

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

DATE: June 2026

TO: State Medicaid Sponsors and ACAP Member Health Plans Participating in the 2026 CAHPS Health Plan Survey Database

FROM: CAHPS Database Management Team

RE: **Request to Use Your CAHPS Health Plan Survey Data in the 2026 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 2026:

- Arizona (Banner University Health Plans)
- Arkansas (CareSource PASSE)
- California (Alameda Alliance for Health, CalOptima Health, CenCal Health, Central California Alliance for Health, Community Health Group, Contra Costa Health, Gold Coast Health Plan, Health Plan of San Joaquin/Mountain Valley Health Plan, 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 (Colorado Access, Denver Health Medical Plan)
- Connecticut (Community Health Network of Connecticut)
- District of Columbia (AmeriHealth Caritas DC, Health Services for Children with Special Needs, MedStar Family Choice)
- Delaware (AmeriHealth Caritas Delaware)
- Florida (AmeriHealth Caritas Next Florida, Community Care Plan)
- Georgia (CareSource Georgia)
- Hawaii (AlohaCare)
- Illinois (CountyCare)
- Indiana (CareSource [Indiana])
- Louisiana (AmeriHealth Caritas Louisiana)
- Maryland (Maryland Physicians Care, MedStar Family Choice, Priority Partners)
- Massachusetts (Commonwealth Care Alliance/CareSource, Fallon Community Health Plan, WellSense Health Plan)
- Michigan (Blue Cross Complete of Michigan, HAP CareSource)
- Minnesota (Hennepin Health, South Country Health Alliance)
- Mississippi (TrueCare [CareSource])
- Nevada (CareSource [Nevada])
- New Hampshire (AmeriHealth Caritas New Hampshire, WellSense Health Plan)

- New York (Amida Care, Elderplan/HomeFirst, Hamaspik Choice, HealthFirst, iCircle Care, MetroPlusHealth, Nascentia Health, VillageCareMAX, VNS Health)
- North Carolina (Alliance Health, AmeriHealth Caritas North Carolina, Partners Health Management, Trillium Health Resources, Vaya Health)
- Ohio (CareSource Ohio, AmeriHealth Caritas Ohio)
- Oregon (CareOregon, Yamhill Community Care)
- Pennsylvania (AmeriHealth Caritas Pennsylvania, Geisinger Health Plan, Jefferson Health Plans, Keystone First, UPMC *for You*)
- Rhode Island (Neighborhood Health Plan of Rhode Island)
- South Carolina (Select Health of South Carolina)
- Texas (Community First Health Plans, Community Health Choice, Cook Children’s Health Plan, Dell Children’s Health Plan, Driscoll Health Plan, El Paso Health, Parkland Community Health Plan, Texas Children’s Health Plan)
- Utah (University of Utah Health Plans)
- Washington (Community Health Plan of Washington)
- West Virginia (CareSource [West Virginia])
- Wisconsin (CareSource [Wisconsin], Chorus Community Health Plans, Lakeland 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.

“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 2026 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) 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.