



In this issue:

Page 1—  
Cenpatico Upgrades Website  
Title XIX versus Title XXI

Page 2 —  
Plastic Medical Card Update  
Claims Corner  
Cenpatico Staff Resources to  
Assist You

**Cenpatico Kansas**

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

1-800-989-1655  
Deb Burnham  
Network Manager  
ext. 67406  
Direct Number: 785-633-5746

Jeanie Kimball  
Provider Relations Specialist  
ext. 67546  
Direct Number: 785-217-6965

FAX Number: 785-354-4206

**Cenpatico Provider Website**

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

**Kansas HealthWave  
Verification and  
Information Number**

1-800-792-4884  
[http://  
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

# Provider Update

A Quarterly Update for HealthWave 21 Providers



## Cenpatico Upgrades Website

Recent upgrades to the **Cenpatico** website now allow providers to check member eligibility and claim status online. No more calling to check if a claim has been received, how it was processed or if a member is still eligible.

**How does it work?** Sign on to the user friendly web-site at <https://www.cenpatico.com> and follow the steps outlined below. Once all of the information is submitted and confirmed, Cenpatico will notify the user that the account has been activated.

Other Website functions include: Provider Directory listing, past Cenpatico Provider Reports, Clinical Practice Guidelines, Provider Manual and various forms.

### Help is just a click away!

- Go to <https://www.cenpatico.com>
- Click on the Providers image
- Select “Kansas” from the drop down box
- Click on “Sign Up” and follow the prompts to register
- A confirmation will be sent that the account has been activated



## Confused by Title XIX and Title XXI?

Kansas’ **HealthWave** program is a blending of two health plans — Title XIX or Medicaid managed care funding and Title XXI or the State Children’s Health Insurance Program (SCHIP). Health-Wave ensures a seamless product that enables families with children who are eligible for Medicaid and SCHIP to have the same health plan and health providers for all family members.

**Cenpatico** partners with the State of Kansas to provide quality, cost-effective behavioral healthcare services for

members under the State Children’s Health Insurance Program (SCHIP).

### Who is eligible for SCHIP ?

Free or low-cost health insurance coverage is provided to children who:

- Are under the age of 19;
- Do not qualify for Medicaid;
- Have family incomes under the 200% of the federal poverty level; and
- Are not covered by state employee health insurance or other private health insurance. Eligibility is continuous for 12 months and re-established

annually. The family must meet all eligibility criteria and have paid any applicable premiums from the prior year to be re-enrolled for a new 12-month period.

For a fact sheet on both programs go to: [http://www.khpa.ks.gov/  
HomePageDocuments/  
HWMedicaidFact-  
Sheet121107.pdf](http://www.khpa.ks.gov/HomePageDocuments/HWMedicaidFactSheet121107.pdf)



## New Plastic Medical Cards Will Not Impact SCHIP

The Kansas Health Policy Authority (KHPA) recently announced that as of September 1, 2008, the Kansas Medical Assistance Program (KMAP) will begin issuing permanent plastic medical identification cards instead of the monthly paper cards.

**This change will only affect the Title XIX Medicaid program. Title XXI SCHIP members will continue to receive monthly paper cards.**

To learn more about the plastic medical cards for Title XIX, please visit the KMAP web-site at <https://www.kmap-state-ks.us> to view Provider Bulletin Number 888 or contact KMAP Customer Service at 800-933-6593.

## Claims Corner

### Diagnosis Codes

Providers are encouraged to bill for all the diagnosis codes that apply. This gives the Claims Department a better understanding of services being provided for a member. Providers may indicate up to nine ICD-9 codes on each claim.

### NPI/Taxonomy Code/Zip Codes

All electronic and paper claims should be submitted with an NPI number, 9 digit Zip Code of the service location for the billing provider, Taxonomy code, and Tax ID. Complete the CMS 1500 Claim Form as follows:

**Field 24ja—NPI**

**Field 24jb—Taxonomy Code**

**Field 32—9 digit zip code of service facility location**

**Field 33—9 digit zip code of billing provider's service location**

**Field 33a—NPI of billing provider**

**Field 33b—Taxonomy Code of billing provider**

### Steps to Resolving Claims

If a claim payment discrepancy is discovered, in whole or in part, the following actions may be taken:

**STEP 1:** Contact the Claims Support for Kansas at 866-324-3632. The majority of issues regarding claims can be resolved through a Claims Support Liaison.

### Claims Corner (continued)

**STEP 2:** When a denial is caused by incorrect or missing information provided by the submitter then a **corrected resubmit** is required. When submitting a paper claim for reconsideration the claim must clearly be marked in the upper right hand corner with **'Corrected Claim'** and the **original claim number**. Failure to do so may result in the claim being denied as a duplicate. Corrected claims are sent to the same address as first-time claims. Please clearly label resubmitted claims.

For issues that do not require a corrected resubmission, the Adjustment Request Form can be utilized or a copy of the Explanation of Payment (EOP) with an indication on the EOP of which claim requires reconsideration. The Claims Support Liaison can assist with determining when a corrected resubmission is necessary and when an Adjustment Request Form/EOP will suffice.

**STEP 3:** If a Resubmission (Adjustment) has been processed and you are still not satisfied with the outcome you may file an Appeal. Appeals must be filed in writing. Be sure that "Appeal" appears within your written request. You will be notified in writing of resolution of your dispute within 30 days. Send Appeals to the following address:

**Cenpatico**

**Attn: Claims Appeals**

**P.O. Box 6000**

**Farmington, MO 63640-3809**

**STEP 4:** If you are dissatisfied with the result after having utilized Steps 1-3, please contact the Kansas Network Manager or Provider Relations Specialist about your specific issue. Please provide detailed information about your efforts to resolve the issue, and if possible the names of staff you have communicated with throughout the process.

## Cenpatico— Committed to Providing Support to Assure Your Success!

The Cenpatico Kansas staff is available to provide tools to ensure the highest quality of behavioral healthcare to HealthWave XXI enrolled membership.

### Contact Debra Burnham, Kansas Network Development Manager, for:

- Contract changes/addendums; including company ownership and name changes
- Adding or changing your specialties, licenses, affiliations or accreditation status
- Adding or changing providers or service locations
- Operational questions

### Contact Jeanie Kimball, Provider Relations Specialist, for:

- System changes; including address, phone number, Tax ID and NPI numbers, and other contact information
- Updating billing information
- Requesting materials – forms, manuals, directories

## Receive the Provider Update Electronically

To receive the Kansas Provider Update electronically, please email Deb Burnham at [dburnham@centene.com](mailto:dburnham@centene.com) with your email address to receive the newsletter via email.