

## Cenpatico South Carolina Frequently Asked Questions (FAQ)

### 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 web-site at <http://www.cenpatico.com>.

#### Who does Cenpatico serve in South Carolina?

Cenpatico partners with Absolute Total Care, a Medicaid Managed Care Organization, to provide quality, cost-effective behavioral healthcare services for members who require behavioral health services.

#### Who is eligible for Behavioral Health Services?

To verify member eligibility or learn more about covered services, please [contact](#):

#### Absolute Total Care

1441 Main Street, Suite 900

Columbia, SC 29201

(866) 433-6041

Fax: (866) 912-3610

[www.absolutetotalcare.com](http://www.absolutetotalcare.com)

#### How can members access services for mental health or substance use disorder problems?

Members may contact Cenpatico toll free line at 1-866-534-5976 and speak to a Customer Care Representative 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 a provider become a Cenpatico South Carolina provider?

To be a participating provider, you must be both **credentialed** and **contracted** by Cenpatico. You must also be an enrolled SC Medicaid provider. To request a contracting packet, please contact the SC Network Manager, Mel Martin at [melmartin@cenpatico.com](mailto:melmartin@cenpatico.com), or the SC Provider Relations Specialist, Melissa Johnson at [mejohanson@cenpatico.com](mailto:mejohanson@cenpatico.com).

#### Cenpatico South Carolina Credentialing

Cenpatico requires completion of a Credentialing Application, Provider Specialty Profile, W-9, Disclosure of Ownership and any applicable attachments (license, insurance, accreditation, etc.). Each provider must have a Federal Tax Identification Number, a National Provider Identifier (NPI) number, and be enrolled with SC Medicaid.

To learn more about becoming a Cenpatico participating provider, please contact Mel Martin, Cenpatico South Carolina Network Manager, at 1-803-521-2017 or via email at [melmartin@cenpatico.com](mailto:melmartin@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. 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 Cenpatico Provider Manual. Is a copy available?**

The Cenpatico Provider Manual may be viewed at the Provider's section on the Cenpatico website <http://www.cenpatico.com/providers/forms/south-carolina/>.

### **What are the criteria for provider participation?**

Minimum criteria include, but are not limited to:

- A current South Carolina provider license
- A valid, unrestricted DEA Certificate (when applicable)
- Accreditation by a national accrediting body (JCAHO, COA, AOA, etc.)
- Evidence of current malpractice/professional liability insurance in the amounts of as required by South Carolina state law
- Signed Cenpatico agreement (Cenpatico will complete the execution date)
- For more detailed information about the criteria see the Cenpatico Provider Manual.

### **Is a Medicaid number needed to join the Cenpatico South Carolina network?**

Yes. Providers are required to have a SC Medicaid number to join the Cenpatico Network.

### **How long does the credentialing and contracting process take?**

Cenpatico averages 90 days to complete the credentialing and contracting process.

### **What are the reimbursement rates?**

Cenpatico South Carolina 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).

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

Upon successful completion of 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 and Frequently Asked Questions. Providers unsure of their status in the Cenpatico provider network should contact Mel Martin at [melmartin@cenpatico.com](mailto:melmartin@cenpatico.com), or Melissa Johnson at [mejohanson@cenpatico.com](mailto:mejohanson@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 Melissa Johnson, SC Provider Relations Specialist, at [mejohanson@cenpatico.com](mailto:mejohanson@cenpatico.com) to request a new provider orientation session. Ongoing 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 Update Form found on the Cenpatico web-site at <http://www.cenpatico.com/providers/forms/south-carolina/> or by contacting the Cenpatico South Carolina staff. Changes may take up to three (3) weeks once the change has been submitted.

#### **What are the responsibilities of being a Cenpatico South Carolina 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
- 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 Provider Manual and the agreement.

### **CLINICAL**

#### **What behavioral health services does Cenpatico cover in South Carolina?**

Covered services for Cenpatico members include outpatient behavioral health services as well as inpatient hospitalization. Providers will 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?**

Interqual, ASAM Criteria and Medical Necessity Criteria for specific services are located on our website <http://www.cenpatico.com>.

### **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 Provider Services/Care Management Department at 1-866-534-5976 for further information.

#### **Must a provider accept all referrals?**

Yes. Providers are required to notify Cenpatico when they are no longer accepting referrals. If a provider cannot accept a new patient, or is unable to meet the treatment needs of a referred member, the provider must contact Cenpatico immediately for assistance with the referral process.

#### **When should a provider request prior authorization?**

Inpatient admissions, psychological testing, and other procedures as outlined in the provider manual require prior authorization. Prior authorization is not required for emergency services. Refer to the Utilization Management section of the Cenpatico Provider Manual for further information.

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 a decision 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:

Absolute Total Care  
Attention: Appeals and Grievance Coordinator  
1441 Main Street, Suite 900  
Columbia, SC 29201

For questions or to learn more about the appeals/grievance process, please call 1-866-534-5976.

### **REIMBURSEMENT & CLAIMS**

#### **Where should clean claims be sent?**

Claim forms should be mailed to:

Cenpatico  
ATTN: CLAIMS DEPARTMENT  
P.O. Box 7001  
Farmington, MO 63640-3813

Claims may also be submitted via an approved EDI vendor or through the web portal at [www.cenpatico.com](http://www.cenpatico.com).

#### **What is the timely filing deadline?**

All claims and encounters must be submitted within three hundred sixty five (365) days of the date of service.

#### **Can I bill a member for covered services?**

No. Members over 19 years of age may be subject to a co-pay on all inpatient admissions.

#### **What is the turn-around time for claims payment?**

Clean claims will be adjudicated (finalized as paid or denied) within thirty (30) days of receipt. Non-clean claims will be adjudicated within twelve (12) months of receipt of the claim. Refer to the General Billing section of the Cenpatico Provider Manual for further information.

#### **Can claims be submitted electronically?**

Cenpatico encourages all providers to file claims and encounters through Electronic Data Interchange (EDI). Cenpatico South Carolina will accept claims electronically through Emdeon (formerly Web MD) –South Carolina Payer ID #68059.

For information on how to set-up electronic billing with Cenpatico South Carolina, please contact Emdeon at 1-866-369-8805. For further information regarding electronic submission,



contact the Cenpatico EDI Department at 1-800-225-2573, ext. 25525 or by e-mail at [ediba@centene.com](mailto: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 inpatient codes (124,126, etc.) will use the CMS 1450 form (formerly UB-04). Providers billing HCPCS and CPT codes will utilize the HCFA 1500 form. You may also bill utilizing the Cenpatico web-portal at [www.cenpatico.com](http://www.cenpatico.com).

#### **Where do I find the covered billing codes?**

Cenpatico South Carolina 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 South Carolina 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 Provider 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 provider's name and Tax ID number to assure the appropriate rate is paid. Contact the Cenpatico South Carolina 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 Cenpatico Claims Support Liaisons at 1-877-730-2117. 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 has submitted a claim and received a denial due to incorrect or missing information, a corrected claim should be submitted on a paper 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 following address:

Cenpatico Claims Resubmission  
P. O. Box 7001  
Farmington, MO 63640-3813

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:

Cenpatico Care Management  
12515-8 Research Blvd., Suite 400  
Austin, TX 78759

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.

4. If a Resubmission has been processed and you are still dissatisfied with Cenpatico'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 Cenpatico 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 for Medicaid specific patients, or are not satisfied with the response you receive, you may appeal within 60 days of the HMO's final decision to:

Cenpatico Appeals  
P.O. 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 Cenpatico 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.