Dental Benefit Management Program Reporting

**Report Information**

Report Number: 132

Report Name: Member Satisfaction Survey Report

Revision Date: 4/23/25

Report Frequency: Annually

File Type: Text Document

Report Due Date: August 30

Subject Matter: Member Services

Document Type: Free Form Template

**Information to be completed by the Dental Plan**

MCE ID: [Dental Plan ID]

MCE Name: [Dental Plan Name}

MCE Contact:

MCE Contact Email:

Report Period Start Date:

Report Period End Date:

Submission Date of Report:

*(This report can be submitted in any format. However, this document must be completed and submitted with the required report)*

**Definitions and Instructions:**

Free Form

Template

Member Satisfaction Surveys

The Dental Benefit Program Manager(s) shall develop an annual report to evaluate and improve the quality and appropriateness of care provided to enrollees using the LDH EQRO Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey analysis.

Reports shall include survey results, streamlined to focus on the identification of:

* Strategies for improving enrollee experiences
* Concepts to enhance member survey participation
* Identify opportunities for quality improvement
* **Comparative data** measuring Dental Plan performance against previous year findings and other state and national **benchmarks**

Dental Contract Reference: Enrollee Satisfaction Surveys