

Health Plan Information Form

Each health plan that administered the CAHPS Health Plan survey and submits data to the Health Plan Survey Database must provide information about the Health Plan which includes such details as the name of the plan, the product type (e.g., HMO, PPO), the population surveyed (e.g., adult Medicaid or child Medicaid), plan State, total enrollment at time sample frame was generated, mode of survey administration (mail, telephone, IVR) and how the sample was selected.

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Sponsor Account: **Test508**

Add Health Plan

Click 'Add' and provide information at least for the first four fields: Plan Name, Product Name, Population and Product Type.
 Click 'Save'
 For information on the format and requirements of each column click the ⓘ icon on the corresponding header

You may enter information for the remaining fields later but all other required 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	NCQA Org ID	NCQA Submission ID	Health Plan State	CAHPS Survey Version	Total Enrollment	How Sample Was Selected	Mode of Survey Administration	Field Period Start Date	Field Period End Date	Also submitting to other organizations? (like NCQA, OPM, a coalition, etc.)		
Add	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	Add
Edit Delete	Plan508 1	Product508 1	AM	HMO	Plan508 1			IN	4.0	2222	Followed CAHPS 4.0 Kit protocol	Mail with Phone followup	missing	missing		Edit Delete	
Edit Delete	Plan508 2	Product508 2	AM	HMO	Plan508 2			IN	4.0	2222	Followed CAHPS 4.0 Kit protocol	Mail with Phone followup	01, 2011	05, 2011		Edit Delete	
Edit Delete	Test	Test1	CMC	HMO	Test			missing	missing	missing	missing	missing	missing	missing		Edit Delete	