

## 2022 Member Satisfaction Results

### CAHPS Survey Results

The *Consumer Assessment of Healthcare Providers and Systems* (CAHPS<sup>®</sup>) Survey is a measure of member satisfaction that examines the percentage of members “satisfied” with the health plan. It empowers prospective members to benefit from the experience of others. Overall levels of satisfaction provide a general indication of whether a health plan is meeting enrollee expectations. Aetna Better Health uses the NCQA HEDIS CAHPS 5.1H Membership Satisfaction Survey to assess member satisfaction. Members surveyed were selected from a random sample of all eligible members.

Our 2022 CAHPS<sup>®</sup> member satisfaction scores revealed improvement in the following areas:

Measure	Improvement over 2021		
	Adult	Child	Child w/ Chronic Conditions
Rating of Personal MD	X	X	X
Rating of all Health Care			X
Rating of Health Plan		X	

The following are some physician-related measures where we did not reach our goals in 2022. These measures provide opportunities for future improvement:

Physician-Related Measures	Goals not Reached		
	Adult	Child	Child w/ Chronic Conditions
Rating of Personal MD		X	
Rating of Specialist	X	X	X
Rating of all Health Care	X	X	X
Coordination of Care		X	X

Here are a few tips that may enhance your time with Aetna Better Health members and help to improve their healthcare experiences:

- Be an active listener
- Ask the member to repeat in their own words what instructions were given to them
- Rephrase instructions in simpler terms if needed
- Clarify words that may have multiple meanings to the member
- Limit use of medical jargon
- Be aware of situations where there may be cultural or language barriers

## Complaint Trends

Member complaints are another way that we measure member satisfaction. The following types of complaints were received in 2021:

Complaint Category	2021 Total Complaints	
	Non-BH (Medical)	Behavioral Health
Quality of Care	7	4
Access	2	1
Attitude & Service	44	1
Billing / Financial	104	0
Quality of Practitioner Office Site	1	0
<b>TOTAL</b>	<b>158</b>	<b>6</b>
<b>Complaints per thousand Members</b>	<b>0.77</b>	<b>0.03</b>

The largest number of complaints received by the health plan is related to billing and financial issues. Your staff can help by asking Medicaid members for a copy of their ID card to ensure that claims will process correctly.

### **Aetna Better Health members who obtain in-network care should never be balance billed.**

Aetna Better Health continues to work to improve member satisfaction with our health plan and with the health care members receive. We offer the following resources to help you as you provide care to our members:

- **Case Managers** are available to assist you in arranging timely care/services for our members.
- **Member Services Representatives** are available to assist with general member questions and concerns.
- Your **Provider Relations Representative** is available to assist you with any questions or issues.

If we can help you in any way, please call **(888) 348-2922**.