

## Fact Sheet

### **The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey: Reporting Requirements and Data Submission for the Medicaid and the Children’s Health Insurance Program (CHIP) Core Sets and State CHIP Annual Reporting**

The Centers for Medicare & Medicaid Services (CMS) Medicaid and CHIP Child Core Set and Medicaid Adult Core Set, together referred to as the Core Sets, and state CHIP annual reporting both include measures based on the CAHPS Health Plan survey. Beginning in 2024, reporting on certain CAHPS surveys will be mandatory for states as part of the Core Sets. State CHIPs also have annual CAHPS reporting requirements as part of the mandatory CHIP Annual Report. To reduce reporting burden, CMS is streamlining these two reporting requirements into one data submission to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Health Plan Database.

This Fact Sheet provides information states need to fulfill the requirements for reporting CAHPS data for both the Medicaid and CHIP Core Sets and the CHIP annual report.

### **CAHPS Survey Reporting Requirements and Technical Specifications**

#### **Surveys Used for Medicaid and CHIP CAHPS Reporting**

The following versions of the CAHPS survey should be used to meet requirements for both the Core Sets and state CHIP annual reporting:

- Child Medicaid and CHIP: CAHPS Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)
- Adult Medicaid: CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)

Any updates or changes that AHRQ makes to the CAHPS survey will be reflected in annual updates to the CAHPS measures on the Child and Adult Core Sets, and in annual updates to the CAHPS section of the CHIP Annual Report template as applicable.

More information about the CAHPS Health Plan Survey can be found at <https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html>.

#### **Supplemental Items**

The Children with Chronic Conditions (CCC) Supplemental Item Set is the only supplemental item set for which reporting is mandatory. States should report the CCC Supplemental Item Set for the Medicaid population, including the Medicaid expansion CHIP (M-CHIP) population, as well as the separate CHIP (S-CHIP) population, if applicable. States have the option to include other supplemental item sets.

## CHIP Annual Reporting Requirements

Since 2013, programs funded under Title XXI, including S-CHIPs and M-CHIPs, have been required by Section 402(a)(2) of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)<sup>1</sup> to collect CAHPS survey data related to quality and consumer satisfaction for all enrollees of these programs, regardless of delivery system type.<sup>2</sup> States were instructed to sample S-CHIPs and M-CHIPs separately from Title XIX Medicaid in conducting their CAHPS survey. CHIPRA required states to include CAHPS survey results for their Title XXI programs in their CHIP Annual Reports, submitted through the CHIP Annual Report Template System (CARTS).

To reduce reporting burden for states, the [Core Set Final Rule, published in 2023](#), updated these requirements by amending 42 CFR 457 to align annual CHIP CAHPS reporting requirements with those of the Medicaid and CHIP Child Core Set.<sup>3</sup> Therefore, for CHIP annual reporting beginning in 2024, states are required to:

- Report on their CHIP population(s) using the 5.1H- Child Version of the CAHPS measure included in the Medicaid and CHIP Child Core Set,
- Sample Title-XXI funded M-CHIP populations with Title-XIX funded Medicaid populations, and sample S-CHIP populations separately, and
- Report CAHPS survey results in the AHRQ CAHPS Health Plan Survey Database. Summary CAHPS survey results for CHIP will no longer be collected in CARTS, except for verification from states that CAHPS results have been reported to the AHRQ database as required.

## Child and Adult Core Set Reporting Requirements

Historically, the Core Sets have been voluntary for states to report to CMS through the Quality Measure Reporting (QMR) system. Section 50102(b) of the Bipartisan Budget Act of 2018, (Pub. L. 115-123, enacted February 9, 2018) made state reporting of the Child Core Set mandatory for Medicaid and CHIP starting in FFY 2024, and section 5001 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) (Pub. L. No. 115–271, enacted October 24, 2018) made state reporting of the behavioral health measures on the Adult Core Set mandatory for Medicaid only starting in FFY 2024. The remainder of the measures on the Adult Core Set remain voluntary for states to report.

As noted above, beginning with FFY 2024 Core Set reporting, states should report both the child and adult CAHPS survey results (as applicable) into the AHRQ CAHPS Health Plan Survey Database. CMS plans to calculate state-level results for three Core Set measures using data submitted to the CAHPS Database:

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<sup>1</sup> Children’s Health Insurance Program Reauthorization Act of 2009, (CHIPRA) (Pub. L. 111-3, enacted February 4, 2009) 2; codified for CHIP at section 2108(e)(4) of the Social Security Act.

<sup>2</sup> Collection of CAHPS survey data for CHIP enrollees aged 18 and older is voluntary, though states are encouraged to collect Health Plan Survey 5.1H, Adult Version CAHPS survey data for these populations.

<sup>3</sup>Core Set Final Rule: <https://www.federalregister.gov/d/2023-18669>

- CAHPS Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)
- CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)
- Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)

The CPC-CH measure from the Child Core Set and the MSC-AD measure from the Adult Core Set are both mandatory measures for state to report. The MSC-AD measure is derived from the Adult CAHPS survey (CPA-AD). If a state does not conduct an adult CAHPS survey, please reach out to CMS for technical assistance (TA).

### **Technical Specifications**

The annual Core Set technical specifications and resource manuals provide specifications and guidance for CAHPS reporting, including information on contracting with a HEDIS-certified survey vendor, sampling, and fielding the survey. The resource manuals also include the survey questionnaires.

- The Child Core Set technical specifications and resource manual is available at: <https://www.medicaid.gov/caid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>.
- The Adult Core Set technical specifications and resource manual is available at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>.

### **Translated Versions**

The National Committee for Quality Assurance (NCQA) maintains and distributes the HEDIS protocol for the CAHPS 5.1H Medicaid version of the surveys, which are used for Core Sets and annual CHIP reporting, including the versions of the surveys that are translated into Spanish (Child and Adult survey) and Chinese (Adult survey only). The translated versions of the survey are available upon request to NCQA-certified CAHPS 5.1H survey vendors.

### **Hospital Encounters**

The CAHPS Health Plan 5.1H survey does not include items specific to hospital encounters. Therefore, respondents are asked to exclude care received during overnight hospital stays.

### **Ensuring Complete State Reporting**

To ensure that the data submitted fully represents a state, states must ensure all eligible beneficiaries are included in the data submitted to the AHRQ CAHPS Database. States are encouraged to submit all CAHPS data for their state in a single state agency submission for each population (Adult Medicaid, Child Medicaid, separate CHIP) to avoid duplication or exclusion of data. States that use their health plans to conduct CAHPS should require, through their contracts, to include the full eligible plan population in the survey sample. They should also ensure that health plans sample and report separate results for Medicaid (including Title XXI-funded M-CHIP) and S-CHIP populations.

States with fee-for-service (FFS) populations must ensure the full eligible FFS population is included in the survey sample. FFS reporting must also include separate results for Medicaid and

S-CHIP populations. To report CAHPS results on a FFS population, the state agency will use the AHRQ database to submit data in the same way that health plans do.

## **Sampling**

### **Populations Included in CAHPS Sample**

As per the Core Set Final Rule, to comply with mandatory reporting requirements, the CAHPS samples for Medicaid or S-CHIPs must include all Medicaid, including Title XXI-funded M-CHIPs, or S-CHIP beneficiaries who are eligible for full benefits and satisfy the CAHPS survey eligibility criteria (including age, continuous enrollment, and anchor date requirements).<sup>4</sup> States must also include any special populations (e.g., waiver enrollees) covered by Medicaid or CHIP in the state who receive full benefits.

The CAHPS sample should not include populations funded only by states (such as state-covered children that are above the Medicaid and CHIP eligibility levels).

A state can conduct a state-level survey for all payers. States must separately survey and submit data for their Medicaid (including Title XXI-funded M-CHIP) and S-CHIP populations. The survey samples must be representative of all the eligible Medicaid (including Title XXI-funded M-CHIP) or S-CHIP beneficiaries.

### **Oversampling**

To achieve the targeted number of completed surveys for all required populations, a state may decide to oversample if it:

- Has a prior history of low survey response rates
- Anticipates that a significant number of addresses or telephone numbers in the enrollment files are inaccurate
- Cannot eliminate disenrolled individuals from eligibility files
- Does not expect to achieve a denominator of 100 for most survey calculations

### **CAHPS Data Submission**

As noted above, states and health plans will submit CAHPS data to the AHRQ CAHPS Health Plan Survey Database which CMS will then use to calculate state-level results. CMS no longer requires CAHPS data be submitted through the CMS QMR System or CARTS.

### **Timeline for Reporting**

The AHRQ CAHPS Database Online Submission System opens once a year to collect data, typically for most of the month of June. Data submitted into the AHRQ CAHPS database is for surveys conducted over the previous 12 months (e.g., for 2024 reporting, surveys would have been conducted between July 1, 2023, and June 30, 2024). Data that are submitted after the submission deadline will not be included in Core Set public reporting. State attestations that CHIP CAHPS data have been submitted to the AHRQ CAHPS database for the reporting year

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<sup>4</sup> More information about the measure eligibility criteria for the CAHPS 5.1H survey is available in the [Child](#) and [Adult](#) Core Set Technical Specifications and Resource Manuals

will be included with the publication of each state's CHIP Annual Report after the January 1 CARTS deadline (e.g., attestations that 2024 S-CHIP CAHPS data have been submitted in the AHRQ CAHPS database will be included in state's published FFY 2024 CHIP Annual Reports).

Should the timing of the CAHPS Database Online Submission System change in future years, AHRQ will post a notice on their website and CMS and AHRQ will notify states of that change.

### **Steps for Data Submission**

State agencies and health plans must complete the following steps to submit their data:

Sign and return a Data Use Agreement (DUA)<sup>5</sup> to the CAHPS Database for the purpose of Core Set reporting (annual requirement)

- Submit a copy of the CAHPS questionnaire used for data collection
- Submit data according to required specifications,  
<https://cahpsdatabase.ahrq.gov/HPDSS/login.aspx>

The AHRQ CAHPS Database accepts submissions from both state agencies and health plans. All submissions will be reviewed by the AHRQ CAHPS Database team, and any duplicate submissions will be removed. States are encouraged to make a single state submission to the database that includes all the state's health plans and FFS data.

For more information on how to submit data to the CAHPS Database, please see AHRQ's website: <https://www.ahrq.gov/cahps/cahps-database/hp-database/participate.html>.

AHRQ's responses to frequently asked questions about the CAHPS Database are available at: <https://cahpsdatabase.ahrq.gov/files/HP/CAHPS%20Health%20Plan%20FAQs.pdf>.

For TA, please contact the CAHPS Database Staff at [CAHPSDatabase@Westat.com](mailto:CAHPSDatabase@Westat.com) or call at 888-808-7108.

## **Methodology for State-Level Results**

### **Case Mix Adjusting**

Before creating a state-level rate, the survey results are first case mix adjusted based on the characteristics of the beneficiaries responding to the survey. These characteristics include: (1) self-reported general health status, (2) self-reported mental health status, (3) education, and (4) age. Without such adjustment, differences in measure results could be due to differences in external factors rather than differences in provider, health plan, or state agency performance on the CAHPS measures.

### **Weighting Survey Results Based on Population Sizes**

After adjusting for case mix, the results of the state and health plan submissions are weighted based on the health plan population sizes. The weight for each submission is equal to the

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<sup>5</sup> <https://cahpsdatabase.ahrq.gov/HPDSS/login.aspx>

proportion of total eligible beneficiaries for the state. The weight for the General Child population is used for the Children with Chronic Care (CCC) Medicaid and CHIP populations because there are currently no estimates for the number of eligible beneficiaries in the CCC population.

After case mix adjustment and population weighting, the state-level rate is then calculated as the sum of the rates for each submission multiplied by its weight.

CMS will provide each state with a customized state preview that shows the state's results for all CAHPS measures before the results are publicly reported.

## **Additional Information**

### **Federal Match**

To reduce the financial burden of conducting or validating CAHPS surveys, states that contract with managed care organizations (MCOs) and use External Quality Review Organizations (EQROs) to administer or validate a CAHPS survey are eligible to receive up to a 75 percent enhanced Federal match when performed as an optional EQR-related activity.<sup>6</sup>

State-administered CAHPS surveys are eligible for a 50 percent federal match for Medicaid. For CHIP, administrative claims for EQRO and state-administered CAHPS surveys are eligible for the enhanced Title XXI matching rate, subject to a 10 percent administrative cap<sup>7</sup> To adhere to CAHPS 5.1H survey measure specifications, states must contract with an NCQAF certified HEDIS survey vendor that will administer the survey according to HEDIS protocols. A current listing of NCQA-certified HEDIS survey vendors is available at <https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/cahps-5-1h-survey-certification/vendor-directory/>.

### **CAHPS Resources**

The AHRQ CAHPS Health Plan Survey website includes multiple resources:

- More information on how to submit to the CAHPS Database is available at: <https://www.ahrq.gov/cahps/cahps-database/hp-database/participate.html>.
- AHRQ's responses to frequently asked questions about the CAHPS Database are available at: <https://cahpsdatabase.ahrq.gov/files/HP/CAHPS%20Health%20Plan%20FAQs.pdf>.

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<sup>6</sup> In addition to the mandatory EQR activities under § 438.358(b), there is an existing optional EQR activity under § 438.358(c)(2) for the administration or validation of consumer or provider surveys of quality of care. States that contract with MCOs and use EQROs to administer or validate the CAHPS surveys may be eligible to receive up to a 75 percent enhanced Federal match, pursuant to § 438.370.

<sup>7</sup> Separately, for CHIP agencies, section 2105(c)(2)(A) of the Social Security Act and 42 CFR 457.618, limiting administrative costs to no more than 10 percent of a state's total computable expenditures for a fiscal year, will apply to administrative claims for EQRO and state-administered CAHPS surveys.

- General information about CAHPS is available at: <https://www.ahrq.gov/cahps/about-cahps/index.html>.

### **Technical Assistance**

States are encouraged to contact CMS to request TA regarding their data collection plans before submitting to the CAHPS Database. Please email questions to [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov) and use the subject, “CAHPS Reporting.”

The AHRQ CAHPS Database team will provide TA related to submitting data to the Database and any technical questions around the CAHPS Database calculation methodology. Please email questions to [CAHPSDatabase@Westat.com](mailto:CAHPSDatabase@Westat.com).