

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 about Cenpatico visit our website at <http://www.cenpatico.com>.

Who does Cenpatico serve in Kansas?

Cenpatico partners with the State of Kansas to provide quality, cost-effective behavioral healthcare services for members under the Title XXI Children's Health Insurance Program (CHIP), also known as HealthWave 21.

Who is eligible for CHIP in Kansas?

Kansas provides free or low-cost health insurance coverage to children in this program who:

- Are under the age of nineteen;
- Do not qualify for Medicaid;
- Have family incomes under the 250% of the 2008 Federal Poverty Level; and
- Are not covered by state employee health insurance or other private health insurance.

Eligibility is continuous for twelve 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 twelve-month period.

Providers are responsible for verifying eligibility every time a member schedules an appointment and when the family arrives for services.

To verify eligibility or learn more about CHIP coverage contact <https://www.kmap-state-ks.us/PROVIDER/SECURITY/logon.asp>.

Members have a choice of two health plans for management of their physical health benefits:

- UniCare: 866-408-7105, and
- Children's Mercy – Family Health Partners: 877-347-9363

How can members access treatment services for mental health or alcohol and other drug problems?

Members may contact Cenpatico toll free line at 866-896-7293 and speak to a Kansas Care Coordinator concerning:

- ✓ Coverage
- ✓ How to access services
- ✓ Choose or change a behavioral health provider
- ✓ Request urgent or crisis assistance
- ✓ Make arrangements for special accommodations

PROVIDER CREDENTIALING AND CONTRACTING

How does an individual, group or facility become a Cenpatico Kansas provider?

To be a participating provider, an individual, group or facility must be both **credentialed** and **contracted** by Cenpatico. When both the credentialing and contracting processes are successfully completed, the Cenpatico provider becomes eligible to see members.

Cenpatico Kansas uses an agreement as a standard contract that includes specific contracting requirements for the State of Kansas CHIP program and applicable reimbursement schedule(s). The contract will only be executed after successfully completing the credentialing process.

Depending on the type of provider, Cenpatico also requires completion of a Credentialing Application, Credentialing Checklist, Provider Specialty Profile, W-9, and any applicable attachments (license, insurance, accreditation, resume or brochure). Each provider must have a Federal Tax Identification Number and a National Provider Identifier (NPI) number.

To learn more about becoming a Cenpatico participating provider, please contact Debra Burnham, Cenpatico Kansas Network Manager, at 800-989-1655 or via email at dburnham@cenpatico.com.

What is credentialing?

Credentialing is the process Cenpatico uses to review and verify, and periodically re-review and re-verify, the professional credentials of contracted providers in conjunction with Cenpatico's credentialing criteria. The credentialing process may be simplified for providers registered with CAQH. For more information about CAQH go to <http://www.caqh.org>.

Cenpatico re-reviews provider credentials every three (3) years as required by contract and accreditation standards to monitor the provider network quality. During this process, the credentials are re-verified and the application re-reviewed. This process is also referred to as *re-credentialing*.

The agreement references the Policy and Procedure Manual. Is a copy available?

The Cenpatico Network Policy and Procedure Manual may be viewed at the *Providers* section on the Cenpatico web-site - <http://www.cenpatico.com/providers/forms/kansas> or by contacting Cenpatico Kansas staff, Debra Burnham, at dburnham@cenpatico.com or Jeanie Kimball, at jkimball@cenpatico.com.

What are the criteria for provider participation?

Minimum criteria include, but are not limited to:

- A current unrestricted Kansas license to practice
- A valid, unrestricted DEA Certificate (when applicable)
- Satisfactory review of a five year work history
- Evidence of current malpractice/professional liability insurance in the amounts of \$1,000,000/\$3,000,000 or as otherwise required by Kansas state law
- Professional liability claims history for a five (5) year period
- Signed Cenpatico agreement (Cenpatico will complete the execution date)

For more detailed information about the criteria see the Cenpatico Network Policy and Procedure Manual.

Is a Medicaid number needed to join the Cenpatico Kansas network?

No. Providers are not required to have a Medicaid number to join the Cenpatico Network.

How long does the credentialing and contracting process take?

The Cenpatico process may take up to 90 days to complete the credentialing and contracting process.

What are the reimbursement rates?

Cenpatico Kansas reimburses participating providers according to the applicable reimbursement schedule(s) attached to the agreement. Providers will only be reimbursed for the billing codes outlined on the reimbursement schedule(s). Cenpatico Kansas pays 100% of the Kansas Medicaid rates or higher for participating providers. In most cases there are different reimbursement rates for different licensing levels.

How will a provider be notified if accepted as a Cenpatico participating provider?

Upon successfully completing both the provider contracting and credentialing process, Cenpatico will mail a packet welcoming you to the provider network. The welcome packet will include a copy of the executed agreement, a Network Policy and Procedure Manual, and Frequently Asked Questions guide. Providers unsure of their status in the Cenpatico provider network should contact Debra Burnham at dburnham@cenpatico.com.

Will provider orientation and training be available?

Yes. After reviewing the Cenpatico welcome packet, should you need additional assistance or have any questions, please contact the Cenpatico Kansas staff to request a new provider orientation session. On-going training is also available.

How will a provider be notified if not accepted as a Cenpatico participating provider?

Cenpatico will send a letter explaining why the application could not be accepted, along with instructions on how to appeal the decision.

How can a provider update profile information?

Providers are responsible for immediately informing Cenpatico *in writing* regarding changes in address, contact information, provider demographics, Tax Identification Number(s), and other pertinent information. Changes may be submitted on a Provider Change Form found on the Cenpatico web-site at <http://www.cenpatico.com/providers/forms/kansas> or by contacting the Cenpatico Kansas staff. The manual may also be downloaded at <http://www.cenpatico.com/providers/forms/kansas>.

What are the responsibilities of being a Cenpatico Kansas provider?

Provider responsibilities include, but are not limited to, the following:

- Provide quality covered behavioral health services within all accepted clinical, legal and ethical standards to Cenpatico members
- Make certain HealthWave 21 members are not billed for any covered service
- Treat Cenpatico members as fairly and equally as any other client
- Follow Cenpatico Clinical Practice Guidelines and Medical Necessity Criteria
- Abide by Cenpatico contractual obligations per the agreement
- Abide by Cenpatico Eligibility, Authorization, Claims, Quality Improvement, Utilization Management and Credentialing/Re-Credentialing policies and procedures
- Submit "clean" and timely claims
- Submit timely provider profile changes
- Ensure HIPAA compliance

For further information on provider responsibilities, including access, availability and coordination of care guidelines consult the Cenpatico Network Policy and Procedure Manual and the agreement.

What does a group practice need to do to be considered a participating group provider with Cenpatico?

To be a participating group provider, the group must be contracted with Cenpatico and practitioners within the group practice must be individually credentialed by Cenpatico.

What if facility staff or group membership changes?

Providers must notify Cenpatico Kansas staff as soon as possible in writing when a new practitioner joins a facility or group or if a practitioner leaves a facility or group. New group practitioners will need to complete the credentialing process prior to seeing Cenpatico Kansas members. Practitioners exiting the group will no longer be considered participating unless they also hold an executed Health Practitioner agreement individually. Contact the Cenpatico Kansas staff, Debra Burnham, at dburnham@cenpatico.com or Jeanie Kimball, at jkimball@cenpatico.com for more information.

CLINICAL

What behavioral health services does Cenpatico cover in Kansas?

Covered services for Cenpatico members include: diagnostic evaluation, psychological/neurological testing, medication management, outpatient services, outpatient evaluation and management, inpatient hospitalization, partial hospitalization program (PHP), residential treatment (RTC), intensive outpatient program (IOP), psychiatric residential treatment facility (PRTF) services and tele-medicine. In addition, community based services covered include community psychiatric supportive treatment, psychosocial rehabilitation services, self-help/peer services, and crisis intervention. Providers will only be reimbursed for the billing codes outlined on the reimbursement schedule(s) attached to the agreement.

What are the clinical practice guidelines and medical necessity criteria (MNC)?

Cenpatico uses *InterQual Criteria for mental health for both adult and pediatric guidelines*. Cenpatico will continue to utilize KCPC or the American Society of Addiction Medicine Patient Placement Criteria (ASAM) for substance abuse MNC. There will be no changes to the Community Based Services criteria. *InterQual* is a nationally recognized instrument that provides a consistent, evidence-based platform for care decisions and promotes appropriate use of services and improved health outcomes.

InterQual Criteria, used by over 3000 organizations and agencies, are developed by physicians and other healthcare professionals who review medical research and incorporate the expertise of a national panel of over 700 clinicians and medical experts representing community and academic practice settings throughout the U.S. The clinical content is a synthesis of evidence-based standards of care, current practices, and consensus from practitioners.

ASAM and the McKesson *InterQual* criteria sets are proprietary and cannot be distributed in full; however, a copy of the specific criteria relevant to any individual need for authorization is available upon request by calling 866-896-7293.

AUTHORIZATIONS

How does a Cenpatico provider receive referrals?

Cenpatico employs a team of Customer Service Representatives to provide referrals and eligibility verification to Cenpatico members and providers. Referrals are tailored to the member's needs and provider specialty and location are taken into consideration. Contact Cenpatico Kansas Care Management Department at 866-896-7293 for further information.

Must a provider accept all referrals?

Yes. Providers are required to notify Cenpatico when not available for appointments. Providers may request to be placed on a "no referral" hold status for a set period of time without jeopardizing overall network status. "No referral" status may be used for such reasons as vacation, full practice, personal leave, or other personal reasons. If a provider can not accept a new patient, or is unable to meet the treatment needs of a referred member, the provider must contact Cenpatico immediately who will help the member obtain a referral to another provider.

When should a provider request prior authorization?

There are no limits on the number of outpatient visits for mental health care, however authorization is required for outpatient services after the initial six (6) sessions. 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 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 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. Authorization decisions for non-urgent services are typically made within five (5) business days; however, Cenpatico is allowed up to fourteen (14) calendar days of receipt of the request for services to respond.

Prior authorization is not required for emergency services. Refer to the Cenpatico Kansas Network Policy and Procedures Manual for further information.

For a listing of benefits requiring prior authorization, please refer to the Cenpatico Kansas Network Policy and Procedures Manual.

Cenpatico authorization of services is an indication of medical necessity, not a confirmation of eligibility and not a guarantee of payment.

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 contact 866-896-7293.

REIMBURSEMENT & CLAIMS

Where should clean claims be sent?

Behavioral health claim forms should be mailed to:

*Cenpatico
P.O. Box 6400
Farmington, MO 63640-3807
ATTN: CLAIMS DEPARTMENT*

What is the timely filing deadline?

All claims and encounters must be submitted within 90 days of the date of service.

Can I bill a member for covered services?

No. HealthWave 21 members may not be billed for any covered service. Providers should not provide the member non-covered services without the member signing a waiver in advance of the delivery of non-covered services. Refer to the Cenpatico Network Policy and Procedure Manual for further information.

What is the turn-around time for claims payment?

Clean claims will be adjudicated (finalized as paid or denied) within ninety (90) days of receipt, or within 30 days of becoming clean and received. Refer to the General Billing section of the Cenpatico Network Policy and Procedure Manual for further information.

Can claims be submitted electronically?

Cenpatico encourages all providers to file claims and encounters through Electronic Data Interchange (EDI). Cenpatico Kansas will accept claims electronically through Emdeon (formerly Web MD) – Kansas Payer ID #68047. For information on how to set-up electronic billing for Cenpatico Kansas, contact Emdeon at 866-369-8805.

For further information regarding electronic submission, contact the Cenpatico EDI Department at 800-225-2573, ext. 25525 or by e-mail at ediba@centene.com.

It is the provider's responsibility to "test" several claims and verify the claims are received by the clearinghouse and by Cenpatico to assure claims are received timely.

Which form should be used for billing?

Providers billing professional services (90801, 90805, etc.) must submit claims on the **1500 Claim form (formerly HCFA or CMS 1500)**. Providers billing facility codes (905, 906, etc.) must use the **CMS 1450 form (formerly UB-04)**. Separate forms are required to accurately capture encounter data for the State of Kansas. Refer to the Cenpatico Network Policy and Procedure Manual for further information.

Where do I find the covered billing codes?

Cenpatico Kansas reimburses participating providers according to the applicable reimbursement schedule(s) attached to the agreement. Providers will only be reimbursed for the billing codes outlined on the reimbursement schedule(s). Contact the Cenpatico Kansas Network Manager for assistance if the claims payment does not match the contracted rate on the agreement.

How can a provider assure timely payment?

To assure timely payment, providers should:

- Ensure Cenpatico has accurate billing information on file.
- Follow the Imaging Requirements and Billing Procedures outlined in the General Billing section of the Cenpatico Network Policy and Procedure Manual.
- Ensure the W9 has the correct provider address. Payment must be sent to the address on the W9. If the wrong address is on the W9, payment could be delayed to the provider.

- Bill under the individual provider's name and Tax ID number to assure the appropriate rate is paid. The State of Kansas does not require modifiers for licensure level and payment automatically defaults to the Master's level unless billed otherwise.
- Contact the Cenpatigo Kansas staff for information or assistance.

What if I disagree with how a claim was processed?

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

1. Call the Cenpatigo Claims Support Liaisons at 866-324-3632. The majority of issues regarding claims can be resolved through the Claims Department with the assistance of our Claims Support Liaisons.
2. When a provider submits a claim and the claim can not be paid due to incorrect or missing information on the claim form, Cenpatigo will send information back to the provider on what needs to be corrected either on an Explanation of Payment (EOP) or a letter. A corrected claim must be submitted on a paper claim form. If you received a letter, attach the letter to the corrected claim form. When submitting a paper claim for review or reconsideration of the claims disposition, the claim must clearly be marked as RESUBMISSION along with the original claim number written at the top of the claim. Failure to mark the claim may result in the claim being denied as a duplicate. Corrected resubmissions should be sent to the address below.

Cenpatigo Claims Resubmission
P. O. Box 6400
Farmington, MO 63640-3807

For issues that do not require a corrected resubmission the Adjustment Request Form can be utilized. The Claims Support Liaison can assist with determining when a corrected resubmission is necessary and when an Adjustment Request Form can be utilized.

3. For cases where authorization has been denied because the case does not meet the necessary criteria, the Appeals Process, described in your denial letter is the appropriate means of resolution. If your claim was denied because you did not have an authorization, please send a request in writing for a retro- active authorization, explaining in detail the reason for providing services without an authorization. Mail requests to the following address.

Cenpatigo Care Management
504 Lavaca St., Ste 850
Austin, TX 78701-2939

Retro authorizations will only be granted in rare cases. Repeated requests for retro authorizations will result in termination from the network due to inability to follow policies and procedures. If the authorization contains unused visits, but the end date has expired, please call the Cenpatigo Service Center and ask the representative to extend the end date on your authorization.

4. If a Resubmission has been processed and you are still dissatisfied with Cenpatigo's response, you may file an appeal of this decision by writing to the address listed below. Note: Appeals must be filed in writing. Place APPEAL within your request. In order for Cenpatigo to consider the appeal it must be received within 60 days of the date on the EOP which contains the denial of payment that is being appealed unless otherwise stated in your contract. If you do not receive a response to a written appeal within 45 days or are not satisfied with the response you receive, you may appeal within 60 days of Cenpatigo's final decision.

Cenpatigo Appeals
PO Box 6000
Farmington, MO 63640-3809

5. If you are unable to resolve a specific claims issue through these avenues then you may initiate the Payment Dispute Process. Please contact your Cenpatigo Kansas Provider Relations representative about your specific issue. Please provide detailed information about your efforts to resolve your payment issue. Making note of

which Cenpatico staff you have already spoken with will help us assist you. Steps 1-4 should be followed prior to initiating the Payment Dispute Process. After contacting Provider Relations at the address below, your dispute will be investigated.

Cenpatico
Attention: Provider Relations
534 South Kansas Ave., Ste. 305
Topeka, KS 66603