

The CAHPS Health Plan Data Submission System Account Registration

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Expiration 5/31/2017

Please provide the following information to register for an account. The CAHPS Database will review your request and will send you an e-mail with the information to access the 2016 CAHPS Health Plan Survey Data Submission System.

If your organization has previously participated in the CAHPS Health Plan Survey, you should have received an email from the CAHPS Database with your registration information. If you previously participated and did not receive the email please contact the CAHPS Database.

*Organization Name:

*First Name:

*Last Name:

Title Position:

*Address 1:

Address 2:

*City:

*State:

*Zip Code:

*Telephone number: () - Ext.:

Fax number: () -

*Email Address:

*Role of Sponsor (Organization that receives the sponsor report)
participant Coalition
 Vendor

Additional Information about participant role:

*Are you the primary contact?
 Yes
 No (please give the name and telephone number of the primary contact)

[Continue](#)

* = Required Field

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the form. 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 (0935-0218) AHRQ, 5600 Fishers Lane, Rockville, MD 20857.