

SUPPORTING STATEMENT

Part A

Collection of Information for Agency for Healthcare Research and Quality (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Database

Version 10-29-2026

Agency for Healthcare Research and Quality (AHRQ)

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A. Justification

1. Circumstances that Make the Collection of Information Necessary

AHRQ's mission. The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (<https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/hrqa99.pdf>), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

Summary of this Information Collection Request (ICR): This information request is for an extension with change of AHRQ's collection of information for the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Health Plans: OMB Control number 0935-0165. The CAHPS Health Plan Database consists of data from the AHRQ CAHPS Health Plan Survey. Health plans in the U.S. are asked to voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The CAHPS Database was developed by AHRQ in 1998 in response to requests from health plans, purchasers, the Centers for Medicare and Medicaid Services (CMS) to provide comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement. The expiration date of this ICR is December 31, 2026 and AHRQ requests a new expiration date, three years from approval of this ICR.

Background on the CAHPS Health Plan Survey. The CAHPS Health Plan Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. The development of the CAHPS Health Plan Survey began in 1995, when AHRQ awarded the first set of CAHPS grants to Harvard, RTI, and RAND. In 1997 the CAHPS 1.0 survey was released by the CAHPS Consortium. The CAHPS Consortium refers to the research organizations involved in the development, dissemination, and support of CAHPS products. The current Consortium includes AHRQ, RAND, Yale School of Public Health, and Westat.

Since that time, the Consortium has refined and updated the survey instrument to reflect field feedback from industry experts; reports from health plan participants, data collection vendors (the organization that helps carry out the technical and operational parts of a survey and database submission), and other users; evidence from cognitive testing and focus groups; and extensive psychometric data analysis. Version 5.0 of the Health Plan

Survey was released in 2012. The development of this update to the Health Plan Survey has been part of the "Ambulatory CAHPS (A-CAHPS) Initiative," which arose as a result of extensive research conducted with users. AHRQ released the CAHPS Health Plan Survey 5.0, along with guidance on how to customize and administer it. The National Quality Forum endorsed the 5.0 version of the Health Plan Survey in 2015. Version 5.1 was released in 2020 to acknowledge the various ways in which enrollees may receive care: in person, by phone, or by video.

Rationale for the information collection. The CAHPS Health Plan Database uses data from AHRQ's standardized CAHPS Health plan survey to provide results to health care purchasers, consumers, regulators and policy makers across the country. Voluntary participants include public and private employers, State Medicaid agencies, Children's Health Insurance Programs (CHIP), CMS, and individual health plans.

This research seeks to answer the following questions:

- 1) What are the key drivers of member experience in health plans?
- 2) How do member experiences with health plans vary across the West, Midwest, South and Northeast regions?
- 3) What are the highest and lowest scoring measures in specific areas of care for health plans?

This research has the following goals:

- 1) To maintain the CAHPS Health Plan database using data from AHRQ's standardized CAHPS Health Plan survey to provide results to health care purchasers, consumers, regulators and policy makers across the country.
- 2) To offer several products and services, including aggregated results presented through summary chartbooks, custom analyses, and data for research purposes.
- 3) To provide state-level data to CMS for public reporting on Medicaid.gov and Data.Medicaid.gov that does not display the name of the health plans.

Key Project Components

Each year State Medicaid agencies, and individual health plans decide whether to participate in the database and prepare their materials and dataset for submission to the CAHPS Health Plan Database. Participating organizations are typically State Medicaid agencies with multiple health plans. However, individual health plans are also encouraged to submit their data to the CAHPS Database. The number of data submissions per registrant varies from participant to participant and year to year because some participants submit data for multiple health plans, while others may only submit survey data for one plan.

Each organization that decides to participate in the database must have their point-of-contact (POC) complete a registration form providing their contact information for access to the online data submission system, sign and submit a DUA, and provide health plan characteristics such as health plan name, product type, type of population surveyed, health plan state, and plan name to appear in the reporting of their results.

Each vendor that submits files on behalf of a Medicaid agency or individual health plan must also complete the registration form in order to obtain access to the online submission system. The vendor, on behalf of their client, may also complete additional information about survey administration, submit a copy of the questionnaire used, and submit one data file per health plan.

The collection of information for the CAHPS Health Plan Database is being conducted pursuant to AHRQ's statutory authority to conduct and support research on health care and systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of health care services. See 42 U.S.C. 299a(a)(1).

To achieve the goals of this project the following activities and data collections will be implemented:

1. **Program Recruitment.** Outreach will be conducted with the CAHPS Health Plan user community (including state agencies, independent health plans, survey vendors, etc.) to promote the database and its benefits, and to encourage voluntary contributions of survey data. A variety of communications will be used (e.g., GovDelivery announcements, personal email messages, conference and meeting presentations, etc.) to present the value case for the database and key dates and details about submitting data.
2. **Data Submission Platform.** AHRQ's contractor currently provides a web-based user-friendly submission platform including data submission specifications; technical assistance and step-by-step instructions for participation; analysis programs for data cleaning and reporting; and data use agreements to protect the confidentiality of the participating organizations and their data.
3. **Submission Notifications and Instructions.** Clear instructions and notifications are of paramount importance for successful submission of valid data, seamless report dissemination, and streamlined communication with survey vendors, state programs, or other submitters (see Attachment F). Procedures for data submission through the data submission platform will include the following:
 - **Registration Form** - The point-of-contact (POC), the sponsor from Medicaid agencies and health plans, and vendors complete a number of data submission steps and forms, beginning with the completion of the online registration form (see Attachment C). The purpose of this form is to collect basic contact information about the organization and initiate the registration process.
 - **Health Plan Information Form** - The purpose of this form, completed by the participating sponsor organization, is to collect background characteristics of the health plan, such as the name of the plan, the product type (e.g., HMO, PPO), the population surveyed (e.g., adult Medicaid or child Medicaid). Each year, the prior year's plan data are preloaded in the plan table to lessen burden

on the Sponsor. The Sponsor is responsible for updating the plan table to reflect the current year's plan information. (see Attachment D).

- **Data Use Agreement** - The purpose of the data use agreement, completed by the participating sponsor organization, is to state how data submitted by health plans will be used and provide confidentiality assurances (see Attachment B).
 - **Data Files Submission** - POCs upload their data file using the Health Plan data file specifications to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted (see Attachment E). Each submitter will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the CAHPS Database. Submitters will upload one data file per health plan. Once a data file is uploaded the file will be checked automatically to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to fix any errors in their data file and resubmit if necessary.
4. **Data Cleaning and Preparation.** Thorough data cleaning and data preparation are extremely important in maintaining the integrity of the data and for analyzing the data in a valid and reliable way. During data submission, submitters and AHRQ's contractor's database team will review survey response frequencies to identify out-of-range values, missing variables, or other data anomalies such as when unexpected responses are detected (e.g., an unusually large proportion of "0" responses on a 0-10 response scale). A submission status report will inform submitters of such errors so that the file can be corrected and resubmitted. Once the data submission period closes, SAS® software will be used for data cleaning, analysis, and reporting.
5. **Data Analysis and Reporting.** Using reporting systems, the contractor will develop reporting products with appropriate data visualization techniques to present results that are meaningful and useful.

2. Purpose and Use of Information

Survey data from the CAHPS Health Plan Database is used to produce three types of products: 1) an annual chartbook available to the public on the AHRQ CAHPS web site ([2025 CAHPS Health Plan Survey Database Chartbook](#)); 2) individual participant reports that are confidential and customized for each participating organization (e.g., health plan, Medicaid agency) that submits their data; and 3) a research database available to researchers wanting to conduct additional analyses.

Information for the CAHPS Health Plan Database has been collected by AHRQ through its contractor Westat, on an annual basis since 1998. Health plans and State Medicaid

agencies are asked to submit their data voluntarily to the comparative database in June/July of each year.

Once data are submitted the data are cleaned with standardized programs, then aggregated and used to produce results for Medicaid (adult and child), and CHIP. In addition, individual participant reports are produced that contain the participating organizations' own results compared to appropriate comparisons derived from the overall database.

The CAHPS Health Plan Database receives Medicaid and CHIP data that are collected by the CAHPS Health Plan Database. Medicaid agencies, CHIP agencies and their vendors directly submit their Medicaid and CHIP health plan survey data to the CAHPS Health Plan Database through an online data submission system.

AHRQ has produced CAHPS Health Plan Chartbook report since 2000. For 2025, 644 health plans are included, covering 262,312 respondents.

Submitted data are also used to give individual participants their own customized feedback report presenting their own plan results compared to the overall database results. Chartbook results and individual participant reports are used for a variety of purposes:

- Identify areas for quality improvement and contracting goals
- Brief senior leadership
- Support public reporting
- Combine with other quality measures to examine outcomes

The research database has provided health plan data to 85 researchers thus far. Results of this research have been used to examine:

- Comparison of adult and child CAHPS survey results
- Analysis of case-mix factors affecting CAHPS scores
- Differences in CAHPS scores at the state level
- Comparison of CAHPS scores between civilian and military beneficiaries

3. Use of Improved Information Technology

All information collection for the CAHPS Health Plan Database is done electronically. Registration is handled online and data submission information, data use agreement and data upload is handled through a secure web site. Delivery of confidential health plan survey results is also handled through a secure web site.

4. Efforts to Identify Duplication

While there are many survey vendors that collect the CAHPS Health Plan Survey and may maintain databases of their own clients' data, AHRQ is the only entity that serves as a comprehensive repository of CAHPS Health Plan survey data. AHRQ collaborates with

CMS to combine their CAHPS Health Plan survey data with the CAHPS Health Plan Database in an effort to reduce the burden of submission on health plans. Vendors submit data files using the NCQA layout format in order to reduce the burden on vendors.

5. Involvement of Small Entities

The collection of information associated with data submission is very basic and does not unduly burden small business or health plans. The information being requested has been held to the absolute minimum required for the intended uses and is likely already being compiled by survey vendors for their health plan clients.

6. Consequences if Information Collected Less Frequently

Regulations issued by CMS and NCQA require health plans to follow a regular annual data collection and reporting cycle. As a result, the CAHPS Health Plan Database follows the same cycle for data submission. Because data are used to monitor patient experience and to evaluate specific quality initiatives, timely data are imperative to monitoring and quality improvement.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

8a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on July 30th, 2026, Vol. 91 page 48113, for 60 days (see Attachment A). No comments were received.

8b. Outside Consultations

No outside consultations will be pursued at this time.

9. Payments/Gifts to Respondents

No payment or remuneration is provided to health plans for submitting data to the CAHPS Health Plan Database.

10. Assurance of Confidentiality

Individuals and organizations will be assured of the confidentiality of their replies under Section 944(c) of the Public Health Service Act. 42 U.S.C. 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied.

Confidentiality of the Point-of-Contact for a Health Plan. The health plans' POC, who submits data on behalf of their plan, is asked to provide his/her name, phone number and email address during the data submission process to ensure that the plan's individual survey feedback report is delivered back to that person for use by the health plan. In addition, the POC's contact information is important when any clarifications or corrections of the submitted data set are required and follow-up is needed. However, the name of the POC and name of the plan is kept confidential and not publicly reported. Only aggregated, de-identified results are displayed in any public reports.

Confidentiality of the Survey Data Submitted by a Health Plan. Health plans are assured of the confidentiality of their CAHPS Health Plan survey data through a DUA that they must sign that has been approved by AHRQ (see Attachment B). The DUA states that their data will be handled in a secure manner using necessary administrative, technical and physical safeguards to limit access to it and maintain its confidentiality. In addition, the DUA states the data will be used for the purposes of the database that only aggregated results will be reported, and that the health plan will not be identified by name.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated burden hours for the respondent to participate in the database. The 129 POCs in Exhibit 1 are a combination of an estimated 114 State Medicaid agencies and individual health plans (sponsors), and 15 vendor organizations.

Each sponsor (made up of state Medicaid agencies and health plans) and vendor will register online for submission. The Registration Form will require about 5 minutes to complete. Each sponsor will also complete a Health Plan Information Form which takes on average 30 minutes to complete per health plan with each POC completing the form for four plans on average. The Data Use Agreement (DUA) will be completed by the 114 participating State Medicaid agencies or individual health plans. Vendors do not sign or submit DUAs. The DUA requires about 5 minutes to sign and upload. Data File Submissions will be completed by either sponsors or vendors for the 114 participating submitters and will take about 1 hour to submit the data for each plan, and each POC will submit data for four plans on average (see Attachment E). The total burden is estimated to be 893 hours annually.

Exhibit 1. Estimated Annualized Burden Hours

Form Name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Registration Form	129	1	5/60	11
Health Plan Information Form	114	4	30/60	228

Data Use Agreement	114	1	5/60	10
Data Files Submission	114	5.65	1	644
Total	471	NA	NA	893

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one submission process. The cost burden is estimated to be \$100,115 annually.

Exhibit 2. Estimated annualized cost burden

Form Name	Total Burden hours	Average Hourly Wage Rate*	Adjusted Hourly Wage Rate**	Total Cost burden
Registration Form	11	67.77 ^a	\$135.54	1,491
Health Plan Information Form	228	67.77 ^a	\$135.54	\$30,903
Data Use Agreement	10	129.63 ^b	\$259.26	\$2,593
Data Files Submission	644	50.56 ^c	\$101.12	\$65,128
Total	893	NA	NA	\$100,115

* [National Compensation Survey: Occupational wages in the United States May 2025, "U.S. Department of Labor, Bureau of Labor Statistics."](https://www.bls.gov/oes/2025/may/overview_2025.htm)

https://www.bls.gov/oes/2025/may/overview_2025.htm

** The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

a) Based on the mean hourly wage for Medical and Health Services Managers (11-9111).

b) Based on the mean hourly wage for Chief Executives (11-1011).

c) Based on the mean hourly wages for Computer Programmers (15-1251).

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated annualized cost to the government for developing, maintaining and managing the Health Plan Database and analyzing the data and reporting results. The cost for one annual data submission is estimated to be \$342,149. Annualized costs for collecting and processing the CAHPS Health Plan Database are based upon prior years of historical project costs. Start-up costs were present in the early years of the database only.

Exhibit 3. Estimated Annualized Cost

Cost Component	Total Cost	Annualized Cost
Database Maintenance	\$195,000	\$65,000
Data Submission	\$375,000	\$125,000
Data Analysis and Reporting	\$390,000	\$130,000
Total	\$960,000	\$320,000

Exhibit 4: Annual cost to AHRQ for project oversight

<u>AHRQ Position</u>	<u>% Time (hrs.)</u>	<u>Hourly Rate*</u>	<u>Adjusted Hourly Rate**</u>	<u>Annualized Cost</u>
GS15/5	3% (62.4hrs)	\$95.93	191,850	\$11,971.44
GS14/5	3% (62.4hrs)	\$81.55	163,104	\$10,177.44
Total				\$22,148.88

* Salary 2026 for the locality pay area of Washington-Baltimore-Arlington, DC-MD-VA-WV-PA
<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2026/DCB.pdf>

** The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

15. Changes to Collection of Information Requirements, Burden, and Collection of Information Instruments

The increase in burden is based on an increase in data file submissions in 2025, the most recent reported data available. The individual data submission process did not have an increased burden but there was an increase in the total volume of data file submissions.

16. Time Schedule, Publication and Analysis Plans

Information for the CAHPS Health Plan Database is collected by AHRQ through its contractor, Westat, on an annual basis since 2000. Health plans are asked to submit their CAHPS Health Plan survey data voluntarily to the CAHPS Database in June each year. The data are then cleaned and aggregated and used to produce annual chartbooks and individual participants reports each fall. Results for the participating Medicaid and CHIP agencies and individual health plans are provided through a secure web site.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A: Federal Register Notice
Attachment B: Data Use Agreement Form
Attachment C: Registration Form
Attachment D: Health Plan Information Form
Attachment E: Data Files Submission
Attachment F: Submission Emails

