

## 2025 Member Satisfaction Results

### CAHPS Survey Results

The *Consumer Assessment of Healthcare Providers and Systems* (CAHPS®) 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 2025 CAHPS® member satisfaction scores revealed **improvement** in the following areas:

Measure	Improvement over 2024		
	Adult	Child	Child w/ Chronic Conditions
Getting Needed Care			X
Getting Care Quickly	X		X
Rating of Personal MD			X
Rating of Specialist MD		X	X
Rating of all Health Care			X
Coordination of Care			X
Rating of Health Plan			X
Customer Service	X		X

The following are some physician-related measures where we did not reach our goals in 2025. 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	
Coordination of Care		X	X
Health Plan	X	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 2024:

Complaint Category	2024 Total Complaints	
	Non-BH (Medical)	Behavioral Health
Quality of Care	42	13
Access	8	0
Attitude & Service	87	0
Billing / Financial	904	2
Quality of Practitioner Office Site	0	0
<b>TOTAL</b>	<b>1,041</b>	<b>15</b>
<b>Complaints per thousand Members</b>	<b>6.20</b>	<b>0.09</b>

Billing and financial issues continue to be the largest driver of complaints received by the health plan. Your staff can help by asking Medicaid members for a copy of their insurance ID card(s) 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**.