**Figure 1. Public/Login or Registration Page** – Provides submission information and a link for users to register or log in.



**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 and password. 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

	Public reporting burden for this collection of information is estimated to average 5 minutes per re complete registration. An agency may not conduct or sponsor, and a person is not required to re displays a currently valid OMB control number. Send comments regarding this burden estimate information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Project (0935-XXXX) AHRQ, 5600 Fishers Lane, #07W41A, Rockville, MD 20857.	sponse, the estimated time required to spond to, a collection of information unless it or any other aspect of this collection of Attention: PRA, Paperwork Reduction
CAHPS Database	Tou are neter, <u>white back buomission bystem</u> > negister	Register Login <u>Help</u>
About the CAHPS     Database     Health Plan Surveys     and Guidance	The CAHPS Clinician & Group Data Submission S Account Registration	Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX
Clinician & Group Surveys and Guidance	Please provide the following information to register for an account:	
<ul> <li>Submitting Data Health Plan</li> </ul>		
Clinician & Group	*Organization Name:	
Upload DUA	*First Name:	
<ul> <li>Comparative Data Health Plan</li> </ul>	"Last Name:	
Clinician & Group	*Addross 1:	
Resources	Address 1.	
Research Data	Address 2:	
Stay Connected	*State:Select a state ▼ *Zip Code:	
	*Telephone number: ( ) - Ext.:	
AHPSDatabase@westat.com	Fax number: ()	
88-808-7108	*Email Address:	
E-mail Updates	*Organization Type:Select Organization Type 🔻	
	* = Required Field	
	٩	Jext Back to top

Registration Step 2: Create Username and Password

<ul> <li>About the CAHPS Database</li> <li>Health Plan Surveys and Guidance</li> <li>Submitting Data Health Plan</li> <li>Cinician &amp; Group Surveys and Guidance</li> <li>Submitting Data Health Plan</li> <li>Cinician &amp; Group Upload DUA</li> <li>Comparative Data Health Plan Clinician &amp; Group Resources</li> <li>Passwords must be at least 8 characters in length and contain at least one character from each of the following categories:         <ul> <li>Uppercase letter</li> <li>Lowercase letter</li> <li>Number</li> </ul> </li> </ul>	CAHPS Database	You are here: CAHPS Data S	Submission System > Register			Register Login <u>Help</u>
Surveys and Guidance       Create User Name:         • Submitting Data Health Plan       Create Password:         • Upload DUA       Confirm Password Requirements:         • Comparative Data Health Plan Clinician & Group Resources       Passwords must be at least 8 characters in length and contain at least one character from each of the following categories:         • Uppercase letter • Number       • Number	About the CAHPS     Database     Health Plan Surveys     and Guidance     Clinician & Group	The CAHPS CI Account Registration	inician & Group	o Data Submiss	sion System	Form Approved OMB No. 0935-XXXX Exp. Date
Clinician & Group       Password Requirements:         • Upload DUA       Passwords must be at least 8 characters in length and contain at least one character from each of the following categories:         Clinician & Group       • Uppercase letter         Resources       • Lowercase letter         • Number       • Number	Surveys and Guidance  Submitting Data Health Plan	Create User Name: Create Password: Confirm Password:				
Comparative Data     Health Plan     Clinician & Group     Resources     Passwords must be at least 8 characters in length and contain at     least one character from each of the following categories:     Uppercase letter     Lowercase letter     Number	Clinician & Group	г	– Password Requirements:			
Non-alphanumeric character	Comparative Data Health Plan Clinician & Group Resources     Research Data		Passwords must be at lea least one character from • Uppercase letter • Lowercase letter • Number • Non-alphanumeric cha	st 8 characters in length each of the following cate aracter	and contain at gories:	
Stay Connected Previous Create User	Stay Connected	L	Previous		Create User	

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

cahps	Surveys and Tools to Advance Patient-Centered Care				
CAHPS Database	You are here: <u>CAHPS Data Submission System</u> > <u>Home</u> > About Test2 Logout Help				
About the CAHPS     Database     Health Plan Surveys     and Guidance	The CAHPS Data Submission System Home				
Clinician & Group Surveys and Guidance	Home Questionnaires Data DUA				
<ul> <li>Submitting Data Health Plan</li> </ul>	About   <u>Status</u>   <u>Account Details</u>				
Clinician & Group	About the CAHPS Clinician & Group Data Submission System				
Comparative Data Health Plan Clinician & Group Resources	The online CG-CAHPS Data Submission System enables users to submit, track and view the CAHPS Clinician & Group information.				
Research Data	The following two items are necessary to begin your organization's submission to the CAHPS Database.				
Stay Connected	<ul> <li><u>Data Use Agreement</u>: Sign and return a scanned copy of your organization's data use agreement to CAHPSDatabase@westat.com or send a signed copy by fax to 301-315-5912.</li> <li>CG-CAHPS Data Use Agreement (<u>PDF</u>, 654 KB; <u>PDF Help</u>).</li> </ul>				
CAHPSDatabase@westat.com	• <u>Questionnaires</u> : Upload a copy of the CG-CAHPS questionnaire administered by your organization. The CAHPS Database will review the submitted questionnaire within 3 business days.				
888-808-7108 🔀 E-mail Updates	Once a submitted questionnaire has been accepted for your organization the data file submission process can begin.				
	<ul> <li><u>Data Files</u>: Upload only data files corresponding to the accepted questionnaire file. Each submission should be comprised of multiple data files.</li> <li>Group data file</li> <li>Practice site data file</li> </ul>				
	<ul> <li>Sample data file</li> <li>Additional information is provided during each step of the submission process. Check the status of your submission(s) under</li> </ul>				
	the home page to identify your organization's progress.  • Status: View submission history and detailed data file reports.				
	• <b><u>Summary</u></b> : View a summary report on submitted questionnaire and data files submitted to the CAHPS Database.				
	Next Step: Submit Questionnaire				
	For more information about submitting CG-CAHPS survey data to the CAHPS Database contact:				
	Email: <u>CAHPSDatabase@Westat.com</u> Phone: 1-888-808-7108				

**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.

You are here: <u>CAHPS D</u>	ata Submission System > <u>Questionnaires</u> > Submit Questionnaire	Test2 Loqout Help
The CAHPS Submit Question	Data Submission System	Form Approved OMB No. 0935-XXXX Exp. Date
Home Questionn	aires Data DUA	
<u>About</u>   Submit Ques	tionnaire   <u>Summary</u>	
To submit a question reviewed by the CAH each unique question Submit a Quest	naire file, choose the version of the survey you used and the location PS Database and can take up to 3 business days to be evaluated. Plea anaire administered by your organization. ionnaire:	of the file. Questionnaire files are se be sure to submit a copy of
Questionnaire	Select an instrument	Instructions
Version:* Questionnaire file location:* Questionnaire wording: (Wording used in question text in survey. It is either "this doctor" or "this provider")	Choose File No file chosen (*.pdf, *.doc, *.docx, *.txt, *.rtf) This Provider V	The following actions must be completed before data can be reviewed by the CAHPS Database. Provide additional information outside of CAHPS guidelines. Submit a Group, Practice Site and Sample file for review. Provide a contact at the Group. Confirm the data submission so it can be reviewed.
Briefly describe what practice sites and/or group used this instrument:		
*Required	Upload Questionnaire	

**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.

You are here: <u>CAHPS Data Submission System</u> > <u>Data</u> > Submit Data Files	Test2 Logout Help
The CAHPS Data Submission System Submit Data	Form Approved OMB No. 0935-XXXX Exp. Date
Home Questionnaires Data DUA	
<u>About</u>   Submit Data Files   <u>Summary</u>	
Submit Data: Select files and provide additional information (Step 1 of 3)	Instructions
Data files are being submitted for this Questionnaire file: 12-month Survey Child 2.0 (4pt) Submitted: 12/31/2014 2:59:15 PM V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12- Month Survey 2.0.doc Additional Information Did you follow CAHPS sampling and fielding guidelines?* Yes	The following actions must be completed before data can be reviewed by the CAHPS Database. Provide additional information outside of CAHPS guidelines. Submit a Group, Practice Site and Sample file for review. Provide a contact at the
<pre>Don't know If No or Don't know, please describe any deviations from CAHPS guidelines in the text box below (e.g., in-office survey distribution):  * = Required Field</pre>	Group. Confirm the data submission so it can be reviewed.
Group File (optional)	
I will not be submitting a Group file.	
Practice Site File	
Choose File No file chosen	
Choose File No file chosen	
Next >	

**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.

You are here: CAHPS Data Submission System > Data > Summary



### The CAHPS Data Submission System Data Summary

Home Questionnaires Data DUA

About | Submit Data Files | Summary

The status of each submission is displayed below. If no data files have been submitted there may be no records shown. << Previous | Next >> Records: 19

	Status	Status Date 🗸	Questionnaire	Group File	Practice File	e Sample File
1.	Confirmed	1/7/2015 3:16:34 PM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc Visit Survey Adult 2.0	Passed	Passed	Passed
2.	<u>Confirmed</u>	1/7/2015 2:56:47 PM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc 12-month PCMH Survey Child 2.0 (4pt)	Passed	Passed	Passed
3.	<u>Confirmed</u>	1/7/2015 2:34:44 PM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc 12-month PCMH Survey Child 2.0 (4pt)	Passed	Passed	Passed
4.	<u>Awaiting</u> Confirmation	1/7/2015 2:33:17 PM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc 12-month PCMH Survey Child 2.0 (4pt)	Passed	Passed	Passed
5.	Confirmed	1/7/2015 2:32:52 PM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey 2.0.doc 12-month Survey Child 2.0 (4pt)	Passed	Passed	Passed
6.	<u>Confirmed</u>	1/7/2015 11:19:49 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc 12-month PCMH Survey Adult 2.0 (4pt)	Passed	Passed	Passed
7.	Confirmed	1/7/2015 11:08:43 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey 2.0.doc 12-month Survey Adult 2.0 (4pt)	Passed	Passed	Passed
8.	<u>Errors</u>	1/5/2015 11:35:50 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc Visit Survey Adult 2.0		Passed	Failed
9.	Errors	1/5/2015 11:26:13 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc Visit Survey Adult 2.0	Passed	Passed	Failed
10.	Incomplete	1/5/2015 11:25:41 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc Visit Survey Adult 2.0	Passed	Passed	
11.	<u>Errors</u>	1/5/2015 11:00:15 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc 12-month PCMH Survey Child 2.0 (4pt)	Passed	Passed	Failed
12.	Incomplete	1/5/2015 10:44:01 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey PCMH 2.0.doc 12-month PCMH Survey Child 2.0 (4pt)	Passed	Passed	
13.	<u>Errors</u>	1/5/2015 10:03:04 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey 2.0.doc 12-month Survey Child 2.0 (4pt)	Passed	Passed	Failed
14.	Errors	1/5/2015 10:03:02 AM	V:\4 - CAHPS Databases\CG CAHPS\CG CAHPS Data File Specifications\Child 12-Month Survey 2.0.doc 12-month Survey Child 2.0 (4pt)	Passed	Passed	Failed