**Managed Care Reporting**

**Report Information**

Report Number: 132

Report Name: Member Satisfaction Survey (CAHPS)

Revision Date: November 3, 2022

Report Frequency: Annually

File Type: Word Document

Report Due Date: August 30

Subject Matter: Quality Management

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

MCE ID:

MCE Name:

MCE Contact:

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

The Health Plan shall enter into an agreement with a vendor that is certified by NCQA to perform CAHPS surveys.

* The Health Plan’s vendor shall perform CAHPS Adult surveys, CAHPS Child surveys, and CAHPS Children with Chronic Conditions survey.
* The most current CAHPS Health 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 Health 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 separately (e.g. GSA).

Each Health Plan shall provide written report of survey results and a description of the survey process shall be reported to LDH separately for each required CAHPS survey.

* The CAHPS survey results shall be reported separately for each Health Plan GSA.
* The surveys shall provide valid and reliable data for results.
* Analyses shall provide statistical analysis for targeting improvement efforts and comparison to national and state benchmark standards.

**Contract Reference: Enrollee Satisfaction Surveys**