

Annual Assessment of Practitioner Satisfaction

January 1-December 31, 2024



Aetna Better Health of West Virginia

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Purpose

The Aetna Better Health of WV Practitioner Satisfaction Survey is conducted annually by the vendor, PressGaney. The purpose of the survey is to assess how well Aetna Better Health of WV is meeting their practitioner's expectations and needs. In addition, the practitioner satisfaction survey satisfies both accreditation and regulatory requirements for evaluating practitioner experience with the health plan. The results of the survey assist with identifying the health plan's strengths and opportunities for improvement.

Methodology

PressGaney, a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by Aetna Better Health of West Virginia to conduct its 2024 Practitioner Satisfaction Survey. The survey is conducted in two waves. Waves 1 and 2 are a mailed, paper survey with a return envelope and with a URL to take the survey online. Wave 3 is telephone outreach to non-respondents using CATI (computer-assisted telephone interviews). See [Appendix 1](#) for the practitioner survey tool and cover letter. The summary report from SPH analytics is located in [Appendix II](#).

Population

Aetna Better Health provided PressGaney with a database consisting of 17,265 Aetna Better Health of West Virginia practitioners. From the database of unique practitioners, a random sample of 1,500 practitioners were sampled. The sample included primary care practitioners, specialists, and behavioral health care practitioners.

Study Period

The survey data collection schedule was as follows:

- Survey mailed: June 11, 2024
- Telephone follow-up conducted: August 2, 2024
- Data collection end date: August 23, 2024

Response Rate

Aetna Better Health of West Virginia provided PressGaney with a database consisting of 17,265 Aetna Better Health of West Virginia practitioners. From the database of unique practitioners, a random sample of 1,500 records were sampled. A total of 133 mail, Internet, and phone surveys were completed.

Overall practitioner participation for the survey was 11% for calendar year 2024; this is an increase from the previous year, which was 10.2%. Responses to the survey were collected from 16 Primary Care practices, 88 Specialist practices and 29 Behavioral Health practices.

Any practitioner that responded that a question was "not applicable" or that they were "unsure / unable to answer" was taken out of the results prior to calculation.

Table 1: Survey Response Rate – 2022, 2023 and 2024

	2024 Survey	2023 Survey	2022 Survey
Initial sample size	1,500	1,500	1,500
Total ineligible surveys	290	373	366
Surveys completed by mail	51	37	89
Surveys completed online	39	20	40
Surveys completed by phone	43	58	80
Total Surveys completed	133	115	209
Final Response Rate	11%	10.2%	18.43%

**Response Rate = Number of Completed Surveys / (Initial Sample – Ineligibles)*

Indicators/ Goals

The numerator and denominator for survey questions are described below. Ratings for the questions are measured using one of the following 5-point scales: Completely Dissatisfied, Somewhat Dissatisfied, Neither Satisfied nor dissatisfied, Somewhat Satisfied, Completely Satisfied. OR Well Below Average, Somewhat Below Average, Average, Somewhat Above Average or Well Above Average.

- Numerator:** The numerator represents the number of eligible practices who responded to the particular survey question with a response of *Neither satisfied nor dissatisfied, Somewhat satisfied or Completely Satisfied OR Average, Somewhat Above Average or Well Above Average* from the rating scale (depending on which scale was used for the question).
- Denominator:** The denominator represents the number of valid responses collected for the question.
- Goal:** The goal for 2024 is 80% of eligible practices with a response of *Neither, satisfied nor dissatisfied Somewhat satisfied or Completely Satisfied OR Average, Somewhat Above Average or Well Above Average* from the rating scale (depending on which scale was used for the question).

Results

Table 2: Practitioner Satisfaction Survey Results

Survey Questions	ABHWV 2024 Results	ABHWV 2023 Results	ABHWV 2022 Results	2024 Goal	2024 Goal Met Y/N?
Overall satisfaction	91%	77.2%	87.8%	80%	Y
Ease of reaching health plan call center staff	94.5%	84.2%	86.2%	80%	Y
Process of obtaining member information	95.2%	88.8%	91.4%	80%	Y
Helpfulness of health plan call center staff in obtaining referrals	95.4%	88%	91.5%	80%	Y
Overall satisfaction with health plan call center service	96.8%	87%	90.8%	80%	Y
Call center claims staff knowledge, accuracy and timeliness in resolving claims payment issues	88.6%	78.2%	84.7%	80%	Y
Encouraging preventative care and wellness	91.5%	93.6%	91.4%	80%	Y
Procedures for obtaining pre-certification/authorization information	91.4%	86.8%	87.9%	80%	Y
Timeliness of obtaining pre-certification/authorization information	88.7%	83.8%	84.6%	80%	Y
Access to knowledgeable UM staff	94.2%	88.8%	85.2%	80%	Y
Access to case/care managers	92%	88.5%	88.6%	80%	Y
Support of appropriate clinical care for patients	93%	92.2%	90.5%	80%	Y
Satisfaction with number of specialists:	94.2%	94.5%	93.9%	80%	Y
Satisfaction with quality of specialists	95.3%	96.7%	96%	80%	Y
Satisfaction with feedback from specialists	93.3%	91.2%	95.1%	80%	Y
Satisfaction with number of BH specialists	90.8%	77.1%	88.3%	80%	Y
Satisfaction with quality of BH specialists	94.9%	86.8%	89.9%	80%	Y
Satisfaction with feedback from BH specialists	89.9%	85.5%	86.8%	80%	Y
Availability to accommodate medical specialists referral within a reasonable number of days	91.7%	85.4%	92.5%	80%	Y
Availability to accommodate BH referral within a reasonable number of days	92.8%	73.9%	85.3	80%	Y
Ability to address members with special health care needs	96.6%	93.2%	90.1%	80%	Y
Ability to coordinate SUD services when needed	97.2%	78.7%	90.6%	80%	Y

Survey Questions	ABHWV 2024 Results	ABHWV 2023 Results	ABHWV 2022 Results	2024 Goal	2024 Goal Met Y/N?
Ability to coordinate BH services when needed	94.5%	81.8%	91.8%	80%	Y
Sufficiency of information to coordinate care	89.2%	92.2%	91.2%	80%	Y
Overall UM experience	91.8%	88.2%	93.4%	80%	Y
Do you have a provider relations rep?	29.5%	35.7%	29.6%	80%	N
Provider reps ability to assist with problems	92.3%	83.3%	51.3%	80%	Y
Quality of provider orientation	88.7%	85.2%	82.3%	80%	Y
Quality of written communications, policy bulletins and manuals	90.8%	83.2%	85.2%	80%	Y
Overall experience with provider relations rep	90.8%	79.3%	80.6%	80%	Y
Quality of the provider directory	95.5%	90.3%	90.0%	80%	Y
Overall experience with our provider portal	89.4%	89%	89.2%	80%	Y
Awareness of language assistance service for members	55.2%	50%	51.6%	80%	N
Satisfaction with education on HEDIS data and reporting	90.3%	84.3%	82.9%	80%	Y
Accuracy of claims processing	87.8%	76.2%	84.4%	80%	Y
Timeliness of claims processing	85.4%	83.5%	87.3%	80%	Y
Consistency of reimbursement with contract	85.5%	75.2%	84.6%	80%	Y
Resolution of payment problems and disputes	82.5%	73.3%	80.9%	80%	Y

Quantitative Analysis

The results show that only two areas that fell below the 80% threshold.

Utilization and Quality Management:

All areas under this heading exceeded the goal for 2024.

Health Plan Call Center Service Staff:

All areas under this heading exceeded the goal for 2024.

Network/Coordination of Care:

All areas under this heading exceeded the goal for 2024.

Provider Relations:

- Do you have a Provider Relations Rep? (29.5%)

Finance Issues:

All areas under this heading exceeded the goal for 2024.

All Other:

- Awareness of language assistance service for members (55.2%)

Qualitative Analysis

Upon receiving the survey results, Aetna Better Health of West Virginia mobilized a work group made up of managers and supervisors from the various departments at the health plan. This included utilization management, quality management, provider relations, operations, member services, provider services and claims. The work group met to analyze the survey results, discuss barriers, and brainstorm areas for improvement.

There was an overall increase in the satisfaction of the practitioners across almost all of the areas measured.

There is one area of concern in Provider Relations related to the knowledge of the practitioners that they have a Provider Relations Representative and who that representative is.

There is also one area of concern in Other related to practitioner knowledge of language assistance services for members.

Barriers, Opportunities, and Interventions

Barriers:

- The centralization process resulted in a change in ownership of our Provider Relations mailbox in 2022, where many providers had been sending their claims disputes and issues to be addressed. Since this change disconnected the process from the local team, many providers are not sure who to reach out to directly to get assistance.
- The response rate for 2024 remains low. In an effort to increase this for 2025, we have changed the survey timing to August-October instead of June-August to avoid office staff vacation timing.

Opportunities:

- Provider Relations has made a significant push to be in provider offices more frequently in 2024, and that work will continue in 2025. We are also trying to outreach new providers as they come on board and connect them with the Provider Relations rep as soon as possible.

Table 3: Opportunities and Interventions

Provider Relations			
PERFORMANCE ADDRESSED:	RATE/CHANGE:	BARRIERS:	OPPORTUNITIES:
a. Do you have a Provider Relations Representative assigned to your practice?	a. -6.2%	a. Loss of direct connection to the Provider Relations mailbox	a. Provider Relations will make a concerted effort to increase visits to provider offices and engage with their providers.
a. Awareness of language assistance service for members	a. +5.2%	a. Provider awareness of this service but to limited demand.	a. Provider Relations will continue to educate providers about this service during our office visits and new provider orientations

Re-Measurement

The Annual Assessment of Provider Satisfaction will occur on an annual basis. The practitioner satisfaction survey is completed in the 3rd quarter each year. The next survey is scheduled for August 2024.

Conclusion

The 2024 Practitioner Satisfaction Survey Results show overall ABH of WV is moving in the right direction. We will continue to maintain our high standard of performance throughout 2025 and strive to enhance our business relationship with our Medicaid practitioners through communication, education, and support.

Committee Review

Service Improvement Committee:

Date: 3/19/25

Appendix I: Practitioner Satisfaction Survey Tool



Survey Tool.pdf

Appendix II: Final Report from Survey Vendor



AE52871 Aetna
Better Health of WV



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 1-800-588-1659.

DEMOGRAPHICS

Please answer the following questions about you and your practice.

1. Please indicate your area of medicine. (Mark all that apply)

- Primary Care Specialty Behavioral Health Clinician

2. How many physicians are in your practice?

- Solo 2–5 physicians More than 5 physicians

3. How many years have you been in this practice?

- Less than 5 years 5–15 years 16 years or more

4. What portion of your managed care volume is represented by Aetna Better Health of West Virginia?

- None 10% or less 11–20% 21–30% 31–50% 51–75% 76–100%

5. Please mark who is completing this survey. (Mark only one)

- Physician Behavioral Health Clinician Office Manager Nurse Other staff

6. What is your preferred method of receiving communications from this health plan?

- Mail Telephone Fax Online portal
 E-mail (Please indicate your e-mail address): _____
 In person from your Provider Representative
 Other

7. Please indicate the number of insurance companies with which you or your practice participates.

- 3 or fewer 4 to 7 8 to 11 12 to 15 More than 15

COMPARATIVE RATING

8. 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.

a. How would you rate Aetna Better Health of West Virginia compared to all other health plans you contract with?

- | | | | | | |
|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| Well below
average | Somewhat below
average | Average | Somewhat
above average | Well above
average | Not applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |







THANK YOU. *Please return the completed survey in the postage-paid envelope.*



SPH Analytics
P.O. Box 985009
Ft. Worth, TX 76185-5009

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