



Annual Satisfaction Surveys 2013

Better Health (BET) conducts annual satisfaction surveys of our providers and members as part of our continuous quality improvement activities.

Member Satisfaction Survey

Better Health, Inc. is committed to developing and maintaining a quality improvement program which assesses the quality of care and services delivered to members in a manner that meets or exceeds all acceptable prevailing standards and initiates improvements in health care and services provided to its members. The Plan monitors, evaluates, and improves the quality and appropriateness of care and services provided to members through a variety of quality improvement activities. As part of this commitment the Plan conducts an annual Member Satisfaction Survey.

We wanted to share these results with you, since you and your staff have a direct impact on our members', your patients', satisfaction.

- Respondents were most satisfied with the medication access and pharmacy services.
- Respondents were very satisfied with the care provided by Network Providers.
- Respondents were satisfied with the ease of getting appointments with their personal doctor.
- The section of the survey with the lowest satisfaction scores was the Access to Care/Referrals and Getting Appointments with Specialists.

What can provider offices do?

- Communicate thoroughly and completely using language the patient can understand.
- Efficiently process referrals and authorizations as appropriate.
- Provide appointments convenient to patients.
- Assist patients in scheduling appointments with a specialist
- Ask patients if they have seen any other doctor or received any other services since they were last seen. If they have, request their records.
- Discuss and encourage preventive care, such as influenza vaccines.
- Make use of patient education materials provided by Better Health and federal/state entities, such as ahrq.gov or healthfinder.gov.



Provider Satisfaction Survey

Better Health conducts an annual Provider Satisfaction survey of a random sample of primary care offices in their network.

The survey was distributed to all PCPs in a 2-part mailing.

The survey was mailed on October 17, 2013. The results of the survey will be submitted to the Bureau of Managed Health Care as required by contract.

Here are some key findings from the surveys.

Strengths:

- The Plan has improved the overall satisfaction of services provided by our Provider Relations Representatives.
- The Plan has significantly improved satisfaction with claims processing.
- The Plan has improved the satisfaction with customer service.
- The Plan's Web Portal has been utilized more in 2013.

Areas of Improvement:

- Improving the credentialing process.
- Improving the amount of communication and materials received.
- Improving utilization of the Web Portal.
- Improving the response time when Providers call with questions or needing assistance.
- Improving the Survey response rate.

Thank you for providing us your feedback. We can only improve if you let us know how we are doing. If your office is randomly selected for next year's survey please advise us of your experiences.