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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/**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

Claims Support Liaison

1-866-324-3632

Provider Update

A Quarterly Update for HealthWave 21 CHIP Providers

Tips for Completing an Outpatient Treatment Request or OTR

The following information will help you complete an OTR that provides better information to our clinical staff for authorizing continued visits. Our goal is to help you provide Cenpatico information about the member's behavioral health care so we can quickly authorize your request and to decrease the number of problem letters, denials, and feedback forms you may receive. When completing an OTR form, please review the following questions:

Am I using the most current OTR form?

Please take a moment to download the most up-to-date OTR from our website at <http://www.cenpatico.com/providers/forms/kansas>. If your version does not have our new big C logo in the left hand corner, you are using an outdated version. We update our forms to help us collect information to assess the medical necessity of your request, and it is very important that you are using the correct version of the OTR.

Did I complete the entire OTR?

Leaving sections blank will result in the OTR being returned. Make sure you have looked at each section and filled in the required information. Common areas left blank include Axes II-V, the requested authorization section such as frequency of sessions or estimated number of sessions to complete treatment, and dates goals were initiated.

Have I updated the clinical information on the OTR?

We require updated clinical information on each request to justify continued need for treatment. An OTR with only dates changed will be returned.

Are the goals measurable?

Short-term, measurable treatment goals work best to assess progress over time. To create a measurable goal, try using the **SMART** format outlined in this newsletter.

Did I indicate objective and attainable discharge criteria?

Discharge criteria that states "When all goals are met" or "Per parent's report" are likely to result in a feedback form and possibly a reduced authorization. It is important to know specifically how you, the clinician, will know when the member is ready to discharge and terminate services with you. This is a good time to apply the SMART format.

Does the Treatment Plan section of the OTR match the diagnosis?

Are you treating the member's current diagnosis? If the diagnosis and presenting problems, goals, etc. don't match, the OTR may be sent for peer review and potentially denial.

If requesting Community Based Services (CBS) services (H2017 & H0036), are the Cenpatico medical necessity criteria (MNC) met?

Out-of-home placement or documented risk of out-of-home placement is required to meet Cenpatico's CBS MNC. To review and download the MNC, please visit our website at <http://www.cenpatico.com/providers/forms/kansas>.

If requesting CBS, have I explained the need and frequency for these services?

Many requests for CBS will meet MNC for admission, but not for the frequency or intensity requested. If your CBS request is for a high intensity/frequency, make sure you justify this need in the OTR.

Did I remember to sign and date the OTR?

It is surprising how many times this important last step is missed! We cannot accept an unsigned OTR, so please be sure that you have signed and dated the OTR prior to submission.



Creating SMART Goals for Bettering Member’s Care

Be **SMART**: *Objective goals are SMART, not vague*

Follow the SMART goals format to help formulate solid, measurable goals that will help both you and the member know what you are together working to achieve.

SPECIFIC – Who, What, When, Where, and How

MEASURABLE – Intensity, Frequency, Duration of Symptoms

ATTAINABLE – Within the member’s scope for the current treatment episode

REALISTIC – Make sure the bar isn’t set too high or too low for this member

TIMELY – Is it an opportune time for the member to pursue the identified goals?

“If you don't know where you are going, how can you expect to get there?”

Basil S. Walsh, author

I received a Feedback Form – now what?

If you receive a feedback form (not to be confused with a denial letter or a problem letter), then you can rest assured you also received an authorization for all or some of the requested services. The authorization is faxed to you from a different location than the feedback form, so there may be a time lapse between the receipt of the feedback form and your authorization letter. This can be up to 48+ hours later, but please call customer service if you would like to check on the status of your authorization.

A feedback form is simply that - *feedback*. It is a way for our clinical team to communicate with you regarding necessary information needed and/or questions the clinical team has related to *future* OTR forms you may submit. There is no need to respond immediately; your authorization will follow soon after you receive the feedback form.

The next time you need authorization, please be sure to respond to the requested information and/or questions noted in the feedback form. Some of the feedback is general in nature and would apply to all of your Cenpatico cases, and some are specific and only apply to one member. Feedback forms will arrive within the same time frame that we are required to give you a decision about the authorization which is usually within 5 business days; however, Cenpatico is allowed up to 14 calendar days to provide a response.

It is Cenpatico’s intention to build strong working relationships with providers to ensure better outcomes for our members. If you do not understand the information in the feedback form or have questions that are clinical in nature, please feel free to contact the clinician listed on the top of your feedback form. They will be happy to assist you. Clinicians may be reached by calling **866-896-7293**.

Claims Corner

How to Avoid Denied Claims Related to Authorization Issues

Included with this issue of *Provider Update* is a guide on How to Avoid Denied Claims Related to Authorization Issues. If you are experiencing denied claims — A1, 5L or EXDZ — the attached guide may help you avoid these denial codes. Please contact the Claims Support Liaison for further assistance at 1-866-324-3632.

A Reminder About Billing Codes

Providers — please refer to your contract agreement with Cenpatico to determine the services and respective billing codes you are contracted to provide. **The billing codes listed on your contract agreement or in subsequent provider notices should only be used when submitting a claim.** For further information, or a copy of your contract agreement and/or provider notice, contact Deb Burnham or Jeanie Kimball at 1-800-989-1655.

Announcements

- Congratulations to new facility providers —Kerr’s Counseling and New Dawn Wellness and Recovery Center
- Cenpatico is pleased to announce their award for Full Managed Behavioral Health Care Organization (MBHO) accreditation by the National Committee for Quality Assurance (NCQA).