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Volume 3, Issue 1

Jan—Feb—Mar 2010

Provider Update

A Quarterly Update for HealthWave 21 CHIP Providers

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Bank of America Tower
534 South Kansas Avenue
Suite 305
Topeka, KS 66603

Deb Burnham
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

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

New on the Cenpatico Web-site: Updated Resources for You!

Updates... Check out the Cenpatico website for recent updates to the…

- **Cenpatico Provider Manual, revised 2009**: To download or view a copy of the manual go to: http://www.cenpatico.com/providers/forms/kansas/
- **2010 Medical Necessity Criteria:** To download or view a copy of the updated Medical Necessity Criteria, go to: http://www.cenpatico.com/providers/forms/kansas/

Keep Provider Information Current to Avoid Claims Issues

Providers can help reduce claims issues by regularly updating provider information. Follow these simple steps:

- **For changes such as address, telephone or fax numbers, or tax id** complete a Provide Change Form located at www.cenpatico.com/providers/forms/kansas/. Be sure to include a W9 if requested.

- **For changes to a facility, group or solo (individual) provider/practice name…** contact Deb Burnham at dburnham@centene.com for information needed to make the change. This type of change may require a new contract agreement, updated W9, and other information.

- **When providers leave a group practice...**email the Kansas Network staff with the provider's name and termination date by contacting Deb Burnham at dburnham@centene.com or Jeanie Kimball at jkimball@centene.com.

- **When providers join a group practice...**contact Deb Burnham at dburnham@centene.com for the forms needed to add a provider to the group. The process may take 60-90 days before the provider becomes effective with Cenpatico, so notify Deb as early as possible.

- **CMHC and Facility Provider Reminder about Rosters...**A reminder for contracted CMHC and facility providers to regularly submit any staff changes on the Cenpatico Facility Roster Update form or similar form used by the facility. Updates may be sent to Jeanie Kimball at jkimball@centene.com or faxed to Jeanie at 785-354-4206. **To obtain the Cenpatico Facility Roster Form please contact Jeanie for assistance.**

  Cenpatico denies any claim from a CMHC or facility if the provider bills with the rendering provider name in addition to the facility name and the rendering provider name has not been submitted on a roster to Cenpatico for set-up in our claims system. Claims without the rendering provider name will be processed under the facility name, albeit with a drop in reimbursement level to that of a Master's level.

Appointment Availability—Are You Meeting the Standards?

Cenpatico adheres to National Commission for Quality Assurance (NCQA) and State accessibility standards for member appointments. We ask for your help in providing appointments within the following timeframes:

Type of Care	Appointment Availability
Routine – Routine is defined as non-crisis in nature.	Within ten (10) business days
Urgent – Urgent is defined as services required to prevent a serious complication or deterioration in the individual's health and cannot be delayed without imposing undue risk on the individual's well being and if not promptly treated, could rapidly become an emergency situation.	Within forty eight (48) hours for services meeting the urgent definition.
Emergent– Emergent is defined, as services that are needed immediately to meet the need of an individual who is experiencing an acute psychiatric crisis, which is at a level of severity that may meet the requirements of hospitalization, and/or who, in the absence of immediate services may require hospitalization.	All non-life threatening emergencies are to be directed to the Emergency Room.
Wait times – wait times in practitioner waiting rooms	Should not exceed one (1) hour
Outpatient visit following Discharge (from hospital/acute care)	Within seven (7) days of discharge

All members have direct access to behavioral health and substance abuse services and do not need a referral from their Primary Care Physician. If you cannot offer an appointment within the timeframes indicated above, please refer the member to the Cenpatico Service Center at **866-896-7293** so the member may be rescheduled with an alternative practitioner who can meet the access standards and member's needs. Providers and practitioners may receive a call from our Quality Improvement department through our continuous monitoring of access and availability.

Providers and practitioners are obligated by contract to ensure that services provided are available on a twenty-four (24) hours a day, seven (7) days a week basis, as the nature of the member's behavioral health condition dictates. Network Providers and Practitioners must offer hours of operation that are no less than the hours of operation offered to commercial insurance enrollees and shall ensure members with disabilities are afforded access to care by ensuring physical and communication barriers do not inhibit members from accessing services.

Network Providers and Practitioners should call the Cenpatico Provider Relations department at 800-989-1655 if they are unable to meet these access standards on a regular basis. Please note that the repeated inability to accept new members or meet the access standards can result in suspension and/or termination from the network.

When Cenpatico's Quality Improvement staff call about appointment availability and access—Please respond promptly!

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Claims Corner

Frequent Denial Codes Regarding Authorizations

Two frequent denial codes providers may receive on an Explanation of Payment (EOP) when a claim is denied is:

A1: DENY: AUTHORIZATION NOT ON FILE – An authorization has not been obtained for the billing provider, the date of service falls outside the range of an existing authorization, the claim was submitted prior to request for authorization, or an authorization has been obtained but was not showing in the claim system at the time of processing.

5L: DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET – The number of units payable without an authorization has been paid. An authorization is required for future visits.

Certain services require prior-authorization. **To avoid claims issues involving authorizations, providers should submit a timely authorization form.** Authorization is not required for participating providers to complete a Diagnostic Evaluation (90801/90802) and up to five (5) subsequent routine outpatient sessions (90846, 90847, 90853, 90806). A provider is limited to one diagnostic evaluation for each member per every six (6) months. Additional evaluations and all subsequent outpatient treatment sessions must be authorized.

Providers can complete the Outpatient Treatment Request (OTR) form and fax this to Cenpatico at 1-866-694-3649 to request additional sessions. OTR forms may be downloaded at http://www.cenpatico.com/providers/forms/kansas. Providers will be notified of the new/updated authorization via mail or fax. When completing the OTR, remember to complete the **Requested Start Date** for the authorization (under option V). If this date is not provided, the new authorization will begin on the on the received date of the OTR.

Authorization decisions for routine services are typically made within five (5) business days; however, Cenpatico is allowed up to fourteen (14) calendar days of receipt of the treatment request for services to provide a response.

Prior authorization is not required for emergency services. Services provided without prior authorization will not be paid. In the event a behavioral health provider believes a member needs a referral to another behavioral health provider, such as an MD, either the behavioral health provider or the member must call Cenpatico to facilitate the referral to a Cenpatico participating behavioral health provider.

For further information about Authorizations, Covered Services, and to view an Authorization Grid, refer to the newly revised Cenpatico Provider Manual. For information about HealthWave 21 Eligibility and Authorizations call 866-896-7293.

How does a provider request an extension for an authorization?
Providers may request an extension to an existing authorization when there are units remaining, however, providers must request the extension no later than the **day before** the authorization expires. After this date, the provider must submit a new OTR to have additional services authorized.

How does a provider appeal related to medical necessity?
Appeals related to a medical necessity decision made during the authorization, pre-certification or concurrent review process may be made in writing to:

Cenpatico -- Appeals/Grievance Department
504 Lavaca, Suite 850
Austin, TX 78701

For questions or to learn more about the appeals/grievance process refer to the Cenpatico Provider Manual at http://www.cenpatico.com/providers/forms/kansas/ or call 866-896-7293.