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:

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*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

First Name:

Last Name:

Telephone number: ( ) - Ext.

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

Yes

No

* Do you submit data to NCQA?

Yes

No