

## Submission Emails to Users

### **Email #1: Hospital Registration Accepted**

Thank you for registering with the Child HCAHPS Survey Data Submission System.

Your username and password for accessing the Child HCAHPS Survey Data Submission System are shown below.

{replace:orgname}

User Name: {replace:username}

Password: {replace:pwd}

Log in at <https://cahpsdatabase.ahrq.gov/hpdss/>

{replace:comments}

Contact the CAHPS Database if you have any questions.

E-mail: [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com)

Telephone: 888-808-7108

To ensure you receive future updates regarding the Child HCAHPS Database, please sign up for GovDelivery (<https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new>).

### **Email #2: Vendor Registration Accepted**

Thank you for registering with the Child HCAHPS Survey Data Submission System.

Your username and password are shown below.

User Name: {replace:username}

Password: {replace:pwd}

Log in at <https://cahpsdatabase.ahrq.gov/hpdss/>

Once you log in to the Data Submission System, you will only see the hospitals where a hospital has assigned to you as the vendor. Contact the hospital if you have questions about the hospitals assigned to you.

{replace:comments}

Contact the CAHPS Database if you have any questions.

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Telephone: 888-808-7108

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### **Email #3: Registration Request Rejected**

Your registration request to participate in the Child HCAHPS Survey Data Submission System has been rejected.

{replace:comments}

Contact the CAHPS Database if you have any questions.

E-mail: [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com)

Telephone: 888-808-7108

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### **Email #4: DUA Uploaded**

Thank you for submitting your Data Use Agreement (DUA). DUA Name: {replace:filename} has been received. The CAHPS Database team will review the DUA to determine whether your submission meets the CHILD HCAHPS submission requirements. For questions or comments, please contact the CAHPS Database at [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com) or call 1-888-808-7108.

Comments: {Comments}

### **Email #5: DUA Approved**

The following Data Use Agreement submitted to the CHILD HCAHPS submission system has been approved. DUA Name: {replace:filename} For questions or comments, please contact the CAHPS Database at [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com) or call 1-888-808-7108.

### **Email #6: DUA Rejected**

The following Data Use Agreement submitted to the CHILD HCAHPS submission system has been rejected.

DUA Name: {replace:filename} Comment: {replace:comment}

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Please make any necessary corrections to your DUA and submit your DUA again. For questions or comments, please contact the CAHPS Database at CAHPSDatabase@westat.com or call 1-888-808-7108.

**Email #7: DUA Reminder Notice**

This is an automated email {replace:FNAME} {replace:LNAME} at {replace:VendorOrgName} requests you to sign the following Data Use Agreement to participate in the CHILD HCAHPS data submission.

Please download and sign this document: {replace:URL}/[CHILD HCAHPS DUA PDF]

Please upload the document through the DUA Submission Portal

[INSERT URL], email it to CAHPSDatabase@westat.com, or fax it to 301-315-5912. For questions or comments, please contact the CAHPS Database at CAHPSDatabase@westat.com or call 1-888-808-7108.

**Email #8: Questionnaire File Approved**

The questionnaire below has been approved. You may now begin to submit data for the hospital(s) linked to this questionnaire.

Questionnaire File Name: {replace:filename}

Date Received: {replace:datereceived}

{replace:comments}

Contact the CAHPS Database if you have any questions.

E-mail: CAHPSDatabase@westat.com

Telephone: 888-808-7108

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**Email #9: Questionnaire File Rejected**

The questionnaire you submitted has been rejected as it does not meet the Child HCAHPS questionnaire standards.

The survey data for the hospital using this questionnaire will not be included in the Child HCAHPS Survey Database.

Questionnaire File Name: {replace:filename}

Date Received: {replace:datereceived}

{replace:comments}

Contact the CAHPS Database if you have any questions.

E-mail: CAHPSDatabase@westat.com

Telephone: 888-808-7108

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**Email #10: Final Approval Accepted**

Congratulations! The following hospital survey data has been accepted in the Child HCAHPS Survey Database.

Hospital Name: {replace:planname}

The results are scheduled to be released in [MONTH]. We will notify you as soon as they are ready to view on our Online Reporting System.

{replace:comments}

Contact the CAHPS Database if you have any questions.

E-mail: CAHPSDatabase@westat.com

Telephone: 888-808-7108

To ensure you receive future updates regarding the Child HCAHPS Database, please sign up for GovDelivery (<https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new>).

**Email #11: Final Approval Rejected**

The CAHPS Database has reviewed the hospital information, questionnaire and data file submitted for the hospital below and it cannot be accepted in the Child HCAHPS Survey Database.

The Hospital Name: {replace:planname}

{replace:comments}

Contact the CAHPS Database if you have any questions.

E-mail: CAHPSDatabase@westat.com

Telephone: 888-808-7108

To ensure you receive future updates regarding the Child HCAHPS Database, please sign up for GovDelivery (<https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new>).

**Email #12: Forgot Password**

Your Child HCAHPS Survey Data Submission System Username and Password.

Username = {replace:username}

Password = {replace:pwd} Submission Emails to Users

Log in at <https://cahpsdatabase.ahrq.gov/hpdss/>

Contact the CAHPS Database if you have any questions.

E-mail: [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com)

Telephone: 888-808-7108