

Attachment F. Data Submission Secure Web Site and Information Collection Forms

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

The screenshot shows the registration page for the CAHPS Data Submission System. At the top, there is a navigation bar for the U.S. Department of Health & Human Services (www.hhs.gov) and the Agency for Healthcare Research and Quality (www.ahrq.gov). The page features a search bar and a navigation menu with links to AHRQ Home, Questions?, Contact Us, Site Map, What's New, Browse, and E-mail Updates. A sidebar on the left lists various CAHPS-related topics like Survey Instruments, Download CAHPS Kits, and Submit Data. The main content area is titled 'The CAHPS Data Submission System Clinician & Group CAHPS' and includes a 'Welcome' message, a 'More Information' sidebar with links to Login and Register, and detailed instructions for registration, data use agreements, and data specifications. The footer contains additional navigation links and contact information for AHRQ.

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality www.ahrq.gov

AHRQ Home | Questions? | Contact Us | Site Map | What's New | Browse | Información en español | E-mail Updates

You are here: CAHPS Data Submission System

The CAHPS Data Submission System
Clinician & Group CAHPS

[Register](#) | [Login](#) | [Help](#)

Welcome

Welcome to the CAHPS Clinician & Group Data Submission System. The CAHPS Database is a repository for data from the CAHPS Clinician & Group survey, the CAHPS Health Plan survey, and the CAHPS Hospital survey.

The following steps are necessary to participate in the Clinician & Group CAHPS Data Submission System.

Register: New users are asked to fill out a [registration form](#). After completing the form users will receive an email with a link to activate the account.

Data Use Agreement: Each group and individual practice is required to sign a data use agreement and fax it to 301-610-4950, "Attention CAHPS Database".

2009 Clinician & Group CAHPS Data Use Agreement ([PDF](#), 243 KB; [PDF Help](#)).

C&G CAHPS Questionnaire: Upload a copy of the Clinician & Group questionnaire administered. The CAHPS database will review the submitted questionnaire, and then users will receive an approval/rejection email. Questionnaires must follow CAHPS Standards ([PDF](#), 342; [PDF Help](#)).

Clinician & Group Data Specifications: Data files must conform to the data file layout specifications:

Four-Point Response Scale

- Adult Primary Care 1.0 Data Specification ([PDF](#), 243 KB; [PDF Help](#))
- Adult Specialty Care 1.0 Data Specification ([PDF](#), 381 KB; [PDF Help](#))
- Child Primary Care 1.0 Data Specification ([PDF](#), 243 KB; [PDF Help](#))
- Child Primary Care 2.0 (Beta) Data Specification ([PDF](#), 268 KB; [PDF Help](#))
- Adult Primary Visit-Specific Data Specification ([PDF](#), 264 KB; [PDF Help](#))

Six-Point Response Scale

- Adult Primary Care 1.0 Data Specification ([PDF](#), 681 KB; [PDF Help](#))
- Adult Specialty Care 1.0 Data Specification ([PDF](#), 681 KB; [PDF Help](#))
- Child Primary Care 1.0 Data Specification ([PDF](#), 241 KB; [PDF Help](#))

Approval Process: Each questionnaire, data use agreement and data file is reviewed by the CAHPS Database up to 3 business days.

Help: For technical assistance please contact the CAHPS Database:

Email NCBD1@ahrq.gov
Phone: 1-888-808-7108

More Information

[Login](#)

[Register for an account](#)

[Learn more about Participating in the Clinician & Group Database](#)

Fact Sheet on the CAHPS Clinician & Group Survey Database ([PDF](#), 246; [PDF Help](#))

[AHRQ Home](#) | [Questions?](#) | [Contact AHRQ](#) | [Site Map](#) | [Accessibility](#) | [Privacy Policy](#) | [Freedom of Information Act](#) | [Disclaimers](#)

[U.S. Department of Health & Human Services](#) | [The White House](#) | [USA.gov: The U.S. Government's Official Web Portal](#)

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Figure 2 Registration – The registration process is a two step process. First, participants are requested to enter their contact information, identify their role, as a group, practice site or vendor. The second step requires the user to create a unique ID, password and a security question in case the account needs to be recovered. Based on this information, the database submission system automatically sends an email to have them confirm the email address. After confirming the email the account is approved by the system.

Registration Step 1: Provide information

The screenshot shows the registration form for the CAHPS Data Submission System. The page header includes the CAHPS logo and the text "The CAHPS Data Submission System Account Registration". Navigation links for "Register", "Login", and "Help" are visible in the top right. The form contains the following fields:

- *Organization Name:
- *First Name:
- *Last Name:
- Title Position:
- *Address 1:
- Address 2:
- *City:
- *State:
- *Zip Code:
- *Telephone number: () - Ext.:
- Fax number: () -
- *Email Address:
- *Organization Type:

A "Next" button is located at the bottom right of the form.

Registration Step 2: Create username, password and a security question

The screenshot shows the second step of the registration process. The page header is identical to Step 1. The form contains the following fields:

- Create User Name:
- Create Password:
- Confirm Password:

A "Password Requirements" box is displayed, containing the text: "Passwords must be at least 8 Characters in length, and contain a character from each of the following categories:" followed by a bulleted list:

- Uppercase letter
- Lowercase letter
- Number
- Non-alphanumeric character

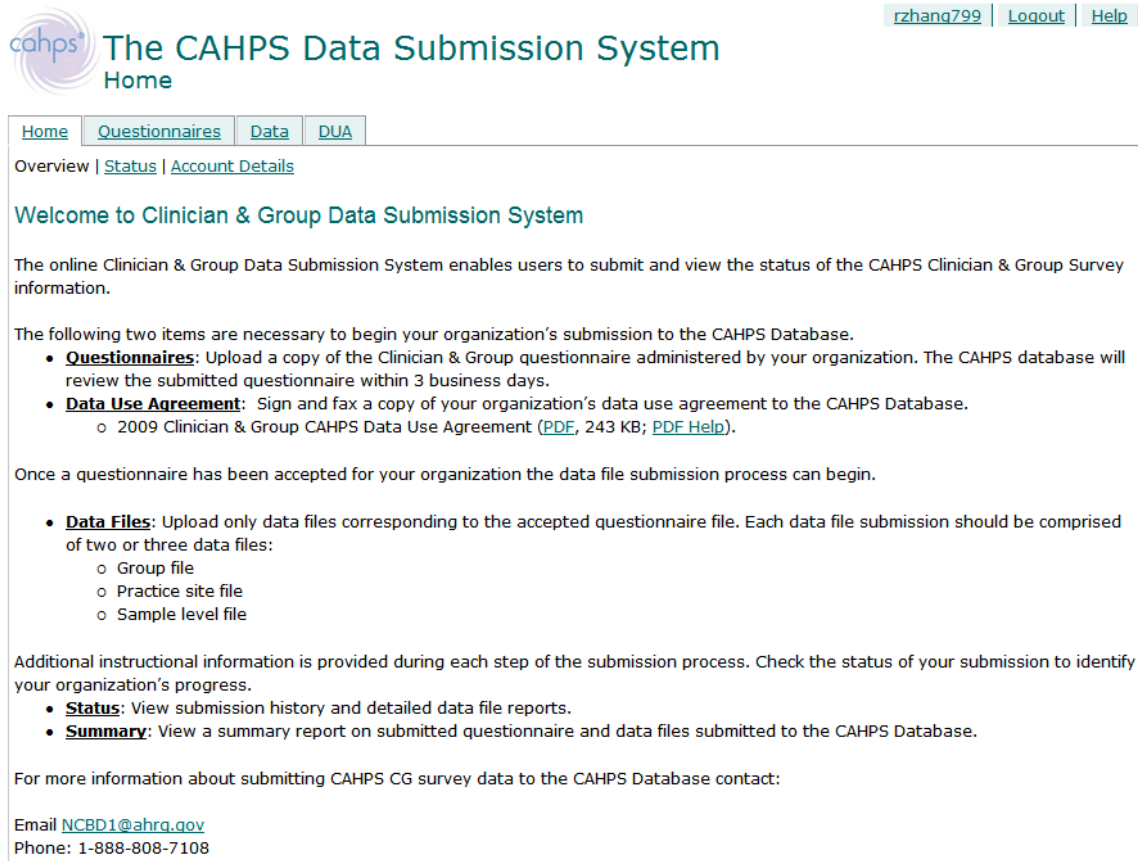
Below the password requirements, there are two more fields:


- Security Question:
- Security Answer:

"Previous" and "Create User" buttons are located at the bottom of the form.

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



 The CAHPS Data Submission System
Home

rzhang799 | Logout | Help

Home | Questionnaires | Data | DUA

Overview | Status | Account Details

Welcome to Clinician & Group Data Submission System

The online Clinician & Group Data Submission System enables users to submit and view the status of the CAHPS Clinician & Group Survey information.

The following two items are necessary to begin your organization's submission to the CAHPS Database.

- **Questionnaires:** Upload a copy of the Clinician & Group questionnaire administered by your organization. The CAHPS database will review the submitted questionnaire within 3 business days.
- **Data Use Agreement:** Sign and fax a copy of your organization's data use agreement to the CAHPS Database.
 - o 2009 Clinician & Group CAHPS Data Use Agreement ([PDF](#), 243 KB; [PDF Help](#)).

Once a questionnaire has been accepted for your organization the data file submission process can begin.

- **Data Files:** Upload only data files corresponding to the accepted questionnaire file. Each data file submission should be comprised of two or three data files:
 - o Group file
 - o Practice site file
 - o Sample level file

Additional instructional information is provided during each step of the submission process. Check the status of your submission to identify your organization's progress.

- **Status:** View submission history and detailed data file reports.
- **Summary:** View a summary report on submitted questionnaire and data files submitted to the CAHPS Database.

For more information about submitting CAHPS CG survey data to the CAHPS Database contact:

Email NCBD1@ahrq.gov
Phone: 1-888-808-7108

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Figure 4. Submit Questionnaire - Users upload questionnaire documents in MS Word (doc), Adobe Acrobat (pdf) Text (txt) or Rich Text Format (rtf) format to the submission system and identify which type of questionnaire they are submitting. System administrators then review questionnaires and approve/reject the submitted document.

cahps The CAHPS Data Submission System
Submit Questionnaire

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Home Questionnaires Data DUA

Overview | Submit Questionnaire | Summary

Submit a Questionnaire:

*Questionnaire file type: --Select an instrument--

*Questionnaire file location: Browse...
(*.*pdf,*.doc,*.docx,*.txt,*.rtf)

Briefly describe what practices and/or group used this instrument:

Upload Questionnaire

*Required

Additional Information

Questionnaire files are reviewed by the CAHPS Database and can take up to 3 business days to be evaluated.

Submit a copy of each unique questionnaire administered by your organization.

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Figure 5. Submit Data File Page – Users upload data files from their local computer. Each file submitted requires information about how the survey was administered. Information such as mode of administration, response rate, fielding period and number sampled are required to complete the submission. Uploaded files are evaluated in real-time to ensure they meet the basic required format. If not, users receive immediate feedback. Once a file is accepted, the data file is loaded it to the database.

[rzhang799](#) | [Logout](#) | [Help](#)

The CAHPS Data Submission System

Submit Data

[Home](#) | [Questionnaires](#) | [Data](#) | [DUA](#)

[Overview](#) | [Submit Data Files](#) | [Summary](#)

Submit Data: Select files and provide Administrative Information (Step 1 of 3)

Questionnaire:

Child Primary Care Questionnaire 1.0 - 4pt
Submitted: 5/21/2009 1:34:09 PM
[Q:\NCBDWES\Clinician_Group CAHPS\C-G CAHPS 2009\Test Submission Files\Adult Primary 1.0 - 6pt scale\Group File.txt](#)

Survey Administration Information.

*Mode of Administration:

<input type="radio"/> Mail Only	<input type="radio"/> IVR Only
<input type="radio"/> Mail with Phone followup	<input type="radio"/> Other Complete
<input type="radio"/> Phone Only	<input type="radio"/> On Site Complete
<input type="radio"/> Web/Internet Only	<input type="radio"/> Mixed Mode

*Response rate: % (0 - 99)

*Field Period Start: / (Month) / (Year)

*Field Period End: /

Number Sampled:

Additional information:
Please describe any sampling or survey administration information.

Group File (optional)

I will not be submitting a Group file.

Practice File

Sample File

Instructions

The following actions must be completed before data are accepted by the CAHPS Data Submission System.

1. Provide Survey Administration Information
2. Submit a Group file (optional)
3. Submit a Practice Site file
4. Submit a Sample data file

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

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[Home](#) | [Questionnaires](#) | [Data](#) | [DUA](#)

[Overview](#) | [Status](#) | [Account Details](#)

Submission Status

<< [Previous](#) | [Next](#) >> **Records: 40**

	Status	Date	Survey Type	Data Files	DUA	Status
21.		5/29/2009 2:22:53 PM	Adult Primary Care Questionnaire 1.0 - 6pt	Group: Passed Practice: Passed Sample: Failed		Errors
22.		5/29/2009 2:41:42 PM	Child Primary Care Questionnaire 1.0 - 4pt	Group: Passed Practice: Passed Sample: Error		Errors
23.		5/29/2009 2:43:33 PM	Child Primary Care Questionnaire 1.0 - 6pt	Group: Passed Practice: Passed Sample: Error		Errors
24.		6/10/2009 2:41:34 PM	Child Primary Care Questionnaire 1.0 - 4pt	Group: 2 Passed Practice: 8 Passed Sample: 13 Failed	0/8	Errors
25.		6/10/2009 2:55:26 PM	Child Primary Care Questionnaire 1.0 - 4pt	Group: 2 Passed Practice: 8 Passed Sample: 13 Failed	0/8	Errors
26.		6/10/2009 3:17:54 PM	Adult Primary Care Questionnaire 1.0 - 4pt		0/8	Incomplete
27.		6/10/2009 3:18:47 PM	Adult Primary Care Questionnaire 1.0 - 4pt	Group: 2 Passed Practice: 8 Passed Sample: 13 Passed	0/8	Awaiting Confirmation
28.		6/10/2009 3:24:11 PM	Adult Primary Care Questionnaire 1.0 - 4pt		0/8	Incomplete