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

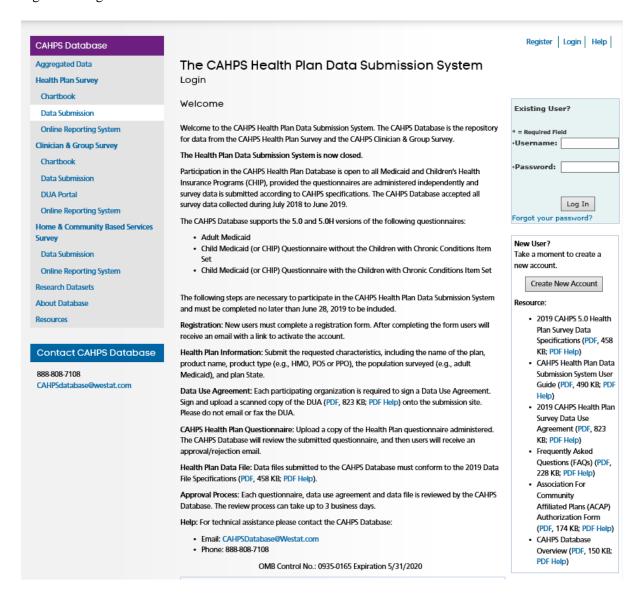


Figure 2 Registration – Participants are requested to enter their contact information, identify their role, as a sponsor, coalition or vendor. Based on this information, system administrators will approve/reject the registration. If approved, the system automatically sends an email with the login information.

The CAHPS Health Plan Data Submission System Account Registration
OMB Control No.: 0935-0165 Expiration 5/31/2020
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:
*City:
*Zlip Code:
*Telephone number: () Ext.:
Fax number: 4 1
*Email Address:
*Role of participant
Osponsor (Organization that receives the sponsor report)
Occalition
Ovendor
Additional information about participant role:
*Are you the primary contact?
OYes
ONo (please give the name and telephone number of the primary contact)
Continue
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, MID 20857.
This was a transfer of and a 42 H.C.O. 2005. The coefficients the of commence of the big comments and the

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 CAHPS Health Plan Data Submission System Home

Overview Plans DUA Questionnaires Data

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.

n_t Logout Help

- 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.
- <u>Data Use Agreement</u>: Sign and upload a copy of the Data Use Agreement. DUAs must 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.

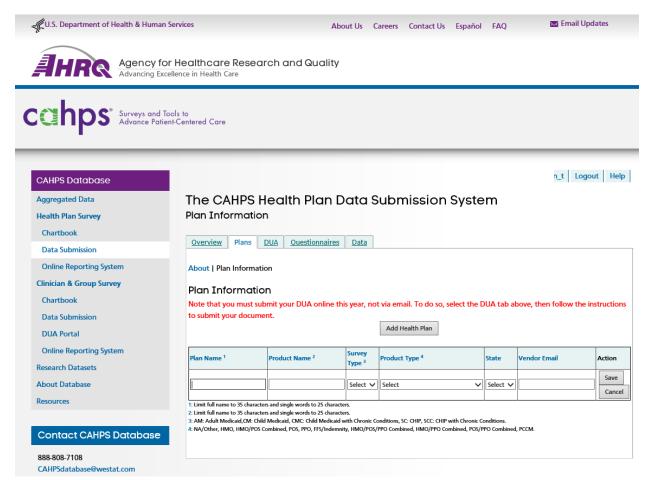
Additional information is provided during each step of the submission process. Check the Submission Status to view the status of each health plan in your account.

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.



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.

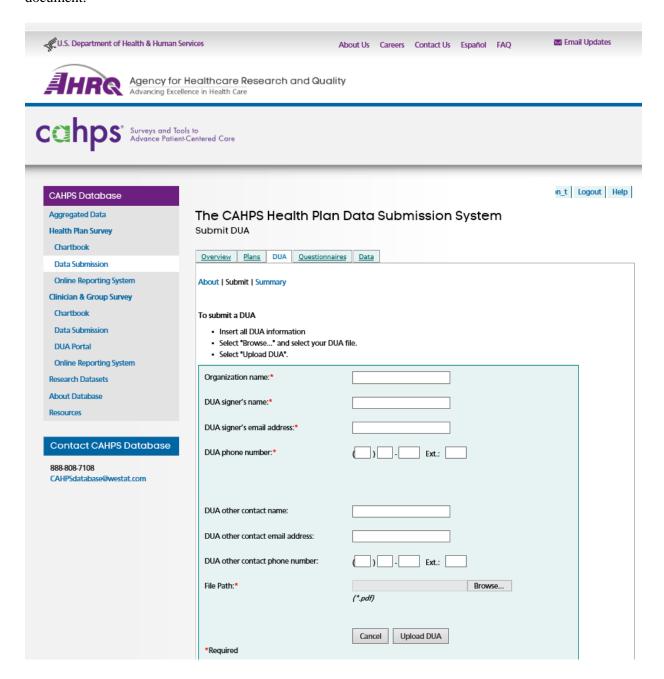


Figure 6. Submit Questionnaire - Users upload questionnaire documents in MS Word (doc), Adobe Acrobat (pdf) Text (txt) or Rich Text Format (rtf) format to the submission system and identify which type of questionnaire they are submitting. System administrators then review questionnaires and approve/reject the submitted document.

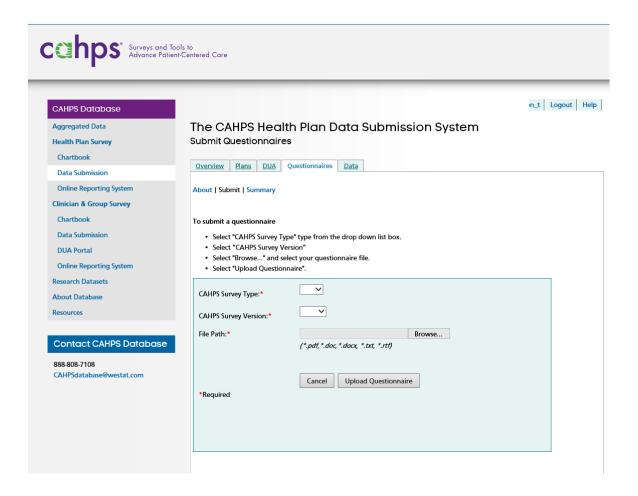


Figure 7. Submit Data File Page – Users upload data files from their local computer. Each file submitted requires information about how the survey was administered. Uploaded files are evaluated in real-time to ensure they meet the basic required format. If not, users receive immediate feedback. Once a file is accepted, the data file is loaded it to the database.

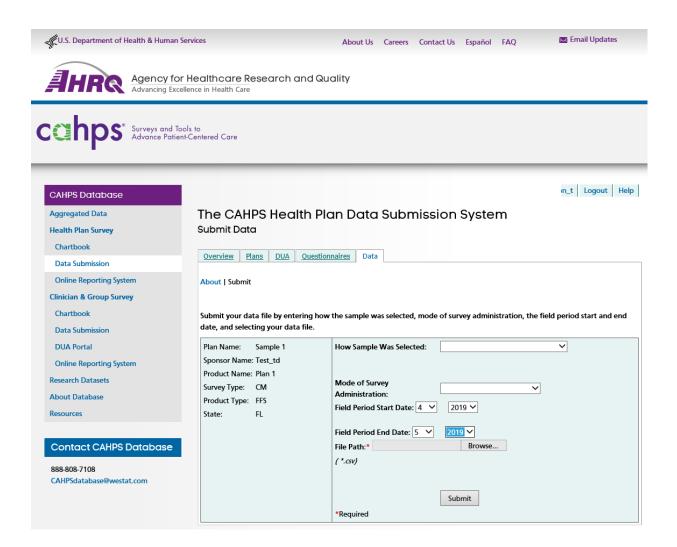


Figure 8. View Submission Status – Users can view the status of their account at any time during the submission process for all submissions in their account.

