

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.

cahps Surveys and Tools to Advance Patient-Centered Care

You are here: [CAHPS Data Submission System](#) > Login

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

The CAHPS Clinician & Group Survey Data Submission System

Login

Welcome

Welcome to the CAHPS Clinician & Group Survey Data Submission System. This system is designed to support the online submission of CAHPS survey data to the CAHPS Database. The CAHPS Database is the repository for data from the CAHPS Clinician & Group (CG-CAHPS) Survey and the CAHPS Health Plan Survey.

The Data Submission System is closed until 2018.

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

Data Use Agreement: Each Participating Organization is required to sign a Data Use Agreement (DUA) with the practice site list in Excel. The DUA and the practice site list must be uploaded directly to the submission system through the [DUA submission portal](#). If your organization participates in state coalition reporting, please use the DUA with Coalition Report Authorization.

CAHPS Clinician & Group Survey Data Use Agreement ([PDF](#), 292 KB; [PDF Help](#))

Excel Template for listing the practice sites ([XLSX/View in HTML](#), 11KB; [Help](#))

C&G CAHPS Questionnaire: Submitters must upload a copy of the CAHPS Clinician & Group Survey questionnaire that was administered to collect their data. The CAHPS Database Team will review the submitted questionnaire, and then submitters will receive a notice of approval or rejection by email. Questionnaires must adhere to CAHPS survey standards.

Clinician & Group Data Specifications: Data files must conform to the following data file layout specifications developed for each survey version:

2.0 Survey Instrument (12 or 6 Month Version)

- Adult Survey 2.0 Data File Specification ([PDF](#), 283 KB; [PDF Help](#))
- Adult Survey with PCMH Items 2.0 Data File Specification ([PDF](#), 303 KB; [PDF Help](#))
- Child Survey 2.0 Data File Specification ([PDF](#), 302 KB; [PDF Help](#))
- Child Survey with PCMH Items 2.0 Data File Specification ([PDF](#), 314 KB; [PDF Help](#))
- Adult Visit Survey 2.0 Data File Specification ([PDF](#), 282 KB; [PDF Help](#))

3.0 Survey Instrument

- Adult Survey 3.0 Data File Specification ([English - PDF](#), 299 KB)
- Adult Survey 3.0 with PCMH Items Data File Specification ([English - PDF](#), 304 KB)
- Child Survey 3.0 Data File Specification ([English - PDF](#), 269 KB)
- Child Survey 3.0 with PCMH Items Data File Specification ([English - PDF](#), 334 KB)

Example of data files submitted according to data file specifications ([Group, Practice & Sample Files](#), 3 KB; [PDF Help](#))

Approval Process: Each questionnaire, data use agreement and data file is reviewed by the CAHPS Database Team. The review process can take up to 3 business days.

Help: For technical assistance please contact the CAHPS Database Team:

- Email: CAHPSDatabase@Westat.com
- Phone: 888-808-7108

OMB Control No.: 0935-0197 Expiration 02/28/2019

Existing User?

Username:

Password:

[Log In](#)

[Forgot your password?](#)

New User?

Take a moment to create a new account.

[Create New Account](#)

Resources:

- CAHPS Clinician & Group Survey Data Submission Process ([PDF](#), 491 KB; [PDF Help](#))
- CAHPS Clinician & Group Survey Data Use Agreement ([PDF](#), 292 KB; [PDF Help](#))
- Excel Template for listing the practice sites ([XLSX/View in HTML](#), 11KB; [Help](#))
- CAHPS Database Overview ([PDF](#), 104 KB; [PDF Help](#))

2.0 Survey Instrument (12 or 6 Month Version)

- Adult Survey 2.0 Data File Specification ([PDF](#), 283 KB; [PDF Help](#))
- Adult Survey with PCMH Items 2.0 Data File Specification ([PDF](#), 303 KB; [PDF Help](#))
- Child Survey 2.0 Data File Specification ([PDF](#), 302 KB; [PDF Help](#))
- Child Survey with PCMH Items 2.0 Data File Specification ([PDF](#), 314 KB; [PDF Help](#))
- Adult Visit Survey 2.0 Data File Specification ([PDF](#), 282 KB; [PDF Help](#))

3.0 Survey Instrument

- Adult Survey 3.0 Data File Specification ([English - PDF](#), 299 KB)
- Adult Survey 3.0 with PCMH Items Data File Specification ([English - PDF](#), 304 KB)
- Child Survey 3.0 Data File Specification ([English - PDF](#), 269 KB)
- Child Survey 3.0 with PCMH Items Data File Specification ([English - PDF](#), 334 KB)

CAHPS Database

- About the CAHPS Database
 - Health Plan Survey
 - Clinician & Group Survey
- Submitting Data
 - Health Plan
 - Clinician & Group**
 - Upload DUA
- Comparative Data
 - Health Plan
 - Clinician & Group Resources
- Research Data

Stay Connected

CAHPSDatabase@westat.com

888-808-7108

E-mail Updates

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

Figure 2. Registration Form – 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

The screenshot shows the registration form for the CAHPS Clinician & Group Survey Data Submission System. The page title is "The CAHPS Clinician & Group Survey Data Submission System Account Registration". The form is titled "Please provide the following information to register for an account:". The form fields include: Organization Name, First Name, Last Name, Title Position, Address 1, Address 2, City, State (dropdown), Zip Code, Telephone number, Fax number, Email Address, and Organization Type (dropdown). A legend indicates that fields with an asterisk are required. A "Next" button is located at the bottom right of the form. A public reporting burden notice is displayed at the bottom of the form area.

Registration Step 2: Create Username and Password

The screenshot shows the registration form for the CAHPS Clinician & Group Survey Data Submission System, Step 2: Create Username and Password. The form is titled "The CAHPS Clinician & Group Survey Data Submission System Account Registration". The form fields include: Create User Name, Create Password, and Confirm Password. A "Password Requirements" box is displayed, stating that 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, and Non-alphanumeric character. "Previous" and "Create User" buttons are located below the password requirements. A public reporting burden notice is displayed at the bottom of the form area.

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

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

The screenshot shows the home page of the CAHPS Clinician & Group Survey Data Submission System. The page features a blue header with the CAHPS logo and the tagline "Surveys and Tools to Advance Patient-Centered Care". A green sidebar on the left contains navigation links for "CAHPS Database" and "Stay Connected". The main content area is titled "The CAHPS Clinician & Group Survey Data Submission System Home" and includes a breadcrumb trail, user information, and a navigation menu. The page provides detailed instructions on how to submit data, including links to the Data Use Agreement, Questionnaires, and Data Files. A "Next Step: Submit Questionnaire" button is prominently displayed at the bottom of the main content area.

CAHPS Database

- About the CAHPS Database
 - Health Plan Survey
 - Clinician & Group Survey
- Submitting Data
 - Health Plan
 - Clinician & Group**
- Comparative Data
 - Health Plan
 - Clinician & Group
 - Resources
- Research Data

Stay Connected

CAHPSDatabase@westat.com

888-808-7108

E-mail Updates

You are here: CAHPS Data Submission System > Home > About

test_user | Logout | Help

The CAHPS Clinician & Group Survey Data Submission System Home

Home | Questionnaires | DUA | Data

About | Status | Report | Account Details

About the CAHPS Clinician & Group Data Submission System

The online CG-CAHPS Data Submission System enables users to submit, track and view the CAHPS Clinician & Group information.

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

The **Data Use Agreement** needs to be signed and uploaded by the participating organizations through the DUA Submission Portal to the Submission System along with an Excel file that lists all the practice sites covered under the DUA. If your organization participates in state coalition reporting, please use the DUA with Coalition Report Authorization. You cannot upload any data files for the participating organization until the DUA is received. Once the DUA is received and approved, you can select the participating organization from the DUA tab and begin the data submission.

- CAHPS Clinician & Group Survey Data Use Agreement ([PDF](#), 185 KB; [PDF Help](#))
- CAHPS Clinician & Group Survey Data Use Agreement with Coalition Report Authorization ([PDF](#), 224 KB; [PDF Help](#))
- Excel Template File ([XLSX](#), 11KB; [Help](#))

Questionnaires: Upload a copy of the CG-CAHPS questionnaire administered to collect the data. The CAHPS Database will review the submitted questionnaire within 3 business days.

Data Files: First, select the participating organization from the DUA page, and upload the group data file and the practice data file for that participating organization. The group/practice site ID and name must match what is provided in the Excel file by the participating organization. Then, you can select the survey and approved questionnaire and submit the corresponding sample data for that group.

Additional information is provided during each step of the submission process. Check the status of your submission(s) under the home page 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.

Next Step: Submit Questionnaire

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

Email: CAHPSDatabase@Westat.com
Phone: 1-888-808-7108

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

Figure 4. DUA Upload Form – Users enter in group information, upload a completed and signed DUA (pdf) and practice site list (Excel®) to the submission system. System administrators then review the DUA and practice file and approve/reject the submitted documents.

DUA Step 1: Enter group information

The screenshot shows the 'Please enter your group information' form. At the top right are links for 'Register', 'Login', and 'Help'. The page title is 'The CAHPS Clinician & Group DUA Submission Portal' with a subtitle 'Data Use Agreement'. A teal header bar contains the text 'Please enter your group information:'. The form fields include: '*Participating Organization Name:' with a text box and a note '(The same name of Participating Organization in the DUA)'; '*City:' with a text box; '*State:' with a dropdown menu showing '--Select a state--'; '*Vendor:' with a text box and a note '(The name of the company that administers the survey for you. If you do not have a vendor, enter "none" in the field.)'; '*Number of Practice Sites:' with a text box; '*Contact Name:' with a text box; 'Contact Phone:' with three text boxes for area code, number, and extension, and 'Ext.:' with a text box; '*Contact Email:' with a text box; and '*Confirm Email:' with a text box. Below these is a checkbox labeled 'Check if the data being submitted to the CAHPS Database is part of the state initiatives.' A legend indicates '* = Required Field'. At the bottom are 'Back' and 'Next' buttons, and a 'Back to top' link with an upward arrow icon.

DUA Step 2: Upload DUA and practice site list

The screenshot shows the 'Upload your Data Use Agreement' form. At the top right are links for 'Register', 'Login', and 'Help'. The page title is 'The CAHPS Clinician & Group DUA Submission Portal' with a subtitle 'Data Use Agreement'. A teal header bar contains the text 'Upload your Data Use Agreement'. The form fields include: 'Participating Organization Name:' with a text box containing '111'; 'Upload a DUA:*' with a file upload button 'Browse...' and a note '(PDF format only)'; 'Upload your Practice Site List:*' with a file upload button 'Browse...' and a note '(Excel format only)'; 'Upload Additional Documents:' with a file upload button 'Browse...' and a note '(Excel, Word and PDF format)'; and 'Add More' button. Below these is a 'Comments' section with a large text area. A legend indicates '*Required'. At the bottom are 'Back' and 'Next' buttons, and a 'Back to top' link with an upward arrow icon.

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

Figure 5. Questionnaire Upload Form- 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.

The CAHPS Clinician & Group Survey Data Submission System

Submit Questionnaire

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

[About](#) | [Submit Questionnaire](#) | [Summary](#)

To submit a questionnaire file, choose the version of the survey you used and the location of the file. Questionnaire files are reviewed by the CAHPS Database and can take up to 3 business days to be evaluated. Please be sure to submit a copy of each unique questionnaire administered by your organization.

Submit a Questionnaire:

Questionnaire Version:*

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

Questionnaire wording:
(Wording used in question text in survey. It is either "this doctor" or "this provider")

Briefly describe what practice sites and/or group used this instrument:

*Required

Instructions

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.

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

Figure 6. Group, Practice Site and Sample Data File Upload Form– 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.

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

The CAHPS Clinician & Group Survey Data Submission System


Submit Data

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

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

Upload Sample File:

Submit Data: Select files and provide additional information
Participating Organization: 111

Data files are being submitted for this Questionnaire file:
Adult Survey 3.0
 Submitted: 3/8/2018 2:45:24 PM
[View Questionnaire](#)

Group File (optional) [Submit a File](#)

No Group file being submitted.

Practice Site File

Status:	Passed (3/9/2018 1:54:01 PM)
Filename:	CG_RedRock_Practice Site File.txt
File size:	906 bytes
Date:	3/9/2018 1:54:01 PM
6-Month Version:	False
Missing case-mix item:	False
Rows:	3

Additional Information

Did you follow CAHPS sampling and fielding guidelines?*

Yes
 No
 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

Sample File

[Browse...](#)

[Next >](#)

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

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.

The CAHPS Clinician & Group Survey Data Submission System
Data Summary

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

[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: 1

	Status	Status Date	Questionnaire	Group File	Practice File	Sample File	Participating Organization
1.	Confirmed	3/9/2018 2:02:07 PM	Adult Survey 3.0	Passed	Passed	Passed	111

<< Previous | Next >>