Aetna Better Health®

Medicaid Managed Care

CAHPS

Provider Partnership Toolkit

Practical strategies to improve the member experience — together

Understand • Contribute • Collaborate • Improve

PREPARED FOR

Our Valued Provider Partners

A partnership resource for improving CAHPS® and member experience

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Welcome and Introduction

Working Together to Improve the Member Experience

At Aetna Better Health, we recognize that providers are at the heart of every member's healthcare journey. Every phone call, office visit, referral, follow-up, and conversation creates an opportunity to build trust, improve health outcomes, and strengthen the member experience.

This toolkit was developed to support our provider partners with practical strategies, proven best practices, and simple tips that can be incorporated into everyday workflows. Together, we can help ensure members receive timely, coordinated, compassionate care while improving the experiences that matter most to them.

Our Commitment to Providers

Improving member experience is a shared responsibility and a shared opportunity. Aetna Better Health is committed to partnering with providers by:

- Sharing CAHPS best practices and performance insights
- Providing educational tools and resources
- Helping identify barriers that impact member access and experience
- Supporting care coordination efforts across the continuum of care
- Working collaboratively to improve health outcomes and member satisfaction

Together, we can strengthen the healthcare experience for every member we serve.

Your Aetna Better Health Support Team

You don't have to do this alone. Reach the right partner in one step:

- **Practice Transformation Associates (PTAs):** Performance data, coaching, workflow support, and best practices.
- **Care Management:** Outreach and navigation for high-risk and complex members.
- **Member Services:** Help members find in-network providers, understand benefits, and access transportation.
- **Provider Relations:** Portal access, referrals, and day-to-day practice support.

Why CAHPS Matters

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is more than a measurement tool—it is one of the most important ways our members tell us how their care feels and how well the system is working for them. It's a nationally recognized tool that captures members' perspectives about their healthcare experiences. At the center of that experience is you—the provider. The way care is delivered every day directly shapes how members answer the survey.

Why It Matters to Your Practice

- **Quality ratings:** CAHPS results feed publicly reported quality and Star-type ratings that reflect on your practice and our network.
- **Medicaid incentives:** State programs increasingly tie quality incentives and withholds to member experience performance.
- **Reputation & retention:** Members who feel heard and supported stay engaged, keep appointments, and remain with their care team.
- **Better outcomes:** The behaviors that raise CAHPS scores—timely access, clear communication, coordinated care—are the same ones that drive healthier members.

What Members Evaluate

CAHPS measures the experiences that matter most to members, including timely access to care, provider communication, care coordination, and overall healthcare experience. Providers and office staff influence these experiences through every interaction with members.

How Your Everyday Actions Connect to CAHPS

Use this crosswalk to see exactly where you and your staff move the needle:

CAHPS Measure	What the Member Is Asked	What You Control
Getting Needed Care	Was it easy to get needed care and appointments with specialists?	Referral tracking, in-network guidance
Getting Care Quickly	Did you get care and appointments as soon as you needed?	Same-day slots, proactive delay communication
How Well Doctors Communicate	Did your provider listen, explain clearly, and show respect?	Teach-Back, plain language, adequate time
Care Coordination	Did your care team seem informed about visits, tests, and medications?	Closing the loop, medication reconciliation
Rating of Doctor / Care	Overall, how would you rate your doctor and your health care (0–10)?	Every touchpoint combined

CAHPS Performance Drivers

1. Improving Access to Care

Access to care is one of the strongest drivers of member experience. Members expect needed care, services, tests, and specialist appointments without unnecessary barriers or delays. Providers and office staff can help by identifying obstacles early, connecting members to appropriate in-network services, and supporting timely follow-up.

What Members Are Asked — Getting Needed Care

- How often was it easy to get needed care?
- How often was it easy to get appointments with specialists?

What Providers Can Do

- Maintain referral tracking processes
- Assist with specialist scheduling
- Educate members about in-network options
- Maintain accurate provider directory information, including office hours, phone numbers, practice locations, and panel status

Need to update your provider information? Contact your Provider Services Representative or review your Aetna Better Health Provider Manual for details.

2. Improving Timely Access to Care

Timely access reflects whether members can obtain care and appointments as soon as they need them. Practices can improve this experience by monitoring appointment availability, maintaining waitlists, reserving same-day or urgent slots, educating members about after-hours options, and communicating proactively when delays occur.

What Members Are Asked — Getting Care Quickly

- 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 as soon as you needed?

What Providers Can Do

- Schedule follow-up visits before members leave the office
- Educate members on after-hours care options

Everyday Strategies for Timely Access

Before the Visit

- Offer multiple scheduling options—online portals, text, email, and phone—to improve convenience.
- Reserve same-day and urgent appointment slots each day for immediate needs.
- Offer extended access, including evening/weekend hours, virtual visits, telehealth, and phone consultations.
- Assess barriers such as transportation and connect members to resources to prevent missed appointments.

During the Visit

- Educate members about after-hours options—nurse advice lines, telehealth, urgent care, and when emergency care is appropriate.

- Help members identify in-network providers and services (labs, imaging, radiology, specialists) to reduce delays and out-of-pocket costs.

The Exam Room Experience

During the visit, maintain eye contact, actively listen, and minimize distractions created by computer screens. Small changes in communication can significantly improve the member's experience. Focus on:

- Maintaining eye contact
- Being fully present
- Reducing barriers created by computer screens

Before the Member Leaves

- Schedule follow-up appointments, annual wellness visits, and recommended preventive care before checkout.
- Communicate any expected delays and confirm next steps.

Did You Know?

Member Services can help members:

- Locate participating providers and identify specialists
- Find in-network laboratories and imaging facilities
- Understand plan benefits and access transportation resources

Provider Tip: Encourage members to contact Member Services when additional assistance is needed. The Member Services phone number is located on the back of their ID card.

3. Strengthening Provider Communication

Clear, respectful communication builds trust and supports treatment adherence. Members value providers who listen carefully, explain information in plain language, answer questions, and confirm understanding before the visit ends. Techniques such as Teach-Back help identify misunderstandings and reinforce next steps.

What Members Are Asked — How Well Doctors Communicate

- How often did your provider explain things in a way that was easy to understand?
- How often did your provider listen carefully to you?
- How often did your provider show respect for what you had to say?
- How often did your provider spend enough time with you?

What Providers Can Do

- Use plain language and avoid medical jargon
- Confirm understanding with the Teach-Back technique

- Encourage questions and listen without interrupting
- Allow adequate time for each visit

Did You Know?

The Agency for Healthcare Research and Quality (AHRQ) offers free training and resources on Teach-Back techniques through its SHARE Approach: ahrq.gov/sdm/share-approach.

4. Improving Care Coordination

Many Medicaid members receive care from multiple providers, specialists, hospitals, pharmacies, and community organizations. Members feel more supported when their healthcare team understands recent visits, medications, referrals, test results, and follow-up needs.

What Members Are Asked — Care Coordination

- How often did your provider seem to know the important information about your medical history?
- When your provider ordered a test, how often did someone follow up to give you the results?
- How often did you and your provider talk about all the prescription medicines you were taking?

What Providers Can Do

- Review the member's history and medications before the visit
- Follow up promptly to share test results
- Reconcile medications at every visit
- Close the loop on referrals and specialist reports

Did You Know?

A daily team huddle can help your practice anticipate members' needs and strengthen care coordination. The American Medical Association offers a Daily Team Huddle Toolkit: edhub.ama-assn.org/steps-forward.

5. Enhancing the Overall Member Experience

Overall experience ratings reflect the full journey: access, communication, coordination, respect, responsiveness, and follow-through. Every team member contributes, from answering phones and scheduling appointments to delivering clinical care and closing the loop after visits.

Putting CAHPS Best Practices into Action

Front Office and Staff Engagement

The Staff Role in Member Experience

The member experience often begins before a clinical encounter occurs. Front office staff influence perceptions through scheduling, registration, answering questions, managing referrals, and assisting with care coordination. A friendly, respectful, and helpful interaction can significantly improve how members view the practice.

Customer Service Best Practices

Every staff interaction should demonstrate professionalism, empathy, and a commitment to helping members access the care they need. Excellent customer service contributes to member loyalty and a positive healthcare experience.

Managing Delays and Difficult Situations

Members may become frustrated when facing delays, scheduling challenges, or unexpected issues. Staff who communicate proactively, acknowledge concerns, and offer solutions help preserve trust and satisfaction.

Supporting Member Navigation

Navigating the healthcare system can be difficult for many members. Staff can provide meaningful support by assisting with referrals, specialist appointments, transportation resources, and follow-up scheduling.

Members Form Impressions Every Day

Members form opinions when they:

- Call the office and schedule appointments
- Check in at the front desk
- Wait in the lobby and check out after a visit
- Ask questions about referrals and receive test results

Friendly, respectful interactions at each touchpoint can significantly influence overall CAHPS ratings.

Continuous CAHPS Improvement

Improving Member Experience Year-Round

CAHPS improvement should be a continuous effort, not limited to survey season. Consistently delivering positive experiences throughout the year creates lasting improvements in satisfaction and healthcare quality.

Incorporating CAHPS Into Daily Operations

Organizations achieve stronger results when CAHPS principles are integrated into everyday workflows, performance discussions, and quality improvement efforts.

Staff Huddles and Team Engagement

Regular staff huddles provide opportunities to reinforce member experience goals, celebrate successes, discuss challenges, and share best practices.

Using Member Feedback to Drive Improvement

Member complaints, grievances, surveys, and informal feedback provide valuable insight into opportunities for improving access, communication, and overall service delivery.

Member Engagement and Activation

Encouraging Shared Decision-Making

Members who actively participate in healthcare decisions are more likely to understand treatment plans, follow recommendations, and report positive care experiences.

Promoting Preventive Care

Preventive services help identify health concerns early and improve long-term outcomes. Encouraging wellness visits, screenings, and immunizations supports both quality and member satisfaction.

Supporting Member Self-Management

Members who understand how to manage chronic conditions, medications, and follow-up care are better equipped to achieve positive health outcomes.

Increasing Member Portal Utilization

Member portals provide convenient access to health information, test results, appointment scheduling, and communication with providers. Encourage portal enrollment and take time to ensure members know how to use portal features for appointments, test results, medication requests, and communication with their care team.

Your Partners in Member Experience

Improving member experience is a shared responsibility. Three Aetna Better Health teams work alongside you every day—Provider Relations, Practice Transformation Associates, and Care Management. Together, they help you turn data and member feedback into practical action.

Provider Relations

Provider Relations serves as a dedicated resource to practitioners and providers by offering education, support, and guidance to help foster strong partnerships and ensure a positive provider experience. Each provider group is assigned a dedicated Provider Relations representative, allowing offices to build a consistent working relationship with a familiar point of contact. Representatives conduct routine outreach through office visits, virtual meetings, and phone consultations, and are available to support providers as needed. Provider Relations will:

- Serve as the primary contact for provider inquiries, concerns, and issue resolution.
- Educate providers on health plan policies, procedures, and programs.
- Support provider onboarding to ensure providers have the support needed to deliver quality care to members.
- Assist providers with access to secure portals, tools, and resources.
- Monitor compliance with state, federal, and contractual requirements.
- Conduct provider outreach and satisfaction surveys to identify improvement opportunities.

Need Assistance? News, electronic messages, and specialized mailings are sent periodically with manual updates, policy or benefit changes, and general news of interest. Contact your assigned representative anytime for support.

Practice Transformation Associates

Supporting Providers Through Data, Insights, and Practice Improvement

Practice Transformation Associates (PTAs) partner with providers to turn data and member feedback into practical improvement strategies. PTAs help practices identify opportunities, understand performance trends, share best practices, and implement changes that strengthen access, communication, care coordination, and overall member experience.

How PTAs Support Providers

- Review CAHPS, quality, access, and member experience data to identify strengths and opportunities.
- Share practical workflows and best practices from across the provider network.
- Support improvement plans related to scheduling, referrals, outreach, care gaps, portal use, and follow-up.

- Provide staff education, huddle topics, coaching resources, and year-round CAHPS reminders.

Need Assistance? Contact your Aetna Better Health Practice Transformation Associate for personalized support, performance insights, educational resources, and practice improvement strategies designed to meet the unique needs of your organization.

Care Management

How Care Management Supports Members and Providers

Care Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet the comprehensive medical, behavioral health and psychosocial needs of an individual and the individual's family, while promoting quality, cost-effective outcomes. Care Management teams help bridge gaps between healthcare services, community resources, and member needs. In partnership with providers, Care Managers can support access, reinforce treatment plans, address social barriers, and help members navigate care more confidently.

- Support high-risk members, including those with complex conditions, recent hospitalizations, or significant barriers to care.
- Help members schedule primary care, specialty care, follow-up visits, transportation, and telehealth services when appropriate.
- Coordinate across providers, specialists, hospitals, pharmacies, and community organizations.
- Address social needs such as transportation, food insecurity, housing concerns, utility needs, caregiver support, and behavioral health resources.
- Reinforce care plans, medication instructions, preventive screenings, referrals, and provider recommendations.

Strong collaboration between providers and Care Management can improve access, care coordination, provider communication, overall healthcare ratings, and member confidence in the care journey.

When to Refer to Care Management

Refer members who:

- Have co-occurring physical and behavioral conditions
- High risk pregnancy
- Are at high risk for inpatient or emergency department utilization
- Experience frequent or unplanned care transitions
- Have new, unstable, or poorly controlled chronic conditions.

How to Make a Care Management Referral

Early referrals allow Care Management teams to engage members proactively, address barriers to care, and provide individualized support that improves outcomes and satisfaction. Providers can:

- Call Aetna Better Health Member/Provider Services at the number on the member's ID card and follow the prompts for Care Management.
- Contact the member's assigned Care Manager directly, if known.
- Reach out to your Provider Relations representative or Practice Transformation Associate for help identifying the right program.

Summary

Creating Exceptional Member Experiences Every Day

Exceptional member experiences are built through hundreds of small interactions every day. Every conversation, appointment, referral, follow-up call, and care coordination activity contributes to how members perceive their healthcare experience.

CAHPS measures timely access, provider communication, care coordination, and overall healthcare quality. Focusing on these areas helps practices strengthen trust, improve satisfaction, close care gaps, and support better health outcomes.

Together, we can create a more connected, compassionate, and reliable healthcare experience for every member we serve.

Top Behaviors That Influence CAHPS

- ✓ Listen carefully
- ✓ Explain things clearly
- ✓ Show respect
- ✓ Spend adequate time
- ✓ Coordinate care
- ✓ Follow up on referrals
- ✓ Provide timely appointments

Quick Reference Guide

Providers

- Communicate clearly.
- Address care gaps.
- Coordinate care.
- Review medications.
- Follow up on tests and referrals.

Front Office Staff

- Notify members of delays.
- Assist with scheduling and referrals.
- Support portal registration.
- Schedule follow-up appointments.

Back Office Staff

- Encourage questions.
- Reinforce next steps.
- Support adherence to treatment plans.

Key Takeaway

Every interaction contributes to how members experience care. By working together—providers, office staff, Practice Transformation Associates, Care Management, and health plan partners—we can improve access, strengthen communication, coordinate care, close gaps, and help members feel supported throughout their healthcare journey.

CAHPS Daily Best Practices Checklist

- ☐ Greet members respectfully and communicate clearly.
- ☐ Use plain language and Teach-Back to confirm understanding.
- ☐ Address preventive care gaps, medications, referrals, and follow-up needs.
- ☐ Schedule follow-up appointments before checkout whenever possible.
- ☐ Communicate delays proactively and offer available access options.
- ☐ Review test results promptly and close the loop with members.
- ☐ Encourage portal use and connect members to support resources when needed.