

# CAHPS Hospice Survey

## Data Warehouse Access Form for Vendors and Hospices

The CAHPS Hospice Survey Data Warehouse is maintained by the RAND Corporation. All survey vendors contracting with hospices to implement the CAHPS Hospice Survey must have a user account in the CAHPS Hospice Survey Data Warehouse. All hospices must also have a user account in order to monitor data submission activities.

Provide contact information below for your organization's Data Administrator and Back-up Data Administrator. Complete contact information is required to authorize a user account. **Your form must be received one calendar quarter (90 days) prior to the first time data will be submitted to the CAHPS Hospice Survey Data Warehouse.**

*Please note: By submitting a new form, your organization is indicating a change to its Data Administrator and/or Back-up Data Administrator. Administrators listed on prior Data Warehouse Access Forms will no longer have access to the Data Warehouse.*

Date Form Submitted: \_\_\_\_\_

Your Organization's Name(s): \_\_\_\_\_

**For Hospices Only** Your Organization's CCN(s): \_\_\_\_\_

OR:  CCN List is attached (Indicate number of hospices on list \_\_\_\_\_ )

### Data Administrator

First and Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Back-up Data Administrator

First and Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Additional Data Administrator (Optional)

First and Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Submit completed forms to the CAHPS Hospice Survey Data Coordination Team:

As an email attachment to: [cahphospicetechsupport@rand.org](mailto:cahphospicetechsupport@rand.org)

By mail or Fedex to: RAND Corporation, CAHPS Hospice Survey  
ATTN: Survey Research Group - Data Reduction  
1776 Main Street  
Santa Monica, CA 90401