CAHPS® and Member Satisfaction
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 member expectations. Aetna Better Health of Nebraska uses the NCQA CAHPS 5.0H Membership Satisfaction Survey to assess member satisfaction. Members surveyed were selected from a random sample of all eligible members.

Our CAHPS® 2015 member satisfaction scores revealed improvement in some areas, such as:

- Rating of their personal doctor
- How well doctor's communicate

The following physician-related measures provide opportunities for future improvement:

- Getting appointments with specialists
- Getting needed care from PCPs and Specialists

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

- 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

Member complaints are another way that we measure member satisfaction. A majority of complaints are related to billing and financial issues. Your staff can help by asking Medicaid members for a copy of their ID card to ensure claims will process correctly. Members who obtain in-network care should never be balance billed.

Aetna Better Health of Nebraska 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. You can call Member Services at **1-888-784-2693** (TTY) and ask to speak with a Case Manager.

• Member Service Representatives are available to assist with general member issues including claims and billing questions. You can reach Member Services at **1-888-784-2693** for assistance.

• Your Provider Relations Representative is available to assist you with any questions or issues. If you have questions on a member's eligibility or benefits, you can call Member Services at **1-888-784-2693**. If you have provider questions or issues, you can reach Provider Relations at **1-800-865-2673**.

To view a copy of what was sent to Aetna Better Health of Nebraska members regarding the upcoming survey, click [here](#).

For more information on CAHPS® see our Quality Program using the link found [here](#).

Click on 'For Providers' then 'Document Library' then 'Documents' and 'Quality Improvement Program Description'

**Provider Portal Webinars**

Aetna Better Health of Nebraska is hosting webinar sessions to assist providers with functions of the secure provider web portal:

**Thursday, January 21st, 2:00-3:30 PM (CST)**

Any provider who wishes to participate will need to register. Please email us with your name, email address, date & time preferred. All registered providers will receive an email invitation to the webinar with further instructions the day prior to the scheduled webinar.

**Claims Inquiry/Claims Research  (1-888-784-2693)**

Our dedicated Claims Inquiry/Claims Research Team (CI/CR) will assist providers with all claims issues, remittance advice questions, and reconsiderations. Please call **1-888-784-2693 option 2/3**, for assistance on your claim issues. If resolution is not reached with a representative, please ask for the assistance of a supervisor.

**Provider Manual**

The provider handbook updates are now available and posted on our website at the link [here](#). Please contact your Provider Relations Representative, if you have any questions.