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**Cenpatico Kansas**

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Suite 305  
Topeka, KS 66603

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Network Manager  
1-800-989-1655, Ext. 1  
Direct Number: 785-633-5746

Jeanie Kimball  
Provider Relations Specialist  
1-800-989-1655, Ext. 2

FAX Number: 785-354-4206

**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 63640-3807

**Appeals – Claims**

Cenpatico

ATTN: CLAIMS APPEALS  
P. O. Box 6000, Farmington,  
MO 63640-3809

**Cenpatico Claims Support  
Liaison**  
1-866-324-3632

# Provider Update

A Quarterly Update for HealthWave 21 CHIP Providers



## Provider Input Key to Improving Services for Members

Cenpatico is pleased to have Pamela Cornwell, Director of the Trauma Recovery Center, at Youthville in Wichita become a member of the Provider Advisory Committee. The Provider Advisory Committee or PAC is a sub-committee of Cenpatico's Credentialing Committee. This multi-disciplinary committee composed of behavioral health practitioners and Cenpatico network management staff examines matters relevant to Cenpatico providers. Some of the responsibilities include: reviewing and providing input on the Medical Necessity Criteria and Clinical Practice Guidelines, reviewing the results of practitioner satisfaction surveys and trends in provider complaints, evaluating and making recommendations regarding the network adequacy and quality of practitioner services, and reviewing materials and communications with providers.

Pamela earned a Master's degree in Marriage and Family Therapy and is a Licensed Clinical Marriage and Family Therapist. She has worked in the behavioral health field for over 15 years, primarily with children and adults who have experienced abuse and/or neglect. She serves on the board of the Kansas Association for Infant Mental Health and is a member of the Kansas Association of Marriage and Family Therapists and American Association of Marriage and Family Therapists.

Welcome, Pamela,  
to the Provider  
Advisory  
Committee!

*Pictured from left is Deb  
Burnham, Cenpatico Kansas  
Network Manager, with  
Pamela Cornwell, Director  
of the Trauma Recovery  
Center at Youthville*



## Institutional Claims Submission

The provider portal on the Cenpatico web-site now has the ability to process institutional claims. To use the on-line claims submission feature, go to [www.cenpatico.com](http://www.cenpatico.com), click on "Learn More" under Provider Portal. Choose "Login" for KS. And then either log-in if you have established a user name and password or choose "Sign Up" to begin using the portal. Questions? Contact Jeanie Kimball, Provider Relations Specialist, at 800-989-1655, ext. 2.

**A reminder that providers may check the status of a claim via the Provider Portal.** Log-in or sign-up to not only submit claims, but check a claim's status. It's easy, and fast!

## Updated Provider Manual Now Available!

The Kansas Network Policy and Procedures Manual may now be viewed at our web-site. Go to [www.cenpatico.com](http://www.cenpatico.com). Choose "Provider", then choose "Provider Forms/Resources", then choose "Kansas". The manual may be downloaded or you may request a paper copy of the Provider Manual. Please contact Jeanie Kimball at 1-800-989-1655, ext. 2 for a paper copy of the manual.

**GET YOUR UPDATED KANSAS PROVIDER MANUAL NOW AT -**  
<http://www.cenpatico.com/providers/forms/kansas/>



## Claims Corner—

### Time Limit for Filing Has Expired Denial Code

A frequent denial code or EX code providers may receive on an Explanation of Payment (EOP) when a claim is denied is: **29: DENY: THE TIME LIMIT FOR FILING HAS EXPIRED** – In the event that timely filing guidelines were not followed, this denial will apply. If effort was made to submit prior to the expiration of timely filing limits then documentation that demonstrates the same can be included with paper claims. **To avoid claims issues with timely filing, providers should submit claims within 90 days of the date of service.**

### EOP Document Updates

Beginning in October 2009, providers may begin receiving a separate document with the EOP. The document heading is: **The following claims do not appear in the EOP.** Following the heading is the:

- Claim #            - Member #            - Member name            - DOS            - Date received            -Amount billed

This document acknowledges to the provider that Cenpatico has received the claim(s) but the claim(s) did not complete the processing at the time of the check run. The claim(s) should be considered received and in process, and should appear on a future EOP.

### Claims Reconsideration Process

A reminder that if a claim discrepancy is discovered, in whole or in part, the following actions may be taken:

1. Call the Cenpatico Claims Support Liaisons at 1-866-324-3632. The majority of issues regarding claims can be resolved through the Claims Department with the assistance of our Claims Support Liaisons.
2. When a provider submits a claim and the claim can not be paid due to incorrect or missing information on the claim form, Cenpatico will send information back to the provider on what needs to be corrected either on an Explanation of Payment (EOP) or a letter. A corrected claim must be submitted on a paper claim form. If you received a letter please attach the letter as well to the corrected claim form. When submitting a paper claim for review or reconsideration of the claims disposition, the claim must clearly be marked as RESUBMISSION along with the **original claim number** written at the top of the claim. Failure to mark the claim may result in the claim being denied as a duplicate. Corrected resubmissions should be sent to **Cenpatico Behavioral Health Claims Resubmission, P. O. Box 6400, Farmington, MO 63640-3807**
3. For issues that do not require a corrected resubmission the Adjustment Request Form can be utilized. The Claims Support Liaison can assist with determining when a corrected resubmission is necessary and when an Adjustment Request Form can be utilized.
3. For cases where authorization has been denied because the case does not meet the necessary criteria, the Appeals Process, described in your denial letter is the appropriate means of resolution. If your claim was denied because you did not have an authorization, please send a request in writing for a retro-active authorization, explaining in detail the reason for providing services without an authorization. Mail requests to **Cenpatico Behavioral Health Care Management, 504 Lavaca St., Ste 850, Austin, TX 78701-2939**. Retro authorizations will only be granted in rare cases. Repeated requests for retro authorizations will result in termination from the network due to inability to follow policies and procedures. If the authorization contains unused visits, but the end date has expired, please call the Cenpatico Service Center and ask the representative to extend the end date on your authorization.
4. If a Resubmission has been processed and you are still dissatisfied with Cenpatico's response, you may file an appeal of this decision by writing to **Cenpatico Behavioral Health Appeals, PO Box 6000, Farmington, MO 63640-3809**. Note: Appeals must be filed in writing. Place APPEAL within your request. In order for CBH to consider the appeal it must be received within 60 days of the date on the EOP which contains the denial of payment that is being appealed unless otherwise stated in your contract. If you do not receive a response to a written appeal within 45 days for Medicaid specific patients, or are not satisfied with the response you receive, you may appeal within 60 days of the HMO's final decision.

For further information about Claims Reconsideration please refer to the Kansas Network Policy and Procedures Manual.