**Attachment F. Screen Shots of Data Submission**

**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.

```
Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX
```

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

**What to Submit**

The CAHPS Database will accept Medicaid and SCHIP survey data for the following survey versions.

**Adult**
- 4.0 or 4.0H Medicaid population

**Child**
- 4.0 Medicaid and SCHIP populations with Chronic Conditions
- 4.0 Medicaid and SCHIP populations without Chronic Conditions

**Registration Request**

Sponsors, coalitions, vendors, health plans and other participants must complete a registration request form. The CAHPS Database will review your request and will send you an e-mail with the information to access the Data Submission System.

[Register]

**Data Submission Process**

**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.

We encourage you to start that process soon if your legal department must review the agreement before signing.

**Enter Health Plan Information**

Enter all the required characteristics for the participating health plan prior to submitting the questionnaire and data file.

**Submit CAHPS Questionnaire**

Upload and link a CAHPS questionnaire to the appropriate health plan. The NCBD will review the questionnaire to ensure that it meets the CAHPS Health Plan Survey Standards. You will be sent an approval or rejection notification by email.

**Submit Data File**

Upload a data file (ASCI/Flat file) for the participating health plan and view detailed data file evaluation reports.

The data file must conform to the 2009 NCQA 4.0H or 2009 CAHPS 4.0 Health Plan Survey Data Specifications.

**Submission Status**

View submission history and detailed data file reports. The CAHPS Database will review the Data Use Agreement, Plan Information, Questionnaire and Data Files submitted for the participating health plan and send a final approval or rejection by e-mail.

**Registered Users**

Username: [        ]
Password: [        ]
[Log in]

Forgot your Username or Password?

**Resources**

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)

Association For Community Affiliated Plans (ACAP) Authorization Form (PDF)

Contact Us

Login's available:

Role: [Administrator ▾]
Account: [        ▾]

---

Public reporting burden for this collection of information is estimated to average 1 hour and 38 minutes per response, the estimated time required to complete the Registration Form (5 minutes), Health Plan Information Form (30 minutes), Data Use Agreement (3 minutes) and to submit the data files (1 hour). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

## Attachment F. Screen Shots of Data Submission

**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.

**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

[ Register ]  [ Cancel ]

## Attachment F. Screen Shots of Data Submission

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

| 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.

**Attachment F. Screen Shots of Data Submission**

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



**Figure 5. Upload 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.

## Attachment F. Screen Shots of Data Submission

**Figure 6. Upload Data File(s) –** 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 it to the database.

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