



THE CAHPS HEALTH PLAN DATABASE

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# CAHPS Health Plan Submission System User Guide

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## Table of Contents

<b>Sponsors Submission Instructions.....</b>	<b>3</b>
Registration .....	4
Submission System .....	4
1. Overview .....	5
2. Plans .....	5
3. Questionnaires .....	6
4. Data .....	7
5. Data Use Agreement .....	8
<b>Vendor Submission Instructions .....</b>	<b>9</b>
Registration .....	10
Submission System .....	10
1. Overview .....	10
2. Plans .....	10
3. Questionnaires .....	11
4. Data .....	12
5. Data Use Agreement .....	13
<b>Coalition Submission Instructions .....</b>	<b>14</b>
Registration .....	15
Plan Wish List .....	15
Authorization Form .....	15
Submission System .....	15
1. Overview .....	15

# **Sponsors**

# **Submission Instructions**

This section provides instructions for those that have a sponsor account for the CAHPS Health Plan Database.

## Registration

If you previously participated in the CAHPS Health Plan Database, you don't have to register for a new account. Once the submission system opens, existing sponsors will receive an email with instructions on how to re-activate your account. If you did not receive the email, please contact the CAHPS Database at [CAHPSDatabase@Westat.com](mailto:CAHPSDatabase@Westat.com). Your account will contain the information you entered from previous years.

If this is the first time participating in the CAHPS Health Plan Database, you will need to register for an account. You will receive an email with your username and password after your account registration has been approved. Once you have received your account username and password, you may start the submission process.

## Submission System

The submission system contains five sections: Overview, Plans, Questionnaires, Data, and DUA. Instructions for each section are provided in this User Guide.

As a sponsor you have the ability to:

- Review the status of your health plans
- Add, edit, or delete health plans
- Submit questionnaires
- Submit data files

The Data Use Agreement (DUA) and the authorization forms cannot be submitted through the online submission system. These items must be submitted to the CAHPS Database by email, mail or fax.

**Data Use Agreement.** All sponsors participating in the CAHPS Health Plan Database must submit a signed DUA. The DUA states that you will send us the data, we will protect it, and we will give you a report at no charge. The respondent-level data submitted to the CAHPS Database is classified by HIPAA as a Limited Data Set, which by definition excludes any personal identifiers and covers confidentiality issues. We encourage you to start this process as soon as possible, especially if your legal department must review the agreement before signing. The DUA should be sent to the CAHPS Database prior to submitting the data files.

**Authorization Form.** Certain sponsors must also sign and return the National Healthcare Quality Report (NHQR) Authorization form. The Agency for Healthcare Research and Quality (AHRQ) requests authorization from State Medicaid programs to use selected measures from the CAHPS Health Plan survey data that you provide to the CAHPS Database for purposes of reporting State-level Medicaid results in the next National Healthcare Quality Report.

If your health plan is a member of a coalition, you must submit the coalition authorization form. Coalitions seek your authorization to include your results in a special report that the CAHPS Database compiles for coalitions. This report compares plan-specific results for coalition members, for quality improvement purposes.

## 1. Overview

Once you have logged into your account, you will arrive in the overview section. It contains submission status, account details, and information about the submission system.

### *Submission Status*

In the submission status tab, you will be able to view your health plans and the status of each plan. If you submitted data in a previous year, the table will be pre-populated with the key characteristics for each health plan from your previous submission. You can view the status of the DUA, questionnaire, data file and final database approval. The status will automatically update based upon the progress in the submission system.

### *Account Details*

In the account details tab, you can view your contact information, password, and account activity information.

## 2. Plans

### *Plan Information*

You can edit existing plans, add new plans, and delete health plans in the plan information tab.

You are required to enter health plan name, product name, population, product type and state. This plan name will appear in your sponsor report in the Online Reporting System. Changing the name of an existing plan is not recommended. The CAHPS Database retains historical information that is linked for trending purposes in your sponsor report in the Online Reporting System.

To add a plan, select the Add Health Plan button at the top of the table. To edit or delete a plan select the Edit or Delete button in the plan information table. See Example 1-1 for example of the plan information table.

## Example 2-1. Health Plan Information Table

	<u>Plan Name</u> <i>i</i>	<u>Product Name</u> <i>i</i>	<u>Survey Type</u> <i>i</i>	<u>Product Type</u> <i>i</i>	<u>State</u>	<u>Vendor Email</u>
<a href="#">Edit</a> <a href="#">Delete</a>	Example Health Plan	First	AM	HMO	VA	
<a href="#">Edit</a> <a href="#">Delete</a>	Example Health Plan	Gold	CM	HMO/POS	AK	

Deleted plans will be displayed at the bottom of the table. If you deleted a plan by accident, select the Reactivate button that appears in the left most column for deleted plans.

If you have a vendor that needs access to submit information and files on your behalf, you will need to enter the email address of the vendor in the vendor email address column. Once the email address is entered and saved, an email will be sent to the vendor with the appropriate information needed to submit materials for your plans. We recommend that you check the status of your account often to ensure that your vendor has provided the necessary items. All required steps must be completed by the Submission System close date in order for your data to be accepted in the Health Plan Survey Database. Once a plan has been entered, you or your vendor will need to submit your questionnaire.

### 3. Questionnaires

The questionnaire section contains information on the questionnaire submission process, how to submit a questionnaire, and how to view a summary of the questionnaires you have submitted.

#### *About*

Each plan requires a copy of the CAHPS questionnaire used. Each questionnaire file must be associated with one of following survey types:

- Adult Medicaid
- Child Medicaid
- Child Medicaid with Chronic Conditions Item Set
- Children's Health Insurance Program (CHIP)
- CHIP with Chronic Conditions Item Set

#### *Submit*

You will need to complete two steps to submit a questionnaire: 1) Upload a questionnaire, and 2) Link the questionnaire to a health plan.

### Step 1

To upload a questionnaire, select the survey type, CAHPS survey version, and locate your questionnaire file by selecting the Browse button.

### Step 2

After you have uploaded the questionnaire you will be taken to the next page where you will link the questionnaire to a health plan of the same survey type. Only health plans with the same survey type as the questionnaire will be available to link to. Select the plans you would like to link with the check box in the Link to Plan column and select the Link Questionnaire button at the bottom of the page.

### Summary

After you submitted a questionnaire you will be taken to the summary page where you can view all of your uploaded questionnaires. On this page, you can:

- View the number of plans a questionnaire is linked to
- View the status of the questionnaire
- Link the questionnaire to additional plans

### Example 3-1. Questionnaire Summary Table

Action	File Name	Survey Type	Survey Version	Date Received	Plan Linked To	Status
<a href="#">Link</a>	Test1_2014_AM.txt	CM	5.0H	5/14/2014 1:22:10 PM	1	Approved
<a href="#">Link</a>	Example Questionnaire.docx	AM	5.0	5/20/2014 12:41:50 PM	1	Pending Review

## 4. Data

### Submit

Data files submitted to the CAHPS Database must conform to the 2014 Data File Specifications ([PDF](#), 416 KB; [PDF Help](#)). For additional information on CAHPS protocols, please visit: <https://cahps.ahrq.gov/surveys-guidance/hp/index.html>.

The submit page lists all your plans. Select the Submit button to the left of the plan name to begin the data file submission process. It is important to note, your questionnaire must have been approved to submit data for that plan.

To submit a data file, enter additional information about the survey administration and upload the data file. Enter how the sample was selected, mode of survey administration, and the field start and end date. Use the Browse button to locate your data file to upload. Once you have entered the additional information and selected the data file, select the Submit button and the database will immediately process the data file.

Once your data file has been processed an evaluation summary will appear. The evaluation summary will tell you if your data file passed or failed. Review the survey administration, file information, header level report and the member level report. After you have reviewed the data and confirmed information is correct, select the Confirm button at the bottom of the page. If you need to cancel the data submission, select the Cancel button at the bottom of the page. See Example 4-1 for example of a data file evaluation summary report.

#### Example 4-1. Data File Evaluation Summary Report

Sponsor Name: Example Sponsor	<b>Survey Administration:</b>	Mixed
Product Name: First	<b>Sample Selected:</b>	Followed CAHPS protocol
Population: AM	<b>Start Date:</b>	10/2014
Product Type: HMO	<b>End Date:</b>	2/2014
State: VA	<b>File submitted:</b>	AM_DataFile.bt
	<b>File size:</b>	2 KB
	<b>Time submitted:</b>	5/21/2014 10:12:22 AM

**File Status:**  Awaiting Confirmation, Data rows in file: 10, Survey Completes:8

Select Report: [Header Report](#) [Member Level Report:](#)

ColumnField	Valid Values	Invalid Values	Blank Values	Status	Comment
1 Record ID (RecordID)	10	0	0		
5  Disposition	10	0	0		
8  Survey Bound (Bound)	10	0	0		

## 5. Data Use Agreement

### About

Each participating sponsor organization is required to sign a Data Use Agreement (DUA).

Data collection vendors may not sign a DUA on behalf of a participating sponsor organization (even if they have been given permission by the health plan or participating sponsor organization to handle the actual submission of data).

Any changes or modifications to the DUA will require approval and execution by both parties. A new DUA or addendum may be required.

### Submitting a DUA

DUAs cannot be submitted through the online submission system. Please sign and return a scanned copy of the DUA by email to CAHPSDatabase@westat.com or fax it to (301) 315-5912, "Attention CAHPS Database".

### Status

You may view the submission status of your DUA under the status page.

# **Vendor Submission Instructions**

This section provides instructions for vendors.

## Registration

Vendors must register for an account every year. The CAHPS Database will review your request and get back to you within one business day. Once approved you will receive an e-mail with your username and password that will allow you access to the submission system.

## Submission System

The submission system contains five sections: Overview, Plans, Questionnaires, Data, and DUA. Instructions for each section are provided in this User Guide.

Vendors have the ability to:

- Review the status of health plans they are assigned to by a sponsor
- Submit questionnaires
- Submit data files

**Data Use Agreement (DUA).** Vendors cannot submit a DUA on behalf of a sponsor. However, within the Submission System you can send a sponsor an email reminder to submit the DUA by selecting the Email button on the DUA summary page.

### 1. Overview

Once you have logged into your account, you will arrive in the overview section. It contains submission status, account details, and information about the submission system.

#### *Submission Status*

In the submission status tab, you will be able to view the health plans assigned to you by each of your sponsor clients and view the status of each plan

You will only see the health plans that a sponsor has assigned you as the vendor. The DUA status, questionnaire status, data file status, and final approval status will automatically update based upon progress in the submission system.

#### *Account Details*

In the account details tab, you can view you contact information, password, and account activity information.

### 2. Plans

#### *Plan Information*

You will only see the health plans that your sponsor has entered. You cannot edit, add, or delete health plans. You can only review the plans that have been entered. See Example 2-1.

### Example 2-1. Vendor View of Plan Information Table

<u>Sponsor Name</u>	<u>Plan Name</u>	<u>Product Name</u>	<u>Survey Type</u>	<u>Product Type</u>	<u>State</u>
Example Sponsor	Example Plan	Test	SC	HMO	AK
Example Sponsor	Example Plan	Test	AM	FFS	CA

### 3. Questionnaires

The questionnaire section contains information on the questionnaire submission process, how to submit a questionnaire, and how to view a summary of the questionnaires you have submitted.

#### *About*

Each plan requires a copy of the CAHPS questionnaire used. Each questionnaire file must be associated with one of following survey types:

- Adult Medicaid
- Child Medicaid
- Child Medicaid with Chronic Conditions
- Children’s Health Insurance Program (CHIP)
- CHIP with Chronic Conditions

#### *Submit*

You will need to complete two steps to submit a questionnaire: 1) Upload a questionnaire, and 2) Link the questionnaire to a health plan.

##### Step 1

To upload a questionnaire, select the survey type, CAHPS survey version, and locate your questionnaire file by selecting the Browse button.

##### Step 2

After you have uploaded the questionnaire you will be taken to the next page where you can link the questionnaire to a health plan of the same survey type. Only health plans with the same survey type as the questionnaire will be available to link to. Select the plans you would like to link with the check box in the Link to Plan column and select the Link Questionnaire button at the bottom of the page.

#### *Summary*

After you submitted a questionnaire you will be taken to the summary page where you can view all of your uploaded questionnaires. On this page, you can:

- View the number of plans the questionnaire is linked to
- View the status of the questionnaire
- Link the questionnaire to additional plans

### Example 3-1. Questionnaire Summary Table

Action	Sponsor Name	Plan Name	File Name	Survey Type	Survey Version	Date Received	Plan Linked To	Status
<a href="#">Link</a>	Ex. Sponsor	Ex. Plan 1	Test1_2013_AM_Accept.txt	SC	5.0	5/22/2014 8:43:24 AM	<a href="#">1</a>	Approved
<a href="#">Link</a>	Ex. Sponsor	Ex. Plan 2	Test1_2013_AM_Accept.txt	AM	5.0	5/22/2014 8:43:24 AM	<a href="#">1</a>	Pending Review

## 4. Data

### *Submit*

Data files submitted to the CAHPS Database must conform to the 2014 Data File Specifications ([PDF](#), 416 KB; [PDF Help](#)). For additional information on CAHPS protocols, please visit: <https://cahps.ahrq.gov/surveys-guidance/hp/index.html>.

The submit page lists all of your plans. Select the Submit button to the left of the plan name to begin the data file submission process. It is important to note, your questionnaire must have been approved to submit data for that plan.

To submit a data file, enter additional information about the survey administration and upload the data file. You will need to enter how the sample was selected, mode of survey administration, and the field start and end date. Use the Browse button to upload the data file. Once you have entered the additional information and selected the data file, click the Submit button and the database will immediately process the data file.

Once your data file has been processed, an evaluation summary will appear. The evaluation summary will tell you if your data file passed or failed. Review the survey administration, data file information, header report and the member level report. After you have reviewed the data and confirmed the information is correct, select the Confirm button at the bottom of the page. If you need to cancel the data submission, select the Cancel button at the bottom of the page. See Example 4-1 for example of a data file evaluation summary report.

### Example 4-1. Data File Evaluation Summary Report

Sponsor Name: Example Sponsor	<b>Survey Administration:</b>	Mixed			
Product Name: First	<b>Sample Selected:</b>	Followed CAHPS protocol			
Population: AM	<b>Start Date:</b>	10/2014			
Product Type: HMO	<b>End Date:</b>	2/2014			
State: VA	<b>File submitted:</b>	AM_DataFile.txt			
	<b>File size:</b>	2 KB			
	<b>Time submitted:</b>	5/21/2014 10:12:22 AM			
<b>File Status:</b> ⚠ Awaiting Confirmation, Data rows in file: 10, Survey Completes:8					
<b>Select Report:</b>	<a href="#">Header Report</a>	<a href="#">Member Level Report:</a>			
<b>ColumnField</b>	<b>Valid Values</b>	<b>Invalid Values</b>	<b>Blank Values</b>	<b>Status</b>	<b>Comment</b>
1 Record ID (RecordID)	10	0	0		
5 <input type="checkbox"/> Disposition	10	0	0		
8 <input type="checkbox"/> Survey Bound (Bound)	10	0	0		

### 5. Data Use Agreement

#### Status

Vendors cannot sign a DUA on behalf of a sponsor organization. However, within the Submission System you can send a sponsor an email reminder to submit the DUA by selecting the Email button in the left column of the table. See Example 5-1.

### Example 5-1. DUA Status Table and Email Reminder

Action	Sponsor	Status
<a href="#">Email</a>	Example Sponsor	

# Coalition Submission Instructions

This section provides instructions for those that have a coalition account for the CAHPS Health Plan Database.

## Registration

Coalitions are required to register for an account every year. Once you submit the registration form, the CAHPS Database will review your request and get back to you within one business day. Upon approval, you will receive an e-mail with your username and password that will allow you access to the submission system.

## Plan Wish List

To ensure the accuracy of the plans included in the coalition report a coalition must submit an Excel file that includes all health plans to be included in their coalition report to [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com).

## Authorization Form

All health plans that authorize their data to be included in your coalition report must submit an authorization form to the CAHPS Database.

## Submission System

As a coalition, you will only have access to the overview section of the submission system.

In the submission system, coalitions have the ability to review the status of all health plans assigned to your coalition

### 1. Overview

Once you have logged into your account, you will arrive in the overview section. This section contains the submission status, account details, and information about the submission system.

#### *Submission Status*

In the submission status tab, you will be able to view your health plans and the status of the plans in a table. See Example 1-1.

### Example 1-1. Coalition View of Submission Status Table

<u>SponsorOrg</u>	<u>Health Plan</u>	<u>Product Name</u>	<u>Survey Type</u>	<u>Product Type</u>	<u>State</u>	<u>Authorization Form</u>	<u>DUA Status</u>	<u>Questionnaire Status</u>	<u>Data File Status</u>	<u>Final Approval Status</u>
Ex. Sponsor	Test 4	Test	SC	HMO	AK			Approved	Passed	
Ex. Sponsor	Example Plan	Example Product	CM	POS	AL					
Ex. Sponsor	Example Plan 2	Example Product	AM	POS/PPO	MD			Pending Review		
Ex. Sponsor	Example Plan 3	Example Product	CMC	FFS/Indemnity	NY					

You will only see the health plans that have submitted an authorization form. The DUA status, questionnaire status, data file status, and final approval status will automatically update based upon progress in the submission system.

#### *Account Details*

In the account details tab, you can view your contact information, password, and account activity information.