

**ASSOCIATION FOR COMMUNITY AFFILIATED PLANS (ACAP) AUTHORIZATION
MEMO**

DATE: June 2016

TO: State Medicaid Sponsors and ACAP Member Health Plans Participating in the 2016 CAHPS Health Plan Survey Database

FROM: CAHPS Database Management Team

RE: **Request to Use Your 2016 CAHPS Health Plan Survey Data in the 2016 Report for the Association for Community Affiliated Plans (ACAP)**

On behalf of the Association for Community Affiliated Plans (ACAP), we are seeking your authorization to include results for ACAP member health plans in a special report that the CAHPS Database compiles for ACAP. This report compares plan-specific results for ACAP members, for purposes of quality improvement. We have produced this report for ACAP members each year since 2004.

Since most ACAP member plan data are submitted to the CAHPS Database via state Medicaid agencies, it is necessary for us to receive authorization from each state agency to include ACAP specific data. We expect to receive data on ACAP member plans from the following states in 2016:

- Arizona (University of AZ Health Plan)
- California (Alameda Alliance for Health, CalOptima, CenCal Health, Central California Alliance for Health, Community Health Group, Contra Costa Health Plan, Gold Coast Health Plan, Health Plan of San Mateo, Health Plan of San Joaquin, Inland Empire Health Plan, Kern Family Health Care, L.A. Care Health Plan, Partnership HealthPlan of California, San Francisco Health Plan, Santa Clara Family Health Plan)
- Colorado (Colorado Access, Denver Health)
- Connecticut (Community Health Network of Connecticut)
- District of Columbia (Health Services for Children With Special Needs)
- Florida (Prestige Health Choice)
- Hawaii (AlohaCare)
- Illinois (CountyCare, Family Health Network)
- Indiana (CareSource, MDwise)
- Kentucky (Passport Health Plan)
- Maryland (Maryland Community Health System, Priority Partners)
- Massachusetts (Boston Medical Center HealthNet Plan, Commonwealth Care Alliance, Neighborhood Health Plan)
- Minnesota (Metropolitan Health Plan)
- New Hampshire (WellSense Health Plan)
- New Jersey (Horizon NJ Health)
- New York (Affinity Health Plan, Amida Care, Elderplan & Homefirst, GuildNet, VillageCare MAX, VNSNY CHOICE, YourCare Health Plan)
- Ohio (CareSource)
- Oregon (CareOregon, Yamhill Community Care Organization)
- Pennsylvania (AmeriHealth Caritas Pennsylvania, UPMC For You)
- Rhode Island (Neighborhood Health Plan of Rhode Island)

- Texas (Children’s Medical Center Health Plan, Community Health Choice, Cook Children’s Health Plan, Driscoll Health Plan, El Paso First Health Plans, Sendero Health Plan, Texas Children’s Health Plan)
- Virginia (Virginia Premier)
- Washington (Community Health Plan of Washington)
- Wisconsin (Children's Community Health Plan)

In addition, we are aware that several ACAP plans collect and submit data independently from their respective state agencies, and sometimes in addition to their state agencies. If you are one of these plans, we also need your permission to include your plan-specific results in the comparative ACAP report.

If you are a state agency or ACAP health plan submitting CAHPS data, and you approve of this request, please provide your state agency or ACAP health plan below. Please sign and return a scanned copy of the ACAP form by email to CAHPSDatabase@westat.com or send a signed copy by mail or fax to:

The CAHPS Database
 Westat
 1700 Research Boulevard
 CAHPS Database, RB1103
 Rockville, MD 20850

Ph: 888-808-7108
 Fax: 301-315-5912
CAHPSDatabase@westat.com

“The below State Medicaid name or health plan name authorizes the CAHPS Database to use the CAHPS Health Plan survey data we have submitted to the CAHPS Database for 2016 to compile a special report for ACAP member health plans.”

State Medicaid name or health plan name: _____

Name: _____

Title: _____

 (Signature)

 (Date)

If you have any questions about the process for submitting your CAHPS Health Plan data to the CAHPS Database, please contact Deborah Kilstein at ACAP (dkilstein@communityplans.net or at 202-341-4101) or the CAHPS Database at 888-808-7108. Thank you for your consideration.

Please retain a copy of the fully signed and executed ACAP form for your records.