

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

CAHPS Database

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The CAHPS Health Plan Data Submission System

Login

Welcome

Welcome to the CAHPS Health Plan Data Submission System. The CAHPS Database is the repository for data from the CAHPS Health Plan Survey and the CAHPS Clinician & Group Survey.

The Health Plan Data Submission System is now closed.

Participation in the CAHPS Health Plan Database is open to all Medicaid and Children's Health Insurance Programs (CHIP), provided the questionnaires are administered independently and survey data is submitted according to CAHPS specifications. The CAHPS Database accepted all survey data collected during July 2018 to June 2019.

The CAHPS Database supports the 5.0 and 5.0H versions of the following questionnaires:

- Adult Medicaid
- Child Medicaid (or CHIP) Questionnaire without the Children with Chronic Conditions Item Set
- Child Medicaid (or CHIP) Questionnaire with the Children with Chronic Conditions Item Set

The following steps are necessary to participate in the CAHPS Health Plan Data Submission System and must be completed no later than June 28, 2019 to be included.

Registration: New users must complete a registration form. After completing the form users will receive an email with a link to activate the account.

Health Plan Information: Submit the requested characteristics, including the name of the plan, product name, product type (e.g., HMO, POS or PPO), the population surveyed (e.g., adult Medicaid), and plan State.

Data Use Agreement: Each participating organization is required to sign a Data Use Agreement. Sign and upload a scanned copy of the DUA ([PDF, 823 KB](#); [PDF Help](#)) onto the submission site. Please do not email or fax the DUA.

CAHPS Health Plan Questionnaire: Upload a copy of the Health Plan questionnaire administered. The CAHPS Database will review the submitted questionnaire, and then users will receive an approval/rejection email.

Health Plan Data File: Data files submitted to the CAHPS Database must conform to the 2019 Data File Specifications ([PDF, 458 KB](#); [PDF Help](#)).

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

Help: For technical assistance please contact the CAHPS Database:

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

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Existing User?

* = Required Field

•Username:

•Password:

[Forgot your password?](#)

New User?

Take a moment to create a new account.

Resource:

- 2019 CAHPS 5.0 Health Plan Survey Data Specifications ([PDF, 458 KB](#); [PDF Help](#))
- CAHPS Health Plan Data Submission System User Guide ([PDF, 490 KB](#); [PDF Help](#))
- 2019 CAHPS Health Plan Survey Data Use Agreement ([PDF, 823 KB](#); [PDF Help](#))
- Frequently Asked Questions (FAQs) ([PDF, 228 KB](#); [PDF Help](#))
- Association For Community Affiliated Plans (ACAP) Authorization Form ([PDF, 174 KB](#); [PDF Help](#))
- CAHPS Database Overview ([PDF, 150 KB](#); [PDF Help](#))

OMB Control No.: 0935-0165 Expiration 5/31/2020

Figure 2 Registration – Participants are requested to enter their contact information, identify their role, as a sponsor, coalition or vendor. Based on this information, system administrators will approve/reject the registration. If approved, the system automatically sends an email with the login information.

The CAHPS Health Plan Data Submission System

Account Registration

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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 2019 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.

* – Required Field

*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 participant

Sponsor (Organization that receives the sponsor report)

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)

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.

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.

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

The screenshot shows the home page of the CAHPS Health Plan Data Submission System. The page features a purple header with the CAHPS logo and tagline 'Surveys and Tools to Advance Patient-Centered Care'. A navigation menu on the left lists various system components, with 'Data Submission' highlighted. The main content area is titled 'The CAHPS Health Plan Data Submission System Home' and includes a breadcrumb trail: Overview | Plans | DUA | Questionnaires | Data. Below this, there are links for 'About', 'Submission Status', and 'Account Details'. The 'About' section provides an overview of the system and lists the necessary items for submission: Health Plan Information, Questionnaires, and Data Use Agreement. A 'Contact CAHPS Database' section provides contact information: 888-808-7108 and CAHPSdatabase@westat.com. The page also includes a 'Logout' and 'Help' link in the top right corner.

CAHPS Database

Aggregated Data

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CAHPSdatabase@westat.com

The CAHPS Health Plan Data Submission System Home

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About | Submission Status | Account Details

About the CAHPS Health Plan Submission System

The online CAHPS Health Plan Data Submission System enables users to submit, track and view the CAHPS Health Plan information. The following items are necessary to begin your organization's submission to the CAHPS Database.

- Health Plan Information:** Submit the requested characteristics, including the name of the plan, product type (e.g., HMO, POS or PPO), the population surveyed (e.g., adult Medicaid), and plan State.
- Questionnaires:** Upload a copy of the CAHPS Health Plan questionnaire administered by your organization. The CAHPS Database will review the submitted questionnaire to see it meets CAHPS standards. Review can take up to 3 business days.
- Data Use Agreement:** Sign and upload a copy of the Data Use Agreement. DUAs must be uploaded by June 28, 2019.
 - 2019 CAHPS Health Plan Survey Data Use Agreement (PDF, 823 KB; PDF Help)

Once your organization's submitted questionnaire has been accepted you may submit the data file.


- Data Files:** Only upload data files corresponding to the accepted questionnaire file.

Additional information is provided during each step of the submission process. Check the Submission Status to view the status of each health plan in your account.


For more information about submitting CAHPS Health Plan survey data to the CAHPS Database contact:


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

Figure 4. Plan Information - Users add and edit information for each health plan.


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The CAHPS Health Plan Data Submission System

Plan Information

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Plan Information

Note that you must submit your DUA online this year, not via email. To do so, select the DUA tab above, then follow the instructions to submit your document.

Plan Name ¹	Product Name ²	Survey Type ³	Product Type ⁴	State	Vendor Email	Action
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Select ▼	Select ▼	Select ▼	<input style="width: 95%;" type="text"/>	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

¹: Limit full name to 35 characters and single words to 25 characters.
²: Limit full name to 35 characters and single words to 25 characters.
³: AM: Adult Medicaid, CM: Child Medicaid, CMC: Child Medicaid with Chronic Conditions, SC: CHIP, SCC: CHIP with Chronic Conditions.
⁴: NA/Other, HMO, HMO/POS Combined, POS, PPO, FFS/Indemnity, HMO/POS/PPO Combined, HMO/PPO Combined, POS/PPO Combined, PCCM.

Contact CAHPS Database

888-808-7108
 CAHPSdatabase@westat.com

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.

Figure 5. Submit DUA - Users upload the Data Use Agreement (DUA in Adobe Acrobat (pdf) format to the submission system. System administrators then review DUAs and approve/reject the submitted document.

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The CAHPS Health Plan Data Submission System

Submit DUA

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To submit a DUA

- Insert all DUA information
- Select "Browse..." and select your DUA file.
- Select "Upload DUA".

Organization name:*

DUA signer's name:*

DUA signer's email address:*

DUA phone number:* () - Ext.:

DUA other contact name:

DUA other contact email address:

DUA other contact phone number: () - Ext.:

File Path:*
(* .pdf)

*Required

Figure 6. 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.

The screenshot displays the CAHPS Health Plan Data Submission System interface. At the top left is the CAHPS logo with the tagline "Surveys and Tools to Advance Patient-Centered Care". A navigation menu on the left lists various system components, with "Data Submission" highlighted. The main content area is titled "The CAHPS Health Plan Data Submission System" and "Submit Questionnaires". It features a breadcrumb trail: "Overview | Plans | DUA | Questionnaires | Data". Below this, there are links for "About | Submit | Summary". A section titled "To submit a questionnaire" provides instructions: "Select 'CAHPS Survey Type*' type from the drop down list box.", "Select 'CAHPS Survey Version'", "Select 'Browse...' and select your questionnaire file.", and "Select 'Upload Questionnaire*'". The form includes two dropdown menus for "CAHPS Survey Type:" and "CAHPS Survey Version:", and a "File Path:" field with a "Browse..." button. The file path field has a placeholder text: "(*.pdf, *.doc, *.docx, *.txt, *.rtf)". At the bottom of the form are "Cancel" and "Upload Questionnaire" buttons. A legend indicates that "*" denotes required fields.

Figure 7. Submit Data File Page – Users upload data files from their local computer. Each file submitted requires information about how the survey was administered. 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 to the database.

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The CAHPS Health Plan Data Submission System

Submit Data

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Submit your data file by entering how the sample was selected, mode of survey administration, the field period start and end date, and selecting your data file.

Plan Name: Sample 1	How Sample Was Selected: <input type="text"/>
Sponsor Name: Test_td	
Product Name: Plan 1	Mode of Survey Administration: <input type="text"/>
Survey Type: CM	Field Period Start Date: 4 <input type="text"/> 2019 <input type="text"/>
Product Type: FFS	Field Period End Date: 5 <input type="text"/> 2019 <input type="text"/>
State: FL	File Path: * <input type="text"/> <input type="button" value="Browse..."/>
	(* .csv)
	<input type="button" value="Submit"/>


*Required

Contact CAHPS Database


888-808-7108
CAHPSdatabase@westat.com

Figure 8. View Submission Status – Users can view the status of their account at any time during the submission process for all submissions in their account.

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Status

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Submission Status

The status of each health plan is displayed below. If you previously participated in the CAHPS Health Plan Database, your historical plan information will be displayed for continued use. If no data files have been submitted there may be no records shown.

Health Plan	Product Name	Survey Type	ProductType	State	DUA Status	Questionnaire Statu	Data File Status	FinalApprovalStatus
Sample	sample 2	AM	HMO	MD				

Contact CAHPS Database

888-808-7108
CAHPSdatabase@westat.com