

The CAHPS Health Plan Survey Data Submission System

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About Plans

To submit data for a plan, you must complete all fields in the Plan Information table. You are required to enter the health plan name, product name, survey type, product type and State.

Sponsors: If a vendor will be submitting your data, you must assign the vendor to each health plan in your account. To designate a vendor to a plan, enter their email address in the Vendor Email Address field. Once you have submitted the email address, the vendor will be linked to the plan and will be able to submit the questionnaire and data file. If you decide to have a vendor submit materials on your behalf, we recommend that you check the status of your account often to ensure that your vendor has provided the necessary items by the deadline.

Your personalized CAHPS Health Plan report will be based on the information you enter in the Plan Information table.

In the Plan Information table, you will have the ability to add, edit and delete plans. If you delete a plan and wish to reactivate it, select the "Reactivate" button, which will appear only for deleted plans.

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.

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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.

Add Health Plan

Plan Name ¹	Product Name ²	Survey Type ³	Product Type ⁴	State	Vendor Email	Action
2021 Adult plan	product	AM	HMO	MD		<div>Edit</div>

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