7	2	1	3	5	0	9	9	0	0	7	2	0	0	8	1
	8.8%	**4.9%**	5.2%	12.3%	11.1%	4.6%	0.0%	8.5%	5.1%	2.8%	4.5%	6.2%	0.0%	5.2%	5.5%	0.0%	0.0%	5.5%	4.1%	0.0%	0.0%	5.7%	3.0%
Always	959	**170**	193	175	8	161	58	73	37	35	61	73	5	160	150	5	12	117	45	6	8	132	28
	84.5%	**91.9%**	91.9%	82.9%	88.9%	92.5%	95.1%	89.0%	94.9%	97.2%	92.4%	90.1%	100.0%	92.0%	91.5%	100.0%	100.0%	92.1%	91.8%	100.0%	100.0%	93.6%	84.8%
Significantly different from column:*		AD																					
Usually or Always	1,059	**179**	204	201	9	169	58	80	39	36	64	78	5	169	159	5	12	124	47	6	8	140	29
	93.3%	**96.8%**	97.1%	95.3%	100.0%	97.1%	95.1%	97.6%	100.0%	100.0%	97.0%	96.3%	100.0%	97.1%	97.0%	100.0%	100.0%	97.6%	95.9%	100.0%	100.0%	99.3%	87.9%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 5

In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	33	**4**	5	11	0	4	1	3	0	0	2	2	0	4	4	0	0	2	2	0	0	4	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,941	**420**	492	458	37	379	138	190	85	78	164	172	12	397	354	19	39	321	79	14	63	301	48
	98.9%	**99.1%**	99.0%	97.7%	100.0%	99.0%	99.3%	98.4%	100.0%	100.0%	98.8%	98.9%	100.0%	99.0%	98.9%	100.0%	100.0%	99.4%	97.5%	100.0%	100.0%	98.7%	100.0%
Yes	2,171	**309**	354	349	25	281	112	132	59	62	121	122	9	291	264	12	26	230	63	11	21	244	40
	73.8%	**73.6%**	72.0%	76.2%	67.6%	74.1%	81.2%	69.5%	69.4%	79.5%	73.8%	70.9%	75.0%	73.3%	74.6%	63.2%	66.7%	71.7%	79.7%	78.6%	33.3%	81.1%	83.3%
No	770	**111**	138	109	12	98	26	58	26	16	43	50	3	106	90	7	13	91	16	3	42	57	8
	26.2%	**26.4%**	28.0%	23.8%	32.4%	25.9%	18.8%	30.5%	30.6%	20.5%	26.2%	29.1%	25.0%	26.7%	25.4%	36.8%	33.3%	28.3%	20.3%	21.4%	66.7%	18.9%	16.7%
Significantly different from column:*							HI	G	G												VW	U	U

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 6

In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

Base: All respondents who made an appointment for their child for a check-up or routine care (Q5)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,171	**309**	354	349	25	281	112	132	59	62	121	122	9	291	264	12	26	230	63	11	21	244	40
Number missing or multiple answer	34	**1**	5	4	0	1	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,137	**308**	349	345	25	280	112	132	58	61	121	122	8	291	264	12	26	230	63	10	21	243	40
	98.4%	**99.7%**	98.6%	98.9%	100.0%	99.6%	100.0%	100.0%	98.3%	98.4%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%	100.0%	99.6%	100.0%
Never	16	**1**	0	1	0	1	0	0	1	1	0	0	0	1	1	0	0	1	0	0	0	1	0
	0.7%	**0.3%**	0.0%	0.3%	0.0%	0.4%	0.0%	0.0%	1.7%	1.6%	0.0%	0.0%	0.0%	0.3%	0.4%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.4%	0.0%
Sometimes	176	**13**	21	28	2	10	3	6	3	2	3	7	1	11	8	2	2	7	4	1	0	10	3
	8.2%	**4.2%**	6.0%	8.1%	8.0%	3.6%	2.7%	4.5%	5.2%	3.3%	2.5%	5.7%	12.5%	3.8%	3.0%	16.7%	7.7%	3.0%	6.3%	10.0%	0.0%	4.1%	7.5%
Usually	364	**53**	54	63	2	51	14	26	13	8	22	23	0	51	50	1	2	38	13	2	3	42	7
	17.0%	**17.2%**	15.5%	18.3%	8.0%	18.2%	12.5%	19.7%	22.4%	13.1%	18.2%	18.9%	0.0%	17.5%	18.9%	8.3%	7.7%	16.5%	20.6%	20.0%	14.3%	17.3%	17.5%
Always	1,581	**241**	274	253	21	218	95	100	41	50	96	92	7	228	205	9	22	184	46	7	18	190	30
	74.0%	**78.2%**	78.5%	73.3%	84.0%	77.9%	84.8%	75.8%	70.7%	82.0%	79.3%	75.4%	87.5%	78.4%	77.7%	75.0%	84.6%	80.0%	73.0%	70.0%	85.7%	78.2%	75.0%
Significantly different from column:*							I		G														
Usually or Always	1,945	**294**	328	316	23	269	109	126	54	58	118	115	7	279	255	10	24	222	59	9	21	232	37
	91.0%	**95.5%**	94.0%	91.6%	92.0%	96.1%	97.3%	95.5%	93.1%	95.1%	97.5%	94.3%	87.5%	95.9%	96.6%	83.3%	92.3%	96.5%	93.7%	90.0%	100.0%	95.5%	92.5%
Significantly different from column:*		AD																					

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 7

In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	83	**8**	14	15	2	6	3	4	1	3	3	2	1	7	6	0	2	8	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,891	**416**	483	454	35	377	136	189	84	75	163	172	11	394	352	19	37	315	81	14	63	305	48
	97.2%	**98.1%**	97.2%	96.8%	94.6%	98.4%	97.8%	97.9%	98.8%	96.2%	98.2%	98.9%	91.7%	98.3%	98.3%	100.0%	94.9%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
None	598	**63**	91	74	6	55	17	31	13	9	24	27	1	59	50	5	7	53	7	1	63	0	0
	20.7%	**15.1%**	18.8%	16.3%	17.1%	14.6%	12.5%	16.4%	15.5%	12.0%	14.7%	15.7%	9.1%	15.0%	14.2%	26.3%	18.9%	16.8%	8.6%	7.1%	100.0%	0.0%	0.0%
1 time	730	**91**	116	118	11	80	27	46	18	14	41	36	3	87	74	7	10	77	13	1	0	91	0
	25.3%	**21.9%**	24.0%	26.0%	31.4%	21.2%	19.9%	24.3%	21.4%	18.7%	25.2%	20.9%	27.3%	22.1%	21.0%	36.8%	27.0%	24.4%	16.0%	7.1%	0.0%	29.8%	0.0%
2	656	**107**	117	102	10	96	37	51	17	20	43	43	3	102	93	3	9	84	17	5	0	107	0
	22.7%	**25.7%**	24.2%	22.5%	28.6%	25.5%	27.2%	27.0%	20.2%	26.7%	26.4%	25.0%	27.3%	25.9%	26.4%	15.8%	24.3%	26.7%	21.0%	35.7%	0.0%	35.1%	0.0%
3	413	**67**	69	75	3	64	26	27	13	14	25	27	2	63	59	2	3	49	18	0	0	67	0
	14.3%	**16.1%**	14.3%	16.5%	8.6%	17.0%	19.1%	14.3%	15.5%	18.7%	15.3%	15.7%	18.2%	16.0%	16.8%	10.5%	8.1%	15.6%	22.2%	0.0%	0.0%	22.0%	0.0%
4	218	**40**	33	46	3	37	11	17	11	8	11	21	2	37	33	1	5	25	11	2	0	40	0
	7.5%	**9.6%**	6.8%	10.1%	8.6%	9.8%	8.1%	9.0%	13.1%	10.7%	6.7%	12.2%	18.2%	9.4%	9.4%	5.3%	13.5%	7.9%	13.6%	14.3%	0.0%	13.1%	0.0%
5 to 9	218	**33**	40	29	1	32	15	11	7	7	15	11	0	32	31	0	2	21	9	3	0	0	33
	7.5%	**7.9%**	8.3%	6.4%	2.9%	8.5%	11.0%	5.8%	8.3%	9.3%	9.2%	6.4%	0.0%	8.1%	8.8%	0.0%	5.4%	6.7%	11.1%	21.4%	0.0%	0.0%	68.8%
10 or more times	58	**15**	17	10	1	13	3	6	5	3	4	7	0	14	12	1	1	6	6	2	0	0	15
	2.0%	**3.6%**	3.5%	2.2%	2.9%	3.4%	2.2%	3.2%	6.0%	4.0%	2.5%	4.1%	0.0%	3.6%	3.4%	5.3%	2.7%	1.9%	7.4%	14.3%	0.0%	0.0%	31.3%
5 or more times	276	**48**	57	39	2	45	18	17	12	10	19	18	0	46	43	1	3	27	15	5	0	0	48
	9.5%	**11.5%**	11.8%	8.6%	5.7%	11.9%	13.2%	9.0%	14.3%	13.3%	11.7%	10.5%	0.0%	11.7%	12.2%	5.3%	8.1%	8.6%	18.5%	35.7%	0.0%	0.0%	100.0%
Significantly different from column:*																		S	R		W	W	UV

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 8

In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

Base: All respondents whose child went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,293	**353**	392	380	29	322	119	158	71	66	139	145	10	335	302	14	30	262	74	13	0	305	48
Number missing or multiple answer	17	**2**	1	6	1	1	0	2	0	0	1	1	0	2	2	0	0	1	1	0	0	1	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,276	**351**	391	374	28	321	119	156	71	66	138	144	10	333	300	14	30	261	73	13	0	304	47
	99.3%	**99.4%**	99.7%	98.4%	96.6%	99.7%	100.0%	98.7%	100.0%	100.0%	99.3%	99.3%	100.0%	99.4%	99.3%	100.0%	100.0%	99.6%	98.6%	100.0%	---	99.7%	97.9%
Yes	1,656	**248**	299	278	21	226	87	114	44	47	99	100	6	237	214	7	22	186	50	10	0	214	34
	72.8%	**70.7%**	76.5%	74.3%	75.0%	70.4%	73.1%	73.1%	62.0%	71.2%	71.7%	69.4%	60.0%	71.2%	71.3%	50.0%	73.3%	71.3%	68.5%	76.9%	---	70.4%	72.3%
No	620	**103**	92	96	7	95	32	42	27	19	39	44	4	96	86	7	8	75	23	3	0	90	13
	27.2%	**29.3%**	23.5%	25.7%	25.0%	29.6%	26.9%	26.9%	38.0%	28.8%	28.3%	30.6%	40.0%	28.8%	28.7%	50.0%	26.7%	28.7%	31.5%	23.1%	---	29.6%	27.7%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 9

In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

Base: All respondents whose child went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,293	**353**	392	380	29	322	119	158	71	66	139	145	10	335	302	14	30	262	74	13	0	305	48
Number missing or multiple answer	18	**2**	3	7	0	2	0	1	1	2	0	0	1	1	2	0	0	1	1	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,275	**351**	389	373	29	320	119	157	70	64	139	145	9	334	300	14	30	261	73	13	0	303	48
	99.2%	**99.4%**	99.2%	98.2%	100.0%	99.4%	100.0%	99.4%	98.6%	97.0%	100.0%	100.0%	90.0%	99.7%	99.3%	100.0%	100.0%	99.6%	98.6%	100.0%	---	99.3%	100.0%
Yes	720	**106**	131	122	4	101	31	48	25	15	39	50	2	101	96	1	5	68	28	8	0	81	25
	31.6%	**30.2%**	33.7%	32.7%	13.8%	31.6%	26.1%	30.6%	35.7%	23.4%	28.1%	34.5%	22.2%	30.2%	32.0%	7.1%	16.7%	26.1%	38.4%	61.5%	---	26.7%	52.1%
No	1,555	**245**	258	251	25	219	88	109	45	49	100	95	7	233	204	13	25	193	45	5	0	222	23
	68.4%	**69.8%**	66.3%	67.3%	86.2%	68.4%	73.9%	69.4%	64.3%	76.6%	71.9%	65.5%	77.8%	69.8%	68.0%	92.9%	83.3%	73.9%	61.6%	38.5%	---	73.3%	47.9%
Significantly different from column:*					F	E												S	R			W	V

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 10

Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

Base: All respondents whose child went to a doctor's office/clinic to get care and whose doctor talked about starting/stopping medication (Q7 & Q9)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	720	**106**	131	122	4	101	31	48	25	15	39	50	2	101	96	1	5	68	28	8	0	81	25
Number missing or multiple answer	7	**2**	0	0	0	2	0	2	0	0	0	2	0	2	2	0	0	1	0	1	0	1	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	713	**104**	131	122	4	99	31	46	25	15	39	48	2	99	94	1	5	67	28	7	0	80	24
	99.0%	**98.1%**	100.0%	100.0%	100.0%	98.0%	100.0%	95.8%	100.0%	100.0%	100.0%	96.0%	100.0%	98.0%	97.9%	100.0%	100.0%	98.5%	100.0%	87.5%	---	98.8%	96.0%
Yes	657	**93**	127	117	3	90	29	40	23	14	37	41	1	90	87	0	5	60	26	6	0	70	23
	92.1%	**89.4%**	96.9%	95.9%	75.0%	90.9%	93.5%	87.0%	92.0%	93.3%	94.9%	85.4%	50.0%	90.9%	92.6%	0.0%	100.0%	89.6%	92.9%	85.7%	---	87.5%	95.8%
No	56	**11**	4	5	1	9	2	6	2	1	2	7	1	9	7	1	0	7	2	1	0	10	1
	7.9%	**10.6%**	3.1%	4.1%	25.0%	9.1%	6.5%	13.0%	8.0%	6.7%	5.1%	14.6%	50.0%	9.1%	7.4%	100.0%	0.0%	10.4%	7.1%	14.3%	---	12.5%	4.2%
Significantly different from column:*		C																					

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 11

Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

Base: All respondents whose child went to a doctor's office/clinic to get care and whose doctor talked about starting/stopping medication (Q7 & Q9)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	720	**106**	131	122	4	101	31	48	25	15	39	50	2	101	96	1	5	68	28	8	0	81	25
Number missing or multiple answer	12	**2**	2	0	0	2	0	2	0	0	0	2	0	2	2	0	0	1	0	1	0	1	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	708	**104**	129	122	4	99	31	46	25	15	39	48	2	99	94	1	5	67	28	7	0	80	24
	98.3%	**98.1%**	98.5%	100.0%	100.0%	98.0%	100.0%	95.8%	100.0%	100.0%	100.0%	96.0%	100.0%	98.0%	97.9%	100.0%	100.0%	98.5%	100.0%	87.5%	---	98.8%	96.0%
Yes	445	**70**	93	84	4	66	22	31	16	12	24	33	1	68	66	0	2	49	18	2	0	54	16
	62.9%	**67.3%**	72.1%	68.9%	100.0%	66.7%	71.0%	67.4%	64.0%	80.0%	61.5%	68.8%	50.0%	68.7%	70.2%	0.0%	40.0%	73.1%	64.3%	28.6%	---	67.5%	66.7%
No	263	**34**	36	38	0	33	9	15	9	3	15	15	1	31	28	1	3	18	10	5	0	26	8
	37.1%	**32.7%**	27.9%	31.1%	0.0%	33.3%	29.0%	32.6%	36.0%	20.0%	38.5%	31.3%	50.0%	31.3%	29.8%	100.0%	60.0%	26.9%	35.7%	71.4%	---	32.5%	33.3%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 12

When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

Base: All respondents whose child went to a doctor's office/clinic to get care and whose doctor talked about starting/stopping medication (Q7 & Q9)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	720	**106**	131	122	4	101	31	48	25	15	39	50	2	101	96	1	5	68	28	8	0	81	25
Number missing or multiple answer	20	**6**	1	3	0	6	2	2	2	1	2	3	1	5	4	0	1	4	0	2	0	4	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	700	**100**	130	119	4	95	29	46	23	14	37	47	1	96	92	1	4	64	28	6	0	77	23
	97.2%	**94.3%**	99.2%	97.5%	100.0%	94.1%	93.5%	95.8%	92.0%	93.3%	94.9%	94.0%	50.0%	95.0%	95.8%	100.0%	80.0%	94.1%	100.0%	75.0%	---	95.1%	92.0%
Yes	558	**83**	108	98	4	78	25	34	22	13	29	39	1	79	77	0	3	52	24	5	0	64	19
	79.7%	**83.0%**	83.1%	82.4%	100.0%	82.1%	86.2%	73.9%	95.7%	92.9%	78.4%	83.0%	100.0%	82.3%	83.7%	0.0%	75.0%	81.3%	85.7%	83.3%	---	83.1%	82.6%
No	142	**17**	22	21	0	17	4	12	1	1	8	8	0	17	15	1	1	12	4	1	0	13	4
	20.3%	**17.0%**	16.9%	17.6%	0.0%	17.9%	13.8%	26.1%	4.3%	7.1%	21.6%	17.0%	0.0%	17.7%	16.3%	100.0%	25.0%	18.8%	14.3%	16.7%	---	16.9%	17.4%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 13

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

Base: All respondents whose child went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,293	**353**	392	380	29	322	119	158	71	66	139	145	10	335	302	14	30	262	74	13	0	305	48
Number missing or multiple answer	25	**3**	6	6	0	3	0	1	2	1	2	0	1	2	2	0	0	2	0	1	0	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,268	**350**	386	374	29	319	119	157	69	65	137	145	9	333	300	14	30	260	74	12	0	303	47
	98.9%	**99.2%**	98.5%	98.4%	100.0%	99.1%	100.0%	99.4%	97.2%	98.5%	98.6%	100.0%	90.0%	99.4%	99.3%	100.0%	100.0%	99.2%	100.0%	92.3%	---	99.3%	97.9%
0 Worst health care possible	5	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.2%	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	---	0.0%	0.0%
1	5	**1**	1	1	0	1	0	1	0	0	1	0	0	1	1	0	0	1	0	0	0	1	0
	0.2%	**0.3%**	0.3%	0.3%	0.0%	0.3%	0.0%	0.6%	0.0%	0.0%	0.7%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.4%	0.0%	0.0%	---	0.3%	0.0%
2	8	**1**	2	1	0	1	0	1	0	0	1	0	0	1	1	0	0	1	0	0	0	0	1
	0.4%	**0.3%**	0.5%	0.3%	0.0%	0.3%	0.0%	0.6%	0.0%	0.0%	0.7%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.4%	0.0%	0.0%	---	0.0%	2.1%
3	9	**2**	0	0	0	2	1	1	0	0	0	2	0	2	2	0	0	1	1	0	0	1	1
	0.4%	**0.6%**	0.0%	0.0%	0.0%	0.6%	0.8%	0.6%	0.0%	0.0%	0.0%	1.4%	0.0%	0.6%	0.7%	0.0%	0.0%	0.4%	1.4%	0.0%	---	0.3%	2.1%
4	12	**1**	3	4	1	0	0	0	1	0	0	1	0	1	1	0	0	0	1	0	0	0	1
	0.5%	**0.3%**	0.8%	1.1%	3.4%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.7%	0.0%	0.3%	0.3%	0.0%	0.0%	0.0%	1.4%	0.0%	---	0.0%	2.1%
5	54	**7**	14	11	0	7	2	4	1	1	3	3	0	7	6	1	0	5	2	0	0	6	1
	2.4%	**2.0%**	3.6%	2.9%	0.0%	2.2%	1.7%	2.5%	1.4%	1.5%	2.2%	2.1%	0.0%	2.1%	2.0%	7.1%	0.0%	1.9%	2.7%	0.0%	---	2.0%	2.1%
6	63	**10**	10	16	0	10	4	5	1	3	3	4	0	10	8	1	1	7	3	0	0	6	4
	2.8%	**2.9%**	2.6%	4.3%	0.0%	3.1%	3.4%	3.2%	1.4%	4.6%	2.2%	2.8%	0.0%	3.0%	2.7%	7.1%	3.3%	2.7%	4.1%	0.0%	---	2.0%	8.5%
7	139	**30**	28	36	4	26	12	14	3	3	14	13	3	27	24	2	3	22	6	2	0	26	4
	6.1%	**8.6%**	7.3%	9.6%	13.8%	8.2%	10.1%	8.9%	4.3%	4.6%	10.2%	9.0%	33.3%	8.1%	8.0%	14.3%	10.0%	8.5%	8.1%	16.7%	---	8.6%	8.5%
8	405	**63**	72	67	6	57	22	28	13	13	23	27	0	62	55	1	7	40	18	5	0	55	8
	17.9%	**18.0%**	18.7%	17.9%	20.7%	17.9%	18.5%	17.8%	18.8%	20.0%	16.8%	18.6%	0.0%	18.6%	18.3%	7.1%	23.3%	15.4%	24.3%	41.7%	---	18.2%	17.0%
9	408	**51**	56	56	5	46	10	31	9	7	20	24	0	50	43	1	7	33	18	0	0	44	7
	18.0%	**14.6%**	14.5%	15.0%	17.2%	14.4%	8.4%	19.7%	13.0%	10.8%	14.6%	16.6%	0.0%	15.0%	14.3%	7.1%	23.3%	12.7%	24.3%	0.0%	---	14.5%	14.9%
10 Best health care possible	1,160	**184**	200	182	13	169	68	72	41	38	72	71	6	172	159	8	12	150	25	5	0	164	20
	51.1%	**52.6%**	51.8%	48.7%	44.8%	53.0%	57.1%	45.9%	59.4%	58.5%	52.6%	49.0%	66.7%	51.7%	53.0%	57.1%	40.0%	57.7%	33.8%	41.7%	---	54.1%	42.6%

NA - Not Applicable

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 13

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

Base: All respondents whose child went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,293	**353**	392	380	29	322	119	158	71	66	139	145	10	335	302	14	30	262	74	13	0	305	48
Number missing or multiple answer	25	**3**	6	6	0	3	0	1	2	1	2	0	1	2	2	0	0	2	0	1	0	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,268	**350**	386	374	29	319	119	157	69	65	137	145	9	333	300	14	30	260	74	12	0	303	47
	98.9%	**99.2%**	98.5%	98.4%	100.0%	99.1%	100.0%	99.4%	97.2%	98.5%	98.6%	100.0%	90.0%	99.4%	99.3%	100.0%	100.0%	99.2%	100.0%	92.3%	---	99.3%	97.9%
0 to 4	39	**5**	6	6	1	4	1	3	1	0	2	3	0	5	5	0	0	3	2	0	0	2	3
	1.7%	**1.4%**	1.6%	1.6%	3.4%	1.3%	0.8%	1.9%	1.4%	0.0%	1.5%	2.1%	0.0%	1.5%	1.7%	0.0%	0.0%	1.2%	2.7%	0.0%	---	0.7%	6.4%
5	54	**7**	14	11	0	7	2	4	1	1	3	3	0	7	6	1	0	5	2	0	0	6	1
	2.4%	**2.0%**	3.6%	2.9%	0.0%	2.2%	1.7%	2.5%	1.4%	1.5%	2.2%	2.1%	0.0%	2.1%	2.0%	7.1%	0.0%	1.9%	2.7%	0.0%	---	2.0%	2.1%
6 or 7	202	**40**	38	52	4	36	16	19	4	6	17	17	3	37	32	3	4	29	9	2	0	32	8
	8.9%	**11.4%**	9.8%	13.9%	13.8%	11.3%	13.4%	12.1%	5.8%	9.2%	12.4%	11.7%	33.3%	11.1%	10.7%	21.4%	13.3%	11.2%	12.2%	16.7%	---	10.6%	17.0%
8 to 10	1,973	**298**	328	305	24	272	100	131	63	58	115	122	6	284	257	10	26	223	61	10	0	263	35
	87.0%	**85.1%**	85.0%	81.6%	82.8%	85.3%	84.0%	83.4%	91.3%	89.2%	83.9%	84.1%	66.7%	85.3%	85.7%	71.4%	86.7%	85.8%	82.4%	83.3%	---	86.8%	74.5%
Significantly different from column:*																						W	V
NCQA Composite Score of 1	156	**22**	30	33	1	21	7	12	3	4	8	10	0	22	19	2	1	15	7	0	0	14	8
(0 to 6)	6.9%	**6.3%**	7.8%	8.8%	3.4%	6.6%	5.9%	7.6%	4.3%	6.2%	5.8%	6.9%	0.0%	6.6%	6.3%	14.3%	3.3%	5.8%	9.5%	0.0%	---	4.6%	17.0%
NCQA Composite Score of 2	544	**93**	100	103	10	83	34	42	16	16	37	40	3	89	79	3	10	62	24	7	0	81	12
(7 to 8)	24.0%	**26.6%**	25.9%	27.5%	34.5%	26.0%	28.6%	26.8%	23.2%	24.6%	27.0%	27.6%	33.3%	26.7%	26.3%	21.4%	33.3%	23.8%	32.4%	58.3%	---	26.7%	25.5%
NCQA Composite Score of 3	1,568	**235**	256	238	18	215	78	103	50	45	92	95	6	222	202	9	19	183	43	5	0	208	27
(9 to 10)	69.1%	**67.1%**	66.3%	63.6%	62.1%	67.4%	65.5%	65.6%	72.5%	69.2%	67.2%	65.5%	66.7%	66.7%	67.3%	64.3%	63.3%	70.4%	58.1%	41.7%	---	68.6%	57.4%
Significantly different from column:*																		S	R				

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 14

In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

Base: All respondents whose child went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,293	**353**	392	380	29	322	119	158	71	66	139	145	10	335	302	14	30	262	74	13	0	305	48
Number missing or multiple answer	30	**5**	6	5	0	5	1	2	2	1	4	0	1	4	4	0	0	4	0	1	0	4	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,263	**348**	386	375	29	317	118	156	69	65	135	145	9	331	298	14	30	258	74	12	0	301	47
	98.7%	**98.6%**	98.5%	98.7%	100.0%	98.4%	99.2%	98.7%	97.2%	98.5%	97.1%	100.0%	90.0%	98.8%	98.7%	100.0%	100.0%	98.5%	100.0%	92.3%	---	98.7%	97.9%
Never	28	**3**	4	0	0	3	0	1	2	0	1	2	0	3	3	0	0	1	1	1	0	2	1
	1.2%	**0.9%**	1.0%	0.0%	0.0%	0.9%	0.0%	0.6%	2.9%	0.0%	0.7%	1.4%	0.0%	0.9%	1.0%	0.0%	0.0%	0.4%	1.4%	8.3%	---	0.7%	2.1%
Sometimes	167	**21**	18	27	2	19	7	10	4	3	9	9	1	20	17	1	3	14	6	0	0	17	4
	7.4%	**6.0%**	4.7%	7.2%	6.9%	6.0%	5.9%	6.4%	5.8%	4.6%	6.7%	6.2%	11.1%	6.0%	5.7%	7.1%	10.0%	5.4%	8.1%	0.0%	---	5.6%	8.5%
Usually	478	**72**	74	83	7	65	19	38	14	12	25	35	4	66	59	6	6	47	22	3	0	60	12
	21.1%	**20.7%**	19.2%	22.1%	24.1%	20.5%	16.1%	24.4%	20.3%	18.5%	18.5%	24.1%	44.4%	19.9%	19.8%	42.9%	20.0%	18.2%	29.7%	25.0%	---	19.9%	25.5%
Always	1,590	**252**	290	265	20	230	92	107	49	50	100	99	4	242	219	7	21	196	45	8	0	222	30
	70.3%	**72.4%**	75.1%	70.7%	69.0%	72.6%	78.0%	68.6%	71.0%	76.9%	74.1%	68.3%	44.4%	73.1%	73.5%	50.0%	70.0%	76.0%	60.8%	66.7%	---	73.8%	63.8%
Significantly different from column:*																		S	R				
Usually or Always	2,068	**324**	364	348	27	295	111	145	63	62	125	134	8	308	278	13	27	243	67	11	0	282	42
	91.4%	**93.1%**	94.3%	92.8%	93.1%	93.1%	94.1%	92.9%	91.3%	95.4%	92.6%	92.4%	88.9%	93.1%	93.3%	92.9%	90.0%	94.2%	90.5%	91.7%	---	93.7%	89.4%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 15

A personal doctor is the one your child would see if he or she needs a check-up, has a health problem, or gets sick or hurt. Does your child have a personal doctor?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	20	**1**	5	6	0	1	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,954	**423**	492	463	37	382	139	193	84	77	166	174	11	401	358	19	39	323	81	13	63	304	48
	99.3%	**99.8%**	99.0%	98.7%	100.0%	99.7%	100.0%	100.0%	98.8%	98.7%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	99.7%	100.0%
Yes	2,693	**399**	460	438	32	363	132	182	78	74	150	169	10	378	340	16	36	304	77	13	56	289	47
	91.2%	**94.3%**	93.5%	94.6%	86.5%	95.0%	95.0%	94.3%	92.9%	96.1%	90.4%	97.1%	90.9%	94.3%	95.0%	84.2%	92.3%	94.1%	95.1%	100.0%	88.9%	95.1%	97.9%
No	261	**24**	32	25	5	19	7	11	6	3	16	5	1	23	18	3	3	19	4	0	7	15	1
	8.8%	**5.7%**	6.5%	5.4%	13.5%	5.0%	5.0%	5.7%	7.1%	3.9%	9.6%	2.9%	9.1%	5.7%	5.0%	15.8%	7.7%	5.9%	4.9%	0.0%	11.1%	4.9%	2.1%
Significantly different from column:*		A									L	K											

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 16

In the last 6 months, how many times did your child visit his or her personal doctor for care?

Base: All respondents whose child has a personal doctor (Q15)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,693	**399**	460	438	32	363	132	182	78	74	150	169	10	378	340	16	36	304	77	13	56	289	47
Number missing or multiple answer	79	**8**	13	13	1	7	4	1	3	1	5	2	0	8	7	0	1	6	2	0	1	6	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,614	**391**	447	425	31	356	128	181	75	73	145	167	10	370	333	16	35	298	75	13	55	283	47
	97.1%	**98.0%**	97.2%	97.0%	96.9%	98.1%	97.0%	99.5%	96.2%	98.6%	96.7%	98.8%	100.0%	97.9%	97.9%	100.0%	97.2%	98.0%	97.4%	100.0%	98.2%	97.9%	100.0%
None	475	**69**	93	79	7	60	16	38	13	11	25	31	1	65	60	3	5	58	8	1	36	24	7
	18.2%	**17.6%**	20.8%	18.6%	22.6%	16.9%	12.5%	21.0%	17.3%	15.1%	17.2%	18.6%	10.0%	17.6%	18.0%	18.8%	14.3%	19.5%	10.7%	7.7%	65.5%	8.5%	14.9%
1 time	852	**135**	144	125	12	123	43	64	28	21	50	63	5	127	110	7	16	112	20	3	13	112	8
	32.6%	**34.5%**	32.2%	29.4%	38.7%	34.6%	33.6%	35.4%	37.3%	28.8%	34.5%	37.7%	50.0%	34.3%	33.0%	43.8%	45.7%	37.6%	26.7%	23.1%	23.6%	39.6%	17.0%
2	608	**99**	95	107	8	89	34	47	15	19	41	37	2	93	87	2	8	70	23	4	5	91	3
	23.3%	**25.3%**	21.3%	25.2%	25.8%	25.0%	26.6%	26.0%	20.0%	26.0%	28.3%	22.2%	20.0%	25.1%	26.1%	12.5%	22.9%	23.5%	30.7%	30.8%	9.1%	32.2%	6.4%
3	320	**39**	50	53	2	37	14	14	10	9	13	16	1	37	34	3	0	29	8	2	1	30	7
	12.2%	**10.0%**	11.2%	12.5%	6.5%	10.4%	10.9%	7.7%	13.3%	12.3%	9.0%	9.6%	10.0%	10.0%	10.2%	18.8%	0.0%	9.7%	10.7%	15.4%	1.8%	10.6%	14.9%
4	173	**28**	25	30	1	27	8	13	6	10	7	11	1	27	23	0	5	17	10	0	0	23	4
	6.6%	**7.2%**	5.6%	7.1%	3.2%	7.6%	6.3%	7.2%	8.0%	13.7%	4.8%	6.6%	10.0%	7.3%	6.9%	0.0%	14.3%	5.7%	13.3%	0.0%	0.0%	8.1%	8.5%
5 to 9	147	**16**	30	23	0	16	12	2	2	1	8	7	0	16	15	0	1	10	3	3	0	3	13
	5.6%	**4.1%**	6.7%	5.4%	0.0%	4.5%	9.4%	1.1%	2.7%	1.4%	5.5%	4.2%	0.0%	4.3%	4.5%	0.0%	2.9%	3.4%	4.0%	23.1%	0.0%	1.1%	27.7%
10 or more times	39	**5**	10	8	1	4	1	3	1	2	1	2	0	5	4	1	0	2	3	0	0	0	5
	1.5%	**1.3%**	2.2%	1.9%	3.2%	1.1%	0.8%	1.7%	1.3%	2.7%	0.7%	1.2%	0.0%	1.4%	1.2%	6.3%	0.0%	0.7%	4.0%	0.0%	0.0%	0.0%	10.6%
2 or more times	1,287	**187**	210	221	12	173	69	79	34	41	70	73	4	178	163	6	14	128	47	9	6	147	32
	49.2%	**47.8%**	47.0%	52.0%	38.7%	48.6%	53.9%	43.6%	45.3%	56.2%	48.3%	43.7%	40.0%	48.1%	48.9%	37.5%	40.0%	43.0%	62.7%	69.2%	10.9%	51.9%	68.1%
Significantly different from column:*																		S	R		VW	UW	UV

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 17

In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

Base: All respondents whose child has a personal doctor and visited his/her personal doctor (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,139	**322**	354	346	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
Number missing or multiple answer	8	**1**	0	2	0	1	1	0	0	0	1	0	1	0	0	0	1	1	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,131	**321**	354	344	24	295	111	143	62	62	119	136	8	305	273	13	29	239	67	12	19	259	40
	99.6%	**99.7%**	100.0%	99.4%	100.0%	99.7%	99.1%	100.0%	100.0%	100.0%	99.2%	100.0%	88.9%	100.0%	100.0%	100.0%	96.7%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	17	**3**	0	1	1	2	1	2	0	2	1	0	1	2	2	0	1	1	1	1	0	2	1
	0.8%	**0.9%**	0.0%	0.3%	4.2%	0.7%	0.9%	1.4%	0.0%	3.2%	0.8%	0.0%	12.5%	0.7%	0.7%	0.0%	3.4%	0.4%	1.5%	8.3%	0.0%	0.8%	2.5%
Sometimes	84	**9**	10	11	1	8	5	1	3	3	2	4	0	9	8	0	1	7	2	0	1	7	1
	3.9%	**2.8%**	2.8%	3.2%	4.2%	2.7%	4.5%	0.7%	4.8%	4.8%	1.7%	2.9%	0.0%	3.0%	2.9%	0.0%	3.4%	2.9%	3.0%	0.0%	5.3%	2.7%	2.5%
Usually	262	**31**	37	36	3	28	8	19	4	2	15	14	1	29	27	1	2	19	11	1	0	28	2
	12.3%	**9.7%**	10.5%	10.5%	12.5%	9.5%	7.2%	13.3%	6.5%	3.2%	12.6%	10.3%	12.5%	9.5%	9.9%	7.7%	6.9%	7.9%	16.4%	8.3%	0.0%	10.8%	5.0%
Always	1,768	**278**	307	296	19	257	97	121	55	55	101	118	6	265	236	12	25	212	53	10	18	222	36
	83.0%	**86.6%**	86.7%	86.0%	79.2%	87.1%	87.4%	84.6%	88.7%	88.7%	84.9%	86.8%	75.0%	86.9%	86.4%	92.3%	86.2%	88.7%	79.1%	83.3%	94.7%	85.7%	90.0%
Significantly different from column:*																		S	R				
Usually or Always	2,030	**309**	344	332	22	285	105	140	59	57	116	132	7	294	263	13	27	231	64	11	18	250	38
	95.3%	**96.3%**	97.2%	96.5%	91.7%	96.6%	94.6%	97.9%	95.2%	91.9%	97.5%	97.1%	87.5%	96.4%	96.3%	100.0%	93.1%	96.7%	95.5%	91.7%	94.7%	96.5%	95.0%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 18

In the last 6 months, how often did your child's personal doctor listen carefully to you?

Base: All respondents whose child has a personal doctor and visited his/her personal doctor (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,139	**322**	354	346	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
Number missing or multiple answer	1	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,138	**322**	353	345	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
	100.0%	**100.0%**	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	15	**3**	1	4	0	3	2	0	1	1	0	2	0	3	3	0	0	3	0	0	0	2	1
	0.7%	**0.9%**	0.3%	1.2%	0.0%	1.0%	1.8%	0.0%	1.6%	1.6%	0.0%	1.5%	0.0%	1.0%	1.1%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.8%	2.5%
Sometimes	67	**7**	9	17	1	6	3	2	2	3	1	3	0	7	7	0	0	4	3	0	1	5	1
	3.1%	**2.2%**	2.5%	4.9%	4.2%	2.0%	2.7%	1.4%	3.2%	4.8%	0.8%	2.2%	0.0%	2.3%	2.6%	0.0%	0.0%	1.7%	4.5%	0.0%	5.3%	1.9%	2.5%
Usually	248	**34**	35	38	3	31	13	15	5	2	17	15	2	32	27	3	3	22	9	3	2	30	2
	11.6%	**10.6%**	9.9%	11.0%	12.5%	10.5%	11.6%	10.5%	8.1%	3.2%	14.2%	11.0%	22.2%	10.5%	9.9%	23.1%	10.0%	9.2%	13.4%	25.0%	10.5%	11.6%	5.0%
Always	1,808	**278**	308	286	20	256	94	126	54	56	102	116	7	263	236	10	27	211	55	9	16	222	36
	84.6%	**86.3%**	87.3%	82.9%	83.3%	86.5%	83.9%	88.1%	87.1%	90.3%	85.0%	85.3%	77.8%	86.2%	86.4%	76.9%	90.0%	87.9%	82.1%	75.0%	84.2%	85.7%	90.0%
Significantly different from column:*																							
Usually or Always	2,056	**312**	343	324	23	287	107	141	59	58	119	131	9	295	263	13	30	233	64	12	18	252	38
	96.2%	**96.9%**	97.2%	93.9%	95.8%	97.0%	95.5%	98.6%	95.2%	93.5%	99.2%	96.3%	100.0%	96.7%	96.3%	100.0%	100.0%	97.1%	95.5%	100.0%	94.7%	97.3%	95.0%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 19

In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

Base: All respondents whose child has a personal doctor and visited his/her personal doctor (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,139	**322**	354	346	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
Number missing or multiple answer	1	**0**	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,138	**322**	354	345	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
	100.0%	**100.0%**	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	16	**3**	0	2	0	3	2	0	1	1	0	2	0	3	3	0	0	3	0	0	0	2	1
	0.7%	**0.9%**	0.0%	0.6%	0.0%	1.0%	1.8%	0.0%	1.6%	1.6%	0.0%	1.5%	0.0%	1.0%	1.1%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.8%	2.5%
Sometimes	53	**6**	10	17	2	4	1	4	1	3	1	2	0	6	5	0	1	2	4	0	0	5	1
	2.5%	**1.9%**	2.8%	4.9%	8.3%	1.4%	0.9%	2.8%	1.6%	4.8%	0.8%	1.5%	0.0%	2.0%	1.8%	0.0%	3.3%	0.8%	6.0%	0.0%	0.0%	1.9%	2.5%
Usually	198	**23**	28	25	1	22	8	12	2	2	11	10	2	21	18	3	1	16	6	1	1	22	0
	9.3%	**7.1%**	7.9%	7.2%	4.2%	7.4%	7.1%	8.4%	3.2%	3.2%	9.2%	7.4%	22.2%	6.9%	6.6%	23.1%	3.3%	6.7%	9.0%	8.3%	5.3%	8.5%	0.0%
Always	1,871	**290**	316	301	21	267	101	127	58	56	108	122	7	275	247	10	28	219	57	11	18	230	38
	87.5%	**90.1%**	89.3%	87.2%	87.5%	90.2%	90.2%	88.8%	93.5%	90.3%	90.0%	89.7%	77.8%	90.2%	90.5%	76.9%	93.3%	91.3%	85.1%	91.7%	94.7%	88.8%	95.0%
Significantly different from column:*																							
Usually or Always	2,069	**313**	344	326	22	289	109	139	60	58	119	132	9	296	265	13	29	235	63	12	19	252	38
	96.8%	**97.2%**	97.2%	94.5%	91.7%	97.6%	97.3%	97.2%	96.8%	93.5%	99.2%	97.1%	100.0%	97.0%	97.1%	100.0%	96.7%	97.9%	94.0%	100.0%	100.0%	97.3%	95.0%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 20

Is your child able to talk with doctors about his or her health care?

Base: All respondents whose child has a personal doctor and visited his/her personal doctor (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,139	**322**	354	346	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
Number missing or multiple answer	21	**3**	2	3	0	3	3	0	0	0	1	2	0	3	3	0	0	3	0	0	0	3	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,118	**319**	352	343	24	293	109	143	62	62	119	134	9	302	270	13	30	237	67	12	19	256	40
	99.0%	**99.1%**	99.4%	99.1%	100.0%	99.0%	97.3%	100.0%	100.0%	100.0%	99.2%	98.5%	100.0%	99.0%	98.9%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	98.8%	100.0%
Yes	1,422	**219**	259	225	18	199	30	124	61	37	88	90	7	205	183	8	22	154	51	11	13	177	25
	67.1%	**68.7%**	73.6%	65.6%	75.0%	67.9%	27.5%	86.7%	98.4%	59.7%	73.9%	67.2%	77.8%	67.9%	67.8%	61.5%	73.3%	65.0%	76.1%	91.7%	68.4%	69.1%	62.5%
No	696	**100**	93	118	6	94	79	19	1	25	31	44	2	97	87	5	8	83	16	1	6	79	15
	32.9%	**31.3%**	26.4%	34.4%	25.0%	32.1%	72.5%	13.3%	1.6%	40.3%	26.1%	32.8%	22.2%	32.1%	32.2%	38.5%	26.7%	35.0%	23.9%	8.3%	31.6%	30.9%	37.5%
Significantly different from column:*							HI	GI	GH	K	J												

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 21

In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

Base: All respondents whose child has a personal doctor, visited his/her personal doctor, and is able to talk with his/her doctors (Q15, Q16, & Q20)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,422	**219**	259	225	18	199	30	124	61	37	88	90	7	205	183	8	22	154	51	11	13	177	25
Number missing or multiple answer	11	**2**	1	2	0	2	0	2	0	0	0	2	0	2	2	0	0	2	0	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,411	**217**	258	223	18	197	30	122	61	37	88	88	7	203	181	8	22	152	51	11	13	175	25
	99.2%	**99.1%**	99.6%	99.1%	100.0%	99.0%	100.0%	98.4%	100.0%	100.0%	100.0%	97.8%	100.0%	99.0%	98.9%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	98.9%	100.0%
Never	14	**2**	4	4	0	2	0	0	2	1	0	1	0	2	2	0	0	2	0	0	1	1	0
	1.0%	**0.9%**	1.6%	1.8%	0.0%	1.0%	0.0%	0.0%	3.3%	2.7%	0.0%	1.1%	0.0%	1.0%	1.1%	0.0%	0.0%	1.3%	0.0%	0.0%	7.7%	0.6%	0.0%
Sometimes	79	**11**	11	7	3	8	3	7	1	3	4	4	1	10	9	0	2	6	4	1	0	9	1
	5.6%	**5.1%**	4.3%	3.1%	16.7%	4.1%	10.0%	5.7%	1.6%	8.1%	4.5%	4.5%	14.3%	4.9%	5.0%	0.0%	9.1%	3.9%	7.8%	9.1%	0.0%	5.1%	4.0%
Usually	225	**25**	34	47	3	22	1	19	5	4	13	8	0	24	22	1	2	15	8	2	2	20	3
	15.9%	**11.5%**	13.2%	21.1%	16.7%	11.2%	3.3%	15.6%	8.2%	10.8%	14.8%	9.1%	0.0%	11.8%	12.2%	12.5%	9.1%	9.9%	15.7%	18.2%	15.4%	11.4%	12.0%
Always	1,093	**179**	209	165	12	165	26	96	53	29	71	75	6	167	148	7	18	129	39	8	10	145	21
	77.5%	**82.5%**	81.0%	74.0%	66.7%	83.8%	86.7%	78.7%	86.9%	78.4%	80.7%	85.2%	85.7%	82.3%	81.8%	87.5%	81.8%	84.9%	76.5%	72.7%	76.9%	82.9%	84.0%
Significantly different from column:*		D																					
Usually or Always	1,318	**204**	243	212	15	187	27	115	58	33	84	83	6	191	170	8	20	144	47	10	12	165	24
	93.4%	**94.0%**	94.2%	95.1%	83.3%	94.9%	90.0%	94.3%	95.1%	89.2%	95.5%	94.3%	85.7%	94.1%	93.9%	100.0%	90.9%	94.7%	92.2%	90.9%	92.3%	94.3%	96.0%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 22

In the last 6 months, how often did your child's personal doctor spend enough time with your child?

Base: All respondents whose child has a personal doctor and visited his/her personal doctor (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,139	**322**	354	346	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
Number missing or multiple answer	14	**1**	4	3	0	1	0	1	0	0	0	1	0	1	1	0	0	1	0	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,125	**321**	350	343	24	295	112	142	62	62	120	135	9	304	272	13	30	239	67	12	19	258	40
	99.3%	**99.7%**	98.9%	99.1%	100.0%	99.7%	100.0%	99.3%	100.0%	100.0%	100.0%	99.3%	100.0%	99.7%	99.6%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	99.6%	100.0%
Never	29	**4**	3	4	0	4	3	1	0	1	2	1	0	4	4	0	0	3	1	0	0	2	2
	1.4%	**1.2%**	0.9%	1.2%	0.0%	1.4%	2.7%	0.7%	0.0%	1.6%	1.7%	0.7%	0.0%	1.3%	1.5%	0.0%	0.0%	1.3%	1.5%	0.0%	0.0%	0.8%	5.0%
Sometimes	149	**15**	16	26	2	13	7	6	2	3	4	8	1	13	15	0	0	9	5	1	0	13	1
	7.0%	**4.7%**	4.6%	7.6%	8.3%	4.4%	6.3%	4.2%	3.2%	4.8%	3.3%	5.9%	11.1%	4.3%	5.5%	0.0%	0.0%	3.8%	7.5%	8.3%	0.0%	5.0%	2.5%
Usually	433	**52**	49	60	2	50	23	21	7	12	21	19	1	49	41	3	7	36	15	1	4	43	5
	20.4%	**16.2%**	14.0%	17.5%	8.3%	16.9%	20.5%	14.8%	11.3%	19.4%	17.5%	14.1%	11.1%	16.1%	15.1%	23.1%	23.3%	15.1%	22.4%	8.3%	21.1%	16.7%	12.5%
Always	1,514	**250**	282	253	20	228	79	114	53	46	93	107	7	238	212	10	23	191	46	10	15	200	32
	71.2%	**77.9%**	80.6%	73.8%	83.3%	77.3%	70.5%	80.3%	85.5%	74.2%	77.5%	79.3%	77.8%	78.3%	77.9%	76.9%	76.7%	79.9%	68.7%	83.3%	78.9%	77.5%	80.0%
Significantly different from column:*		A					I		G														
Usually or Always	1,947	**302**	331	313	22	278	102	135	60	58	114	126	8	287	253	13	30	227	61	11	19	243	37
	91.6%	**94.1%**	94.6%	91.3%	91.7%	94.2%	91.1%	95.1%	96.8%	93.5%	95.0%	93.3%	88.9%	94.4%	93.0%	100.0%	100.0%	95.0%	91.0%	91.7%	100.0%	94.2%	92.5%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 23

In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

Base: All respondents whose child has a personal doctor and visited his/her personal doctor (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,139	**322**	354	346	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
Number missing or multiple answer	15	**2**	1	3	0	2	1	1	0	0	0	2	0	2	2	0	0	2	0	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,124	**320**	353	343	24	294	111	142	62	62	120	134	9	303	271	13	30	238	67	12	19	257	40
	99.3%	**99.4%**	99.7%	99.1%	100.0%	99.3%	99.1%	99.3%	100.0%	100.0%	100.0%	98.5%	100.0%	99.3%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	99.2%	100.0%
Yes	1,913	**292**	331	306	21	269	102	128	57	57	109	122	8	276	246	11	29	218	60	11	19	235	34
	90.1%	**91.3%**	93.8%	89.2%	87.5%	91.5%	91.9%	90.1%	91.9%	91.9%	90.8%	91.0%	88.9%	91.1%	90.8%	84.6%	96.7%	91.6%	89.6%	91.7%	100.0%	91.4%	85.0%
No	211	**28**	22	37	3	25	9	14	5	5	11	12	1	27	25	2	1	20	7	1	0	22	6
	9.9%	**8.8%**	6.2%	10.8%	12.5%	8.5%	8.1%	9.9%	8.1%	8.1%	9.2%	9.0%	11.1%	8.9%	9.2%	15.4%	3.3%	8.4%	10.4%	8.3%	0.0%	8.6%	15.0%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 24

In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

Base: All respondents whose child has a personal doctor and visited his/her personal doctor (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,139	**322**	354	346	24	296	112	143	62	62	120	136	9	305	273	13	30	240	67	12	19	259	40
Number missing or multiple answer	16	**2**	0	8	0	2	0	2	0	0	0	2	0	2	2	0	0	1	1	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,123	**320**	354	338	24	294	112	141	62	62	120	134	9	303	271	13	30	239	66	12	19	257	40
	99.3%	**99.4%**	100.0%	97.7%	100.0%	99.3%	100.0%	98.6%	100.0%	100.0%	100.0%	98.5%	100.0%	99.3%	99.3%	100.0%	100.0%	99.6%	98.5%	100.0%	100.0%	99.2%	100.0%
Yes	1,017	**183**	163	174	7	175	58	84	38	35	66	81	4	173	156	9	15	125	47	9	7	147	28
	47.9%	**57.2%**	46.0%	51.5%	29.2%	59.5%	51.8%	59.6%	61.3%	56.5%	55.0%	60.4%	44.4%	57.1%	57.6%	69.2%	50.0%	52.3%	71.2%	75.0%	36.8%	57.2%	70.0%
No	1,106	**137**	191	164	17	119	54	57	24	27	54	53	5	130	115	4	15	114	19	3	12	110	12
	52.1%	**42.8%**	54.0%	48.5%	70.8%	40.5%	48.2%	40.4%	38.7%	43.5%	45.0%	39.6%	55.6%	42.9%	42.4%	30.8%	50.0%	47.7%	28.8%	25.0%	63.2%	42.8%	30.0%
Significantly different from column:*		AC			F	E												S	R		W		U

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 25

In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

Base: All respondents whose child has a personal doctor, visited his/her personal doctor, and got care from a doctor besides his/her personal doctor (Q15, Q16, & Q24)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,017	**183**	163	174	7	175	58	84	38	35	66	81	4	173	156	9	15	125	47	9	7	147	28
Number missing or multiple answer	15	**0**	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,002	**183**	161	173	7	175	58	84	38	35	66	81	4	173	156	9	15	125	47	9	7	147	28
	98.5%	**100.0%**	98.8%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	42	**9**	3	13	0	9	5	2	2	1	3	5	0	9	7	1	1	9	0	0	0	7	2
	4.2%	**4.9%**	1.9%	7.5%	0.0%	5.1%	8.6%	2.4%	5.3%	2.9%	4.5%	6.2%	0.0%	5.2%	4.5%	11.1%	6.7%	7.2%	0.0%	0.0%	0.0%	4.8%	7.1%
Sometimes	107	**20**	16	20	2	18	5	7	8	4	8	8	0	19	16	1	3	13	4	2	2	15	3
	10.7%	**10.9%**	9.9%	11.6%	28.6%	10.3%	8.6%	8.3%	21.1%	11.4%	12.1%	9.9%	0.0%	11.0%	10.3%	11.1%	20.0%	10.4%	8.5%	22.2%	28.6%	10.2%	10.7%
Usually	243	**42**	36	35	1	41	9	22	11	8	15	19	1	38	39	1	1	24	14	4	1	35	6
	24.3%	**23.0%**	22.4%	20.2%	14.3%	23.4%	15.5%	26.2%	28.9%	22.9%	22.7%	23.5%	25.0%	22.0%	25.0%	11.1%	6.7%	19.2%	29.8%	44.4%	14.3%	23.8%	21.4%
Always	610	**112**	106	105	4	107	39	53	17	22	40	49	3	107	94	6	10	79	29	3	4	90	17
	60.9%	**61.2%**	65.8%	60.7%	57.1%	61.1%	67.2%	63.1%	44.7%	62.9%	60.6%	60.5%	75.0%	61.8%	60.3%	66.7%	66.7%	63.2%	61.7%	33.3%	57.1%	61.2%	60.7%
Significantly different from column:*							I		G														
Usually or Always	853	**154**	142	140	5	148	48	75	28	30	55	68	4	145	133	7	11	103	43	7	5	125	23
	85.1%	**84.2%**	88.2%	80.9%	71.4%	84.6%	82.8%	89.3%	73.7%	85.7%	83.3%	84.0%	100.0%	83.8%	85.3%	77.8%	73.3%	82.4%	91.5%	77.8%	71.4%	85.0%	82.1%
Significantly different from column:*								I	H														

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 26

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

Base: All respondents whose child has a personal doctor (Q15)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,693	**399**	460	438	32	363	132	182	78	74	150	169	10	378	340	16	36	304	77	13	56	289	47
Number missing or multiple answer	61	**13**	8	10	1	12	3	7	3	1	5	6	0	12	11	0	2	8	4	0	4	9	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,632	**386**	452	428	31	351	129	175	75	73	145	163	10	366	329	16	34	296	73	13	52	280	47
	97.7%	**96.7%**	98.3%	97.7%	96.9%	96.7%	97.7%	96.2%	96.2%	98.6%	96.7%	96.4%	100.0%	96.8%	96.8%	100.0%	94.4%	97.4%	94.8%	100.0%	92.9%	96.9%	100.0%
0 Worst personal doctor possible	3	**1**	0	0	0	1	1	0	0	0	1	0	0	1	0	0	1	1	0	0	0	0	1
	0.1%	**0.3%**	0.0%	0.0%	0.0%	0.3%	0.8%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.3%	0.0%	0.0%	2.9%	0.3%	0.0%	0.0%	0.0%	0.0%	2.1%
1	3	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.1%	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	5	**1**	1	1	0	1	0	0	1	0	1	0	0	1	1	0	0	1	0	0	1	0	0
	0.2%	**0.3%**	0.2%	0.2%	0.0%	0.3%	0.0%	0.0%	1.3%	0.0%	0.7%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	1.9%	0.0%	0.0%
3	13	**3**	0	5	1	2	1	1	1	1	1	1	0	3	3	0	0	3	0	0	1	2	0
	0.5%	**0.8%**	0.0%	1.2%	3.2%	0.6%	0.8%	0.6%	1.3%	1.4%	0.7%	0.6%	0.0%	0.8%	0.9%	0.0%	0.0%	1.0%	0.0%	0.0%	1.9%	0.7%	0.0%
4	15	**2**	0	2	1	1	1	0	1	1	0	1	0	2	2	0	0	1	1	0	0	0	2
	0.6%	**0.5%**	0.0%	0.5%	3.2%	0.3%	0.8%	0.0%	1.3%	1.4%	0.0%	0.6%	0.0%	0.5%	0.6%	0.0%	0.0%	0.3%	1.4%	0.0%	0.0%	0.0%	4.3%
5	55	**8**	10	9	0	8	4	2	1	2	4	2	0	7	8	0	0	6	1	1	2	3	3
	2.1%	**2.1%**	2.2%	2.1%	0.0%	2.3%	3.1%	1.1%	1.3%	2.7%	2.8%	1.2%	0.0%	1.9%	2.4%	0.0%	0.0%	2.0%	1.4%	7.7%	3.8%	1.1%	6.4%
6	51	**8**	8	7	1	7	0	7	1	3	2	3	1	7	7	1	0	5	2	1	2	5	1
	1.9%	**2.1%**	1.8%	1.6%	3.2%	2.0%	0.0%	4.0%	1.3%	4.1%	1.4%	1.8%	10.0%	1.9%	2.1%	6.3%	0.0%	1.7%	2.7%	7.7%	3.8%	1.8%	2.1%
7	136	**22**	21	28	1	21	9	10	2	7	8	7	1	21	20	1	0	17	5	0	6	14	1
	5.2%	**5.7%**	4.6%	6.5%	3.2%	6.0%	7.0%	5.7%	2.7%	9.6%	5.5%	4.3%	10.0%	5.7%	6.1%	6.3%	0.0%	5.7%	6.8%	0.0%	11.5%	5.0%	2.1%
8	323	**32**	55	42	4	27	14	11	7	3	10	18	0	31	30	1	1	20	9	3	5	23	4
	12.3%	**8.3%**	12.2%	9.8%	12.9%	7.7%	10.9%	6.3%	9.3%	4.1%	6.9%	11.0%	0.0%	8.5%	9.1%	6.3%	2.9%	6.8%	12.3%	23.1%	9.6%	8.2%	8.5%
9	411	**59**	63	64	7	52	13	30	16	3	25	31	2	56	47	5	7	38	16	5	10	39	9
	15.6%	**15.3%**	13.9%	15.0%	22.6%	14.8%	10.1%	17.1%	21.3%	4.1%	17.2%	19.0%	20.0%	15.3%	14.3%	31.3%	20.6%	12.8%	21.9%	38.5%	19.2%	13.9%	19.1%
10 Best personal doctor possible	1,617	**250**	294	270	16	231	86	114	45	53	93	100	6	237	211	8	25	204	39	3	25	194	26
	61.4%	**64.8%**	65.0%	63.1%	51.6%	65.8%	66.7%	65.1%	60.0%	72.6%	64.1%	61.3%	60.0%	64.8%	64.1%	50.0%	73.5%	68.9%	53.4%	23.1%	48.1%	69.3%	55.3%

NA - Not Applicable

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 26

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

Base: All respondents whose child has a personal doctor (Q15)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,693	**399**	460	438	32	363	132	182	78	74	150	169	10	378	340	16	36	304	77	13	56	289	47
Number missing or multiple answer	61	**13**	8	10	1	12	3	7	3	1	5	6	0	12	11	0	2	8	4	0	4	9	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,632	**386**	452	428	31	351	129	175	75	73	145	163	10	366	329	16	34	296	73	13	52	280	47
	97.7%	**96.7%**	98.3%	97.7%	96.9%	96.7%	97.7%	96.2%	96.2%	98.6%	96.7%	96.4%	100.0%	96.8%	96.8%	100.0%	94.4%	97.4%	94.8%	100.0%	92.9%	96.9%	100.0%
0 to 4	39	**7**	1	8	2	5	3	1	3	2	3	2	0	7	6	0	1	6	1	0	2	2	3
	1.5%	**1.8%**	0.2%	1.9%	6.5%	1.4%	2.3%	0.6%	4.0%	2.7%	2.1%	1.2%	0.0%	1.9%	1.8%	0.0%	2.9%	2.0%	1.4%	0.0%	3.8%	0.7%	6.4%
5	55	**8**	10	9	0	8	4	2	1	2	4	2	0	7	8	0	0	6	1	1	2	3	3
	2.1%	**2.1%**	2.2%	2.1%	0.0%	2.3%	3.1%	1.1%	1.3%	2.7%	2.8%	1.2%	0.0%	1.9%	2.4%	0.0%	0.0%	2.0%	1.4%	7.7%	3.8%	1.1%	6.4%
6 or 7	187	**30**	29	35	2	28	9	17	3	10	10	10	2	28	27	2	0	22	7	1	8	19	2
	7.1%	**7.8%**	6.4%	8.2%	6.5%	8.0%	7.0%	9.7%	4.0%	13.7%	6.9%	6.1%	20.0%	7.7%	8.2%	12.5%	0.0%	7.4%	9.6%	7.7%	15.4%	6.8%	4.3%
8 to 10	2,351	**341**	412	376	27	310	113	155	68	59	128	149	8	324	288	14	33	262	64	11	40	256	39
	89.3%	**88.3%**	91.2%	87.9%	87.1%	88.3%	87.6%	88.6%	90.7%	80.8%	88.3%	91.4%	80.0%	88.5%	87.5%	87.5%	97.1%	88.5%	87.7%	84.6%	76.9%	91.4%	83.0%
Significantly different from column:*										L		J									V	U	
NCQA Composite Score of 1	145	**23**	19	24	3	20	7	10	5	7	9	7	1	21	21	1	1	17	4	2	6	10	7
(0 to 6)	5.5%	**6.0%**	4.2%	5.6%	9.7%	5.7%	5.4%	5.7%	6.7%	9.6%	6.2%	4.3%	10.0%	5.7%	6.4%	6.3%	2.9%	5.7%	5.5%	15.4%	11.5%	3.6%	14.9%
NCQA Composite Score of 2	459	**54**	76	70	5	48	23	21	9	10	18	25	1	52	50	2	1	37	14	3	11	37	5
(7 to 8)	17.4%	**14.0%**	16.8%	16.4%	16.1%	13.7%	17.8%	12.0%	12.0%	13.7%	12.4%	15.3%	10.0%	14.2%	15.2%	12.5%	2.9%	12.5%	19.2%	23.1%	21.2%	13.2%	10.6%
NCQA Composite Score of 3	2,028	**309**	357	334	23	283	99	144	61	56	118	131	8	293	258	13	32	242	55	8	35	233	35
(9 to 10)	77.1%	**80.1%**	79.0%	78.0%	74.2%	80.6%	76.7%	82.3%	81.3%	76.7%	81.4%	80.4%	80.0%	80.1%	78.4%	81.3%	94.1%	81.8%	75.3%	61.5%	67.3%	83.2%	74.5%
Significantly different from column:*															Q		O				V	U	

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 27

In the last 6 months, did you make any appointments for your child to see a specialist?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	26	**3**	2	14	0	3	0	2	1	2	0	1	1	2	2	0	0	2	0	1	0	3	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,948	**421**	495	455	37	380	139	191	84	76	166	173	11	399	356	19	39	321	81	13	63	302	48
	99.1%	**99.3%**	99.6%	97.0%	100.0%	99.2%	100.0%	99.0%	98.8%	97.4%	100.0%	99.4%	91.7%	99.5%	99.4%	100.0%	100.0%	99.4%	100.0%	92.9%	100.0%	99.0%	100.0%
Yes	804	**124**	121	111	12	111	31	56	34	20	45	58	3	118	105	3	12	83	33	6	5	91	27
	27.3%	**29.5%**	24.4%	24.4%	32.4%	29.2%	22.3%	29.3%	40.5%	26.3%	27.1%	33.5%	27.3%	29.6%	29.5%	15.8%	30.8%	25.9%	40.7%	46.2%	7.9%	30.1%	56.3%
No	2,144	**297**	374	344	25	269	108	135	50	56	121	115	8	281	251	16	27	238	48	7	58	211	21
	72.7%	**70.5%**	75.6%	75.6%	67.6%	70.8%	77.7%	70.7%	59.5%	73.7%	72.9%	66.5%	72.7%	70.4%	70.5%	84.2%	69.2%	74.1%	59.3%	53.8%	92.1%	69.9%	43.8%
Significantly different from column:*							I		G									S	R		VW	UW	UV

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 28

In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Base: All respondents who made an appointment for their child to see a specialist (Q27)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	804	**124**	121	111	12	111	31	56	34	20	45	58	3	118	105	3	12	83	33	6	5	91	27
Number missing or multiple answer	11	**2**	2	3	0	2	1	1	0	1	1	0	0	2	2	0	0	2	0	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	793	**122**	119	108	12	109	30	55	34	19	44	58	3	116	103	3	12	81	33	6	5	89	27
	98.6%	**98.4%**	98.3%	97.3%	100.0%	98.2%	96.8%	98.2%	100.0%	95.0%	97.8%	100.0%	100.0%	98.3%	98.1%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	97.8%	100.0%
Never	28	**4**	5	5	0	4	1	2	1	0	2	2	0	4	4	0	0	2	2	0	0	2	2
	3.5%	**3.3%**	4.2%	4.6%	0.0%	3.7%	3.3%	3.6%	2.9%	0.0%	4.5%	3.4%	0.0%	3.4%	3.9%	0.0%	0.0%	2.5%	6.1%	0.0%	0.0%	2.2%	7.4%
Sometimes	104	**4**	13	15	1	3	1	2	1	0	1	3	0	4	3	0	1	2	2	0	0	1	3
	13.1%	**3.3%**	10.9%	13.9%	8.3%	2.8%	3.3%	3.6%	2.9%	0.0%	2.3%	5.2%	0.0%	3.4%	2.9%	0.0%	8.3%	2.5%	6.1%	0.0%	0.0%	1.1%	11.1%
Usually	202	**31**	36	25	5	26	6	18	6	5	11	15	3	28	25	1	3	22	7	2	2	23	5
	25.5%	**25.4%**	30.3%	23.1%	41.7%	23.9%	20.0%	32.7%	17.6%	26.3%	25.0%	25.9%	100.0%	24.1%	24.3%	33.3%	25.0%	27.2%	21.2%	33.3%	40.0%	25.8%	18.5%
Always	459	**83**	65	63	6	76	22	33	26	14	30	38	0	80	71	2	8	55	22	4	3	63	17
	57.9%	**68.0%**	54.6%	58.3%	50.0%	69.7%	73.3%	60.0%	76.5%	73.7%	68.2%	65.5%	0.0%	69.0%	68.9%	66.7%	66.7%	67.9%	66.7%	66.7%	60.0%	70.8%	63.0%
Significantly different from column:*		AC																					
Usually or Always	661	**114**	101	88	11	102	28	51	32	19	41	53	3	108	96	3	11	77	29	6	5	86	22
	83.4%	**93.4%**	84.9%	81.5%	91.7%	93.6%	93.3%	92.7%	94.1%	100.0%	93.2%	91.4%	100.0%	93.1%	93.2%	100.0%	91.7%	95.1%	87.9%	100.0%	100.0%	96.6%	81.5%
Significantly different from column:*		ACD																					

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 29

How many specialists has your child seen in the last 6 months?

Base: All respondents who made an appointment for their child to see a specialist (Q27)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	804	**124**	121	111	12	111	31	56	34	20	45	58	3	118	105	3	12	83	33	6	5	91	27
Number missing or multiple answer	17	**1**	1	2	0	1	0	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	787	**123**	120	109	12	110	31	55	34	20	45	57	3	117	105	3	11	83	32	6	5	90	27
	97.9%	**99.2%**	99.2%	98.2%	100.0%	99.1%	100.0%	98.2%	100.0%	100.0%	100.0%	98.3%	100.0%	99.2%	100.0%	100.0%	91.7%	100.0%	97.0%	100.0%	100.0%	98.9%	100.0%
None	45	**9**	9	4	1	8	2	5	2	1	2	6	0	9	9	0	0	7	2	0	1	6	2
	5.7%	**7.3%**	7.5%	3.7%	8.3%	7.3%	6.5%	9.1%	5.9%	5.0%	4.4%	10.5%	0.0%	7.7%	8.6%	0.0%	0.0%	8.4%	6.3%	0.0%	20.0%	6.7%	7.4%
1 specialist	529	**83**	80	79	11	72	19	37	26	12	32	39	3	80	69	3	9	63	18	1	4	67	11
	67.2%	**67.5%**	66.7%	72.5%	91.7%	65.5%	61.3%	67.3%	76.5%	60.0%	71.1%	68.4%	100.0%	68.4%	65.7%	100.0%	81.8%	75.9%	56.3%	16.7%	80.0%	74.4%	40.7%
2	137	**20**	23	19	0	20	7	9	3	4	7	9	0	18	18	0	1	8	10	2	0	14	6
	17.4%	**16.3%**	19.2%	17.4%	0.0%	18.2%	22.6%	16.4%	8.8%	20.0%	15.6%	15.8%	0.0%	15.4%	17.1%	0.0%	9.1%	9.6%	31.3%	33.3%	0.0%	15.6%	22.2%
3	40	**6**	7	3	0	5	2	2	1	2	1	2	0	5	5	0	0	1	2	2	0	1	5
	5.1%	**4.9%**	5.8%	2.8%	0.0%	4.5%	6.5%	3.6%	2.9%	10.0%	2.2%	3.5%	0.0%	4.3%	4.8%	0.0%	0.0%	1.2%	6.3%	33.3%	0.0%	1.1%	18.5%
4	17	**5**	1	4	0	5	1	2	2	1	3	1	0	5	4	0	1	4	0	1	0	2	3
	2.2%	**4.1%**	0.8%	3.7%	0.0%	4.5%	3.2%	3.6%	5.9%	5.0%	6.7%	1.8%	0.0%	4.3%	3.8%	0.0%	9.1%	4.8%	0.0%	16.7%	0.0%	2.2%	11.1%
5 or more specialists	19	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.4%	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3 or more specialists	76	**11**	8	7	0	10	3	4	3	3	4	3	0	10	9	0	1	5	2	3	0	3	8
	9.7%	**8.9%**	6.7%	6.4%	0.0%	9.1%	9.7%	7.3%	8.8%	15.0%	8.9%	5.3%	0.0%	8.5%	8.6%	0.0%	9.1%	6.0%	6.3%	50.0%	0.0%	3.3%	29.6%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 30

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Base: All respondents who made an appointment for their child to see a specialist and their child saw a specialist (Q27 & Q29)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	742	**114**	111	105	11	102	29	50	32	19	43	51	3	108	96	3	11	76	30	6	4	84	25
Number missing or multiple answer	7	**1**	0	1	0	1	0	1	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	735	**113**	111	104	11	101	29	49	32	18	43	51	3	107	95	3	11	76	29	6	4	83	25
	99.1%	**99.1%**	100.0%	99.0%	100.0%	99.0%	100.0%	98.0%	100.0%	94.7%	100.0%	100.0%	100.0%	99.1%	99.0%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	98.8%	100.0%
0 Worst specialist possible	2	**1**	2	0	0	1	0	1	0	0	1	0	0	1	1	0	0	1	0	0	0	0	1
	0.3%	**0.9%**	1.8%	0.0%	0.0%	1.0%	0.0%	2.0%	0.0%	0.0%	2.3%	0.0%	0.0%	0.9%	1.1%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	4.0%
1	1	**0**	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.1%	**0.0%**	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	4	**1**	0	0	0	1	1	0	0	0	0	1	0	1	1	0	0	0	1	0	0	0	1
	0.5%	**0.9%**	0.0%	0.0%	0.0%	1.0%	3.4%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.9%	1.1%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	4.0%
3	3	**0**	2	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.4%	**0.0%**	1.8%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4	7	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.0%	**0.0%**	0.9%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5	15	**3**	2	3	0	3	0	2	1	1	2	0	0	3	2	0	1	3	0	0	0	2	0
	2.0%	**2.7%**	1.8%	2.9%	0.0%	3.0%	0.0%	4.1%	3.1%	5.6%	4.7%	0.0%	0.0%	2.8%	2.1%	0.0%	9.1%	3.9%	0.0%	0.0%	0.0%	2.4%	0.0%
6	26	**3**	3	6	1	2	1	1	1	0	2	1	0	3	1	0	2	2	1	0	1	1	1
	3.5%	**2.7%**	2.7%	5.8%	9.1%	2.0%	3.4%	2.0%	3.1%	0.0%	4.7%	2.0%	0.0%	2.8%	1.1%	0.0%	18.2%	2.6%	3.4%	0.0%	25.0%	1.2%	4.0%
7	33	**2**	8	4	0	2	1	0	0	0	1	1	1	1	0	1	0	2	0	0	0	2	0
	4.5%	**1.8%**	7.2%	3.8%	0.0%	2.0%	3.4%	0.0%	0.0%	0.0%	2.3%	2.0%	33.3%	0.9%	0.0%	33.3%	0.0%	2.6%	0.0%	0.0%	0.0%	2.4%	0.0%
8	93	**14**	12	16	1	13	2	9	3	1	5	8	0	14	13	0	1	6	6	2	0	10	4
	12.7%	**12.4%**	10.8%	15.4%	9.1%	12.9%	6.9%	18.4%	9.4%	5.6%	11.6%	15.7%	0.0%	13.1%	13.7%	0.0%	9.1%	7.9%	20.7%	33.3%	0.0%	12.0%	16.0%
9	118	**20**	15	14	2	18	7	8	5	3	8	9	0	19	18	0	2	13	6	1	2	11	7
	16.1%	**17.7%**	13.5%	13.5%	18.2%	17.8%	24.1%	16.3%	15.6%	16.7%	18.6%	17.6%	0.0%	17.8%	18.9%	0.0%	18.2%	17.1%	20.7%	16.7%	50.0%	13.3%	28.0%
10 Best specialist possible	433	**69**	66	56	7	61	17	28	22	13	24	31	2	65	59	2	5	49	15	3	1	57	11
	58.9%	**61.1%**	59.5%	53.8%	63.6%	60.4%	58.6%	57.1%	68.8%	72.2%	55.8%	60.8%	66.7%	60.7%	62.1%	66.7%	45.5%	64.5%	51.7%	50.0%	25.0%	68.7%	44.0%

NA - Not Applicable

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 30

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Base: All respondents who made an appointment for their child to see a specialist and their child saw a specialist (Q27 & Q29)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	742	**114**	111	105	11	102	29	50	32	19	43	51	3	108	96	3	11	76	30	6	4	84	25
Number missing or multiple answer	7	**1**	0	1	0	1	0	1	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	735	**113**	111	104	11	101	29	49	32	18	43	51	3	107	95	3	11	76	29	6	4	83	25
	99.1%	**99.1%**	100.0%	99.0%	100.0%	99.0%	100.0%	98.0%	100.0%	94.7%	100.0%	100.0%	100.0%	99.1%	99.0%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	98.8%	100.0%
0 to 4	17	**2**	5	5	0	2	1	1	0	0	1	1	0	2	2	0	0	1	1	0	0	0	2
	2.3%	**1.8%**	4.5%	4.8%	0.0%	2.0%	3.4%	2.0%	0.0%	0.0%	2.3%	2.0%	0.0%	1.9%	2.1%	0.0%	0.0%	1.3%	3.4%	0.0%	0.0%	0.0%	8.0%
5	15	**3**	2	3	0	3	0	2	1	1	2	0	0	3	2	0	1	3	0	0	0	2	0
	2.0%	**2.7%**	1.8%	2.9%	0.0%	3.0%	0.0%	4.1%	3.1%	5.6%	4.7%	0.0%	0.0%	2.8%	2.1%	0.0%	9.1%	3.9%	0.0%	0.0%	0.0%	2.4%	0.0%
6 or 7	59	**5**	11	10	1	4	2	1	1	0	3	2	1	4	1	1	2	4	1	0	1	3	1
	8.0%	**4.4%**	9.9%	9.6%	9.1%	4.0%	6.9%	2.0%	3.1%	0.0%	7.0%	3.9%	33.3%	3.7%	1.1%	33.3%	18.2%	5.3%	3.4%	0.0%	25.0%	3.6%	4.0%
8 to 10	644	**103**	93	86	10	92	26	45	30	17	37	48	2	98	90	2	8	68	27	6	3	78	22
	87.6%	**91.2%**	83.8%	82.7%	90.9%	91.1%	89.7%	91.8%	93.8%	94.4%	86.0%	94.1%	66.7%	91.6%	94.7%	66.7%	72.7%	89.5%	93.1%	100.0%	75.0%	94.0%	88.0%
Significantly different from column:*																							
NCQA Composite Score of 1	58	**8**	10	14	1	7	2	4	2	1	5	2	0	8	5	0	3	6	2	0	1	3	3
(0 to 6)	7.9%	**7.1%**	9.0%	13.5%	9.1%	6.9%	6.9%	8.2%	6.3%	5.6%	11.6%	3.9%	0.0%	7.5%	5.3%	0.0%	27.3%	7.9%	6.9%	0.0%	25.0%	3.6%	12.0%
NCQA Composite Score of 2	126	**16**	20	20	1	15	3	9	3	1	6	9	1	15	13	1	1	8	6	2	0	12	4
(7 to 8)	17.1%	**14.2%**	18.0%	19.2%	9.1%	14.9%	10.3%	18.4%	9.4%	5.6%	14.0%	17.6%	33.3%	14.0%	13.7%	33.3%	9.1%	10.5%	20.7%	33.3%	0.0%	14.5%	16.0%
NCQA Composite Score of 3	551	**89**	81	70	9	79	24	36	27	16	32	40	2	84	77	2	7	62	21	4	3	68	18
(9 to 10)	75.0%	**78.8%**	73.0%	67.3%	81.8%	78.2%	82.8%	73.5%	84.4%	88.9%	74.4%	78.4%	66.7%	78.5%	81.1%	66.7%	63.6%	81.6%	72.4%	66.7%	75.0%	81.9%	72.0%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 31

In the last 6 months, did you get information or help from customer service at your child's health plan?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	50	**5**	8	19	0	3	1	2	0	0	3	0	0	2	2	0	1	2	1	0	0	4	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,924	**419**	489	450	37	380	138	191	85	78	163	174	12	399	356	19	38	321	80	14	63	301	47
	98.3%	**98.8%**	98.4%	95.9%	100.0%	99.2%	99.3%	99.0%	100.0%	100.0%	98.2%	100.0%	100.0%	99.5%	99.4%	100.0%	97.4%	99.4%	98.8%	100.0%	100.0%	98.7%	97.9%
Yes	945	**92**	120	106	8	84	27	40	24	20	40	31	5	83	77	5	9	70	19	2	9	65	14
	32.3%	**22.0%**	24.5%	23.6%	21.6%	22.1%	19.6%	20.9%	28.2%	25.6%	24.5%	17.8%	41.7%	20.8%	21.6%	26.3%	23.7%	21.8%	23.8%	14.3%	14.3%	21.6%	29.8%
No	1,979	**327**	369	344	29	296	111	151	61	58	123	143	7	316	279	14	29	251	61	12	54	236	33
	67.7%	**78.0%**	75.5%	76.4%	78.4%	77.9%	80.4%	79.1%	71.8%	74.4%	75.5%	82.2%	58.3%	79.2%	78.4%	73.7%	76.3%	78.2%	76.3%	85.7%	85.7%	78.4%	70.2%
Significantly different from column:*		A																			W		U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 32

In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

Base: All respondents who got information or help from child's health plan's customer service (Q31)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	945	**92**	120	106	8	84	27	40	24	20	40	31	5	83	77	5	9	70	19	2	9	65	14
Number missing or multiple answer	19	**2**	0	4	1	1	0	1	1	0	1	1	0	2	2	0	0	2	0	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	926	**90**	120	102	7	83	27	39	23	20	39	30	5	81	75	5	9	68	19	2	9	63	14
	98.0%	**97.8%**	100.0%	96.2%	87.5%	98.8%	100.0%	97.5%	95.8%	100.0%	97.5%	96.8%	100.0%	97.6%	97.4%	100.0%	100.0%	97.1%	100.0%	100.0%	100.0%	96.9%	100.0%
Never	30	**3**	6	2	1	2	0	1	2	1	1	0	1	2	1	0	2	3	0	0	3	0	0
	3.2%	**3.3%**	5.0%	2.0%	14.3%	2.4%	0.0%	2.6%	8.7%	5.0%	2.6%	0.0%	20.0%	2.5%	1.3%	0.0%	22.2%	4.4%	0.0%	0.0%	33.3%	0.0%	0.0%
Sometimes	117	**3**	11	7	0	3	1	1	1	0	1	2	0	3	3	0	0	2	1	0	0	3	0
	12.6%	**3.3%**	9.2%	6.9%	0.0%	3.6%	3.7%	2.6%	4.3%	0.0%	2.6%	6.7%	0.0%	3.7%	4.0%	0.0%	0.0%	2.9%	5.3%	0.0%	0.0%	4.8%	0.0%
Usually	213	**24**	20	29	1	23	6	12	6	6	10	8	1	22	19	3	2	19	4	1	4	14	5
	23.0%	**26.7%**	16.7%	28.4%	14.3%	27.7%	22.2%	30.8%	26.1%	30.0%	25.6%	26.7%	20.0%	27.2%	25.3%	60.0%	22.2%	27.9%	21.1%	50.0%	44.4%	22.2%	35.7%
Always	566	**60**	83	64	5	55	20	25	14	13	27	20	3	54	52	2	5	44	14	1	2	46	9
	61.1%	**66.7%**	69.2%	62.7%	71.4%	66.3%	74.1%	64.1%	60.9%	65.0%	69.2%	66.7%	60.0%	66.7%	69.3%	40.0%	55.6%	64.7%	73.7%	50.0%	22.2%	73.0%	64.3%
Significantly different from column:*																							
Usually or Always	779	**84**	103	93	6	78	26	37	20	19	37	28	4	76	71	5	7	63	18	2	6	60	14
	84.1%	**93.3%**	85.8%	91.2%	85.7%	94.0%	96.3%	94.9%	87.0%	95.0%	94.9%	93.3%	80.0%	93.8%	94.7%	100.0%	77.8%	92.6%	94.7%	100.0%	66.7%	95.2%	100.0%
Significantly different from column:*		A																					

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 33

In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

Base: All respondents who got information or help from child's health plan's customer service (Q31)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	945	**92**	120	106	8	84	27	40	24	20	40	31	5	83	77	5	9	70	19	2	9	65	14
Number missing or multiple answer	23	**1**	1	4	1	0	0	1	0	0	0	1	0	1	1	0	0	1	0	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	922	**91**	119	102	7	84	27	39	24	20	40	30	5	82	76	5	9	69	19	2	9	64	14
	97.6%	**98.9%**	99.2%	96.2%	87.5%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	96.8%	100.0%	98.8%	98.7%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	98.5%	100.0%
Never	15	**1**	2	3	0	1	0	0	1	1	0	0	0	1	1	0	0	1	0	0	1	0	0
	1.6%	**1.1%**	1.7%	2.9%	0.0%	1.2%	0.0%	0.0%	4.2%	5.0%	0.0%	0.0%	0.0%	1.2%	1.3%	0.0%	0.0%	1.4%	0.0%	0.0%	11.1%	0.0%	0.0%
Sometimes	35	**0**	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.8%	**0.0%**	5.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Usually	116	**14**	11	16	1	13	4	9	1	2	6	6	0	13	11	1	2	8	5	1	3	7	3
	12.6%	**15.4%**	9.2%	15.7%	14.3%	15.5%	14.8%	23.1%	4.2%	10.0%	15.0%	20.0%	0.0%	15.9%	14.5%	20.0%	22.2%	11.6%	26.3%	50.0%	33.3%	10.9%	21.4%
Always	756	**76**	100	82	6	70	23	30	22	17	34	24	5	68	64	4	7	60	14	1	5	57	11
	82.0%	**83.5%**	84.0%	80.4%	85.7%	83.3%	85.2%	76.9%	91.7%	85.0%	85.0%	80.0%	100.0%	82.9%	84.2%	80.0%	77.8%	87.0%	73.7%	50.0%	55.6%	89.1%	78.6%
Significantly different from column:*																							
Usually or Always	872	**90**	111	98	7	83	27	39	23	19	40	30	5	81	75	5	9	68	19	2	8	64	14
	94.6%	**98.9%**	93.3%	96.1%	100.0%	98.8%	100.0%	100.0%	95.8%	95.0%	100.0%	100.0%	100.0%	98.8%	98.7%	100.0%	100.0%	98.6%	100.0%	100.0%	88.9%	100.0%	100.0%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 34

In the last 6 months, did your child's health plan give you any forms to fill out?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	103	**18**	20	25	2	14	6	9	1	3	3	10	1	15	12	1	3	13	3	0	1	12	3
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,871	**406**	477	444	35	369	133	184	84	75	163	164	11	386	346	18	36	310	78	14	62	293	45
	96.5%	**95.8%**	96.0%	94.7%	94.6%	96.3%	95.7%	95.3%	98.8%	96.2%	98.2%	94.3%	91.7%	96.3%	96.6%	94.7%	92.3%	96.0%	96.3%	100.0%	98.4%	96.1%	93.8%
Yes	720	**100**	130	95	6	94	40	39	18	20	41	39	4	93	83	4	12	77	19	4	15	67	15
	25.1%	**24.6%**	27.3%	21.4%	17.1%	25.5%	30.1%	21.2%	21.4%	26.7%	25.2%	23.8%	36.4%	24.1%	24.0%	22.2%	33.3%	24.8%	24.4%	28.6%	24.2%	22.9%	33.3%
No	2,151	**306**	347	349	29	275	93	145	66	55	122	125	7	293	263	14	24	233	59	10	47	226	30
	74.9%	**75.4%**	72.7%	78.6%	82.9%	74.5%	69.9%	78.8%	78.6%	73.3%	74.8%	76.2%	63.6%	75.9%	76.0%	77.8%	66.7%	75.2%	75.6%	71.4%	75.8%	77.1%	66.7%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 35

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

Base: All respondents who answered Q34

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,871	**406**	477	444	35	369	133	184	84	75	163	164	11	386	346	18	36	310	78	14	62	293	45
Number missing or multiple answer	21	**2**	2	1	0	2	0	2	0	1	0	1	0	2	1	0	1	1	1	0	1	0	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,850	**404**	475	443	35	367	133	182	84	74	163	163	11	384	345	18	35	309	77	14	61	293	44
	99.3%	**99.5%**	99.6%	99.8%	100.0%	99.5%	100.0%	98.9%	100.0%	98.7%	100.0%	99.4%	100.0%	99.5%	99.7%	100.0%	97.2%	99.7%	98.7%	100.0%	98.4%	100.0%	97.8%
Never	23	**1**	2	2	0	1	0	0	1	1	0	0	0	1	1	0	0	1	0	0	1	0	0
	0.8%	**0.2%**	0.4%	0.5%	0.0%	0.3%	0.0%	0.0%	1.2%	1.4%	0.0%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	1.6%	0.0%	0.0%
Sometimes	98	**10**	14	13	1	9	2	5	3	0	4	6	0	10	8	0	2	10	0	0	3	7	0
	3.4%	**2.5%**	2.9%	2.9%	2.9%	2.5%	1.5%	2.7%	3.6%	0.0%	2.5%	3.7%	0.0%	2.6%	2.3%	0.0%	5.7%	3.2%	0.0%	0.0%	4.9%	2.4%	0.0%
Usually	180	**34**	33	25	2	32	10	14	8	10	13	11	1	32	28	4	2	19	11	4	4	25	5
	6.3%	**8.4%**	6.9%	5.6%	5.7%	8.7%	7.5%	7.7%	9.5%	13.5%	8.0%	6.7%	9.1%	8.3%	8.1%	22.2%	5.7%	6.1%	14.3%	28.6%	6.6%	8.5%	11.4%
Always	2,549	**359**	426	403	32	325	121	163	72	63	146	146	10	341	308	14	31	279	66	10	53	261	39
	89.4%	**88.9%**	89.7%	91.0%	91.4%	88.6%	91.0%	89.6%	85.7%	85.1%	89.6%	89.6%	90.9%	88.8%	89.3%	77.8%	88.6%	90.3%	85.7%	71.4%	86.9%	89.1%	88.6%
Significantly different from column:*																							
Usually or Always	2,729	**393**	459	428	34	357	131	177	80	73	159	157	11	373	336	18	33	298	77	14	57	286	44
	95.8%	**97.3%**	96.6%	96.6%	97.1%	97.3%	98.5%	97.3%	95.2%	98.6%	97.5%	96.3%	100.0%	97.1%	97.4%	100.0%	94.3%	96.4%	100.0%	100.0%	93.4%	97.6%	100.0%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

**Respondents answering "No" to question 34 are reported to NCQA as "Always" in question 35, and are used in calculating the Customer Service composite score.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 36

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	66	**17**	8	15	2	12	2	10	2	2	5	7	1	12	10	0	4	8	5	0	6	8	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,908	**407**	489	454	35	371	137	183	83	76	161	167	11	389	348	19	35	315	76	14	57	297	46
	97.8%	**96.0%**	98.4%	96.8%	94.6%	96.9%	98.6%	94.8%	97.6%	97.4%	97.0%	96.0%	91.7%	97.0%	97.2%	100.0%	89.7%	97.5%	93.8%	100.0%	90.5%	97.4%	95.8%
0 Worst health plan possible	8	**1**	5	2	0	1	0	1	0	0	1	0	0	1	1	0	0	1	0	0	0	0	1
	0.3%	**0.2%**	1.0%	0.4%	0.0%	0.3%	0.0%	0.5%	0.0%	0.0%	0.6%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	2.2%
1	7	**3**	0	0	0	3	1	1	1	1	0	2	0	3	3	0	0	2	1	0	1	1	1
	0.2%	**0.7%**	0.0%	0.0%	0.0%	0.8%	0.7%	0.5%	1.2%	1.3%	0.0%	1.2%	0.0%	0.8%	0.9%	0.0%	0.0%	0.6%	1.3%	0.0%	1.8%	0.3%	2.2%
2	7	**2**	2	1	1	1	1	0	1	1	0	1	0	2	2	0	0	0	2	0	0	0	2
	0.2%	**0.5%**	0.4%	0.2%	2.9%	0.3%	0.7%	0.0%	1.2%	1.3%	0.0%	0.6%	0.0%	0.5%	0.6%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.0%	4.3%
3	12	**1**	1	2	0	1	1	0	0	0	1	0	0	1	1	0	0	1	0	0	0	1	0
	0.4%	**0.2%**	0.2%	0.4%	0.0%	0.3%	0.7%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.3%	0.0%
4	16	**0**	3	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.6%	**0.0%**	0.6%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5	104	**16**	13	16	1	15	6	7	3	2	4	10	0	16	16	0	0	8	7	1	3	9	4
	3.6%	**3.9%**	2.7%	3.5%	2.9%	4.0%	4.4%	3.8%	3.6%	2.6%	2.5%	6.0%	0.0%	4.1%	4.6%	0.0%	0.0%	2.5%	9.2%	7.1%	5.3%	3.0%	8.7%
6	101	**18**	12	16	0	18	4	9	5	3	7	8	0	18	14	0	4	12	6	0	3	13	2
	3.5%	**4.4%**	2.5%	3.5%	0.0%	4.9%	2.9%	4.9%	6.0%	3.9%	4.3%	4.8%	0.0%	4.6%	4.0%	0.0%	11.4%	3.8%	7.9%	0.0%	5.3%	4.4%	4.3%
7	199	**32**	29	42	3	29	11	15	4	0	16	16	2	30	31	0	0	23	6	2	6	22	2
	6.8%	**7.9%**	5.9%	9.3%	8.6%	7.8%	8.0%	8.2%	4.8%	0.0%	9.9%	9.6%	18.2%	7.7%	8.9%	0.0%	0.0%	7.3%	7.9%	14.3%	10.5%	7.4%	4.3%
8	429	**76**	70	58	6	70	25	35	16	17	23	36	1	75	58	6	11	53	17	6	9	60	7
	14.8%	**18.7%**	14.3%	12.8%	17.1%	18.9%	18.2%	19.1%	19.3%	22.4%	14.3%	21.6%	9.1%	19.3%	16.7%	31.6%	31.4%	16.8%	22.4%	42.9%	15.8%	20.2%	15.2%
9	437	**52**	71	72	4	48	18	23	11	8	22	22	2	47	44	3	5	41	11	0	6	39	7
	15.0%	**12.8%**	14.5%	15.9%	11.4%	12.9%	13.1%	12.6%	13.3%	10.5%	13.7%	13.2%	18.2%	12.1%	12.6%	15.8%	14.3%	13.0%	14.5%	0.0%	10.5%	13.1%	15.2%
10 Best health plan possible	1,588	**206**	283	240	20	185	70	92	42	44	87	72	6	196	178	10	15	174	26	5	29	152	20
	54.6%	**50.6%**	57.9%	52.9%	57.1%	49.9%	51.1%	50.3%	50.6%	57.9%	54.0%	43.1%	54.5%	50.4%	51.1%	52.6%	42.9%	55.2%	34.2%	35.7%	50.9%	51.2%	43.5%

NA - Not Applicable

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 36

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	66	**17**	8	15	2	12	2	10	2	2	5	7	1	12	10	0	4	8	5	0	6	8	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,908	**407**	489	454	35	371	137	183	83	76	161	167	11	389	348	19	35	315	76	14	57	297	46
	97.8%	**96.0%**	98.4%	96.8%	94.6%	96.9%	98.6%	94.8%	97.6%	97.4%	97.0%	96.0%	91.7%	97.0%	97.2%	100.0%	89.7%	97.5%	93.8%	100.0%	90.5%	97.4%	95.8%
0 to 4	50	**7**	11	10	1	6	3	2	2	2	2	3	0	7	7	0	0	4	3	0	1	2	4
	1.7%	**1.7%**	2.2%	2.2%	2.9%	1.6%	2.2%	1.1%	2.4%	2.6%	1.2%	1.8%	0.0%	1.8%	2.0%	0.0%	0.0%	1.3%	3.9%	0.0%	1.8%	0.7%	8.7%
5	104	**16**	13	16	1	15	6	7	3	2	4	10	0	16	16	0	0	8	7	1	3	9	4
	3.6%	**3.9%**	2.7%	3.5%	2.9%	4.0%	4.4%	3.8%	3.6%	2.6%	2.5%	6.0%	0.0%	4.1%	4.6%	0.0%	0.0%	2.5%	9.2%	7.1%	5.3%	3.0%	8.7%
6 or 7	300	**50**	41	58	3	47	15	24	9	3	23	24	2	48	45	0	4	35	12	2	9	35	4
	10.3%	**12.3%**	8.4%	12.8%	8.6%	12.7%	10.9%	13.1%	10.8%	3.9%	14.3%	14.4%	18.2%	12.3%	12.9%	0.0%	11.4%	11.1%	15.8%	14.3%	15.8%	11.8%	8.7%
8 to 10	2,454	**334**	424	370	30	303	113	150	69	69	132	130	9	318	280	19	31	268	54	11	44	251	34
	84.4%	**82.1%**	86.7%	81.5%	85.7%	81.7%	82.5%	82.0%	83.1%	90.8%	82.0%	77.8%	81.8%	81.7%	80.5%	100.0%	88.6%	85.1%	71.1%	78.6%	77.2%	84.5%	73.9%
Significantly different from column:*										L		J						S	R				
NCQA Composite Score of 1	255	**41**	36	42	2	39	13	18	10	7	13	21	0	41	37	0	4	24	16	1	7	24	10
(0 to 6)	8.8%	**10.1%**	7.4%	9.3%	5.7%	10.5%	9.5%	9.8%	12.0%	9.2%	8.1%	12.6%	0.0%	10.5%	10.6%	0.0%	11.4%	7.6%	21.1%	7.1%	12.3%	8.1%	21.7%
NCQA Composite Score of 2	628	**108**	99	100	9	99	36	50	20	17	39	52	3	105	89	6	11	76	23	8	15	82	9
(7 to 8)	21.6%	**26.5%**	20.2%	22.0%	25.7%	26.7%	26.3%	27.3%	24.1%	22.4%	24.2%	31.1%	27.3%	27.0%	25.6%	31.6%	31.4%	24.1%	30.3%	57.1%	26.3%	27.6%	19.6%
NCQA Composite Score of 3	2,025	**258**	354	312	24	233	88	115	53	52	109	94	8	243	222	13	20	215	37	5	35	191	27
(9 to 10)	69.6%	**63.4%**	72.4%	68.7%	68.6%	62.8%	64.2%	62.8%	63.9%	68.4%	67.7%	56.3%	72.7%	62.5%	63.8%	68.4%	57.1%	68.3%	48.7%	35.7%	61.4%	64.3%	58.7%
Significantly different from column:*		AC									L	K						S	R				

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 37

In general, how would you rate your child's overall health?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	42	**6**	4	13	0	3	0	1	2	0	1	2	0	2	2	0	1	0	0	0	2	3	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,932	**418**	493	456	37	380	139	192	83	78	165	172	12	399	356	19	38	323	81	14	61	302	47
	98.6%	**98.6%**	99.2%	97.2%	100.0%	99.2%	100.0%	99.5%	97.6%	100.0%	99.4%	98.9%	100.0%	99.5%	99.4%	100.0%	97.4%	100.0%	100.0%	100.0%	96.8%	99.0%	97.9%
Poor	14	**2**	0	2	0	2	0	1	1	1	0	1	0	2	2	0	0	0	0	2	0	1	1
	0.5%	**0.5%**	0.0%	0.4%	0.0%	0.5%	0.0%	0.5%	1.2%	1.3%	0.0%	0.6%	0.0%	0.5%	0.6%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	0.3%	2.1%
Fair	116	**12**	12	14	2	10	1	6	5	2	5	5	2	9	11	0	0	0	0	12	1	7	4
	4.0%	**2.9%**	2.4%	3.1%	5.4%	2.6%	0.7%	3.1%	6.0%	2.6%	3.0%	2.9%	16.7%	2.3%	3.1%	0.0%	0.0%	0.0%	0.0%	85.7%	1.6%	2.3%	8.5%
Good	578	**81**	82	85	5	76	12	48	21	18	32	31	1	78	71	2	8	0	81	0	7	59	15
	19.7%	**19.4%**	16.6%	18.6%	13.5%	20.0%	8.6%	25.0%	25.3%	23.1%	19.4%	18.0%	8.3%	19.5%	19.9%	10.5%	21.1%	0.0%	100.0%	0.0%	11.5%	19.5%	31.9%
Very good	1,032	**157**	178	175	14	143	51	76	28	27	65	64	5	150	130	9	15	157	0	0	20	117	16
	35.2%	**37.6%**	36.1%	38.4%	37.8%	37.6%	36.7%	39.6%	33.7%	34.6%	39.4%	37.2%	41.7%	37.6%	36.5%	47.4%	39.5%	48.6%	0.0%	0.0%	32.8%	38.7%	34.0%
Excellent	1,192	**166**	221	180	16	149	75	61	28	30	63	71	4	160	142	8	15	166	0	0	33	118	11
	40.7%	**39.7%**	44.8%	39.5%	43.2%	39.2%	54.0%	31.8%	33.7%	38.5%	38.2%	41.3%	33.3%	40.1%	39.9%	42.1%	39.5%	51.4%	0.0%	0.0%	54.1%	39.1%	23.4%
Significantly different from column:*							HI	G	G									ST	R	R	VW	UW	UV
Excellent or Very good	2,224	**323**	399	355	30	292	126	137	56	57	128	135	9	310	272	17	30	323	0	0	53	235	27
	75.9%	**77.3%**	80.9%	77.9%	81.1%	76.8%	90.6%	71.4%	67.5%	73.1%	77.6%	78.5%	75.0%	77.7%	76.4%	89.5%	78.9%	100.0%	0.0%	0.0%	86.9%	77.8%	57.4%
Significantly different from column:*							HI	G	G									S	R		W	W	UV

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 38

In general, how would you rate your child's overall mental or emotional health?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	43	**5**	4	13	0	2	0	2	0	0	1	1	0	1	1	0	1	0	1	0	2	1	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,931	**419**	493	456	37	381	139	191	85	78	165	173	12	400	357	19	38	323	80	14	61	304	46
	98.6%	**98.8%**	99.2%	97.2%	100.0%	99.5%	100.0%	99.0%	100.0%	100.0%	99.4%	99.4%	100.0%	99.8%	99.7%	100.0%	97.4%	100.0%	98.8%	100.0%	96.8%	99.7%	95.8%
Poor	42	**7**	5	5	0	7	2	4	1	5	2	0	0	7	6	1	0	4	2	1	1	4	2
	1.4%	**1.7%**	1.0%	1.1%	0.0%	1.8%	1.4%	2.1%	1.2%	6.4%	1.2%	0.0%	0.0%	1.8%	1.7%	5.3%	0.0%	1.2%	2.5%	7.1%	1.6%	1.3%	4.3%
Fair	189	**20**	24	32	0	20	2	14	4	3	6	11	0	20	19	0	1	9	9	1	1	14	4
	6.4%	**4.8%**	4.9%	7.0%	0.0%	5.2%	1.4%	7.3%	4.7%	3.8%	3.6%	6.4%	0.0%	5.0%	5.3%	0.0%	2.6%	2.8%	11.3%	7.1%	1.6%	4.6%	8.7%
Good	482	**75**	78	90	9	66	11	43	21	14	33	28	1	72	68	1	6	31	37	6	7	60	7
	16.4%	**17.9%**	15.8%	19.7%	24.3%	17.3%	7.9%	22.5%	24.7%	17.9%	20.0%	16.2%	8.3%	18.0%	19.0%	5.3%	15.8%	9.6%	46.3%	42.9%	11.5%	19.7%	15.2%
Very good	730	**110**	124	99	12	97	30	50	28	22	47	40	4	103	91	5	12	87	22	1	18	79	11
	24.9%	**26.3%**	25.2%	21.7%	32.4%	25.5%	21.6%	26.2%	32.9%	28.2%	28.5%	23.1%	33.3%	25.8%	25.5%	26.3%	31.6%	26.9%	27.5%	7.1%	29.5%	26.0%	23.9%
Excellent	1,488	**207**	262	230	16	191	94	80	31	34	77	94	7	198	173	12	19	192	10	5	34	147	22
	50.8%	**49.4%**	53.1%	50.4%	43.2%	50.1%	67.6%	41.9%	36.5%	43.6%	46.7%	54.3%	58.3%	49.5%	48.5%	63.2%	50.0%	59.4%	12.5%	35.7%	55.7%	48.4%	47.8%
Significantly different from column:*							HI	G	G									S	R				
Excellent or Very good	2,218	**317**	386	329	28	288	124	130	59	56	124	134	11	301	264	17	31	279	32	6	52	226	33
	75.7%	**75.7%**	78.3%	72.1%	75.7%	75.6%	89.2%	68.1%	69.4%	71.8%	75.2%	77.5%	91.7%	75.3%	73.9%	89.5%	81.6%	86.4%	40.0%	42.9%	85.2%	74.3%	71.7%
Significantly different from column:*							HI	G	G									S	R				

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 39

What is your child's age?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	73	**7**	8	19	0	4	0	0	0	1	2	2	1	3	2	0	1	4	0	0	2	4	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,901	**417**	489	450	37	379	139	193	85	77	164	172	11	398	356	19	38	319	81	14	61	301	47
	97.5%	**98.3%**	98.4%	95.9%	100.0%	99.0%	100.0%	100.0%	100.0%	98.7%	98.8%	98.9%	91.7%	99.3%	99.4%	100.0%	97.4%	98.8%	100.0%	100.0%	96.8%	98.7%	97.9%
Less than 1 year old	66	**8**	5	7	1	7	8	0	0	1	6	1	0	8	6	0	2	7	0	1	0	5	3
	2.3%	**1.9%**	1.0%	1.6%	2.7%	1.8%	5.8%	0.0%	0.0%	1.3%	3.7%	0.6%	0.0%	2.0%	1.7%	0.0%	5.3%	2.2%	0.0%	7.1%	0.0%	1.7%	6.4%
1 year old	177	**21**	16	30	0	21	21	0	0	5	7	9	0	20	17	1	3	21	0	0	0	14	7
	6.1%	**5.0%**	3.3%	6.7%	0.0%	5.5%	15.1%	0.0%	0.0%	6.5%	4.3%	5.2%	0.0%	5.0%	4.8%	5.3%	7.9%	6.6%	0.0%	0.0%	0.0%	4.7%	14.9%
2 years old	200	**27**	40	38	0	27	27	0	0	6	6	15	1	26	26	1	0	24	3	0	4	20	2
	6.9%	**6.5%**	8.2%	8.4%	0.0%	7.1%	19.4%	0.0%	0.0%	7.8%	3.7%	8.7%	9.1%	6.5%	7.3%	5.3%	0.0%	7.5%	3.7%	0.0%	6.6%	6.6%	4.3%
3 years old	183	**30**	37	28	4	26	30	0	0	6	7	17	0	30	26	1	3	28	2	0	5	22	3
	6.3%	**7.2%**	7.6%	6.2%	10.8%	6.9%	21.6%	0.0%	0.0%	7.8%	4.3%	9.9%	0.0%	7.5%	7.3%	5.3%	7.9%	8.8%	2.5%	0.0%	8.2%	7.3%	6.4%
4 to 6 years old	502	**74**	81	87	10	64	53	21	0	17	29	28	3	71	66	2	6	65	9	0	12	55	4
	17.3%	**17.7%**	16.6%	19.3%	27.0%	16.9%	38.1%	10.9%	0.0%	22.1%	17.7%	16.3%	27.3%	17.8%	18.5%	10.5%	15.8%	20.4%	11.1%	0.0%	19.7%	18.3%	8.5%
7 to 9 years old	480	**67**	87	73	6	61	0	67	0	13	26	28	2	65	61	4	2	41	23	3	8	51	7
	16.5%	**16.1%**	17.8%	16.2%	16.2%	16.1%	0.0%	34.7%	0.0%	16.9%	15.9%	16.3%	18.2%	16.3%	17.1%	21.1%	5.3%	12.9%	28.4%	21.4%	13.1%	16.9%	14.9%
10 to 13 years old	665	**105**	102	92	7	97	0	105	0	18	41	44	3	96	81	6	17	77	23	4	19	75	9
	22.9%	**25.2%**	20.9%	20.4%	18.9%	25.6%	0.0%	54.4%	0.0%	23.4%	25.0%	25.6%	27.3%	24.1%	22.8%	31.6%	44.7%	24.1%	28.4%	28.6%	31.1%	24.9%	19.1%
14 to 18 years old	628	**85**	121	95	9	76	0	0	85	11	42	30	2	82	73	4	5	56	21	6	13	59	12
	21.6%	**20.4%**	24.7%	21.1%	24.3%	20.1%	0.0%	0.0%	100.0%	14.3%	25.6%	17.4%	18.2%	20.6%	20.5%	21.1%	13.2%	17.6%	25.9%	42.9%	21.3%	19.6%	25.5%
3 years old or younger	626	**86**	98	103	5	81	86	0	0	18	26	42	1	84	75	3	8	80	5	1	9	61	15
	21.6%	**20.6%**	20.0%	22.9%	13.5%	21.4%	61.9%	0.0%	0.0%	23.4%	15.9%	24.4%	9.1%	21.1%	21.1%	15.8%	21.1%	25.1%	6.2%	7.1%	14.8%	20.3%	31.9%
Significantly different from column:*							HI	G	G									S	R		W		U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 40

Is your child male or female?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	47	**6**	7	15	0	2	0	1	0	1	1	1	0	2	1	0	2	3	0	0	2	3	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,927	**418**	490	454	37	381	139	192	85	77	165	173	12	399	357	19	37	320	81	14	61	302	47
	98.4%	**98.6%**	98.6%	96.8%	100.0%	99.5%	100.0%	99.5%	100.0%	98.7%	99.4%	99.4%	100.0%	99.5%	99.7%	100.0%	94.9%	99.1%	100.0%	100.0%	96.8%	99.0%	97.9%
Male	1,517	**200**	268	244	20	180	65	96	38	40	75	84	4	195	177	5	15	151	43	4	27	154	14
	51.8%	**47.8%**	54.7%	53.7%	54.1%	47.2%	46.8%	50.0%	44.7%	51.9%	45.5%	48.6%	33.3%	48.9%	49.6%	26.3%	40.5%	47.2%	53.1%	28.6%	44.3%	51.0%	29.8%
Female	1,410	**218**	222	210	17	201	74	96	47	37	90	89	8	204	180	14	22	169	38	10	34	148	33
	48.2%	**52.2%**	45.3%	46.3%	45.9%	52.8%	53.2%	50.0%	55.3%	48.1%	54.5%	51.4%	66.7%	51.1%	50.4%	73.7%	59.5%	52.8%	46.9%	71.4%	55.7%	49.0%	70.2%
Significantly different from column:*		C													P	O						W	V

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 41

Is your child of Hispanic or Latino origin or descent?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	76	**11**	11	27	0	7	1	6	1	2	2	3	0	0	5	0	3	4	2	1	3	6	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,898	**413**	486	442	37	376	138	187	84	76	164	171	12	401	353	19	36	319	79	13	60	299	46
	97.4%	**97.4%**	97.8%	94.2%	100.0%	98.2%	99.3%	96.9%	98.8%	97.4%	98.8%	98.3%	100.0%	100.0%	98.6%	100.0%	92.3%	98.8%	97.5%	92.9%	95.2%	98.0%	95.8%
Yes, Hispanic or Latino	1,085	**12**	13	18	3	9	4	5	2	5	5	1	12	0	5	1	3	9	1	2	1	10	0
	37.4%	**2.9%**	2.7%	4.1%	8.1%	2.4%	2.9%	2.7%	2.4%	6.6%	3.0%	0.6%	100.0%	0.0%	1.4%	5.3%	8.3%	2.8%	1.3%	15.4%	1.7%	3.3%	0.0%
No, not Hispanic or Latino	1,813	**401**	473	424	34	367	134	182	82	71	159	170	0	401	348	18	33	310	78	11	59	289	46
	62.6%	**97.1%**	97.3%	95.9%	91.9%	97.6%	97.1%	97.3%	97.6%	93.4%	97.0%	99.4%	0.0%	100.0%	98.6%	94.7%	91.7%	97.2%	98.7%	84.6%	98.3%	96.7%	100.0%
Significantly different from column:*		A																					

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 42

What is your child's race? Mark one or more.

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	185	**8**	7	20	1	4	0	1	3	1	2	3	3	2	0	0	0	4	0	1	1	6	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,789	**416**	490	449	36	379	139	192	82	77	164	171	9	399	358	19	39	319	81	13	62	299	47
	93.8%	**98.1%**	98.6%	95.7%	97.3%	99.0%	100.0%	99.5%	96.5%	98.7%	98.8%	98.3%	75.0%	99.5%	100.0%	100.0%	100.0%	98.8%	100.0%	92.9%	98.4%	98.0%	97.9%
White	2,059	**387**	467	411	34	353	131	175	78	72	151	161	7	374	358	0	29	294	77	13	56	279	46
	73.8%	**93.0%**	95.3%	91.5%	94.4%	93.1%	94.2%	91.1%	95.1%	93.5%	92.1%	94.2%	77.8%	93.7%	100.0%	0.0%	74.4%	92.2%	95.1%	100.0%	90.3%	93.3%	97.9%
Black or African-American	538	**37**	36	51	1	36	12	17	7	11	12	13	1	35	0	19	18	29	7	0	8	24	4
	19.3%	**8.9%**	7.3%	11.4%	2.8%	9.5%	8.6%	8.9%	8.5%	14.3%	7.3%	7.6%	11.1%	8.8%	0.0%	100.0%	46.2%	9.1%	8.6%	0.0%	12.9%	8.0%	8.5%
Asian	81	**5**	4	4	1	4	1	2	2	0	2	2	1	4	0	0	5	4	1	0	2	3	0
	2.9%	**1.2%**	0.8%	0.9%	2.8%	1.1%	0.7%	1.0%	2.4%	0.0%	1.2%	1.2%	11.1%	1.0%	0.0%	0.0%	12.8%	1.3%	1.2%	0.0%	3.2%	1.0%	0.0%
Native Hawaiian or other Pacific Islander	21	**0**	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.8%	**0.0%**	0.2%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
American Indian or Alaska Native	88	**11**	8	11	2	9	6	5	0	3	5	3	0	11	0	0	11	10	1	0	1	8	1
	3.2%	**2.6%**	1.6%	2.4%	5.6%	2.4%	4.3%	2.6%	0.0%	3.9%	3.0%	1.8%	0.0%	2.8%	0.0%	0.0%	28.2%	3.1%	1.2%	0.0%	1.6%	2.7%	2.1%
Other	353	**12**	13	17	2	9	3	8	1	2	4	4	3	7	0	0	12	10	2	0	3	7	0
	12.7%	**2.9%**	2.7%	3.8%	5.6%	2.4%	2.2%	4.2%	1.2%	2.6%	2.4%	2.3%	33.3%	1.8%	0.0%	0.0%	30.8%	3.1%	2.5%	0.0%	4.8%	2.3%	0.0%

NA - Not Applicable

Please note that respondents could select more than one response option, therefore percentages may not add up to 100%.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 43

What is your age?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	69	**7**	8	19	1	2	0	2	2	0	2	1	1	2	2	0	2	3	1	0	3	3	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,905	**417**	489	450	36	381	139	191	83	78	164	173	11	399	356	19	37	320	80	14	60	302	47
	97.7%	**98.3%**	98.4%	95.9%	97.3%	99.5%	100.0%	99.0%	97.6%	100.0%	98.8%	99.4%	91.7%	99.5%	99.4%	100.0%	94.9%	99.1%	98.8%	100.0%	95.2%	99.0%	97.9%
Under 18	178	**33**	43	42	3	30	6	22	5	6	15	11	1	30	31	1	1	20	10	2	4	22	7
	6.1%	**7.9%**	8.8%	9.3%	8.3%	7.9%	4.3%	11.5%	6.0%	7.7%	9.1%	6.4%	9.1%	7.5%	8.7%	5.3%	2.7%	6.3%	12.5%	14.3%	6.7%	7.3%	14.9%
18 to 24	193	**42**	48	45	0	42	37	2	1	11	21	10	0	42	35	2	5	38	4	0	6	30	6
	6.6%	**10.1%**	9.8%	10.0%	0.0%	11.0%	26.6%	1.0%	1.2%	14.1%	12.8%	5.8%	0.0%	10.5%	9.8%	10.5%	13.5%	11.9%	5.0%	0.0%	10.0%	9.9%	12.8%
25 to 34	871	**115**	133	152	8	107	63	47	4	27	31	57	2	111	101	4	10	92	19	4	14	87	12
	30.0%	**27.6%**	27.2%	33.8%	22.2%	28.1%	45.3%	24.6%	4.8%	34.6%	18.9%	32.9%	18.2%	27.8%	28.4%	21.1%	27.0%	28.8%	23.8%	28.6%	23.3%	28.8%	25.5%
35 to 44	928	**126**	153	109	15	111	17	66	42	18	50	58	6	119	101	8	13	95	26	4	24	87	11
	31.9%	**30.2%**	31.3%	24.2%	41.7%	29.1%	12.2%	34.6%	50.6%	23.1%	30.5%	33.5%	54.5%	29.8%	28.4%	42.1%	35.1%	29.7%	32.5%	28.6%	40.0%	28.8%	23.4%
45 to 54	464	**54**	69	55	9	45	10	22	22	10	22	21	0	52	49	0	4	38	13	3	8	37	7
	16.0%	**12.9%**	14.1%	12.2%	25.0%	11.8%	7.2%	11.5%	26.5%	12.8%	13.4%	12.1%	0.0%	13.0%	13.8%	0.0%	10.8%	11.9%	16.3%	21.4%	13.3%	12.3%	14.9%
55 to 64	178	**28**	28	32	0	28	5	18	5	3	11	14	1	27	26	1	1	22	4	1	3	21	4
	6.1%	**6.7%**	5.7%	7.1%	0.0%	7.3%	3.6%	9.4%	6.0%	3.8%	6.7%	8.1%	9.1%	6.8%	7.3%	5.3%	2.7%	6.9%	5.0%	7.1%	5.0%	7.0%	8.5%
65 to 74	82	**17**	12	12	0	17	1	12	4	2	14	1	1	16	11	3	3	13	4	0	1	16	0
	2.8%	**4.1%**	2.5%	2.7%	0.0%	4.5%	0.7%	6.3%	4.8%	2.6%	8.5%	0.6%	9.1%	4.0%	3.1%	15.8%	8.1%	4.1%	5.0%	0.0%	1.7%	5.3%	0.0%
75 or older	11	**2**	3	3	1	1	0	2	0	1	0	1	0	2	2	0	0	2	0	0	0	2	0
	0.4%	**0.5%**	0.6%	0.7%	2.8%	0.3%	0.0%	1.0%	0.0%	1.3%	0.0%	0.6%	0.0%	0.5%	0.6%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.7%	0.0%
35 or older	1,663	**227**	265	211	25	202	33	120	73	34	97	95	8	216	189	12	21	170	47	8	36	163	22
	57.2%	**54.4%**	54.2%	46.9%	69.4%	53.0%	23.7%	62.8%	88.0%	43.6%	59.1%	54.9%	72.7%	54.1%	53.1%	63.2%	56.8%	53.1%	58.8%	57.1%	60.0%	54.0%	46.8%
Significantly different from column:*		D					HI	GI	GH	K	J												

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 44

Are you male or female?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	56	**4**	7	19	0	0	0	1	0	0	0	1	0	0	0	0	1	1	0	0	2	1	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,918	**420**	490	450	37	383	139	192	85	78	166	173	12	401	358	19	38	322	81	14	61	304	47
	98.1%	**99.1%**	98.6%	95.9%	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	97.4%	99.7%	100.0%	100.0%	96.8%	99.7%	97.9%
Male	302	**37**	58	55	37	0	11	17	9	5	19	12	3	34	30	1	5	30	5	2	6	27	2
	10.3%	**8.8%**	11.8%	12.2%	100.0%	0.0%	7.9%	8.9%	10.6%	6.4%	11.4%	6.9%	25.0%	8.5%	8.4%	5.3%	13.2%	9.3%	6.2%	14.3%	9.8%	8.9%	4.3%
Female	2,616	**383**	432	395	0	383	128	175	76	73	147	161	9	367	328	18	33	292	76	12	55	277	45
	89.7%	**91.2%**	88.2%	87.8%	0.0%	100.0%	92.1%	91.1%	89.4%	93.6%	88.6%	93.1%	75.0%	91.5%	91.6%	94.7%	86.8%	90.7%	93.8%	85.7%	90.2%	91.1%	95.7%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 45

What is the highest grade or level of school that you have completed?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	74	**6**	11	18	1	2	0	2	2	0	0	0	1	1	1	0	3	3	0	0	3	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,900	**418**	486	451	36	381	139	191	83	78	166	174	11	400	357	19	36	320	81	14	60	303	47
	97.5%	**98.6%**	97.8%	96.2%	97.3%	99.5%	100.0%	99.0%	97.6%	100.0%	100.0%	100.0%	91.7%	99.8%	99.7%	100.0%	92.3%	99.1%	100.0%	100.0%	95.2%	99.3%	97.9%
8th grade or less	188	**16**	16	16	2	14	3	12	1	16	0	0	3	12	10	2	3	10	5	1	3	10	3
	6.5%	**3.8%**	3.3%	3.5%	5.6%	3.7%	2.2%	6.3%	1.2%	20.5%	0.0%	0.0%	27.3%	3.0%	2.8%	10.5%	8.3%	3.1%	6.2%	7.1%	5.0%	3.3%	6.4%
Some high school, but did not graduate	421	**62**	66	53	3	59	27	24	10	62	0	0	2	59	54	2	6	47	13	2	6	46	7
	14.5%	**14.8%**	13.6%	11.8%	8.3%	15.5%	19.4%	12.6%	12.0%	79.5%	0.0%	0.0%	18.2%	14.8%	15.1%	10.5%	16.7%	14.7%	16.0%	14.3%	10.0%	15.2%	14.9%
High school graduate or GED	1,048	**166**	206	179	19	147	49	73	42	0	166	0	5	159	143	8	13	128	32	5	24	120	19
	36.1%	**39.7%**	42.4%	39.7%	52.8%	38.6%	35.3%	38.2%	50.6%	0.0%	100.0%	0.0%	45.5%	39.8%	40.1%	42.1%	36.1%	40.0%	39.5%	35.7%	40.0%	39.6%	40.4%
Some college or 2-year degree	863	**145**	160	165	9	136	51	68	25	0	0	145	1	142	126	4	13	114	25	5	22	107	14
	29.8%	**34.7%**	32.9%	36.6%	25.0%	35.7%	36.7%	35.6%	30.1%	0.0%	0.0%	83.3%	9.1%	35.5%	35.3%	21.1%	36.1%	35.6%	30.9%	35.7%	36.7%	35.3%	29.8%
4-year college graduate	227	**16**	22	26	1	14	6	7	2	0	0	16	0	15	12	3	0	9	5	1	3	11	2
	7.8%	**3.8%**	4.5%	5.8%	2.8%	3.7%	4.3%	3.7%	2.4%	0.0%	0.0%	9.2%	0.0%	3.8%	3.4%	15.8%	0.0%	2.8%	6.2%	7.1%	5.0%	3.6%	4.3%
More than 4-year college degree	153	**13**	16	12	2	11	3	7	3	0	0	13	0	13	12	0	1	12	1	0	2	9	2
	5.3%	**3.1%**	3.3%	2.7%	5.6%	2.9%	2.2%	3.7%	3.6%	0.0%	0.0%	7.5%	0.0%	3.3%	3.4%	0.0%	2.8%	3.8%	1.2%	0.0%	3.3%	3.0%	4.3%
4-year college graduate or more	380	**29**	38	38	3	25	9	14	5	0	0	29	0	28	24	3	1	21	6	1	5	20	4
	13.1%	**6.9%**	7.8%	8.4%	8.3%	6.6%	6.5%	7.3%	6.0%	0.0%	0.0%	16.7%	0.0%	7.0%	6.7%	15.8%	2.8%	6.6%	7.4%	7.1%	8.3%	6.6%	8.5%
Significantly different from column:*		A								L	L	JK											

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 46

How are you related to the child?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,974	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	124	**23**	26	33	1	19	5	13	3	4	8	8	0	20	19	0	2	13	8	0	4	15	3
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,850	**401**	471	436	36	364	134	180	82	74	158	166	12	381	339	19	37	310	73	14	59	290	45
	95.8%	**94.6%**	94.8%	93.0%	97.3%	95.0%	96.4%	93.3%	96.5%	94.9%	95.2%	95.4%	100.0%	95.0%	94.7%	100.0%	94.9%	96.0%	90.1%	100.0%	93.7%	95.1%	93.8%
Mother or father	2,560	**340**	416	369	29	311	124	140	72	68	127	144	9	325	293	13	30	266	59	13	50	244	39
	89.8%	**84.8%**	88.3%	84.6%	80.6%	85.4%	92.5%	77.8%	87.8%	91.9%	80.4%	86.7%	75.0%	85.3%	86.4%	68.4%	81.1%	85.8%	80.8%	92.9%	84.7%	84.1%	86.7%
Grandparent	205	**49**	43	53	4	44	9	32	7	5	22	20	2	45	38	4	5	36	10	1	7	37	5
	7.2%	**12.2%**	9.1%	12.2%	11.1%	12.1%	6.7%	17.8%	8.5%	6.8%	13.9%	12.0%	16.7%	11.8%	11.2%	21.1%	13.5%	11.6%	13.7%	7.1%	11.9%	12.8%	11.1%
Aunt or uncle	28	**4**	3	3	1	3	0	2	2	1	3	0	1	3	2	2	0	2	2	0	1	2	1
	1.0%	**1.0%**	0.6%	0.7%	2.8%	0.8%	0.0%	1.1%	2.4%	1.4%	1.9%	0.0%	8.3%	0.8%	0.6%	10.5%	0.0%	0.6%	2.7%	0.0%	1.7%	0.7%	2.2%
Older brother or sister	3	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.1%	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other relative	4	**1**	1	2	1	0	0	0	1	0	1	0	0	1	1	0	0	0	1	0	0	1	0
	0.1%	**0.2%**	0.2%	0.5%	2.8%	0.0%	0.0%	0.0%	1.2%	0.0%	0.6%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.3%	0.0%
Legal guardian	49	**6**	6	9	1	5	1	5	0	0	4	2	0	6	5	0	1	5	1	0	1	5	0
	1.7%	**1.5%**	1.3%	2.1%	2.8%	1.4%	0.7%	2.8%	0.0%	0.0%	2.5%	1.2%	0.0%	1.6%	1.5%	0.0%	2.7%	1.6%	1.4%	0.0%	1.7%	1.7%	0.0%
Someone else	1	**1**	2	0	0	1	0	1	0	0	1	0	0	1	0	0	1	1	0	0	0	1	0
	0.0%	**0.2%**	0.4%	0.0%	0.0%	0.3%	0.0%	0.6%	0.0%	0.0%	0.6%	0.0%	0.0%	0.3%	0.0%	0.0%	2.7%	0.3%	0.0%	0.0%	0.0%	0.3%	0.0%

NA - Not Applicable

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 47

Did someone help you complete this survey?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,717	**279**	273	278	22	256	92	130	52	50	111	116	8	263	248	10	17	213	53	9	31	213	31
Number missing or multiple answer	25	**1**	3	7	0	1	0	0	1	0	1	0	0	0	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,692	**278**	270	271	22	255	92	130	51	50	110	116	8	263	247	10	17	213	52	9	31	212	31
	98.5%	**99.6%**	98.9%	97.5%	100.0%	99.6%	100.0%	100.0%	98.1%	100.0%	99.1%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	98.1%	100.0%	100.0%	99.5%	100.0%
Yes	54	**4**	10	8	0	4	1	3	0	3	1	0	1	3	4	0	0	2	2	0	0	3	1
	3.2%	**1.4%**	3.7%	3.0%	0.0%	1.6%	1.1%	2.3%	0.0%	6.0%	0.9%	0.0%	12.5%	1.1%	1.6%	0.0%	0.0%	0.9%	3.8%	0.0%	0.0%	1.4%	3.2%
No	1,638	**274**	260	263	22	251	91	127	51	47	109	116	7	260	243	10	17	211	50	9	31	209	30
	96.8%	**98.6%**	96.3%	97.0%	100.0%	98.4%	98.9%	97.7%	100.0%	94.0%	99.1%	100.0%	87.5%	98.9%	98.4%	100.0%	100.0%	99.1%	96.2%	100.0%	100.0%	98.6%	96.8%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 48

How did that person help you? Mark one or more.

Base: All respondents who received help completing this survey (Q47)

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	54	**4**	10	8	0	4	1	3	0	3	1	0	1	3	4	0	0	2	2	0	0	3	1
Number missing or multiple answer	1	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	53	**4**	10	8	0	4	1	3	0	3	1	0	1	3	4	0	0	2	2	0	0	3	1
	98.1%	**100.0%**	100.0%	100.0%	---	100.0%	100.0%	100.0%	---	100.0%	100.0%	---	100.0%	100.0%	100.0%	---	---	100.0%	100.0%	---	---	100.0%	100.0%
Read the questions to me	22	**2**	4	5	0	2	1	1	0	2	0	0	0	2	2	0	0	2	0	0	0	1	1
	41.5%	**50.0%**	40.0%	62.5%	---	50.0%	100.0%	33.3%	---	66.7%	0.0%	---	0.0%	66.7%	50.0%	---	---	100.0%	0.0%	---	---	33.3%	100.0%
Wrote down the answers I gave	11	**2**	3	4	0	2	0	2	0	1	1	0	1	1	2	0	0	0	2	0	0	2	0
	20.8%	**50.0%**	30.0%	50.0%	---	50.0%	0.0%	66.7%	---	33.3%	100.0%	---	100.0%	33.3%	50.0%	---	---	0.0%	100.0%	---	---	66.7%	0.0%
Answered the questions for me	7	**0**	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	13.2%	**0.0%**	30.0%	0.0%	---	0.0%	0.0%	0.0%	---	0.0%	0.0%	---	0.0%	0.0%	0.0%	---	---	0.0%	0.0%	---	---	0.0%	0.0%
Translated the questions into my language	23	**0**	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	43.4%	**0.0%**	10.0%	25.0%	---	0.0%	0.0%	0.0%	---	0.0%	0.0%	---	0.0%	0.0%	0.0%	---	---	0.0%	0.0%	---	---	0.0%	0.0%
Helped in some other way	6	**0**	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	11.3%	**0.0%**	30.0%	12.5%	---	0.0%	0.0%	0.0%	---	0.0%	0.0%	---	0.0%	0.0%	0.0%	---	---	0.0%	0.0%	---	---	0.0%	0.0%

NA - Not Applicable

Please note that respondents could select more than one response option, therefore percentages may not add up to 100%.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

40448

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 49

X401

In the last 6 months, when your child needed care right away for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	---	**20**	23	29	1	16	6	8	4	4	5	8	1	16	12	0	5	13	3	1	2	10	6
Number no experience	---	**66**	96	87	9	56	19	36	10	12	23	30	1	63	49	9	7	55	9	0	26	37	2
Usable responses	---	**338**	378	353	27	311	114	149	71	62	138	136	10	322	297	10	27	255	69	13	35	258	40
	---	**79.7%**	76.1%	75.3%	73.0%	81.2%	82.0%	77.2%	83.5%	79.5%	83.1%	78.2%	83.3%	80.3%	83.0%	52.6%	69.2%	78.9%	85.2%	92.9%	55.6%	84.6%	83.3%
Same day	---	**257**	297	246	18	239	86	120	48	47	104	105	9	244	225	7	22	201	49	6	28	199	26
	---	**76.0%**	78.6%	69.7%	66.7%	76.8%	75.4%	80.5%	67.6%	75.8%	75.4%	77.2%	90.0%	75.8%	75.8%	70.0%	81.5%	78.8%	71.0%	46.2%	80.0%	77.1%	65.0%
1 day	---	**39**	51	56	3	36	17	15	7	5	15	19	0	39	34	1	4	25	11	3	2	30	7
	---	**11.5%**	13.5%	15.9%	11.1%	11.6%	14.9%	10.1%	9.9%	8.1%	10.9%	14.0%	0.0%	12.1%	11.4%	10.0%	14.8%	9.8%	15.9%	23.1%	5.7%	11.6%	17.5%
2 days	---	**19**	13	22	3	16	6	9	4	5	10	3	1	18	17	1	1	13	4	2	1	13	4
	---	**5.6%**	3.4%	6.2%	11.1%	5.1%	5.3%	6.0%	5.6%	8.1%	7.2%	2.2%	10.0%	5.6%	5.7%	10.0%	3.7%	5.1%	5.8%	15.4%	2.9%	5.0%	10.0%
3 days	---	**9**	7	11	1	8	2	3	4	1	4	4	0	9	9	0	0	8	0	1	0	8	1
	---	**2.7%**	1.9%	3.1%	3.7%	2.6%	1.8%	2.0%	5.6%	1.6%	2.9%	2.9%	0.0%	2.8%	3.0%	0.0%	0.0%	3.1%	0.0%	7.7%	0.0%	3.1%	2.5%
4 to 7 days	---	**10**	8	12	1	9	2	1	6	4	4	2	0	8	9	0	0	6	3	1	4	5	1
	---	**3.0%**	2.1%	3.4%	3.7%	2.9%	1.8%	0.7%	8.5%	6.5%	2.9%	1.5%	0.0%	2.5%	3.0%	0.0%	0.0%	2.4%	4.3%	7.7%	11.4%	1.9%	2.5%
8 to 14 days	---	**1**	1	3	0	1	0	0	1	0	0	1	0	1	1	0	0	0	1	0	0	1	0
	---	**0.3%**	0.3%	0.8%	0.0%	0.3%	0.0%	0.0%	1.4%	0.0%	0.0%	0.7%	0.0%	0.3%	0.3%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.4%	0.0%
15 days or longer	---	**3**	1	3	1	2	1	1	1	0	1	2	0	3	2	1	0	2	1	0	0	2	1
	---	**0.9%**	0.3%	0.8%	3.7%	0.6%	0.9%	0.7%	1.4%	0.0%	0.7%	1.5%	0.0%	0.9%	0.7%	10.0%	0.0%	0.8%	1.4%	0.0%	0.0%	0.8%	2.5%
Same day	---	**257**	297	246	18	239	86	120	48	47	104	105	9	244	225	7	22	201	49	6	28	199	26
	---	**76.0%**	78.6%	69.7%	66.7%	76.8%	75.4%	80.5%	67.6%	75.8%	75.4%	77.2%	90.0%	75.8%	75.8%	70.0%	81.5%	78.8%	71.0%	46.2%	80.0%	77.1%	65.0%
Significantly different from column:*								I	H														

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

40448

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 50

X402

In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	---	**19**	24	34	1	15	4	9	4	4	7	5	2	14	12	0	4	13	2	1	2	12	3
Number no experience	---	**50**	56	81	5	44	10	29	10	5	19	24	2	46	41	4	4	42	6	0	29	20	1
Usable responses	---	**355**	417	354	31	324	125	155	71	69	140	145	8	341	305	15	31	268	73	13	32	273	44
	---	**83.7%**	83.9%	75.5%	83.8%	84.6%	89.9%	80.3%	83.5%	88.5%	84.3%	83.3%	66.7%	85.0%	85.2%	78.9%	79.5%	83.0%	90.1%	92.9%	50.8%	89.5%	91.7%
Same day	---	**136**	159	104	9	127	55	60	19	27	59	50	3	132	114	7	13	114	19	3	8	114	11
	---	**38.3%**	38.1%	29.4%	29.0%	39.2%	44.0%	38.7%	26.8%	39.1%	42.1%	34.5%	37.5%	38.7%	37.4%	46.7%	41.9%	42.5%	26.0%	23.1%	25.0%	41.8%	25.0%
1 day	---	**53**	69	72	5	48	21	20	12	13	22	18	1	52	43	4	5	38	13	1	7	40	6
	---	**14.9%**	16.5%	20.3%	16.1%	14.8%	16.8%	12.9%	16.9%	18.8%	15.7%	12.4%	12.5%	15.2%	14.1%	26.7%	16.1%	14.2%	17.8%	7.7%	21.9%	14.7%	13.6%
2 to 3 days	---	**74**	95	84	9	65	18	38	17	16	28	29	2	72	65	2	7	47	23	4	5	56	10
	---	**20.8%**	22.8%	23.7%	29.0%	20.1%	14.4%	24.5%	23.9%	23.2%	20.0%	20.0%	25.0%	21.1%	21.3%	13.3%	22.6%	17.5%	31.5%	30.8%	15.6%	20.5%	22.7%
4 to 7 days	---	**44**	52	52	4	40	17	19	8	8	18	18	2	38	41	1	1	34	7	3	4	30	10
	---	**12.4%**	12.5%	14.7%	12.9%	12.3%	13.6%	12.3%	11.3%	11.6%	12.9%	12.4%	25.0%	11.1%	13.4%	6.7%	3.2%	12.7%	9.6%	23.1%	12.5%	11.0%	22.7%
8 to 14 days	---	**23**	17	25	1	22	7	10	5	3	3	17	0	23	20	0	3	18	3	2	4	15	4
	---	**6.5%**	4.1%	7.1%	3.2%	6.8%	5.6%	6.5%	7.0%	4.3%	2.1%	11.7%	0.0%	6.7%	6.6%	0.0%	9.7%	6.7%	4.1%	15.4%	12.5%	5.5%	9.1%
15 to 30 days	---	**15**	17	12	3	12	2	6	7	1	6	8	0	14	14	0	1	9	6	0	4	9	2
	---	**4.2%**	4.1%	3.4%	9.7%	3.7%	1.6%	3.9%	9.9%	1.4%	4.3%	5.5%	0.0%	4.1%	4.6%	0.0%	3.2%	3.4%	8.2%	0.0%	12.5%	3.3%	4.5%
31 to 60 days	---	**5**	4	5	0	5	2	0	3	1	1	3	0	5	5	0	0	4	1	0	0	5	0
	---	**1.4%**	1.0%	1.4%	0.0%	1.5%	1.6%	0.0%	4.2%	1.4%	0.7%	2.1%	0.0%	1.5%	1.6%	0.0%	0.0%	1.5%	1.4%	0.0%	0.0%	1.8%	0.0%
61 to 90 days	---	**4**	3	---	0	4	2	2	0	0	3	1	0	4	2	1	1	3	1	0	0	3	1
	---	**1.1%**	0.7%	---	0.0%	1.2%	1.6%	1.3%	0.0%	0.0%	2.1%	0.7%	0.0%	1.2%	0.7%	6.7%	3.2%	1.1%	1.4%	0.0%	0.0%	1.1%	2.3%
91 days or longer	---	**1**	1	---	0	1	1	0	0	0	0	1	0	1	1	0	0	1	0	0	0	1	0
	---	**0.3%**	0.2%	---	0.0%	0.3%	0.8%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.3%	0.3%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.4%	0.0%
3 days or less	---	**263**	323	260	23	240	94	118	48	56	109	97	6	256	222	13	25	199	55	8	20	210	27
	---	**74.1%**	77.5%	73.4%	74.2%	74.1%	75.2%	76.1%	67.6%	81.2%	77.9%	66.9%	75.0%	75.1%	72.8%	86.7%	80.6%	74.3%	75.3%	61.5%	62.5%	76.9%	61.4%
Significantly different from column:*										L	L	JK										W	V

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Note: the question was revised in 2016 to expand the previously used category '31 days or longer' into additional categories. If available, prior-year '31 days or longer' results are mapped to the new category, '31 to 60 days'.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

40448

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 51

X403

In the last 6 months, when you tried to call your child's personal doctor when the office was closed, did you reach an answering service or message telling you how to contact a physician?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	---	**11**	16	32	1	7	1	5	3	2	4	2	1	7	6	0	2	5	2	2	1	7	2
Number no experience	---	**194**	193	175	15	178	53	97	41	33	83	77	8	182	168	8	14	155	33	3	32	138	21
Usable responses	---	**219**	288	262	21	198	85	91	41	43	79	95	3	212	184	11	23	163	46	9	30	160	25
	---	**51.7%**	57.9%	55.9%	56.8%	51.7%	61.2%	47.2%	48.2%	55.1%	47.6%	54.6%	25.0%	52.9%	51.4%	57.9%	59.0%	50.5%	56.8%	64.3%	47.6%	52.5%	52.1%
Yes	---	**184**	235	217	20	164	71	74	37	39	65	79	3	179	153	11	19	138	38	8	26	132	22
	---	**84.0%**	81.6%	82.8%	95.2%	82.8%	83.5%	81.3%	90.2%	90.7%	82.3%	83.2%	100.0%	84.4%	83.2%	100.0%	82.6%	84.7%	82.6%	88.9%	86.7%	82.5%	88.0%
No	---	**35**	53	45	1	34	14	17	4	4	14	16	0	33	31	0	4	25	8	1	4	28	3
	---	**16.0%**	18.4%	17.2%	4.8%	17.2%	16.5%	18.7%	9.8%	9.3%	17.7%	16.8%	0.0%	15.6%	16.8%	0.0%	17.4%	15.3%	17.4%	11.1%	13.3%	17.5%	12.0%
Significantly different from column:*																							

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

40448

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 52

X404

In the last 6 months, how often were you able to find a doctor or other health professional who met your child's cultural, racial, ethnic, or language needs or preferences?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	---	**10**	25	36	2	5	0	5	3	2	3	2	1	6	6	0	1	4	2	1	1	6	2
Number no experience	---	**64**	86	95	11	52	17	39	7	7	28	28	1	61	52	6	5	56	6	0	31	30	3
Usable responses	---	**350**	386	338	24	326	122	149	75	69	135	144	10	334	300	13	33	263	73	13	31	269	43
	---	**82.5%**	77.7%	72.1%	64.9%	85.1%	87.8%	77.2%	88.2%	88.5%	81.3%	82.8%	83.3%	83.3%	83.8%	68.4%	84.6%	81.4%	90.1%	92.9%	49.2%	88.2%	89.6%
Never	---	**24**	31	22	3	21	8	11	5	10	7	6	2	22	17	3	4	18	6	0	3	17	4
	---	**6.9%**	8.0%	6.5%	12.5%	6.4%	6.6%	7.4%	6.7%	14.5%	5.2%	4.2%	20.0%	6.6%	5.7%	23.1%	12.1%	6.8%	8.2%	0.0%	9.7%	6.3%	9.3%
Sometimes	---	**10**	14	17	1	9	5	4	1	1	5	4	0	9	7	1	2	7	2	1	1	7	1
	---	**2.9%**	3.6%	5.0%	4.2%	2.8%	4.1%	2.7%	1.3%	1.4%	3.7%	2.8%	0.0%	2.7%	2.3%	7.7%	6.1%	2.7%	2.7%	7.7%	3.2%	2.6%	2.3%
Usually	---	**42**	43	35	3	39	10	24	7	12	15	15	1	41	41	1	0	20	18	4	4	34	4
	---	**12.0%**	11.1%	10.4%	12.5%	12.0%	8.2%	16.1%	9.3%	17.4%	11.1%	10.4%	10.0%	12.3%	13.7%	7.7%	0.0%	7.6%	24.7%	30.8%	12.9%	12.6%	9.3%
Always	---	**274**	298	264	17	257	99	110	62	46	108	119	7	262	235	8	27	218	47	8	23	211	34
	---	**78.3%**	77.2%	78.1%	70.8%	78.8%	81.1%	73.8%	82.7%	66.7%	80.0%	82.6%	70.0%	78.4%	78.3%	61.5%	81.8%	82.9%	64.4%	61.5%	74.2%	78.4%	79.1%
Significantly different from column:*										KL	J	J						S	R				
Usually or Always	---	**316**	341	299	20	296	109	134	69	58	123	134	8	303	276	9	27	238	65	12	27	245	38
	---	**90.3%**	88.3%	88.5%	83.3%	90.8%	89.3%	89.9%	92.0%	84.1%	91.1%	93.1%	80.0%	90.7%	92.0%	69.2%	81.8%	90.5%	89.0%	92.3%	87.1%	91.1%	88.4%
Significantly different from column:*										L		J											

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Child Medicaid (w/o CCC)

40448

CAHPS® 5.0H Child Medicaid Without Chronic Conditions Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 53

X405

In the last 6 months, how often did your child receive health care services in a language that you could understand?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Respondent's Gender (Q44)		Child's Age (Q39)			Respondent's Education (Q45)			Hispanic (Child) (Q41)		Child's Race (Q42)			Child's Health Status (Q37)			Child's Doctor Visits in Last 6 Months (Q7)		
					Male	Female	0 to 5	6 to 13	14 to 18	Less than HS grad	HS grad	Some college or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**424**	497	469	37	383	139	193	85	78	166	174	12	401	358	19	39	323	81	14	63	305	48
Number missing or multiple answer	---	**9**	16	28	2	4	0	5	2	2	3	1	1	5	5	0	1	5	1	1	1	5	2
Number no experience	---	**49**	57	70	7	42	10	33	6	8	19	21	1	47	40	5	4	42	6	0	27	20	2
Usable responses	---	**366**	424	371	28	337	129	155	77	68	144	152	10	349	313	14	34	276	74	13	35	280	44
	---	**86.3%**	85.3%	79.1%	75.7%	88.0%	92.8%	80.3%	90.6%	87.2%	86.7%	87.4%	83.3%	87.0%	87.4%	73.7%	87.2%	85.4%	91.4%	92.9%	55.6%	91.8%	91.7%
Never	---	**56**	49	57	7	48	23	24	7	12	22	22	0	53	51	2	2	42	10	3	11	36	8
	---	**15.3%**	11.6%	15.4%	25.0%	14.2%	17.8%	15.5%	9.1%	17.6%	15.3%	14.5%	0.0%	15.2%	16.3%	14.3%	5.9%	15.2%	13.5%	23.1%	31.4%	12.9%	18.2%
Sometimes	---	**7**	15	10	1	6	2	3	2	4	1	2	0	7	5	1	1	4	3	0	2	3	1
	---	**1.9%**	3.5%	2.7%	3.6%	1.8%	1.6%	1.9%	2.6%	5.9%	0.7%	1.3%	0.0%	2.0%	1.6%	7.1%	2.9%	1.4%	4.1%	0.0%	5.7%	1.1%	2.3%
Usually	---	**24**	15	26	2	22	5	14	5	6	12	6	1	23	23	0	1	9	12	3	0	19	5
	---	**6.6%**	3.5%	7.0%	7.1%	6.5%	3.9%	9.0%	6.5%	8.8%	8.3%	3.9%	10.0%	6.6%	7.3%	0.0%	2.9%	3.3%	16.2%	23.1%	0.0%	6.8%	11.4%
Always	---	**279**	345	278	18	261	99	114	63	46	109	122	9	266	234	11	30	221	49	7	22	222	30
	---	**76.2%**	81.4%	74.9%	64.3%	77.4%	76.7%	73.5%	81.8%	67.6%	75.7%	80.3%	90.0%	76.2%	74.8%	78.6%	88.2%	80.1%	66.2%	53.8%	62.9%	79.3%	68.2%
Significantly different from column:*										L		J						S	R		V	U	
Usually or Always	---	**303**	360	304	20	283	104	128	68	52	121	128	10	289	257	11	31	230	61	10	22	241	35
	---	**82.8%**	84.9%	81.9%	71.4%	84.0%	80.6%	82.6%	88.3%	76.5%	84.0%	84.2%	100.0%	82.8%	82.1%	78.6%	91.2%	83.3%	82.4%	76.9%	62.9%	86.1%	79.5%
Significantly different from column:*																					V	U	

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

SURVEY MATERIALS

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RESPONSE NEEDED

AET-r

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AETWV4_1

How can Aetna Better Health of West Virginia serve your family better? How can people choose the health care plan that is best for them?

This survey gives you the chance to tell us what you think about the services we provide to your child at Aetna Better Health of West Virginia. It will take less than 20 minutes to complete. The person who knows the most about your child's health care should fill out the survey.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps people learn more about health care plans.

The Center for the Study of Services (CSS) is an independent research firm that is helping us conduct the survey. No one but the staff at CSS and NCQA will see your answers. Your answers will not have your name on them and will be part of a pool of information from others like you. Please call the toll-free number 1-800-874-5561 or e-mail CSS at questions@cssresearch.org if you have any questions.

Because we are asking only a few people to take the survey, **it is very important that you fill out the survey and return it right away**. Please use the pre-paid envelope to return the survey.

Thank you for helping to make health care better for all children.

Sincerely,

Donald Gibbon, DO
Chief Medical Officer

Si quiere que CSS le envíe un cuestionario en español, por favor llámenos al 1-800-874-5561.
TTY Users: Please call the National Relay Service at 711 and provide the phone number 1-800-874-5561 to the communications assistant.

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AETWV4_3

About three weeks ago, we sent you a survey about the services we provide to your child at Aetna Better Health of West Virginia. If you sent your survey back, thank you for your help! You can ignore this letter.

We sent you another survey, just in case you misplaced the first one. Please take a little time to complete it. It should take you less than 20 minutes. The person who knows the most about your child's health care should fill out the survey.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps people learn more about health care plans.

The Center for the Study of Services (CSS) is an independent research firm that is helping us conduct the survey. No one but the staff at CSS and NCQA will see your answers. Your answers will not have your name on them and will be part of a pool of information from others like you. Please call the toll-free number 1-800-874-5561 or e-mail CSS at questions@cssresearch.org if you have any questions.

Other families across the country are filling out the same survey. Because we asked only a few people to take the survey, **it is very important that you fill out the survey and return it right away**. Please return it in the pre-paid envelope.

Thank you for helping to improve health care for all children.

Sincerely,

Donald Gibbon, DO
Chief Medical Officer

Si quiere que CSS le envíe un cuestionario en español, por favor llámenos al 1-800-874-5561.
TTY Users: Please call the National Relay Service at 711 and provide the phone number 1-800-874-5561 to the communications assistant.

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We need your help! Recently, we sent you a short survey about your child's health care. Your answers will help to improve the services we provide to children. The survey will also help other people learn more about health care plans, but it will help only if everyone who gets the survey sends it back.

After you finish the survey, please return it in the pre-paid envelope to the Center for the Study of Services (CSS), a research firm working with us on this survey.

If you did not get the survey, or if you misplaced it, please call CSS at the toll-free number 1-800-874-5561 or e-mail them at questions@cssresearch.org. They will mail you another one. You can also call that number if you have any questions.

If you have already sent in your survey, thank you! You can ignore this reminder.

Thanks again for your help!

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AETWV4

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:

☑ 1 Yes → ***If Yes, Go to Question 1***
☐ 2 No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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 1-800-874-5561.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in Aetna Better Health of West Virginia. Is that right?

   ☐ 1 Yes → ***If Yes, Go to Question 3***
   ☐ 2 No

2. What is the name of your child's health plan? ***(Please print)***

   _____

Your Child's Health Care in the Last 6 Months

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

   ☐ 1 Yes
   ☐ 2 No → ***If No, Go to Question 5***

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

   ☐ 1 Never
   ☐ 2 Sometimes
   ☐ 3 Usually
   ☐ 4 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?

   ☐ 1 Yes
   ☐ 2 No → ***If No, Go to Question 7***

6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

   ☐ 1 Never
   ☐ 2 Sometimes
   ☐ 3 Usually
   ☐ 4 Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

   ☐ 0 None → ***If None, Go to Question 15***
   ☐ 1 1 time
   ☐ 2 2
   ☐ 3 3
   ☐ 4 4
   ☐ 5 5 to 9
   ☐ 6 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

   ☐ 1 Yes
   ☐ 2 No

9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

   ☐ 1 Yes
   ☐ 2 No → ***If No, Go to Question 13***

10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

    ☐ 1 Yes
    ☐ 2 No

11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

    ☐ 1 Yes
    ☐ 2 No

12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- ☐ 1 Yes
- ☐ 2 No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health care possible — Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Your Child's Personal Doctor

15. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem, or gets sick or hurt. Does your child have a personal doctor?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 27***

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- ☐ 0 None → ***If None, Go to Question 26***
- ☐ 1 1 time
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 to 9
- ☐ 6 10 or more times

17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

20. Is your child able to talk with doctors about his or her health care?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 22***

21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- ☐ 1 Yes
- ☐ 2 No

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 26***

25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst personal doctor possible — Best personal doctor possible

Getting Health Care From Specialists

When you answer the next questions, do <u>not</u> include dental visits or care your child got when he or she stayed overnight in a hospital.

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 31***

28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

29. How many specialists has your child seen in the last 6 months?

- ☐ 0 None → ***If None, Go to Question 31***
- ☐ 1 1 specialist
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 or more specialists

30. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst specialist possible — Best specialist possible

Your Child's Health Plan

The next questions ask about your experience with your child's health plan.

31. In the last 6 months, did you get information or help from customer service at your child's health plan?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 34***

32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

34. In the last 6 months, did your child's health plan give you any forms to fill out?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 36***

35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health plan possible — Best health plan possible

About Your Child and You

37. In general, how would you rate your child's overall health?

- ☐ 1 Excellent
- ☐ 2 Very good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

38. In general, how would you rate your child's overall mental or emotional health?

- ☐ 1 Excellent
- ☐ 2 Very good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

39. What is your child's age?

- ☐ 00 Less than 1 year old

_____ YEARS OLD ***(write in)***

40. Is your child male or female?

- ☐ 1 Male
- ☐ 2 Female

41. Is your child of Hispanic or Latino origin or descent?

- ☐ 1 Yes, Hispanic or Latino
- ☐ 2 No, not Hispanic or Latino

42. What is your child's race? Mark one or more.

- ☐ a White
- ☐ b Black or African-American
- ☐ c Asian
- ☐ d Native Hawaiian or other Pacific Islander
- ☐ e American Indian or Alaska Native
- ☐ f Other

43. What is your age?

- ☐ 0 Under 18
- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 or older

44. Are you male or female?

- ☐ 1 Male
- ☐ 2 Female

45. What is the highest grade or level of school that you have completed?

- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

46. How are you related to the child?

- ☐1 Mother or father
- ☐2 Grandparent
- ☐3 Aunt or uncle
- ☐4 Older brother or sister
- ☐5 Other relative
- ☐6 Legal guardian
- ☐7 Someone else

47. Did someone help you complete this survey?

- ☐1 Yes → ***If Yes, Go to Question 48***
- ☐2 No → ***If No, Go to Question 49***

48. How did that person help you? Mark one or more.

- ☐a Read the questions to me
- ☐b Wrote down the answers I gave
- ☐c Answered the questions for me
- ☐d Translated the questions into my language
- ☐e Helped in some other way

Your health plan would like to ask a few more questions about your child's health care.

49. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?

- ☐1 Same day
- ☐2 1 day
- ☐3 2 days
- ☐4 3 days
- ☐5 4 to 7 days
- ☐6 8 to 14 days
- ☐7 15 days or longer
- ☐8 My child did not need this type of care in the last 6 months

50. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?

- ☐1 Same day
- ☐2 1 day
- ☐3 2 to 3 days
- ☐4 4 to 7 days
- ☐5 8 to 14 days
- ☐6 15 to 30 days
- ☐7 31 to 60 days
- ☐8 61 to 90 days
- ☐9 91 days or longer
- ☐10 My child did not see a health provider in the last 6 months

51. In the last 6 months, when you tried to call your child's personal doctor when the office was closed, did you reach an answering service or message telling you how to contact a physician?

- ☐1 Yes
- ☐2 No
- ☐3 I did not try to contact my child's personal doctor when the office was closed in the last 6 months
- ☐4 My child does not have a personal doctor

52. In the last 6 months, how often were you able to find a doctor or other health professional who met your child's cultural, racial, ethnic, or language needs or preferences?

- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always
- ☐5 My child did not need health care services in the last 6 months

53. In the last 6 months, how often did your child receive health care services in a language that you could understand?

- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always
- ☐5 My child did not need health care services in the last 6 months

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
PO Box 10810
Herndon, VA 20172-9904

Please do not include any other correspondence.

NCQA CALCULATION GUIDELINES FOR RATING AND COMPOSITE MEANS AND GLOBAL PROPORTIONS

NCQA's *HEDIS 2017, Volume 3: Specifications for Survey Measures* contains detailed guidelines for calculation of survey results. These guidelines include:

- Criteria for including a survey in the results calculation. A questionnaire must have the final disposition code of *Complete and Valid Survey* to be included in the calculation of plan-level scores.
- Rules for handling appropriately answered questions (i.e., questions that comply with survey skip-pattern instructions).
- Rules for handling inappropriately answered questions (e.g., unanswered questions, multiple-mark questions, questions that should have been skipped, and questions within a skip pattern of an inappropriately answered or skipped gate item).
- Denominator reporting thresholds. Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of "NA".
- Rules for calculating denominators for questions and composites. The denominator for a question is equal to the total number of responses to that question. The denominator for a composite is the average number of responses across all questions in the composite.
- Rules for calculating rolling average composites and question summary rates.
- Rules for handling changes in submission entity (i.e., if a health plan changes how it reports HEDIS/CAHPS results from one year to the next.)

MEAN SCORES (COMPOSITES, RATINGS, AND *COORDINATION OF CARE*)

Mean scores serve as the basis for NCQA Accreditation scoring. They range from 1 to 3, where 1 is the lowest possible score and 3 is the highest possible score.

There are two steps needed to calculate single-item (*ratings* and *Coordination of Care*) mean scores and three steps to calculate *composite* mean scores:

Step 1

Convert member responses to score values of 1, 2, or 3 according to the following rules:

Measure Used in Accreditation Scoring	Mean Scoring Scale Based on Responses
Composites and related items; *Coordination of Care*	*Never* or *Sometimes* = 1; *Usually* = 2; *Always* = 3
Ratings	*0* to *6* = 1; *7* or *8* = 2; *9* or *10* = 3

Step 2

For a rating question, calculate the mean of all responses. This is the rating mean. Follow the same procedure for the *Coordination of Care* measure. For a composite, calculate the mean or all responses *for each question in the composite*.

Step 3 (Composite Measures Only)

Calculate the mean of the question means. This is the composite mean. (Note: each question in a composite is weighted equally, regardless of how many members respond.)

The step-by-step calculation of the *Getting Care Quickly* composite mean score is illustrated in the example for the Adult Commercial product line below.

This composite score is comprised of two questions, Q4 and Q6. Suppose the following member responses were collected:

Member	Q4	Q6
1	*Usually* (2)	*Never* (1)
2	*Sometimes* (1)	*Always* (3)
3	*Always* (3)	
4	*Usually* (2)	*Usually* (2)
5	*Always* (3)	*Always* (3)

Missing responses are not assigned any values, and are not included in the denominator.

After the mean response for each question is calculated, the composite mean score, which is a mean of the means, is calculated.

$MEAN_{Q4}$ = (2 + 1 + 3 + 2 + 3) / 5 = 11 / 5 = 2.2000

$MEAN_{Q6}$ = (1 + 3 + 2 + 3) / 4 = 9 / 4 = 2.2500

$MEAN_{composite}$ = (2.2000 + 2.2500) / 2 = 2.2250

In this example, the *Getting Care Quickly* composite mean score is 2.2250.

COMPOSITE GLOBAL PROPORTIONS

Global Proportions are *average* proportions of respondents who gave the plan a favorable rating on each question in a composite. There are three steps needed to calculate the composite global proportion:

Step 1

For each question in a composite, count the number of members who selected a favorable response option:

- For all composite questions except those in the *Shared Decision Making* composite, the favorable responses are Usually and Always.
- For the Shared Decision Making questions, the favorable response is *Yes*.

Step 2

For each question, determine the proportion of respondents rating favorably (i.e., *Usually/Always* or *Yes*).

Step 3

Calculate the average proportion rating favorably across all the questions in the composite. These are the composite global proportions. Note: each question in a composite is weighted equally, regardless of how many members respond.

Using the example above, here is an illustration of the step-by-step calculation of the *Getting Care Quickly* composite global proportion. Missing responses are not included in the denominator.

Response option	Q4	Q6	Global Proportion
Never or *Sometimes*	1 / 5 = 0.20	1 / 4 = 0.25	(0.20 + 0.25) / 2 = 0.2250
Usually	2 / 5 = 0.40	1 / 4 = 0.25	(0.40 + 0.25) / 2 = 0.3250
Always	2 / 5 = 0.40	2 / 4 = 0.50	(0.40 + 0.50) / 2 = 0.4500
Always or *Usually*	4 / 5 = 0.80	3 / 4 = 0.75	(0.80 + 0.75) / 2 = 0.7750

Therefore, 80.00 percent and 75.00 percent of members respectively provided favorable responses to the *Getting Care Quickly* questions Q4 and Q6. Averaging these two proportions yields the global proportion score of 77.50 percent for the *Getting Care Quickly* composite.

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Report of Results of

Aetna Better Health of West Virginia

2017 HEDIS®/CAHPS® Health Plan Survey

Adult Medicaid Version

for Medicaid Members Enrolled as of December 31, 2016

CSS
Center for the Study of Services

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WHAT'S NEW IN 2017

NCQA 2017 HEDIS/CAHPS SURVEY UPDATES

NCQA introduced the following changes to the HEDIS/CAHPS survey methodology this year:

- The sampling methodology was revised to include deduplication of sample frames by household prior to systematic sample selection.
- An interim (test) data submission requirement was added to ensure a smooth data submission process of final survey results.
- A requirement for approval of new custom taglines for survey materials was added.
- Survey disposition codes were revised.
- In January 2017, NCQA made a decision to retire the *Aspirin Use and Discussion (ASP)* measure due to misalignment with updated recommendations from the United States Preventive Services Task Force (USPSTF). Because this change was made after the release of the *HEDIS Volume 3: 2017 Specifications for Survey Measures*, the *ASP* questions were included in the surveys.

ABOUT THIS REPORT

The key features of this 2017 HEDIS/CAHPS report, prepared by CSS for Aetna Better Health of West Virginia, hereafter referred to as ABH West Virginia HMO, are highlighted below.

- All survey results presented in this report were calculated by CSS following the NCQA guidelines published in *HEDIS 2017, Volume 3: Specifications for Survey Measures*. To support the plan's quality improvement efforts, results are presented for all measures, regardless of whether the plan submits survey data to NCQA or achieves the NCQA-required minimum of 100 valid responses. Any result shown in this report that does not meet the NCQA reporting threshold of 100 valid responses is marked as "NA".

- Throughout the report, 2017 ABH West Virginia HMO results are compared to national benchmark scores, represented by the 2017 CSS Adult Medicaid Average and the 2016 NCQA Adult Medicaid National Average for All Lines of Business (LOBs). The 2017 CSS Adult Medicaid Average is calculated by pooling survey responses across eight representative Adult Medicaid plans surveyed by CSS. The 2016 NCQA Adult Medicaid National Average (All LOBs) is made up of Adult Medicaid plans that submitted data to NCQA last year.

- *Executive Summary* provides a high-level overview of survey findings for ABH West Virginia HMO. This section highlights areas of plan performance that are significantly above or below national benchmarks. If prior-year survey results are available, any statistically significant improvements or declines on key survey measures and changes in the plan's NCQA Accreditation percentiles are also noted. The plan's top priorities for quality improvement based on CSS's *Key Driver Analysis* are identified.

- *Summary of Survey Results* presents the plan's scores on key survey measures, including question summary rates (QSRs), global proportions, means, and NCQA Accreditation percentiles; changes in QSR and global proportion scores from the previous year (if applicable); and comparisons to relevant national benchmarks. Statistically significant differences in scores are noted.

- *Detailed Performance Charts* are provided for the rating questions, composite measures, and individual survey items representing the various CAHPS domains of care. The plan's 2017 QSRs and global proportions are compared to the 2017 CSS Adult Medicaid Average on all measures. Where appropriate, the 2017 QSRs and global proportions are compared to the 2016 NCQA Adult Medicaid National Average (All LOBs) and performance percentiles, calculated by NCQA. Where available, a three-year trend in plan scores is also shown.

- *Scoring for NCQA Accreditation* presents the plan's mean scores on relevant measures, which are used by NCQA for Accreditation scoring. If applicable and/or available, a three-year trend in the plan's scores is shown. The plan's 2017 Accreditation percentile is provided for all measures that meet the NCQA reporting threshold of 100 valid responses. This section of the report is limited to those measures that are scored for NCQA Accreditation.

- *Analysis of Member Characteristics* compares the plan's respondent profile to the national distribution of demographic characteristics and utilization variables (e.g., number of doctor visits, number of specialists seen, etc.). Variation in health plan ratings by member segment is examined.

- A one-page summary of the *Effectiveness of Care* measures includes comparisons to the plan's prior-year rates (if available) as well as to the 2017 CSS Adult Medicaid Average rates. All rates are calculated according to the NCQA guidelines, but are presented regardless of their eligibility for NCQA reporting.

- *Key Driver Analysis* identifies the areas or dimensions of health plan performance that are closely related to the overall rating of the plan. The CSS *Key Driver Model* quantifies the contribution of each performance area to the overall evaluation of the plan. ABH West Virginia HMO results on each key driver are compared to the highest score among the eight Adult Medicaid plans contributing to the 2017 CSS Adult Medicaid Average, yielding a measure of available room for improvement in each area. The result is then weighted by the key driver's contribution to the overall *Rating of Health Plan* score. Opportunities for improvement are prioritized based on the expected improvement in the overall health plan rating score due to improved performance on the key driver measure. A separate section of the report highlights some helpful resources for health plan quality improvement.

- The *Appendix* includes:

  - *Survey Results at a Glance*;

  - Detailed cross-tabulations of survey responses for every survey question, with additional tables summarizing performance on key survey measures;

  - Copies of survey materials; and

  - Step-by-step guidelines for calculating composite and rating mean scores and global proportions.

HEDIS/CAHPS 5.0H HEALTH PLAN SURVEY

BACKGROUND

Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and communication skills of providers.

The National Committee for Quality Assurance (NCQA) uses the Health Plan CAHPS survey in its Health Plan Accreditation Program as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures health plan performance on important dimensions of care and service and is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. For health plans seeking NCQA Accreditation, the Health Plan CAHPS survey represents the member satisfaction component of the HEDIS measurement set. The survey measures member *Satisfaction with the Experience of Care* and gives a general indication of how well the health plan meets members' expectations. Surveyed members are asked to rate various aspects of the health plan based on their experience with the plan during the previous six months. In addition, the survey is used to collect data on several measures from the *Effectiveness of Care* domain.

EXECUTIVE SUMMARY

CSS administered the Adult Medicaid version of the 2017 HEDIS/CAHPS Health Plan Survey on behalf of ABH West Virginia HMO between February 17 and May 11, 2017. The final survey sample for ABH West Virginia HMO included 1,485 members. 284 members completed the survey, resulting in the NCQA response rate of 19.27 percent. This section highlights some of the key survey findings, including statistically significant improvements or declines on reportable CAHPS ratings and composites compared to 2016 (if applicable) and differences from national benchmarks. Results are based on the rates of members answering *8*, *9*, or *10* for ratings; *Yes* for the *Shared Decision Making* composite; and *Usually* or *Always* for all other composites. Statistical significance tests were conducted at the 95% confidence level. Changes in the plan's estimated NCQA Accreditation percentiles from 2016 (if applicable) as well as its top priorities for quality improvement are also listed.

CAHPS RATINGS AND COMPOSITES SHOWING STATISTICALLY SIGNIFICANT IMPROVEMENTS OR DECLINES COMPARED TO 2016

Reportable Plan Rate IMPROVED	Reportable Plan Rate DECLINED
No statistically significant improvements	No statistically significant declines

CAHPS RATINGS AND COMPOSITES SHOWING STATISTICALLY SIGNIFICANT DIFFERENCES FROM NATIONAL BENCHMARKS

Reportable Plan Rate ABOVE National Benchmark	Reportable Plan Rate BELOW National Benchmark
National Benchmark: 2017 CSS Adult Medicaid Average	
How Well Doctors Communicate (by 4.25 points)	Rating of Health Plan (by 9.53 points)
National Benchmark: 2016 NCQA Adult Medicaid National Average, All LOBs	
Getting Care Quickly (by 6.45 points) How Well Doctors Communicate (by 4.75 points)	Rating of Specialist Seen Most Often (by 8.45 points) Rating of Health Plan (by 12.06 points)

CHANGE IN PLAN'S ESTIMATED NCQA ACCREDITATION PERCENTILES FROM 2016 TO 2017

NCQA Accreditation Percentile IMPROVED or 90th Percentile MAINTAINED	NCQA Accreditation Percentile DECLINED
Rating of Personal Doctor (from 25th to 50th percentile) Getting Needed Care (from below 25th to 25th percentile) Getting Care Quickly (from 25th to 50th percentile) How Well Doctors Communicate (from 75th to 90th percentile; retired from Accreditation in 2015)	None

TOP PRIORITIES FOR QUALITY IMPROVEMENT IDENTIFIED IN KEY DRIVER ANALYSIS

CSS's *Key Driver Analysis* identifies the areas of health plan performance and aspects of member experience that shape members' overall assessment of the plan. To the extent that these areas or experiences can be improved, the overall rating of the plan can be expected to improve as a result. Quality improvement opportunities with the highest return on investment for your plan are identified below. Effective interventions in these areas have the greatest potential impact on the *Rating of Health Plan* score.

Top Priorities for Health Plan Quality Improvement
1. Improving member access to care (ease of getting needed care, tests, or treatment)
2. Improving member access to care (scheduling appointments for routine care)
3. Improving the quality of physicians in the plan's network (specialists)
4. Improving the quality of physicians in health plan network (personal doctors)
5. Improving saliency, availability, and clarity of information about how the health plan works in written materials or on the Internet

The remainder of this report examines these and other findings in greater detail.

SURVEY ADMINISTRATION PROTOCOL

CSS administered the Adult Medicaid version of the 2017 HEDIS/CAHPS Health Plan Survey on behalf of ABH West Virginia HMO in accordance with the NCQA methodology detailed in *HEDIS 2017, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2017 Survey Measures.* Health plans administering the survey may choose between a mail-only methodology and a mixed (mail with telephone follow-up) methodology. Both of these standard survey protocols include two questionnaire mailings, each followed by a reminder postcard. For plans following the mail-only protocol, non-respondents are sent a third, final survey mailing. Non-respondents from the mixed-methodology samples are contacted by telephone.

ABH West Virginia HMO opted for the mixed with methodology. The standard data collection protocol consisted of the following milestones:

- An initial questionnaire with cover letter, which was mailed on February 17;
- An initial reminder/thank-you postcard, which was mailed on February 22;
- A replacement questionnaire with cover letter, which was mailed on March 24;
- An additional reminder/thank-you postcard, which was mailed on March 29; and
- A telephone follow-up phase targeting non-respondents, with up to six telephone follow-up attempts spaced at different times of the day and on different days of the week, which started on April 13.

Data collection closed on May 11, 2017. Data for the plan were submitted to NCQA on May 31, 2017.

SURVEY MATERIALS

The complete set of survey materials used for ABH West Virginia HMO is provided in the Appendix. CSS designed survey materials for ABH West Virginia HMO following the NCQA specifications detailed in *HEDIS 2017, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2017 Survey Measures*. All of the elements of the survey package, including the questionnaire, cover letters, postcards, and envelopes, were approved by NCQA prior to the initial mailing. The name and logo of the plan appeared on all of the mailing materials. The carrier envelope used for survey mailings was marked “RESPONSE NEEDED” or “FINAL REMINDER – PLEASE RESPOND”, depending on the mailing wave, to enhance response rates. Each survey package included a postage-paid return envelope. Besides the core CAHPS questions, the survey included five supplemental questions added by the plan. In addition to English, the health plan gave members the option to complete the survey in Spanish using a telephone request line.

SAMPLE SELECTION

CSS followed NCQA's systematic sampling protocol to generate the survey sample for ABH West Virginia HMO. Sample-eligible members were defined as plan members who were 18 years old or older as of December 31, 2016; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. Prior to sampling, CSS carefully inspected the member file(s) provided by the plan and informed the plan of any errors or irregularities found (such as missing address elements or subscriber numbers). Once the quality assurance process had been completed, CSS processed member addresses through the USPS National Change of Address (NCOA) service to ensure that the mailing addresses were up-to-date. The final sample was generated following the NCQA-specified methodology, with no more than one member per household selected to receive the survey. CSS assigned each sampled member a unique identification number, which was used to track their progress throughout the data collection process.

NCQA's sampling methodology prevents plans from identifying disenrolled members after the start of survey administration. Plans that were unable to identify disenrollees prior to December 31, 2016 were advised to increase their sample size by a factor sufficient to compensate for members expected to leave the plan by the time the survey was fielded. Plans could also choose to oversample to receive more completed surveys.

The NCQA-prescribed sample size for health plans administering the Adult Medicaid version of the survey is 1,350 members. ABH West Virginia HMO chose to oversample by 10 percent. The final survey sample for ABH West Virginia HMO included 1,485 members.

DATA CAPTURE

Questionnaires returned by mail were recorded using either manual data entry or optical scanning. Responses recorded via manual data entry were keyed by two independent data entry operators, and any discrepancies between the two response records were flagged and reconciled by a supervisor. Individual items on surveys recorded via optical scanning were sent to data entry operators if the scanning technology was unable to identify the specific response option selected with a pre-defined degree of certainty.

For plans selecting the mixed methodology, Computer Assisted Telephone Interviewing (CATI) technology was used to electronically capture survey responses obtained during telephone interviews. On-site CATI supervisors maintained quality control by monitoring the telephone interviews and keyboard entry of interviewers in real time. In addition, CSS research staff remotely monitored interviews on a regular basis. Due to the multiple mailings and varied modes of data collection, multiple survey responses could be received from the same sample member. In those cases, CSS included only one survey response (the most complete survey) in the final analysis dataset.

MEMBER DISPOSITIONS AND RESPONSE RATE

Among all of the ABH West Virginia HMO sample members who met final eligibility criteria, 284 completed the survey, resulting in the NCQA response rate of 19.27 percent. Additional detail on sample member dispositions is provided in Exhibit 1.

EXHIBIT 1. 2017 ABH WEST VIRGINIA HMO ADULT MEDICAID CAHPS SURVEY: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATE

Disposition	2017 This Plan				2017 CSS Adult Medicaid Average
	Mail*	Phone	Total		
	Number	Number	Number	% Initial sample	
Initial Sample			1,485		
Ineligible					
Did not meet eligible population criteria	2	5	7	0.47%	0.59%
Deceased	0	0	2	0.13%	0.09%
Language barrier	0	0	2	0.13%	0.65%
Mentally or physically incapacitated	0	0	0	0.00%	0.08%
Unreturned Surveys/Refusals					
Non-respondents after maximum attempts	678	0	678	45.66%	47.50%
Non-respondents – incompletes	1	8	9	0.61%	0.99%
Refused to answer the survey	0	0	83	5.59%	3.50%
Unable to contact	0	0	403	27.14%	24.01%
Eligible Returns					
Completed surveys	227	57	284	19.12%	21.81%
NCQA Response Rate**				**19.27%**	**22.12%**

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* Any sample members who called and requested another survey were given the option to complete the survey online. Due to the rarity of this occurrence any surveys completed online are included with mail responses.

**NCQA response rate = (Number of completed surveys)/(Initial sample – Ineligible: number not in eligible population – Ineligible: number of deceased – Ineligible: number with language barrier – Ineligible: number mentally or physically incapacitated)

SATISFACTION WITH THE EXPERIENCE OF CARE DOMAIN

MEASURES

CAHPS Health Plan Survey 5.0H, Adult Medicaid version includes four global ***rating questions*** that ask respondents to rate the following items on a *0* to *10* scale:

- ***Rating of Personal Doctor*** (*0* = worst personal doctor possible; *10* = best personal doctor possible)
- ***Rating of Specialist Seen Most Often*** (*0* = worst specialist possible; *10* = best specialist possible)
- ***Rating of All Health Care*** (*0* = worst health care possible; *10* = best health care possible)
- ***Rating of Health Plan*** (*0* = worst health plan possible; *10* = best health plan possible)

The results for five ***composite measures*** are also reported. Composite measures combine results from related survey questions into a single measure to summarize health plan performance in the areas listed below.

- ***Getting Needed Care*** combines responses to two survey questions that address member access to care:
  - *In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?*
  - *In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?*
- ***Getting Care Quickly*** combines responses to two survey questions that address timely availability of both urgent and routine care:
  - *In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?*
  - *In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?*
- ***How Well Doctors Communicate*** combines responses to four survey questions that address physician communication:
  - *In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?*

- *In the last 6 months, how often did your personal doctor listen carefully to you?*
- *In the last 6 months, how often did your personal doctor show respect for what you had to say?*
- *In the last 6 months, how often did your personal doctor spend enough time with you?*

- ***Customer Service*** combines responses to two survey questions that ask about member experience with the health plan's customer service:
  - *In the last 6 months, how often did your health plan's customer service staff give you the information or help you needed?*
  - *In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?*
- ***Shared Decision Making*** combines responses to three survey questions that focus on decisions about taking prescription medicines:
  - *Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?*
  - *Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?*
  - *When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?*

  The *Shared Decision Making* composite measure was substantially revised with the introduction of CAHPS 5.0H and subsequently in 2015.

In addition to the five composite measures listed above, question summary rates are also reported for two survey items summarizing the following concepts:

- ***Health Promotion and Education***

  In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- ***Coordination of Care***

  In the last 6 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?

CALCULATION AND REPORTING OF RESULTS

QUESTION SUMMARY RATES AND COMPOSITE GLOBAL PROPORTIONS

Question Summary Rates (QSRs) express the proportion of respondents selecting the response option(s) of interest from a given question on the survey.

- Rating questions use a *0* to *10* scale with *10* being the most favorable response. Results are reported as the proportion of members selecting one of the top three responses (*8*, *9*, or *10*).
- Most survey items use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members selecting *Usually* or *Always*.
- *Shared Decision Making* and *Health Promotion and Education* use a *Yes* or *No* scale, with *Yes* being the desired response. Results are reported as the proportion of members selecting *Yes*.

Composite Global Proportions express the proportion of respondents selecting the response option(s) of interest from a given group of questions on the survey. They are calculated by first determining the proportion of respondents selecting the reported response(s) on each survey question contributing to the composite and subsequently averaging these proportions across all items in the composite.

- For composite measures except *Shared Decision Making*, results are reported as *Usually* or *Always* global proportions.
- For the *Shared Decision Making* composite, the proportion of *Yes* is reported.

Throughout the report, all question summary rates and composite global proportions are rounded to two decimal places for display purposes (e.g., 0.23456 is displayed as 23.46%). However, all calculations involving rates and proportions, including statistical significance testing, are carried out prior to rounding. For more details on the calculations please refer to *HEDIS 2017, Volume 3: Specifications for Survey Measures* or consult the Appendix.

RATING AND COMPOSITE MEANS

In addition to the QSRs and global proportions, CSS calculated rating and composite means on a 3-point scale. The mean scoring procedure is described in more detail in the *Scoring for NCQA Accreditation* section as well as in the Appendix of this report.

NCQA MINIMUM DENOMINATOR SIZE

NCQA requires health plans to achieve a denominator of at least 100 valid responses to obtain a reportable result on a measure. The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite (note: composite denominators are rounded for display purposes). If the denominator for a particular rate is less than 100, NCQA assigns a measure result of "NA". This report presents results for all measures, regardless of denominator size. Any result that does not meet the NCQA threshold of 100 valid responses is denoted with "NA". The only exception is the *Scoring for NCQA Accreditation* section, where reporting is limited to the measures that meet the NCQA minimum denominator threshold.

COMPARISONS TO NATIONAL BENCHMARKS AND PRIOR-YEAR PLAN RESULTS

Throughout the report, the 2017 ABH West Virginia HMO question summary rates and composite global proportions are compared to the 2017 CSS Adult Medicaid Average as well as to the 2016 NCQA Adult Medicaid National Average (All LOBs), where available. The 2017 CSS Adult Medicaid Average is calculated by pooling survey responses across eight representative Adult Medicaid plans surveyed by CSS. The 2016 NCQA Adult Medicaid National Average (All LOBs) is made up of Adult Medicaid plans that submitted data to NCQA last year.

If prior-year results are available for ABH West Virginia HMO, they are provided alongside the 2017 plan results for comparison. Where appropriate, year-to-year changes in results are tested for statistical significance. All of the statistical tests are carried out at the 95% confidence level (i.e., there is a 95% probability that the observed difference is not due to chance).

SUMMARY OF SURVEY RESULTS

Exhibit 2 provides a high-level overview of the 2017 ABH West Virginia HMO results on key survey measures. These include overall ratings, composite global proportions, and QSRs for additional content areas. Where applicable, changes in plan scores over time and comparisons to relevant national benchmarks are reported and tested for statistical significance.

EXHIBIT 2. 2017 ABH WEST VIRGINIA HMO ADULT MEDICAID CAHPS SURVEY: SUMMARY OF RESULTS ON KEY MEASURES

CAHPS 5.0H Survey Measures*	2017 Plan Rate	Difference** between 2017 Plan Rate and…			2017 NCQA Accreditation Scoring	
		2016 Plan Rate	2017 CSS Adult Medicaid Average	2016 NCQA Adult Medicaid National Average, All LOBs	Mean	Percentile for Accreditation
Ratings						
Rating of Personal Doctor	79.02%	1.68%	0.62%	-1.21%	2.5313	50th
Rating of Specialist Seen Most Often	71.97%	-3.28%	-6.94%	-8.45% ▼	2.4545	below 25th
Rating of All Health Care	68.35%	1.54%	-4.02%	-5.17%	2.3073	below 25th
Rating of Health Plan	62.91%	-3.41%	-9.53% ▼	-12.06% ▼	2.2145	below 25th
Composite Measures						
Getting Needed Care	82.72%	4.30%	0.20%	2.29%	2.3311	25th
Getting Care Quickly	86.51%	3.13%	2.55%	6.45% ▲	2.4257	50th
How Well Doctors Communicate	95.48%	4.90%	4.25% ▲	4.75% ▲	2.7509	90th
Customer Service NA	93.15%	12.00% ▲	6.65%	5.61%	2.7028	90th
Shared Decision Making	82.40%	1.95%	2.42%	3.20%	Not calculated	Not scored
Additional Content Areas						
Health Promotion and Education	72.94%	3.67%	-4.17%	0.80%	2.4587	Not scored
Coordination of Care	85.95%	8.29%	5.24%	4.19%	2.4463	75th

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* Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA.
How Well Doctors Communicate was retired from Accreditation scoring in 2015. Accreditation mean and percentile values for this measure are provided for reference only.

NA appears next to the measure name and a lighter display is used for results to indicate that the result is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates measure results for reference only.

** Comparisons to prior-year results and relevant benchmark scores are reported regardless of whether the rate meets the minimum denominator threshold for NCQA reporting (n=100). All differences in rates are calculated prior to rounding and are rounded for display purposes only. All statistical tests are conducted at the 95% confidence level. Statistically significant differences between the plan and the comparison score are marked as ▲ when the plan's score is higher or ▼ when the plan's score is lower.

DETAILED PERFORMANCE CHARTS

This section of the report includes detailed charts for composite global proportions, rating question summary rates (QSRs), as well as additional QSRs for individual survey items. The charts have the following features:

TREND IN PLAN RESULTS

- Plan scores are trended over three consecutive years of data collection, if available. A result may not be available if the plan did not conduct the survey in a given year or if the measure is new or is not deemed appropriate for trending. In such cases, "No data" appears in place of the score.
- Where appropriate, changes in the distribution of favorable ratings over time are shown in the *Top Rating Distribution* panel of the chart (i.e., percent responding *8* vs. percent responding *9* or *10*, or percent responding *Usually* vs. percent responding *Always*).
- The number of valid responses (the NCQA-defined denominator, *n*) appears above each bar. If the number of responses is less than 100, "NA" appears next to the value of *n*, indicating that the result is not reportable by NCQA. CSS calculates the unofficial rate for reference only.
- Statistical comparisons are conducted between the current-year rate and each of the prior-year rates, if available. Where appropriate, differences in both standard (e.g., *8* + *9* + *10* or *Usually* + *Always*) as well as top-box (e.g., *9* + *10* or *Always*) rates are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated with a ★ symbol next to the comparison score. For example, ★ appearing next to the 2016 rate denotes a statistically significant difference between the 2017 and 2016 rates.

COMPARISON TO NCQA PERFORMANCE BENCHMARKS AND PERCENTILES

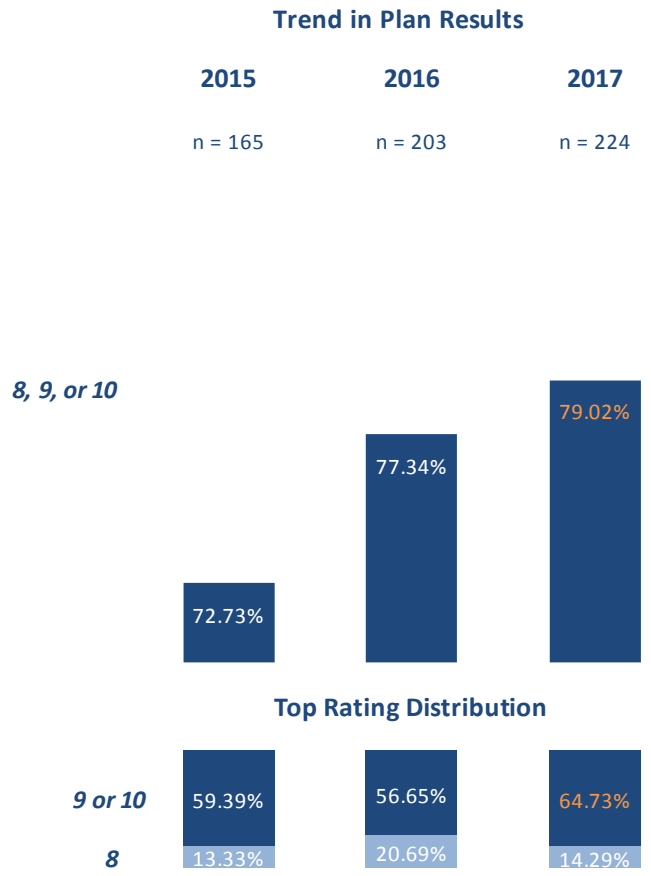
To provide ABH West Virginia HMO with an indication of the plan's performance with respect to industry benchmarks on key CAHPS measures, CSS licensed the *2016 NCQA Quality Compass CAHPS Booklet*. The *CAHPS Booklet* includes QSRs and global proportions corresponding to the national Quality Compass averages as well as the 10th, 25th, 50th, 75th, and 90th performance percentiles for all lines of business. CSS's agreement with NCQA authorizes CSS to provide this information to ABH West Virginia HMO for the plan's internal use only. Under the terms of this agreement, ABH West Virginia HMO may not publicly report these results.

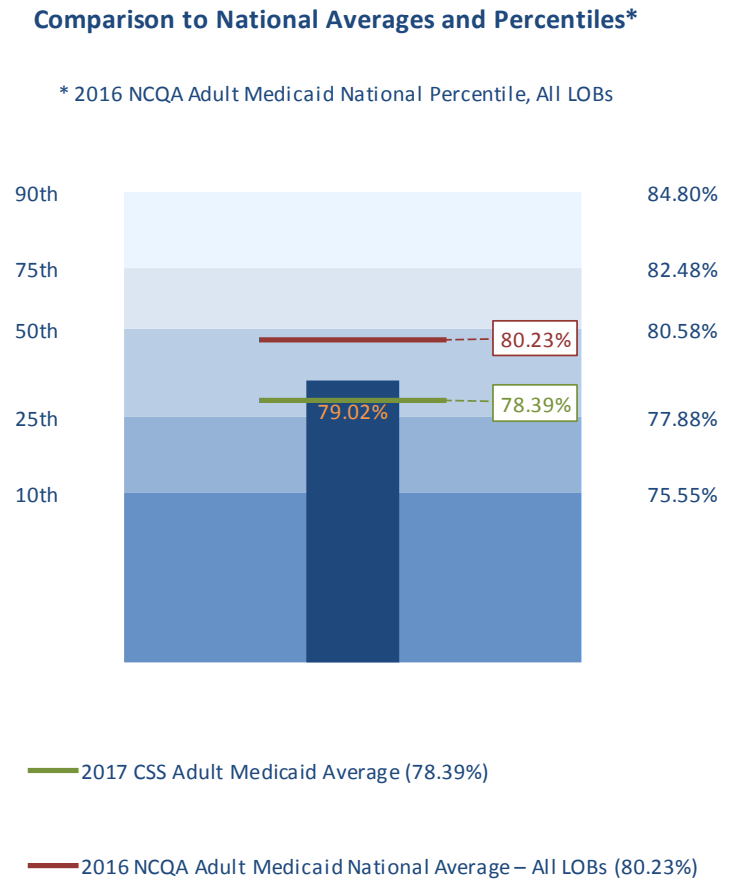
- If the 2016 NCQA benchmarks are available, the bar representing the 2017 ABH West Virginia HMO score is juxtaposed against the NCQA percentile distribution, providing an indication of the plan's competitive position on the measure. Note that the performance percentiles displayed in these charts are calculated on the basis of QSRs and global proportions and are different from the mean score-based percentiles used for NCQA Accreditation scoring. In many cases, the plan's performance percentile will not correspond to its Accreditation percentile (see *Scoring for NCQA Accreditation*).

- The horizontal lines displayed on the charts correspond to the 2017 CSS Adult Medicaid Average as well as the 2016 NCQA Adult Medicaid National Average (All LOBs), if available. If the 2017 ABH West Virginia HMO score is significantly different from any of these benchmark scores at the 95% confidence level, ★ appears next to the relevant score.

Rating of Personal Doctor

Percent Responding 8, 9, or 10





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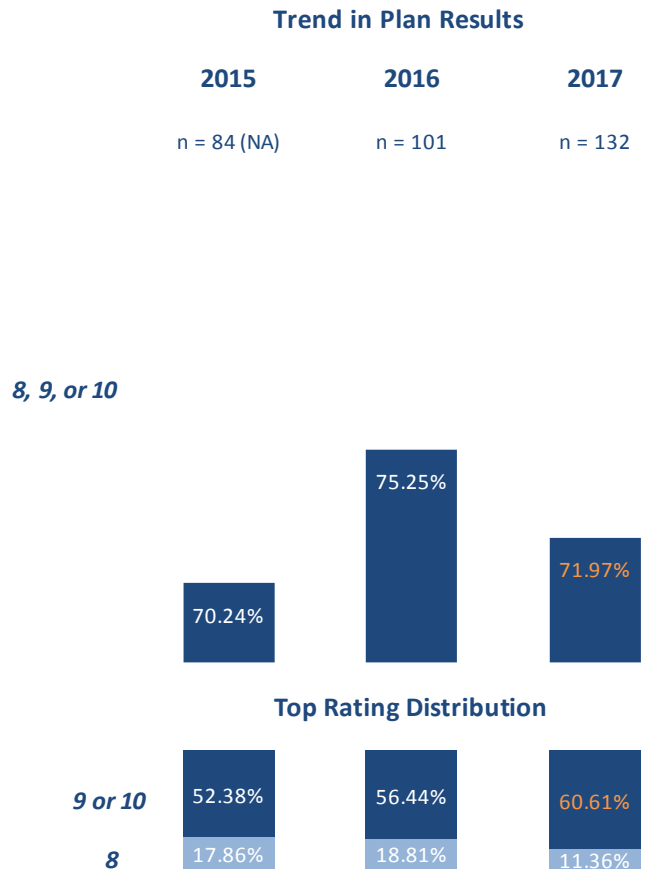
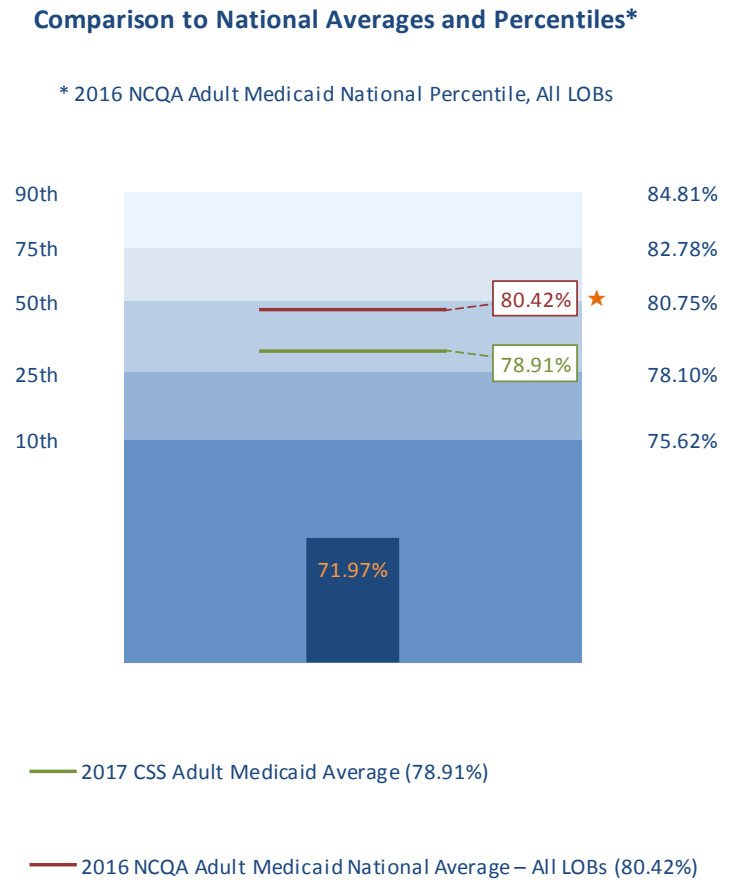
Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

Rating of Specialist Seen Most Often

Percent Responding 8, 9, or 10





40438

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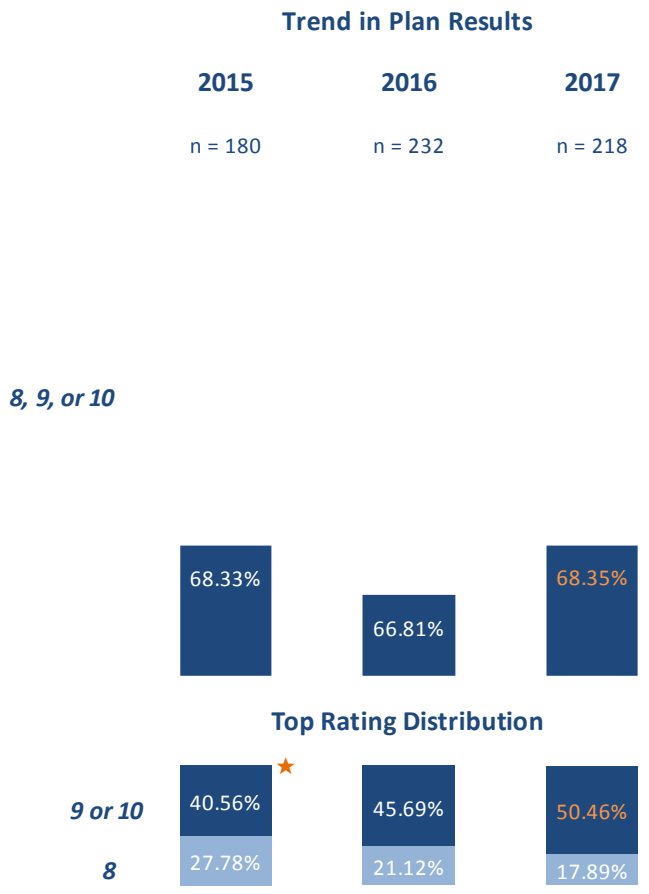
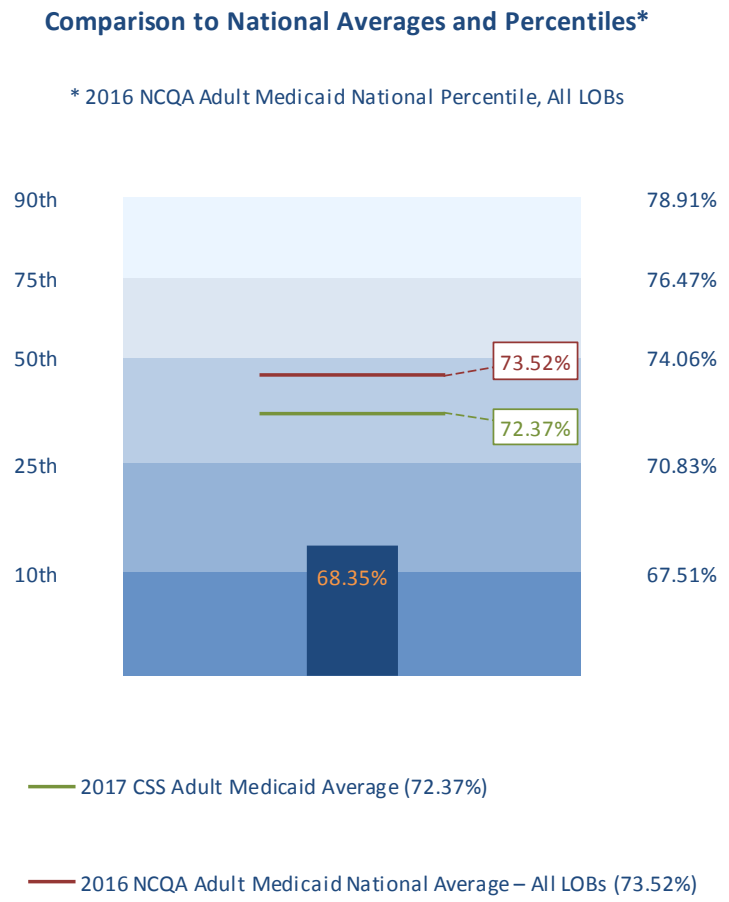
Rating of All Health Care

Percent Responding 8, 9, or 10





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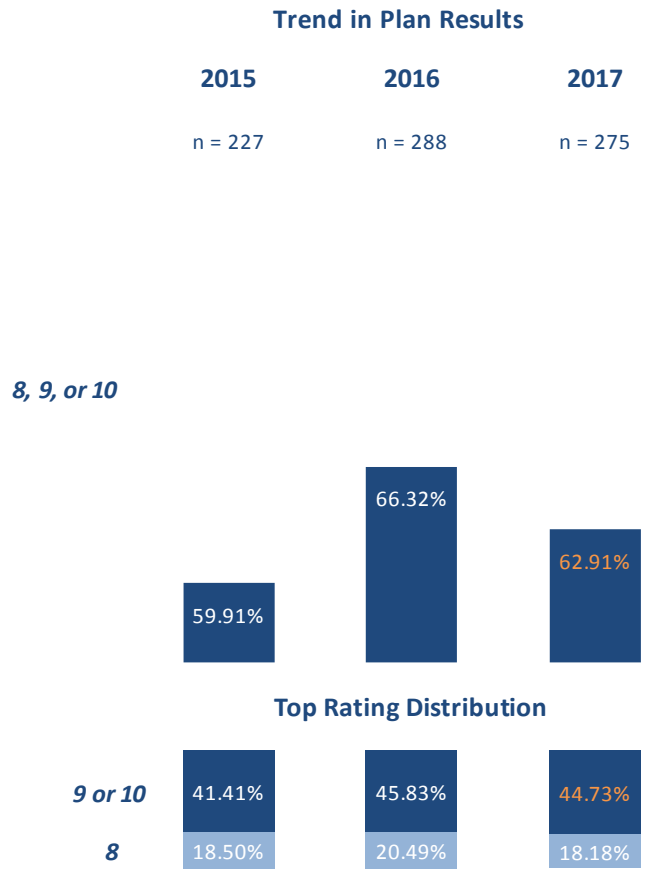
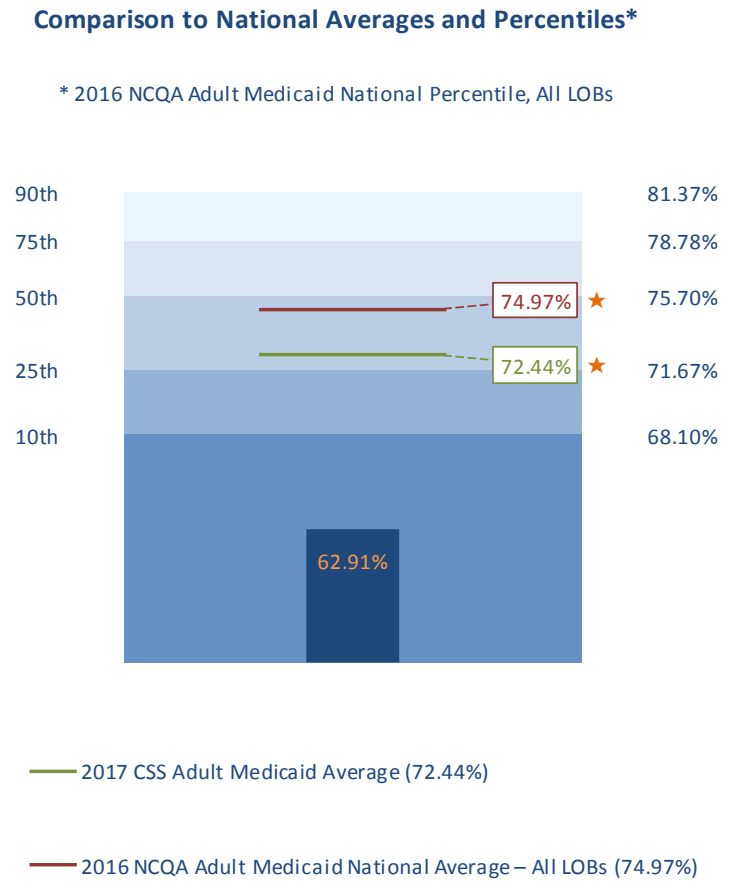
Rating of Health Plan

Percent Responding 8, 9, or 10





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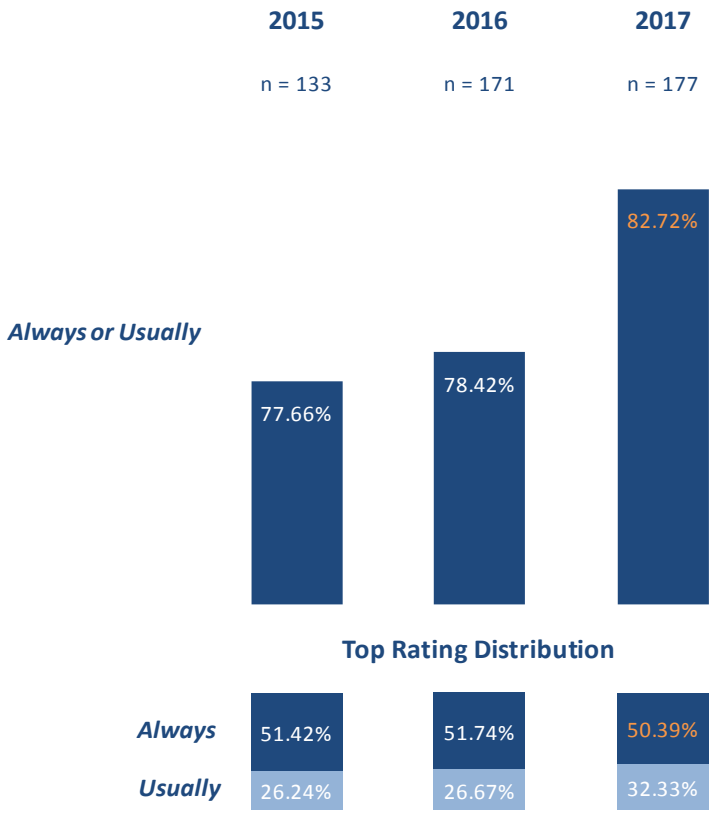
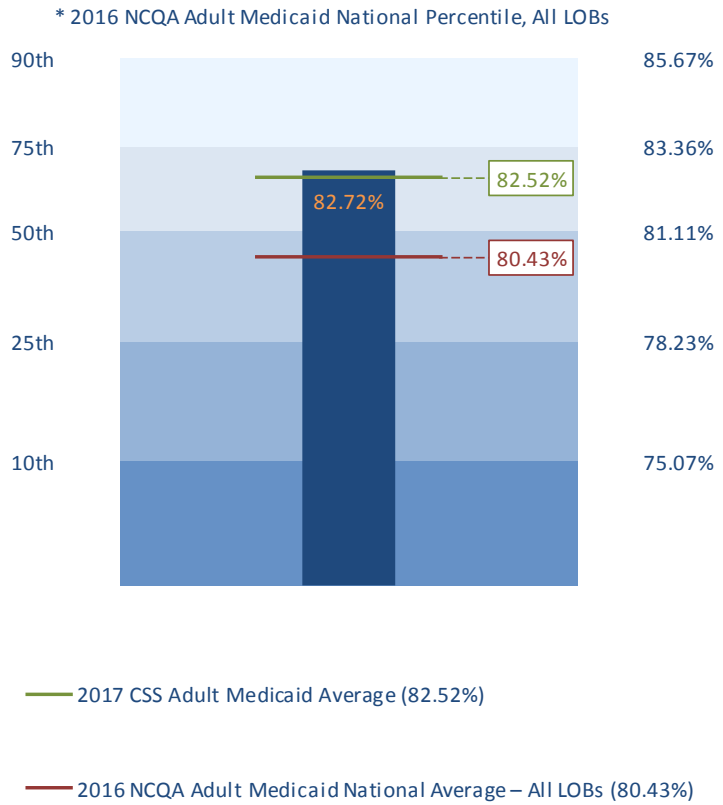
Getting Needed Care (Composite)

Percent Responding Always or Usually

Trend in Plan Results



Comparison to National Averages and Percentiles*



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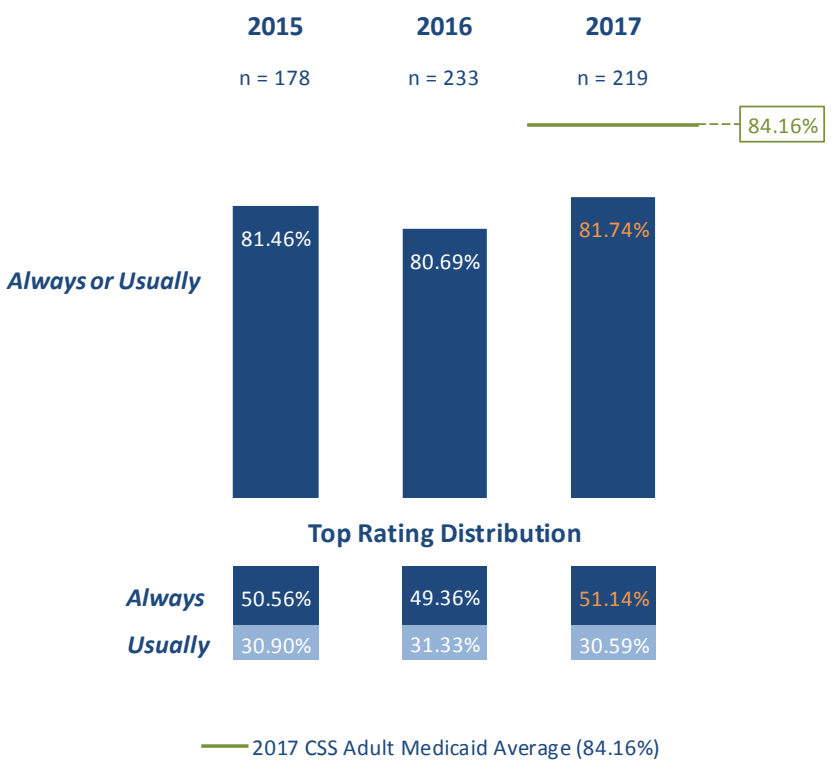
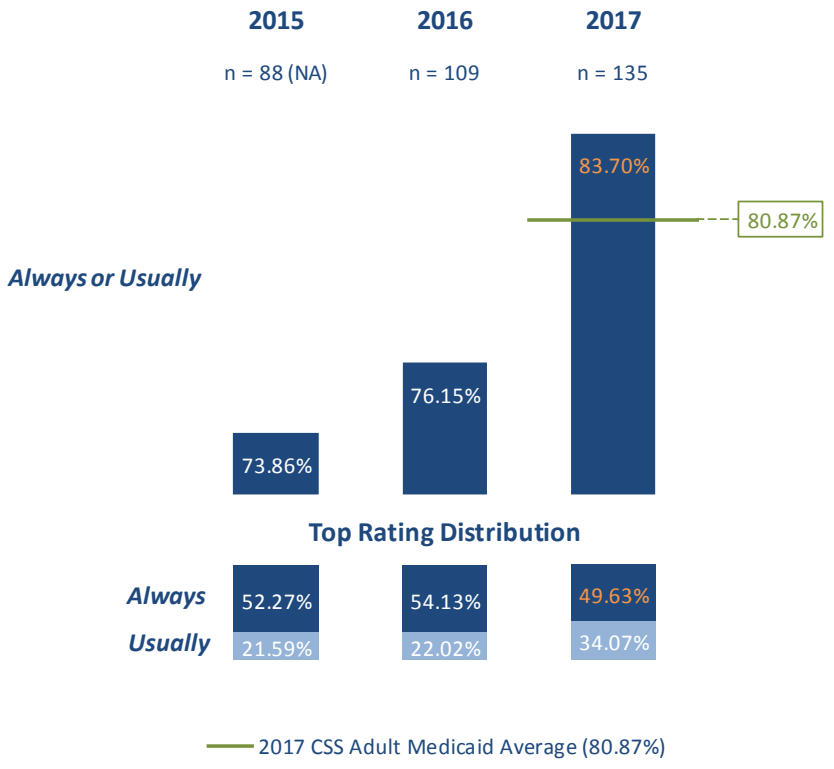
Getting Needed Care (Contributing Items)

Percent Responding Always or Usually

Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?



Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?



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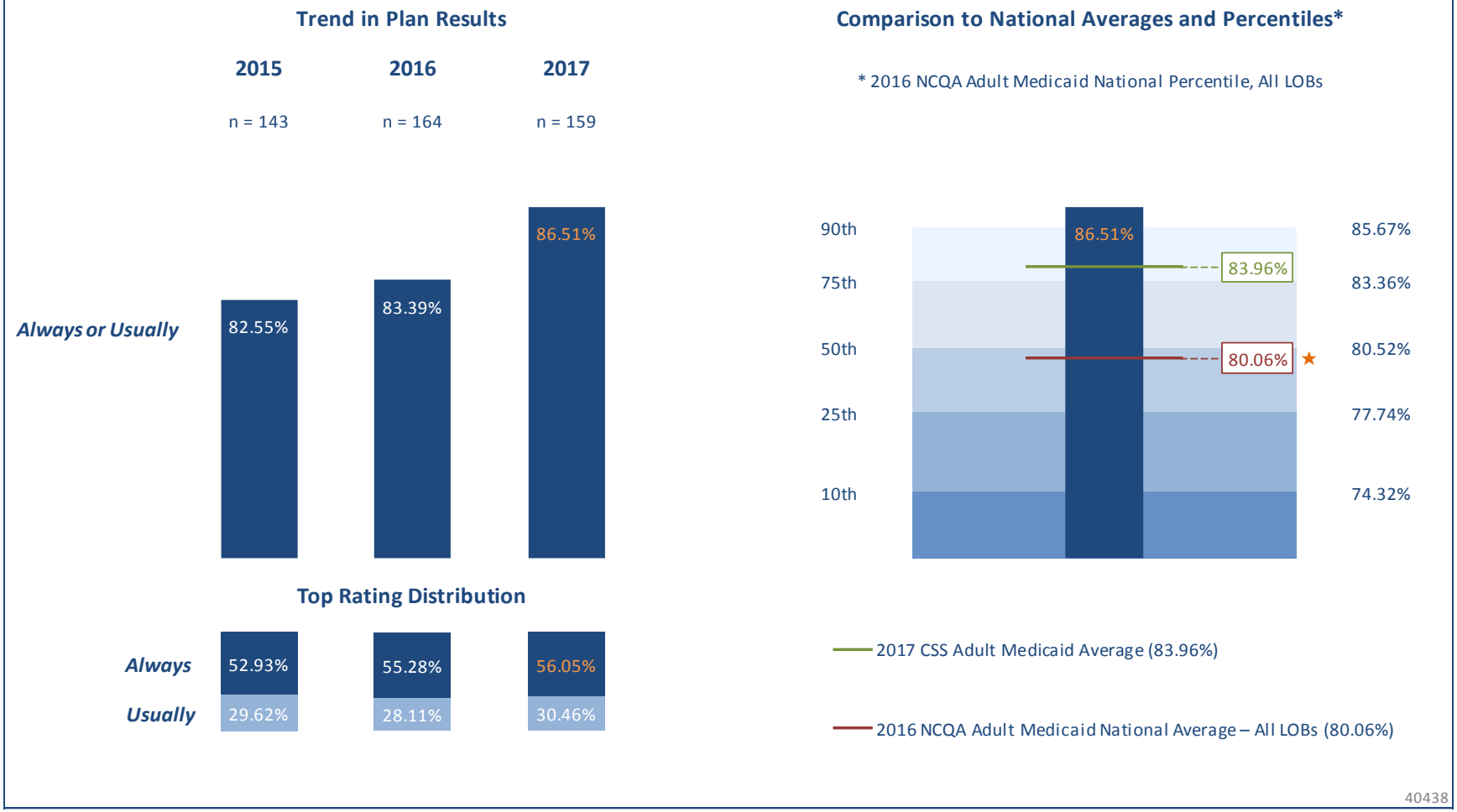
Getting Care Quickly (Composite)

Percent Responding Always or Usually



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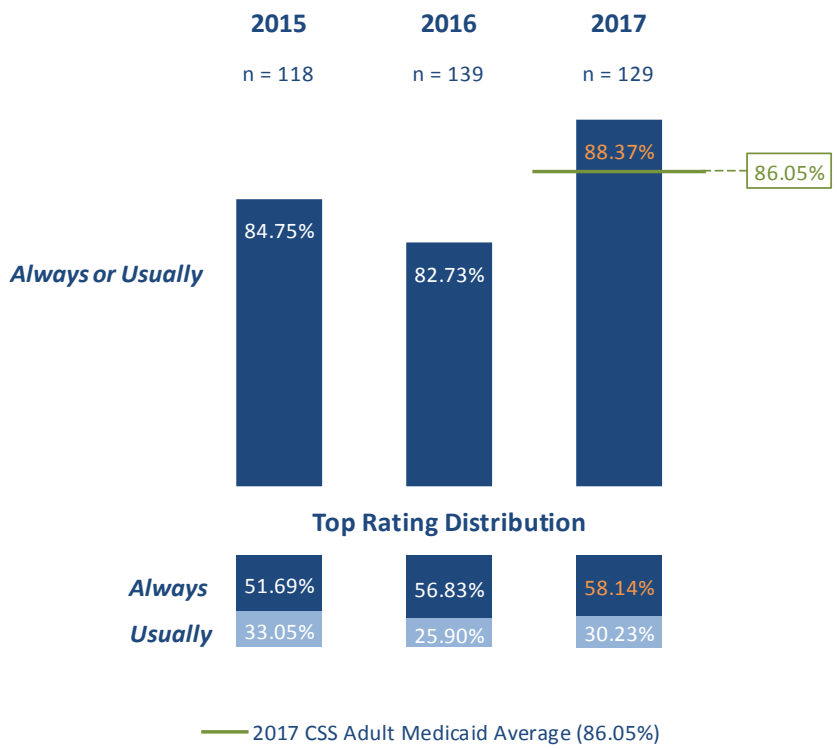
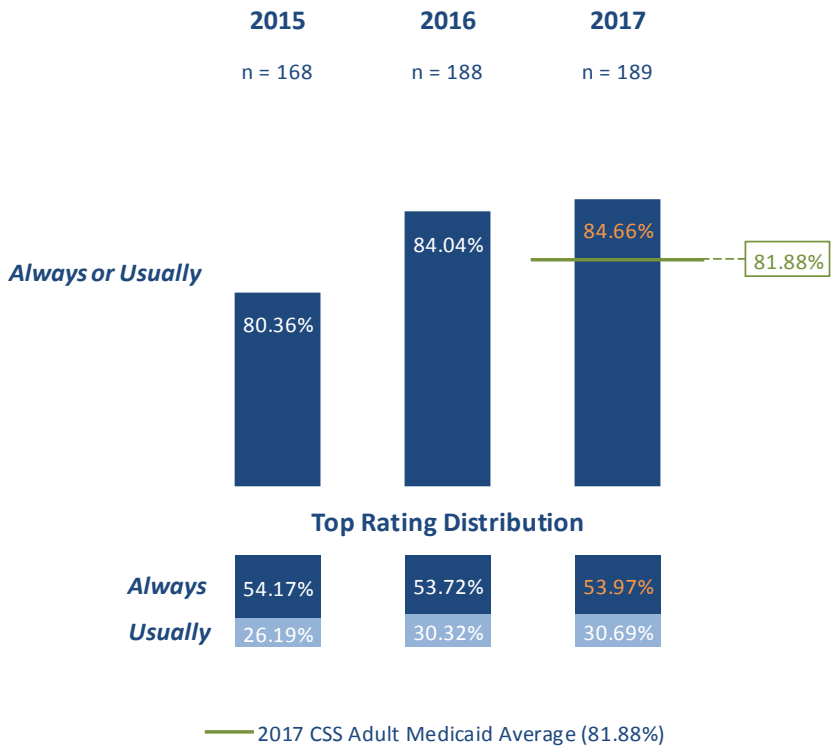
Getting Care Quickly (Contributing Items)

Percent Responding Always or Usually

Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?



Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?



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How Well Doctors Communicate (Composite)

Percent Responding Always or Usually

Trend in Plan Results

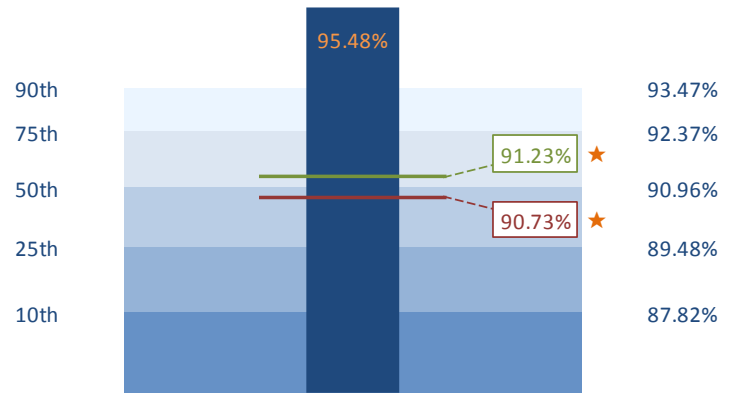
	2015	2016	2017
	n = 142	n = 165	n = 183
Always or Usually	92.42%	90.58%	95.48%

Top Rating Distribution

	2015	2016	2017
Always	72.67%	73.10%	79.61%
Usually	19.75%	17.48%	15.87%

Comparison to National Averages and Percentiles*

* 2016 NCQA Adult Medicaid National Percentile, All LOBs



2017 CSS Adult Medicaid Average (91.23%)

2016 NCQA Adult Medicaid National Average – All LOBs (90.73%)

40438

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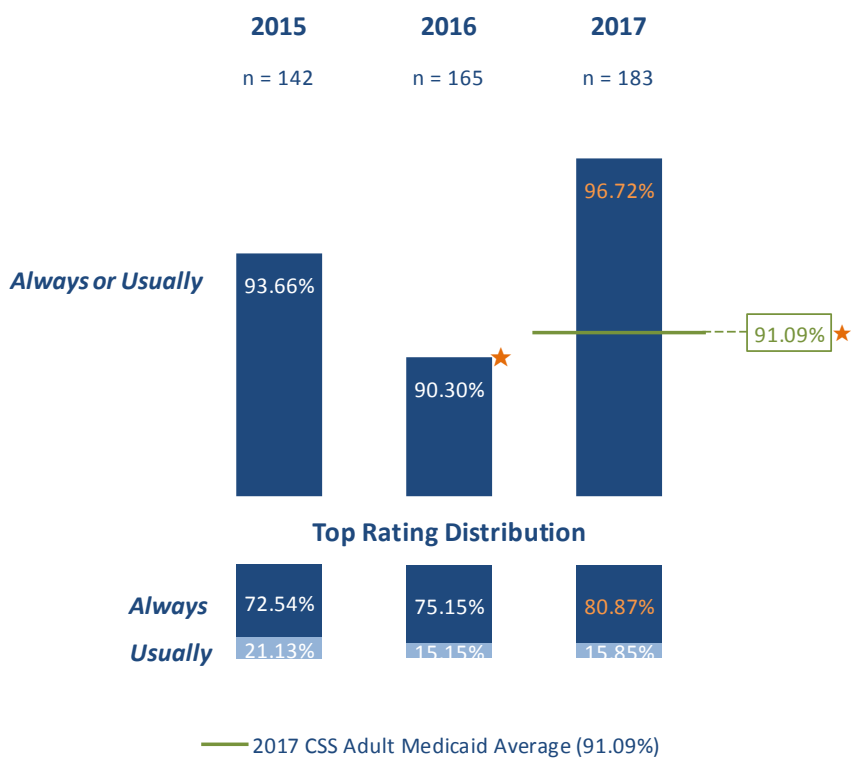
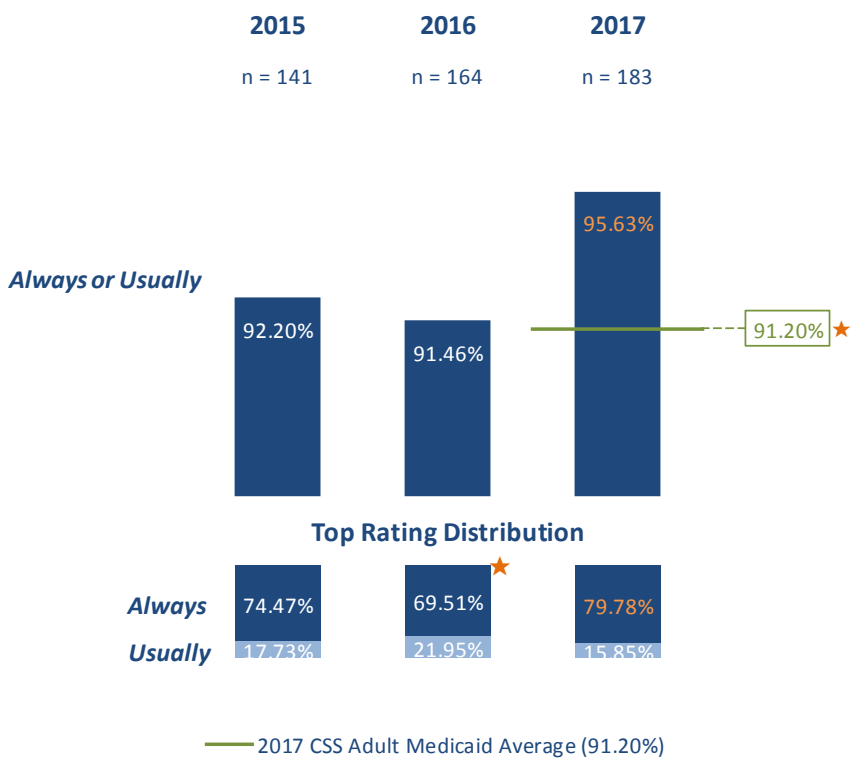
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?



Q18. In the last 6 months, how often did your personal doctor listen carefully to you?



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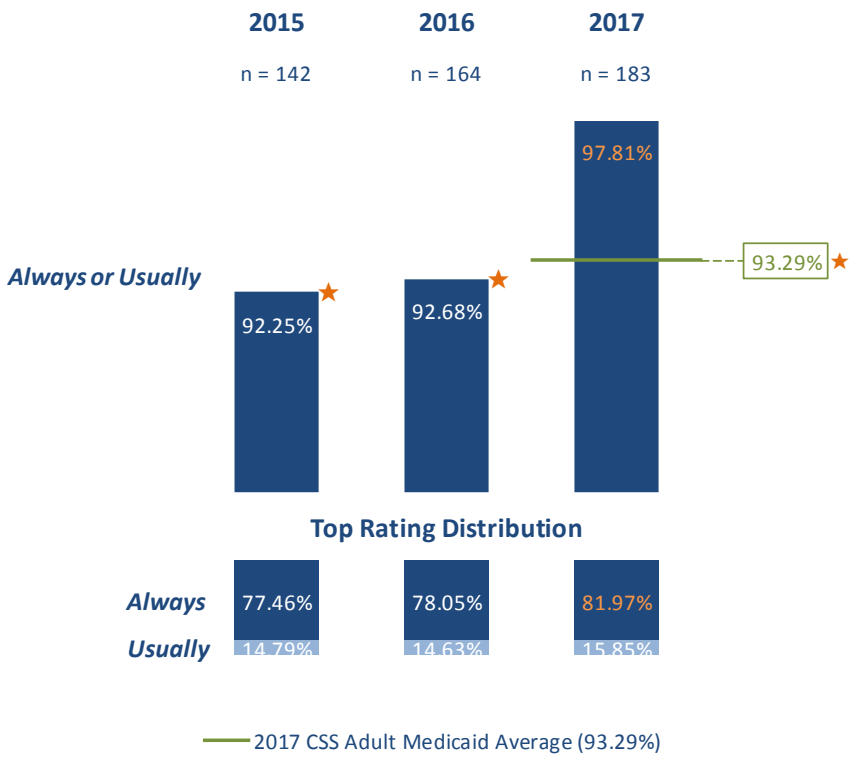
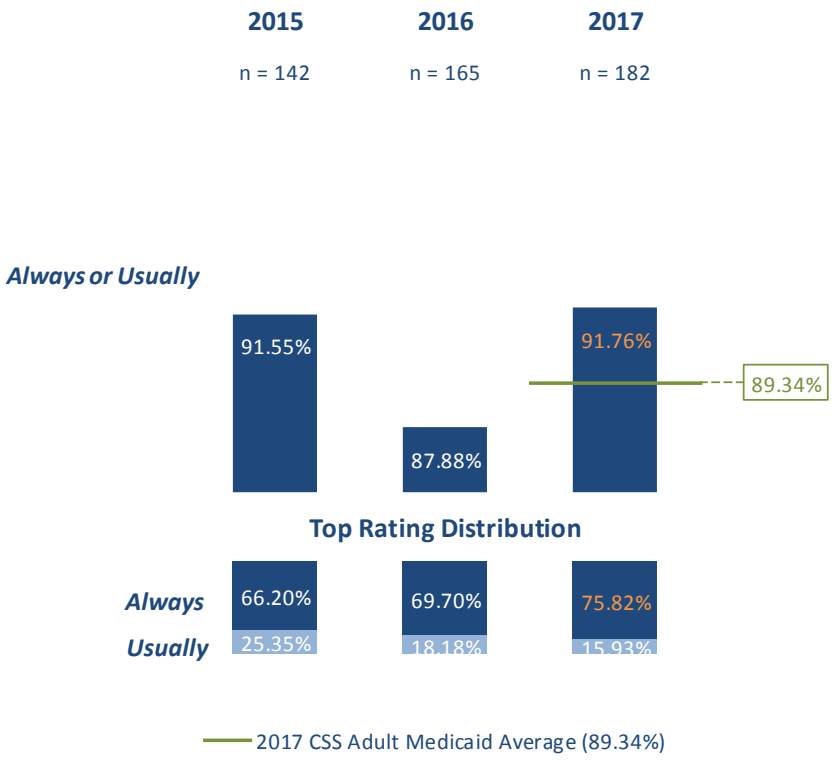
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q19. In the last 6 months, how often did your personal doctor show respect for what you had to say?



Q20. In the last 6 months, how often did your personal doctor spend enough time with you?



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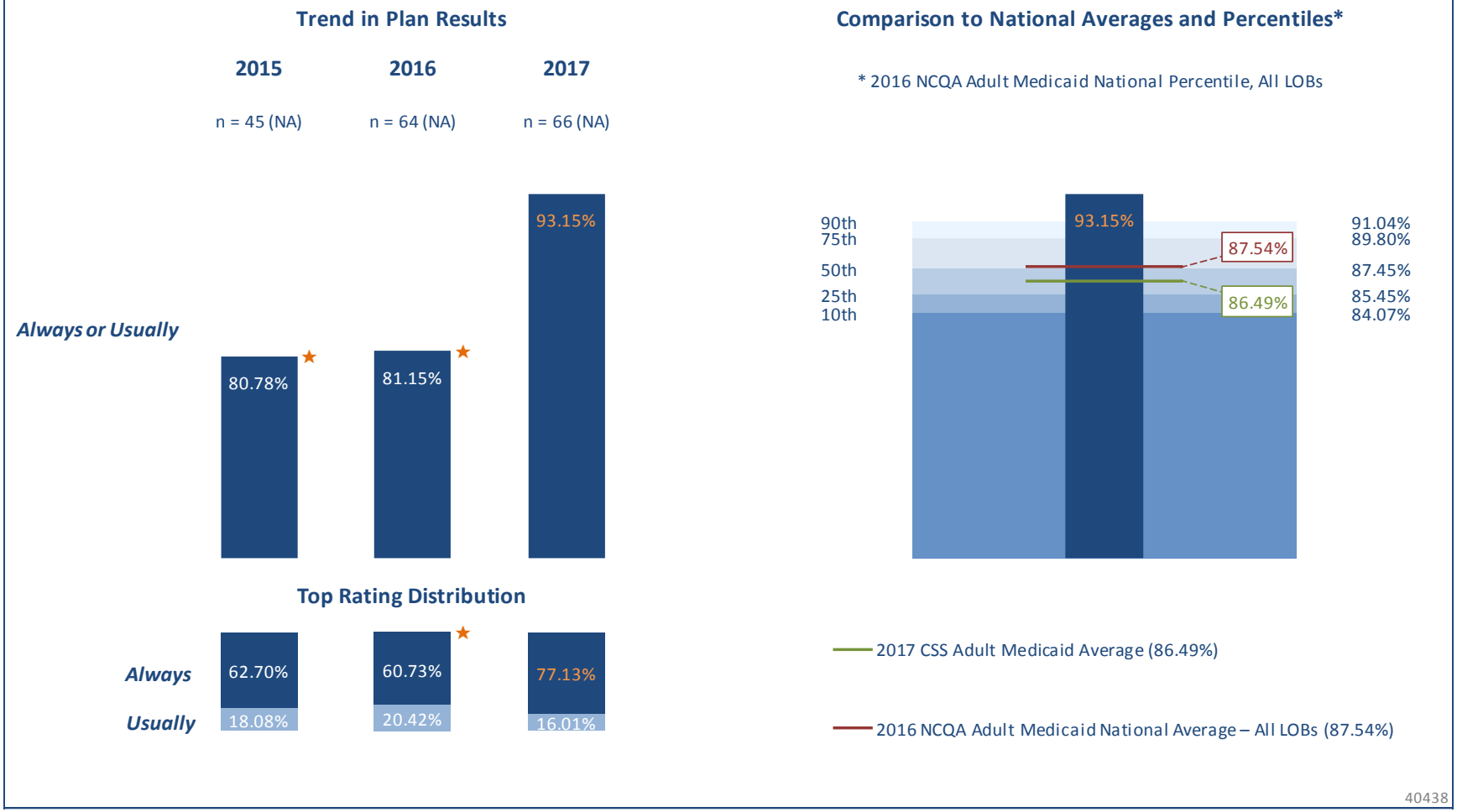
Customer Service (Composite)

Percent Responding Always or Usually



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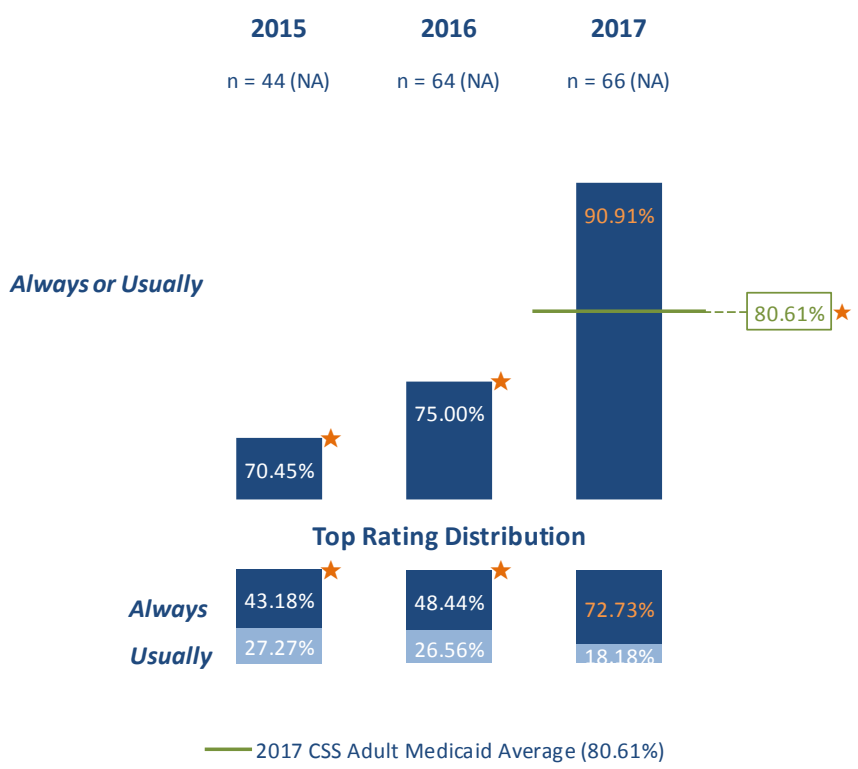
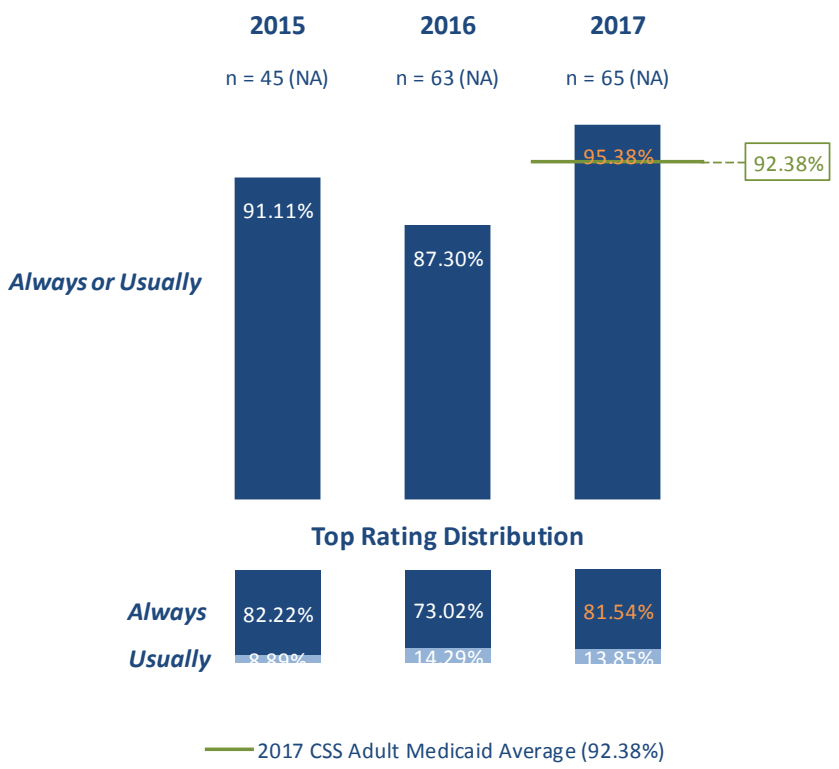
Customer Service (Contributing Items)

Percent Responding Always or Usually

Q31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?



Q32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?



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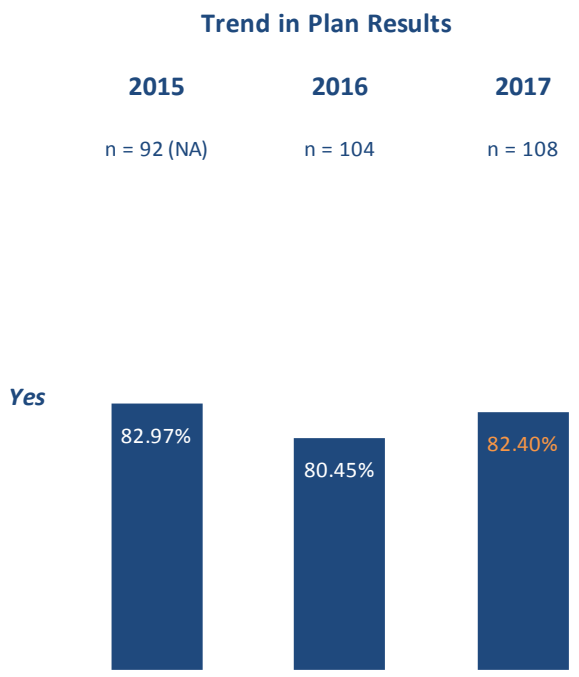
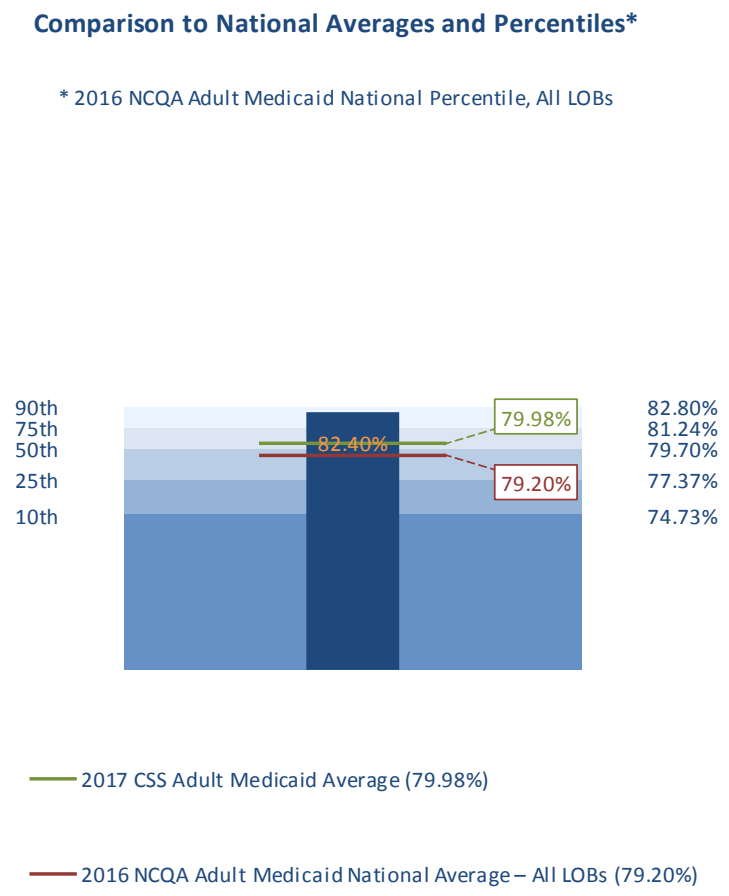
Shared Decision Making (Composite)

Percent Responding Yes





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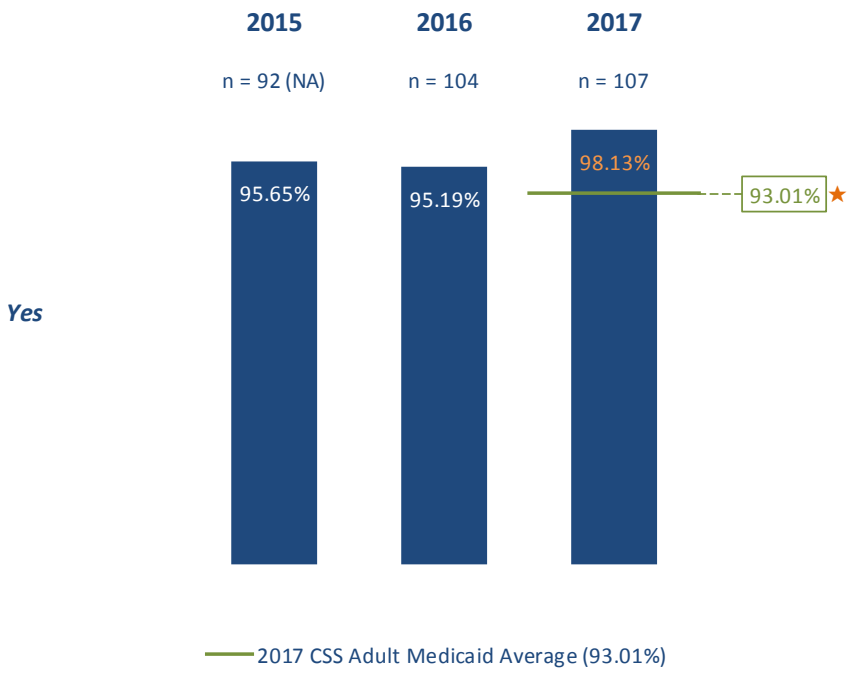
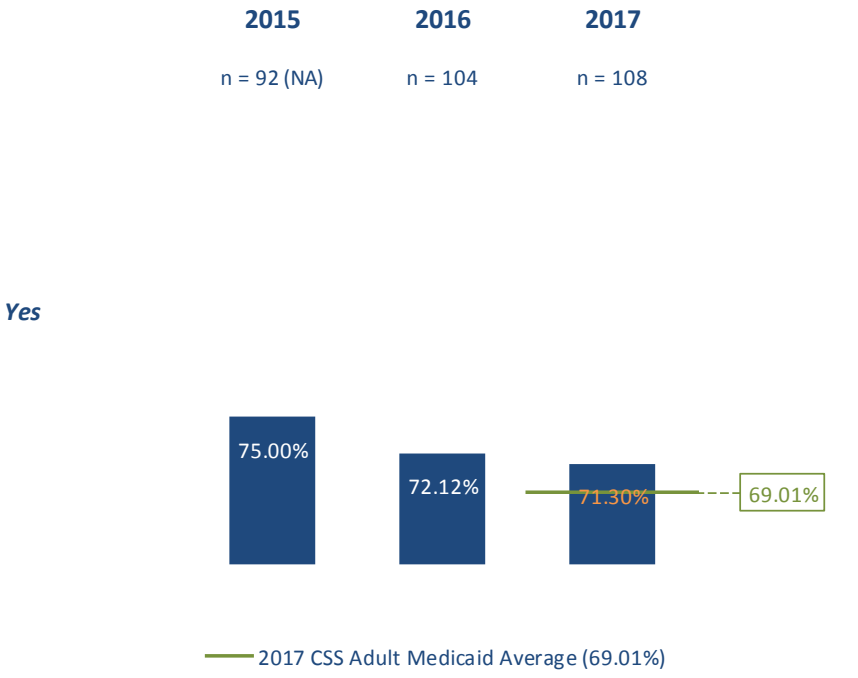
Shared Decision Making (Contributing Items)

Percent Responding Yes

Q10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?



Q11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?



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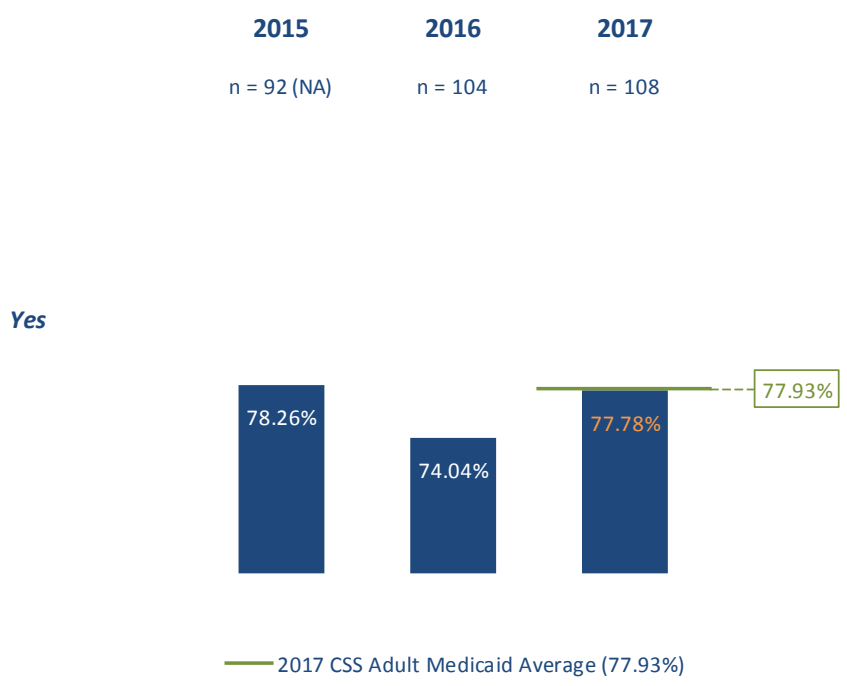
Shared Decision Making (Contributing Items)

Percent Responding Yes

Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?



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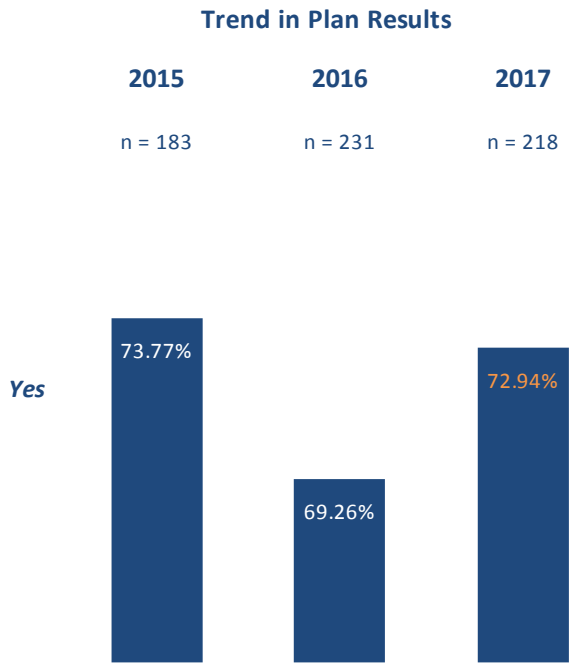
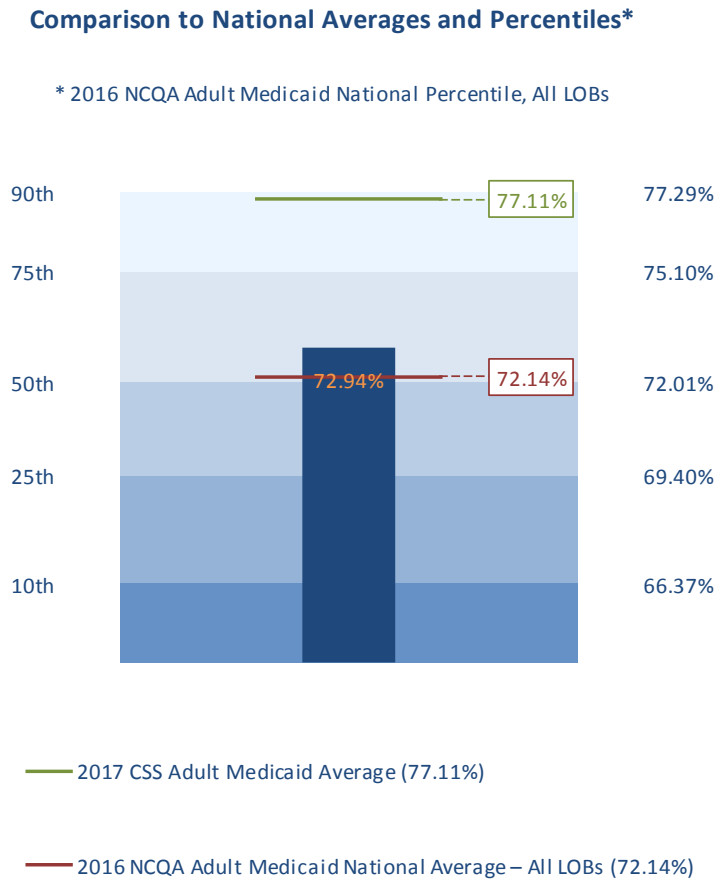
Health Promotion and Education (Single Item)

Percent Responding Yes





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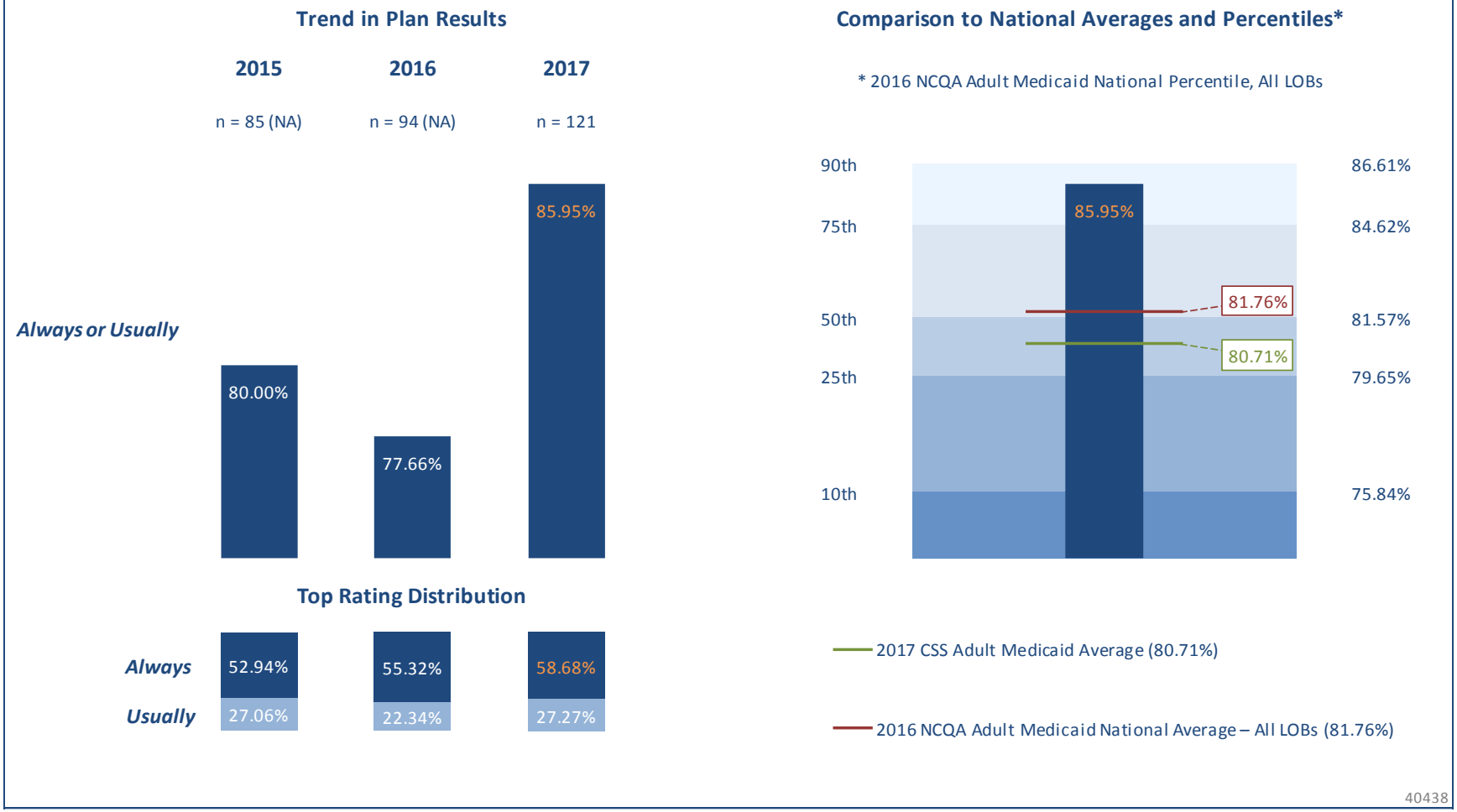
Coordination of Care (Single Item)

Percent Responding Always or Usually



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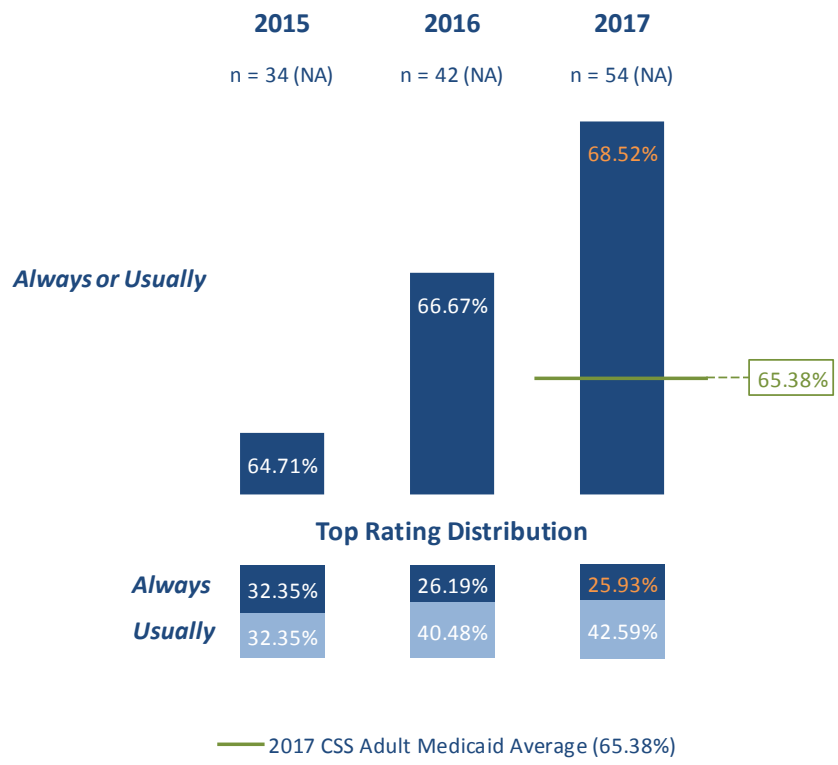
Written Materials and the Internet Provided Needed Information (Single Item)

Percent Responding Always or Usually

Q29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?



40438

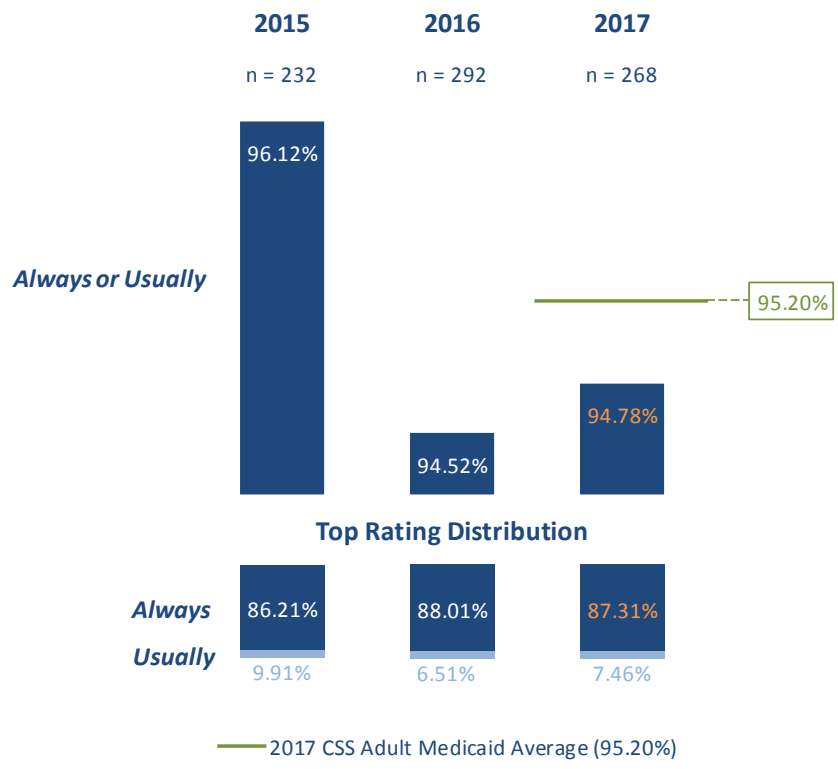
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

Forms from Plan Were Easy to Fill Out (Single Item)

Percent Responding Always or Usually

Q34. In the last 6 months, how often were the forms from your health plan easy to fill out? (Note: Following NCQA guidelines, respondents who did not have to fill out any forms from the health plan are counted as answering "Always".)



40438

Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between the plan's **current-year rate** and a comparison rate (the plan's prior-year, national, or, if applicable, regional rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 100, "NA" is displayed next to the value of n, indicating that the rate is not reportable by NCQA. CSS calculates and reports the rate for reference only. If the plan did not collect survey data in a given year or the measure is not trendable, "No data" appears in place of n.

EFFECTIVENESS OF CARE DOMAIN

The *Effectiveness of Care* domain for the Medicaid product line includes the following measures: *Flu Vaccinations for Adults Ages 18–64 (FVA)*, *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)*, and *Aspirin Use and Discussion (ASP)*[1]. The *MSC* and *ASP* measures are based on two years of data collection and are calculated using the NCQA rolling average methodology. The *FVA* measure is a single-year rate. A brief description of each measure, as it appears in *HEDIS 2017, Volume 3: Specifications for Survey Measures, Section 2: Effectiveness of Care*, is reproduced below. Please refer to *Volume 3* for additional information on the measures, including rolling average calculation methodology and NCQA reporting rules.

MEASURES

FLU VACCINATIONS FOR ADULTS AGES 18–64 (FVA)

NCQA introduced this measure for the Medicaid product line in 2014. Unlike the other *Effectiveness of Care* measures, which are based on two years of data collection and are calculated using the NCQA rolling average methodology, the *FVA* measure is a single-year rate. Results are calculated only for those respondents between the ages of 18 and 64 as of July 1 of the measurement year as identified by the plan.

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (MSC)

The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:

- *Advising Smokers and Tobacco Users to Quit* – a rolling average rate represents the percentage of current smokers or tobacco users who received advice to quit during the measurement year.
- *Discussing Cessation Medications* – a rolling average rate represents the percentage of current smokers or tobacco users who discussed or were recommended cessation medications during the measurement year.
- *Discussing Cessation Strategies* – a rolling average rate represents the percentage of current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.

[1] NCQA retired the *Aspirin Use and Discussion (ASP)* measure due to misalignment with updated recommendations from the United States Preventive Services Task Force (USPSTF). Because this change was made after the release of the *HEDIS Volume 3: 2017 Specifications for Survey Measures*, the *ASP* questions were included in the surveys. The *ASP* measure results were not submitted to NCQA and are included in this report for reference only.

ASPIRIN USE AND DISCUSSION (ASP)

NCQA retired *Aspirin Use and Discussion (ASP)* in January of 2017 due to misalignment with updated recommendations from the United States Preventive Services Task Force (USPSTF). Because this change was made after the release of the *HEDIS Volume 3: 2017 Specifications for Survey Measures*, the *ASP* questions were included in the surveys. The *ASP* measure results were not submitted to NCQA and are included in this report for reference only.

The following components of this measure assess different facets of managing aspirin use for the primary prevention of cardiovascular disease:

- *Aspirin Use* – a rolling average rate represents the percentage of members who are currently taking aspirin.
- *Discussing Aspirin Risks and Benefits* – a rolling average rate represents the percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider.

CALCULATION AND REPORTING OF RESULTS

The rolling average method, employed by NCQA for the *ASP* and *MSC* measures, allows a health plan to combine two consecutive years of data collection to obtain a denominator sufficient to calculate results for a measure. Rolling average results are calculated using data reported for the current year and, when available, data reported for the prior year. NCQA calculates and reports the *ASP* and *MSC* rates according to the following rules:

- For a health plan with two consecutive years of reported data, the rate is calculated if the rolling average denominator is 100 or more. If the rolling average denominator is less than 100, NCQA reports the measure result as “NA”.
- If the plan that did not report results in the prior year but reports results for the current year, the rate is calculated if the current-year denominator is 100 or more. If the current year denominator is less than 100, NCQA reports the measure result as “NA”.

A health plan that does not report an *Effectiveness of Care* result for the current year gets assigned a result of “NR” by NCQA. Note that as with all other measures, CSS reports the plan’s *Effectiveness of Care* rates regardless of whether the plan reports them to NCQA or whether it achieves the minimum denominator of 100 valid responses required for NCQA reporting. Any result shown in this report that does not meet the NCQA reporting criteria is denoted with “NA”.

EFFECTIVENESS OF CARE RESULTS

Exhibit 3 provides a summary of the *Effectiveness of Care* results for ABH West Virginia HMO. Comparisons to the plan’s prior-year rates (if available) as well as to the 2017 CSS Adult Medicaid Average rates with statistical significance tests are included.

EXHIBIT 3. 2017 ABH WEST VIRGINIA HMO ADULT MEDICAID CAHPS SURVEY: EFFECTIVENESS OF CARE RESULTS

Effectiveness of Care Measures* Measures marked [NPR] are not publicly reportable by NCQA	2017 Plan Rate	Difference** between 2017 Plan Rate and...	
		2016 Plan Rate	2017 CSS Adult Medicaid Average
Flu Vaccinations for Adults (FVA)			
Flu Vaccinations for Adults	41.24%	8.98% ▲	3.44%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)			
Advising Smokers and Tobacco Users to Quit	73.50%	5.84%	-2.93%
Discussing Cessation Medications	40.43%	8.09% ▲	-7.97% ▼
Discussing Cessation Strategies	42.25%	10.30% ▲	-0.55%
Discussing Aspirin Risks and Benefits (ASP)			
Aspirin Use [NPR] NA	37.14%	20.48%	-0.64%
Discussing Aspirin Risks and Benefits [NPR] NA	43.48%	3.48%	1.26%

40438

* *Effectiveness of Care* results were calculated by CSS following NCQA specifications. Rates for the MSC and ASP measures were calculated using NCQA's rolling average methodology. The FVA rate is based on current-year results only. Results are presented regardless of whether the plan is reporting the measure(s) to NCQA or meets the minimum reporting threshold of 100 valid responses.
NA appears next to the measure name and a lighter display is used for results to indicate that the measure does not meet the NCQA minimum denominator threshold. CSS provides unofficial *Effectiveness of Care* results for reference only.

** Comparisons to prior-year results and relevant benchmark scores are reported regardless of whether the rate meets the minimum denominator threshold for NCQA reporting (n=100). All differences in rates are calculated prior to rounding and are rounded for display purposes only. All statistical tests are conducted at the 95% confidence level. Statistically significant differences between the plan and the relevant comparison score are marked as ▲ when the plan's score is higher or ▼ when the plan's score is lower.

ANALYSIS OF MEMBER CHARACTERISTICS

This section of the report presents a detailed profile of the health plan's membership. In addition to member demographics and health status, responses to survey items that assess utilization of healthcare services are included.

Each plan's membership mix is shaped by multiple factors, most of which are beyond the scope of this survey. These include benefit design, geography, availability of health plan choices, and member self-selection into products that best meet their needs. CSS's analysis of industry data suggests that there is considerable variation in demographic makeup and member utilization patterns across plans. To the extent that various member segments have distinct healthcare needs, utilization patterns, expectations, experiences, as well as attitudes and perceptions, their ratings of the *same* health plan will likely differ.

Certain member characteristics (e.g., health status) appear to be directly related to differences in healthcare needs and utilization levels. For example, some plans have predominantly healthy members, whose interactions with care providers and the plan tend to be limited. By contrast, other plans serve populations with higher rates of illness. These members tend to have more frequent encounters with the healthcare system and as a result may become more experienced users of health plans. The ways in which members use the plan, the frequency of their interactions with providers and staff, and their overall level of familiarity with how the plan works may affect ratings.

In addition to health care needs and utilization patterns, demographic characteristics have been shown to have an effect on survey responses. For example, all else being equal, older respondents and members of certain ethnic groups (e.g., Hispanic or Latino respondents) tend to rate their health care providers and plans more positively. By contrast, more educated members rate more critically, regardless of age or ethnicity.

While the interplay between these membership variables (often referred to as the plan's "case mix") and health plan ratings is complex, health plan ratings clearly vary across demographic groups and user segments. Understanding the plan's case mix can help managers to gain insight into possible sources of this variation.

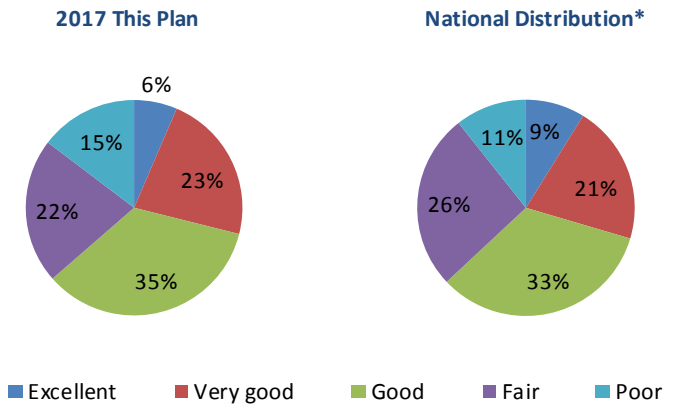
The charts on the following pages compare your plan's membership profile to the relevant national distribution on demographic characteristics and utilization patterns. The pie charts in the upper half of each panel contrast the distribution of the ABH West Virginia HMO membership on a given variable (e.g., gender, education level, number of doctor visits, etc.) with the national distribution on the same variable. The bar chart in the lower half of each panel shows how the overall rating of the plan varies by member segment.

HEALTH STATUS AND DEMOGRAPHICS

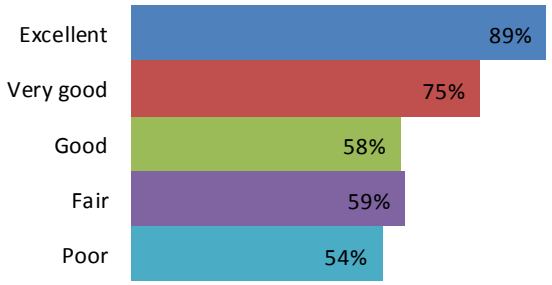
The following characteristics are profiled in this section:

- Respondent's self-reported health status
- Respondent's self-reported mental or emotional health status
- Respondent's age
- Respondent's gender
- Respondent's education level
- Respondent's race
- Respondent's ethnicity (Hispanic or Latino)

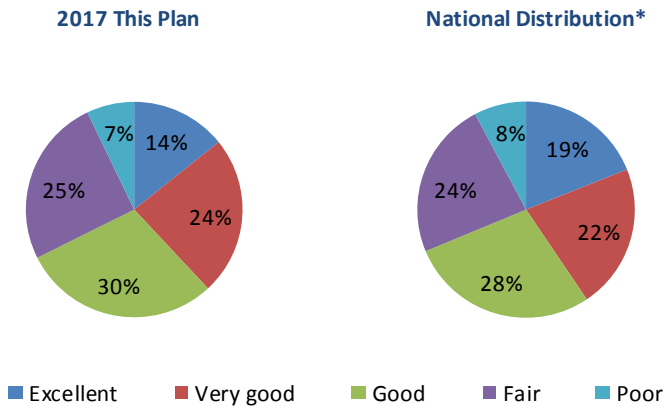
Q36. In general, how would you rate your overall health?



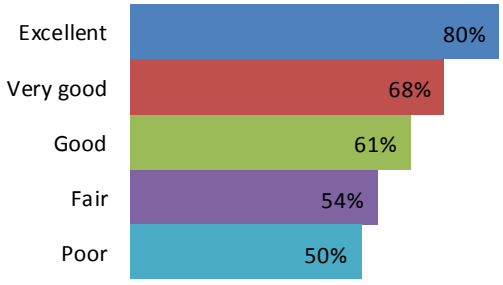
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q36**



Q37. In general, how would you rate your overall mental or emotional health?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q37**



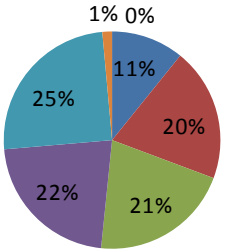
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40438

* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Adult Medicaid Average.

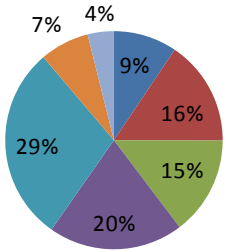
** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35 or if no one rated the plan as 8, 9, or 10.

Q52. What is your age?

2017 This Plan

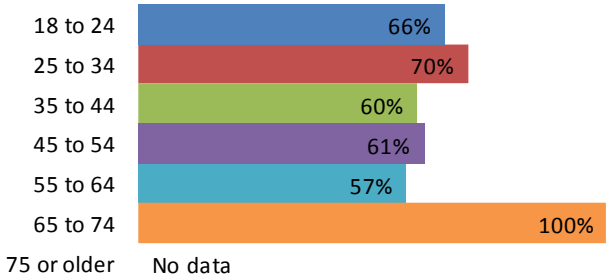


National Distribution*



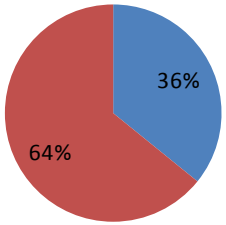
18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 to 74 | 75 or older

Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q52**

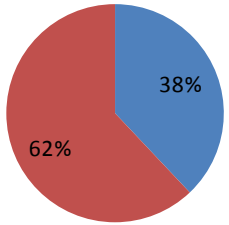


Q53. Are you male or female?

2017 This Plan



National Distribution*



Male | Female

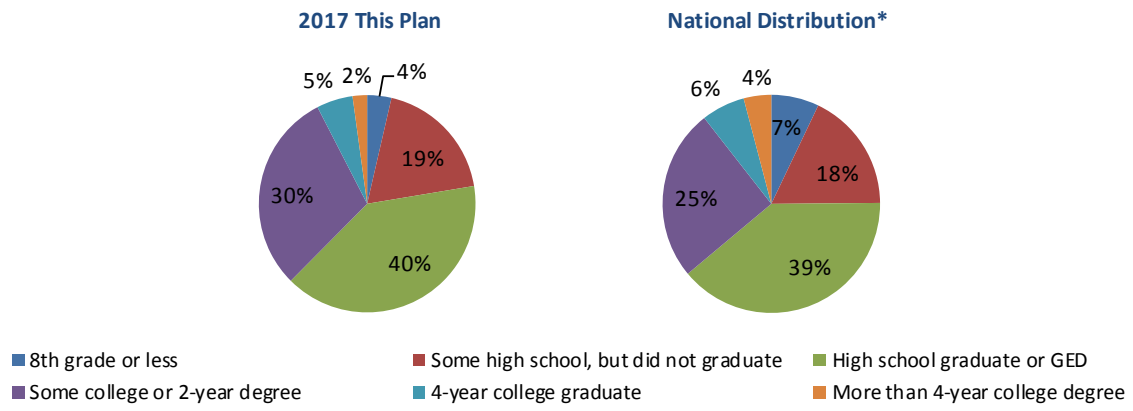
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q53**

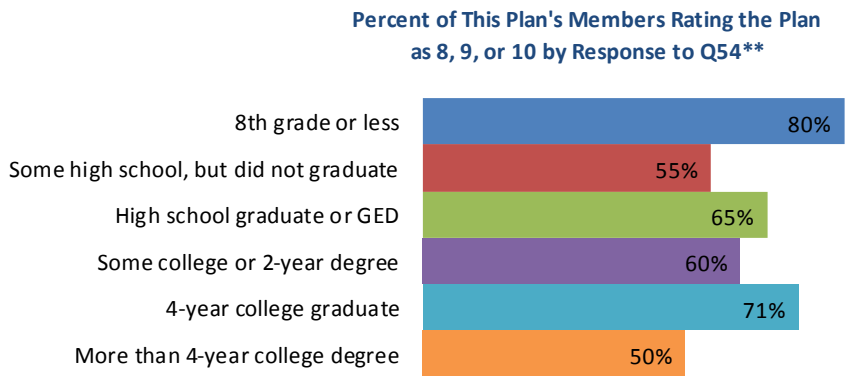
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40438

* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Adult Medicaid Average.

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35 or if no one rated the plan as 8, 9, or 10.

Q54. What is the highest grade or level of school that you have completed?





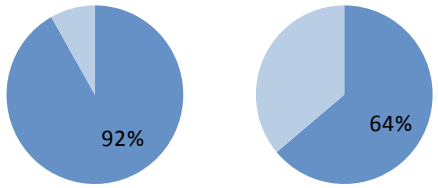
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40438

* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Adult Medicaid Average.

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35 or if no one rated the plan as 8, 9, or 10.

Q56. What is your race? Mark one or more.

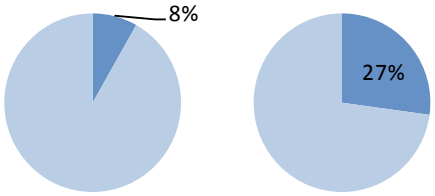
% White



Percent of White Members Rating the Plan as 8, 9, or 10** 62%

Q56. What is your race? Mark one or more.

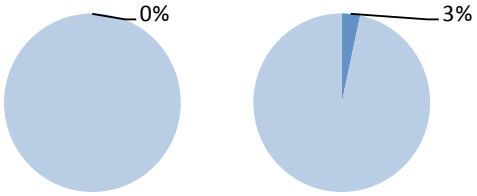
% Black or African-American



Percent of Black or African-American Members Rating the Plan as 8, 9, or 10** 73%

Q56. What is your race? Mark one or more.

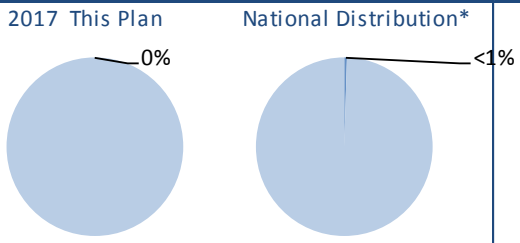
% Asian



Percent of Asian Members Rating the Plan as 8, 9, or 10** No data

Q56. What is your race? Mark one or more.

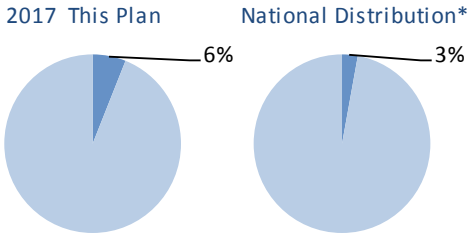
% Native Hawaiian or other Pacific Islander



Percent of Native Hawaiian or other Pacific Islander Members Rating the Plan as 8, 9, or 10** No data

Q56. What is your race? Mark one or more.

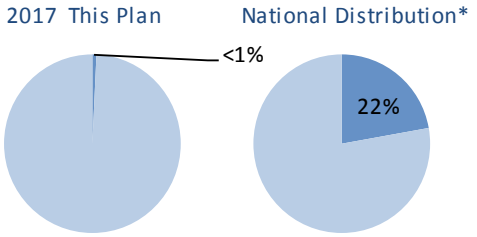
% American Indian or Alaska Native



Percent of American Indian or Alaska Native Members Rating the Plan as 8, 9, or 10** 65%

Q55. Are you of Hispanic or Latino origin or descent?

% Yes, Hispanic or Latino



Percent of Yes, Hispanic or Latino Members Rating the Plan as 8, 9, or 10** 50%

Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40438

* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Adult Medicaid Average.

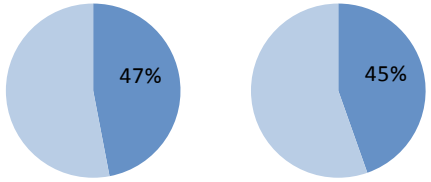
** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35 or if no one rated the plan as 8, 9, or 10.

USE OF SERVICES

The following utilization measures are included in this section:

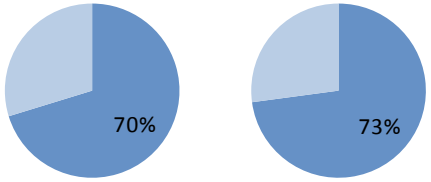
- Seeking urgent care
- Making appointments for routine care
- Discussing prescription medications with doctor
- Having a personal doctor
- Receiving care from a provider other than personal doctor
- Making an appointment to see a specialist
- Number of visits to a doctor's office or clinic
- Number of specialists seen
- Seeing a doctor or other health provider for a chronic condition
- Taking prescription medications

Q3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office? (% Yes)



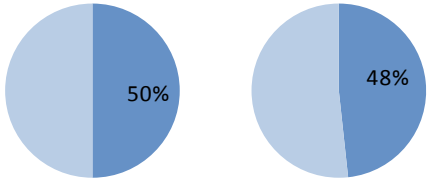
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Q3 (Yes/No)**

Q5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic? (% Yes)



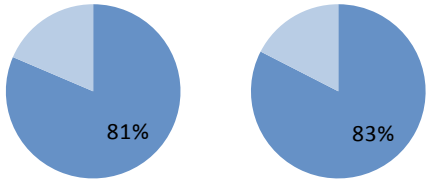
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Q5 (Yes/No)**

Q9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine? (% Yes)

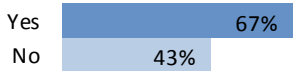


Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Q9 (Yes/No)**

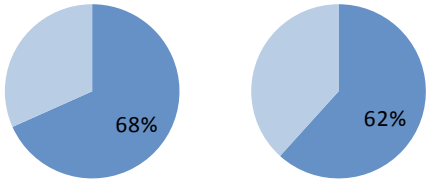
Q15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? (% Yes)



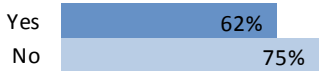
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Q15 (Yes/No)**



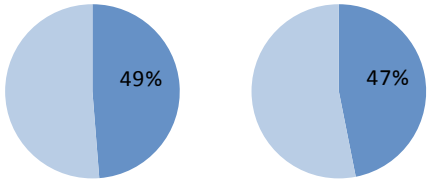
Q21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? (% Yes)



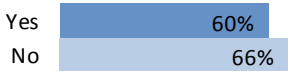
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Q21 (Yes/No)**



Q24. In the last 6 months, did you make any appointments to see a specialist? (% Yes)



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Q24 (Yes/No)**

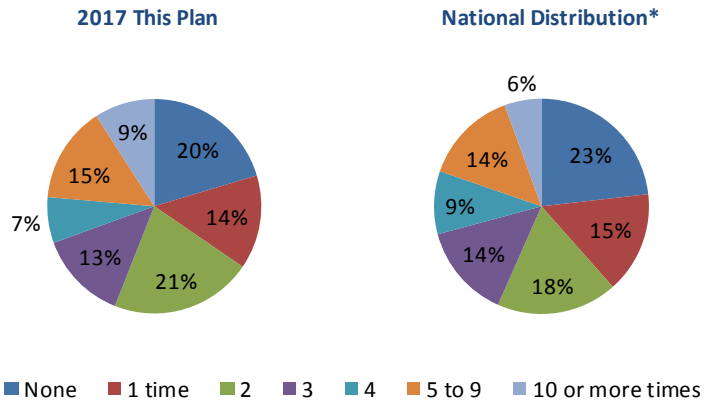


Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40438

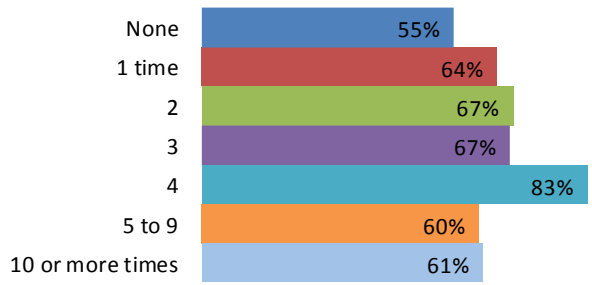
* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Adult Medicaid Average.

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35 or if no one rated the plan as 8, 9, or 10.

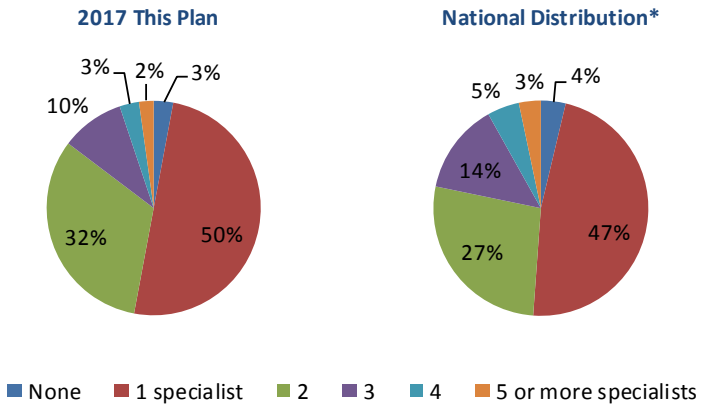
Q7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?



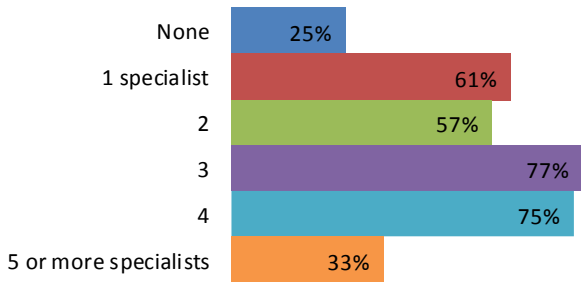
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q7**



Q26. How many specialists have you seen in the last 6 months? (Note: the question applies only to those respondents who had appointments with specialists.)



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q26**

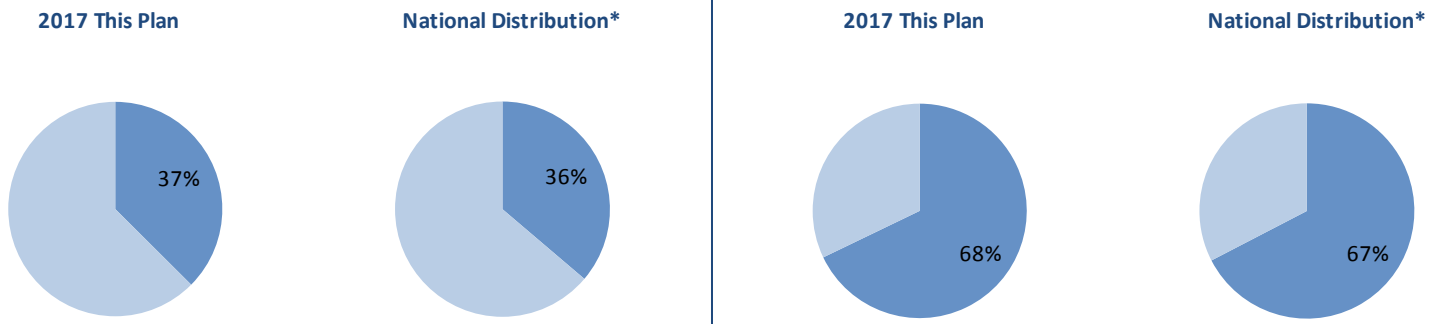


Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40438

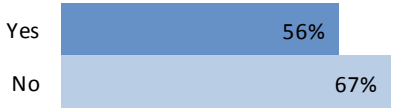
* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Adult Medicaid Average.

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35 or if no one rated the plan as 8, 9, or 10.

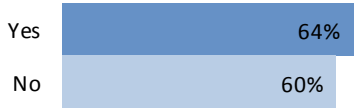
Q48. In the last 6 months, did you get health care 3 or more times for the same condition or problem? (% Yes)	Q50. Do you now need or take medicine prescribed by a doctor? Do not include birth control. (% Yes)



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q48 (Yes/No)**



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q50 (Yes/No)**



Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 40438

* Represents the combined distribution of responses to this question for all plans included in the 2017 CSS Adult Medicaid Average.

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35 or if no one rated the plan as 8, 9, or 10.

SCORING FOR NCQA ACCREDITATION

In order to be used for HEDIS reporting and NCQA Accreditation, HEDIS/CAHPS survey results must be calculated by NCQA. All of the results reported in this section should be used only as guidelines for estimating the plan's Accreditation score.

CALCULATION OF MEAN SCORES

This section outlines how NCQA assigns points toward Accreditation earned by the plan based on its CAHPS survey results. Mean scores provide the basis for calculating Accreditation points. For more information, please refer to the following documents: *HEDIS 2017, Volume 3: Specifications for Survey Measures* and *NCQA 2017 Accreditation Benchmarks and Thresholds* (released in March of 2017). Note that NCQA usually releases final benchmarks and thresholds in its *Accreditation Benchmarks and Thresholds – Mid-Year Update* memo in early August.

As the first step in the mean scoring procedure, all of the original responses are converted to a 3-point scale at the respondent level as follows (note: missing, invalid, and "Don't know" responses are excluded):

Measure Used in Accreditation Scoring	Mean Scoring Scale Based on Responses
Composites and related items; *Coordination of Care*	*Never* or *Sometimes* = 1; *Usually* = 2; *Always* = 3
Ratings	*0* to *6* = 1; *7* or *8* = 2; *9* or *10* = 3

Next, for each rating question, single-item measure (e.g., *Coordination of Care*), and survey item contributing to a composite, the mean of these recoded score values is computed across all valid responses. For composite measures, the mean of the question means is computed to arrive at the composite mean (note: each question in a composite is weighted equally, regardless of how many members respond). An example of this calculation is illustrated in the Appendix.

NCQA determines the Accreditation points contributed by each CAHPS survey measure by first comparing the plan's mean score on the measure with a national 90th percentile "benchmark" and with national thresholds (the 75th, 50th and 25th percentiles). The plan's percentile on each measure is then translated into a point value component of the Accreditation score. A health plan's CAHPS survey results can contribute up to 13 points towards the plan's total NCQA Accreditation score. CSS does not calculate the CAHPS component of the plan's Accreditation score.

The *Coordination of Care* measure was added to Accreditation scoring in 2016. If available, the plan's 2015 mean score on this measure is reported in the next section. Note, however, that NCQA introduced the national benchmark and thresholds for *Coordination of Care* only in 2016.

The *How Well Doctors Communicate* composite measure was retired from Accreditation scoring in 2015. However, NCQA continues to provide the national benchmark and thresholds for this measure, and health plans may find their scores on this composite informative. This report includes your plan's score trend on *How Well Doctors Communicate* for reference.

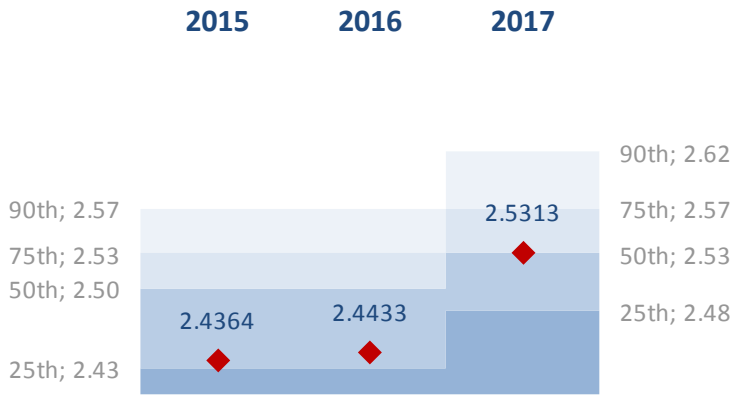
THREE-YEAR TREND IN ACCREDITATION MEANS

The charts on the following pages show the trend in the plan's mean scores over time, where applicable and/or available. Since these scores are used exclusively for Accreditation scoring, the reported means are limited to the measures that are scored for NCQA Accreditation and meet the NCQA minimum denominator threshold of 100 valid responses. The charts have the following features:

- The 2017 NCQA Accreditation percentile is provided at the top of each chart. Note that this percentile value is based on the plan's mean score and may not necessarily correspond to its performance percentile shown in the *Detailed Results Charts*.
- The plan's Accreditation mean scores are plotted in relation to the NCQA Accreditation percentile thresholds.
- If the number of responses is less than 100, "NA" appears next to the year label, indicating that the result is not reportable by NCQA. In such cases the result is not displayed.

Rating of Personal Doctor

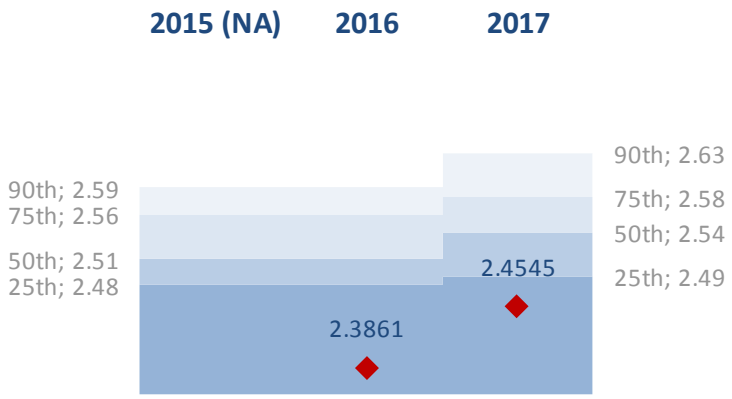
2017 NCQA Accreditation Percentile: 50th



Note: The Accreditation thresholds for this measure changed in 2017.

Rating of Specialist Seen Most Often

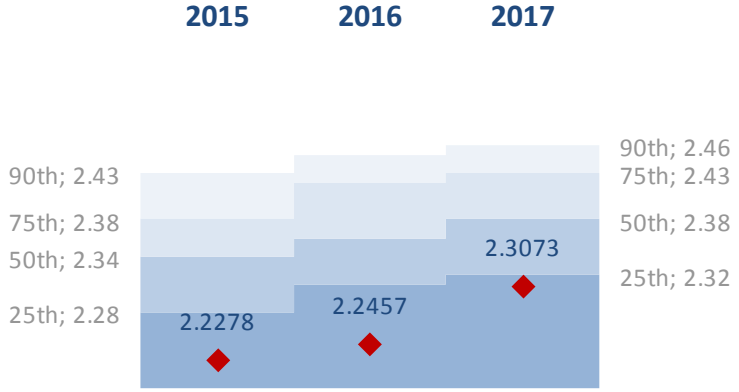
2017 NCQA Accreditation Percentile: below 25th



Note: The Accreditation thresholds for this measure changed in 2017.

Rating of All Health Care

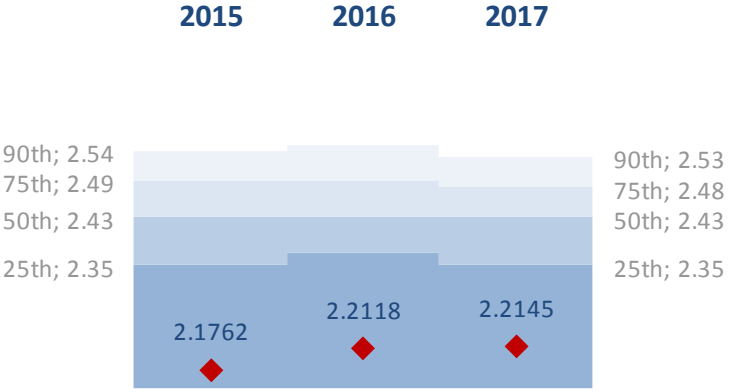
2017 NCQA Accreditation Percentile: below 25th



Note: The Accreditation thresholds for this measure changed in 2016 and 2017.

Rating of Health Plan

2017 NCQA Accreditation Percentile: below 25th



Note: The Accreditation thresholds for this measure changed in 2016 and 2017.

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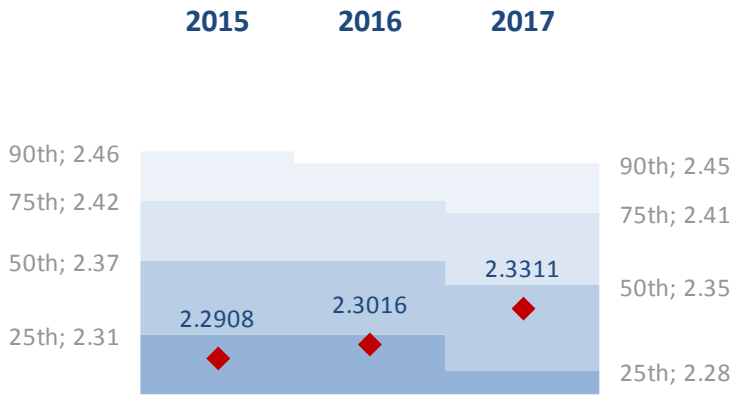
"(NA)" indicates that the score is not reportable by NCQA because fewer than 100 responses were collected for the measure.

Getting Needed Care

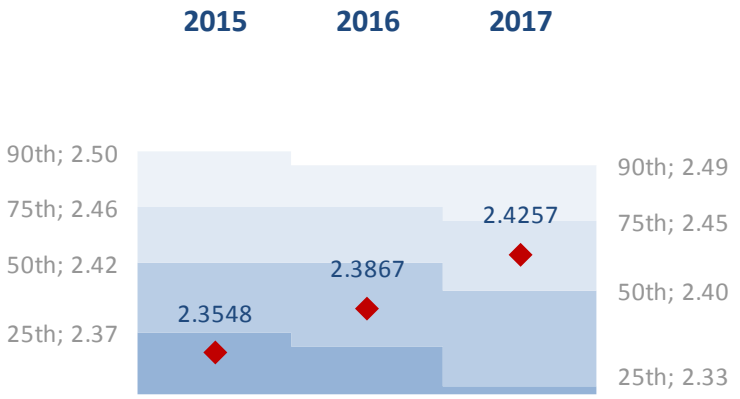
2017 NCQA Accreditation Percentile: 25th



Note: The Accreditation thresholds for this measure changed in 2016 and 2017.

Getting Care Quickly

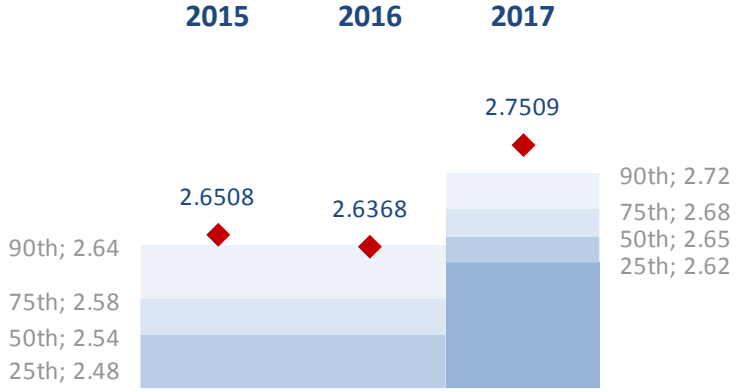
2017 NCQA Accreditation Percentile: 50th



Note: The Accreditation thresholds for this measure changed in 2016 and 2017.

How Well Doctors Communicate

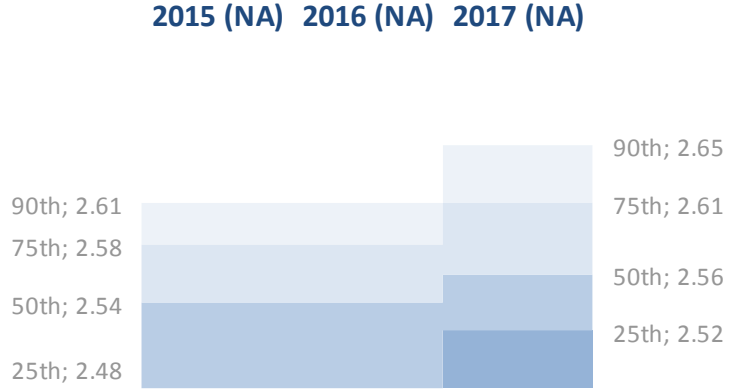
2017 NCQA Accreditation Percentile: 90th



NCQA retired this measure from Accreditation scoring in 2015. Accreditation mean and percentile values are provided for reference only.

Customer Service

2017 NCQA Accreditation Percentile: NA



Note: The Accreditation thresholds for this measure changed in 2017.

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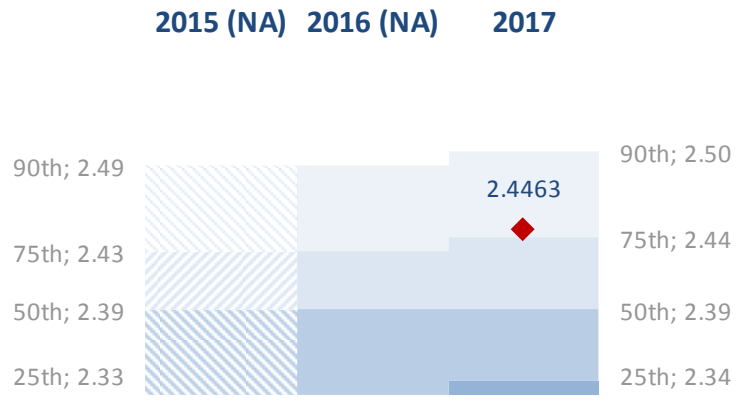
"(NA)" indicates that the score is not reportable by NCQA because fewer than 100 responses were collected for the measure.

Coordination of Care

2017 NCQA Accreditation Percentile: 75th



Note: The Accreditation thresholds for this measure changed in 2017.

NCQA added this measure to Accreditation scoring in 2016. The 2015 area of the chart represents the 2016 NCQA benchmark and threshold levels. The cross-hatched pattern indicates that they were not used in Accreditation scoring prior to 2016 and are provided for reference only.

"(NA)" indicates that the score is not reportable by NCQA because fewer than 100 responses were collected for the measure.

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KEY DRIVER ANALYSIS

OBJECTIVES

CSS's *Key Driver Analysis (KDA)* highlights some of the key differences between high- and low-rated health plans at the industry level. The principal objectives of the KDA are:

- To isolate a set of plan attributes, or key drivers, that distinguish high-rated plans from low-rated plans;
- To highlight industry best practices on the key driver measures;
- To compare ABH West Virginia HMO to industry best practices in these areas; and
- To estimate the impact of improving the plan's performance on these measures on its overall rating.

TECHNICAL APPROACH

INDUSTRY VIEW

Industry-level analysis, which uses health plans as units of analysis, has a number of important advantages compared to the alternative approach, which focuses on member experiences *within* a single plan. Certain plan attributes are strongly related to member satisfaction *at the industry level*. However, these relationships may be missed if we focus on only one plan at a time. For example, it has been shown that plans that are rated highly on measures of access and availability of care tend to have high overall ratings. Conversely, poor access scores are associated with low overall plan scores. This relationship is readily apparent when ratings are compared *across* plans. However, *within* a specific plan, member experiences may not be sufficiently varied to reveal the underlying relationship. That is, if all of the plan's members are equally dissatisfied with access to care, this measure will show a misleadingly low correlation with the overall rating of the plan. As a result, the plan may underestimate the key role of access to care as a driver of member satisfaction and miss a critical opportunity for improvement.

In addition, expressing every CAHPS survey variable as a plan-level rate yields a complete and rich information set on each plan. This effectively eliminates any "gaps" in respondent-level data from a single plan caused by survey skip patterns and allows every response to be used in the analysis.

Finally, in addition to the standard CAHPS performance measures, other sources of differences between health plans can be explored, increasing the explanatory power of the model and allowing for more precise estimation of the individual key driver effects. These include experience rates, which are based

on responses to the CAHPS screener questions. Screeners establish whether a member had a particular type of experience or interaction with the plan (e.g., contacted customer service, searched for information in the plan's written materials, etc.). CSS's analysis shows that these experience variables explain a significant portion of the plan's overall satisfaction score. Additional components of the overall score include utilization rates and demographic characteristics of the plan's membership, addressed in more detail in the *Analysis of Member Characteristics* section of this report. Clearly, from the plan's perspective, some of these factors are more actionable than others. However, to yield an accurate model of key drivers of member satisfaction, the analysis must take into account any and all measurable influences on the overall rating of the plan.

KEY DRIVER MODEL DEVELOPMENT

The CSS *Key Driver Model* was developed on the basis of a rich dataset of CAHPS survey results comprising 274 Adult Medicaid samples included in NCQA's Quality Compass database in 2016 and 2015. CSS performed regression analysis of health plan ratings to identify the sources of variation in overall satisfaction scores across the industry spectrum, using individual health plans as units of analysis. Regression analysis expresses mathematically the relationship between plan attributes (predictors) and overall satisfaction scores, controlling for interdependencies among the predictors and other factors that may influence ratings (e.g., member demographics, utilization patterns, etc.). Predictors were chosen carefully to yield a model that is both meaningful and actionable from the health plan's point of view.

All of the plan variables, including potential drivers of satisfaction (i.e., variables that the plan may consider actionable) and control variables (member demographics, health status, utilization rates, product type, and year of data collection) were entered into the regression model, and the independent contribution of each variable was estimated. As in the past, CSS excluded *Rating of All Health Care* from the list of predictors both because of its high correlation with *Rating of Health Plan* and the presence of other survey items that measure more specific aspects of member experience. If included, *Rating of all Health Care* would account for a large portion of the variance and confound coefficient estimates for the remaining variables in the model.

INDUSTRY KEY DRIVER MODEL

The table below lists seven key drivers of Adult Medicaid member satisfaction in order of importance, from highest to lowest, based on their relative contribution to the *Rating of Health Plan* score. All of these variables have statistically significant coefficients in the regression model (p-value < 0.1). Performance on these variables, together with the control variables, explains 59 percent of the industry variation in Adult Medicaid health plan ratings. Note that this ordering reflects *only* the strength of the overall relationship between each key driver and the health plan score at the industry level. It does not take into account how ABH West Virginia HMO is currently performing on these measures, and is thus not necessarily indicative of the plan's improvement opportunities. Plan-specific improvement targets, which take into account both the strength of the key driver and the plan's current performance in the area, are presented graphically in the next section.

Ratings of the plan are strongly related to members' ability to get the care they need when they need it (Q14). Making appointments for routine care at a doctor's office or clinic (Q5) may also be viewed as an indirect measure of access and availability of care. Doctor and specialist ratings (Q23, Q27) may reflect the quality of the health plan's network and its ability to contract with better providers.

The ▼ symbol next to Q28 indicates that this variable is *negatively* related to the overall health plan score. Thus, ABH West Virginia HMO should work on lowering this rate.

Key Driver	Interpretation
Q14. Ease of getting needed care, tests, or treatment (percent *Always* or *Usually*)	The higher the proportion of plan members reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score
Q5. Made appointments for routine care at a doctor's office or clinic (percent *Yes*)	The higher the proportion of members who made appointments for check-up or routine care at a doctor's office or clinic during the past 6 months, the higher the overall plan score
Q31. Health plan customer service provided needed information or help (percent *Always* or *Usually*)	The higher the proportion of members who were able to get the information or help they needed from customer service, the higher the overall plan score
Q23. Rating of Personal Doctor (percent *8*, *9*, or *10*)	The higher the proportion of members rating their personal doctor as *8*, 9, or *10*, the higher the overall plan score
Q29. Written materials or the Internet provided needed information (percent *Always* or *Usually*)	The higher the proportion of members reporting that they found the information they needed in the plan's written materials or the Internet, the higher the overall plan score
Q28. ▼ Looked for information in plan's written materials/on the Internet (percent *Yes*)	The higher the proportion of members who looked for information about how their plan works in written materials or on the Internet, the lower the overall plan score
Q27. Rating of Specialist Seen Most Often (percent *8*, *9*, or *10*)	The higher the proportion of members rating their specialist as *8*, 9, or *10*, the higher the overall plan score

OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

Exhibit 4 lists opportunities and priorities for improvement identified specifically for ABH West Virginia HMO. The ordering takes into account both the strength of each key driver in the broad industry context and the plan's current performance on the measure.

The middle panel of the chart compares the plan's current performance to the *best practice* score on each key driver. CSS defined the best practice score as the highest score among the eight Adult Medicaid plans contributing to the 2017 CSS Adult Medicaid Average. Room for improvement, represented by the green arrows on the chart, is the difference between the 2017 ABH West Virginia HMO score and the best practice score.

The bar chart on the right displays the expected improvement in the overall *Rating of Health Plan* score that could be achieved by ABH West Virginia HMO if it performed on par with the best practice plan on each of the key driver measures. Each bar represents the plan's room for improvement on the key driver weighted by its contribution to the *Rating of Health Plan* score.

EXHIBIT 4. 2017 ABH WEST VIRGINIA HMO ADULT MEDICAID CAHPS SURVEY: KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance		Room for Improvement on Key Driver		Overall Improvement Opportunity
2017 Plan Rate		Percentage Point Difference Between Current Key Driver Score and the **Best Practice Score***		Expected Percentage Point **Improvement** in **Rating of Health Plan** score (percent *8*, *9*, or *10*) if Key Driver Performs at Best Practice Level
Q14. Ease of getting needed care, tests, or treatment (percent *Always* or *Usually*)	**81.74%**	+8.37% →	**90.10%**	**+4.77%**
Q5. Made appointments for routine care at a doctor's office or clinic (percent *Yes*)	**70.25%**	+13.16% →	**83.41%**	**+2.73%**
Q27. Rating of Specialist Seen Most Often (percent *8, 9,* or *10*)	**71.97%**	+16.47% →	**88.44%**	**+1.64%**
Q23. Rating of Personal Doctor (percent *8, 9,* or *10*)	**79.02%**	+5.23% →	**84.25%**	**+1.39%**
Q29. Plan's written materials/Internet provided needed information (percent *Always* or *Usually*)	**68.52%**	+5.72% →	**74.24%**	**+0.71%**
Q28. Looked for information in plan's written materials/on the Internet (percent *Yes*) ▼	**19.15%**	–1.88% →	**17.27%**	**+0.22%**
Q31. Customer service provided needed information or help (percent *Always* or *Usually*)	**90.91%**	Current Key Driver performance is at or above the Best Practice level	**90.91%**	**None**

* Best score on the key driver measure among all plans included in the 2017 CSS Adult Medicaid Average

▼ next to the key driver measure indicates that lower scores on the measure are desirable

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HEALTH PLAN QUALITY IMPROVEMENT RESOURCES FOR KEY DRIVERS

CSS's Industry *Key Driver Analysis* lists improvement opportunities and priorities for your plan. The following is a list of possible interventions and resources related to each of the key drivers. This section is included as a guide to assist the plan in its quality improvement efforts. Some of these resources may be more applicable to your plan than others, especially because many of the cited interventions are intended to be implemented at the practice or provider level.

IMPROVING ACCESS TO CARE: SCHEDULING APPOINTMENTS FOR ROUTINE CARE AND THE EASE OF GETTING NEEDED CARE, TESTS, OR TREATMENT (Q5 & Q14)

Removing barriers to care is central to improving the health care experience of plan members. The following resources suggest ways to improve patient access to care, tests, and treatment.

- *Same-Day Appointment Scheduling* – The Agency for Healthcare Research and Quality (AHRQ) recommends a method of scheduling that leaves part of each physician's day open for same-day appointments, rather than a traditional scheduling model that books appointments weeks or months in advance. Because the method does not differentiate between urgent and routine care, patients with non-urgent concerns are able to schedule appointments sooner than under traditional scheduling methods. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html.

- *Implement Process Improvements to Streamline Patient Flow* – Delays experienced by patients while waiting for care, tests, or treatment can be minimized through a variety of mechanisms. For example, reallocating tasks such as physical exams and ordering x-rays to physician's assistants and nurse practitioners frees up physicians' time to attend to more pressing patient concerns. The exact form of these improvements will vary widely by practice. See http://www.ahrq.gov/research/findings/final-reports/ptflow/index.html for AHRQ's guide for hospitals to plan and implement patient flow improvement strategies.

- *Patient-Centered Medical Homes (PCMH)* – This model increases patient access to physicians, reducing barriers to receiving care. There are many valuable sources of information on the medical home model of care. To start, see this Commonwealth Fund transcript: http://www.commonwealthfund.org/Publications/Fund-Reports/2007/Jun/Closing-the-Divide--How-Medical-Homes-Promote-Equity-in-Health-Care--Results-From-The-Commonwealth-F.aspx. Family Medicine for America's Health is a collaboration of family medicine organizations dedicated to improving health care by expanding and emphasizing primary care, particularly through the use of patient-centered medical homes. See http://fmahealth.org/ for details and resources. For AHRQ's resources detailing transitioning a practice to a patient-centered medical home model, see http://www.pcmh.ahrq.gov/.

- *Alternative Access Centers* – This brief by the Robert Wood Johnson Foundation highlights the growing capacity of retail clinics and telemedicine to meet patient medical needs, particularly in rural and underserved communities and for patients with acute but non-serious conditions who need care quickly. Providing patients with alternative venues to access health care, rather than the traditional doctor's office or hospital, lowers barriers to care. See http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2015/rwjf419415.

IMPROVING SALIENCY, AVAILABILITY, AND CLARITY OF HEALTH PLAN INFORMATION IN WRITTEN MATERIALS OR INTERNET (Q28 & Q29)

It is important that health plan information be provided to members and that the information addresses member concerns. The first resource highlights the importance of making plan information available in a variety of formats for different member audiences. The remaining resources focus on helping members get the most out of the information provided by the plan.

- *Make Plan Information Accessible to All Members* – A Health Research and Educational Trust study found that demographic characteristics, including education, age, gender, and income, significantly impacted use of an Internet-based decision tool. The tool provided cost information as well as a health and wellness assessment. The study suggests that effort beyond Internet-based tools is necessary to reach certain demographics. For further information, see http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3447236/.

- *Increase Access to Trusted Health Information* – Many people look to their health plan for information not only on how the health plan works, but also on resources to help them improve their health, particularly when dealing with chronic illnesses. For an example of an online information system for patients, see the Comprehensive Health Enhancement Support System (CHESS) at http://www.chess.wisc.edu/chess/projects/about_chess.aspx. This system has demonstrated that it increases access to trusted health information and leads to improved outcomes (http://www.ncbi.nlm.nih.gov/pubmed/9894548).

- *Evaluate the Organization's Health Literacy Programs* – The CDC has developed guidance on health literacy program evaluations, including recommended sources of communication and health literacy measures. See http://www.cdc.gov/healthliteracy/researchevaluate/program-evaluation.html.

- *Improve Patient Health Literacy* – This guide by the Office of Disease Prevention and Health Promotion outlines steps to improve health literacy, which may help patients to better absorb the information they obtain from written materials or the Internet. For detailed steps, see http://www.health.gov/communication/literacy/#tools.

IMPROVING ABILITY OF CUSTOMER SERVICE TO PROVIDE MEMBERS WITH INFORMATION OR HELP (Q31)

As representatives of the plan, customer service staff must ensure that members have confidence and trust in their ability to address their concerns. The following resources contain recommendations for improving customer service.

- *Develop Customer Service Standards* – To improve customer service, the Agency for Healthcare Research and Quality suggests first articulating which aspects of customer service are most important to your organization. After developing these standards, monitor performance and promote accountability among staff. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6q-custservice-standards.html.

- *Iterative Improvement for Member Services* – This RAND paper details a case study in which a health plan used additional surveys to supplement CAHPS results and thoroughly assess member dissatisfaction with customer service. Throughout the process, plan leadership continually examined and adjusted improvement goals. The intervention resulted in a reduction of wait time for customer service calls and increased member satisfaction with customer service, as measured on the CAHPS survey. See http://www.rand.org/pubs/working_papers/WR517.html.

- *Implement Service Recovery Procedures* – When customers have a complaint, service recovery programs support customer service personnel in identifying and remedying the problem. While complaints may be inevitable, proper handling of complaints can reassure patients and restore loyalty to the health plan. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6p-service-recovery.html.

IMPROVING QUALITY OF PHYSICIANS IN HEALTH PLAN NETWORK (Q23 & Q27)

These resources concentrate on improving the physician-patient relationship, with a focus on communication. Implementing the solutions proposed here may result in patients' increased rating of doctors.

- *Improve Physician Communication* – Seminars and workshops for physicians serve as a resource for physicians to learn and practice communication techniques. For example, The California Quality Collaborative has identified nine effective strategies for improving patient experience with health care providers in their *Improving the Patient Experience Change Package* (see http://www.calquality.org/storage/Improving_Pt_Experience_Spread_Change_Pkg_UpdatedMay2011.pdf. For general recommendations related to physician communication, see https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6gtraining.html.

- *Help Patients Communicate* – Patients who can effectively communicate their needs tend to have higher satisfaction with their care. AHRQ recommends four interventions that prepare patients to better communicate with their providers, including record sharing, writing down talking points prior to visits, and "coached care" programs. See http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6i-shared-decisionmaking.html and http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6htools.html. For a sample communication document that providers can distribute to patients before or during visits, see http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2013/rwjf404048.

- *Build Physician-Patient Relationships* – An article published in the British Journal of General Practice found that patients seeing their preferred doctor rated their satisfaction with visits significantly higher than patients who did not have a doctor preference or those who would have preferred to see a different doctor. Prioritizing continuity of care by honoring patients' physician preferences may increase patient satisfaction. See http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1326072/. Additionally, a study of English National Health Service data found that confidence and trust in a doctor is an important predictor of overall patient satisfaction. Focusing on building relationships may increase confidence and trust in physicians. See http://www.ncbi.nlm.nih.gov/pubmed/18416910/.

- *Improve Referral Communication* – The coordination of care between primary and specialist providers can be a challenge and may affect patient perceptions of their specialist care. Improving the coordination of care and case management can increase patient satisfaction with their specialist. For examples of interventions that improve care coordination efficiency and quality, see https://innovations.ahrq.gov/profiles/electronic-referrals-and-communications-reduce-wait-times-specialty-appointments-and as well as https://innovations.ahrq.gov/profiles/referring-physicians-send-electronic-handoff-note-pertinent-patient-information-emergency.

APPENDIX

SURVEY RESULTS AT A GLANCE

CAHPS 5.0H Survey Measures		Global Proportions and Question Summary Rates			Valid Responses			Accreditation Means and Percentiles			2017 CSS Adult Medicaid Average	2016 NCQA Adult Medicaid National Average, All LOBs
		2015	2016	2017	2015	2016	2017	2015	2016	2017		
Overall Ratings (% 8, 9, or 10)	Q13. Rating of All Health Care	68.33%	66.81%	**68.35%**	180	232	**218**	2.2278 (<25th)	2.2457 (<25th)	**2.3073 (<25th)**	72.37%	73.52%
	Q23. Rating of Personal Doctor	72.73%	77.34%	**79.02%**	165	203	**224**	2.4364 (25th)	2.4433 (25th)	**2.5313 (50th)**	78.39%	80.23%
	Q27. Rating of Specialist Seen Most Often	70.24% (NA)	75.25%	**71.97%**	84	101	**132**	2.3214 (NA)	2.3861 (<25th)	**2.4545 (<25th)**	78.91%	80.42% ▼
	Q35. Rating of Health Plan	59.91%	66.32%	**62.91%**	227	288	**275**	2.1762 (<25th)	2.2118 (<25th)	**2.2145 (<25th)**	72.44% ▼	74.97% ▼
Getting Needed Care (% Always or Usually)	***Getting Needed Care Composite***	77.66%	78.42%	**82.72%**	133	171	**177**	2.2908 (<25th)	2.3016 (<25th)	**2.3311 (25th)**	82.52%	80.43%
	Q14. Easy to get needed care	81.46%	80.69%	**81.74%**	178	233	**219**				84.16%	
	Q25. Easy to see specialists	73.86% (NA)	76.15%	**83.70%**	88	109	**135**				80.87%	
Getting Care Quickly (% Always or Usually)	***Getting Care Quickly Composite***	82.55%	83.39%	**86.51%**	143	164	**159**	2.3548 (<25th)	2.3867 (25th)	**2.4257 (50th)**	83.96%	80.06% ▲
	Q4. Got urgent care as soon as needed	84.75%	82.73%	**88.37%**	118	139	**129**				86.05%	
	Q6. Got routine care as soon as needed	80.36%	84.04%	**84.66%**	168	188	**189**				81.88%	
How Well Doctors Communicate* (% Always or Usually)	***How Well Doctors Communicate Composite***	92.42%	90.58%	**95.48%**	142	165	**183**	2.6508 (90th)	2.6368 (75th)	**2.7509 (90th)**	91.23% ▲	90.73% ▲
	Q17. Doctor explained things	93.66%	90.30% ▲	**96.72%**	142	165	**183**				91.09% ▲	
	Q18. Doctor listened carefully	92.20%	91.46%	**95.63%**	141	164	**183**				91.20% ▲	
	Q19. Doctor showed respect	92.25% ▲	92.68% ▲	**97.81%**	142	164	**183**				93.29% ▲	
	Q20. Doctor spent enough time	91.55%	87.88%	**91.76%**	142	165	**182**				89.34%	
Customer Service (% Always or Usually)	***Customer Service Composite***	80.78% (NA) ▲	81.15% (NA) ▲	**93.15% (NA)**	45	64	**66**	2.4348 (NA)	2.4188 (NA)	**2.7028 (NA)**	86.49%	87.54%
	Q31. Provided needed information/help	70.45% (NA) ▲	75.00% (NA) ▲	**90.91% (NA)**	44	64	**66**				80.61% ▲	
	Q32. Treated with courtesy/respect	91.11% (NA)	87.30% (NA)	**95.38% (NA)**	45	63	**65**				92.38%	
Shared Decision Making** (% Yes)	***Shared Decision Making Composite***	82.97% (NA)	80.45%	**82.40%**	92	104	**108**				79.98%	79.20%
	Q10. Discussed reasons to take a medicine	95.65% (NA)	95.19%	**98.13%**	92	104	**107**				93.01% ▲	
	Q11. Discussed reasons not to take a medicine	75.00% (NA)	72.12%	**71.30%**	92	104	**108**				69.01%	
	Q12. Discussed what was best for you	78.26% (NA)	74.04%	**77.78%**	92	104	**108**				77.93%	
Other Areas	Q8. Health Promotion and Education (% Yes)	73.77%	69.26%	**72.94%**	183	231	**218**				77.11%	72.14%
	Q22. Coordination of Care (% Always or Usually)	80.00% (NA)	77.66% (NA)	**85.95%**	85	94	**121**	2.3294 (NA)	2.3298 (NA)	**2.4463 (75th)**	80.71%	81.76%
Effectiveness of Care Measures	Advising Smokers and Tobacco Users to Quit	69.29%	67.66%	**73.50%**	267	269	**283**				76.43%	
	Discussing Cessation Medications	34.34%	32.33% ▲	**40.43%**	265	266	**282**				48.39% ▼	
	Discussing Cessation Strategies	34.73%	31.95% ▲	**42.25%**	262	266	**284**				42.81%	
	Flu Vaccinations for Adults	33.49%	32.26% ▲	**41.24%**	218	279	**274**				37.81%	
	Aspirin Use	12.50% (NA)	16.67% (NA)	**37.14% (NA)**	8	12	**35**				37.78%	
	Discussing Aspirin Risks and Benefits	53.33% (NA)	40.00% (NA)	**43.48% (NA)**	15	20	**69**				42.22%	

Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA.

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"NA" appears next to the result if is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates the result for reference only.

Comparisons to prior-year results and relevant benchmark scores are reported regardless of whether the rate meets the minimum denominator threshold for NCQA reporting (n=100). All statistical tests are conducted at the 95% confidence level prior to rounding. Statistically significant differences between the plan and the comparison score are marked as ▲ when the plan's score is higher or ▼ when the plan's score is lower.

* *How Well Doctors Communicate* was retired from Accreditation scoring in 2015. Accreditation mean and percentile values for this measure are provided for reference only.

** *Shared Decision Making* is not scored for NCQA Accreditation.

CROSS-TABULATIONS OF SURVEY RESPONSES

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Satisfaction With the Experience of Care

Survey Measures*	Global Proportions					NCQA Accreditation Scoring	
	2016 NCQA National Average, All LOBs	2017 CSS Average	Plan Rate			2017 Plan Mean	2017 Percentile for Accreditation Scoring**
			2017	2016	2015		
Ratings							
Rating of Personal Doctor	80.23%	78.39%	**79.02%**	77.34%	72.73%	2.5313	50th
Rating of Specialist	80.42%	78.91%	**71.97%**	75.25%	70.24%	2.4545	Below 25th
Rating of All Health Care	73.52%	72.37%	**68.35%**	66.81%	68.33%	2.3073	Below 25th
Rating of Health Plan	74.97%	72.44%	**62.91%**	66.32%	59.91%	2.2145	Below 25th
Composites							
Getting Needed Care	80.43%	82.52%	**82.72%**	78.42%	77.66%	2.3311	25th
Getting Care Quickly	80.06%	83.96%	**86.51%**	83.39%	82.55%	2.4257	50th
How Well Doctors Communicate	90.73%	91.23%	**95.48%**	90.58%	92.42%	2.7509	90th
Customer Service	87.54%	86.49%	**93.15%**	81.15%	80.78%	2.7028	90th
Shared Decision Making	79.20%	79.98%	**82.40%**	80.45%	82.97%	No Applicable Mean	Not scored for Accred.
Additional Content Areas							
Health Promotion and Education	72.14%	77.11%	**72.94%**	69.26%	73.77%	2.4587	Not scored for Accred.
Coordination of Care	81.76%	80.71%	**85.95%**	77.66%	80.00%	2.4463	75th

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* Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA. A lighter display is used to indicate that a result is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates measure results only for internal plan reporting.

** Percentiles are based on the 2017 Accreditation Benchmarks and Thresholds released by NCQA in January 2017. The How Well Doctors Communicate measure was removed from accreditation scoring in 2015. Coordination of Care was added in 2016.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Effectiveness of Care

		2017 Reported Rate	2017 Rate (Single Year)	2016 Rate (Single Year)
Flu Vaccinations for Adults Ages 18-64 (FVA) ***Base: All eligible respondents flagged by the plan as being age 18 to 64 as of July 1 of the measurement year***				
Flu Vaccinations for Adults	Received a flu vaccination	113	113	90
	Usable responses	274	274	279
	FVA Rate	41.2%	41.2%	32.3%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC) ***Base: All eligible respondents who smoke or use tobacco***				
Advising Smokers and Tobacco Users to Quit	Advised to quit	208	103	105
	Usable responses	283	131	152
	MSC Rate	73.5%	78.6%	69.1%
Discussing Cessation Medications	Discussed medications	114	63	51
	Usable responses	282	132	150
	MSC Rate	40.4%	47.7%	34.0%
Discussing Cessation Strategies	Discussed strategies	120	68	52
	Usable responses	284	133	151
	MSC Rate	42.3%	51.1%	34.4%
Aspirin Use and Discussion (ASP)* ***Base: Members at risk for cardiovascular disease***				
Aspirin Use	Take aspirin daily or every other day	13	12	1
	Usable responses	35	27	8
	ASP Rate	37.1%	44.4%	12.5%
Discussing Aspirin Risks and Benefits	Doctor or other provider discussed risks and benefits of aspirin	30	26	4
	Usable responses	69	56	13
	ASP Rate	43.5%	46.4%	30.8%

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Note: results are presented regardless of whether the plan is reporting the measure(s) to NCQA or meets the minimum reporting threshold of 100 valid responses. A lighter display is used to indicate that the measure does not meet the NCQA minimum denominator threshold. The 2017 Reported Rate for the MSC and ASP measures were calculated using NCQA's rolling average methodology. For more detail on the calculation of these rates, please refer to HEDIS® 2017, Volume 3: Specifications for Survey Measures, Section 2: Effectiveness of Care. CSS provides unofficial Effectiveness of Care results only for internal plan reporting.

* In 2017, NCQA announced that it is retiring the ASP measures.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 3

In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	28	**1**	3	9	0	1	0	0	1	1	0	0	0	0	1	0	0	0	0	1	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,592	**283**	297	239	101	180	85	119	72	172	83	21	2	269	236	17	26	81	97	101	56	154	65
	98.9%	**99.6%**	99.0%	96.4%	100.0%	99.4%	100.0%	100.0%	98.6%	99.4%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%
Yes	1,156	**133**	141	121	41	90	38	58	33	82	37	9	0	125	115	7	9	26	43	60	6	79	42
	44.6%	**47.0%**	47.5%	50.6%	40.6%	50.0%	44.7%	48.7%	45.8%	47.7%	44.6%	42.9%	0.0%	46.5%	48.7%	41.2%	34.6%	32.1%	44.3%	59.4%	10.7%	51.3%	64.6%
No	1,436	**150**	156	118	60	90	47	61	39	90	46	12	2	144	121	10	17	55	54	41	50	75	23
	55.4%	**53.0%**	52.5%	49.4%	59.4%	50.0%	55.3%	51.3%	54.2%	52.3%	55.4%	57.1%	100.0%	53.5%	51.3%	58.8%	65.4%	67.9%	55.7%	40.6%	89.3%	48.7%	35.4%
Significantly different from column:*																		T	T	RS	VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 4

In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

Base: All respondents who needed care right away (Q3)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,156	**133**	141	121	41	90	38	58	33	82	37	9	0	125	115	7	9	26	43	60	6	79	42
Number missing or multiple answer	38	**4**	2	3	2	2	0	2	2	4	0	0	0	4	2	1	1	1	1	2	1	3	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,118	**129**	139	118	39	88	38	56	31	78	37	9	0	121	113	6	8	25	42	58	5	76	42
	96.7%	**97.0%**	98.6%	97.5%	95.1%	97.8%	100.0%	96.6%	93.9%	95.1%	100.0%	100.0%	---	96.8%	98.3%	85.7%	88.9%	96.2%	97.7%	96.7%	83.3%	96.2%	100.0%
Never	27	**3**	0	1	0	3	1	1	1	2	1	0	0	3	3	0	0	1	0	2	0	2	1
	2.4%	**2.3%**	0.0%	0.8%	0.0%	3.4%	2.6%	1.8%	3.2%	2.6%	2.7%	0.0%	---	2.5%	2.7%	0.0%	0.0%	4.0%	0.0%	3.4%	0.0%	2.6%	2.4%
Sometimes	129	**12**	24	17	2	9	4	5	2	9	2	0	0	11	9	0	2	1	2	8	0	11	1
	11.5%	**9.3%**	17.3%	14.4%	5.1%	10.2%	10.5%	8.9%	6.5%	11.5%	5.4%	0.0%	---	9.1%	8.0%	0.0%	25.0%	4.0%	4.8%	13.8%	0.0%	14.5%	2.4%
Usually	256	**39**	36	39	14	25	12	21	6	27	10	1	0	37	35	1	3	7	13	16	1	21	15
	22.9%	**30.2%**	25.9%	33.1%	35.9%	28.4%	31.6%	37.5%	19.4%	34.6%	27.0%	11.1%	---	30.6%	31.0%	16.7%	37.5%	28.0%	31.0%	27.6%	20.0%	27.6%	35.7%
Always	706	**75**	79	61	23	51	21	29	22	40	24	8	0	70	66	5	3	16	27	32	4	42	25
	63.1%	**58.1%**	56.8%	51.7%	59.0%	58.0%	55.3%	51.8%	71.0%	51.3%	64.9%	88.9%	---	57.9%	58.4%	83.3%	37.5%	64.0%	64.3%	55.2%	80.0%	55.3%	59.5%
Significantly different from column:*																							
Usually or Always	962	**114**	115	100	37	76	33	50	28	67	34	9	0	107	101	6	6	23	40	48	5	63	40
	86.0%	**88.4%**	82.7%	84.7%	94.9%	86.4%	86.8%	89.3%	90.3%	85.9%	91.9%	100.0%	---	88.4%	89.4%	100.0%	75.0%	92.0%	95.2%	82.8%	100.0%	82.9%	95.2%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 5

In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	39	**5**	1	9	2	3	0	2	3	5	0	0	1	2	5	0	0	0	2	3	1	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,581	**279**	299	239	99	178	85	117	70	168	83	21	1	267	232	17	26	81	95	99	55	152	64
	98.5%	**98.2%**	99.7%	96.4%	98.0%	98.3%	100.0%	98.3%	95.9%	97.1%	100.0%	100.0%	50.0%	99.3%	97.9%	100.0%	100.0%	100.0%	97.9%	97.1%	98.2%	98.7%	98.5%
Yes	1,881	**196**	189	170	68	126	50	86	55	117	58	16	1	187	166	10	17	46	65	81	7	127	58
	72.9%	**70.3%**	63.2%	71.1%	68.7%	70.8%	58.8%	73.5%	78.6%	69.6%	69.9%	76.2%	100.0%	70.0%	71.6%	58.8%	65.4%	56.8%	68.4%	81.8%	12.7%	83.6%	90.6%
No	700	**83**	110	69	31	52	35	31	15	51	25	5	0	80	66	7	9	35	30	18	48	25	6
	27.1%	**29.7%**	36.8%	28.9%	31.3%	29.2%	41.2%	26.5%	21.4%	30.4%	30.1%	23.8%	0.0%	30.0%	28.4%	41.2%	34.6%	43.2%	31.6%	18.2%	87.3%	16.4%	9.4%
Significantly different from column:*							HI	G	G									T	T	RS	VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 6

In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

Base: All respondents who made an appointment for a check-up or routine care (Q5)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,881	**196**	189	170	68	126	50	86	55	117	58	16	1	187	166	10	17	46	65	81	7	127	58
Number missing or multiple answer	71	**7**	1	2	3	4	0	4	2	4	3	0	0	7	4	3	0	2	1	4	0	4	3
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,810	**189**	188	168	65	122	50	82	53	113	55	16	1	180	162	7	17	44	64	77	7	123	55
	96.2%	**96.4%**	99.5%	98.8%	95.6%	96.8%	100.0%	95.3%	96.4%	96.6%	94.8%	100.0%	100.0%	96.3%	97.6%	70.0%	100.0%	95.7%	98.5%	95.1%	100.0%	96.9%	94.8%
Never	32	**2**	4	1	2	0	0	1	1	1	1	0	0	2	2	0	0	1	1	0	1	1	0
	1.8%	**1.1%**	2.1%	0.6%	3.1%	0.0%	0.0%	1.2%	1.9%	0.9%	1.8%	0.0%	0.0%	1.1%	1.2%	0.0%	0.0%	2.3%	1.6%	0.0%	14.3%	0.8%	0.0%
Sometimes	296	**27**	26	32	6	21	8	17	2	14	12	1	0	27	21	2	4	8	5	14	0	20	7
	16.4%	**14.3%**	13.8%	19.0%	9.2%	17.2%	16.0%	20.7%	3.8%	12.4%	21.8%	6.3%	0.0%	15.0%	13.0%	28.6%	23.5%	18.2%	7.8%	18.2%	0.0%	16.3%	12.7%
Usually	431	**58**	57	44	20	36	13	29	14	35	15	5	0	54	52	0	5	13	20	22	1	41	13
	23.8%	**30.7%**	30.3%	26.2%	30.8%	29.5%	26.0%	35.4%	26.4%	31.0%	27.3%	31.3%	0.0%	30.0%	32.1%	0.0%	29.4%	29.5%	31.3%	28.6%	14.3%	33.3%	23.6%
Always	1,051	**102**	101	91	37	65	29	35	36	63	27	10	1	97	87	5	8	22	38	41	5	61	35
	58.1%	**54.0%**	53.7%	54.2%	56.9%	53.3%	58.0%	42.7%	67.9%	55.8%	49.1%	62.5%	100.0%	53.9%	53.7%	71.4%	47.1%	50.0%	59.4%	53.2%	71.4%	49.6%	63.6%
Significantly different from column:*								I	H														
Usually or Always	1,482	**160**	158	135	57	101	42	64	50	98	42	15	1	151	139	5	13	35	58	63	6	102	48
	81.9%	**84.7%**	84.0%	80.4%	87.7%	82.8%	84.0%	78.0%	94.3%	86.7%	76.4%	93.8%	100.0%	83.9%	85.8%	71.4%	76.5%	79.5%	90.6%	81.8%	85.7%	82.9%	87.3%
Significantly different from column:*								I	H														

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 7

In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	63	**9**	2	9	3	6	4	3	2	7	1	1	0	7	8	0	1	2	2	5	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,557	**275**	298	239	98	175	81	116	71	166	82	20	2	262	229	17	25	79	95	97	56	154	65
	97.6%	**96.8%**	99.3%	96.4%	97.0%	96.7%	95.3%	97.5%	97.3%	96.0%	98.8%	95.2%	100.0%	97.4%	96.6%	100.0%	96.2%	97.5%	97.9%	95.1%	100.0%	100.0%	100.0%
None	593	**56**	65	56	26	30	19	22	13	30	18	6	1	53	40	7	7	23	25	8	56	0	0
	23.2%	**20.4%**	21.8%	23.4%	26.5%	17.1%	23.5%	19.0%	18.3%	18.1%	22.0%	30.0%	50.0%	20.2%	17.5%	41.2%	28.0%	29.1%	26.3%	8.2%	100.0%	0.0%	0.0%
1 time	390	**39**	48	30	13	26	8	16	13	24	13	2	0	38	32	2	5	14	20	5	0	39	0
	15.3%	**14.2%**	16.1%	12.6%	13.3%	14.9%	9.9%	13.8%	18.3%	14.5%	15.9%	10.0%	0.0%	14.5%	14.0%	11.8%	20.0%	17.7%	21.1%	5.2%	0.0%	25.3%	0.0%
2	465	**59**	59	60	19	40	18	20	20	37	17	4	0	55	50	3	5	13	22	23	0	59	0
	18.2%	**21.5%**	19.8%	25.1%	19.4%	22.9%	22.2%	17.2%	28.2%	22.3%	20.7%	20.0%	0.0%	21.0%	21.8%	17.6%	20.0%	16.5%	23.2%	23.7%	0.0%	38.3%	0.0%
3	363	**37**	40	29	9	27	14	15	7	24	11	1	0	37	33	1	3	15	10	12	0	37	0
	14.2%	**13.5%**	13.4%	12.1%	9.2%	15.4%	17.3%	12.9%	9.9%	14.5%	13.4%	5.0%	0.0%	14.1%	14.4%	5.9%	12.0%	19.0%	10.5%	12.4%	0.0%	24.0%	0.0%
4	242	**19**	28	17	6	12	5	8	5	11	4	2	1	17	16	0	2	4	5	9	0	19	0
	9.5%	**6.9%**	9.4%	7.1%	6.1%	6.9%	6.2%	6.9%	7.0%	6.6%	4.9%	10.0%	50.0%	6.5%	7.0%	0.0%	8.0%	5.1%	5.3%	9.3%	0.0%	12.3%	0.0%
5 to 9	362	**40**	36	30	13	27	10	21	9	21	14	4	0	38	35	2	3	8	8	23	0	0	40
	14.2%	**14.5%**	12.1%	12.6%	13.3%	15.4%	12.3%	18.1%	12.7%	12.7%	17.1%	20.0%	0.0%	14.5%	15.3%	11.8%	12.0%	10.1%	8.4%	23.7%	0.0%	0.0%	61.5%
10 or more times	142	**25**	22	17	12	13	7	14	4	19	5	1	0	24	23	2	0	2	5	17	0	0	25
	5.6%	**9.1%**	7.4%	7.1%	12.2%	7.4%	8.6%	12.1%	5.6%	11.4%	6.1%	5.0%	0.0%	9.2%	10.0%	11.8%	0.0%	2.5%	5.3%	17.5%	0.0%	0.0%	38.5%
5 or more times	504	**65**	58	47	25	40	17	35	13	40	19	5	0	62	58	4	3	10	13	40	0	0	65
	19.7%	**23.6%**	19.5%	19.7%	25.5%	22.9%	21.0%	30.2%	18.3%	24.1%	23.2%	25.0%	0.0%	23.7%	25.3%	23.5%	12.0%	12.7%	13.7%	41.2%	0.0%	0.0%	100.0%
Significantly different from column:*																		T	T	RS	W	W	UV

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 8

In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

Base: All respondents who went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,964	**219**	233	183	72	145	62	94	58	136	64	14	1	209	189	10	18	56	70	89	0	154	65
Number missing or multiple answer	29	**1**	2	0	1	0	1	0	0	0	1	0	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,935	**218**	231	183	71	145	61	94	58	136	63	14	1	208	188	10	18	56	69	89	0	153	65
	98.5%	**99.5%**	99.1%	100.0%	98.6%	100.0%	98.4%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	99.5%	99.5%	100.0%	100.0%	100.0%	98.6%	100.0%	---	99.4%	100.0%
Yes	1,492	**159**	160	135	54	104	45	67	43	100	47	9	1	150	132	8	17	39	52	66	0	112	47
	77.1%	**72.9%**	69.3%	73.8%	76.1%	71.7%	73.8%	71.3%	74.1%	73.5%	74.6%	64.3%	100.0%	72.1%	70.2%	80.0%	94.4%	69.6%	75.4%	74.2%	---	73.2%	72.3%
No	443	**59**	71	48	17	41	16	27	15	36	16	5	0	58	56	2	1	17	17	23	0	41	18
	22.9%	**27.1%**	30.7%	26.2%	23.9%	28.3%	26.2%	28.7%	25.9%	26.5%	25.4%	35.7%	0.0%	27.9%	29.8%	20.0%	5.6%	30.4%	24.6%	25.8%	---	26.8%	27.7%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 9

In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

Base: All respondents who went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,964	**219**	233	183	72	145	62	94	58	136	64	14	1	209	189	10	18	56	70	89	0	154	65
Number missing or multiple answer	28	**3**	0	1	1	2	1	1	1	2	1	0	0	1	3	0	0	2	0	1	0	3	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,936	**216**	233	182	71	143	61	93	57	134	63	14	1	208	186	10	18	54	70	88	0	151	65
	98.6%	**98.6%**	100.0%	99.5%	98.6%	98.6%	98.4%	98.9%	98.3%	98.5%	98.4%	100.0%	100.0%	99.5%	98.4%	100.0%	100.0%	96.4%	100.0%	98.9%	---	98.1%	100.0%
Yes	935	**108**	104	93	38	69	25	48	32	64	34	7	0	104	90	4	12	21	41	43	0	73	35
	48.3%	**50.0%**	44.6%	51.1%	53.5%	48.3%	41.0%	51.6%	56.1%	47.8%	54.0%	50.0%	0.0%	50.0%	48.4%	40.0%	66.7%	38.9%	58.6%	48.9%	---	48.3%	53.8%
No	1,001	**108**	129	89	33	74	36	45	25	70	29	7	1	104	96	6	6	33	29	45	0	78	30
	51.7%	**50.0%**	55.4%	48.9%	46.5%	51.7%	59.0%	48.4%	43.9%	52.2%	46.0%	50.0%	100.0%	50.0%	51.6%	60.0%	33.3%	61.1%	41.4%	51.1%	---	51.7%	46.2%
Significantly different from column:*																		S	R				

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 10

Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

Base: All respondents who went to a doctor's office/clinic to get care and whose doctor talked about starting/stopping medication (Q7 & Q9)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	935	**108**	104	93	38	69	25	48	32	64	34	7	0	104	90	4	12	21	41	43	0	73	35
Number missing or multiple answer	5	**1**	0	1	0	1	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	930	**107**	104	92	38	68	25	48	32	64	33	7	0	103	90	3	12	20	41	43	0	72	35
	99.5%	**99.1%**	100.0%	98.9%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	---	99.0%	100.0%	75.0%	100.0%	95.2%	100.0%	100.0%	---	98.6%	100.0%
Yes	865	**105**	99	88	37	67	24	48	31	62	33	7	0	101	89	2	12	19	40	43	0	70	35
	93.0%	**98.1%**	95.2%	95.7%	97.4%	98.5%	96.0%	100.0%	96.9%	96.9%	100.0%	100.0%	---	98.1%	98.9%	66.7%	100.0%	95.0%	97.6%	100.0%	---	97.2%	100.0%
No	65	**2**	5	4	1	1	1	0	1	2	0	0	0	2	1	1	0	1	1	0	0	2	0
	7.0%	**1.9%**	4.8%	4.3%	2.6%	1.5%	4.0%	0.0%	3.1%	3.1%	0.0%	0.0%	---	1.9%	1.1%	33.3%	0.0%	5.0%	2.4%	0.0%	---	2.8%	0.0%
Significantly different from column:*		A																					

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 11

Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

Base: All respondents who went to a doctor's office/clinic to get care and whose doctor talked about starting/stopping medication (Q7 & Q9)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	935	**108**	104	93	38	69	25	48	32	64	34	7	0	104	90	4	12	21	41	43	0	73	35
Number missing or multiple answer	9	**0**	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	926	**108**	104	92	38	69	25	48	32	64	34	7	0	104	90	4	12	21	41	43	0	73	35
	99.0%	**100.0%**	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	100.0%
Yes	639	**77**	75	69	25	51	21	36	18	46	24	4	0	73	65	1	9	18	29	29	0	49	28
	69.0%	**71.3%**	72.1%	75.0%	65.8%	73.9%	84.0%	75.0%	56.3%	71.9%	70.6%	57.1%	---	70.2%	72.2%	25.0%	75.0%	85.7%	70.7%	67.4%	---	67.1%	80.0%
No	287	**31**	29	23	13	18	4	12	14	18	10	3	0	31	25	3	3	3	12	14	0	24	7
	31.0%	**28.7%**	27.9%	25.0%	34.2%	26.1%	16.0%	25.0%	43.8%	28.1%	29.4%	42.9%	---	29.8%	27.8%	75.0%	25.0%	14.3%	29.3%	32.6%	---	32.9%	20.0%
Significantly different from column:*							I		G														

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 12

When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

Base: All respondents who went to a doctor's office/clinic to get care and whose doctor talked about starting/stopping medication (Q7 & Q9)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	935	**108**	104	93	38	69	25	48	32	64	34	7	0	104	90	4	12	21	41	43	0	73	35
Number missing or multiple answer	6	**0**	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	929	**108**	104	92	38	69	25	48	32	64	34	7	0	104	90	4	12	21	41	43	0	73	35
	99.4%	**100.0%**	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	100.0%
Yes	724	**84**	77	72	30	53	22	39	21	50	25	6	0	81	70	3	9	16	33	34	0	56	28
	77.9%	**77.8%**	74.0%	78.3%	78.9%	76.8%	88.0%	81.3%	65.6%	78.1%	73.5%	85.7%	---	77.9%	77.8%	75.0%	75.0%	76.2%	80.5%	79.1%	---	76.7%	80.0%
No	205	**24**	27	20	8	16	3	9	11	14	9	1	0	23	20	1	3	5	8	9	0	17	7
	22.1%	**22.2%**	26.0%	21.7%	21.1%	23.2%	12.0%	18.8%	34.4%	21.9%	26.5%	14.3%	---	22.1%	22.2%	25.0%	25.0%	23.8%	19.5%	20.9%	---	23.3%	20.0%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 13

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Base: All respondents who went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,964	**219**	233	183	72	145	62	94	58	136	64	14	1	209	189	10	18	56	70	89	0	154	65
Number missing or multiple answer	28	**1**	1	3	0	1	0	1	0	0	0	1	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,936	**218**	232	180	72	144	62	93	58	136	64	13	1	208	188	10	18	56	69	89	0	153	65
	98.6%	**99.5%**	99.6%	98.4%	100.0%	99.3%	100.0%	98.9%	100.0%	100.0%	100.0%	92.9%	100.0%	99.5%	99.5%	100.0%	100.0%	100.0%	98.6%	100.0%	---	99.4%	100.0%
0 Worst health care possible	9	**1**	1	0	0	1	0	1	0	1	0	0	0	1	1	0	0	0	0	1	0	1	0
	0.5%	**0.5%**	0.4%	0.0%	0.0%	0.7%	0.0%	1.1%	0.0%	0.7%	0.0%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	1.1%	---	0.7%	0.0%
1	12	**1**	0	0	0	1	0	1	0	1	0	0	0	1	1	0	0	0	0	1	0	1	0
	0.6%	**0.5%**	0.0%	0.0%	0.0%	0.7%	0.0%	1.1%	0.0%	0.7%	0.0%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	1.1%	---	0.7%	0.0%
2	17	**3**	2	1	2	1	1	2	0	1	2	0	0	3	3	0	0	1	1	1	0	3	0
	0.9%	**1.4%**	0.9%	0.6%	2.8%	0.7%	1.6%	2.2%	0.0%	0.7%	3.1%	0.0%	0.0%	1.4%	1.6%	0.0%	0.0%	1.8%	1.4%	1.1%	---	2.0%	0.0%
3	26	**2**	5	4	1	1	1	1	0	2	0	0	0	2	2	0	0	0	0	2	0	1	1
	1.3%	**0.9%**	2.2%	2.2%	1.4%	0.7%	1.6%	1.1%	0.0%	1.5%	0.0%	0.0%	0.0%	1.0%	1.1%	0.0%	0.0%	0.0%	0.0%	2.2%	---	0.7%	1.5%
4	41	**4**	4	3	2	2	1	2	1	1	3	0	0	4	3	0	1	0	3	1	0	3	1
	2.1%	**1.8%**	1.7%	1.7%	2.8%	1.4%	1.6%	2.2%	1.7%	0.7%	4.7%	0.0%	0.0%	1.9%	1.6%	0.0%	5.6%	0.0%	4.3%	1.1%	---	2.0%	1.5%
5	103	**16**	22	14	4	12	2	11	3	12	4	0	0	16	15	0	1	2	3	11	0	11	5
	5.3%	**7.3%**	9.5%	7.8%	5.6%	8.3%	3.2%	11.8%	5.2%	8.8%	6.3%	0.0%	0.0%	7.7%	8.0%	0.0%	5.6%	3.6%	4.3%	12.4%	---	7.2%	7.7%
6	117	**16**	15	10	6	10	3	8	4	12	3	1	0	16	12	2	2	4	5	7	0	13	3
	6.0%	**7.3%**	6.5%	5.6%	8.3%	6.9%	4.8%	8.6%	6.9%	8.8%	4.7%	7.7%	0.0%	7.7%	6.4%	20.0%	11.1%	7.1%	7.2%	7.9%	---	8.5%	4.6%
7	210	**26**	28	25	14	12	5	14	7	14	8	3	0	25	21	2	3	4	9	12	0	16	10
	10.8%	**11.9%**	12.1%	13.9%	19.4%	8.3%	8.1%	15.1%	12.1%	10.3%	12.5%	23.1%	0.0%	12.0%	11.2%	20.0%	16.7%	7.1%	13.0%	13.5%	---	10.5%	15.4%
8	359	**39**	49	50	14	25	11	14	14	26	12	1	0	38	32	3	4	15	12	11	0	29	10
	18.5%	**17.9%**	21.1%	27.8%	19.4%	17.4%	17.7%	15.1%	24.1%	19.1%	18.8%	7.7%	0.0%	18.3%	17.0%	30.0%	22.2%	26.8%	17.4%	12.4%	---	19.0%	15.4%
9	282	**32**	36	18	9	22	16	6	9	18	13	0	0	30	30	0	1	14	9	8	0	26	6
	14.6%	**14.7%**	15.5%	10.0%	12.5%	15.3%	25.8%	6.5%	15.5%	13.2%	20.3%	0.0%	0.0%	14.4%	16.0%	0.0%	5.6%	25.0%	13.0%	9.0%	---	17.0%	9.2%
10 Best health care possible	760	**78**	70	55	20	57	22	33	20	48	19	8	1	72	68	3	6	16	27	34	0	49	29
	39.3%	**35.8%**	30.2%	30.6%	27.8%	39.6%	35.5%	35.5%	34.5%	35.3%	29.7%	61.5%	100.0%	34.6%	36.2%	30.0%	33.3%	28.6%	39.1%	38.2%	---	32.0%	44.6%

NA - Not Applicable

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 13

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Base: All respondents who went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,964	**219**	233	183	72	145	62	94	58	136	64	14	1	209	189	10	18	56	70	89	0	154	65
Number missing or multiple answer	28	**1**	1	3	0	1	0	1	0	0	0	1	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,936	**218**	232	180	72	144	62	93	58	136	64	13	1	208	188	10	18	56	69	89	0	153	65
	98.6%	**99.5%**	99.6%	98.4%	100.0%	99.3%	100.0%	98.9%	100.0%	100.0%	100.0%	92.9%	100.0%	99.5%	99.5%	100.0%	100.0%	100.0%	98.6%	100.0%	---	99.4%	100.0%
0 to 4	105	**11**	12	8	5	6	3	7	1	6	5	0	0	11	10	0	1	1	4	6	0	9	2
	5.4%	**5.0%**	5.2%	4.4%	6.9%	4.2%	4.8%	7.5%	1.7%	4.4%	7.8%	0.0%	0.0%	5.3%	5.3%	0.0%	5.6%	1.8%	5.8%	6.7%	---	5.9%	3.1%
5	103	**16**	22	14	4	12	2	11	3	12	4	0	0	16	15	0	1	2	3	11	0	11	5
	5.3%	**7.3%**	9.5%	7.8%	5.6%	8.3%	3.2%	11.8%	5.2%	8.8%	6.3%	0.0%	0.0%	7.7%	8.0%	0.0%	5.6%	3.6%	4.3%	12.4%	---	7.2%	7.7%
6 or 7	327	**42**	43	35	20	22	8	22	11	26	11	4	0	41	33	4	5	8	14	19	0	29	13
	16.9%	**19.3%**	18.5%	19.4%	27.8%	15.3%	12.9%	23.7%	19.0%	19.1%	17.2%	30.8%	0.0%	19.7%	17.6%	40.0%	27.8%	14.3%	20.3%	21.3%	---	19.0%	20.0%
8 to 10	1,401	**149**	155	123	43	104	49	53	43	92	44	9	1	140	130	6	11	45	48	53	0	104	45
	72.4%	**68.3%**	66.8%	68.3%	59.7%	72.2%	79.0%	57.0%	74.1%	67.6%	68.8%	69.2%	100.0%	67.3%	69.1%	60.0%	61.1%	80.4%	69.6%	59.6%	---	68.0%	69.2%
Significantly different from column:*							H	GI	H									T		R			
NCQA Composite Score of 1	325	**43**	49	32	15	28	8	26	8	30	12	1	0	43	37	2	4	7	12	24	0	33	10
(0 to 6)	16.8%	**19.7%**	21.1%	17.8%	20.8%	19.4%	12.9%	28.0%	13.8%	22.1%	18.8%	7.7%	0.0%	20.7%	19.7%	20.0%	22.2%	12.5%	17.4%	27.0%	---	21.6%	15.4%
NCQA Composite Score of 2	569	**65**	77	75	28	37	16	28	21	40	20	4	0	63	53	5	7	19	21	23	0	45	20
(7 to 8)	29.4%	**29.8%**	33.2%	41.7%	38.9%	25.7%	25.8%	30.1%	36.2%	29.4%	31.3%	30.8%	0.0%	30.3%	28.2%	50.0%	38.9%	33.9%	30.4%	25.8%	---	29.4%	30.8%
NCQA Composite Score of 3	1,042	**110**	106	73	29	79	38	39	29	66	32	8	1	102	98	3	7	30	36	42	0	75	35
(9 to 10)	53.8%	**50.5%**	45.7%	40.6%	40.3%	54.9%	61.3%	41.9%	50.0%	48.5%	50.0%	61.5%	100.0%	49.0%	52.1%	30.0%	38.9%	53.6%	52.2%	47.2%	---	49.0%	53.8%
Significantly different from column:*		D			F	E	H	G															

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 14

In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

Base: All respondents who went to a doctor's office/clinic to get care (Q7)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,964	**219**	233	183	72	145	62	94	58	136	64	14	1	209	189	10	18	56	70	89	0	154	65
Number missing or multiple answer	26	**0**	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,938	**219**	233	178	72	145	62	94	58	136	64	14	1	209	189	10	18	56	70	89	0	154	65
	98.7%	**100.0%**	100.0%	97.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	100.0%
Never	37	**4**	5	2	1	3	1	3	0	1	3	0	0	4	4	0	0	0	1	3	0	3	1
	1.9%	**1.8%**	2.1%	1.1%	1.4%	2.1%	1.6%	3.2%	0.0%	0.7%	4.7%	0.0%	0.0%	1.9%	2.1%	0.0%	0.0%	0.0%	1.4%	3.4%	---	1.9%	1.5%
Sometimes	270	**36**	40	31	13	23	4	22	10	27	8	1	0	35	30	0	6	7	9	18	0	25	11
	13.9%	**16.4%**	17.2%	17.4%	18.1%	15.9%	6.5%	23.4%	17.2%	19.9%	12.5%	7.1%	0.0%	16.7%	15.9%	0.0%	33.3%	12.5%	12.9%	20.2%	---	16.2%	16.9%
Usually	531	**67**	73	55	21	45	21	30	14	37	24	4	0	64	58	2	6	16	21	28	0	45	22
	27.4%	**30.6%**	31.3%	30.9%	29.2%	31.0%	33.9%	31.9%	24.1%	27.2%	37.5%	28.6%	0.0%	30.6%	30.7%	20.0%	33.3%	28.6%	30.0%	31.5%	---	29.2%	33.8%
Always	1,100	**112**	115	90	37	74	36	39	34	71	29	9	1	106	97	8	6	33	39	40	0	81	31
	56.8%	**51.1%**	49.4%	50.6%	51.4%	51.0%	58.1%	41.5%	58.6%	52.2%	45.3%	64.3%	100.0%	50.7%	51.3%	80.0%	33.3%	58.9%	55.7%	44.9%	---	52.6%	47.7%
Significantly different from column:*							H	GI	H							Q	P						
Usually or Always	1,631	**179**	188	145	58	119	57	69	48	108	53	13	1	170	155	10	12	49	60	68	0	126	53
	84.2%	**81.7%**	80.7%	81.5%	80.6%	82.1%	91.9%	73.4%	82.8%	79.4%	82.8%	92.9%	100.0%	81.3%	82.0%	100.0%	66.7%	87.5%	85.7%	76.4%	---	81.8%	81.5%
Significantly different from column:*							H	G															

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 15

A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	30	**4**	3	13	1	3	1	2	1	4	0	0	0	3	2	2	0	1	1	2	1	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,590	**280**	297	235	100	178	84	117	72	169	83	21	2	266	235	15	26	80	96	100	55	152	64
	98.9%	**98.6%**	99.0%	94.8%	99.0%	98.3%	98.8%	98.3%	98.6%	97.7%	100.0%	100.0%	100.0%	98.9%	99.2%	88.2%	100.0%	98.8%	99.0%	98.0%	98.2%	98.7%	98.5%
Yes	2,138	**228**	207	167	77	150	63	96	63	146	62	16	2	214	192	10	22	65	74	85	31	132	58
	82.5%	**81.4%**	69.7%	71.1%	77.0%	84.3%	75.0%	82.1%	87.5%	86.4%	74.7%	76.2%	100.0%	80.5%	81.7%	66.7%	84.6%	81.3%	77.1%	85.0%	56.4%	86.8%	90.6%
No	452	**52**	90	68	23	28	21	21	9	23	21	5	0	52	43	5	4	15	22	15	24	20	6
	17.5%	**18.6%**	30.3%	28.9%	23.0%	15.7%	25.0%	17.9%	12.5%	13.6%	25.3%	23.8%	0.0%	19.5%	18.3%	33.3%	15.4%	18.8%	22.9%	15.0%	43.6%	13.2%	9.4%
Significantly different from column:*		CD					I		G	K	J										VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 16

In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

Base: All respondents who have a personal doctor (Q15)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,138	**228**	207	167	77	150	63	96	63	146	62	16	2	214	192	10	22	65	74	85	31	132	58
Number missing or multiple answer	71	**4**	1	5	1	3	1	1	2	3	1	0	0	3	4	0	0	1	0	2	0	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,067	**224**	206	162	76	147	62	95	61	143	61	16	2	211	188	10	22	64	74	83	31	130	57
	96.7%	**98.2%**	99.5%	97.0%	98.7%	98.0%	98.4%	99.0%	96.8%	97.9%	98.4%	100.0%	100.0%	98.6%	97.9%	100.0%	100.0%	98.5%	100.0%	97.6%	100.0%	98.5%	98.3%
None	315	**41**	41	20	13	28	18	14	7	23	15	2	0	39	33	3	4	22	13	6	25	15	1
	15.2%	**18.3%**	19.9%	12.3%	17.1%	19.0%	29.0%	14.7%	11.5%	16.1%	24.6%	12.5%	0.0%	18.5%	17.6%	30.0%	18.2%	34.4%	17.6%	7.2%	80.6%	11.5%	1.8%
1 time	470	**56**	56	41	20	36	13	21	19	33	18	3	0	51	44	3	8	19	24	13	0	48	6
	22.7%	**25.0%**	27.2%	25.3%	26.3%	24.5%	21.0%	22.1%	31.1%	23.1%	29.5%	18.8%	0.0%	24.2%	23.4%	30.0%	36.4%	29.7%	32.4%	15.7%	0.0%	36.9%	10.5%
2	494	**50**	43	38	15	35	13	19	18	30	15	5	1	47	44	1	5	11	17	21	2	34	11
	23.9%	**22.3%**	20.9%	23.5%	19.7%	23.8%	21.0%	20.0%	29.5%	21.0%	24.6%	31.3%	50.0%	22.3%	23.4%	10.0%	22.7%	17.2%	23.0%	25.3%	6.5%	26.2%	19.3%
3	309	**29**	25	23	9	20	8	10	11	20	6	3	1	28	25	0	4	8	10	11	2	19	7
	14.9%	**12.9%**	12.1%	14.2%	11.8%	13.6%	12.9%	10.5%	18.0%	14.0%	9.8%	18.8%	50.0%	13.3%	13.3%	0.0%	18.2%	12.5%	13.5%	13.3%	6.5%	14.6%	12.3%
4	176	**14**	12	21	5	8	2	10	1	11	2	0	0	12	13	0	0	1	1	11	0	9	5
	8.5%	**6.3%**	5.8%	13.0%	6.6%	5.4%	3.2%	10.5%	1.6%	7.7%	3.3%	0.0%	0.0%	5.7%	6.9%	0.0%	0.0%	1.6%	1.4%	13.3%	0.0%	6.9%	8.8%
5 to 9	239	**21**	23	14	10	11	4	13	4	16	4	1	0	21	17	3	1	3	4	13	1	4	16
	11.6%	**9.4%**	11.2%	8.6%	13.2%	7.5%	6.5%	13.7%	6.6%	11.2%	6.6%	6.3%	0.0%	10.0%	9.0%	30.0%	4.5%	4.7%	5.4%	15.7%	3.2%	3.1%	28.1%
10 or more times	64	**13**	6	5	4	9	4	8	1	10	1	2	0	13	12	0	0	0	5	8	1	1	11
	3.1%	**5.8%**	2.9%	3.1%	5.3%	6.1%	6.5%	8.4%	1.6%	7.0%	1.6%	12.5%	0.0%	6.2%	6.4%	0.0%	0.0%	0.0%	6.8%	9.6%	3.2%	0.8%	19.3%
5 or more times	303	**34**	29	19	14	20	8	21	5	26	5	3	0	34	29	3	1	3	9	21	2	5	27
	14.7%	**15.2%**	14.1%	11.7%	18.4%	13.6%	12.9%	22.1%	8.2%	18.2%	8.2%	18.8%	0.0%	16.1%	15.4%	30.0%	4.5%	4.7%	12.2%	25.3%	6.5%	3.8%	47.4%
Significantly different from column:*								I	H									T	T	RS	W	W	UV

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 17

In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

Base: All respondents who have a personal doctor and who visited their personal doctor to get care (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,752	**183**	165	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
Number missing or multiple answer	13	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,739	**183**	165	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
	99.3%	**100.0%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	37	**2**	4	0	0	2	0	2	0	2	0	0	0	2	2	0	0	0	1	1	0	1	0
	2.1%	**1.1%**	2.4%	0.0%	0.0%	1.7%	0.0%	2.5%	0.0%	1.7%	0.0%	0.0%	0.0%	1.2%	1.3%	0.0%	0.0%	0.0%	1.6%	1.3%	0.0%	0.9%	0.0%
Sometimes	118	**4**	12	9	2	2	0	3	1	2	2	0	0	4	3	0	1	1	1	2	0	1	3
	6.8%	**2.2%**	7.3%	6.3%	3.2%	1.7%	0.0%	3.7%	1.9%	1.7%	4.3%	0.0%	0.0%	2.3%	1.9%	0.0%	5.6%	2.4%	1.6%	2.6%	0.0%	0.9%	5.4%
Usually	302	**29**	25	30	12	17	4	13	11	19	8	2	0	29	23	3	3	4	9	15	1	21	7
	17.4%	**15.8%**	15.2%	21.1%	19.0%	14.3%	9.1%	16.0%	20.4%	15.8%	17.4%	14.3%	0.0%	16.9%	14.8%	42.9%	16.7%	9.5%	14.8%	19.5%	16.7%	18.3%	12.5%
Always	1,282	**148**	124	103	49	98	40	63	42	97	36	12	2	137	127	4	14	37	50	59	5	92	46
	73.7%	**80.9%**	75.2%	72.5%	77.8%	82.4%	90.9%	77.8%	77.8%	80.8%	78.3%	85.7%	100.0%	79.7%	81.9%	57.1%	77.8%	88.1%	82.0%	76.6%	83.3%	80.0%	82.1%
Significantly different from column:*		A																					
Usually or Always	1,584	**177**	149	133	61	115	44	76	53	116	44	14	2	166	150	7	17	41	59	74	6	113	53
	91.1%	**96.7%**	90.3%	93.7%	96.8%	96.6%	100.0%	93.8%	98.1%	96.7%	95.7%	100.0%	100.0%	96.5%	96.8%	100.0%	94.4%	97.6%	96.7%	96.1%	100.0%	98.3%	94.6%
Significantly different from column:*		AC																					

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 18

In the last 6 months, how often did your personal doctor listen carefully to you?

Base: All respondents who have a personal doctor and who visited their personal doctor to get care (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,752	**183**	165	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
Number missing or multiple answer	13	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,739	**183**	164	141	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
	99.3%	**100.0%**	99.4%	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	34	**0**	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.0%	**0.0%**	1.8%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sometimes	119	**8**	11	10	4	4	1	5	2	7	0	1	0	8	7	1	0	2	3	3	0	5	3
	6.8%	**4.4%**	6.7%	7.1%	6.3%	3.4%	2.3%	6.2%	3.7%	5.8%	0.0%	7.1%	0.0%	4.7%	4.5%	14.3%	0.0%	4.8%	4.9%	3.9%	0.0%	4.3%	5.4%
Usually	274	**29**	36	25	9	20	4	15	9	16	11	2	0	29	22	3	4	6	8	14	1	18	8
	15.8%	**15.8%**	22.0%	17.7%	14.3%	16.8%	9.1%	18.5%	16.7%	13.3%	23.9%	14.3%	0.0%	16.9%	14.2%	42.9%	22.2%	14.3%	13.1%	18.2%	16.7%	15.7%	14.3%
Always	1,312	**146**	114	105	50	95	39	61	43	97	35	11	2	135	126	3	14	34	50	60	5	92	45
	75.4%	**79.8%**	69.5%	74.5%	79.4%	79.8%	88.6%	75.3%	79.6%	80.8%	76.1%	78.6%	100.0%	78.5%	81.3%	42.9%	77.8%	81.0%	82.0%	77.9%	83.3%	80.0%	80.4%
Significantly different from column:*		C																					
Usually or Always	1,586	**175**	150	130	59	115	43	76	52	113	46	13	2	164	148	6	18	40	58	74	6	110	53
	91.2%	**95.6%**	91.5%	92.2%	93.7%	96.6%	97.7%	93.8%	96.3%	94.2%	100.0%	92.9%	100.0%	95.3%	95.5%	85.7%	100.0%	95.2%	95.1%	96.1%	100.0%	95.7%	94.6%
Significantly different from column:*		A																					

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 19

In the last 6 months, how often did your personal doctor show respect for what you had to say?

Base: All respondents who have a personal doctor and who visited their personal doctor to get care (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,752	**183**	165	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
Number missing or multiple answer	8	**0**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,744	**183**	164	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
	99.5%	**100.0%**	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	27	**1**	3	0	1	0	0	1	0	1	0	0	0	1	1	0	0	1	0	0	0	0	1
	1.5%	**0.5%**	1.8%	0.0%	1.6%	0.0%	0.0%	1.2%	0.0%	0.8%	0.0%	0.0%	0.0%	0.6%	0.6%	0.0%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	1.8%
Sometimes	90	**3**	9	11	1	2	0	1	2	1	1	1	0	3	2	1	0	1	1	1	0	3	0
	5.2%	**1.6%**	5.5%	7.7%	1.6%	1.7%	0.0%	1.2%	3.7%	0.8%	2.2%	7.1%	0.0%	1.7%	1.3%	14.3%	0.0%	2.4%	1.6%	1.3%	0.0%	2.6%	0.0%
Usually	255	**29**	24	21	10	19	4	16	8	21	8	0	0	29	24	2	3	5	8	15	1	19	8
	14.6%	**15.8%**	14.6%	14.8%	15.9%	16.0%	9.1%	19.8%	14.8%	17.5%	17.4%	0.0%	0.0%	16.9%	15.5%	28.6%	16.7%	11.9%	13.1%	19.5%	16.7%	16.5%	14.3%
Always	1,372	**150**	128	110	51	98	40	63	44	97	37	13	2	139	128	4	15	35	52	61	5	93	47
	78.7%	**82.0%**	78.0%	77.5%	81.0%	82.4%	90.9%	77.8%	81.5%	80.8%	80.4%	92.9%	100.0%	80.8%	82.6%	57.1%	83.3%	83.3%	85.2%	79.2%	83.3%	80.9%	83.9%
Significantly different from column:*																							
Usually or Always	1,627	**179**	152	131	61	117	44	79	52	118	45	13	2	168	152	6	18	40	60	76	6	112	55
	93.3%	**97.8%**	92.7%	92.3%	96.8%	98.3%	100.0%	97.5%	96.3%	98.3%	97.8%	92.9%	100.0%	97.7%	98.1%	85.7%	100.0%	95.2%	98.4%	98.7%	100.0%	97.4%	98.2%
Significantly different from column:*		ACD																					

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 20

In the last 6 months, how often did your personal doctor spend enough time with you?

Base: All respondents who have a personal doctor and who visited their personal doctor to get care (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,752	**183**	165	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
Number missing or multiple answer	16	**1**	0	0	1	0	1	0	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,736	**182**	165	142	62	119	43	81	54	119	46	14	2	171	154	7	18	42	60	77	6	114	56
	99.1%	**99.5%**	100.0%	100.0%	98.4%	100.0%	97.7%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	99.4%	99.4%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	99.1%	100.0%
Never	43	**2**	4	3	1	1	0	2	0	2	0	0	0	2	1	1	0	1	1	0	0	1	1
	2.5%	**1.1%**	2.4%	2.1%	1.6%	0.8%	0.0%	2.5%	0.0%	1.7%	0.0%	0.0%	0.0%	1.2%	0.6%	14.3%	0.0%	2.4%	1.7%	0.0%	0.0%	0.9%	1.8%
Sometimes	142	**13**	16	9	4	9	3	8	2	11	2	0	0	13	11	2	0	1	5	6	0	7	5
	8.2%	**7.1%**	9.7%	6.3%	6.5%	7.6%	7.0%	9.9%	3.7%	9.2%	4.3%	0.0%	0.0%	7.6%	7.1%	28.6%	0.0%	2.4%	8.3%	7.8%	0.0%	6.1%	8.9%
Usually	339	**29**	30	36	11	18	6	11	11	18	9	2	2	27	21	1	7	8	8	13	2	20	6
	19.5%	**15.9%**	18.2%	25.4%	17.7%	15.1%	14.0%	13.6%	20.4%	15.1%	19.6%	14.3%	100.0%	15.8%	13.6%	14.3%	38.9%	19.0%	13.3%	16.9%	33.3%	17.5%	10.7%
Always	1,212	**138**	115	94	46	91	34	60	41	88	35	12	0	129	121	3	11	32	46	58	4	86	44
	69.8%	**75.8%**	69.7%	66.2%	74.2%	76.5%	79.1%	74.1%	75.9%	73.9%	76.1%	85.7%	0.0%	75.4%	78.6%	42.9%	61.1%	76.2%	76.7%	75.3%	66.7%	75.4%	78.6%
Significantly different from column:*																							
Usually or Always	1,551	**167**	145	130	57	109	40	71	52	106	44	14	2	156	142	4	18	40	54	71	6	106	50
	89.3%	**91.8%**	87.9%	91.5%	91.9%	91.6%	93.0%	87.7%	96.3%	89.1%	95.7%	100.0%	100.0%	91.2%	92.2%	57.1%	100.0%	95.2%	90.0%	92.2%	100.0%	93.0%	89.3%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 21

In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

Base: All respondents who have a personal doctor and who visited their personal doctor to get care (Q15 & Q16)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,752	**183**	165	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
Number missing or multiple answer	24	**0**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,728	**183**	164	142	63	119	44	81	54	120	46	14	2	172	155	7	18	42	61	77	6	115	56
	98.6%	**100.0%**	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Yes	1,066	**125**	94	85	39	86	33	56	33	82	33	8	1	118	105	6	12	21	47	56	4	72	43
	61.7%	**68.3%**	57.3%	59.9%	61.9%	72.3%	75.0%	69.1%	61.1%	68.3%	71.7%	57.1%	50.0%	68.6%	67.7%	85.7%	66.7%	50.0%	77.0%	72.7%	66.7%	62.6%	76.8%
No	662	**58**	70	57	24	33	11	25	21	38	13	6	1	54	50	1	6	21	14	21	2	43	13
	38.3%	**31.7%**	42.7%	40.1%	38.1%	27.7%	25.0%	30.9%	38.9%	31.7%	28.3%	42.9%	50.0%	31.4%	32.3%	14.3%	33.3%	50.0%	23.0%	27.3%	33.3%	37.4%	23.2%
Significantly different from column:*		C																ST	R	R			

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 22

In the last 6 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?

Base: All respondents who have a personal doctor, visited their personal doctor, and got care from another health provider besides their personal doctor (Q15, Q16, & Q21)

					Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
	2017 CSS Average	**2017**	2016	2015	Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,066	**125**	94	85	39	86	33	56	33	82	33	8	1	118	105	6	12	21	47	56	4	72	43
Number missing or multiple answer	24	**4**	0	0	3	1	3	0	1	4	0	0	0	4	4	0	0	1	2	1	0	3	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,042	**121**	94	85	36	85	30	56	32	78	33	8	1	114	101	6	12	20	45	55	4	69	42
	97.7%	**96.8%**	100.0%	100.0%	92.3%	98.8%	90.9%	100.0%	97.0%	95.1%	100.0%	100.0%	100.0%	96.6%	96.2%	100.0%	100.0%	95.2%	95.7%	98.2%	100.0%	95.8%	97.7%
Never	57	**5**	10	5	1	4	0	3	1	4	1	0	0	4	4	1	0	0	4	1	0	3	1
	5.5%	**4.1%**	10.6%	5.9%	2.8%	4.7%	0.0%	5.4%	3.1%	5.1%	3.0%	0.0%	0.0%	3.5%	4.0%	16.7%	0.0%	0.0%	8.9%	1.8%	0.0%	4.3%	2.4%
Sometimes	144	**12**	11	12	0	12	2	6	4	6	3	3	0	11	10	0	2	3	3	5	0	6	5
	13.8%	**9.9%**	11.7%	14.1%	0.0%	14.1%	6.7%	10.7%	12.5%	7.7%	9.1%	37.5%	0.0%	9.6%	9.9%	0.0%	16.7%	15.0%	6.7%	9.1%	0.0%	8.7%	11.9%
Usually	243	**33**	21	23	12	21	8	14	10	24	9	0	1	32	26	2	5	8	9	16	2	19	10
	23.3%	**27.3%**	22.3%	27.1%	33.3%	24.7%	26.7%	25.0%	31.3%	30.8%	27.3%	0.0%	100.0%	28.1%	25.7%	33.3%	41.7%	40.0%	20.0%	29.1%	50.0%	27.5%	23.8%
Always	598	**71**	52	45	23	48	20	33	17	44	20	5	0	67	61	3	5	9	29	33	2	41	26
	57.4%	**58.7%**	55.3%	52.9%	63.9%	56.5%	66.7%	58.9%	53.1%	56.4%	60.6%	62.5%	0.0%	58.8%	60.4%	50.0%	41.7%	45.0%	64.4%	60.0%	50.0%	59.4%	61.9%
Significantly different from column:*																							
Usually or Always	841	**104**	73	68	35	69	28	47	27	68	29	5	1	99	87	5	10	17	38	49	4	60	36
	80.7%	**86.0%**	77.7%	80.0%	97.2%	81.2%	93.3%	83.9%	84.4%	87.2%	87.9%	62.5%	100.0%	86.8%	86.1%	83.3%	83.3%	85.0%	84.4%	89.1%	100.0%	87.0%	85.7%
Significantly different from column:*					F	E																	

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 23

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Base: All respondents who have a personal doctor (Q15)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,138	**228**	207	167	77	150	63	96	63	146	62	16	2	214	192	10	22	65	74	85	31	132	58
Number missing or multiple answer	97	**4**	4	2	0	4	1	2	1	3	1	0	0	4	4	0	0	0	1	3	0	4	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,041	**224**	203	165	77	146	62	94	62	143	61	16	2	210	188	10	22	65	73	82	31	128	58
	95.5%	**98.2%**	98.1%	98.8%	100.0%	97.3%	98.4%	97.9%	98.4%	97.9%	98.4%	100.0%	100.0%	98.1%	97.9%	100.0%	100.0%	100.0%	98.6%	96.5%	100.0%	97.0%	100.0%
0 Worst personal doctor possible	18	**0**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.9%	**0.0%**	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1	12	**0**	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.6%	**0.0%**	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	8	**0**	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.4%	**0.0%**	0.5%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	19	**0**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.9%	**0.0%**	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4	27	**1**	6	3	0	1	1	0	0	1	0	0	0	1	1	0	0	1	0	0	1	0	0
	1.3%	**0.4%**	3.0%	1.8%	0.0%	0.7%	1.6%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%	1.5%	0.0%	0.0%	3.2%	0.0%	0.0%
5	109	**15**	5	12	7	8	2	8	5	12	2	1	0	14	12	2	1	2	7	6	4	6	4
	5.3%	**6.7%**	2.5%	7.3%	9.1%	5.5%	3.2%	8.5%	8.1%	8.4%	3.3%	6.3%	0.0%	6.7%	6.4%	20.0%	4.5%	3.1%	9.6%	7.3%	12.9%	4.7%	6.9%
6	74	**10**	7	9	2	8	2	4	3	8	2	0	1	9	8	2	0	2	5	2	1	5	4
	3.6%	**4.5%**	3.4%	5.5%	2.6%	5.5%	3.2%	4.3%	4.8%	5.6%	3.3%	0.0%	50.0%	4.3%	4.3%	20.0%	0.0%	3.1%	6.8%	2.4%	3.2%	3.9%	6.9%
7	174	**21**	21	19	8	13	6	12	3	10	11	0	0	21	18	1	2	6	9	5	5	11	5
	8.5%	**9.4%**	10.3%	11.5%	10.4%	8.9%	9.7%	12.8%	4.8%	7.0%	18.0%	0.0%	0.0%	10.0%	9.6%	10.0%	9.1%	9.2%	12.3%	6.1%	16.1%	8.6%	8.6%
8	261	**32**	42	22	11	21	7	14	11	23	5	4	0	31	29	1	2	6	12	14	2	22	6
	12.8%	**14.3%**	20.7%	13.3%	14.3%	14.4%	11.3%	14.9%	17.7%	16.1%	8.2%	25.0%	0.0%	14.8%	15.4%	10.0%	9.1%	9.2%	16.4%	17.1%	6.5%	17.2%	10.3%
9	300	**35**	35	21	14	20	5	13	15	18	14	2	0	33	26	1	7	16	6	12	2	24	8
	14.7%	**15.6%**	17.2%	12.7%	18.2%	13.7%	8.1%	13.8%	24.2%	12.6%	23.0%	12.5%	0.0%	15.7%	13.8%	10.0%	31.8%	24.6%	8.2%	14.6%	6.5%	18.8%	13.8%
10 Best personal doctor possible	1,039	**110**	80	77	35	75	39	43	25	71	27	9	1	101	94	3	10	32	34	43	16	60	31
	50.9%	**49.1%**	39.4%	46.7%	45.5%	51.4%	62.9%	45.7%	40.3%	49.7%	44.3%	56.3%	50.0%	48.1%	50.0%	30.0%	45.5%	49.2%	46.6%	52.4%	51.6%	46.9%	53.4%

NA - Not Applicable

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 23

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Base: All respondents who have a personal doctor (Q15)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,138	**228**	207	167	77	150	63	96	63	146	62	16	2	214	192	10	22	65	74	85	31	132	58
Number missing or multiple answer	97	**4**	4	2	0	4	1	2	1	3	1	0	0	4	4	0	0	0	1	3	0	4	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,041	**224**	203	165	77	146	62	94	62	143	61	16	2	210	188	10	22	65	73	82	31	128	58
	95.5%	**98.2%**	98.1%	98.8%	100.0%	97.3%	98.4%	97.9%	98.4%	97.9%	98.4%	100.0%	100.0%	98.1%	97.9%	100.0%	100.0%	100.0%	98.6%	96.5%	100.0%	97.0%	100.0%
0 to 4	84	**1**	13	5	0	1	1	0	0	1	0	0	0	1	1	0	0	1	0	0	1	0	0
	4.1%	**0.4%**	6.4%	3.0%	0.0%	0.7%	1.6%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%	1.5%	0.0%	0.0%	3.2%	0.0%	0.0%
5	109	**15**	5	12	7	8	2	8	5	12	2	1	0	14	12	2	1	2	7	6	4	6	4
	5.3%	**6.7%**	2.5%	7.3%	9.1%	5.5%	3.2%	8.5%	8.1%	8.4%	3.3%	6.3%	0.0%	6.7%	6.4%	20.0%	4.5%	3.1%	9.6%	7.3%	12.9%	4.7%	6.9%
6 or 7	248	**31**	28	28	10	21	8	16	6	18	13	0	1	30	26	3	2	8	14	7	6	16	9
	12.2%	**13.8%**	13.8%	17.0%	13.0%	14.4%	12.9%	17.0%	9.7%	12.6%	21.3%	0.0%	50.0%	14.3%	13.8%	30.0%	9.1%	12.3%	19.2%	8.5%	19.4%	12.5%	15.5%
8 to 10	1,600	**177**	157	120	60	116	51	70	51	112	46	15	1	165	149	5	19	54	52	69	20	106	45
	78.4%	**79.0%**	77.3%	72.7%	77.9%	79.5%	82.3%	74.5%	82.3%	78.3%	75.4%	93.8%	50.0%	78.6%	79.3%	50.0%	86.4%	83.1%	71.2%	84.1%	64.5%	82.8%	77.6%
Significantly different from column:*																					V	U	
NCQA Composite Score of 1	267	**26**	25	26	9	17	5	12	8	21	4	1	1	24	21	4	1	5	12	8	6	11	8
(0 to 6)	13.1%	**11.6%**	12.3%	15.8%	11.7%	11.6%	8.1%	12.8%	12.9%	14.7%	6.6%	6.3%	50.0%	11.4%	11.2%	40.0%	4.5%	7.7%	16.4%	9.8%	19.4%	8.6%	13.8%
NCQA Composite Score of 2	435	**53**	63	41	19	34	13	26	14	33	16	4	0	52	47	2	4	12	21	19	7	33	11
(7 to 8)	21.3%	**23.7%**	31.0%	24.8%	24.7%	23.3%	21.0%	27.7%	22.6%	23.1%	26.2%	25.0%	0.0%	24.8%	25.0%	20.0%	18.2%	18.5%	28.8%	23.2%	22.6%	25.8%	19.0%
NCQA Composite Score of 3	1,339	**145**	115	98	49	95	44	56	40	89	41	11	1	134	120	4	17	48	40	55	18	84	39
(9 to 10)	65.6%	**64.7%**	56.7%	59.4%	63.6%	65.1%	71.0%	59.6%	64.5%	62.2%	67.2%	68.8%	50.0%	63.8%	63.8%	40.0%	77.3%	73.8%	54.8%	67.1%	58.1%	65.6%	67.2%
Significantly different from column:*																		S	R				

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 24

In the last 6 months, did you make any appointments to see a specialist?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	33	**5**	2	12	2	3	3	1	1	4	1	0	0	4	5	0	0	0	1	4	0	3	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,587	**279**	298	236	99	178	82	118	72	169	82	21	2	265	232	17	26	81	96	98	56	151	64
	98.7%	**98.2%**	99.3%	95.2%	98.0%	98.3%	96.5%	99.2%	98.6%	97.7%	98.8%	100.0%	100.0%	98.5%	97.9%	100.0%	100.0%	100.0%	99.0%	96.1%	100.0%	98.1%	98.5%
Yes	1,213	**136**	109	89	44	91	33	65	34	78	44	11	1	127	116	7	11	26	48	59	6	76	48
	46.9%	**48.7%**	36.6%	37.7%	44.4%	51.1%	40.2%	55.1%	47.2%	46.2%	53.7%	52.4%	50.0%	47.9%	50.0%	41.2%	42.3%	32.1%	50.0%	60.2%	10.7%	50.3%	75.0%
No	1,374	**143**	189	147	55	87	49	53	38	91	38	10	1	138	116	10	15	55	48	39	50	75	16
	53.1%	**51.3%**	63.4%	62.3%	55.6%	48.9%	59.8%	44.9%	52.8%	53.8%	46.3%	47.6%	50.0%	52.1%	50.0%	58.8%	57.7%	67.9%	50.0%	39.8%	89.3%	49.7%	25.0%
Significantly different from column:*		CD					H	G										ST	R	R	VW	UW	UV

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 25

In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Base: All respondents who made an appointment to see a specialist (Q24)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,213	**136**	109	89	44	91	33	65	34	78	44	11	1	127	116	7	11	26	48	59	6	76	48
Number missing or multiple answer	21	**1**	0	1	0	1	1	0	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,192	**135**	109	88	44	90	32	65	34	77	44	11	1	126	115	7	11	26	47	59	6	75	48
	98.3%	**99.3%**	100.0%	98.9%	100.0%	98.9%	97.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	99.2%	99.1%	100.0%	100.0%	100.0%	97.9%	100.0%	100.0%	98.7%	100.0%
Never	40	**4**	4	7	2	2	3	1	0	2	2	0	0	4	3	0	1	2	1	1	0	3	1
	3.4%	**3.0%**	3.7%	8.0%	4.5%	2.2%	9.4%	1.5%	0.0%	2.6%	4.5%	0.0%	0.0%	3.2%	2.6%	0.0%	9.1%	7.7%	2.1%	1.7%	0.0%	4.0%	2.1%
Sometimes	188	**18**	22	16	6	12	4	12	2	15	3	0	0	15	17	0	1	2	4	11	0	8	9
	15.8%	**13.3%**	20.2%	18.2%	13.6%	13.3%	12.5%	18.5%	5.9%	19.5%	6.8%	0.0%	0.0%	11.9%	14.8%	0.0%	9.1%	7.7%	8.5%	18.6%	0.0%	10.7%	18.8%
Usually	311	**46**	24	19	18	27	10	22	12	25	16	4	0	44	36	4	5	7	18	19	1	27	16
	26.1%	**34.1%**	22.0%	21.6%	40.9%	30.0%	31.3%	33.8%	35.3%	32.5%	36.4%	36.4%	0.0%	34.9%	31.3%	57.1%	45.5%	26.9%	38.3%	32.2%	16.7%	36.0%	33.3%
Always	653	**67**	59	46	18	49	15	30	20	35	23	7	1	63	59	3	4	15	24	28	5	37	22
	54.8%	**49.6%**	54.1%	52.3%	40.9%	54.4%	46.9%	46.2%	58.8%	45.5%	52.3%	63.6%	100.0%	50.0%	51.3%	42.9%	36.4%	57.7%	51.1%	47.5%	83.3%	49.3%	45.8%
Significantly different from column:*																							
Usually or Always	964	**113**	83	65	36	76	25	52	32	60	39	11	1	107	95	7	9	22	42	47	6	64	38
	80.9%	**83.7%**	76.1%	73.9%	81.8%	84.4%	78.1%	80.0%	94.1%	77.9%	88.6%	100.0%	100.0%	84.9%	82.6%	100.0%	81.8%	84.6%	89.4%	79.7%	100.0%	85.3%	79.2%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 26

How many specialists have you seen in the last 6 months?

Base: All respondents who made an appointment to see a specialist (Q24)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,213	**136**	109	89	44	91	33	65	34	78	44	11	1	127	116	7	11	26	48	59	6	76	48
Number missing or multiple answer	32	**0**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,181	**136**	108	89	44	91	33	65	34	78	44	11	1	127	116	7	11	26	48	59	6	76	48
	97.4%	**100.0%**	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
None	44	**4**	6	4	2	2	3	0	1	3	0	1	0	4	3	0	1	2	1	1	0	2	1
	3.7%	**2.9%**	5.6%	4.5%	4.5%	2.2%	9.1%	0.0%	2.9%	3.8%	0.0%	9.1%	0.0%	3.1%	2.6%	0.0%	9.1%	7.7%	2.1%	1.7%	0.0%	2.6%	2.1%
1 specialist	560	**68**	54	46	15	53	19	30	16	38	24	4	1	62	60	3	4	14	29	23	3	46	16
	47.4%	**50.0%**	50.0%	51.7%	34.1%	58.2%	57.6%	46.2%	47.1%	48.7%	54.5%	36.4%	100.0%	48.8%	51.7%	42.9%	36.4%	53.8%	60.4%	39.0%	50.0%	60.5%	33.3%
2	320	**44**	31	24	18	25	9	24	10	25	12	6	0	42	35	3	5	9	13	21	3	23	16
	27.1%	**32.4%**	28.7%	27.0%	40.9%	27.5%	27.3%	36.9%	29.4%	32.1%	27.3%	54.5%	0.0%	33.1%	30.2%	42.9%	45.5%	34.6%	27.1%	35.6%	50.0%	30.3%	33.3%
3	161	**13**	11	13	6	7	1	6	6	7	6	0	0	12	12	0	1	1	4	8	0	5	8
	13.6%	**9.6%**	10.2%	14.6%	13.6%	7.7%	3.0%	9.2%	17.6%	9.0%	13.6%	0.0%	0.0%	9.4%	10.3%	0.0%	9.1%	3.8%	8.3%	13.6%	0.0%	6.6%	16.7%
4	57	**4**	4	1	2	2	0	3	1	3	1	0	0	4	4	0	0	0	1	3	0	0	4
	4.8%	**2.9%**	3.7%	1.1%	4.5%	2.2%	0.0%	4.6%	2.9%	3.8%	2.3%	0.0%	0.0%	3.1%	3.4%	0.0%	0.0%	0.0%	2.1%	5.1%	0.0%	0.0%	8.3%
5 or more specialists	39	**3**	2	1	1	2	1	2	0	2	1	0	0	3	2	1	0	0	0	3	0	0	3
	3.3%	**2.2%**	1.9%	1.1%	2.3%	2.2%	3.0%	3.1%	0.0%	2.6%	2.3%	0.0%	0.0%	2.4%	1.7%	14.3%	0.0%	0.0%	0.0%	5.1%	0.0%	0.0%	6.3%
3 or more specialists	257	**20**	17	15	9	11	2	11	7	12	8	0	0	19	18	1	1	1	5	14	0	5	15
	21.8%	**14.7%**	15.7%	16.9%	20.5%	12.1%	6.1%	16.9%	20.6%	15.4%	18.2%	0.0%	0.0%	15.0%	15.5%	14.3%	9.1%	3.8%	10.4%	23.7%	0.0%	6.6%	31.3%
Significantly different from column:*																						W	V

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 27

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Base: All respondents who saw a specialist (Q24 & Q26)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,137	**132**	102	85	42	89	30	65	33	75	44	10	1	123	113	7	10	24	47	58	6	74	47
Number missing or multiple answer	13	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,124	**132**	101	84	42	89	30	65	33	75	44	10	1	123	113	7	10	24	47	58	6	74	47
	98.9%	**100.0%**	99.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
0 Worst specialist possible	8	**0**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.7%	**0.0%**	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1	7	**1**	1	0	0	1	0	1	0	0	1	0	0	1	1	0	0	0	0	1	0	0	1
	0.6%	**0.8%**	1.0%	0.0%	0.0%	1.1%	0.0%	1.5%	0.0%	0.0%	2.3%	0.0%	0.0%	0.8%	0.9%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%	2.1%
2	11	**1**	1	2	0	1	1	0	0	1	0	0	0	1	1	0	0	0	0	1	0	0	1
	1.0%	**0.8%**	1.0%	2.4%	0.0%	1.1%	3.3%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.8%	0.9%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%	2.1%
3	8	**0**	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.7%	**0.0%**	2.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4	22	**2**	1	3	1	1	0	1	1	2	0	0	0	1	1	1	0	0	1	1	0	1	1
	2.0%	**1.5%**	1.0%	3.6%	2.4%	1.1%	0.0%	1.5%	3.0%	2.7%	0.0%	0.0%	0.0%	0.8%	0.9%	14.3%	0.0%	0.0%	2.1%	1.7%	0.0%	1.4%	2.1%
5	46	**9**	8	4	2	7	3	6	0	5	3	1	0	9	8	1	0	0	1	8	1	4	3
	4.1%	**6.8%**	7.9%	4.8%	4.8%	7.9%	10.0%	9.2%	0.0%	6.7%	6.8%	10.0%	0.0%	7.3%	7.1%	14.3%	0.0%	0.0%	2.1%	13.8%	16.7%	5.4%	6.4%
6	41	**7**	4	6	4	3	1	4	2	6	1	0	0	7	7	0	0	0	4	3	1	3	3
	3.6%	**5.3%**	4.0%	7.1%	9.5%	3.4%	3.3%	6.2%	6.1%	8.0%	2.3%	0.0%	0.0%	5.7%	6.2%	0.0%	0.0%	0.0%	8.5%	5.2%	16.7%	4.1%	6.4%
7	94	**17**	7	8	4	13	2	12	2	9	8	0	0	17	14	1	2	3	3	11	0	10	6
	8.4%	**12.9%**	6.9%	9.5%	9.5%	14.6%	6.7%	18.5%	6.1%	12.0%	18.2%	0.0%	0.0%	13.8%	12.4%	14.3%	20.0%	12.5%	6.4%	19.0%	0.0%	13.5%	12.8%
8	141	**15**	19	15	5	10	4	6	4	5	8	1	0	13	12	2	0	3	7	4	0	9	6
	12.5%	**11.4%**	18.8%	17.9%	11.9%	11.2%	13.3%	9.2%	12.1%	6.7%	18.2%	10.0%	0.0%	10.6%	10.6%	28.6%	0.0%	12.5%	14.9%	6.9%	0.0%	12.2%	12.8%
9	193	**21**	19	12	8	13	5	8	8	10	9	2	0	20	19	0	2	9	6	5	0	12	8
	17.2%	**15.9%**	18.8%	14.3%	19.0%	14.6%	16.7%	12.3%	24.2%	13.3%	20.5%	20.0%	0.0%	16.3%	16.8%	0.0%	20.0%	37.5%	12.8%	8.6%	0.0%	16.2%	17.0%
10 Best specialist possible	553	**59**	38	32	18	40	14	27	16	37	14	6	1	54	50	2	6	9	25	24	4	35	18
	49.2%	**44.7%**	37.6%	38.1%	42.9%	44.9%	46.7%	41.5%	48.5%	49.3%	31.8%	60.0%	100.0%	43.9%	44.2%	28.6%	60.0%	37.5%	53.2%	41.4%	66.7%	47.3%	38.3%

NA - Not Applicable

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 27

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Base: All respondents who saw a specialist (Q24 & Q26)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,137	**132**	102	85	42	89	30	65	33	75	44	10	1	123	113	7	10	24	47	58	6	74	47
Number missing or multiple answer	13	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,124	**132**	101	84	42	89	30	65	33	75	44	10	1	123	113	7	10	24	47	58	6	74	47
	98.9%	**100.0%**	99.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
0 to 4	56	**4**	6	7	1	3	1	2	1	3	1	0	0	3	3	1	0	0	1	3	0	1	3
	5.0%	**3.0%**	5.9%	8.3%	2.4%	3.4%	3.3%	3.1%	3.0%	4.0%	2.3%	0.0%	0.0%	2.4%	2.7%	14.3%	0.0%	0.0%	2.1%	5.2%	0.0%	1.4%	6.4%
5	46	**9**	8	4	2	7	3	6	0	5	3	1	0	9	8	1	0	0	1	8	1	4	3
	4.1%	**6.8%**	7.9%	4.8%	4.8%	7.9%	10.0%	9.2%	0.0%	6.7%	6.8%	10.0%	0.0%	7.3%	7.1%	14.3%	0.0%	0.0%	2.1%	13.8%	16.7%	5.4%	6.4%
6 or 7	135	**24**	11	14	8	16	3	16	4	15	9	0	0	24	21	1	2	3	7	14	1	13	9
	12.0%	**18.2%**	10.9%	16.7%	19.0%	18.0%	10.0%	24.6%	12.1%	20.0%	20.5%	0.0%	0.0%	19.5%	18.6%	14.3%	20.0%	12.5%	14.9%	24.1%	16.7%	17.6%	19.1%
8 to 10	887	**95**	76	59	31	63	23	41	28	52	31	9	1	87	81	4	8	21	38	33	4	56	32
	78.9%	**72.0%**	75.2%	70.2%	73.8%	70.8%	76.7%	63.1%	84.8%	69.3%	70.5%	90.0%	100.0%	70.7%	71.7%	57.1%	80.0%	87.5%	80.9%	56.9%	66.7%	75.7%	68.1%
Significantly different from column:*								I	H									T	T	RS			
NCQA Composite Score of 1	143	**20**	18	17	7	13	5	12	3	14	5	1	0	19	18	2	0	0	6	14	2	8	9
(0 to 6)	12.7%	**15.2%**	17.8%	20.2%	16.7%	14.6%	16.7%	18.5%	9.1%	18.7%	11.4%	10.0%	0.0%	15.4%	15.9%	28.6%	0.0%	0.0%	12.8%	24.1%	33.3%	10.8%	19.1%
NCQA Composite Score of 2	235	**32**	26	23	9	23	6	18	6	14	16	1	0	30	26	3	2	6	10	15	0	19	12
(7 to 8)	20.9%	**24.2%**	25.7%	27.4%	21.4%	25.8%	20.0%	27.7%	18.2%	18.7%	36.4%	10.0%	0.0%	24.4%	23.0%	42.9%	20.0%	25.0%	21.3%	25.9%	0.0%	25.7%	25.5%
NCQA Composite Score of 3	746	**80**	57	44	26	53	19	35	24	47	23	8	1	74	69	2	8	18	31	29	4	47	26
(9 to 10)	66.4%	**60.6%**	56.4%	52.4%	61.9%	59.6%	63.3%	53.8%	72.7%	62.7%	52.3%	80.0%	100.0%	60.2%	61.1%	28.6%	80.0%	75.0%	66.0%	50.0%	66.7%	63.5%	55.3%
Significantly different from column:*																		T		R			

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 28

In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	38	**2**	1	12	0	1	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,582	**282**	299	236	101	180	85	119	72	172	83	21	2	269	236	17	26	80	97	102	56	152	65
	98.5%	**99.3%**	99.7%	95.2%	100.0%	99.4%	100.0%	100.0%	98.6%	99.4%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	98.7%	100.0%
Yes	527	**54**	43	35	14	40	15	25	13	30	21	3	1	51	42	3	9	17	15	21	5	32	16
	20.4%	**19.1%**	14.4%	14.8%	13.9%	22.2%	17.6%	21.0%	18.1%	17.4%	25.3%	14.3%	50.0%	19.0%	17.8%	17.6%	34.6%	21.3%	15.5%	20.6%	8.9%	21.1%	24.6%
No	2,055	**228**	256	201	87	140	70	94	59	142	62	18	1	218	194	14	17	63	82	81	51	120	49
	79.6%	**80.9%**	85.6%	85.2%	86.1%	77.8%	82.4%	79.0%	81.9%	82.6%	74.7%	85.7%	50.0%	81.0%	82.2%	82.4%	65.4%	78.8%	84.5%	79.4%	91.1%	78.9%	75.4%
Significantly different from column:*															Q		O				VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 29

In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

Base: All respondents who looked for information in written materials or on the Internet about how their health plan works (Q28)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	527	**54**	43	35	14	40	15	25	13	30	21	3	1	51	42	3	9	17	15	21	5	32	16
Number missing or multiple answer	10	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	517	**54**	42	34	14	40	15	25	13	30	21	3	1	51	42	3	9	17	15	21	5	32	16
	98.1%	**100.0%**	97.7%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Never	37	**2**	2	3	0	2	0	1	1	0	2	0	0	2	1	0	1	0	1	1	0	1	1
	7.2%	**3.7%**	4.8%	8.8%	0.0%	5.0%	0.0%	4.0%	7.7%	0.0%	9.5%	0.0%	0.0%	3.9%	2.4%	0.0%	11.1%	0.0%	6.7%	4.8%	0.0%	3.1%	6.3%
Sometimes	142	**15**	12	9	5	10	3	9	2	6	8	1	0	14	9	1	5	6	4	5	0	13	2
	27.5%	**27.8%**	28.6%	26.5%	35.7%	25.0%	20.0%	36.0%	15.4%	20.0%	38.1%	33.3%	0.0%	27.5%	21.4%	33.3%	55.6%	35.3%	26.7%	23.8%	0.0%	40.6%	12.5%
Usually	177	**23**	17	11	4	19	7	11	5	13	8	2	1	21	20	1	2	4	7	11	2	12	8
	34.2%	**42.6%**	40.5%	32.4%	28.6%	47.5%	46.7%	44.0%	38.5%	43.3%	38.1%	66.7%	100.0%	41.2%	47.6%	33.3%	22.2%	23.5%	46.7%	52.4%	40.0%	37.5%	50.0%
Always	161	**14**	11	11	5	9	5	4	5	11	3	0	0	14	12	1	1	7	3	4	3	6	5
	31.1%	**25.9%**	26.2%	32.4%	35.7%	22.5%	33.3%	16.0%	38.5%	36.7%	14.3%	0.0%	0.0%	27.5%	28.6%	33.3%	11.1%	41.2%	20.0%	19.0%	60.0%	18.8%	31.3%
Significantly different from column:*																							
Usually or Always	338	**37**	28	22	9	28	12	15	10	24	11	2	1	35	32	2	3	11	10	15	5	18	13
	65.4%	**68.5%**	66.7%	64.7%	64.3%	70.0%	80.0%	60.0%	76.9%	80.0%	52.4%	66.7%	100.0%	68.6%	76.2%	66.7%	33.3%	64.7%	66.7%	71.4%	100.0%	56.3%	81.3%
Significantly different from column:*										K	J												

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 30

In the last 6 months, did you get information or help from your health plan's customer service?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	65	**9**	5	12	4	4	3	3	2	5	3	0	0	5	8	0	0	3	2	3	0	5	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,555	**275**	295	236	97	177	82	116	71	168	80	21	2	264	229	17	26	78	95	99	56	149	63
	97.5%	**96.8%**	98.3%	95.2%	96.0%	97.8%	96.5%	97.5%	97.3%	97.1%	96.4%	100.0%	100.0%	98.1%	96.6%	100.0%	100.0%	96.3%	97.9%	97.1%	100.0%	96.8%	96.9%
Yes	837	**67**	64	46	29	38	19	29	18	42	20	5	1	66	54	4	8	19	21	25	4	45	18
	32.8%	**24.4%**	21.7%	19.5%	29.9%	21.5%	23.2%	25.0%	25.4%	25.0%	25.0%	23.8%	50.0%	25.0%	23.6%	23.5%	30.8%	24.4%	22.1%	25.3%	7.1%	30.2%	28.6%
No	1,718	**208**	231	190	68	139	63	87	53	126	60	16	1	198	175	13	18	59	74	74	52	104	45
	67.2%	**75.6%**	78.3%	80.5%	70.1%	78.5%	76.8%	75.0%	74.6%	75.0%	75.0%	76.2%	50.0%	75.0%	76.4%	76.5%	69.2%	75.6%	77.9%	74.7%	92.9%	69.8%	71.4%
Significantly different from column:*		A																			VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 31

In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

Base: All respondents who tried to get information from the health plan's customer service (Q30)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	837	**67**	64	46	29	38	19	29	18	42	20	5	1	66	54	4	8	19	21	25	4	45	18
Number missing or multiple answer	12	**1**	0	2	0	1	0	1	0	1	0	0	0	1	0	1	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	825	**66**	64	44	29	37	19	28	18	41	20	5	1	65	54	3	8	19	20	25	4	44	18
	98.6%	**98.5%**	100.0%	95.7%	100.0%	97.4%	100.0%	96.6%	100.0%	97.6%	100.0%	100.0%	100.0%	98.5%	100.0%	75.0%	100.0%	100.0%	95.2%	100.0%	100.0%	97.8%	100.0%
Never	23	**0**	8	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.8%	**0.0%**	12.5%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sometimes	137	**6**	8	11	2	4	2	2	2	4	2	0	0	6	6	0	0	2	1	3	0	3	3
	16.6%	**9.1%**	12.5%	25.0%	6.9%	10.8%	10.5%	7.1%	11.1%	9.8%	10.0%	0.0%	0.0%	9.2%	11.1%	0.0%	0.0%	10.5%	5.0%	12.0%	0.0%	6.8%	16.7%
Usually	186	**12**	17	12	3	9	1	7	3	7	3	2	0	12	8	1	3	3	2	6	0	9	3
	22.5%	**18.2%**	26.6%	27.3%	10.3%	24.3%	5.3%	25.0%	16.7%	17.1%	15.0%	40.0%	0.0%	18.5%	14.8%	33.3%	37.5%	15.8%	10.0%	24.0%	0.0%	20.5%	16.7%
Always	479	**48**	31	19	24	24	16	19	13	30	15	3	1	47	40	2	5	14	17	16	4	32	12
	58.1%	**72.7%**	48.4%	43.2%	82.8%	64.9%	84.2%	67.9%	72.2%	73.2%	75.0%	60.0%	100.0%	72.3%	74.1%	66.7%	62.5%	73.7%	85.0%	64.0%	100.0%	72.7%	66.7%
Significantly different from column:*		ACD																					
Usually or Always	665	**60**	48	31	27	33	17	26	16	37	18	5	1	59	48	3	8	17	19	22	4	41	15
	80.6%	**90.9%**	75.0%	70.5%	93.1%	89.2%	89.5%	92.9%	88.9%	90.2%	90.0%	100.0%	100.0%	90.8%	88.9%	100.0%	100.0%	89.5%	95.0%	88.0%	100.0%	93.2%	83.3%
Significantly different from column:*		ACD																					

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 32

In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

Base: All respondents who tried to get information from the health plan's customer service (Q30)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	837	**67**	64	46	29	38	19	29	18	42	20	5	1	66	54	4	8	19	21	25	4	45	18
Number missing or multiple answer	23	**2**	1	1	0	2	1	1	0	2	0	0	0	2	1	1	0	0	1	1	0	1	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	814	**65**	63	45	29	36	18	28	18	40	20	5	1	64	53	3	8	19	20	24	4	44	17
	97.3%	**97.0%**	98.4%	97.8%	100.0%	94.7%	94.7%	96.6%	100.0%	95.2%	100.0%	100.0%	100.0%	97.0%	98.1%	75.0%	100.0%	100.0%	95.2%	96.0%	100.0%	97.8%	94.4%
Never	10	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.2%	**0.0%**	1.6%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sometimes	52	**3**	7	3	0	3	0	2	1	2	0	1	0	3	2	0	1	0	0	3	0	1	2
	6.4%	**4.6%**	11.1%	6.7%	0.0%	8.3%	0.0%	7.1%	5.6%	5.0%	0.0%	20.0%	0.0%	4.7%	3.8%	0.0%	12.5%	0.0%	0.0%	12.5%	0.0%	2.3%	11.8%
Usually	126	**9**	9	4	6	3	3	3	3	4	3	2	1	8	7	0	2	4	1	3	0	7	2
	15.5%	**13.8%**	14.3%	8.9%	20.7%	8.3%	16.7%	10.7%	16.7%	10.0%	15.0%	40.0%	100.0%	12.5%	13.2%	0.0%	25.0%	21.1%	5.0%	12.5%	0.0%	15.9%	11.8%
Always	626	**53**	46	37	23	30	15	23	14	34	17	2	0	53	44	3	5	15	19	18	4	36	13
	76.9%	**81.5%**	73.0%	82.2%	79.3%	83.3%	83.3%	82.1%	77.8%	85.0%	85.0%	40.0%	0.0%	82.8%	83.0%	100.0%	62.5%	78.9%	95.0%	75.0%	100.0%	81.8%	76.5%
Significantly different from column:*																							
Usually or Always	752	**62**	55	41	29	33	18	26	17	38	20	4	1	61	51	3	7	19	20	21	4	43	15
	92.4%	**95.4%**	87.3%	91.1%	100.0%	91.7%	100.0%	92.9%	94.4%	95.0%	100.0%	80.0%	100.0%	95.3%	96.2%	100.0%	87.5%	100.0%	100.0%	87.5%	100.0%	97.7%	88.2%
Significantly different from column:*																							

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 33

In the last 6 months, did your health plan give you any forms to fill out?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	102	**11**	6	14	2	8	5	3	2	6	3	1	0	9	8	1	1	4	3	3	2	8	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,518	**273**	294	234	99	173	80	116	71	167	80	20	2	260	229	16	25	77	94	99	54	146	64
	96.1%	**96.1%**	98.0%	94.4%	98.0%	95.6%	94.1%	97.5%	97.3%	96.5%	96.4%	95.2%	100.0%	96.7%	96.6%	94.1%	96.2%	95.1%	96.9%	97.1%	96.4%	94.8%	98.5%
Yes	591	**64**	70	65	25	39	20	26	17	38	20	6	1	62	50	3	10	17	25	22	5	43	15
	23.5%	**23.4%**	23.8%	27.8%	25.3%	22.5%	25.0%	22.4%	23.9%	22.8%	25.0%	30.0%	50.0%	23.8%	21.8%	18.8%	40.0%	22.1%	26.6%	22.2%	9.3%	29.5%	23.4%
No	1,927	**209**	224	169	74	134	60	90	54	129	60	14	1	198	179	13	15	60	69	77	49	103	49
	76.5%	**76.6%**	76.2%	72.2%	74.7%	77.5%	75.0%	77.6%	76.1%	77.2%	75.0%	70.0%	50.0%	76.2%	78.2%	81.3%	60.0%	77.9%	73.4%	77.8%	90.7%	70.5%	76.6%
Significantly different from column:*															Q		O				VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 34

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

Base: All respondents who received forms to fill out from the health plan (Q33)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,518	**273**	294	234	99	173	80	116	71	167	80	20	2	260	229	16	25	77	94	99	54	146	64
Number missing or multiple answer	19	**5**	2	2	1	4	0	4	1	1	3	1	0	5	3	0	1	0	4	1	1	4	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,499	**268**	292	232	98	169	80	112	70	166	77	19	2	255	226	16	24	77	90	98	53	142	64
	99.2%	**98.2%**	99.3%	99.1%	99.0%	97.7%	100.0%	96.6%	98.6%	99.4%	96.3%	95.0%	100.0%	98.1%	98.7%	100.0%	96.0%	100.0%	95.7%	99.0%	98.1%	97.3%	100.0%
Never	19	**4**	3	1	2	2	0	3	1	2	1	1	0	4	3	0	1	1	3	0	1	1	2
	0.8%	**1.5%**	1.0%	0.4%	2.0%	1.2%	0.0%	2.7%	1.4%	1.2%	1.3%	5.3%	0.0%	1.6%	1.3%	0.0%	4.2%	1.3%	3.3%	0.0%	1.9%	0.7%	3.1%
Sometimes	101	**10**	13	8	5	5	4	4	2	7	3	0	0	9	7	1	2	3	1	6	1	5	3
	4.0%	**3.7%**	4.5%	3.4%	5.1%	3.0%	5.0%	3.6%	2.9%	4.2%	3.9%	0.0%	0.0%	3.5%	3.1%	6.3%	8.3%	3.9%	1.1%	6.1%	1.9%	3.5%	4.7%
Usually	185	**20**	19	23	7	13	6	6	7	12	5	3	1	19	16	1	3	7	7	6	0	17	3
	7.4%	**7.5%**	6.5%	9.9%	7.1%	7.7%	7.5%	5.4%	10.0%	7.2%	6.5%	15.8%	50.0%	7.5%	7.1%	6.3%	12.5%	9.1%	7.8%	6.1%	0.0%	12.0%	4.7%
Always	2,194	**234**	257	200	84	149	70	99	60	145	68	15	1	223	200	14	18	66	79	86	51	119	56
	87.8%	**87.3%**	88.0%	86.2%	85.7%	88.2%	87.5%	88.4%	85.7%	87.3%	88.3%	78.9%	50.0%	87.5%	88.5%	87.5%	75.0%	85.7%	87.8%	87.8%	96.2%	83.8%	87.5%
Significantly different from column:*																					V	U	
Usually or Always	2,379	**254**	276	223	91	162	76	105	67	157	73	18	2	242	216	15	21	73	86	92	51	136	59
	95.2%	**94.8%**	94.5%	96.1%	92.9%	95.9%	95.0%	93.8%	95.7%	94.6%	94.8%	94.7%	100.0%	94.9%	95.6%	93.8%	87.5%	94.8%	95.6%	93.9%	96.2%	95.8%	92.2%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

**Respondents answering "No" to question 33 are reported to NCQA as "Always" in question 34, and are used in calculating the Question Summary Rate.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 35

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	95	**9**	12	21	4	4	2	3	2	5	2	1	0	6	6	1	1	0	5	3	1	6	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,525	**275**	288	227	97	177	83	116	71	168	81	20	2	263	231	16	25	81	92	99	55	148	63
	96.4%	**96.8%**	96.0%	91.5%	96.0%	97.8%	97.6%	97.5%	97.3%	97.1%	97.6%	95.2%	100.0%	97.8%	97.5%	94.1%	96.2%	100.0%	94.8%	97.1%	98.2%	96.1%	96.9%
0 Worst health plan possible	24	**1**	6	2	1	0	1	0	0	0	1	0	0	1	1	0	0	0	1	0	1	0	0
	1.0%	**0.4%**	2.1%	0.9%	1.0%	0.0%	1.2%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%	1.1%	0.0%	1.8%	0.0%	0.0%
1	6	**1**	1	2	1	0	0	1	0	1	0	0	0	1	1	0	0	0	0	1	0	0	1
	0.2%	**0.4%**	0.3%	0.9%	1.0%	0.0%	0.0%	0.9%	0.0%	0.6%	0.0%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	1.6%
2	9	**1**	4	3	0	1	0	1	0	0	1	0	0	1	1	0	0	0	0	1	0	0	1
	0.4%	**0.4%**	1.4%	1.3%	0.0%	0.6%	0.0%	0.9%	0.0%	0.0%	1.2%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	1.6%
3	28	**3**	6	4	1	2	1	1	1	3	0	0	0	3	3	0	0	1	0	2	0	3	0
	1.1%	**1.1%**	2.1%	1.8%	1.0%	1.1%	1.2%	0.9%	1.4%	1.8%	0.0%	0.0%	0.0%	1.1%	1.3%	0.0%	0.0%	1.2%	0.0%	2.0%	0.0%	2.0%	0.0%
4	52	**6**	10	9	2	4	0	5	1	3	3	0	0	5	6	0	0	0	1	5	0	2	3
	2.1%	**2.2%**	3.5%	4.0%	2.1%	2.3%	0.0%	4.3%	1.4%	1.8%	3.7%	0.0%	0.0%	1.9%	2.6%	0.0%	0.0%	0.0%	1.1%	5.1%	0.0%	1.4%	4.8%
5	197	**31**	26	20	13	18	4	19	8	23	5	2	0	30	26	2	3	2	13	16	11	11	8
	7.8%	**11.3%**	9.0%	8.8%	13.4%	10.2%	4.8%	16.4%	11.3%	13.7%	6.2%	10.0%	0.0%	11.4%	11.3%	12.5%	12.0%	2.5%	14.1%	16.2%	20.0%	7.4%	12.7%
6	113	**21**	18	14	6	15	9	7	5	8	10	3	0	20	19	0	2	8	8	5	7	11	3
	4.5%	**7.6%**	6.3%	6.2%	6.2%	8.5%	10.8%	6.0%	7.0%	4.8%	12.3%	15.0%	0.0%	7.6%	8.2%	0.0%	8.0%	9.9%	8.7%	5.1%	12.7%	7.4%	4.8%
7	267	**38**	26	37	16	22	11	12	14	24	12	2	1	36	30	4	4	7	16	13	6	20	9
	10.6%	**13.8%**	9.0%	16.3%	16.5%	12.4%	13.3%	10.3%	19.7%	14.3%	14.8%	10.0%	50.0%	13.7%	13.0%	25.0%	16.0%	8.6%	17.4%	13.1%	10.9%	13.5%	14.3%
8	413	**50**	59	42	16	34	19	19	11	31	17	2	0	50	40	4	6	21	12	16	9	31	9
	16.4%	**18.2%**	20.5%	18.5%	16.5%	19.2%	22.9%	16.4%	15.5%	18.5%	21.0%	10.0%	0.0%	19.0%	17.3%	25.0%	24.0%	25.9%	13.0%	16.2%	16.4%	20.9%	14.3%
9	390	**25**	39	28	10	15	8	12	5	11	9	4	1	24	19	2	4	8	6	11	5	11	9
	15.4%	**9.1%**	13.5%	12.3%	10.3%	8.5%	9.6%	10.3%	7.0%	6.5%	11.1%	20.0%	50.0%	9.1%	8.2%	12.5%	16.0%	9.9%	6.5%	11.1%	9.1%	7.4%	14.3%
10 Best health plan possible	1,026	**98**	93	66	31	66	30	39	26	64	23	7	0	92	85	4	6	34	35	29	16	59	20
	40.6%	**35.6%**	32.3%	29.1%	32.0%	37.3%	36.1%	33.6%	36.6%	38.1%	28.4%	35.0%	0.0%	35.0%	36.8%	25.0%	24.0%	42.0%	38.0%	29.3%	29.1%	39.9%	31.7%

NA - Not Applicable

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 35

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	95	**9**	12	21	4	4	2	3	2	5	2	1	0	6	6	1	1	0	5	3	1	6	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,525	**275**	288	227	97	177	83	116	71	168	81	20	2	263	231	16	25	81	92	99	55	148	63
	96.4%	**96.8%**	96.0%	91.5%	96.0%	97.8%	97.6%	97.5%	97.3%	97.1%	97.6%	95.2%	100.0%	97.8%	97.5%	94.1%	96.2%	100.0%	94.8%	97.1%	98.2%	96.1%	96.9%
0 to 4	119	**12**	27	20	5	7	2	8	2	7	5	0	0	11	12	0	0	1	2	9	1	5	5
	4.7%	**4.4%**	9.4%	8.8%	5.2%	4.0%	2.4%	6.9%	2.8%	4.2%	6.2%	0.0%	0.0%	4.2%	5.2%	0.0%	0.0%	1.2%	2.2%	9.1%	1.8%	3.4%	7.9%
5	197	**31**	26	20	13	18	4	19	8	23	5	2	0	30	26	2	3	2	13	16	11	11	8
	7.8%	**11.3%**	9.0%	8.8%	13.4%	10.2%	4.8%	16.4%	11.3%	13.7%	6.2%	10.0%	0.0%	11.4%	11.3%	12.5%	12.0%	2.5%	14.1%	16.2%	20.0%	7.4%	12.7%
6 or 7	380	**59**	44	51	22	37	20	19	19	32	22	5	1	56	49	4	6	15	24	18	13	31	12
	15.0%	**21.5%**	15.3%	22.5%	22.7%	20.9%	24.1%	16.4%	26.8%	19.0%	27.2%	25.0%	50.0%	21.3%	21.2%	25.0%	24.0%	18.5%	26.1%	18.2%	23.6%	20.9%	19.0%
8 to 10	1,829	**173**	191	136	57	115	57	70	42	106	49	13	1	166	144	10	16	63	53	56	30	101	38
	72.4%	**62.9%**	66.3%	59.9%	58.8%	65.0%	68.7%	60.3%	59.2%	63.1%	60.5%	65.0%	50.0%	63.1%	62.3%	62.5%	64.0%	77.8%	57.6%	56.6%	54.5%	68.2%	60.3%
Significantly different from column:*		A																ST	R	R			
NCQA Composite Score of 1	429	**64**	71	54	24	40	15	34	15	38	20	5	0	61	57	2	5	11	23	30	19	27	16
(0 to 6)	17.0%	**23.3%**	24.7%	23.8%	24.7%	22.6%	18.1%	29.3%	21.1%	22.6%	24.7%	25.0%	0.0%	23.2%	24.7%	12.5%	20.0%	13.6%	25.0%	30.3%	34.5%	18.2%	25.4%
NCQA Composite Score of 2	680	**88**	85	79	32	56	30	31	25	55	29	4	1	86	70	8	10	28	28	29	15	51	18
(7 to 8)	26.9%	**32.0%**	29.5%	34.8%	33.0%	31.6%	36.1%	26.7%	35.2%	32.7%	35.8%	20.0%	50.0%	32.7%	30.3%	50.0%	40.0%	34.6%	30.4%	29.3%	27.3%	34.5%	28.6%
NCQA Composite Score of 3	1,416	**123**	132	94	41	81	38	51	31	75	32	11	1	116	104	6	10	42	41	40	21	70	29
(9 to 10)	56.1%	**44.7%**	45.8%	41.4%	42.3%	45.8%	45.8%	44.0%	43.7%	44.6%	39.5%	55.0%	50.0%	44.1%	45.0%	37.5%	40.0%	51.9%	44.6%	40.4%	38.2%	47.3%	46.0%
Significantly different from column:*		A																					

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 36

In general, how would you rate your overall health?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	44	**4**	3	15	0	3	1	1	1	2	1	0	0	3	3	0	0	0	0	0	0	2	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,576	**280**	297	233	101	178	84	118	72	171	82	21	2	266	234	17	26	81	97	102	56	152	63
	98.3%	**98.6%**	99.0%	94.0%	100.0%	98.3%	98.8%	99.2%	98.6%	98.8%	98.8%	100.0%	100.0%	98.9%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	96.9%
Poor	274	**41**	22	13	17	24	3	27	10	26	13	1	0	38	37	1	2	0	0	41	2	20	15
	10.6%	**14.6%**	7.4%	5.6%	16.8%	13.5%	3.6%	22.9%	13.9%	15.2%	15.9%	4.8%	0.0%	14.3%	15.8%	5.9%	7.7%	0.0%	0.0%	40.2%	3.6%	13.2%	23.8%
Fair	679	**61**	64	56	18	43	12	29	20	44	12	4	0	59	54	4	3	0	0	61	6	29	25
	26.4%	**21.8%**	21.5%	24.0%	17.8%	24.2%	14.3%	24.6%	27.8%	25.7%	14.6%	19.0%	0.0%	22.2%	23.1%	23.5%	11.5%	0.0%	0.0%	59.8%	10.7%	19.1%	39.7%
Good	861	**97**	104	86	37	60	28	43	25	55	26	14	1	94	77	8	11	0	97	0	25	57	13
	33.4%	**34.6%**	35.0%	36.9%	36.6%	33.7%	33.3%	36.4%	34.7%	32.2%	31.7%	66.7%	50.0%	35.3%	32.9%	47.1%	42.3%	0.0%	100.0%	0.0%	44.6%	37.5%	20.6%
Very good	535	**63**	77	54	22	41	30	15	16	36	26	1	1	59	51	3	9	63	0	0	16	36	10
	20.8%	**22.5%**	25.9%	23.2%	21.8%	23.0%	35.7%	12.7%	22.2%	21.1%	31.7%	4.8%	50.0%	22.2%	21.8%	17.6%	34.6%	77.8%	0.0%	0.0%	28.6%	23.7%	15.9%
Excellent	227	**18**	30	24	7	10	11	4	1	10	5	1	0	16	15	1	1	18	0	0	7	10	0
	8.8%	**6.4%**	10.1%	10.3%	6.9%	5.6%	13.1%	3.4%	1.4%	5.8%	6.1%	4.8%	0.0%	6.0%	6.4%	5.9%	3.8%	22.2%	0.0%	0.0%	12.5%	6.6%	0.0%
Excellent or Very good	762	**81**	107	78	29	51	41	19	17	46	31	2	1	75	66	4	10	81	0	0	23	46	10
	29.6%	**28.9%**	36.0%	33.5%	28.7%	28.7%	48.8%	16.1%	23.6%	26.9%	37.8%	9.5%	50.0%	28.2%	28.2%	23.5%	38.5%	100.0%	0.0%	0.0%	41.1%	30.3%	15.9%
Significantly different from column:*							HI	G	G		L	K						ST	R	R	W	W	UV

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 37

In general, how would you rate your overall mental or emotional health?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	39	**3**	2	14	1	1	1	0	1	1	0	1	0	2	2	0	0	0	1	1	0	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,581	**281**	298	234	100	180	84	119	72	172	83	20	2	267	235	17	26	81	96	101	56	152	64
	98.5%	**98.9%**	99.3%	94.4%	99.0%	99.4%	98.8%	100.0%	98.6%	99.4%	100.0%	95.2%	100.0%	99.3%	99.2%	100.0%	100.0%	100.0%	99.0%	99.0%	100.0%	98.7%	98.5%
Poor	200	**20**	21	16	7	13	4	11	5	17	3	0	0	17	20	0	0	2	3	15	1	13	5
	7.7%	**7.1%**	7.0%	6.8%	7.0%	7.2%	4.8%	9.2%	6.9%	9.9%	3.6%	0.0%	0.0%	6.4%	8.5%	0.0%	0.0%	2.5%	3.1%	14.9%	1.8%	8.6%	7.8%
Fair	607	**71**	54	51	23	48	12	40	19	49	18	3	0	70	63	4	4	4	17	49	6	34	28
	23.5%	**25.3%**	18.1%	21.8%	23.0%	26.7%	14.3%	33.6%	26.4%	28.5%	21.7%	15.0%	0.0%	26.2%	26.8%	23.5%	15.4%	4.9%	17.7%	48.5%	10.7%	22.4%	43.8%
Good	727	**83**	86	68	28	55	27	35	17	44	27	10	1	79	63	7	11	15	46	21	19	45	16
	28.2%	**29.5%**	28.9%	29.1%	28.0%	30.6%	32.1%	29.4%	23.6%	25.6%	32.5%	50.0%	50.0%	29.6%	26.8%	41.2%	42.3%	18.5%	47.9%	20.8%	33.9%	29.6%	25.0%
Very good	558	**67**	73	50	22	45	28	21	18	35	25	6	1	64	56	4	7	34	22	10	16	39	11
	21.6%	**23.8%**	24.5%	21.4%	22.0%	25.0%	33.3%	17.6%	25.0%	20.3%	30.1%	30.0%	50.0%	24.0%	23.8%	23.5%	26.9%	42.0%	22.9%	9.9%	28.6%	25.7%	17.2%
Excellent	489	**40**	64	49	20	19	13	12	13	27	10	1	0	37	33	2	4	26	8	6	14	21	4
	18.9%	**14.2%**	21.5%	20.9%	20.0%	10.6%	15.5%	10.1%	18.1%	15.7%	12.0%	5.0%	0.0%	13.9%	14.0%	11.8%	15.4%	32.1%	8.3%	5.9%	25.0%	13.8%	6.3%
Excellent or Very good	1,047	**107**	137	99	42	64	41	33	31	62	35	7	1	101	89	6	11	60	30	16	30	60	15
	40.6%	**38.1%**	46.0%	42.3%	42.0%	35.6%	48.8%	27.7%	43.1%	36.0%	42.2%	35.0%	50.0%	37.8%	37.9%	35.3%	42.3%	74.1%	31.3%	15.8%	53.6%	39.5%	23.4%
Significantly different from column:*							H	GI	H									ST	RT	RS	W	W	UV

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 38

Have you had either a flu shot or flu spray in the nose since July 1, 2015?**

Base: All respondents who were flagged by the health plan as being 18 to 64 as of July 1 of the measurement year

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	285	235	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	28	**1**	1	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Number no experience	65	**6**	5	4	3	3	3	1	1	4	1	0	0	6	6	0	0	1	3	2	1	3	2
Usable responses	2,527	**277**	279	218	98	178	82	118	72	169	82	21	2	263	231	17	26	80	94	100	55	150	63
	96.5%	**97.5%**	97.9%	92.8%	97.0%	98.3%	96.5%	99.2%	98.6%	97.7%	98.8%	100.0%	100.0%	97.8%	97.5%	100.0%	100.0%	98.8%	96.9%	98.0%	98.2%	97.4%	96.9%
Yes	984	**115**	90	73	39	76	30	41	40	72	32	8	1	108	95	7	10	28	36	50	10	67	33
	38.9%	**41.5%**	32.3%	33.5%	39.8%	42.7%	36.6%	34.7%	55.6%	42.6%	39.0%	38.1%	50.0%	41.1%	41.1%	41.2%	38.5%	35.0%	38.3%	50.0%	18.2%	44.7%	52.4%
No	1,543	**162**	189	145	59	102	52	77	32	97	50	13	1	155	136	10	16	52	58	50	45	83	30
	61.1%	**58.5%**	67.7%	66.5%	60.2%	57.3%	63.4%	65.3%	44.4%	57.4%	61.0%	61.9%	50.0%	58.9%	58.9%	58.8%	61.5%	65.0%	61.7%	50.0%	81.8%	55.3%	47.6%
Significantly different from column:*		C					I	I	GH									T		R	VW	U	U

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

**A plan's score for the HEDIS Flu Vaccinations for Adults measure will include only those members flagged by the plan as being age 18 to 64 as of July 1 of the measurement year.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 39

Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	45	**5**	1	13	2	2	2	2	0	4	0	0	0	3	4	0	0	1	2	1	1	2	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,575	**279**	299	235	99	179	83	117	73	169	83	21	2	266	233	17	26	80	95	101	55	152	64
	98.3%	**98.2%**	99.7%	94.8%	98.0%	98.9%	97.6%	98.3%	100.0%	97.7%	100.0%	100.0%	100.0%	98.9%	98.3%	100.0%	100.0%	98.8%	97.9%	99.0%	98.2%	98.7%	98.5%
Every day	506	**94**	123	97	39	55	23	49	21	69	21	3	0	90	79	4	10	17	33	44	14	45	30
	19.7%	**33.7%**	41.1%	41.3%	39.4%	30.7%	27.7%	41.9%	28.8%	40.8%	25.3%	14.3%	0.0%	33.8%	33.9%	23.5%	38.5%	21.3%	34.7%	43.6%	25.5%	29.6%	46.9%
Some days	336	**41**	30	20	16	25	7	23	11	21	16	3	0	40	36	2	3	9	14	18	8	23	10
	13.0%	**14.7%**	10.0%	8.5%	16.2%	14.0%	8.4%	19.7%	15.1%	12.4%	19.3%	14.3%	0.0%	15.0%	15.5%	11.8%	11.5%	11.3%	14.7%	17.8%	14.5%	15.1%	15.6%
Not at all	1,711	**143**	143	118	44	98	53	45	41	79	45	15	2	135	117	11	13	53	48	39	32	84	24
	66.4%	**51.3%**	47.8%	50.2%	44.4%	54.7%	63.9%	38.5%	56.2%	46.7%	54.2%	71.4%	100.0%	50.8%	50.2%	64.7%	50.0%	66.3%	50.5%	38.6%	58.2%	55.3%	37.5%
Don't know	22	**1**	3	0	0	1	0	0	0	0	1	0	0	1	1	0	0	1	0	0	1	0	0
	0.9%	**0.4%**	1.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	1.3%	0.0%	0.0%	1.8%	0.0%	0.0%
Every day or Some days	842	**135**	153	117	55	80	30	72	32	90	37	6	0	130	115	6	13	26	47	62	22	68	40
	32.7%	**48.4%**	51.2%	49.8%	55.6%	44.7%	36.1%	61.5%	43.8%	53.3%	44.6%	28.6%	0.0%	48.9%	49.4%	35.3%	50.0%	32.5%	49.5%	61.4%	40.0%	44.7%	62.5%
Significantly different from column:*		A					H	GI	H	L		J						ST	R	R	W	W	UV

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 40

In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Base: All respondents who smoke cigarettes or use tobacco (Q39)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	842	**135**	153	117	55	80	30	72	32	90	37	6	0	130	115	6	13	26	47	62	22	68	40
Number missing or multiple answer	11	**4**	1	0	2	2	0	3	1	3	0	0	0	4	3	0	1	1	1	2	3	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	831	**131**	152	117	53	78	30	69	31	87	37	6	0	126	112	6	12	25	46	60	19	68	40
	98.7%	**97.0%**	99.3%	100.0%	96.4%	97.5%	100.0%	95.8%	96.9%	96.7%	100.0%	100.0%	---	96.9%	97.4%	100.0%	92.3%	96.2%	97.9%	96.8%	86.4%	100.0%	100.0%
Never	188	**28**	47	40	11	17	8	14	6	18	9	1	0	27	24	2	2	5	15	8	11	11	4
	22.6%	**21.4%**	30.9%	34.2%	20.8%	21.8%	26.7%	20.3%	19.4%	20.7%	24.3%	16.7%	---	21.4%	21.4%	33.3%	16.7%	20.0%	32.6%	13.3%	57.9%	16.2%	10.0%
Sometimes	162	**24**	28	17	9	15	8	12	3	15	8	0	0	23	22	0	1	5	7	12	4	16	4
	19.5%	**18.3%**	18.4%	14.5%	17.0%	19.2%	26.7%	17.4%	9.7%	17.2%	21.6%	0.0%	---	18.3%	19.6%	0.0%	8.3%	20.0%	15.2%	20.0%	21.1%	23.5%	10.0%
Usually	146	**22**	26	20	11	11	6	9	7	14	7	1	0	21	15	3	4	6	4	12	2	12	7
	17.6%	**16.8%**	17.1%	17.1%	20.8%	14.1%	20.0%	13.0%	22.6%	16.1%	18.9%	16.7%	---	16.7%	13.4%	50.0%	33.3%	24.0%	8.7%	20.0%	10.5%	17.6%	17.5%
Always	335	**57**	51	40	22	35	8	34	15	40	13	4	0	55	51	1	5	9	20	28	2	29	25
	40.3%	**43.5%**	33.6%	34.2%	41.5%	44.9%	26.7%	49.3%	48.4%	46.0%	35.1%	66.7%	---	43.7%	45.5%	16.7%	41.7%	36.0%	43.5%	46.7%	10.5%	42.6%	62.5%
Significantly different from column:*							H	G													VW	UW	UV
Sometimes, Usually, or Always	643	**103**	105	77	42	61	22	55	25	69	28	5	0	99	88	4	10	20	31	52	8	57	36
	77.4%	**78.6%**	69.1%	65.8%	79.2%	78.2%	73.3%	79.7%	80.6%	79.3%	75.7%	83.3%	---	78.6%	78.6%	66.7%	83.3%	80.0%	67.4%	86.7%	42.1%	83.8%	90.0%
Significantly different from column:*		D																	T	S			

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 41

In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

Base: All respondents who smoke cigarettes or use tobacco (Q39)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	842	**135**	153	117	55	80	30	72	32	90	37	6	0	130	115	6	13	26	47	62	22	68	40
Number missing or multiple answer	23	**3**	3	1	2	1	1	2	0	3	0	0	0	3	2	0	1	2	0	1	1	1	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	819	**132**	150	116	53	79	29	70	32	87	37	6	0	127	113	6	12	24	47	61	21	67	39
	97.3%	**97.8%**	98.0%	99.1%	96.4%	98.8%	96.7%	97.2%	100.0%	96.7%	100.0%	100.0%	---	97.7%	98.3%	100.0%	92.3%	92.3%	100.0%	98.4%	95.5%	98.5%	97.5%
Never	407	**69**	99	81	29	40	16	39	13	42	23	3	0	67	58	5	5	11	26	32	16	35	16
	49.7%	**52.3%**	66.0%	69.8%	54.7%	50.6%	55.2%	55.7%	40.6%	48.3%	62.2%	50.0%	---	52.8%	51.3%	83.3%	41.7%	45.8%	55.3%	52.5%	76.2%	52.2%	41.0%
Sometimes	181	**23**	24	18	8	15	5	11	7	16	5	1	0	22	21	0	2	3	9	11	2	11	8
	22.1%	**17.4%**	16.0%	15.5%	15.1%	19.0%	17.2%	15.7%	21.9%	18.4%	13.5%	16.7%	---	17.3%	18.6%	0.0%	16.7%	12.5%	19.1%	18.0%	9.5%	16.4%	20.5%
Usually	92	**11**	11	6	4	7	2	5	4	7	4	0	0	11	8	0	3	3	5	3	0	7	4
	11.2%	**8.3%**	7.3%	5.2%	7.5%	8.9%	6.9%	7.1%	12.5%	8.0%	10.8%	0.0%	---	8.7%	7.1%	0.0%	25.0%	12.5%	10.6%	4.9%	0.0%	10.4%	10.3%
Always	139	**29**	16	11	12	17	6	15	8	22	5	2	0	27	26	1	2	7	7	15	3	14	11
	17.0%	**22.0%**	10.7%	9.5%	22.6%	21.5%	20.7%	21.4%	25.0%	25.3%	13.5%	33.3%	---	21.3%	23.0%	16.7%	16.7%	29.2%	14.9%	24.6%	14.3%	20.9%	28.2%
Significantly different from column:*		CD																					
Sometimes, Usually, or Always	412	**63**	51	35	24	39	13	31	19	45	14	3	0	60	55	1	7	13	21	29	5	32	23
	50.3%	**47.7%**	34.0%	30.2%	45.3%	49.4%	44.8%	44.3%	59.4%	51.7%	37.8%	50.0%	---	47.2%	48.7%	16.7%	58.3%	54.2%	44.7%	47.5%	23.8%	47.8%	59.0%
Significantly different from column:*		CD																			W		U

NA - Not Applicable

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Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 42

In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

Base: All respondents who smoke cigarettes or use tobacco (Q39)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	842	**135**	153	117	55	80	30	72	32	90	37	6	0	130	115	6	13	26	47	62	22	68	40
Number missing or multiple answer	24	**2**	2	2	0	2	0	0	2	1	0	0	0	2	2	0	0	0	1	1	1	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	818	**133**	151	115	55	78	30	72	30	89	37	6	0	128	113	6	13	26	46	61	21	67	40
	97.1%	**98.5%**	98.7%	98.3%	100.0%	97.5%	100.0%	100.0%	93.8%	98.9%	100.0%	100.0%	---	98.5%	98.3%	100.0%	100.0%	100.0%	97.9%	98.4%	95.5%	98.5%	100.0%
Never	443	**65**	99	82	27	38	14	36	15	43	20	2	0	63	54	4	7	14	23	28	17	30	15
	54.2%	**48.9%**	65.6%	71.3%	49.1%	48.7%	46.7%	50.0%	50.0%	48.3%	54.1%	33.3%	---	49.2%	47.8%	66.7%	53.8%	53.8%	50.0%	45.9%	81.0%	44.8%	37.5%
Sometimes	169	**30**	23	19	13	17	6	18	5	21	7	1	0	29	25	0	4	6	11	13	4	16	10
	20.7%	**22.6%**	15.2%	16.5%	23.6%	21.8%	20.0%	25.0%	16.7%	23.6%	18.9%	16.7%	---	22.7%	22.1%	0.0%	30.8%	23.1%	23.9%	21.3%	19.0%	23.9%	25.0%
Usually	83	**11**	9	5	6	5	2	4	5	6	5	0	0	11	9	1	1	2	4	5	0	8	2
	10.1%	**8.3%**	6.0%	4.3%	10.9%	6.4%	6.7%	5.6%	16.7%	6.7%	13.5%	0.0%	---	8.6%	8.0%	16.7%	7.7%	7.7%	8.7%	8.2%	0.0%	11.9%	5.0%
Always	123	**27**	20	9	9	18	8	14	5	19	5	3	0	25	25	1	1	4	8	15	0	13	13
	15.0%	**20.3%**	13.2%	7.8%	16.4%	23.1%	26.7%	19.4%	16.7%	21.3%	13.5%	50.0%	---	19.5%	22.1%	16.7%	7.7%	15.4%	17.4%	24.6%	0.0%	19.4%	32.5%
Significantly different from column:*		D																					
Sometimes, Usually, or Always	375	**68**	52	33	28	40	16	36	15	46	17	4	0	65	59	2	6	12	23	33	4	37	25
	45.8%	**51.1%**	34.4%	28.7%	50.9%	51.3%	53.3%	50.0%	50.0%	51.7%	45.9%	66.7%	---	50.8%	52.2%	33.3%	46.2%	46.2%	50.0%	54.1%	19.0%	55.2%	62.5%
Significantly different from column:*		CD																			VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 43

Do you take aspirin daily or every other day?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	39	**2**	2	12	0	1	1	0	0	1	0	0	0	1	1	0	0	1	0	0	0	2	0
Number no experience	19	**1**	1	0	1	0	0	1	0	1	0	0	0	1	1	0	0	0	0	1	0	1	0
Usable responses	2,562	**281**	297	236	100	180	84	118	73	171	83	21	2	267	235	17	26	80	97	101	56	151	65
	97.8%	**98.9%**	99.0%	95.2%	99.0%	99.4%	98.8%	99.2%	100.0%	98.8%	100.0%	100.0%	100.0%	99.3%	99.2%	100.0%	100.0%	98.8%	100.0%	99.0%	100.0%	98.1%	100.0%
Yes	672	**79**	32	20	34	45	8	35	36	55	17	6	1	76	70	3	5	10	21	47	8	47	22
	26.2%	**28.1%**	10.8%	8.5%	34.0%	25.0%	9.5%	29.7%	49.3%	32.2%	20.5%	28.6%	50.0%	28.5%	29.8%	17.6%	19.2%	12.5%	21.6%	46.5%	14.3%	31.1%	33.8%
No	1,890	**202**	265	216	66	135	76	83	37	116	66	15	1	191	165	14	21	70	76	54	48	104	43
	73.8%	**71.9%**	89.2%	91.5%	66.0%	75.0%	90.5%	70.3%	50.7%	67.8%	79.5%	71.4%	50.0%	71.5%	70.2%	82.4%	80.8%	87.5%	78.4%	53.5%	85.7%	68.9%	66.2%
Significantly different from column:*		CD					HI	GI	GH									T	T	RS	VW	U	U

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 44

Do you have a health problem or take medication that makes taking aspirin unsafe for you?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	43	**2**	2	13	0	1	0	1	0	1	0	0	0	0	1	0	0	0	0	1	0	1	1
Number no experience	248	**24**	24	18	9	15	6	11	7	14	7	3	0	24	21	1	2	1	8	15	4	15	4
Usable responses	2,329	**258**	274	217	92	165	79	107	66	158	76	18	2	245	215	16	24	80	89	86	52	138	60
	88.9%	**90.8%**	91.3%	87.5%	91.1%	91.2%	92.9%	89.9%	90.4%	91.3%	91.6%	85.7%	100.0%	91.1%	90.7%	94.1%	92.3%	98.8%	91.8%	84.3%	92.9%	89.6%	92.3%
Yes	257	**19**	20	25	5	14	4	8	6	13	4	1	1	15	14	1	3	4	5	9	2	8	8
	11.0%	**7.4%**	7.3%	11.5%	5.4%	8.5%	5.1%	7.5%	9.1%	8.2%	5.3%	5.6%	50.0%	6.1%	6.5%	6.3%	12.5%	5.0%	5.6%	10.5%	3.8%	5.8%	13.3%
No	2,072	**239**	254	192	87	151	75	99	60	145	72	17	1	230	201	15	21	76	84	77	50	130	52
	89.0%	**92.6%**	92.7%	88.5%	94.6%	91.5%	94.9%	92.5%	90.9%	91.8%	94.7%	94.4%	50.0%	93.9%	93.5%	93.8%	87.5%	95.0%	94.4%	89.5%	96.2%	94.2%	86.7%
Significantly different from column:*																							

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 45

Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	44	**2**	6	11	0	1	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,576	**282**	294	237	101	180	85	119	73	172	83	21	2	269	236	17	26	81	96	102	56	152	65
	98.3%	**99.3%**	98.0%	95.6%	100.0%	99.4%	100.0%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	98.7%	100.0%
Yes	1,085	**129**	95	73	51	78	31	56	41	88	31	9	1	122	107	7	13	22	46	60	18	71	36
	42.1%	**45.7%**	32.3%	30.8%	50.5%	43.3%	36.5%	47.1%	56.2%	51.2%	37.3%	42.9%	50.0%	45.4%	45.3%	41.2%	50.0%	27.2%	47.9%	58.8%	32.1%	46.7%	55.4%
No	1,491	**153**	199	164	50	102	54	63	32	84	52	12	1	147	129	10	13	59	50	42	38	81	29
	57.9%	**54.3%**	67.7%	69.2%	49.5%	56.7%	63.5%	52.9%	43.8%	48.8%	62.7%	57.1%	50.0%	54.6%	54.7%	58.8%	50.0%	72.8%	52.1%	41.2%	67.9%	53.3%	44.6%
Significantly different from column:*		CD					I		G	K	J							ST	R	R	W		U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 46

Are you aware that you have any of the following conditions? Mark one or more.

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	1,117	**118**	160	150	41	75	58	32	22	57	45	10	1	110	94	8	12	50	44	22	39	55	21
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,503	**166**	140	98	60	106	27	87	51	116	38	11	1	159	143	9	14	31	53	80	17	99	44
	57.4%	**58.5%**	46.7%	39.5%	59.4%	58.6%	31.8%	73.1%	69.9%	67.1%	45.8%	52.4%	50.0%	59.1%	60.3%	52.9%	53.8%	38.3%	54.6%	78.4%	30.4%	64.3%	67.7%
High cholesterol	754	**89**	36	34	29	60	7	49	33	65	18	5	1	84	77	4	8	11	29	48	7	55	22
	50.2%	**53.6%**	25.7%	34.7%	48.3%	56.6%	25.9%	56.3%	64.7%	56.0%	47.4%	45.5%	100.0%	52.8%	53.8%	44.4%	57.1%	35.5%	54.7%	60.0%	41.2%	55.6%	50.0%
High blood pressure	1,066	**113**	73	50	49	64	15	62	35	80	23	9	1	112	97	6	10	19	32	60	15	65	31
	70.9%	**68.1%**	52.1%	51.0%	81.7%	60.4%	55.6%	71.3%	68.6%	69.0%	60.5%	81.8%	100.0%	70.4%	67.8%	66.7%	71.4%	61.3%	60.4%	75.0%	88.2%	65.7%	70.5%
Parent or sibling with heart attack before the	462	**80**	84	54	29	51	13	45	22	53	23	4	1	75	68	3	9	16	20	44	8	42	27
age of 60	30.7%	**48.2%**	60.0%	55.1%	48.3%	48.1%	48.1%	51.7%	43.1%	45.7%	60.5%	36.4%	100.0%	47.2%	47.6%	33.3%	64.3%	51.6%	37.7%	55.0%	47.1%	42.4%	61.4%

NA - Not Applicable

Please note that respondents could select more than one response option, therefore percentages may not add up to 100%. The denominator is comprised of respondents who answered “Yes” to one or more of the given response options.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 47

Has a doctor ever told you that you have any of the following conditions? Mark one or more.

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	1,793	**213**	253	206	72	139	79	77	50	120	69	17	1	200	177	13	19	74	80	57	46	121	39
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	827	**71**	47	42	29	42	6	42	23	53	14	4	1	69	60	4	7	7	17	45	10	33	26
	31.6%	**25.0%**	15.7%	16.9%	28.7%	23.2%	7.1%	35.3%	31.5%	30.6%	16.9%	19.0%	50.0%	25.7%	25.3%	23.5%	26.9%	8.6%	17.5%	44.1%	17.9%	21.4%	40.0%
A heart attack	154	**22**	15	11	13	9	0	14	8	16	5	1	0	22	17	2	3	4	1	17	4	8	10
	18.6%	**31.0%**	31.9%	26.2%	44.8%	21.4%	0.0%	33.3%	34.8%	30.2%	35.7%	25.0%	0.0%	31.9%	28.3%	50.0%	42.9%	57.1%	5.9%	37.8%	40.0%	24.2%	38.5%
Angina or coronary heart disease	170	**21**	11	6	9	12	1	11	9	14	6	1	0	20	18	1	2	2	5	14	1	11	8
	20.6%	**29.6%**	23.4%	14.3%	31.0%	28.6%	16.7%	26.2%	39.1%	26.4%	42.9%	25.0%	0.0%	29.0%	30.0%	25.0%	28.6%	28.6%	29.4%	31.1%	10.0%	33.3%	30.8%
A stroke	142	**11**	6	3	4	7	2	5	4	7	3	1	0	11	10	0	1	2	2	7	1	4	5
	17.2%	**15.5%**	12.8%	7.1%	13.8%	16.7%	33.3%	11.9%	17.4%	13.2%	21.4%	25.0%	0.0%	15.9%	16.7%	0.0%	14.3%	28.6%	11.8%	15.6%	10.0%	12.1%	19.2%
Any kind of diabetes or high blood sugar	603	**47**	30	35	19	28	3	29	15	35	9	3	1	46	39	3	5	3	11	31	6	24	17
	72.9%	**66.2%**	63.8%	83.3%	65.5%	66.7%	50.0%	69.0%	65.2%	66.0%	64.3%	75.0%	100.0%	66.7%	65.0%	75.0%	71.4%	42.9%	64.7%	68.9%	60.0%	72.7%	65.4%

NA - Not Applicable

Please note that respondents could select more than one response option, therefore percentages may not add up to 100%. The denominator is comprised of respondents who answered “Yes” to one or more of the given response options.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 48

In the last 6 months, did you get health care 3 or more times for the same condition or problem?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	82	**9**	6	14	2	6	2	3	2	7	0	0	0	4	6	0	1	2	0	6	0	5	2
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,538	**275**	294	234	99	175	83	116	71	166	83	21	2	265	231	17	25	79	97	96	56	149	63
	96.9%	**96.8%**	98.0%	94.4%	98.0%	96.7%	97.6%	97.5%	97.3%	96.0%	100.0%	100.0%	100.0%	98.5%	97.5%	100.0%	96.2%	97.5%	100.0%	94.1%	100.0%	96.8%	96.9%
Yes	919	**103**	106	81	39	64	24	56	22	64	31	7	1	98	92	4	6	19	28	54	7	42	49
	36.2%	**37.5%**	36.1%	34.6%	39.4%	36.6%	28.9%	48.3%	31.0%	38.6%	37.3%	33.3%	50.0%	37.0%	39.8%	23.5%	24.0%	24.1%	28.9%	56.3%	12.5%	28.2%	77.8%
No	1,619	**172**	188	153	60	111	59	60	49	102	52	14	1	167	139	13	19	60	69	42	49	107	14
	63.8%	**62.5%**	63.9%	65.4%	60.6%	63.4%	71.1%	51.7%	69.0%	61.4%	62.7%	66.7%	50.0%	63.0%	60.2%	76.5%	76.0%	75.9%	71.1%	43.8%	87.5%	71.8%	22.2%
Significantly different from column:*							H	GI	H									T	T	RS	VW	UW	UV

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 49

Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

Base: All respondents who saw a doctor 3 or more times for the same condition or problem (Q48)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	919	**103**	106	81	39	64	24	56	22	64	31	7	1	98	92	4	6	19	28	54	7	42	49
Number missing or multiple answer	34	**2**	3	2	0	2	0	1	1	1	1	0	0	2	1	0	1	1	1	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	885	**101**	103	79	39	62	24	55	21	63	30	7	1	96	91	4	5	18	27	54	7	40	49
	96.3%	**98.1%**	97.2%	97.5%	100.0%	96.9%	100.0%	98.2%	95.5%	98.4%	96.8%	100.0%	100.0%	98.0%	98.9%	100.0%	83.3%	94.7%	96.4%	100.0%	100.0%	95.2%	100.0%
Yes	743	**87**	87	69	32	55	18	52	16	49	30	7	0	84	78	4	4	16	21	48	5	34	44
	84.0%	**86.1%**	84.5%	87.3%	82.1%	88.7%	75.0%	94.5%	76.2%	77.8%	100.0%	100.0%	0.0%	87.5%	85.7%	100.0%	80.0%	88.9%	77.8%	88.9%	71.4%	85.0%	89.8%
No	142	**14**	16	10	7	7	6	3	5	14	0	0	1	12	13	0	1	2	6	6	2	6	5
	16.0%	**13.9%**	15.5%	12.7%	17.9%	11.3%	25.0%	5.5%	23.8%	22.2%	0.0%	0.0%	100.0%	12.5%	14.3%	0.0%	20.0%	11.1%	22.2%	11.1%	28.6%	15.0%	10.2%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 50

Do you now need or take medicine prescribed by a doctor? Do not include birth control.

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	71	**4**	6	14	1	2	1	0	1	2	0	0	0	2	2	0	0	0	1	2	0	4	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,549	**280**	294	234	100	179	84	119	72	171	83	21	2	267	235	17	26	81	96	100	56	150	65
	97.3%	**98.6%**	98.0%	94.4%	99.0%	98.9%	98.8%	100.0%	98.6%	98.8%	100.0%	100.0%	100.0%	99.3%	99.2%	100.0%	100.0%	100.0%	99.0%	98.0%	100.0%	97.4%	100.0%
Yes	1,718	**190**	166	131	71	119	38	95	55	120	51	17	2	181	162	11	16	35	67	85	20	110	53
	67.4%	**67.9%**	56.5%	56.0%	71.0%	66.5%	45.2%	79.8%	76.4%	70.2%	61.4%	81.0%	100.0%	67.8%	68.9%	64.7%	61.5%	43.2%	69.8%	85.0%	35.7%	73.3%	81.5%
No	831	**90**	128	103	29	60	46	24	17	51	32	4	0	86	73	6	10	46	29	15	36	40	12
	32.6%	**32.1%**	43.5%	44.0%	29.0%	33.5%	54.8%	20.2%	23.6%	29.8%	38.6%	19.0%	0.0%	32.2%	31.1%	35.3%	38.5%	56.8%	30.2%	15.0%	64.3%	26.7%	18.5%
Significantly different from column:*		CD					HI	G	G									ST	RT	RS	VW	U	U

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 51

Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

Base: All respondents who need or take medicine prescribed by a doctor (Q50)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	1,718	**190**	166	131	71	119	38	95	55	120	51	17	2	181	162	11	16	35	67	85	20	110	53
Number missing or multiple answer	51	**1**	2	1	0	1	0	1	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	1,667	**189**	164	130	71	118	38	94	55	119	51	17	2	180	161	11	16	35	66	85	20	109	53
	97.0%	**99.5%**	98.8%	99.2%	100.0%	99.2%	100.0%	98.9%	100.0%	99.2%	100.0%	100.0%	100.0%	99.4%	99.4%	100.0%	100.0%	100.0%	98.5%	100.0%	100.0%	99.1%	100.0%
Yes	1,552	**179**	151	122	67	112	34	90	53	113	48	16	2	170	154	9	15	31	64	81	18	105	49
	93.1%	**94.7%**	92.1%	93.8%	94.4%	94.9%	89.5%	95.7%	96.4%	95.0%	94.1%	94.1%	100.0%	94.4%	95.7%	81.8%	93.8%	88.6%	97.0%	95.3%	90.0%	96.3%	92.5%
No	115	**10**	13	8	4	6	4	4	2	6	3	1	0	10	7	2	1	4	2	4	2	4	4
	6.9%	**5.3%**	7.9%	6.2%	5.6%	5.1%	10.5%	4.3%	3.6%	5.0%	5.9%	5.9%	0.0%	5.6%	4.3%	18.2%	6.3%	11.4%	3.0%	4.7%	10.0%	3.7%	7.5%
Significantly different from column:*																							

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 52

What is your age?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	57	**7**	4	13	1	4	0	0	0	1	2	0	0	3	3	1	0	4	1	1	2	5	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,563	**277**	296	235	100	177	85	119	73	172	81	21	2	266	234	16	26	77	96	101	54	149	65
	97.8%	**97.5%**	98.7%	94.8%	99.0%	97.8%	100.0%	100.0%	100.0%	99.4%	97.6%	100.0%	100.0%	98.9%	98.7%	94.1%	100.0%	95.1%	99.0%	99.0%	96.4%	96.8%	100.0%
18 to 24	242	**30**	78	65	11	19	30	0	0	17	11	1	0	29	25	1	4	18	7	4	6	16	6
	9.4%	**10.8%**	26.4%	27.7%	11.0%	10.7%	35.3%	0.0%	0.0%	9.9%	13.6%	4.8%	0.0%	10.9%	10.7%	6.3%	15.4%	23.4%	7.3%	4.0%	11.1%	10.7%	9.2%
25 to 34	400	**55**	89	79	12	43	55	0	0	32	21	2	1	54	45	5	5	23	21	11	13	29	11
	15.6%	**19.9%**	30.1%	33.6%	12.0%	24.3%	64.7%	0.0%	0.0%	18.6%	25.9%	9.5%	50.0%	20.3%	19.2%	31.3%	19.2%	29.9%	21.9%	10.9%	24.1%	19.5%	16.9%
35 to 44	375	**58**	71	63	21	37	0	58	0	29	21	8	0	58	46	3	9	13	24	21	16	25	16
	14.6%	**20.9%**	24.0%	26.8%	21.0%	20.9%	0.0%	48.7%	0.0%	16.9%	25.9%	38.1%	0.0%	21.8%	19.7%	18.8%	34.6%	16.9%	25.0%	20.8%	29.6%	16.8%	24.6%
45 to 54	514	**61**	47	20	23	38	0	61	0	44	13	4	0	57	56	3	2	6	19	35	6	34	19
	20.1%	**22.0%**	15.9%	8.5%	23.0%	21.5%	0.0%	51.3%	0.0%	25.6%	16.0%	19.0%	0.0%	21.4%	23.9%	18.8%	7.7%	7.8%	19.8%	34.7%	11.1%	22.8%	29.2%
55 to 64	744	**69**	10	8	32	37	0	0	69	48	15	5	1	64	58	4	6	17	23	28	12	43	12
	29.0%	**24.9%**	3.4%	3.4%	32.0%	20.9%	0.0%	0.0%	94.5%	27.9%	18.5%	23.8%	50.0%	24.1%	24.8%	25.0%	23.1%	22.1%	24.0%	27.7%	22.2%	28.9%	18.5%
65 to 74	188	**4**	1	0	1	3	0	0	4	2	0	1	0	4	4	0	0	0	2	2	1	2	1
	7.3%	**1.4%**	0.3%	0.0%	1.0%	1.7%	0.0%	0.0%	5.5%	1.2%	0.0%	4.8%	0.0%	1.5%	1.7%	0.0%	0.0%	0.0%	2.1%	2.0%	1.9%	1.3%	1.5%
75 or older	100	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.9%	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
55 or older	1,032	**73**	11	8	33	40	0	0	73	50	15	6	1	68	62	4	6	17	25	30	13	45	13
	40.3%	**26.4%**	3.7%	3.4%	33.0%	22.6%	0.0%	0.0%	100.0%	29.1%	18.5%	28.6%	50.0%	25.6%	26.5%	25.0%	23.1%	22.1%	26.0%	29.7%	24.1%	30.2%	20.0%
Significantly different from column:*		ACD					I	I	GH														

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 53

Are you male or female?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	32	**2**	0	12	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,588	**282**	300	236	101	181	85	119	73	173	83	21	2	268	236	17	26	80	97	102	56	152	65
	98.8%	**99.3%**	100.0%	95.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	99.6%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	98.7%	100.0%
Male	982	**101**	68	44	101	0	23	44	33	70	22	8	1	97	83	7	9	29	37	35	26	47	25
	37.9%	**35.8%**	22.7%	18.6%	100.0%	0.0%	27.1%	37.0%	45.2%	40.5%	26.5%	38.1%	50.0%	36.2%	35.2%	41.2%	34.6%	36.3%	38.1%	34.3%	46.4%	30.9%	38.5%
Female	1,606	**181**	232	192	0	181	62	75	40	103	61	13	1	171	153	10	17	51	60	67	30	105	40
	62.1%	**64.2%**	77.3%	81.4%	0.0%	100.0%	72.9%	63.0%	54.8%	59.5%	73.5%	61.9%	50.0%	63.8%	64.8%	58.8%	65.4%	63.8%	61.9%	65.7%	53.6%	69.1%	61.5%
Significantly different from column:*		CD			F	E	I		G	K	J										V	U	

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 54

What is the highest grade or level of school that you have completed?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	86	**7**	4	15	1	4	1	0	2	0	0	0	0	4	4	0	0	2	2	2	2	4	1
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,534	**277**	296	233	100	177	84	119	71	173	83	21	2	265	233	17	26	79	95	100	54	150	64
	96.7%	**97.5%**	98.7%	94.0%	99.0%	97.8%	98.8%	100.0%	97.3%	100.0%	100.0%	100.0%	100.0%	98.5%	98.3%	100.0%	100.0%	97.5%	97.9%	98.0%	96.4%	97.4%	98.5%
8th grade or less	180	**10**	4	5	6	4	2	6	2	10	0	0	0	10	8	0	2	3	1	6	1	3	5
	7.1%	**3.6%**	1.4%	2.1%	6.0%	2.3%	2.4%	5.0%	2.8%	5.8%	0.0%	0.0%	0.0%	3.8%	3.4%	0.0%	7.7%	3.8%	1.1%	6.0%	1.9%	2.0%	7.8%
Some high school, but did not graduate	450	**52**	51	42	24	28	19	23	10	52	0	0	0	50	44	3	5	11	20	21	12	23	16
	17.8%	**18.8%**	17.2%	18.0%	24.0%	15.8%	22.6%	19.3%	14.1%	30.1%	0.0%	0.0%	0.0%	18.9%	18.9%	17.6%	19.2%	13.9%	21.1%	21.0%	22.2%	15.3%	25.0%
High school graduate or GED	990	**111**	132	101	40	71	28	44	38	111	0	0	1	103	100	5	6	32	34	43	17	70	19
	39.1%	**40.1%**	44.6%	43.3%	40.0%	40.1%	33.3%	37.0%	53.5%	64.2%	0.0%	0.0%	50.0%	38.9%	42.9%	29.4%	23.1%	40.5%	35.8%	43.0%	31.5%	46.7%	29.7%
Some college or 2-year degree	646	**83**	89	72	22	61	32	34	15	0	83	0	0	82	67	8	8	31	26	25	18	45	19
	25.5%	**30.0%**	30.1%	30.9%	22.0%	34.5%	38.1%	28.6%	21.1%	0.0%	100.0%	0.0%	0.0%	30.9%	28.8%	47.1%	30.8%	39.2%	27.4%	25.0%	33.3%	30.0%	29.7%
4-year college graduate	164	**15**	15	12	6	9	3	9	3	0	0	15	1	14	8	1	5	2	9	4	5	6	4
	6.5%	**5.4%**	5.1%	5.2%	6.0%	5.1%	3.6%	7.6%	4.2%	0.0%	0.0%	71.4%	50.0%	5.3%	3.4%	5.9%	19.2%	2.5%	9.5%	4.0%	9.3%	4.0%	6.3%
More than 4-year college degree	104	**6**	5	1	2	4	0	3	3	0	0	6	0	6	6	0	0	0	5	1	1	3	1
	4.1%	**2.2%**	1.7%	0.4%	2.0%	2.3%	0.0%	2.5%	4.2%	0.0%	0.0%	28.6%	0.0%	2.3%	2.6%	0.0%	0.0%	0.0%	5.3%	1.0%	1.9%	2.0%	1.6%
4-year college graduate or more	268	**21**	20	13	8	13	3	12	6	0	0	21	1	20	14	1	5	2	14	5	6	9	5
	10.6%	**7.6%**	6.8%	5.6%	8.0%	7.3%	3.6%	10.1%	8.5%	0.0%	0.0%	100.0%	50.0%	7.5%	6.0%	5.9%	19.2%	2.5%	14.7%	5.0%	11.1%	6.0%	7.8%
Significantly different from column:*																		S	RT	S			

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 55

Are you of Hispanic or Latino origin or descent?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	158	**13**	12	15	3	9	1	4	4	9	1	0	0	0	10	0	0	5	2	5	2	6	3
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,462	**271**	288	233	98	172	84	115	69	164	82	21	2	269	227	17	26	76	95	97	54	148	62
	94.0%	**95.4%**	96.0%	94.0%	97.0%	95.0%	98.8%	96.6%	94.5%	94.8%	98.8%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	93.8%	97.9%	95.1%	96.4%	96.1%	95.4%
Yes, Hispanic or Latino	546	**2**	2	9	1	1	1	0	1	1	0	1	2	0	1	0	1	1	1	0	1	1	0
	22.2%	**0.7%**	0.7%	3.9%	1.0%	0.6%	1.2%	0.0%	1.4%	0.6%	0.0%	4.8%	100.0%	0.0%	0.4%	0.0%	3.8%	1.3%	1.1%	0.0%	1.9%	0.7%	0.0%
No, not Hispanic or Latino	1,916	**269**	286	224	97	171	83	115	68	163	82	20	0	269	226	17	25	75	94	97	53	147	62
	77.8%	**99.3%**	99.3%	96.1%	99.0%	99.4%	98.8%	100.0%	98.6%	99.4%	100.0%	95.2%	0.0%	100.0%	99.6%	100.0%	96.2%	98.7%	98.9%	100.0%	98.1%	99.3%	100.0%
Significantly different from column:*		AD																					

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 56

What is your race? Mark one or more.

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,620	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	143	**4**	5	14	2	1	0	0	1	0	0	1	0	1	0	0	0	1	1	1	2	2	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,477	**280**	295	234	99	180	85	119	72	173	83	20	2	268	237	17	26	80	96	101	54	152	65
	94.5%	**98.6%**	98.3%	94.4%	98.0%	99.4%	100.0%	100.0%	98.6%	100.0%	100.0%	95.2%	100.0%	99.6%	100.0%	100.0%	100.0%	98.8%	99.0%	99.0%	96.4%	98.7%	100.0%
White	1,582	**257**	285	222	89	167	77	111	66	163	72	18	1	246	237	0	20	73	85	96	47	141	60
	63.9%	**91.8%**	96.6%	94.9%	89.9%	92.8%	90.6%	93.3%	91.7%	94.2%	86.7%	90.0%	50.0%	91.8%	100.0%	0.0%	76.9%	91.3%	88.5%	95.0%	87.0%	92.8%	92.3%
Black or African-American	673	**23**	10	12	8	15	8	8	6	10	10	3	0	23	0	17	6	6	10	7	9	10	4
	27.2%	**8.2%**	3.4%	5.1%	8.1%	8.3%	9.4%	6.7%	8.3%	5.8%	12.0%	15.0%	0.0%	8.6%	0.0%	100.0%	23.1%	7.5%	10.4%	6.9%	16.7%	6.6%	6.2%
Asian	83	**0**	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3.4%	**0.0%**	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Native Hawaiian or other Pacific Islander	12	**0**	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.5%	**0.0%**	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
American Indian or Alaska Native	71	**17**	11	17	6	11	5	8	4	9	6	2	0	17	0	0	17	8	5	4	4	9	3
	2.9%	**6.1%**	3.7%	7.3%	6.1%	6.1%	5.9%	6.7%	5.6%	5.2%	7.2%	10.0%	0.0%	6.3%	0.0%	0.0%	65.4%	10.0%	5.2%	4.0%	7.4%	5.9%	4.6%
Other	213	**9**	7	9	3	6	2	5	2	4	2	3	1	8	0	0	9	2	6	1	2	7	0
	8.6%	**3.2%**	2.4%	3.8%	3.0%	3.3%	2.4%	4.2%	2.8%	2.3%	2.4%	15.0%	50.0%	3.0%	0.0%	0.0%	34.6%	2.5%	6.3%	1.0%	3.7%	4.6%	0.0%

NA - Not Applicable

Please note that respondents could select more than one response option, therefore percentages may not add up to 100%.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 57

Did someone help you complete this survey?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	2,107	**227**	200	170	84	142	65	95	63	139	68	16	2	215	200	14	13	64	77	83	44	121	55
Number missing or multiple answer	41	**1**	1	5	0	1	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	1	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	2,066	**226**	199	165	84	141	65	95	62	138	68	16	2	215	199	14	13	63	77	83	44	120	55
	98.1%	**99.6%**	99.5%	97.1%	100.0%	99.3%	100.0%	100.0%	98.4%	99.3%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	99.2%	100.0%
Yes	364	**24**	12	10	16	7	9	10	4	18	4	0	0	23	23	1	0	5	5	14	4	7	11
	17.6%	**10.6%**	6.0%	6.1%	19.0%	5.0%	13.8%	10.5%	6.5%	13.0%	5.9%	0.0%	0.0%	10.7%	11.6%	7.1%	0.0%	7.9%	6.5%	16.9%	9.1%	5.8%	20.0%
No	1,702	**202**	187	155	68	134	56	85	58	120	64	16	2	192	176	13	13	58	72	69	40	113	44
	82.4%	**89.4%**	94.0%	93.9%	81.0%	95.0%	86.2%	89.5%	93.5%	87.0%	94.1%	100.0%	100.0%	89.3%	88.4%	92.9%	100.0%	92.1%	93.5%	83.1%	90.9%	94.2%	80.0%
Significantly different from column:*		A			F	E													T	S		W	V

NA - Not Applicable

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 58

How did that person help you? Mark one or more.

Base: All respondents who had help completing the survey (Q57)

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	364	**24**	12	10	16	7	9	10	4	18	4	0	0	23	23	1	0	5	5	14	4	7	11
Number missing or multiple answer	5	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number no experience	NA	**NA**	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Usable responses	359	**24**	12	10	16	7	9	10	4	18	4	0	0	23	23	1	0	5	5	14	4	7	11
	98.6%	**100.0%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	---	100.0%	100.0%	100.0%	---	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Read the questions to me	169	**14**	5	2	11	3	2	8	4	13	1	0	0	14	13	1	0	2	3	9	3	2	9
	47.1%	**58.3%**	41.7%	20.0%	68.8%	42.9%	22.2%	80.0%	100.0%	72.2%	25.0%	---	---	60.9%	56.5%	100.0%	---	40.0%	60.0%	64.3%	75.0%	28.6%	81.8%
Wrote down the answers I gave	128	**7**	5	2	6	1	0	6	1	6	1	0	0	7	7	0	0	1	1	5	2	1	4
	35.7%	**29.2%**	41.7%	20.0%	37.5%	14.3%	0.0%	60.0%	25.0%	33.3%	25.0%	---	---	30.4%	30.4%	0.0%	---	20.0%	20.0%	35.7%	50.0%	14.3%	36.4%
Answered the questions for me	109	**7**	2	3	3	3	5	1	0	4	1	0	0	6	7	0	0	2	0	5	0	3	3
	30.4%	**29.2%**	16.7%	30.0%	18.8%	42.9%	55.6%	10.0%	0.0%	22.2%	25.0%	---	---	26.1%	30.4%	0.0%	---	40.0%	0.0%	35.7%	0.0%	42.9%	27.3%
Translated the questions into my language	44	**1**	0	1	1	0	1	0	0	0	1	0	0	1	1	0	0	0	1	0	0	1	0
	12.3%	**4.2%**	0.0%	10.0%	6.3%	0.0%	11.1%	0.0%	0.0%	0.0%	25.0%	---	---	4.3%	4.3%	0.0%	---	0.0%	20.0%	0.0%	0.0%	14.3%	0.0%
Helped in some other way	43	**2**	1	5	1	1	1	1	0	1	1	0	0	2	2	0	0	1	0	1	0	1	0
	12.0%	**8.3%**	8.3%	50.0%	6.3%	14.3%	11.1%	10.0%	0.0%	5.6%	25.0%	---	---	8.7%	8.7%	0.0%	---	20.0%	0.0%	7.1%	0.0%	14.3%	0.0%

NA - Not Applicable

Please note that respondents could select more than one response option, therefore percentages may not add up to 100%.

Aetna Better Health of West Virginia Adult Medicaid

40438

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 59

X401

In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	---	**16**	12	26	7	8	3	6	4	9	2	2	0	11	12	0	0	5	5	5	3	8	3
Number no experience	---	**76**	82	58	26	49	25	20	28	38	26	9	1	72	65	4	7	32	27	17	36	30	7
Usable responses	---	**192**	206	164	68	124	57	93	41	126	55	10	1	186	160	13	19	44	65	80	17	116	55
	---	**67.6%**	68.7%	66.1%	67.3%	68.5%	67.1%	78.2%	56.2%	72.8%	66.3%	47.6%	50.0%	69.1%	67.5%	76.5%	73.1%	54.3%	67.0%	78.4%	30.4%	75.3%	84.6%
Same day	---	**94**	101	87	30	64	31	41	21	61	25	7	0	91	76	7	11	30	31	32	8	57	27
	---	**49.0%**	49.0%	53.0%	44.1%	51.6%	54.4%	44.1%	51.2%	48.4%	45.5%	70.0%	0.0%	48.9%	47.5%	53.8%	57.9%	68.2%	47.7%	40.0%	47.1%	49.1%	49.1%
1 day	---	**21**	32	20	8	13	5	12	4	14	6	1	0	20	19	0	2	2	8	10	3	11	7
	---	**10.9%**	15.5%	12.2%	11.8%	10.5%	8.8%	12.9%	9.8%	11.1%	10.9%	10.0%	0.0%	10.8%	11.9%	0.0%	10.5%	4.5%	12.3%	12.5%	17.6%	9.5%	12.7%
2 days	---	**16**	19	9	6	10	5	9	2	11	4	1	0	15	14	1	1	4	4	8	1	13	2
	---	**8.3%**	9.2%	5.5%	8.8%	8.1%	8.8%	9.7%	4.9%	8.7%	7.3%	10.0%	0.0%	8.1%	8.8%	7.7%	5.3%	9.1%	6.2%	10.0%	5.9%	11.2%	3.6%
3 days	---	**14**	7	13	4	10	4	4	6	8	6	0	1	13	11	1	2	1	7	6	2	8	2
	---	**7.3%**	3.4%	7.9%	5.9%	8.1%	7.0%	4.3%	14.6%	6.3%	10.9%	0.0%	100.0%	7.0%	6.9%	7.7%	10.5%	2.3%	10.8%	7.5%	11.8%	6.9%	3.6%
4 to 7 days	---	**20**	20	19	10	10	7	11	2	15	5	0	0	20	17	1	2	1	10	9	1	14	5
	---	**10.4%**	9.7%	11.6%	14.7%	8.1%	12.3%	11.8%	4.9%	11.9%	9.1%	0.0%	0.0%	10.8%	10.6%	7.7%	10.5%	2.3%	15.4%	11.3%	5.9%	12.1%	9.1%
8 to 14 days	---	**13**	11	5	5	8	4	7	2	7	5	1	0	13	11	2	0	5	2	6	2	5	6
	---	**6.8%**	5.3%	3.0%	7.4%	6.5%	7.0%	7.5%	4.9%	5.6%	9.1%	10.0%	0.0%	7.0%	6.9%	15.4%	0.0%	11.4%	3.1%	7.5%	11.8%	4.3%	10.9%
15 days or longer	---	**14**	16	11	5	9	1	9	4	10	4	0	0	14	12	1	1	1	3	9	0	8	6
	---	**7.3%**	7.8%	6.7%	7.4%	7.3%	1.8%	9.7%	9.8%	7.9%	7.3%	0.0%	0.0%	7.5%	7.5%	7.7%	5.3%	2.3%	4.6%	11.3%	0.0%	6.9%	10.9%
Same day	---	**94**	101	87	30	64	31	41	21	61	25	7	0	91	76	7	11	30	31	32	8	57	27
	---	**49.0%**	49.0%	53.0%	44.1%	51.6%	54.4%	44.1%	51.2%	48.4%	45.5%	70.0%	0.0%	48.9%	47.5%	53.8%	57.9%	68.2%	47.7%	40.0%	47.1%	49.1%	49.1%
Significantly different from column:*																		ST	R	R			

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 60 X402

In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	---	**11**	15	25	4	6	3	3	2	5	2	1	0	5	6	0	1	5	1	4	3	2	3
Number no experience	---	**59**	60	47	21	38	23	22	12	30	22	6	0	58	49	4	6	21	27	11	40	17	2
Usable responses	---	**214**	225	176	76	137	59	94	59	138	59	14	2	206	182	13	19	55	69	87	13	135	60
	---	**75.4%**	75.0%	71.0%	75.2%	75.7%	69.4%	79.0%	80.8%	79.8%	71.1%	66.7%	100.0%	76.6%	76.8%	76.5%	73.1%	67.9%	71.1%	85.3%	23.2%	87.7%	92.3%
Same day	---	**45**	33	29	10	35	7	25	12	30	10	4	0	43	37	4	4	14	12	19	1	28	15
	---	**21.0%**	14.7%	16.5%	13.2%	25.5%	11.9%	26.6%	20.3%	21.7%	16.9%	28.6%	0.0%	20.9%	20.3%	30.8%	21.1%	25.5%	17.4%	21.8%	7.7%	20.7%	25.0%
1 day	---	**17**	21	24	5	11	8	6	2	11	4	1	0	17	14	1	2	5	8	3	0	12	5
	---	**7.9%**	9.3%	13.6%	6.6%	8.0%	13.6%	6.4%	3.4%	8.0%	6.8%	7.1%	0.0%	8.3%	7.7%	7.7%	10.5%	9.1%	11.6%	3.4%	0.0%	8.9%	8.3%
2 to 3 days	---	**39**	50	42	15	24	11	20	8	30	8	1	0	37	37	2	0	9	12	18	3	25	9
	---	**18.2%**	22.2%	23.9%	19.7%	17.5%	18.6%	21.3%	13.6%	21.7%	13.6%	7.1%	0.0%	18.0%	20.3%	15.4%	0.0%	16.4%	17.4%	20.7%	23.1%	18.5%	15.0%
4 to 7 days	---	**44**	40	35	15	29	17	18	9	30	13	1	0	43	36	2	6	6	20	18	5	32	6
	---	**20.6%**	17.8%	19.9%	19.7%	21.2%	28.8%	19.1%	15.3%	21.7%	22.0%	7.1%	0.0%	20.9%	19.8%	15.4%	31.6%	10.9%	29.0%	20.7%	38.5%	23.7%	10.0%
8 to 14 days	---	**20**	37	13	10	10	4	7	9	10	8	2	1	19	17	2	1	8	6	5	2	9	9
	---	**9.3%**	16.4%	7.4%	13.2%	7.3%	6.8%	7.4%	15.3%	7.2%	13.6%	14.3%	50.0%	9.2%	9.3%	15.4%	5.3%	14.5%	8.7%	5.7%	15.4%	6.7%	15.0%
15 to 30 days	---	**32**	28	19	15	17	7	13	12	16	13	2	1	30	26	2	4	11	7	13	2	16	13
	---	**15.0%**	12.4%	10.8%	19.7%	12.4%	11.9%	13.8%	20.3%	11.6%	22.0%	14.3%	50.0%	14.6%	14.3%	15.4%	21.1%	20.0%	10.1%	14.9%	15.4%	11.9%	21.7%
31 to 60 days	---	**7**	8	14	1	6	2	3	2	3	2	2	0	7	6	0	1	1	1	5	0	5	2
	---	**3.3%**	3.6%	8.0%	1.3%	4.4%	3.4%	3.2%	3.4%	2.2%	3.4%	14.3%	0.0%	3.4%	3.3%	0.0%	5.3%	1.8%	1.4%	5.7%	0.0%	3.7%	3.3%
61 to 90 days	---	**9**	6	---	4	5	3	2	4	7	1	1	0	9	8	0	1	1	3	5	0	8	0
	---	**4.2%**	2.7%	---	5.3%	3.6%	5.1%	2.1%	6.8%	5.1%	1.7%	7.1%	0.0%	4.4%	4.4%	0.0%	5.3%	1.8%	4.3%	5.7%	0.0%	5.9%	0.0%
91 days or longer	---	**1**	2	---	1	0	0	0	1	1	0	0	0	1	1	0	0	0	0	1	0	0	1
	---	**0.5%**	0.9%	---	1.3%	0.0%	0.0%	0.0%	1.7%	0.7%	0.0%	0.0%	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%	1.7%
3 days or less	---	**101**	104	95	30	70	26	51	22	71	22	6	0	97	88	7	6	28	32	40	4	65	29
	---	**47.2%**	46.2%	54.0%	39.5%	51.1%	44.1%	54.3%	37.3%	51.4%	37.3%	42.9%	0.0%	47.1%	48.4%	53.8%	31.6%	50.9%	46.4%	46.0%	30.8%	48.1%	48.3%
Significantly different from column:*								I	H														

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Note: the question was revised in 2016 to expand the previously used category '31 days or longer' into additional categories. If available, prior-year '31 days or longer' results are mapped to the new category, '31 to 60 days'.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 61 X403

In the last 6 months, when you tried to call your personal doctor when the office was closed, did you reach an answering service or message telling you how to contact a physician?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	---	**14**	11	15	6	7	5	3	3	5	5	1	0	9	10	0	0	4	5	4	6	5	2
Number no experience	---	**125**	145	99	42	82	35	46	40	73	38	11	0	122	106	8	11	45	41	38	35	68	18
Usable responses	---	**145**	144	134	53	92	45	70	30	95	40	9	2	138	121	9	15	32	51	60	15	81	45
	---	**51.1%**	48.0%	54.0%	52.5%	50.8%	52.9%	58.8%	41.1%	54.9%	48.2%	42.9%	100.0%	51.3%	51.1%	52.9%	57.7%	39.5%	52.6%	58.8%	26.8%	52.6%	69.2%
Yes	---	**104**	104	96	37	67	39	46	19	67	31	5	1	102	88	6	10	24	34	44	7	62	32
	---	**71.7%**	72.2%	71.6%	69.8%	72.8%	86.7%	65.7%	63.3%	70.5%	77.5%	55.6%	50.0%	73.9%	72.7%	66.7%	66.7%	75.0%	66.7%	73.3%	46.7%	76.5%	71.1%
No	---	**41**	40	38	16	25	6	24	11	28	9	4	1	36	33	3	5	8	17	16	8	19	13
	---	**28.3%**	27.8%	28.4%	30.2%	27.2%	13.3%	34.3%	36.7%	29.5%	22.5%	44.4%	50.0%	26.1%	27.3%	33.3%	33.3%	25.0%	33.3%	26.7%	53.3%	23.5%	28.9%
Significantly different from column:*							HI	G	G														

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 62

X404

In the last 6 months, how often were you able to find a doctor or other health professional who met your cultural, racial, ethnic, or language needs or preferences?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	---	**14**	13	20	4	9	4	4	3	6	4	1	0	10	9	0	1	4	2	7	3	9	2
Number no experience	---	**51**	53	44	18	33	18	18	13	30	16	4	0	49	40	6	5	22	20	9	37	13	0
Usable responses	---	**219**	234	184	79	139	63	97	57	137	63	16	2	210	188	11	20	55	75	86	16	132	63
	---	**77.1%**	78.0%	74.2%	78.2%	76.8%	74.1%	81.5%	78.1%	79.2%	75.9%	76.2%	100.0%	78.1%	79.3%	64.7%	76.9%	67.9%	77.3%	84.3%	28.6%	85.7%	96.9%
Never	---	**15**	25	12	4	11	5	8	2	9	5	1	0	14	9	3	3	3	6	6	4	6	4
	---	**6.8%**	10.7%	6.5%	5.1%	7.9%	7.9%	8.2%	3.5%	6.6%	7.9%	6.3%	0.0%	6.7%	4.8%	27.3%	15.0%	5.5%	8.0%	7.0%	25.0%	4.5%	6.3%
Sometimes	---	**16**	17	10	8	8	1	13	2	10	5	1	1	15	13	2	1	3	3	10	3	7	6
	---	**7.3%**	7.3%	5.4%	10.1%	5.8%	1.6%	13.4%	3.5%	7.3%	7.9%	6.3%	50.0%	7.1%	6.9%	18.2%	5.0%	5.5%	4.0%	11.6%	18.8%	5.3%	9.5%
Usually	---	**35**	34	33	16	19	8	17	9	21	11	2	0	35	27	4	4	6	12	17	1	23	10
	---	**16.0%**	14.5%	17.9%	20.3%	13.7%	12.7%	17.5%	15.8%	15.3%	17.5%	12.5%	0.0%	16.7%	14.4%	36.4%	20.0%	10.9%	16.0%	19.8%	6.3%	17.4%	15.9%
Always	---	**153**	158	129	51	101	49	59	44	97	42	12	1	146	139	2	12	43	54	53	8	96	43
	---	**69.9%**	67.5%	70.1%	64.6%	72.7%	77.8%	60.8%	77.2%	70.8%	66.7%	75.0%	50.0%	69.5%	73.9%	18.2%	60.0%	78.2%	72.0%	61.6%	50.0%	72.7%	68.3%
Significantly different from column:*							H	GI	H									T		R			
Usually or Always	---	**188**	192	162	67	120	57	76	53	118	53	14	1	181	166	6	16	49	66	70	9	119	53
	---	**85.8%**	82.1%	88.0%	84.8%	86.3%	90.5%	78.4%	93.0%	86.1%	84.1%	87.5%	50.0%	86.2%	88.3%	54.5%	80.0%	89.1%	88.0%	81.4%	56.3%	90.2%	84.1%
Significantly different from column:*							H	GI	H														

*A letter in a cell means the percentage in the cell immediately above is significantly different from the percentage in the column headed by that letter (in that same row). The significance test was conducted at the 95% confidence level.

Aetna Better Health of West Virginia Adult Medicaid

CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey for Measurement Year 2016 (Fielded February - May 2017)

Question 63 X405

In the last 6 months, how often did you receive health care services in a language that you could understand?

Base: All respondents

	2017 CSS Average	**2017**	2016	2015	Gender (Q53)		Age (Q52)			Education (Q54)			Hispanic (Q55)		Race (Q56)			Health Status (Q36)			Doctor Visits in Last 6 Months (Q7)		
					Male	Female	18 to 34	35 to 54	55 or more	HS grad or less	Some college	College grad or more	Hispanic	Not Hispanic	White	African-American	Other	Excellent or Very good	Good	Fair or Poor	None	1 to 4	5 or more
	A	**B**	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Number in sample	---	**284**	300	248	101	181	85	119	73	173	83	21	2	269	237	17	26	81	97	102	56	154	65
Number missing or multiple answer	---	**9**	8	18	3	5	2	2	2	2	3	1	0	4	4	0	1	4	1	3	3	3	3
Number no experience	---	**48**	47	37	16	32	19	15	13	27	16	4	0	47	38	6	4	22	19	7	35	12	0
Usable responses	---	**227**	245	193	82	144	64	102	58	144	64	16	2	218	195	11	21	55	77	92	18	139	62
	---	**79.9%**	81.7%	77.8%	81.2%	79.6%	75.3%	85.7%	79.5%	83.2%	77.1%	76.2%	100.0%	81.0%	82.3%	64.7%	80.8%	67.9%	79.4%	90.2%	32.1%	90.3%	95.4%
Never	---	**53**	48	25	18	35	16	26	10	37	12	4	1	49	43	4	6	15	14	24	8	27	16
	---	**23.3%**	19.6%	13.0%	22.0%	24.3%	25.0%	25.5%	17.2%	25.7%	18.8%	25.0%	50.0%	22.5%	22.1%	36.4%	28.6%	27.3%	18.2%	26.1%	44.4%	19.4%	25.8%
Sometimes	---	**12**	9	6	5	7	3	8	1	9	3	0	0	12	10	1	1	4	2	6	1	5	6
	---	**5.3%**	3.7%	3.1%	6.1%	4.9%	4.7%	7.8%	1.7%	6.3%	4.7%	0.0%	0.0%	5.5%	5.1%	9.1%	4.8%	7.3%	2.6%	6.5%	5.6%	3.6%	9.7%
Usually	---	**22**	20	19	6	16	4	13	5	15	5	1	1	20	17	1	4	2	7	13	3	11	6
	---	**9.7%**	8.2%	9.8%	7.3%	11.1%	6.3%	12.7%	8.6%	10.4%	7.8%	6.3%	50.0%	9.2%	8.7%	9.1%	19.0%	3.6%	9.1%	14.1%	16.7%	7.9%	9.7%
Always	---	**140**	168	143	53	86	41	55	42	83	44	11	0	137	125	5	10	34	54	49	6	96	34
	---	**61.7%**	68.6%	74.1%	64.6%	59.7%	64.1%	53.9%	72.4%	57.6%	68.8%	68.8%	0.0%	62.8%	64.1%	45.5%	47.6%	61.8%	70.1%	53.3%	33.3%	69.1%	54.8%
Significantly different from column:*		D						I	H										T	S	V	U	
Usually or Always	---	**162**	188	162	59	102	45	68	47	98	49	12	1	157	142	6	14	36	61	62	9	107	40
	---	**71.4%**	76.7%	83.9%	72.0%	70.8%	70.3%	66.7%	81.0%	68.1%	76.6%	75.0%	50.0%	72.0%	72.8%	54.5%	66.7%	65.5%	79.2%	67.4%	50.0%	77.0%	64.5%
Significantly different from column:*		D																					

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SURVEY MATERIALS

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RESPONSE NEEDED

AET-r

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AETWV3_1

How can Aetna Better Health of West Virginia serve you better? How can people choose the health care plan that is best for them?

This survey gives you the chance to tell us what you think about the services we provide at Aetna Better Health of West Virginia. It will take less than 20 minutes to complete.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps people learn more about health care plans around the country.

The Center for the Study of Services (CSS) is an independent research firm that is helping us conduct the survey. No one but the staff at CSS and NCQA will see your answers. Your answers will not have your name on them and will be part of a pool of information from others like you. Please call the toll-free number 1-800-874-5561 or e-mail CSS at questions@cssresearch.org if you have any questions.

Because we are asking only a few people to take the survey, **it is very important that you fill out the survey and return it right away**. Please use the pre-paid envelope to return the survey.

Thank you for helping to make health care better.

Sincerely,

Donald Gibbon, DO
Chief Medical Officer

Si quiere que CSS le envíe un cuestionario en español, por favor llámenos al 1-800-874-5561.
TTY Users: Please call the National Relay Service at 711 and provide the phone number 1-800-874-5561 to the communications assistant.

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AETWV3_3

About three weeks ago, we sent you a survey about the services we provide at Aetna Better Health of West Virginia. If you sent your survey back, thank you for your help! You can ignore this letter.

We sent you another survey, just in case you misplaced the first one. Please take a little time to complete it. It should take you less than 20 minutes.

The survey is part of a national project by the National Committee for Quality Assurance (NCQA), a non-profit group that helps people learn more about health care plans.

The Center for the Study of Services (CSS) is an independent research firm that is helping us conduct the survey. No one but the staff at CSS and NCQA will see your answers. Your answers will not have your name on them and will be part of a pool of information from others like you. Please call the toll-free number 1-800-874-5561 or e-mail CSS at questions@cssresearch.org if you have any questions.

Because we asked only a few people to take the survey, **it is very important that you fill out the survey and return it right away**. Please return it in the pre-paid envelope.

Thank you for helping to make health care better.

Sincerely,

Donald Gibbon, DO
Chief Medical Officer

Si quiere que CSS le envíe un cuestionario en español, por favor llámenos al 1-800-874-5561.
TTY Users: Please call the National Relay Service at 711 and provide the phone number 1-800-874-5561 to the communications assistant.

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We need your help! Recently, we sent you a short survey about your health care. Your answers will help us improve the services we provide. The survey will also help other people learn more about health care plans, but it will help only if everyone who gets the survey sends it back.

After you finish the survey, please return it in the pre-paid envelope to the Center for the Study of Services (CSS), a research firm working with us on this survey.

If you did not get the survey, or if you misplaced it, please call CSS at the toll-free number 1-800-874-5561 or e-mail them at questions@cssresearch.org. They will mail you another one. You can also call that number if you have any questions.

If you have already sent in your survey, thank you! You can ignore this reminder.

Thanks again for your help!

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AET13

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2017

AETWV3

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:

☑ 1 Yes → ***If Yes, Go to Question 1***
☐ 2 No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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 1-800-874-5561.

1. Our records show that you are now in Aetna Better Health of West Virginia. Is that right?
   ☐ 1 Yes → ***If Yes, Go to Question 3***
   ☐ 2 No

2. What is the name of your health plan? ***(Please print)***

   _____

Your Health Care in the Last 6 Months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
   ☐ 1 Yes
   ☐ 2 No → ***If No, Go to Question 5***

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
   ☐ 1 Never
   ☐ 2 Sometimes
   ☐ 3 Usually
   ☐ 4 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
   ☐ 1 Yes
   ☐ 2 No → ***If No, Go to Question 7***

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
   ☐ 1 Never
   ☐ 2 Sometimes
   ☐ 3 Usually
   ☐ 4 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
   ☐ 0 None → ***If None, Go to Question 15***
   ☐ 1 1 time
   ☐ 2 2
   ☐ 3 3
   ☐ 4 4
   ☐ 5 5 to 9
   ☐ 6 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
   ☐ 1 Yes
   ☐ 2 No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?
   ☐ 1 Yes
   ☐ 2 No → ***If No, Go to Question 13***

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?
    ☐ 1 Yes
    ☐ 2 No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?
    ☐ 1 Yes
    ☐ 2 No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
    ☐ 1 Yes
    ☐ 2 No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst health care possible										Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

Your Personal Doctor

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
    - ☐ 1 Yes
    - ☐ 2 No → ***If No, Go to Question 24***

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
    - ☐ 0 None → ***If None, Go to Question 23***
    - ☐ 1 1 time
    - ☐ 2 2
    - ☐ 3 3
    - ☐ 4 4
    - ☐ 5 5 to 9
    - ☐ 6 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?
    - ☐ 1 Yes
    - ☐ 2 No → ***If No, Go to Question 23***

22. In the last 6 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?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst personal doctor possible										Best personal doctor possible

Getting Health Care From Specialists

When you answer the next questions, do <u>not</u> include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?
    - ☐ 1 Yes
    - ☐ 2 No → ***If No, Go to Question 28***

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

26. How many specialists have you seen in the last 6 months?
    - ☐ 0 None → ***If None, Go to Question 28***
    - ☐ 1 1 specialist
    - ☐ 2 2
    - ☐ 3 3
    - ☐ 4 4
    - ☐ 5 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst specialist possible										Best specialist possible

Your Health Plan

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?
    - ☐ 1 Yes
    - ☐ 2 No → ***If No, Go to Question 30***

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 Always

30. In the last 6 months, did you get information or help from your health plan's customer service?
    - ☐1 Yes
    - ☐2 No → ***If No, Go to Question 33***

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

33. In the last 6 months, did your health plan give you any forms to fill out?
    - ☐1 Yes
    - ☐2 No → ***If No, Go to Question 35***

34. In the last 6 months, how often were the forms from your health plan easy to fill out?
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health plan possible — Best health plan possible

About You

36. In general, how would you rate your overall health?
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor

37. In general, how would you rate your overall mental or emotional health?
    - ☐1 Excellent
    - ☐2 Very good
    - ☐3 Good
    - ☐4 Fair
    - ☐5 Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?
    - ☐1 Yes
    - ☐2 No
    - ☐3 Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
    - ☐1 Every day
    - ☐2 Some days
    - ☐3 Not at all → ***If Not at all, Go to Question 43***
    - ☐4 Don't know → ***If Don't know, Go to Question 43***

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
    - ☐1 Never
    - ☐2 Sometimes
    - ☐3 Usually
    - ☐4 Always

43. Do you take aspirin daily or every other day?
    - ☐1 Yes
    - ☐2 No
    - ☐3 Don't know

44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?
    - ☐1 Yes
    - ☐2 No
    - ☐3 Don't know

45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?
    - ☐1 Yes
    - ☐2 No

46. Are you aware that you have any of the following conditions? Mark one or more.
    - ☐a High cholesterol
    - ☐b High blood pressure
    - ☐c Parent or sibling with heart attack before the age of 60

47. Has a doctor ever told you that you have any of the following conditions? Mark one or more.
    - ☐a A heart attack
    - ☐b Angina or coronary heart disease
    - ☐c A stroke
    - ☐d Any kind of diabetes or high blood sugar

48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?
    - ☐1 Yes
    - ☐2 No → ***If No, Go to Question 50***

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
    - ☐1 Yes
    - ☐2 No

50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.
- ☐1 Yes
- ☐2 No → ***If No, Go to Question 52***

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
- ☐1 Yes
- ☐2 No

52. What is your age?
- ☐1 18 to 24
- ☐2 25 to 34
- ☐3 35 to 44
- ☐4 45 to 54
- ☐5 55 to 64
- ☐6 65 to 74
- ☐7 75 or older

53. Are you male or female?
- ☐1 Male
- ☐2 Female

54. What is the highest grade or level of school that you have completed?
- ☐1 8th grade or less
- ☐2 Some high school, but did not graduate
- ☐3 High school graduate or GED
- ☐4 Some college or 2-year degree
- ☐5 4-year college graduate
- ☐6 More than 4-year college degree

55. Are you of Hispanic or Latino origin or descent?
- ☐1 Yes, Hispanic or Latino
- ☐2 No, not Hispanic or Latino

56. What is your race? Mark one or more.
- ☐a White
- ☐b Black or African-American
- ☐c Asian
- ☐d Native Hawaiian or other Pacific Islander
- ☐e American Indian or Alaska Native
- ☐f Other

57. Did someone help you complete this survey?
- ☐1 Yes → ***If Yes, Go to Question 58***
- ☐2 No → ***If No, Go to Question 59***

58. How did that person help you? Mark one or more.
- ☐a Read the questions to me
- ☐b Wrote down the answers I gave
- ☐c Answered the questions for me
- ☐d Translated the questions into my language
- ☐e Helped in some other way

Your health plan would like to ask a few more questions about your health care.

59. In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?
- ☐1 Same day
- ☐2 1 day
- ☐3 2 days
- ☐4 3 days
- ☐5 4 to 7 days
- ☐6 8 to 14 days
- ☐7 15 days or longer
- ☐8 I did not need this type of care in the last 6 months

60. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?
- ☐1 Same day
- ☐2 1 day
- ☐3 2 to 3 days
- ☐4 4 to 7 days
- ☐5 8 to 14 days
- ☐6 15 to 30 days
- ☐7 31 to 60 days
- ☐8 61 to 90 days
- ☐9 91 days or longer
- ☐10 I did not make an appointment to see a health provider in the last 6 months

61. In the last 6 months, when you tried to call your personal doctor when the office was closed, did you reach an answering service or message telling you how to contact a physician?
- ☐1 Yes
- ☐2 No
- ☐3 I did not try to contact my personal doctor when the office was closed in the last 6 months
- ☐4 I do not have a personal doctor

62. In the last 6 months, how often were you able to find a doctor or other health professional who met your cultural, racial, ethnic, or language needs or preferences?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always
- ☐5 I did not need health care services in the last 6 months

63. In the last 6 months, how often did you receive health care services in a language that you could understand?
- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always
- ☐5 I did not need health care services in the last 6 months

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
PO Box 10810
Herndon, VA 20172-9904

Please do not include any other correspondence.

NCQA CALCULATION GUIDELINES FOR RATING AND COMPOSITE MEANS AND GLOBAL PROPORTIONS

NCQA's *HEDIS 2017, Volume 3: Specifications for Survey Measures* contains detailed guidelines for calculation of survey results. These guidelines include:

- Criteria for including a survey in the results calculation. A questionnaire must have the final disposition code of *Complete and Valid Survey* to be included in the calculation of plan-level scores.
- Rules for handling appropriately answered questions (i.e., questions that comply with survey skip-pattern instructions).
- Rules for handling inappropriately answered questions (e.g., unanswered questions, multiple-mark questions, questions that should have been skipped, and questions within a skip pattern of an inappropriately answered or skipped gate item).
- Denominator reporting thresholds. Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of "NA".
- Rules for calculating denominators for questions and composites. The denominator for a question is equal to the total number of responses to that question. The denominator for a composite is the average number of responses across all questions in the composite.
- Rules for calculating rolling average composites and question summary rates.
- Rules for handling changes in submission entity (i.e., if a health plan changes how it reports HEDIS/CAHPS results from one year to the next.)

MEAN SCORES (COMPOSITES, RATINGS, AND *COORDINATION OF CARE*)

Mean scores serve as the basis for NCQA Accreditation scoring. They range from 1 to 3, where 1 is the lowest possible score and 3 is the highest possible score.

There are two steps needed to calculate single-item (*ratings* and *Coordination of Care*) mean scores and three steps to calculate *composite* mean scores:

Step 1

Convert member responses to score values of 1, 2, or 3 according to the following rules:

Measure Used in Accreditation Scoring	Mean Scoring Scale Based on Responses
Composites and related items; *Coordination of Care*	*Never* or *Sometimes* = 1; *Usually* = 2; *Always* = 3
Ratings	*0* to *6* = 1; *7* or *8* = 2; *9* or *10* = 3

Step 2

For a rating question, calculate the mean of all responses. This is the rating mean. Follow the same procedure for the *Coordination of Care* measure. For a composite, calculate the mean or all responses *for each question in the composite*.

Step 3 (Composite Measures Only)

Calculate the mean of the question means. This is the composite mean. (Note: each question in a composite is weighted equally, regardless of how many members respond.)

The step-by-step calculation of the *Getting Care Quickly* composite mean score is illustrated in the example for the Adult Commercial product line below.

This composite score is comprised of two questions, Q4 and Q6. Suppose the following member responses were collected:

Member	Q4	Q6
1	*Usually* (2)	*Never* (1)
2	*Sometimes* (1)	*Always* (3)
3	*Always* (3)	
4	*Usually* (2)	*Usually* (2)
5	*Always* (3)	*Always* (3)

Missing responses are not assigned any values, and are not included in the denominator.

After the mean response for each question is calculated, the composite mean score, which is a mean of the means, is calculated.

$MEAN_{Q4}$ = (2 + 1 + 3 + 2 + 3) / 5 = 11 / 5 = 2.2000

$MEAN_{Q6}$ = (1 + 3 + 2 + 3) / 4 = 9 / 4 = 2.2500

$MEAN_{composite}$ = (2.2000 + 2.2500) / 2 = 2.2250

In this example, the *Getting Care Quickly* composite mean score is 2.2250.

COMPOSITE GLOBAL PROPORTIONS

Global Proportions are *average* proportions of respondents who gave the plan a favorable rating on each question in a composite. There are three steps needed to calculate the composite global proportion:

Step 1

For each question in a composite, count the number of members who selected a favorable response option:

- For all composite questions except those in the *Shared Decision Making* composite, the favorable responses are Usually and Always.
- For the Shared Decision Making questions, the favorable response is *Yes*.

Step 2

For each question, determine the proportion of respondents rating favorably (i.e., *Usually/Always* or *Yes*).

Step 3

Calculate the average proportion rating favorably across all the questions in the composite. These are the composite global proportions. Note: each question in a composite is weighted equally, regardless of how many members respond.

Using the example above, here is an illustration of the step-by-step calculation of the *Getting Care Quickly* composite global proportion. Missing responses are not included in the denominator.

Response option	Q4	Q6	Global Proportion
Never or *Sometimes*	1 / 5 = 0.20	1 / 4 = 0.25	(0.20 + 0.25) / 2 = 0.2250
Usually	2 / 5 = 0.40	1 / 4 = 0.25	(0.40 + 0.25) / 2 = 0.3250
Always	2 / 5 = 0.40	2 / 4 = 0.50	(0.40 + 0.50) / 2 = 0.4500
Always or *Usually*	4 / 5 = 0.80	3 / 4 = 0.75	(0.80 + 0.75) / 2 = 0.7750

Therefore, 80.00 percent and 75.00 percent of members respectively provided favorable responses to the *Getting Care Quickly* questions Q4 and Q6. Averaging these two proportions yields the global proportion score of 77.50 percent for the *Getting Care Quickly* composite.

2017 Provider Satisfaction Report

Aetna Better Health of West Virginia

Project Number: 9128490

1965 Evergreen Boulevard Suite 100, Duluth, Georgia 30096

Introduction

Your Sales Executive is Candi Charmoli (770-299-1411), and your Account Project Manager is Mary Harris (770-978-3173 ext. 1352). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Sales Executive or Account Project Manager.

Many organizations conduct the SPH Provider Satisfaction Survey to monitor provider satisfaction levels and to respond to one or more NCQA Health Plan Accreditation Standards. The 2017 SPH Provider Satisfaction Survey template was designed to support the following NCQA standards.

- ✓ NCQA Standard QI 4 (Member Experience) currently directs managed care organizations, at least annually, to assess the practitioner's experience with the UM process. Organizations are expected to collect and analyze data and provider feedback in an effort to drive quality improvements.
- ✓ NCQA Standard QI 8 (Continuity and Coordination of Medical Care) looks to managed care organizations to gather information, at least annually, to assess and identify opportunities to improve coordination of medical care across its delivery system. This includes conducting quantitative analysis of data and feedback.
- ✓ To enhance the value of the survey to organizations providing behavioral healthcare services, SPH developed a supplemental survey module (3 questions) which was implemented to address NCQA Standard QI 9 (Continuity and Coordination Between Medical Care and Behavioral Health Care). Similar to QI 8, this standard looks to the organization to demonstrate evidence of collaboration between medical care delivery system and its behavioral healthcare network.

The Provider Satisfaction Survey targets providers to measure their satisfaction with Aetna Better Health of West Virginia. For comparison purposes, results are presented by Summary Rates. The Summary Rate is the sum of the proportion of respondents who selected the most positive response options ('Well above average' or 'Somewhat above average;' 'Yes;' '8-10;' 'Always' or 'Sometimes;' and 'Completely satisfied' or 'Somewhat satisfied') for the attribute.

Composite scores are calculated by taking the average Summary Rates of the attributes in the specified section. The following composites are included in the Aetna Better Health of West Virginia survey:

- ☑ Overall Satisfaction
- ☑ All Other Plans (Comparative Rating)
- ☑ Finance Issues
- ☑ Utilization and Quality Management
- ☑ Network/Coordination of Care
- ☑ Health Plan Call Center Service Staff
- ☑ Provider Relations

Chart 1 highlights key results from Aetna Better Health of West Virginia's Provider Satisfaction Survey.

Chart 1

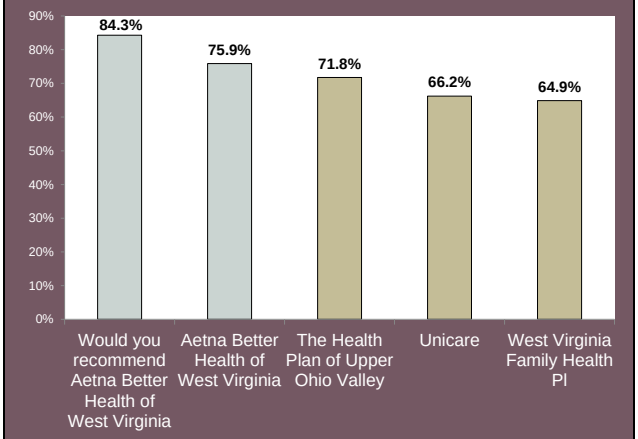
Provider Satisfaction Report Highlights

Aetna Better Health of West Virginia

Summary Rate Scores	Highest and Lowest Performing Questions	2017		2017 Mean Scores**		2016 SPH B.o.B.***	
		n*	SRS*	Aetna Better Health of West Virginia	SPH B.o.B.	Medicaid	Aggregate
	Highest Scoring Questions						
	5F. If you used our language line for translation with our members, how satisfied were you, overall, with the services you received from the language line.	16	100.0%	3.50	NA	NA	NA
	8C. Finding information you needed regarding claim payments or remittance advices.	47	83.0%	4.09	NA	NA	NA
	8B. Finding information you needed regarding member eligibility.	52	80.8%	4.06	NA	NA	NA
	Lowest Scoring Questions						
	4J. Frequency of feedback / reports from behavioral health clinicians for patients in your care.	83	10.8%	2.95	NA	NA	NA
	4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	89	10.1%	3.00	3.04	19.5%	19.3%
	6C. Quality of provider orientation process.	105	9.5%	2.90	3.14	28.0%	29.0%

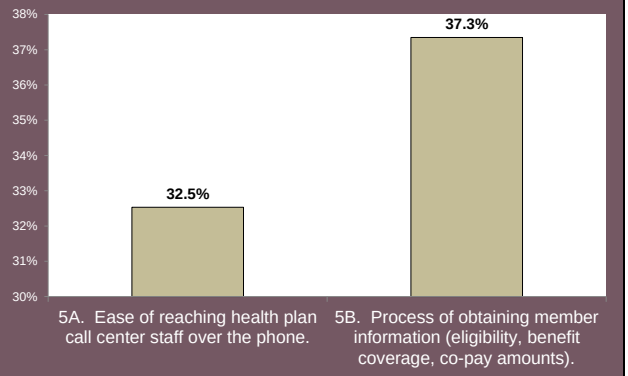
Ratings of Overall Satisfaction

Overall Satisfaction



Highest Performing Composite

Health Plan Call Center Service Staff



Priority Matrix

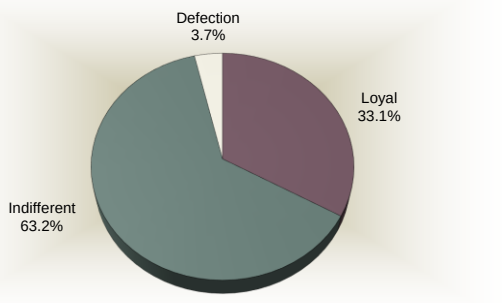
Composite	Correlation****	Percentile
Strength		
No composites are considered Strengths.		
Top Priority		
Finance Issues	0.617	27th
Utilization and Quality Management	0.541	52nd
Provider Relations	0.527	<10th
Health Plan Call Center Service Staff	0.499	33rd

Strength: Composite is highly correlated with overall satisfaction and ranks at or above the 75th percentile when compared to the SPH Analytics Book of Business benchmark.

Top Priority: Composite is highly correlated with overall satisfaction and ranks below the 75th percentile when compared to the SPH Analytics Book of Business benchmark.

Loyalty Analysis

Aetna Better Health of West Virginia



A loyal provider is completely satisfied with the plan and would recommend the plan to other physicians' practices. A provider in the defection zone is completely dissatisfied with the plan and would not recommend the plan to other physicians' practices. All other providers are considered indifferent.

* The Valid n represents the number of responses to the question. Summary Rate Scores (SRS) represent the top two response percentages ("Well above average" and "Somewhat above average;" "Yes;" "Always" and "Sometimes;" "8-10;" and "Completely satisfied" and "Somewhat satisfied").

** Mean scores are the average of all responses. SPH B.o.B. is represented by the Medicaid Book of Business.

*** SPH Analytics's 2016 Medicaid Book of Business benchmark consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business benchmark consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

**** A correlation coefficient approaching a value of 1.000 represents an increasing association of the composite with overall satisfaction.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to benchmark data; no shading denotes that there was no significant difference between the percentages, there is no comparable data, or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

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1. Executive Summary

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by Aetna Better Health of West Virginia to conduct its 2017 Provider Satisfaction Survey. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

SPH followed a one-wave mail and Internet[1] with phone follow-up survey methodology to administer the Provider Satisfaction Survey from September to October of 2017. A total of 238 surveys were completed (42 mail, 8 Internet, and 188 phone), yielding a response rate of 3.7% for the mail/Internet data component and 19.7% for the phone data component. Please refer to the *Methodology* (Section 2) for further detail on the calculation of response rates.

The chart below presents 2017 Summary Rates[2] for Aetna Better Health of West Virginia's composites and key attributes. Data and significance testing for trend years (if applicable) and the 2016 SPH Analytics Medicaid Book of Business are also provided for comparison.

Composites/Attributes	2017 Summary Rates	2016 Summary Rates	*	2015 Summary Rates	*	2016 SPH Medicaid BoB Summary Rates[3]	**
Overall Satisfaction with Aetna Better Health of West Virginia	**75.9%**	**68.9%**		**NA**		**64.6%**	**↑**
All Other Plans (Comparative Rating)	34.7%	31.3%		NA		33.6%	
Finance Issues	26.3%	35.5%		NA		31.7%	
Utilization and Quality Management	31.0%	29.3%		NA		32.0%	
Network/Coordination of Care	20.7%	29.4%		NA		28.5%	↓
Health Plan Call Center Service Staff	34.9%	38.9%		NA		38.3%	
Provider Relations	20.1%	27.9%		NA		35.6%	↓
Recommend to Other Physicians' Practices	84.3%	89.7%		NA		80.9%	

*↓↑ Indicates a significant difference when compared to previous years (if applicable).
**↓↑ Indicates a significant difference when compared to the 2016 SPH Analytics Medicaid Book of Business.

[1] The wave of mail included the web address, along with a user ID and password, to complete the survey online.
[2] The Summary Rate represents the most favorable response percentage(s).
[3] SPH Analytics' 2016 Medicaid Book of Business consists of data from 58 plans representing 14,957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

Presentation of Results

- Summary Rate is the proportion of respondents who selected the most positive response options ('Well above average' or 'Somewhat above average;' 'Yes;' '8-10;' 'Always' or 'Sometimes;' and 'Completely satisfied' or 'Somewhat satisfied') for the attribute.
- Attributes are the individual questions that focus on specific characteristics of the health plan.
- Composites are calculated by taking the average of the Summary Rates of the attributes in the specified section.
- 2016 SPH Analytics Medicaid Book of Business consists of data from 58 plans representing 14,957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.
- 2016 SPH Analytics Aggregate Book of Business consists of data from 83 plans representing 22,418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

2017 Provider Satisfaction Composites

All Other Plans (Comparative Rating)
This item asks the respondent to rate Aetna Better Health of West Virginia compared to all other plans with which the provider contracts.

Finance Issues
This composite addresses the consistency of reimbursement fees with contract rates, accuracy and timeliness of claims processing, resolution of claims payment problems or disputes, timeless of claims payment, and overall satisfaction with the plan's complaint resolution process.

Utilization and Quality Management
This composite measures phone access to knowledgeable Utilization Management staff, procedures and timeliness for obtaining pre-certification/authorization information, overall satisfaction with the UM pre-certification/authorization process and the plan's clinical management processes. Additionally, this composite measures the access to Case/Care Managers from this health plan, the degree to which the plan covers and encourages preventive care and wellness, and the extent to which UM staff share review criteria and reasons for adverse determinations. Lastly, this composite measures the consistency of review decisions and the timeliness of UM appeals process.

Network/Coordination of Care
This composite addresses the number and quality of specialists and behavioral health clinicians in this health plan's provider network to whom patients referral can be made. Additionally, this composite asks providers whether they receive feedback/reports from specialists and behavioral health clinicians regarding patients in their care and to rate the timeliness and frequency of those feedback/reports.

Health Plan Call Center Service Staff
This composite measures the ease of reaching health plan call center staff over the phone, the process of obtaining member information (eligibility, benefit coverage, co-pay amounts), the helpfulness of health plan call center staff in finding a network specialist and behavioral health services for patients in their care. Providers were also asked to rate their overall satisfaction with the health plan's call center service and the services they received from the language line.

Provider Relations
This composite addresses the quality of the provider orientation process and of written communications, policy bulletins, and manuals. If a Provider Relations representative from the health plan is assigned to the practice, providers are also asked about the representative's ability to answer questions and resolve problems.

Provider Portal
This composite asks providers if they have logged into or used the Aetna Better Health of West Virginia Provider Portal and if they have, providers were asked to rate their satisfaction with finding information on the portal that they needed regarding member eligibilty, claim payments or remittance advices, and patient (member) Gaps in Care Report. Additionally, this composite measures the portal's prior authorization, requirement submissions, confirmations, and reporting functions. Providers were also asked to rate their overall experience with the Provider Portal.

Two open-ended questions allows respondents to comment on any functions that they would like to see added to the Provider Portal and what Aetna Better Health of West Virginia can do to improve their experience with the Provider Portal.

Overall Satisfaction
Respondents are asked if they would recommend Aetna Better Health of West Virginia to other physicians' practices. They are also asked to rate their overall satisfaction with each of the following health plans:

- Aetna Better Health of West Virginia
- The Health Plan of Upper Ohio Valley
- Unicare
- West Virginia Family Health Pl

2. Methodology

SPH utilized a one-wave mail and Internet[4] with phone follow-up survey methodology to administer the Provider Satisfaction Survey:

Survey Administration Tasks	Date
First questionnaire, including the web address to complete the survey online, is sent to each provider's office.	9/13/2017
Telephone calls by CATI (computer-assisted telephone interviews) are conducted for non-respondents.	9/18/2017
Data collection ends.	10/6/2017

Sampling Methodology

Aetna Better Health of West Virginia provided SPH with a database consisting of 9,636 Aetna Better Health of West Virginia providers. From the database of unique providers, a random sample of 1,500 records were sampled. A total of 238 mail, Internet, and phone surveys were completed.

Response Rate

Aetna Better Health of West Virginia's sample size is 1,500. SPH Analytics collected 238 surveys (42 mail, 8 Internet, and 188 phone) from the eligible provider population from September to October of 2017. After adjusting for ineligible members, your mail/Internet survey response rate is 3.7%, and your phone survey response rate is 19.7%. A response rate is only calculated for those providers who are eligible and able to respond.

The mail/Internet survey was distributed to a sample of 1,500 providers, and a total of 165 surveys were considered ineligible. Mail surveys are considered ineligible if returned for the following reasons: bad address with no forwarding information, provider is deceased, or if the provider no longer participates with the health plan. The chart on the following page shows the number of ineligible mail surveys for these disposition categories.

At the pre-determined date, follow-up phone calls were made to office managers of non-respondent practices by means of the CATI system. As a result, 1,258 office managers were included in the database for the phone follow-up data collection component. From this sample of office managers, 188 surveys were completed. Phone surveys are considered ineligible if they meet one of the disposition categories listed in the table on the following page.

[4] The wave of mail included the web address, along with a user ID and password, to complete the survey online.

Survey Methodology	Ineligible Disposition	N
Mail/Internet Component	Bad Address with no forwarding information	165
	Deceased, Not Eligible	0
	TOTAL MAIL/INTERNET INELIGIBLE SURVEYS	**165**

Survey Methodology	Ineligible Disposition	N
Phone Component	Deceased	0
	No Eligible Respondent	91
	Wrong Number	57
	Fax/Pager/Modem/Data Line	8
	Not in Service	0
	Disconnected	109
	Number Changed	39
	Cell Phone	0
	TOTAL PHONE INELIGIBLE SURVEYS	**304**

To calculate the response rate, ineligible surveys are subtracted from the sample size:

$$\frac{\text{Completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response rate}$$

Using the final figures from Aetna Better Health of West Virginia's Provider Satisfaction Survey, the numerators and denominators used to compute your response rates are as follows:

Mail/Internet Component

$$\frac{42\ (\text{mail}) + 8\ (\text{Internet})}{1{,}500\ (\text{sample}) - 165\ (\text{ineligible})} = 3.7\%$$

Phone Component

$$\frac{188\ (\text{phone})}{1{,}258\ (\text{sample}) - 304\ (\text{ineligible})} = 19.7\%$$

Profile of Survey Respondents

The demographic characteristics of surveyed respondents should be representative of your provider population. Page 2A illustrates the percentage of respondents by demographic category within your respondent group:

- ☑ Area of Medicine (A)
- ☑ Physicians in Practice (B)
- ☑ Years in Practice (C)
- ☑ Portion of Managed Care Volume Represented by Health Plan (D)
- ☑ Survey Respondent (E)
- ☑ Insurance Participation (G)

Page 2B provides the demographic proportions for Aetna Better Health of West Virginia compared to trend data (if applicable) while page 2C provides the percentage of respondents by demographic category and is compared to the 2016 SPH Analytics Medicaid Book of Business. Page 2C also includes the overall satisfaction (7B) Summary Rate Score for both Aetna Better Health of West Virginia and the 2016 SPH Analytics Medicaid Book of Business for each demographic category.

A *z-test* determines significant differences between the percentages, which are highlighted to help identify how your plan's population compares to the benchmark. See the *Technical Notes* for more information on this topic.

Charts 2A – 2C

Profile of Survey Respondents

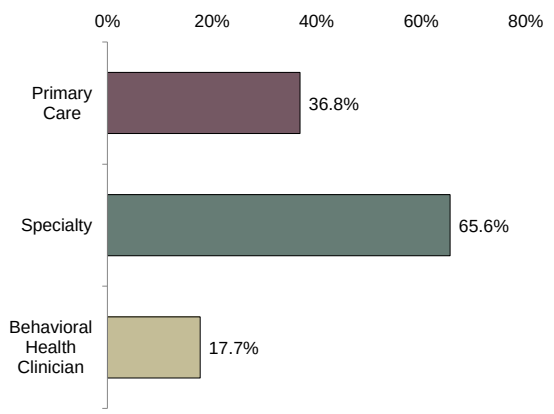
Survey Demographics

Aetna Better Health of West Virginia

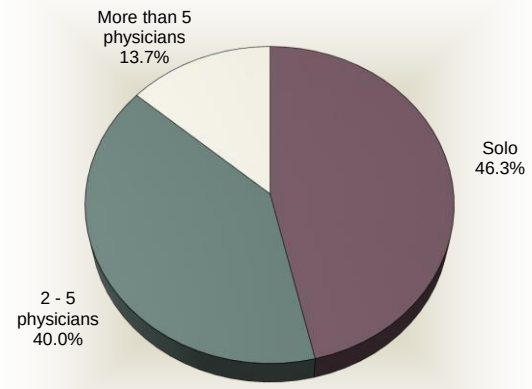
Provider Satisfaction Survey

238 Total Respondents

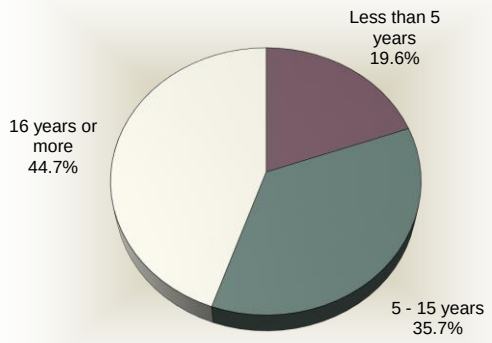
Area of Medicine (A)



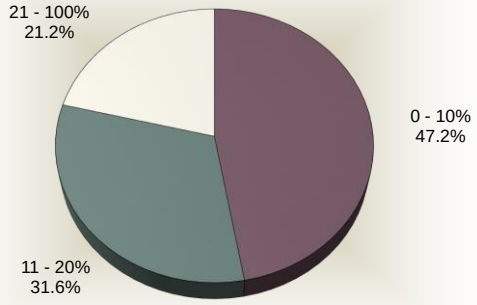
Physicians in Practice (B)



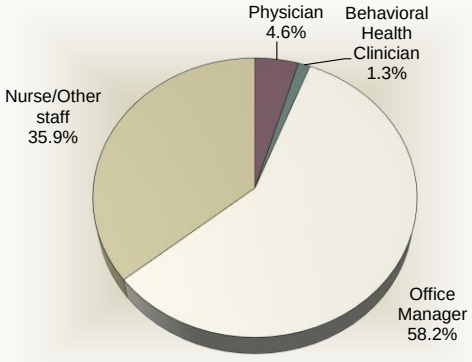
Years in Practice (C)



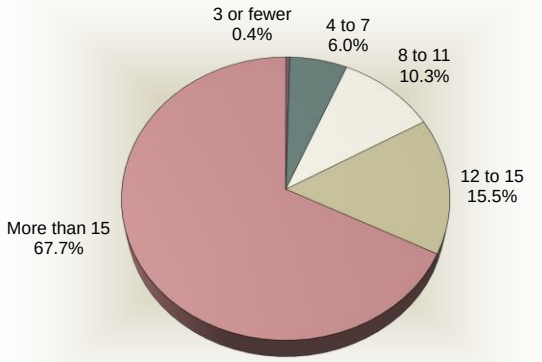
Portion of Managed Care Volume Represented by Health Plan (D)



Survey Respondent (E)



Insurance Participation (G)



Note: The sum of responses for Area of Medicine may be greater than 100% as respondents are able to choose multiple response options.

Profile of Survey Respondents

Demographic Trending

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

	Demographic	Category	Current 2017	2016	2015	Significance Testing* 2016 to 2017	Significance Testing* 2015 to 2017
Survey Demographics	**Area of Medicine (A)**	**Primary Care**	36.8%	55.7%		↓	NA
		Specialty	65.6%	57.4%		↔	NA
		Behavioral Health Clinician	17.7%	13.1%		↔	NA
	Physicians in Practice (B)	**Solo**	46.3%	47.7%		↔	NA
		2 - 5 physicians	40.0%	37.2%		↔	NA
		More than 5 physicians	13.7%	15.1%		↔	NA
	Years in Practice (C)	**Less than 5 years**	19.6%	15.7%		↔	NA
		5 - 15 years	35.7%	33.7%		↔	NA
		16 years or more	44.7%	50.6%		↔	NA
	Portion of Managed Care Volume Represented by Health Plan (D)	**0 - 10%**	47.2%	50.3%		↔	NA
		11 - 20%	31.6%	24.5%		↔	NA
		21 - 100%	21.2%	25.2%		↔	NA
	Survey Respondent (E)	**Physician**	4.6%	2.8%		↔	NA
		Behavioral Health Clinician	1.3%	1.7%		–	NA
		Office Manager	58.2%	60.7%		↔	NA
		Nurse/Other staff	35.9%	34.8%		↔	NA
	Insurance Participation (G)	**3 or fewer**	0.4%	0.6%		–	NA
		4 to 7	6.0%	2.3%		–	NA
		8 to 11	10.3%	10.8%		↔	NA
		12 to 15	15.5%	16.5%		↔	NA
		More than 15	67.7%	69.9%		↔	NA

* Significance Testing - "↓" denotes significant decrease when compared to previous years. "↑" denotes significant increase when compared to previous years. "↔" denotes that there was no significant difference between the percentages. "–" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note: The sum of responses for Area of Medicine may be greater than 100% as respondents are able to choose multiple response options.

Profile of Survey Respondents

Benchmark Comparisons

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

Demographic	Category	Current 2017	2016 SPH Book of Business Benchmark* Medicaid	Significance Testing** Plan to Medicaid Benchmark	Overall Satisfaction Summary Rates Plan	Overall Satisfaction Summary Rates Medicaid Benchmark
Survey Demographics						
Area of Medicine (A)	Primary Care	36.8%	52.1%	↓	84.2%	67.4%
	Specialty	65.6%	47.6%	↑	74.7%	64.5%
	Behavioral Health Clinician	17.7%	16.4%	↔	75.0%	76.6%
Physicians in Practice (B)	Solo	46.3%	43.8%	↔	80.3%	69.5%
	2 - 5 physicians	40.0%	37.6%	↔	68.9%	64.8%
	More than 5 physicians	13.7%	18.6%	↔	88.9%	60.9%
Years in Practice (C)	Less than 5 years	19.6%	19.4%	↔	77.4%	68.3%
	5 - 15 years	35.7%	34.4%	↔	76.3%	66.8%
	16 years or more	44.7%	46.2%	↔	74.4%	64.7%
Portion of Managed Care Volume Represented by Health Plan (D)	0 - 10%	47.2%	40.8%	↔	74.0%	58.7%
	11 - 20%	31.6%	23.4%	↑	74.0%	65.4%
	21 - 100%	21.2%	35.9%	↓	88.2%	75.1%
Survey Respondent (E)	Physician	4.6%	13.8%	↓	37.5%	53.5%
	Behavioral Health Clinician	1.3%	6.8%	↓	50.0%	67.5%
	Office Manager	58.2%	49.0%	↑	79.0%	68.1%
	Nurse/Other staff	35.9%	30.4%	↔	77.8%	69.5%
Insurance Participation (G)	3 or fewer	0.4%	2.5%	↓	0.0%	73.3%
	4 to 7	6.0%	13.8%	↓	62.5%	69.1%
	8 to 11	10.3%	17.2%	↓	68.4%	67.4%
	12 to 15	15.5%	12.7%	↔	77.8%	68.1%
	More than 15	67.7%	53.7%	↑	77.7%	64.0%

* SPH Analytics's 2016 Medicaid Book of Business (B.o.B.) consists of data from 58 plans representing 14957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

** Significance Testing - ↓ denotes plan percentage is significantly lower when compared to benchmark; ↑ denotes plan percentage is significantly higher when compared to benchmark; ↔ denotes that there was no significant difference between the percentages; — denotes that there was insufficient sample size to conduct the statistical test or there is no benchmark. All significance testing is performed at the 95% significance level.

Note: The sum of responses for Area of Medicine may be greater than 100% as respondents are able to choose multiple response options.

3. Summary of Benchmark Comparisons

Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up the composites (attributes), and rating questions are shown on the following benchmark pages.

Page 3A — Summary of Benchmark Comparisons
Displays a comparison of Aetna Better Health of West Virginia's Summary Rates to the Summary Rates of the 2016 SPH Analytics Medicaid and Aggregate Books of Business. Significant differences are highlighted.

Page 3B — Trend Comparisons – Graphical Representation
Graphical presentation comparing Aetna Better Health of West Virginia's 2017 composite Summary Rates to trend results (if applicable).

Page 3C — Benchmark Comparisons – Percentiles
Displays a comparison of Aetna Better Health of West Virginia's Summary Rates to the Summary Rate Percentiles of the 2016 SPH Analytics Medicaid Book of Business Percentiles. Attributes at or above the 75th percentile are shaded green, attributes at or above the 50th percentile but below the 75th percentile are shaded yellow, and attributes below the 25th percentile are shaded red. Attributes at or above the 25th percentile but below the 50th percentile and those attributes without a comparable benchmark are not shaded.

Page 3D — Benchmark Comparisons – Physician and Office Manager Respondents
The chart on page 3D compares Aetna Better Health of West Virginia's Summary Rates from Physician and Office Manager respondents as defined by question E, *'Please mark who is completing this survey'* (response options: Physician, Behavioral Health Clinician, Office Manager, Nurse, Other staff) to the Summary Rates of Physician and Office Manager respondents from the 2016 SPH Analytics Medicaid Respondent-Level Benchmark. Significant differences are highlighted.

Page 3E — Benchmark Comparisons – Primary Care and Specialty Respondents
The chart on page 3E compares Aetna Better Health of West Virginia's Summary Rates from respondents in the Primary Care and Specialty areas of medicine as defined by question A, *'Please indicate your area of medicine'* (response options: Primary Care, Specialty, and Behavioral Health Clinician) to the Summary Rates of Primary Care and Specialty area of medicine respondents from the 2016 SPH Analytics Medicaid Respondent-Level Benchmark. Significant differences are highlighted.

A brief description of each benchmark is included in the below table:

Benchmark	Definition	Contains Data From
2016 SPH Analytics Medicaid Book of Business	Contains data from all eligible Medicaid Provider Satisfaction surveys for which SPH collected data. Calculated on the plan level.	• 58 plans • 14,957 respondents
2016 SPH Analytics Medicaid Respondent-Level Benchmark	Contains data from all eligible Medicaid Provider Satisfaction surveys for which SPH collected data. Calculated on the respondent level.	
2016 SPH Analytics Aggregate Book of Business	Contains data from all eligible Aggregate Provider Satisfaction surveys for which SPH collected data. Calculated on the plan level.	• 83 plans • 22,418 respondents

Charts 3A – 3E

Summary of Benchmark Comparisons

Aetna Better Health of West Virginia

Composites and Attributes - Summary Rate Scores

Provider Satisfaction Survey

238 Total Respondents

Composites and Key Questions	Current 2017 Valid n	Current 2017 Summary Rate*	2016 Valid n	2016 Summary Rate*	2015 Valid n	2015 Summary Rate*	2016 SPH Book of Business Benchmarks** Medicaid	2016 SPH Book of Business Benchmarks** Aggregate
Overall Satisfaction		**75.9%**		**68.9%**			**64.6%**	**64.4%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	**172**	**84.3%**	145	89.7%			80.9%	83.0%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	**170**	**75.9%**	151	68.9%			64.6%	64.4%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	**124**	**71.8%**	110	62.7%			NA	NA
7D. Please rate your overall satisfaction with Unicare.	**151**	**66.2%**	134	60.4%			NA	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	**151**	**64.9%**	126	55.6%			NA	NA
All Other Plans (Comparative Rating)								
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	**222**	**34.7%**	176	31.3%			33.6%	34.9%
Finance Issues		**26.3%**		**35.5%**			**31.7%**	**32.4%**
2A. Consistency of reimbursement fees with your contract rates.	**183**	**25.1%**	146	30.8%			29.5%	30.0%
2B. Accuracy of claims processing.	**192**	**28.6%**	147	36.7%			33.7%	34.8%
2C. Timeliness of claims processing.	**188**	**28.2%**	147	38.1%			35.1%	35.1%
2D. Resolution of claims payment problems or disputes.	**173**	**23.1%**	138	36.2%			28.4%	29.7%
Utilization and Quality Management		**31.0%**		**29.3%**			**32.0%**	**32.8%**
3A. Phone access to knowledgeable UM staff.	**190**	**30.0%**	150	29.3%			29.9%	30.7%
3B. Procedures for obtaining pre-certification/authorization information.	**172**	**29.7%**	148	29.7%			31.1%	32.3%
3C. Timeliness of obtaining pre-certification/authorization information.	**171**	**34.5%**	148	29.1%			31.1%	32.3%
3E. Access to Case/Care Managers from this health plan.	**155**	**28.4%**	141	24.8%			29.2%	30.1%
3F. Degree to which the plan covers and encourages preventive care and wellness.	**150**	**32.7%**	146	33.6%			38.5%	38.6%
Network/Coordination of Care		**20.7%**		**29.4%**			**28.5%**	**29.5%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	**135**	**21.5%**	132	26.5%			25.4%	26.5%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	**134**	**27.6%**	126	32.5%			32.3%	33.4%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	**131**	**13.0%**	127	29.1%			27.9%	28.7%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	**105**	**19.0%**	NA	NA			23.0%	22.5%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	**103**	**23.3%**	NA	NA			22.4%	22.7%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	**89**	**10.1%**	NA	NA			19.5%	19.3%
Health Plan Call Center Service Staff		**34.9%**		**38.9%**			**38.3%**	**39.3%**
5A. Ease of reaching health plan call center staff over the phone.	**166**	**32.5%**	151	35.1%			35.1%	36.5%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	**166**	**37.3%**	152	42.8%			41.5%	42.1%
Provider Relations		**20.1%**		**27.9%**			**35.6%**	**37.2%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	**148**	**16.2%**	119	38.7%			50.4%	46.2%
6B. Provider Relations representative's ability to answer questions and resolve problems.	**20**	**35.0%**	37	40.5%			47.1%	49.6%
6C. Quality of provider orientation process.	**105**	**9.5%**	105	17.1%			28.0%	29.0%
6D. Quality of written communications, policy bulletins, and manuals.	**133**	**15.8%**	127	26.0%			31.7%	33.1%

* Summary Rates represent the most favorable response percentage(s).

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No shading denotes that there was no significant difference between the percentages, there is no benchmark, or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 3: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 4: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Note 5: Due to variances in question wording on the survey tool, caution is advised when making comparisons. Please see Question Summaries for more detailed information.

Trend Comparisons

Aetna Better Health of West Virginia

Composites

Provider Satisfaction Survey

238 Total Respondents

Note 1: The Overall Satisfaction composite represents only Q7B, 'Please rate your overall satisfaction with: Aetna Better Health of West Virginia'.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of Q6B through Q6D. It does not include Q6A, 'Do you have a Provider Relations representative from this health plan assigned to your practice?'

Benchmark Comparisons

2016 SPH Analytics Medicaid Book of Business Percentiles

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

Composite/Attribute	2017 Aetna Better Health of West Virginia Summary Rate Score*	Percentile Ranking	2016 SPH B.o.B. Summary Rate**	2016 SPH Medicaid B.o.B. Percentiles			
				25th	50th	75th	90th
Overall Satisfaction	**75.9%**	**86th**	**64.6%**	**56.2%**	**65.3%**	**71.4%**	**76.4%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	84.3%	58th	80.9%	76.1%	82.7%	87.0%	91.0%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	75.9%	86th	64.6%	56.2%	65.3%	71.4%	76.4%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	71.8%	NA	NA	NA	NA	NA	NA
7D. Please rate your overall satisfaction with Unicare.	66.2%	NA	NA	NA	NA	NA	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	64.9%	NA	NA	NA	NA	NA	NA
All Other Plans (Comparative Rating)							
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	34.7%	56th	33.6%	26.2%	32.5%	37.8%	44.5%
Finance Issues	**26.3%**	**27th**	**31.7%**	**25.0%**	**31.0%**	**36.3%**	**42.0%**
2A. Consistency of reimbursement fees with your contract rates.	25.1%	32nd	29.5%	22.9%	28.3%	34.4%	41.2%
2B. Accuracy of claims processing.	28.6%	32nd	33.7%	26.5%	34.7%	39.6%	43.2%
2C. Timeliness of claims processing.	28.2%	23rd	35.1%	28.6%	35.6%	41.6%	44.8%
2D. Resolution of claims payment problems or disputes.	23.1%	26th	28.4%	22.9%	27.6%	33.1%	41.1%
Utilization and Quality Management	**31.0%**	**52nd**	**32.0%**	**25.8%**	**30.7%**	**35.9%**	**42.8%**
3A. Phone access to knowledgeable UM staff.	30.0%	57th	29.9%	23.7%	29.0%	32.9%	42.3%
3B. Procedures for obtaining pre-certification/authorization information.	29.7%	51st	31.1%	25.0%	29.3%	35.0%	43.7%
3C. Timeliness of obtaining pre-certification/authorization information.	34.5%	73rd	31.1%	24.1%	29.8%	35.6%	41.6%
3E. Access to Case/Care Managers from this health plan.	28.4%	45th	29.2%	23.7%	28.9%	33.2%	39.8%
3F. Degree to which the plan covers and encourages preventive care and wellness.	32.7%	26th	38.5%	30.6%	38.8%	42.3%	51.7%
Network/Coordination of Care	**20.7%**	**10th**	**28.5%**	**22.4%**	**27.8%**	**32.3%**	**39.6%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	21.5%	38th	25.4%	19.1%	23.4%	28.9%	38.0%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	27.6%	32nd	32.3%	26.0%	31.0%	36.1%	43.4%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	13.0%	<10th	27.9%	23.0%	28.4%	32.0%	34.9%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	19.0%	30th	23.0%	17.6%	24.3%	28.6%	30.6%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	23.3%	55th	22.4%	18.9%	22.6%	26.8%	32.8%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	10.1%	<10th	19.5%	12.7%	19.8%	23.9%	26.9%
Health Plan Call Center Service Staff	**34.9%**	**33rd**	**38.3%**	**32.5%**	**37.6%**	**41.4%**	**47.8%**
5A. Ease of reaching health plan call center staff over the phone.	32.5%	45th	35.1%	28.3%	33.7%	39.1%	46.7%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	37.3%	30th	41.5%	36.0%	40.0%	44.1%	51.5%
Provider Relations	**20.1%**	**<10th**	**35.6%**	**29.8%**	**32.3%**	**41.7%**	**45.5%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	16.2%	<10th	50.4%	37.8%	51.7%	57.1%	71.7%
6B. Provider Relations representative's ability to answer questions and resolve problems.	35.0%	10th	47.1%	40.9%	46.7%	53.9%	61.5%
6C. Quality of provider orientation process.	9.5%	<10th	28.0%	21.3%	26.5%	34.4%	39.0%
6D. Quality of written communications, policy bulletins, and manuals.	15.8%	<10th	31.7%	26.0%	29.1%	35.6%	42.9%

At or above the 75th percentile.

At or above the 50th percentile, but below the 75th percentile.

At or above the 25th percentile, but below the 50th percentile; or no benchmark.

Below the 25th percentile.

* Summary Rate Scores represent the most favorable response percentage(s).

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note 1: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Note 4: Due to variances in question wording on the survey tool, caution is advised when making comparisons. Please see Question Summaries for more detailed information.

Benchmark Comparisons

2016 SPH Analytics Medicaid Respondent-Level Benchmark

Survey Respondent (E)

Aetna Better Health of West Virginia

Provider Satisfaction Survey

11 Total Physician Respondents

138 Total Office Manager Respondents

Composite/Attribute	2017 Aetna Better Health of West Virginia Physicians Only		2016 SPH Medicaid Respondent-Level Benchmark** (Physicians Only) SRS*	2017 Aetna Better Health of West Virginia Office Managers Only		2016 SPH Medicaid Respondent-Level Benchmark** (Office Managers Only) SRS*
	Valid n	SRS*		Valid n	SRS*	
Overall Satisfaction		**37.5%**	**53.5%**		**79.0%**	**68.1%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	10	50.0%	70.8%	106	85.8%	83.8%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	8	37.5%	53.5%	105	79.0%	68.1%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	5	40.0%	NA	80	76.3%	NA
7D. Please rate your overall satisfaction with Unicare.	6	16.7%	NA	97	68.0%	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	6	16.7%	NA	95	67.4%	NA
All Other Plans (Comparative Rating)						
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	10	20.0%	36.0%	129	37.2%	33.4%
Finance Issues		**19.3%**	**33.7%**		**32.8%**	**32.2%**
2A. Consistency of reimbursement fees with your contract rates.	10	20.0%	30.9%	105	30.5%	29.9%
2B. Accuracy of claims processing.	11	27.3%	35.2%	109	33.9%	34.4%
2C. Timeliness of claims processing.	10	20.0%	37.7%	107	38.3%	36.2%
2D. Resolution of claims payment problems or disputes.	10	10.0%	30.8%	99	28.3%	28.4%
Utilization and Quality Management		**13.5%**	**31.3%**		**36.2%**	**32.2%**
3A. Phone access to knowledgeable UM staff.	10	10.0%	29.8%	111	31.5%	29.6%
3B. Procedures for obtaining pre-certification/authorization information.	10	10.0%	29.0%	101	35.6%	31.1%
3C. Timeliness of obtaining pre-certification/authorization information.	10	10.0%	29.5%	103	40.8%	31.5%
3E. Access to Case/Care Managers from this health plan.	8	25.0%	29.0%	87	32.2%	29.7%
3F. Degree to which the plan covers and encourages preventive care and wellness.	8	12.5%	39.3%	81	40.7%	38.9%
Network/Coordination of Care		**30.6%**	**31.8%**		**22.6%**	**27.6%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	8	37.5%	27.2%	78	21.8%	24.9%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	8	37.5%	37.0%	78	29.5%	30.8%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	6	16.7%	31.1%	78	16.7%	27.2%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	6	50.0%	28.0%	61	19.7%	24.5%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	5	40.0%	23.1%	63	22.2%	23.8%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	6	16.7%	22.2%	50	10.0%	21.2%
Health Plan Call Center Service Staff		**15.0%**	**34.0%**		**36.4%**	**38.7%**
5A. Ease of reaching health plan call center staff over the phone.	10	10.0%	31.2%	101	33.7%	35.1%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	10	20.0%	36.7%	105	39.0%	42.4%
Provider Relations		**8.9%**	**36.4%**		**18.1%**	**39.0%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	8	0.0%	43.8%	93	18.3%	58.4%
6B. Provider Relations representative's ability to answer questions and resolve problems.	0	0.0%	46.3%	13	30.8%	51.7%
6C. Quality of provider orientation process.	7	14.3%	30.8%	61	8.2%	31.4%
6D. Quality of written communications, policy bulletins, and manuals.	8	12.5%	32.0%	84	15.5%	33.9%

* Summary Rate Scores (SRS) represent the most favorable response option(s).

** The 2016 SPH Analytics Medicaid Book of Business Benchmark consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians. These benchmark comparisons are based on respondent-level results. Please see the Technical Notes for further detail.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to benchmark data; No shading denotes that there was no significant difference between the percentages, there is no benchmark, or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 3: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 4: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Note 5: Due to variances in question wording on the survey tool, caution is advised when making comparisons. Please see Question Summaries for more detailed information.

Benchmark Comparisons

2016 SPH Analytics Medicaid Respondent-Level Benchmark

Area of Medicine (A)

Aetna Better Health of West Virginia

Provider Satisfaction Survey

77 Total Primary Care Respondents

137 Total Specialty Respondents

Composite/Attribute	2017 Aetna Better Health of West Virginia Primary Care Only		2016 SPH Medicaid Respondent-Level Benchmark** (Primary Care Only) SRS*	2017 Aetna Better Health of West Virginia Specialty Only		2016 SPH Medicaid Respondent-Level Benchmark** (Specialty Only) SRS*
	Valid n	SRS*		Valid n	SRS*	
Overall Satisfaction		**84.2%**	**67.3%**		**74.7%**	**64.9%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	59	84.7%	83.3%	98	82.7%	81.0%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	57	84.2%	67.3%	99	74.7%	64.9%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	40	85.0%	NA	73	67.1%	NA
7D. Please rate your overall satisfaction with Unicare.	51	76.5%	NA	84	59.5%	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	50	72.0%	NA	87	63.2%	NA
All Other Plans (Comparative Rating)						
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	74	35.1%	35.7%	128	34.4%	32.0%
Finance Issues		**31.8%**	**33.7%**		**25.4%**	**30.2%**
2A. Consistency of reimbursement fees with your contract rates.	58	32.8%	31.7%	106	22.6%	27.4%
2B. Accuracy of claims processing.	60	38.3%	36.0%	113	26.5%	32.2%
2C. Timeliness of claims processing.	59	35.6%	37.3%	112	27.7%	34.7%
2D. Resolution of claims payment problems or disputes.	54	20.4%	29.9%	101	24.8%	26.6%
Utilization and Quality Management		**34.4%**	**33.1%**		**30.0%**	**31.4%**
3A. Phone access to knowledgeable UM staff.	66	31.8%	31.2%	109	30.3%	28.4%
3B. Procedures for obtaining pre-certification/authorization information.	60	30.0%	30.9%	104	29.8%	32.0%
3C. Timeliness of obtaining pre-certification/authorization information.	61	34.4%	31.0%	103	37.9%	32.0%
3E. Access to Case/Care Managers from this health plan.	56	32.1%	30.3%	90	26.7%	28.5%
3F. Degree to which the plan covers and encourages preventive care and wellness.	62	43.5%	42.1%	82	25.6%	36.3%
Network/Coordination of Care		**29.7%**	**28.4%**		**15.6%**	**29.3%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	53	32.1%	25.9%	77	15.6%	25.8%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	52	38.5%	31.6%	78	23.1%	33.3%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	54	18.5%	27.7%	74	8.1%	28.8%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	50	22.0%	25.7%	54	18.5%	26.2%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	51	23.5%	24.1%	54	25.9%	25.9%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	45	15.6%	22.1%	45	6.7%	24.3%
Health Plan Call Center Service Staff		**38.5%**	**38.5%**		**36.3%**	**38.7%**
5A. Ease of reaching health plan call center staff over the phone.	59	33.9%	34.7%	96	34.4%	35.2%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	58	43.1%	42.4%	94	38.3%	42.3%
Provider Relations		**11.9%**	**40.4%**		**14.9%**	**35.6%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	47	19.1%	63.5%	81	13.6%	49.0%
6B. Provider Relations representative's ability to answer questions and resolve problems.	8	12.5%	52.1%	8	25.0%	47.3%
6C. Quality of provider orientation process.	43	7.0%	33.8%	59	6.8%	27.7%
6D. Quality of written communications, policy bulletins, and manuals.	49	16.3%	35.3%	78	12.8%	31.8%

* Summary Rate Scores (SRS) represent the most favorable response option(s).

** The 2016 SPH Analytics Medicaid Book of Business Benchmark consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians. These benchmark comparisons are based on respondent-level results. Please see the Technical Notes for further detail.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to benchmark data; No shading denotes that there was no significant difference between the percentages, there is no benchmark, or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 3: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 4: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Note 5: Due to variances in question wording on the survey tool, caution is advised when making comparisons. Please see Question Summaries for more detailed information.

4. Composite Analyses

The *Composite Analyses* section provides in-depth examination of the following composite features:

- ☑ Response Level Percentages – graphical display of composite responses. This graph provides a breakdown of the composite response distributions for current and trend data (if applicable), namely, 'Well above average,' 'Somewhat above average,' 'Average,' and 'Somewhat/Well below average' for all composites except for overall satisfaction (7B), which is broken down by 'Completely satisfied,' 'Somewhat satisfied,' 'Neither dissatisfied nor satisfied,' and 'Completely/Somewhat dissatisfied.'

- ☑ Composite Level (Summary Rate) – graphical display of the composite and benchmark Summary Rate Scores. This graph plots where the composite Summary Rate Score falls in relation to trend data (if applicable) and the 2016 Medicaid and Aggregate benchmark Summary Rate Scores.

- ☑ Top Box Scores – displays the top response percentages. Top Box Scores and valid n's for 2017 are compared to trend data (if applicable) and the 2016 Medicaid and Aggregate benchmark Top Box Scores.

- ☑ Summary Rate Scores – displays the top two response percentages. Summary Rate Scores and valid n's for 2017 are compared to trend data (if applicable) and the 2016 Medicaid and Aggregate benchmark Summary Rate Scores.

- ☑ Summary Rate and Top Box Scores for 2017 are compared to the 2016 SPH Analytics Medicaid Book of Business percentile scores. Percentile threshold rankings are displayed for the average, 25th percentile, 50th percentile, 75th percentile, and 90th percentile. Plan scores are displayed as they emerge along the percentile continuum with an explanation of findings.

Charts 4A – 4G

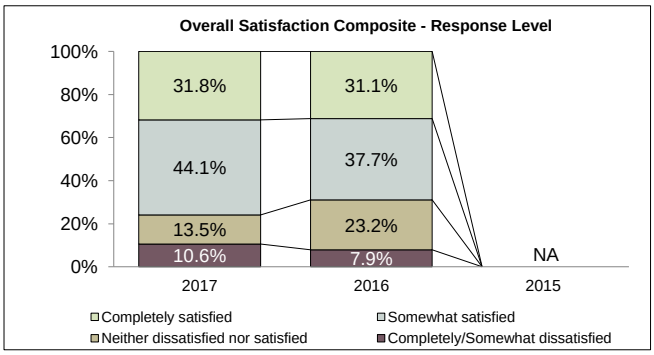
Composite Analysis

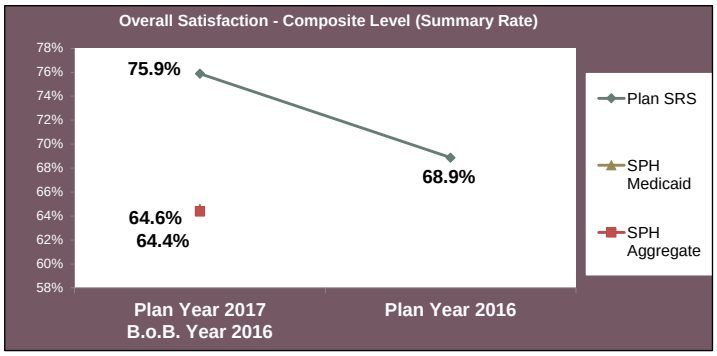
Aetna Better Health of West Virginia

Provider Satisfaction Survey

Overall Satisfaction - Top Box and Summary Rate Scores

170 Total Overall Satisfaction Respondents



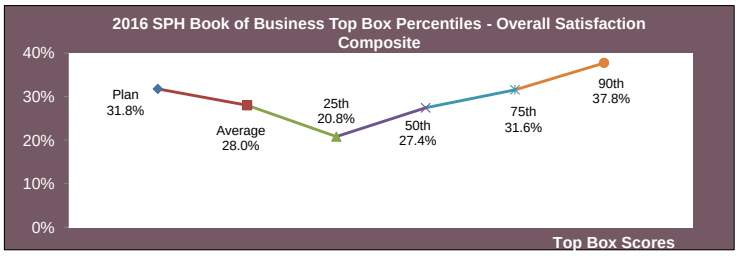


*Top Box Scores**

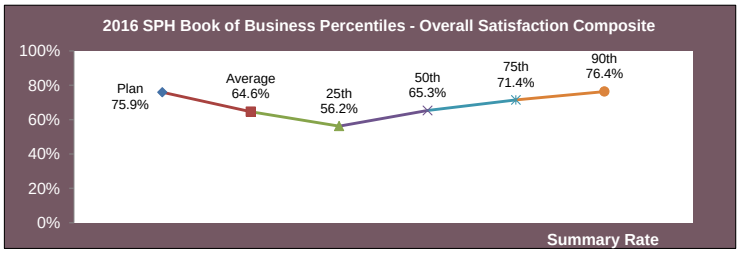
Composite and Attributes	2017		2016		2015		2016 SPH Book of Business**	
	n	Top Box Score*	n	Top Box Score*	n	Top Box Score*	Medicaid	Aggregate
Overall Satisfaction		**31.8%**		**31.1%**			**28.0%**	**29.1%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	172	84.3%	145	89.7%			80.9%	83.0%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	170	31.8%	151	31.1%			28.0%	29.1%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	124	33.9%	110	26.4%			NA	NA
7D. Please rate your overall satisfaction with Unicare.	151	27.2%	134	29.1%			NA	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	151	23.2%	126	19.8%			NA	NA

*Summary Rate Scores**

Composite and Attributes	2017		2016		2015		2016 SPH Book of Business**	
	n	SRS*	n	SRS*	n	SRS*	Medicaid	Aggregate
Overall Satisfaction		**75.9%**		**68.9%**			**64.6%**	**64.4%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	172	84.3%	145	89.7%			80.9%	83.0%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	170	75.9%	151	68.9%			64.6%	64.4%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	124	71.8%	110	62.7%			NA	NA
7D. Please rate your overall satisfaction with Unicare.	151	66.2%	134	60.4%			NA	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	151	64.9%	126	55.6%			NA	NA



Your 2017 Top Box Summary Rate for the Overall Satisfaction composite is 31.8%, which is not significantly different from SPH's 2016 Medicaid Book of Business Top Box Summary Rate Score of 28.0%.



Your 2017 Summary Rate for the Overall Satisfaction composite is 75.9%, which is significantly above SPH's 2016 Medicaid Book of Business Summary Rate Score of 64.6%.

* Top Box Scores represent the top response percentage ("Yes;" "Completely satisfied"). Summary Rate Scores represent the top two response percentages ("Yes;" "Completely satisfied" and "Somewhat satisfied").

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; no shading denotes that there was no significant difference between the percentages, there is no benchmark, or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

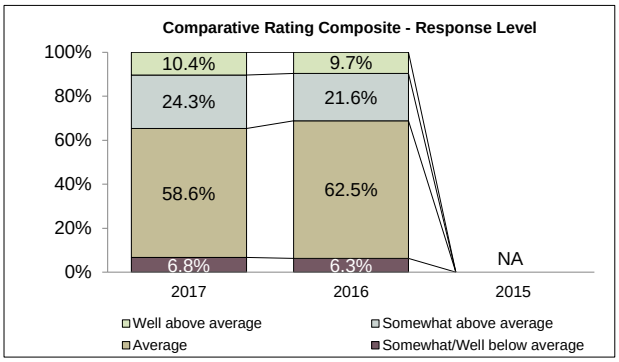
Composite Analysis

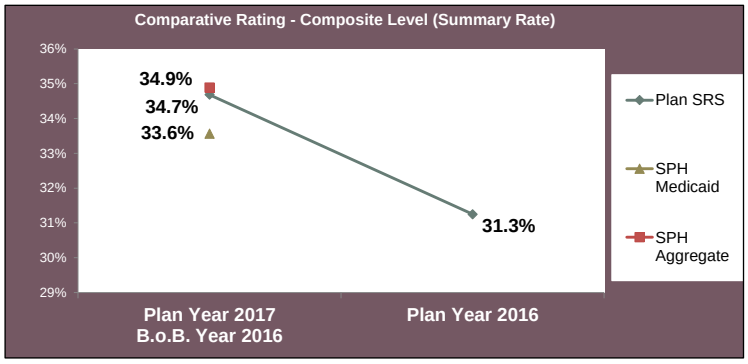
Aetna Better Health of West Virginia

Provider Satisfaction Survey

Comparative Rating - Top Box and Summary Rate Scores

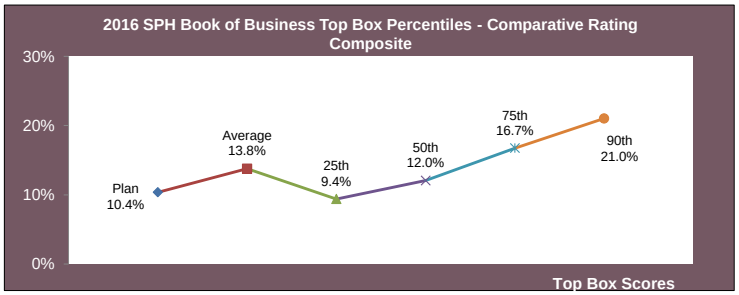
222 Total Comparative Rating Respondents



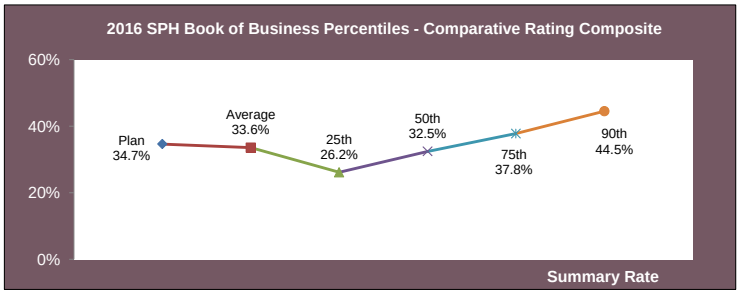


Top Box Score*	2017		2016		2015		2016 SPH Book of Business**	
Attribute	n	Top Box Score*	n	Top Box Score*	n	Top Box Score*	Medicaid	Aggregate
Comparative Rating								
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	222	10.4%	176	9.7%			13.8%	14.7%

Summary Rate Score*	2017		2016		2015		2016 SPH Book of Business**	
Attribute	n	SRS*	n	SRS*	n	SRS*	Medicaid	Aggregate
Comparative Rating								
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	222	34.7%	176	31.3%			33.6%	34.9%



Your 2017 Top Box Summary Rate for the Comparative Rating composite is 10.4%, which is not significantly different from SPH's 2016 Medicaid Book of Business Top Box Summary Rate Score of 13.8%.



Your 2017 Summary Rate for the Comparative Rating composite is 34.7%, which is not significantly different from SPH's 2016 Medicaid Book of Business Summary Rate Score of 33.6%.

* Top Box Scores represent the top response percentage ("Well above average"). Summary Rate Scores represent the top two response percentages ("Well above average" and "Somewhat above average").

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; no shading denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

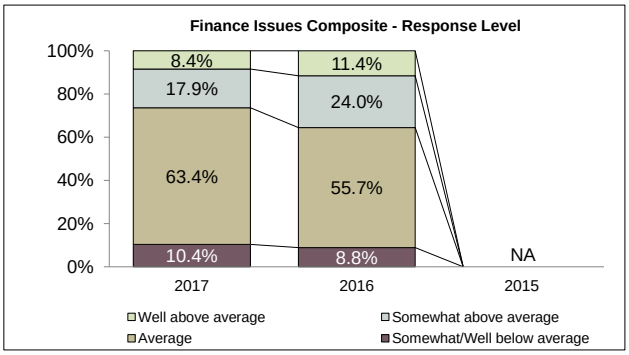
Composite Analysis

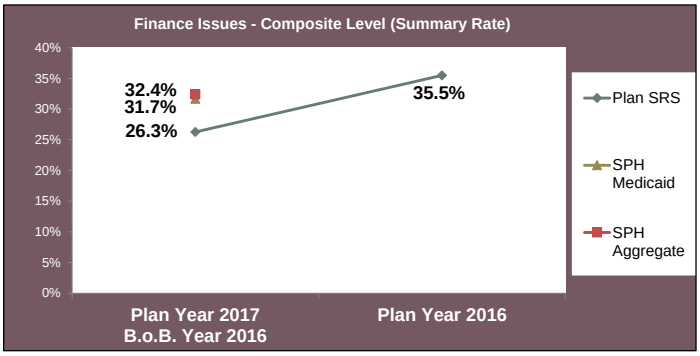
Aetna Better Health of West Virginia

Provider Satisfaction Survey

Finance Issues - Top Box and Summary Rate Scores

192 Total Finance Issues Respondents



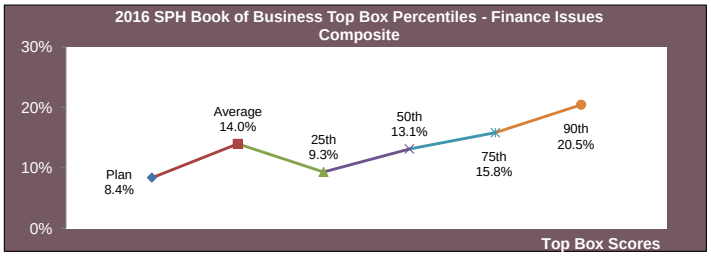


*Top Box Scores**

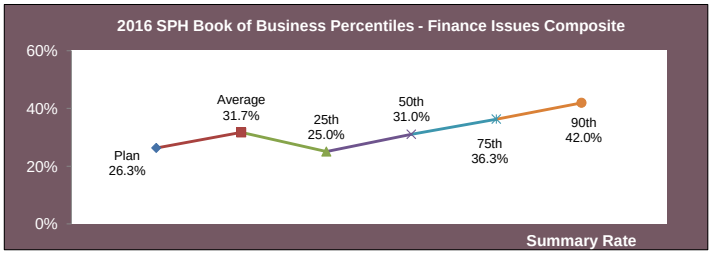
Composite and Attributes	2017		2016		2015		2016 SPH Book of Business**	
	n	Top Box Score*	n	Top Box Score*	n	Top Box Score*	Medicaid	Aggregate
Finance Issues		**8.4%**		**11.4%**			**14.0%**	**14.4%**
2A. Consistency of reimbursement fees with your contract rates.	183	7.1%	146	8.9%			12.6%	13.0%
2B. Accuracy of claims processing.	192	10.4%	147	11.6%			14.8%	15.5%
2C. Timeliness of claims processing.	188	8.5%	147	12.2%			15.8%	16.0%
2D. Resolution of claims payment problems or disputes.	173	7.5%	138	13.0%			12.7%	13.3%

*Summary Rate Scores**

Composite and Attributes	2017		2016		2015		2016 SPH Book of Business**	
	n	SRS*	n	SRS*	n	SRS*	Medicaid	Aggregate
Finance Issues		**26.3%**		**35.5%**			**31.7%**	**32.4%**
2A. Consistency of reimbursement fees with your contract rates.	183	25.1%	146	30.8%			29.5%	30.0%
2B. Accuracy of claims processing.	192	28.6%	147	36.7%			33.7%	34.8%
2C. Timeliness of claims processing.	188	28.2%	147	38.1%			35.1%	35.1%
2D. Resolution of claims payment problems or disputes.	173	23.1%	138	36.2%			28.4%	29.7%



Your 2017 Top Box Summary Rate for the Finance Issues composite is 8.4%, which is significantly below SPH's 2016 Medicaid Book of Business Top Box Summary Rate Score of 14.0%.



Your 2017 Summary Rate for the Finance Issues composite is 26.3%, which is not significantly different from SPH's 2016 Medicaid Book of Business Summary Rate Score of 31.7%.

* Top Box Scores represent the top response percentage ("Well above average"). Summary Rate Scores represent the top two response percentages ("Well above average" and "Somewhat above average").

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; no shading denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

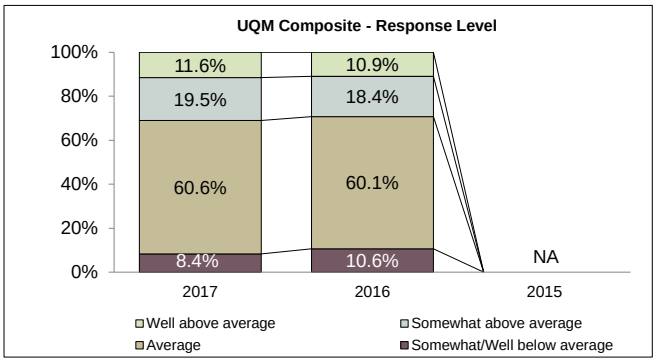
Composite Analysis

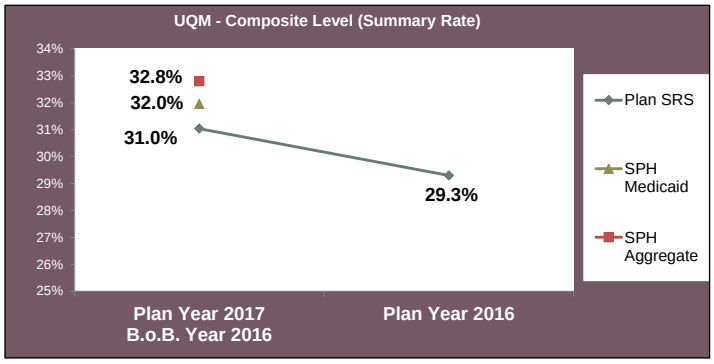
Aetna Better Health of West Virginia

Provider Satisfaction Survey

Utilization and Quality Management - Top Box and Summary Rate Scores

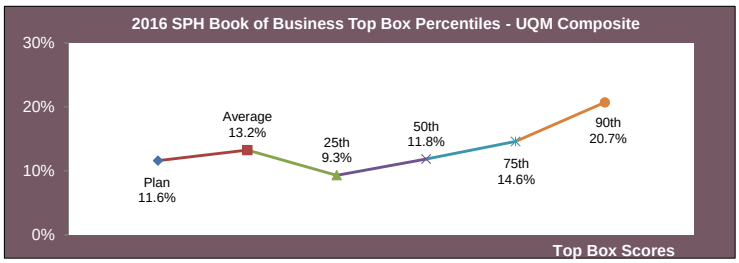
190 Total Utilization and Quality Management Respondents



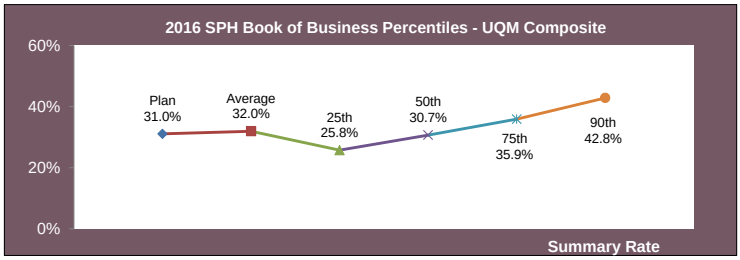


Top Box Scores* Composite and Attributes	2017 n	2017 Top Box Score*	2016 n	2016 Top Box Score*	2015 n	2015 Top Box Score*	2016 SPH Book of Business** Medicaid	2016 SPH Book of Business** Aggregate
Utilization and Quality Management		**11.6%**		**10.9%**			**13.2%**	**13.9%**
3A. Phone access to knowledgeable UM staff.	190	10.0%	150	10.7%			11.8%	12.6%
3B. Procedures for obtaining pre-certification/authorization information.	172	12.2%	148	11.5%			12.3%	13.1%
3C. Timeliness of obtaining pre-certification/authorization information.	171	14.0%	148	9.5%			12.7%	13.7%
3E. Access to Case/Care Managers from this health plan.	155	10.3%	141	10.6%			12.2%	12.9%
3F. Degree to which the plan covers and encourages preventive care and wellness.	150	11.3%	146	12.3%			17.1%	17.3%

Summary Rate Scores* Composite and Attributes	2017 n	2017 SRS*	2016 n	2016 SRS*	2015 n	2015 SRS*	2016 SPH Book of Business** Medicaid	2016 SPH Book of Business** Aggregate
Utilization and Quality Management		**31.0%**		**29.3%**			**32.0%**	**32.8%**
3A. Phone access to knowledgeable UM staff.	190	30.0%	150	29.3%			29.9%	30.7%
3B. Procedures for obtaining pre-certification/authorization information.	172	29.7%	148	29.7%			31.1%	32.3%
3C. Timeliness of obtaining pre-certification/authorization information.	171	34.5%	148	29.1%			31.1%	32.3%
3E. Access to Case/Care Managers from this health plan.	155	28.4%	141	24.8%			29.2%	30.1%
3F. Degree to which the plan covers and encourages preventive care and wellness.	150	32.7%	146	33.6%			38.5%	38.6%



Your 2017 Top Box Summary Rate for the Utilization and Quality Management composite is 11.6%, which is not significantly different from SPH's 2016 Medicaid Book of Business Top Box Summary Rate Score of 13.2%.



Your 2017 Summary Rate for the Utilization and Quality Management composite is 31.0%, which is not significantly different from SPH's 2016 Medicaid Book of Business Summary Rate Score of 32.0%.

* Top Box Scores represent the top response percentage ("Well above average"). Summary Rate Scores represent the top two response percentages ("Well above average" and "Somewhat above average").

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; no shading denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: Due to variances in question wording on the survey tool, caution is advised when making comparisons. Please see Question Summaries for more detailed information.

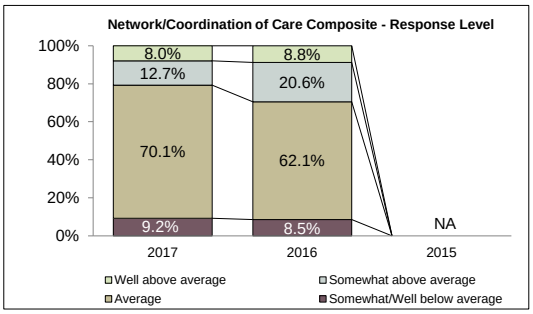
Composite Analysis

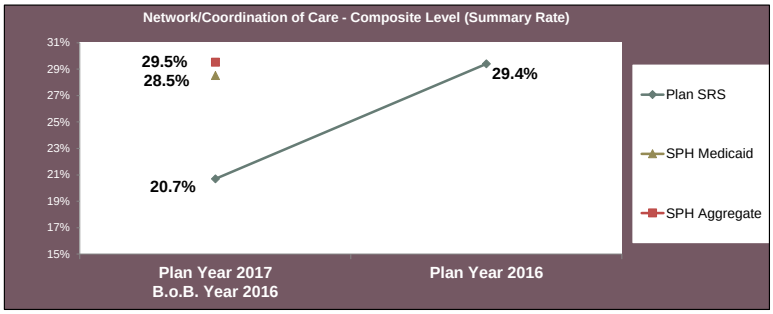
Aetna Better Health of West Virginia

Provider Satisfaction Survey

Network/Coordination of Care - Top Box and Summary Rate Scores

135 Total Network/Coordination of Care Respondents



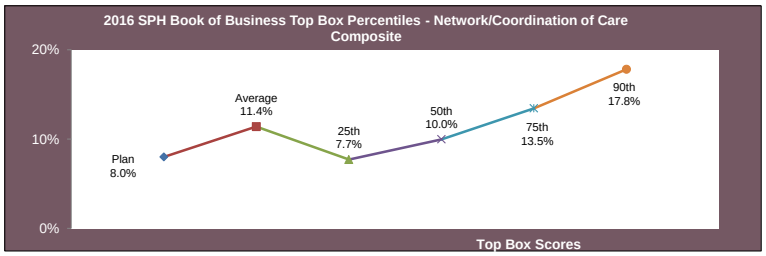


Top Box Scores*

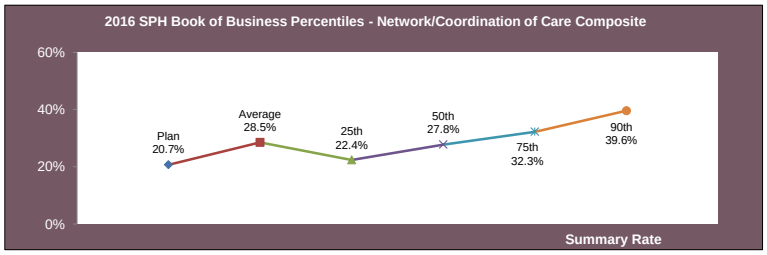
Composite and Attributes	2017 n	2017 Top Box Score*	2016 n	2016 Top Box Score*	2015 n	2015 Top Box Score*	2016 SPH Book of Business** Medicaid	2016 SPH Book of Business** Aggregate
Network/Coordination of Care		**8.0%**		**8.8%**			**11.4%**	**12.0%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	135	7.4%	132	8.3%			10.3%	10.8%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	134	10.4%	126	10.3%			12.9%	13.6%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	131	6.1%	127	7.9%			11.0%	11.6%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	105	9.5%	NA	NA			8.9%	8.9%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	103	12.6%	NA	NA			9.4%	9.5%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	89	4.5%	NA	NA			8.1%	8.0%

Summary Rate Scores*

Composite and Attributes	2017 n	2017 SRS*	2016 n	2016 SRS*	2015 n	2015 SRS*	2016 SPH Book of Business** Medicaid	2016 SPH Book of Business** Aggregate
Network/Coordination of Care		**20.7%**		**29.4%**			**28.5%**	**29.5%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	135	21.5%	132	26.5%			25.4%	26.5%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	134	27.6%	126	32.5%			32.3%	33.4%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	131	13.0%	127	29.1%			27.9%	28.7%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	105	19.0%	NA	NA			23.0%	22.5%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	103	23.3%	NA	NA			22.4%	22.7%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	89	10.1%	NA	NA			19.5%	19.3%



Your 2017 Top Box Summary Rate for the Network/Coordination of Care composite is 8.0%, which is not significantly different from SPH's 2016 Medicaid Book of Business Top Box Summary Rate Score of 11.4%.



Your 2017 Summary Rate for the Network/Coordination of Care composite is 20.7%, which is significantly below SPH's 2016 Medicaid Book of Business Summary Rate Score of 28.5%.

* Top Box Scores represent the top response percentage ("Well above average"). Summary Rate Scores represent the top two response percentages ("Well above average" and "Somewhat above average").

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; no shading denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: Due to variances in question wording on the survey tool, caution is advised when making comparisons. Please see Question Summaries for more detailed information.

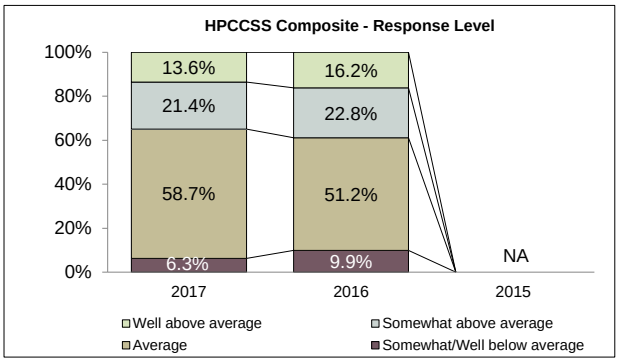
Composite Analysis

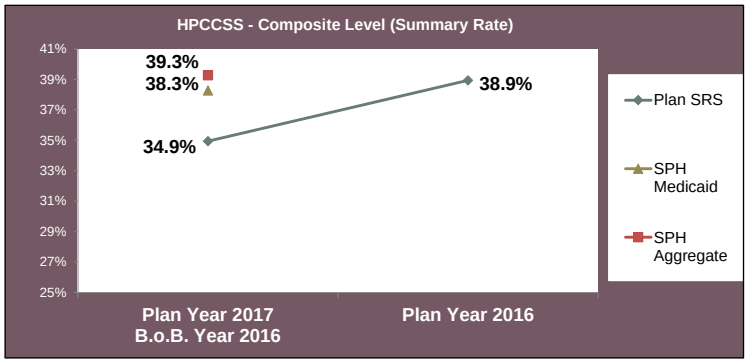
Aetna Better Health of West Virginia

Provider Satisfaction Survey

Health Plan Call Center Service Staff - Top Box and Summary Rate Scores

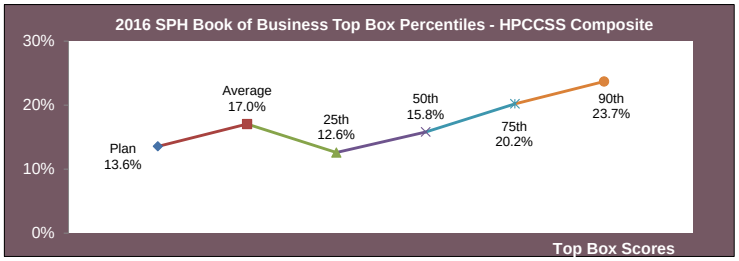
166 Total Health Plan Call Center Service Staff Respondents



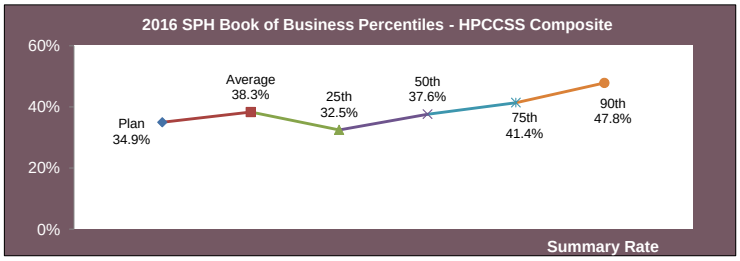


Top Box Scores*	2017		2016		2015		2016 SPH Book of Business**	
Composite and Attributes	n	Top Box Score*	n	Top Box Score*	n	Top Box Score*	Medicaid	Aggregate
Health Plan Call Center Service Staff		**13.6%**		**16.2%**			**17.0%**	**17.9%**
5A. Ease of reaching health plan call center staff over the phone.	166	12.0%	151	13.2%			14.8%	16.0%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	166	15.1%	152	19.1%			19.2%	19.8%

Summary Rate Score	2017		2016		2015		2016 SPH Book of Business**	
Composite and Attributes	n	SRS*	n	SRS*	n	SRS*	Medicaid	Aggregate
Health Plan Call Center Service Staff		**34.9%**		**38.9%**			**38.3%**	**39.3%**
5A. Ease of reaching health plan call center staff over the phone.	166	32.5%	151	35.1%			35.1%	36.5%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	166	37.3%	152	42.8%			41.5%	42.1%



Your 2017 Top Box Summary Rate for the Health Plan Call Center Service Staff composite is 13.6%, which is not significantly different from SPH's 2016 Medicaid Book of Business Top Box Summary Rate Score of 17.0%.



Your 2017 Summary Rate for the Health Plan Call Center Service Staff composite is 34.9%, which is not significantly different from SPH's 2016 Medicaid Book of Business Summary Rate Score of 38.3%.

* Top Box Scores represent the top response percentage ("Well above average"). Summary Rate Scores represent the top two response percentages ("Well above average" and "Somewhat above average").

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; no shading denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

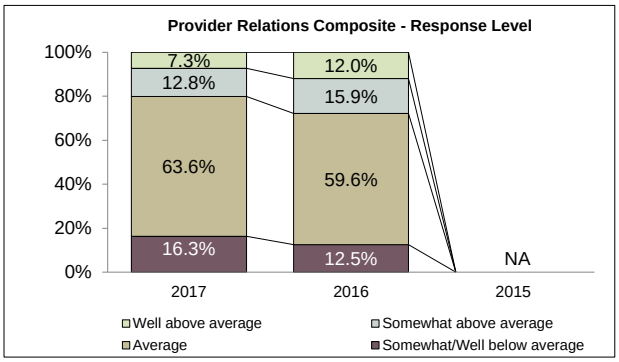
Composite Analysis

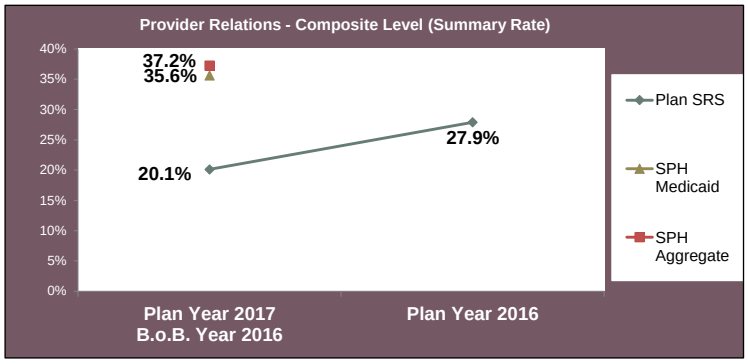
Aetna Better Health of West Virginia

Provider Satisfaction Survey

Provider Relations - Top Box and Summary Rate Scores

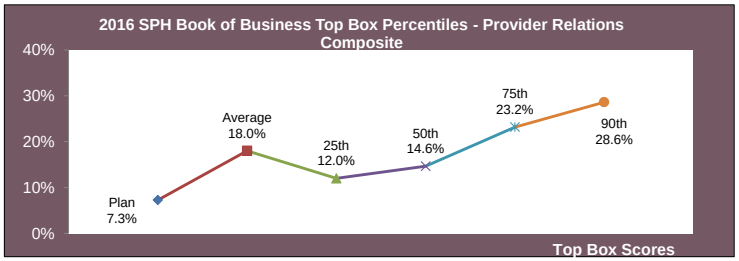
133 Total Provider Relations Respondents



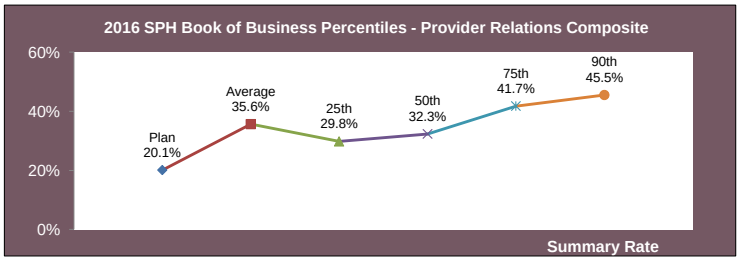


Top Box Scores*	Composite and Attributes	2017		2016		2015		2016 SPH Book of Business**	
		n	Top Box Score*	n	Top Box Score*	n	Top Box Score*	Medicaid	Aggregate
	Provider Relations		**7.3%**		**12.0%**			**18.0%**	**19.2%**
	6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	148	16.2%	119	38.7%			50.4%	46.2%
	6B. Provider Relations representative's ability to answer questions and resolve problems.	20	15.0%	37	18.9%			25.7%	27.7%
	6C. Quality of provider orientation process.	105	3.8%	105	7.6%			13.7%	14.1%
	6D. Quality of written communications, policy bulletins, and manuals.	133	3.0%	127	9.4%			14.7%	15.7%

Summary Rate Scores*	Composite and Attributes	2017		2016		2015		2016 SPH Book of Business**	
		n	SRS*	n	SRS*	n	SRS*	Medicaid	Aggregate
	Provider Relations		**20.1%**		**27.9%**			**35.6%**	**37.2%**
	6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	148	16.2%	119	38.7%			50.4%	46.2%
	6B. Provider Relations representative's ability to answer questions and resolve problems.	20	35.0%	37	40.5%			47.1%	49.6%
	6C. Quality of provider orientation process.	105	9.5%	105	17.1%			28.0%	29.0%
	6D. Quality of written communications, policy bulletins, and manuals.	133	15.8%	127	26.0%			31.7%	33.1%



Your 2017 Top Box Summary Rate for the Provider Relations composite is 7.3%, which is significantly below SPH's 2016 Medicaid Book of Business Top Box Summary Rate Score of 18.0%.



Your 2017 Summary Rate for the Provider Relations composite is 20.1%, which is significantly below SPH's 2016 Medicaid Book of Business Summary Rate Score of 35.6%.

* Top Box Scores represent the top response percentage ("Yes;" "Well above average"). Summary Rate Scores represent the top two response percentages ("Yes;" "Well above average" and "Somewhat above average").

** SPH Analytics's 2016 Medicaid Book of Business consists of data from 58 plans representing 14957 respondents, while the Aggregate Book of Business consists of data from 83 plans representing 22418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. See Technical Notes for more information.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; no shading denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

5. Global Proportions

Pages 5A through 5C provide a graphical presentation of the percentage of providers who chose each response option.[5] The charts present the composite percentages, as well as the percentages for each attribute that make up the composite.

Global proportions are a useful tool to understand a provider's satisfaction, dissatisfaction, or neutrality when they rate a particular service or service area. Summary Rate Scores alone are not as complete an indication of performance given that they do not show a distribution of responses across all response categories.

	Summary Rate Score			
	Well above average	Somewhat above average	Average	Somewhat/Well below average
Case 1	65%	10%	20%	5%
Case 2	15%	60%	15%	10%

The above chart demonstrates two cases in which a high Summary Rate becomes less revealing. In Case 1, a relatively large percentage of providers are found to be very satisfied ('Well above average'). In Case 2, a large proportion of the Summary Rate responses are 'Somewhat above average,' rather than the more favorable response of 'Well above average.' When reviewing cases one and two, the first case shows a higher average rating than the second, even though the Summary Rates are equal (both 75%).

Charts 5A – 5C

[5] Response distributions are also provided in the Question Summaries, which are located in section 15, *Appendix A*.

Global Proportions

Composite/Attribute Response Distributions

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

Comparative Rating	Valid n	Well above average	Somewhat above average	Average	Well/Somewhat below average
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	**222**	10%	24%	59%	7%

Finance Issues	Valid n	Well above average	Somewhat above average	Average	Well/Somewhat below average
		8%	18%	63%	10%
2A. Consistency of reimbursement fees with your contract rates.	**183**	7%	18%	62%	13%
2B. Accuracy of claims processing.	**192**	10%	18%	61%	10%
2C. Timeliness of claims processing.	**188**	9%	20%	65%	7%
2D. Resolution of claims payment problems or disputes.	**173**	8%	16%	65%	12%

Utilization and Quality Management	Valid n	Well above average	Somewhat above average	Average	Well/Somewhat below average
		12%	19%	61%	8%
3A. Phone access to knowledgeable UM staff.	**190**	10%	20%	61%	9%
3B. Procedures for obtaining pre-certification/authorization information.	**172**	12%	17%	56%	14%
3C. Timeliness of obtaining pre-certification/authorization information.	**171**	14%	20%	57%	9%
3E. Access to Case/Care Managers from this health plan.	**155**	10%	18%	65%	7%
3F. Degree to which the plan covers and encourages preventive care and wellness.	**150**	11%	21%	65%	3%

Note: Percentages may not add to 100% due to rounding.

Global Proportions

Composite/Attribute Response Distributions

238 Total Respondents

Aetna Better Health of West Virginia

Provider Satisfaction Survey

Network/Coordination of Care	Valid n	Well above average	Somewhat above average	Average	Well/Somewhat below average
		8%	13%	70%	9%
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	**135**	7%	14%	67%	11%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	**134**	10%	17%	63%	10%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	**131**	6%	7%	80%	7%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	**105**	10%	10%	65%	16%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	**103**	13%	11%	68%	9%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	**89**	4%	6%	79%	11%

Health Plan Call Center Service Staff	Valid n	Well above average	Somewhat above average	Average	Well/Somewhat below average
		14%	21%	59%	6%
5A. Ease of reaching health plan call center staff over the phone.	**166**	12%	20%	61%	7%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	**166**	15%	22%	57%	6%

Note 1: Percentages may not add to 100% due to rounding.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Global Proportions

Composite/Attribute Response Distributions

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

Provider Relations	Valid n	Well above average	Somewhat above average	Average	Well/Somewhat below average
		7%	13%	64%	16%
6B. Provider Relations representative's ability to answer questions and resolve problems.	**20**	15%	20%	45%	20%
6C. Quality of provider orientation process.	**105**	4%	6%	74%	16%
6D. Quality of written communications, policy bulletins, and manuals.	**133**	3%	13%	71%	13%

Overall Satisfaction	Valid n	Completely satisfied	Somewhat satisfied	Neither	Completely/Somewhat dissatisfied
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	**170**	32%	44%	14%	11%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	**124**	34%	38%	21%	7%
7D. Please rate your overall satisfaction with Unicare.	**151**	27%	39%	23%	11%
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	**151**	23%	42%	21%	15%

Note: Percentages may not add to 100% due to rounding.

6. Segmentation Analyses

The database provided by Aetna Better Health of West Virginia includes demographic information, and the Provider Satisfaction Survey asks demographic questions about the respondent's medical practice, which facilitates a market segmentation of the providers. The charts beginning on page 6A present Summary Rate Scores organized across the following demographics:

- ☑ Area of Medicine (A)
- ☑ Physicians in Practice (B)
- ☑ Years in Practice (C)
- ☑ Portion of Managed Care Volume Represented by Health Plan (D)
- ☑ Survey Respondent (E)
- ☑ Insurance Participation (G)

The percentages represent the Summary Rate for each segment of the demographic category. For example, in the table below, the Summary Rate for 7B, *'Please rate your overall satisfaction with Aetna Better Health of West Virginia*,' is the percentage of respondents who selected 'Completely satisfied' or 'Somewhat satisfied.'

The interpretation of this example would be, "Of the respondents who have been in practice less than five years, 77.4% are 'Completely satisfied' or 'Somewhat satisfied' with Aetna Better Health of West Virginia, while 76.3% of respondents who have been in practice five to 15 years and 74.4% of respondents who have been in practice 16 years or more are 'Completely satisfied' or 'Somewhat satisfied' with Aetna Better Health of West Virginia."

Years in Practice	Less than 5 years	5 – 15 years	16 years or more
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	77.4%	76.3%	74.4%

Results on the following pages are provided for individual attributes and for each composite. Caution is recommended when making comparisons between segments with a small valid n (less than 30), as the results may not be representative of the population.

Charts 6A – 6F

Segmentation Analysis

Aetna Better Health of West Virginia

Plan Summary Rates by Area of Medicine (A)

Provider Satisfaction Survey

238 Total Respondents

Composite/Attribute	Primary Care		Specialty		Behavioral Health Clinician		Range*
	Valid n**	%	Valid n**	%	Valid n**	%	
Overall Satisfaction		**84.2%**		**74.7%**		**75.0%**	**9.5%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	59	84.7%	98	82.7%	27	77.8%	2.1%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	57	84.2%	99	74.7%	28	75.0%	9.5%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	40	85.0%	73	67.1%	24	75.0%	17.9%
7D. Please rate your overall satisfaction with Unicare.	51	76.5%	84	59.5%	26	92.3%	16.9%
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	50	72.0%	87	63.2%	25	72.0%	8.8%
All Other Plans (Comparative Rating)							
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	74	35.1%	128	34.4%	37	35.1%	0.8%
Finance Issues		**31.8%**		**25.4%**		**17.0%**	**6.4%**
2A. Consistency of reimbursement fees with your contract rates.	58	32.8%	106	22.6%	30	13.3%	10.1%
2B. Accuracy of claims processing.	60	38.3%	113	26.5%	30	16.7%	11.8%
2C. Timeliness of claims processing.	59	35.6%	112	27.7%	29	24.1%	7.9%
2D. Resolution of claims payment problems or disputes.	54	20.4%	101	24.8%	29	13.8%	4.4%
Utilization and Quality Management		**34.4%**		**30.0%**		**32.6%**	**4.3%**
3A. Phone access to knowledgeable UM staff.	66	31.8%	109	30.3%	33	24.2%	1.5%
3B. Procedures for obtaining pre-certification/authorization information.	60	30.0%	104	29.8%	28	32.1%	0.2%
3C. Timeliness of obtaining pre-certification/authorization information.	61	34.4%	103	37.9%	28	35.7%	3.4%
3E. Access to Case/Care Managers from this health plan.	56	32.1%	90	26.7%	25	28.0%	5.5%
3F. Degree to which the plan covers and encourages preventive care and wellness.	62	43.5%	82	25.6%	21	42.9%	17.9%
Network/Coordination of Care		**29.7%**		**15.6%**		**22.6%**	**14.1%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	53	32.1%	77	15.6%	20	20.0%	16.5%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	52	38.5%	78	23.1%	20	25.0%	15.4%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	54	18.5%	74	8.1%	22	22.7%	10.4%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	50	22.0%	54	18.5%	20	15.0%	3.5%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	51	23.5%	54	25.9%	20	30.0%	2.4%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	45	15.6%	45	6.7%	17	11.8%	8.9%
Health Plan Call Center Service Staff		**38.5%**		**36.3%**		**32.7%**	**2.2%**
5A. Ease of reaching health plan call center staff over the phone.	59	33.9%	96	34.4%	25	32.0%	0.5%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	58	43.1%	94	38.3%	27	33.3%	4.8%
Provider Relations		**11.9%**		**14.9%**		**22.0%**	**2.9%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	47	19.1%	81	13.6%	22	36.4%	5.6%
6B. Provider Relations representative's ability to answer questions and resolve problems.	8	12.5%	8	25.0%	8	37.5%	12.5%
6C. Quality of provider orientation process.	43	7.0%	59	6.8%	21	9.5%	0.2%
6D. Quality of written communications, policy bulletins, and manuals.	49	16.3%	78	12.8%	21	19.0%	3.5%

* Range is the difference between Summary Rates shown. Due to the small sample size of Behavioral Health Clinician, this segment is excluded from range calculations.

** Valid n refers to the total number of respondents answering the item within the subgroup under the column heading.

Note 1: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Segmentation Analysis

Aetna Better Health of West Virginia

Plan Summary Rates by Physicians in Practice (B)

Provider Satisfaction Survey

238 Total Respondents

Composite/Attribute	Solo		2 - 5 physicians		More than 5 physicians		Range*
	Valid n**	%	Valid n**	%	Valid n**	%	
Overall Satisfaction		**80.3%**		**68.9%**		**88.9%**	**11.4%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	72	84.7%	61	80.3%	17	100.0%	4.4%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	71	80.3%	61	68.9%	18	88.9%	11.4%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	56	75.0%	44	70.5%	11	81.8%	4.5%
7D. Please rate your overall satisfaction with Unicare.	62	71.0%	53	62.3%	17	70.6%	8.7%
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	63	65.1%	52	63.5%	16	68.8%	1.6%
All Other Plans (Comparative Rating)							
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	93	33.3%	74	35.1%	27	44.4%	1.8%
Finance Issues		**27.0%**		**28.8%**		**20.9%**	**1.7%**
2A. Consistency of reimbursement fees with your contract rates.	78	25.6%	65	26.2%	15	33.3%	0.5%
2B. Accuracy of claims processing.	81	29.6%	68	30.9%	16	25.0%	1.3%
2C. Timeliness of claims processing.	79	27.8%	68	33.8%	16	18.8%	6.0%
2D. Resolution of claims payment problems or disputes.	72	25.0%	62	24.2%	15	6.7%	0.8%
Utilization and Quality Management		**27.6%**		**31.2%**		**36.6%**	**3.6%**
3A. Phone access to knowledgeable UM staff.	81	29.6%	64	29.7%	23	34.8%	0.1%
3B. Procedures for obtaining pre-certification/authorization information.	72	26.4%	62	32.3%	23	26.1%	5.9%
3C. Timeliness of obtaining pre-certification/authorization information.	72	31.9%	62	35.5%	22	36.4%	3.5%
3E. Access to Case/Care Managers from this health plan.	65	26.2%	56	26.8%	18	33.3%	0.6%
3F. Degree to which the plan covers and encourages preventive care and wellness.	67	23.9%	47	31.9%	21	52.4%	8.0%
Network/Coordination of Care		**16.0%**		**22.6%**		**24.2%**	**6.6%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	61	13.1%	45	24.4%	15	33.3%	11.3%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	61	21.3%	46	30.4%	15	33.3%	9.1%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	59	13.6%	46	13.0%	17	5.9%	0.5%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	48	14.6%	35	17.1%	12	25.0%	2.6%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	48	18.8%	36	27.8%	12	25.0%	9.0%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	40	12.5%	31	12.9%	11	0.0%	0.4%
Health Plan Call Center Service Staff		**36.7%**		**31.8%**		**43.1%**	**4.9%**
5A. Ease of reaching health plan call center staff over the phone.	71	35.2%	58	27.6%	18	38.9%	7.6%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	68	38.2%	61	36.1%	19	47.4%	2.2%
Provider Relations		**28.0%**		**11.2%**		**24.7%**	**16.8%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	57	12.3%	55	18.2%	15	33.3%	5.9%
6B. Provider Relations representative's ability to answer questions and resolve problems.	6	50.0%	7	28.6%	5	40.0%	21.4%
6C. Quality of provider orientation process.	48	14.6%	37	2.7%	11	9.1%	11.9%
6D. Quality of written communications, policy bulletins, and manuals.	62	19.4%	43	2.3%	12	25.0%	17.0%

* Range is the difference between Summary Rates shown. Due to the small sample size of More than 5 respondents, this segment is excluded from range calculations.

** Valid n refers to the total number of respondents answering the item within the subgroup under the column heading.

Note 1: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Segmentation Analysis

Aetna Better Health of West Virginia

Plan Summary Rates by Years in Practice (C)

Provider Satisfaction Survey

238 Total Respondents

Composite/Attribute	Less than 5 years		5 - 15 years		16 years or more		Range*
	Valid n**	%	Valid n**	%	Valid n**	%	
Overall Satisfaction		**77.4%**		**76.3%**		**74.4%**	**3.1%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	29	93.1%	61	78.7%	80	85.0%	14.4%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	31	77.4%	59	76.3%	78	74.4%	3.1%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	23	60.9%	44	70.5%	55	76.4%	15.5%
7D. Please rate your overall satisfaction with Unicare.	29	58.6%	54	75.9%	66	60.6%	17.3%
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	29	62.1%	52	69.2%	68	63.2%	7.2%
All Other Plans (Comparative Rating)							
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	41	46.3%	79	32.9%	99	32.3%	14.0%
Finance Issues		**26.8%**		**27.6%**		**25.6%**	**2.0%**
2A. Consistency of reimbursement fees with your contract rates.	32	31.3%	67	28.4%	82	20.7%	10.5%
2B. Accuracy of claims processing.	32	31.3%	69	29.0%	89	28.1%	3.2%
2C. Timeliness of claims processing.	32	28.1%	67	29.9%	87	27.6%	2.3%
2D. Resolution of claims payment problems or disputes.	30	16.7%	60	23.3%	81	25.9%	9.3%
Utilization and Quality Management		**23.1%**		**35.3%**		**31.3%**	**12.2%**
3A. Phone access to knowledgeable UM staff.	32	18.8%	67	32.8%	89	32.6%	14.1%
3B. Procedures for obtaining pre-certification/authorization information.	28	14.3%	61	34.4%	81	32.1%	20.1%
3C. Timeliness of obtaining pre-certification/authorization information.	29	17.2%	59	40.7%	81	37.0%	23.4%
3E. Access to Case/Care Managers from this health plan.	25	28.0%	57	35.1%	73	23.3%	11.8%
3F. Degree to which the plan covers and encourages preventive care and wellness.	27	37.0%	51	33.3%	70	31.4%	5.6%
Network/Coordination of Care		**12.7%**		**22.6%**		**21.6%**	**9.9%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	21	14.3%	47	23.4%	65	21.5%	9.1%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	21	14.3%	45	33.3%	66	27.3%	19.0%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	21	9.5%	45	11.1%	63	15.9%	6.3%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	17	11.8%	37	16.2%	49	24.5%	12.7%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	19	10.5%	37	24.3%	45	28.9%	18.4%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	17	5.9%	35	8.6%	36	13.9%	8.0%
Health Plan Call Center Service Staff		**28.5%**		**32.1%**		**38.9%**	**10.4%**
5A. Ease of reaching health plan call center staff over the phone.	28	21.4%	56	28.6%	80	38.8%	17.3%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	31	35.5%	56	35.7%	77	39.0%	3.5%
Provider Relations		**5.8%**		**19.8%**		**25.0%**	**19.2%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	25	12.0%	55	14.5%	66	19.7%	7.7%
6B. Provider Relations representative's ability to answer questions and resolve problems.	3	0.0%	7	42.9%	10	40.0%	42.9%
6C. Quality of provider orientation process.	19	0.0%	37	5.4%	49	16.3%	16.3%
6D. Quality of written communications, policy bulletins, and manuals.	23	17.4%	45	11.1%	64	18.8%	7.6%

* Range is the difference between Summary Rates shown. The larger the number, the greater the difference in Summary Rates between segment groups for any given question/composite.

** Valid n refers to the total number of respondents answering the item within the subgroup under the column heading.

Note 1: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Segmentation Analysis

Aetna Better Health of West Virginia

Provider Satisfaction Survey

Plan Summary Rates by Portion of Managed Care Volume Represented by Health Plan (D)

238 Total Respondents

Composite/Attribute	0 - 10%		11 - 20%		21 - 100%		Range*
	Valid n**	%	Valid n**	%	Valid n**	%	
Overall Satisfaction		**74.0%**		**74.0%**		**88.2%**	**14.3%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	76	80.3%	47	83.0%	33	93.9%	13.7%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	73	74.0%	50	74.0%	34	88.2%	14.3%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	59	76.3%	35	68.6%	22	77.3%	8.7%
7D. Please rate your overall satisfaction with Unicare.	66	59.1%	45	71.1%	27	77.8%	18.7%
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	63	63.5%	44	63.6%	32	75.0%	11.5%
All Other Plans (Comparative Rating)							
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	93	34.4%	65	35.4%	45	35.6%	1.1%
Finance Issues		**26.7%**		**26.5%**		**31.7%**	**5.2%**
2A. Consistency of reimbursement fees with your contract rates.	82	25.6%	56	26.8%	37	27.0%	1.4%
2B. Accuracy of claims processing.	85	31.8%	58	29.3%	37	29.7%	2.5%
2C. Timeliness of claims processing.	84	26.2%	56	26.8%	37	40.5%	14.4%
2D. Resolution of claims payment problems or disputes.	77	23.4%	52	23.1%	34	29.4%	6.3%
Utilization and Quality Management		**25.2%**		**39.4%**		**33.2%**	**14.2%**
3A. Phone access to knowledgeable UM staff.	80	25.0%	60	38.3%	41	31.7%	13.3%
3B. Procedures for obtaining pre-certification/authorization information.	75	22.7%	49	42.9%	37	29.7%	20.2%
3C. Timeliness of obtaining pre-certification/authorization information.	74	28.4%	48	43.8%	38	36.8%	15.4%
3E. Access to Case/Care Managers from this health plan.	63	23.8%	49	32.7%	35	34.3%	10.5%
3F. Degree to which the plan covers and encourages preventive care and wellness.	57	26.3%	53	39.6%	33	33.3%	13.3%
Network/Coordination of Care		**18.9%**		**28.1%**		**17.8%**	**10.3%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	57	21.1%	40	30.0%	30	13.3%	16.7%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	57	29.8%	38	34.2%	30	20.0%	14.2%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	51	5.9%	40	20.0%	30	20.0%	14.1%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	38	18.4%	34	23.5%	27	14.8%	8.7%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	34	17.6%	35	28.6%	27	18.5%	10.9%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	30	6.7%	31	9.7%	24	16.7%	10.0%
Health Plan Call Center Service Staff		**36.4%**		**37.7%**		**29.5%**	**8.1%**
5A. Ease of reaching health plan call center staff over the phone.	70	35.7%	51	33.3%	35	25.7%	10.0%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	70	37.1%	50	42.0%	36	33.3%	8.7%
Provider Relations		**12.5%**		**24.7%**		**26.2%**	**13.7%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	65	10.8%	41	26.8%	30	16.7%	16.1%
6B. Provider Relations representative's ability to answer questions and resolve problems.	6	16.7%	9	44.4%	4	50.0%	33.3%
6C. Quality of provider orientation process.	37	8.1%	36	11.1%	24	12.5%	4.4%
6D. Quality of written communications, policy bulletins, and manuals.	55	12.7%	43	18.6%	25	16.0%	5.9%

* Range is the difference between Summary Rates shown. The larger the number, the greater the difference in Summary Rates between segment groups for any given question/composite.

** Valid n refers to the total number of respondents answering the item within the subgroup under the column heading.

Note 1: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Segmentation Analysis

Plan Summary Rates by Survey Respondent (E)

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

Composite/Attribute	Physician		Behavioral Health Clinician		Office Manager		Nurse/Other staff		Range*
	Valid n**	%	Valid n**	%	Valid n**	%	Valid n**	%	
Overall Satisfaction		**37.5%**		**50.0%**		**79.0%**		**77.8%**	**1.3%**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	10	50.0%	2	50.0%	106	85.8%	53	90.6%	4.7%
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	8	37.5%	2	50.0%	105	79.0%	54	77.8%	1.3%
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	5	40.0%	2	50.0%	80	76.3%	36	66.7%	9.6%
7D. Please rate your overall satisfaction with Unicare.	6	16.7%	2	100.0%	97	68.0%	45	66.7%	1.4%
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	6	16.7%	1	100.0%	95	67.4%	48	66.7%	0.7%
All Other Plans (Comparative Rating)									
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	10	20.0%	3	0.0%	129	37.2%	79	34.2%	3.0%
Finance Issues		**19.3%**		**0.0%**		**32.8%**		**18.5%**	**14.2%**
2A. Consistency of reimbursement fees with your contract rates.	10	20.0%	3	0.0%	105	30.5%	64	18.8%	11.7%
2B. Accuracy of claims processing.	11	27.3%	3	0.0%	109	33.9%	68	22.1%	11.9%
2C. Timeliness of claims processing.	10	20.0%	3	0.0%	107	38.3%	67	14.9%	23.4%
2D. Resolution of claims payment problems or disputes.	10	10.0%	3	0.0%	99	28.3%	60	18.3%	9.9%
Utilization and Quality Management		**13.5%**		**NA**		**36.2%**		**26.7%**	**9.4%**
3A. Phone access to knowledgeable UM staff.	10	10.0%	3	0.0%	111	31.5%	65	32.3%	0.8%
3B. Procedures for obtaining pre-certification/authorization information.	10	10.0%	0	0.0%	101	35.6%	60	23.3%	12.3%
3C. Timeliness of obtaining pre-certification/authorization information.	10	10.0%	0	0.0%	103	40.8%	57	28.1%	12.7%
3E. Access to Case/Care Managers from this health plan.	8	25.0%	2	0.0%	87	32.2%	57	24.6%	7.6%
3F. Degree to which the plan covers and encourages preventive care and wellness.	8	12.5%	1	0.0%	81	40.7%	59	25.4%	15.3%
Network/Coordination of Care		**30.6%**		**0.0%**		**22.6%**		**16.9%**	**5.8%**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	8	37.5%	2	0.0%	78	21.8%	46	19.6%	2.2%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	8	37.5%	2	0.0%	78	29.5%	45	24.4%	5.0%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	6	16.7%	1	0.0%	78	16.7%	45	6.7%	10.0%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	6	50.0%	1	0.0%	61	19.7%	36	13.9%	5.8%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	5	40.0%	1	0.0%	63	22.2%	33	24.2%	2.0%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	6	16.7%	1	0.0%	50	10.0%	32	9.4%	0.6%
Health Plan Call Center Service Staff		**15.0%**		**0.0%**		**36.4%**		**38.1%**	**1.7%**
5A. Ease of reaching health plan call center staff over the phone.	10	10.0%	2	0.0%	101	33.7%	52	36.5%	2.9%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	10	20.0%	2	0.0%	105	39.0%	48	39.6%	0.5%
Provider Relations		**NA**		**0.0%**		**18.1%**		**30.1%**	**11.9%**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	8	0.0%	2	50.0%	93	18.3%	44	11.4%	6.9%
6B. Provider Relations representative's ability to answer questions and resolve problems.	0	0.0%	1	0.0%	13	30.8%	5	60.0%	29.2%
6C. Quality of provider orientation process.	7	14.3%	2	0.0%	61	8.2%	34	11.8%	3.6%
6D. Quality of written communications, policy bulletins, and manuals.	8	12.5%	2	0.0%	84	15.5%	38	18.4%	2.9%

* Range is the difference between Summary Rates shown. Due to the small sample size of Physician and Behavioral Health Clinician respondents, these segments are excluded from range calculations.

** Valid n refers to the total number of respondents answering the item within the subgroup under the column heading.

Note 1: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Note 4: NA indicates there is at least one attribute within the composite with no valid respondents.

Segmentation Analysis

Aetna Better Health of West Virginia

Plan Summary Rates by Insurance Participation (G)

Provider Satisfaction Survey

238 Total Respondents

Composite/Attribute	3 or fewer		4 to 7		8 to 11		12 to 15		More than 15		Range*
	Valid n**	%	Valid n**	%	Valid n**	%	Valid n**	%	Valid n**	%	
Overall Satisfaction		**NA**		**62.5%**		**68.4%**		**77.8%**		**77.7%**	**NA**
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	1	100.0%	10	80.0%	20	70.0%	25	76.0%	112	88.4%	NA
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	0	0.0%	8	62.5%	19	68.4%	27	77.8%	112	77.7%	NA
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	0	0.0%	5	80.0%	15	53.3%	17	82.4%	84	72.6%	NA
7D. Please rate your overall satisfaction with Unicare.	1	0.0%	6	66.7%	15	73.3%	25	72.0%	101	65.3%	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	1	100.0%	6	33.3%	14	78.6%	25	72.0%	102	62.7%	NA
All Other Plans (Comparative Rating)											
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	0	0.0%	13	53.8%	22	27.3%	35	31.4%	146	35.6%	NA
Finance Issues		**NA**		**41.2%**		**20.8%**		**24.8%**		**26.2%**	**NA**
2A. Consistency of reimbursement fees with your contract rates.	0	0.0%	12	41.7%	19	26.3%	30	20.0%	119	25.2%	NA
2B. Accuracy of claims processing.	0	0.0%	14	42.9%	22	22.7%	30	26.7%	123	28.5%	NA
2C. Timeliness of claims processing.	0	0.0%	13	38.5%	21	28.6%	30	26.7%	121	28.1%	NA
2D. Resolution of claims payment problems or disputes.	0	0.0%	12	41.7%	18	5.6%	27	25.9%	113	23.0%	NA
Utilization and Quality Management		**NA**		**27.2%**		**29.9%**		**28.5%**		**31.8%**	**NA**
3A. Phone access to knowledgeable UM staff.	0	0.0%	10	40.0%	22	18.2%	30	30.0%	125	31.2%	NA
3B. Procedures for obtaining pre-certification/authorization information.	0	0.0%	8	37.5%	17	35.3%	28	28.6%	116	28.4%	NA
3C. Timeliness of obtaining pre-certification/authorization information.	0	0.0%	8	25.0%	16	37.5%	27	33.3%	117	34.2%	NA
3E. Access to Case/Care Managers from this health plan.	0	0.0%	6	16.7%	16	18.8%	28	21.4%	103	32.0%	NA
3F. Degree to which the plan covers and encourages preventive care and wellness.	0	0.0%	6	16.7%	15	40.0%	24	29.2%	103	33.0%	NA
Network/Coordination of Care		**NA**		**16.7%**		**13.6%**		**13.0%**		**23.0%**	**NA**
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	0	0.0%	6	16.7%	16	12.5%	18	16.7%	93	23.7%	NA
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	0	0.0%	6	16.7%	15	20.0%	17	17.6%	94	30.9%	NA
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	0	0.0%	6	16.7%	12	8.3%	21	4.8%	89	14.6%	NA
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	0	0.0%	5	20.0%	13	7.7%	15	6.7%	70	22.9%	NA
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	0	0.0%	4	50.0%	11	9.1%	15	20.0%	73	24.7%	NA
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	0	0.0%	4	25.0%	11	0.0%	14	0.0%	59	13.6%	NA
Health Plan Call Center Service Staff		**NA**		**38.9%**		**27.8%**		**32.7%**		**35.7%**	**NA**
5A. Ease of reaching health plan call center staff over the phone.	0	0.0%	9	44.4%	18	22.2%	26	34.6%	110	31.8%	NA
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	0	0.0%	9	33.3%	18	33.3%	26	30.8%	111	39.6%	NA
Provider Relations		**NA**		**34.3%**		**4.4%**		**26.1%**		**19.2%**	**NA**
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	1	0.0%	10	30.0%	19	10.5%	21	14.3%	95	16.8%	NA
6B. Provider Relations representative's ability to answer questions and resolve problems.	0	0.0%	3	33.3%	1	0.0%	2	50.0%	14	35.7%	NA
6C. Quality of provider orientation process.	0	0.0%	8	25.0%	15	0.0%	16	12.5%	65	9.2%	NA
6D. Quality of written communications, policy bulletins, and manuals.	0	0.0%	9	44.4%	15	13.3%	19	15.8%	87	12.6%	NA

* Range is the difference between Summary Rates shown. Due to the small sample size of these segments, range calculations are not included.

** Valid n refers to the total number of respondents answering the item within the subgroup under the column heading.

Note 1: The Overall Satisfaction Summary Rate includes only 7B. It does not include 7A or 7C through 7E.

Note 2: The Network/Coordination of Care composite is the average of 4A, 4B, and 4F. It does not include 4C, 4D, and 4I.

Note 3: The Provider Relations composite is the average of 6B through 6D. It does not include 6A.

Note 4: NA indicates there is at least one attribute within the composite with no valid respondents.

7. Correlation Analysis

The provider's overall satisfaction with the plan (7B) is an important measure of how well the plan is meeting the needs and expectations of the provider network. Thus, the collection and review of data related to the provider's rating of Aetna Better Health of West Virginia could provide your plan with the fundamental information needed to help maintain or even improve the overall caliber of your plan.

Not all plan services impact providers' overall rating of the plan to the same degree. A correlation analysis was run to determine which attributes have the strongest relationship with overall satisfaction with the plan (7B). The correlation analysis produces the Pearson correlation coefficient, which illustrates the strength of the relationship between each attribute and overall satisfaction. A correlation coefficient of '1' represents the strongest relationship (a perfect positive correlation), while a coefficient of '0' represents the weakest relationship (no correlation). A correlation coefficient approaching a value of 1.000 represents an increasing association of the attribute with overall satisfaction.

The attributes with the highest correlation coefficients are noted below. Attributes are listed in descending order of correlation coefficient.

Attribute	Correlation Coefficient
6B. Provider Relations representative's ability to answer questions and resolve problems.	0.663
6C. Quality of provider orientation process.	0.624
2B. Accuracy of claims processing.	0.586
3E. Access to Case/Care Managers from this health plan.	0.580
2A. Consistency of reimbursement fees with your contract rates.	0.571

The correlation analysis presented on page 7A lists each applicable attribute and the corresponding Pearson correlation coefficient. Summary Rates for Aetna Better Health of West Virginia are displayed. Summary Rates for the 2016 SPH Analytics Medicaid Book of Business 25th and 75th percentiles are provided where applicable to help identify how Aetna Better Health of West Virginia performs for each attribute. Attributes identified as highly correlated with overall satisfaction are highlighted in tan.

Chart 7A

Correlation Analysis

Aetna Better Health of West Virginia

Provider Satisfaction Survey

Attribute Correlations to Overall Satisfaction with Aetna Better Health of West Virginia (7B)

238 Total Respondents

Attributes	Correlation Coefficient**	2017 Aetna Better Health of West Virginia Summary Rate Score*	2016 SPH Medicaid B.o.B. Percentiles	
			25th Percentile	75th Percentile
Finance Issues				
2A. Consistency of reimbursement fees with your contract rates.	**0.571**	25.1%	22.9%	34.4%
2B. Accuracy of claims processing.	**0.586**	28.6%	26.5%	39.6%
2C. Timeliness of claims processing.	**0.512**	28.2%	28.6%	41.6%
2D. Resolution of claims payment problems or disputes.	**0.525**	23.1%	22.9%	33.1%
Utilization and Quality Management				
3A. Phone access to knowledgeable UM staff.	**0.534**	30.0%	23.7%	32.9%
3B. Procedures for obtaining pre-certification/authorization information.	0.371	29.7%	25.0%	35.0%
3C. Timeliness of obtaining pre-certification/authorization information.	0.391	34.5%	24.1%	35.6%
3E. Access to Case/Care Managers from this health plan.	**0.580**	28.4%	23.7%	33.2%
3F. Degree to which the plan covers and encourages preventive care and wellness.	0.296	32.7%	30.6%	42.3%
Network/Coordination of Care				
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	0.354	21.5%	19.1%	28.9%
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	0.310	27.6%	26.0%	36.1%
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	0.197	13.0%	23.0%	32.0%
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	0.254	19.0%	17.6%	28.6%
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	0.202	23.3%	18.9%	26.8%
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	0.075	10.1%	12.7%	23.9%
Health Plan Call Center Service Staff				
5A. Ease of reaching health plan call center staff over the phone.	0.473	32.5%	28.3%	39.1%
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	0.460	37.3%	36.0%	44.1%
Provider Relations				
6B. Provider Relations representative's ability to answer questions and resolve problems.	**0.663**	35.0%	40.9%	53.9%
6C. Quality of provider orientation process.	**0.624**	9.5%	21.3%	34.4%
6D. Quality of written communications, policy bulletins, and manuals.	0.459	15.8%	26.0%	35.6%

* Summary Rate Scores are the sum of the most favorable response options.

** A correlation coefficient approaching a value of 1.000 represents an increasing association of the attribute with overall satisfaction. See Technical Notes for a thorough explanation of the correlation analysis.

Note: Attributes with a strong relationship (0.500 correlation) with 7B (Overall satisfaction with Health Plan) are shown in bold. The highest performing attributes, those with a correlation of 0.55 or greater, are shaded tan.

At or above the 75th percentile.
At or above the 25th percentile, but below the 75th percentile; or no benchmark.
Below the 25th percentile.

8. Priority Matrix

SPH offers a graphical display of relative performance of survey composites, along with each composite's relative 'importance' as it relates to overall satisfaction with Aetna Better Health of West Virginia. The matrix on page 8A is divided into four sections. A composite's placement in the matrix is determined by its correlation with overall satisfaction and its percentile ranking as compared to the 2016 SPH Analytics Medicaid Book of Business[6] percentile scores.[7]

Composites highly correlated with overall satisfaction as determined by the Correlation Analysis and scoring at or above the 75th percentile are considered plan *Strengths* and are placed in the top right cell. Composites highly correlated with overall satisfaction but scoring below the 75th percentile are considered *Top Priority* and are placed in the top left cell. *Monitor and Maintain* includes those composites in the bottom right cell, which are not highly correlated with overall satisfaction but rank at or above the 75th percentile. Composites that are not highly correlated with overall satisfaction and rank below the 75th percentile are considered *Medium Priority* and are placed in the bottom left cell.

Top Priority • Highly correlated with overall satisfaction • Summary Rate Score falls below the 75th percentile	**Strength** • Highly correlated with overall satisfaction • Summary Rate Score is at or above the 75th percentile
Medium Priority • Summary Rate Score falls below the 75th percentile	**Monitor and Maintain** • Summary Rate Score is at or above the 75th percentile

Chart 8A

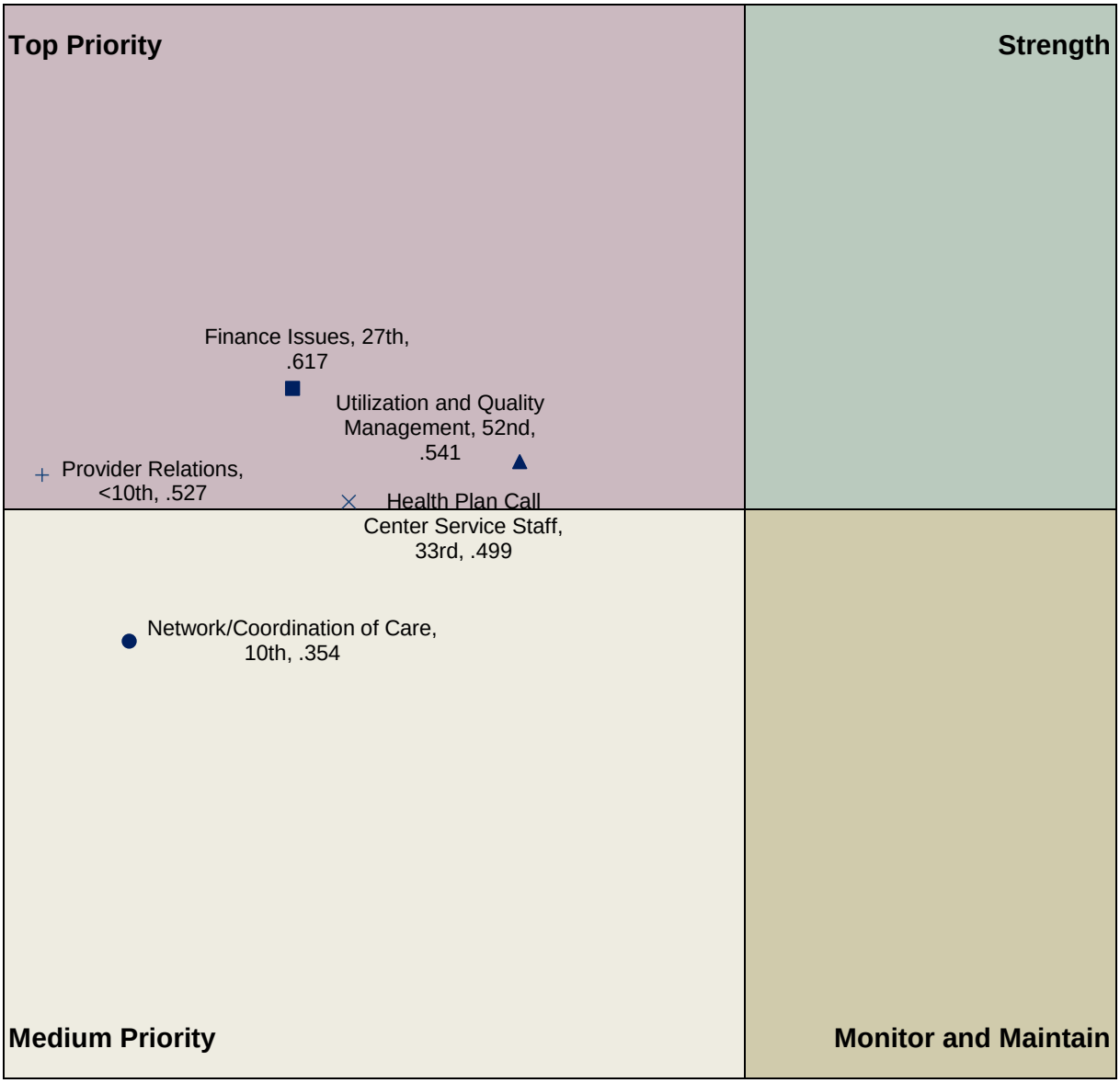
[6] SPH Analytics' 2016 Medicaid Book of Business consists of data from 58 plans representing 14,957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

[7] The *All Other Plans (Comparative Rating)* attribute is not included in this analysis. It is often an indicator of plan performance, but it is not an attribute on which plans can directly act. Please note, however, that this attribute is highly correlated with overall satisfaction and with each of the composites. As such, as plan performance improves or declines, it is possible that directional shifts will also occur in this attribute's Summary Rate Score.

Priority Matrix

Aetna Better Health of West Virginia

Provider Satisfaction Survey



Top Priority: Summary Rate falls below the 75th percentile when compared to the 2016 SPH Analytics Medicaid Book of business benchmark on composites that are moderately or highly correlated with Overall Satisfaction with Aetna Better Health of West Virginia.

Strength: Summary Rate at or above the 75th percentile when compared to the 2016 SPH Analytics Medicaid Book of business benchmark on composites that are moderately or highly correlated with Overall Satisfaction with Aetna Better Health of West Virginia.

Medium Priority: Summary Rate falls below the 75th percentile when compared to the 2016 SPH Analytics Medicaid Book of business benchmark on composites that are slightly associated with Overall Satisfaction with Aetna Better Health of West Virginia.

Monitor and Maintain: Summary Rate at or above the 75th percentile when compared to the 2016 SPH Analytics Medicaid Book of business benchmark on composites that are slightly associated with Overall Satisfaction with Aetna Better Health of West Virginia.

9. Loyalty Analysis

Provider loyalty develops when the health plan consistently meets or exceeds the expectations of its providers. A loyal provider is very satisfied with the plan and willing to recommend the plan to other physicians' practices.

Page 9A presents an assessment of provider loyalty with Aetna Better Health of West Virginia. Provider loyalty is based upon responses to question 7B, ('Please rate your overall satisfaction with Aetna Better Health of West Virginia') and question 7A, ('Would you recommend Aetna Better Health of West Virginia to other physicians' practices?').

The different zones within the analysis are defined as follows:

Loyal Zone: Providers are completely satisfied and would recommend the plan to other physicians' practices.

Defection Zone: Providers are completely dissatisfied and would not recommend the plan to other physicians' practices.

Indifferent Zone: Providers are mixed as to whether they are satisfied or whether they would recommend the plan to other physicians' practices.

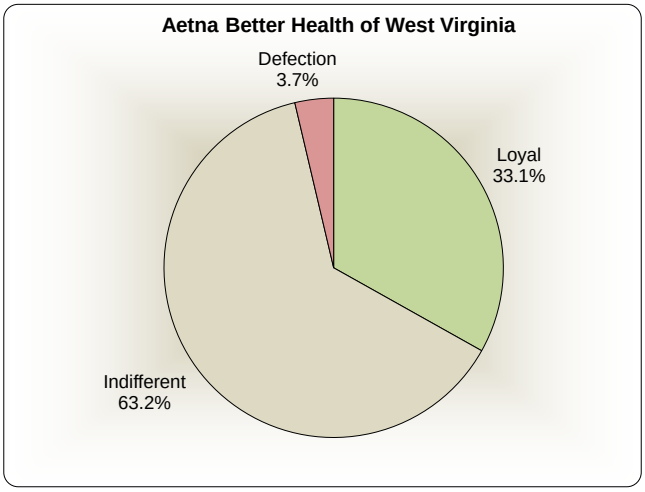
Chart 9A

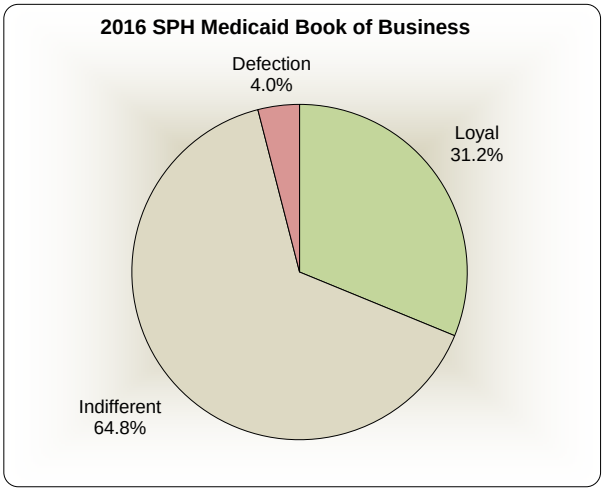
Loyalty Analysis

Aetna Better Health of West Virginia

Provider Satisfaction Survey

163 Eligible Respondents*





Zone Definitions

	Recommend Health Plan to other physicians' practices? (7A)		Overall satisfaction with Health Plan? (7B)
Loyal	*"Yes"*	**And**	*"Completely satisfied"*
Indifferent	*All other responses*		
Defection	*"No"*	**And**	*"Completely dissatisfied"*

Loyalty Scores & Comparison

Zone	2017		2016		2015		2016 SPH Medicaid Book of Business	Significance Testing**		
	Valid n	Percent	Valid n	Percent	Valid n	Percent		2016 to 2017	2015 to 2017	2017 to SPH B.o.B.
Loyal	**54**	**33.1%**	**45**	**31.5%**			**31.2%**	**Not significant**		**Not significant**
Indifferent	**103**	**63.2%**	**96**	**67.1%**			**64.8%**	**Not significant**		**Not significant**
Defection	**6**	**3.7%**	**2**	**1.4%**			**4.0%**	**Unable to Test**		**Not significant**

* Eligible Respondents are those answering both questions.

** Significance Testing - "Significant decrease/Significantly lower" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is lower. "Significant increase/Significantly higher" denotes the result that would be found if a hypothesis test were conducted to determine if the percentage is higher. "Not significant" denotes that there was insufficient support to conclude that there was a significant difference in percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

10. Technical Notes

Presented alphabetically by subject area

Composite Categories

The Aetna Better Health of West Virginia Provider Satisfaction Survey includes seven composite categories. Each composite category represents an overall aspect of plan quality and is comprised of similar questions. For each composite, an overall score is computed. The composite score is the average of the Summary Rates of the questions comprising a composite. For example, the *Finance Issues* composite is the average of the Summary Rates of questions 2A through 2D.

Correlation Analysis

Correlation analysis is run between attributes and the overall satisfaction variable as measured by question 7B, *Please rate your overall satisfaction with Aetna Better Health of West Virginia.* The Pearson's product moment correlation coefficient, *r*, is used to measure the strength of the linear association between each attribute and the overall satisfaction variable. These scores can range from 0 (no relationship) to 1 (perfect positive relationship).

The correlation analysis is designed to compare continuous variables. As such, not every survey attribute, such as those with dichotomous response options ("Yes" or "No"), is applicable for use within the correlation analysis.

Demographic Categories

SPH collapses several of the practice characteristic variables into fewer segments than those defined by the survey. The consolidation of these categories with small samples allows for more valid between-group statistical comparisons.

Mean Score

Mean Scores are an average of all responses. They are calculated by assigning a value of five to the most favorable response option, a four to the next most favorable response option, and so on until a value of one is reached. These values are assuming that there are five response options. If there are a different number of response options, the most favorable response option receives a value equal to the total number of response options. When every response receives a value, the values are averaged to give the Mean Score.

Multiple Mark Response

Some questions allow for respondents to mark multiple response options. As a result, response options to these questions typically add up to more than 100%. Also note that Multiple Mark Responses contain an extra row of information in the Banner Tables called 'Total Valid Responses,' which displays the total number of responses given.

Response Rate

The formula for determining the response rate is:

$$\frac{\text{Completed surveys}}{\text{Final sample size – Ineligible surveys}} = \text{Response rate}$$

For a mail and Internet with phone follow-up survey methodology, the following dispositions are considered ineligible: deceased, not eligible, bad address, wrong number, fax/pager/modem/data line, not in service, number changed, cell phone, and disconnected.

Rounding of Data

For many survey questions, you will often see listed response distribution percentages that do not add to exactly 100%. In some cases, they may add to 99.9% and in others to 100.1%. This tends to cause some concern, as it gives the appearance of a valid response being omitted or even counted twice. The following explanation is provided as a means to understanding how rounding affects the percentages shown in the report.

The key to understanding how rounding affects listed percentages is to know that the survey question's entire valid response set is being accounted for. That is, although the percentages do not add to exactly 100%, the entire response set is represented in the percentages shown.

In many cases, dividing a number of responses by the total number of valid responses provides a percentage that will go out to an infinite number of decimal places. An example of this is dividing one by three: No matter how many decimal places this quotient is taken out, it will always be a continuous string of three's. As a result, we see the following when adding each of the item response percentages:

Response 1:	n = 1	.3	.33	.333	.3333
Response 2:	n = 1	.3	.33	.333	.3333
Response 3:	n = 1	.3	.33	.333	.3333
	3	.9	.99	.999	.9999

It is evident that no matter how many decimal places we take our quotient out, we will never be able to add the results to exactly '1' (or 100%), even though all '3' responses are included in the percentage calculation. Through consultation with a number of our clients, SPH has determined that using a single decimal place in the reporting of percentages provides an adequate level of detail. Typically, when percentages are calculated in our report applications, all decimal places are computed, but only the first decimal place is actually shown. As such, adding rounded single-digit decimals may not equal 100%. If the same figures were taken out an additional decimal place, however, they might then add to exactly 100%. Or, as the example above shows, they may never equal an even 100%. Finally, when rounding, SPH employs the standard practice of rounding down any number from one to four and rounding up any number from five to nine.

Sampling Error

Sampling error can be thought of as the extent to which survey results may differ from what would be obtained if every eligible member in the sample had been surveyed. The size of such error depends largely on the percentage 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 is, the smaller the error.

The following tables may be used in estimating approximate sampling error. The first table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **95** out of 100 times a sample of that size and percentage distribution would be selected. The second table shows the range (plus or minus the figure shown) within which the population percentage could be expected to lay **90** out of 100 times a sample of that size and percentage distribution would be selected.

95% Confidence Interval Approximate Half Width (+/-) for Population Percent					
Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	13.9	13.6	12.7	11.1	8.3
100	9.8	9.6	9.0	7.8	5.9
200	6.9	6.8	6.4	5.5	4.2
300	5.7	5.5	5.2	4.5	3.4
400	4.9	4.8	4.5	3.9	2.9
500	4.4	4.3	4.0	3.5	2.6
750	3.6	3.5	3.3	2.9	2.1
850	3.4	3.3	3.1	2.7	2.0

90% Confidence Interval Approximate Half Width (+/-) for Population Percent					
Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
50	11.6	11.4	10.7	9.3	7.0
100	8.2	8.1	7.5	6.6	4.9
200	5.8	5.7	5.3	4.7	3.5
300	4.7	4.7	4.4	3.8	2.8
400	4.1	4.0	3.8	3.3	2.5
500	3.7	3.6	3.4	2.9	2.2
750	3.0	2.9	2.8	2.4	1.8
850	2.8	2.8	2.6	2.3	1.7

The sampling error table is used in the following manner. Assume that '*Overall satisfaction with the health plan*' received a Summary Rate of seventy percent (70.0%) from a sample of 500 valid responses. For a 95% confidence interval, 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, on average, in 95 out of 100 similar samples, the 95% confidence interval (e.g., 66.0% to 74.0%) will span the true unknown population percentage.

Statistical Significance

A statistically significant hypothesis testing result means that — based on the sample(s), conditions/assumptions, and level of significance — there is sufficient evidence to conclude the alternate hypothesis. For example, when testing for a difference between a population Summary Rate and a set constant score (SPH Analytics Book of Business), statistical significance would mean that there is sufficient support for the statement that there is a difference between the population Summary Rate and the set constant score. As another example, when testing to see if there is a difference between last year's population Summary Rate and this year's population Summary Rate—statistical significance would mean that there is sufficient evidence for the statement that the population Summary Rates are different.

Throughout the report, statistically significant results are denoted through green and red highlighted cells. Green cells indicate that the current year score has significantly increased compared to previous years or is significantly above the SPH benchmark. Red cells indicated that the current year score has significantly decreased compared to previous years or is significantly below the SPH benchmark.

Summary Rates

All survey questions have specific response options designated for inclusion in Summary Rate scoring. These scores are computed as the proportion of favorable responses to the total number of valid responses for each question. For example, the rating questions' Summary Rates are computed using the following proportion:

$$\frac{\text{Well above average + Somewhat above average}}{\text{Well above average + Somewhat above average + Average + Somewhat below average + Well below average}}$$

The overall satisfaction questions use the following scale specifically asking about the respondent's level of satisfaction:

$$\frac{\text{Completely satisfied + Somewhat satisfied}}{\text{Completely satisfied + Somewhat satisfied + Neither dissatisfied nor satisfied + Somewhat dissatisfied + Completely dissatisfied}}$$

SPH Analytics Aggregate Book of Business (2016)

The 2016 SPH Analytics Aggregate Book of Business is a benchmark that is comprised of data from 83 plans representing 22,418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

SPH Analytics Medicaid Book of Business (2016)

The 2016 SPH Analytics Medicaid Book of Business is a benchmark that is comprised of data from 58 plans representing 14,957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

SPH Analytics Medicaid Respondent-Level Benchmark (2016)

The 2016 SPH Analytics Medicaid Respondent-Level Benchmark contains respondent-level data from 58 plans representing 14,957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine. This benchmark segments results by Survey Respondent (Physician and Office Manager) and Area of Medicine (Primary Care and Specialty) and is shown on the *respondent-level,* meaning that ratings from the respondents are averaged to compute the Summary Rate.

Valid n

The term valid n is used to show the number of respondents giving a valid response to a particular question. It gives information only on the question it refers to and no others. Valid responses are those that actually rate an attribute. They do not include responses such as 'N/A' because a response of 'N/A' does not rate an attribute. The difference in value between the valid n and the total number of respondents completing the survey is a result of removing invalid responses and respondents submitting a survey but not answering that particular question.

Z-Test

To test for true differences in population score(s), statistical inference methods are applied. In particular, hypothesis testing is done to draw conclusions about differences in scores between a population and a set constant (e.g., a Summary Rate versus SPH Analytics Book of Business score). The hypothesis of no difference is rejected if the absolute value of the test statistic exceeds a critical value corresponding to a level of significance. The test statistic used depends on which of these types of hypothesis tests are performed.

When checking for a statistically significant difference between a Summary Rate for a population and a set constant score—with various conditions/assumptions—SPH uses the statistic test that follows:

$$z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0 q_0}{n}}}$$

$\hat{p}$ = Summary Rate from the sample
p_0 = Set constant score for comparison
q_0 = 1 – (Set constant score) = $(1 - p_0)$
n = Sample size

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With a large sample size (generally n>30, technically $np_0 \geq 5$ and $nq_0 \geq 5$), the z-statistic has a distribution that can be treated as the standard normal distribution. Thus, the hypothesis that the population 'Summary Rate' equals the set constant score, p_0, is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

The second hypothesis-testing situation involves testing for statistically significant differences between two population percents (or proportions), e.g., two population Summary Rates. When comparing the population percentages (or proportions)—with various conditions/ assumptions—the appropriate test statistic is the z-statistic as follows:

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}\hat{q}\left(\frac{1}{n_1} + \frac{1}{n_2}\right)}}$$

$\hat{p}_1$ = Summary Rate from the 1st sample
$\hat{p}_2$ = Summary Rate from the 2nd sample
n_1 = Size of the sample from the 1st population
n_2 = Size of the sample from the 2nd population
$\hat{p}$ = Pooled Summary Rate, $\hat{p} = \frac{n_1\hat{p}_1 + n_2\hat{p}_2}{n_1 + n_2}$
$\hat{q}$ = 1 – (Pooled Summary Rate)

For hypothesis testing of composites, n equals the maximum denominator of the composite questions. With large sample sizes ($n_1\hat{p}_1 \geq 5$, $n_1(1-\hat{p}_1) \geq 5$, $n_2\hat{p}_2 \geq 5$, and $n_2(1-\hat{p}_2) \geq 5$) the z-statistic has a distribution that can be treated as the standard normal distribution. Thus, the hypothesis that the populations under comparison have equal population Summary Rates is rejected at a 0.05 level of significance when the absolute value of the z-statistic exceeds 1.96 (obtained from cumulative standard normal distribution table).

11. Aetna Better Health of West Virginia Survey Tool

Thank you. Please return the completed survey in the postage-paid envelope.

SPH analytics
SPH Analytics
Attn: Survey Processing Department
PO Box 100072, Duluth, GA 30096-9876
Toll-Free: **1-877-499-2538**

9128490

aetna®

PHYSICIAN SATISFACTION SURVEY

Answer **all** the questions by marking the box with blue or black ink. Like this ☒
If you want to know more about this study, please call SPH Analytics at 1-877-499-2538.

Demographics

Please answer the following questions about you and your practice.

A. Please indicate your area of medicine. (Mark all that apply)
- ☐A Primary Care
- ☐B Specialty
- ☐C Behavioral Health Clinician

B. How many physicians are in your practice?
- ☐1 Solo
- ☐2 2-5 physicians
- ☐3 More than 5 physicians

C. How many years have you been in this practice?
- ☐1 Less than 5 years
- ☐2 5-15 years
- ☐3 16 years or more

D. What portion of your managed care volume is represented by Aetna Better Health of West Virginia?
- ☐1 None
- ☐2 10% or less
- ☐3 11-20%
- ☐4 21-30%
- ☐5 31-50%
- ☐6 51-75%
- ☐7 76-100%

E. Please mark who is completing this survey. (Mark only one)
- ☐1 Physician
- ☐2 Behavioral Health Clinician
- ☐3 Office Manager
- ☐4 Nurse
- ☐5 Other staff

F. What is your preferred method of receiving communications from this health plan?
- ☐1 Mail
- ☐2 Telephone
- ☐3 Fax
- ☐4 Online portal
- ☐5 E-mail (Please indicate your e-mail address): _____
- ☐6 In person from your Provider Representative
- ☐7 Other

G. Please indicate the number of insurance companies with which you or your practice participates.
- ☐1 3 or fewer
- ☐2 4 to 7
- ☐3 8 to 11
- ☐4 12 to 15
- ☐5 More than 15

H. How do you provide 24 hour availability?
- ☐1 Arrange for covering physician
- ☐2 Forward calls to answering service
- ☐3 Always on-call
- ☐4 Do not provide 24-hour availability

I. Is the provider of Hispanic or Latino origin or descent?
- ☐1 Yes, Hispanic or Latino
- ☐2 No, Not Hispanic or Latino

J. What is the provider's race? Mark one or more.
- ☐A White
- ☐B Black or African-American
- ☐C Asian
- ☐D Native Hawaiian or other Pacific Islander
- ☐E American Indian or Alaska Native
- ☐F Other

Comparative Rating

This first question asks you to think about Aetna Better Health of West Virginia in comparison to all of the other health plans that you work with.

	Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	☐1	☐2	☐3	☐4	☐5	☐6

Please continue on the next page.

Finance Issues

These questions ask about Finance Issues.

Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.

		Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
2A.	Consistency of reimbursement fees with your contract rates	☐1	☐2	☐3	☐4	☐5	☐6
2B.	Accuracy of claims processing	☐1	☐2	☐3	☐4	☐5	☐6
2C.	Timeliness of claims processing	☐1	☐2	☐3	☐4	☐5	☐6
2D.	Resolution of claims payment problems or disputes	☐1	☐2	☐3	☐4	☐5	☐6
2E.	Timeliness of claims payment	☐1	☐2	☐3	☐4	☐5	☐6
2F.	Overall satisfaction with the plan's complaint resolution process	☐1	☐2	☐3	☐4	☐5	☐6

Utilization and Quality Management

These questions ask about Utilization and Quality Management.

Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.

		Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
3A.	Phone access to knowledgeable UM staff	☐1	☐2	☐3	☐4	☐5	☐6
3B.	Procedures for obtaining pre-certification/authorization information	☐1	☐2	☐3	☐4	☐5	☐6
3C.	Timeliness of obtaining pre-certification/authorization information	☐1	☐2	☐3	☐4	☐5	☐6

		Completely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Completely satisfied	Does not apply
3D.	Overall satisfaction with the UM pre-certification/authorization process	☐1	☐2	☐3	☐4	☐5	☐6

		Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
3E.	Access to Case/Care Managers from this health plan	☐1	☐2	☐3	☐4	☐5	☐6
3F.	Degree to which the plan covers and encourages preventive care and wellness	☐1	☐2	☐3	☐4	☐5	☐6
3G.	Extent to which UM staff share review criteria and reasons for adverse determinations	☐1	☐2	☐3	☐4	☐5	☐6
3H.	Consistency of review decisions	☐1	☐2	☐3	☐4	☐5	☐6
3I.	Timeliness of UM appeals process	☐1	☐2	☐3	☐4	☐5	☐6
3J.	Overall satisfaction with the plan's clinical management processes	☐1	☐2	☐3	☐4	☐5	☐6

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Network/Coordination of Care

These questions ask about Aetna Better Health of West Virginia's network providers.

Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.

		Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
4A.	The number of specialists in this health plan's provider network to whom I can refer my patients.	☐1	☐2	☐3	☐4	☐5	☐6
4B.	The quality of specialists in this health plan's provider network to whom I can refer my patients.	☐1	☐2	☐3	☐4	☐5	☐6
4C.	The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients	☐1	☐2	☐3	☐4	☐5	☐6
4D.	The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	☐1	☐2	☐3	☐4	☐5	☐6

4E. Do you receive feedback/reports from specialists regarding patients in your care?

☐1 Always
☐2 Sometimes
☐3 Never
☐4 Other: _____

		Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
4F.	The timeliness of feedback/reports from specialists in this health plan's provider network.	☐1	☐2	☐3	☐4	☐5	☐6
4G.	Frequency of feedback / reports from specialists for patients in your care.	☐1	☐2	☐3	☐4	☐5	☐6

4H. Do you receive feedback / reports from behavioral health clinicians regarding patients in your care?

☐1 Always
☐2 Sometimes
☐3 Never
☐4 Other: _____

		Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
4I.	Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	☐1	☐2	☐3	☐4	☐5	☐6
4J.	Frequency of feedback / reports from behavioral health clinicians for patients in your care.	☐1	☐2	☐3	☐4	☐5	☐6

Health Plan Call Center Service Staff

These questions ask about your experiences when calling Aetna Better Health of West Virginia's call center.

Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.

		Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
5A.	Ease of reaching health plan call center staff over the phone.	☐1	☐2	☐3	☐4	☐5	☐6
5B.	Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	☐1	☐2	☐3	☐4	☐5	☐6
5C.	Helpfulness of health plan call center staff in in finding a network specialist for patients in your care.	☐1	☐2	☐3	☐4	☐5	☐6
5D.	Helpfulness of health plan call center staff in finding network behavioral health services for patients in your care.	☐1	☐2	☐3	☐4	☐5	☐6

Please continue on the next page.

Health Plan Call Center Service Staff (continued)

	Completely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Completely satisfied	Does not apply
5E. Overall satisfaction with health plan's call center service	☐1	☐2	☐3	☐4	☐5	☐6

5F. If you used our language line for translation with our members, how satisfied were you, overall, with the services you received from the language line.

- ☐1 Completely dissatisfied
- ☐2 Somewhat dissatisfied
- ☐3 Somewhat satisfied
- ☐4 Completely satisfied
- ☐5 I didn't use the language line

Provider Relations

These questions ask about your experiences with Aetna Better Health of West Virginia's Provider Relations department.

Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.

6A. Do you have a Provider Relations representative from this health plan assigned to your practice?

- ☐1 Yes . . . . . **Go to Question 6B**
- ☐2 No . . . . . **Go to Question 6C**

	Well below average	Somewhat below average	Average	Somewhat above average	Well above average	Not applicable
6B. Provider Relations representative's ability to answer questions and resolve problems	☐1	☐2	☐3	☐4	☐5	☐6
6C. Quality of provider orientation process	☐1	☐2	☐3	☐4	☐5	☐6
6D Quality of written communications, policy bulletins, and manuals	☐1	☐2	☐3	☐4	☐5	☐6

Overall Satisfaction

These questions ask about your overall satisfaction with Aetna Better Health of West Virginia.

Additionally, please rate your satisfaction with the other plans listed and provide feedback on how Aetna Better Health of West Virginia can improve.

7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?

- ☐1 Yes
- ☐2 No

Please rate your overall satisfaction with each of the following health plans:

	Completely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Completely satisfied	Does not apply
7B. Aetna Better Health of West Virginia	☐1	☐2	☐3	☐4	☐5	☐6
7C. The Health Plan of Upper Ohio Valley	☐1	☐2	☐3	☐4	☐5	☐6
7D. Unicare	☐1	☐2	☐3	☐4	☐5	☐6
7E. West Virginia Family Health Pl	☐1	☐2	☐3	☐4	☐5	☐6

Provider Portal

These questions ask about Aetna Better Health of West Virginia's Provider Portal.

This is the secure site that you access with a username and password. Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.

8A. Have you logged into and used the *Aetna Better Health of West Virginia* Provider Portal?

- ☐1 Yes . . . . . **Go to Question 8B**
- ☐2 No . . . . . **Thank you. Please return the completed survey in the postage-paid envelope.**

Thinking of your experiences with Aetna Better Health of West Virginia's Provider Portal, please rate your satisfaction with the following:

	Completely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Completely satisfied	Does not apply
8B. Finding information you needed regarding member eligibility	☐1	☐2	☐3	☐4	☐5	☐6
8C. Finding information you needed regarding claim payments or remittance advices	☐1	☐2	☐3	☐4	☐5	☐6
8E. The portal's prior authorization, requirement submissions, and confirmations functions	☐1	☐2	☐3	☐4	☐5	☐6
8F. The portal's reporting functions	☐1	☐2	☐3	☐4	☐5	☐6

8D. Finding information you needed regarding the patient (member) Gaps in Care Report.

- ☐1 Completely dissatisfied
- ☐2 Somewhat dissatisfied
- ☐3 Neither dissatisfied nor satisfied
- ☐4 Somewhat satisfied
- ☐5 Completely satisfied
- ☐6 N/A because we are not a PCP (Primary Care Provider) practice and/or not yet available from my health plan

8G. Are there any functions that you would like to see added to the Provider Portal?

_____

_____

_____

_____

8H. Using any number from 0 to 10, where 0 is the worst experience and 10 is the best experience, what number would you use to rate your overall experience with the Provider Portal?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

8I. What can *Aetna Better Health of West Virginia* do to improve your experience with the Provider Portal?

_____

_____

_____

_____

Please continue on the next page.

12. Comments

Open-ended questions often provide valuable insight into topics not specifically addressed on the survey tool. Respondents can give feedback regarding issues, concerns, compliments, and praise based upon their interaction with the health plan or simply provide additional demographic information. The 2017 Aetna Better Health of West Virginia survey tool includes five open-ended questions:

- ✓ QF. What is your preferred method of receiving communications from this health plan? E-mail address.
- ✓ Q4E. Do you receive feedback/reports from specialists regarding patients in your care? Other.
- ✓ Q4H. Do you receive feedback / reports from behavioral health clinicians regarding patients in your care? Other.
- ✓ Q8G. Are there any functions that you would like to see added to the Provider Portal?
- ✓ Q8I. What can Aetna Better Health of West Virginia do to improve your experience with the Provider Portal?

Verbatim comments for open-ended questions are included within an Excel data file (9128490 Comments Report). To preserve confidentiality, these comments are separated into two tabs. The first tab of the Excel file includes response for QF and is indexed by the following database fields provided by Aetna Better Health of West Virginia:

- Provider NPI
- Title
- Practice Name

The second tab of the Excel file includes responses to Q4E, Q4H, Q8G, and Q8I and are indexed by the following key questions and demographics to provide more information about the individual respondent:

- ✓ Overall Satisfaction with Aetna Better Health of West Virginia (7B)
- ✓ Area of Medicine (A)
- ✓ Physicians in Practice (B)
- ✓ Years in Practice (C)
- ✓ Portion of Managed Care Volume Represented by Health Plan (D)
- ✓ Survey Respondent (E)
- ✓ Insurance Participation (G)

13. Banner Tables

The tables in the following section show detailed results for each question in your survey. Responses are organized across the banner table by various practice characteristics. In order to aid you in viewing the data contained in these tables, the following explanation is provided.

The different categories by which the data are 'sliced' are presented as column headers. Each category has a set of possible response choices that are listed immediately below the headers. The left-most column in each table is labeled 'Total' and shows results for the entire set of valid responses.

On the left side of the page, you will see three row headers: 'Total,' 'Total Answering,' and 'No Answer.' 'Total' represents the number of possible responses that meet the criteria for inclusion into the given question. For questions that are asked of all respondents, this figure will typically equal the valid number of responses to the current survey. 'Total Answering' shows how many of the total respondents provided valid answers to the given question. Finally, 'No Answer' is the number of individuals who did not respond to the question, even though they were eligible to do so.

You will notice that, in some cases, a survey response choice shows only the number of respondents providing that answer with no percentage. These response options are not considered valid responses by standard analytical practice and are therefore omitted from the percentage calculations.

In some tables, an additional row is added to show Summary Rates and is labeled 'Summary Rate.' These scores are a single question response or combination of question responses considered to be favorable. It is included at the bottom of each of these tables and is shown with the response option or options that make up the score listed beside it.

Information regarding the statistical testing of results is shown in the lower left corner of each table. The first line displays the Comparison Groups. These are the columns (denoted by uppercase letters and separated by a slash (/)) in which statistical tests are run. Columns (B) and (C), for example, show results for the Primary Care and Specialty groups. These columns are compared in the statistical test to each other, but not to any other columns. If a letter is present, whether uppercase or lowercase, its corresponding percentage is significantly higher than the specified percentages within its comparison group.

The second line shows the type or types of statistical tests that are included in the table. The last two lines define the meaning of the uppercase and lowercase letters. If a percentage has an uppercase letter beneath it, a significant difference exists at the 95% level of confidence. A lowercase letter denotes a significant difference at the 90% level of confidence. A banner table example is presented on the following page with key points noted.

		AREA OF MEDICINE	
	Total	Primary Care	Specialty
	(A)	(B)	(C)
Total	433[1]	22	407
Total Answering	429[2] 100.0%	22 100.0%	403 100.0%
No Answer	4[3]	-	4
Yes	198 46.2%	6 27.3%	189 46.9% B[4]
No	231 53.8%	16 72.7 C[5]	214 53.1%

1. For the given question, 433 respondents were eligible to answer. For questions asked of all respondents, this figure will equal the number of complete surveys. In other cases, it will equal the number of appropriate responses to a gate question. Gate questions are those that filter out respondents who would not logically be able to answer follow-up questions. For example, respondents who say that they do not have a personal doctor would not be able to provide a doctor rating, and so they are filtered out of the response set for the rating question.

2. Of those who were eligible to answer this question, 429 provided a valid response.

3. Four respondents – all Specialists – who were eligible to answer the question did not provide an answer.

4. Specialists provided a significantly higher percentage of 'Yes' responses than PCPs. The 'B' below the percentage refers to the group in column B – in this case, PCPs – and signifies that the 46.9% is significantly higher than the 27.3%. Because the 'B' is capitalized, we know that the difference is significant at the 95% level.

5. PCPs provided a significantly higher percentage of 'No' responses. As in the previous note, the 'C' refers to the group in column C – Specialists – and is significant at 95%.

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

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Demographics

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Page 3 C. How many years have you been in this practice?

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Page 5 E. Please mark who is completing this survey. (Mark only one)

Page 6 F. What is your preferred method of receiving communications from this health plan?

Page 7 G. Please indicate the number of insurance companies with which you or your practice participates.

Page 8 1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?

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Page 20 4F. The timeliness of feedback/reports from specialists in this health plan’s provider network.

Page 21 5A. Ease of reaching health plan call center staff over the phone.

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Page 26 6D. Quality of written communications, policy bulletins, and manuals.

Page 27 7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?

Page 28 7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.

Page 29 7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.

Page 30 7D. Please rate your overall satisfaction with Unicare.

Page 31 7E. Please rate your overall satisfaction with West Virginia Family Health Pl.

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Page 59 8H. What number would you use to rate your overall experience with the Provider Portal?

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

A. Please indicate your area of medicine. (Mark all that apply)

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
Total Eligible	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Valid Responses	251	110	170	63	108	89	38	40	91	117	98	69	57	11	3	154	82	-	15	23	38	171
Total Respondents	209	77	137	37	92	77	26	39	74	93	86	56	44	10	3	124	71	-	12	19	31	143
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
Primary Care	77	77	20	13	33	28	15	13	29	34	23	31	17	2	-	48	27	-	3	5	12	56
	36.8%	100.0%	14.6%	35.1%	35.9%	36.4%	57.7%	33.3%	39.2%	36.6%	26.7%	55.4%	38.6%	20.0%		38.7%	38.0%		25.0%	26.3%	38.7%	39.2%
Specialty	137	20	137	13	67	46	13	21	44	70	66	28	26	8	-	82	47	-	7	10	19	98
	65.6%	26.0%	100.0%	35.1%	72.8%	59.7%	50.0%	53.8%	59.5%	75.3%	76.7%	50.0%	59.1%	80.0%		66.1%	66.2%		58.3%	52.6%	61.3%	68.5%
Behavioral Health Clinician	37	13	13	37	8	15	10	6	18	13	9	10	14	1	3	24	8	-	5	8	7	17
	17.7%	16.9%	9.5%	100%	8.7%	19.5%	38.5%	15.4%	24.3%	14.0%	10.5%	17.9%	31.8%	10.0%	100.0%	19.4%	11.3%		41.7%	42.1%	22.6%	11.9%

Aetna Better Health of West Virginia
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B. How many physicians are in your practice?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	205	76	126	33	95	82	28	40	71	91	85	55	42	10	2	122	70	-	13	19	30	139
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	33	1	11	4	-	-	-	6	13	14	15	12	3	1	1	16	15	1	1	5	6	18
Solo	95	33	67	8	95	-	-	17	27	48	46	23	17	5	1	57	31	-	7	12	17	57
	46.3%	43.4%	53.2%	24.2%	100%			42.5%	38.0%	52.7%	54.1%	41.8%	40.5%	50.0%	50.0%	46.7%	44.3%		53.8%	63.2%	56.7%	41.0%
		D	D							i										v		
2 - 5 physicians	82	28	46	15	-	82	-	16	36	30	35	18	18	5	1	51	25	-	6	6	8	60
	40.0%	36.8%	36.5%	45.5%		100%		40.0%	50.7%	33.0%	41.2%	32.7%	42.9%	50.0%	50.0%	41.8%	35.7%		46.2%	31.6%	26.7%	43.2%
									J													u
More than 5 physicians	28	15	13	10	-	-	28	7	8	13	4	14	7	-	-	14	14	-	-	1	5	22
	13.7%	19.7%	10.3%	30.3%			100%	17.5%	11.3%	14.3%	4.7%	25.5%	16.7%			11.5%	20.0%			5.3%	16.7%	15.8%
		c		C								K	k									t

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (n >=30)

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C. How many years have you been in this practice?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	235	76	135	37	92	82	28	46	84	105	99	67	44	11	3	137	83	1	14	24	36	155
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	3	1	2	-	3	-	-	-	-	-	1	-	1	-	-	1	2	-	-	-	-	2
Less than 5 years	46	13	21	6	17	16	7	46	-	-	12	14	13	2	1	23	19	-	3	8	5	29
	19.6%	17.1%	15.6%	16.2%	18.5%	19.5%	25.0%	100%			12.1%	20.9%	29.5%	18.2%	33.3%	16.8%	22.9%		21.4%	33.3%	13.9%	18.7%
													K							u		
5 - 15 years	84	29	44	18	27	36	8	-	84	-	38	25	14	2	2	55	25	1	5	9	15	53
	35.7%	38.2%	32.6%	48.6%	29.3%	43.9%	28.6%		100%		38.4%	37.3%	31.8%	18.2%	66.7%	40.1%	30.1%	100%	35.7%	37.5%	41.7%	34.2%
				c		E										n		STUV				
16 years or more	105	34	70	13	48	30	13	-	-	105	49	28	17	7	-	59	39	-	6	7	16	73
	44.7%	44.7%	51.9%	35.1%	52.2%	36.6%	46.4%			100%	49.5%	41.8%	38.6%	63.6%		43.1%	47.0%		42.9%	29.2%	44.4%	47.1%
			d		F																	t

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (n >=30)

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D. What portion of your managed care volume is represented by Aetna Better Health of West Virginia?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	212	71	120	33	86	71	25	39	77	94	100	67	45	11	3	124	73	1	12	23	34	139
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	26	6	17	4	9	11	3	7	7	11	-	-	-	-	-	14	12	-	2	1	2	18
None	5	-	3	-	2	1	-	-	3	2	5	-	-	1	-	4	-	1	1	-	1	2
	2.4%		2.5%		2.3%	1.4%			3.9%	2.1%	5.0%			9.1%		3.2%		100% SUV	8.3%		2.9%	1.4%
10% or less	95	23	63	9	44	34	4	12	35	47	95	-	-	7	1	55	32	-	9	10	12	61
	44.8%	32.4%	52.5% BD	27.3%	51.2% G	47.9% G	16.0%	30.8%	45.5%	50.0% H	95.0%			63.6%	33.3%	44.4%	43.8%		75.0% tUV	43.5%	35.3%	43.9%
11 - 20%	67	31	28	10	23	18	14	14	25	28	-	67	-	3	1	41	22	-	-	7	16	44
	31.6%	43.7% C	23.3%	30.3%	26.7%	25.4%	56.0% EF	35.9%	32.5%	29.8%		100.0%		27.3%	33.3%	33.1%	30.1%			30.4%	47.1%	31.7%
21 - 30%	29	9	19	7	14	11	1	8	9	12	-	-	29	-	1	17	10	-	2	4	4	19
	13.7%	12.7%	15.8%	21.2%	16.3% G	15.5% G	4.0%	20.5%	11.7%	12.8%			64.4%		33.3%	13.7%	13.7%		16.7%	17.4%	11.8%	13.7%
31 - 50%	9	5	3	2	3	2	4	3	2	3	-	-	9	-	-	3	6	-	-	1	-	8
	4.2%	7.0%	2.5%	6.1%	3.5%	2.8%	16.0% ef	7.7%	2.6%	3.2%			20.0%			2.4%	8.2% p			4.3%		5.8%
51 - 75%	6	3	3	4	-	4	2	2	3	1	-	-	6	-	-	3	3	-	-	1	1	4
	2.8%	4.2%	2.5%	12.1%		5.6%	8.0%	5.1%	3.9%	1.1%			13.3%			2.4%	4.1%			4.3%	2.9%	2.9%
76 - 100%	1	-	1	1	-	1	-	-	-	1	-	-	1	-	-	1	-	-	-	-	-	1
	0.5%		0.8%	3.0%		1.4%				1.1%			2.2%			0.8%						0.7%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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E. Please mark who is completing this survey. (Mark only one)

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	237	77	137	36	94	82	28	45	84	105	100	67	44	11	3	138	85	1	14	23	36	157
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	1	-	-	1	1	-	-	1	-	-	-	-	1	-	-	-	-	-	-	1	-	-
Physician	11	2	8	1	5	5	-	2	2	7	8	3	-	11	-	-	-	-	3	2	2	4
	4.6%	2.6%	5.8%	2.8%	5.3%	6.1%		4.4%	2.4%	6.7%	8.0%	4.5%		100%					21.4%	8.7%	5.6%	2.5%
																			v			
Behavioral Health Clinician	3	-	-	3	1	1	-	1	2	-	1	1	1	-	3	-	-	-	1	1	1	-
	1.3%			8.3%	1.1%	1.2%		2.2%	2.4%		1.0%	1.5%	2.3%		100.0%				7.1%	4.3%	2.8%	
Office Manager	138	48	82	24	57	51	14	23	55	59	59	41	24	-	-	138	-	1	6	14	19	96
	58.2%	62.3%	59.9%	66.7%	60.6%	62.2%	50.0%	51.1%	65.5%	56.2%	59.0%	61.2%	54.5%			100.0%		100%	42.9%	60.9%	52.8%	61.1%
																		STUV				
Nurse	11	3	7	-	5	2	2	4	4	3	5	2	3	-	-	-	11	-	1	1	3	5
	4.6%	3.9%	5.1%		5.3%	2.4%	7.1%	8.9%	4.8%	2.9%	5.0%	3.0%	6.8%				12.9%		7.1%	4.3%	8.3%	3.2%
Other staff	74	24	40	8	26	23	12	15	21	36	27	20	16	-	-	-	74	-	3	5	11	52
	31.2%	31.2%	29.2%	22.2%	27.7%	28.0%	42.9%	33.3%	25.0%	34.3%	27.0%	29.9%	36.4%				87.1%		21.4%	21.7%	30.6%	33.1%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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F. What is your preferred method of receiving communications from this health plan?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	230	75	133	37	91	79	28	46	83	98	95	65	44	10	3	133	83	1	14	22	35	152
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	8	2	4	-	4	3	-	-	1	7	5	2	1	1	-	5	2	-	-	2	1	5
Mail	88	27	47	12	36	31	11	18	31	39	42	27	9	8	1	49	29	-	7	10	10	57
	38.3%	36.0%	35.3%	32.4%	39.6%	39.2%	39.3%	39.1%	37.3%	39.8%	44.2%	41.5%	20.5%	80.0%	33.3%	36.8%	34.9%		50.0%	45.5%	28.6%	37.5%
											M	M		PQ								
Telephone	26	8	17	3	13	6	2	5	7	13	12	5	5	-	-	15	11	-	5	-	3	18
	11.3%	10.7%	12.8%	8.1%	14.3%	7.6%	7.1%	10.9%	8.4%	13.3%	12.6%	7.7%	11.4%			11.3%	13.3%		35.7%		8.6%	11.8%
																			Uv			
Fax	62	21	40	11	27	19	9	13	26	21	23	11	23	-	2	36	24	1	-	5	14	40
	27.0%	28.0%	30.1%	29.7%	29.7%	24.1%	32.1%	28.3%	31.3%	21.4%	24.2%	16.9%	52.3%		66.7%	27.1%	28.9%	100%		22.7%	40.0%	26.3%
													KL					TUV				
Online portal	8	2	5	-	2	2	-	1	3	4	5	3	-	-	-	5	3	-	1	1	-	6
	3.5%	2.7%	3.8%		2.2%	2.5%		2.2%	3.6%	4.1%	5.3%	4.6%				3.8%	3.6%		7.1%	4.5%		3.9%
E-mail	40	14	21	8	11	20	5	8	13	19	12	16	6	1	-	26	13	-	1	5	6	28
	17.4%	18.7%	15.8%	21.6%	12.1%	25.3%	17.9%	17.4%	15.7%	19.4%	12.6%	24.6%	13.6%	10.0%		19.5%	15.7%		7.1%	22.7%	17.1%	18.4%
						E						k										
In person from your Provider Representative	4	2	2	3	2	-	1	1	1	2	1	3	-	1	-	2	1	-	-	1	2	1
	1.7%	2.7%	1.5%	8.1%	2.2%		3.6%	2.2%	1.2%	2.0%	1.1%	4.6%		10.0%		1.5%	1.2%			4.5%	5.7%	0.7%
Other	2	1	1	-	-	1	-	-	2	-	-	-	1	-	-	-	2	-	-	-	-	2
	0.9%	1.3%	0.8%			1.3%			2.4%				2.3%				2.4%					1.3%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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Lowercase letters indicate significance at the 90% level.
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G. Please indicate the number of insurance companies with which you or your practice participates.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	232 100.0%	76 100.0%	134 100.0%	37 100%	93 100%	80 100%	28 100%	45 100%	83 100%	102 100%	97 100%	67 100.0%	45 100.0%	11 100%	3 100.0%	136 100.0%	81 100.0%	1 100%	14 100.0%	24 100.0%	36 100.0%	157 100.0%
No Answer	6	1	3	-	2	2	-	1	1	3	3	-	-	-	-	2	4	-	-	-	-	-
3 or fewer	1 0.4%	-	-	-	-	-	-	-	1 1.2%	-	1 1.0%	-	-	-	-	1 0.7%	-	1 100%	-	-	-	-
4 to 7	14 6.0%	3 3.9%	7 5.2%	5 13.5%	7 7.5%	6 7.5%	-	3 6.7%	5 6.0%	6 5.9%	10 10.3%	-	2 4.4%	3 27.3% p	1 33.3%	6 4.4%	4 4.9%	-	14 100.0%	-	-	-
8 to 11	24 10.3%	5 6.6%	10 7.5%	8 21.6% BC	12 12.9% g	6 7.5%	1 3.6%	8 17.8% j	9 10.8%	7 6.9%	10 10.3%	7 10.4%	6 13.3%	2 18.2%	1 33.3%	14 10.3%	6 7.4%	-	-	24 100.0%	-	-
12 to 15	36 15.5%	12 15.8%	19 14.2%	7 18.9%	17 18.3%	8 10.0%	5 17.9%	5 11.1%	15 18.1%	16 15.7%	13 13.4%	16 23.9% km	5 11.1%	2 18.2%	1 33.3%	19 14.0%	14 17.3%	-	-	-	36 100.0%	-
More than 15	157 67.7%	56 73.7% D	98 73.1% D	17 45.9%	57 61.3%	60 75.0% e	22 78.6% e	29 64.4%	53 63.9%	73 71.6%	63 64.9%	44 65.7%	32 71.1%	4 36.4%	-	96 70.6% N	57 70.4% N	-	-	-	-	157 100.0%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	222 100.0%	74 100.0%	128 100.0%	37 100%	93 100%	74 100%	27 100%	41 100%	79 100%	99 100%	93 100%	65 100.0%	45 100.0%	10 100%	3 100.0%	129 100.0%	79 100.0%	-	13 100.0%	22 100.0%	35 100.0%	146 100.0%
No Answer	6	2	2	-	1	2	-	1	2	3	3	1	-	1	-	3	2	1	-	1	1	3
Well below average	6 2.7%	2 2.7%	3 2.3%	1 2.7%	3 3.2%	2 2.7%	-	-	2 2.5%	4 4.0%	4 4.3%	2 3.1%	-	1 10.0%	1 33.3%	1 0.8%	3 3.8%	-	2 15.4%	-	-	4 2.7%
Somewhat below average	9 4.1%	1 1.4%	8 6.3% b	3 8.1%	3 3.2%	4 5.4%	-	2 4.9%	3 3.8%	4 4.0%	5 5.4%	3 4.6%	1 2.2%	2 20.0%	-	4 3.1%	2 2.5%	-	-	3 13.6%	1 2.9%	5 3.4%
Average	130 58.6%	45 60.8%	73 57.0%	20 54.1%	56 60.2%	42 56.8%	15 55.6%	20 48.8%	48 60.8%	59 59.6%	52 55.9%	37 56.9%	28 62.2%	5 50.0%	2 66.7%	76 58.9%	47 59.5%	-	4 30.8%	13 59.1% s	23 65.7% S	85 58.2% S
Somewhat above average	54 24.3%	16 21.6%	30 23.4%	10 27.0%	22 23.7%	20 27.0%	7 25.9%	13 31.7%	21 26.6%	20 20.2%	23 24.7%	14 21.5%	13 28.9%	1 10.0%	-	35 27.1% n	18 22.8%	-	5 38.5%	4 18.2%	8 22.9%	37 25.3%
Well above average	23 10.4%	10 13.5%	14 10.9%	3 8.1%	9 9.7%	6 8.1%	5 18.5%	6 14.6%	5 6.3%	12 12.1%	9 9.7%	9 13.8%	3 6.7%	1 10.0%	-	13 10.1%	9 11.4%	-	2 15.4%	2 9.1%	3 8.6%	15 10.3%
Not Applicable	10	1	7	-	1	6	1	4	3	3	4	1	-	-	-	6	4	-	1	1	-	8
Summary Rate - Well above average/Somewhat above average	77 34.7%	26 35.1%	44 34.4%	13 35.1%	31 33.3%	26 35.1%	12 44.4%	19 46.3%	26 32.9%	32 32.3%	32 34.4%	23 35.4%	16 35.6%	2 20.0%	-	48 37.2%	27 34.2%	-	7 53.8%	6 27.3%	11 31.4%	52 35.6%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

2A. Consistency of reimbursement fees with your contract rates.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	183	58	106	30	78	65	15	32	67	82	82	56	37	10	3	105	64	-	12	19	30	119
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	31	10	19	5	11	6	8	9	9	12	9	6	7	1	-	17	13	1	1	3	4	20
Well below average	8	1	5	3	3	2	-	-	3	5	5	3	-	2	1	3	2	-	2	2	1	3
	4.4%	1.7%	4.7%	10.0%	3.8%	3.1%			4.5%	6.1%	6.1%	5.4%		20.0%	33.3%	2.9%	3.1%		16.7%	10.5%	3.3%	2.5%
Somewhat below average	15	2	10	4	3	8	1	1	7	7	9	5	1	2	1	7	4	-	1	3	2	9
	8.2%	3.4%	9.4%	13.3%	3.8%	12.3% e	6.7%	3.1%	10.4%	8.5%	11.0% m	8.9%	2.7%	20.0%	33.3%	6.7%	6.3%		8.3%	15.8%	6.7%	7.6%
Average	114	36	67	19	52	38	9	21	38	53	47	33	26	4	1	63	46	-	4	9	21	77
	62.3%	62.1%	63.2%	63.3%	66.7%	58.5%	60.0%	65.6%	56.7%	64.6%	57.3%	58.9%	70.3%	40.0%	33.3%	60.0%	71.9% n		33.3%	47.4%	70.0% S	64.7% S
Somewhat above average	33	15	17	3	16	11	4	5	16	12	13	11	9	-	-	26	7	-	3	3	4	23
	18.0%	25.9% D	16.0%	10.0%	20.5%	16.9%	26.7%	15.6%	23.9%	14.6%	15.9%	19.6%	24.3%			24.8% Q	10.9%		25.0%	15.8%	13.3%	19.3%
Well above average	13	4	7	1	4	6	1	5	3	5	8	4	1	2	-	6	5	-	2	2	2	7
	7.1%	6.9%	6.6%	3.3%	5.1%	9.2%	6.7%	15.6%	4.5%	6.1%	9.8% m	7.1%	2.7%	20.0%		5.7%	7.8%		16.7%	10.5%	6.7%	5.9%
Not Applicable	24	9	12	2	6	11	5	5	8	11	9	5	1	-	-	16	8	-	1	2	2	18
Summary Rate - Well above average/Somewhat above average	46	19	24	4	20	17	5	10	19	17	21	15	10	2	-	32	12	-	5	5	6	30
	25.1%	32.8% D	22.6%	13.3%	25.6%	26.2%	33.3%	31.3%	28.4%	20.7%	25.6%	26.8%	27.0%	20.0%		30.5% q	18.8%		41.7%	26.3%	20.0%	25.2%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

2B. Accuracy of claims processing.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	192	60	113	30	81	68	16	32	69	89	85	58	37	11	3	109	68	-	14	22	30	123
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	25	10	14	4	10	5	6	9	8	7	8	4	6	-	-	14	11	1	-	1	2	19
Well below average	11	2	6	4	2	4	1	1	4	6	4	6	1	1	1	5	3	-	1	3	1	6
	5.7%	3.3%	5.3%	13.3%	2.5%	5.9%	6.3%	3.1%	5.8%	6.7%	4.7%	10.3%	2.7%	9.1%	33.3%	4.6%	4.4%		7.1%	13.6%	3.3%	4.9%
Somewhat below average	9	1	7	1	5	3	1	1	2	5	6	2	1	1	1	4	3	-	1	1	1	6
	4.7%	1.7%	6.2%	3.3%	6.2%	4.4%	6.3%	3.1%	2.9%	5.6%	7.1%	3.4%	2.7%	9.1%	33.3%	3.7%	4.4%		7.1%	4.5%	3.3%	4.9%
Average	117	34	70	20	50	40	10	20	43	53	48	33	24	6	1	63	47	-	6	13	20	76
	60.9%	56.7%	61.9%	66.7%	61.7%	58.8%	62.5%	62.5%	62.3%	59.6%	56.5%	56.9%	64.9%	54.5%	33.3%	57.8%	69.1%		42.9%	59.1%	66.7%	61.8%
Somewhat above average	35	15	19	3	16	14	2	6	14	15	18	10	7	1	-	26	8	-	4	3	4	23
	18.2%	25.0%	16.8%	10.0%	19.8%	20.6%	12.5%	18.8%	20.3%	16.9%	21.2%	17.2%	18.9%	9.1%		23.9%	11.8%		28.6%	13.6%	13.3%	18.7%
		d														Q						
Well above average	20	8	11	2	8	7	2	4	6	10	9	7	4	2	-	11	7	-	2	2	4	12
	10.4%	13.3%	9.7%	6.7%	9.9%	10.3%	12.5%	12.5%	8.7%	11.2%	10.6%	12.1%	10.8%	18.2%		10.1%	10.3%		14.3%	9.1%	13.3%	9.8%
Not Applicable	21	7	10	3	4	9	6	5	7	9	7	5	2	-	-	15	6	-	-	1	4	15
Summary Rate - Well above average/Somewhat above average	55	23	30	5	24	21	4	10	20	25	27	17	11	3	-	37	15	-	6	5	8	35
	28.6%	38.3%	26.5%	16.7%	29.6%	30.9%	25.0%	31.3%	29.0%	28.1%	31.8%	29.3%	29.7%	27.3%		33.9%	22.1%		42.9%	22.7%	26.7%	28.5%
		D														q						

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
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2C. Timeliness of claims processing.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	188	59	112	29	79	68	16	32	67	87	84	56	37	10	3	107	67	-	13	21	30	121
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	28	10	16	5	11	4	7	9	9	9	8	7	6	1	-	15	12	1	1	2	3	19
Well below average	7	3	4	1	2	3	1	1	2	4	3	4	-	-	1	2	4	-	1	1	-	5
	3.7%	5.1%	3.6%	3.4%	2.5%	4.4%	6.3%	3.1%	3.0%	4.6%	3.6%	7.1%			33.3%	1.9%	6.0%		7.7%	4.8%		4.1%
Somewhat below average	6	1	4	2	2	2	1	1	-	5	2	1	3	-	-	3	2	-	-	1	1	4
	3.2%	1.7%	3.6%	6.9%	2.5%	2.9%	6.3%	3.1%		5.7%	2.4%	1.8%	8.1%			2.8%	3.0%			4.8%	3.3%	3.3%
Average	122	34	73	19	53	40	11	21	45	54	57	36	19	8	2	61	51	-	7	13	21	78
	64.9%	57.6%	65.2%	65.5%	67.1%	58.8%	68.8%	65.6%	67.2%	62.1%	67.9%	64.3%	51.4%	80.0%	66.7%	57.0%	76.1%		53.8%	61.9%	70.0%	64.5%
											m			p			P					
Somewhat above average	37	11	23	4	17	15	1	7	12	18	15	12	9	1	-	29	7	-	3	6	6	22
	19.7%	18.6%	20.5%	13.8%	21.5%	22.1%	6.3%	21.9%	17.9%	20.7%	17.9%	21.4%	24.3%	10.0%		27.1%	10.4%		23.1%	28.6%	20.0%	18.2%
					G	G										Q						
Well above average	16	10	8	3	5	8	2	2	8	6	7	3	6	1	-	12	3	-	2	-	2	12
	8.5%	16.9%	7.1%	10.3%	6.3%	11.8%	12.5%	6.3%	11.9%	6.9%	8.3%	5.4%	16.2%	10.0%		11.2%	4.5%		15.4%		6.7%	9.9%
		c														q						
Not Applicable	22	8	9	3	5	10	5	5	8	9	8	4	2	-	-	16	6	-	-	1	3	17
Summary Rate - Well above average/Somewhat above average	53	21	31	7	22	23	3	9	20	24	22	15	15	2	-	41	10	-	5	6	8	34
	28.2%	35.6%	27.7%	24.1%	27.8%	33.8%	18.8%	28.1%	29.9%	27.6%	26.2%	26.8%	40.5%	20.0%		38.3%	14.9%		38.5%	28.6%	26.7%	28.1%
																Q						

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
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2D. Resolution of claims payment problems or disputes.

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	173	54	101	29	72	62	15	30	60	81	77	52	34	10	3	99	60	-	12	18	27	113
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	26	9	16	5	11	4	6	8	10	7	8	6	5	1	-	15	10	1	1	2	2	18
Well below average	13	2	10	3	4	6	1	1	4	8	7	5	1	2	1	6	4	-	2	1	1	9
	7.5%	3.7%	9.9%	10.3%	5.6%	9.7%	6.7%	3.3%	6.7%	9.9%	9.1%	9.6%	2.9%	20.0%	33.3%	6.1%	6.7%		16.7%	5.6%	3.7%	8.0%
Somewhat below average	7	3	5	2	3	2	1	-	1	6	3	3	1	-	1	4	2	-	1	-	1	5
	4.0%	5.6%	5.0%	6.9%	4.2%	3.2%	6.7%		1.7%	7.4% i	3.9%	5.8%	2.9%		33.3%	4.0%	3.3%		8.3%		3.7%	4.4%
Average	113	38	61	20	47	39	12	24	41	46	49	32	22	7	1	61	43	-	4	16	18	73
	65.3%	70.4%	60.4%	69.0%	65.3%	62.9%	80.0%	80.0% J	68.3%	56.8%	63.6%	61.5%	64.7%	70.0%	33.3%	61.6%	71.7%		33.3%	88.9% SuV	66.7% S	64.6% S
Somewhat above average	27	4	17	2	13	10	-	4	8	15	11	10	6	-	-	19	8	-	4	1	6	16
	15.6%	7.4%	16.8% bd	6.9%	18.1%	16.1%		13.3%	13.3%	18.5%	14.3%	19.2%	17.6%			19.2%	13.3%		33.3% t	5.6%	22.2% t	14.2%
Well above average	13	7	8	2	5	5	1	1	6	6	7	2	4	1	-	9	3	-	1	-	1	10
	7.5%	13.0%	7.9%	6.9%	6.9%	8.1%	6.7%	3.3%	10.0%	7.4%	9.1%	3.8%	11.8%	10.0%		9.1%	5.0%		8.3%		3.7%	8.8%
Not Applicable	39	14	20	3	12	16	7	8	14	17	15	9	6	-	-	24	15	-	1	4	7	26
Summary Rate - Well above average/Somewhat above average	40	11	25	4	18	15	1	5	14	21	18	12	10	1	-	28	11	-	5	1	7	26
	23.1%	20.4%	24.8%	13.8%	25.0% G	24.2% G	6.7%	16.7%	23.3%	25.9%	23.4%	23.1%	29.4%	10.0%		28.3% n	18.3%		41.7% T	5.6%	25.9% T	23.0% T

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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3A. Phone access to knowledgeable UM staff.

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	190	66	109	33	81	64	23	32	67	89	80	60	41	10	3	111	65	-	10	22	30	125
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	25	7	15	1	10	5	3	9	9	6	10	5	1	1	-	14	10	1	3	-	4	15
Well below average	8	3	4	2	3	4	-	1	2	5	5	2	1	1	1	3	2	-	2	1	-	5
	4.2%	4.5%	3.7%	6.1%	3.7%	6.3%		3.1%	3.0%	5.6%	6.3%	3.3%	2.4%	10.0%	33.3%	2.7%	3.1%		20.0%	4.5%		4.0%
Somewhat below average	10	1	7	2	5	3	-	3	5	2	4	4	2	2	-	5	3	-	-	4	2	4
	5.3%	1.5%	6.4% b	6.1%	6.2%	4.7%		9.4%	7.5%	2.2%	5.0%	6.7%	4.9%	20.0%		4.5%	4.6%			18.2% v	6.7%	3.2%
Average	115	41	65	21	49	38	15	22	38	53	51	31	25	6	2	68	39	-	4	13	19	77
	60.5%	62.1%	59.6%	63.6%	60.5%	59.4%	65.2%	68.8%	56.7%	59.6%	63.8%	51.7%	61.0%	60.0%	66.7%	61.3%	60.0%		40.0%	59.1%	63.3%	61.6%
Somewhat above average	38	14	24	4	20	10	5	4	16	18	13	16	9	-	-	24	14	-	3	2	5	27
	20.0%	21.2%	22.0%	12.1%	24.7%	15.6%	21.7%	12.5%	23.9%	20.2%	16.3%	26.7%	22.0%			21.6%	21.5%		30.0%	9.1%	16.7%	21.6% t
Well above average	19	7	9	4	4	9	3	2	6	11	7	7	4	1	-	11	7	-	1	2	4	12
	10.0%	10.6%	8.3%	12.1%	4.9%	14.1% e	13.0%	6.3%	9.0%	12.4%	8.8%	11.7%	9.8%	10.0%		9.9%	10.8%		10.0%	9.1%	13.3%	9.6%
Not Applicable	23	4	13	3	4	13	2	5	8	10	10	2	3	-	-	13	10	-	1	2	2	17
Summary Rate - Well above average/Somewhat above average	57	21	33	8	24	19	8	6	22	29	20	23	13	1	-	35	21	-	4	4	9	39
	30.0%	31.8%	30.3%	24.2%	29.6%	29.7%	34.8%	18.8%	32.8%	32.6%	25.0%	38.3% k	31.7%	10.0%		31.5% N	32.3% N		40.0%	18.2%	30.0%	31.2%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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3B. Procedures for obtaining pre-certification/authorization information.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	172	60	104	28	72	62	23	28	61	81	75	49	37	10	-	101	60	-	8	17	28	116
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	30	9	17	2	12	7	3	8	13	8	11	9	1	1	1	17	11	1	3	-	4	20
Well below average	8	2	7	3	4	2	1	-	3	5	6	1	1	2	-	3	3	-	1	2	1	4
	4.7%	3.3%	6.7%	10.7%	5.6%	3.2%	4.3%		4.9%	6.2%	8.0%	2.0%	2.7%	20.0%		3.0%	5.0%		12.5%	11.8%	3.6%	3.4%
Somewhat below average	16	7	10	2	10	4	2	5	3	8	9	6	-	3	-	9	4	-	2	2	3	9
	9.3%	11.7%	9.6%	7.1%	13.9%	6.5%	8.7%	17.9%	4.9%	9.9%	12.0%	12.2%		30.0%		8.9%	6.7%		25.0%	11.8%	10.7%	7.8%
								i														
Average	97	33	56	14	39	36	14	19	34	42	43	21	25	4	-	53	39	-	2	7	16	70
	56.4%	55.0%	53.8%	50.0%	54.2%	58.1%	60.9%	67.9%	55.7%	51.9%	57.3%	42.9%	67.6%	40.0%		52.5%	65.0%		25.0%	41.2%	57.1%	60.3%
													L								s	S
Somewhat above average	30	12	18	5	15	10	3	1	14	15	8	13	7	-	-	22	8	-	2	3	5	20
	17.4%	20.0%	17.3%	17.9%	20.8%	16.1%	13.0%	3.6%	23.0%	18.5%	10.7%	26.5%	18.9%			21.8%	13.3%		25.0%	17.6%	17.9%	17.2%
									H	H		K										
Well above average	21	6	13	4	4	10	3	3	7	11	9	8	4	1	-	14	6	-	1	3	3	13
	12.2%	10.0%	12.5%	14.3%	5.6%	16.1%	13.0%	10.7%	11.5%	13.6%	12.0%	16.3%	10.8%	10.0%		13.9%	10.0%		12.5%	17.6%	10.7%	11.2%
						e																
Not Applicable	36	8	16	7	11	13	2	10	10	16	14	9	7	-	2	20	14	-	3	7	4	21
Summary Rate - Well above average/Somewhat above average	51	18	31	9	19	20	6	4	21	26	17	21	11	1	-	36	14	-	3	6	8	33
	29.7%	30.0%	29.8%	32.1%	26.4%	32.3%	26.1%	14.3%	34.4%	32.1%	22.7%	42.9%	29.7%	10.0%		35.6%	23.3%		37.5%	35.3%	28.6%	28.4%
									H	H		K				Nq						

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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3C. Timeliness of obtaining pre-certification/authorization information.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	171	61	103	28	72	62	22	29	59	81	74	48	38	10	-	103	57	-	8	16	27	117
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	33	10	19	3	14	8	3	8	13	11	12	10	2	1	1	18	13	1	3	2	4	21
Well below average	6	3	3	1	2	4	-	-	4	2	4	2	-	2	-	3	1	-	1	2	-	3
	3.5%	4.9%	2.9%	3.6%	2.8%	6.5%			6.8%	2.5%	5.4%	4.2%		20.0%		2.9%	1.8%		12.5%	12.5%		2.6%
Somewhat below average	9	3	5	1	6	1	1	3	3	3	4	2	3	-	-	5	3	-	1	1	3	4
	5.3%	4.9%	4.9%	3.6%	8.3% f	1.6%	4.5%	10.3%	5.1%	3.7%	5.4%	4.2%	7.9%			4.9%	5.3%		12.5%	6.3%	11.1%	3.4%
Average	97	34	56	16	41	35	13	21	28	46	45	23	21	7	-	53	37	-	4	7	15	70
	56.7%	55.7%	54.4%	57.1%	56.9%	56.5%	59.1%	72.4% I	47.5%	56.8%	60.8%	47.9%	55.3%	70.0%		51.5%	64.9% p		50.0%	43.8%	55.6%	59.8%
Somewhat above average	35	13	24	5	18	11	4	1	16	18	10	14	9	-	-	25	10	-	1	4	6	24
	20.5%	21.3%	23.3%	17.9%	25.0%	17.7%	18.2%	3.4%	27.1% H	22.2% H	13.5%	29.2% K	23.7%			24.3%	17.5%		12.5%	25.0%	22.2%	20.5%
Well above average	24	8	15	5	5	11	4	4	8	12	11	7	5	1	-	17	6	-	1	2	3	16
	14.0%	13.1%	14.6%	17.9%	6.9%	17.7% e	18.2%	13.8%	13.6%	14.8%	14.9%	14.6%	13.2%	10.0%		16.5%	10.5%		12.5%	12.5%	11.1%	13.7%
Not Applicable	34	6	15	6	9	12	3	9	12	13	14	9	5	-	2	17	15	-	3	6	5	19
Summary Rate - Well above average/Somewhat above average	59	21	39	10	23	22	8	5	24	30	21	21	14	1	-	42	16	-	2	6	9	40
	34.5%	34.4%	37.9%	35.7%	31.9%	35.5%	36.4%	17.2%	40.7% H	37.0% H	28.4%	43.8% k	36.8%	10.0%		40.8% Nq	28.1%		25.0%	37.5%	33.3%	34.2%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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3E. Access to Case/Care Managers from this health plan.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	155	56	90	25	65	56	18	25	57	73	63	49	35	8	2	87	57	-	6	16	28	103
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	34	9	18	5	13	8	4	9	12	11	13	9	3	1	1	18	14	1	4	1	4	22
Well below average	5	3	3	-	1	2	-	-	1	4	2	2	1	1	-	1	3	-	1	-	1	3
	3.2%	5.4%	3.3%		1.5%	3.6%			1.8%	5.5%	3.2%	4.1%	2.9%	12.5%		1.1%	5.3%		16.7%		3.6%	2.9%
Somewhat below average	6	1	4	1	2	3	1	1	2	3	5	1	-	2	1	1	2	-	1	-	1	4
	3.9%	1.8%	4.4%	4.0%	3.1%	5.4%	5.6%	4.0%	3.5%	4.1%	7.9%	2.0%		25.0%	50.0%	1.1%	3.5%		16.7%		3.6%	3.9%
Average	100	34	59	17	45	36	11	17	34	49	41	30	22	3	1	57	38	-	3	13	20	63
	64.5%	60.7%	65.6%	68.0%	69.2%	64.3%	61.1%	68.0%	59.6%	67.1%	65.1%	61.2%	62.9%	37.5%	50.0%	65.5%	66.7%		50.0%	81.3%	71.4%	61.2%
																				v		
Somewhat above average	28	11	15	6	11	9	5	4	14	10	8	10	9	1	-	17	10	-	1	1	2	23
	18.1%	19.6%	16.7%	24.0%	16.9%	16.1%	27.8%	16.0%	24.6%	13.7%	12.7%	20.4%	25.7%	12.5%		19.5%	17.5%		16.7%	6.3%	7.1%	22.3%
																						TU
Well above average	16	7	9	1	6	6	1	3	6	7	7	6	3	1	-	11	4	-	-	2	4	10
	10.3%	12.5%	10.0%	4.0%	9.2%	10.7%	5.6%	12.0%	10.5%	9.6%	11.1%	12.2%	8.6%	12.5%		12.6%	7.0%			12.5%	14.3%	9.7%
Not Applicable	49	12	29	7	17	18	6	12	15	21	24	9	7	2	-	33	14	-	4	7	4	32
Summary Rate - Well above average/Somewhat above average	44	18	24	7	17	15	6	7	20	17	15	16	12	2	-	28	14	-	1	3	6	33
	28.4%	32.1%	26.7%	28.0%	26.2%	26.8%	33.3%	28.0%	35.1%	23.3%	23.8%	32.7%	34.3%	25.0%		32.2%	24.6%		16.7%	18.8%	21.4%	32.0%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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3F. Degree to which the plan covers and encourages preventive care and wellness.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	150 100.0%	62 100.0%	82 100.0%	21 100%	67 100%	47 100%	21 100%	27 100%	51 100%	70 100%	57 100%	53 100.0%	33 100.0%	8 100%	1 100.0%	81 100.0%	59 100.0%	-	6 100.0%	15 100.0%	24 100.0%	103 100.0%
No Answer	38	9	21	8	14	11	4	9	13	15	15	9	4	1	1	22	14	1	5	1	5	24
Well below average	1 0.7%	1 1.6%	1 1.2%	-	-	1 2.1%	-	-	-	1 1.4%	1 1.8%	-	-	-	-	1 1.2%	-	-	-	-	-	1 1.0%
Somewhat below average	3 2.0%	-	3 3.7%	-	2 3.0%	1 2.1%	-	-	2 3.9%	1 1.4%	2 3.5%	1 1.9%	-	1 12.5%	-	2 2.5%	-	-	-	1 6.7%	1 4.2%	1 1.0%
Average	97 64.7%	34 54.8%	57 69.5% b	12 57.1%	49 73.1% G	30 63.8%	10 47.6%	17 63.0%	32 62.7%	46 65.7%	39 68.4%	31 58.5%	22 66.7%	6 75.0%	1 100.0% PQ	45 55.6%	44 74.6% P	-	5 83.3%	8 53.3%	16 66.7%	67 65.0%
Somewhat above average	32 21.3%	19 30.6% C	13 15.9%	5 23.8%	12 17.9%	11 23.4%	6 28.6%	7 25.9%	13 25.5%	12 17.1%	10 17.5%	13 24.5%	7 21.2%	-	-	21 25.9%	11 18.6%	-	1 16.7%	4 26.7%	3 12.5%	23 22.3%
Well above average	17 11.3%	8 12.9%	8 9.8%	4 19.0%	4 6.0%	4 8.5%	5 23.8% e	3 11.1%	4 7.8%	10 14.3%	5 8.8%	8 15.1%	4 12.1%	1 12.5%	-	12 14.8%	4 6.8%	-	-	2 13.3%	4 16.7%	11 10.7%
Not Applicable	50	6	34	8	14	24	3	10	20	20	28	5	8	2	1	35	12	-	3	8	7	30
Summary Rate - Well above average/Somewhat above average	49 32.7%	27 43.5% C	21 25.6%	9 42.9%	16 23.9%	15 31.9%	11 52.4% E	10 37.0%	17 33.3%	22 31.4%	15 26.3%	21 39.6%	11 33.3%	1 12.5%	-	33 40.7% Nq	15 25.4%	-	1 16.7%	6 40.0%	7 29.2%	34 33.0%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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4A. The number of specialists in this health plan's provider network to whom I can refer my patients.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	135	53	77	20	61	45	15	21	47	65	57	40	30	8	2	78	46	-	6	16	18	93
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	50	15	31	8	18	14	7	11	19	19	18	15	7	-	1	28	21	1	3	2	8	34
Well below average	5	3	3	1	1	2	-	-	1	4	1	3	1	1	-	1	3	-	-	1	1	3
	3.7%	5.7%	3.9%	5.0%	1.6%	4.4%			2.1%	6.2%	1.8%	7.5%	3.3%	12.5%		1.3%	6.5%			6.3%	5.6%	3.2%
Somewhat below average	10	5	3	1	5	5	-	1	4	5	3	4	-	1	1	7	1	-	2	-	2	6
	7.4%	9.4%	3.9%	5.0%	8.2%	11.1%		4.8%	8.5%	7.7%	5.3%	10.0%		12.5%	50.0%	9.0%	2.2%		33.3%		11.1%	6.5%
																q						
Average	91	28	59	14	47	27	10	17	31	42	41	21	25	3	1	53	33	-	3	13	12	62
	67.4%	52.8%	76.6%	70.0%	77.0%	60.0%	66.7%	81.0%	66.0%	64.6%	71.9%	52.5%	83.3%	37.5%	50.0%	67.9%	71.7%		50.0%	81.3%	66.7%	66.7%
			B		f						L		L			n	n					
Somewhat above average	19	11	7	3	5	8	3	1	8	9	8	10	1	3	-	10	6	-	1	2	2	14
	14.1%	20.8%	9.1%	15.0%	8.2%	17.8%	20.0%	4.8%	17.0%	13.8%	14.0%	25.0%	3.3%	37.5%		12.8%	13.0%		16.7%	12.5%	11.1%	15.1%
		c							h		m	M										
Well above average	10	6	5	1	3	3	2	2	3	5	4	2	3	-	-	7	3	-	-	-	1	8
	7.4%	11.3%	6.5%	5.0%	4.9%	6.7%	13.3%	9.5%	6.4%	7.7%	7.0%	5.0%	10.0%			9.0%	6.5%				5.6%	8.6%
Not Applicable	53	9	29	9	16	23	6	14	18	21	25	12	8	3	-	32	18	-	5	6	10	30
Summary Rate - Well above average/Somewhat above average	29	17	12	4	8	11	5	3	11	14	12	12	4	3	-	17	9	-	1	2	3	22
	21.5%	32.1%	15.6%	20.0%	13.1%	24.4%	33.3%	14.3%	23.4%	21.5%	21.1%	30.0%	13.3%	37.5%		21.8%	19.6%		16.7%	12.5%	16.7%	23.7%
		C										m										

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	134	52	78	20	61	46	15	21	45	66	57	38	30	8	2	78	45	-	6	15	17	94
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	51	15	32	9	19	14	7	12	20	18	17	16	8	-	1	29	21	1	3	3	8	34
Well below average	3	1	3	1	-	2	-	-	1	2	1	1	1	-	-	3	-	-	-	-	1	2
	2.2%	1.9%	3.8%	5.0%		4.3%			2.2%	3.0%	1.8%	2.6%	3.3%			3.8%					5.9%	2.1%
Somewhat below average	10	4	5	1	5	5	-	-	3	7	3	4	1	1	1	6	2	-	2	1	2	5
	7.5%	7.7%	6.4%	5.0%	8.2%	10.9%			6.7%	10.6%	5.3%	10.5%	3.3%	12.5%	50.0%	7.7%	4.4%		33.3%	6.7%	11.8%	5.3%
Average	84	27	52	13	43	25	10	18	26	39	36	20	22	4	1	46	32	-	3	11	11	58
	62.7%	51.9%	66.7%	65.0%	70.5%	54.3%	66.7%	85.7%	57.8%	59.1%	63.2%	52.6%	73.3%	50.0%	50.0%	59.0%	71.1%		50.0%	73.3%	64.7%	61.7%
			b		f			IJ					l									
Somewhat above average	23	13	9	3	9	9	3	2	9	11	11	9	3	2	-	14	7	-	1	3	2	17
	17.2%	25.0%	11.5%	15.0%	14.8%	19.6%	20.0%	9.5%	20.0%	16.7%	19.3%	23.7%	10.0%	25.0%		17.9%	15.6%		16.7%	20.0%	11.8%	18.1%
		c																				
Well above average	14	7	9	2	4	5	2	1	6	7	6	4	3	1	-	9	4	-	-	-	1	12
	10.4%	13.5%	11.5%	10.0%	6.6%	10.9%	13.3%	4.8%	13.3%	10.6%	10.5%	10.5%	10.0%	12.5%		11.5%	8.9%				5.9%	12.8%
Not Applicable	53	10	27	8	15	22	6	13	19	21	26	13	7	3	-	31	19	-	5	6	11	29
Summary Rate - Well above average/Somewhat above average	37	20	18	5	13	14	5	3	15	18	17	13	6	3	-	23	11	-	1	3	3	29
	27.6%	38.5%	23.1%	25.0%	21.3%	30.4%	33.3%	14.3%	33.3%	27.3%	29.8%	34.2%	20.0%	37.5%		29.5%	24.4%		16.7%	20.0%	17.6%	30.9%
		c							h													

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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4F. The timeliness of feedback/reports from specialists in this health plan's provider network.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	131	54	74	22	59	46	17	21	45	63	51	40	30	6	1	78	45	-	6	12	21	89
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	49	14	30	8	18	13	7	12	18	18	18	14	8	-	1	26	22	-	3	3	7	34
Well below average	1	1	-	-	-	1	-	-	-	1	-	1	-	-	-	1	-	-	-	-	1	-
	0.8%	1.9%				2.2%				1.6%		2.5%				1.3%					4.8%	
Somewhat below average	8	6	3	2	2	4	1	1	3	4	2	5	-	-	-	6	2	-	-	2	-	6
	6.1%	11.1%	4.1%	9.1%	3.4%	8.7%	5.9%	4.8%	6.7%	6.3%	3.9%	12.5%				7.7%	4.4%			16.7%		6.7%
Average	105	37	65	15	49	35	15	18	37	48	46	26	24	5	1	58	40	-	5	9	19	70
	80.2%	68.5%	87.8%	68.2%	83.1%	76.1%	88.2%	85.7%	82.2%	76.2%	90.2%	65.0%	80.0%	83.3%	100.0%	74.4%	88.9%		83.3%	75.0%	90.5%	78.7%
			Bd								L				PQ		P					
Somewhat above average	9	6	4	2	4	5	-	1	3	5	2	4	3	1	-	6	2	-	1	-	-	8
	6.9%	11.1%	5.4%	9.1%	6.8%	10.9%		4.8%	6.7%	7.9%	3.9%	10.0%	10.0%	16.7%		7.7%	4.4%		16.7%			9.0%
Well above average	8	4	2	3	4	1	1	1	2	5	1	4	3	-	-	7	1	-	-	1	1	5
	6.1%	7.4%	2.7%	13.6%	6.8%	2.2%	5.9%	4.8%	4.4%	7.9%	2.0%	10.0%	10.0%			9.0%	2.2%			8.3%	4.8%	5.6%
																q						
Not Applicable	58	9	33	7	18	23	4	13	21	24	31	13	7	5	1	34	18	1	5	9	8	34
Summary Rate - Well above average/Somewhat above average	17	10	6	5	8	6	1	2	5	10	3	8	6	1	-	13	3	-	1	1	1	13
	13.0%	18.5%	8.1%	22.7%	13.6%	13.0%	5.9%	9.5%	11.1%	15.9%	5.9%	20.0%	20.0%	16.7%		16.7%	6.7%		16.7%	8.3%	4.8%	14.6%
		c										K	k			q						u

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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5A. Ease of reaching health plan call center staff over the phone.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	166	59	96	25	71	58	18	28	56	80	70	51	35	10	2	101	52	-	9	18	26	110
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	56	15	35	9	22	16	8	14	21	20	22	14	9	1	1	28	26	-	4	4	8	38
Well below average	5	3	3	1	2	3	-	-	1	4	3	2	-	2	-	2	1	-	1	1	1	2
	3.0%	5.1%	3.1%	4.0%	2.8%	5.2%			1.8%	5.0%	4.3%	3.9%		20.0%		2.0%	1.9%		11.1%	5.6%	3.8%	1.8%
Somewhat below average	6	1	5	-	2	3	-	1	1	4	3	1	2	2	-	2	2	-	1	1	2	2
	3.6%	1.7%	5.2%		2.8%	5.2%		3.6%	1.8%	5.0%	4.3%	2.0%	5.7%	20.0%		2.0%	3.8%		11.1%	5.6%	7.7%	1.8%
Average	101	35	55	16	42	36	11	21	38	41	39	31	24	5	2	63	30	-	3	12	14	71
	60.8%	59.3%	57.3%	64.0%	59.2%	62.1%	61.1%	75.0%	67.9%	51.3%	55.7%	60.8%	68.6%	50.0%	100.0%	62.4%	57.7%		33.3%	66.7%	53.8%	64.5%
								J	J						NPQ					s		s
Somewhat above average	34	12	18	5	16	11	4	4	11	18	18	9	5	1	-	20	13	-	4	3	6	19
	20.5%	20.3%	18.8%	20.0%	22.5%	19.0%	22.2%	14.3%	19.6%	22.5%	25.7%	17.6%	14.3%	10.0%		19.8%	25.0%		44.4%	16.7%	23.1%	17.3%
Well above average	20	8	15	3	9	5	3	2	5	13	7	8	4	-	-	14	6	-	-	1	3	16
	12.0%	13.6%	15.6%	12.0%	12.7%	8.6%	16.7%	7.1%	8.9%	16.3%	10.0%	15.7%	11.4%			13.9%	11.5%			5.6%	11.5%	14.5%
Not Applicable	16	3	6	3	2	8	2	4	7	5	8	2	1	-	-	9	7	1	1	2	2	9
Summary Rate - Well above average/Somewhat above average	54	20	33	8	25	16	7	6	16	31	25	17	9	1	-	34	19	-	4	4	9	35
	32.5%	33.9%	34.4%	32.0%	35.2%	27.6%	38.9%	21.4%	28.6%	38.8%	35.7%	33.3%	25.7%	10.0%		33.7%	36.5%		44.4%	22.2%	34.6%	31.8%
										h						N	N					

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
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5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	166	58	94	27	68	61	19	31	56	77	70	50	36	10	2	105	48	-	9	18	26	111
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	55	15	34	8	21	16	8	14	20	20	22	14	9	1	1	27	26	-	3	4	8	38
Well below average	6	2	4	1	2	4	-	-	3	3	5	1	-	3	-	2	1	-	1	2	-	3
	3.6%	3.4%	4.3%	3.7%	2.9%	6.6%			5.4%	3.9%	7.1%	2.0%		30.0%		1.9%	2.1%		11.1%	11.1%		2.7%
														pq								
Somewhat below average	4	2	2	1	2	2	-	-	2	2	1	1	2	1	-	3	-	-	1	-	2	1
	2.4%	3.4%	2.1%	3.7%	2.9%	3.3%			3.6%	2.6%	1.4%	2.0%	5.6%	10.0%		2.9%			11.1%		7.7%	0.9%
Average	94	29	52	16	38	33	10	20	31	42	38	27	22	4	2	59	28	-	4	10	16	63
	56.6%	50.0%	55.3%	59.3%	55.9%	54.1%	52.6%	64.5%	55.4%	54.5%	54.3%	54.0%	61.1%	40.0%	100.0%	56.2%	58.3%		44.4%	55.6%	61.5%	56.8%
															NPQ							
Somewhat above average	37	17	17	3	16	13	5	8	11	17	15	14	7	2	-	21	14	-	2	4	6	25
	22.3%	29.3%	18.1%	11.1%	23.5%	21.3%	26.3%	25.8%	19.6%	22.1%	21.4%	28.0%	19.4%	20.0%		20.0%	29.2%		22.2%	22.2%	23.1%	22.5%
		D																				
Well above average	25	8	19	6	10	9	4	3	9	13	11	7	5	-	-	20	5	-	1	2	2	19
	15.1%	13.8%	20.2%	22.2%	14.7%	14.8%	21.1%	9.7%	16.1%	16.9%	15.7%	14.0%	13.9%			19.0%	10.4%		11.1%	11.1%	7.7%	17.1%
Not Applicable	17	4	9	2	6	5	1	1	8	8	8	3	-	-	-	6	11	1	2	2	2	8
Summary Rate - Well above average/Somewhat above average	62	25	36	9	26	22	9	11	20	30	26	21	12	2	-	41	19	-	3	6	8	44
	37.3%	43.1%	38.3%	33.3%	38.2%	36.1%	47.4%	35.5%	35.7%	39.0%	37.1%	42.0%	33.3%	20.0%		39.0%	39.6%		33.3%	33.3%	30.8%	39.6%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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6A. Do you have a Provider Relations representative from this health plan assigned to your practice?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	148	47	81	22	57	55	15	25	55	66	65	41	30	8	2	93	44	1	10	19	21	95
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	90	30	56	15	38	27	13	21	29	39	35	26	15	3	1	45	41	-	4	5	15	62
Yes	24	9	11	8	7	10	5	3	8	13	7	11	5	-	1	17	5	-	3	2	3	16
	16.2%	19.1%	13.6%	36.4%	12.3%	18.2%	33.3%	12.0%	14.5%	19.7%	10.8%	26.8%	16.7%		50.0%	18.3%	11.4%		30.0%	10.5%	14.3%	16.8%
				C								K										
No	124	38	70	14	50	45	10	22	47	53	58	30	25	8	1	76	39	1	7	17	18	79
	83.8%	80.9%	86.4%	63.6%	87.7%	81.8%	66.7%	88.0%	85.5%	80.3%	89.2%	73.2%	83.3%	100%	50.0%	81.7%	88.6%	100%	70.0%	89.5%	85.7%	83.2%
			D								L			PQ				SuV				
Summary Rate - Yes	24	9	11	8	7	10	5	3	8	13	7	11	5	-	1	17	5	-	3	2	3	16
	16.2%	19.1%	13.6%	36.4%	12.3%	18.2%	33.3%	12.0%	14.5%	19.7%	10.8%	26.8%	16.7%		50.0%	18.3%	11.4%		30.0%	10.5%	14.3%	16.8%
				C								K										

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
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Aetna Better Health of West Virginia
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6B. Provider Relations representative's ability to answer questions and resolve problems.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	24	9	11	8	7	10	5	3	8	13	7	11	5	-	1	17	5	-	3	2	3	16
Total Answering	20	8	8	8	6	7	5	3	7	10	6	9	4	-	1	13	5	-	3	1	2	14
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Well below average	3	1	1	1	1	-	1	1	1	1	-	2	1	-	-	1	1	-	-	1	-	2
	15.0%	12.5%	12.5%	12.5%	16.7%		20.0%	33.3%	14.3%	10.0%		22.2%	25.0%			7.7%	20.0%			100.0% V		14.3%
Somewhat below average	1	-	-	1	-	1	-	-	1	-	1	-	-	-	1	-	-	-	1	-	-	-
	5.0%			12.5%		14.3%			14.3%		16.7%				100.0%				33.3%			
Average	9	6	5	3	2	4	2	2	2	5	4	3	1	-	-	8	1	-	1	-	1	7
	45.0%	75.0%	62.5%	37.5%	33.3%	57.1%	40.0%	66.7%	28.6%	50.0%	66.7%	33.3%	25.0%			61.5% q	20.0%		33.3%		50.0%	50.0%
Somewhat above average	4	1	2	2	1	2	1	-	3	1	-	2	2	-	-	3	1	-	-	-	-	4
	20.0%	12.5%	25.0%	25.0%	16.7%	28.6%	20.0%		42.9%	10.0%		22.2%	50.0%			23.1%	20.0%					28.6%
Well above average	3	-	-	1	2	-	1	-	-	3	1	2	-	-	-	1	2	-	1	-	1	1
	15.0%			12.5%	33.3%		20.0%			30.0%	16.7%	22.2%				7.7%	40.0%		33.3%		50.0%	7.1%
Not Applicable	4	1	3	-	1	3	-	-	1	3	1	2	1	-	-	4	-	-	-	1	1	2
Summary Rate - Well above average/Somewhat above average	7	1	2	3	3	2	2	-	3	4	1	4	2	-	-	4	3	-	1	-	1	5
	35.0%	12.5%	25.0%	37.5%	50.0%	28.6%	40.0%		42.9%	40.0%	16.7%	44.4%	50.0%			30.8%	60.0%		33.3%		50.0%	35.7%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

6C. Quality of provider orientation process.

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	105	43	59	21	48	37	11	19	37	49	37	36	24	7	2	61	34	-	8	15	16	65
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	69	21	42	10	27	21	10	16	24	27	30	17	12	1	1	34	33	-	3	4	9	51
Well below average	8	3	4	2	3	4	-	1	3	4	5	2	1	3	1	1	2	-	2	2	1	3
	7.6%	7.0%	6.8%	9.5%	6.3%	10.8%		5.3%	8.1%	8.2%	13.5%	5.6%	4.2%	42.9%	50.0%	1.6%	5.9%		25.0%	13.3%	6.3%	4.6%
														Pq								
Somewhat below average	9	3	7	1	6	1	-	1	3	5	3	4	1	1	-	6	2	-	-	1	5	3
	8.6%	7.0%	11.9%	4.8%	12.5%	2.7%		5.3%	8.1%	10.2%	8.1%	11.1%	4.2%	14.3%		9.8%	5.9%			6.7%	31.3%	4.6%
					f																tV	
Average	78	34	44	16	32	31	10	17	29	32	26	26	19	2	1	49	26	-	4	12	8	53
	74.3%	79.1%	74.6%	76.2%	66.7%	83.8%	90.9%	89.5%	78.4%	65.3%	70.3%	72.2%	79.2%	28.6%	50.0%	80.3%	76.5%		50.0%	80.0%	50.0%	81.5%
						e	E	J								N	N			u		sU
Somewhat above average	6	2	4	-	4	-	1	-	1	5	2	3	1	1	-	3	2	-	1	-	-	5
	5.7%	4.7%	6.8%		8.3%		9.1%		2.7%	10.2%	5.4%	8.3%	4.2%	14.3%		4.9%	5.9%		12.5%			7.7%
Well above average	4	1	-	2	3	1	-	-	1	3	1	1	2	-	-	2	2	-	1	-	2	1
	3.8%	2.3%		9.5%	6.3%	2.7%			2.7%	6.1%	2.7%	2.8%	8.3%			3.3%	5.9%		12.5%		12.5%	1.5%
Not Applicable	64	13	36	6	20	24	7	11	23	29	33	14	9	3	-	43	18	1	3	5	11	41
Summary Rate - Well above average/Somewhat above average	10	3	4	2	7	1	1	-	2	8	3	4	3	1	-	5	4	-	2	-	2	6
	9.5%	7.0%	6.8%	9.5%	14.6%	2.7%	9.1%		5.4%	16.3%	8.1%	11.1%	12.5%	14.3%		8.2%	11.8%		25.0%		12.5%	9.2%
					F					i												

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

6D. Quality of written communications, policy bulletins, and manuals.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	133	49	78	21	62	43	12	23	45	64	55	43	25	8	2	84	38	-	9	15	19	87
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	70	22	41	11	28	22	10	16	24	28	29	17	14	2	1	33	34	-	3	5	10	50
Well below average	7	3	3	2	4	2	-	1	2	4	4	2	1	1	-	3	2	-	1	3	-	3
	5.3%	6.1%	3.8%	9.5%	6.5%	4.7%		4.3%	4.4%	6.3%	7.3%	4.7%	4.0%	12.5%		3.6%	5.3%		11.1%	20.0%		3.4%
Somewhat below average	10	5	5	3	6	3	-	2	5	3	3	6	1	2	1	5	2	-	1	1	5	3
	7.5%	10.2%	6.4%	14.3%	9.7%	7.0%		8.7%	11.1%	4.7%	5.5%	14.0%	4.0%	25.0%	50.0%	6.0%	5.3%		11.1%	6.7%	26.3%	3.4%
																					V	
Average	95	33	60	12	40	37	9	16	33	45	41	27	19	4	1	63	27	-	3	9	11	70
	71.4%	67.3%	76.9%	57.1%	64.5%	86.0%	75.0%	69.6%	73.3%	70.3%	74.5%	62.8%	76.0%	50.0%	50.0%	75.0%	71.1%		33.3%	60.0%	57.9%	80.5%
			d			E																Su
Somewhat above average	17	7	9	4	10	1	3	3	5	9	6	6	3	1	-	10	6	-	4	2	2	9
	12.8%	14.3%	11.5%	19.0%	16.1%	2.3%	25.0%	13.0%	11.1%	14.1%	10.9%	14.0%	12.0%	12.5%		11.9%	15.8%		44.4%	13.3%	10.5%	10.3%
					F		f												tuV			
Well above average	4	1	1	-	2	-	-	1	-	3	1	2	1	-	-	3	1	-	-	-	1	2
	3.0%	2.0%	1.3%		3.2%			4.3%		4.7%	1.8%	4.7%	4.0%			3.6%	2.6%				5.3%	2.3%
Not Applicable	35	6	18	5	5	17	6	7	15	13	16	7	6	1	-	21	13	1	2	4	7	20
Summary Rate - Well above average/Somewhat above average	21	8	10	4	12	1	3	4	5	12	7	8	4	1	-	13	7	-	4	2	3	11
	15.8%	16.3%	12.8%	19.0%	19.4%	2.3%	25.0%	17.4%	11.1%	18.8%	12.7%	18.6%	16.0%	12.5%		15.5%	18.4%		44.4%	13.3%	15.8%	12.6%
					F		f												tv			

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	172	59	98	27	72	61	17	29	61	80	76	47	33	10	2	106	53	1	10	20	25	112
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	66	18	39	10	23	21	11	17	23	25	24	20	12	1	1	32	32	-	4	4	11	45
Yes	145	50	81	21	61	49	17	27	48	68	61	39	31	5	1	91	48	1	8	14	19	99
	84.3%	84.7%	82.7%	77.8%	84.7%	80.3%	100%	93.1%	78.7%	85.0%	80.3%	83.0%	93.9%	50.0%	50.0%	85.8%	90.6%	100%	80.0%	70.0%	76.0%	88.4%
							EF	I					K			N	N	TUV				t
No	27	9	17	6	11	12	-	2	13	12	15	8	2	5	1	15	5	-	2	6	6	13
	15.7%	15.3%	17.3%	22.2%	15.3%	19.7%		6.9%	21.3%	15.0%	19.7%	17.0%	6.1%	50.0%	50.0%	14.2%	9.4%		20.0%	30.0%	24.0%	11.6%
									H		M			PQ						v		
Summary Rate - Yes	145	50	81	21	61	49	17	27	48	68	61	39	31	5	1	91	48	1	8	14	19	99
	84.3%	84.7%	82.7%	77.8%	84.7%	80.3%	100%	93.1%	78.7%	85.0%	80.3%	83.0%	93.9%	50.0%	50.0%	85.8%	90.6%	100%	80.0%	70.0%	76.0%	88.4%
							EF	I					K			N	N	TUV				t

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	170	57	99	28	71	61	18	31	59	78	73	50	34	8	2	105	54	-	8	19	27	112
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	60	18	36	9	24	17	9	15	20	24	24	16	10	2	1	29	28	-	5	3	9	41
Completely dissatisfied	6	1	3	2	3	2	-	1	2	3	4	1	1	2	1	1	1	-	2	1	-	3
	3.5%	1.8%	3.0%	7.1%	4.2%	3.3%		3.2%	3.4%	3.8%	5.5%	2.0%	2.9%	25.0%	50.0%	1.0%	1.9%		25.0%	5.3%		2.7%
Somewhat dissatisfied	12	4	9	2	4	6	-	1	6	5	5	6	1	2	-	6	4	-	-	3	5	4
	7.1%	7.0%	9.1%	7.1%	5.6%	9.8%		3.2%	10.2%	6.4%	6.8%	12.0% m	2.9%	25.0%		5.7%	7.4%			15.8%	18.5% v	3.6%
Neither dissatisfied nor satisfied	23	4	13	3	7	11	2	5	6	12	10	6	2	1	-	15	7	-	1	2	1	18
	13.5%	7.0%	13.1%	10.7%	9.9%	18.0%	11.1%	16.1%	10.2%	15.4%	13.7%	12.0%	5.9%	12.5%		14.3%	13.0%		12.5%	10.5%	3.7%	16.1% U
Somewhat satisfied	75	28	41	14	30	26	12	14	26	34	33	24	13	2	1	53	19	-	3	7	13	51
	44.1%	49.1%	41.4%	50.0%	42.3%	42.6%	66.7% ef	45.2%	44.1%	43.6%	45.2%	48.0%	38.2%	25.0%	50.0%	50.5% q	35.2%		37.5%	36.8%	48.1%	45.5%
Completely satisfied	54	20	33	7	27	16	4	10	19	24	21	13	17	1	-	30	23	-	2	6	8	36
	31.8%	35.1%	33.3%	25.0%	38.0%	26.2%	22.2%	32.3%	32.2%	30.8%	28.8%	26.0%	50.0% KL	12.5%		28.6%	42.6% Np		25.0%	31.6%	29.6%	32.1%
Does not apply	8	2	2	-	-	4	1	-	5	3	3	1	1	1	-	4	3	1	1	2	-	4
Summary Rate - Completely satisfied/ Somewhat satisfied	129	48	74	21	57	42	16	24	45	58	54	37	30	3	1	83	42	-	5	13	21	87
	75.9%	84.2%	74.7%	75.0%	80.3%	68.9%	88.9% F	77.4%	76.3%	74.4%	74.0%	74.0%	88.2% kl	37.5%	50.0%	79.0% N	77.8% N		62.5%	68.4%	77.8%	77.7%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	124	40	73	24	56	44	11	23	44	55	59	35	22	5	2	80	36	-	5	15	17	84
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	71	22	43	11	29	19	9	15	23	32	30	20	10	5	1	34	31	-	6	4	11	48
Completely dissatisfied	2	-	2	1	2	-	-	1	1	-	1	-	-	1	-	1	-	-	1	1	-	-
	1.6%		2.7%	4.2%	3.6%			4.3%	2.3%		1.7%			20.0%		1.3%			20.0%	6.7%		
Somewhat dissatisfied	7	2	4	2	2	3	-	2	3	2	3	2	2	1	1	5	-	-	-	3	-	4
	5.6%	5.0%	5.5%	8.3%	3.6%	6.8%		8.7%	6.8%	3.6%	5.1%	5.7%	9.1%	20.0%	50.0%	6.3%				20.0%		4.8%
Neither dissatisfied nor satisfied	26	4	18	3	10	10	2	6	9	11	10	9	3	1	-	13	12	-	-	3	3	19
	21.0%	10.0%	24.7%	12.5%	17.9%	22.7%	18.2%	26.1%	20.5%	20.0%	16.9%	25.7%	13.6%	20.0%		16.3%	33.3%			20.0%	17.6%	22.6%
			B														p					
Somewhat satisfied	47	21	22	8	21	13	9	8	15	23	23	15	8	1	-	31	15	-	1	2	10	33
	37.9%	52.5%	30.1%	33.3%	37.5%	29.5%	81.8%	34.8%	34.1%	41.8%	39.0%	42.9%	36.4%	20.0%		38.8%	41.7%		20.0%	13.3%	58.8%	39.3%
		C					EF														sT	T
Completely satisfied	42	13	27	10	21	18	-	6	16	19	22	9	9	1	1	30	9	-	3	6	4	28
	33.9%	32.5%	37.0%	41.7%	37.5%	40.9%		26.1%	36.4%	34.5%	37.3%	25.7%	40.9%	20.0%	50.0%	37.5%	25.0%		60.0%	40.0%	23.5%	33.3%
Does not apply	43	15	21	2	10	19	8	8	17	18	11	12	13	1	-	24	18	1	3	5	8	25
Summary Rate - Completely satisfied/ Somewhat satisfied	89	34	49	18	42	31	9	14	31	42	45	24	17	2	1	61	24	-	4	8	14	61
	71.8%	85.0%	67.1%	75.0%	75.0%	70.5%	81.8%	60.9%	70.5%	76.4%	76.3%	68.6%	77.3%	40.0%	50.0%	76.3%	66.7%		80.0%	53.3%	82.4%	72.6%
		C																			t	

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

7D. Please rate your overall satisfaction with Unicare.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	151	51	84	26	62	53	17	29	54	66	66	45	27	6	2	97	45	1	6	15	25	101
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	63	20	37	10	26	17	9	15	20	27	25	18	10	4	1	30	28	-	5	4	10	42
Completely dissatisfied	7	2	7	-	5	2	-	1	1	5	5	-	2	2	-	5	-	-	-	1	-	6
	4.6%	3.9%	8.3%		8.1%	3.8%		3.4%	1.9%	7.6%	7.6%		7.4%	33.3%		5.2%				6.7%		5.9%
Somewhat dissatisfied	9	1	6	-	3	2	2	3	3	3	5	3	-	-	-	7	2	-	-	1	1	7
	6.0%	2.0%	7.1%		4.8%	3.8%	11.8%	10.3%	5.6%	4.5%	7.6%	6.7%				7.2%	4.4%			6.7%	4.0%	6.9%
Neither dissatisfied nor satisfied	35	9	21	2	10	16	3	8	9	18	17	10	4	3	-	19	13	1	2	2	6	22
	23.2%	17.6%	25.0%	7.7%	16.1%	30.2%	17.6%	27.6%	16.7%	27.3%	25.8%	22.2%	14.8%	50.0%		19.6%	28.9%	100%	33.3%	13.3%	24.0%	21.8%
			D			e												STUV				
Somewhat satisfied	59	20	31	13	22	21	11	10	22	26	24	19	10	1	1	37	20	-	2	5	12	40
	39.1%	39.2%	36.9%	50.0%	35.5%	39.6%	64.7%	34.5%	40.7%	39.4%	36.4%	42.2%	37.0%	16.7%	50.0%	38.1%	44.4%		33.3%	33.3%	48.0%	39.6%
							Ef															
Completely satisfied	41	19	19	11	22	12	1	7	19	14	15	13	11	-	1	29	10	-	2	6	6	26
	27.2%	37.3%	22.6%	42.3%	35.5%	22.6%	5.9%	24.1%	35.2%	21.2%	22.7%	28.9%	40.7%		50.0%	29.9%	22.2%		33.3%	40.0%	24.0%	25.7%
		c		c	G	G			j				k									
Does not apply	24	6	16	1	7	12	2	2	10	12	9	4	8	1	-	11	12	-	3	5	1	14
Summary Rate - Completely satisfied/ Somewhat satisfied	100	39	50	24	44	33	12	17	41	40	39	32	21	1	2	66	30	-	4	11	18	66
	66.2%	76.5%	59.5%	92.3%	71.0%	62.3%	70.6%	58.6%	75.9%	60.6%	59.1%	71.1%	77.8%	16.7%	100.0%	68.0%	66.7%		66.7%	73.3%	72.0%	65.3%
		C		BC					j				k		NPQ	N	N					

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

7E. Please rate your overall satisfaction with West Virginia Family Health Pl.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	151	50	87	25	63	52	16	29	52	68	63	44	32	6	1	95	48	1	6	14	25	102
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	63	19	37	10	26	17	9	15	20	27	25	17	10	4	1	29	29	-	5	4	10	42
Completely dissatisfied	6	-	6	3	3	1	-	-	3	3	2	1	2	1	-	4	1	-	1	-	1	4
	4.0%		6.9%	12.0%	4.8%	1.9%			5.8%	4.4%	3.2%	2.3%	6.3%	16.7%		4.2%	2.1%		16.7%		4.0%	3.9%
Somewhat dissatisfied	16	3	11	1	9	6	1	3	6	7	9	6	1	2	-	9	4	-	2	1	3	10
	10.6%	6.0%	12.6%	4.0%	14.3%	11.5%	6.3%	10.3%	11.5%	10.3%	14.3%	13.6%	3.1%	33.3%		9.5%	8.3%		33.3%	7.1%	12.0%	9.8%
											M	m										
Neither dissatisfied nor satisfied	31	11	15	3	10	12	4	8	7	15	12	9	5	2	-	18	11	-	1	2	3	24
	20.5%	22.0%	17.2%	12.0%	15.9%	23.1%	25.0%	27.6%	13.5%	22.1%	19.0%	20.5%	15.6%	33.3%		18.9%	22.9%		16.7%	14.3%	12.0%	23.5%
Somewhat satisfied	63	19	35	11	23	22	10	12	22	29	29	16	14	1	1	40	21	1	1	6	12	42
	41.7%	38.0%	40.2%	44.0%	36.5%	42.3%	62.5%	41.4%	42.3%	42.6%	46.0%	36.4%	43.8%	16.7%	100.0%	42.1%	43.8%	100%	16.7%	42.9%	48.0%	41.2%
							e								NPQ			STUV			s	
Completely satisfied	35	17	20	7	18	11	1	6	14	14	11	12	10	-	-	24	11	-	1	5	6	22
	23.2%	34.0%	23.0%	28.0%	28.6%	21.2%	6.3%	20.7%	26.9%	20.6%	17.5%	27.3%	31.3%			25.3%	22.9%		16.7%	35.7%	24.0%	21.6%
					G	g																
Does not apply	24	8	13	2	6	13	3	2	12	10	12	6	3	1	1	14	8	-	3	6	1	13
Summary Rate - Completely satisfied/ Somewhat satisfied	98	36	55	18	41	33	11	18	36	43	40	28	24	1	1	64	32	1	2	11	18	64
	64.9%	72.0%	63.2%	72.0%	65.1%	63.5%	68.8%	62.1%	69.2%	63.2%	63.5%	63.6%	75.0%	16.7%	100.0%	67.4%	66.7%	100%	33.3%	78.6%	72.0%	62.7%
															NPQ	N	N	StUV		S	s	

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
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Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	105	50	54	20	48	35	12	17	37	49	38	34	27	6	1	61	36	-	5	13	15	70
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	51	15	31	9	18	15	7	12	19	19	17	16	8	-	1	28	22	1	3	3	8	34
Well below average	10	6	7	2	4	5	-	-	4	6	3	4	3	-	-	8	2	-	-	1	3	6
	9.5%	12.0%	13.0%	10.0%	8.3%	14.3%			10.8%	12.2%	7.9%	11.8%	11.1%			13.1%	5.6%			7.7%	20.0%	8.6%
Somewhat below average	7	6	2	2	3	2	2	3	-	4	2	2	2	-	-	4	3	-	1	-	3	3
	6.7%	12.0%	3.7%	10.0%	6.3%	5.7%	16.7%	17.6%		8.2%	5.3%	5.9%	7.4%			6.6%	8.3%		20.0%		20.0%	4.3%
Average	68	27	35	13	34	22	7	12	27	27	26	20	18	3	1	37	26	-	3	11	8	45
	64.8%	54.0%	64.8%	65.0%	70.8%	62.9%	58.3%	70.6%	73.0%	55.1%	68.4%	58.8%	66.7%	50.0%	100.0%	60.7%	72.2%		60.0%	84.6%	53.3%	64.3%
									j						NPQ					uv		
Somewhat above average	10	6	4	1	4	3	2	1	2	7	3	7	-	3	-	5	2	-	1	1	-	8
	9.5%	12.0%	7.4%	5.0%	8.3%	8.6%	16.7%	5.9%	5.4%	14.3%	7.9%	20.6%		50.0%		8.2%	5.6%		20.0%	7.7%		11.4%
														PQ								
Well above average	10	5	6	2	3	3	1	1	4	5	4	1	4	-	-	7	3	-	-	-	1	8
	9.5%	10.0%	11.1%	10.0%	6.3%	8.6%	8.3%	5.9%	10.8%	10.2%	10.5%	2.9%	14.8%			11.5%	8.3%				6.7%	11.4%
Not Applicable	82	12	52	8	29	32	9	17	28	37	45	17	10	5	1	49	27	-	6	8	13	53
Summary Rate - Well above average/Somewhat above average	20	11	10	3	7	6	3	2	6	12	7	8	4	3	-	12	5	-	1	1	1	16
	19.0%	22.0%	18.5%	15.0%	14.6%	17.1%	25.0%	11.8%	16.2%	24.5%	18.4%	23.5%	14.8%	50.0%		19.7%	13.9%		20.0%	7.7%	6.7%	22.9%
														q								tU

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
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Aetna Better Health of West Virginia
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4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	103	51	54	20	48	36	12	19	37	45	34	35	27	5	1	63	33	-	4	11	15	73
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	53	14	31	10	18	16	7	12	20	20	20	15	8	1	2	28	22	1	4	5	8	33
Well below average	5	4	3	1	1	4	-	-	1	4	1	3	1	-	-	4	1	-	-	1	1	3
	4.9%	7.8%	5.6%	5.0%	2.1%	11.1%			2.7%	8.9%	2.9%	8.6%	3.7%			6.3%	3.0%			9.1%	6.7%	4.1%
Somewhat below average	4	2	2	1	1	3	-	1	1	2	-	2	2	-	-	1	3	-	-	-	1	3
	3.9%	3.9%	3.7%	5.0%	2.1%	8.3%		5.3%	2.7%	4.4%		5.7%	7.4%			1.6%	9.1%				6.7%	4.1%
Average	70	33	35	12	37	19	9	16	26	26	27	20	19	3	1	44	21	-	2	9	10	49
	68.0%	64.7%	64.8%	60.0%	77.1% F	52.8%	75.0%	84.2% J	70.3%	57.8%	79.4% L	57.1%	70.4%	60.0%	100.0% nPQ	69.8%	63.6%		50.0%	81.8%	66.7%	67.1%
Somewhat above average	11	5	6	3	3	5	2	-	3	8	1	8	2	2	-	4	5	-	1	-	2	8
	10.7%	9.8%	11.1%	15.0%	6.3%	13.9%	16.7%		8.1%	17.8%	2.9%	22.9% Km	7.4%	40.0%		6.3%	15.2%		25.0%		13.3%	11.0%
Well above average	13	7	8	3	6	5	1	2	6	5	5	2	3	-	-	10	3	-	1	1	1	10
	12.6%	13.7%	14.8%	15.0%	12.5%	13.9%	8.3%	10.5%	16.2%	11.1%	14.7%	5.7%	11.1%			15.9%	9.1%		25.0%	9.1%	6.7%	13.7%
Not Applicable	82	12	52	7	29	30	9	15	27	40	46	17	10	5	-	47	30	-	6	8	13	51
Summary Rate - Well above average/Somewhat above average	24	12	14	6	9	10	3	2	9	13	6	10	5	2	-	14	8	-	2	1	3	18
	23.3%	23.5%	25.9%	30.0%	18.8%	27.8%	25.0%	10.5%	24.3%	28.9% h	17.6%	28.6%	18.5%	40.0%		22.2%	24.2%		50.0%	9.1%	20.0%	24.7%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	89	45	45	17	40	31	11	17	35	36	30	31	24	6	1	50	32	-	4	11	14	59
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	54	16	33	9	21	16	7	14	20	19	21	14	8	-	1	28	25	-	3	4	9	36
Well below average	3	2	1	-	-	2	1	1	1	1	1	2	-	-	-	3	-	-	-	-	1	2
	3.4%	4.4%	2.2%			6.5%	9.1%	5.9%	2.9%	2.8%	3.3%	6.5%				6.0%					7.1%	3.4%
Somewhat below average	7	4	4	-	5	2	-	-	4	3	3	4	-	-	-	5	2	-	-	2	1	4
	7.9%	8.9%	8.9%		12.5%	6.5%			11.4%	8.3%	10.0%	12.9%				10.0%	6.3%			18.2%	7.1%	6.8%
Average	70	32	37	15	30	23	10	15	27	27	24	22	20	5	1	37	27	-	3	9	12	45
	78.7%	71.1%	82.2%	88.2% b	75.0%	74.2%	90.9%	88.2%	77.1%	75.0%	80.0%	71.0%	83.3%	83.3%	100.0% PQ	74.0%	84.4%		75.0%	81.8%	85.7%	76.3%
Somewhat above average	5	4	1	1	4	1	-	1	1	3	1	2	2	1	-	2	2	-	1	-	-	4
	5.6%	8.9%	2.2%	5.9%	10.0%	3.2%		5.9%	2.9%	8.3%	3.3%	6.5%	8.3%	16.7%		4.0%	6.3%		25.0%			6.8%
Well above average	4	3	2	1	1	3	-	-	2	2	1	1	2	-	-	3	1	-	-	-	-	4
	4.5%	6.7%	4.4%	5.9%	2.5%	9.7%			5.7%	5.6%	3.3%	3.2%	8.3%			6.0%	3.1%					6.8%
Not Applicable	95	16	59	11	34	35	10	15	29	50	49	22	13	5	1	60	28	1	7	9	13	62
Summary Rate - Well above average/Somewhat above average	9	7	3	2	5	4	-	1	3	5	2	3	4	1	-	5	3	-	1	-	-	8
	10.1%	15.6%	6.7%	11.8%	12.5%	12.9%		5.9%	8.6%	13.9%	6.7%	9.7%	16.7%	16.7%		10.0%	9.4%		25.0%			13.6%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

H. How do you provide 24 hour availability?

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	218	73	128	33	88	74	27	45	76	95	91	61	42	11	3	125	78	1	13	22	33	143
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	20	4	9	4	7	8	1	1	8	10	9	6	3	-	-	13	7	-	1	2	3	14
Arrange for covering physician	16	7	10	4	6	7	3	2	6	8	5	4	6	1	-	12	3	-	2	2	1	11
	7.3%	9.6%	7.8%	12.1%	6.8%	9.5%	11.1%	4.4%	7.9%	8.4%	5.5%	6.6%	14.3%	9.1%		9.6%	3.8%		15.4%	9.1%	3.0%	7.7%
																q						
Forward calls to answering service	69	29	40	12	27	23	10	13	28	27	26	23	14	3	1	41	24	-	1	8	8	50
	31.7%	39.7%	31.3%	36.4%	30.7%	31.1%	37.0%	28.9%	36.8%	28.4%	28.6%	37.7%	33.3%	27.3%	33.3%	32.8%	30.8%		7.7%	36.4%	24.2%	35.0%
																				S		S
Always on-call	63	27	35	10	25	22	9	10	24	29	30	22	8	4	-	41	18	-	1	6	12	43
	28.9%	37.0%	27.3%	30.3%	28.4%	29.7%	33.3%	22.2%	31.6%	30.5%	33.0%	36.1%	19.0%	36.4%		32.8%	23.1%		7.7%	27.3%	36.4%	30.1%
											m	M									S	S
Do not provide 24-hour availability	70	10	43	7	30	22	5	20	18	31	30	12	14	3	2	31	33	1	9	6	12	39
	32.1%	13.7%	33.6%	21.2%	34.1%	29.7%	18.5%	44.4%	23.7%	32.6%	33.0%	19.7%	33.3%	27.3%	66.7%	24.8%	42.3%	100%	69.2%	27.3%	36.4%	27.3%
			B		g			I			l						P	STUV	TUV			

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Presented by SPH Analytics
770-978-3173
2017

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

I. Is the provider of Hispanic or Latino origin or descent?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	222	71	129	34	95	76	26	42	76	101	98	58	43	11	3	129	78	1	14	24	33	144
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	16	6	8	3	-	6	2	4	8	4	2	9	2	-	-	9	7	-	-	-	3	13
Yes, Hispanic or Latino	6	2	5	2	4	2	-	-	3	3	4	-	1	1	-	3	2	-	2	-	1	3
	2.7%	2.8%	3.9%	5.9%	4.2%	2.6%			3.9%	3.0%	4.1%		2.3%	9.1%		2.3%	2.6%		14.3%		3.0%	2.1%
No, Not Hispanic or Latino	216	69	124	32	91	74	26	42	73	98	94	58	42	10	3	126	76	1	12	24	32	141
	97.3%	97.2%	96.1%	94.1%	95.8%	97.4%	100%	100%	96.1%	97.0%	95.9%	100.0%	97.7%	90.9%	100.0%	97.7%	97.4%	100%	85.7%	100.0%	97.0%	97.9%
							E	ij				K			p			v		v		

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

J. What is the provider's race? Mark one or more.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
Total Eligible	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Valid Responses	269	95	152	54	98	97	38	55	91	121	107	84	55	15	3	160	90	1	15	28	42	178
Total Respondents	223	76	126	37	90	79	26	44	77	100	94	62	45	11	3	132	76	1	14	24	34	146
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
White	180	56	98	30	65	70	22	36	63	80	79	52	33	7	2	111	59	1	9	22	27	118
	80.7%	73.7%	77.8%	81.1%	72.2%	88.6%	84.6%	81.8%	81.8%	80.0%	84.0%	83.9%	73.3%	63.6%	66.7%	84.1%	77.6%	100%	64.3%	91.7%	79.4%	80.8%
Black or African-American	22	9	11	8	6	9	3	4	11	6	8	8	5	1	1	14	6	-	1	-	6	15
	9.9%	11.8%	8.7%	21.6%	6.7%	11.4%	11.5%	9.1%	14.3%	6.0%	8.5%	12.9%	11.1%	9.1%	33.3%	10.6%	7.9%		7.1%		17.6%	10.3%
Asian	20	7	13	4	5	8	4	5	4	11	8	8	4	5	-	9	6	-	4	1	3	11
	9.0%	9.2%	10.3%	10.8%	5.6%	10.1%	15.4%	11.4%	5.2%	11.0%	8.5%	12.9%	8.9%	45.5%		6.8%	7.9%		28.6%	4.2%	8.8%	7.5%
Native Hawaiian or other Pacific Islander	4	2	2	1	2	1	-	1	1	2	-	4	-	1	-	3	-	-	-	-	1	3
	1.8%	2.6%	1.6%	2.7%	2.2%	1.3%		2.3%	1.3%	2.0%		6.5%		9.1%		2.3%					2.9%	2.1%
American Indian or Alaska Native	3	3	1	3	1	-	2	-	1	2	-	1	2	1	-	1	1	-	-	-	1	2
	1.3%	3.9%	0.8%	8.1%	1.1%		7.7%		1.3%	2.0%		1.6%	4.4%	9.1%		0.8%	1.3%				2.9%	1.4%
Other	40	18	27	8	19	9	7	9	11	20	12	11	11	-	-	22	18	-	1	5	4	29
	17.9%	23.7%	21.4%	21.6%	21.1%	11.4%	26.9%	20.5%	14.3%	20.0%	12.8%	17.7%	24.4%			16.7%	23.7%		7.1%	20.8%	11.8%	19.9%

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

2E. Timeliness of claims payment.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	187	59	108	29	78	66	16	32	65	88	84	56	37	11	3	106	66	-	12	22	29	121
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	24	8	16	4	11	4	5	8	10	5	7	5	5	-	-	14	10	1	1	1	2	17
Well below average	7	2	4	2	2	3	1	1	3	3	2	4	1	1	1	2	3	-	2	1	-	4
	3.7%	3.4%	3.7%	6.9%	2.6%	4.5%	6.3%	3.1%	4.6%	3.4%	2.4%	7.1%	2.7%	9.1%	33.3%	1.9%	4.5%		16.7%	4.5%		3.3%
Somewhat below average	8	3	5	2	4	3	1	2	-	6	4	2	2	-	-	5	2	-	-	1	-	7
	4.3%	5.1%	4.6%	6.9%	5.1%	4.5%	6.3%	6.3%		6.8%	4.8%	3.6%	5.4%			4.7%	3.0%			4.5%		5.8%
Average	124	36	73	18	52	43	10	20	45	57	57	37	21	8	2	65	49	-	6	13	23	80
	66.3%	61.0%	67.6%	62.1%	66.7%	65.2%	62.5%	62.5%	69.2%	64.8%	67.9%	66.1%	56.8%	72.7%	66.7%	61.3%	74.2% p		50.0%	59.1%	79.3% s	66.1%
Somewhat above average	30	10	17	4	13	9	4	6	11	13	12	9	8	-	-	21	9	-	2	5	3	19
	16.0%	16.9%	15.7%	13.8%	16.7%	13.6%	25.0%	18.8%	16.9%	14.8%	14.3%	16.1%	21.6%			19.8%	13.6%		16.7%	22.7%	10.3%	15.7%
Well above average	18	8	9	3	7	8	-	3	6	9	9	4	5	2	-	13	3	-	2	2	3	11
	9.6%	13.6%	8.3%	10.3%	9.0%	12.1%		9.4%	9.2%	10.2%	10.7%	7.1%	13.5%	18.2%		12.3% q	4.5%		16.7%	9.1%	10.3%	9.1%
Not applicable	27	10	13	4	6	12	7	6	9	12	9	6	3	-	-	18	9	-	1	1	5	19
Summary Rate - Well above average/Somewhat above average	48	18	26	7	20	17	4	9	17	22	21	13	13	2	-	34	12	-	4	7	6	30
	25.7%	30.5%	24.1%	24.1%	25.6%	25.8%	25.0%	28.1%	26.2%	25.0%	25.0%	23.2%	35.1%	18.2%		32.1% Q	18.2%		33.3%	31.8%	20.7%	24.8%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

2F. Overall satisfaction with the plan's complaint resolution process.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	173	56	106	27	74	60	17	28	59	84	75	51	37	9	3	97	63	-	12	15	27	116
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	20	7	12	2	8	3	4	8	7	4	6	5	3	1	-	12	7	1	-	2	2	13
Well below average	9	3	6	1	3	4	1	-	2	7	7	2	-	2	1	2	4	-	2	-	-	7
	5.2%	5.4%	5.7%	3.7%	4.1%	6.7%	5.9%		3.4%	8.3%	9.3%	3.9%		22.2%	33.3%	2.1%	6.3%		16.7%			6.0%
Somewhat below average	9	1	6	2	3	2	2	2	4	3	5	4	-	1	1	6	1	-	1	1	3	4
	5.2%	1.8%	5.7%	7.4%	4.1%	3.3%	11.8%	7.1%	6.8%	3.6%	6.7%	7.8%		11.1%	33.3%	6.2%	1.6%		8.3%	6.7%	11.1%	3.4%
Average	107	35	64	20	46	36	11	18	35	52	44	32	22	4	1	57	44	-	5	10	16	74
	61.8%	62.5%	60.4%	74.1%	62.2%	60.0%	64.7%	64.3%	59.3%	61.9%	58.7%	62.7%	59.5%	44.4%	33.3%	58.8%	69.8%		41.7%	66.7%	59.3%	63.8%
Somewhat above average	29	8	20	1	16	10	-	4	12	13	10	8	10	1	-	19	9	-	2	4	4	18
	16.8%	14.3%	18.9%	3.7%	21.6%	16.7%		14.3%	20.3%	15.5%	13.3%	15.7%	27.0%	11.1%		19.6%	14.3%		16.7%	26.7%	14.8%	15.5%
		d	D										k									
Well above average	19	9	10	3	6	8	3	4	6	9	9	5	5	1	-	13	5	-	2	-	4	13
	11.0%	16.1%	9.4%	11.1%	8.1%	13.3%	17.6%	14.3%	10.2%	10.7%	12.0%	9.8%	13.5%	11.1%		13.4%	7.9%		16.7%		14.8%	11.2%
Not applicable	45	14	19	8	13	19	7	10	18	17	19	11	5	1	-	29	15	-	2	7	7	28
Summary Rate - Well above average/Somewhat above average	48	17	30	4	22	18	3	8	18	22	19	13	15	2	-	32	14	-	4	4	8	31
	27.7%	30.4%	28.3%	14.8%	29.7%	30.0%	17.6%	28.6%	30.5%	26.2%	25.3%	25.5%	40.5%	22.2%		33.0%	22.2%		33.3%	26.7%	29.6%	26.7%
		d	d																			

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

3D. Overall satisfaction with the UM pre-certification/authorization process.

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	166	59	97	30	67	62	22	30	59	76	70	47	37	10	2	99	54	-	8	15	27	113
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	38	10	22	4	15	9	3	8	14	14	14	12	3	1	1	21	15	1	4	2	5	24
Completely dissatisfied	7	-	5	3	3	4	-	1	4	2	6	-	1	3	1	3	-	-	2	2	-	3
	4.2%		5.2%	10.0%	4.5%	6.5%		3.3%	6.8%	2.6%	8.6%		2.7%	30.0% p	50.0%	3.0%			25.0%	13.3%		2.7%
Somewhat dissatisfied	12	5	7	2	5	4	2	2	3	7	5	4	2	-	-	7	4	-	2	2	2	6
	7.2%	8.5%	7.2%	6.7%	7.5%	6.5%	9.1%	6.7%	5.1%	9.2%	7.1%	8.5%	5.4%			7.1%	7.4%		25.0%	13.3%	7.4%	5.3%
Neither satisfied nor dissatisfied	32	10	21	3	16	12	3	5	10	17	15	8	4	2	-	18	12	-	1	3	7	21
	19.3%	16.9%	21.6% d	10.0%	23.9%	19.4%	13.6%	16.7%	16.9%	22.4%	21.4%	17.0%	10.8%	20.0%		18.2%	22.2%		12.5%	20.0%	25.9%	18.6%
Somewhat satisfied	62	23	36	13	26	20	10	13	20	28	22	22	15	4	1	40	17	-	2	4	8	47
	37.3%	39.0%	37.1%	43.3%	38.8%	32.3%	45.5%	43.3%	33.9%	36.8%	31.4%	46.8% k	40.5%	40.0%	50.0%	40.4%	31.5%		25.0%	26.7%	29.6%	41.6%
Completely satisfied	53	21	28	9	17	22	7	9	22	22	22	13	15	1	-	31	21	-	1	4	10	36
	31.9%	35.6%	28.9%	30.0%	25.4%	35.5%	31.8%	30.0%	37.3%	28.9%	31.4%	27.7%	40.5%	10.0%		31.3% N	38.9% N		12.5%	26.7%	37.0%	31.9%
Does not apply	34	8	18	3	13	11	3	8	11	15	16	8	5	-	-	18	16	-	2	7	4	20
Summary Rate - Completely satisfied/ Somewhat satisfied	115	44	64	22	43	42	17	22	42	50	44	35	30	5	1	71	38	-	3	8	18	83
	69.3%	74.6%	66.0%	73.3%	64.2%	67.7%	77.3%	73.3%	71.2%	65.8%	62.9%	74.5%	81.1% K	50.0%	50.0%	71.7%	70.4%		37.5%	53.3%	66.7%	73.5% S

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

3G. Extent to which UM staff share review criteria and reasons for adverse determinations.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	139	49	75	20	59	48	17	24	50	64	54	44	32	7	1	80	50	-	6	14	23	93
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	43	14	23	9	17	10	6	9	16	17	16	11	6	2	1	24	16	1	5	3	6	26
Well below average	5	3	3	-	1	3	-	-	1	4	3	2	-	2	-	1	2	-	1	-	-	4
	3.6%	6.1%	4.0%		1.7%	6.3%			2.0%	6.3%	5.6%	4.5%		28.6%		1.3%	4.0%		16.7%			4.3%
Somewhat below average	10	1	6	2	7	2	1	2	3	5	6	3	1	1	1	3	4	-	1	3	2	3
	7.2%	2.0%	8.0%	10.0%	11.9%	4.2%	5.9%	8.3%	6.0%	7.8%	11.1%	6.8%	3.1%	14.3%	100.0% NPQ	3.8%	8.0%		16.7%	21.4%	8.7%	3.2%
Average	92	33	50	14	43	31	10	17	29	45	34	27	23	4	-	56	32	-	3	9	15	64
	66.2%	67.3%	66.7%	70.0%	72.9%	64.6%	58.8%	70.8%	58.0%	70.3%	63.0%	61.4%	71.9%	57.1%		70.0%	64.0%		50.0%	64.3%	65.2%	68.8%
Somewhat above average	24	9	13	3	6	10	4	4	15	5	8	9	7	-	-	15	9	-	1	1	5	17
	17.3%	18.4%	17.3%	15.0%	10.2%	20.8%	23.5%	16.7%	30.0% J	7.8%	14.8%	20.5%	21.9%			18.8%	18.0%		16.7%	7.1%	21.7%	18.3%
Well above average	8	3	3	1	2	2	2	1	2	5	3	3	1	-	-	5	3	-	-	1	1	5
	5.8%	6.1%	4.0%	5.0%	3.4%	4.2%	11.8%	4.2%	4.0%	7.8%	5.6%	6.8%	3.1%			6.3%	6.0%			7.1%	4.3%	5.4%
Not applicable	56	14	39	8	19	24	5	13	18	24	30	12	7	2	1	34	19	-	3	7	7	38
Summary Rate - Well above average/Somewhat above average	32	12	16	4	8	12	6	5	17	10	11	12	8	-	-	20	12	-	1	2	6	22
	23.0%	24.5%	21.3%	20.0%	13.6%	25.0%	35.3% e	20.8%	34.0% J	15.6%	20.4%	27.3%	25.0%			25.0%	24.0%		16.7%	14.3%	26.1%	23.7%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

3H. Consistency of review decisions.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	141	51	82	17	57	53	18	26	48	66	57	45	30	9	-	81	51	-	5	12	23	98
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	46	12	27	9	18	11	6	9	18	18	18	13	5	1	1	27	17	1	5	3	8	27
Well below average	4	3	2	-	1	2	-	-	1	3	2	2	-	1	-	1	2	-	1	-	-	3
	2.8%	5.9%	2.4%		1.8%	3.8%			2.1%	4.5%	3.5%	4.4%		11.1%		1.2%	3.9%		20.0%			3.1%
Somewhat below average	6	2	4	-	6	-	-	2	1	3	5	1	-	2	-	3	1	-	-	1	2	3
	4.3%	3.9%	4.9%		10.5%			7.7%	2.1%	4.5%	8.8%	2.2%		22.2%		3.7%	2.0%			8.3%	8.7%	3.1%
Average	100	33	60	13	44	38	11	19	33	47	40	30	23	5	-	55	40	-	3	9	16	70
	70.9%	64.7%	73.2%	76.5%	77.2%	71.7%	61.1%	73.1%	68.8%	71.2%	70.2%	66.7%	76.7%	55.6%		67.9%	78.4%		60.0%	75.0%	69.6%	71.4%
Somewhat above average	19	8	8	3	3	9	5	3	9	7	5	8	5	1	-	13	5	-	1	1	4	13
	13.5%	15.7%	9.8%	17.6%	5.3%	17.0%	27.8%	11.5%	18.8%	10.6%	8.8%	17.8%	16.7%	11.1%		16.0%	9.8%		20.0%	8.3%	17.4%	13.3%
						E	E															
Well above average	12	5	8	1	3	4	2	2	4	6	5	4	2	-	-	9	3	-	-	1	1	9
	8.5%	9.8%	9.8%	5.9%	5.3%	7.5%	11.1%	7.7%	8.3%	9.1%	8.8%	8.9%	6.7%			11.1%	5.9%			8.3%	4.3%	9.2%
Not applicable	51	14	28	11	20	18	4	11	18	21	25	9	10	1	2	30	17	-	4	9	5	32
Summary Rate - Well above average/Somewhat above average	31	13	16	4	6	13	7	5	13	13	10	12	7	1	-	22	8	-	1	2	5	22
	22.0%	25.5%	19.5%	23.5%	10.5%	24.5%	38.9%	19.2%	27.1%	19.7%	17.5%	26.7%	23.3%	11.1%		27.2%	15.7%		20.0%	16.7%	21.7%	22.4%
						e	E															

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

3I. Timeliness of UM appeals process.

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	126	50	69	17	51	45	18	23	46	56	48	42	29	9	-	72	45	-	5	11	17	90
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	45	13	26	9	18	12	5	9	18	17	17	13	5	1	1	27	16	1	5	3	8	26
Well below average	6	2	4	-	3	1	1	1	1	4	4	2	-	2	-	-	4	-	1	1	-	4
	4.8%	4.0%	5.8%		5.9%	2.2%	5.6%	4.3%	2.2%	7.1%	8.3%	4.8%		22.2%			8.9%		20.0%	9.1%		4.4%
Somewhat below average	5	2	2	-	2	1	1	1	1	3	3	2	-	1	-	2	2	-	-	1	1	2
	4.0%	4.0%	2.9%		3.9%	2.2%	5.6%	4.3%	2.2%	5.4%	6.3%	4.8%		11.1%		2.8%	4.4%			9.1%	5.9%	2.2%
Average	87	32	50	14	39	31	10	17	29	40	34	27	20	5	-	53	29	-	3	7	12	63
	69.0%	64.0%	72.5%	82.4%	76.5%	68.9%	55.6%	73.9%	63.0%	71.4%	70.8%	64.3%	69.0%	55.6%		73.6%	64.4%		60.0%	63.6%	70.6%	70.0%
Somewhat above average	19	10	7	2	5	9	3	3	11	5	4	7	8	1	-	10	8	-	1	1	4	13
	15.1%	20.0%	10.1%	11.8%	9.8%	20.0%	16.7%	13.0%	23.9%	8.9%	8.3%	16.7%	27.6%	11.1%		13.9%	17.8%		20.0%	9.1%	23.5%	14.4%
									J				K									
Well above average	9	4	6	1	2	3	3	1	4	4	3	4	1	-	-	7	2	-	-	1	-	8
	7.1%	8.0%	8.7%	5.9%	3.9%	6.7%	16.7%	4.3%	8.7%	7.1%	6.3%	9.5%	3.4%			9.7%	4.4%			9.1%		8.9%
Not applicable	67	14	42	11	26	25	5	14	20	32	35	12	11	1	2	39	24	-	4	10	11	41
Summary Rate - Well above average/Somewhat above average	28	14	13	3	7	12	6	4	15	9	7	11	9	1	-	17	10	-	1	2	4	21
	22.2%	28.0%	18.8%	17.6%	13.7%	26.7%	33.3%	17.4%	32.6%	16.1%	14.6%	26.2%	31.0%	11.1%		23.6%	22.2%		20.0%	18.2%	23.5%	23.3%
									j				k									

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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3J. Overall satisfaction with the plan's clinical management processes.

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	159	57	92	23	66	56	20	31	53	73	64	50	35	9	2	91	56	-	6	17	24	110
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	43	12	23	8	16	11	5	9	17	16	16	13	5	1	1	24	17	1	4	3	8	25
Well below average	8	3	5	1	2	4	-	-	2	6	5	2	1	2	1	2	3	-	2	-	1	5
	5.0%	5.3%	5.4%	4.3%	3.0%	7.1%			3.8%	8.2%	7.8%	4.0%	2.9%	22.2%	50.0%	2.2%	5.4%		33.3%		4.2%	4.5%
Somewhat below average	5	2	2	1	5	-	-	1	2	2	3	1	1	1	-	2	1	-	-	1	2	2
	3.1%	3.5%	2.2%	4.3%	7.6%			3.2%	3.8%	2.7%	4.7%	2.0%	2.9%	11.1%		2.2%	1.8%			5.9%	8.3%	1.8%
Average	101	35	58	15	46	35	11	24	32	43	41	30	21	5	1	55	40	-	3	11	15	71
	63.5%	61.4%	63.0%	65.2%	69.7%	62.5%	55.0%	77.4% ij	60.4%	58.9%	64.1%	60.0%	60.0%	55.6%	50.0%	60.4%	71.4%		50.0%	64.7%	62.5%	64.5%
Somewhat above average	31	12	17	5	9	11	7	3	13	15	10	12	9	1	-	20	10	-	1	4	3	22
	19.5%	21.1%	18.5%	21.7%	13.6%	19.6%	35.0% e	9.7%	24.5% h	20.5%	15.6%	24.0%	25.7%	11.1%		22.0%	17.9%		16.7%	23.5%	12.5%	20.0%
Well above average	14	5	10	1	4	6	2	3	4	7	5	5	3	-	-	12	2	-	-	1	3	10
	8.8%	8.8%	10.9%	4.3%	6.1%	10.7%	10.0%	9.7%	7.5%	9.6%	7.8%	10.0%	8.6%			13.2% Q	3.6%			5.9%	12.5%	9.1%
Not applicable	36	8	22	6	13	15	3	6	14	16	20	4	5	1	-	23	12	-	4	4	4	22
Summary Rate - Well above average/Somewhat above average	45	17	27	6	13	17	9	6	17	22	15	17	12	1	-	32	12	-	1	5	6	32
	28.3%	29.8%	29.3%	26.1%	19.7%	30.4%	45.0% E	19.4%	32.1%	30.1%	23.4%	34.0%	34.3%	11.1%		35.2% Nq	21.4%		16.7%	29.4%	25.0%	29.1%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
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Provider Satisfaction Survey (9128490)

4E. Do you receive feedback/reports from specialists regarding patients in your care?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	178	61	101	27	71	65	20	33	61	82	75	51	36	6	2	109	60	1	8	20	27	118
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	60	16	36	10	24	17	8	13	23	23	25	16	9	5	1	29	25	-	6	4	9	39
Always	24	12	14	3	10	9	3	4	6	13	7	7	9	1	-	14	9	-	-	3	3	18
	13.5%	19.7%	13.9%	11.1%	14.1%	13.8%	15.0%	12.1%	9.8%	15.9%	9.3%	13.7%	25.0%	16.7%		12.8%	15.0%			15.0%	11.1%	15.3%
													K									
Sometimes	98	41	55	16	39	38	14	17	38	42	39	30	19	2	1	60	35	-	4	7	17	68
	55.1%	67.2%	54.5%	59.3%	54.9%	58.5%	70.0%	51.5%	62.3%	51.2%	52.0%	58.8%	52.8%	33.3%	50.0%	55.0%	58.3%		50.0%	35.0%	63.0%	57.6%
																					T	t
Never	41	8	22	6	18	11	-	10	12	19	21	12	6	2	1	24	13	1	2	10	7	20
	23.0%	13.1%	21.8%	22.2%	25.4%	16.9%		30.3%	19.7%	23.2%	28.0%	23.5%	16.7%	33.3%	50.0%	22.0%	21.7%	100%	25.0%	50.0%	25.9%	16.9%
																		STUV		uV		
Other	15	-	10	2	4	7	3	2	5	8	8	2	2	1	-	11	3	-	2	-	-	12
	8.4%		9.9%	7.4%	5.6%	10.8%	15.0%	6.1%	8.2%	9.8%	10.7%	3.9%	5.6%	16.7%		10.1%	5.0%		25.0%			10.2%
Summary Rate - Always/ Sometimes	122	53	69	19	49	47	17	21	44	55	46	37	28	3	1	74	44	-	4	10	20	86
	68.5%	86.9%	68.3%	70.4%	69.0%	72.3%	85.0%	63.6%	72.1%	67.1%	61.3%	72.5%	77.8%	50.0%	50.0%	67.9%	73.3%		50.0%	50.0%	74.1%	72.9%
		Cd					e						k								t	t

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

4G. Frequency of feedback / reports from specialists for patients in your care.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	130	55	72	21	58	44	17	22	45	61	51	40	31	6	1	79	43	-	5	14	21	88
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	51	15	30	10	18	16	7	12	20	18	18	15	8	-	2	26	23	-	4	3	8	34
Well below average	1	1	-	-	-	1	-	-	-	1	-	1	-	-	-	1	-	-	-	-	1	-
	0.8%	1.8%				2.3%				1.6%		2.5%				1.3%					4.8%	
Somewhat below average	9	6	3	3	2	4	2	3	3	3	2	4	2	1	1	6	1	-	-	1	1	7
	6.9%	10.9%	4.2%	14.3%	3.4%	9.1%	11.8%	13.6%	6.7%	4.9%	3.9%	10.0%	6.5%	16.7%	100.0% NPQ	7.6%	2.3%			7.1%	4.8%	8.0%
Average	104	39	62	15	48	33	15	17	36	49	45	30	22	4	-	60	39	-	4	13	16	70
	80.0%	70.9%	86.1% B	71.4%	82.8%	75.0%	88.2%	77.3%	80.0%	80.3%	88.2% m	75.0%	71.0%	66.7%		75.9%	90.7% P		80.0%	92.9%	76.2%	79.5%
Somewhat above average	11	6	3	2	5	4	-	2	5	4	3	2	6	1	-	7	3	-	1	-	1	8
	8.5%	10.9%	4.2%	9.5%	8.6%	9.1%		9.1%	11.1%	6.6%	5.9%	5.0%	19.4% kl	16.7%		8.9%	7.0%		20.0%		4.8%	9.1%
Well above average	5	3	4	1	3	2	-	-	1	4	1	3	1	-	-	5	-	-	-	-	2	3
	3.8%	5.5%	5.6%	4.8%	5.2%	4.5%			2.2%	6.6%	2.0%	7.5%	3.2%			6.3%					9.5%	3.4%
Not applicable	57	7	35	6	19	22	4	12	19	26	31	12	6	5	-	33	19	1	5	7	7	35
Summary Rate - Well above average/Somewhat above average	16	9	7	3	8	6	-	2	6	8	4	5	7	1	-	12	3	-	1	-	3	11
	12.3%	16.4%	9.7%	14.3%	13.8%	13.6%		9.1%	13.3%	13.1%	7.8%	12.5%	22.6% k	16.7%		15.2%	7.0%		20.0%		14.3%	12.5%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

4H. Do you receive feedback / reports from behavioral health clinicians regarding patients in your care?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	170	59	96	27	71	58	19	31	61	76	73	46	35	7	2	101	59	1	10	19	24	112
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	68	18	41	10	24	24	9	15	23	29	27	21	10	4	1	37	26	-	4	5	12	45
Always	9	6	4	1	4	3	2	3	2	4	3	1	4	1	-	3	5	-	1	1	1	6
	5.3%	10.2%	4.2%	3.7%	5.6%	5.2%	10.5%	9.7%	3.3%	5.3%	4.1%	2.2%	11.4%	14.3%		3.0%	8.5%		10.0%	5.3%	4.2%	5.4%
Sometimes	72	38	35	18	34	23	9	12	30	29	28	23	17	3	2	43	24	-	3	8	10	50
	42.4%	64.4%	36.5%	66.7%	47.9%	39.7%	47.4%	38.7%	49.2%	38.2%	38.4%	50.0%	48.6%	42.9%	100.0%	42.6%	40.7%		30.0%	42.1%	41.7%	44.6%
		C		C											NPQ							
Never	64	13	39	5	27	22	3	10	21	32	32	15	12	2	-	39	22	1	4	10	12	35
	37.6%	22.0%	40.6%	18.5%	38.0%	37.9%	15.8%	32.3%	34.4%	42.1%	43.8%	32.6%	34.3%	28.6%		38.6%	37.3%	100%	40.0%	52.6%	50.0%	31.3%
			BD		G	G												STUV		v	v	
Other	25	2	18	3	6	10	5	6	8	11	10	7	2	1	-	16	8	-	2	-	1	21
	14.7%	3.4%	18.8%	11.1%	8.5%	17.2%	26.3%	19.4%	13.1%	14.5%	13.7%	15.2%	5.7%	14.3%		15.8%	13.6%		20.0%		4.2%	18.8%
			B				e															U
Summary Rate - Always/ Sometimes	81	44	39	19	38	26	11	15	32	33	31	24	21	4	2	46	29	-	4	9	11	56
	47.6%	74.6%	40.6%	70.4%	53.5%	44.8%	57.9%	48.4%	52.5%	43.4%	42.5%	52.2%	60.0%	57.1%	100.0%	45.5%	49.2%		40.0%	47.4%	45.8%	50.0%
		C		C									k		NPQ							

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

4J. Frequency of feedback / reports from behavioral health clinicians for patients in your care.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	83	46	40	16	37	30	11	16	32	33	28	30	21	5	1	48	29	-	3	10	13	57
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	56	15	35	9	21	17	7	14	20	21	21	15	9	1	1	28	26	-	3	5	8	38
Well below average	3	2	2	-	1	2	-	1	-	2	2	1	-	-	-	2	1	-	-	-	1	2
	3.6%	4.3%	5.0%		2.7%	6.7%		6.3%		6.1%	7.1%	3.3%				4.2%	3.4%				7.7%	3.5%
Somewhat below average	9	6	4	1	6	2	1	-	7	1	3	4	2	-	-	6	3	-	-	2	1	6
	10.8%	13.0%	10.0%	6.3%	16.2%	6.7%	9.1%		21.9%	3.0%	10.7%	13.3%	9.5%			12.5%	10.3%			20.0%	7.7%	10.5%
									J													
Average	62	31	31	13	25	22	10	14	22	25	20	23	15	4	1	34	23	-	2	8	11	41
	74.7%	67.4%	77.5%	81.3%	67.6%	73.3%	90.9%	87.5%	68.8%	75.8%	71.4%	76.7%	71.4%	80.0%	100.0%	70.8%	79.3%		66.7%	80.0%	84.6%	71.9%
							E								PQ							
Somewhat above average	7	6	1	1	5	2	-	1	2	4	2	2	3	1	-	4	2	-	1	-	-	6
	8.4%	13.0%	2.5%	6.3%	13.5%	6.7%		6.3%	6.3%	12.1%	7.1%	6.7%	14.3%	20.0%		8.3%	6.9%		33.3%			10.5%
		c																				
Well above average	2	1	2	1	-	2	-	-	1	1	1	-	1	-	-	2	-	-	-	-	-	2
	2.4%	2.2%	5.0%	6.3%		6.7%			3.1%	3.0%	3.6%		4.8%			4.2%						3.5%
Not applicable	99	16	62	12	37	35	10	16	32	51	51	22	15	5	1	62	30	1	8	9	15	62
Summary Rate - Well above average/Somewhat above average	9	7	3	2	5	4	-	1	3	5	3	2	4	1	-	6	2	-	1	-	-	8
	10.8%	15.2%	7.5%	12.5%	13.5%	13.3%		6.3%	9.4%	15.2%	10.7%	6.7%	19.0%	20.0%		12.5%	6.9%		33.3%			14.0%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

5C. Helpfulness of health plan call center staff in finding a network specialist for patients in your care.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	135	56	76	22	59	48	14	20	48	65	56	40	31	7	2	83	42	-	7	13	21	91
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	58	16	35	8	22	17	8	15	20	22	23	15	10	1	1	28	28	-	3	4	8	41
Well below average	4	3	2	-	1	2	-	-	1	3	2	2	-	1	-	1	2	-	1	1	-	2
	3.0%	5.4%	2.6%		1.7%	4.2%			2.1%	4.6%	3.6%	5.0%		14.3%		1.2%	4.8%		14.3%	7.7%		2.2%
Somewhat below average	5	3	1	2	2	2	-	-	4	1	1	4	-	-	1	4	-	-	1	-	4	-
	3.7%	5.4%	1.3%	9.1%	3.4%	4.2%			8.3%	1.5%	1.8%	10.0%			50.0%	4.8%			14.3%		19.0%	
Average	86	32	50	15	41	28	8	16	27	41	36	20	23	5	1	54	25	-	2	8	14	61
	63.7%	57.1%	65.8%	68.2%	69.5%	58.3%	57.1%	80.0% I	56.3%	63.1%	64.3%	50.0%	74.2% L	71.4%	50.0%	65.1%	59.5%		28.6%	61.5%	66.7% s	67.0% S
Somewhat above average	23	10	11	2	8	11	3	3	10	10	10	9	4	1	-	10	12	-	3	2	1	16
	17.0%	17.9%	14.5%	9.1%	13.6%	22.9%	21.4%	15.0%	20.8%	15.4%	17.9%	22.5%	12.9%	14.3%		12.0%	28.6% P		42.9% U	15.4%	4.8%	17.6% U
Well above average	17	8	12	3	7	5	3	1	6	10	7	5	4	-	-	14	3	-	-	2	2	12
	12.6%	14.3%	15.8%	13.6%	11.9%	10.4%	21.4%	5.0%	12.5%	15.4%	12.5%	12.5%	12.9%			16.9% q	7.1%			15.4%	9.5%	13.2%
Not applicable	45	5	26	7	14	17	6	11	16	18	21	12	4	3	-	27	15	1	4	7	7	25
Summary Rate - Well above average/Somewhat above average	40	18	23	5	15	16	6	4	16	20	17	14	8	1	-	24	15	-	3	4	3	28
	29.6%	32.1%	30.3%	22.7%	25.4%	33.3%	42.9%	20.0%	33.3%	30.8%	30.4%	35.0%	25.8%	14.3%		28.9%	35.7%		42.9%	30.8%	14.3%	30.8% u

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

5D. Helpfulness of health plan call center staff in finding network behavioral health services for patients in your care.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	103	52	54	19	43	40	14	17	40	45	38	33	28	7	2	60	33	-	6	10	14	72
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	62	16	39	9	24	18	8	15	21	24	25	16	11	1	1	31	29	-	3	5	9	43
Well below average	5	4	2	-	1	3	1	1	1	3	2	3	-	1	-	3	1	-	1	1	1	2
	4.9%	7.7%	3.7%		2.3%	7.5%	7.1%	5.9%	2.5%	6.7%	5.3%	9.1%		14.3%		5.0%	3.0%		16.7%	10.0%	7.1%	2.8%
Somewhat below average	6	4	1	1	4	2	-	1	4	1	2	3	-	-	1	3	2	-	1	-	3	2
	5.8%	7.7%	1.9%	5.3%	9.3%	5.0%		5.9%	10.0%	2.2%	5.3%	9.1%			50.0%	5.0%	6.1%		16.7%		21.4% v	2.8%
Average	66	29	38	14	29	25	8	11	25	29	27	15	22	5	1	38	21	-	3	9	8	46
	64.1%	55.8%	70.4%	73.7%	67.4%	62.5%	57.1%	64.7%	62.5%	64.4%	71.1% L	45.5%	78.6% L	71.4%	50.0%	63.3%	63.6%		50.0%	90.0% sUV	57.1%	63.9%
Somewhat above average	18	9	7	2	8	7	2	4	6	8	5	9	4	1	-	9	8	-	1	-	1	15
	17.5%	17.3%	13.0%	10.5%	18.6%	17.5%	14.3%	23.5%	15.0%	17.8%	13.2%	27.3%	14.3%	14.3%		15.0%	24.2%		16.7%		7.1%	20.8%
Well above average	8	6	6	2	1	3	3	-	4	4	2	3	2	-	-	7	1	-	-	-	1	7
	7.8%	11.5%	11.1%	10.5%	2.3%	7.5%	21.4% e		10.0%	8.9%	5.3%	9.1%	7.1%			11.7% q	3.0%				7.1%	9.7%
Not applicable	73	9	44	9	28	24	6	14	23	36	37	18	6	3	-	47	23	1	5	9	13	42
Summary Rate - Well above average/Somewhat above average	26	15	13	4	9	10	5	4	10	12	7	12	6	1	-	16	9	-	1	-	2	22
	25.2%	28.8%	24.1%	21.1%	20.9%	25.0%	35.7%	23.5%	25.0%	26.7%	18.4%	36.4% k	21.4%	14.3%		26.7%	27.3%		16.7%		14.3%	30.6%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

5E. Overall satisfaction with health plan's call center service.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	158	57	92	26	66	57	19	27	54	76	67	47	34	9	2	98	48	-	8	17	25	105
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	58	17	35	8	24	16	8	15	20	21	23	14	11	2	1	27	28	-	4	4	8	40
Completely dissatisfied	4	3	2	-	1	2	-	-	2	2	2	1	1	1	-	2	1	-	2	-	-	2
	2.5%	5.3%	2.2%		1.5%	3.5%			3.7%	2.6%	3.0%	2.1%	2.9%	11.1%		2.0%	2.1%		25.0%			1.9%
Somewhat dissatisfied	9	3	5	2	4	3	-	1	4	4	3	5	1	2	1	3	3	-	1	2	5	1
	5.7%	5.3%	5.4%	7.7%	6.1%	5.3%		3.7%	7.4%	5.3%	4.5%	10.6%	2.9%	22.2%	50.0%	3.1%	6.3%		12.5%	11.8%	20.0%	1.0%
																					V	
Neither satisfied nor dissatisfied	30	8	20	4	12	11	5	6	9	15	9	13	4	4	-	16	10	-	1	4	3	22
	19.0%	14.0%	21.7%	15.4%	18.2%	19.3%	26.3%	22.2%	16.7%	19.7%	13.4%	27.7%	11.8%	44.4%		16.3%	20.8%		12.5%	23.5%	12.0%	21.0%
												km		p								
Somewhat satisfied	66	23	34	12	27	26	7	14	24	27	30	16	16	2	1	48	14	-	1	7	11	46
	41.8%	40.4%	37.0%	46.2%	40.9%	45.6%	36.8%	51.9%	44.4%	35.5%	44.8%	34.0%	47.1%	22.2%	50.0%	49.0%	29.2%		12.5%	41.2%	44.0%	43.8%
																nQ				s	S	S
Completely satisfied	49	20	31	8	22	15	7	6	15	28	23	12	12	-	-	29	20	-	3	4	6	34
	31.0%	35.1%	33.7%	30.8%	33.3%	26.3%	36.8%	22.2%	27.8%	36.8%	34.3%	25.5%	35.3%			29.6%	41.7%		37.5%	23.5%	24.0%	32.4%
Does not apply	22	3	10	3	5	9	1	4	10	8	10	6	-	-	-	13	9	1	2	3	3	12
Summary Rate - Completely satisfied/ Somewhat satisfied	115	43	65	20	49	41	14	20	39	55	53	28	28	2	1	77	34	-	4	11	17	80
	72.8%	75.4%	70.7%	76.9%	74.2%	71.9%	73.7%	74.1%	72.2%	72.4%	79.1%	59.6%	82.4%	22.2%	50.0%	78.6%	70.8%		50.0%	64.7%	68.0%	76.2%
											L		L			N	N					

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Presented by SPH Analytics
770-978-3173
2017

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

5F. If you used our language line for translation with our members, how satisfied were you, overall, with the services you received from the language line.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	16	6	12	4	7	8	-	1	3	12	8	1	7	3	-	10	3	-	2	2	2	10
	100.0%	100.0%	100.0%	100%	100%	100%		100%	100%	100%	100%	100.0%	100.0%	100%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	69	20	40	11	27	20	9	16	26	25	27	19	11	2	1	34	32	-	5	3	12	47
Completely dissatisfied	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somewhat dissatisfied	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somewhat satisfied	8	3	7	3	4	4	-	1	1	6	3	1	4	2	-	5	1	-	2	-	1	5
	50.0%	50.0%	58.3%	75.0%	57.1%	50.0%		100%	33.3%	50.0%	37.5%	100.0%	57.1%	66.7%		50.0%	33.3%		100.0%		50.0%	50.0%
								IJ				KM							V			
Completely satisfied	8	3	5	1	3	4	-	-	2	6	5	-	3	1	-	5	2	-	-	2	1	5
	50.0%	50.0%	41.7%	25.0%	42.9%	50.0%			66.7%	50.0%	62.5%		42.9%	33.3%		50.0%	66.7%			100.0%	50.0%	50.0%
																				V		
I didn't use the language line	153	51	85	22	61	54	19	29	55	68	65	47	27	6	2	94	50	1	7	19	22	100
Summary Rate - Completely satisfied/ Somewhat satisfied	16	6	12	4	7	8	-	1	3	12	8	1	7	3	-	10	3	-	2	2	2	10
	100.0%	100.0%	100.0%	100%	100%	100%		100%	100%	100%	100%	100.0%	100.0%	100%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

8A. Have you logged into and used the Aetna Better Health of West Virginia Provider Portal?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	238	77	137	37	95	82	28	46	84	105	100	67	45	11	3	138	85	1	14	24	36	157
Total Answering	171	57	96	26	66	64	18	30	62	77	73	48	34	8	2	105	55	1	10	21	26	109
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%
No Answer	67	20	41	11	29	18	10	16	22	28	27	19	11	3	1	33	30	-	4	3	10	48
Yes	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
	31.6%	36.8%	36.5%	38.5%	36.4%	35.9%	16.7%	30.0%	24.2%	37.7%	31.5%	27.1%	41.2%	25.0%	100.0%	33.3%	27.3%		30.0%	19.0%	19.2%	36.7%
					g	g				i					NPQ							tu
No	117	36	61	16	42	41	15	21	47	48	50	35	20	6	-	70	40	1	7	17	21	69
	68.4%	63.2%	63.5%	61.5%	63.6%	64.1%	83.3%	70.0%	75.8%	62.3%	68.5%	72.9%	58.8%	75.0%		66.7%	72.7%	100%	70.0%	81.0%	80.8%	63.3%
							ef		j									STUV		v	v	
Summary Rate - Yes	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
	31.6%	36.8%	36.5%	38.5%	36.4%	35.9%	16.7%	30.0%	24.2%	37.7%	31.5%	27.1%	41.2%	25.0%	100.0%	33.3%	27.3%		30.0%	19.0%	19.2%	36.7%
					g	g				i					NPQ							tu

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

8B. Finding information you needed regarding member eligibility.

	Total Answering	Area of Medicine: Primry Care	Spclty	BH Clin.	Physicians in Practice: Solo	2-5	>5	Years in Practice: <5 yrs	5-15 yrs	16 yrs+	Managed Care Volume: 0-10%	11-20%	21-100%	Survey Respondent: Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	Insurance Participation: 3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
Total Answering	52	20	33	10	22	23	3	9	14	28	22	12	14	2	2	33	15	-	3	3	5	39
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Completely dissatisfied	2	-	1	1	-	2	-	-	1	1	2	-	-	1	1	-	-	-	1	-	-	1
	3.8%		3.0%	10.0%		8.7%			7.1%	3.6%	9.1%			50.0%	50.0%				33.3%			2.6%
Somewhat dissatisfied	4	-	3	1	1	3	-	1	-	3	3	1	-	-	-	4	-	-	1	-	-	3
	7.7%		9.1%	10.0%	4.5%	13.0%		11.1%		10.7%	13.6%	8.3%				12.1%			33.3%			7.7%
Neither satisfied nor dissatisfied	4	1	3	-	3	1	-	2	-	2	2	2	-	-	-	2	2	-	-	1	-	2
	7.7%	5.0%	9.1%		13.6%	4.3%		22.2%		7.1%	9.1%	16.7%				6.1%	13.3%			33.3%		5.1%
Somewhat satisfied	21	10	12	4	8	9	1	4	4	13	4	5	10	-	1	11	9	-	1	1	1	18
	40.4%	50.0%	36.4%	40.0%	36.4%	39.1%	33.3%	44.4%	28.6%	46.4%	18.2%	41.7%	71.4%		50.0%	33.3%	60.0%		33.3%	33.3%	20.0%	46.2%
													K				p					
Completely satisfied	21	9	14	4	10	8	2	2	9	9	11	4	4	1	-	16	4	-	-	1	4	15
	40.4%	45.0%	42.4%	40.0%	45.5%	34.8%	66.7%	22.2%	64.3%	32.1%	50.0%	33.3%	28.6%	50.0%		48.5%	26.7%			33.3%	80.0%	38.5%
									HJ												V	
Does not apply	2	1	2	-	2	-	-	-	1	1	1	1	-	-	-	2	-	-	-	1	-	1
Summary Rate - Completely satisfied/ Somewhat satisfied	42	19	26	8	18	17	3	6	13	22	15	9	14	1	1	27	13	-	1	2	5	33
	80.8%	95.0%	78.8%	80.0%	81.8%	73.9%	100%	66.7%	92.9%	78.6%	68.2%	75.0%	100.0%	50.0%	50.0%	81.8%	86.7%		33.3%	66.7%	100.0%	84.6%
		c					EF						KL								SV	s

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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Provider Satisfaction Survey (9128490)

8C. Finding information you needed regarding claim payments or remittance advices.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
Total Answering	47	17	30	9	20	21	2	9	13	24	22	10	13	2	2	29	14	-	3	3	5	34
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	1	1	1	-	1	-	-	-	-	1	-	-	1	-	-	-	1	-	-	-	-	1
Completely dissatisfied	2	-	1	1	-	2	-	-	1	1	2	-	-	1	1	-	-	-	1	-	-	1
	4.3%		3.3%	11.1%		9.5%			7.7%	4.2%	9.1%			50.0%	50.0%				33.3%			2.9%
Somewhat dissatisfied	5	-	4	1	2	3	-	2	-	3	3	2	-	-	-	4	1	-	1	1	-	3
	10.6%		13.3%	11.1%	10.0%	14.3%		22.2%		12.5%	13.6%	20.0%				13.8%	7.1%		33.3%	33.3%		8.8%
Neither satisfied nor dissatisfied	1	-	1	-	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1
	2.1%		3.3%		5.0%					4.2%		10.0%				3.4%						2.9%
Somewhat satisfied	18	10	8	3	7	8	1	5	5	8	5	4	7	-	1	8	9	-	-	1	1	15
	38.3%	58.8%	26.7%	33.3%	35.0%	38.1%	50.0%	55.6%	38.5%	33.3%	22.7%	40.0%	53.8%		50.0%	27.6%	64.3%			33.3%	20.0%	44.1%
		C											k				P					
Completely satisfied	21	7	16	4	10	8	1	2	7	11	12	3	6	1	-	16	4	-	1	1	4	14
	44.7%	41.2%	53.3%	44.4%	50.0%	38.1%	50.0%	22.2%	53.8%	45.8%	54.5%	30.0%	46.2%	50.0%		55.2%	28.6%		33.3%	33.3%	80.0%	41.2%
																q					V	
Does not apply	6	3	4	1	3	2	1	-	2	4	1	3	-	-	-	6	-	-	-	1	-	5
Summary Rate - Completely satisfied/ Somewhat satisfied	39	17	24	7	17	16	2	7	12	19	17	7	13	1	1	24	13	-	1	2	5	29
	83.0%	100.0%	80.0%	77.8%	85.0%	76.2%	100%	77.8%	92.3%	79.2%	77.3%	70.0%	100.0%	50.0%	50.0%	82.8%	92.9%		33.3%	66.7%	100.0%	85.3%
		C					eF						KL								SV	s

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
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Provider Satisfaction Survey (9128490)

8D. Finding information you needed regarding the patient (member) Gaps in Care Report.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
Total Answering	34	17	20	6	15	13	3	6	9	18	14	9	9	-	-	21	13	-	1	1	5	25
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%			100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	5	4	4	-	4	1	-	-	1	4	1	2	1	-	-	4	1	-	-	1	-	4
Completely dissatisfied	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somewhat dissatisfied	2	1	1	-	-	1	1	1	-	1	1	-	1	-	-	1	1	-	-	-	1	1
	5.9%	5.9%	5.0%			7.7%	33.3%	16.7%		5.6%	7.1%		11.1%			4.8%	7.7%				20.0%	4.0%
Neither dissatisfied nor satisfied	5	-	5	-	5	-	-	1	-	4	2	3	-	-	-	3	2	-	-	1	1	2
	14.7%		25.0%		33.3%			16.7%		22.2%	14.3%	33.3%				14.3%	15.4%			100.0% UV	20.0%	8.0%
Somewhat satisfied	14	10	6	3	5	7	1	3	2	8	4	4	4	-	-	7	7	-	1	-	-	13
	41.2%	58.8% c	30.0%	50.0%	33.3%	53.8%	33.3%	50.0%	22.2%	44.4%	28.6%	44.4%	44.4%			33.3%	53.8%		100.0% V			52.0%
Completely satisfied	13	6	8	3	5	5	1	1	7	5	7	2	4	-	-	10	3	-	-	-	3	9
	38.2%	35.3%	40.0%	50.0%	33.3%	38.5%	33.3%	16.7%	77.8% HJ	27.8%	50.0%	22.2%	44.4%			47.6%	23.1%				60.0%	36.0%
N/A because we are not a PCP (Primary Care Provider) practice and/ or not yet available from my health plan	15	-	11	4	5	9	-	3	5	7	8	2	4	2	2	10	1	-	2	2	-	11
Summary Rate - Completely satisfied/ Somewhat satisfied	27	16	14	6	10	12	2	4	9	13	11	6	8	-	-	17	10	-	1	-	3	22
	79.4%	94.1% C	70.0%	100% C	66.7%	92.3% e	66.7%	66.7%	100% hJ	72.2%	78.6%	66.7%	88.9%			81.0%	76.9%		100.0% uv		60.0%	88.0%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

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8E. The portal's prior authorization, requirement submissions, and confirmations functions.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
Total Answering	37	14	25	6	17	16	2	5	11	21	16	10	9	1	1	21	14	-	2	1	5	27
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	6	4	5	-	5	1	-	1	1	3	3	2	1	1	-	4	1	-	-	1	-	5
Completely dissatisfied	2	-	1	1	-	2	-	-	1	1	2	-	-	1	1	-	-	-	1	-	-	1
	5.4%		4.0%	16.7%		12.5%			9.1%	4.8%	12.5%			100%	100.0%				50.0%			3.7%
Somewhat dissatisfied	1	-	1	-	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1
	2.7%		4.0%		5.9%					4.8%		10.0%				4.8%						3.7%
Neither satisfied nor dissatisfied	6	1	6	-	6	-	-	1	1	4	2	2	1	-	-	3	3	-	-	1	1	3
	16.2%	7.1%	24.0%		35.3%			20.0%	9.1%	19.0%	12.5%	20.0%	11.1%			14.3%	21.4%			100.0%	20.0%	11.1%
																				UV		
Somewhat satisfied	14	6	7	4	1	11	1	3	4	7	5	2	6	-	-	8	6	-	1	-	1	12
	37.8%	42.9%	28.0%	66.7%	5.9%	68.8%	50.0%	60.0%	36.4%	33.3%	31.3%	20.0%	66.7%			38.1%	42.9%		50.0%		20.0%	44.4%
				c		E							kL									
Completely satisfied	14	7	10	1	9	3	1	1	5	8	7	5	2	-	-	9	5	-	-	-	3	10
	37.8%	50.0%	40.0%	16.7%	52.9%	18.8%	50.0%	20.0%	45.5%	38.1%	43.8%	50.0%	22.2%			42.9%	35.7%				60.0%	37.0%
		d			F																	
Does not apply	11	3	5	4	2	6	1	3	3	5	4	1	4	-	1	10	-	-	1	2	-	8
Summary Rate - Completely satisfied/ Somewhat satisfied	28	13	17	5	10	14	2	4	9	15	12	7	8	-	-	17	11	-	1	-	4	22
	75.7%	92.9%	68.0%	83.3%	58.8%	87.5%	100%	80.0%	81.8%	71.4%	75.0%	70.0%	88.9%			81.0%	78.6%		50.0%		80.0%	81.5%
		C				E	E															

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

8F. The portal's reporting functions.

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent					Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
Total Answering	40	16	27	8	17	16	3	6	13	21	16	11	12	1	2	23	14	-	2	2	5	29
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	5	3	3	1	4	1	-	1	2	1	2	1	1	1	-	3	1	-	-	1	-	4
Completely dissatisfied	2	-	1	1	-	2	-	-	1	1	2	-	-	1	1	-	-	-	1	-	-	1
	5.0%		3.7%	12.5%		12.5%			7.7%	4.8%	12.5%			100%	50.0%				50.0%			3.4%
Somewhat dissatisfied	1	-	1	-	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1
	2.5%		3.7%		5.9%					4.8%		9.1%				4.3%						3.4%
Neither satisfied nor dissatisfied	6	1	6	-	5	1	-	1	1	4	3	1	1	-	-	3	3	-	-	1	1	3
	15.0%	6.3%	22.2%		29.4% f	6.3%		16.7%	7.7%	19.0%	18.8%	9.1%	8.3%			13.0%	21.4%			50.0%	20.0%	10.3%
Somewhat satisfied	17	8	10	5	4	9	2	4	4	9	5	5	7	-	1	10	6	-	1	1	1	14
	42.5%	50.0%	37.0%	62.5%	23.5%	56.3% E	66.7%	66.7%	30.8%	42.9%	31.3%	45.5%	58.3%		50.0%	43.5%	42.9%		50.0%	50.0%	20.0%	48.3%
Completely satisfied	14	7	9	2	7	4	1	1	7	6	6	4	4	-	-	9	5	-	-	-	3	10
	35.0%	43.8%	33.3%	25.0%	41.2%	25.0%	33.3%	16.7%	53.8% h	28.6%	37.5%	36.4%	33.3%			39.1%	35.7%				60.0%	34.5%
Does not apply	9	2	5	1	3	6	-	2	-	7	5	1	1	-	-	9	-	-	1	1	-	7
Summary Rate - Completely satisfied/ Somewhat satisfied	31	15	19	7	11	13	3	5	11	15	11	9	11	-	1	19	11	-	1	1	4	24
	77.5%	93.8% C	70.4%	87.5%	64.7%	81.3%	100% Ef	83.3%	84.6%	71.4%	68.8%	81.8%	91.7%		50.0%	82.6%	78.6%		50.0%	50.0%	80.0%	82.8%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
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8H. What number would you use to rate your overall experience with the Provider Portal?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation				
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Total	54	21	35	10	24	23	3	9	15	29	23	13	14	2	2	35	15	-	3	4	5	40
Total Answering	52	20	33	10	22	23	3	8	15	28	22	13	13	1	2	35	14	-	3	3	5	39
	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
No Answer	2	1	2	-	2	-	-	1	-	1	1	-	1	1	-	-	1	-	-	1	-	1
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	1	-	1	-	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1
	1.9%		3.0%		4.5%					3.6%		7.7%				2.9%						2.6%
3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	3	-	2	1	1	2	-	1	1	1	2	1	-	1	1	-	1	-	1	1	-	1
	5.8%		6.1%	10.0%	4.5%	8.7%		12.5%	6.7%	3.6%	9.1%	7.7%		100% Q	50.0%		7.1%		33.3%	33.3%		2.6%
5	13	3	8	3	5	6	-	3	4	6	6	3	1	-	-	11	2	-	1	1	2	9
	25.0%	15.0%	24.2%	30.0%	22.7%	26.1%		37.5%	26.7%	21.4%	27.3%	23.1%	7.7%			31.4%	14.3%		33.3%	33.3%	40.0%	23.1%
6	7	3	4	1	4	3	-	-	2	4	4	1	2	-	-	6	1	-	-	-	-	7
	13.5%	15.0%	12.1%	10.0%	18.2%	13.0%			13.3%	14.3%	18.2%	7.7%	15.4%			17.1%	7.1%					17.9%
7	8	5	3	1	1	6	-	3	2	3	2	3	3	-	1	4	3	-	-	1	1	6
	15.4%	25.0%	9.1%	10.0%	4.5%	26.1% E		37.5%	13.3%	10.7%	9.1%	23.1%	23.1%		50.0%	11.4%	21.4%			33.3%	20.0%	15.4%
8	14	6	11	3	7	5	2	1	3	10	5	2	6	-	-	8	6	-	1	-	1	11
	26.9%	30.0%	33.3%	30.0%	31.8%	21.7%	66.7%	12.5%	20.0%	35.7%	22.7%	15.4%	46.2% l			22.9%	42.9%		33.3%		20.0%	28.2%
9	1	-	1	-	1	-	-	-	-	1	1	-	-	-	-	1	-	-	-	-	-	1
	1.9%		3.0%		4.5%					3.6%	4.5%					2.9%						2.6%
10	5	3	3	1	2	1	1	-	3	2	2	2	1	-	-	4	1	-	-	-	1	3
	9.6%	15.0%	9.1%	10.0%	9.1%	4.3%	33.3%		20.0%	7.1%	9.1%	15.4%	7.7%			11.4%	7.1%				20.0%	7.7%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

Aetna Better Health of West Virginia
Provider Satisfaction Survey (9128490)

8H. What number would you use to rate your overall experience with the Provider Portal?

		Area of Medicine			Physicians in Practice			Years in Practice			Managed Care Volume			Survey Respondent				Insurance Participation			
	Total Answering	Primry Care	Spclty	BH Clin.	Solo	2-5	>5	<5 yrs	5-15 yrs	16 yrs+	0-10%	11-20%	21-100%	Phys.	Behav. Hlth. Clin.	Office Mgr.	Nurse/ Other staff	3 or fewer	4 to 7	8 to 11	12 to 15	15+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)
Summary Rate - 8-10	20	9	15	4	10	6	3	1	6	13	8	4	7	-	-	13	7	-	1	-	2	15
	38.5%	45.0%	45.5%	40.0%	45.5%	26.1%	100% EF	12.5%	40.0%	46.4% H	36.4%	30.8%	53.8%			37.1%	50.0%		33.3%		40.0%	38.5%

Comparison Groups: BCD/EFG/HIJ/KLM/NOPQ/RSTUV
Independent Z-Test for Percentages (unpooled proportions)
Uppercase letters indicate significance at the 95% level.
Lowercase letters indicate significance at the 90% level.
Note: When comparing groups the Z-Test is only valid for large sample sizes (generally, n >=30)

14. Glossary of Terms

Attributes are the individual questions that relate to specific characteristics of the health plan.

Composites are the mean of the Summary Rates of attributes with similar question topics.

Rating questions use a scale of 'Completely dissatisfied' to 'Completely satisfied' to assess overall experience with Aetna Better Health of West Virginia.

Summary Rates are single statistics generated for a survey question. Summary Rates represent the percentage of respondents who chose the most favorable response option(s) ('Well above average' or 'Somewhat above average;' 'Yes;' '8-10;' 'Always' or 'Sometimes;' and 'Completely satisfied' or 'Somewhat satisfied').

SPH Analytics Aggregate Book of Business (2016)
The 2016 SPH Analytics Aggregate Book of Business is a benchmark containing data from 83 plans representing 22,418 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

SPH Analytics Medicaid Book of Business (2016)
The 2016 SPH Analytics Medicaid Book of Business is a benchmark containing data from 58 plans representing 14,957 respondents in Primary Care, Specialty, and Behavioral Health areas of medicine.

15. Appendix A: Question Summaries

The proportion of respondents who fall into each response category for all questions is shown beginning on page A.1. Each question addresses the provider's rating of Aetna Better Health of West Virginia. The Question Summary pages are broken down into several sections, which are described below.

Valid n & Category Responses
The Valid n column shows the number of respondents who chose to answer the question. This number may be lower than the total number of respondents who completed the survey because respondents either chose not to answer the question (left the question blank on the survey tool) or selected 'Not Applicable.' The Category Responses section provides the percentage of respondents who selected each response option.

Summary Rates
The Summary Rates section provides trend (if applicable) and benchmark comparisons of Aetna Better Health of West Virginia's Summary Rates. The Summary Rate is the proportion of respondents choosing the most positive response option(s) for each question. Typically, it is the sum of the proportion of respondents who selected 'Well above average' or 'Somewhat above average.' For all other questions, the Summary Rate is the sum of the bold category responses.

Mean Scores
The Mean Scores section provides further analysis of your results. While Summary Rates are very helpful in that they highlight areas where your plan scores well, they are not a complete indication of performance.

Mean Scores provide an average of responses. The score is calculated by assigning a value of one to five to each response option. For example, 'Well above average' receives a score of 5, while 'Well below average' receives a score of 1. Therefore, higher Mean Scores indicate more favorable responses, while lower Mean Scores indicate unfavorable responses.

For example, the Mean Score for Aetna Better Health of West Virginia in the example below is 3.15, meaning that the average response option chosen is between 'Average' and 'Somewhat above average.'

Question	Plan	Plan Mean	2016 SPH B.o.B Mean
2A. Consistency of reimbursement fees with your contract rates.	Aetna Better Health of West Virginia	3.15	3.16

Charts A.1 – A.12

Question Summaries

Demographics

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

Survey Item	Valid n	Category Responses						
A. Please indicate your area of medicine. (Mark all that apply)	209	Primary Care	Specialty	Behavioral Health Clinician				
		36.8%	65.6%	17.7%				
B. How many physicians are in your practice?	205	Solo	2 - 5 physicians	More than 5 physicians				
		46.3%	40.0%	13.7%				
C. How many years have you been in this practice?	235	Less than 5 years	5 - 15 years	16 years or more				
		19.6%	35.7%	44.7%				
D. What portion of your managed care volume is represented by Aetna Better Health of West Virginia?	212	None	10% or less	11 - 20%	21 - 30%	31 - 50%	51 - 75%	76 - 100%
		2.4%	44.8%	31.6%	13.7%	4.2%	2.8%	0.5%
E. Please mark who is completing this survey. (Mark only one)	237	Physician	Behavioral Health Clinician	Office Manager	Nurse	Other staff		
		4.6%	1.3%	58.2%	4.6%	31.2%		
F. What is your preferred method of receiving communications from this health plan?	230	Mail	Telephone	Fax	Online portal	E-mail	In person from your Provider Representative	Other
		38.3%	11.3%	27.0%	3.5%	17.4%	1.7%	0.9%
G. Please indicate the number of insurance companies with which you or your practice participates.	232	3 or fewer	4 to 7	8 to 11	12 to 15	More than 15		
		0.4%	6.0%	10.3%	15.5%	67.7%		

Note: The sum of responses for Area of Medicine may be greater than 100% as respondents are able to choose multiple response options.

Question Summaries

Comparative Rating

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

This first question asks you to think about Aetna Better Health of West Virginia in comparison to all of the other health plans that you work with.		Category Responses						Summary Rate Scores*				Mean Scores**	
Survey Item	**Valid n**	**Well above average**	**Somewhat above average**	**Average**	**Somewhat below average**	**Well below average**	**Not Applicable**	**2017**	**2016**	**2015**	**Medicaid BoB*** **	**2017**	**Medicaid BoB*** **
1A. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?	222	**10.4%**	**24.3%**	58.6%	4.1%	2.7%	n = 10	**34.7%**	31.3%		33.6%	**3.36**	3.26

* Summary Rate Scores represent the most favorable response options ("Well above average" & "Somewhat above average").

** Mean scores are the average of all responses.

*** B.o.B. represents the 2016 SPH Analytics Medicaid Book of Business Benchmark, which consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Question Summaries

Finance Issues

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

These questions ask about Finance Issues. Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.		Category Responses						Summary Rate Scores*				Mean Scores**	
Survey Item	**Valid n**	**Well above average**	**Somewhat above average**	**Average**	**Somewhat below average**	**Well below average**	**Not Applicable**	**2017**	**2016**	**2015**	**Medicaid BoB*** **	**2017**	**Medicaid BoB*** **
2A. Consistency of reimbursement fees with your contract rates.	183	**7.1%**	**18.0%**	62.3%	8.2%	4.4%	n = 24	**25.1%**	30.8%		29.5%	**3.15**	3.16
2B. Accuracy of claims processing.	192	**10.4%**	**18.2%**	60.9%	4.7%	5.7%	n = 21	**28.6%**	36.7%		33.7%	**3.23**	3.29
2C. Timeliness of claims processing.	188	**8.5%**	**19.7%**	64.9%	3.2%	3.7%	n = 22	**28.2%**	38.1%		**35.1%**	**3.26**	3.34
2D. Resolution of claims payment problems or disputes.	173	**7.5%**	**15.6%**	65.3%	4.0%	7.5%	n = 39	**23.1%**	**36.2%**		28.4%	**3.12**	3.12

* Summary Rate Scores represent the most favorable response options ("Well above average" & "Somewhat above average").

** Mean scores are the average of all responses.

*** B.o.B. represents the 2016 SPH Analytics Medicaid Book of Business Benchmark, which consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Question Summaries

Utilization and Quality Management

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

These questions ask about Utilization and Quality Management. Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.		Category Responses						Summary Rate Scores*				Mean Scores**	
Survey Item	**Valid n**	**Well above average**	**Somewhat above average**	**Average**	**Somewhat below average**	**Well below average**	**Not Applicable**	**2017**	**2016**	**2015**	**Medicaid BoB*** **	**2017**	**Medicaid BoB*** **
3A. Phone access to knowledgeable UM staff.	190	**10.0%**	**20.0%**	60.5%	5.3%	4.2%	n = 23	**30.0%**	29.3%		29.9%	**3.26**	3.25
3B. Procedures for obtaining pre-certification/authorization information.	172	**12.2%**	**17.4%**	56.4%	9.3%	4.7%	n = 36	**29.7%**	29.7%		31.1%	**3.23**	3.20
3C. Timeliness of obtaining pre-certification/authorization information.	171	**14.0%**	**20.5%**	56.7%	5.3%	3.5%	n = 34	**34.5%**	29.1%		31.1%	**3.36**	3.21
3E. Access to Case/Care Managers from this health plan.	155	**10.3%**	**18.1%**	64.5%	3.9%	3.2%	n = 49	**28.4%**	24.8%		29.2%	**3.28**	3.24
3F. Degree to which the plan covers and encourages preventive care and wellness.	150	**11.3%**	**21.3%**	64.7%	2.0%	0.7%	n = 50	**32.7%**	33.6%		38.5%	**3.41**	3.43

* Summary Rate Scores represent the most favorable response options ("Well above average" & "Somewhat above average").

** Mean scores are the average of all responses.

*** B.o.B. represents the 2016 SPH Analytics Medicaid Book of Business Benchmark, which consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: For Q3A-3C, please be aware that the wording is slightly different from the 2016 survey tool and the SPH B.o.B survey tool. The 2016 survey tool and the SPH B.o.B survey tool both reads as follows: "Access to knowledgeable UM staff," "Procedures for obtaining pre-certification/referral/authorization information," and "Timeliness of obtaining pre-certification/referral/authorization information" for questions Q3A, Q3B, and Q3C respectively.

Question Summaries

Network/Coordination of Care

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

These questions ask about Aetna Better Health of West Virginia's network providers. Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.		Category Responses						Summary Rate Scores*				Mean Scores**	
Survey Item	**Valid n**	**Well above average**	**Somewhat above average**	**Average**	**Somewhat below average**	**Well below average**	**Not Applicable**	**2017**	**2016**	**2015**	**Medicaid BoB*** **	**2017**	**Medicaid BoB*** **
4A. The number of specialists in this health plan's provider network to whom I can refer my patients.	135	**7.4%**	**14.1%**	67.4%	7.4%	3.7%	n = 53	**21.5%**	26.5%		25.4%	**3.14**	3.04
4B. The quality of specialists in this health plan's provider network to whom I can refer my patients.	134	**10.4%**	**17.2%**	62.7%	7.5%	2.2%	n = 53	**27.6%**	32.5%		32.3%	**3.26**	3.30
4F. The timeliness of feedback/reports from specialists in this health plan's provider network.	131	**6.1%**	**6.9%**	80.2%	6.1%	0.8%	n = 58	**13.0%**	**29.1%**		**27.9%**	**3.11**	3.24
4C. The number of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	105	**9.5%**	**9.5%**	64.8%	6.7%	9.5%	n = 82	**19.0%**	NA		23.0%	**3.03**	3.09
4D. The quality of behavioral health clinicians in this health plan's provider network to whom I can refer my patients.	103	**12.6%**	**10.7%**	68.0%	3.9%	4.9%	n = 82	**23.3%**	NA		22.4%	**3.22**	3.10
4I. Timeliness of feedback / reports from behavioral health clinicians for patients in your care.	89	**4.5%**	**5.6%**	78.7%	7.9%	3.4%	n = 95	**10.1%**	NA		**19.5%**	**3.00**	3.04

* Summary Rate Scores represent the most favorable response options ("Well above average" & "Somewhat above average").

** Mean scores are the average of all responses.

*** B.o.B. represents the 2016 SPH Analytics Medicaid Book of Business Benchmark, which consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians.

Note 1: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note 2: For Q4A-4B, please be aware that the wording is slightly different from the 2016 survey tool and the SPH B.o.B survey tool. The 2016 survey tool and the SPH B.o.B survey tool both reads as follows: "The number of specialists in this health plan's provider network," and "The quality of specialists in this health plan's provider network" for questions Q4A and Q4B respectively.

Note 3: For Q4C, 4D, and 4I, please be aware that the wording is slightly different from the SPH B.o.B survey tool. The SPH B.o.B survey tool reads as follows: "The number of behavioral health providers in this health plan's provider network," "The quality of behavioral health providers in this health plan's provider network," and "The timeliness of feedback/reports from behavioral health providers in this health plan's provider network" for questions Q4C, Q4D, and Q4I respectively.

Question Summaries

Health Plan Call Center Service Staff

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

These questions ask about your experiences when calling Aetna Better Health of West Virginia's call center. Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.		Category Responses						Summary Rate Scores*				Mean Scores**	
Survey Item	**Valid n**	**Well above average**	**Somewhat above average**	**Average**	**Somewhat below average**	**Well below average**	**Not Applicable**	**2017**	**2016**	**2015**	**Medicaid BoB*** **	**2017**	**Medicaid BoB*** **
5A. Ease of reaching health plan call center staff over the phone.	166	**12.0%**	**20.5%**	60.8%	3.6%	3.0%	n = 16	**32.5%**	35.1%		35.1%	**3.35**	3.30
5B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	166	**15.1%**	**22.3%**	56.6%	2.4%	3.6%	n = 17	**37.3%**	42.8%		41.5%	**3.43**	3.48

* Summary Rate Scores represent the most favorable response options ("Well above average" & "Somewhat above average").

** Mean scores are the average of all responses.

*** B.o.B. represents the 2016 SPH Analytics Medicaid Book of Business Benchmark, which consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Question Summaries

Provider Relations

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

These questions ask about your experiences with Aetna Better Health of West Virginia's Provider Relations department. Please rate Aetna Better Health of West Virginia in the following service areas when compared to your experience with other health plans you work with.		Category Responses						Summary Rate Scores*				Mean Scores**	
Survey Item	**Valid n**	**Yes**	**No**					**2017**	**2016**	**2015**	**Medicaid BoB*****	**2017**	**Medicaid BoB*****
6A. Do you have a Provider Relations representative from this health plan assigned to your practice?	148	**16.2%**	83.8%					**16.2%**	**38.7%**		**50.4%**	**NA**	NA
Survey Item	**Valid n**	**Well above average**	**Somewhat above average**	**Average**	**Somewhat below average**	**Well below average**	**Not Applicable**	**2017**	**2016**	**2015**	**Medicaid BoB*****	**2017**	**Medicaid BoB*****
6B. Provider Relations representative's ability to answer questions and resolve problems.	20	**15.0%**	**20.0%**	45.0%	5.0%	15.0%	n = 4	**35.0%**	40.5%		47.1%	**3.15**	3.52
6C. Quality of provider orientation process.	105	**3.8%**	**5.7%**	74.3%	8.6%	7.6%	n = 64	**9.5%**	17.1%		**28.0%**	**2.90**	3.14
6D. Quality of written communications, policy bulletins, and manuals.	133	**3.0%**	**12.8%**	71.4%	7.5%	5.3%	n = 35	**15.8%**	**26.0%**		**31.7%**	**3.01**	3.29

* Summary Rate Scores represent the most favorable response options ("Yes;" "Well above average" & "Somewhat above average").

** Mean scores are the average of all responses.

*** B.o.B. represents the 2016 SPH Analytics Medicaid Book of Business Benchmark, which consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Question Summaries

Overall Satisfaction

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

These questions ask about your overall satisfaction with Aetna Better Health of West Virginia. Additionally, please rate your satisfaction with the other plans listed and provide feedback on how Aetna Better Health of West Virginia can improve.		Category Responses						Summary Rate Scores*				Mean Scores**	
Survey Item	**Valid n**	**Yes**	**No**					**2017**	**2016**	**2015**	**Medicaid BoB*****	**2017**	**Medicaid BoB*****
7A. Would you recommend Aetna Better Health of West Virginia to other physicians' practices?	172	**84.3%**	15.7%					**84.3%**	89.7%		80.9%	**NA**	NA
Survey Item	**Valid n**	**Completely satisfied**	**Somewhat satisfied**	**Neither dissatisfied nor satisfied**	**Somewhat dissatisfied**	**Completely dissatisfied**	**Does not apply**	**2017**	**2016**	**2015**	**Medicaid BoB*****	**2017**	**Medicaid BoB*****
7B. Please rate your overall satisfaction with Aetna Better Health of West Virginia.	170	**31.8%**	**44.1%**	13.5%	7.1%	3.5%	n = 8	**75.9%**	68.9%		**64.6%**	**3.94**	3.71
7C. Please rate your overall satisfaction with The Health Plan of Upper Ohio Valley.	124	**33.9%**	**37.9%**	21.0%	5.6%	1.6%	n = 43	**71.8%**	62.7%		NA	**3.97**	NA
7D. Please rate your overall satisfaction with Unicare.	151	**27.2%**	**39.1%**	23.2%	6.0%	4.6%	n = 24	**66.2%**	60.4%		NA	**3.78**	NA
7E. Please rate your overall satisfaction with West Virginia Family Health Pl.	151	**23.2%**	**41.7%**	20.5%	10.6%	4.0%	n = 24	**64.9%**	55.6%		NA	**3.70**	NA

* Summary Rate Scores represent the most favorable response options ("Yes;" "Completely satisfied" & "Somewhat satisfied").

** Mean scores are the average of all responses.

*** B.o.B. represents the 2016 SPH Analytics Medicaid Book of Business Benchmark, which consists of Primary Care Physicians, Specialists, and Behavioral Health Clinicians.

Note: Significance Testing - Cells highlighted in red denote current year plan percentage is significantly lower when compared to trend or benchmark data; Cells highlighted in green denote current year plan percentage is significantly higher when compared to trend or benchmark data; No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Question Summaries

Custom Demographics

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

Survey Item	Valid n	Category Responses					
H. How do you provide 24 hour availability?	218	Arrange for covering physician	Forward calls to answering service	Always on-call	Do not provide 24-hour availability		
		7.3%	31.7%	28.9%	32.1%		
I. Is the provider of Hispanic or Latino origin or descent?	222	Yes, Hispanic or Latino	No, Not Hispanic or Latino				
		2.7%	97.3%				
J. What is the provider's race? Mark one or more.	223	White	Black or African-American	Asian	Native Hawaiian or other Pacific Islander	American Indian or Alaska Native	Other
		80.7%	9.9%	9.0%	1.8%	1.3%	17.9%

Note: The sum of responses for Race demographic may be greater than 100% as respondents are able to choose multiple response options.

Question Summaries

Custom Questions

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

		Category Responses						Summary Rate Scores*	Mean Scores**
Survey Item	**Valid n**	Well above average	Somewhat above average	Average	Somewhat below average	Well below average	Not Applicable	**2017**	**2017**
2E. Timeliness of claims payment.	187	**9.6%**	**16.0%**	66.3%	4.3%	3.7%	n = 27	**25.7%**	**3.24**
2F. Overall satisfaction with the plan's complaint resolution process.	173	**11.0%**	**16.8%**	61.8%	5.2%	5.2%	n = 45	**27.7%**	**3.23**
	Valid n	Completely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Completely dissatisfied	Does not apply		
3D. Overall satisfaction with the UM pre-certification/authorization process.	166	**31.9%**	**37.3%**	19.3%	7.2%	4.2%	n = 34	**69.3%**	**3.86**
	Valid n	Well above average	Somewhat above average	Average	Somewhat below average	Well below average	Not Applicable		
3G. Extent to which UM staff share review criteria and reasons for adverse determinations.	139	**5.8%**	**17.3%**	66.2%	7.2%	3.6%	n = 56	**23.0%**	**3.14**
3H. Consistency of review decisions.	141	**8.5%**	**13.5%**	70.9%	4.3%	2.8%	n = 51	**22.0%**	**3.21**
3I. Timeliness of UM appeals process.	126	**7.1%**	**15.1%**	69.0%	4.0%	4.8%	n = 67	**22.2%**	**3.16**
3J. Overall satisfaction with the plan's clinical management processes.	159	**8.8%**	**19.5%**	63.5%	3.1%	5.0%	n = 36	**28.3%**	**3.24**

* Summary Rate Scores represent the most favorable response options ("Well above average" & "Somewhat above average;" and "Completely satisfied" & "Somewhat satisfied").

** Mean scores are the average of all responses.

Question Summaries

Custom Questions

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

		Category Responses						Summary Rate Scores*	Mean Scores**
Survey Item	**Valid n**	Always	Sometimes	Never	Other			2017	2017
4E. Do you receive feedback/reports from specialists regarding patients in your care?	178	**13.5%**	**55.1%**	23.0%	8.4%			**68.5%**	**2.74**
	Valid n	Well above average	Somewhat above average	Average	Somewhat below average	Well below average	Not Applicable		
4G. Frequency of feedback / reports from specialists for patients in your care.	130	**3.8%**	**8.5%**	80.0%	6.9%	0.8%	n = 57	**12.3%**	**3.08**
	Valid n	Always	Sometimes	Never	Other				
4H. Do you receive feedback / reports from behavioral health clinicians regarding patients in your care?	170	**5.3%**	**42.4%**	37.6%	14.7%			**47.6%**	**2.38**
	Valid n	Well above average	Somewhat above average	Average	Somewhat below average	Well below average	Not Applicable		
4J. Frequency of feedback / reports from behavioral health clinicians for patients in your care.	83	**2.4%**	**8.4%**	74.7%	10.8%	3.6%	n = 99	**10.8%**	**2.95**
5C. Helpfulness of health plan call center staff in finding a network specialist for patients in your care.	135	**12.6%**	**17.0%**	63.7%	3.7%	3.0%	n = 45	**29.6%**	**3.33**
5D. Helpfulness of health plan call center staff in finding network behavioral health services for patients in your care.	103	**7.8%**	**17.5%**	64.1%	5.8%	4.9%	n = 73	**25.2%**	**3.17**
	Valid n	Completely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Completely dissatisfied	Does not apply		
5E. Overall satisfaction with health plan's call center service.	158	**31.0%**	**41.8%**	19.0%	5.7%	2.5%	n = 22	**72.8%**	**3.93**
	Valid n	Completely satisfied	Somewhat satisfied	Somewhat dissatisfied	Completely dissatisfied	I didn't use the language line			
5F. If you used our language line for translation with our members, how satisfied were you, overall, with the services you received from the language line.	16	**50.0%**	**50.0%**	0.0%	0.0%	n = 153		**100.0%**	**3.50**

* Summary Rate Scores represent the most favorable response options ("Always" & "Sometimes;" "Well above average" & "Somewhat above average;" "Completely satisfied" & "Somewhat satsfied").

** Mean scores are the average of all responses.

Question Summaries

Custom Composite - Provider Portal

Aetna Better Health of West Virginia

Provider Satisfaction Survey

238 Total Respondents

These questions ask about Aetna's Provider Portal. This is the secure site that you access with a username and password. Please rate Aetna in the following service areas when compared to your experience with other health plans you work with.		Category Responses						Summary Rate Scores*	Mean Scores**
Survey Item	**Valid n**	**Yes**	**No**					**2017**	**2017**
8A. Have you logged into and used the Aetna Better Health of West Virginia Provider Portal?	171	**31.6%**	68.4%					**31.6%**	**NA**
	Valid n	**Completely satisfied**	**Somewhat satisfied**	**Neither satisfied nor dissatisfied**	**Somewhat dissatisfied**	**Completely dissatisfied**	**Does not apply**		
8B. Finding information you needed regarding member eligibility.	52	**40.4%**	**40.4%**	7.7%	7.7%	3.8%	n = 2	**80.8%**	**4.06**
8C. Finding information you needed regarding claim payments or remittance advices.	47	**44.7%**	**38.3%**	2.1%	10.6%	4.3%	n = 6	**83.0%**	**4.09**
	Valid n	**Completely satisfied**	**Somewhat satisfied**	**Neither dissatisfied nor satisfied**	**Somewhat dissatisfied**	**Completely dissatisfied**	**N/A because we are not a PCP (Primary Care Provider) practice and/or not yet available from my health plan**		
8D. Finding information you needed regarding the patient (member) Gaps in Care Report.	34	**38.2%**	**41.2%**	14.7%	5.9%	0.0%	n = 15	**79.4%**	**4.12**
	Valid n	**Completely satisfied**	**Somewhat satisfied**	**Neither satisfied nor dissatisfied**	**Somewhat dissatisfied**	**Completely dissatisfied**	**Does not apply**		
8E. The portal's prior authorization, requirement submissions, and confirmations functions.	37	**37.8%**	**37.8%**	16.2%	2.7%	5.4%	n = 11	**75.7%**	**4.00**
8F. The portal's reporting functions.	40	**35.0%**	**42.5%**	15.0%	2.5%	5.0%	n = 9	**77.5%**	**4.00**
	Valid n	**0-3**	**4-7**	**8-10**					
8H. What number would you use to rate your overall experience with the Provider Portal?	52	1.9%	59.6%	**38.5%**				**38.5%**	**NA**

* Summary Rate Scores represent the most favorable response options ("Yes;" "Completely satisfied" & "Somewhat satisfied;" "8-10").

** Mean scores are the average of all responses.

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Quality Improvement Consulting

SPH Analytics Can Help You Identify Opportunities to Improve Performance

SPH Analytics' Quality Consulting Services help evaluate initiatives for potential improvement based on the survey data provided and best industry practices through consultation with your organization's team members. An in-depth analysis can help organizations identify strengths and weaknesses, as well as opportunities to improve performance.

Harnessing the Power of Information

SPHA Consulting Services help organizations develop initiatives and solutions for improved performance, patient/member satisfaction, and improvement in scores and ratings.

Action Plans for Improvement

SPHA consultants work with you to develop action plans for improvement. Our experienced consultants have extensive backgrounds in quality improvement, healthcare research, and program evaluation and development. Consultants have worked with and for leading healthcare organizations to implement process improvements and strategic initiatives.

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We understand Star Ratings and scores improvement is important to your organization. As a leader in healthcare transformation, SPHA helps you evaluate your organization's performance to develop a realistic plan for improvement. SPHA looks beyond typical measures to help you gain a more meaningful understanding of patient and member sentiment. SPHA consultants help guide your performance improvement initiatives.

The answers are not always easy to find. However, there are steps you can take to bring you closer to your goals. SPHA's knowledgeable consultants help you develop plans that empower long-term success in the rapidly changing healthcare environment.

Benefits of SPHA's Consulting Services:

- Gain insight and information based on overall findings
- Examine organizational strengths and weaknesses and their impact on performance
- Identify common themes, best practices, and calls to action
- Develop action plans for improvement
- Improve ratings and scores

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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Coventry Health Care of West Virginia, Inc.

NAIC Group Code 0001 (Current) 0001 (Prior) NAIC Company Code 95408 Employer's ID Number 55-0712129

Organized under the Laws of West Virginia, State of Domicile or Port of Entry WV

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 12/31/2017 Commenced Business 01/02/1995

Statutory Home Office 500 Virginia Street East, Suite 400 (Street and Number), Charleston , WV, US 25301 (City or Town, State, Country and Zip Code)

Main Administrative Office 9881 Mayland Drive (Street and Number)
Richmond , VA, US 23233 (City or Town, State, Country and Zip Code), 804-747-3700 (Area Code) (Telephone Number)

Mail Address 9881 Mayland Drive (Street and Number or P.O. Box), Richmond , VA, US 23233 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3721 Tecport Drive (Street and Number)
Harrisburg , PA, US 17106-7103 (City or Town, State, Country and Zip Code), 717-541-5742 (Area Code) (Telephone Number)

Internet Website Address www.cvty.com

Statutory Statement Contact Frank F. Chronister (Name), 717-541-5742 (Area Code) (Telephone Number)
fchronister@aetna.com (E-mail Address), 717-526-2888 (FAX Number)

OFFICERS

President and Chief Executive Officer Laurie Ann Brubaker
Corporate Controller Frank Ferris Chronister III
Vice President and Secretary Robert Mark Kessler

OTHER

John Patrick Maroney #, Vice President & Treasurer
Kevin James Casey, Senior Investment Officer
Debra Jean Bacon, Chief Financial Officer

DIRECTORS OR TRUSTEES

Laurie Ann Brubaker
Debra Jean Bacon
Mary Louise Elizabeth Osborne #

State of _____
County of _____ SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Laurie Ann Brubaker President and Chief Executive Officer	Robert Mark Kessler Vice President and Secretary	Frank Ferris Chronister III Corporate Controller

Subscribed and sworn to before me this
_____ day of _____

a. Is this an original filing? Yes [X] No [ ]
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	124,481,815	0	124,481,815	93,186,811
2. Stocks (Schedule D):				
2.1 Preferred stocks		0	0	0
2.2 Common stocks	914,761	0	914,761	1,394,058
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	3,473,483	0	3,473,483	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $ ..... encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ (3,053,423), Schedule E - Part 1), cash equivalents ($ 293,372, Schedule E - Part 2) and short-term investments ($ 0, Schedule DA)	(2,760,051)		(2,760,051)	12,378,985
6. Contract loans, (including $ ..... premium notes)	0	0	0	0
7. Derivatives (Schedule DB)		0	0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities	89,441	0	89,441	9,124,703
10. Securities lending reinvested collateral assets (Schedule DL)		0	0	0
11. Aggregate write-ins for invested assets	3,022	3,022	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	126,202,471	3,022	126,199,449	116,084,557
13. Title plants less $ ..... charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	1,140,672	0	1,140,672	833,102
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	10,377,081	1,315	10,375,766	47,070,656
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums ($ .....) and contracts subject to redetermination ($ 6,759,149)	6,759,149	0	6,759,149	2,795,066
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	85,886	0	85,886	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	2,178,285	0	2,178,285	1,673,765
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	1,543,846	0	1,543,846	2,039,953
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets ($ .....)	258	258	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	5,301	0	5,301	0
24. Health care ($ 378,021) and other amounts receivable	2,055,127	1,677,106	378,021	326,498
25. Aggregate write-ins for other than invested assets	440,144	359,330	80,814	138,686
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	150,788,220	2,041,031	148,747,189	170,962,283
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	150,788,220	2,041,031	148,747,189	170,962,283
DETAILS OF WRITE-INS				
1101. Mortgage loan suspense	3,022	3,022	0	0
1102.	0	0	0	0
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	3,022	3,022	0	0
2501. Prepaid broker commissions	300,000	300,000	0	0
2502. Other assets	139,644	59,330	80,314	0
2503. State premium tax recoverable	500	0	500	160
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	138,526
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	440,144	359,330	80,814	138,686

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	Current Year 2 Uncovered	Current Year 3 Total	Prior Year 4 Total
1. Claims unpaid (less $ 57,936 reinsurance ceded)	49,067,542	4,070,364	53,137,906	64,495,102
2. Accrued medical incentive pool and bonus amounts	2,114,174		2,114,174	2,552,961
3. Unpaid claims adjustment expenses	1,024,424		1,024,424	1,008,438
4. Aggregate health policy reserves, including the liability of $ 349,299 for medical loss ratio rebate per the Public Health Service Act	997,458		997,458	0
5. Aggregate life policy reserves	0		0	0
6. Property/casualty unearned premium reserves	0		0	0
7. Aggregate health claim reserves	182		182	372
8. Premiums received in advance	51,219		51,219	44,100
9. General expenses due or accrued	1,093,926		1,093,926	362,318
10.1 Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))	24,767		24,767	6,405,769
10.2 Net deferred tax liability	0		0	0
11. Ceded reinsurance premiums payable	0		0	0
12. Amounts withheld or retained for the account of others	760		760	760
13. Remittances and items not allocated	452,226		452,226	198,255
14. Borrowed money (including $ current) and interest thereon $ (including $ current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	21,309,595		21,309,595	19,112,487
16. Derivatives	0		0	0
17. Payable for securities	0		0	3,772,652
18. Payable for securities lending	0		0	0
19. Funds held under reinsurance treaties (with $ authorized reinsurers, $ 19,168 unauthorized reinsurers and $ 0 certified reinsurers)	19,168		19,168	3,139
20. Reinsurance in unauthorized and certified ($) companies	38,768		38,768	11,416
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	7,080		7,080	164,362
23. Aggregate write-ins for other liabilities (including $ current)	321,500	0	321,500	315,666
24. Total liabilities (Lines 1 to 23)	76,522,789	4,070,364	80,593,153	98,447,797
25. Aggregate write-ins for special surplus funds	XXX	XXX	11,183,000	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	84,840,983	84,840,983
29. Surplus notes	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(28,869,947)	(13,326,497)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 $)	XXX	XXX	0	
32.2 shares preferred (value included in Line 27 $)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	68,154,036	72,514,486
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	148,747,189	170,962,283
DETAILS OF WRITE-INS				
2301. Abandoned property liablity	321,500	0	321,500	315,666
2302.	0	0	0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	321,500	0	321,500	315,666
2501. Estimated health insurer fee accrual	XXX	XXX	11,183,000	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	11,183,000	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	1,607,649	1,533,715
2. Net premium income (including $ _____ non-health premium income)	XXX	552,638,446	548,838,244
3. Change in unearned premium reserves and reserve for rate credits	XXX	3,293,959	(2,466,030)
4. Fee-for-service (net of $ _____ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	(78)	(160)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	555,932,327	546,372,054
Hospital and Medical:			
9. Hospital/medical benefits	26,385,452	344,457,595	232,763,022
10. Other professional services	1,967,502	25,685,406	67,351,227
11. Outside referrals	214,174	2,796,012	17,149,777
12. Emergency room and out-of-area	2,513,831	32,817,638	32,897,735
13. Prescription drugs		89,278,465	114,327,485
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		8,472,295	8,436,919
16. Subtotal (Lines 9 to 15)	31,080,959	503,507,411	472,926,165
Less:			
17. Net reinsurance recoveries		658,789	163,188
18. Total hospital and medical (Lines 16 minus 17)	31,080,959	502,848,622	472,762,977
19. Non-health claims (net)		0	
20. Claims adjustment expenses, including $ 12,739,565 cost containment expenses		15,243,131	13,029,721
21. General administrative expenses		25,309,617	28,507,900
22. Increase in reserves for life and accident and health contracts (including $ _____ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	31,080,959	543,401,370	514,300,598
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	12,530,957	32,071,456
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,347,593	2,295,210
26. Net realized capital gains (losses) less capital gains tax of $ 73,951		31,949	361,412
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,379,542	2,656,622
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ _____) (amount charged off $ _____)]		0	
29. Aggregate write-ins for other income or expenses	0	(8,408)	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	15,902,091	34,728,078
31. Federal and foreign income taxes incurred	XXX	3,277,710	12,139,492
32. Net income (loss) (Lines 30 minus 31)	XXX	12,624,381	22,588,586
DETAILS OF WRITE-INS			
0601. Other income	XXX	(78)	(160)
0602.	XXX	0	0
0603	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	(78)	(160)
0701.	XXX	0	0
0702.	XXX		
0703	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.	0	0	0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Regulatory Fines	0	(8,408)	0
2902.			
2903			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	(8,408)	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	72,514,486	64,512,295
34. Net income or (loss) from Line 32	12,624,381	22,588,586
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of $ (20,902)	14,544	162,116
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(517,009)	502,502
39. Change in nonadmitted assets	(1,455,014)	(239,597)
40 Change in unauthorized and certified reinsurance	(27,352)	(11,416)
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(15,000,000)	(15,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(4,360,450)	8,002,191
49. Capital and surplus end of reporting period (Line 33 plus 48)	68,154,036	72,514,486
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	589,669,427	513,405,657
2. Net investment income	3,564,154	2,834,363
3. Miscellaneous income	(78)	(160)
4. Total (Lines 1 through 3)	593,233,503	516,239,860
5. Benefit and loss related payments	516,177,012	450,330,843
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	40,337,178	38,188,397
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of $ _____ tax on capital gains (losses)	9,732,663	5,938,522
10. Total (Lines 5 through 9)	566,246,853	494,457,762
11. Net cash from operations (Line 4 minus Line 10)	26,986,650	21,782,098
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	33,724,244	42,141,974
12.2 Stocks	442,084	2,339,593
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(220)	30
12.7 Miscellaneous proceeds	9,035,262	3,772,652
12.8 Total investment proceeds (Lines 12.1 to 12.7)	43,201,370	48,254,249
13. Cost of investments acquired (long-term only):		
13.1 Bonds	65,406,398	38,359,461
13.2 Stocks	0	3,254,029
13.3 Mortgage loans	3,473,483	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	3,775,674	9,124,703
13.7 Total investments acquired (Lines 13.1 to 13.6)	72,655,555	50,738,193
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(29,454,185)	(2,483,944)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	15,000,000	15,000,000
16.6 Other cash provided (applied)	2,328,497	8,797,328
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(12,671,503)	(6,202,672)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(15,139,038)	13,095,482
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	12,378,987	(716,495)
19.2 End of year (Line 18 plus Line 19.1)	(2,760,051)	12,378,987

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. ''Non-Cash Transaction - Tax Free Disbursement	4,408,451	1,006,169

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	552,638,446	(79,193)	0				68,895,043	483,822,596	0	
2. Change in unearned premium reserves and reserve for rate credit	3,293,959	0	0				(349,299)	3,643,258	0	
3. Fee-for-service (net of $ ..... medical expenses)	0	0	0				0	0	0	XXX
4. Risk revenue	0	0	0				0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	(78)	(78)	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	555,932,327	(79,271)	0	0	0	0	68,545,744	487,465,854	0	0
8. Hospital/medical benefits	344,457,595	(176,649)	0				43,233,688	301,400,556	0	XXX
9. Other professional services	25,685,405	0	0				2,883,546	22,801,859	0	XXX
10. Outside referrals	2,796,012	0	0				2,796,012	0	0	XXX
11. Emergency room and out-of-area	32,817,639	0	0				4,723,080	28,094,559	0	XXX
12. Prescription drugs	89,278,465	0	0				2,795,901	86,482,564	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	8,472,295	0	0				0	8,472,295	0	XXX
15. Subtotal (Lines 8 to 14)	503,507,411	(176,649)	0	0	0	0	56,432,227	447,251,833	0	XXX
16. Net reinsurance recoveries	658,789	0	0				526,227	132,562	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	502,848,622	(176,649)	0	0	0	0	55,906,000	447,119,271	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 12,739,565 cost containment expenses	15,243,132	(868)	0				1,068,634	14,175,344	22	
20. General administrative expenses	25,309,611	59,007	0	0		0	8,045,050	17,154,739	50,815	
21. Increase in reserves for accident and health contracts	0	0	0				0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	543,401,365	(118,510)	0	0	0	0	65,019,684	478,449,354	50,837	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	12,530,962	39,239	0	0	0	0	3,526,060	9,016,500	(50,837)	0
DETAILS OF WRITE-INS										
0501. Other Income	(78)	(78)								XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	(78)	(78)	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	(79,193)			(79,193)
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	69,393,918		498,875	68,895,043
7. Title XIX - Medicaid	485,267,352		1,444,756	483,822,596
8. Other health				0
9. Health subtotal (Lines 1 through 8)	554,582,077	0	1,943,631	552,638,446
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	554,582,077	0	1,943,631	552,638,446

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	508,404,250	(200,532)					55,199,058	453,405,724		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	529,526						482,849	46,677		
1.4 Net	507,874,724	(200,532)	0	0	0	0	54,716,209	453,359,047	0	0
2. Paid medical incentive pools and bonuses	8,911,082							8,911,082		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	53,195,843	68,335	0	0	0	0	7,284,943	45,842,565	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	57,936	0	0	0	0	0	57,936	0	0	0
3.4 Net	53,137,907	68,335	0	0	0	0	7,227,007	45,842,565	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	182	182								
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	182	182	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	2,114,174							2,114,174		
6. Net healthcare receivables (a)	2,055,127						378,021	1,677,106		
7. Amounts recoverable from reinsurers December 31, current year	85,886							85,886		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	64,509,660	44,261	0	0	0	0	5,673,753	58,791,646	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	14,558	0	0	0	0	0	14,558	0	0	0
8.4 Net	64,495,102	44,261	0	0	0	0	5,659,195	58,791,646	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	372	372								
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	372	372	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	2,552,961							2,552,961		
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	495,035,116	(176,648)	0	0	0	0	56,432,227	438,779,537	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	658,790	0	0	0	0	0	526,227	132,563	0	0
12.4 Net	494,376,326	(176,648)	0	0	0	0	55,906,000	438,646,974	0	0
13. Incurred medical incentive pools and bonuses	8,472,295	0	0	0	0	0	0	8,472,295	0	0

(a) Excludes $ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	53,195,843	68,335					7,284,943	45,842,565		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	57,936						57,936			
2.4 Net	53,137,907	68,335	0	0	0	0	7,227,007	45,842,565	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	53,195,843	68,335	0	0	0	0	7,284,943	45,842,565	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	57,936	0	0	0	0	0	57,936	0	0	0
4.4 Net	53,137,907	68,335	0	0	0	0	7,227,007	45,842,565	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Coventry Health Care of West Virginia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	(200,534)	0	68,518	0	(132,016)	44,634
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	4,608,443	50,107,767	39,823	7,187,184	4,648,266	5,659,194
7. Title XIX - Medicaid	35,281,023	417,992,141	680,530	45,162,034	35,961,553	58,791,646
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	39,688,932	468,099,908	788,871	52,349,218	40,477,803	64,495,474
10. Healthcare receivables (a)	0	2,055,127	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	8,911,082	0	2,114,174	0	2,552,961
13. Totals (Lines 9 - 10 + 11 + 12)	39,688,932	474,955,863	788,871	54,463,392	40,477,803	67,048,435

(a) Excludes $ _____ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	4,563	4,563	4,563	4,563	4,563
2. 2013	40,608	44,394	44,394	44,394	44,394
3. 2014	XXX	29,835	32,455	32,455	32,455
4. 2015	XXX	XXX	13,035	13,750	13,750
5. 2016	XXX	XXX	XXX	(507)	(708)
6. 2017	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	5,235	5,235	5,235	5,235	5,235
2. 2013	44,218	44,269	44,269	44,269	44,269
3. 2014	XXX	32,752	35,404	35,404	35,404
4. 2015	XXX	XXX	13,700	14,437	14,437
5. 2016	XXX	XXX	XXX	(485)	(617)
6. 2017	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	57,496	44,394		0.0	44,394	77.2			44,394	77.2
2. 2014	44,333	32,455		0.0	32,455	73.2			32,455	73.2
3. 2015	17,084	13,750		0.0	13,750	80.5			13,750	80.5
4. 2016	(173)	(708)		0.0	(708)	409.2	69		(639)	369.4
5. 2017	(79)	0	(1)	0.0	(1)	1.3			(1)	1.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	0	0	0	0	
3. 2014					
4. 2015	XXX				
5. 2016	XXX	XXX			
6. 2017	XXX	XXX	XXX		
	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	0	0	0	0	
3. 2014					
4. 2015	XXX				
5. 2016	XXX	XXX			
6. 2017	XXX	XXX	XXX		
	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013				0.0	0	0.0			0	0.0
2. 2014				0.0	0	0.0			0	0.0
3. 2015				0.0	0	0.0			0	0.0
4. 2016				0.0	0	0.0			0	0.0
5. 2017				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013				0.0	0	0.0			0	0.0
2. 2014				0.0	0	0.0			0	0.0
3. 2015				0.0	0	0.0			0	0.0
4. 2016				0.0	0	0.0			0	0.0
5. 2017				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	0	0	0	0	
3. 2014					
4. 2015	XXX				
5. 2016	XXX	XXX			
6. 2017	XXX	XXX	XXX		
	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior					
2. 2013	0	0	0	0	
3. 2014					
4. 2015	XXX				
5. 2016	XXX	XXX			
6. 2017	XXX	XXX	XXX		
	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013				0.0	0	0.0			0	0.0
2. 2014				0.0	0	0.0			0	0.0
3. 2015				0.0	0	0.0			0	0.0
4. 2016				0.0	0	0.0			0	0.0
5. 2017				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013				0.0	0	0.0			0	0.0
2. 2014				0.0	0	0.0			0	0.0
3. 2015				0.0	0	0.0			0	0.0
4. 2016				0.0	0	0.0			0	0.0
5. 2017				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013				0	0
3. 2014	XXX	12,629	13,890	13,890	13,890
4. 2015	XXX	XXX	22,035	25,228	25,228
5. 2016	XXX	XXX	XXX	35,370	39,978
6. 2017	XXX	XXX	XXX	XXX	49,730

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013				0	0
3. 2014	XXX	14,808	16,081	16,081	16,081
4. 2015	XXX	XXX	25,325	28,538	28,538
5. 2016	XXX	XXX	XXX	41,008	45,656
6. 2017	XXX	XXX	XXX	XXX	56,917

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2014	15,460	13,890	0	0.0	13,890	89.8	0	0	13,890	89.8
3. 2015	30,338	25,228	0	0.0	25,228	83.2	0	0	25,228	83.2
4. 2016	53,130	39,978	0	0.0	39,978	75.2	40	0	40,018	75.3
5. 2017	68,546	49,730	1,069	2.1	50,799	74.1	7,187	104	58,090	84.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid 1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	13,391	13,391	13,391	13,391	13,391
2. 2013	117,167	129,673	129,673	129,673	129,673
3. 2014	XXX	162,387	174,002	174,002	174,002
4. 2015	XXX	XXX	221,345	249,042	249,042
5. 2016	XXX	XXX	XXX	383,255	418,536
6. 2017	XXX	XXX	XXX	XXX	425,226

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year 1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	15,196	15,196	15,196	15,196	15,196
2. 2013	133,088	134,831	134,831	134,831	134,831
3. 2014	XXX	181,503	194,860	194,860	194,860
4. 2015	XXX	XXX	259,610	287,347	287,347
5. 2016	XXX	XXX	XXX	444,559	480,521
6. 2017	XXX	XXX	XXX	XXX	472,502

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	180,241	129,673	0	0.0	129,673	71.9	0	0	129,673	71.9
2. 2014	237,908	174,002	0	0.0	174,002	73.1	0	0	174,002	73.1
3. 2015	295,375	249,042	0	0.0	249,042	84.3	0	0	249,042	84.3
4. 2016	495,881	418,536	0	0.0	418,536	84.4	681	0	419,217	84.5
5. 2017	487,466	425,226	14,175	3.3	439,401	90.1	47,276	920	487,597	100.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid 1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year 1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX			
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013				0.0	0	0.0			0	0.0
2. 2014				0.0	0	0.0			0	0.0
3. 2015				0.0	0	0.0			0	0.0
4. 2016				0.0	0	0.0			0	0.0
5. 2017				0.0	0	0.0			0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	17,954	17,954	17,954	17,954	17,954
2. 2013	157,775	174,067	174,067	174,067	174,067
3. 2014	XXX	204,851	220,347	220,347	220,347
4. 2015	XXX	XXX	256,415	288,020	288,020
5. 2016	XXX	XXX	XXX	418,118	457,806
6. 2017	XXX	XXX	XXX	XXX	474,956

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	20,431	20,431	20,431	20,431	20,431
2. 2013	177,306	179,100	179,100	179,100	179,100
3. 2014	XXX	229,063	246,345	246,345	246,345
4. 2015	XXX	XXX	298,635	330,322	330,322
5. 2016	XXX	XXX	XXX	485,082	525,560
6. 2017	XXX	XXX	XXX	XXX	529,419

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	237,737	174,067	0	0.0	174,067	73.2	0	0	174,067	73.2
2. 2014	297,701	220,347	0	0.0	220,347	74.0	0	0	220,347	74.0
3. 2015	342,797	288,020	0	0.0	288,020	84.0	0	0	288,020	84.0
4. 2016	548,838	457,806	0	0.0	457,806	83.4	790	0	458,596	83.6
5. 2017	555,933	474,956	15,243	3.2	490,199	88.2	54,463	1,024	545,686	98.2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ .....) for investment income	997,458						997,458		
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	997,458	0	0	0	0	0	997,458	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	997,458	0	0	0	0	0	997,458	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	182	182							
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	182	182	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	182	182	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)	25,033	68,847	779,086	2,759	875,725
2. Salary, wages and other benefits	10,245,356	1,636,238	10,913,187	73,326	22,868,107
3. Commissions (less $ ..... ceded plus $ ..... assumed)			1,717,047		1,717,047
4. Legal fees and expenses	51,979	8,473	74,747	225	135,424
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services		174,360	2,679,554	33,488	2,887,402
7. Traveling expenses	5,420	31,117	453,154	754	490,445
8. Marketing and advertising	427	34,640	546,864	17	581,948
9. Postage, express and telephone	8,319	50,021	709,786	287	768,413
10. Printing and office supplies		16,402	273,948	222	290,572
11. Occupancy, depreciation and amortization	13,486	2,102	(15,588)	666	666
12. Equipment		2,368	177,985	1,047	181,400
13. Cost or depreciation of EDP equipment and software	40	48,275	772,167	2,149	822,631
14. Outsourced services including EDP, claims, and other services	1,825,363	336,824	2,703,705	9,886	4,875,778
15. Boards, bureaus and association fees	8,796	1,420	14,376	325	24,917
16. Insurance, except on real estate	2,012	5,051	128,606	64	135,733
17. Collection and bank service charges	1	478	24,400	10,450	35,329
18. Group service and administration fees					0
19. Reimbursements by uninsured plans			(243)		(243)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses	112	670	89,453	47	90,282
22. Real estate taxes			9,506		9,506
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			1,734,278		1,734,278
23.2 State premium taxes			180		180
23.3 Regulatory authority licenses and fees			1,370		1,370
23.4 Payroll taxes	543,011	84,665	557,877	4,100	1,189,653
23.5 Other (excluding federal income and real estate taxes)			196,220		196,220
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	10,210	1,615	767,952	0	779,777
26. Total expenses incurred (Lines 1 to 25)	12,739,565	2,503,566	25,309,617	139,812	(a) 40,692,560
27. Less expenses unpaid December 31, current year	856,170	168,254	1,093,924		2,118,348
28. Add expenses unpaid December 31, prior year		1,008,438	362,318		1,370,756
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year			2,178,285		2,178,285
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	11,883,395	3,343,750	26,756,296	139,812	42,123,253
DETAILS OF WRITE-INS					
2501. Rx rebate expense			415,759		415,759
2502. Interest expense			282,782		282,782
2503. Miscellaneous	10,210	1,615	53,425		65,250
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	15,986	0	15,986
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	10,210	1,615	767,952	0	779,777

(a) Includes management fees of $ 38,184,470 to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 125,260	143,210
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 2,825,613	3,109,990
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b) 0	0
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	31,108	31,108
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c) 5,056	5,056
4.	Real estate	(d)	
5	Contract Loans		
6	Cash, cash equivalents and short-term investments	(e) 186,929	186,929
7	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	11,112	11,112
10.	Total gross investment income	3,185,078	3,487,405
11.	Investment expenses		(g) 139,812
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		139,812
17.	Net investment income (Line 10 minus Line 16)		3,347,593
	DETAILS OF WRITE-INS		
0901.	Misc Interest Income	11,112	11,112
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	11,112	11,112
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 78,339 accrual of discount less $ 602,470 amortization of premium and less $ 331,033 paid for accrued interest on purchases.

(b) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued dividends on purchases.

(c) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.

(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.

(e) Includes $ 186,869 accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.

(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.

(g) Includes $. 139,812 investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.

(i) Includes $ ..... depreciation on real estate and $ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	(48,011)	(48,011)	0	0
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	216,906	(4,727)	212,179	(27,196)	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	(58,050)	0	(58,050)	20,838	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans		0	0	0	0
4.	Real estate		0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	(218)		(218)		
7.	Derivative instruments			0		
8.	Other invested assets		0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	158,638	(52,738)	105,900	(6,358)	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0		0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0		0
2.2 Common stocks	0		0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0		0
3.2 Other than first liens	0		0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0		0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans	0		0
7. Derivatives (Schedule DB)	0		0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities	0		0
10. Securities lending reinvested collateral assets (Schedule DL)	0		0
11. Aggregate write-ins for invested assets	3,022	0	(3,022)
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,022	0	(3,022)
13. Title plants (for Title insurers only)	0		0
14. Investment income due and accrued	0		0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	1,315	2,953	1,638
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0		0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0		0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans	0		0
18.1 Current federal and foreign income tax recoverable and interest thereon	0		0
18.2 Net deferred tax asset	0		0
19. Guaranty funds receivable or on deposit	0		0
20. Electronic data processing equipment and software	0		0
21. Furniture and equipment, including health care delivery assets	258	766	508
22. Net adjustment in assets and liabilities due to foreign exchange rates	0		0
23. Receivable from parent, subsidiaries and affiliates	0		0
24. Health care and other amounts receivable	1,677,106	282,298	(1,394,808)
25. Aggregate write-ins for other than invested assets	359,330	300,000	(59,330)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,041,031	586,017	(1,455,014)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	2,041,031	586,017	(1,455,014)
DETAILS OF WRITE-INS			
1101. Mortgage loan suspense	3,022	0	(3,022)
1102.		0	0
1103.		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	3,022	0	(3,022)
2501. Prepaid broker commissions	300,000	300,000	0
2502. Other assets	59,330	0	(59,330)
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	359,330	300,000	(59,330)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	125,971	135,307	134,911	133,775	132,017	1,607,649
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	125,971	135,307	134,911	133,775	132,017	1,607,649
DETAILS OF WRITE-INS						
0601.	0					
0602.	0					
0603.	0					
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of significant accounting policies and going concern

A. Accounting practices

The accompanying statutory financial statements of Coventry Health Care of West Virginia, Inc. (the "Company"), indirectly a wholly-owned subsidiary of Aetna Inc. ("Aetna"), have been prepared in conformity with accounting practices prescribed or permitted by the West Virginia Insurance Department ("West Virginia Department") ("West Virginia Accounting Practices"). The West Virginia Department recognizes only statutory accounting practices prescribed or permitted by the Commonwealth of West Virginia for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP").

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the Commonwealth of West Virginia for the years ending December 31, 2017 and 2016 is as follows:

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	12,624,381	22,588,586
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	12,624,381	22,588,586
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	68,154,036	72,514,486
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	68,154,036	72,514,486

B. Use of estimates in the preparation of the financial statements

The preparation of these financial statements in conformity with West Virginia Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

C. Accounting policies

The Company applies the following significant accounting policies:

(1) Cash, cash equivalents and short-term investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets

are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2017 and 2016. Bonds include all investments whose maturity is greater than one year when purchased.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

For loan-backed and structured securities, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from our expectations and the risk that facts and circumstances factored into our assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

(3) Common stocks

Common stocks are recorded as purchases or sales on the trade date. Common stocks of non-affiliates are carried at fair value. Common stocks of affiliates are reported using the equity method. Common stocks of affiliates that are unaudited are nonadmitted. Non-economic contributions to affiliates are recorded as deferred gains and shall not be recognized unless and until an arms-length transaction with independent third parties give rise to appropriate recognition of the gain. Declines in the cost basis deemed to be OTTI are recognized as realized capital losses.

(4) The Company did not own any preferred stock at December 31, 2017 or 2016.

(5) Mortgage loans on real estate ("Mortgage Loans") are carried at unpaid principal balances, adjusted for accrual of discounts and amortization of premiums. Mortgage loans funding and repayments are recorded on the closing date. Fair values are estimated by discounting expected mortgage loan cash flows at market rates that reflect the rates at which similar loans would be made to similar borrowers. These rates reflect management's assessment of the credit quality and the remaining duration of the loans. The fair value estimates of mortgage loans of lower credit quality, including problem and restructured loans, are based on the estimated fair value of the underlying collateral. Payment receipts on impaired loans are recorded on the cash basis. The Company recognizes interest income on impaired loans when received. The Company considers a loan impaired when it is probable that the loan will be uncollectible based on its contractual terms. The Company measures the impairment based on the fair value of the collateral less estimated costs to obtain and sell. The difference between the net value of the collateral and the recorded investment in the mortgage loan is recorded as a valuation allowance with a corresponding charge to unrealized loss. If the impairment is deemed other-than-temporary, a write-down is recognized as a realized loss, and a new cost basis is established. This new cost basis is not changed for subsequent recoveries in value. Mortgage loans for which foreclosure is probable are considered permanently impaired.

(6) Securities lending

The Company engages in securities lending by lending certain securities from its investment portfolio to other institutions for short periods of time. Borrowers must post cash collateral in the amount of 102% to 105% of the fair value of a loaned security. The fair value of the loaned securities is monitored on a daily

basis, with additional collateral obtained or refunded as the fair value of the loaned securities fluctuates. The collateral is retained and invested by a lending agent according to the Company's guidelines to generate additional investment income for the Company. Pursuant to Statements of Statutory Accounting Principles ("SSAP") No. 103R - *Transfers and Servicing of Financial Assets and Extinguishments of Liabilities* ("SSAP No. 103R"), collateral required under the Company's securities lending program is carried on the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus as both a receivable and payable. Also pursuant to SSAP No. 103R, if the collateral received from a counterparty is less than 100 percent at the reporting date, the difference between the actual collateral and 100 percent is nonadmitted. Collateral value is measured and compared to the loaned securities in aggregate by counterparty. The Company did not have any loaned securities at December 31, 2017 and 2016.

(7) The Company did not have any investments in any subsidiaries or affiliated companies at December 31, 2017 or 2016.

(8) The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2017 or 2016.

(9) The Company did not have any derivatives at December 31, 2017 or 2016.

(10) Aggregate health policy reserves and related expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Where allowed, anticipated investment income is considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. The Company had no PDR at December 31, 2017 or 2016.

Unearned premium reserves ("UEP") are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The Company had no UEP at December 31, 2017 or 2016.

The Company is required to make premium rebate payments to customers that are enrolled under certain health insurance policies if specific minimum annual medical loss ratios ("MLR") were not met in the prior year. The Company's results for full-year 2017 and 2016 included an estimate of $349,299 and $0, respectively, of minimum MLR rebates, which were included in aggregate health policy reserves in the Statutory Statements of Liabilities and Capital and Surplus.

The Company reported liabilities associated with contracts subject to redetermination as aggregate health policy reserves in accordance with SSAP No. 54 – *Individual and Group and Accident Health Contracts* ("SSAP No. 54") and SSAP No. 107 - *Risk-Sharing Provisions of the Affordable Care Act* ("SSAP No. 107"). The Company reported no liabilities associated with contracts subject to redetermination at December 31, 2017 or 2016.

Additional amounts of $648,159 and $0 were included in aggregate health policy reserves at December 31, 2017 and 2016, respectively.

(11) Hospital and medical costs and claims adjustment expenses and related reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

(12) The Company did not modify its capitalization policy from the prior period.

(13) Pharmaceutical rebate receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables not in accordance with SSAP No. 84 – *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. All rebates are processed and settled with an affiliated entity. The pharmaceutical rebate receivables are more fully discussed in Note 28.

(14) Premiums and amounts due and unpaid

Premium revenue for prepaid health or dental care products is recognized as income in the month in which enrollees are entitled to health or dental care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums in the Statutory Statements of Liabilities, Capital and Surplus (refer to discussion of aggregate health policy reserves and related expenses above).

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

(15) Aggregate health claim reserves

The reserve for future contingent benefits includes the estimated cost of services that will continue to be incurred after the Statutory Statements of Liabilities, Capital and Surplus date if the Company is obligated to pay for such services in accordance with contract provisions or regulatory requirements. These balances are recorded in aggregate health claim reserves in the Statutory Statements of Liabilities, Capital and Surplus and are estimated using a percentage of current hospital and medical costs, which is based on the Company's historical cost experience.

(16) Investment income due and accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2017 and 2016, the Company did not have any nonadmitted investment income due and accrued.

(17) Covered and uncovered expenses and related liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(18) Fees Paid to the Federal Government by Health Insurers

SSAP No. 106 – *Affordable Care Act Section 9010 Assessment* ("SSAP No. 106") required (1) that the health insurer fee be recognized in full on January 1 of the fee year (the calendar year in which the assessment must be paid to the federal government), in the operating expense category of insurance taxes, licenses and fees, excluding federal income taxes and (2) that in each data year preceding a fee year a reporting entity pro-ratably accrue by reclassifying from unassigned funds (surplus) to aggregate write-ins for special surplus funds an amount equal to its estimated subsequent fee year assessment. This reclassification has no impact on total capital and surplus and is reversed in full on January 1 of the fee year. See Note 22 for disclosure of all amounts related to the health insurer fee for the Company.

(19) Accounting for the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010's (collectively, "Health Care Reform") Reinsurance, Risk Adjustment and Risk Corridor (the "3Rs") pursuant to SSAP No. 107 and INT 15-01: ACA Risk Corridors Collectability ("INT 15-01")

Reinsurance

Health Care Reform established a temporary reinsurance program that expired at the end of 2016. Under this program, all issuers of major medical commercial insurance products and self-insured plan sponsors were required to contribute funding in amounts set by the U.S. Department of Health and Human

Services ("HHS"). A portion of the funds collected were utilized to reimburse issuers' high claims costs incurred for qualified individual members. The expense related to this required funding was reflected in insurance, taxes, licenses and fees for all of the Company's insurance products with the exception of products associated with qualified individual members; this expense for qualified individual members was reflected as a reduction of premium revenue. When annual claim costs incurred by the Company's qualified individual members exceeded a specified attachment point, the Company was entitled to certain reimbursements from this program. The Company recorded amounts recoverable for claims paid and unpaid and ceded claim benefit recoveries to reflect its estimate of these recoveries.

Risk Adjustment

Health Care Reform established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, the Company estimates its ultimate risk adjustment receivable or payable for the current calendar year and reflects the impact as an adjustment to its premium revenue.

Risk Corridor

Health Care Reform established a temporary risk sharing program that expired at the end of 2016 for qualified individual and small group insurance plans. Under this program the Company made (or received) a payment to (or from) HHS based on the ratio of allowable costs to target costs (as defined by Health Care Reform). The Company recorded a risk corridor receivable or payable as an adjustment to premium revenue based on the Company's estimate of the ultimate risk sharing amount for the current calendar year. In October 2015, HHS announced that 2014 Health Care Reform risk corridor receivables would be funded at 12.6% to the extent HHS fully collected risk corridor payables. In November 2015, INT 15-01 was issued as guidance to address the accounting for risk corridor receivables. In conjunction with this guidance, the Company recorded a risk corridor receivable that coincided with the portion of the 2014 Health Care Reform risk corridor receivables that were considered collectible. The Company did not record any risk corridor receivables for the 2016 and 2015 program years or any amount in excess of HHS's announced pro-rated funding amount for the 2014 program year because payments from HHS are uncertain.

The Company expects to perform an annual final reconciliation and settlement with HHS of the 3Rs in each subsequent year. See Note 24.E. for disclosure of amounts related to the 3Rs for the Company for the periods ending December 31, 2017 and 2016.

(20) Federal and state income and premium taxes

The Company is included in the consolidated federal income tax return of its parent company, Aetna and Aetna's other wholly-owned subsidiaries pursuant to the terms of a tax sharing agreement. In accordance with a written tax sharing agreement with an affiliate, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent realized in the consolidated return. Pursuant to this agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes* ("SSAP No. 101"). DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Service ("IRS") tax loss carryback provisions.

b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% percent of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

c. The amount of gross DTAs, after the application of paragraphs a. and b. above, can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as "Change in net unrealized capital gains (losses)", also a separate component of gains and losses in surplus.

State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the years ended December 31, 2017 and 2016, the Company incurred state income tax expense of $1,734,278 and $1,307,857, respectively. At December 31, 2017 and 2016, the Company reported $1,093,924 and $0, respectively, as state income tax payable. At December 31, 2017 and 2016, the Company reported $0 and $138,526, respectively, as state income tax receivable, which was included as write-ins in the Statutory Statements of Assets.

The Company is subject to West Virginia premium tax. These tax expenses were recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. The expenses for these taxes were $160 and $0 for the years ended December 31, 2017 and 2016, respectively. The Company had no premium tax payable at December 31, 2017 or 2016. The Company had prepaid premium taxes of $500 and $160 at December 31, 2017 and 2016, respectively, which were included as a write-in in the Statutory Statements of Assets.

(21) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums ceded for medical losses and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Notes 10 and 23.

D. Going concern

As of March 1, 2018, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting changes and corrections of errors

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2017 and 2016.

3. Business combinations and goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2017 and 2016.

4. Discontinued operations

The Company did not have any discontinued operations in the years ending December 31, 2017 and 2016.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans.

(1) The maximum and minimum lending rates for new mortgage loans made by category during 2017.

Industrial	Maximum	____%	Minimum	____%
Land	Maximum	____%	Minimum	____%
Office	Maximum	____%	Minimum	____%
Retail	Maximum	4.00%	Minimum	4.00%
Apartment	Maximum	____%	Minimum	____%
Mixed Use	Maximum	____%	Minimum	____%
R&D	Maximum	____%	Minimum	____%

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages was 43%.

(3) The Company did not hold any mortgages with advanced taxes, assessments or amounts due, not included in the mortgage loan total at either December 31, 2017 or 2016.

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded Investment (All)							
(a) Current					3,473,483		3,473,483
(b) 30 - 59 Days Past Due							0
(c) 60 - 89 Days Past Due							0
(d) 90 - 179 Days Past Due							0
(e) 180+ Days Past Due							0
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment							0
(b) Interest Accrued							0
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment							0
(b) Interest Accrued							0
4. Interest Reduced							
(a) Recorded Investment							0
(b) Number of Loans							0
(c) Percent Reduced							
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment							0
b. Prior Year							
1. Recorded Investment							
(a) Current							0
(b) 30 - 59 Days Past Due							0
(c) 60 - 89 Days Past Due							0
(d) 90 - 179 Days Past Due							0
(e) 180+ Days Past Due							0
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment							0
(b) Interest Accrued							0
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment							0
(b) Interest Accrued							0
4. Interest Reduced							
(a) Recorded Investment							0
(b) Number of Loans							0
(c) Percent Reduced							
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment							0

(5) The Company had no investment impaired loans with or without allowance for credit losses at December 31, 2017.

(6) The Company had no investment in impaired loans at December 31, 2017.

(7) The Company had no allowance for credit losses at December 31, 2017.

(8) The Company had no mortgage loans derecognized as a result of foreclosure at December 31, 2017.

(9) The Company recognizes interest income on its impaired loans upon receipt.

B. The Company did not have any debt restructuring in the years ending December 31, 2017 and 2016.

C. The Company did not have any reverse mortgages at December 31, 2017 or 2016.

D. Loan-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage backed/asset backed securities were obtained from industry market sources.

(2) The Company had no OTTI losses during 2017 on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R - *Loan-Backed and Structured Securities* ("SSAP No. 43R").

(3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis, at the reporting date December 31, 2017.

(4) The Company's unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2017 is as follows:

(4)

a. The aggregate amount of unrealized losses:	
1. Less than 12 Months	39,391
2. 12 Months or Longer	30,988
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 Months	6,959,564
2. 12 Months or Longer	2,468,681

(5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and have concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2017 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) The Company did not have any repurchase agreements or loaned securities transactions at December 31, 2017.

(2) The Company did not pledge any of its assets as collateral, which are classified as securities pledged to creditors as of December 31, 2017.

(3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of December 31, 2017.

(4) The Company did not have securities lending transactions administered by an affiliated agent which is "one line" reported at December 31, 2017.

(5) The Company did not have any repurchase agreements, loaned securities or dollar repurchase agreements at December 31, 2017.

(6) The Company has not accepted collateral that is not permitted by contract or custom to sell or repledge as of December 31, 2017.

(7) The Company did not have any collateral for transactions that extend beyond one year from the reporting date.

F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2017 or 2016.

G. The Company did not have any reverse repurchase agreements transactions accounted for as secured at December 31, 2017 or 2016.

H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2017 or 2016.

I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2017 or 2016.

J. The Company did not have any real estate at December 31, 2017 or 2016.

K. The Company did not have any low-income housing tax credits at December 31, 2017.

L. Restricted Assets

(1) Restricted assets (including pledged):

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown			0		0	0.000	0.000
b. Collateral held under security lending agreements			0		0	0.000	0.000
c. Subject to repurchase agreements			0		0	0.000	0.000
d. Subject to reverse repurchase agreements			0		0	0.000	0.000
e. Subject to dollar repurchase agreements			0		0	0.000	0.000
f. Subject to dollar reverse repurchase agreements			0		0	0.000	0.000
g. Placed under option contracts			0		0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			0		0	0.000	0.000
i. FHLB capital stock			0		0	0.000	0.000
j. On deposit with states	118,108	118,220	(112)		118,108	0.078	0.079
k. On deposit with other regulatory bodies			0		0	0.000	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)			0		0	0.000	0.000
m. Pledged as collateral not captured in other categories			0		0	0.000	0.000
n. Other restricted assets			0		0	0.000	0.000
o. Total Restricted Assets	118,108	118,220	(112)	0	118,108	0.078	0.079

(2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2017.

(3) The Company did not have any other restricted assets at December 31, 2017.

(4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2017.

M. The Company did not have any working capital finance investments at December 31, 2017.

N. The Company did not have any offsetting and netting of financial assets or liabilities at December 31, 2017.

O. The Company did not have any structured notes at December 31, 2017.

P The Company did not have any 5* securities at December 31, 2017.

Q The Company did not have any short sales at December 31, 2017.

R Prepayment Penalty and Acceleration Fees

	General Account
1. Number of CUSIPs	8
2. Aggregate Amount of Investment Income	19,483

6. Joint ventures, partnerships, and limited liability companies

A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2017 or 2016.

B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2017 or 2016.

7. Investment income

A. There was no investment income due and accrued excluded from surplus at December 31, 2017 or 2016, except in bonds where collection of interest was uncertain.

B. There was no amount excluded at December 31, 2017 or 2016.

8. Derivative instruments

The Company did not have any derivative instruments at December 31, 2017 or 2016.

9. Income taxes

A.

1. The components of the net DTAs recognized in the Company's Statutory Statements of Assets, Liabilities, Surplus and Other Funds are as follows:

1.

	As of End of Current Period			12/31/2016			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	1,552,883	31,745	1,584,628	2,228,163	37,879	2,266,042	(675,280)	(6,134)	(681,414)
(b) Statutory Valuation Allowance Adjustment	0	0	0	158,571	0	158,571	(158,571)	0	(158,571)
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	1,552,883	31,745	1,584,628	2,069,592	37,879	2,107,471	(516,709)	(6,134)	(522,843)
(d) Deferred Tax Assets Nonadmitted	0	0	0	0	0	0	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	1,552,883	31,745	1,584,628	2,069,592	37,879	2,107,471	(516,709)	(6,134)	(522,843)
(f) Deferred Tax Liabilities	368	40,414	40,782	555	66,963	67,518	(187)	(26,549)	(26,736)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	1,552,515	(8,669)	1,543,846	2,069,037	(29,084)	2,039,953	(516,522)	20,415	(496,107)

2.

	As of End of Current Period			12/31/2016			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	1,542,356	23,665	1,566,021	2,068,096	25,507	2,093,603	(525,740)	(1,842)	(527,582)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	10,268	0	10,268			0	10,268	0	10,268
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	10,268	0	10,268			0	10,268	0	10,268
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	9,991,529	XXX	XXX	10,571,180	XXX	XXX	(579,651)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	259	8,080	8,339	1,496	12,372	13,868	(1,237)	(4,292)	(5,529)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	1,552,883	31,745	1,584,628	2,069,592	37,879	2,107,471	(516,709)	(6,134)	(522,843)

3.

	2017	2016
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	331.000	368.000
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	66,610,190	70,474,533

4.

	As of End of Current Period		12/31/2016		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	1,552,883	31,745	2,069,592	37,879	(516,709)	(6,134)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	1,552,883	31,745	2,069,592	37,879	(516,709)	(6,134)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [ ] No [X]

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2016	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	3,277,710	12,139,494	(8,861,784)
(b) Foreign			0
(c) Subtotal	3,277,710	12,139,494	(8,861,784)
(d) Federal income tax on net capital gains	73,951	202,836	(128,885)
(e) Utilization of capital loss carry-forwards			0
(f) Other			0
(g) Federal and foreign income taxes incurred	3,351,661	12,342,330	(8,990,669)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	1,026,769	1,693,901	(667,132)
(2) Unearned premium reserve	2,151	3,087	(936)
(3) Policyholder reserves			0
(4) Investments			0
(5) Deferred acquisition costs			0
(6) Policyholder dividends accrual			0
(7) Fixed Assets	894	1,496	(602)
(8) Compensation and benefits accrual			0
(9) Pension accrual			0
(10) Receivables - nonadmitted	427,927	204,838	223,089
(11) Net operating loss carry-forward	95,142	317,141	(221,999)
(12) Tax credit carry-forward			0
(13) Other (including items <5% of total ordinary tax assets)	0	7,700	(7,700)
(99) Subtotal	1,552,883	2,228,163	(675,280)
(b) Statutory valuation allowance adjustment		158,571	(158,571)
(c) Nonadmitted			0
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	1,552,883	2,069,592	(516,709)
(e) Capital:			
(1) Investments	31,110	37,879	(6,769)
(2) Net capital loss carry-forward			0
(3) Real estate			0
(4) Other (including items <5% of total ordinary tax assets)	635		635
(99) Subtotal	31,745	37,879	(6,134)
(f) Statutory valuation allowance adjustment			0
(g) Nonadmitted			0
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	31,745	37,879	(6,134)
(i) Admitted deferred tax assets (2d + 2h)	1,584,628	2,107,471	(522,843)
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments			0
(2) Fixed assets			0
(3) Deferred and uncollected premium			0
(4) Policyholder reserves			0
(5) Other (including items <5% of total ordinary tax liabilities)	368	555	(187)
(99) Subtotal	368	555	(187)
(b) Capital:			
(1) Investments	40,414	66,963	(26,549)
(2) Real estate			0
(3) Other (including items <5% of total capital tax liabilities)			0
(99) Subtotal	40,414	66,963	(26,549)
(c) Deferred tax liabilities (3a99 + 3b99)	40,782	67,518	(26,736)
4. Net deferred tax assets/liabilities (2i - 3c)	1,543,846	2,039,953	(496,107)

The change in net deferred income taxes is comprised of the following:

	December 31, 2017	December 31, 2016	Change
Total DTAs	1584,628	2,107,471	(522,843)
Total DTLs	(40,782)	(67,518)	26,736
Net DTAs/(DTLs)	1,543,846	2,039,953	(496,107)
Tax effect of unrealized gains (losses)			(20,902)
Change in net deferred income tax			(517,009)

The valuation allowance adjustment to gross DTAs was $0 and $158,571 for December 31, 2017 and 2016, respectively. The Company bases its estimates of the future realization of DTAs primarily on historic taxable income and existing DTLs.

D. The provision for federal income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The items causing this difference were as follows:

	December 31, 2017	Effective tax rate	December 31, 2016	Effective tax rate
Provision computed at statutory rate	5,591,615	35.0%	12,225,820	35.0%
Health Insurer Fee	0	0.0%	2,143,402	6.1%
Transfer pricing adjustment	(1,998,229)	-12.5%	(2,053,330)	-5.9%
Tax exempt interest	(362,791)	-2.3%	(325,506)	-0.9%
Change in nonadmitted assets	(509,432)	-3.2%	(96,616)	-0.3%
Prior year true-up	261,939	1.6%	(43,947)	-0.1%

Change in valuation allowance adjustment	(158,571)	-1.0%	0	0.0%
Impact on Deferred Tax for Enacted Rate Change	1,047,907	6.6%	0	0.0%
Other	(3,768)	0.0%	(9,997)	0.0%
Total	3,868,670	24.2%	11,839,826	33.9%
Federal and foreign income tax expense incurred	3,351,661	21.0%	12,342,328	35.3%
Change in net deferred income taxes	517,009	3.2%	(502,502)	-1.4%
Total statutory income taxes	3,868,670	24.2%	11,839,826	33.9%

On December 22, 2017, the Tax Cuts and Jobs Act of 2017 (the "TCJA") was enacted, which among other items, reduces the federal corporate tax rate to 21% effective January 1, 2018. We re-measured our deferred income taxes for the year-ended December 31, 2017 and recognized incremental tax expense(benefit) related to the change in our net deferred tax asset/liability.

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices as compared to what would be charged to an unrelated entity, which results in a permanent deduction for tax reporting purposes.

E.

1. At December 31, 2017, the Company had no net capital loss carryforwards for tax purposes. As of December 31, 2017, the Company has $453,057 net operating loss carryforwards for tax purposes.

   At December 31, 2016, the Company had no net capital loss carryforwards for tax purposes. As of December 31, 2016, the Company has $906,117 net operating loss carryforwards for tax purposes.

2. The amount of federal income taxes incurred that are available for recoupment in the event of future net losses are:

Year	Ordinary	Capital	Total
2017	2,636,391	73,950	2,710,341
2016	12,441,263	202,835	12,644,098
2015	N/A	-	-
Total	15,077,654	276,786	15,354,439

3. The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2017 and 2016.

F.

1. At December 31, 2017, the Company's Federal Income Tax Return was consolidated with the following entities:

Aetna Inc.
@ Credentials Inc.
Active Health Management Inc.
Adminco, Inc.
Administrative Enterprises, Inc.
AE Fourteen Incorporated
Aetna ACO Holdings, Inc.
Aetna Better Health Inc. (Connecticut)
Aetna Better Health Inc. (Georgia)
Aetna Better Health Inc. (Illinois)
Aetna Better Health Inc. (New Jersey)
Aetna Better Health Inc. (New York)
Aetna Better Health Inc. (Ohio)
Aetna Better Health Inc. (Pennsylvania)
Aetna Better Health Inc. (Tennessee)
Aetna Better Health of California Inc.
Aetna Better Health of Iowa Inc.
Aetna Better Health of Kansas, Inc.
Aetna Better Health of Kentucky Insurance Company
Aetna Better Health of Michigan, Inc.
Aetna Better Health of Missouri LLC
Aetna Better Health of Nevada Inc.
American Health Holding, Inc.
AUSHC Holdings, Inc.
Broadspire National Services, Inc.
bswift, LLC
Carefree Insurance Services, Inc.
Claims Administration Corporation
Cofinity, Inc.
Continental Life Insurance Company of Brentwood, Tennessee
Corporate Benefit Strategies, Inc.
Coventry Consumer Advantage, Inc.
Coventry Health and Life Insurance Company
Coventry Health Care National Accounts, Inc.
Coventry Health Care National Network, Inc.
Coventry Health Care of Florida, Inc.
Coventry Health Care of Illinois, Inc.
Coventry Health Care of Kansas, Inc.
Coventry Health Care of Missouri, Inc.
Coventry Health Care of Nebraska, Inc.
Coventry Health Care of Virginia, Inc.
Coventry Health Care of West Virginia, Inc.
Coventry Health Care Workers' Compensation, Inc.
Coventry Health Plan of Florida, Inc.

Aetna Better Health of North Carolina, Inc.
Aetna Better Health of Oklahoma Inc.
Aetna Better Health of Texas, Inc.
Aetna Better Health of Washington, Inc.
Aetna Better Health, Inc. (Louisiana)
Aetna Dental Inc. (New Jersey)
Aetna Dental Inc. (Texas)
Aetna Dental of California Inc.
Aetna Florida Inc. (fka Aetna Better Health Inc. (Florida))
Aetna Health and Life Insurance Company
Aetna Health Inc. (Connecticut)
Aetna Health Inc. (Florida)
Aetna Health Inc. (Georgia)
Aetna Health Inc. (Louisiana)
Aetna Health Inc. (Maine)
Aetna Health Inc. (Michigan)
Aetna Health Inc. (New Jersey)
Aetna Health Inc. (New York)
Aetna Health Inc. (Pennsylvania)
Aetna Health Inc. (Texas)
Aetna Health Insurance Company
Aetna Health Insurance Company of New York
Aetna Health of California, Inc.
Aetna Health of Iowa Inc. (fka Aetna Health Inc. (Iowa))
Aetna Health of Utah, Inc.
Aetna HealthAssurance Pennsylvania, Inc.
Aetna Insurance Company of Connecticut
Aetna Integrated Informatics, Inc.
Aetna International Inc.
Aetna Ireland Inc.
Aetna Life & Casualty (Bermuda) Ltd.
Aetna Life Assignment Company
Aetna Life Insurance Company
Aetna Risk Assurance Company of Connecticut, Inc.
Aetna Student Health Agency Inc.
AHP Holdings, Inc.
Allviant Corporation
American Continental Insurance Company
Coventry HealthCare Management Corporation
Coventry Prescription Management Services, Inc.
Coventry Rehabilitation Services, Inc.
Coventry Transplant Network, Inc.
Delaware Physicians Care, Incorporated
Echo Merger Sub, Inc.
First Health Group Corp.
First Health Life and Health Insurance Company
First Script Network Services, Inc.
Florida Health Plan Administrators, LLC
FOCUS Healthcare Management, Inc.
Group Dental Service of Maryland, Inc.
Group Dental Service, Inc.
Health and Human Resource Center, Inc.
Health Data & Management Solutions, Inc.
Health Re, Incorporated
HealthAssurance Pennsylvania, Inc.
Managed Care Coordinators, Inc.
Medicity Inc.
Mental Health Associates, Inc.
Mental Health Network of New York IPA, Inc.
Meritain Health, Inc.
MetraComp, Inc.
MHNet Life and Health Insurance Co.
MHNet of Florida, Inc.
Niagara Re, Inc.
PayFlex Holdings, Inc.
PayFlex Systems USA, Inc.
Performax, Inc.
Precision Benefit Services, Inc.
Prime Net, Inc.
Prodigy Health Group, Inc.
Professional Risk Management, Inc.
Resources for Living, LLC
Schaller Anderson Medical Administrators, Incorporated
Strategic Resource Company
The Vasquez Group Inc.
U.S. Health Care Properties, Inc.
Work and Family Benefits, Inc.

2. As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information concerning Parent, subsidiaries, affiliates, and other related parties

A., B. and C.

The Company paid $15,000,000 as an extraordinary dividend to its parent on June 09, 2017. The Company paid $15,000,000 as an extraordinary dividend on September 30, 2015 to its parent. The Company did not receive any capital contributions in 2017 or 2016.

D. Amounts due to and due from affiliates shown in the accompanying Statutory Statements of Assets, Liabilities, Capital and Surplus include the Company's net receipts and disbursements processed by affiliates and transactions related to its administrative services agreement with Aetna Health Management, LLC ("AHM"), indirectly a wholly-owned subsidiary of Aetna.

At December 31, 2017 and 2016, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreement:

	December 31,	
	2017	2016
Amounts due to affiliates		
Aetna Health Management, LLC	$19,048,805	$19,012,149
Aetna Medicaid Administrators LLC	2,247,329	-
Coventry Health and Life Insurance Co.	-	86,981
Coventry Prescription Management Service	-	253
Group Dental Services Inc.	13,461	13,104

	$21,309,595	$19,112,487
Amounts due from affiliates		
Coventry Health and Life Insurance Co.	$5,301	$ -
	$5,301	$-

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

E. At December 31, 2017, the Company has a guarantor agreement with Aetna. The agreement provides that in the event of the Company's insolvency, Aetna will pay all expenses and claims incurred by the Company during insolvency pursuant to the obligation with employer groups and subscribers until the end of the subscription contract period for which premiums have been received.

F. As of and for the years ended December 31, 2017 and 2016, the Company had the following significant transactions with affiliates:

The Company and AHM are parties to an administrative services agreement, under which AHM provides certain administrative services, including accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned commercial, Medicaid and Medicare premium revenue, as applicable, to AHM as a fee, subject to an annual true-up mechanism as defined in the agreement. Under the agreement, this true-up is due to be settled with the affiliate by April 15th of the following contract year (which is January 1 to December 31 annually). The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. For these services, the Company was charged the following.

	2017	2016
Administrative service fee	$7,934,173	$9,922,555
Current year estimated accrued true-up	751	0
Total administrative service fee	$7,934,924	$9,922,555

These agreements also provide for interest on all intercompany balances. Interest incurred on amounts due to affiliates was $282,782 in 2017 and $118,820 in 2016.

The Company and Aetna Medicaid Administrators LLC (formerly Schaller Anderson, LLC) ("AMA"), indirectly a wholly-owned subsidiary of Aetna, are parties to an administrative services agreement, under which AMA provides certain administrative services, including accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned premium revenue, as applicable, to AMA as a fee. For these services, the Company was charged $29,833,788 in 2017 and $23,852,244 in 2016. The agreement also provides for interest on all intercompany balances. There was no interest earned (incurred) on amounts due from (to) affiliates in 2017 and 2016.

The Company is a party to an agreement which enables the Company to receive manufacturers' pharmacy rebates from AHM under which the Company remits a percentage of its earned pharmaceutical rebates to AHM as a fee. The Company earned pharmaceutical rebates of $5,539,109 and $2,756,845, which were recorded as a reduction of medical costs and administrative fees, in 2017 and 2016, respectively. The Company was charged $415,759 and $303,514, which were recorded as administrative expenses, for these services in 2017 and 2016, respectively. At December 31, 2017 and 2016, the Company reported $378,021 and $277,862, respectively, as amounts due from AHM related to the pharmaceutical rebates which were reflected in health care and other amounts receivable. The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

The amounts reported on the Underwriting and Investment Exhibit, Part 3 represent the expenses incurred under the terms of the administrative agreement, allocated to the Company in accordance SSAP No. 70 - *Allocation of Expenses* ("SSAP No. 70"). SSAP No. 70 states "shared expenses, including expenses under the terms of a management contract, shall be apportioned to the entities incurring the expense as if the expense had been paid solely by the incurring entity. The apportionment shall be completed based upon specific identification to the entity incurring the expense. Where specific identification is not feasible, apportionment shall be based upon pertinent factors or ratios." The Company allocates these expenses based upon a percentage calculated using actual general and administrative expenses incurred by AHM.

The Company's commercial business is a party to an agreement with Coventry Prescription Management Services, Inc. ("CPMS") where CPMS pays pharmacy claims on the Company's behalf. The Company pays a monthly fee to CPMS for services provided during that month which is calculated using a PMPM administrative rate. The PMPM rate changes yearly and the agreements are approved each year by the West Virginia Department. All payments by the Company to CPMS are reduced by a PMPM pharmacy rebate credit. The Company did not pay CPMS any capitation fees for the years ended December 31, 2017 and 2016, respectively. CPMS did not pay the Company any pharmacy rebates for the years ended December 31, 2017 and 2016, respectively.

MHNet Specialty Services, L.L.C. ("MHNet"), indirectly a wholly-owned subsidiary of Aetna, provides mental health services to the Company's members. The Company pays MHNet a monthly fee based on

a PMPM capitation rate. The Company was charged $872,904 and $798,255 which were recorded as capitation fees, for these services in 2017 and 2016, respectively.

G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is Aetna.

H. At December 31, 2017, the Company did not own shares of any upstream intermediate of Aetna.

I. At December 31, 2017, the Company did not hold any investments in any subsidiary, controlled or affiliated ("SCA") entity that exceeded 10% of the Company's admitted assets.

J. At December 31, 2017, the Company did not hold any investments in any impaired SCA entity.

K. At December 31, 2017, the Company did not hold any investments in any foreign insurance subsidiaries.

L. At December 31, 2016, the Company did not hold any investments in a downstream noninsurance holding company.

M and N.

At December 31, 2016, the Company did not have any SCA investments.

11. Debt

A. The Company did not have any items related to debt, including capital notes at December 31, 2017.

B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2017.

12. Retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefit plans

The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2017 or 2016.

13. Capital and surplus, shareholders' dividend restrictions and quasi-reorganizations

(1) The Company had 1,000,000 shares of common stock with a par value of $1.00 per share authorized, issued and outstanding at December 31, 2017 and 2016.

(2) The Company had no shares of preferred stock issued and outstanding at December 31, 2017 and 2016.

(3) Dividend restrictions

Dividends on the Company's common capital stock are paid as declared by its Board of Directors, from earned surplus of the Company, not including surplus arising from the sale of stock. Generally, dividends may be paid on the Company's common capital stock without obtaining regulatory approval at an amount up to the greater of: a) the prior year net gain from operations, or b) ten percent of the prior year end capital and surplus. In addition the minimum Risk Based Capital requirements of the NAIC and, if applicable, the West Virginia Department of Insurance must be maintained.

(4) The Company paid $15,000,000 as an extraordinary dividend to its parent on June 09, 2017. The Company paid $15,000,000 as an extraordinary dividend on January 15, 2016 to its parent.

(5) Within the limitations of (3) above, there are no other restrictions placed on the portion of Company profits that may be paid as ordinary dividends to the stockholder.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus was being held at December 31, 2017 or 2016, except as noted in Note 21.

(7) Not applicable to the Company.

(8) The Company did not hold any stock for any special purposes at December 31, 2017 or 2016.

(9) Changes in the balances of special surplus funds from the prior year are due to the accrual of estimated ACA health insurer fees reclassified from unassigned funds or surplus to aggregate write-ins for special surplus funds as discussed more fully in Note 1.C and Note 22.

(10) At December 31, 2017 and 2016, there was $14,544 and $162,116, respectively, of unassigned funds that was represented or reduced by unrealized gains and losses.

(11) The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2017 or 2016.

(12) The Company did not participate in any quasi-reorganizations during the statement year.

(13) The Company did not participate in any quasi-reorganizations in the past 10 years.

14. Liabilities, contingencies and assessments

A. The Company did not have any contingent commitments at December 31, 2017 or 2016.

B. Assessments

Guaranty fund assessments

Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which Aetna and certain of its affiliates, including the Company (collectively, "we", "our", or "us") participate that operate under these laws respond to insolvencies of long-term care insurers as well as health insurers. Our assessments generally are based on a formula relating to our health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payers such as not-for-profit consumer-governed health plans established under Health Care Reform.

C. The Company did not have any gain contingencies at December 31, 2017 or 2016.

D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2017 or 2016.

E. The Company did not have any joint and several liability arrangements at December 31, 2017 or 2016.

F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books. The Company has coverage for certain litigation exposures ($10,000,000 per claim and in the aggregate including defense costs) through an unaffiliated insurance company.

15. Leases

The Company did not have any material lease obligations at December 31, 2017 or 2016.

16. Information about financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2017 or 2016.

17. Sale, transfer and servicing of financial assets and extinguishments of liabilities

A. Transfers of receivables reported as sales

(1) The Company did not have any transfers of receivables as sales for the years ending December 31, 2017 and 2016.

B. Transfer and servicing of financial assets

(1) The Company's policy for requiring collateral or other security for security lending transactions as required in SSAP No. 103R is discussed in Note 1. Excludes repurchase and reverse repurchase transactions as discussed in Notes 5.F. through 5.I. The Company did not have any loaned securities at December 31, 2017 and 2016.

(2) and (3)

The Company did not have any servicing assets or liabilities at December 31, 2017 or 2016.

(4) The Company did not have any securitized financial assets at December 31, 2017 or 2016.

(5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2017 or 2016.

(6) The Company did not have any transfers of receivables with recourse at December 31, 2017 or 2016.

(7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2017 or 2016.

C. Wash sales

(1) The Company did not have any wash sales for the years ending December 31, 2017 or 2016.

18. Gain or loss to the HMO from uninsured plans and the uninsured portion of partially insured plans

A. The Company did not serve as an Administrative Services Only for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2017.

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative Expenses (including administrative fees) in excess of actual expenses	(50,837)		(50,837)
b. Total net other income or expenses (including interest paid to or received from plans)			0
c. Net gain or (loss) from operations	(50,837)	0	(50,837)
d. Total claim payment volume			0

B. The Company did not serve as an Administrative Services Contract plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2017.

C. At December 31, 2017, the Company had reinsurance and low-income subsidy (cost sharing portion) receivables of $2,155,205 and The Centers for Medicare & Medicaid Services ("CMS") coverage gap discount and fee revenue payables of $0. At December 31, 2016, the Company had reinsurance and low-income subsidy (cost sharing portion) receivables of $1,673,765 and CMS coverage gap discount and fee revenue payables of $0. These amounts are accounted for as amounts receivable relating to uninsured plans on the Statutory Statement of Assets and liability for amounts held under uninsured plans on the Statutory Statement of Liabilities, Capital and Surplus as per SSAP No. 47 - *Uninsured Plans*. These items relate to the Company's Medicare product offerings.

19. Direct premium written/produced by managing general agents/third party administrators

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2017 and 2016.

20. Fair value measurements

A. and B.

The Company had no material assets or liabilities measured and reported at fair value at December 31, 2017 or 2016.

C. Certain of the Company's financial instruments are measured at fair value in the financial statements. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy established by U.S. generally accepted accounting principles. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

- **Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets.
- **Level 2** – Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- **Level 3** – Developed from unobservable data, reflecting our own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, we use these quoted market prices to determine the fair value of financial assets and liabilities and classify these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, we estimate fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, we determine fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

The carrying values and estimated fair values of the Company's financial instruments at December 31, 2017 and 2016 were as follows:

December 31, 2017

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Bonds, Short Term, and Cash Equivalent	126,485,084	124,775,187	7,410,726	119,074,358	0		
Common Stocks	914,761	914,761	914,761	0	0		

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Mortgage Loans	3,476,025	3,473,483	0	0	0		

December 31, 2016

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Bonds, Short Term, and Cash Equivalent	100,962,999	100,130,409	8,958,262	92,004,737	0		
Common Stocks	1,394,058	1,394,058	1,394,058	0	0		

The valuation methods and assumptions used by the Company in estimating the fair value of debt securities are discussed in Note 1.

There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2017 or 2016. There were no transfers between the Company's Level 1 or 2 financial assets during 2017 or 2016.

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.

21. Other items

A. Extraordinary items

The Company did not have any extraordinary items for the years ended December 31, 2017 and 2016.

B. Troubled debt restructuring: debtors

The Company did not have any troubled debt restructuring in the years ended December 31, 2017 and 2016.

C. Other disclosures and unusual items

(1) Minimum capital and surplus

Pursuant to the laws of the states in which the Company is licensed to do business, the Company is required to maintain a minimum surplus and capital stock as defined by the statutes and regulations of those states. At both December 31, 2016 and 2015, the Company was in compliance with the minimum surplus and capital stock requirements of the states in which it is licensed to do business.

The NAIC and the State of West Virginia adopted risk-based capital ("RBC") standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (the "RBC Ratio"). The RBC Ratio is designed to reflect the risk profile of the company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2017 and 2016, the Company had capital and surplus that exceeded the highest threshold specified by the RBC rules.

(2) Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (as amended, collectively, "Health Care Reform" or "ACA"), has made broad-based changes to the U.S. health care system. On January 20, 2017, the President signed an executive order that gives the regulatory agencies that enforce the ACA the authority to interpret regulations issued under the ACA in a way that limits fiscal burdens on states and financial or regulatory burdens on individuals, providers, health insurers and others. The practical implications of that order are unclear, and the future of the ACA is uncertain. While we anticipate continued efforts in 2018 and beyond to modify, repeal or replace the ACA, the Company expects aspects of the ACA to continue to significantly impact the Company's business operations and operating results, including the Company's pricing, medical benefit ratios and the geographies in which the Company's products are available. Health Care Reform has presented the Company with business opportunities, but also with financial and regulatory challenges. Most of the ACA's key components were phased in during or prior to 2014, including Public Exchanges, required minimum MLRs in commercial and Medicare products, the individual coverage mandate, guaranteed issue, rating limits in individual and small group products, significant new industry-wide fees, assessments and taxes, enhanced premium rate review and disclosure processes, reduced Medicare Advantage payment rates to insurers, and linking Medicare Advantage payments to a plan's CMS quality performance ratings or "star ratings." The effects of these changes are reflected in the Company's operating results. If the ACA is not amended, repealed or replaced, certain of its components will continue to be phased in until 2022.

The Company expects to continue to dedicate significant resources and incur significant expenses during 2018 to comply with Health Care Reform as currently enacted and implement and comply with changes in Health Care Reform as well as state level health care reform. While most of the significant aspects of Health Care Reform became effective during or prior to 2014, parts of Health Care Reform continue to evolve through the promulgation of executive orders, regulations and guidance. Additional changes to Health Care Reform and those regulations and guidance at the federal and/or state level are likely, and those changes are likely to be significant. Growing state and federal budgetary pressures make it more likely that any changes, including changes at the state level in response to changes to, or repeal or replacement of, Health Care Reform and/or changes in the funding levels and/or payment mechanisms of federally supported benefit programs, will be adverse to us. Given the inherent difficulty of foreseeing the nature and scope of future changes to Health Care Reform and how states, businesses and individuals will respond to those changes, the Company cannot predict the impact to the Company of future changes to Health Care Reform. It is reasonably possible that repeal or replacement of or other changes to Health Care Reform and/or states' responses to such changes, in the aggregate, could have a significant adverse effect on the Company's business operations and financial results.

Potential repeal of Health Care Reform, ongoing legislative, regulatory and administrative policy changes to Health Care Reform, the results of congressional and state level elections, pending litigation challenging aspects of the law or funding for the law and federal budget negotiations continue to create uncertainty about the ultimate impact of Health Care Reform. Examples of recent administrative policy, legislative and regulatory changes include: the January 2018 suspension of the health insurer fee for 2019 and delay of the "Cadillac" tax on high-cost employer-sponsored health coverage until 2022; the December 2017 Tax Cuts and Jobs Act of 2017, which repealed Health Care Reform's individual mandate and related penalties; the January 20, 2017 and October 2017 executive orders relating to Health Care Reform; the federal government's October 12, 2017 curtailment of payments related to the Cost-Sharing Subsidy Program; the November 2016 HHS announcement that risk corridor collections for the 2015 program year would be applied first to amounts owed to plans for the 2014 program year; and the May 2016 final regulations relating to Health Care Reform's non-discrimination requirements. The pending litigation challenging Health Care Reform includes challenges by various states of the federal government's decision to curtail payments related to the Cost-Sharing Subsidy Program. The time frame for conclusion and final outcome and ultimate impact of this litigation are uncertain.

As described above, the availability of funding for Health Care Reform's temporary risk corridor program is an example of this uncertainty. The Company continues to believe that receipt of any risk corridor payment from HHS for the 2016 or 2015 program year and receipt of such payments in excess of the announced prorated amount for the 2014 program year are uncertain. At December 31, 2017, the Company had no receivable for the remaining 2014 program year prorated amount that had not been collected from HHS and had no receivable for either of the 2015 or 2016 program years. 2016 was the last program year for Health Care Reform's risk corridor program. On-going uncertainty regarding the funding of Health Care Reform-related programs and subsidies can be expected to create additional instability in the marketplace.

In addition to efforts to amend, repeal or replace Health Care Reform and the related regulations, the federal and state governments also continue to enact and seriously consider many other broad-based legislative and regulatory proposals that have had a material impact on or could materially impact various aspects of the health care and related benefits system and the Company's business. The Company cannot predict whether pending or future federal or state legislation or court proceedings, including future U.S. Congressional appropriations, will change various aspects of the health care and related benefits system or Health Care Reform or the impact those changes will have on the Company's business operations or operating results, but the effects could be materially adverse.

In addition, Health Care Reform ties a portion of each Medicare Advantage plans' reimbursement to the achievement of favorable CMS quality performance measures ("star ratings"). Since 2015, only Medicare Advantage plans with an overall star rating of four or more stars (out of five stars) are eligible for a quality bonus in their basic premium rates. As a result, the Company's Medicare Advantage plans' operating results in 2018 and going forward will be significantly affected by their star ratings.

(3) Medicare

The Company's Medicare Advantage and Standalone Prescription Drug Plan ("PDP") products are heavily regulated by CMS. The regulations and contractual requirements applicable to the Company and other private participants in Medicare programs are complex, expensive to comply with and subject to change. For example, in the second quarter of 2014, CMS issued a final rule implementing the Health Care Reform requirements that Medicare Advantage and PDP plans report and refund to CMS overpayments that those plans receive from CMS. The precise interpretation, impact and legality of this rule are not clear and are subject to pending litigation. The Company has invested significant resources to comply with Medicare standards, and the Company's Medicare compliance efforts will continue to require significant resources. CMS may seek premium and other refunds, prohibit the Company from continuing to market and/or enroll members in or refuse to passively enroll members in one or more of the Company's Medicare or Medicare-Medicaid demonstration (historically known as "dual eligible") plans, exclude the Company from participating in one or more Medicare, dual eligible or dual eligible special needs plan programs and/or institute other sanctions and/or civil monetary penalties against the Company if the Company fails to comply with CMS regulations or the Company's Medicare contractual requirements.

(4) Federal Employees Health Benefits Program

The Company contracts with the OPM to provide managed health care services under the FEHB program in its service areas. These contracts with the OPM and applicable government regulations establish premium rating arrangements for this program. OPM regulations require that community-rated FEHB plans meet a FEHB program-specific MLR by plan code and market. Managing to these rules is complicated by the simultaneous application of the minimum MLR standards and associated premium rebate requirements of Health Care Reform. The OPM conducts periodic audits of its contractors to, among other things, verify that plans meet their applicable FEHB program-specific MLR and the premiums established under its insured contracts and costs allocated pursuant to its cost-based contracts are in compliance with the requirements of the applicable FEHB program. The OPM may seek premium refunds or institute other sanctions against the Company if the Company fails to comply with the FEHB program requirements.

(5) Medicaid

The Company's Medicaid, dual eligible and dual eligible special needs plan products also are heavily regulated by CMS and state Medicaid agencies, which have the right to audit the Company's performance to determine compliance with CMS contracts and regulations. The Company's Medicaid products, dual eligible products and Children's Health Insurance Program ("CHIP") contracts also are subject to complex federal and state regulations and oversight by state Medicaid agencies regarding the services the Company provides to Medicaid enrollees, payment for those services, network requirements (including mandatory inclusion of specified high-cost providers), and other aspects of these programs, and by external review organizations which audit Medicaid plans on behalf of the state Medicaid agencies. The laws, regulations and contractual requirements applicable to the Company and other participants in Medicaid and dual eligible programs, including requirements that the Company submit encounter data to the applicable state agency, are extensive, complex and subject to change. The Company has invested significant resources to comply with these standards, and the Company's Medicaid and dual eligible program compliance efforts will continue to require significant resources. CMS and/or state Medicaid agencies may fine the Company, withhold payments to the Company, seek premium and other refunds, terminate the Company's existing contracts, elect not to award the Company new contracts or not to renew the Company's existing contracts, prohibit the Company from continuing to market and/or enroll members in or refuse to automatically assign members to one or more of the Company's Medicaid or dual eligible products, exclude the Company from participating in one or more Medicaid or dual eligible programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS or state regulations or the Company's contractual requirements. The Company cannot predict whether pending or future federal or state legislation or court proceedings will change various aspects of the Medicaid program, nor can it predict the impact those changes will have on its business operations or financial results, but the effects could be materially adverse.

D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2017 or 2016.

E. The Company did not have any transferable and non-transferable state tax credits for the years ending December 31, 2017 or 2016.

F. The Company did not have any subprime mortgage related risk exposures at December 31, 2017 or 2016.

G. The Company did not have any retained assets at December 31, 2017 or 2016.

H. The Company did not have any insurance-linked securities ("ILS") contracts at December 31, 2017 or 2016.

22. Events subsequent

A. Type I - Recognized subsequent events

Subsequent events have been considered through February 28, 2018 for the statutory statement issued on March 1, 2018.

The Company had no known reportable recognized subsequent events.

B. Type II - Nonrecognized subsequent events

Subsequent events have been considered through February 28, 2018 for the statutory statement issued on March 1, 2018.

On January 1, 2018, the Company will be subject to an annual fee under Section 9010 of the Federal Affordable Care Act ("ACA"). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be $11,183,000. This amount is reflected in special surplus. This assessment is

expected to impact risk based capital ("RBC") by 16%. Reporting the ACA assessment as of December 31, 2017, would not have triggered an RBC action level.

In December 2015, the Consolidated Appropriation Act was enacted, which included a one year suspension of the annual fee for 2017. Accordingly, there was no annual health insurance industry fee payable on September 30, 2017 and there were no amounts reflected in the Company's aggregate write-ins for special surplus funds related to this payable at December 31, 2016 as a result. There was also no resulting impact to the Company's RBC to assess as of December 31, 2016 as a result of this suspension.

In January 2018, the annual fee was suspended for 2019.

Type II - Nonrecognized Subsequent Events:

		Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	YES		
B. ACA fee assessment payable for the upcoming year	$	11,183,000	$
C. ACA fee assessment paid	$		$ 6,124,007
D. Premium written subject to ACA 9010 assessment	$	554,582,077	$
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	$	68,154,036	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	$	56,971,036	
G. Authorized Control Level (Five-Year Historical Line 15)	$	20,152,778	
H. Would reporting the ACA assessment as of Dec. 31, 2017 have triggered an RBC action level (YES/NO)?	NO		

23. Reinsurance

Effective July 1, 2017, the Company and Partner Re America Insurance Company ("Partner Re") entered into an excess loss reinsurance agreement for the Company's Medicaid products. Under this agreement, Partner Re is liable for 90% of covered expenses in excess of the specific deductible of $300,000 per covered member, with a maximum reimbursement of $5,000,000 in aggregate per member per agreement year. The Company paid reinsurance premiums of $1,444,756 and $534,043 in 2017 and 2016, respectively. Reinsurance premiums are recorded as net premium income in the Statutory Statements of Revenue and Expenses. This agreement was no longer in use in 2017 after the contract with the State was not renewed.

Effective April 1, 2014, the Company entered into a quota share reinsurance agreement with Fresenius Medical Care Reinsurance Company (Cayman) LTD ("Fresenius"), an affiliate of Fresenius Medical Care Holdings, Inc., covering Medicare Advantage Plans. Under this agreement, the Company will cede to Fresenius and Fresenius shall reinsure 100% of eligible expenses incurred per program participant per agreement year. The Company paid reinsurance premiums of $498,875 in 2017 and $151,772 in 2016 related to this agreement. The Company realized net reinsurance recoveries of $57,936 in 2017 and $14,555 in 2016 related to this agreement. Total funds withheld attributable to this agreement were $19,168 and $3,139 at December 31, 2017 and 2016, respectively, as reported in the Statutory Statements of Liabilities, Capital and Surplus.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes ( ) No (X)
If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
Yes (X) No ( )
If yes, give full details.

Fresenius is located in the Cayman Islands and is an affiliate of Fresenius Medicare Care Holdings, Inc. (not primarily engaged in the insurance business).

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than nonpayment of premium or other similar credit?
Yes (X) No ( )

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.
$ N/A .

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?
$ 0 .

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
Yes ( ) No (X)
If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.
$38,768 .

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes ( ) No (X)
If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? $ N/A .

B. The Company did not have uncollectible reinsurance at December 31, 2017.

C. The Company did not have any commutation of ceded reinsurance at December 31, 2017.

D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2017.

24. Retrospectively rated contracts and contracts subject to redetermination

A. Through annual contracts with CMS, the Company offers HMO plans for Medicare-eligible individuals through the Medicare Advantage program. Members typically receive enhanced benefits over standard Medicare fee-for-service coverage, including reduced cost-sharing for preventative care, vision and other non-Medicare services. Members also typically receive coverage for certain prescription drugs, usually subject to a deductible, co-insurance and/or co-payment. The revenues ultimately received by the Company for each member are based on that member's health status and demographic characteristics, as determined via the CMS risk adjustment process, under which the Company regularly submits risk adjustment data to CMS. As such, at December 31, 2017 the Company records a receivable for future revenues that it expects to receive from CMS in the third quarter of 2018, after the final reconciliation of risk adjustment data for contract year 2017 is complete. The Company estimates this receivable by taking into account risk adjustment data for contract year 2017 submitted to CMS prior to December 31, 2018, as well as its estimate of the impact of risk adjustment data for contract year 2017 that will be submitted prior to the appropriate regulatory deadline in early 2018. These amounts are recognized in 2017 as premiums under contracts subject to redetermination. In addition, the Company's Medicare Advantage contracts are subject to retrospective rating provisions under which the Company and CMS share in amounts above and below agreed-upon target medical benefit ratios.

B. These accrued retrospective premiums, if any, are recorded through premiums and are estimated based on calculations that compare the Company's expected financial results for the contract against the appropriate medical benefit ratio target. The Company had net premiums written of $68,895,043 and $53,129,757 related to its agreements with CMS for the years ending December 31, 2017 and 2016, respectively, representing 12.5% for 2017 and 9.7% for 2016 of total premium revenue. The Company had net premiums receivable of $3,665,354 and $1,893,237 related to its agreements with CMS at December 31, 2017 and 2016, respectively, representing 35.3% for 2017 and 3.8% for 2016 of total premiums receivable.

C. Contracts subject to redetermination

The Company did not have any contracts subject to redetermination in 2016 or 2015.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

The Company is required to make premium rebate payments to customers that are enrolled under certain health insurance policies if specific minimum annual MLR were not met in the prior year. The Company's results for full-year 2017 and 2016 included an estimate of $349,299 and $0, respectively, of minimum MLR rebates, which were included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus. The Company did not pay any minimum MLR rebates in 2017 for the year 2016. The Company did not pay any minimum MLR rebates in 2016 for the year 2015.

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with rebates	5 Total
Prior Reporting Year					
(1) Medical Loss Ratio Rebates Incurred	0	0	0	0	0
(2) Medical Loss Ratio Rebates Paid	0	0	0	0	0
(3) Medical Loss Ratio Rebates Unpaid	0	0	0	0	0
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates Unpaid net of reinsurance	XXX	XXX	XXX	XXX	0
Current Reporting Year-to-Date					
(1) Medical Loss Ratio Rebates Incurred	0	0	0	349,299	349,299
(2) Medical Loss Ratio Rebates Paid	0	0	0	0	0
(3) Medical Loss Ratio Rebates Unpaid	0	0	0	349,299	349,299
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates Unpaid net of reinsurance	XXX	XXX	XXX	XXX	349,299

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? No

(2) through (5): Not applicable.

25. Change in incurred claims and claims adjustment expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2017 and 2016.

	2017	2016
Balance, January 1	68,056,873	44,752,428
Health care receivable	(326,498)	(40,429)
Balance, January 1, net of health care receivable	67,730,375	44,711,999
Incurred related to:		
Current year	544,662,388	498,112,592
Prior years	(26,570,632)	(12,319,894)
Total incurred	518,091,756	485,792,698
Paid related to:		
Current year	492,238,138	431,169,628
Prior years	39,688,932	31,604,694
Total paid	531,927,070	462,774,322
Balance, December 31, net of health care receivable	54,221,559	67,730,375
Health care receivable	2,055,127	326,498
Balance, December 31	56,276,686	68,056,873

In 2017, reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by $26,570,632 from $68,056,873 in 2016 to $41,486,241 in 2017. In 2016, reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years' decreased by $12,319,894 from $44,752,428 in 2015 to $33,432,534 in 2016. The lower than anticipated health care cost trend rates observed in 2016 and 2016 for claims incurred in 2016 and 2015, respectively, were due to moderating outpatient and physician trends and faster than expected claim payment speed. The Company considers historical trend rates together with knowledge of recent events that may impact current trends when developing estimates of current trend rates. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Historical health care cost trend rates are not necessarily representative of current trends.

The methodology used in calculating the liability has been consistently applied between years. As of December 31, 2017 and 2016, accrued claim adjustment expenses were $1,024,424 and $1,008,438, respectively. These amounts have been included in the table above. The reserve is determined as a percentage of claims reserves. The Company periodically reassesses the percentage applied based on historical experience. For 2017 and 2016, claim adjustment expenses have been included in the total incurred line in the chart above.

Net coordination of benefits are implicit in the claims incurred but not reported calculation and could not be specifically identified.

26. Intercompany pooling arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2017 or 2016.

27. Structured settlements

Not applicable to health entities.

28. Health care receivables

A. Pharmaceutical rebate receivables

The Company receives pharmaceutical rebates through an agreement with AHM. AHM has contractual agreements with pharmaceutical companies for rebates, which cover the Company's membership as well as the membership of other Aetna affiliates. The Company receives those rebates from AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2017 and 2016, the Company had pharmaceutical rebate receivables of $378,021 and $277,682, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10.

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2017	1,276,719	0	864,569	0	0
09/30/2017	1,676,717	1,049,608	1,061,504	0	0
06/30/2017	1,110,785	1,592,760	1,185,171	0	0
03/31/2017	1,272,518	1,361,965	885,203	4,666	0
12/31/2016	1,057,290	1,063,416	837,958	223,472	8
09/30/2016	725,324	755,116	755,116	0	0
06/30/2016	874,297	858,227	858,227	0	0
03/31/2016	570,513	622,960	622,960	0	0

[1] Represents a portion of the estimated rebates for the quarter ending December 31, 2017, which were paid by AHM to the Company prior to December 31, 2017 and invoicing in 2018.

B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2017 or 2016.

29. Participating policies

The Company did not have any participating policies at December 31, 2017 or 2016.

30. Premium deficiency reserves

	December 31, 2017
1. Liability carried for premium deficiency reserves	$0
2. Date of the most recent evaluation of this liability	12/31/2017
3. Was anticipated investment income utilized in the calculation?	Yes

31. Anticipated salvage and subrogation

See discussion of hospital and medical costs and claims adjustment expenses and related reserves in Note 1.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? West Virginia

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/19/2017

3.4 By what department or departments?
West Virginia Office of the Insurance Commissioner

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [ ] No [X]
4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [ ] No [X]
4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP, One Financial Plaza, 755 Main Street, Hartford, CT 06103

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
William R. Jones, FSA, MAAA; 151 Farmington Avenue, RE2R; Hartford, CT 06156

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value $

12.2 If, yes provide explanation:

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
No substantive changes were made. Minor changes include: 1) Changes to reflect the Company's current branding initiatives (i.e., "You Don't Join Us, We Join You") and mission statement (i.e., "to build a healthier world"); 2) A clarification of the difference between fraud, waste and abuse; 3) The addition of explicit reference to the UK Modern Slavery Act of 2015 in the list of laws applicable to government contracting; 4) Updates to the list of awards and recognitions received by the Company; and 5) A new section on "Diversity and Inclusion at Aetna" that replaced the previous section on "Diversity at Aetna".

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $
- 20.12 To stockholders not officers $
- 20.13 Trustees, supreme or grand (Fraternal Only) $

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $
- 20.22 To stockholders not officers $
- 20.23 Trustees, supreme or grand (Fraternal Only) $

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $
- 21.22 Borrowed from others $
- 21.23 Leased from others $
- 21.24 Other $

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses $
- 22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
N/A

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... $ 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... $ 0
24.103 Total payable for securities lending reported on the liability page. ..... $ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ..... Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements ..... $
25.22 Subject to reverse repurchase agreements ..... $
25.23 Subject to dollar repurchase agreements ..... $
25.24 Subject to reverse dollar repurchase agreements ..... $
25.25 Placed under option agreements ..... $
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... $
25.27 FHLB Capital Stock ..... $
25.28 On deposit with states ..... $ 118,108
25.29 On deposit with other regulatory bodies ..... $
25.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... $
25.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... $
25.32 Other ..... $

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. ..... $

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [X] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
State Street Bank and Trust Company	State Street Financial Center; One Lincoln Street; Boston, MA 02111-2900

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
All agreements comply.		

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? ..... Yes [ ] No [X]
28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Kevin J. Casey as Sr. Investment Officer	A

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A	Kevin J. Casey	N/A	Not registered	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	124,775,187	126,485,084	1,709,897
30.2 Preferred stocks	0		0
30.3 Totals	124,775,187	126,485,084	1,709,897

30.4 Describe the sources or methods utilized in determining the fair values:

Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information, or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short-term investments are carried at amortized cost which approximated fair value. The carrying value of cash equivalents approximated fair value.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5*GI securities? ..... Yes [ ] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... $ 4,670

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Council For Affordable Quality Healthcare	3,101

35.1 Amount of payments for legal expenses, if any? ..... $ 106,179

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Gibson Dunn Crutcher	28,195

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? ..... $

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only. $

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	552,638,446	548,838,244
2.2	Premium Denominator	552,638,446	548,838,244
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	56,249,720	67,048,435
2.5	Reserve Denominator	56,249,720	67,048,435
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $

5.32 Medical Only $

5.33 Medicare Supplement $

5.34 Dental & Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 5,841

8.2 Number of providers at end of reporting year 5,923

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months $

9.22 Business with rate guarantees over 36 months $

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $ 2,114,174
10.22 Amount actually paid for year bonuses $ 8,911,082
10.23 Maximum amount payable withholds $
10.24 Amount actually paid for year withholds $

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]
11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]
11.3 If yes, show the name of the state requiring such minimum capital and surplus. West Virginia
11.4 If yes, show the amount required. $ 7,800,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]
11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
WV - License covers entrie State of West Virginia OH-License covers the counties of Scotio, Jackson, Lawrence, Gallia, Vinton, Meigs, Athens, Washington, Morgan, Noble, Monroe (although a product has never been sold in these counties)

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. $

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]
14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit 5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written $
15.2 Total Incurred Claims $
15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	148,747,189	170,962,283	120,521,952	96,792,566	78,297,952
2. Total liabilities (Page 3, Line 24)	80,593,153	98,447,797	56,009,655	39,374,935	33,899,137
3. Statutory minimum capital and surplus requirement	7,800,000	7,800,000	7,800,000	7,800,000	7,800,000
4. Total capital and surplus (Page 3, Line 33)	68,154,036	72,514,486	64,512,295	57,417,631	44,398,815
Income Statement (Page 4)					
5. Total revenues (Line 8)	555,932,327	546,372,054	342,786,682	297,942,125	235,059,176
6. Total medical and hospital expenses (Line 18)	502,848,622	472,762,977	285,787,009	227,955,159	185,786,790
7. Claims adjustment expenses (Line 20)	15,243,131	13,029,721	8,391,961	5,422,528	8,048,665
8. Total administrative expenses (Line 21)	25,309,617	28,507,900	18,856,950	19,870,894	15,931,315
9. Net underwriting gain (loss) (Line 24)	12,530,957	32,071,456	29,750,762	44,693,544	25,292,406
10. Net investment gain (loss) (Line 27)	3,379,542	2,656,622	1,745,712	1,474,889	1,105,920
11. Total other income (Lines 28 plus 29)	(8,408)	0	0	0	(25,079)
12. Net income or (loss) (Line 32)	12,624,381	22,588,586	18,554,404	30,963,892	17,323,077
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	26,986,650	21,782,098	16,082,124	27,237,709	18,711,940
Risk-Based Capital Analysis					
14. Total adjusted capital	68,154,036	72,514,486	64,512,295	57,417,631	44,398,815
15. Authorized control level risk-based capital	20,152,778	19,134,742	11,431,559	9,102,067	7,601,618
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	132,017	125,971	125,137	81,570	81,070
17. Total members months (Column 6, Line 7)	1,607,649	1,533,715	1,161,344	1,034,811	917,978
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	90.5	86.5	83.4	76.6	79.0
20. Cost containment expenses	2.3	2.1	1.6	1.3	1.1
21. Other claims adjustment expenses	0.5	0.3	0.9	0.5	2.3
22. Total underwriting deductions (Line 23)	97.7	94.1	91.3	85.1	89.2
23. Total underwriting gain (loss) (Line 24)	2.3	5.9	8.7	15.0	10.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	40,477,803	31,687,611	17,282,803	18,085,987	22,662,945
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	67,048,435	44,007,506	30,130,804	28,311,088	27,532,456
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)			0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)			0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)			0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
States, etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	L	(79,193)	69,393,918	485,267,352				554,582,077	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	(79,193)	69,393,918	485,267,352	0	0	0	554,582,077	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	(79,193)	69,393,918	485,267,352	0	0	0	554,582,077	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

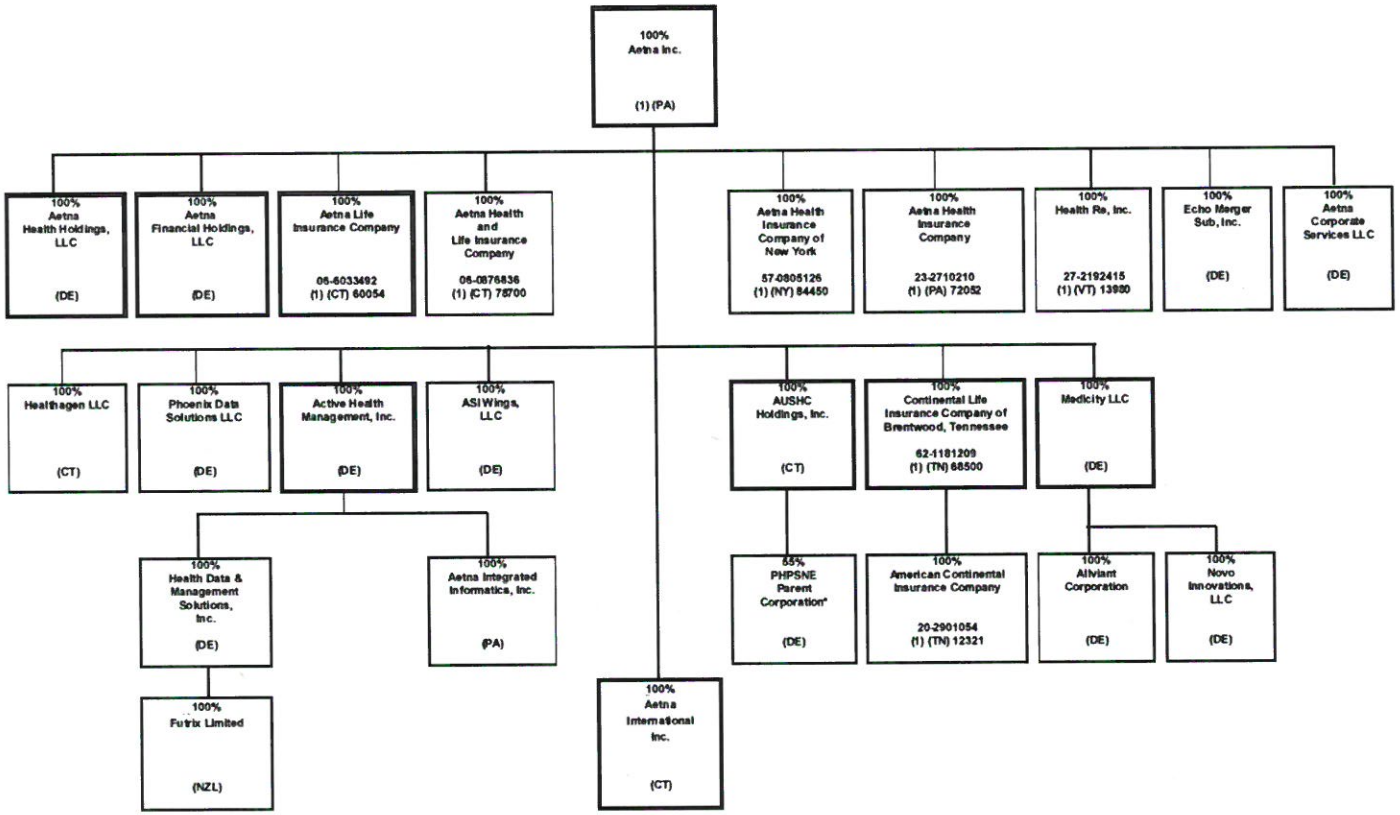
Premiums are allocated based on the state of residence of covered members.

(a) Insert the number of L responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Coventry Health Care of West Virginia, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



(1) Insurers/HMO's
Percentages are rounded to the nearest whole percent and based on ownership of voting rights.
Double borders indicate entity has subsidiaries shown on the same page.
Bold borders indicate entity has subsidiaries shown on a separate page.

*55% is owned by AUSHC Holdings, Inc. and 45% is owned by third parties.

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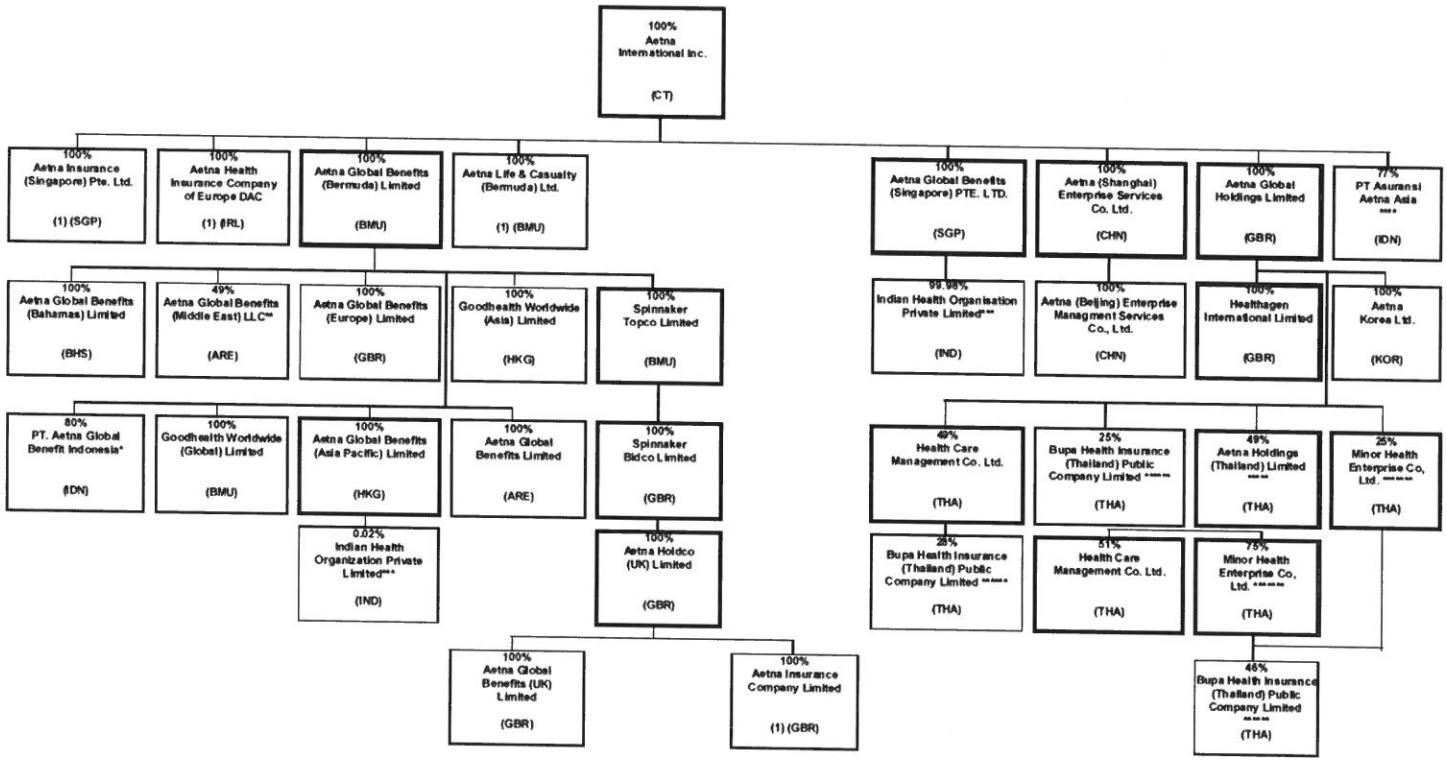

*Aetna Global Benefits Indonesia is 80% owned by Aetna Global Benefits (Bermuda) Limited and 20% is owned by Suhatsyah Rivai, Aetna's Nominee.
**Aetna Global Benefits (Middle East) LLC is 49% owned by Aetna Global Benefits (Bermuda) Limited and 51% is owned by Euro Gulf LLC, Aetna's Nominee.
***Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
****PT Asuransi Aetna Asia is 77% owned by Aetna International Inc. and 23% owned by PT Asuransi Central Asia.
*****Aetna Holdings (Thailand) Limited is 51% owned by Mr. Palboon Sutantivorakoon
******Bupa Health Insurance (Thailand) Public Company Limited is 46% owned by Minor Health Entreprise Co, Ltd.; 25% owned by Aetna Global Holdings Limited; and 28% owned by Health Care Management Co. Ltd. and total 1% owned by Aetna Global Benefits (Bermuda) Limited (1 Share); Mr. Sansanapongpherchar (1 Share); Mr. Jitphasong Itsaraphakded (1 Share); Mrs. Suphee Wattana (1 Share); and Mr. Buncha Tamphragom (1 Share)
*******Minor Health Entreprise Co, Ltd is 1 share owned by Aetna Global Benefits (Bermuda) Ltd

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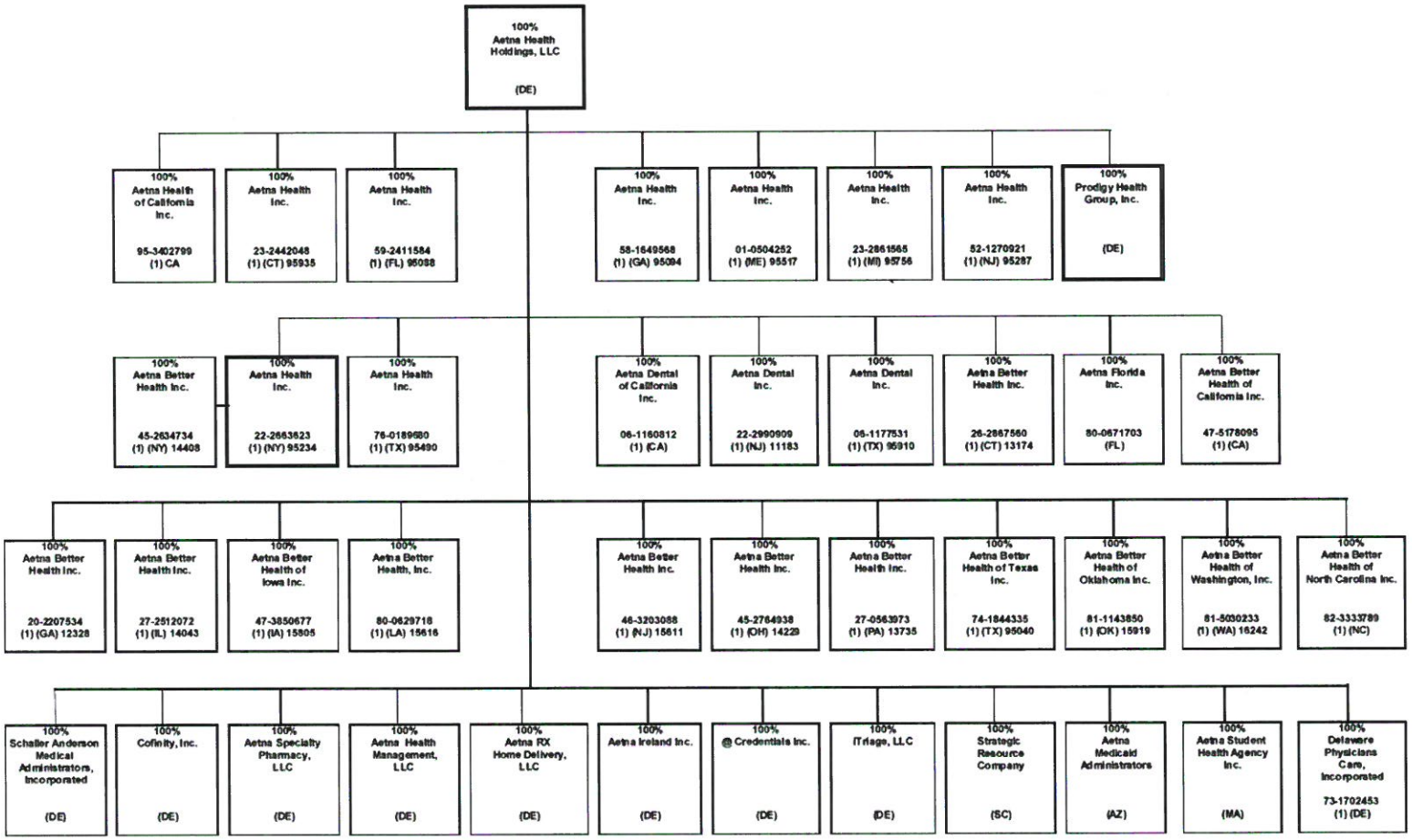

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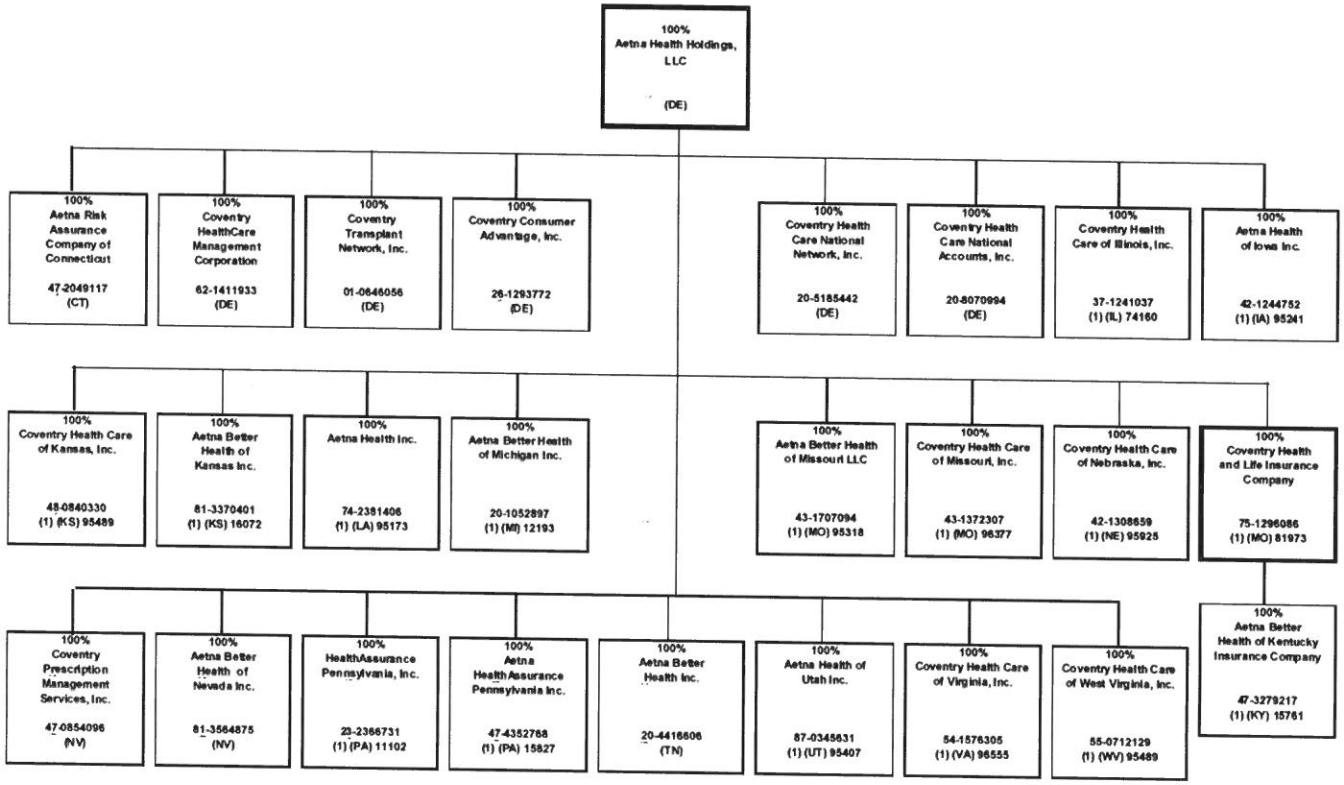

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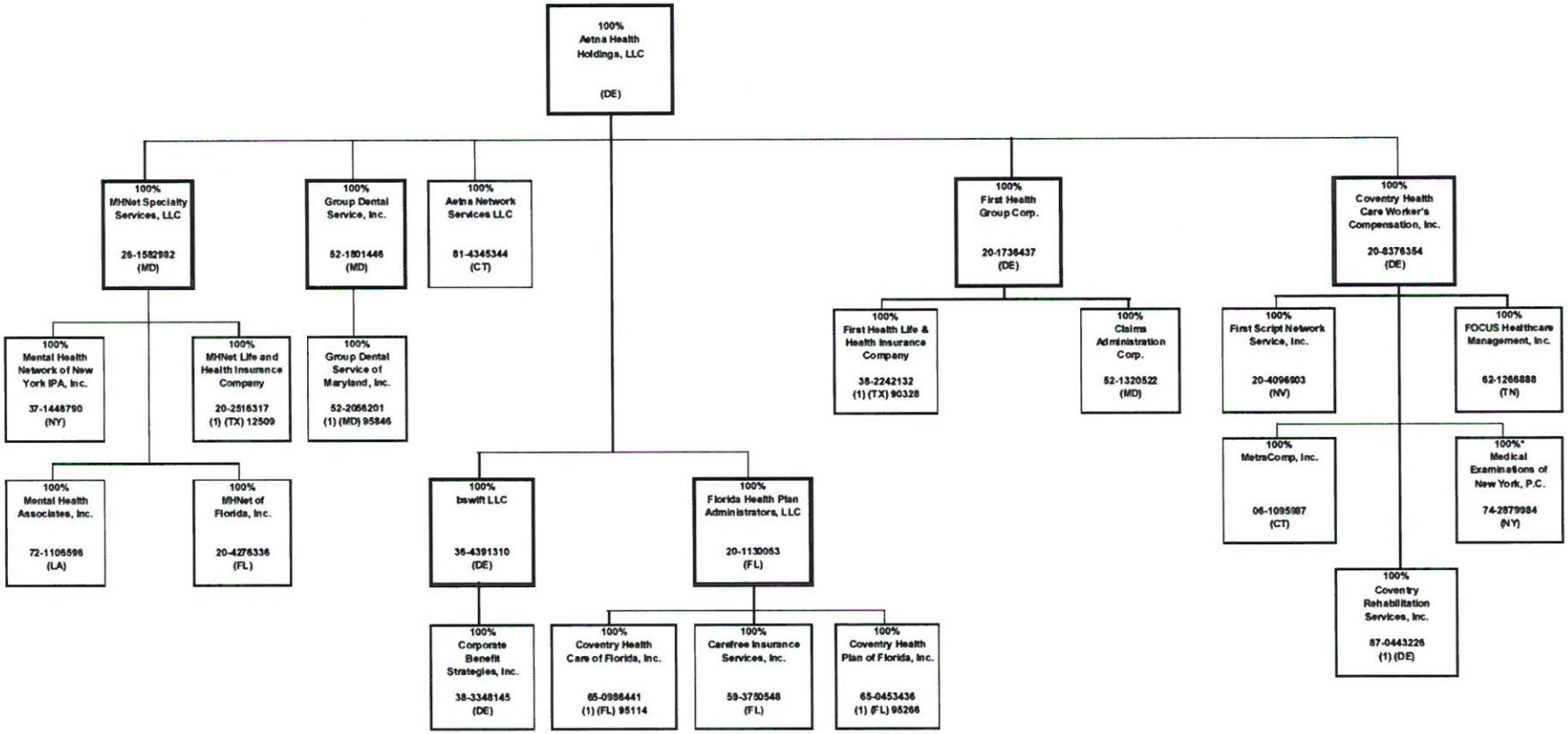

*100% owned through Aetna's nominees

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Coventry Health Care of West Virginia, Inc.

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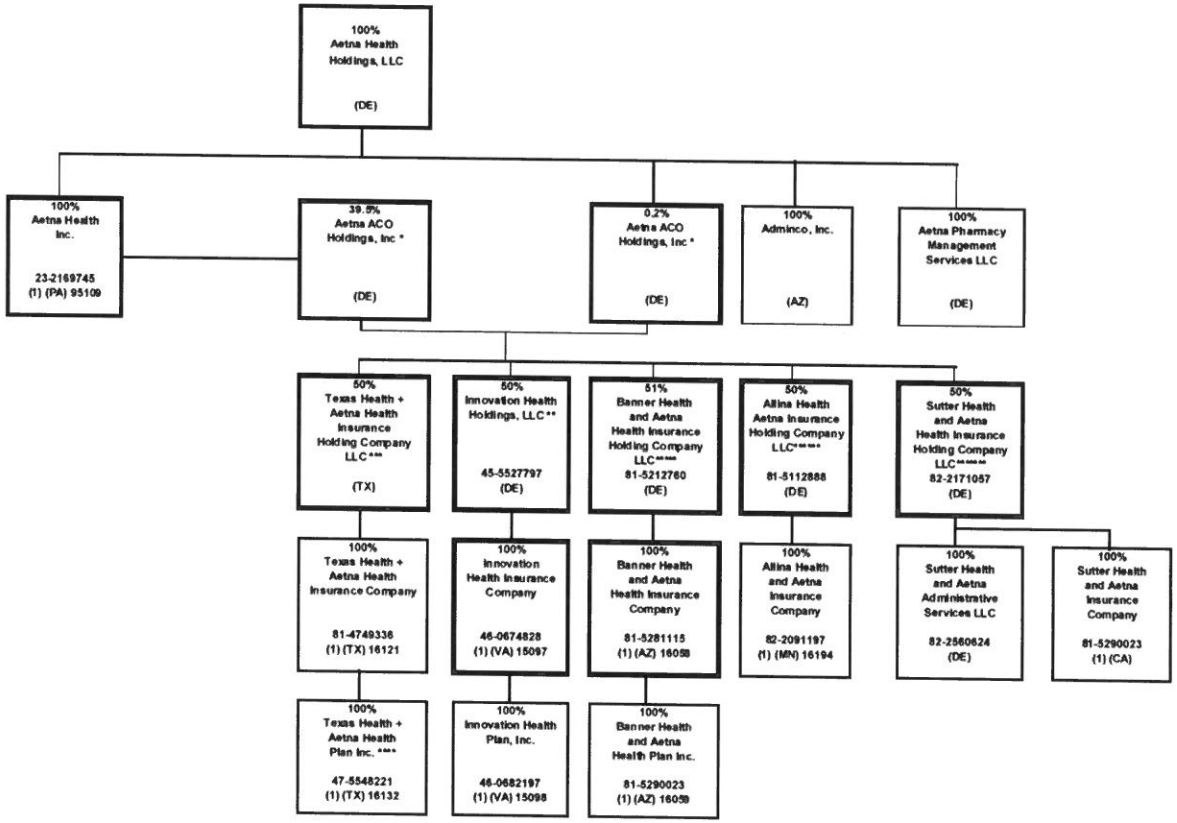

* Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
** Innovation Health Holdings, LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Inova Health System Foundation.
*** Texas Health + Aetna Health Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Texas Health Resources.
**** Texas Health + Aetna Health Plan Inc. became a direct subsidiary of Texas Health + Aetna Health Insurance Company February 2017.
***** Banner Health and Aetna Health Insurance Holding Company LLC is 51% owned by Aetna ACO Holdings Inc. and 49% owned by Banner Health.
****** Allina Health and Aetna Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Allina Health.
*******Sutter Health and Aetna Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Sutter Health Plan Products Organization, LLC.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

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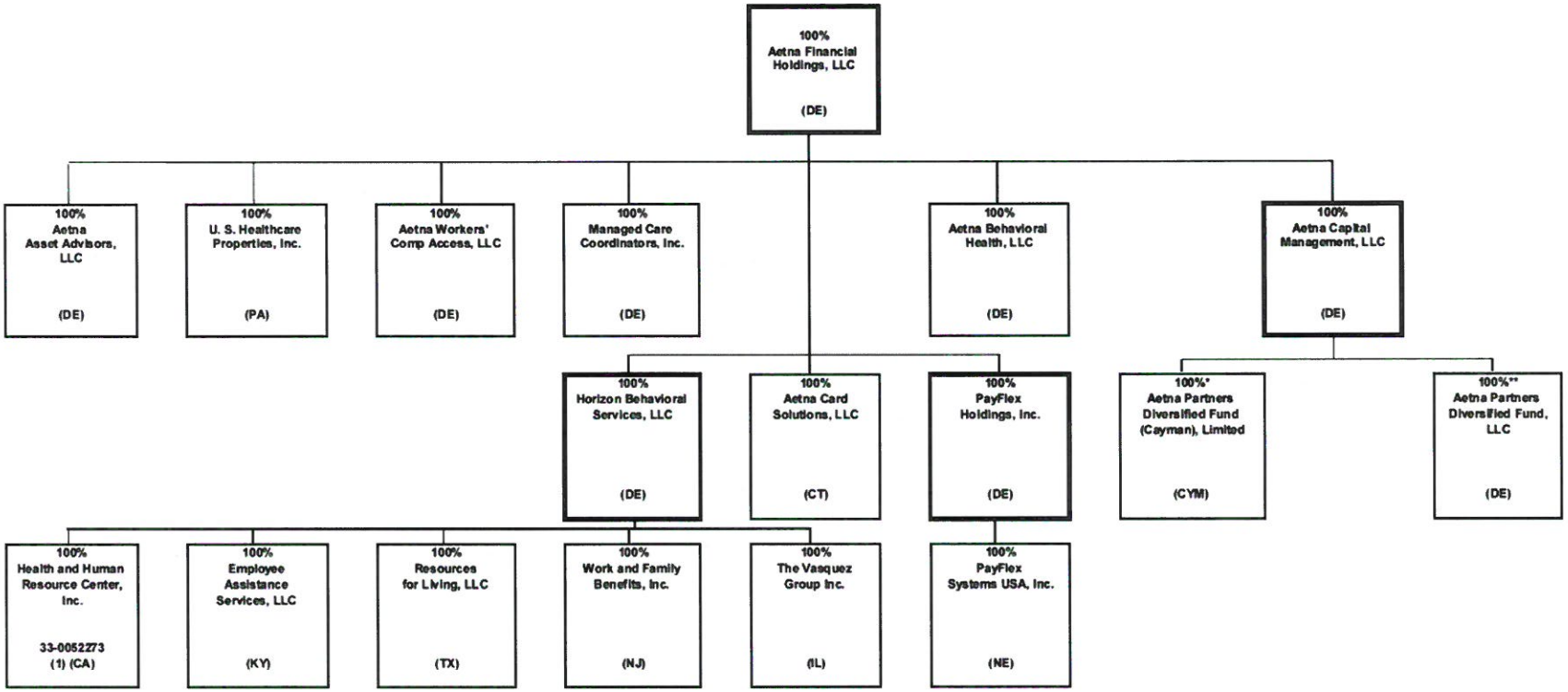

* Aetna Life Insurance Company owns the Class C participating shares of Aetna Partners Diversified Fund (Cayman), Limited.

** Aetna Life Insurance Company, Aetna Health and Life Insurance Company and Aetna Health Management, LLC own substantially all of the non-managing member interests of Aetna Partners Diversified Fund, LLC.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Coventry Health Care of West Virginia, Inc.

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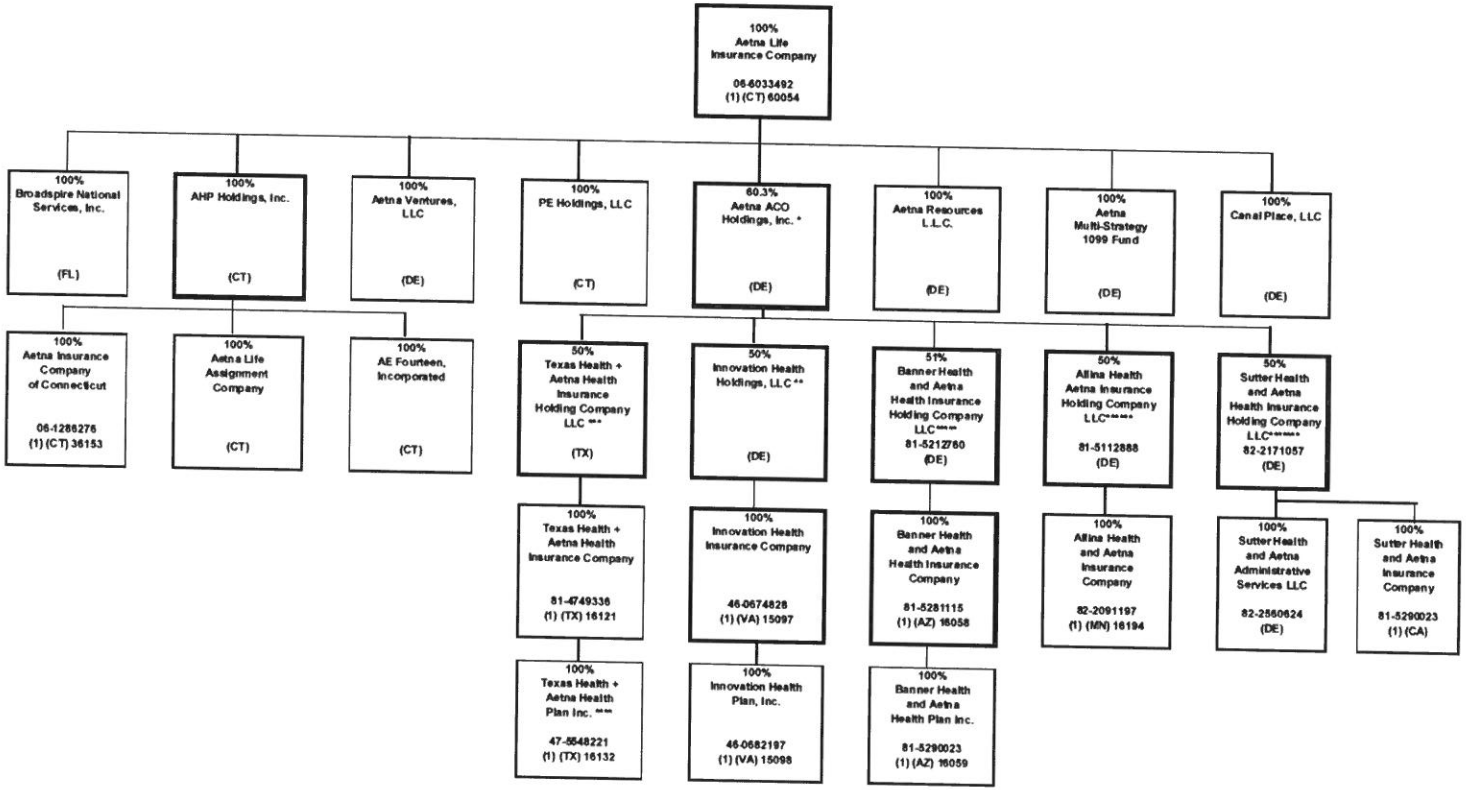

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

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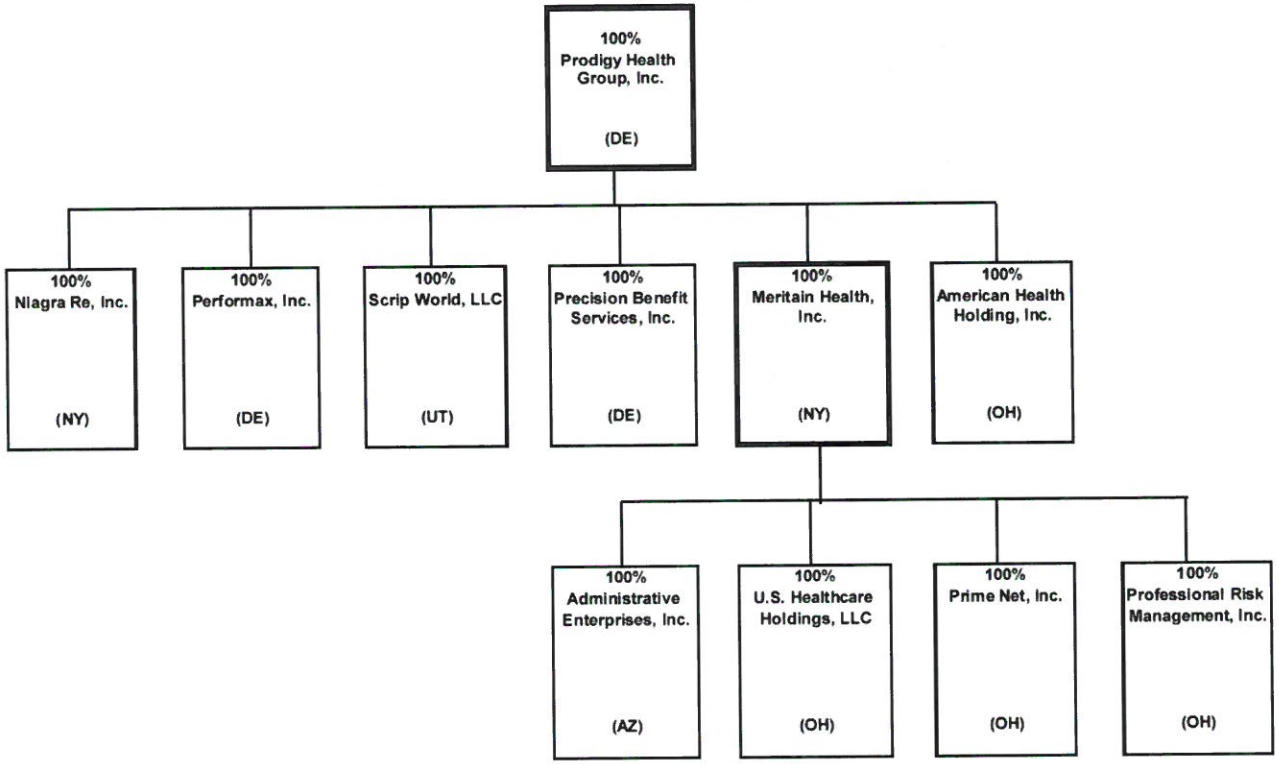

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. State income tax recoverable	0	0	0	138,526
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	138,526

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Loss adjustment expense			15,986		15,986
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	15,986	0	15,986

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

The Health Plan of West Virginia, Inc.

NAIC Group Code 1297 (Current Period), 1297 (Prior Period) NAIC Company Code 95677 Employer's ID Number 55-0585592

Organized under the Laws of West Virginia, State of Domicile or Port of Entry West Virginia

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X]
Other [ ] Is HMO, Federally Qualified? Yes [X] No [ ]

Incorporated/Organized 08/08/1978 Commenced Business 11/01/1979

Statutory Home Office 1110 Main Street (Street and Number), Wheeling, WV, US 26003 (City or Town, State, Country and Zip Code)

Main Administrative Office 1110 Main Street (Street and Number)
Wheeling, WV, US 26003 (City or Town, State, Country and Zip Code) 740-695-3585 (Area Code) (Telephone Number)

Mail Address 1110 Main Street (Street and Number or P.O. Box), Wheeling, WV, US 26003 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1110 Main Street (Street and Number)
Wheeling, WV, US 26003 (City or Town, State, Country and Zip Code), 740-695-3585 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.healthplan.org

Statutory Statement Contact Ryan James Ralston (Name), 740-699-6236 (Area Code) (Telephone Number) (Extension)
rralston@healthplan.org (E-Mail Address) 740-695-6161 (Fax Number)

OFFICERS

Name	Title	Name	Title
James M Pennington	President	Jeffrey M Knight	Treasurer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Robert Dunlevy	Jill L Hall	John D Holloway, MD	John Gianola
		James M Pennington	Edward P Polack, MD
John E Wright, IV	Nick P Zervos	Susan L Buchanan, CPA	Mark D Lancellotti, CLU
John T McDonald, CPA Jr.			

State of West Virginia
County of Ohio ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

James M Pennington	Jeffrey M Knight	
President	Treasurer	

Subscribed and sworn to before me this 1st day of March, 2018

a. Is this an original filing? Yes [X] No [ ]
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

		Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1.	Bonds (Schedule D)	97,083,939		97,083,939	89,262,296
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0		0	0
	2.2 Common stocks	93,762,272	3,820,039	89,942,233	71,620,171
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ 10,496,696 encumbrances)	4,604,594		4,604,594	4,689,425
	4.2 Properties held for the production of income (less $ encumbrances)			0	0
	4.3 Properties held for sale (less $ encumbrances)			0	0
5.	Cash ($ 5,180,099 , Schedule E-Part 1), cash equivalents ($ 9,407,154 , Schedule E-Part 2) and short-term investments ($ 249,120 , Schedule DA)	14,836,373		14,836,373	2,943,810
6.	Contract loans (including $ premium notes)			0	0
7.	Derivatives (Schedule DB)	0		0	0
8.	Other invested assets (Schedule BA)	0		0	0
9.	Receivables for securities			0	6,300
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	210,287,179	3,820,039	206,467,140	168,522,002
13.	Title plants less $ charged off (for Title insurers only)			0	0
14.	Investment income due and accrued	390,632		390,632	396,864
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	3,420,896		3,420,896	37,900,080
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums ($ 41,387,524) and contracts subject to redetermination ($)	41,387,524		41,387,524	47,224,719
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	2,711		2,711	372,146
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans	919,927		919,927	3,890,857
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software	587,218	65,948	521,270	856,052
21.	Furniture and equipment, including health care delivery assets ($)	1,270,227	1,270,227	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates	1,098,145		1,098,145	1,791,719
24.	Health care ($ 3,105,896) and other amounts receivable	3,256,214	150,318	3,105,896	3,632,290
25.	Aggregate write-ins for other-than-invested assets	1,815,850	1,815,850	0	661,948
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	264,436,523	7,122,382	257,314,141	265,248,677
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	264,436,523	7,122,382	257,314,141	265,248,677
DETAILS OF WRITE-INS					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	Miscellaneous Accounts Receivable	229,299	229,299	0	661,948
2502.				0	0
2503.	Prepaid Assets	1,586,551	1,586,551	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,815,850	1,815,850	0	661,948

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	Current Year 2 Uncovered	Current Year 3 Total	Prior Year 4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	72,386,142		72,386,142	80,833,891
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	2,499,007		2,499,007	2,290,090
4. Aggregate health policy reserves, including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act	334,177		334,177	3,149,739
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	1,774,764		1,774,764	2,221,200
9. General expenses due or accrued	5,693,001		5,693,001	4,755,027
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	107,450		107,450	123,527
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	8,842,685		8,842,685	19,946,556
16. Derivatives		0	0	0
17. Payable for securities	2,486,274		2,486,274	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	216,961		216,961	955,264
23. Aggregate write-ins for other liabilities (including $ ..... current)	1,604,319	0	1,604,319	1,233,329
24. Total liabilities (Lines 1 to 23)	95,944,780	0	95,944,780	115,508,623
25. Aggregate write-ins for special surplus funds	XXX	XXX	1,130,030	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX		0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	500,000	500,000
31. Unassigned funds (surplus)	XXX	XXX	159,739,331	149,240,054
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	161,369,361	149,740,054
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	257,314,141	265,248,677
DETAILS OF WRITE-INS				
2301. Post Retirement Benefit Obligations	1,604,319		1,604,319	1,233,329
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,604,319	0	1,604,319	1,233,329
2501. Gain on Sale of Real Estate with Leaseback Provision	XXX	XXX	1,130,030	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	1,130,030	0
3001. Contingency Reserves	XXX	XXX	500,000	500,000
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	500,000	500,000

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	1,477,285	1,369,150
2. Net premium income (including $ 0 non-health premium income)	XXX	608,471,498	566,715,807
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of $ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	449,441	334,800
8. Total revenues (Lines 2 to 7)	XXX	608,920,939	567,050,607
Hospital and Medical:			
9. Hospital/medical benefits		396,949,314	372,856,510
10. Other professional services		55,225,772	54,493,936
11. Outside referrals		0	0
12. Emergency room and out-of-area		43,455,736	36,311,980
13. Prescription drugs		95,441,133	108,662,525
14. Aggregate write-ins for other hospital and medical	0	(22,683,088)	(23,609,187)
15. Incentive pool, withhold adjustments and bonus amounts		0	0
16. Subtotal (Lines 9 to 15)	0	568,388,867	548,715,764
Less:			
17. Net reinsurance recoveries		1,098,335	1,422,331
18. Total hospital and medical (Lines 16 minus 17)	0	567,290,532	547,293,433
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 14,328,927 cost containment expenses		19,990,378	15,905,065
21. General administrative expenses		34,004,620	37,722,600
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		(1,810,082)	(7,977,975)
23. Total underwriting deductions (Lines 18 through 22)	0	619,475,448	592,943,123
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(10,554,509)	(25,892,516)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,920,136	4,215,018
26. Net realized capital gains (losses) less capital gains tax of $		2,420,866	3,660,057
27. Net investment gains (losses) (Lines 25 plus 26)	0	6,341,002	7,875,075
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(4,213,507)	(18,017,441)
31. Federal and foreign income taxes incurred	XXX	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(4,213,507)	(18,017,441)
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701. Miscellaneous Income	XXX	449,441	334,800
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	449,441	334,800
1401. West Virginia Medicaid Risk Corridor		(22,683,088)	(23,609,187)
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	(22,683,088)	(23,609,187)
2901.			0
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	149,740,054	171,022,585
34. Net income or (loss) from Line 32	(4,213,507)	(18,017,441)
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of $	12,419,498	3,354,079
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	3,423,315	(3,505,683)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	(3,113,486)
48. Net change in capital and surplus (Lines 34 to 47)	11,629,306	(21,282,531)
49. Capital and surplus end of reporting year (Line 33 plus 48)	161,369,359	149,740,054
DETAILS OF WRITE-INS		
4701. Prior Period Adj	0	(2,954,666)
4702. Asset Assignment	0	0
4703. Goodwill Amortization	0	(158,820)
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(3,113,486)

CASH FLOW

Cash from Operations	1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance	645,525,879	498,384,110
2. Net investment income	4,839,777	6,186,490
3. Miscellaneous income	449,441	334,800
4. Total (Lines 1 through 3)	650,815,097	504,905,400
5. Benefit and loss related payments	568,777,956	522,875,267
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	52,629,950	54,449,406
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ _____ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	621,407,906	577,324,673
11. Net cash from operations (Line 4 minus Line 10)	29,407,191	(72,419,273)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	73,185,108	92,004,517
12.2 Stocks	16,000,000	31,319,838
12.3 Mortgage loans	0	0
12.4 Real estate	3,300,000	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	920
12.7 Miscellaneous proceeds	2,740,796	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	95,225,904	123,325,275
13. Cost of investments acquired (long-term only):		
13.1 Bonds	81,743,505	68,121,134
13.2 Stocks	21,635,403	1,510,732
13.3 Mortgage loans	0	0
13.4 Real estate	225,304	2,107,889
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	42,805
13.7 Total investments acquired (Lines 13.1 to 13.6)	103,604,212	71,782,560
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(8,378,308)	51,542,715
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(9,136,322)	6,738,486
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(9,136,322)	6,738,486
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	11,892,561	(14,138,072)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,943,810	17,081,882
19.2 End of year (Line 18 plus Line 19.1)	14,836,370	2,943,810

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	608,471,498	121,238,348	0	0	0	0	152,411,822	334,821,328	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... medical expenses)	0									
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	449,441	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Total revenues (Lines 1 to 6)	608,920,939	121,238,348	0	0	0	0	152,411,822	334,821,328	0	449,441
8. Hospital/medical benefits	396,949,316	80,848,868					117,398,485	198,701,863		449,441
9. Other professional services	55,225,772	5,838,813					8,342,757	41,044,202		XXX
10. Outside referrals	0	0					0	0		XXX
11. Emergency room and out-of-area	43,455,736	5,414,779					5,509,997	32,530,960		XXX
12. Prescription drugs	95,441,130	20,435,683					14,821,420	60,184,027		XXX
13. Aggregate write-ins for other hospital and medical	(22,683,088)	0	0	0	0	0	0	(22,683,088)	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0	0					0	0		XXX
15. Subtotal (Lines 8 to 14)	568,388,866	112,538,243	0	0	0	0	146,072,659	309,777,964	0	XXX
16. Net reinsurance recoveries	1,098,334	0					63,230	1,035,104		XXX
17. Total hospital and medical (Lines 15 minus 16)	567,290,532	112,538,243	0	0	0	0	146,009,429	308,742,860	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 14,328,927 cost containment expenses	19,990,378	3,957,998					5,137,412	10,894,968		
20. General administrative expenses	34,004,621	7,690,172					9,263,614	17,050,835		
21. Increase in reserves for accident and health contracts	(1,810,082)	(1,810,082)								
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Total underwriting deductions (Lines 17 to 22)	619,475,449	122,376,331	0	0	0	0	160,410,455	336,688,663	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(10,554,510)	(1,137,983)	0	0	0	0	(7,998,633)	(1,867,335)	0	449,441
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601. Miscellaneous Revenue	449,441	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	449,441
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	449,441	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	449,441
1301. West Virginia Medicaid Risk Corridor	(22,683,088)							(22,683,088)		XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	(22,683,088)	0	0	0	0	0	0	(22,683,088)	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	121,916,441		678,093	121,238,348
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	152,531,700		119,878	152,411,822
7. Title XIX - Medicaid	335,421,921		600,593	334,821,328
8. Other health				0
9. Health subtotal (Lines 1 through 8)	609,870,062	0	1,398,564	608,471,498
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	609,870,062	0	1,398,564	608,471,498

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	575,026,736	115,928,215					147,419,605	311,678,916		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	1,467,770						120,017	1,347,753		
1.4 Net	573,558,966	115,928,215	0	0	0	0	147,299,588	310,331,163	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	72,386,143	15,309,744	0	0	0	0	20,953,296	36,123,103	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	72,386,143	15,309,744	0	0	0	0	20,953,296	36,123,103	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	(1,809,878)	(1,110,146)					235,625	(935,357)		
7. Amounts recoverable from reinsurers December 31, current year	2,711						2,711			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	80,833,890	19,809,861	0	0	0	0	22,064,617	38,959,412	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	80,833,890	19,809,861	0	0	0	0	22,064,617	38,959,412	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	372,146	0	0	0	0	0	69,909	302,237	0	0
12. Incurred benefits:										
12.1 Direct	568,388,867	112,538,244	0	0	0	0	146,072,659	309,777,964	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	1,098,335	0	0	0	0	0	52,819	1,045,516	0	0
12.4 Net	567,290,532	112,538,244	0	0	0	0	146,019,840	308,732,448	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes $ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	16,728,976	6,307,571					6,394,225	4,027,180		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	16,728,976	6,307,571	0	0	0	0	6,394,225	4,027,180	0	0
2. Incurred but Unreported:										
2.1. Direct	55,657,167	9,002,173					14,559,071	32,095,923		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	55,657,167	9,002,173	0	0	0	0	14,559,071	32,095,923	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	72,386,143	15,309,744	0	0	0	0	20,953,296	36,123,103	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	72,386,143	15,309,744	0	0	0	0	20,953,296	36,123,103	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	15,697,340	100,230,875	117,077	15,192,667	15,814,417	19,809,861
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	18,418,798	128,937,577	8,622	20,944,674	18,427,420	22,064,618
7. Title XIX - Medicaid	32,290,403	278,353,409	81,581	36,041,522	32,371,984	38,959,412
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	66,406,541	507,521,861	207,280	72,178,863	66,613,821	80,833,891
10. Healthcare receivables (a)	0	2,850,781		405,433	0	5,066,092
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	66,406,541	504,671,080	207,280	71,773,430	66,613,821	75,767,799

(a) Excludes $ _____ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	173,605	173,771	173,771	173,771	173,771
2. 2013	114,257	129,130	129,122	129,122	129,122
3. 2014	XXX	105,748	121,012	121,012	121,005
4. 2015	XXX	XXX	105,624	117,643	117,748
5. 2016	XXX	XXX	XXX	110,233	125,833
6. 2017	XXX	XXX	XXX	XXX	100,231

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	173,618	173,771	173,771	173,771	173,771
2. 2013	130,250	129,209	129,122	129,122	129,122
3. 2014	XXX	121,026	121,188	121,012	121,005
4. 2015	XXX	XXX	121,895	117,663	117,748
5. 2016	XXX	XXX	XXX	130,990	125,955
6. 2017	XXX	XXX	XXX	XXX	115,424

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	143,865	129,122	2,695	2.1	131,817	91.6			131,817	91.6
2. 2014	128,382	121,005	3,162	2.6	124,167	96.7			124,167	96.7
3. 2015	130,224	117,748	3,373	2.9	121,121	93.0			121,121	93.0
4. 2016	125,140	125,833	4,239	3.4	130,072	103.9	117	4	130,193	104.0
5. 2017	121,238	100,231	3,548	3.5	103,779	85.6	15,193	525	119,497	98.6

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A – Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	13,653	13,653	13,653	13,653	0
2. 2013	7,556	8,661	8,661	8,661	0
3. 2014	XXX	7,697	8,408	8,408	0
4. 2015	XXX	XXX	5,150	5,888	0
5. 2016	XXX	XXX	XXX	0	0
6. 2017	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	13,653	13,653	13,653	13,653	0
2. 2013	8,577	8,667	8,661	8,661	0
3. 2014	XXX	8,831	8,416	8,408	0
4. 2015	XXX	XXX	5,879	5,888	0
5. 2016	XXX	XXX	XXX	0	0
6. 2017	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	9,047	0	172	0.0	172	1.9	0	0	172	1.9
2. 2014	6,375	0	236	0.0	236	3.7	0	0	236	3.7
3. 2015	4,944	0	154	0.0	154	3.1	0	0	154	3.1
4. 2016	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	157,835	157,844	157,844	157,844	157,844
2. 2013	116,431	133,649	133,647	133,647	133,647
3. 2014	XXX	111,607	128,716	128,716	128,711
4. 2015	XXX	XXX	112,668	129,579	129,586
5. 2016	XXX	XXX	XXX	119,573	137,990
6. 2017	XXX	XXX	XXX	XXX	128,938

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	157,831	157,844	157,844	157,844	157,844
2. 2013	134,095	133,690	133,647	133,647	133,647
3. 2014	XXX	131,382	128,716	128,716	128,712
4. 2015	XXX	XXX	123,745	129,627	129,585
5. 2016	XXX	XXX	XXX	141,981	137,992
6. 2017	XXX	XXX	XXX	XXX	149,882

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	137,085	133,647	2,769	2.1	136,416	99.5			136,416	99.5
2. 2014	140,706	128,711	3,462	2.7	132,173	93.9			132,173	93.9
3. 2015	140,095	129,586	3,404	2.6	132,990	94.9			132,990	94.9
4. 2016	144,618	137,990	4,837	3.5	142,827	98.8	9	1	142,837	98.8
5. 2017	152,412	128,938	4,879	3.8	133,817	87.8	20,945	722	155,484	102.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	51,470	51,471	51,471	51,471	51,471
2. 2013	52,009	60,376	60,407	60,407	60,407
3. 2014	XXX	73,194	83,802	83,802	83,812
4. 2015	XXX	XXX	103,586	134,054	134,146
5. 2016	XXX	XXX	XXX	241,563	273,751
6. 2017	XXX	XXX	XXX	XXX	278,353

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	51,527	51,471	51,471	51,471	51,471
2. 2013	59,789	60,456	60,407	60,407	60,407
3. 2014	XXX	82,699	83,860	83,802	83,812
4. 2015	XXX	XXX	140,049	134,193	134,146
5. 2016	XXX	XXX	XXX	278,761	273,833
6. 2017	XXX	XXX	XXX	XXX	314,395

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	74,588	60,407	1,239	2.1	61,646	82.6			61,646	82.6
2. 2014	106,033	83,812	2,202	2.6	86,014	81.1			86,014	81.1
3. 2015	146,649	134,146	3,966	3.0	138,112	94.2			138,112	94.2
4. 2016	296,958	273,751	9,299	3.4	283,050	95.3	82	3	283,135	95.3
5. 2017	334,821	278,353	8,490	3.1	286,843	85.7	36,042	1,244	324,129	96.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	396,563	396,739	396,739	396,739	383,086
2. 2013	290,253	331,816	331,837	331,837	323,176
3. 2014	XXX	298,246	341,938	341,938	333,528
4. 2015	XXX	XXX	327,028	387,164	381,480
5. 2016	XXX	XXX	XXX	471,369	537,574
6. 2017	XXX	XXX	XXX	XXX	507,522

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	396,629	396,739	396,739	396,739	383,086
2. 2013	332,711	332,022	331,837	331,837	323,176
3. 2014	XXX	343,938	342,180	341,938	333,529
4. 2015	XXX	XXX	391,568	387,371	381,479
5. 2016	XXX	XXX	XXX	551,732	537,780
6. 2017	XXX	XXX	XXX	XXX	579,701

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	364,585	323,176	6,875	2.1	330,051	90.5	0	0	330,051	90.5
2. 2014	381,496	333,528	9,062	2.7	342,590	89.8	0	0	342,590	89.8
3. 2015	421,912	381,480	10,897	2.9	392,377	93.0	0	0	392,377	93.0
4. 2016	566,716	537,574	18,375	3.4	555,949	98.1	208	8	556,165	98.1
5. 2017	608,471	507,522	16,917	3.3	524,439	86.2	72,180	2,491	599,110	98.5

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ ..... for investment income)	0								
5. Aggregate write-ins for other policy reserves	334,177	89,771	0	0	0	0	244,406	0	0
6. Totals (gross)	334,177	89,771	0	0	0	0	244,406	0	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	334,177	89,771	0	0	0	0	244,406	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Medicare Part D Risk Corridor Payable	244,406						244,406		
0502. Affordable Care Act Risk Adjustment Payable	89,771	89,771							
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	334,177	89,771	0	0	0	0	244,406	0	0
1101.	0								
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ 0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)	161,725	53,908	71,738		287,371
2. Salaries, wages and other benefits	11,019,252	3,820,623	21,940,149		36,780,024
3. Commissions (less $ ..... ceded plus $ ..... assumed)			2,719,294		2,719,294
4. Legal fees and expenses	8,612	25,835	200,620		235,067
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	144,197	432,592	3,253,516		3,830,305
7. Traveling expenses	27,453	82,360	621,920		731,733
8. Marketing and advertising			944,645		944,645
9. Postage, express and telephone	24,068	72,204	288,629		384,901
10. Printing and office supplies	49,949	149,847	599,000		798,796
11. Occupancy, depreciation and amortization	770,229	256,743	95,251	246,410	1,368,633
12. Equipment	113,066	37,689	50,154		200,909
13. Cost or depreciation of EDP equipment and software	1,356,752	452,251	676,083		2,485,086
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees			167,497		167,497
16. Insurance, except on real estate	18,190	54,571	423,766		496,527
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes	76,719	25,573	34,031		136,323
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes		11,017	62,392		73,409
23.2 State premium taxes			504,966		504,966
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	558,715	186,238	1,294,960		2,039,913
23.5 Other (excluding federal income and real estate taxes)			56,009		56,009
24. Investment expenses not included elsewhere				469,498	469,498
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	14,328,927	5,661,451	34,004,620	715,908	(a) 54,710,906
27. Less expenses unpaid December 31, current year	1,791,226	707,781	5,585,126	107,875	8,192,008
28. Add expenses unpaid December 31, prior year	1,784,599	505,491	4,650,998	104,031	7,045,119
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	14,322,300	5,459,161	33,070,492	712,064	53,564,017
DETAILS OF WRITE-INS					
2501.					0
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of $ ..... to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 547,798	539,876
1.1	Bonds exempt from U.S. tax	(a) 0	0
1.2	Other bonds (unaffiliated)	(a) 2,295,463	2,324,191
1.3	Bonds of affiliates	(a) 0	0
2.1	Preferred stocks (unaffiliated)	(b) 0	0
2.11	Preferred stocks of affiliates	(b) 0	0
2.2	Common stocks (unaffiliated)	1,635,403	1,639,956
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) 0	0
4.	Real estate	(d) 0	0
5.	Contract loans	0	0
6.	Cash, cash equivalents and short-term investments	(e) 97,261	110,746
7.	Derivative instruments	(f) 0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	21,275	21,275
10.	Total gross investment income	4,597,201	4,636,044
11.	Investment expenses		(g) 715,908
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h) 0
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		715,908
17.	Net investment income (Line 10 minus Line 16)		3,920,136
	DETAILS OF WRITE-INS		
0901.	Miscellaneous Income	21,275	21,275
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	21,275	21,275
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $ (72,696) accrual of discount less $ 836,870 amortization of premium and less $ 93,042 paid for accrued interest on purchases.
(b) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ 0 paid for accrued interest on purchases.
(d) Includes $ 0 for company's occupancy of its own buildings; and excludes $ 0 interest on encumbrances.
(e) Includes $ 370 accrual of discount less $ 0 amortization of premium and less $ 114 paid for accrued interest on purchases.
(f) Includes $ 0 accrual of discount less $ 0 amortization of premium.
(g) Includes $ 0 investment expenses and $ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ 0 interest on surplus notes and $ 0 interest on capital notes.
(i) Includes $ 246,410 depreciation on real estate and $ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(170,167)	0	(170,167)	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	223,043	0	223,043	119,936	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	1,228,903	0	1,228,903	5,754,027	0
2.21	Common stocks of affiliates	0	0	0	6,545,534	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	1,137,276	0	1,137,276	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	1,811	0	1,811	0	0
10.	Total capital gains (losses)	2,420,866	0	2,420,866	12,419,497	0
	DETAILS OF WRITE-INS					
0901.	Gain on Sale of Miscellaneous Assets	1,811		1,811		
0902.				0		
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	1,811	0	1,811	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	3,820,039	2,978,234	(841,805)
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	2,098,998	2,098,998
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,820,039	5,077,232	1,257,193
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	65,948	146,795	80,847
21. Furniture and equipment, including health care delivery assets	1,270,227	912,907	(357,320)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	1,264,028	1,264,028
24. Health care and other amounts receivable	150,318	1,433,802	1,283,484
25. Aggregate write-ins for other-than-invested assets	1,815,850	1,710,933	(104,917)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	7,122,382	10,545,697	3,423,315
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	7,122,382	10,545,697	3,423,315
DETAILS OF WRITE-INS			
1101.		0	0
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Miscellaneous Accounts Receivable	229,299	228,261	(1,038)
2502.		0	0
2503. Prepaid Assets	1,586,551	1,482,672	(103,879)
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,815,850	1,710,933	(104,917)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	115,372	124,235	124,663	122,845	121,658	1,477,285
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	115,372	124,235	124,663	122,845	121,658	1,477,285
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of The Health Plan of West Virginia, Inc. (The Health Plan or the Company) are presented on the basis of accounting practices prescribed or permitted by the West Virginia Offices of the Insurance Commissioner ("WVOIC"). The WVOIC recognizes only statutory accounting practices prescribed or permitted by the state of West Virginia for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under West Virginia insurance law and regulations. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures* manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of West Virginia. The WVOIC has the right to permit other specific practices that deviate from prescribes practices. As of December 31, 2017 and 2016, the Company had no permitted practices and the WVOIC had not adopted any prescribed practices which differ from statutory accounting principles.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of West Virginia is shown below:

	SSAP #	F/S Page #	F/S Line #	2017	2016
NET INCOME					
The Health Plan State Basis – West Virginia OIC		4	32	$(4,213,507)	$(18,017,441)
State Prescribed Practices that Increase (Decrease) NAIC SAP				0	0
State Permitted Practices that Increase (Decrease) NAIC SAP				0	0
NAIC SAP		4	32	$(4,213,507)	$(18,017,441)
SURPLUS					
The Health Plan State Basis – West Virginia OIC		3	33	$161,369,361	$149,740,054
State Prescribed Practices that Increase (Decrease) NAIC SAP				0	0
State Permitted Practices that Increase (Decrease) NAIC SAP				0	0
NAIC SAP		3	33	$161,369,361	$149,740,054

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of statutory-basis financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the statutory-basis financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and assumptions. The most significant items subject to such estimates and assumptions are premium deficiency reserves, unpaid medical costs and claim adjustment expenses, and receivables due under governmental programs. Actual results could differ from these estimates.

C. Accounting Policy

The Health Plan uses the following significant accounting policies:

1. **Cash, Cash Equivalents and Short-Term Investments** - Cash includes cash on hand and cash on deposit. Cash equivalents include investments with original maturities of three months or less. Short-term

investments include all investments whose maturity at the time of acquisition are one year or less. Short-term investments are reported at cost, which approximates estimated fair value.

2. **Debt Investments** - Debt investments, which are classified as bonds and consist of government securities and corporate bonds, are recorded at amortized cost or fair value based on their NAIC rating. Premiums and discounts on debt investments are amortized or accreted into income on the constant yield method over the term of the investment. If it is determined that a decline in fair value is other than temporary, the cost basis of the security is written down to the undiscounted estimated future cash flows.

3. **Common Stocks** - Common stocks, which include investments in mutual funds, are reported at estimated fair value and the related net unrealized capital gains (losses) are reported as a component of surplus.

4. **Preferred Stocks** – The Health Plan has no investments in preferred stocks.

5. **Mortgage Loans** – The Health plan has no investments in mortgage loans.

6. **Loan-backed Securities** – Single class and multi-class mortgage/asset-backed securities are valued at amortized cost using the constant yield method including anticipated prepayments. If it is determined that a decline in fair value is other than temporary, the cost basis of the security is written down to the undiscounted estimated future cash flows.

7. **Investments in Subsidiaries, Controlled, and Affiliated Entities** – The Health Plan's wholly-owned subsidiaries, The Health Plan of Ohio, Inc.; HHP Services, Inc.; HP Agency, Inc.; and THP Insurance Company, are accounted for on the equity basis with The Health Plan's equity in earnings recorded as a component of unrealized gains (losses) in unassigned surplus.

8. **Investments in Joint Ventures, Partnerships, and Limited Liability Companies** – The Health Plan has no investments in joint ventures, partnerships, and limited liability companies.

9. **Derivatives** – The Health Plan has no investments in derivatives.

10. **Premium Deficiency Reserve** – Premium deficiency reserves are established for the amount of anticipated claims, claim adjustment expenses, commissions and other acquisition costs, and maintenance costs that have not previously been expensed in excess of the recorded unearned premium reserve and future installment premiums on existing policies. For purposes of determining premium deficiencies, contracts are grouped in a manner consistent with how the Company's policies are marketed, serviced, and measured for the profitability of such contracts. The Health Plan does not consider anticipated investment income when calculating its premium deficiency. The premium deficiency reserve was approximately $0 and $1,810,000 at December 31, 2017 and 2016, respectively.

11. **Unpaid Claims** – The Health Plan provides medical care to its members under modified fee-for-service contracts with various health care providers. Medical costs payable includes estimates for claims reported and estimated claims costs for claims incurred but unreported. Such estimates also include the cost of services, which will continue to be rendered after the balance sheet date when The Health Plan is obligated to render such services in accordance with contract provisions or regulatory requirements. Adjustments to prior-period estimates of medical costs are reflected in the current period.

    Medical costs payable represent management's best estimate. There is uncertainty as to whether the actual medical costs payable will conform to the assumptions inherent in the determination of the amount. Because of the uncertainties related to the recording of health care costs, the ultimate settlement of the

estimate of unpaid medical costs may vary significantly from the estimated amounts included in the accompanying statutory-basis balance sheets.

12. **Capitalization Policy** – The Health Plan has not modified its capitalization policy from the prior period.

13. **Pharmacy Rebates** – The Health Plan has pharmaceutical rebate contracts with vendors that manufacture and distribute pharmaceutical products to pharmacies and others that are purchased by The Health Plan's enrollees. The Health Plan receives a purchase discount in the form of a rebate, which is based on the volume of pharmaceutical products purchased by its enrollees. Pharmacy rebates receivable are recorded when reasonably estimated or billed by the pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions. The estimated rebates are recognized as a reduction of hospital and medical benefit costs included in the statutory-basis statements of revenues and expenses in the period in which the rebates are recorded. The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has nonadmitted all pharmacy rebates receivable that do not meet the admissibility criteria of SSAP No. 84, *Certain Health Care Receivables and Receivables under Government Insured Plans* (SSAP No. 84) from the statutory-basis balance sheets.

14. **Impairment** – The Health Plan continually reviews investments for impairment conditions that indicate an other-than-temporary decline in market value has occurred. In conducting this review, numerous factors are considered which individually or in combination indicate that a decline is other than temporary and that a reduction of the carrying value is required. These factors include specific information pertaining to an individual company or a particular industry and general market conditions that reflect prospects for the economy as a whole. If a decline of fair value is determined to be other-than-temporary, the cost basis of the security is written down to the fair value and the amount is recorded as a net realized loss in the statutory-basis statements of revenues and expenses.

15. **Investment Income** – Investment income consists of interest income and dividends. Interest income includes amortization of premium and accretion of discount on bonds based on the constant yield method. Interest is recognized on an accrual basis and dividends are recorded at the ex-dividend date. All investment income due and accrued with amounts over 90 days past due are nonadmitted. The Company had no such amounts nonadmitted as of December 31, 2017 or 2016.

    Realized capital gains and losses on securities sold are determined using the first-in, first-out method and are reflected in operations.

    Except for bond amortization and accretion, changes in admitted asset carrying amounts of bonds and common stock are credited or charged directly to surplus unless a decline in estimated fair value is determined to be other than temporary.

16. **Real Estate** - Land and real estate that represents property occupied by The Health Plan and its subsidiaries is reported at depreciated cost. Depreciation is calculated on the straight-line method over the estimated useful lives of the properties ranging from 7 to 45 years. Depreciation expense on real estate for the years ended December 31, 2017 and 2016 was approximately $246,000 and $248,000, respectively.

    Investments in real estate consists of the following at December 31, 2017 and 2016:

	2017	2016
Land	$ 400,000	$ 800,000
Construction-in-process	-	2,806,125
Building and improvement	16,163,884	7,904,307
Less accumulated depreciation	(1,462,595)	(4,014,881)
Less encumbrances	(10,496,696)	(707,128)
Net investment in real estate	$ 4,604,593	$ 6,788,423

17. **Revenue Recognition** - Member premiums are recognized as income in the period in which enrollees are entitled to receive health care services. Premiums billed and collected prior to the period of coverage are classified as unearned premiums in the accompanying statutory-basis balance sheets.

The Health Plan also participates in the Centers for Medicare and Medicaid Services' (CMS) Medicare Advantage and Medicare Advantage Part D programs. The Health Plan offers medical or medical and prescription drug benefits under its Medicare Advantage contract to both individuals and employer groups. CMS pays The Health Plan a capitated payment based on beneficiary characteristics as defined by CMS. In addition to the payment from CMS, the member and/or employer also pays a monthly premium. The Health Plan is at risk for the medical expenses for these members.

Certain elements of the payments the Company receives related to the Medicare Advantage Part D program represent payments for the Company's insurance risk coverage under Medicare Advantage Part D and are recognized as premium revenues. Other elements of the payments the Company receives, including the catastrophic reinsurance subsidy and low-income member cost-sharing subsidy (collectively, subsidies), represent cost reimbursements for which the Company is fully reimbursed. As such, amounts received for these subsidies are not reflected in premium revenues, but rather are accounted for as a reduction of expenses. In addition, the payments received from CMS are subject to risk corridor adjustments, whereby variances that exceed certain thresholds from a target amount result in CMS making additional payments to the Company or which require the Company to refund to CMS a portion of the premium received. Each CMS contract and benefit plan is calculated individually, rather than netting the payables and receivables together. As of December 31, 2017 and 2016, The Health Plan has recorded receivables of $161,000 and $134,000, respectively, for amounts relating to CMS cost-sharing subsidies. In addition, as of December 31, 2017 and 2016, The Health Plan has recorded liabilities of $244,000 and $27,000, respectively.

In addition to the capitated amount that The Health Plan receives from CMS for the Medicare Advantage program, there may be additional amounts due to The Health Plan based on characteristics of the member such as age, working status, or specific health issues. CMS has implemented a risk adjustment formula, which apportions premiums paid to all Medicare Advantage health plans according to the health status of each beneficiary enrolled. The CMS risk adjustment formula pays more for members with predictably higher costs. Diagnosis data from inpatient and ambulatory treatment settings are used to calculate the risk-adjusted premium payment received by The Health Plan. The Health Plan collects, captures, and submits the necessary diagnosis data to CMS within prescribed deadlines. Management estimates risk adjustment revenues based upon this diagnosis data submitted to and ultimately accepted by CMS. Accrued retrospective premiums include approximately $6,485,000 and $14,409,000 at December 31, 2017 and 2016, respectively, related to the Medicare Advantage risk adjustment.

Medicare and Medicaid premiums represent 25% and 55%, respectively, of member premiums for the year ended December 31, 2017, and 25% and 52%, respectively, for the year ended December 31, 2016. Laws and regulations governing CMS programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates related to these programs will change by a material

amount in the near term. The Health Plan believes that it is materially in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the CMS programs.

18. **Retrospectively Rated Contracts** - The Company sells policies where premiums vary based on loss experience. Additionally in accordance with statutory accounting principles, medical loss ratio rebates per the Federal 2010 *Patient Protection and Affordable Care Act* (ACA) and *Public Health Service Act*, are reported in accordance with SSAP No. 66, *Retrospectively Rated Contracts*. A retrospectively rated contract is one which has the final policy premium calculated based on the loss experience of the insured during the term of the policy (including loss development after the term of the policy) and the stipulated formula set forth in the policy, or in the case of medical loss ratio rebates, a formula required by law. The Company uses estimates to report in the statutory-basis financial statements the incurred and unpaid liability amounts for retrospectively rated contracts based on its underwriting experience; actuarial, and accounting estimates and assumptions at the financial statement date; and regulations and guidance available that is subject to change prior to settlement. Accordingly, the Company's use of estimates and assumptions in the preparation of the statutory-basis financial statements and related footnote disclosures may differ from actual results. The Company records accrued retrospective premium as an adjustment to net premium revenue.

19. **Risk Corridor Receivable** – The fiscal year 2016 West Virginia Medicaid contract provides for an additional capitation payment to The Health Plan for medical expenses incurred by its West Virginia Health Bridge (WVHB) members which exceed the upper risk corridor boundary of ninety-five (95) percent. The adjustment will be computed as eighty (80) percent of the difference between the WVHB members' medical expenses and the dollar amount corresponding to the upper risk corridor boundary. The fiscal year 2017 West Virginia Medicaid contract also provides for an additional capitation payment to The Health for medical expenses incurred by its WVHB members which exceed the upper risk corridor boundary of ninety-two (92) percent. The adjustment will be computed as fifty (50) percent of the difference between the WVHB members' medical expenses and the dollar amount corresponding to the amount that is between the upper risk corridor boundary and ninety-five (95) percent and 100% of the difference above ninety-five (95) percent. At December 31, 2017 and 2016, The Health Plan has recorded an estimated West Virginia Medicaid risk corridor receivable of approximately $34,742,000 and $32,682,000, respectively and is included in Accrued Retrospective Premiums in the accompanying statutory-basis balance sheets.

20. **Reinsurance** – The Health Plan purchases reinsurance which provides coverage for catastrophic inpatient hospital claims. The deductible is $500,000 of allowable expenses subject to a 20% coinsurance up to and including $2,000,000 per member per agreement period and 0% thereafter with a maximum lifetime reinsurance indemnity for each member of $5,000,000. The Health Plan and THP Insurance Company share a combined reinsurance risk with the reinsurance carrier through a layered risk arrangement under which the layers of risk are assessed on a per-member, per-month calculation.

    For the years ended December 31, 2017 and 2016, reinsurance expenses of approximately $1,399,000 and $1,318,000, respectively, are included in the statutory-basis statements of revenues and expenses as a reduction of net premium revenue. For the years ended December 31, 2017 and 2016, reinsurance recoveries of $1,098,000 and $1,422,000, respectively, are included in the accompanying statutory-basis statements of revenues and expenses.

    Neither the Health Plan nor any of its affiliates control, directly or indirectly, any direct reinsurers with whom the Company conducts business. No policies issued by The Health Plan have been reinsured with a foreign company, which is controlled, either directly or indirectly, by a party not primarily engaged in the business of insurance. The Health Plan does not have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel the agreement.

21. **Amounts Retained for Others and Amounts Held Under Self-Funded Plans** - Amounts retained for others represent payroll taxes payable and voluntary payroll deductions payable. Amounts held under self-funded plans represent cash held for groups to which The Health Plan provides pension administration services and self-insured employer group administrative services.

22. **Patient Protection and Affordable Care Act** - In 2010, the U.S. Congress passed and the President signed into law the Affordable Care Act (ACA). The ACA has created significant changes and will continue to create significant changes for health insurance markets. Certain requirements included changes to Medicare Advantage payments and the minimum Medical Loss Ratio (MLR) provision that requires insurers to pay rebates to customers when insurers do not meet or exceed the specified MLR thresholds. Most of the provisions of the ACA with more significant effects on the health insurance marketplace, both state and federal, went into effect on January 1, 2014, including a requirement that insurers guarantee the issuance of coverage to all individuals regardless of health status, strict rules on how health insurance is rated, the assessment of new taxes and fees (including annual fees on health insurance companies), the creation of new insurance exchanges for individuals and small groups, the availability of premium subsidies for certain individual products, and substantial expansions in eligibility for Medicaid.

    Implementation of the ACA brings with it significant oversight responsibilities by health insurers that may result in increased governmental audits, increased assertions of False Claims Act violations, and an increased risk of other asserted claims.

23. **Health Insurer Fee** - ACA Section 9010 imposed a mandatory annual fee on health insurers that write certain types of health insurance on U.S. risks for each calendar year beginning on or after January 1, 2014. The annual fee is allocated to health insurers based on the ratio of the amount of an insurer's premium written during the preceding calendar year to the amount of health insurance for all U.S. health risk for those certain lines of business that is written during the preceding calendar year. This fee is non-deductible for income tax purposes. The health insurer fee is included in administrative expenses in the year paid. In 2017 and 2016, the Company paid $0 and $3,697,000, respectively, in health insurer fees. Under statutory accounting principles, the entire fee expected to be paid during the year is recorded as an administrative expense on January 1st, as the first policy is underwritten for the calendar year.

24. **Affordable Care Act Risk Sharing Provisions** - On January 1, 2014, three new premium stabilization programs became effective as part of the continued implementation of the ACA. These premium stabilization programs included a risk adjustment program, a transitional reinsurance program, and a temporary risk corridor program. The risk adjustment program transfers premiums from insurers that enroll members with relatively lower health risks to insurers that enroll members with relatively higher health risks and therefore is recorded as premium revenue in operations. The transitional reinsurance program operated from 2014 through 2016 and reimbursed insurers for eligible claims between a specified attachment point and ceiling at a specified coinsurance rate and was accounted for consistent with traditional reinsurance. The temporary risk corridor program, which also operated from 2014 through 2016, shares the risks of certain plans between the federal government and insurers by limiting insurers' losses and gains via specified targets, corridors, and risk sharing percentages and therefore was accounted for as a retrospectively rated contract.

D. Going Concern

None.

2. Accounting Changes and Corrections of Errors

During an examination of the affairs and financial condition of the Company conducted by the WVOIC, the examiners determined the Company's unpaid claims liability (Liabilities and Capital Surplus Page, Line 1) and

hospital and medical expenses (Statement of Revenues and Expenses Page, Line 16) were understated by $1,169,000 as of December 31, 2015. The understatement was discovered during the examiners review of the September 30, 2016 hindsight analysis of the December 31, 2015 unpaid claims liability. The Company recorded a decrease to capital and surplus (Liabilities and Capital Surplus Page, Line 31) of $1,169,000 in 2016, resulting from the examination adjustment of the Company's 2015 unpaid claims liability, as directed by the WVOIC.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

5. Investments

A. Mortgage loans, including mezzanine real estate loans – None.
B. Debt restructuring – None.
C. Reverse mortgages – None.
D. Loan-backed securities

1. Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from the custodian.
2. Not applicable. No OTTI recognized in 2017.
3. Not applicable. No OTTI recognized in 2017.
4. Impaired securities for which an other-than-temporary impairment has not been recognized in earnings as realized losses are as follows:

a.	The aggregate amount of unrealized losses:		
		1. Less than 12 Months	119,757
		2. 12 Months or Longer	1,729,616
b.	The aggregate related fair value of securities with unrealized losses:		
		1. Less than 12 Months	23,324,028
		2. 12 Months or Longer	7,042,732

5. The Health Plan continually reviews investments for impairment conditions that indicate an other-than-temporary decline in market value has occurred. In conducting this review, numerous factors are considered which individually or in combination indicate that a decline is other than temporary and that a reduction of the carrying value is required. These factors include specific information pertaining to an individual company or a particular industry and general market conditions that reflect prospects for the economy as a whole. If a decline of fair value is determined to be other-than-temporary, the cost basis of the security is written down to the fair value and the amount is recorded as a net realized loss in the statutory-basis statements of revenues and expenses.

F. Repurchase agreement transactions accounted for as secured borrowing – None.
G. Reverse repurchase agreement transactions accounted for as secured borrowing – None.
H. Repurchase agreement transactions accounted for as a sale – None.
I. Reverse repurchase agreement transactions accounted for as a sale – None.
J. Real estate – None.
K. Low income housing credits – None.
L. Restricted Assets

1.

	Description of Assets	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
L.	**Restricted Assets**							
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchse agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	$ 551,793	$ 551,336	$ 457	$ -	$ 551,793	0.21%	0.21%
k.	On deposit with other regulatory bodies							
l.	Pledged as collateral to FHLB (including assets backing fundng agreements)							
m.	Pledged as collateral not captured in other categories	$ 10,496,696	$ 707,000	$ 9,789,696	$ -	$ 10,496,696	3.97%	4.08%
n.	Other restricted assets							
o.	Total Restricted Assets	$ 11,048,489	$ 1,258,336	$ 9,790,153	$ -	$ 11,048,489	4.18%	4.29%

2.

Description of Assets	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ Decrease (1 minus 2)	Total Current Year Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
Investments pledged as collateral for the promissory note used to finance the construction of the new corporate headquarters	$ 10,496,696	$ 707,000	$ 9,789,696	$ 10,496,696	3.97%	4.08%
Total	$ 10,496,696	$ 707,000	$ 9,789,696	$ 10,496,696	3.97%	4.08%

M. Working capital finance investments – None.
N. Offsetting and netting of assets and liabilities – None.
O. Structured notes – None.
P. 5* Securities – None.
Q. Short sales – None.
R. Prepayment penalty and acceleration fees – None.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

A. Basis for Excluding Due and Accrued Investment Income from Statutory Surplus

Investment income due and accrued that is over 90 days past due is excluded from statutory surplus.

B. Amounts Excluded from Statutory Surplus

None.

8. Derivative Instruments

None.

9. Income Taxes

None.

10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties

A. Nature of Relationships

The Health Plan is the parent company of THP Insurance Company (THP), The Health Plan of Ohio, Inc. (HPOH), HP Agency, and HHP Services Inc.

B. and C. Details of Transactions and Effects of Any Change in Terms of Intercompany Arrangements

The Health Plan has a management services contract (Contract) with THP. The Contract requires THP to pay a fixed percentage of its monthly premium revenue to the Health Plan in return for executive management, administration, marketing, accounting, and claims administration services. For the years ended December 31, 2017 and 2016, THP paid approximately $2,568,506 and $2,002,000, respectively, to the Health Plan pursuant to the Contract.

No significant change in terms of intercompany arrangements.

D. Related Party Receivables and Payables

As of December 31, 2017, the Health Plan reported $1,098,145 as amounts due from affiliates and $8,842,685 as amounts due to affiliates.

E. Guarantees or Undertakings

None.

F. Management, Service Contracts, and Cost Sharing Arrangements

See 10 B. and C. above.

G. Nature of Relationships That Could Affect Operations

None.

H. Amounts Deducted for Investment in Upstream Company

None.

I. Details of Investments in Affiliates Greater than 10% of Admitted Assets

1. The Company owns 100% of THP Insurance Company. The Company's investment is accounted for on the equity basis with The Health Plan's equity in earnings recorded as a component of unrealized gains (losses) in unassigned surplus. There is no difference between the amount at which the investment is carried and the amount of underlying equity in net assets ($28,757,054).

2. N/A – No quoted market price is available as the investment is not publicly traded.

3. Summarized financial information:

	Summary of Balance Sheets (Statutory-Basis) December 31,	
	2017	**2016**
Cash and investments	$ **39,888,895**	$ 11,987,408
Other assets	**13,181,010**	31,041,994
Total admitted assets	$ **53,069,905**	$ 43,029,402
Medical costs payable	$ **14,378,258**	$ 12,400,739
Other liabilities	**9,934,593**	6,549,152
Capital and surplus	**28,757,054**	24,079,511
Total liabilities and surplus	$ **53,069,905**	$ 43,029,402

	Summary of Statements of Revenues and Expenses (Statutory-Basis) Year Ended December 31,	
	2017	**2016**
Revenues	$ **91,979,885**	$ 71,727,702
Expenses	**89,505,383**	69,405,011
Net income	$ **2,474,502**	$ 2,322,691

4. Not applicable.

5. Not applicable.

J. Write-down for Impairments of Investments in Affiliates

None.

K. Investments in Foreign Insurance Subsidiaries

None.

L. Investments in a Downstream Noninsurance Holding Company

None.

M. All SCA Investments

	SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Non-Admitted Amount
a.	SSAP No. 97 8a Entities		-	-	-
	Total SSAP No. 97 8a Entities		-	-	-
b.	SSAP No. 97 8b (ii) Entities				
	Hometown HHP Services Corp	100%	495,300	-	495,300
	HP Agency, Inc.	100%	657,535	-	657,535
	Total SSAP No. 97 8b (ii) Entities		1,152,835	-	1,152,835
c.	SSAP No. 97 8b (iii) Entities		-	-	-
	Total SSAP No. 97 8b (iii) Entities		-	-	-
d.	SSAP No. 97 8b (iv) Entities		-	-	-
	Total SSAP No. 97 8b (iv) Entities		-	-	-
e.	Total SSAP No 97 8b Entities (except 8bi entities)		1,152,835	-	1,152,835
f.	Aggregate Total		1,152,835	-	1,152,835

	SCA Entity	Type of NAIC Filing	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Y/N)	NAIC Disallowed Valuation Method Resubmission Required (Y/N)	Code **
a.	SSAP No. 97 8a Entities			-			
	Total SSAP No. 97 8a Entities			-			
b.	SSAP No. 97 8b (ii) Entities						
	Hometown HHP Services Corp	S1	11/6/2017	-	Y	N	I
	HP Agency, Inc.	S1	11/6/2017	-	Y	N	I
	Total SSAP No. 97 8b (ii) Entities			-			
c.	SSAP No. 97 8b (iii) Entities						
	Total SSAP No. 97 8b (iii) Entities						
d.	SSAP No. 97 8b (iv) Entities						
	Total SSAP No. 97 8b (iv) Entities						
e.	Total SSAP No 97 8b Entities (except 8bi entities)			-			
f.	Aggregate Total			-			

N. Investment in Insurance SCA

Not applicable.

11. Debt

A. Debt Terms

1. Date Issued – December 27, 2016.

2. Type of Borrowing - The Company signed a promissory note that serves as a revolving line of credit for the construction of its new corporate headquarters in Wheeling, West Virginia.

3. Face Amount of Debt - The promissory note has a stated principal amount of $13,000,000. As of December 31, 2017, the line of credit had an outstanding balance of $10,496,700.

4. Carrying Value of Debt - As of December 31, 2017, the line of credit had an outstanding balance of $10,496,700.

5. Rate at Which Interest Accrues – Interest accrues at one-month LIBOR plus 165 basis points. As of December 28, 2017, one-month LIBOR was 1.568%, resulting in a stated interest rate of 3.218%

6. Effective Interest Rate – During 2017, the effective interest rate was 2.62%.

7. Collateral Requirements - The promissory note is fully collateralized by pledged investment securities that are included in common stocks within the statutory-basis balance sheet as of December 31, 2017.

8. Interest Paid in the Year - $133,346.

9. Significant Debt Terms and Covenants and Any Violations – See above. No financial covenants, as the debt is fully collateralized by marketable securities. No violations of any terms of the debt as of December 31, 2017.

10. Maturities and Sinking Fund Requirements – The debt matures on December 27, 2018. There are no sinking fund requirements.

11. Extinguishment – Not applicable.

12. Reverse Purchase Agreements – Not applicable.

B. FHLB Agreements

None.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

The Health Plan provides postretirement medical and life insurance benefits for qualifying retirees. For qualifying retirees that retired on or before December 31, 2016, The Health Plan provides single medical coverage at no cost to the retiree for the first 12 months of retirement. In subsequent years, the cost of coverage is shared by the retiree and The Health Plan based upon years of service with the Company. The life insurance plan provides coverage of $5,000 and is provided by The Health Plan at no cost for ten years after retirement.

For all qualifying retirees retiring on or after January 1, 2017, The Health Plan provides single medical coverage at no cost to the retiree for the first 12 months of retirement. After 12 months, the retiree is responsible for the entire cost of the medical coverage. The life insurance benefit was eliminated for employees retiring after January 1, 2017.

The accumulated benefit obligation for other postretirement benefits represents the present value of benefits earned as of December 31, based on years of service through December 31, of the respective year end. The Health Plan's actuarially computed accumulated benefit obligation, which is the same as the projected benefit obligation with respect to vested and nonvested employees of these postretirement benefits, none of which have been funded, is as follows:

	December 31,	
	2017	**2016**
Retirees and dependents	**$ 569,573**	$ 559,392
Active plan participants:		
Fully eligible	**120,623**	55,209
Not fully eligible	**914,123**	618,728
Accumulated postretirement benefit obligation, included in aggregate write-ins for other liabilities	**$ 1,604,319**	$ 1,233,329

The following table provides a reconciliation of the accumulated postretirement benefit obligation for the years ended December 31:

	December 31,	
	2017	2016
Accumulated benefit obligation at January 1	$ 1,233,329	$ 3,330,838
Service cost	75,095	250,117
Interest cost	38,023	123,059
Plan amendments	0	(3,358,212)
Assumption changes	346,446	961,784
Actuarial loss	149,954	74,550
Benefits paid	(238,528)	(148,807)
Accumulated benefit obligation at December 31	$ 1,604,319	$ 1,233,329

The postretirement benefit plan provided by the Company is unfunded; there are no plan assets. A liability of $1,604,319 and $1,233,329 is included in aggregate write-ins for other liabilities in the statutory-basis balance sheets as of December 31, 2017 and 2016, respectively.

Net postretirement benefit cost includes the following components:

	Year Ended December 31,	
	2017	2016
Service cost	$ 75,095	$ 250,117
Interest cost	38,023	123,059
Change in prior service cost or (credit)	0	(3,358,212)
Actuarial losses, net	496,400	1,036,334
Net postretirement benefit cost, included in administrative expenses	$ 609,518	$ (1,948,703)

The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated:

Estimated future net benefit payments	
Fiscal 2018	$ 193,960
Fiscal 2019	167,912
Fiscal 2020	138,429
Fiscal 2021	120,944
Fiscal 2022	150,736
Fiscal 2023 through 2027	597,074

Prior service cost and actuarial gains and losses are expensed in the year incurred. No amounts were recognized in unassigned funds as of December 31, 2017 or 2016.

As of December 31, 2017, the accumulated postretirement benefit obligation was determined using an assumed health care cost trend rate of 6.9% for Pre-65 and 5.6% for Post-65, which is assumed to decrease uniformly to 4.4% over the next fifty-eight years. Increasing the assumed health care cost trend rate by one percentage point would have resulted in an increase in the accumulated postretirement benefit obligation of approximately $123,000 as of December 31, 2017 and an increase of approximately $12,000 and $3,000 in the aggregate service cost and interest cost components, respectively, of net periodic postretirement benefit cost for the year ended December 31, 2017. A weighted-average discount rate of 3.35% for the year ended December 31, 2017 was used to determine the accumulated postretirement benefit obligation.

B. Investment Policies

The plan is unfunded; there are no plan assets.

C. Fair Value of Plan Assets

The plan is unfunded; there are no plan assets.

D. Long-term Rate of Return on Plan Assets

The plan is unfunded; there are no plan assets.

E. Defined Contribution Plans

Effective January 1, 2017, the Health Plan's 401(k) plan consists of a 3% safe harbor non-elective employer contribution and a 2% employer non-elective contribution with both contributions being based on the employees' salaries and wages. In addition, the 401(k) plan has a matching contribution of 50% of the first 6% of employee salaries and wages deferred into the plan.

The total noncontributory plan contribution expense was approximately $1,658,000, and $2,024,000 for the years ended December 31, 2017 and December 31, 2016, respectively.

F. Multi-employer Plans

Not applicable.

G. Consolidated/Holding Company Plans

Not applicable.

H. Postemployment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act of Postretirement Benefits

Not applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions, and Quasi-Reorganization

A. Capital Stock

None.

B. Preferred Stock

None.

C., D., and E. Dividend Restrictions, Date and Amounts of Dividends Paid, and Amount of Ordinary Dividends That May Be Paid

None.

F. Restrictions on Unassigned Funds

None.

G. Mutual Surplus Advances

None.

H. Company Stock Held for Special Purposes

None.

I. Changes in Special Surplus Funds

None.

J. Changes in Unassigned Funds from Unrealized Gains (Losses)

As of December 31, 2017 and 2016, the portion of unassigned funds (surplus) represented by cumulative unrealized losses was $32,422,000 and $44,842,000, respectively.

K. Surplus Notes

None.

L. and M. Impact and Date of Quasi-reorganizations

None.

14. Liabilities, Contingencies, and Assessments

None.

15. Leases

A. Lessee Operating Leases

The Health Plan leases certain office buildings and office equipment. Future minimum payments, by year and in the aggregate of noncancelable operating leases with initial or remaining terms of one year or more, consisted of the following at December 31, 2017:

2018	$ 359,512
2019	349,189
2020	312,965
2021	45,812
2022	44,520
2023	6,020
2024	2,520
Total minimum lease payment	$ 1,120,538

Rent expense approximated $463,000 and $355,000 for 2017 and 2016, respectively and is included in administrative expenses in the accompanying statutory-basis statements of revenues and expenses.

The Company's leases do not have any significant or unusual contingent rental payments, renewal options, purchase options, escalation clauses, or restrictions. None of the Company's lease agreements were terminated early during 2017.

B. Lessor Operating Leases

Not applicable.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

None.

B. Transfer and Servicing of Financial Assets

None.

C. Wash Sales

None.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

None.

B. Administrative Services Contract (ASC) Plans

None.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

None.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

20. Fair Value Measurements

A. Assets and Liabilities Measured at Fair Value

SSAP No. 100, Fair Value, clarifies the definition of estimated fair value and establishes a hierarchy for measuring estimated fair value. The hierarchy established by this standard consists of three levels to indicate the quality of the estimated fair value measurements as follows:

- Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: Unadjusted quoted prices for identical assets or liabilities in active markets that are readily and regularly obtainable.

- Level 2 - Significant Other Observable Inputs: Quoted prices in markets that are not active or inputs that are observable either directly or indirectly. These inputs can include quoted prices for similar but not identical assets or liabilities other than quoted prices in Level 1.

- Level 3 - Significant Unobservable Inputs: Unobservable inputs that are supported by little or no market activity and are significant to the determination of estimated fair value of the assets and liabilities. Unobservable inputs reflect the entity's judgement or estimation about the assumptions that market participants would use in pricing the asset or liability.

As defined in SSAP No. 100, estimated fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. SSAP No. 100 establishes a three-level hierarchy for valuing assets and liabilities based on how transparent (observable) the inputs are that are used to determine estimated fair value, with the inputs considered most observable categorized as Level 1 and those that are the least observable categorized as Level 3. For some assets, the inputs used to measure estimated fair value may fall into different levels of the fair value hierarchy. When this is the case, the asset is categorized in the table based on the lowest level input that is significant to the fair value measurement in its entirety. The Health Plan's assessment of the significance of a particular input to the estimated fair value measurement in its entirety requires judgment and considers factors specific to the assets being valued.

When available, the estimated fair values are based on quoted prices in active markets that are readily and regularly obtainable. Generally, these investments are classified in Level 1. Generally, these are the most liquid of the Company's securities holdings and valuation of these securities does not involve management's judgment.

When quoted prices in active markets are not available, the determination of estimated fair value is based on market standard valuation methodologies, giving priority to observable inputs. The significant inputs to the market-standard valuation methodologies for certain types of securities with reasonable levels of price transparency are inputs that are observable in the market or which can be derived principally from or corroborated by observable market data. Generally, these investments are classified as Level 2.

When observable inputs are not available, the market standard valuation methodologies for determining the estimated fair value of certain types of securities that trade infrequently, and therefore have little or no price transparency, rely on inputs that are significant to the estimated fair value that are not observable in the market or which cannot be derived principally from or corroborated by observable market data. These unobservable inputs can be based in large part on management's judgment or estimation and cannot be supported by reference or market activity. Generally, these investments are classified as Level 3.

The estimated fair value of cash, cash equivalents and short-term investments approximates carrying value, and is classified as Level 1.

Due to the short-term nature of accrued investment income, the Company believes there is minimal risk of material changes in interest rates or credit of the issuer such that estimated fair value approximates carrying value. These amounts are generally classified as Level 2.

The following table represents financial instruments measured at their estimated fair value under the three-level fair value hierarchy discussed above, as of December 31, 2017 and 2016:

	2017			
	Level 1	**Level 2**	**Level 3**	**Estimated Fair Value**
Assets at fair value				
Cash Equivalents				
Exempt Money Market Mutual Fund	$9,407,154			$9,407,154
Total Cash Equivalents	**$9,407,154**			**$9,407,154**
Bonds				
Industrial and Miscellaneous		$1,932,622	$1,402,485	$3,335,107
Total Bonds		**$1,932,622**	**$1,402,485**	**$3,335,107**
Common Stocks				
Mutual Funds	$61,185,179			$61,185,179
Total Common Stock	**$61,185,179**			**$61,185,179**
Total Assets at Fair Value	**$ 70,592,333**	**$ 1,932,622**	**$ 1,402,485**	**$ 73,927,440**

	2016			
	Level 1	**Level 2**	**Level 3**	**Estimated Fair Value**
Assets				
Bonds	$ -	$ 1,585,830	$ 2,951,812	$ 4,537,642
Common stock	48,566,846	-	-	48,566,846
Total assets at fair value	$ 48,566,846	$ 1,585,830	$ 2,951,812	$ 53,104,488

At the end of each reporting period, the Company evaluates whether any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3.

The following table is a rollforward of the estimated fair value measurements for all assets measured and reported at estimated fair value using significant unobservable (Level 3) inputs:

Bonds:	Balance at 1/1/17	Transferred Out	Transferred In	Unrealized Gains	Realized Gains	Purchased	Sold	Balance at 12/31/17
Asset-backed Securities	2,951,812	(2,295,171)	1,711,020	9,299	(312)	958,731	(1,932,894)	1,402,485

Balances transferred in and out during 2017 related to amounts that were carried at the lower of amortized cost or market based on NAIC rating.

B. Other Fair Value Disclosures

None.

C. Fair Values for All Financial Instruments

The following table presents the admitted value and the estimated fair value for all admitted assets and liabilities that are considered to be financial instruments as of December 31, 2017 and 2016. The Company had no liabilities considered to be financial instruments as of December 31, 2017 and 2016. The estimated fair values are categorized into the three-level fair value hierarchy as described above.

	2017				
	Admitted Value	**Quoted Prices in Active Markets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Estimated Fair Value**
Assets					
Cash, cash equivalents and short-term investments	$ 14,836,374	$ 14,836,374	$ -	$ -	$ 14,836,374
Bonds	97,083,940	10,335,644	34,565,821	50,594,039	95,495,504
Common stocks	61,185,179	61,185,179	-	-	61,185,179
Accrued investment income	390,632	-	390,632	-	390,632
	$ 173,496,125	$ 86,357,197	$ 34,956,453	$ 50,594,039	$ 171,907,689

	2016				
	Admitted Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Estimated Fair Value
Assets					
Cash, cash equivalents and short-term investments	$ 2,943,810	$ 2,943,810	$ -	$ -	$ 2,943,810
Bonds	89,262,296	3,219,101	30,135,263	54,746,064	88,100,428
Common stocks	48,566,846	48,566,846	-	-	48,566,846
Accrued investment income	396,864	-	396,864	-	396,864
	$ 141,169,816	$ 54,729,757	$ 30,532,127	$ 54,746,064	$ 140,007,948

D. Reasons Not Practicable to Estimate Fair Value

None.

21. Other Items

A. Unusual or Infrequent Items

None.

B. Troubled Debt Restructuring

None.

C. Other Disclosures

None.

D. Business Interruption Insurance Recoveries

None.

E. State Transferable and Non-Transferable Tax Credits
None.

F. Subprime-Mortgage-Related Risk Exposure

None.

G. Retained Assets

None.

H. Insurance-Linked Securities (ILS) Contracts

None.

22. Events Subsequent

The Company evaluated the effect subsequent events would have on the statutory-basis financial statements through March 1, 2018, which is the date the statutory-basis financial statements were available to be issued. There were no subsequent events (Type 1 or Type 2), through the report date, that merit disclosure or which would have a material impact on the statutory-basis financial condition of the Company.

In accordance with SSAP No. 106, *Affordable Care Act Section 9010 Assessment*, the Company had $0 of premiums written during 2017 subject to assessment under the ACA Section 9010 and as a result, had $0 segregated into assigned surplus for the health insurer fee as of December 31, 2017. The Consolidated Appropriations Act of 2016, Tittle II, Section 201, Moratorium on Annual Fee on Health Insurance Providers, suspended collection of the health insurance provider fee for the 2017 calendar year. As a result, the Company had $0 of premiums written in 2016 subject to assessment under the Affordable Care Act Section 9010 and had $0 segregated into assigned surplus for the health insurer fee as of December 31, 2016.

In 2017 and 2016, the Company paid $0 and $3,696,959, respectively, in health insurer fees for calendar years 2016 and 2015, respectively. The health insurer fee is included in administrative expenses in the year paid.

		2017	2016
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	No	Yes
B.	ACA fee assessment payable for the upcoming year	$ -	$ -
C.	ACA fee assessment paid	-	3,696,959
D.	Premium written subject to ACA 9010 assessment	-	-
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	161,369,361	149,740,054
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus Line 22B above)	161,369,361	149,740,054
G.	Authorized Control Level (Five-Year Historical Line 15)	28,106,670	25,927,351
H.	Would reporting the ACA assessment as of Dec. 31, 2016 triggered an RBC action level (YES/NO)?	No	No

23. Reinsurance

The Health Plan purchases reinsurance which provides coverage for catastrophic inpatient hospital claims. The deductible is $500,000 of allowable expenses subject to a 20% coinsurance up to and including $2,000,000 per member per agreement period and 0% thereafter with a maximum lifetime reinsurance indemnity for each member of $5,000,000. The Health Plan and THP Insurance Company share a combined reinsurance risk with the reinsurance carrier through a layered risk arrangement under which the layers of risk are assessed on a per-member, per-month calculation.

For the years ended December 31, 2017 and 2016, reinsurance expenses of approximately $1,399,000 and $1,318,000 respectively, are included in the statutory-basis statements of revenues and expenses as a reduction of

net premium revenue. For the years ended December 31, 2017 and 2016, reinsurance recoveries of $1,098,335 and $1,422,000, respectively, are included in the accompanying statutory-basis statements of revenues and expenses.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. None of the reinsurers listed in Schedule S as non-affiliated are owned in excess of 10% or controlled directly or indirectly by The Health Plan or any representative, officer, trustee, or director of the Company.

2. None of the policies issued by The Health Plan has been reinsured with a company chartered in a country other than the United States that is owned in excess of 10% or controlled directly or indirectly by an insured, beneficiary, a creditor, or any other person not primarily engaged in the insurance business.

Section 2 – Ceded Reinsurance Report – Part A

1. The Health Plan does not have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel the agreement for reasons other than for nonpayment of premium or other similar credit. No reinsurance credits were taken.

2. The Health Plan did not have any reinsurance agreements in effect such that the losses paid or accrued through December 31, 2017 would have resulted in a payment to the reinsurer.

Section 3 – Ceded Reinsurance Report – Part B

1. The estimated aggregate reduction in surplus as a result of the termination of all reinsurance agreements as of December 31, 2017 is $2,711.

2. No new agreements were executed or existing agreements amended, since January 1, 2017, to include policies or contracts that were in force or which had existing reserves established by The Health Plan as of the effective date of the agreement.

B. Uncollectible Reinsurance

None.

C. Commutation of Ceded Reinsurance

None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

None.

24. Retrospectively Rated Contracts

A., B., C. Retrospective Premiums

The Company sells policies where premiums vary based on loss experience. Additionally in accordance with statutory accounting principles, medical loss ratio rebates per the Federal 2010 *Patient Protection and Affordable Care Act* (ACA) and *Public Health Service Act*, are reported in accordance with SSAP No. 66, *Retrospectively*

Rated Contracts. A retrospectively rated contract is one which has the final policy premium calculated based on the loss experience of the insured during the term of the policy (including loss development after the term of the policy) and the stipulated formula set forth in the policy, or in the case of medical loss ratio rebates, a formula required by law. The Company uses estimates to report in the statutory-basis financial statements the incurred and unpaid liability amounts for retrospectively rated contracts based on its underwriting experience; actuarial, and accounting estimates and assumptions at the financial statement date; and regulations and guidance available that is subject to change prior to settlement. Accordingly, the Company's use of estimates and assumptions in the preparation of the statutory-basis financial statements and related footnote disclosures may differ from actual results. The Company records accrued retrospective premium as an adjustment to net premium revenue. The amount of net premiums written by the Company at December 31, 2017 that are subject to retrospective rating features was $152,412,000, which represented 25% of the total net premiums written.

As of December 31, 2017, the Company had $41,388,000 of receivables relating to retrospectively rated contracts. The receivables are comprised of the following: $34,742,000 relating to the WV Medicaid Risk Corridor, $161,000 relating to Medicare Part D, and $6,485,000 relating to Medicare Advantage Risk Adjustment.

D. Medical Loss Ratio Rebates

None.

E. Risk Sharing Provisions of the Affordable Care Act

1. The Health Plan wrote accident and health insurance premium that was subject to the Affordable Care Act risk-sharing provisions.

2. Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

	2017	2016
Permanent ACA Risk Adjustment Program		
Assets		
Premium adjustments receivable due to ACA Risk Adjustment	$ -	$ -
Liabilities		
Risk adjustment user fees payable for ACA Risk Adjustment	$ -	$ -
Premium adjustments payable due to ACA Risk Adjustment	$ 89,771	$ 1,313,000
Operations (Revenue and Expense)		
Reported as revenue in premium for accident and health contracts due to ACA Risk Adjustment	$ 1,173,545	$ (2,264,000)
Reported in expenses as ACA risk adjustment user fees	$ -	$ -
Transitional ACA Reinsurance Program		
Assets		
Amounts recoverable for claims paid due to ACA Reinsurance	$ -	$ -
Amounts recoverable for claims unpaid due to ACA reinsurance	$ -	$ -
Amounts recoverable relating to uninsured plans for contributions for ACA Reinsurance	$ -	$ -
Liabilities		
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	$ -	$ 788,000
Ceded reinsurance premiums payable due to ACA reinsurance	$ -	$ -
Liabilities for amounts held under uninsured plans contributions for ACA reinsurance	$ -	$ -
Operations (Revenue and Expense)		
Ceded reinsurance premiums due to ACA reinsurance	$ -	$ -
Reinsurance recoveries due to ACA reinsurance payments or expected payments	$ -	$ -
ACA reinsurance contributions - not reported as ceded premium	$ -	$ 788,000
Temporary ACA Risk Corridors Program		
Assets		
Accrued retrospective premium due to ACA Risk Corridors	$ -	$ -
Liabilities		
Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	$ -	$ -
Operations (Revenue and Expense)		
Effect of ACA Risk Corridors on net premium income	$ -	$ -
Effect of ACA Risk Corridors on change in reserves for rate credits	$ -	$ -

3. Rollforward of Prior Year ACA Risk-Sharing Provisions

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 3)	Prior Year Accrued Less Payments (Col 2 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	**Permanent ACA Risk Adjustment**											
1	Premium adjustments receivable	0	0	0	0	0	0	0	0		0	0
2	Premium adjustments (payable)	0	(1,313,000)	0	(49,660)	0	(1,263,340)	0	1,263,724	A	0	384
3	Subtotal ACA Permanent Risk Adjustment Program	0	(1,313,000)	0	(49,660)	0	(1,263,340)	0	1,263,724		0	384
b.	**Transitional ACA Reinsurance**											
1	Amounts recoverable for claims paid	0	0	0	0	0	0	0	0		0	0
2	Amounts recoverable for claims unpaid (contra liability)	0	0	0	0	0	0	0	0		0	0
3	Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0	0		0	0
4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	0	(788,000)	0	(788,000)	0	0	0	0		0	0
5	Ceded reinsurance premiums payable	0	0	0	0	0	0	0	0		0	0
6	Liability for amounts held under uninsured plans	0	0	0	0	0	0	0	0		0	0
7	Subtotal ACA Transitional Reinsurance Program	0	(788,000)	0	(788,000)	0	0	0	0		0	0
c.	**Temporary ACA Risk Corridors**											
1	Accrued retrospective premium	0	0	0	0	0	0	0	0		0	0
2	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
3	Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0	0		0	0
d	Total for ACA Risk Sharing Provisions	0	(2,101,000)	0	(837,660)	0	(1,263,340)	0	1,263,724		0	384

B - Adjustment due to a change in the estimated amount payable.

4. Rollforward of Risk Corridor Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued Retrospective Premium	0	0	0	0	0	0	0	0		0	0
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
b. 2015											
1. Accrued Retrospective Premium	0	0	0	0	0	0	0	0		0	0
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
c. 2016											
1. Accrued Retrospective Premium	0	0	0	0	0	0	0	0		0	0
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0		0	0
d. Total for Risk Corridors	0	0	0	0	0	0	0	0		0	0

5. ACA Risk Corridor Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	$0	$0	$0	$0	$0	$0
b. 2015	0	0	0	0	0	0
c. 2016	0	0	0	0	0	0
d. Total	$0	$0	$0	$0	$0	$0

25. Change in Incurred Claims and Claim Adjustment Expenses

The following table provides a reconciliation of the beginning and ending reserve balances for medical costs payable for the years ended December 31, 2017 and 2016:

	2017	2016
Gross balances at January 1	$ 80,833,891	$ 64,791,331
Less reinsurance receivable	372,146	2,190,812
Net balances at January 1	80,461,745	62,600,519
Add provision for medical costs, net of reinsurance recoveries and pharmacy rebates receivable, occurring in:		
Current year	576,444,509	546,972,265
Prior years	(9,153,978)	321,167
Net incurred medical costs during the current year	567,290,531	547,293,432
Deduct payments for medical costs occurring in:		
Current year	509,334,451	464,689,988
Prior years	66,034,394	64,742,221
Net medical cost payments during the current year	575,368,845	529,432,209
Net balances at December 31, respectively	72,383,431	80,461,742
Plus reinsurance receivable	2,711	372,149
Gross balances at December 31, respectively	$ 72,386,142	$ 80,833,891

The 2016 reserves were over estimated by $9,153,978 because of lower than expected claims utilization of medical services and the surplus is included in hospital and medical benefits for the year ended December 31, 2017. The 2015 reserves were under estimated by $321,167 because of higher than expected claims utilization of medical services and the deficit is included in hospital and medical benefits for the year ended December 31, 2016.

26. Intercompany Pooling Arrangements

None.

27. Structured Settlements

None.

28. Healthcare Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
12/31/2017	$ 3,097,125	$ 3,097,125	$ -	$ -	$ -
9/30/2017	2,693,971		2,670,926		
6/30/2017	4,396,814			4,017,928	
3/31/2017	2,550,000			4,408,627	
12/31/2016	2,631,442		2,941,646	460,261	378,694
9/30/2016	1,667,073	-	-	2,645,843	-
6/30/2016	1,638,465	-	-	1,537,708	381,260
3/31/2016	1,638,465	-	-	1,827,818	-
12/31/2015	2,056,961	-	-	2,084,879	
9/30/2015	1,638,465	-	-	2,043,108	-
6/30/2015	1,605,959	-	-	1,636,169	-
3/31/2015	1,605,959	-	-	1,803,740	-

B. Risk Sharing Receivables

None.

29. Participating Policies

None.

30. Premium Deficiency

1. Liability Carried for Premium Deficiency Reserve	$0
2. Date of the Most Recent Evaluation of This Liability	12/31/17
3. Was Anticipated Investment Income Utilized in the Calculation?	No

31. Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? West Virginia

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No [ ]

2.2 If yes, date of change: 01/17/2017

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 09/30/2016

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/13/2017

3.4 By what department or departments? West Virginia Dept of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [ ] N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control 0.0

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Baker Tilly Virchow Krause, LLP; 777 E Wisconsin Ave, 32nd Floor, Milwaukee, WI 53202-5313

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Kenton Roepke; 1110 Main Street, Wheeling, WV, 26003; Employee

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
N/A

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ ] No [X]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $ 0
- 20.12 To stockholders not officers $ 0
- 20.13 Trustees, supreme or grand (Fraternal only) $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $ 0
- 20.22 To stockholders not officers $ 0
- 20.23 Trustees, supreme or grand (Fraternal only) $ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $
- 21.22 Borrowed from others $
- 21.23 Leased from others $
- 21.24 Other $

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses $
- 22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
- 24.103 Total payable for securities lending reported on the liability page $ 0

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	$
25.22 Subject to reverse repurchase agreements	$
25.23 Subject to dollar repurchase agreements	$
25.24 Subject to reverse dollar repurchase agreements	$
25.25 Placed under option agreements	$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	$
25.27 FHLB Capital Stock	$
25.28 On deposit with states	$ 551,793
25.29 On deposit with other regulatory bodies	$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	$ 10,496,696
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	$
25.32 Other	$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. $

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
US Bank	425 Walnut Street, Cincinnati, OH 45202

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Atlanta Consulting Group (Raymond James)	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
705	Atlanta Consulting Group (Raymond James)		United States Securities Exchange Commission	DS

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [X] No [ ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2001. 256206-10-3	Dodge & Cox Intl Stock Fund	15,240,194
29.2002. 922908-71-0	Vanguard 500 Index Fund	14,034,246
29.2999 TOTAL		29,274,440

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Dodge & Cox Intl Stock Fund	Samsung Electronics Co Ltd	612,656	12/31/2017
Dodge & Cox Intl Stock Fund	Sanofi SA	580,651	12/31/2017
Dodge & Cox Intl Stock Fund	Naspers Ltd Class N	536,455	12/31/2017
Dodge & Cox Intl Stock Fund	ITAU Unibanco Holding SA	409,961	12/31/2017
Dodge & Cox Intl Stock Fund	Schneider Electric SE	402,341	12/31/2017
Vanguard 500 Index Fund	Apple Inc	547,336	12/31/2017
Vanguard 500 Index Fund	Microsoft Corp	399,976	12/31/2017
Vanguard 500 Index Fund	Amazon.com Inc	289,105	12/31/2017
Vanguard 500 Index Fund	Facebook, Inc	259,634	12/31/2017
Vanguard 500 Index Fund	Johnson & Johnson	230,162	12/31/2017

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	97,333,060	95,745,268	(1,587,792)
30.2 Preferred Stocks	0	0	0
30.3 Totals	97,333,060	95,745,268	(1,587,792)

30.4 Describe the sources or methods utilized in determining the fair values:

US Bank (Custodian) and ACG (Investment Manager)

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5*GI securities? Yes [ ] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 36,625

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

35.1 Amount of payments for legal expenses, if any? $ 249,100

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Bowles Rice LLP	$ 238,340

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 48,000

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Larry Swann Government Relations	$ 48,000

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only. $ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 0

1.6 Individual policies:

Most current three years:	
1.61 Total premium earned	$ 0
1.62 Total incurred claims	$ 0
1.63 Number of covered lives	0
All years prior to most current three years:	
1.64 Total premium earned	$ 0
1.65 Total incurred claims	$ 0
1.66 Number of covered lives	0

1.7 Group policies:

Most current three years:	
1.71 Total premium earned	$ 0
1.72 Total incurred claims	$ 0
1.73 Number of covered lives	0
All years prior to most current three years:	
1.74 Total premium earned	$ 0
1.75 Total incurred claims	$ 0
1.76 Number of covered lives	0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 608,471,498	$ 566,715,807
2.2	Premium Denominator	$ 608,471,498	$ 566,715,807
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	$ 72,720,319	$ 83,983,630
2.5	Reserve Denominator	$ 72,720,319	$ 83,983,630
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical	$ 550,000
5.32 Medical Only	$
5.33 Medicare Supplement	$
5.34 Dental and Vision	$
5.35 Other Limited Benefit Plan	$
5.36 Other	$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

The Health Plan of WV has an agreement with its reinsurer that in the event of insolvency, it will provide continuation of coverage.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	17,602
8.2 Number of providers at end of reporting year	19,746

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	0
9.22 Business with rate guarantees over 36 months	0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses	$ 0
10.22 Amount actually paid for year bonuses	$ 0
10.23 Maximum amount payable withholds	$ 0
10.24 Amount actually paid for year withholds	$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or,	Yes [ ] No [X]
11.14 A Mixed Model (combination of above) ?	Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. West Virginia

11.4 If yes, show the amount required. $ 2,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
BARBOUR, WV
BERKELEY, WV
BOONE, WV
BRAXTON, WV
BROOKE, WV
CABELL, WV
CALHOUN, WV
CLAY, WV
DODDRIDGE, WV
FAYETTE, WV
GILMER, WV
GRANT, WV
GREENBRIER, WV
HAMPSHIRE, WV
HANCOCK, WV
HARDY, WV
HARRISON, WV
JACKSON, WV
JEFFERSON, WV
KANAWHA, WV
LEWIS, WV
LINCOLN, WV
LOGAN, WV
MARION, WV
MARSHALL, WV
MASON, WV
MERCER, WV
MINERAL, WV
MINGO, WV
MONANGALIA, WV
MONROE, WV
MORGAN, WV
MCDOWELL, WV
NICHOLAS, WV
OHIO, WV
PENDLETON, WV
PLEASANTS, WV
POCAHONTAS, WV
PRESTON, WV
PUTNAM, WV
RALEIGH, WV
RANDOLPH, WV
RITCHIE, WV
ROANE, WV
SUMMERS, WV
TAYLOR, WV
TUCKER, WV
TYLER, WV
UPSHUR, WV
WAYNE, WV
WEBSTER, WV
WETZEL, WV
WIRT, WV
WOOD, WV
WYOMING, WV
ASHLAND, OH
BELMONT, OH
CARROLL, OH

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
COLUMBIANA, OH
COSHOCTON, OH
CUYAHOGA, OH
GEAUGA, OH
GUERNSEY, OH
HARRISON, OH
HOLMES, OH
JEFFERSON, OH
KNOX, OH
LORAIN, OH
MAHONING, OH
MEDINA, OH
MONROE, OH
MUSKINGHAM, OH
NOBLE, OH
PORTAGE, OH
RICHLAND, OH
STARK, OH
SUMMIT, OH
TRUMBULL, OH
TUSCARAWAS, OH
WASHINGTON, OH
WAYNE, OH

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $ 0

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [X N/A [ ]

14.2 If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded) $

15.2 Total incurred claims $

15.3 Number of covered lives

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	257,314,141	265,248,677	273,979,407	259,939,461	245,910,722
2. Total liabilities (Page 3, Line 24)	95,944,780	115,508,623	102,956,824	65,107,052	54,540,354
3. Statutory minimum capital and surplus requirement	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
4. Total capital and surplus (Page 3, Line 33)	161,369,361	149,740,054	171,022,585	194,832,404	191,370,365
Income Statement (Page 4)					
5. Total revenues (Line 8)	608,920,939	567,050,607	407,677,119	381,496,117	363,521,930
6. Total medical and hospital expenses (Line 18)	567,290,532	547,293,433	387,910,117	342,889,245	334,095,564
7. Claims adjustment expenses (Line 20)	19,990,378	15,905,065	10,896,813	9,062,032	6,906,047
8. Total administrative expenses (Line 21)	34,004,620	37,722,600	32,300,627	29,191,763	16,701,527
9. Net underwriting gain (loss) (Line 24)	(10,554,509)	(25,892,516)	(23,430,438)	353,077	5,818,792
10. Net investment gain (loss) (Line 27)	6,341,002	7,875,075	14,489,948	10,392,566	7,592,617
11. Total other income (Lines 28 plus 29)	0	0	119,036	140,637	37,895
12. Net income or (loss) (Line 32)	(4,213,507)	(18,017,441)	(8,821,454)	10,886,280	13,449,304
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	29,407,191	(72,419,273)	(2,262,634)	12,635,619	8,208,784
Risk-Based Capital Analysis					
14. Total adjusted capital	161,369,361	149,740,054	171,022,585	196,984,804	191,370,365
15. Authorized control level risk-based capital	28,106,670	25,927,351	22,326,482	22,771,940	22,761,409
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	121,658	115,372	110,342	76,460	78,097
17. Total members months (Column 6, Line 7)	1,477,285	1,369,150	1,064,972	938,919	924,925
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	93.2	96.6	95.2	89.9	91.9
20. Cost containment expenses	2.4	2.2	2.1	1.5	1.2
21. Other claims adjustment expenses	0.9	0.6	0.6	0.9	0.7
22. Total underwriting deductions (Line 23)	101.8	104.6	105.7	99.9	98.4
23. Total underwriting gain (loss) (Line 24)	(1.7)	(4.6)	(5.7)	0.1	1.6
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	66,613,821	60,342,303	43,608,221	41,890,229	39,796,303
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	75,767,799	59,977,408	45,377,902	42,470,967	39,828,961
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	32,565,093	26,019,559	25,972,121	21,481,051	17,065,021
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	32,565,093	26,019,559	25,972,121	21,481,051	17,065,021
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of *SSAP No. 3 - Accounting Changes and Correction of Errors*? Yes [ ] No [ ]

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	N							0	0
2. Alaska AK	N							0	0
3. Arizona AZ	N							0	0
4. Arkansas AR	N							0	0
5. California CA	N							0	0
6. Colorado CO	N							0	0
7. Connecticut CT	N							0	0
8. Delaware DE	N							0	0
9. District of Columbia DC	N							0	0
10. Florida FL	N							0	0
11. Georgia GA	N							0	0
12. Hawaii HI	N							0	0
13. Idaho ID	N							0	0
14. Illinois IL	N							0	0
15. Indiana IN	N							0	0
16. Iowa IA	N							0	0
17. Kansas KS	N							0	0
18. Kentucky KY	N							0	0
19. Louisiana LA	N							0	0
20. Maine ME	N							0	0
21. Maryland MD	N							0	0
22. Massachusetts MA	N							0	0
23. Michigan MI	N							0	0
24. Minnesota MN	N							0	0
25. Mississippi MS	N							0	0
26. Missouri MO	N							0	0
27. Montana MT	N							0	0
28. Nebraska NE	N							0	0
29. Nevada NV	N							0	0
30. New Hampshire NH	N							0	0
31. New Jersey NJ	N							0	0
32. New Mexico NM	N							0	0
33. New York NY	N							0	0
34. North Carolina NC	N							0	0
35. North Dakota ND	N							0	0
36. Ohio OH	L	43,617,274	93,054,616	0				136,671,890	0
37. Oklahoma OK	N							0	0
38. Oregon OR	N							0	0
39. Pennsylvania PA	N							0	0
40. Rhode Island RI	N							0	0
41. South Carolina SC	N							0	0
42. South Dakota SD	N							0	0
43. Tennessee TN	N							0	0
44. Texas TX	N							0	0
45. Utah UT	N							0	0
46. Vermont VT	N							0	0
47. Virginia VA	N							0	0
48. Washington WA	N							0	0
49. West Virginia WV	L	78,299,166	59,477,084	335,421,921				473,198,171	0
50. Wisconsin WI	N							0	0
51. Wyoming WY	N							0	0
52. American Samoa AS	N							0	0
53. Guam GU	N							0	0
54. Puerto Rico PR	N							0	0
55. U.S. Virgin Islands VI	N							0	0
56. Northern Mariana Islands MP	N							0	0
57. Canada CAN	N							0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	121,916,440	152,531,700	335,421,921	0	0	0	609,870,061	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 2	121,916,440	152,531,700	335,421,921	0	0	0	609,870,061	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

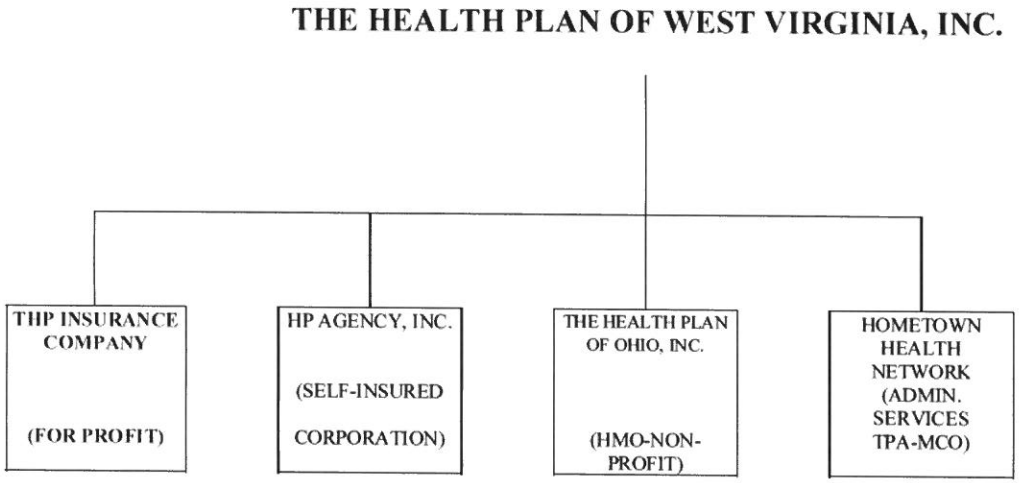
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc. Premiums are allocated to each state based on the residence of the insured (individual policies) or the location of the employer (group policies).

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

UNICARE Health Plan of West Virginia, Inc.

NAIC Group Code 0671 (Current) 0671 (Prior) NAIC Company Code 11810 Employer's ID Number 84-1620480

Organized under the Laws of West Virginia, State of Domicile or Port of Entry WV

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 06/13/2003 Commenced Business 11/01/2003

Statutory Home Office 200 Association Drive, Suite 200 (Street and Number), Charleston , WV, US 25311 (City or Town, State, Country and Zip Code)

Main Administrative Office 120 S. Via Merida (Street and Number)
Thousand Oaks , CA, US 91362 (City or Town, State, Country and Zip Code), 877-864-2273 (Area Code) (Telephone Number)

Mail Address N17 W24340 Riverwood Drive (Street and Number or P.O. Box), Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records N17 W24340 Riverwood Drive (Street and Number)
Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code), 262-523-3683 (Area Code) (Telephone Number)

Internet Website Address www.unicare.com

Statutory Statement Contact Jill M. Waddell (Name), 262-523-3683 (Area Code) (Telephone Number)
Jill.Waddell@anthem.com (E-mail Address), 262-523-4945 (FAX Number)

OFFICERS

Executive Director	Charles Brian Shipp	Treasurer	Robert David Kretschmer
Secretary	Kathleen Susan Kiefer	Chief Financial Officer	Ronald William Penczek

OTHER

Stephen Douglas Beebe #, Assistant Secretary	Eric (Rick) Kenneth Noble, Assistant Treasurer	John Mitch Collins, Vice President and Medicaid Plan President
Sean Tzer Chou, Valuation Actuary		

DIRECTORS OR TRUSTEES

Ronald William Penczek	Catherine Irene Kelaghan	Charles Brian Shipp

State of West Virginia
County of Kanawha SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Charles Brian Shipp Executive Director	Kathleen Susan Kiefer Secretary	Robert David Kretschmer Treasurer

Subscribed and sworn to before me this 5th day of February 2018

Leslie D. Smith

a. Is this an original filing? Yes [X] No [ ]
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

LESLIE D. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-6-2019

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	66,554,747		66,554,747	66,944,396
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $ ..... encumbrances)			0	0
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ 32,261,669 , Schedule E - Part 1), cash equivalents ($ 4,362,327 , Schedule E - Part 2) and short-term investments ($ 0 , Schedule DA)	36,623,996		36,623,996	(302,781)
6. Contract loans, (including $ ..... premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	103,178,743	0	103,178,743	66,641,615
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	759,566		759,566	770,295
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	6,435,395		6,435,395	50,864,441
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)	0		0	0
15.3 Accrued retrospective premiums ($ 4,780,121) and contracts subject to redetermination ($ 0)	4,780,121		4,780,121	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	1,352,353	26,810	1,325,543	1,184,177
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets ($ .....)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	0		0	55,646
24. Health care ($ 0) and other amounts receivable	4,076,460	4,076,460	0	0
25. Aggregate write-ins for other than invested assets	537,053	500,000	37,053	532,904
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	121,119,691	4,603,270	116,516,421	120,049,078
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	121,119,691	4,603,270	116,516,421	120,049,078
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. State income tax recoverable	37,053	0	37,053	532,904
2502. Advance deposit	500,000	500,000	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	537,053	500,000	37,053	532,904

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $ 0 reinsurance ceded)	40,455,511		40,455,511	33,364,366
2. Accrued medical incentive pool and bonus amounts	274,459		274,459	0
3. Unpaid claims adjustment expenses	1,214,511		1,214,511	1,009,609
4. Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act	1,509,277		1,509,277	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	81,285		81,285	74,868
8. Premiums received in advance	0		0	0
9. General expenses due or accrued	66,153		66,153	16,355
10.1 Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))	344,292		344,292	6,905,578
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	699,092		699,092	522,291
14. Borrowed money (including $ current) and interest thereon $ (including $ current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	321,646		321,646	1,651,982
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including $ 130,114 current)	448,376	0	448,376	4,797,310
24. Total liabilities (Lines 1 to 23)	45,414,602	0	45,414,602	48,342,359
25. Aggregate write-ins for special surplus funds	XXX	XXX	9,359,830	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX	0	
28. Gross paid in and contributed surplus	XXX	XXX	19,000,000	19,000,000
29. Surplus notes	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	41,741,989	51,706,719
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 $)	XXX	XXX		
32.2 shares preferred (value included in Line 27 $)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	71,101,819	71,706,719
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	116,516,421	120,049,078
DETAILS OF WRITE-INS				
2301. Funds awaiting escheat	448,376		448,376	387,149
2302. Other premium liability	0		0	4,410,161
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	448,376	0	448,376	4,797,310
2501. Estimated ACA health insurer fee	XXX	XXX	9,359,830	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	9,359,830	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	1,707,360	1,571,025
2. Net premium income (including $ ..... non-health premium income)	XXX	499,777,162	487,544,748
3. Change in unearned premium reserves and reserve for rate credits	XXX	3,270,844	(3,017,362)
4. Fee-for-service (net of $ ..... medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	503,048,006	484,527,386
Hospital and Medical:			
9. Hospital/medical benefits		360,970,265	309,822,409
10. Other professional services		4,187,139	4,124,219
11. Outside referrals		0	0
12. Emergency room and out-of-area		0	0
13. Prescription drugs		91,117,340	109,227,073
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		360,823	861,134
16. Subtotal (Lines 9 to 15)	0	456,635,567	424,034,835
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	456,635,567	424,034,835
19. Non-health claims (net)			
20. Claims adjustment expenses, including $ 21,008,013 cost containment expenses		26,046,544	22,771,992
21. General administrative expenses		20,152,599	22,494,233
22. Increase in reserves for life and accident and health contracts (including $ ..... increase in reserves for life only)		0	(6,894,420)
23. Total underwriting deductions (Lines 18 through 22)	0	502,834,710	462,406,640
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	213,296	22,120,746
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,778,901	1,757,223
26. Net realized capital gains (losses) less capital gains tax of $ 101,538		188,913	3,789
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,967,814	1,761,012
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ .....) (amount charged off $ .....)]			
29. Aggregate write-ins for other income or expenses	0	40	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	2,181,150	23,881,758
31. Federal and foreign income taxes incurred	XXX	242,755	8,195,657
32. Net income (loss) (Lines 30 minus 31)	XXX	1,938,395	15,686,101
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous other revenue		40	0
2902.			
2903			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	40	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	71,706,719	58,756,154
34. Net income or (loss) from Line 32	1,938,395	15,686,101
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of $		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	123,576	(2,238,909)
39. Change in nonadmitted assets	(2,666,870)	(496,627)
40 Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(604,900)	12,950,565
49. Capital and surplus end of reporting period (Line 33 plus 48)	71,101,819	71,706,719
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	544,206,208	448,371,822
2. Net investment income	2,757,091	2,736,348
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	546,963,299	451,108,170
5. Benefit and loss related payments	449,263,546	421,788,307
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	45,945,405	45,231,570
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of $ 101,538 tax on capital gains (losses)	6,905,580	411,051
10. Total (Lines 5 through 9)	502,114,531	467,430,928
11. Net cash from operations (Line 4 minus Line 10)	44,848,768	(16,322,758)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	16,767,976	3,867,029
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	16,767,976	3,867,029
13. Cost of investments acquired (long-term only):		
13.1 Bonds	17,054,334	9,213,542
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	17,054,334	9,213,542
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(286,358)	(5,346,513)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(7,635,632)	3,286,649
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(7,635,632)	3,286,649
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	36,926,778	(18,382,622)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	(302,781)	18,079,840
19.2 End of year (Line 18 plus Line 19.1)	36,623,996	(302,781)

Note: Supplemental disclosures of cash flow information for non-cash transactions:

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	499,777,162							499,777,162		
2. Change in unearned premium reserves and reserve for rate credit	3,270,844							3,270,844		
3. Fee-for-service (net of $ ..... medical expenses)	0									
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Total revenues (Lines 1 to 6)	503,048,006	0	0	0	0	0	0	503,048,006	0	0
8. Hospital/medical benefits	360,970,265							360,970,265		
9. Other professional services	4,187,139							4,187,139		XXX
10. Outside referrals	0							0		XXX
11. Emergency room and out-of-area	0							0		XXX
12. Prescription drugs	91,117,340							91,117,340		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	360,823							360,823		XXX
15. Subtotal (Lines 8 to 14)	456,635,567	0	0	0	0	0	0	456,635,567	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	456,635,567	0	0	0	0	0	0	456,635,567	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 21,008,013 cost containment expenses	26,046,544							26,046,544		
20. General administrative expenses	20,152,599							20,152,599		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	502,834,710	0	0	0	0	0	0	502,834,710	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	213,296	0	0	0	0	0	0	213,296	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	499,777,162			499,777,162
8. Other health				0
9. Health subtotal (Lines 1 through 8)	499,777,162	0	0	499,777,162
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	499,777,162	0	0	499,777,162

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	449,177,181							449,177,181		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	449,177,181	0	0	0	0	0	0	449,177,181	0	0
2. Paid medical incentive pools and bonuses	86,364							86,364		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	40,455,511	0	0	0	0	0	0	40,455,511	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	40,455,511	0	0	0	0	0	0	40,455,511	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	81,285							81,285		
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	81,285	0	0	0	0	0	0	81,285	0	0
5. Accrued medical incentive pools and bonuses, current year	274,459							274,459		
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	33,364,366	0	0	0	0	0	0	33,364,366	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	33,364,366	0	0	0	0	0	0	33,364,366	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	74,868							74,868		
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	74,868	0	0	0	0	0	0	74,868	0	0
10. Accrued medical incentive pools and bonuses, prior year	0							0		
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	456,274,744	0	0	0	0	0	0	456,274,744	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	456,274,744	0	0	0	0	0	0	456,274,744	0	0
13. Incurred medical incentive pools and bonuses	360,823	0	0	0	0	0	0	360,823	0	0

(a) Excludes $ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	7,561,897							7,561,897		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	7,561,897	0	0	0	0	0	0	7,561,897	0	0
2. Incurred but Unreported:										
2.1 Direct	32,893,614							32,893,614		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	32,893,614	0	0	0	0	0	0	32,893,614	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	40,455,511	0	0	0	0	0	0	40,455,511	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	40,455,511	0	0	0	0	0	0	40,455,511	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)		0		0	0	0
2. Medicare Supplement		0		0	0	0
3. Dental Only		0		0	0	0
4. Vision Only		0		0	0	0
5. Federal Employees Health Benefits Plan		0		0	0	0
6. Title XVIII - Medicare		0		0	0	0
7. Title XIX - Medicaid		0		0	0	0
8. Other health	24,257,867	428,995,774	1,349,811	39,186,985	25,607,678	33,439,234
9. Health subtotal (Lines 1 to 8)		0		0	0	0
10. Healthcare receivables (a)	24,257,867	428,995,774	1,349,811	39,186,985	25,607,678	33,439,234
11. Other non-health	123,489	3,952,971	0	0	123,489	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	(301)	86,665	0	274,459	(301)	0
	24,134,077	425,129,468	1,349,811	39,461,444	25,483,888	33,439,234

(a) Excludes $ 0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	18,013	17,603	17,247	17,123	17,123
2. 2013	158,490	173,256	175,473	175,375	175,344
3. 2014	XXX	202,516	218,099	219,901	219,777
4. 2015	XXX	XXX	237,472	263,002	262,588
5. 2016	XXX	XXX	XXX	394,678	419,381
6. 2017	XXX	XXX	XXX	XXX	425,129

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	18,196	17,336	17,232	17,123	17,123
2. 2013	181,809	175,033	175,336	175,375	175,344
3. 2014	XXX	220,584	220,408	219,843	219,777
4. 2015	XXX	XXX	266,507	264,814	263,268
5. 2016	XXX	XXX	XXX	426,363	420,051
6. 2017	XXX	XXX	XXX	XXX	464,591

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	215,515	175,344	11,929	6.8	187,273	86.9	0	0	187,273	86.9
2. 2014	275,467	219,777	13,084	6.0	232,861	84.5	0	0	232,861	84.5
3. 2015	314,670	262,588	16,137	6.1	278,725	88.6	680	20	279,425	88.8
4. 2016	484,527	419,381	23,037	5.5	442,418	91.3	669	20	443,107	91.5
5. 2017	503,048	425,129	22,704	5.3	447,833	89.0	39,461	1,174	488,468	97.1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	18,013	17,603	17,247	17,123	17,123
2. 2013	158,490	173,256	175,473	175,375	175,344
3. 2014	XXX	202,516	218,099	219,901	219,777
4. 2015	XXX	XXX	237,472	263,002	262,588
5. 2016	XXX	XXX	XXX	394,678	419,381
6. 2017	XXX	XXX	XXX	XXX	425,129

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	18,196	17,336	17,232	17,123	17,123
2. 2013	181,809	175,033	175,336	175,375	175,344
3. 2014	XXX	220,584	220,408	219,843	219,777
4. 2015	XXX	XXX	266,507	264,814	263,268
5. 2016	XXX	XXX	XXX	426,363	420,051
6. 2017	XXX	XXX	XXX	XXX	464,591

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	215,515	175,344	11,929	6.8	187,273	86.9	0	0	187,273	86.9
2. 2014	275,467	219,777	13,084	6.0	232,861	84.5	0	0	232,861	84.5
3. 2015	314,670	262,588	16,137	6.1	278,725	88.6	680	20	279,425	88.8
4. 2016	484,527	419,381	23,037	5.5	442,418	91.3	669	20	443,107	91.5
5. 2017	503,048	425,129	22,704	5.3	447,833	89.0	39,461	1,174	488,468	97.1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $) for investment income	1,509,277							1,509,277	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	1,509,277	0	0	0	0	0	0	1,509,277	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	1,509,277	0	0	0	0	0	0	1,509,277	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	81,285							81,285	
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	81,285	0	0	0	0	0	0	81,285	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	81,285	0	0	0	0	0	0	81,285	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ 0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses 1 Cost Containment Expenses	Claim Adjustment Expenses 2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($ ..... for occupancy of own building)	577,711	169,251	40,567	122	787,651
2. Salary, wages and other benefits	15,381,339	2,429,076	9,701,861	29,143	27,541,419
3. Commissions (less $ ..... ceded plus $ ..... assumed)	0	0	0	0	0
4. Legal fees and expenses	823	36	467,547	1,404	469,810
5. Certifications and accreditation fees				0	0
6. Auditing, actuarial and other consulting services	948,009	270,955	3,050,487	9,162	4,278,613
7. Traveling expenses	296,502	10,664	269,262	809	577,237
8. Marketing and advertising	176,474	779	642,243	1,929	821,425
9. Postage, express and telephone	390,516	76,427	579,983	1,742	1,048,668
10. Printing and office supplies	38,621	1,929	55,567	167	96,284
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	27,721	1,941	179,035	538	209,235
13. Cost or depreciation of EDP equipment and software	846,437	28,721	721,209	2,166	1,598,533
14. Outsourced services including EDP, claims, and other services	1,194,793	1,126,296	1,354,670	4,069	3,679,828
15. Boards, bureaus and association fees	2,089	26	57,433	173	59,721
16. Insurance, except on real estate	0	0	164,635	495	165,130
17. Collection and bank service charges	0	0	40,416	121	40,537
18. Group service and administration fees	161,556	5	(2,746)	(8)	158,807
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	1,476	52	413,708	1,243	416,479
22. Real estate taxes	0	0	50,631	0	50,631
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	736	5	1,009,588	0	1,010,329
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	5,524	14	18,072	0	23,610
23.4 Payroll taxes	930,318	147,227	605,199	0	1,682,744
23.5 Other (excluding federal income and real estate taxes)	0	0	36,105	0	36,105
24. Investment expenses not included elsewhere	0	0	0	86,294	86,294
25. Aggregate write-ins for expenses	27,368	775,127	697,127	2,094	1,501,716
26. Total expenses incurred (Lines 1 to 25)	21,008,013	5,038,531	20,152,599	141,663	(a) 46,340,806
27. Less expenses unpaid December 31, current year	0	1,214,511	66,153		1,280,664
28. Add expenses unpaid December 31, prior year	0	1,009,609	16,355		1,025,964
29. Amounts receivable relating to uninsured plans, prior year			0		0
30. Amounts receivable relating to uninsured plans, current year			0		0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	21,008,013	4,833,629	20,102,801	141,663	46,086,106
DETAILS OF WRITE-INS					
2501. Other expenses	27,368	775,127	697,127	2,094	1,501,716
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	27,368	775,127	697,127	2,094	1,501,716

(a) Includes management fees of $ 41,210,161 to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 30,425	39,230
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 1,866,826	1,847,291
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5	Contract Loans		
6	Cash, cash equivalents and short-term investments	(e) 34,045	34,045
7	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	(2)	(2)
10.	Total gross investment income	1,931,294	1,920,564
11.	Investment expenses		(g) 141,663
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		141,663
17.	Net investment income (Line 10 minus Line 16)		1,778,901
	DETAILS OF WRITE-INS		
0901.	Miscellaneous	(2)	(2)
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	(2)	(2)
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 830 accrual of discount less $ 967,288 amortization of premium and less $ 28,112 paid for accrued interest on purchases.

(b) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued dividends on purchases.

(c) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.

(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.

(e) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.

(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.

(g) Includes $ ..... investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.

(i) Includes $ ..... depreciation on real estate and $ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	290,452	0	290,452	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans		0	0	0	0
4.	Real estate		0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets		0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	290,452	0	290,452	0	0
	DETAILS OF WRITE-INS					
0901.				0		
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	26,810	44,600	17,790
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable	4,076,460	1,375,252	(2,701,208)
25. Aggregate write-ins for other than invested assets	500,000	516,548	16,548
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,603,270	1,936,400	(2,666,870)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	4,603,270	1,936,400	(2,666,870)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Advance Deposit	500,000	500,000	0
2502. Miscellaneous assets	0	16,548	16,548
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	500,000	516,548	16,548

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	131,027	143,338	143,631	142,075	140,645	1,707,360
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	131,027	143,338	143,631	142,075	140,645	1,707,360
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of UNICARE Health Plan of West Virginia, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the West Virginia Offices of the Insurance Commissioner (the "Department").

A reconciliation of the Company's net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

	SSAP #	F/S Page	F/S Line #	2017	2016
Net Income					
(1) UNICARE Health Plan of West Virginia, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$ 1,938,395	$15,686,101
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	$ 1,938,395	$15,686,101
Surplus					
(5) UNICARE Health Plan of West Virginia, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$71,101,819	$71,706,719
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$71,101,819	$71,706,719

B. Use of Estimates in the Preparation of the Financial Statements

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Health premiums are earned over the term of the related insurance policies. Premiums written are reported net of experience rating refunds. Premiums paid prior to the effective date are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates are subject to approval by the Centers for Medicare and Medicaid Services. Expenses are charged to operations as incurred.

NOTES TO FINANCIAL STATEMENTS

In addition, the Company uses the following accounting policies:

(1) Short-term investments include investments with maturities of less than one year at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
(2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
(3) The Company has no investments in common stocks.
(4) The Company has no investments in preferred stocks.
(5) The Company has no mortgage loans - real estate.
(6) The Company has no loan-backed securities.
(7) The Company has no investments in subsidiaries, controlled and affiliated companies.
(8) The Company has no investments in joint ventures, partnerships or limited liability companies.
(9) The Company has no derivative instruments.
(10) The Company does not anticipate investment income as a factor in premium deficiency calculations.
(11) Unpaid claims and claims adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
(12) The Company has not modified its capitalization policy from the prior period.
(13) The Company recognizes losses from other-than-temporary impairment of investments in accordance with Statements of Standard Accounting Practice ("SSAP") No. 26R, *Bonds*.
(14) Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the years ended December 31, 2017 and 2016.

3. Business Combinations and Goodwill

A. Statutory Purchase Method	Not applicable.
B. Statutory Merger	Not applicable.
C. Assumption Reinsurance	Not applicable.
D. Impairment Loss	Not applicable.

4. Discontinued Operations

The Company had no operations that were discontinued during 2017 or 2016.

NOTES TO FINANCIAL STATEMENTS

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2017 or 2016.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2017 or 2016.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2017 or 2016.

D. Loan-Backed Securities

The Company did not have loan-backed securities at December 31, 2017 or 2016.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The Company did not enter into repurchase agreements or securities lending transactions at December 31, 2017 or 2016.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at December 31, 2017 or 2016.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at December 31, 2017 or 2016.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2017 or 2016.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at December 31, 2017 or 2016.

J. Real Estate

The Company did not have investments in real estate and did not engage in retail land sales operations during 2017 or 2016.

K. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2017 or 2016.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross Admitted and Nonadmitted Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	$ —	$ —	$ —	$ —	$ —	0.0%	0.0%
b. Collateral held under security lending agreements	—	—	—	—	—	0.0%	0.0%
c. Subject to repurchase agreements	—	—	—	—	—	0.0%	0.0%
d. Subject to reverse repurchase agreements	—	—	—	—	—	0.0%	0.0%
e. Subject to dollar repurchase agreements	—	—	—	—	—	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	0.0%	0.0%
g. Placed under option contracts	—	—	—	—	—	0.0%	0.0%
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	—	0.0%	0.0%
i. FHLB capital stock	—	—	—	—	—	0.0%	0.0%
j. On deposit with states	100,509	100,702	(193)	—	100,509	0.1%	0.1%
k. On deposit with other regulatory bodies	—	—	—	—	—	0.0%	0.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	0.0%	0.0%
m. Pledged as collateral not captured in other categories	—	—	—	—	—	0.0%	0.0%
n. Other restricted assets	—	—	—	—	—	0.0%	0.0%
o. Total Restricted Assets	$ 100,509	$ 100,702	$ (193)	$ —	$ 100,509	0.1%	0.1%

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Not applicable.

(3) Not applicable.

(4) Not applicable.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2017 and 2016.

O. Structured Notes

The Company did not have any structured notes at December 31, 2017 and 2016.

P. 5* Securities

The Company has no 5* Securities as of December 31, 2017 and 2016.

NOTES TO FINANCIAL STATEMENTS

Q. Short Sales

The Company did not have any short sales at December 31, 2017 and 2016.

R. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at December 31, 2017 and 2016.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in joint ventures, partnerships or limited liability companies.

B. Not applicable.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.

B. At December 31, 2017 and 2016 there was no nonadmitted accrued investment income.

8. Derivative Instruments

The Company has no derivative instruments.

9. Income Taxes

A. The components of net deferred tax assets (liabilities):

(1) The components of net deferred tax asset (liabilities) are as follows:

		12/31/2017		
		(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a)	Gross Deferred Tax Assets	$ 1,353,259	$ —	$ 1,353,259
(b)	Statutory Valuation Allowance Adjustments	—	—	—
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	1,353,259	—	1,353,259
(d)	Deferred Tax Assets Nonadmitted	26,810	—	26,810
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	1,326,449	—	1,326,449
(f)	Deferred Tax Liabilities	459	447	906
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	$ 1,325,990	$ (447)	$ 1,325,543

NOTES TO FINANCIAL STATEMENTS

	12/31/2016		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross Deferred Tax Assets	$ 1,230,218	$ —	$ 1,230,218
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	1,230,218	—	1,230,218
(d) Deferred Tax Assets Nonadmitted	44,600	—	44,600
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	1,185,618	—	1,185,618
(f) Deferred Tax Liabilities	877	564	1,441
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	$ 1,184,741	$ (564)	$ 1,184,177

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	$ 123,041	$ —	$ 123,041
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	123,041	—	123,041
(d) Deferred Tax Assets Nonadmitted	(17,790)	—	(17,790)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	140,831	—	140,831
(f) Deferred Tax Liabilities	(418)	(117)	(535)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	$ 141,249	$ 117	$ 141,366

(2) The amount of admitted adjusted gross deferred tax assets under each component of SSAP No. 101, *Income Taxes* ("SSAP No. 101") are as follows:

	12/31/2017		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	$ 1,325,543	$ —	$ 1,325,543
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	10,466,441
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	906	—	906
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	$ 1,326,449	$ —	$ 1,326,449

NOTES TO FINANCIAL STATEMENTS

Admission Calculation Components SSAP No. 101	12/31/2016 (4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	$ 1,140,427	$ —	$ 1,140,427
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	43,750	—	43,750
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	43,750	—	43,750
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	10,578,381
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1,441	—	1,441
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	$ 1,185,618	$ —	$ 1,185,618

Admission Calculation Components SSAP No. 101	Change (7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	$ 185,116	$ —	$ 185,116
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	(43,750)	—	(43,750)
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	(43,750)	—	(43,750)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	(111,940)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	(535)	—	(535)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	$ 140,831	$ —	$ 140,831

(3)

	2017	2016
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	378.7%	422.5%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	$ 69,776,275	$ 70,522,542

NOTES TO FINANCIAL STATEMENTS

(4)

	12/31/2017		12/31/2016		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
Impact of Tax-Planning Strategies						
(a) Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount From Note 9A1(c)	$1,353,259	$ —	$1,230,218	$ —	$123,041	$ —
2. Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	$1,326,449	$ —	$1,185,618	$ —	$140,831	$ —
4. Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes _____ No X

B. The Company has no unrecognized deferred tax liabilities at December 31, 2017 and 2016.

NOTES TO FINANCIAL STATEMENTS

C. Current income taxes incurred consist of the following major components:

	(1) 12/31/2017	(2) 12/31/2016	(3) (Col 1-2) Change
(1) Current Income Tax			
(a) Federal	$ 242,755	$ 8,195,657	$ (7,952,902)
(b) Foreign	—	—	—
(c) Subtotal	242,755	8,195,657	(7,952,902)
(d) Federal income tax expense on net capital gains	101,538	2,037	99,501
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	$ 344,293	$ 8,197,694	$ (7,853,401)

	(1) 12/31/2017	(2) 12/31/2016	(3) (Col 1-2) Change
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	$ 61,800	$ 90,178	$ (28,378)
(2) Unearned premium reserve	—	—	—
(3) Policyholder reserves	329,664	477,910	(148,246)
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	961,795	662,130	299,665
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	—	—	—
(99) Subtotal	1,353,259	1,230,218	123,041
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	26,810	44,600	(17,790)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	1,326,449	1,185,618	140,831
(e) Capital:			
(1) Investments	—	—	—
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(99) Subtotal	—	—	—
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	$ —	$ —	$ —
(i) Admitted deferred tax assets (2d + 2h)	$ 1,326,449	$ 1,185,618	$ 140,831

NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2017	(2) 12/31/2016	(3) (Col 1-2) Change
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	$ —	$ —	$ —
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other (including items <5% of total ordinary tax liabilities)	—	—	—
(6) Discount of coordination of benefits	459	877	(418)
(99) Subtotal	459	877	(418)
(b) Capital:			
(1) Investments	447	564	(117)
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(99) Subtotal	447	564	(117)
(c) Deferred tax liabilities (3a99 + 3b99)	906	1,441	(535)
(4) Net deferred tax assets/liabilities (2i - 3c)	$ 1,325,543	$ 1,184,177	$ 141,366

On December 22, 2017, the federal government enacted a tax bill, H.R.1, *An Act to Provide for Reconciliation Pursuant to Titles II and V of the Concurrent Resolution on the Budget for Fiscal Year 2018*, or the Tax Cuts and Jobs Act. The Tax Cuts and Jobs Act contains significant changes to corporate taxation, including, but not limited to, reducing the U.S. Federal corporate income tax rate from 35% to 21% and modifying or limiting many business deductions. At December 31, 2017, the Company estimated the effects on existing deferred tax balances. The Company remeasured deferred tax assets and liabilities based on the rates at which they are expected to be utilized in the future, which is generally 21%. However, the Company will continue to analyze certain aspects of the Tax Cuts and Jobs Act and refine the calculations, which could potentially affect the measurement of those balances or give rise to new deferred tax amounts. The provisional amount recorded related to the remeasurement of our deferred tax assets and liabilities was a net decrease of $901,569. This includes the components for change in net deferred income tax of $260,864 and change in nonadmitted assets of $640,705.

D. The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 35% for the year ended December 31 as follows:

	2017	2016
Tax expense computed using federal statutory rate	$ 798,941	$ 8,359,328
ACA health insurer fee	—	2,803,219
Change in nonadmitted assets	(298,926)	(173,865)
Tax exempt income received net of proration	(540,162)	(546,871)
Tax Cuts and Jobs Act	260,864	—
Other, net	—	(5,208)
Total	$ 220,717	$ 10,436,603
Federal income taxes incurred	$ 344,293	$ 8,197,694
Change in net deferred income taxes	(123,576)	2,238,909
Total statutory income taxes	$ 220,717	$ 10,436,603

NOTES TO FINANCIAL STATEMENTS

E. Operating loss carryforwards:

(1) The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2017 or 2016.

(2) The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	Ordinary	Capital	Total
2017	$ 242,755	$ 101,538	$ 344,293
2016	8,166,155	2,037	8,168,192
2015	N/A	12,973	12,973

(3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2017 and 2016.

F. The following companies will be included in the consolidated federal income tax return with their parent Anthem, Inc. ("Anthem") as of December 31, 2017 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

American Imaging Management, Inc.
AMERIGROUP Community Care of New Mexico, Inc.
AMERIGROUP Corporation
Amerigroup Delaware, Inc.
AMERIGROUP District of Columbia, Inc.
AMERIGROUP Florida, Inc.
Amerigroup Health Plan of Louisiana, Inc.
Amerigroup Health Plan of Oregon, Inc.
Amerigroup Insurance Company
AMERIGROUP Iowa, Inc.
Amerigroup Kansas, Inc.
AMERIGROUP Maryland, Inc.
Amerigroup Michigan, Inc.
AMERIGROUP Mississippi, Inc.
AMERIGROUP Nevada, Inc.
AMERIGROUP New Jersey, Inc.
AMERIGROUP Ohio, Inc.
AMERIGROUP Oklahoma, Inc.
Amerigroup Pennsylvania, Inc.
AMERIGROUP Tennessee, Inc.
AMERIGROUP Texas, Inc.
AMERIGROUP Washington, Inc.
AMGP Georgia Managed Care Company, Inc.
Anthem Blue Cross Life and Health Insurance Company
Anthem Financial, Inc.
Anthem Health Insurance Company of Nevada
Anthem Health Plans of Kentucky, Inc.
Anthem Health Plans of Maine, Inc.
Anthem Health Plans of New Hampshire, Inc.
Anthem Health Plans of Virginia, Inc.
Anthem Health Plans, Inc.
Anthem Holding Corp.
DeCare Dental Networks, LLC
DeCare Dental, LLC
Designated Agent Company, Inc.
EHC Benefits Agency, Inc.
Empire HealthChoice Assurance, Inc.
Empire HealthChoice HMO, Inc.
Federal Government Solutions, LLC
Golden West Health Plan, Inc.
Greater Georgia Life Insurance Company
Health Core, Inc.
Health Management Corporation
HealthKeepers, Inc.
HealthLink HMO, Inc.
HealthLink, Inc.
HealthPlus HP, LLC
HealthSun Blocker Corp. I
HealthSun Blocker Corp. II
Healthy Alliance Life Insurance Company
HEP AP Holdings, Inc.
Highland Holdco, Inc.
HMO Colorado, Inc.
HMO Missouri, Inc.
Imaging Management Holdings, LLC
IngenioRx, Inc.
Legato Holdings I, Inc.
Living Complete Technologies, Inc.
Matthew Thornton Health Plan, Inc.
National Government Services, Inc.
Newco Holdings, Inc.
New England Research Institutes, Inc.
Park Square Holdings, Inc.
Park Square I, Inc.

NOTES TO FINANCIAL STATEMENTS

Anthem Insurance Companies, Inc.
Anthem Kentucky Managed Care Plan, Inc.
Anthem Life & Disability Insurance Company
Anthem Southeast, Inc.
Anthem UM Services, Inc.
Anthem, Inc.
Arcus Enterprises, Inc.
ARCUS HealthyLiving Services, Inc.
Associated Group, Inc.
Better Health, Inc.
Blue Cross and Blue Shield of Georgia, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Blue Cross Blue Shield of Wisconsin
Blue Cross of California
Blue Cross of California Partnership Plan, Inc.
CareMore Health Plan
CareMore Health Plan of Arizona, Inc.
CareMore Health Plan of Nevada
CareMore Health Plan of Texas, Inc.
CareMore Health System
Cerulean Companies, Inc.
Claim Management Services, Inc.
Community Care Health Plan of Louisiana, Inc.
Community Insurance Company
Compcare Health Services Insurance Corporation
Crossroads Acquisition Corp
DeCare Analytics, LLC
DeCare Dental Health International, LLC
Park Square II, Inc.
PHP Holdings, Inc.
Resolution Health, Inc.
RightCHOICE Managed Care, Inc.
Rocky Mountain Hospital and Medical Service, Inc.
SellCore, Inc.
Simply Healthcare Holdings, Inc.
Simply Healthcare Plans, Inc.
Southeast Services, Inc.
State Sponsored DM Services, Inc.
The Anthem Companies of California, Inc.
The Anthem Companies, Inc.
TrustSolutions, LLC
UNICARE Health Plan of West Virginia, Inc.
UNICARE Illinois Services, Inc.
UNICARE Life & Health Insurance Company
UNICARE National Services, Inc.
UNICARE Specialty Services, Inc.
UtiliMed IPA, Inc.
Valus, Inc.
WellPoint Behavioral Health, Inc.
WellPoint California Services, Inc.
WellPoint Dental Services, Inc.
WellPoint Health Solutions, Inc.
WellPoint Holding Corporation
WellPoint Information Technology Services, Inc.
WellPoint Insurance Services, Inc.
WellPoint Military Care Corporation

G. Not applicable.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship

The Company is a West Virginia domiciled stock insurance company and is a wholly-owned subsidiary of UNICARE National Services, Inc., which is an indirect wholly-owned subsidiary of Anthem, a publicly traded company.

B. Significant Transactions for Each Period

There were no significant transactions that took place during 2017 and 2016.

C. Intercompany Management and Service Arrangements

There were no changes to the intercompany management and service arrangements, and there were no additional arrangements entered into during 2017 or 2016. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

D. Amounts Due to or from Related Parties

At December 31, 2017, the Company reported no amounts due from affiliates. At December 31, 2016, the Company reported $55,646 due from affiliates. At December 31, 2017 and 2016, the Company reported $321,646 and $1,651,982 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

NOTES TO FINANCIAL STATEMENTS

E. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

F. Management and Service Contracts and Cost Sharing Arrangements

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company's operations. These costs are allocated based on various utilization statistics.

G. Nature of Control Relationships that Could Affect Operations or Financial Position

UNICARE National Services, Inc. owns all outstanding shares of the Company. The Company's ultimate parent is Anthem.

H. Amount Deducted for Investment in Upstream Company

The Company does not own shares of upstream intermediate entities or Anthem.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

At December 31, 2017 and 2016, the Company did not have investments in affiliates.

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated ("SCA") Companies

Not applicable.

K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

L. Investment in Downstream Non-insurance Holding Companies

Not applicable.

M. All SCA Investments

The Company has no SCA Investments.

N. Investment in Insurance SCAs

Not applicable.

11. Debt

A. Capital Notes

The Company had no capital notes outstanding at December 31, 2017 and 2016.

NOTES TO FINANCIAL STATEMENTS

B. All Other Debt

The Company had no other debt outstanding at December 31, 2017 and 2016.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable - See Note 12G.

B. Not applicable - See Note 12G.

C. Not applicable - See Note 12G.

D. Not applicable - See Note 12G.

E. Defined Contribution Plans

Not applicable - See Note 12G.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

The Company participates in the Anthem Cash Balance Plan (the "Plan"), a frozen non-contributory defined benefit pension plan sponsored by ATH Holding Company, LLC ("ATH Holding"), covering most employees of Anthem and its subsidiaries. ATH Holding allocates a share of the total accumulated costs of the plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a postretirement medical benefit plan, sponsored by ATH Holding, providing certain health, life, vision and dental benefits to eligible retirees. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a deferred compensation plan sponsored by Anthem which covers certain employees once the participant reaches the maximum contribution amount for the Anthem 401(k) Plan (the "401(k) Plan"). The deferred amounts are payable according to the terms and subject to the conditions of the deferred compensation plan. Anthem allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees subject to the deferred compensation plan. The Company has no legal obligation for benefits under this plan.

The Company participates in the 401(k) Plan, sponsored by ATH Holding and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

NOTES TO FINANCIAL STATEMENTS

During 2017 and 2016, the Company was allocated the following costs or (credits) for these retirement benefits:

	2017	2016
Defined benefit pension plan	$ (176,101)	$ (165,029)
Postretirement medical benefit plan	12,882	25,055
Deferred compensation plan	16,922	14,253
Defined contribution plan	588,308	491,320

H. Post Employment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) Outstanding Shares

As of December 31, 2017, the Company has 10,000 shares of $100 par value common stock authorized, issued and outstanding.

(2) Preferred Stock

The Company has no preferred stock outstanding.

(3) Dividend Restrictions

Under West Virginia law, the amount of ordinary dividends a domestic insurer is permitted to pay is limited to an amount not exceeding the lesser of net income, excluding the impact of capital gains, or 10% of statutory surplus at the end of the preceding year as long as the Company's unassigned surplus is positive. These dividends may be paid upon notification to the Department. Larger dividends, classified as extraordinary, require a special request of the Department, and may be paid at the earlier of Department approval or 30 days after the request is made.

(4) Dividends Paid

See Footnote 10B.

(5) Maximum Ordinary Dividend During 2018

Within the limitations of (3) above, the Company may pay $1,749,482 in dividends during 2018 without prior approval.

(6) Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2017.

(7) Mutual Surplus Advances

Not applicable.

(8) Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2017.

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(9) Changes in Special Surplus Funds

The change in balances of special surplus funds from the prior year are due to changes in the amounts segregated for the estimated Affordable Care Act ("ACA") health insurer fee. The annual fee under section 9010 of the ACA was suspended for 2017, therefore no surplus was segregated as of December 31, 2016.

(10) Changes in Unassigned Funds

There was no portion of unassigned funds represented by cumulative unrealized gains and losses at December 31, 2017.

(11) Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

(12) Restatement due to Prior Quasi-reorganizations

The Company had no restatements due to prior quasi-reorganizations.

(13) Quasi-reorganizations over Prior 10 Years

The Company has not been involved in a quasi-reorganization during the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company had no contingent commitments at December 31, 2017 or 2016.

B. Assessments

Not applicable.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2017 or 2016.

D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

In March 2016, Anthem filed a lawsuit against Express Scripts, Inc., or Express Scripts, our vendor for pharmacy benefit management, or PBM, services, captioned *Anthem, Inc. v. Express Scripts, Inc.*, in the U.S. District Court for the Southern District of New York. The lawsuit seeks to recover damages for pharmacy pricing that is higher than competitive benchmark pricing, damages related to operational breaches as well as various declarations under the pharmacy benefit management agreement, or PBM Agreement, between the parties. Our suit asserts that Express Scripts' pricing exceeds the competitive benchmark pricing required by the PBM Agreement by approximately $13,000,000,000 over the remaining term of the PBM Agreement, and by approximately $1,800,000,000 through the

NOTES TO FINANCIAL STATEMENTS

post-termination transition period. Further, we assert that Express Scripts' excessive pricing has caused us to lose existing customers and prevented us from gaining new business. In addition to the amounts associated with competitive benchmark pricing, we are seeking over $158,000,000 in damages associated with operational breaches incurred, together with a declaratory judgment that Express Scripts: (i) breached its obligation to negotiate in good faith and to agree in writing to new pricing terms; (ii) is required to provide competitive benchmark pricing to us through the term of the PBM Agreement; (iii) has breached the PBM Agreement, and that we can terminate the PBM Agreement either due to Express Scripts' breaches or because we have determined that Express Scripts' performance with respect to the delegated Medicare Part D prescription drug plans, functions has been unsatisfactory; and (iv) is required under the PBM Agreement to provide post-termination services, at competitive benchmark pricing, for one year following any termination. In April 2016, Express Scripts filed an answer to the lawsuit disputing our contractual claims and alleging various defenses and counterclaims. Express Scripts contends that we breached the PBM Agreement by failing to negotiate proposed new pricing terms in good faith and that we breached the implied covenant of good faith and fair dealing by disregarding the terms of the transaction. In addition, Express Scripts is seeking declaratory judgments: (i) regarding the timing of the periodic pricing review under the PBM Agreement; (ii) that it has no obligation to ensure that we receive any specific level of pricing, that we have no contractual right to any change in pricing under the PBM Agreement and that its sole obligation is to negotiate proposed pricing terms in good faith; and (iii) that we do not have the right to terminate the PBM Agreement. In the alternative, Express Scripts claims that we have been unjustly enriched by its payment of $4,675,000,000 at the time of the PBM Agreement. We believe that Express Scripts' defenses and counterclaims are without merit. We filed a motion to dismiss Express Scripts' counterclaims. In March 2017, the court granted our motion to dismiss Express Scripts' counterclaims for (i) breach of the implied covenant of good faith and fair dealing, and (ii) unjust enrichment with prejudice. We intend to vigorously pursue our claims and defend against any counterclaims; however, the ultimate outcome cannot be presently determined.

Anthem, Inc. and Express Scripts were named as defendants in a purported class action lawsuit filed in June 2016 in the Southern District of New York by three members of ERISA plans alleging ERISA violations captioned Karen Burnett, Brendan Farrell, and Robert Shullich, individually and on behalf of all others similarly situated v. Express Scripts, Inc. and Anthem, Inc. The lawsuit was then consolidated with a similar lawsuit that was previously filed against Express Scripts. A first amended consolidated complaint was filed in the consolidated lawsuit, which is captioned In Re Express Scripts/Anthem ERISA Litigation. The first amended consolidated complaint was filed by six individual plaintiffs against Anthem and Express Scripts on behalf of all persons who are participants in or beneficiaries of any ERISA or non-ERISA health care plan from December 1, 2009 to the present in which Anthem provided prescription drug benefits through a PBM Agreement with Express Scripts and who paid a percentage based co-insurance payment in the course of using that prescription drug benefit. As to the ERISA members, the plaintiffs allege that Anthem breached its duties under ERISA (i) by failing to adequately monitor Express Scripts' pricing under the PBM Agreement and (ii) by placing its own pecuniary interest above the best interests of Anthem insureds by allegedly agreeing to higher pricing in the PBM Agreement in exchange for the $4,675,000,000 purchase price for our NextRx PBM business. As to the non-ERISA members, the plaintiffs assert that Anthem breached the implied covenant of good faith and fair dealing implied in the health plans under which the non-ERISA members are covered by (i) negotiating and entering into the PBM Agreement with Express Scripts that was detrimental to the interests of such non-ERISA members, (ii) failing to adequately monitor the activities of Express Scripts, including failing to timely monitor and correct the prices charged by Express Scripts for prescription medications, and (iii) acting in Anthem's self-interests instead of the interests of the non-ERISA members when it accepted the $4,675,000,000 purchase price for NextRx. Plaintiffs seek to hold Anthem and Express Scripts jointly and severally liable and to recover all losses suffered by the proposed class, equitable relief, disgorgement of alleged ill-gotten gains, injunctive relief, attorney's fees and costs and interest. In November 2016, we filed a motion to dismiss all of the claims brought against Anthem. In response, in March 2017, the plaintiffs filed

NOTES TO FINANCIAL STATEMENTS

a second amended consolidated complaint adding two self-insured accounts as plaintiffs and asserting an additional purported class of self-insured accounts. In April 2017, we filed a motion to dismiss the claims brought against Anthem. Our motion was granted without prejudice in January 2018. Anthem intends to vigorously defend this suit; however, its ultimate outcome cannot be presently determined.

In February 2015, Anthem reported that it was the target of a sophisticated external cyber-attack. The attackers gained unauthorized access to certain of Anthem's information technology systems and obtained personal information related to many individuals and employees, such as names, birthdays, health care identification/social security numbers, street addresses, email addresses, phone numbers and employment information, including income data. To date, there is no evidence that credit card or medical information, such as claims, test results or diagnostic codes, were targeted, accessed or obtained, although no assurance can be given that Anthem will not identify additional information that was accessed or obtained.

Upon discovery of the cyber-attack, Anthem took immediate action to remediate the security vulnerability and retained a cybersecurity firm to evaluate our systems and identify solutions based on the evolving landscape. Anthem has provided credit monitoring and identity protection services to those who have been affected by this cyber-attack. Anthem has continued to implement security enhancements since this incident. Anthem has incurred expenses subsequent to the cyber-attack to investigate and remediate this matter and expect to continue to incur expenses of this nature in the foreseeable future. Anthem recognizes these expenses in the periods in which they are incurred.

Actions have been filed in various federal and state courts and other claims have been or may be asserted against us on behalf of current or former members, current or former employees, other individuals, shareholders or others seeking damages or other related relief, allegedly arising out of the cyber-attack. Federal and state agencies, including state insurance regulators, state attorneys general, the Health and Human Services Office of Civil Rights and the Federal Bureau of Investigation, are investigating events related to the cyber-attack, including how it occurred, its consequences and our responses. In December 2016, the National Association of Insurance Commissioners, or NAIC, concluded its multistate targeted market conduct and financial exam. In connection with the resolution of the matter, the NAIC requested Anthem provide, and Anthem agreed to provide, a customized credit protection program, equivalent to a credit freeze, for Anthem's members who were under the age of eighteen on January 27, 2015. No fines or penalties were imposed on Anthem. Although Anthem is cooperating in these investigations, we may be subject to fines or other obligations, which may have an adverse effect on how Anthem operates its business and its results of operations. With respect to the civil actions, a motion to transfer was filed with the Judicial Panel on Multidistrict Litigation, or the Panel, in February 2015 and was subsequently heard by the Panel in May 2015. In June 2015, the Panel entered its order transferring the consolidated matter to the U.S. District Court for the Northern District of California, or the U.S. District Court. The U.S. District Court entered its case management order in September 2015. Anthem filed a motion to dismiss ten of the counts that were before the U.S. District Court. In February 2016, the court issued an order granting in part and denying in part our motion, dismissing three counts with prejudice, four counts without prejudice and allowing three counts to proceed. Plaintiffs filed a second amended complaint in March 2016, and Anthem subsequently filed a second motion to dismiss. In May 2016, the court issued an order granting in part and denying in part our motion, dismissing one count with prejudice, dismissing certain counts asserted by specific named plaintiffs with or without prejudice depending on their individualized facts, and allowing the remaining counts to proceed. In July 2016, plaintiffs filed a third amended complaint, which we answered in August 2016. Fact discovery was completed in December 2016. Plaintiffs filed their motion for class certification and trial plan in March 2017. Anthem filed its opposition to class certification, motions to strike the testimony of three of the plaintiffs' experts and trial plan in April 2017. Prior to those motions being heard, the parties agreed to settle plaintiffs' claims on a class-wide basis for a total settlement payment of $115,000,000 and certain nonmonetary relief. In June 2017, plaintiffs filed a motion for preliminary approval

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of the settlement and a motion to continue all case deadlines. In July 2017, the court granted the motion to continue all case deadlines. The court issued an order of preliminary approval in August 2017. The court will consider the plaintiffs' motion for final approval in February 2018. Three state court cases related to the cyber-attack are presently proceeding outside of this multidistrict litigation. Two of those cases have been stayed and a dispositive motion is pending with respect to the third. There remain open regulatory investigations into the incident that are not directly impacted by the multidistrict litigation settlement.

Anthem has contingency plans and insurance coverage for certain expenses and potential liabilities of this nature and will pursue coverage for all applicable losses; however, the ultimate outcome of our pursuit of insurance coverage cannot be presently determined. Anthem intends to vigorously defend the remaining state court cases and regulatory actions related to the cyber-attack; however, their ultimate outcome cannot be presently determined.

In July 2015, Anthem and Cigna Corporation, ("Cigna") announced that they entered into a Merger Agreement, pursuant to which Anthem would acquire all outstanding shares of Cigna. In July 2016, the U.S. Department of Justice ("DOJ"), along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia ("District Court") seeking to block the merger. In February 2017, Cigna purported to terminate the Merger Agreement and commenced litigation against Anthem in the Delaware Court of Chancery ("Delaware Court") seeking damages, including the $1,850,000,000 termination fee pursuant to the terms of the Merger Agreement, and a declaratory judgment that its purported termination of the Merger Agreement was lawful, among other claims, which is captioned in Cigna Corp. v. Anthem Inc. Also in February 2017, Anthem initiated its own litigation against Cigna in the Delaware Court seeking a temporary restraining order to enjoin Cigna from terminating the Merger Agreement, specific performance compelling Cigna to comply with the Merger Agreement and damages, which is captioned Anthem Inc. v. Cigna Corp. In April 2017, the U.S. Circuit Court of Appeals for the District of Columbia affirmed the ruling of the District Court, which blocked the merger. In May 2017, after the Delaware Court denied our motion to enjoin Cigna from terminating the Merger Agreement, Anthem delivered to Cigna a notice terminating the Merger Agreement. The litigation in Delaware is ongoing. Anthem believes Cigna's allegations are without merit and intends to vigorously pursue its claims and defend against Cigna's allegations; however, the ultimate outcome of Anthem's litigation with Cigna cannot be presently determined.

The Company is involved in other pending and threatened litigation of the character incidental to the business transacted, arising out of its operations and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits and reviews and administrative proceedings include routine and special investigations by state insurance departments, state attorneys general, the U.S. Attorney General and Federal Agencies. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company's business operations. The Company believes that any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company's financial position or results of operations.

At December 31, 2017 and 2016, the Company reported admitted assets of $11,215,516 and $50,864,441, respectively, in premium receivables. These receivables are not deemed to be uncollectible, therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

15. Leases

A. Lessee Operating Lease

The Company has no lessee leasing arrangements.

NOTES TO FINANCIAL STATEMENTS

B. Lessor Leases

(1) The Company has not entered into any operating leases.

(2) The Company has not entered into any leveraged leases.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2017, there were no significant concentrations.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable at December 31, 2017 and 2016.

B. Transfer and Servicing of Financial Assets

Not applicable at December 31, 2017 and 2016.

C. Wash Sales

(1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

(2) At December 31, 2017 and 2016, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only ("ASO") Plans

Not applicable at December 31, 2017.

B. Administrative Services Contract ("ASC") Plans

Not applicable at December 31, 2017.

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

Not applicable at December 31, 2017 and 2016.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2017 and 2016.

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20. Fair Value Measurements

A.

(1) There are no assets or liabilities measured at fair value as of December 31, 2017 and 2016.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of December 31, 2017 and 2016.

(3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.

(4) Fair values of fixed maturity securities are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. United States government securities represent Level 1 securities, while Level 2 securities primarily include corporate securities, securities from states, municipalities and political subdivisions and residential mortgage-backed securities. For Securities not actively traded, the third party pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

There have been no significant changes in the valuation techniques during the current period.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable at December 31, 2017 and 2016.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value ("NAV") Included in Level 2
Bonds	$ 68,383,424	$ 66,554,747	$ 5,018,781	$ 63,364,643	$ —	$ —	$ —
Cash equivalents	4,362,327	4,362,327	4,362,327	—	—	—	—

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate fair value.

21. Other Items

A. Unusual or Infrequent Items

Not applicable at December 31, 2017 and 2016.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2017 and 2016.

NOTES TO FINANCIAL STATEMENTS

C. Other Disclosures

Assets in the amount of $100,509 and $100,702 at December 31, 2017 and 2016, respectively, were on deposit with government authorities or trustees as required by law.

D. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2017 and 2016.

E. State Transferable and Non-Transferable Tax Credits

The Company did not have state transferable tax credits at December 31, 2017 and 2016.

F. Subprime Mortgage-Related Risk Exposure

(1) The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Anthem Investment Impairment Review Committee.

(2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2017 or 2016.

(3) The Company did not have subprime mortgage-related risk exposure at December 31, 2017 or 2016.

(4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2017 or 2016.

G. Retained Assets

The Company does not have retained assets at December 31, 2017 and 2016.

H. Insurance-Linked Securities Contracts

Not applicable.

22. Events Subsequent

The Company is subject to an annual fee under section 9010 of the ACA. A health insurance company's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The annual fee under section 9010 of the ACA was suspended for 2017 and resumed for 2018.

NOTES TO FINANCIAL STATEMENTS

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes	
B.	ACA fee assessment payable for the upcoming year	$ 9,359,830	$ —
C.	ACA fee assessment paid	$ —	$ 8,009,197
D.	Premium written subject to ACA 9010 assessment	$ 503,045,640	$ 484,517,386
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	$ 71,101,819	
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus Line 22B above).	$ 61,741,989	
G.	Authorized Control Level (Five-Year Historical Line 15)	$ 18,425,921	
H.	Would reporting the ACA assessment as of December 31, 2017 have triggered an RBC action level (YES/NO)?	No	

Subsequent events have been considered through February 23, 2018 for the statutory statement issued on February 26, 2018. There were no other events occurring subsequent to December 31, 2017 requiring recognition or disclosure.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

(1) Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes ( ) No (X)

If yes, give full details.

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

If yes, give full details.

NOTES TO FINANCIAL STATEMENTS

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

Not applicable.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, give full details.

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2017 and 2016.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2017 and 2016.

D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2017 and 2016.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments in accordance with the terms prescribed in its contract with the State of West Virginia. The contract calculates retrospective premium adjustments based on the Company's restated medical loss ratio.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. All of the Company's net premiums written are subject to a retrospective rating feature.

D. Not applicable

E. Risk-Sharing Provisions of the ACA

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? No

NOTES TO FINANCIAL STATEMENTS

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Not applicable.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.

(4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date.

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by $5,787,138 during 2017. This is approximately 16.8% of unpaid claims and claim adjustment expenses of $34,448,843 as of December 31, 2016. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2017. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2017 and 2016.

27. Structured Settlements

Not applicable at December 31, 2017 and 2016.

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2017	$ —	$ —	$ —	$ —	$ —
9/30/2017	—	11,733	—	—	—
6/30/2017	—	11,840	—	11,454	—
3/31/2017	—	6,439	—	6,544	(286)
12/31/2016	$ —	$ 9,199	$ —	$ 9,385	$ —
9/30/2016	—	33,715	—	33,351	335
6/30/2016	—	75,308	848	75,386	(1)
3/31/2016	—	70,604	—	70,375	229
12/31/2015	$ 5,200	$ 67,472	$ —	$ 67,531	$ (60)
9/30/2015	—	41,312	—	41,220	21
6/30/2015	—	30,724	—	32,239	88
3/31/2015	3,618	26,867	—	30,417	(1,077)

B. Risk Sharing Receivables

Not applicable at December 31, 2017 and 2016.

29. Participating Policies

Not applicable at December 31, 2017 and 2016.

30. Premium Deficiency Reserves

The Company had no liabilities related to premium deficiency reserves as of December 31, 2017 and 2016.

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced the liability by $2,076,000 and $303,000 at December 31, 2017 and 2016, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? West Virginia

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/30/2015

3.4 By what department or departments?
West Virginia Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [ ] No [X]
4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [ ] No [X]
4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 111 Monument Circle, Suite 400, Indianapolis, IN 46204-5120

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Sean Chou, FSA, MAAA, Associate Actuary, 21555 Oxnard Street, Woodland Hills, CA 91367 - employee

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value $

12.2 If, yes provide explanation:

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
The Anthem Standards of Ethical Business Conduct applies to all associates, management, officers and directors of Anthem. In December 2017 the code of conduct was revised for the following a) reporting misconduct and ethics concerns was updated to include information about the Ethics and Compliance Resource Center and to reflect that the helpline is being managed by a third party, b) gift policy offering to reflect that any gifts offered to a foreign government official must be pre-approved by Anthems Chief Compliance Officer in addition to the highest level leader of the business unit offering the gift, c) Business Entertainment updated for policy changes related to obtaining approval of business entertainment offered or received requires Executive Vice President pre-approval and a new tracking/approval tool must be used, and d) minor administrative changes regarding updates to policy links contained within the code.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $
- 20.12 To stockholders not officers $
- 20.13 Trustees, supreme or grand (Fraternal Only) $

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $
- 20.22 To stockholders not officers $
- 20.23 Trustees, supreme or grand (Fraternal Only) $

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $
- 21.22 Borrowed from others $
- 21.23 Leased from others $
- 21.24 Other $

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses $
- 22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... $ 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... $ 0
24.103 Total payable for securities lending reported on the liability page ..... $ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) ..... Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements ..... $
25.22 Subject to reverse repurchase agreements ..... $
25.23 Subject to dollar repurchase agreements ..... $
25.24 Subject to reverse dollar repurchase agreements ..... $
25.25 Placed under option agreements ..... $
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... $
25.27 FHLB Capital Stock ..... $
25.28 On deposit with states ..... $ 100,509
25.29 On deposit with other regulatory bodies ..... $
25.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... $
25.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... $
25.32 Other ..... $

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year ..... $

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [X] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Bank of New York Mellon Corporation	New York, NY

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? ..... Yes [ ] No [X]
28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
McDonnell Investment Management, LLC	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [X] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
113878	McDonnell Investment Management, LLC		Securities Exchange Commission	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	66,554,747	68,383,424	1,828,677
30.2 Preferred stocks	0		0
30.3 Totals	66,554,747	68,383,424	1,828,677

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ ] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5*GI securities? ..... Yes [ ] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... $ 0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for legal expenses, if any? ..... $ 204,375

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Hogan Lovells	51,473

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? ..... $ 48,220

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Dinsmore & Shohl	48,000
Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2017 Annual Statement.	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only. $

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	499,777,162	487,544,748
2.2	Premium Denominator	499,777,162	487,544,748
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	42,320,532	33,439,234
2.5	Reserve Denominator	42,320,532	33,439,234
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [ ] No [X]

5.2 If no, explain:

Anthem has the ability to cover costs for the entity as needed.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $

5.32 Medical Only $

5.33 Medicare Supplement $

5.34 Dental & Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

All provider agreements include hold harmless provisions that prohibit pursuit of collection activities against HMO members for HMO covered services.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 1,389

8.2 Number of providers at end of reporting year 1,444

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months $

9.22 Business with rate guarantees over 36 months $

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $ 274,459
10.22 Amount actually paid for year bonuses $ 86,364
10.23 Maximum amount payable withholds $
10.24 Amount actually paid for year withholds $

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]
11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]
11.3 If yes, show the name of the state requiring such minimum capital and surplus. West Virginia
11.4 If yes, show the amount required. $ 2,000,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]
11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
The State of West Virginia

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. $

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]
14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written $
15.2 Total Incurred Claims $
15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	116,516,421	120,049,078	100,912,756	82,954,427	70,055,431
2. Total liabilities (Page 3, Line 24)	45,414,602	48,342,359	42,156,602	23,004,994	29,508,588
3. Statutory minimum capital and surplus requirement	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
4. Total capital and surplus (Page 3, Line 33)	71,101,819	71,706,719	58,756,154	59,949,433	40,546,843
Income Statement (Page 4)					
5. Total revenues (Line 8)	503,048,006	484,527,386	314,670,030	275,467,103	215,514,864
6. Total medical and hospital expenses (Line 18)	456,635,567	424,034,835	266,529,708	212,948,344	181,010,639
7. Claims adjustment expenses (Line 20)	26,046,544	22,771,992	15,565,466	12,561,297	11,640,700
8. Total administrative expenses (Line 21)	20,152,599	22,494,233	17,911,509	12,496,622	6,475,641
9. Net underwriting gain (loss) (Line 24)	213,296	22,120,746	7,768,927	37,460,840	16,387,884
10. Net investment gain (loss) (Line 27)	1,967,814	1,761,012	1,623,217	1,378,335	1,159,295
11. Total other income (Lines 28 plus 29)	40	0	0	0	0
12. Net income or (loss) (Line 32)	1,938,395	15,686,101	2,005,553	24,522,036	11,717,858
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	44,848,768	(16,322,758)	9,103,514	20,050,485	22,094,216
Risk-Based Capital Analysis					
14. Total adjusted capital	71,101,819	71,706,719	58,756,154	59,949,433	40,546,843
15. Authorized control level risk-based capital	18,425,921	16,692,677	10,707,898	8,459,231	7,347,410
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	140,645	131,027	126,548	88,546	86,911
17. Total members months (Column 6, Line 7)	1,707,360	1,571,025	1,228,936	1,109,394	989,645
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	90.8	87.5	84.7	77.3	84.0
20. Cost containment expenses	4.2	3.8	3.7	2.8	3.3
21. Other claims adjustment expenses	1.0	0.9	1.3	1.7	2.1
22. Total underwriting deductions (Line 23)	100.0	95.4	97.5	86.4	92.4
23. Total underwriting gain (loss) (Line 24)	0.0	4.6	2.5	13.6	7.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	25,483,888	28,864,514	19,600,990	15,866,387	18,195,467
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	33,439,234	31,192,706	19,577,843	23,501,587	18,993,803
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
States, etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	L			499,777,162				499,777,162	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	499,777,162	0	0	0	499,777,162	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	0	499,777,162	0	0	0	499,777,162	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

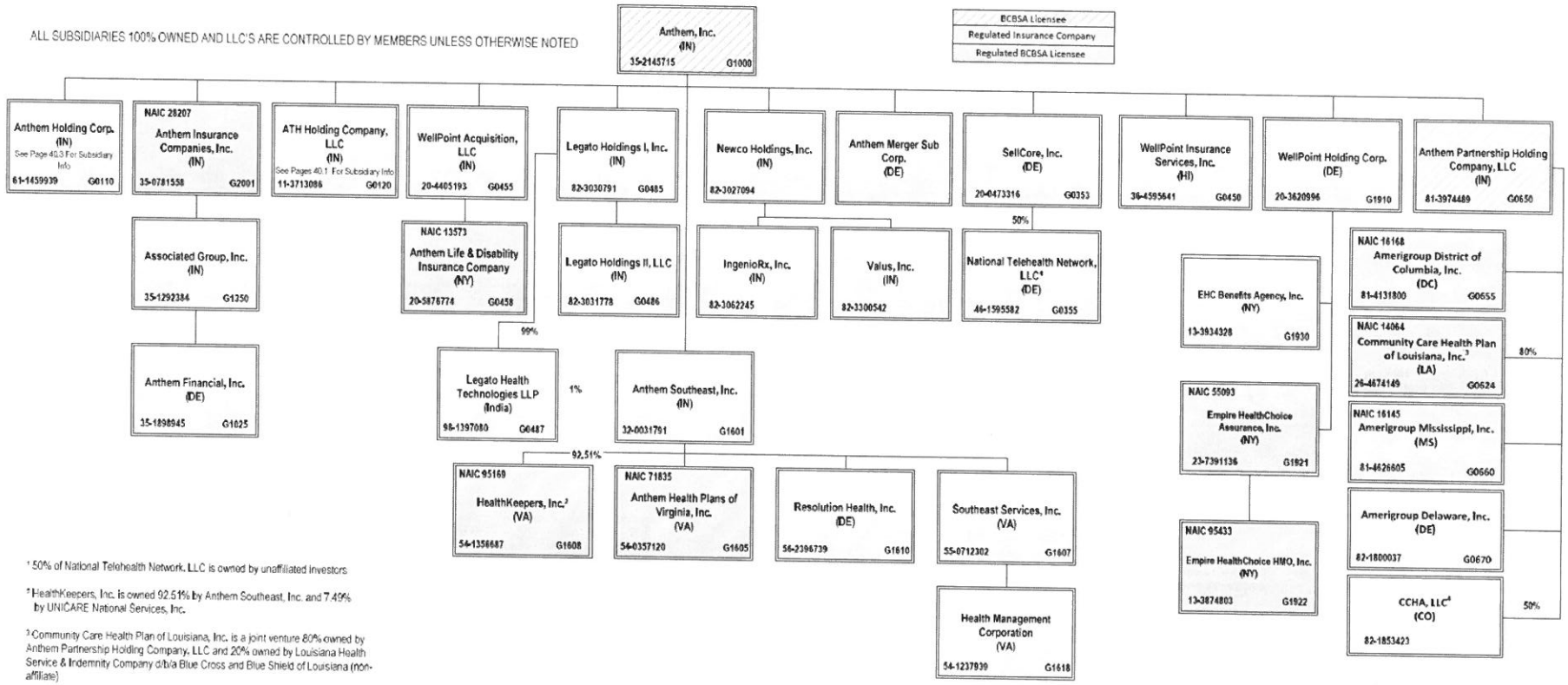
Explanation of basis of allocation by states, premiums by state, etc.

No allocation used as only licensed in one state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



[1] 50% of National Telehealth Network, LLC is owned by unaffiliated investors

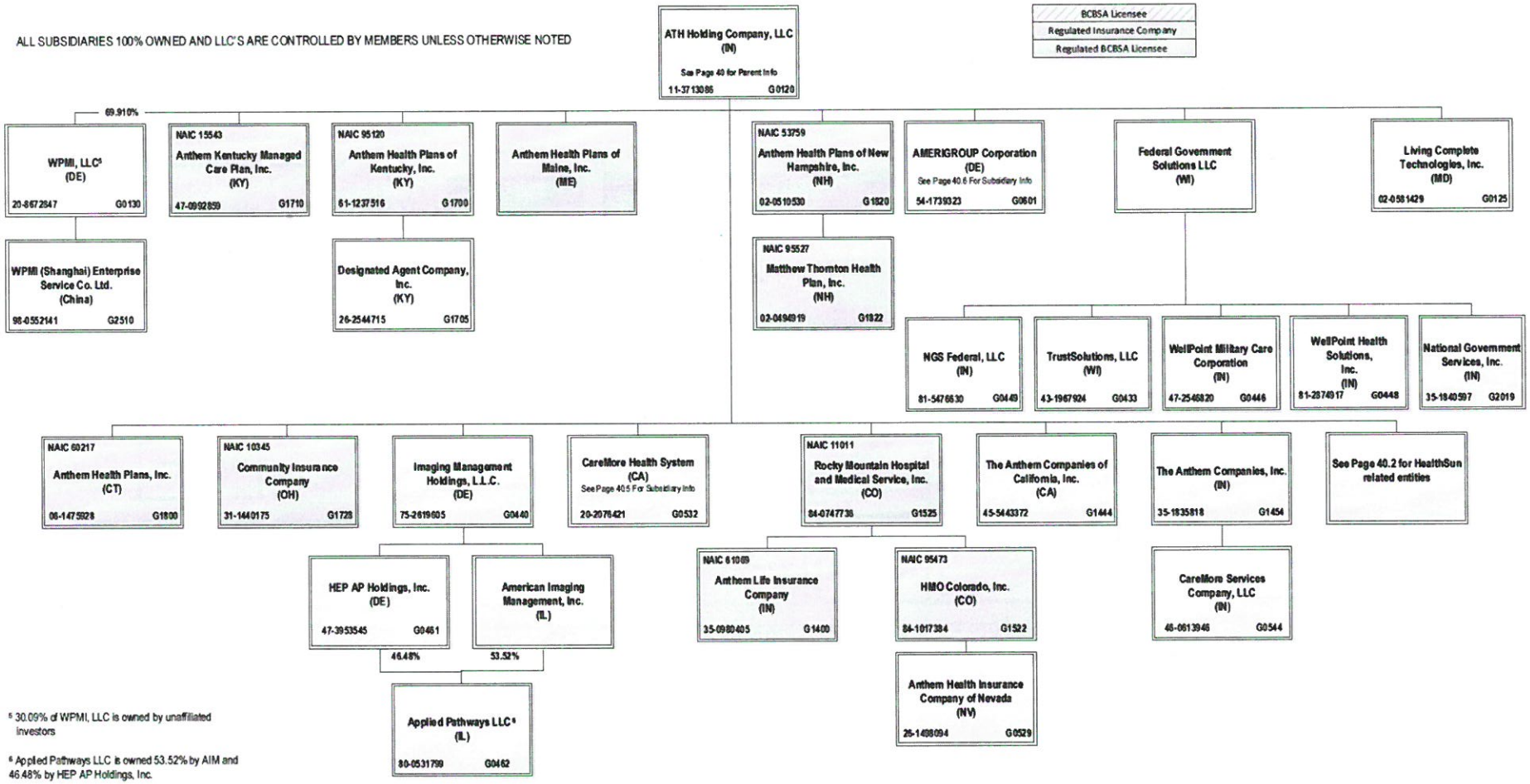
[2] HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

[3] Community Care Health Plan of Louisiana, Inc. is a joint venture 80% owned by Anthem Partnership Holding Company, LLC and 20% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

[4] CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

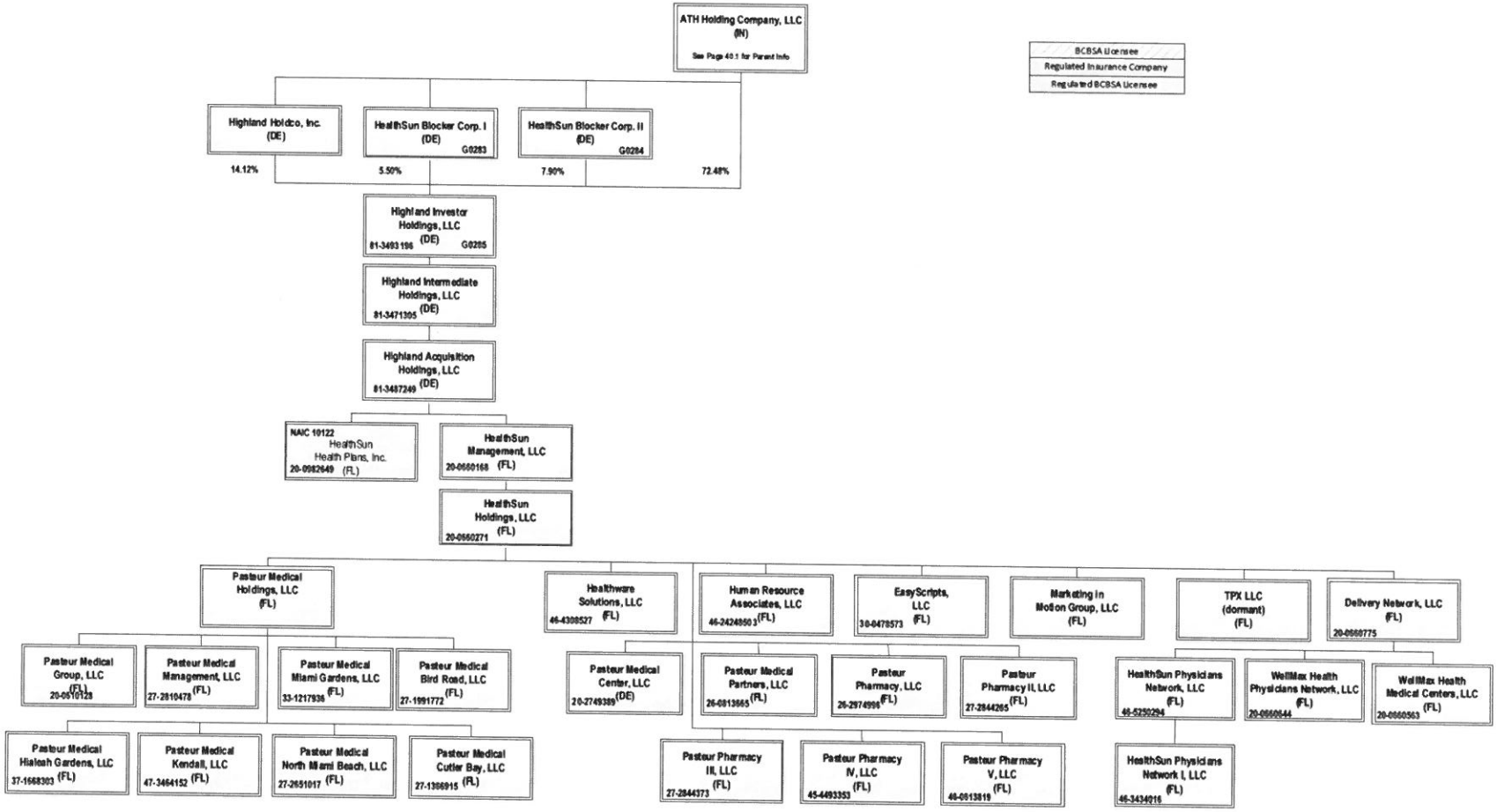


[5] 30.09% of WPMI, LLC is owned by unaffiliated investors

[6] Applied Pathways LLC is owned 53.52% by AIM and 46.48% by HEP AP Holdings, Inc.

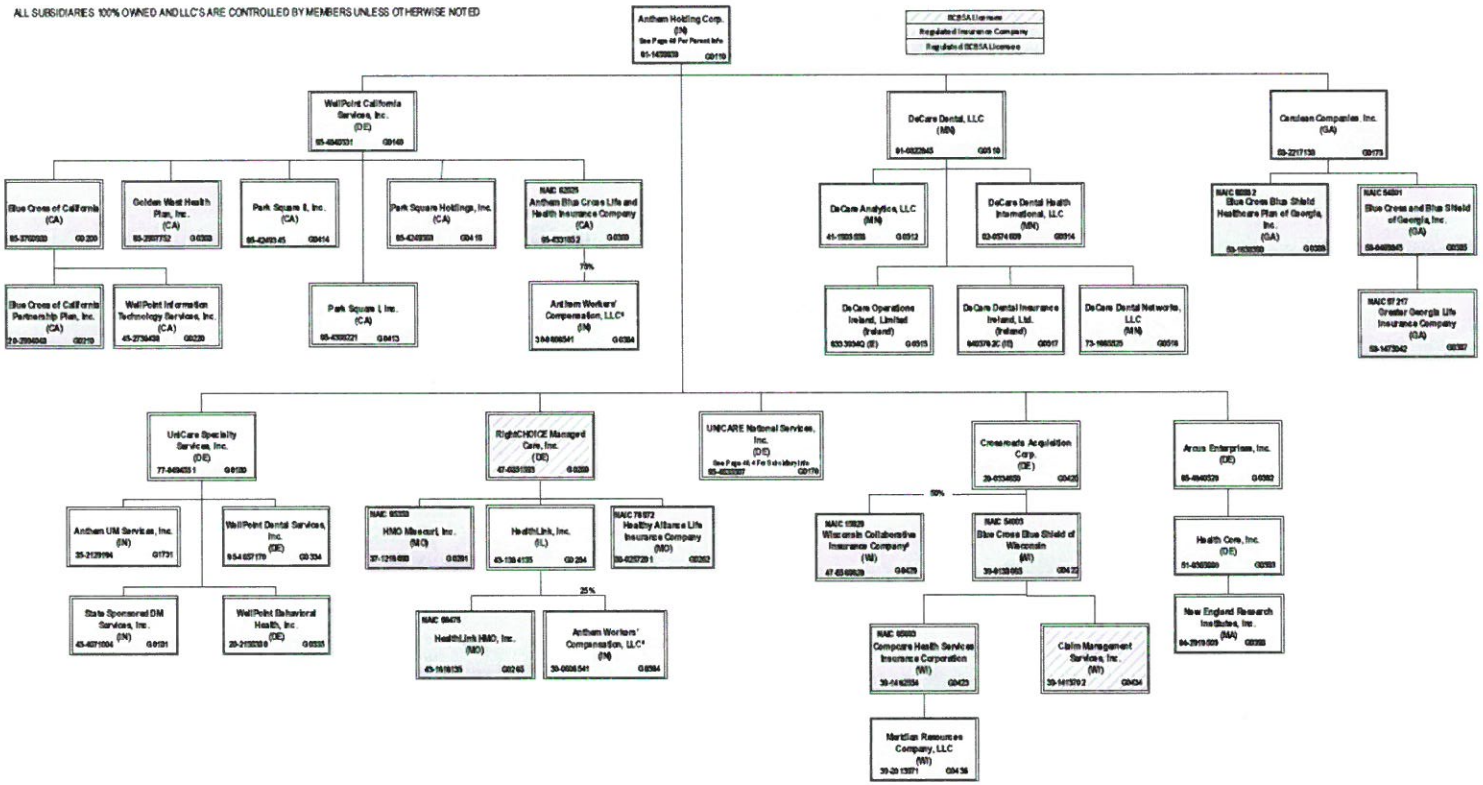
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



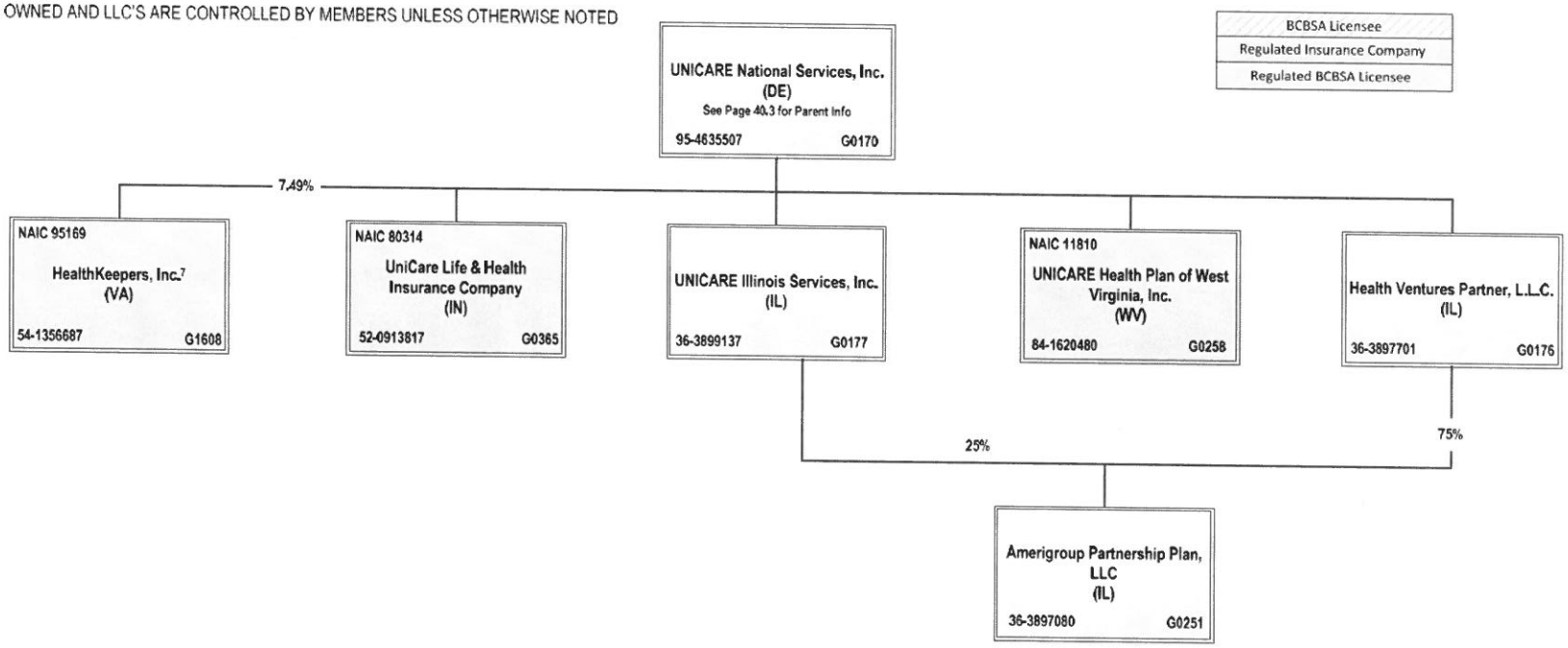
† 50% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate)

* Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

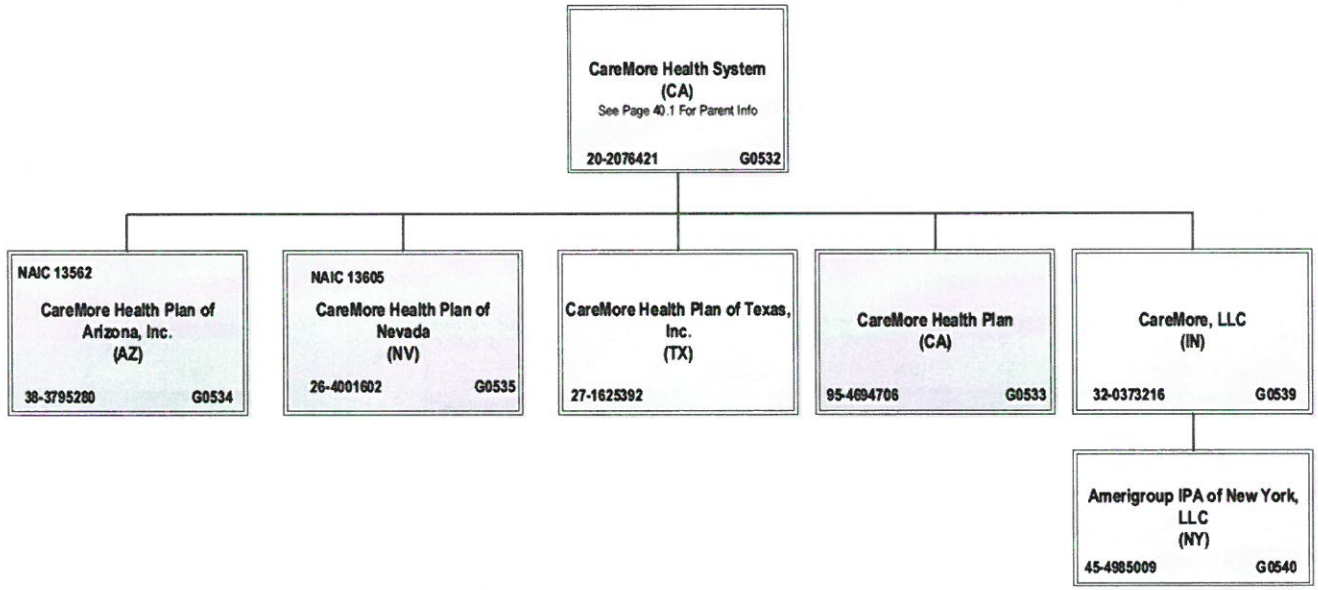
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



[7] HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

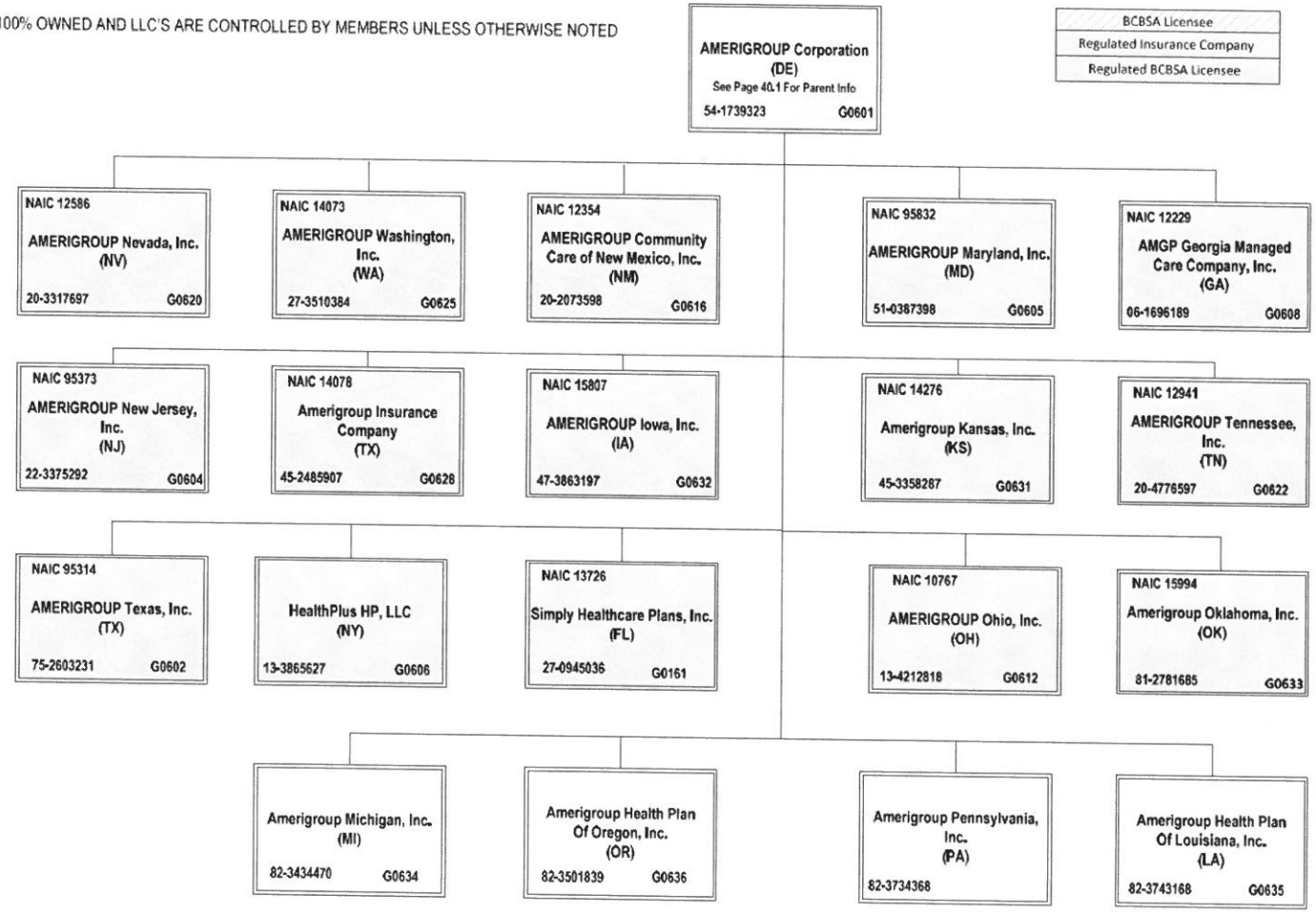
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



OVERFLOW PAGE FOR WRITE-INS

NONE

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15020201720100100

ANNUAL STATEMENT

For the Year Ended December 31, 2017

of the Condition and Affairs of the

West Virginia Family Health Plan, Inc.

NAIC Group Code..... 00812, 00812 (Current Period) (Prior Period)

NAIC Company Code..... 15020

Employer's ID Number..... 45-2763165

Organized under the Laws of West Virginia

State of Domicile or Port of Entry West Virginia

Country of Domicile United States

Licensed as Business Type Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... June 2, 2011

Commenced Business..... September 1, 2014

Statutory Home Office	614 Market Street ..... Parkersburg ..... WV ..... 26101 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	614 Market Street ..... Parkersburg ..... WV ..... 26101 *(Street and Number) (City or Town, State and Zip Code)*	304-424-7700 *(Area Code) (Telephone Number)*
Mail Address	614 Market Street P.O. Box 1948 ..... Parkersburg ..... WV ..... 26102 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	120 Fifth Avenue Suite 924.....Pittsburgh.....PA.....15222 *(Street and Number) (City or Town, State and Zip Code)*	412-544-4238 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.wvfh.com	
Statutory Statement Contact	Caleb Lee Knier *(Name)* caleb.knier@highmarkhealth.org *(E-Mail Address)*	412-544-4238 *(Area Code) (Telephone Number) (Extension)* 412-544-8674 *(Fax Number)*

OFFICERS

Jason Dean Landers ..... President
Leslie Ann Gelpi ..... Treasurer
Edward August Bittner, Jr ..... Secretary

DIRECTORS OR TRUSTEES

James Love Fawcett, Jr.	Gary Thomas Johnson	Jacques James Knez #	Louise Helen Reese
Jean Rush #	John Ronald Schultz #	Brian David Setzer	Steven Leigh Shattls
Michael George Warfel #			

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Jason Dean Landers President	Leslie Ann Gelpi Treasurer	Edward August Bittner, Jr. Secretary
State of _____	State of _____	State of _____
County of _____	County of _____	County of _____
Jason Dean Landers subscribed and sworn to before me	Leslie Ann Gelpi subscribed and sworn to before me	Edward August Bittner, Jr. subscribed and sworn to before me
this _____ day of February, 2018	this _____ day of February, 2018	this _____ day of February, 2018

a. Is this an original filing? Yes [X] No [ ]
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	8,606,743	0	8,606,743	0
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $.....0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less $.....0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less $.....0 encumbrances)	0	0	0	0
5. Cash ($.....22,759,178, Schedule E-Part 1), cash equivalents ($.....23,309,858, Schedule E-Part 2) and short-term investments ($.....8,715,264, Schedule DA)	54,784,300	0	54,784,300	8,349,052
6. Contract loans (including $.....0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	63,391,043	0	63,391,043	8,349,052
13. Title plants less $.....0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	74,651	0	74,651	1,463
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,629,929	0	3,629,929	43,566,622
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)	0	0	0	8,189,494
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	0	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets ($.....0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care ($.....0) and other amounts receivable	2,380,311	2,380,311	0	641,951
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	69,475,934	2,380,311	67,095,623	60,748,582
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. TOTAL (Lines 26 and 27)	69,475,934	2,380,311	67,095,623	60,748,582

DETAILS OF WRITE-INS

1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	0	0	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	32,883,795	0	32,883,795	37,560,744
2. Accrued medical incentive pool and bonus amounts	718,190	0	718,190	1,003,180
3. Unpaid claims adjustment expenses	1,144,540	0	1,144,540	1,094,803
4. Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act	1,143,693	0	1,143,693	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	0	0	0	23,242
9. General expenses due or accrued	5,168,170	0	5,168,170	6,091,889
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	920,895	0	920,895	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	6,635,907
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	0
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified ($.....0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including $.....0 current)	80,001	0	80,001	12,792
24. Total liabilities (Lines 1 to 23)	42,059,284	0	42,059,284	52,422,557
25. Aggregate write-ins for special surplus funds	XXX	XXX	6,964,099	0
26. Common capital stock	XXX	XXX	110,000	110,000
27. Preferred capital stock	XXX	XXX	1,925,000	990,000
28. Gross paid in and contributed surplus	XXX	XXX	210,000	220,000
29. Surplus notes	XXX	XXX	25,500,000	25,500,000
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(9,672,760)	(18,493,975)
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX	0	0
32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	25,036,339	8,326,025
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	67,095,623	60,748,582

DETAILS OF WRITE-INS

2301. Unclaimed property	80,001	0	80,001	12,792
2302.	0	0	0	0
2303.	0	0	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	80,001	0	80,001	12,792
2501. Subsequent year ACA insurer fee estimate	XXX	XXX	6,964,099	0
2502.	XXX	XXX	0	0
2503.	XXX	XXX	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	6,964,099	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX	0	0
3003.	XXX	XXX	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member months	XXX	830,863	715,825
2. Net premium income (including $.....0 non-health premium income)	XXX	324,129,574	299,576,726
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of $.....0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	324,129,574	299,576,726
Hospital and Medical:			
9. Hospital/medical benefits	0	210,958,788	199,684,909
10. Other professional services	0	0	0
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	0	0	0
13. Prescription drugs	0	51,987,189	72,137,627
14. Aggregate write-ins for other hospital and medical	0	7,295,523	8,526,587
15. Incentive pool, withhold adjustments and bonus amounts	0	638,897	1,093,454
16. Subtotal (Lines 9 to 15)	0	270,880,397	281,442,577
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	0	270,880,397	281,442,577
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including $.....5,418,843 cost containment expenses	0	9,502,842	9,657,164
21. General administrative expenses	0	24,129,268	12,891,906
22. Increase in reserves for life and accident and health contracts including $.....0 increase in reserves for life only)	0	0	(9,039,403)
23. Total underwriting deductions (Lines 18 through 22)	0	304,512,507	294,952,244
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	19,617,067	4,624,482
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	169,444	125,122
26. Net realized capital gains or (losses) less capital gains tax of $.....0	0	0	179,468
27. Net investment gains or (losses) (Lines 25 plus 26)	0	169,444	304,590
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	19,786,511	4,929,072
31. Federal and foreign income taxes incurred	XXX	1,220,895	0
32. Net income (loss) (Lines 30 minus 31)	XXX	18,565,616	4,929,072

DETAILS OF WRITE-INS

0601.	XXX	0	0
0602.	XXX	0	0
0603.	XXX	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX	0	0
0702.	XXX	0	0
0703.	XXX	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Dental claims expense	0	6,664,064	6,121,472
1402. Vision claims expense	0	631,459	2,405,115
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	7,295,523	8,526,587
2901.	0	0	0
2902.	0	0	0
2903.	0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	8,326,025	4,908,404
34. Net income or (loss) from Line 32	18,565,616	4,929,072
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Change in net unrealized capital gains and (losses) less capital gains tax of $ 0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	(1,855,387)	(402,566)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	0	0
44. Capital changes:		
44.1 Paid in	935,000	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	(934,915)	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	(1,108,885)
48. Net change in capital and surplus (Lines 34 to 47)	16,710,314	3,417,621
49. Capital and surplus end of reporting period (Line 33 plus 48)	25,036,339	8,326,025

DETAILS OF WRITE-INS

4701. Correction of accounting error	0	(1,108,885)
4702.	0	0
4703.	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(1,108,885)

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	373,376,212	262,195,392
2. Net investment income	98,123	156,323
3. Miscellaneous income	39,374	(39,374)
4. Total (Lines 1 through 3)	373,513,709	262,312,341
5. Benefit and loss related payments	274,714,835	278,672,877
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	34,506,092	17,453,963
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	300,000	0
10. Total (Lines 5 through 9)	309,520,927	296,126,840
11. Net cash from operations (Line 4 minus Line 10)	63,992,782	(33,814,499)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	15,057,530
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	15,057,530
13. Cost of investments acquired (long-term only):		
13.1 Bonds	8,608,610	14,910,572
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	8,608,610	14,910,572
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	(8,608,610)	146,958
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	85	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(8,949,009)	6,648,699
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(8,948,924)	6,648,699
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	46,435,248	(27,018,842)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	8,349,052	35,367,894
19.2 End of year (Line 18 plus Line 19.1)	54,784,300	8,349,052

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001	0	0

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	324,129,574	0	0	0	0	0	0	324,129,574	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of $.....0 medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Total revenues (Lines 1 to 6)	324,129,574	0	0	0	0	0	0	324,129,574	0	0
8. Hospital/medical benefits	210,958,788	0	0	0	0	0	0	210,958,788	0	XXX
9. Other professional services	0	0	0	0	0	0	0	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	51,987,189	0	0	0	0	0	0	51,987,189	0	XXX
13. Aggregate write-ins for other hospital and medical	7,295,523	0	0	0	0	0	0	7,295,523	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	638,897	0	0	0	0	0	0	638,897	0	XXX
15. Subtotal (Lines 8 to 14)	270,880,397	0	0	0	0	0	0	270,880,397	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	XXX
17. Total hospital and medical (Lines 15 minus 16)	270,880,397	0	0	0	0	0	0	270,880,397	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $.....5,418,843 cost containment expenses	9,502,842	0	0	0	0	0	0	9,502,842	0	0
20. General administrative expenses	24,129,268	0	0	0	0	0	0	24,129,268	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	304,512,507	0	0	0	0	0	0	304,512,507	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	19,617,067	0	0	0	0	0	0	19,617,067	0	0

DETAILS OF WRITE-INS

0501.	0	0	0	0	0	0	0	0	0	XXX
0502.	0	0	0	0	0	0	0	0	0	XXX
0503.	0	0	0	0	0	0	0	0	0	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	6,664,064	0	0	0	0	0	0	6,664,064	0	XXX
1301. Dental claims expense	631,459	0	0	0	0	0	0	631,459	0	XXX
1302. Vision claims expense	0	0	0	0	0	0	0	0	0	XXX
1303.	0	0	0	0	0	0	0	0	0	XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	7,295,523	0	0	0	0	0	0	7,295,523	0	XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)										

Statement as of December 31, 2017 of the **West Virginia Family Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0	0	0	0
2. Medicare supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal employees health benefits plan	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0
7. Title XIX - Medicaid	324,129,574	0	0	324,129,574
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	324,129,574	0	0	324,129,574
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	324,129,574	0	0	324,129,574

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	273,790,948	0	0	0	0	0	0	273,790,948	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	273,790,948	0	0	0	0	0	0	273,790,948	0	0
2. Paid medical incentive pools and bonuses	923,887	0	0	0	0	0	0	923,887	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	32,883,795	0	0	0	0	0	0	32,883,795	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	32,883,795	0	0	0	0	0	0	32,883,795	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	718,190	0	0	0	0	0	0	718,190	0	0
6. Net healthcare receivables (a)	(1,127,501)	0	0	0	0	0	0	(1,127,501)	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	37,560,744	0	0	0	0	0	0	37,560,744	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	37,560,744	0	0	0	0	0	0	37,560,744	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,003,180	0	0	0	0	0	0	1,003,180	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	270,241,500	0	0	0	0	0	0	270,241,500	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	270,241,500	0	0	0	0	0	0	270,241,500	0	0
13. Incurred medical incentive pools and bonuses	638,897	0	0	0	0	0	0	638,897	0	0

(a) Excludes $.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	863,968	0	0	0	0	0	0	863,968	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	863,968	0	0	0	0	0	0	863,968	0	0
2. Incurred but unreported:										
2.1 Direct	32,019,827	0	0	0	0	0	0	32,019,827	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
2.4 Net	32,019,827	0	0	0	0	0	0	32,019,827	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	32,883,795	0	0	0	0	0	0	32,883,795	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	32,883,795	0	0	0	0	0	0	32,883,795	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare supplement	0	0	0	0	0	0
3. Dental only	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Federal employees health benefits plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	11,653,161	262,137,787	665,005	32,218,790	12,318,166	37,560,744
9. Health subtotal (Lines 1 to 8)	0	0	0	0	0	0
10. Healthcare receivables (a)	11,653,161	262,137,787	665,005	32,218,790	12,318,166	37,560,744
11. Other non-health	0	0	0	0	0	1,127,501
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	682,412	241,475	0	718,190	682,412	1,003,180
	12,335,573	262,379,262	665,005	32,936,980	13,000,578	37,436,423

(a) Excludes $.....0 loans or advances to providers not yet expensed.

Statement as of December 31, 2017 of the **West Virginia Family Health Plan, Inc.**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	326	753	1,171	1,169
4. 2015	XXX	XXX	61,926	90,796	90,114
5. 2016	XXX	XXX	XXX	248,257	261,277
6. 2017	XXX	XXX	XXX	XXX	262,379

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	1,528	1,079	1,171	1,169
4. 2015	XXX	XXX	96,593	90,992	90,114
5. 2016	XXX	XXX	XXX	286,625	261,942
6. 2017	XXX	XXX	XXX	XXX	295,316

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2014	1,698	1,169	77	6.6	1,246	73.4	0	0	1,246	73.4
3. 2015	102,636	90,114	4,641	5.2	94,755	92.3	0	0	94,755	92.3
4. 2016	299,577	261,277	8,894	3.4	270,171	90.2	665	92	270,928	90.4
5. 2017	324,130	262,379	8,206	3.1	270,585	83.5	32,937	1,053	304,575	94.0

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Paid Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development of Incurred Health Claims
NONE

Underwriting and Investment Ex. - Pt. 2C - Development Ratio Incurred Year Health Claims
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

($000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	326	753	1,171	1,169
4. 2015	XXX	XXX	61,926	90,796	90,114
5. 2016	XXX	XXX	XXX	248,257	261,277
6. 2017	XXX	XXX	XXX	XXX	262,379

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	1,528	1,079	1,171	1,169
4. 2015	XXX	XXX	96,593	90,992	90,114
5. 2016	XXX	XXX	XXX	286,625	261,942
6. 2017	XXX	XXX	XXX	XXX	295,316

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2014	1,698	1,169	77	6.6	1,246	73.4	0	0	1,246	73.4
3. 2015	102,636	90,114	4,641	5.2	94,755	92.3	0	0	94,755	92.3
4. 2016	299,577	261,277	8,894	3.4	270,171	90.2	665	92	270,928	90.4
5. 2017	324,130	262,379	8,206	3.1	270,585	83.5	32,937	1,053	304,575	94.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

($000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	0	0	0	0
4. 2015	XXX	XXX	0	0	0
5. 2016	XXX	XXX	XXX	0	0
6. 2017	XXX	XXX	XXX	XXX	0

SECTION B - INCURRED HEALTH CLAIMS - OTHER

NONE

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	0	0	0
3. 2014	XXX	0	0	0	0
4. 2015	XXX	XXX	0	0	0
5. 2016	XXX	XXX	XXX	0	0
6. 2017	XXX	XXX	XXX	XXX	0

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

NONE

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2014	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2015	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2016	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including $.....0 for investment income)	1,143,693	0	0	0	0	0	0	1,143,693	0
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	1,143,693	0	0	0	0	0	0	1,143,693	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (net) (Page 3, Line 4)	1,143,693	0	0	0	0	0	0	1,143,693	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0

DETAILS OF WRITE-INS

0501.	0	0	0	0	0	0	0	0	0
0502.	0	0	0	0	0	0	0	0	0
0503.	0	0	0	0	0	0	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.	0	0	0	0	0	0	0	0	0
1102.	0	0	0	0	0	0	0	0	0
1103.	0	0	0	0	0	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses 1 Cost Containment Expenses	Claim Adjustment Expenses 2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($.....0 for occupancy of own building)	71,085	54,044	325,089	0	450,218
2. Salaries, wages and other benefits	2,180,225	1,551,198	10,770,526	0	14,501,949
3. Commissions (less $.....0 ceded plus $.....0 assumed)	16,320	12,973	57,068	0	86,361
4. Legal fees and expenses	35,340	28,094	156,086	0	219,520
5. Certifications and accreditation fees	3,425	2,723	11,918	0	18,066
6. Auditing, actuarial and other consulting services	277,531	166,243	1,401,376	0	1,845,150
7. Traveling expenses	41,212	30,382	185,648	0	257,242
8. Marketing and advertising	111,780	88,860	464,022	0	664,662
9. Postage, express and telephone	109,569	79,475	431,948	0	620,992
10. Printing and office supplies	64,917	52,997	253,362	0	371,276
11. Occupancy, depreciation and amortization	88,415	68,387	361,204	0	518,006
12. Equipment	97,644	76,669	363,361	0	537,674
13. Cost or depreciation of EDP equipment and software	37,507	17,191	305,171	0	359,869
14. Outsourced services including EDP, claims, and other services	2,102,070	1,671,053	7,314,350	0	11,087,473
15. Boards, bureaus and association fees	31,842	25,313	300,313	0	357,468
16. Insurance, except on real estate	13,996	11,087	272,339	0	297,422
17. Collection and bank service charges	0	0	0	0	0
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	836	0	28,298	0	29,134
22. Real estate taxes	0	0	7,215	0	7,215
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	242,500	0	242,500
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	281,698	0	281,698
23.4 Payroll taxes	135,129	97,573	593,497	0	826,199
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	14,417	14,417
25. Aggregate write-ins for expenses	0	49,737	2,279	0	52,016
26. Total expenses incurred (Lines 1 to 25)	5,418,843	4,083,999	24,129,268	14,417	(a) 33,646,527
27. Less expenses unpaid December 31, current year	652,656	491,884	5,168,170	0	6,312,710
28. Add expenses unpaid December 31, prior year	513,015	581,788	6,091,889	0	7,186,692
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	5,279,202	4,173,903	25,052,987	14,417	34,520,509

DETAILS OF WRITE-INS

2501. Other expenses	0	49,737	2,279	0	52,016
2502.	0	0	0	0	0
2503.	0	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	49,737	2,279	0	52,016

(a) Includes management fees of $.....0 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) (4,707)	1,469
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) (34,611)	8,446
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 148,528	173,946
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	1,464	0
10. Total gross investment income	110,674	183,861
11. Investment expenses		(g) 14,417
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		14,417
17. Net investment income (Line 10 minus Line 16)		169,444

DETAILS OF WRITE-INS

0901. Pending Income due from Prior year collected in Current year	1,464	0
0902.	0	0
0903.	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	1,464	0
1501.		0
1502.		0
1503.		0
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....153 accrual of discount less $.....2,020 amortization of premium and less $.....44,752 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....10,210 accrual of discount less $.....1,378 amortization of premium and less $.....10,640 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....14,417 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

0901.	0	0	0	0	0
0902.	0	0	0	0	0
0903.	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	2,380,311	524,924	(1,855,387)
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	2,380,311	524,924	(1,855,387)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. TOTALS (Lines 26 and 27)	2,380,311	524,924	(1,855,387)

DETAILS OF WRITE-INS

1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501.	0	0	0
2502.	0	0	0
2503.	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

Statement as of December 31, 2017 of the **West Virginia Family Health Plan, Inc.**

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health maintenance organizations	0	0	0	68,585	66,489	409,536
2. Provider service organizations	0	0	0	0	0	0
3. Preferred provider organizations	0	0	0	0	0	0
4. Point of service	0	0	0	0	0	0
5. Indemnity only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	62,350	71,351	70,441	0	0	421,327
7. Total	62,350	71,351	70,441	68,585	66,489	830,863

DETAILS OF WRITE-INS

0601. Managed care organization	62,350	71,351	70,441	0	0	421,327
0602.	0	0	0	0	0	0
0603.	0	0	0	0	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	62,350	71,351	70,441	0	0	421,327

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of West Virginia Family Health Plan, Inc. (the "Corporation") are presented on the basis of accounting practices prescribed or permitted by the West Virginia Offices of the Insurance Commissioner (the "WVOIC"). The WVOIC recognizes only statutory accounting practices prescribed or permitted by the State of West Virginia for determining and reporting the financial condition and results of operations of an insurance company in order to assess its solvency under West Virginia insurance law and regulations. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of West Virginia. The West Virginia Insurance Commissioner (the "Commissioner") has the right to permit other specific practices that deviate from prescribed practices.

For the years ended December 31, 2017 and 2016, there were no differences between NAIC SAP and practices prescribed or permitted by the State of West Virginia. A reconciliation of the Corporation's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of West Virginia is shown below:

	SSAP #	F/S Page	F/S Line #	2017	2016
Net income					
(1) West Virginia Family Health Plan, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	$18,565,616	$ 4,929,072
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	$ 18,565,616	$ 4,929,072
Surplus					
(5) West Virginia Family Health Plan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$25,036,339	$ 8,326,025
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$ 25,036,339	$ 8,326,025

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

The Corporation uses the following accounting policies:

1) Cash equivalents include securities with a maturity of 90 days or less at the date of purchase. Short-term investments include exempt money market mutual funds and bonds with a maturity of less than one year but greater than 90 days at the date of purchase. Cash equivalents and short-term investments are stated at amortized cost, except for exempt money market mutual funds, which are fair valued based on publically available net asset value ("NAV") per share. Effective as of December 31, 2017, the Corporation adopted revisions to SSAP No. 2R – *Cash, Drafts and Short-term Investments* to change the classification of exempt money market mutual funds from short-term investments to cash equivalents. The adoption of the revision was prospective and therefore exempt money market mutual funds are reported as cash equivalents as of December 31, 2017.

2) Bonds not backed by other loans are carried at amortized cost using the effective interest method, or the lower of amortized cost or fair value, contingent upon designation assigned by the NAIC Investment Analysis Office.

3) Common stocks are not applicable.

4) Preferred stocks are not applicable.

5) Mortgage loans are not applicable.

6) Loan-backed securities are not applicable.

7) Investments in subsidiaries, controlled and affiliated entities ("SCAs") are not applicable.

8) Investments in joint ventures, partnerships and limited liability companies are not applicable.

9) Derivatives are not applicable.

10) Premium deficiency reserve is not applicable.

11) Claims unpaid include claims reported and adjudicated but unpaid as well as an estimate of incurred but not reported ("IBNR") claims. The liability for IBNR claims is an actuarial estimate based on historical claims paid data, modified for current conditions and coverage changes. The methods to determine the estimate of IBNR claims use past experience adjusted for current trends. The methods and assumptions are continually reviewed and any resulting adjustments are included in claims incurred in the period determined. Corresponding administrative costs to process IBNR claims are estimated and accrued and are reported as unpaid claims adjustment expenses.

12) Capitalization policy is not applicable.

13) Effective July 1, 2017, the Corporation is no longer administering pharmacy benefits and therefore pharmacy rebate receivables are not applicable. For prior months, the Corporation recorded the actual amounts that had been invoiced or confirmed in writing with the pharmaceutical companies and collected within 90 days as admitted assets; amounts not collected within 90 days were nonadmitted. The estimates were continually reviewed and resulting adjustments were included in current operations.

14) Assets and liabilities recorded at fair value in the statements of assets, liabilities, capital and surplus are categorized based upon the level of judgment associated with the inputs used to measure their fair value in accordance with SSAP No. 100R – *Fair Value*.

15) Uncollected premiums are carried at net realizable value. Uncollected premiums from the State of West Virginia Bureau for Medical Services ("BMS") are admitted unless collectability issues exist.

16) Accrued medical incentive pool consists of amounts owed to providers that meet certain quality and utilization criteria.

17) The Corporation's revenue includes capitation and maternity payments from BMS. Capitation payments are generally received in the same month as the coverage period. Premiums that have been received prior to the service period are reported as premiums received in advance. Maternity revenue is based on contracted delivery rates which are billed to and collected from BMS. The Corporation estimates retrospective premium adjustments to written premium by examining activity and applying the appropriate contractual limitations.

    The Corporation's contract with BMS requires the Corporation to maintain a Medical Loss Ratio ("MLR"), as defined by the contract, of at least 85 percent during the contract year reporting period for the Mountain Health Trust ("MHT") and West Virginia Health Bridge ("WVHB") programs. The MLR, as defined by the contract, is the Corporation's percentage of incurred claims inclusive of certain improving healthcare quality expenses to premium revenue adjusted for certain taxes and assessments. If the Corporation's MLR is less than 85 percent, the Corporation is obligated to pay an MLR rebate to BMS for the difference between the 85 percent MLR benchmark and its actual MLR. An MLR graduated benchmark of 88 percent was added for the state fiscal year 2017 such that if the Corporation's MLR for the WVHB program is greater than 85 percent but less than 88 percent, the Corporation is obligated to pay an MLR rebate to BMS for half of the difference between the 88 percent MLR graduated benchmark and its actual MLR. At December 31, 2017, the Corporation determined that its MLR exceeded 85 percent for both the MHT and WVFHP programs and was less than 88 percent for the WVHB program, and therefore, recorded a payable to BMS of $1,143,693. At December 31, 2016, the Corporation determined that its MLR exceeded the benchmarks for both the MHT and WVHB programs.

18) The Corporation is subject to federal income taxes. Deferred tax assets ("DTAs") and liabilities ("DTLs") are determined based on differences between the financial reporting and tax basis of assets and liabilities and are measured using tax rates and laws that are expected to be in effect when the difference is reversed. Net DTAs are admitted to the extent that they are expected to reverse and become realized within three years. Uncertain tax positions are assessed in accordance with applicable statutory guidance.

19) The Corporation records insurer fee reimbursements from BMS that are in excess of its insurer fee liability and maternity billing overpayments in amounts held for others in the statements of assets, liabilities, capital, and surplus until the funds are returned to BMS.

D. Going Concern

At December 31, 2017, the Corporation assessed its ability to continue as a going concern and concluded that the conditions that previously caused substantial doubt have been resolved. Resolutions of these items include:

- Improved cash position that exceeds recognized liabilities at December 31, 2017. This resulted primarily from the collection of retroactive rate adjustments for the Corporation's Medicaid contract as well as other positive operating cash flows.

- Improved surplus levels and corresponding risk-based capital ("RBC") metric that exceeded minimum requirements at December 31, 2017, which resulted primarily from the $19,617,067 of underwriting gains recognized for 2017.

- Successful contract with BMS to continue in the West Virginia Medicaid program through June 30, 2018 and plans to continue to participate in the West Virginia Medicaid market thereafter. The Corporation's Medicaid business is forecasted to generate underwriting gains.

2. Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors for 2017.

The Corporation recognizes maternity revenue primarily based on contracted rates per delivery which are billed to and collected from BMS. In 2016, the Corporation identified a discrepancy between delivery events billed to BMS and the underlying claims data. Based on a detailed process review, management determined certain maternity events billed and collected from BMS incorporated into the 2015 statutory financial statements did not meet BMS' contractual criteria. The adjustment to the 2016 statutory financial statements to correct this was determined to be a correction of an error. Upon approval by the WVOIC, the Corporation recorded an adjustment in the amount of $1,108,885 to reflect the error as a decrease in unassigned surplus in accordance with SSAP No. 3 – *Accounting Changes and Corrections of Errors*. This amount is included in aggregate write-ins for losses in surplus in the statement of revenue and expense, capital and surplus account.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

5. Investments

A. Mortgage Loan, including Mezzanine Real Estate Loans

None.

B. Debt Restructuring

None.

C. Reverse Mortgages

None.

D. Loan-Backed Securities

None.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowings

None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowings

None.

H. Repurchase Agreements Transactions Accounted for as a Sale

None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None.

J. Real Estate

None.

K. Low-Income Housing Tax Credits (LIHTC)

None.

L. Restricted Assets

1) The amounts of assets pledged as collateral or otherwise restricted as of December 31, 2017 were as follows:

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a	Subject to contractual obligation for which liability is not shown	$ -	$ -	$ -	$ -	$ -	0.00%	0.00%
b	Collateral held under security lending agreements	-	-	-	-	-	0.00%	0.00%
c	Subject to repurchase agreements	-	-	-	-	-	0.00%	0.00%
d	Subject to reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
e	Subject to dollar repurchase agreements	-	-	-	-	-	0.00%	0.00%
f	Subject to dollar reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
g	Placed under option contracts	-	-	-	-	-	0.00%	0.00%
h	Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0.00%	0.00%
i	FHLB capital stock	-	-	-	-	-	0.00%	0.00%
j	On deposit with states	100,000	100,000	-	-	100,000	0.14%	0.15%
k	On deposit with other regulatory bodies	-	-	-	-	-	0.00%	0.00%
l	Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	0.00%	0.00%
m	Pledged as collateral not captured in other categories	-	-	-	-	-	0.00%	0.00%
n	Other restricted assets	-	-	-	-	-	0.00%	0.00%
o	Total Restricted Assets	$ 100,000	$ 100,000	$ -	$ -	$ 100,000	0.14%	0.15%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

The amounts of assets pledged as collateral or otherwise restricted as of December 31, 2016 were as follows:

	Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a	Subject to contractual obligation for which liability is not shown	$ -	$ -	$ -	$ -	$ -	0.00%	0.00%
b	Collateral held under security lending agreements	-	-	-	-	-	0.00%	0.00%
c	Subject to repurchase agreements	-	-	-	-	-	0.00%	0.00%
d	Subject to reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
e	Subject to dollar repurchase agreements	-	-	-	-	-	0.00%	0.00%
f	Subject to dollar reverse repurchase agreements	-	-	-	-	-	0.00%	0.00%
g	Placed under option contracts	-	-	-	-	-	0.00%	0.00%
h	Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	0.00%	0.00%
i	FHLB capital stock	-	-	-	-	-	0.00%	0.00%
j	On deposit with states	100,000	100,059	-	-	100,000	0.16%	0.16%
k	On deposit with other regulatory bodies	-	-	-	-	-	0.00%	0.00%
l	Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	0.00%	0.00%
m	Pledged as collateral not captured in other categories	-	-	-	-	-	0.00%	0.00%
n	Other restricted assets	-	-	-	-	-	0.00%	0.00%
o	Total Restricted Assets	$ 100,000	$ 100,059	$ -	$ -	$ 100,000	0.16%	0.16%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

2) Assets pledged as collateral not captured in other categories is not applicable.

3) Detail of other restricted assets is not applicable.

4) Collateral received and reflected as assets within the Corporation's financial statements is not applicable.

M. Working Capital Finance Investments

None.

N. Offsetting and Netting of Assets and Liabilities

None.

O. Structured Notes

Investments held in structured notes at December 31, 2017 were as follows:

CUSIP Identification	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Mortgage Referenced Security (YES/NO)
039483BB7	$ 532,515	$ 532,305	$ 532,217	NO
Total	$ 532,515	$ 532,305	$ 532,217	

There were no investments held in structured notes at December 31, 2016.

P. 5* Securities

None.

Q. Short Sales

None.

R. Prepayment Penalty and Acceleration Fees

None.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

A. Basis for Excluding Due and Accrued Investment Income from Statutory Surplus

Investment income due and accrued is excluded from the financial statements for all investment income due on any invested asset that is 90 days or more past due.

B. Amounts Excluded from Statutory Surplus

None.

8. Derivative Instruments

None.

9. Income Taxes

A. Components of Deferred Taxes

The tax effects of temporary differences that gave rise to significant portions of DTAs and DTLs as of December 31, were as follows:

1.

	2017			2016		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross DTAs	$ 1,660,354	$ -	$ 1,660,354	$ 7,131,631	$ -	$ 7,131,631
(b) Statutory Valuation Allowance Adjustments	1,660,354	-	1,660,354	7,131,631	-	7,131,631
(c) Adjusted Gross DTAs (1a-1b)	-	-	-	-	-	-
(d) DTAs Nonadmitted	-	-	-	-	-	-
(e) Subtotal Net Admitted DTAs (1c-1d)	-	-	-	-	-	-
(f) DTLs	-	-	-	-	-	-
(g) Net Admitted DTA/(Net DTL) (1e-1f)	$ -	$ -	$ -	$ -	$ -	$ -

The changes in the tax effect of temporary differences that gave rise to significant portions of DTAs and DTLs from December 31, 2017 to 2016 were as follows:

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross DTAs	$ (5,471,277)	$ -	$ (5,471,277)
(b) Statutory Valuation Allowance Adjustments	(5,471,277)	-	(5,471,277)
(c) Adjusted Gross DTAs (1a-1b)	-	-	-
(d) DTAs Nonadmitted	-	-	-
(e) Subtotal Net Admitted DTAs (1c-1d)	-	-	-
(f) DTLs	-	-	-
(g) Net Admitted DTA/(Net DTL) (1e-1f)	$ -	$ -	$ -

The amount of each result or component of the DTA admission calculation at December 31 was as follows:

2.

	2017			2016		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
Admission Calculation Components SSAP No. 101						
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	$ -	$ -	$ -	$ -	$ -	$ -
(b) Adjusted Gross DTAs Expected To Be Realized (Excluding The Amount Of DTAs From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	-	-	-	-	-	-
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date.	N/A	N/A	-	N/A	N/A	-
2. Adjusted Gross DTAs Allowed per Limitation Threshold.	N/A	N/A	3,755,451	N/A	N/A	-
(c) Adjusted Gross DTAs (Excluding The Amount Of DTAs From 2(a) and 2(b) above) Offset by Gross DTLs.	-	-	-	-	-	-
(d) DTAs Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	$ -	$ -	$ -	$ -	$ -	$ -

The change of each result or component of the DTA admission calculation between December 31, 2017 and 2016 was as follows:

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	$ -	$ -	$ -
(b) Adjusted Gross DTAs Expected To Be Realized (Excluding The Amount Of DTAs From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date.	N/A	N/A	-
2. Adjusted Gross DTAs Allowed per Limitation Threshold.	N/A	N/A	3,755,451
(c) Adjusted Gross DTAs (Excluding The Amount Of DTAs From 2(a) and 2(b) above) Offset by Gross DTLs.	-	-	-
(d) DTAs Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	$ -	$ -	$ -

The ratios used to determine the applicable periods used in the admission calculation for determining the amount of adjusted gross DTAs expected to be realized and the amount of adjusted capital and surplus used to determine the percentage threshold limitation at December 31 were:

3.

	2017	2016
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	228.9%	73.6%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	$ 25,036,339	$ 8,326,025

4. For the years ending December 31, 2017 and 2016, the Corporation did not employ any tax planning strategies to admit DTAs.

B. Unrecognized Deferred Tax Liabilities

For the years ended December 31, 2017 and 2016, the Corporation did not have situations where DTLs were not recognized for amounts described in SSAP No. 101 – *Income Taxes*.

C. Current Income Taxes Incurred

Current income taxes incurred consisted of these major components for the years ended December 31:

	(1) 2017	(2) 2016	(3) (Col 1-2) Change
1. Current income tax			
(a) Federal	$ 1,220,895	$ -	$ 1,220,895
(b) Foreign	-	-	-
(c) Subtotal	1,220,895	-	1,220,895
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	$ 1,220,895	$ -	$ 1,220,895
2. DTAs:			
(a) Ordinary			
(1) Discounting of unpaid losses	$ 49,865	$ 107,019	$ (57,154)
(2) Unearned premium reserve	-	-	-
(3) Policy holder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policy holder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accural	-	-	-
(10) Receivables - nonadmitted	-	-	-
(11) Net operating loss carry-forward	-	4,997,468	(4,997,468)
(12) Premium deficiency reserve	-	-	-
(13) Tax credit carry-forward	-	-	-
(13a) Acquisition/ Start-up costs	1,017,265	1,840,764	(823,499)
(13b) Healthcare and other amounts receivable	593,224	183,724	409,500
(13c) Other (including items <5% of total ordinary tax assets)	-	2,656	(2,656)
(99) Subtotal	1,660,354	7,131,631	(5,471,277)
(b) Statutory valuation allowance adjustment	1,660,354	7,131,631	(5,471,277)
(c) Nonadmitted	-	-	-
(d) Admitted ordinary DTAs (2a99-2b-2c)	-	-	-
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital DTAs (2e99-2f-2g)	-	-	-
(i) Admitted DTAs (2d+2h)	-	-	-
3. DTLs:			
(a) Ordinary			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) DTLs (3a99+3b99)	-	-	-
4. Net DTAs/DTLs (2i-3c)	$ -	$ -	$ -

D. Rate Reconciliation

The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference were as follows:

	2017	2016
Provision computed at statutory rate	$ 6,946,520	$ 1,725,175
Reconciling items:		
Changes in temporary differences recorded to surplus	(389,631)	(140,898)
Changes in valuation allowance	(5,471,277)	(965,070)
Other	135,283	(619,207)
Total	$ 1,220,895	$ -
Federal and foreign income taxes incurred	$ 1,220,895	$ -
Change in net deferred income taxes	-	-
Total statutory income taxes	$ 1,220,895	$ -

E. Income Tax Carryforwards and Carrybacks:

1) At December 31, 2017, the Corporation had no net operating loss carryforwards, no capital loss carryforwards, no charitable contribution carryforwards, and no alternative minimum tax credit carryforwards.

2) The following is income tax expense for the years ended December 31, 2017, 2016 and 2015 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2015	-	-	-
2016	-	-	-
2017	1,220,895	-	1,220,895
	$ 1,220,895	$ -	$ 1,220,895

3) The Corporation has not made any deposits admitted under Section 6603 of the Internal Revenue Code (the "Code").

F. Consolidation of Federal Return

The Corporation is not party to any consolidated Federal tax return for the years ended December 31, 2017 and 2016.

G. Significant Increase or Decrease to Income Tax Loss Contingencies

The Corporation does not anticipate that any significant increase or decrease to unrecognized tax contingencies will be recorded in 2018.

SSAP No. 101 – *Income Taxes* provides that DTAs are reduced by a statutory valuation allowance if, based on the weight of all available evidence, it is more likely than not that some or all of the DTAs will not be realized. The Corporation was in a three year (current and two preceding years) cumulative loss, determined on a separate company basis, for the year ended December 31, 2016. The Corporation considered all available evidence, both positive and negative, including projected future taxable income, tax planning strategies and recent core earnings from financial operations. In evaluating this evidence, the Corporation believed there was significant uncertainty that any of the DTAs would be realized in the foreseeable future. Therefore, the full statutory valuation allowance remained at December 31, 2016.

As of December 31, 2017, the Corporation was not in a three year cumulative loss. However, based on the recent history of earnings and the volatility of actual results compared to forecasted results, the full statutory valuation allowance that existed at December 31, 2016 remains at December 31, 2017. The full valuation allowance will be removed after the Company has sustained profitability for a minimum of two consecutive years (although the number of consecutive years will be determined on a facts and circumstances basis) sufficient to overcome a cumulative loss in each consecutive year.

Major tax reform legislation, the Tax Cuts and Jobs Act of 2017, was signed into law on December 22, 2017. The tax reform legislation is highlighted by a reduction in the corporate income tax rate from the previous 35% to 21% effective January 1, 2018. Most provisions of the law take effect on January 1, 2018 and therefore will be reflected in the Corporation's federal and foreign income taxes incurred beginning in 2018. Disclosures and estimates, as appropriate, consistent with Staff Accounting Bulletin No. 118, as interpreted and adopted by NAIC Statutory Accounting Principles Working Group Interpretation 18-01 *Updated Tax Estimates under the Tax Cuts and Jobs Act* on February 8, 2018 are included. Any changes to these estimates are not expected to be material and will be included in the financial results of the Corporation in future periods as they are ultimately determined.

As a result of the tax reform legislation, the Corporation recorded no change to surplus in 2017. There was no change to net unrealized capital gain/loss, nonadmitted assets, or net deferred income tax as a result of tax reform. A revaluation of net DTAs and DTLs due to a reduction in the corporate tax rate decreased surplus by $1,106,903, which was offset by an increase to surplus of $1,106,903, resulting from a decrease in the valuation allowance on DTAs.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A., F. Nature of Relationships Involved

Effective July 1, 2017 and as described in Note 13B, HWV increased its ownership to 60% of the stock of the Corporation. With the increase in HWV's ownership interest, the Corporation ceased to be eligible to be licensed as a provider sponsored network. The Corporation filed an application with the WVOIC to convert the Corporation's license to a health maintenance organization, which was approved by the WVOIC on July 31, 2017.

The remaining 40% of the stock is collectively owned by 22 federally qualified health centers, two primary care clinics, two hospitals, and a trade association.

B., C. Description of Transactions Relating to Parent, Subsidiaries, Controlled and Affiliated Entities ("SCAs")

The Corporation has an LOC agreement with HWV. The maximum aggregate principal amount available to be drawn under the LOC is $10,000,000. Amounts which may be outstanding from time to time under the LOC will bear interest at the rate of 4.75% per annum. The LOC agreement will expire on December 31, 2018; however, it may be extended for an additional two year term upon mutual agreement of the parties. No amounts were outstanding under the LOC at December 31, 2017 and 2016 and, therefore, no interest was paid in respect of borrowings under the LOC for the years ended December 31, 2017 and 2016.

HWV holds a surplus note issued by the Corporation in the amount of $25,500,000. Refer to Note 13 - *Capital and Surplus, Dividend Restrictions, and Quasi-Reorganizations* for further information.

The Corporation is party to a management service agreement with HWV, which provides management and administrative services to the Corporation. The Corporation incurred expenses for these services of approximately $27,059,617 and $18,456,644 for the years ended December 31, 2017 and 2016, respectively, which were recorded in claims adjustment and general administrative expenses in the statements of revenue and expenses.

The Corporation has an administrative service agreement with United Concordia Companies, Inc. ("UCCI"), a wholly owned insurance subsidiary of Highmark Inc., whereby UCCI provides supplemental dental benefits for certain of the Corporation's products.

The Corporation receives administrative services to support its vision benefit program offerings through a contractual relationship between Gateway Health Plan, L.P, ("Gateway") and Davis Vision, Inc. ("Davis Vision"). Gateway is and, prior to December 1, 2017, Davis Vision was, an affiliate of the Corporation. Effective December 1, 2017, Davis Vision was sold to a third party, and therefore, is no longer an affiliate.

The Corporation incurs claims related to affiliated hospitals and physician practices. These affiliated providers include the 22 federally qualified health centers, two primary care clinics and two hospitals that collectively own 40% of the stock of the Corporation, as of December 31, 2017, as well as Allegheny Health Network, a Pennsylvania nonprofit corporation.

D. Related Party Receivables and Payables

The amounts due to HWV were $4,135,031 and $6,091,889 at December 31, 2017 and 2016, respectively, including amounts for administrative services of $2,934,524 and $6,091,889, respectively. The amounts for administrative services were classified as general expenses due or accrued based on the nature of the services performed.

E. Guarantees or Undertakings

None.

G. Relationships with Enterprises under Common Ownership

None.

H. Amounts Deducted from Value of an Upstream Intermediate Entity

None.

I. Investments in SCA Entities that exceed 10% of Admitted Assets

None.

J. Impairment in SCAs

None.

K. Investments in Foreign Insurance Subsidiaries

None.

L. Downstream Noninsurance Holding Company

None.

M. All SCA investments

None.

N. Investments in Insurance SCAs

None.

11. Debt

None.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None.

13. Capital and Surplus, Shareholders' Dividend Restrictions, and Quasi-Reorganizations

1) Capital Stock

On June 20, 2017, the Corporation's shareholders approved an increase in the number of shares of common stock which the Corporation was authorized to issue from 275,000 shares to 5,000,000 shares. As of December 31, 2017, 110,000 common shares are issued and outstanding at a par value of $1.00 per share. All the authorized common shares are Class A shares.

2) Preferred Stock

On June 20, 2017, the Corporation's shareholders approved an increase in the number of shares of preferred stock which the Corporation was authorized to issue from 165,000 shares to 5,000,000 shares. As of December 31, 2017, 175,000 preferred shares are issued and outstanding at a par value of $11 per share. All the authorized preferred shares are Class B shares.

In December 2012, the Corporation issued a warrant to HWV entitling HWV to purchase shares of the Corporation's Class B Preferred Stock at $0.001 per share of Stock. On July 1, 2017, HWV exercised its warrant and the Corporation issued 85,000 additional shares of Class B Preferred Stock to HWV for $0.001 per share or $85. The warrant exercise increased HWV's ownership to 60% of all shares of voting capital stock of the Corporation.

Pursuant to the Stock and Note Purchase Agreement, dividends on shares of Class B Preferred Stock are cumulative and accrue from the date of issuance at an annual rate of 6%, compounded daily, on the original issue price of $11 per share. As the dividends are cumulative, they accrue even if not formally declared. The Corporation accrues dividends in the statutory financial statements when declared in accordance with SSAP No. 32 – *Preferred Stock*. As the Corporation has not declared any preferred stock dividends, a liability for the unpaid dividends has not been recorded in the statutory financial statements. At December 31, 2017 and 2016, the cumulative undeclared dividends for the Corporation's Class B Preferred Stock were $378,178 and $271,619.

3), 4) & 5) Dividends

None.

6) Surplus Restrictions

None.

7) Mutual Reciprocals

Not applicable.

8) Company Stock Held for Special Purposes

None.

9) Special Surplus Funds

The Corporation is subject to an annual fee under section 9010 of the federal Affordable Care Act. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. The year-to-date accrual of the estimated fee for 2018 was reclassed from unassigned funds (surplus) to aggregate write-ins for special surplus funds in accordance with applicable statutory guidance. As part of the contract with BMS, the annual fee is paid by the Corporation but is reimbursed by BMS through an administrative allowance included in the capitation payment received from BMS. The collection of the assessment was suspended for 2017, and therefore, the Corporation did not reflect an amount in special surplus funds in the statement of assets, liabilities, capital and surplus at December 31, 2016.

10) Changes in Surplus

None.

11) Surplus Notes

The Corporation issued the following surplus note to HWV:

Date Issued	Interest Rate	Par Value (Face Amount of Note)	Carrying Value of Note	Interest And/Or Principal Paid Current Year	Total Interest And/Or Principal Paid	Unapproved Interest And/Or Principal	Date of Maturity
12/17/2012	7.84%	$ 25,500,000	$ 25,500,000 *	$ -	$ -	$ 6,352,370	12/31/2022

*Total should agree with Page 3, Line 29.

The note accrues interest on the outstanding principal balance determined on the first business day of the calendar quarter immediately preceding the date of the advance and adjusted on the first business day of each calendar quarter thereafter.

No surplus note interest expense has been recognized in the statutory financial statements.

12) & 13) Quasi-Reorganizations

Not applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

None.

B. Assessments

None.

C. Gain Contingencies

None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits

None.

E. Joint and Several Liabilities

None.

F. All Other Contingencies

Participation in government sponsored health care programs subjects the Corporation to a variety of federal laws and regulations and risks associated with audits conducted under these programs. These audits may occur in years subsequent to the Corporation providing the relevant services under audit. These risks may include reimbursement claims as well as potential fines and penalties.

The Corporation is subject to various contingencies, including legal and compliance actions and proceedings that arise in the ordinary course of its business. In the opinion of management, based on consultation with legal counsel, adequate provision has been made in the financial statements for any potential liability related to these matters, and the amount of ultimate liability is not expected to materially affect the financial position or results from operations of the Corporation.

15. Leases

None.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

20. Fair Value Measurements

A. Assets and Liabilities Measured at Fair Value

In accordance with SSAP No. 100R – *Fair Value*, financial assets and liabilities recorded at fair value in the statements of assets, liabilities capital and surplus and disclosed at fair value in the accompanying financial statement are categorized based upon the level of judgment associated with the inputs used to measure their fair value. Input levels as defined by NAIC SAP are as follows:

Level 1 – Pricing inputs are based on unadjusted quoted market prices for identical financial assets or liabilities in active markets. Active markets are those in which transactions occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 – Pricing inputs are based on other than unadjusted quoted prices in active markets included in Level 1 and include observable unadjusted quoted market prices for similar financial assets or liabilities in active markets or quoted market prices for identical assets or liabilities in inactive markets.

Level 3 – Pricing inputs include unobservable inputs that are supported by little or no market activity that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following methods and assumptions were used to determine the fair value of each class of the following assets and liabilities:

Bonds: Fair values are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally uses Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. U.S. Government securities issued by the U.S. Treasury represent Level 1 securities, while Level 2 securities include U.S. Government securities issued by other agencies of the U.S. Government, corporate securities, obligations of states and political subdivisions of the U.S. and mortgage-backed securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

Short-term securities: Short-term securities include exempt money market mutual funds and securities with a maturity of less than one year but greater than 90 days at the date of purchase. Fair values of short-term securities are based on quoted market prices or publically available NAV per share, where available. These fair values are obtained primarily from a third party pricing service, which generally use Level 1 or Level 2 inputs for the determination of fair value to facilitate fair value measurements and disclosures. U.S. Government securities represent Level 1 securities while Level 2 securities include corporate securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. Effective as of December 31, 2017, the Corporation adopted revisions to SSAP No. 2R – *Cash, Drafts and Short-term Investments* to change the classification of exempt money market mutual funds from short-term investments to cash equivalents. The adoption of the revision was prospective and therefore exempt money market mutual funds are reported as cash equivalents as of December 31, 2017.

Cash and cash equivalents: Cash is designated as Level 1. Cash equivalents are designated as Level 1 or Level 2, depending on structure and the extent of credit-related features. Effective as of December 31, 2017, the Corporation adopted revisions to SSAP No. 2R – *Cash, Drafts and Short-term Investments* to change the classification of exempt money market mutual funds from short-term investments to cash equivalents. The adoption of the revision was prospective and therefore exempt money market mutual funds are reported as cash equivalents as of December 31, 2017.

1) The following table summarizes fair value measurements by level at December 31, 2017 for financial assets measured at fair value:

	Level 1	Level 2	Level 3	Total Fair Value	Net Asset Value (NAV)
Cash equivalents	$ 16,315,650	$ -	$ -	$ 16,315,650	$ -
Total	$ 16,315,650	$ -	$ -	$ 16,315,650	$ -

The following table summarizes fair value measurements by level at December 31, 2016 for financial assets measured at fair value:

	Level 1	Level 2	Level 3	Total Fair Value	Net Asset Value (NAV)
Short-term securities	$ 7,680,619	$ -	$ -	$ 7,680,619	$ -
Total	$ 7,680,619	$ -	$ -	$ 7,680,619	$ -

2) & 3) The Corporation held no financial assets or liabilities categorized as Level 3 at December 31, 2017 or 2016.

4) The Corporation uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, discounted cash flow analysis and inputs such as yield curves and indices. Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies. The Corporation performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. The Corporation did not make adjustments to the quoted market prices obtained from third party pricing services for the years ended December 31, 2017 and 2016 that were material to the statutory financial statements.

5) The Corporation did not have any derivative assets or liabilities at December 31, 2017 and 2016.

B. Fair Value Disclosed Under Other Accounting Pronouncements

Not applicable.

C. Fair Value and Admitted Value of All Financial Assets

The following table summarizes the aggregate fair value for all financial assets by level and the related admitted values at December 31, 2017:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Fair Value (Level 1)	Fair Value (Level 2)	Fair Value (Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV)
Bonds							
U.S. Government	$ 990,665	$ 993,142	$ 990,665	$ -	$ -	$ -	$ -
Special Revenue & Special Assessment Obligations	1,040,421	1,041,069	-	1,040,421	-	-	-
Industrial and miscellaneous securities	6,563,554	6,572,532	-	6,563,554	-	-	-
Total Bonds	8,594,640	8,606,743	990,665	7,603,975	-	-	-
Short-term securities	8,714,166	8,715,264	7,443,061	1,271,105	-	-	-
Cash and cash equivalents	46,069,036	46,069,036	46,069,036	-	-	-	-
Total	$ 63,377,842	$ 63,391,043	$ 54,502,762	$ 8,875,080	$ -	$ -	$ -

The following table summarizes the aggregate fair value for all financial assets by level and the related admitted values at December 31, 2016:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Fair Value (Level 1)	Fair Value (Level 2)	Fair Value (Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV)
Short-term securities	$ 7,680,619	$ 7,680,619	$ 7,680,619	$ -	$ -	$ -	$ -
Cash	668,433	668,433	668,433	-	-	-	-
Total	$ 8,349,052	$ 8,349,052	$ 8,349,052	$ -	$ -	$ -	$ -

D. Not Practicable to Estimate Fair Value

None.

21. Other Items

None.

22. Events Subsequent

As of January 1, 2018, the Corporation became subject to an annual fee under section 9010 of the ACA. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Corporation had written health insurance subject to the ACA assessment; it expects to conduct health insurance business in 2018, and it estimates its portion of the annual health insurance industry fee payable on September 30, 2018 to be $6,964,099. This amount is reflected in special surplus in the statutory statements of assets, liabilities, capital and surplus. This assessment is expected to impact RBC by 63.7 percentage points. Reporting the ACA assessment as of December 31, 2017 would have triggered an RBC action level. However, the Corporation's contract with BMS provides for the reimbursement of the fee in 2018.

		2017	2016	Yes/No
A.	Did the reporting entity write accident and health insurance premium that is subject to section 9010 of the Federal Affordable Care Act (YES/NO)?			Yes
B.	ACA fee assessment payable for the upcoming year	$ 6,964,099	$ -	
C.	ACA fee assessment paid	$ -	$ 1,158,641	
D.	Premium written subject to ACA 9010 assessment	$ 324,129,574	$ -	
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	$ 25,036,339		
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	$ 18,072,240		
G.	Authorized Control Level (Five-Year Historical Line 15)	$ 10,938,218		
H.	Would reporting the ACA assessment as of Dec. 31, 2017 have triggered an RBC action level (Yes/No)?			Yes

The collection of the assessment was suspended for 2017 and therefore the Corporation did not reflect an amount in special surplus in the statutory statements of admitted assets, liabilities, capital and surplus at December 31, 2016.

There are no other subsequent events that may have a material effect on the financial condition of the Corporation. The Corporation has evaluated subsequent events for recognition or disclosure through March 1, 2018, the date the financial statements were issued.

23. Reinsurance

None.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A., B., C. Retrospective Premium Adjustments

The Corporation estimates retrospective premium adjustments to written premium for its West Virginia Mountain Health Trust – Supplemental Security Income and West Virginia Health Bridge programs subject to risk corridor provisions by examining activity and applying the appropriate contractual limitations. For the years ended December 31, 2017 and 2016, the Corporation's net premiums written that were subject to retrospective rating features were $153,247,079 and $214,778,212, respectively, which represented 47.3% and 71.7%, respectively, of total net premiums written. The Corporation has no retrospective premiums receivable at December 31, 2017. There was a retrospective premiums receivable of $8,189,494 at December 31, 2016.

D. Medical Loss Ratio Rebates

None.

E. Risk Sharing Provisions of the Affordable Care Act

Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves of incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by $24,435,845 and $438,122, respectively, during 2017 and decreased by $5,180,108 and $150,987, respectively, during 2016 as a result of re-estimation of unpaid claims and claim adjustment expenses. Additionally, the decrease in 2017 was impacted by the recognition of $11,794,406 in claim overpayment recoveries related to certain emergency department services. The re-estimation decrease was generally the result of ongoing analysis of recent loss development trends. Original estimates are adjusted as additional information becomes known regarding individual claims.

B. The Corporation did not have any significant changes in methodologies and/or assumptions used in calculating the liability for unpaid losses and loss adjustment expense for the years ended December 31, 2017 and 2016.

26. Intercompany Pooling Arrangements

None.

NOTES TO FINANCIAL STATEMENTS

27. Structured Settlements

Not applicable.

28. Health Care Receivables

A. Pharmaceutical Rebates Receivable

The following is an analysis of pharmaceutical rebates receivable:

Quarter	Estimated Pharmacy Rebates As Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2017	$ -	$ -	$ -	$ -	$ -
09/30/2017	$ -	$ -	$ -	$ -	$ -
06/30/2017	$ 483,917	$ 516,071	$ 516,071	$ -	$ -
03/31/2017	$ 334,941	$ 472,493	$ 472,493	$ -	$ -
12/31/2016	$ 301,255	$ 304,326	$ 304,326	$ -	$ -
09/30/2016	$ 295,965	$ 301,321	$ 301,321	$ -	$ -
06/30/2016	$ 271,147	$ 289,551	$ 289,551	$ -	$ -
03/31/2016	$ 252,117	$ 250,711	$ 250,711	$ -	$ -
12/31/2015	$ 197,883	$ 197,883	$ 197,883	$ -	$ -
09/30/2015	$ -	$ -	$ -	$ -	$ -
06/30/2015	$ -	$ -	$ -	$ -	$ -
03/31/2015	$ -	$ -	$ -	$ -	$ -

Effective July, 1 2017, the Corporation is no longer administering pharmacy benefits and therefore pharmacy rebate receivables are not applicable.

B. Risk Sharing Receivables

None.

29. Participating Policies

None.

30. Premium Deficiency Reserves

None.

31. Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? West Virginia

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No [ ]

2.2 If yes, date of change: 06/20/2017

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3.4 By what department or departments?
(3.1) - Will be a group coordinated exam including West Virginia Offices of Insurance Commissioner and The Pennsylvania Insurance Department.

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
	0	

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control 0.0%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLP, 101 W. Washington Street, Suite 1300, Indianapolis, IN 46204

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Robert A. Macagnano, PricewaterhouseCoopers LLP, 400 Campus Drive Florham Park, NJ 07932

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved 0

12.13 Total book/adjusted carrying value $ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
The Code of Conduct was amended in 3Q 2017 to include the addition of Core Behaviors, language related to the Defend Trade Secrets Act of 2016, deletion of sections found to be inapplicable under the Legal and Regulatory Section, and minor editorial changes.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
0			$ 0

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers $ 0

20.12 To stockholders not officers $ 0

20.13 Trustees, supreme or grand (Fraternal only) $ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers $ 0

20.22 To stockholders not officers 0

20.23 Trustees, supreme or grand (Fraternal only) 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others $ 0

21.22 Borrowed from others $ 0

21.23 Leased from others $ 0

21.24 Other $ 0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment $ 0

22.22 Amount paid as expenses $ 0

22.23 Other amounts paid $ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs $ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

24.103 Total payable for securities lending reported on the liability page: $ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$ 0
25.22	Subject to reverse repurchase agreements	$ 0
25.23	Subject to dollar repurchase agreements	$ 0
25.24	Subject to reverse dollar repurchase agreements	$ 0
25.25	Placed under option agreements	$ 0
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	$ 0
25.27	FHLB Capital Stock	$ 0
25.28	On deposit with states	$ 100,000
25.29	On deposit with other regulatory bodies	$ 0
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$ 0
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$ 0
25.32	Other	$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		$ 0

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: $ 0

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Wesbanco Trust and Investment Services	One Bank Plaza, Wheeling, West Virginia 26003

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

1 Name of Firm or Individual	2 Affiliation
Highmark West Virginia Inc.	A

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
	Highmark West Virginia Inc.		Not a RIA	DS

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		$ 0
29.2999 TOTAL		$ 0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		$ 0	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	$ 24,316,215	$ 24,304,112	$ (12,103)
30.2	Preferred Stocks	$ 0	$ 0	$ 0
30.3	Totals	$ 24,316,215	$ 24,304,112	$ (12,103)

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are determined by the custodian bank and its pricing service or the NAIC Investment Analysis Office.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designation 5*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities? Yes [ ] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$ 0

35.1 Amount of payments for legal expenses, if any? $ 89,079

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Mitchell, Williams, Selig, Gates & Woodyard	$ 88,639

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 0

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	$ 0

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ] No [X]
1.2	If yes, indicate premium earned on U.S. business only.	$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	$ 0
	1.31 Reason for excluding:	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	$ 0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	$ 0
1.6	Individual policies:	
	Most current three years:	
	1.61 Total premium earned	$ 0
	1.62 Total incurred claims	$ 0
	1.63 Number of covered lives	0
	All years prior to most current three years:	
	1.64 Total premium earned	$ 0
	1.65 Total incurred claims	$ 0
	1.66 Number of covered lives	0
1.7	Group policies:	
	Most current three years:	
	1.71 Total premium earned	$ 0
	1.72 Total incurred claims	$ 0
	1.73 Number of covered lives	0
	All years prior to most current three years:	
	1.74 Total premium earned	$ 0
	1.75 Total incurred claims	$ 0
	1.76 Number of covered lives	0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 324,129,574	$ 299,576,726
2.2	Premium Denominator	$ 324,129,574	$ 299,576,726
2.3	Premium Ratio (2.1/2.2)	100.0%	100.0%
2.4	Reserve Numerator	$ 34,745,678	$ 38,563,924
2.5	Reserve Denominator	$ 34,745,678	$ 38,563,924
2.6	Reserve Ratio (2.4/2.5)	100.0%	100.0%

3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [ ] No [X]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [ ] No [ ]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [ ] No [X]
5.2	If no, explain: The Corporation relies on its reserves to maintain the entire risk.	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical	$ 0
	5.32 Medical Only	$ 0
	5.33 Medicare Supplement	$ 0
	5.34 Dental and Vision	$ 0
	5.35 Other Limited Benefit Plan	$ 0
	5.36 Other	$ 0

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
The Corporation's provider agreements generally contain hold harmless provisions protecting the subscriber and dependents from the risk of insolvency.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 8,226

8.2 Number of providers at end of reporting year 8,554

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees with rate guarantees between 15-36 months $ 0

9.22 Business with rate guarantees over 36 months $ 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses 0

10.22 Amount actually paid for year bonuses 923,887

10.23 Maximum amount payable withholds 0

10.24 Amount actually paid for year withholds 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [ ] No [X]

11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.
West Virginia

11.4 If yes, show the amount required. $ 2,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
West Virginia

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $ 0

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit 5 Letters of Credit	6 Trust Agreements	7 Other
	0		$ 0	$ 0	$ 0	$ 0

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written $ 0

15.2 Total Incurred Claims $ 0

15.3 Number of Covered Lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	67,095,623	60,748,582	51,026,356	5,388,589	0
2. Total liabilities (Page 3, Line 24)	42,059,284	52,422,557	46,117,952	1,810,983	0
3. Statutory minimum capital and surplus requirement	2,000,000	2,000,000	2,000,000	2,000,000	0
4. Total capital and surplus (Page 3, Line 33)	25,036,339	8,326,025	4,908,404	3,577,606	0
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	324,129,574	299,576,726	102,636,211	1,698,059	0
6. Total medical and hospital expenses (Line 18)	270,880,397	281,442,577	96,142,719	1,528,253	0
7. Claims adjustment expenses (Line 20)	9,502,842	9,657,164	3,662,190	64,187	0
8. Total administrative expenses (Line 21)	24,129,268	12,891,906	5,441,824	1,312,327	0
9. Net underwriting gain (loss) (Line 24)	19,617,067	4,624,482	(11,649,925)	(1,206,708)	0
10. Net investment gain (loss) (Line 27)	169,444	304,590	175	(8,185)	0
11. Total other income (Lines 28 plus 29)	0	0	0	(1,558,161)	0
12. Net income or (loss) (Line 32)	18,565,616	4,929,072	(11,649,750)	(2,773,054)	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	63,992,782	(33,814,499)	16,876,399	(962,070)	0
Risk-Based Capital Analysis					
14. Total adjusted capital	25,036,339	8,326,025	4,908,404	3,577,606	0
15. Authorized control level risk-based capital	10,938,218	11,315,227	4,262,522	861,188	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	66,489	62,350	53,253	3,202	0
17. Total member months (Column 6, Line 7)	830,863	715,825	305,361	6,104	0
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	83.6	93.9	93.7	90.0	0.0
20. Cost containment expenses	1.7	1.5	0.4	1.1	0.0
21. Other claims adjustment expenses	1.3	1.7	3.1	2.7	0.0
22. Total underwriting deductions (Line 23)	93.9	98.5	111.4	171.1	0.0
23. Total underwriting gain (loss) (Line 24)	6.1	1.5	(11.4)	(71.1)	0.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	13,000,578	29,484,315	752,678	0	0
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	37,436,423	34,666,723	1,202,731	0	0
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama AL	N	0	0	0	0	0	0	0	0
2. Alaska AK	N	0	0	0	0	0	0	0	0
3. Arizona AZ	N	0	0	0	0	0	0	0	0
4. Arkansas AR	N	0	0	0	0	0	0	0	0
5. California CA	N	0	0	0	0	0	0	0	0
6. Colorado CO	N	0	0	0	0	0	0	0	0
7. Connecticut CT	N	0	0	0	0	0	0	0	0
8. Delaware DE	N	0	0	0	0	0	0	0	0
9. District of Columbia DC	N	0	0	0	0	0	0	0	0
10. Florida FL	N	0	0	0	0	0	0	0	0
11. Georgia GA	N	0	0	0	0	0	0	0	0
12. Hawaii HI	N	0	0	0	0	0	0	0	0
13. Idaho ID	N	0	0	0	0	0	0	0	0
14. Illinois IL	N	0	0	0	0	0	0	0	0
15. Indiana IN	N	0	0	0	0	0	0	0	0
16. Iowa IA	N	0	0	0	0	0	0	0	0
17. Kansas KS	N	0	0	0	0	0	0	0	0
18. Kentucky KY	N	0	0	0	0	0	0	0	0
19. Louisiana LA	N	0	0	0	0	0	0	0	0
20. Maine ME	N	0	0	0	0	0	0	0	0
21. Maryland MD	N	0	0	0	0	0	0	0	0
22. Massachusetts MA	N	0	0	0	0	0	0	0	0
23. Michigan MI	N	0	0	0	0	0	0	0	0
24. Minnesota MN	N	0	0	0	0	0	0	0	0
25. Mississippi MS	N	0	0	0	0	0	0	0	0
26. Missouri MO	N	0	0	0	0	0	0	0	0
27. Montana MT	N	0	0	0	0	0	0	0	0
28. Nebraska NE	N	0	0	0	0	0	0	0	0
29. Nevada NV	N	0	0	0	0	0	0	0	0
30. New Hampshire NH	N	0	0	0	0	0	0	0	0
31. New Jersey NJ	N	0	0	0	0	0	0	0	0
32. New Mexico NM	N	0	0	0	0	0	0	0	0
33. New York NY	N	0	0	0	0	0	0	0	0
34. North Carolina NC	N	0	0	0	0	0	0	0	0
35. North Dakota ND	N	0	0	0	0	0	0	0	0
36. Ohio OH	N	0	0	0	0	0	0	0	0
37. Oklahoma OK	N	0	0	0	0	0	0	0	0
38. Oregon OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania PA	N	0	0	0	0	0	0	0	0
40. Rhode Island RI	N	0	0	0	0	0	0	0	0
41. South Carolina SC	N	0	0	0	0	0	0	0	0
42. South Dakota SD	N	0	0	0	0	0	0	0	0
43. Tennessee TN	N	0	0	0	0	0	0	0	0
44. Texas TX	N	0	0	0	0	0	0	0	0
45. Utah UT	N	0	0	0	0	0	0	0	0
46. Vermont VT	N	0	0	0	0	0	0	0	0
47. Virginia VA	N	0	0	0	0	0	0	0	0
48. Washington WA	N	0	0	0	0	0	0	0	0
49. West Virginia WV	L	0	0	324,129,574	0	0	0	324,129,574	0
50. Wisconsin WI	N	0	0	0	0	0	0	0	0
51. Wyoming WY	N	0	0	0	0	0	0	0	0
52. American Samoa AS	N	0	0	0	0	0	0	0	0
53. Guam GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands MP	N	0	0	0	0	0	0	0	0
57. Canada CAN	N	0	0	0	0	0	0	0	0
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	324,129,574	0	0	0	324,129,574	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a) 1	0	0	324,129,574	0	0	0	324,129,574	0

DETAILS OF WRITE-INS

58001.	0	0	0	0	0	0	0	0
58002.	0	0	0	0	0	0	0	0
58003.	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for line 58	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 through 58003 + 58998)	0	0	0	0	0	0	0	0

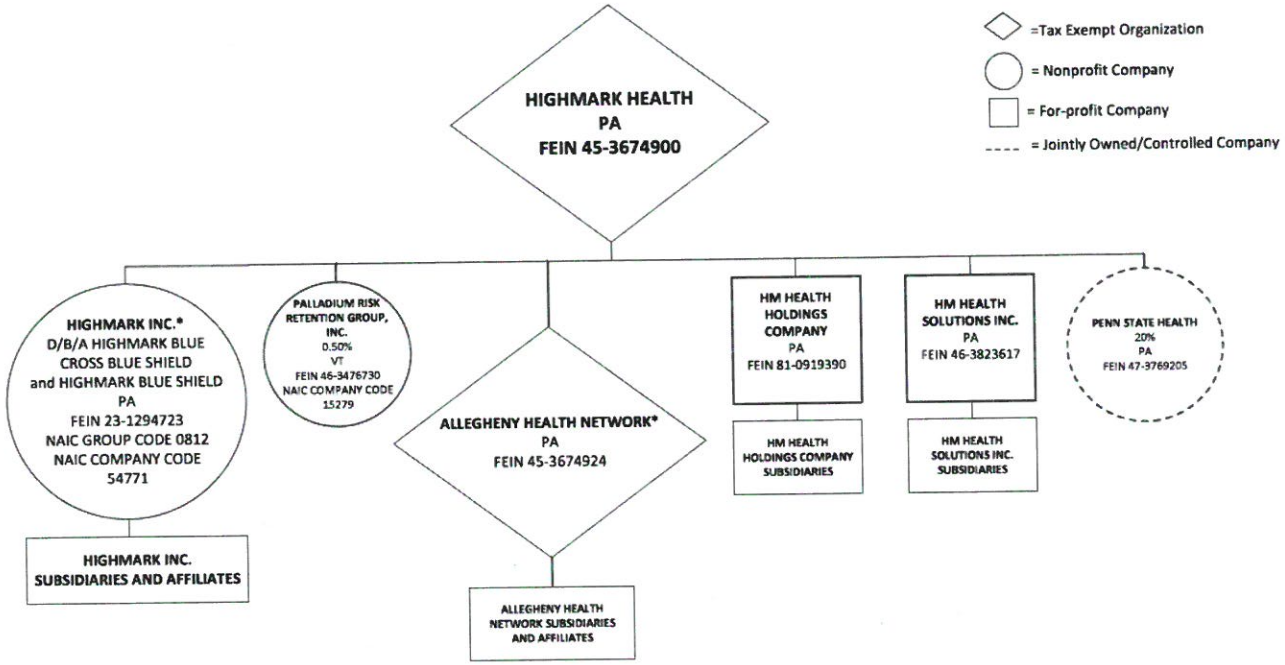
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

All premiums written within the state of West Virginia

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



* Highmark Health maintains control through ability to appoint the board of directors as sole member or sole corporate member.

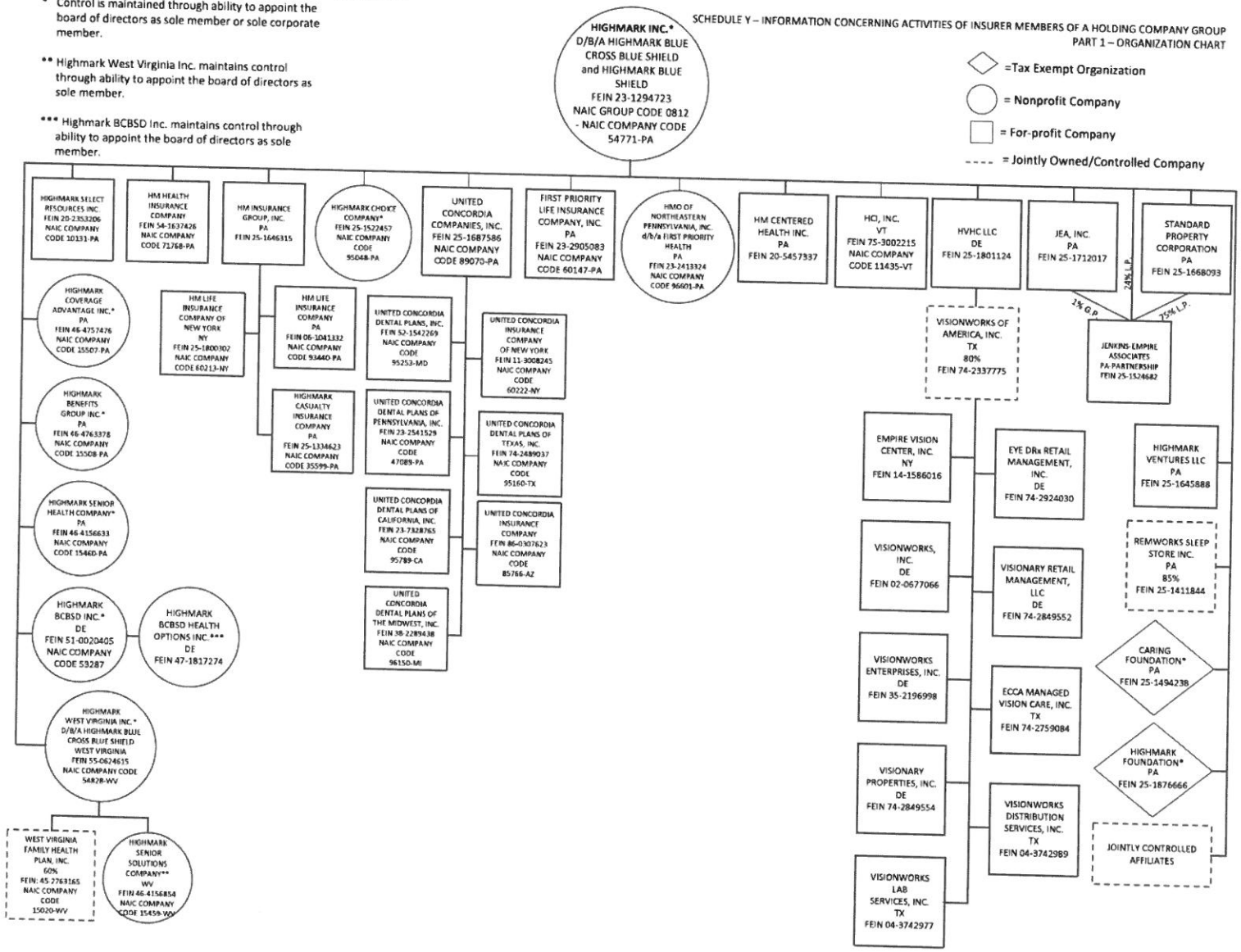
Statement as of December 31, 2017 of the **West Virginia Family Health Plan, Inc.**

* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.

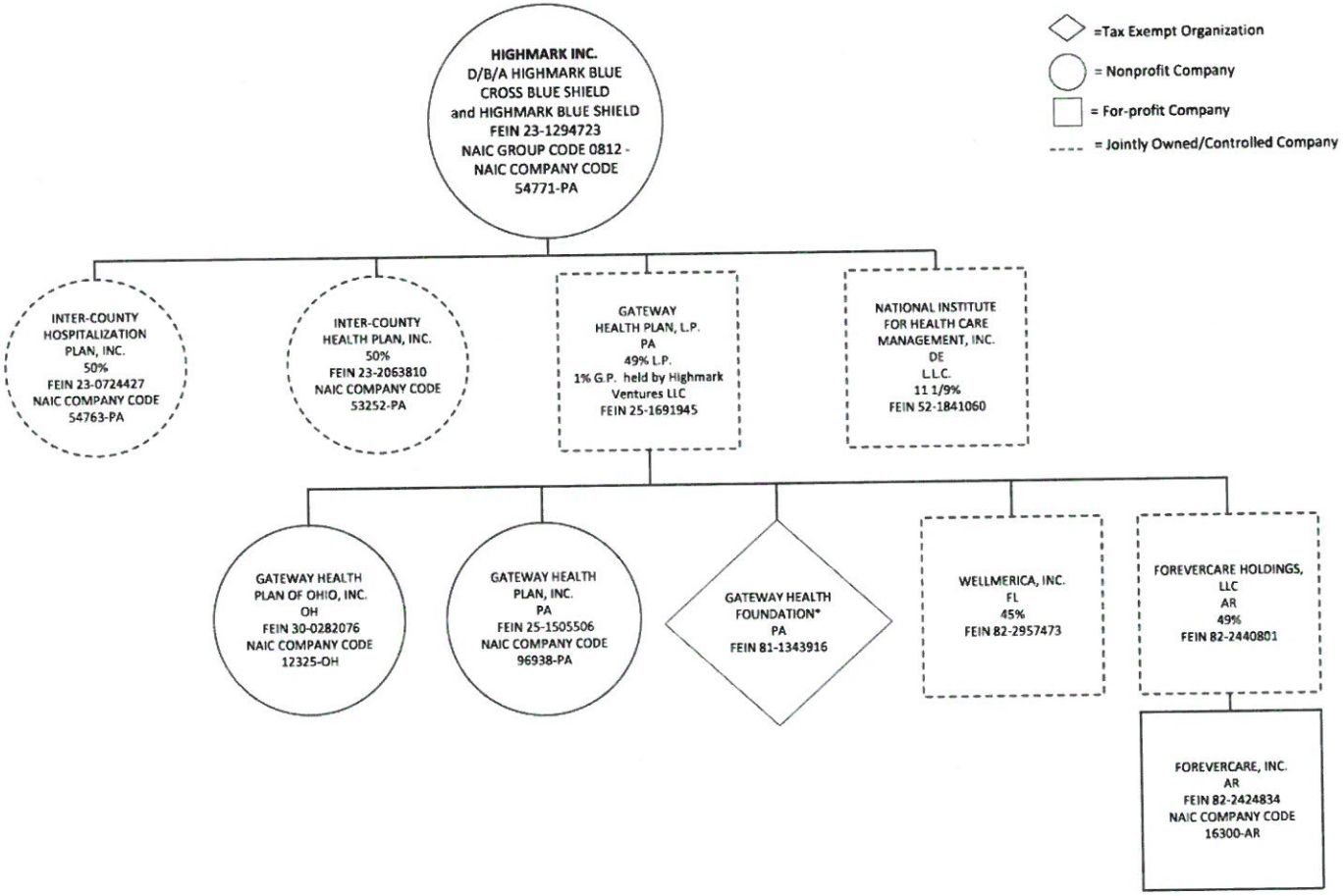
** Highmark West Virginia Inc. maintains control through ability to appoint the board of directors as sole member.

*** Highmark BCBSD Inc. maintains control through ability to appoint the board of directors as sole member.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

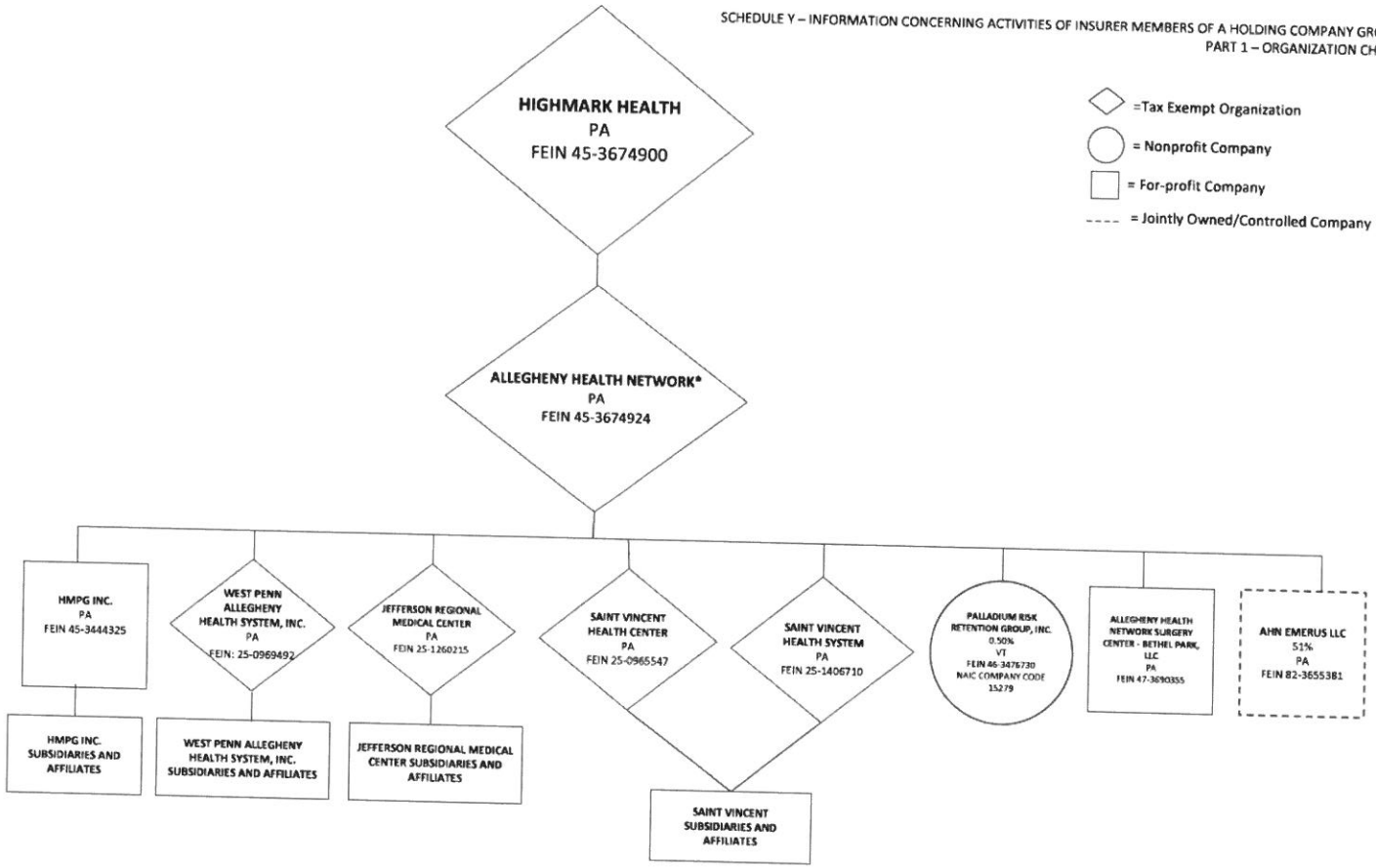


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



* Control is maintained through ability to appoint the board of directors as sole member or sole corporate member.

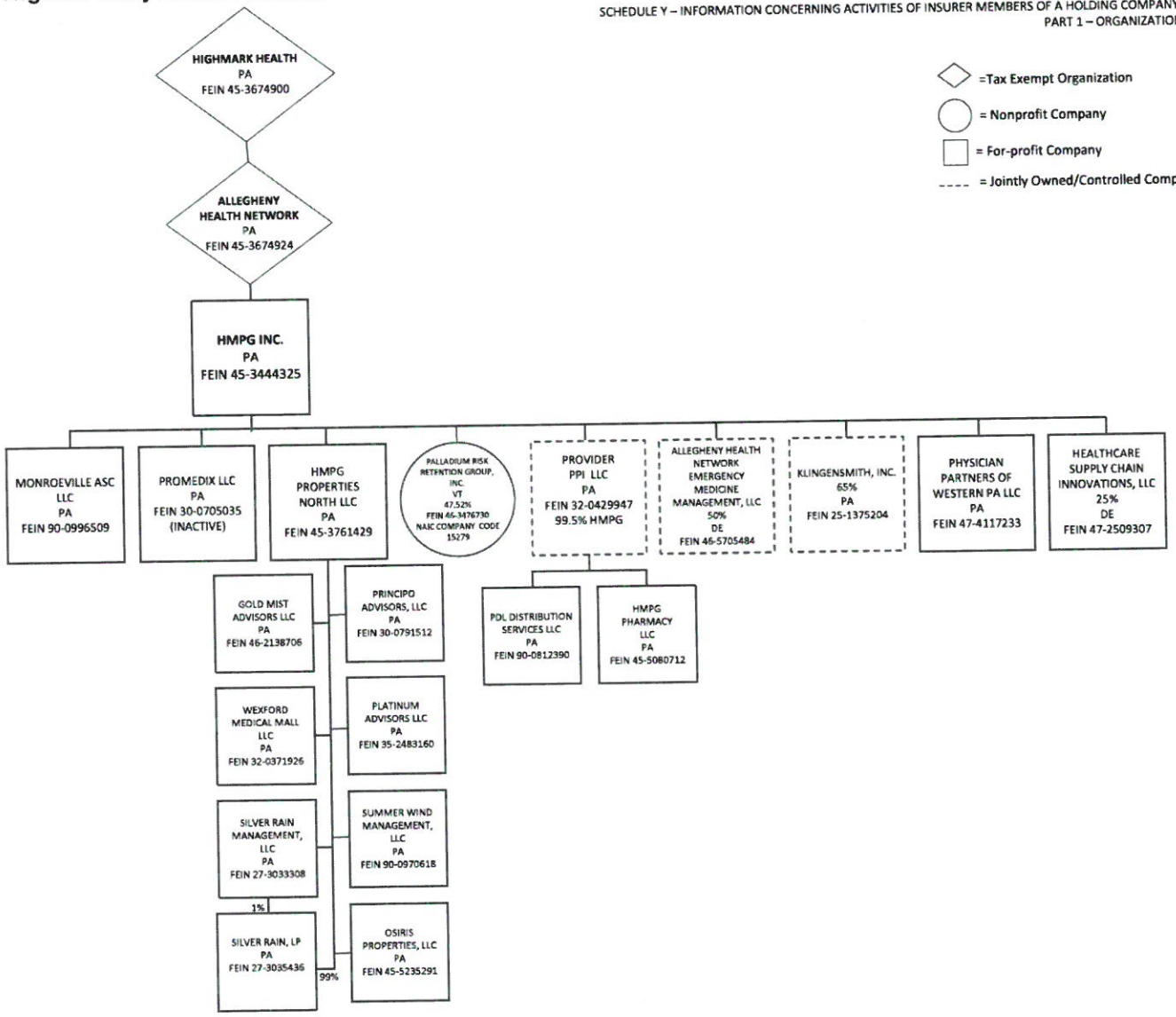
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



* Highmark Health maintains control through ability to appoint the board of directors as sole member.

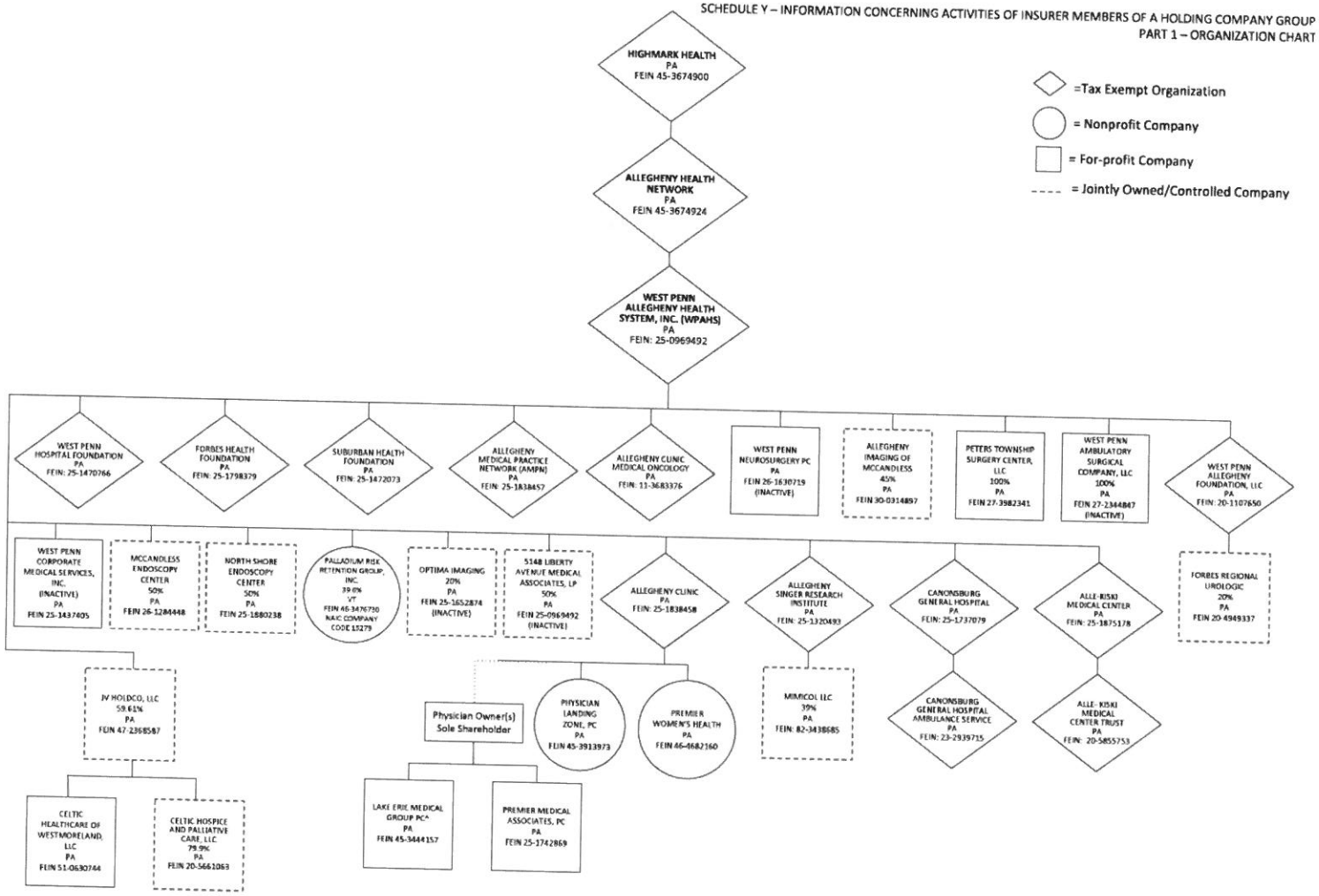
Statement as of December 31, 2017 of the **West Virginia Family Health Plan, Inc.**

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

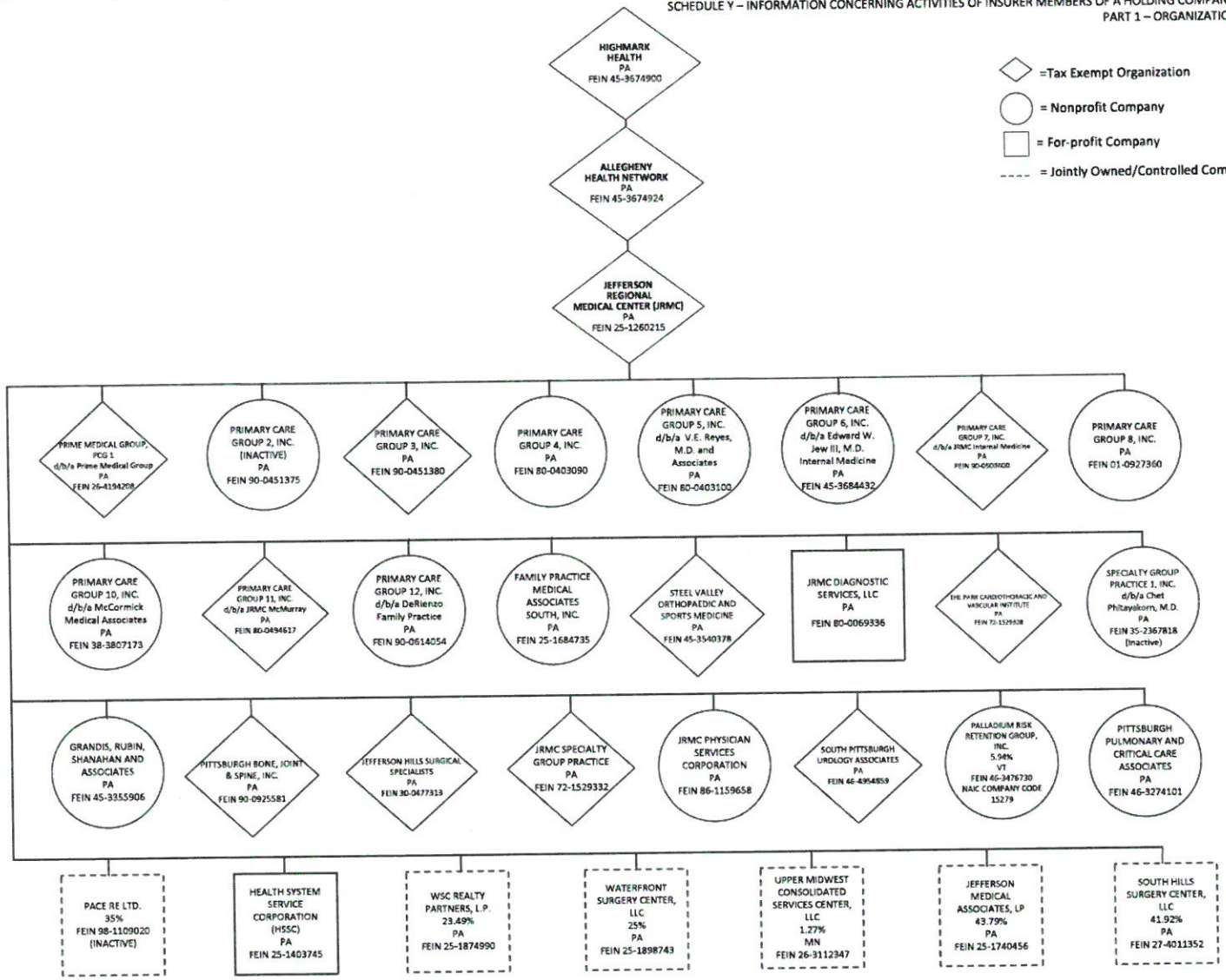


Statement as of December 31, 2017 of the **West Virginia Family Health Plan, Inc.**

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

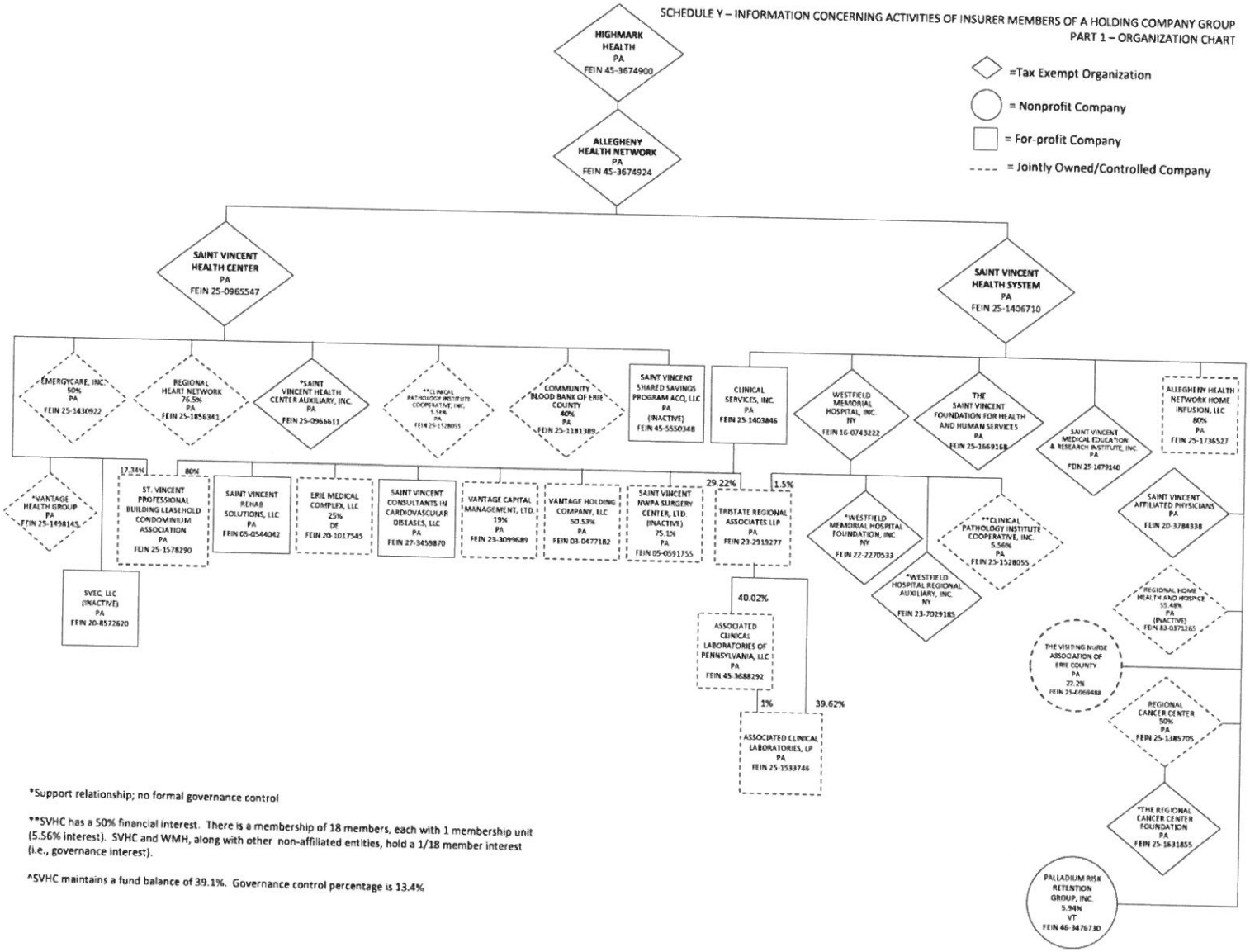


SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



Statement as of December 31, 2017 of the **West Virginia Family Health Plan, Inc.**

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

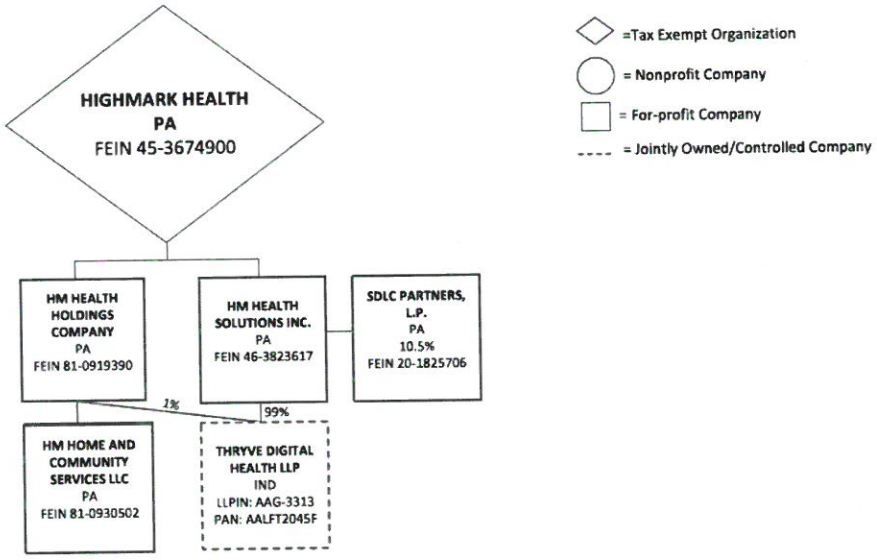


*Support relationship; no formal governance control

**SVHC has a 50% financial interest. There is a membership of 18 members, each with 1 membership unit (5.56% interest). SVHC and WMH, along with other non-affiliated entities, hold a 1/18 member interest (i.e., governance interest).

^SVHC maintains a fund balance of 39.1%. Governance control percentage is 13.4%

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



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