

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

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

CAHPS Databases Submission System

Health Plan Survey Data Submission

Child Hospital Survey Data Submission

Home and Community-Based Services Survey Data Submission

Contact CAHPS Database

Health Plan, Child Hospital and Clinician & Group Surveys
888-808-7108
CAHPSdatabase@westat.com

Home and Community Based Services Survey
855-580-4657
HCBSCAHPSdatabase@westat.com

The CAHPS Health Plan Survey Data Submission System

Login

Participation in the CAHPS Health Plan Survey Database is open to all users of the CAHPS Health Plan Survey for Medicaid and Children's Health Insurance Program (CHIP) enrollees, provided the questionnaires are administered in a manner consistent with CAHPS guidance and the survey data are submitted according to CAHPS specifications.

The 2022 submission system is now closed.

Key Dates for 2023

- Data submission period: June 5–30, 2023
- Survey administration period: Between July 1, 2022, and June 30, 2023

Learn about the benefits of participating in the [Health Plan Survey Database](#) (PDF, 261 KB)

To be notified about future submission periods, please sign up for [email updates from AHRQ](#).

Accepted Versions of the Health Plan Survey

The CAHPS Database supports the 5.1/5.1H versions of the following survey instruments:

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

How to Participate in the Health Plan Survey Database

Organizations that want to participate in the Health Plan Survey Database must take the following five steps during the data submission period.

- Register for an account or confirm an existing account:** New participants (or their vendors) must complete a registration form. The CAHPS Database staff will review your request and send you an email with the information needed to access the data submission system.
- Enter health plan information:** This information includes the name of the plan, product type (e.g., HMO, POS or PPO), the population surveyed (e.g., Adult Medicaid), and plan state.
- Upload a Data Use Agreement (DUA):** Sign and upload a copy of the [DUA](#) (PDF, 266 KB) into the submission system. Please do not email or fax the DUA.
- Upload the CAHPS questionnaire:** Provide a copy of the survey instrument administered by your organization. CAHPS Database staff will review the submitted questionnaire and send you an approval/rejection email.
 - Recommendation:** Send your questionnaire to the Database staff for review prior to data collection to ensure compatibility with the Database.
- When the questionnaire has been approved, **upload the CAHPS data file in CSV format.** The data file must conform to the [Data File Specifications](#) (coming soon). CAHPS Database staff will review the submitted data file(s) and send you an approval/rejection email.

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

Help: For technical assistance, please contact the CAHPS Database staff:

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

Existing User?

* = Required Field

Username:

Password:

[Forgot your password?](#)

New User?

Take a moment to create a new account.

Resources:

- [CAHPS Health Plan Survey Data Use Agreement](#) (PDF, 266 KB)
- [Data Specifications](#) (coming soon)
- [CAHPS Health Plan Survey Data Submission System User Guide](#) (PDF, 483 KB)
- [Frequently Asked Questions \(FAQs\)](#) (PDF, 228 KB)

OMB Control No.: 0935-0165 Expiration Date: 11/30/2023

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.

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

The CAHPS Health Plan Survey Data Submission System

Account Registration

OMB Control No.: 0935-0165
Expiration Date: 11/30/2023

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 2022 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

***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 (0935-0165) 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 Survey Data Submission System. At the top, there is a navigation bar with the AHRQ logo (Agency for Healthcare Research and Quality) on the left and search, careers, contact, and language options on the right. Below this is a header with the CAHPS logo and the tagline 'Surveys and Tools to Advance Patient-Centered Care'. The main content area is divided into a left sidebar and a main content area. The sidebar contains links for 'CAHPS Databases Submission System', 'Health Plan Survey Data Submission', 'Child Hospital Survey Data Submission', 'Home and Community-Based Services Survey Data Submission', and 'Contact CAHPS Database'. The main content area features a title 'The CAHPS Health Plan Survey Data Submission System Home' and a navigation menu with tabs for 'Overview', 'Plans', 'DUA', 'Questionnaires', and 'Data'. Below the navigation is a section titled 'About the CAHPS Health Plan Submission System' which provides an overview of the system and lists the necessary items for submission: Health Plan Information, Questionnaires, and Data Use Agreement. It also includes contact information for the CAHPS Database.

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The CAHPS Health Plan Survey 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.
- 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 July 1, 2022.
 - 2022 CAHPS Health Plan Survey Data Use Agreement (PDF, 266 KB)

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 Survey 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	
test	test	AM	HMO	AL		Edit	Delete
test	test	AM	HMO	MD		Edit	Delete

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, Chip: Chip, Chip with CC: 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.

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 Survey Data Submission System

Submit DUA

Overview | Plans | DUA | Questionnaires | Data

About | **Submit** | Summary

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:* No file chosen
 (*.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 Survey Data Submission System interface. At the top, the AHRQ logo and navigation links are visible. The main header includes the CAHPS logo and the tagline "Surveys and Tools to Advance Patient-Centered Care". On the right side of the header, there are links for "AMarsono", "Logout", and "Help".

The left sidebar contains a "CAHPS Databases Submission System" menu with options for "Health Plan Survey Data Submission", "Child Hospital Survey Data Submission", and "Home and Community-Based Services Survey Data Submission". Below this is a "Contact CAHPS Database" section with contact information for Health Plan, Child Hospital and Clinician & Group Surveys, and Home and Community Based Services Survey.

The main content area is titled "The CAHPS Health Plan Survey Data Submission System" and "Submit Questionnaires". It features a navigation bar with tabs for "Overview", "Plans", "DUA", "Questionnaires", and "Data". Under the "Questionnaires" tab, there are sub-tabs for "About", "Submit", and "Summary".

The "Submit" sub-tab is active, showing instructions for submitting a questionnaire:

- Select "CAHPS Survey Type" type from the drop down list box.
- Select "CAHPS Survey Version"
- Select "Browse..." and select your questionnaire file.
- Select "Upload Questionnaire".

The form below these instructions includes the following fields:

- CAHPS Survey Type: * (dropdown menu)
- CAHPS Survey Version: * (dropdown menu)
- File Path: * (file selection button labeled "Choose File" and "No file chosen", with a file type filter: (*.pdf, *.doc, *.docx, *.txt, *.rtf))

At the bottom of the form, there are "Cancel" and "Upload Questionnaire" buttons, and a note: "*Required".

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 Survey Data Submission System

Submit Data

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About | **Submit**

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:	JW AM	How Sample Was Selected:	<input type="text"/>
Sponsor Name:	Westat	Mode of Survey Administration:	Internet only
Product Name:	Plan AM2	Field Period Start Date:	1 2021
Survey Type:	AM	Field Period End Date:	12 2021
Survey Version:	5.0H	File Path:*	Choose File No file chosen
Product Type:	HMO/POS/EPO Combined		(* *.csv)
State:	GU		<input type="button" value="Submit"/>

*Required

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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The CAHPS Health Plan Survey Data Submission System 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 Status	Data File Status	FinalApprovalStatus
Test Health Plan	Plan A`	AM	HMO	MD	Approved	Conditional Approved	Passed	Approved
Test Health Plan	Plan B	CM	HMO	MD	Approved	Approved	Cancelled	
Test Health Plan	Plan C	SCC	HMO	MD	Approved	Approved	Cancelled	
Test Plan	Plan D	AM	HMO	IN		Approved	Awaiting Confirmation	
Test Health Plan	Plan E	AM	HMO	MD	Approved	Conditional Approved	Awaiting Confirmation	
May 31 2022	Plan F	AM	HMO	MD		Approved	Awaiting Confirmation	
June 1 2022	Plan G	CMC	HMO	MD		Approved	Awaiting Confirmation	
June 1 2022	Plan H	SC	HMO	MD	Approved	Approved	Passed	