

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

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

Register | Login | Help

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.

Data submission is now closed.

Key Dates for

YEAR

DATES

- Data submission period:
- Survey administration period:

Learn about the benefits of participating in the [Health Plan Survey Database](#) (PDF, 239 KB)

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

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

The Database accepts data from the English and Spanish versions of this survey. Data from independently translated surveys in other languages cannot be submitted.

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, 1,660 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](#) (PDF, 500 KB). CAHPS Database staff will review the submitted data file(s) and send you an approval/rejection email.

STEP 1

Register

Provide information via online Database registration form

STEP 2

Enter Health Plan Information

Provide plan information, such as the name of the plan, product type, the population surveyed and plan state

STEP 3

Sign Data Use Agreement (DUA)

Sign and upload a Data Use Agreement (DUA) to the CAHPS Database

STEP 4

Upload Questionnaire

Submit a copy of the CAHPS Survey instrument used for data collection

STEP 5

Submit Data

Submit data files according to the required Database specifications

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

OMB Control No.: 0935-0165 Expiration Date: XX/XX/XX

System Use Notification

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following:

The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

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 Survey Data Submission System

Account Registration

OMB Control No.: 0935-0165
Expiration Date: xx/xx/xxxx

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 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)

[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 (0935-0165) 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.

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

Logout | Help

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 uploaded by DATE
 - CAHPS Health Plan Survey [Data Use Agreement](#) (PDF, 1,644 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.

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

Logout | Help

The CAHPS Health Plan Survey Data Submission System
Plan Information

[Overview](#)
[Plans](#)
[DUA](#)
[Questionnaires](#)
[Data](#)

[About](#)
[Plan Information](#)

Plan Information

Note that the way you list your plans is how they will be reported on private feedback reports and/or CMS reports.

Add Health Plan

Plan Name ¹	Product Name ²	Survey Type ³	Product Type ⁴	State	Vendor Email	Action
		Select	Select	Select		Save Cancel

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 (includes Title XIX and Medicaid Expansion CHIP), CMC: Child Medicaid with Chronic Conditions (includes Title XIX and Medicaid Expansion CHIP), CHIP: Separate CHIP, CHIP with CC: Separate 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.

[CAHPS Databases Submission System](#) [Logout](#) [Help](#)

[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

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.

[CAHPS Databases Submission System](#) [Logout](#) [Help](#)

[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

Submit Questionnaires

[Overview](#) [Plans](#) [DUA](#) [Questionnaires](#) [Data](#)

[About](#) [Submit](#) [Summary](#)

To submit 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".

CAHPS Survey Type:*

CAHPS Survey Version:*

File Path:* No file chosen
(* .pdf, *.doc, *.docx, *.txt, *.rtf)

*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 it to the database.

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

Logout Help

The CAHPS Health Plan Survey Data Submission System

Submit Data

Overview Plans DUA Questionnaires Data

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: Sample 1
Sponsor Name: Westat
Product Name: Plan 1
Survey Type: AM
Survey Version: 5.1
Product Type: HMO
State: KS

How Sample Was Selected:
Mode of Survey Administration:
Field Period Start Date:
Field Period End Date:
File Path: * Choose File No file chosen
(*.csv)

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.

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

Logout Help

The CAHPS Health Plan Survey Data Submission System

Status

Overview Plans DUA Questionnaires Data

About Submission Status Account Details

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
Sample 1	Plan 1	AM	HMO	KS		Approved		