



Volume 2, Issue 1
Jan—Feb—Mar 2009

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Topeka, KS 66603

1-800-989-1655

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Network Manager
Option 1
Direct Number: 785-633-5746

Jeanie Kimball
Provider Relations Specialist
Option 2
Direct Number: 785-217-6965

FAX Number: 785-354-4206

Cenpatico Provider Portal
www.cenpatico.com/

**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

Provider Update

A Quarterly Update for HealthWave 21 SCHIP Providers



Save Time with Online Claims Submissions

We know your time is valuable. Our new online tools make claims transactions faster and easier. Setting up an account is free and easy.



Go to www.cenpatico.com and click “register” under Provider Portal. Once your information has been submitted and confirmed, we will notify you that your account is activated.

In addition to online claims submission, providers can also check member eligibility online, verify claims status, and find a provider through our interactive searchable database.

Not using the online claims function? Check out the Professional Claims Submission Manual at www.cenpatico.com/providers/forms/kansas

Questions? Contact Jeanie Kimball, Provider Relations Specialist, at 800-989-1655, ext. 67546. Jeanie can answer questions and provide on-site training.

Coming in 2009...online authorizations. Watch the Cenpatico website for details!

Receive the Provider Update Electronically

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



Have You Changed?

Have you changed something with your practice? A reminder to notify Cenpatico within ten (10) business days when you change any of the following:

- Office Address
- Financial Address
- Phone Number
- Tax ID Number

If you are participating under a Group Contract and resign from the Group, you must notify Cenpatico within ten (10) business days of the change. In order to remain a participating provider for Cenpatico, a new contract must be executed as soon as possible to avoid any possible disruption of care. If you have further questions, please contact Debra Burnham or Jeanie Kimball for assistance.

Preferred Provider Program Focuses on Member Quality of Care, Decrease in Administrative Time

In late 2008, Cenpatico rolled out the Preferred Provider Program, an initiative to improve the quality of care for members while decreasing the administrative burden for identified network providers.

Preferred Provider Program Goals:

- Furnish timely and informative feedback to network providers about their service utilization trends
- Monitor Quality Improvement efforts made by network providers and enhance existing provider partnerships to improve member and provider satisfaction and access to care
- Expand clinical outreach and education efforts to increase awareness and utilization by network providers of best-practice treatment strategies
- Reward providers who consistently demonstrate service excellence and adherence to treatment models with documented efficacy in ameliorating the behavioral health issues

Our providers that demonstrate service excellence, measured quarterly using several key indicators with established thresholds, are eligible to become Cenpatico **Preferred Providers**.

Key Indicators for Inpatient Providers:

- ◆ Readmission Rates
- ◆ Denial Rates
- ◆ Average Length of Stay
- ◆ Number of members scheduled for aftercare/follow-up appointments within 7 days of discharge

Key Indicators for Outpatient Providers:

- ◆ Average Length of Treatment
- ◆ Ratio of Family Therapy (FT) to Individual Therapy (IT) sessions provided to children and adolescents

This program allows Cenpatico to partner with network providers in new ways, reward providers for demonstrated service excellence, and also identify areas where additional efforts should be focused.

Perks for Preferred Providers:

- ◆ Inpatient Preferred Providers receive authorization for an established number of covered days or treatment units for each admission or for each member without undergoing the medical necessity review process or pre-authorization.
- ◆ Outpatient Preferred Providers will be exempted from prior authorization processes for standard outpatient services. Quarterly reviews will be conducted to determine status. We will also direct additional referrals to such providers and collaborate on efforts such as joint case planning for high risk members.
- ◆ Overall, Preferred Providers experience a decrease in administrative responsibilities that affords more time for the delivery of high quality services and effective discharge planning.

For more information about the program contact Debra Burnham at 800-989-1655 (option 1) or Stacy Stutzman Prilliman at 866-896-7293.

Skip the Extension

The Cenpatico Kansas 1-800 number has a new feature — to reach Debra Burnham, choose Option 1, and to reach Jeanie Kimball, choose Option 2. Skip the extension!

1-800-989-1655

What is a Single Case Agreement?

Single Case Agreements (SCA) are used for providers who are not participating in the Kansas network or are in process of joining, but have not yet reached PAR status. Group providers in the process of adding a MD, PHD, ARNP, or Master's level clinician may need to request a SCA until the provider becomes effective with Cenpatico.

Non-participating providers in Cenpatico's network who wish to be reimbursed for covered services under the HealthWave 21 (SCHIP) program should contact the care coordination or utilization management department immediately to obtain a SCA to serve a particular HealthWave 21 member.

Non-participating providers may call 866-896-7293 and ask to speak with a Kansas care coordinator for assistance.

Non-participating providers that have initiated services for a HealthWave 21 member without obtaining a SCA should contact Cenpatico to initiate a SCA for any dates of service going forward, and have the services reviewed for payment.

- Submit copy(ies) of clinical notes with a cover letter stating why a Single Case Agreement was not obtained (i.e., provider did not know that member was a HealthWave 21 beneficiary, etc.).
- Include provider information, such as name, address, phone number, email and other contact information.

Mail to: Retro Authorization Review, 504 Lavaca, Ste 850, Austin, TX 78701

Once a SCA is obtained, providers should attach a copy of the SCA with each claim filed, so the claim is paid correctly.