

# Cenpatico Provider Update

## A Quarterly Update for HealthWave 21 CHIP Providers

### Volume 3, Issue 4

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#### In this issue:

#### Page 1—

**Benefit Changes**

**PA's**

**New on the Web**

#### Page 2—

**Completing New OTR**

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#### Cenpatico Provider Portal

[www.cenpatico.com/  
portal/public/cbh](http://www.cenpatico.com/portal/public/cbh)

#### Kansas HealthWave Verification and Information Number

1-800-792-4884

[www.kansashealthwave.org](http://www.kansashealthwave.org)

#### Claims

Cenpatico  
ATTN:

CLAIMS DEPARTMENT  
P. O. Box 6400,  
Farmington, MO 63640

#### Appeals – Claims

Cenpatico

ATTN: CLAIMS APPEALS  
P. O. Box 6000,  
Farmington, MO 63640

#### Claims Support Liaison

1-866-324-3632

## Benefit Changes for HealthWave 21

A notice of benefit changes will be mailed to providers this quarter announcing that the Kansas Health Policy Authority (KHPA) has expanded the covered benefits for the Kansas Children's Health Insurance Program (CHIP) membership. If you do not receive this notice by January 15, 2011, please contact Deb Burnham, Network Manager, at 1-800-989-1655, ext. 1.

Benefits have been expanded to include:

- ◆ Evaluation and Management codes for new and established patients
- ◆ Psychological and Neurological Testing codes
- ◆ Injection
- ◆ Community Based Services — Self Help/Peer Services, Crisis Intervention, and Comprehensive Community Support Services
- ◆ Psychiatric Residential Treatment Facility Services

In addition, Cenpatico is contracting with providers that have the capability to provide tele-medicine services (Q3014 code). Please contact Deb Burnham for further information.

## Physician Assistant's (PA's) Added to Cenpatico Network

Physician Assistant's may now join the Cenpatico network to provide medication management services. We are excited to expand our network to include PA's, which will offer greater access for members in rural areas of the state. Contact Deb Burnham for further information.

## Important Notice Regarding the Provider Directory

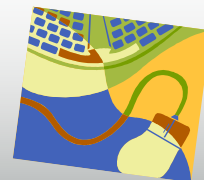
Cenpatico will be updating the printed Kansas Provider Directory the last quarter of 2010. If you have had an address change for your practice location, phone number change, or fax number change please complete the **Provider Change Form** found on the Cenpatico website at [www.cenpatico.com/providers/forms/kansas/](http://www.cenpatico.com/providers/forms/kansas/).

You may fax the **Provider Change Form** to 785-354-4206.

## New on the Cenpatico Website: Updated Resources for You!

**Updates...** Check out the Kansas Provider Section of the Cenpatico website at [www.cenpatico.com/providers/forms/kansas/](http://www.cenpatico.com/providers/forms/kansas/) for:

- ◆ **Outpatient Treatment Request (OTR) Form** — the OTR form has been updated to include information helpful to Cenpatico in authorizing continuing care
- ◆ **Best Practice Intervention Strategies Fact Sheets** — the fact sheets offer providers guidance on best practices for a particular diagnosis



**Watch for** updates on the Kansas Provider Section in January for revised **Cenpatico Kansas Network Policy and Procedures Manual** and **FAQ Guides**.

## 2010 Outpatient Treatment Request (OTR) Form Revisions & Information for Completion

In October 2010, Cenpatico updated the OTR form to more concisely reflect the information needed to determine medical necessity. We asked providers input before making the changes and believe these changes will allow providers to more easily document the need for continued outpatient treatment to include progress and adherence to evidence based practices. Below is a listing of revisions and changes from the prior form. Providers should begin using the new form on or before January 1, 2011.

### **Member Identification** (no changes)

### **Provider Identification** (no changes)

- Please fill in both the Agency name and the provider name
- Check the box that you would like the authorization made out to

### **DSM IV Axes** (no changes)

Note to Provider when completing this section:

- "Axes I-V" should be completed in its entirety on each OTR
- "Diagnosis" needs to be made by the treating provider

### **Current Risk/Lethality**

- New: in the "Current Risk/Lethality" section we added: "describe current assaultive risk and any risk of out of home placement or higher level of care."
- Revised: "SI/HI" from an open text area to check boxes: none, ideation, plans, means, intent
- New: added safety plan if member has plan, means or intent

### **Current Presentation/Symptoms**

- Revised: "Presenting problem" to two separate questions: "Why did member originally present to treatment?" "Current Issues?"

### **MH/SA Treatment History** (no changes)

### **Current Psychotropic Medications**

- New: "Current psychotropic medications, check box for who is prescribing", open text for medication name, date started and compliant yes or no

### **Substance Abuse**

- Revised: "Substance abuse history" to allow more space to write
- New: "Attending AA/NA (if so how often?), Current Step and Is there a sponsor? Yes or no? "

### **Treatment Details**

- New: "What therapeutic approach?"
- Revised: "Where are services being provided?" (prior OTR had in-home box yes/no, changed to allow other options than just in-home).
- New: "What other services are being provided to this member that are not requested on this OTR?"

### **Treatment Goals**

- Revised: For treatment goals under progress, removed the check boxes and put in an open text field

Note to Provider when completing this section:

- SMART Goals: **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and **T**ime-limited
- Goals and objectives need to be clearly linked to the DSM-IV diagnosis
- Indicate measurable progress towards achievement of goals

### **Treatment Changes**

- Revised: Treatment changes previously: if minimal or no progress what are the changes? New form: "How has the treatment plan been modified since last OTR?"

Note to Provider when completing this section:

- Goals and progress toward treatment need to relate to the DSM-IV diagnosis and alleviation of targeted symptoms or presenting problems.
- If there is not an improvement in functioning, indicate what is happening to address the lack of progress including modification of goals and treatment as necessary.

### **Discharge Criteria**

- Revised: discharge criteria from four numbered lines to one open text box.

Note to Provider when completing this section:

- Therapy should not continue indefinitely but should target specific functional improvement needed for discharge.

### **Requested Authorization**

- Revised: Requested authorization section. Changed estimated number of sessions to complete treatment to estimated completion date. Made the BHOP authorization requests consistent with the H-code authorization requests. Removed: Date last seen

Note to Provider when completing this section:

- Only fill in the line(s) for the services you are currently requesting authorization
- Complete all boxes within this line so your OTR is not returned with insufficient information
- Frequency should be how often the member is seen (e.g. 1 time per week, 2 times per month, monthly); *note: please do not use bi-weekly or bi-monthly as this has two meanings*
- Intensity only applies to certain H codes; if the box is not crossed out please fill in how long the member is seen for each session (30 min, 2 hours)