

GENERAL

Who is Cenpatico?

Cenpatico, a division of Centene Corporation, is one of the nation's most experienced behavioral health companies providing behavioral healthcare services through a comprehensive network of qualified providers. Cenpatico, established in 1994, customizes behavioral health solutions by providing its clinical and administrative expertise to governmental entities, health plans and employers. To learn more, visit our website at www.cenpatico.com.

Where does Cenpatico operate in Ohio?

Cenpatico manages CFC member benefits for members in the following Ohio service delivery areas; East Central and Northwest regions. For ABD, we manage East Central, Northeast and Southwest regions.

Who manages the physical health benefits for Cenpatico members?

Buckeye Community Health Plan manages the physical health benefits for Cenpatico members. You can visit the BCHP website at www.bchpohio.com.

How do I contact Buckeye Community Health Plan?

Members may call 866-246-4358 and providers may call 866-296-8731.

CLINICAL

Where Can I Find the Cenpatico Clinical Practice Guidelines & Medical Necessity Criteria?

You can find these materials on the Cenpatico website at www.cenpatico.com. You may also refer to the Cenpatico Provider Manual.

Where Can I Get a Copy of the Preferred Drug Listing (PDL)?

The list is easily accessed on Buckeye Community Health Plan's website at www.bchpohio.com.

NETWORK

How Do I Join the Cenpatico Provider Network?

Contact Our Cenpatico Network Development at 800-224-1991 or email the department at lstadtmitter@centene.com.

Do I need a Medicaid number to join your network?

Providers that wish to render covered services to Cenpatico CFC members must have a Medicaid Number. In certain circumstances, we can apply for a Medicaid Reporting Number on the Provider's behalf.

Do I Join as an Individual or as a Group?

You may join on an individual or group basis. If you are in a practice with at least one other provider and share a Tax Identification Number, you may contract as a group. Please note that each provider within the group must sign an attestation form and complete Cenpatico credentialing.

How do I obtain a copy of the Cenpatico provider manual?

Please call Ohio Provider Relations at 800-224-1991 to request a Provider Manual or visit us online at www.cenpatico.com and choose the Service Areas tab for Ohio. The Manual contains information such as Cenpatico Medical Necessity Criteria, Clinical Practice Guidelines, and policies and procedures regarding Credentialing, Utilization Management, Quality Improvement, and Claims.

How do I update my address information?

Please call Provider Relations at 800-224-1991 and request a Change of Address Form. This form will allow you to change your provider demographics. Once you complete the form, simply fax it to 866-739-3424.

For what reasons should I contact Cenpatico provider relations?

You may contact Provider Relations at anytime. Most frequent reasons providers contact Provider Relations are as follows; address changes, Tax Identification Number updates, and general questions.

Does Cenpatico offer provider training or CEU opportunities?

Cenpatico Network Development and Provider Relations are available to conduct provider forums, orientations, or individual training to our Ohio provider network on topics such as policies & procedures, current trends, forums, and CEU opportunities. Please call 800-224-1991 if you would like further information regarding upcoming training events in your area. We also offer online courses through Essential Learning on our website. Please visit the Provider page for more information on www.cenpatico.com.

CREDENTIALING

What Does the Cenpatico Credentialing Process entail?

Cenpatico utilizes the Ohio Standardized Credentialing Application. This can be accessed through the Ohio Department of Insurance website at www.ohioinsurance.gov. Cenpatico credentialing packets include a credentialing application, Provider Specialty Profile, W9, and checklist. The checklist identifies key required elements including: copy of insurance, license/certifications, DEA/CDS (MD/DO only), curriculum vitae, and explanation for gaps in work history. Hospitals and facilities will also be asked for copies of their CLIA license, program/level of care licensing (when/where applicable), and their JCAHO, CARF, or AOA accreditation.

How long does the credentialing process take?

The credentialing process can take up to three (3) months. Once you are fully credentialed in our network, you will receive notification of your credentialing status from our credentialing department. Though you are credentialed, you may not be fully loaded in our systems as a participating, or "PAR", provider. For this reason, you will receive written confirmation from Cenpatico Provider Relations detailing your PAR effective date in our systems.

Do I need to be re-credentialed?

Cenpatico re-credentials each provider/facility every three (3) years from the date of their initial credentialing date. For example, if you were credentialed on January 1, 2006, your re-credentialing would need to occur before January 31, 2009.

AUTHORIZATIONS

How do I know when I am eligible to receive member referrals?

Once you are loaded in Cenpatico systems as a participating, or “PAR”, provider, you will be eligible to receive member referrals as an in-network provider. You will receive notification of your PAR status in our network from Cenpatico Provider Relations. If you are unsure of your status in our provider network, please contact Provider Relations at 800-224-1991.

How do I receive member referrals?

Cenpatico employs a team of Customer Service Representatives (CSR) who refer members to our providers. Referrals are tailored to the member’s needs and provider specialty and location are taken into consideration.

When do I request prior authorization?

Participating providers may see our members for 6 sessions without authorization. Any service beyond the 6th visit must be PRE-authorized, Cenpatico requires authorization for every billing code except a select group of ongoing medication management codes and psychiatric evaluation. Please call 800-224-1991 to request prior authorization.

When is prior authorization not required?

Prior authorization is not required for the following CPT code for contracted Psychiatrists or Advance Nurse Practitioners:

90801/90802- Diagnostic Interview Examination Limited to one per 6 months
90862-Pharmacologic Management
90805-Individual Therapy (20-30 minutes) with med eval/mgmt services
90807-Individual Therapy (45-50 minutes) with med eval/mgmt services
90811-Individual Therapy, interactive (20-30 minutes) with med eval/mgmt services
90813- Individual Therapy, interactive (45-50 minutes) with med eval/mgmt services
All approved billing codes for attending members during an authorized inpatient stay.

When do I complete an Outpatient Treatment Request (OTR) form?

Once you utilize all sessions authorized by Cenpatico, you will need to complete an OTR form to request additional sessions. You may want to complete an OTR when you only have one (1) session left from the previous authorization. This will allow you ample time to complete and submit the OTR, and for the OTR to be reviewed and approved.

Where do I send completed OTRs?

Please fax your completed OTR to 866-694-3649. The Cenpatico clinical team will review and process your request once it is received. You will be notified of your new/updated authorization via mail. The usual turnaround time is 14 business days.

REIMBURSEMENT & CLAIMS

Where do I send my clean claims?

Please mail your claims to the following address;
Cenpatico Claims Processing
PO Box 6150
Farmington, MO 63640-3806

What is the timely filing deadline?

You have 180 days from the Date of Service to submit your clean claim to Cenpatico for processing and reimbursement.

Do I use a CMS-1500 or CMS-1450 form?

CPT and HCPCS codes will be billed on a CMS-1500 form or its successor. Revenue codes must be billed on a CMS-1450 form.

What if I disagree with a claims denial?

If you disagree with a claims denial, you may appeal in writing within 90 days of the date of the denial on the Explanation of Payment to the following address;

Cenpatico Appeals
PO Box 6000
Farmington, MO 63640-3809

You can find more information regarding the appeal process in the Cenpatico Provider Manual.

How do I contact claims customer service?

Please contact 877-730-2117 to speak with Claims Customer Service.

Where do I find the covered billing codes?

Please refer to your reimbursement exhibit (fee schedule) in your agreement. Please ensure you follow all applicable authorization processes when billing these codes.

Can I Submit My Claims Electronically?

Contact EDI@centene.com for information about electronic filing.

My Tax Identification Number Has Changed, What Do I Do?

Submit a letter detailing your approval to change your Tax Identification Number (TIN) and include the new TIN effective date. A copy of your updated W9 must be attached. Please fax both to Provider Relations at 888-739-3424.

You may also mail Provider Relations at the following address;

Cenpatico
Ohio Provider Relations
504 Lavaca, Suite 850
Austin, TX 78701

Can I Bill a Member for Covered Services?

Per your CMS guidelines and your signed agreement with Cenpatico, members may not be billed for covered services. If you provide non-covered services, you may bill the client in keeping with State and federal regulations.

Who Do I Contact if My Checks are sent to the Wrong Address?

Please contact Cenpatico Provider Relations at 800-224-1991 to request a Change of Address Form.