

GENERAL

Who is Cenpatico?

Cenpatico, a division of Centene Corporation, is one of the nation's most experienced behavioral health and specialty therapy (occupational, physical and speech) companies. Cenpatico has provided comprehensive managed behavioral health services for several years for Centene health plans and entered the Texas market with Superior HealthPlan (Superior) in 2004.

Who manages the physical health benefits for Cenpatico members?

Superior is the vendor for Cenpatico's Texas membership. You can visit Superior website at www.SuperiorHealthPlan.com.

How do I contact Superior?

Superior's phone directory is located at: <http://www.superiorhealthplan.com/contact-us/phone-directory/>.

How do I contact Cenpatico?

Please call Customer Service (800)716-5650.

What services are covered by Cenpatico?

Cenpatico covers a comprehensive array of behavioral health services and substance abuse services in Texas. Please verify specific benefits prior to offering services. Services for members include, but are not limited to the following:

- Inpatient Mental Health Services
- Substance Use Disorder Treatment
- Partial Day Treatment (PHP)
- Outpatient Intensive Services (IOP)
- Outpatient Services
- Psycho Social Rehabilitation
- Targeted Case Management
- Telemedicine
- Pharmacy Benefits-Prescription Drugs

NETWORK

How do I join the Cenpatico Network?

Individual/Group providers must have a current and active CAQH (Council for Affordable Quality HealthCare) registration. If you are not registered, please complete the registration process online at www.cagh.org. Or call the help desk at (888) 599-1771. Facility providers must complete the application and supporting documents found on our website at www.cenpatico.com.

Do I need a Texas Medicaid number to join Cenpatico's network?

No. Not all products require a Texas Medicaid number. You will be able to treat Ambetter from Superior HealthPlan and CHIP members without a Medicaid number. It is our preference to have our providers offer services to all of our members. For Superior HealthPlan Advantage and STAR+PLUS Medicare-Medicaid Plan products, you will need a Medicare number and for Medicaid products such as STAR, STAR+PLUS, STAR Health and STAR Kids, you will need a Texas Medicaid number in order to receive payments.

What is your re-credentialing process?

Re-credentialing occurs every three years from the date of initial credentialing. Providers should ensure they attest their information every 120 days on the CAQH portal. Lack of timely submission can result in provider termination and/or claims being denied. You will also need to submit an updated Facility/Provider Specialty Profile, Disclosure of Ownership, updated roster, DFPS 1600 Form and W9.

Who are my local Provider Relations Representatives?

Your Provider Relations Representatives are located in your local community. You may find your local representative by visiting www.cenpatico.com/providers/Texas scroll to the bottom of the page, locate your area and representative.

How do I know if I am a participating provider in the Cenpatico Network?

You may check our provider directory at www.cenpatico.com. If you do not see your name, call our customer services department at (800)716-5650. They will be able to provide you with your provider status.

How do I update my provider profile information?

Please obtain a Provider Change Form at www.cenpatico.com or call Cenpatico Provider Relations at (800) 716-5650. The form will allow you to change your provider demographics, practice hours and location(s). Once you complete the form, simply fax it to the number listed on the form.

How do I update other information regarding my agreement?

Rate increases, adding a level of care, additional products, updating tax information or name changes will require an amendment. Submit request through the Join Our Network tab at www.cenpatico.com.

What do I do if my practice is full or I can't see patients temporarily?

Please obtain a Provider Change Form at www.cenpatico.com or call Cenpatico Provider Relations at (800) 716-5650. You should use the form if your practice is full or you need to stop seeing our members for a period of time. We will remove your name from our public directory. When you are ready to see new members again, simply forward the form to us. Once complete, fax it to the number listed on the form.

How do I add additional locations to my agreement/contract with Cenpatico?

You will need to submit your request to add additional locations through the Join Our Network process found at www.cenpatico.com. In some cases, a site visit may be required, prior to submission.

How do I add additional services to my agreement?

You will need to submit your request to add additional services through the Join Our Network process found at www.Cenpatico.com.

What are the requirements to become a delegate group?

Our current policy requires a minimum of 50 providers in order to apply for a delegated agreement. The group must follow the NCQA standards, pass a pre-audit and have a signed delegated agreement on file.

CLAIM SUBMISSION

What are my claim submission options?

1. **Web Portal Claim Submission:** Participating providers can set up a user account at <https://provider.cenpatico.com/sso/login> to submit both professional and institutional claims as well as to check eligibility and the status of previously submitted claims. Have Questions? Call us at:
 - CHIP: 888-471-4357
 - STAR: 800-716-5650
 - STAR+PLUS: 800-466-4089
 - STAR Kids 877-391-5921
 - STAR Health: 866-218-8263
 - RSA/EPO: 800-213-9927
 - Medicaid RSA: 877-644-4517
 - Ambetter from Superior HealthPlan: 877-687-1196
 - Superior HealthPlan Advantage (Medicare): 877-935-8023
2. **EDI Clearinghouse Submission:** Cenpatico's network providers may choose to submit their claims through a clearinghouse. Cenpatico accepts EDI transactions through the following vendors. Cenpatico's Payer ID Number is 68068.
 - A. Availity (1-800-282-4548)
 - B. Emdeon (1-800-845-6592)
3. **Paper Claim Submission:** Paper claims may be sent to:

Cenpatico
PO Box 6300
Farmington, MO 63640

Does Cenpatico offer Electronic Funds Transfer (EFT)?

Yes, Cenpatico partners with PaySpan will provide Electronic Funds Transfer and Electronic Remittance Advice at no cost to providers. Enroll online at www.payspanhealth.com or by contacting PaySpan Corporation at (877) 331-7154.

What rates will I be paid?

Review your provider agreement to determine contracted rates. In addition, you may refer to Texas Medicaid & Health Partnership (TMHP) provider manual regarding claim submission. Unless otherwise instructed, we follow TMHP guidelines for Medicaid and CHIP programs.

May I submit a claim if a member does not show for an office visit?

No. You cannot bill the member of the Plan when a member does not show up for an office visit. This needs to be documented in the member's medical record.

What is the timely filing deadline?

Providers have 95 days from date of service to submit a clean claim to Cenpatico for processing.

Do I use a CMS-1500 or UB-04 form?

Claims must be submitted in an acceptable format according to the clean claims guidelines. Cenpatico follows Texas Medicaid & Healthcare Partnership (TMHP) guidelines.

Do I need to bill with a Medicaid number and NPI?

Yes. Providers are required to submit claims with their Medicaid, NPI and Taxonomy number. The information submitted must match Cenpatico's records as well. Additional details on the billing requirements can be found at www.cms.hhs.gov.

Where do I find the covered billing codes?

Please refer to your reimbursement exhibit (fee schedule) in your agreement and the Covered Services Authorization Grid located on the Cenpatico website at www.cenpatico.com.

Can I balance bill a member?

You may not bill members above and beyond the rate to which you have contractually agreed to provide that service. Medicaid programs do not have copayments or coinsurance.

How do I request to have a claim reconsidered?

If you believe you received an underpayment from Cenpatico, you may re-submit at <https://provider.cenpatico.com/sso/login> for reconsideration. You may also call customer service to request an adjustment or consult your provider relations representative.

Where do I submit an overpayment?

If your claim was processed with an overpayment or has resulted in a request for recoupment, you may submit all payments to the following address:

Post Office Address

Cenpatico Behavioral Health LLC
P.O. BOX 3656
Carol Stream, IL 60132-3656

Express Mail Address

FIRST DATA – CHICAGO
Cenpatico Behavioral Health LLC: LBX 3656
8430 W. BRYN MAWR AVE 3RD FLR
Chicago, IL 60631

Lockbox Number: 3656

Does Cenpatico accept interim billing?

Cenpatico follows the Texas Medicaid & Healthcare Partnership (TMHP) guidelines. Interim billing is only accepted by facilities billing with a DRG.

To what degree am I responsible for coordination of member benefits?

Cenpatico and providers in its network agree that the Medicaid program will be the payer or last resort when third-party resources are available to cover the costs of medical services provided to the Medicaid members. When a Medicaid member has other health insurance, then that other insurance must be billed by the provider before billing Cenpatico.

Where should I submit a corrected claim?

Corrected claims must be submitted within 120 days of adjudication with reference to the original claim number. Corrected claims can be submitted via:

- Cenpatico Web Portal www.cenpatico.com
- Electronically (Clearinghouse)
- Paper submissions can be mailed to:

Cenpatico Claims
PO BOX 6300
Farmington, MO 63640-3806

What if I disagree with how my claim was processed?

An appeal must be submitted within 120 days from the date of notification or claim adjudication. Include a copy of the UB-04 or CMS1500 form, Explanation of Benefits (EOB) with the claim number identified and all supporting documentation. Claims appeals must be submitted to:

Cenpatico Claims Appeals
P.O. Box 6000
Farmington, MO 63640-3809

How do I contact Claims Customer Service?

Please call (866) 342-3632 to speak with Claims Customer Service.

AUTHORIZATIONS**How do I receive member referrals?**

Cenpatico employs a team of Customer Service Representatives (CSR) who refer members to Cenpatico providers. Referrals are tailored to the Member's needs and Provider specialty and location are taken into consideration. Unless otherwise requested, all in-network Providers will be listed in the public directory and posted at www.cenpatico.com. Click on the [Find a Provider](#) tool and then select Texas.

Where do I find a list of services that require an authorization?

Refer to our website at www.Cenpatico.com

Will I be notified if an authorization is going to expire?

You will receive a notification of the amount of time for which services are authorized. You will not receive a secondary notification when that authorization is about to expire. We encourage providers to make sure the expiration dates are monitored and additional request are submitted timely.

What guidelines does Cenpatico use to determine medical necessity?

Medical necessity is established by nationally recognized guidelines developed from evidence base criteria such as Intequal and ASAM along with Cenpatico's internal guidelines.

Can I request a retrospective review of services that were provided but not previously authorized?

Retro-authorizations are not routinely authorized but may be considered on a case-by-case scenario based on regulatory requirements. If retro requests are due to retro eligibility, please submit proof with your submission.

Will Cenpatico honor an authorization from a previous MCO?

Cenpatico does not want to disrupt the member's transition of care. Providers should forward documentation as soon as possible so that Cenpatico may review and issue an authorization.

When are peer to peer reviews requested?

A peer clinical review will be conducted for all cases that cannot be clinically certified or have coverage approved by initial screening or initial clinical review. The staff member who conducts the peer clinical review will need to be a qualified health professional, with a current license.

When do I request prior authorization?

Network Practitioners may provide a covered evaluation/ assessment and provide limited number of follow-up therapy visits for a member without seeking authorization from Cenpatico. Please refer to the covered Services and Authorization Guidelines for the number of units that may be provided before practitioners must submit an Outpatient Treatment Request Form (OTR). Please visit our website, www.cenpatico.com, to download this form.

CLINICAL

Where can I find the Cenpatico Clinical Practice Guidelines, Medical Necessity Criteria, and Outpatient Treatment Request forms?

You can find these materials and forms on the Cenpatico website at www.cenpatico.com. For Clinical Practice Guidelines and Medical Necessity Criteria, you may also refer to the Cenpatico Provider Manual.

Do members need a referral to see a behavioral health provider?

No. Members are encouraged to make appointments directly with contracted behavioral health providers.

Does Cenpatico offer provider training or CEU opportunities?

Cenpatico is an approved CEU provider and offers online training through E-Learning. In addition, Cenpatico's network and clinical teams are available to conduct provider forums, orientations or individual training on topics such as best practices, current trends, integration with physical health, forum, and Cenpatico policies and procedures. Please call our Texas Provider Relations Department at (800) 716-5650 for further information regarding upcoming training events in your area.

How can Cenpatico partner with providers to ensure members realize positive treatment outcomes?

Our Case Managers and Care Coordinators assist members in finding network providers that best meet their needs, coordinating appointments, and providing follow-up reminders. For those members at risk for re-admission who do not have a phone, a preprogrammed cell phone is provided to keep members and providers connected through the Caring Voices Program. Cenpatico has also developed other incentive programs to ensure members follow treatment recommendations to increase the likelihood of positive outcomes.