BENEFIT TYPE(S)

The Managed Care Plan providing the following benefit type(s) must submit this report:

- LTC
- MMA & MMA Specialty
- Dental

REPORT PURPOSE:

The purpose of this report is to monitor activities conducted by the Managed Care Plan pertaining to improving member satisfaction resulting from the annual Consumer Assessment for Healthcare Provider and Systems (CAHPS) survey that have been identified as opportunities for improvement in the plan's action plan.

FREQUENCY & DUE DATES:

Report Year Type	Report Year Period	
S = State	07/01 – 06/30	

Report Frequency	Reporting Data Period	
Q = Quarterly	Two digits for quarter of data being reported (01, 02, 03, 04)	

This report is due within fifteen (15) calendar days after the end of the reporting quarter.

REPORT CODE & SUBMISSION:

	0004
Report Code	0204

Using the file naming convention described in Chapter 2, the Managed Care Plan shall submit the required documentation to the applicable SFTP site:

- > CAHPS Member Satisfaction Improvement Report using the template provided
- A report attestation as described in Chapter 2

INSTRUCTIONS:

The Managed Care Plan must submit the report using the Agency's template via the applicable SFTP site to the plan-specific file folder. To meet the requirement for report submission, the Managed Care Plan must complete all applicable fields. If a field is not applicable, enter N/A.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency templates can be found using the directions in Chapter 1.

There are no additional report template instructions unique to this report chapter.

AMENDMENT HISTORY:

SMMC Managed Care Plan Report Guide Member Satisfaction Improvement Report Summary

02/01/2025

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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