



**CAHPS® Training
and Education Survey**

Please let us know how we can support you in providing excellent patient care.

Click [HERE](#) to complete the brief survey.

CAHPS® Reaching for the Stars

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is a chance for your patients to report their satisfaction with their healthcare, including their experience with their providers and health plan.

In the last CAHPS survey, MHS Health's highest and lowest scoring areas are as follows:



MHS Health scored well in these areas

- Getting needed care
- Customer service
- Coordination of care



Areas where we can work together to improve

- Rating of specialist
- Rating of health care
- How well doctors communicate

MHS Health wants to support your pursuit of excellent care for your patients by providing resources and education.

See right column for three things to know about CAHPS.

1. CAHPS SCORES ARE IMPORTANT TO EVERYONE

CAHPS is an annual survey that captures a member's experience with all aspects of their healthcare, such as provider communication skills, ease of accessing healthcare, and their health plan performance. Survey scores are made available to the public and can determine whether patients and members stay with their provider or health plan or look elsewhere for their care. Surveys are sent to our members from February through June.

2. TOGETHER, WE CAN IMPROVE CAHPS SCORES

Engaging members in needed care is essential to their overall health and satisfaction. MHS Health collaborates with our providers to help maximize opportunities to improve member care, experience and satisfaction.

3. CAHPS MEASURES FLU VACCINE AWARENESS

The CDC recommends that everyone over six months old receive the flu shot. Flu shots reduce flu illness, doctor's visits, missed work and school, as well as prevent flu-related hospitalizations. Providers should encourage eligible patients to get a flu shot.

PRO TIPS

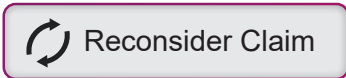
Quick Option for Claim Disputes

- Want a processed claim to be reviewed?
- Disagree with a denial?
- Need to provide additional information (medical records, Coordination of Benefits, consent form)?

Submit a Reconsideration Request in the [Provider Portal](#)!

MHS Health encourages providers to go through the reconsideration process prior to appealing.

The simplest way to do this is by using the “Reconsider Claim” button in the details of the claim within the [Provider Portal](#).



Directions for finding and using this tool can be found in the portal’s instruction manual, which can be accessed through the link found at the bottom of each portal page.

Details of the timely guidelines around reconsiderations and appeals can be found through the links below.

- ▶ [Medicaid](#)
- ▶ [Medicare](#)

Medicaid Claim Appeals

MHS Health encourages providers to submit a *Request for Reconsideration* within the [Provider Portal](#) as the first step when contesting [how a claim was processed](#). If you disagree with the outcome of a Reconsideration Request, you can also submit provider appeals. Details can be found in the [Medicaid Provider Manual](#)).

WHAT’S NEW

Based on provider feedback and the goal of increasing provider satisfaction, MHS Health has adjusted the process of appeals to remove the limit of appeals the health plan will consider. It is understood that an appeal response might result in a provider’s desire to add additional information, make an additional point, etc.

This new change means that if you disagree with an appeal outcome, you may submit additional appeals to MHS Health rather than going to the Wisconsin Department of Health Services. Details can be found in your appeal response letters.

HEDIS® Weight Assessment and Counseling



Health systems have joined the CDC and other national organizations to address childhood obesity.

The [CDC](#) states that **obesity prevalence is 21% among 12- to 19-year-olds**, and may be higher in the Medicaid population.

Does your organization monitor and address childhood weight and nutrition?

There is a quality measure that monitors whether organizations document childhood body mass index (BMI) percentiles: *the HEDIS® measure Weight Assessment and Counseling for Children/Adolescents*.

How can your health system show that it is a partner in the fight against childhood obesity?

Here are three things to check:

- Do we regularly document a BMI percentile in the medical record?
- Do practitioners regularly counsel pediatric patients/families about weight and nutrition? Sometimes BMI percentile documentation is hidden in a special section of the medical record. If so, what will trigger a discussion with the practitioner?
- Does your organization add BMI percentile diagnosis (ICD10) codes to claims? This ensures the organization gets credit for the good work it’s doing. The appropriate Z Codes are shown below.

Z68.51 BMI pediatric, less than 5th percentile for age

Z68.52 BMI pediatric, 5th percentile to less than 85th percentile for age

Z68.53 BMI pediatric, 85th percentile to less than 95th percentile for age

Z68.54 BMI pediatric, greater than or equal to 95th percentile for age

For more information about the HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), visit the [NCOA website](#).

Provider Services: 1-800-222-9831
Behavioral Health Provider Services: 1-800-589-3186
Prior Authorization Requests Fax: 1-866-467-1316
Member Customer Service: 1-888-713-6180
24-hour Nurse Advice Line: 1-800-280-2348

Mailing Address:
MHS Health Wisconsin
Attn: Provider Relations
801 S. 60th Street, Suite 200
West Allis, WI 53214

Medical Claims Address:
MHS Health Wisconsin
Attn: Claims Dept
PO Box 3001
Farmington, MO 63640

BH Claims Address:
MHS Health Wisconsin
Attn: BH Claims Dept
PO Box 6123
Farmington, MO 63640