


Attachment B-1. Data Submission Secure Web Site and Information Collection Forms Screen Shots

Figure 1. Public/Login or Registration Page – Provides submission information and a link for users to register or log in if they have received their user name and password.

The screenshot shows the 'Data Submission System' website. At the top left is the CAHPS logo (National CAHPS Benchmarking Database). At the top center is the title 'Data Submission System'. At the top right are links for 'Help' and 'Contact Us'. Below the header is a green banner with the text 'Welcome to the 2009 CAHPS Health Plan Survey Data Submission System'. Underneath, a paragraph states: 'The online Data Submission System enables users to submit and view the status of the CAHPS Health Plan Survey information.' The main content area is divided into several sections: 'What to Submit' (with sub-sections for Adult and Child), 'Registration Request' (with a 'Register' button), 'Data Submission Process' (with sub-sections for Submit Data Use Agreement (DUA), Enter Health Plan Information, Submit CAHPS Questionnaire, Submit Data File, and Submission Status), and 'Registered Users' (with fields for Username and Password, a 'Log in' button, and a link for 'Forgot your Username or Password?'). A 'Resources' sidebar on the right contains links for 'Submission Deadlines', 'CAHPS Health Plan Survey Data Use Agreement', '2009 CAHPS Health Plan Survey Questionnaire Standards', '2009 CAHPS Health Plan Survey 4.0 Data Specifications', 'Composites, Ratings Case Mix Items (HTML/PDF)', 'Survey Methodology (HTML/PDF)', 'Frequently Asked Questions (FAQs) (HTML/PDF)', 'National Healthcare Quality Report (NHQR) Authorization Form (PDF)', and 'Association For Community Affiliated Plans (ACAP) Authorization Form (PDF)'. A 'Contact Us' link is also present at the bottom of the sidebar.

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Figure 2 Registration - Participants are requested to enter their contact information, identify their role, as a sponsor, coalition, health plan or vendor, primary contact, if their organization previously participated in the CAHPS Health Plan database, and if also submit data to NCQA. Based on this information, the database submission administrator approves their registration to the database and automatically sends emails with their username and password.



Data Submission System

Help
Contact Us

CAHPS Health Plan Survey Registration Request Form

Complete the information below. The CAHPS Database will review your request and will send you an e-mail with the information to access the 2009 CAHPS Health Plan Survey Data Submission System.

* Required Item

*Organization Name:

*First Name:

*Last Name:

Title/Position:

*Address 1 (No P. O. Box allowed):

Address 2: (No P. O. Box allowed):

*City:

*State:

*Zip Code:

*Telephone number: Ext.

Fax number:

*Email address:

*Identify your role as a participant

Sponsor (Organization that receives the sponsor report)

Coalition

Vendor

Please list the name(s) of the sponsor organization you are representing:

Health Plan but not a Sponsor (Submitting data for a sponsor and does not receive a report)

As a Health Plan are you submitting data on behalf of:

Sponsor Organization

Please list the name of the sponsor(s):

Coalition

Please list the name of the coalition(s):

Other Organization

Please list the name of the other organization(s):

Additional information about your role as a participant:

*Are you the primary contact?

Yes

No

*Has your organization previously participated in the CAHPS Health Plan Survey?

Yes

No

*Do you submit data to NCQA?

Yes

No

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Figure 3. Home Page. Outlines each of the steps for data submission process.

cahps
National CAHPS
Benchmarking Database

Data Submission System

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Main Menu | **Plan Information** | **Submit Questionnaire** | **Submit Data File** | **Submission Status**

Sponsor Account: **Westat Inc.**

The online Data Submission System enables users to submit and view the status of the CAHPS Health Plan Survey information.

- **[Submit Data Use Agreement \(DUA\)](#)**
Download the [2009 CAHPS Health Plan Survey Data Use Agreement](#). Sign and return the DUA by mail to Swati Nadkarni, Westat, RA 1159, 1650 Research Blvd., Rockville, MD 20850 or fax it to [\(301\) 610-4950](#) no later than June 26, 2009. If your legal department must review the agreement before signing then we encourage you to start that process as soon as possible.
- **[Enter Health Plan Information](#)**
Add, edit or update health plan information. Click on arrows (↕, ↕) to sort columns. Click on ⓘ for additional information. Enter all the required characteristics for the participating health plan prior to submitting the questionnaire and data file.
- **[Submit CAHPS Questionnaire for Approval](#)**
Upload and link a questionnaire to the health plan. The CAHPS Database will review the questionnaire to ensure that it meets [CAHPS Health Plan Survey Standards](#). You will receive an approval or rejection e-mail notification within three business days.
- **[Submit Data File for Review and Approval](#)**
Upload a data file (ASCII/Flat file) for the participating health plan once the questionnaire has been approved. The data file must conform to the 2009 NCQA 4.0H or [2009 CAHPS 4.0 Health Plan Survey Data Specifications](#).
The data file will be evaluated in two steps.
 1. **Header Record Review**
The header record will be evaluated instantaneously after the data file is submitted and the results will be posted on the data submission system.
Confirm the data file if the header record passes the review by the CAHPS Database.
 2. **Person-Level Record Review**
Once the header record results are confirmed, the person level records will be evaluated and the results will be posted on the data submission system.
- **[Submission Status](#)**
View submission history and detailed data file header and person-level record reports.
The CAHPS Database will review the complete submission; Data Use Agreement, Plan Information, Questionnaire and Data File and you will receive an e-mail notification about the final status of your submission.

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Figure 4. Health Plan Information – Users add and edit information for each health plan.

Sponsor Account: **Westat Inc.**

Add Health Plan

- Click 'Add' and provide information at least for the first four colored fields: Plan Name, Product Name, Population and Product Type.
- Click 'Save'

You may enter information for the remaining fields later but all colored fields must be completed before you submit a data file.

	Plan Name	Product Name	Population	Product Type	Name of Health Plan As It Should Appear in Report	NCOA Org ID	NCOA Submission ID	Health Plan State	CAHPS Vers
Add									
Edit	Plan A	Sample 1	AM	HMO	Plan A			MD	4.C
Delete									
Edit	Plan A	Sample 2	CM	HMO	Plan A			MD	4.
Delete									
Edit	Plan C	Sample 3	CM	POS	Plan C			MD	miss
Delete									

Figure 5. Submit Questionnaire - Users upload questionnaire documents in MS Word (doc) or Adobe Acrobat (pdf) format and link the uploaded document to one or more of the health plans identified in the Health Plan Information screen.

Sponsor Account: **Westat Inc.**

To Upload Questionnaire

- Select "Population" type from the drop down list box.
- Verify your contact information and update as necessary.
- Click "Browse..." and select the questionnaire file.
- Click "Upload Questionnaire".

* Population:

First Name:

Last Name:

E-mail:

File Path:

***Note :** Select the population from the dropdown list. If the population type does not appear in the list, please contact the CAHPS Database at [1-888-808-7108](tel:1-888-808-7108) BEFORE submitting a questionnaire.

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Figure 6. Submit Data File Page – Users upload data files from their local computer. Uploaded files will be evaluated in real-time to ensure they meet the basic required format. If not, users receive immediate feedback. If the file is acceptable, the data file is loaded to the database.

Data Submission System

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Main Menu | Plan Information | Submit Questionnaire | **Submit Data File** | Submission Status

Sponsor Account: **Westat Inc.**

Upload Data File

1. Identify the plan and click "Browse..." and select the data file.
2. Click "Send" to begin the upload process.
 - o A status bar will appear as your Header record is evaluated, once complete, click on the link in the status column to open a window and view the details.
 - o If your Header record was successfully verified, pressing the "Confirm" button will begin the Member level data evaluation.
 - o A status bar will appear while the Member level data are evaluated, click on the link in the status column to open a window and view the details.

Header record and Member level record summary reports can be viewed by clicking on the link in the Status column.
(Note: Member level summary reports are only available for files in which the Header record has been "Confirmed")

Filter by Category: All Plans (1)

Plan	Product Name	Population	Product Type	File	Status
<i>Plans without Data Files</i>					
Plan A	Sample 1	AM (4.0H)	HMO	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Send"/>	

Figure 7. View Submission Status – Users can view the status of their account at any time during the submission process for all health plans in their account.

Data Submission System

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Main Menu | Plan Information | Submit Questionnaire | Submit Data File | **Submission Status**

Sponsor Information: **Westat Inc.**

Questionnaire File Submission History | Data File Submission History (3 Total Health Plans)

Plan Name	Product Name	Population	Product Type	D U A	Health Plan Information	Questionnaire	Data File	CAHPS Database Final Approval
Plan A	Sample 1	AM	HMO		Complete	Submitted for approval		
Plan A	Sample 2	CM	HMO		Complete			
Plan C	Sample 3	CM	POS		Incomplete			