

The CAHPS Health Plan Survey Database

Data Use Agreement

Instructions

1. All organizations that want to participate in the CAHPS® Health Plan Survey Database must submit a signed Data Use Agreement (DUA) and provide the organization name (hereinafter termed “**Participating Organization**”), and the Participating Organization’s point of contact.

Data collection vendors may not sign this DUA on behalf of a health plan or participating sponsor organization (even if they have been given permission by the health plan or participating sponsor organization to handle the actual submission of data). Only a duly appointed representative from the health plan or participating sponsor organization may sign this DUA.

2. AHRQ’s Contractor, Westat, has pre-signed this Data Use Agreement (DUA) in its current form. Any changes or modifications to the DUA other than those required to complete the DUA, such as contact information, will require review and execution, by both parties, of a new DUA or addendum.
3. This DUA includes important addenda requesting authorization from Participating Organizations to use measures from the CAHPS Health Plan Survey data they provide to the CAHPS Database for purposes of reporting state-level Medicaid and/or Children’s Health Insurance Program (CHIP) CAHPS Health Plan Survey results in specific private and public reporting products.
 - **HEALTH PLANS:** If you are a health plan submitting data, and you are not a State agency, please complete the reporting authorization requests in **Addendum A** on page 5.
 - **STATE AGENCIES:** If you are a State agency submitting data, please complete the reporting authorization requests in **Addendum B** on page 6.
4. Please sign and upload a scanned copy of the signed DUA by logging into the data submission system at <https://cahpsdatabase.ahrq.gov/HPDSS/login.aspx> and selecting the DUA tab.
5. Please retain a copy of the fully signed and executed DUA for your records.

If you have any questions or require any additional information please contact the CAHPS Database at 888-808-7108 or by email at CAHPSDatabase@westat.com.

The CAHPS Health Plan Survey Database

Data Use Agreement

1. This Data Use Agreement (DUA) is made by and between the Agency for Healthcare Research and Quality (AHRQ), AHRQ's contractor, Westat, and the organization named below (hereinafter termed "**Participating Organization**") which includes any health plan listed under item 13 on page 3 of this DUA.

Name of Participating Organization

Street Address of Participating Organization

City

State

Zip Code



VERY IMPORTANT: Type or write in the name of the Participating Organization above. If more than one health plan is represented, list the name of the participating sponsor organization above, and under item 13, page 3 of this DUA, **IDENTIFY EACH INDIVIDUAL HEALTH PLAN** for which data will be submitted.

2. AHRQ's Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Database is a central repository of data on health plan, medical group, clinician, and health care facility performance as measured by a selected set of CAHPS surveys. This DUA specifies the terms and conditions of Participating Organization's submission of its CAHPS Health Plan Survey data to Westat for participation in the CAHPS Health Plan Survey Database (hereinafter termed the "Database").
3. The Database is populated with CAHPS Health Plan Survey data through the voluntary participation of organizations that have administered the CAHPS Health Plan Survey and are willing to submit their CAHPS Health Plan Survey data to AHRQ for inclusion in the Database. Because participating organizations (e.g., State agencies, health plans, medical groups, clinicians) voluntarily submit data to the CAHPS Database, the Data do not constitute a nationally representative sample.

The Database is funded by the Agency for Healthcare Research and Quality (AHRQ) and managed and administered by AHRQ's contractor, Westat (hereinafter termed the "Contractor"). AHRQ's Contractor will operate the Database to comply with the provisions in this DUA.

4. Participating Organizations will provide their CAHPS Health Plan Survey data to the Database for AHRQ's research, analysis and reporting programs according to the terms specified in this DUA. By agreeing to participate in the Database, each Participating Organization agrees to make every good faith effort to provide data for inclusion in the Database, as specified by the data specifications outlined below. The data provided for inclusion in the Database are collectively referred to as the "Data." Participating Organization's Data include:
 - a) A copy of the final CAHPS Health Plan Survey instrument(s) administered, including copies of paper and/or web-based versions as applicable, for each surveyed population for which data will be submitted to the Database showing all survey instructions and items administered. If more than one version of the CAHPS Health Plan Survey was administered, a copy of each CAHPS Health Plan Survey instrument administered must be provided with the corresponding results for each version of the survey instrument for which data are submitted;

Public reporting burden for this collection of information is estimated to average 3 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 (0935-0165) AHRQ, 5600 Fishers Lane, Rockville, MD 20857.

- b) Respondent-level CAHPS Health Plan Survey data that are de-identified to prevent identification of any individual in the Database. Participating Organization will submit its final, de-identified respondent-level CAHPS Health Plan Survey data, as collected by the Participating Organization itself or by a survey data collection vendor, according to the data specifications outlined for the Database; and
 - c) Selected survey administration and organizational characteristics data (e.g., state, mode of survey administration, dates of administration, sample size, response rates, etc.).
5. AHRQ's Contractor agrees to establish appropriate and necessary administrative, technical, and physical procedures and safeguards including limiting access to the Data and providing appropriate staff training to protect the confidentiality of the Data and to prevent the unauthorized use of it or access to it. Only AHRQ's Contractor and duly authorized representatives appointed by AHRQ will have access to the identifiable source Data provided by Participating Organization.
 6. Participating Organization's Data will be accepted into the Database provided that the version of the CAHPS Health Plan Survey administered is deemed acceptable by AHRQ's Contractor, (i.e., not modified from the original CAHPS Health Plan Survey instructions and items) and the Data submitted by Participating Organization are deemed acceptable. AHRQ's Contractor will promptly notify the Participating Organization of any problem with the survey version(s) administered or with the Data submitted. If the survey version administered is acceptable but the Data submitted are problematic, AHRQ's Contractor will make a good faith effort to work with the Participating Organization to complete or correct the data submission, but reserves the right to not include incompatible or flawed Data in the Database.
 7. Participating Organization's Data will be used for AHRQ's research, analysis, and reporting programs, and the Data will be aggregated along with other Participating Organizations' Data in the Database. AHRQ will publicly report aggregated statistics overall and at the state level on the CAHPS Health Plan Survey composite scores and items, and present statistics by various organizational characteristics (e.g., product type and region), using data from Participating Organizations. Only aggregated data will be publicly reported, and only when there are sufficient data so that such aggregation will not permit the identification of individual respondents or health plans by other Participating Organizations or the public, with the exception that in the event that only one health plan's data are submitted for a given state, and the Participating Organization for that health plan authorizes the use of its CAHPS Health Plan data for state-level reporting, that one health plan's results will be displayed in state level results in the CAHPS Database in a way that might enable the identification of that health plan. Results will be made available publicly at no charge.
 8. AHRQ's Contractor conducts analyses of the Data to examine its distributional properties (variability, missing data, skewness), to assess the factor structure and reliability of the items and composites, and examine relationships of the Data with organizational characteristics. In any data analysis reports that may be produced, such reports will not identify individual Participating Organizations by name and results will only be reported in a manner that will not permit the identification of Participating Organizations.
 9. AHRQ and its Contractor, Westat, agree to use the Data submitted by Participating Organization only for the purposes stated in this DUA.
 10. **Researcher Access to Participating Organization's Data.** The AHRQ confidentiality statute, Section 944(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), requires that data collected by AHRQ or one of its contractors (including Westat) that identify establishments be used only for the purposes for which the data were supplied. AHRQ may grant researchers access to Participating Organizations' de-identified Data according to the following provisions:
 - a) Access to respondent and organization level data files that do not identify or permit re-identification of individual respondents or Participating Organizations may be granted by AHRQ without the specific authorization of Participating Organizations whose Data are included as part of the data files. Individuals requesting de-identified CAHPS Health Plan Survey data (hereinafter termed "Data Requesters") must submit a Research Abstract Form detailing the research purpose, hypotheses and methodology for analyzing the Data. AHRQ will review all Research Abstract Forms and approve or deny the requests. Data Requesters must also sign a Data Release Agreement in which they agree with the following requirements. Data Requesters agree that they: 1) will not use, and will prohibit others from using or disclosing, the de-identified Data except for the purposes specified in their Research Abstract Form; 2) will ensure that

the de-identified Data are kept in a secured environment and that only authorized users will have access to it; and 3) will limit the use of the de-identified Data to the individuals who require access in order to perform activities for the purposes specified in the Research Abstract Form.

- b) The de-identified data files may include organizational characteristics (e.g., product type and region), provided the characteristics do not permit re-identification of individual respondents or Participating Organizations. Participating Organizations will not be identified by name in the research data set, **except in the event that only one health plan's data are submitted for a given state, that one health plan's results will be included in the research data set in a way that might enable the identification of that health plan. By authorizing the use of its Data for state-level reporting and signing this DUA, the Participating Organization consents to such disclosure.** However, as noted in item 10a, data requesters sign a Data Release Agreement in which they agree they will not use the research data for public reporting and will not report, through any medium, data that could identify, directly or by inference, individual Participating Organizations.
- c) Access to data files specific to an identifiable Participating Organization may be approved only with the express written authorization of the Participating Organization whose data files are requested (except as noted in item 10b, in the event that only one health plan's data are submitted for a given state, that one health plan's results will be included in the research data set in a way that might enable the identification of that health plan). However, results containing any identifying information may not be released, disclosed or made public without the express written authorization of any Participating Organizations that may be identified in the published research analysis.
- d) Valid purposes for the use of CAHPS Health Plan Survey de-identifiable or identifiable research data sets do not include the use of Data for public reporting, proprietary, commercial or competitive purposes involving those Participating Organizations, or to determine the rights, benefits, or privileges of Participating Organizations.

- 11. AHRQ's Contractor, Westat, has signed this DUA in its current form. Any changes or modifications to the DUA other than those required to complete the DUA, such as contact information, will require review and execution, by both parties, of a new DUA or addendum.
- 12. Participating Organization may change or revoke this consent by sending written notification to the CAHPS Database, Westat, 1600 Research Boulevard, Rockville, MD 20850. Requests for changes or revocations must be received within 2 weeks of the current year's data submission deadline to be excluded from the current year's database and all reporting for that year. The request for revocation will not apply to Data already authorized and released prior to receipt of a written request to revoke consent.
- 13. If Participating Organization represents **more than one health plan**, use the space below to **(1) TYPE OR WRITE THE NAME OF EACH INDIVIDUAL HEALTH PLAN, (2) TYPE OR WRITE ITS ADDRESS, INCLUDING CITY AND STATE, AND (3) CHECK (X) WHETHER THE HEALTH PLAN IS AN ADULT MEDICAID, CHILD MEDICAID, OR CHIP PLAN** which is represented by the Participating Organization and therefore covered under this Data Use Agreement. Attach additional sheet(s) if necessary.

Name of Health Plan	Address, City and State	Adult Medicaid	Child Medicaid	CHIP
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If you are a State agency submitting Medicaid and/or CHIP program data, please provide the following information:

a. Total Number of Plans in Your State (If you don't know the number of plans in your state please write "Don't know").

Adult Medicaid _____ Child Medicaid _____ CHIP _____

b. Are You Submitting Data For All of the Medicaid/CHIP Programs in Your State? (Check Yes, No or Don't know.)

Adult Medicaid Yes
 No
 Don't know

Child Medicaid Yes
 No
 Don't know

CHIP Yes
 No
 Don't know

15. Please complete the information below, sign, and return all pages of this data use agreement to Westat.

The undersigned individual hereby attests that he/she is duly authorized to represent the Participating Organization and all health plans listed under item 13 and in so doing, enters into this Data Use Agreement on behalf of the Participating Organization and the health plans listed under item 13 and agrees to all the terms specified herein.

Complete all information

➔ Name: _____
Title: _____
Address: _____

Phone number: _____ Fax number: _____
Email address: _____

Sign and Date

➔ _____ (Signature) _____ (Date)

16. Name and Address of Participating Organization Contact for this DUA (if different from above):

Complete as needed

➔ Name of contact: _____
Title: _____
Address: _____

Phone number: _____ Fax number: _____
Email address: _____

The undersigned individual hereby attests that he/she is duly authorized to represent Westat, AHRQ's Contractor, and, in so doing, enters into this Data Use Agreement on behalf of Westat and agrees to all the terms specified herein.



Digitally signed by lois olinger
Date: 2019.05.14 13:07:52 -04'00'

Lois Olinger, Vice President, Westat

DUA Addendum A: For Health Plans Only

To Provide Authorization for Use of CAHPS Health Plan Survey Data for State-Level Private and Public Reporting

The U.S. Agency for Healthcare Research and Quality (AHRQ) is requesting authorization from individual health plans to use measures from the CAHPS Health Plan Survey data they provide to the CAHPS Database for purposes of reporting state-level Medicaid and/or CHIP CAHPS Health Plan Survey results in the following private and public reporting products:

- 1) State-level public reporting for the AHRQ CAHPS Database;
- 2) State-level public reporting by the Centers for Medicare & Medicaid Services (CMS) on Medicaid.gov and Data.Medicaid.gov; and
- 3) State-level private report to be provided to your State agency.

Addendum A1. State-level public reporting for the AHRQ CAHPS Database that will not display the name of your health plan(s)

 Please initial one:

_____ **YES:** Authorization is hereby granted to AHRQ to use the CAHPS Health Plan Survey data we provide to the AHRQ CAHPS Database to present state-level Medicaid and/or CHIP CAHPS Health Plan Survey results in the public reporting products of the AHRQ CAHPS Database (including the annual CAHPS Health Plan Survey Chartbook and the Online Reporting System).

_____ **NO:** Authorization is not granted for the requested use of our CAHPS Health Plan Survey data.


Addendum A2. State-level public reporting on Medicaid.gov and Data.Medicaid.gov that will not display the name of your health plan(s)

 Please initial one:

_____ **YES:** Authorization is hereby granted to AHRQ to release to CMS the CAHPS Health Plan Survey data we provide to AHRQ's CAHPS Database to allow CMS to publicly report state-level Medicaid and/or CHIP CAHPS Health Plan Survey results on CMS's Medicaid.gov and Data.Medicaid.gov.

_____ **NO:** Authorization is not granted for the requested use of our CAHPS Health Plan Survey data.

Addendum A3. Release of plan-identifiable results to your State agency for state-level private reporting

 Please initial one:

_____ **YES:** Authorization is hereby granted to include results for my health plan(s) in a private report to be provided to my State agency. This private report will display results for each health plan within my state that authorizes the release of their results to the State agency. Plan-identifiable results will be displayed in the private report using the name of each health plan.

_____ **NO:** Authorization is not granted for the requested use of our CAHPS Health Plan Survey data.


DUA Addendum B: For State Agencies Only

To Provide Authorization for Use of CAHPS Health Plan Survey Data for State-Level Public Reporting

The U.S. Agency for Healthcare Research and Quality (AHRQ) is requesting authorization from State agencies to use measures from the CAHPS Health Plan Survey data they provide to the CAHPS Database for purposes of reporting state-level Medicaid and/or CHIP CAHPS Health Plan Survey results in the following public reporting products:

- 1) State-level public reporting for the AHRQ CAHPS Database;
- 2) State-level public reporting for the AHRQ National Healthcare Quality and Disparities Report;
- 3) State-level public reporting by the Centers for Medicare & Medicaid Services (CMS) on Medicaid.gov and Data.Medicaid.gov.

Addendum B1. State-level public reporting for the AHRQ CAHPS Database that will not display the name of your health plan(s)

 Please initial one:

_____ **YES:** Authorization is hereby granted to AHRQ to use the CAHPS Health Plan Survey data we provide to the AHRQ CAHPS Database to present state-level Medicaid and/or CHIP CAHPS Health Plan Survey results in the public reporting products of the AHRQ CAHPS Database (including the annual CAHPS Health Plan Survey Chartbook and the Online Reporting System).

_____ **NO:** Authorization is not granted for the requested use of our CAHPS Health Plan Survey data.

Addendum B2. State-level public reporting for the AHRQ National Healthcare Quality and Disparities Report that will not display the name of your health plan(s)

 Please initial one:

_____ **YES:** Authorization is hereby granted to AHRQ to use the CAHPS Health Plan Survey data we provide to the CAHPS Database to publicly report state-level Medicaid CAHPS Health Plan Survey results in AHRQ's National Healthcare Quality and Disparities Report.

_____ **NO:** Authorization is not granted for the requested use of our CAHPS Health Plan Survey data.

Addendum B3. State-level public reporting on Medicaid.gov and Data.Medicaid.gov that will not display the name of your health plan(s)

 Please initial one:

_____ **YES:** Authorization is hereby granted to AHRQ to release to CMS the CAHPS Health Plan Survey data we provide to AHRQ's CAHPS Database to allow CMS to publicly report state-level Medicaid and/or CHIP CAHPS Health Plan Survey results on CMS's Medicaid.gov and Data.Medicaid.gov.

_____ **NO:** Authorization is not granted for the requested use of our CAHPS Health Plan Survey data.