



Cenpatico Mississippi Frequently Asked Questions

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.

What programs does Cenpatico cover in Mississippi?

Cenpatico reimburses claims for the covered behavioral health benefits for Magnolia Health Plan, Inc. (Magnolia) members. The current service area includes members enrolled in all 82 counties of Mississippi.

Who manages the physical health benefits for Cenpatico members?

Magnolia Health Plan manages the physical health benefits for Cenpatico members. You can visit the Magnolia Health Plan website at www.magnoliahealthplan.com.

How do I contact Cenpatico?

Members and providers can call 866-912-6285.

How do I contact Magnolia Health Plan?

Members and providers may call 866-912-6285.

NETWORK

How Do I Join the Cenpatico Provider Network?

Contact Our Cenpatico Network Development Department at 866-912-6285 or complete the Join our Network Form located on our website at www.cenpatico.com.

Do I need a Medicaid number to join your network?

Providers that wish to render covered services to Magnolia members must have a Mississippi Medicaid Number.

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 provider manual?

Please call Mississippi Provider Relations at 866-912-6285 to request a Provider Manual or visit us online at www.cenpatico.com. The Manual contains information such as Benefits, Medical Necessity Criteria, Clinical Practice Guidelines, and Policies and Procedures regarding Credentialing, Utilization Management, Quality Improvement, and Claims.

How do I update my address/office information?

Please call Provider Relations at 866-912-6285 and request a Provider Change Form or go to the Forms section on the Cenpatico website. This form will allow you to change your provider demographics. Once you have completed the form, simply fax it to 866-739-3424 along with an updated W-9 form.

Does Cenpatico offer provider training or CEU opportunities?

Cenpatico Network Development and Provider Relations are available to conduct orientations, and individual training to our Mississippi provider network on Cenpatico Policies & Procedures. We also offer online courses through Relias Learning on our website. Please visit the Provider page for more information at www.cenpatico.com.

CREDENTIALING

What does the Cenpatico Credentialing Process entail?

Cenpatico credentialing packets include a Provider Specialty Profile, W-9 form, and Provider Attestation - Attachment (for those providers joining a contracted group/clinic). There is a separate application for hospitals and facilities - please request this form from your Provider Relations Specialist. Providers must also have a State of Mississippi Medicaid number.

In accordance with Federal Law, all entities, applicants, individual practitioners and groups of individual practitioners participating in federally funded programs must provide information on ownership and controls.

How long does the credentialing process take?

The credentialing process can take up to three (3) months. Upon completion of the credentialing process, you will receive written notification of your credentialing status, along with your effective date as a participating provider in the network.

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, 2013, your re-credentialing would need to occur before January 31, 2016.

AUTHORIZATIONS

What services are covered by Cenpatico?

For members of Magnolia Health Plan, Cenpatico covers Crisis Residential Treatment, ECT, Observation, Discharge Consultations, Outpatient Therapy, Community Based Services, IOP, PHP, Psychological Testing, Neuropsychological Testing and Home Visits. Any other inpatient services that are not covered by Cenpatico, must be billed to the Division of Medicaid Fee for Service system.

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. Members may also self-refer.

When do I request prior authorization?

For services that require prior authorization, Participating Providers will need to obtain authorization for all services that require authorization by completing an Outpatient Treatment Request (OTR) form which can be found in the Form Section of the website. You can also call 866-912-6285 and request a copy of the OTR form.

When is prior authorization not required?

Prior authorization is not required for the following CPT codes for contracted Psychiatrists or Advanced Practice Nurse Practitioners:

90791/90792- Diagnostic Interview Examination Limited to one per 6 months with or without interactive complexity 90785
99201-99205 & 99211-99215 - Medication Management

Outpatient Office Therapy Codes w/med management:

99201-99205 & 99211-99215 – Individual Therapy 20-30 minutes (90833) with med mgmt services.
99201-99205 & 99211-99215 with interactive – add on codes 90833 and 90875

99201-99205 & 99211-99215 – Individual Therapy 45-50 minutes (90836) with med. mgmt services
99201-99205 & 99211-99215 with interactive therapy – add on codes 90836 and 90875

99201-99205 & 99211-99215 – Individual Therapy 75-80 minutes (90838) with med. mgmt services
99201-99205 & 99211-99215 with interactive therapy – add on codes 90838 and 90875

H0031-Assessment

H0032-Treatment Plan Review H0038-

Peer Support Services H2011-Crisis
Services

T1002-Nursing Assessment

T1502-Injectable Medication

99401 Adolescent Counseling (ESPDT service)

Community Mental Health Centers (CMHC's) are required to use the modifier of HW and benefit limits apply to certain services. Please refer to the provider manual or benefit grid to with questions before submitting claims.

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 fax. The usual turnaround time is 2 business days, unless additional clinical information is needed. If you have not gotten a response within this time frame please call customer service to request an update. Please keep all fax confirmation sheets.

CLINICAL

Where Can I Find the Cenpatico Clinical Practice Guidelines?

You can find this on the Cenpatico website at www.Cenpatico.com. You may also refer to the Behavioral Health Utilization Management – Clinical Practice Guidelines within the Cenpatico Provider Manual at www.Cenpatico.com.

REIMBURSEMENT & CLAIMS

Where do I send my clean claims?

You can submit your claims electronically through a Clearinghouse. Cenpatico's Payer ID is 68068 for Emdeon clearinghouses.

You can submit claims electronically through the Cenpatico website, www.Cenpatico.com. Under the Provider Section click on "login" and you will be prompted to register and obtain a user name and password. If you submit claims via the website you will be able to see instantly whether a claim was accepted or not. You can also check claims status on the website.

You can mail your claims to:

Cenpatico
Attention: Claims Department
PO Box 7600
Farmington, MO 63640-3834

What is the timely filing deadline?

You have 90 calendar days from the Date of Service to submit your clean claim to Cenpatico for processing and reimbursement.

What if I disagree with a claim denial?

If you disagree with a claim denial call Claims Customer Service at 866-324-3632 for assistance. The majority of issues regarding claims can be resolved through the Claims Department with the assistance of our Claims Support Liaisons.

If you are dissatisfied with Cenpatico's response to a resubmission, you may file an appeal of this decision by writing to the address listed below.

Cenpatico Appeals
PO Box 6000
Farmington, MO 63640-3809

How do I contact claims customer service?

Please contact 866-324-3632 to speak with Claims Customer Service.



Where do I find the covered billing codes?

Please refer to the Standard CPT codes defined for Behavioral Health and contact Provider Relations at 866-912-6285 if you have a specific billing code question. Please ensure you follow all applicable authorization processes when billing these codes.

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 866-694-3735.

Can I Bill a Member for Covered Services?

Per the CMS guidelines and your signed agreement with Cenpatico, Medicaid members may not be billed for covered services.

Member ID Cards

Members must present a member ID card each time services are rendered by a provider. If you are not familiar with the person seeking care as a member of our health plan, please ask to see photo identification. If you suspect fraud, please contact Provider Services at 1-866-912-6285 immediately.

** Please note: Cenpatico's PO Box is 7600 Farmington, MO 63640-3825**

