Dental Benefit Management Program Reporting

**Report Information**

Report Number: 132

Report Name: Member Satisfaction Survey Report

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Report Due Date: April 30th

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

**Definitions and Instructions:**

Free Form

Template

Member Satisfaction Surveys

The Dental Plan shall conduct annual Consumer Assessment of Healthcare Providers and Subsystems (CAHPS) surveys to assess the quality and appropriateness of care to members.

* The Dental Plan shall perform CAHPS Adult surveys and CAHPS Child surveys.
* The most current CAHPS Dental Plan Survey for Medicaid Enrollees shall be used
* The survey shall be administered to a statistically valid random sample of clients who are enrolled in the Dental Plan at the time of the survey; including over sampling for any subgroup needed to provide valid and reliable data for results that must be reported statewide and by parish.

The Dental Plan shall provide written report of survey results and a description of the survey process shall be reported to DHH separately for each required CAHPS survey.

* The CAHPS survey results shall be reported separately for each parish.
* The surveys.
* Analyses shall provide statistical analysis for targeting improvement efforts and comparison to national and state benchmark standards.

**RFP Reference (Dental): Members Satisfaction Surveys**