

Federal Employee Program

CAHPS Survey: Improving Patient Satisfaction and Outcomes

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey conducted by the Centers for Medicare & Medicaid Services (CMS) to measure patient experiences. For Federal Employee Program® (FEP) participants, CMS surveys a random sample of Blue Cross and Blue Shield FEP enrollees based on their current care experiences. Surveys were administered earlier this year.

The CAHPS survey evaluates four core dimensions of care:

- **Communication** – How well providers explain conditions and treatment
- **Access and Coordination of Care** – How easily patients navigate the health care system
- **Personal Doctor Rating** – Overall satisfaction with their primary care provider
- **Timeliness** – How quickly patients receive appointments and care

Why CAHPS Matters

Patient satisfaction scores directly reflect care quality and influence organizational reputation. CAHPS captures the patient's perspective on critical touchpoints—from scheduling and wait times to clinical communication and care coordination. Research shows that when it comes to your patient's overall experience, the details matter. Focusing on appointment wait times, communication methods, and staff interactions not only enhances patient satisfaction, it can also have a meaningful impact on patients' health outcomes and well-being.

How to Improve Your CAHPS Scores: Two Priority Areas

Rating of Health Plan

- Remind patients that their health plan offers care coordination services, nurse hotlines, and care management programs at no additional cost.
- Promote the importance of follow-up appointments and ongoing communication with their care team.
- Provide written summaries of diagnoses, recommended treatments, and next steps.
- Discuss diagnoses and treatment plans clearly, using plain language members can understand.
- Use electronic submission methods for authorizations and claim processing.
- Verify member eligibility before service delivery to avoid delays.

Claims Timeliness

- Prioritize claims submission with thorough, accurate, and complete documentation to prevent delays.
- Track your claims processing metrics and identify bottlenecks.
- Communicate proactively with patients about claim status.

We are grateful for your attention to these actionable areas and the difference you make every day. For a comprehensive understanding of the survey, visit [CAHPS Health Plan Surveys, Adult Commercial Survey 5.1H](#) to review the full list of questions your patients might receive.

If you have questions about CAHPS, please email cahpsproviderinquiries@bcbsfl.com.

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