

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

DATE: June 2020

TO: State Medicaid Sponsors and ACAP Member Health Plans Participating in the 2020 CAHPS Health Plan Survey Database

FROM: CAHPS Database Management Team

RE: **Request to Use Your 2020 CAHPS Health Plan Survey Data in the 2020 Report for the Association for Community Affiliated Plans (ACAP)**

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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 2020:

- Arizona (Banner University Health Plans)
- 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 Joaquin, Health Plan of San Mateo, 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 (Denver Health Medical Plan)
- Connecticut (Community Health Network of Connecticut)
- Delaware (AmeriHealth Caritas Delaware)
- District of Columbia (AmeriHealth Caritas District of Columbia, Health Care Services for Children with Special Needs)
- Florida (Community Care Plan, Prestige Health Choice)
- Hawaii (AlohaCare)
- Illinois (CountyCare)
- Indiana (MDwise)
- Louisiana (AmeriHealth Caritas Louisiana)
- Maryland (Maryland Physicians Care, Priority Partners)
- Massachusetts (Boston Medical Center HealthNet Plan, Commonwealth Care Alliance)
- Michigan (Blue Cross Complete of Michigan)
- Minnesota (Hennepin Health)
- New Hampshire (AmeriHealth Caritas New Hampshire, Well Sense Health Plan)
- New York (Affinity Health Plan, Amida Care, Elderplan/HomeFirst, Hamaspik Choice, Nascentia Health, VillageCareMAX, VNSNY CHOICE Health Plans)
- North Carolina (AmeriHealth Caritas North Carolina, Alliance Health, Cardinal Innovations Healthcare, Partners Behavioral Health)
- Ohio (CareSource Ohio)

- Oregon (CareOregon)
- Pennsylvania (AmeriHealth Caritas Pennsylvania, Gateway Health Plan, Geisinger Health Plan, Health Partners Plans, UPMC *for You*)
- Rhode Island (Neighborhood Health Plan of Rhode Island)
- South Carolina (SelectHealth of South Carolina)
- Texas (Children’s Medical Center Health Plan, Community First Health Plans, Community Health Choice, Cook Children’s Health Plan, Driscoll Health Plan, El Paso First Health Plans, Parkland Community Health Plan, Texas Children’s Health Plan)
- Utah (University of Utah Health Plans)
- Virginia (Virginia Premier Health Plan)
- Washington (Community Health Plan of Washington)
- Wisconsin (Children's Community Health Plan, My Choice Family Care)

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 sign and return a scanned copy of the ACAP form by email to [CAHPSDatabase@westat.com](mailto: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](mailto:CAHPSDatabase@westat.com)

“The below State Medicaid agency or health plan name authorizes the CAHPS Database to use the CAHPS Health Plan survey data we have submitted to the CAHPS Database for 2020 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 Enrique Martinez-Vidal at ACAP ([emartinez-vidal@communityplans.net](mailto:emartinez-vidal@communityplans.net) or at 202-204-7527) 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.