

## WISCONSIN PROVIDERS FREQUENTLY ASKED QUESTIONS (FAQ)

### Who is Cenpatico?

Since 1994, Cenpatico<sup>®</sup> has provided comprehensive managed behavioral healthcare services for vulnerable and underserved populations. We started out as a group practice of behavioral health clinicians offering services and care management in Texas. We have never lost our clinical focus and our passion for serving people.

Our members are enrolled in publicly-funded programs including Medicaid (TANIF), CHIP, ABD/SSI, the Child Welfare System, and Medicare.

Cenpatico<sup>®</sup> offers agencies, health plans, and states solutions to administer healthcare services more effectively. Our specialties include managed care solutions for behavioral health, foster care, specialty therapy and rehabilitative services, specialized school services, and community re-entry programs.

We are a national leader in care management. Our programs are tailored to the unique needs of each community we serve. We operate in multiple states with an active local presence. Our members receive care from local teams that truly understand the specific needs of their communities. We continually introduce innovative clinical initiatives and network strategies in all markets, designed to create quality service delivery systems.

To learn more visit our website at [www.cenpatico.com](http://www.cenpatico.com).

### Cenpatico Wisconsin

Cenpatico has been a proud partner of Managed Health Services (MHS) Wisconsin since October 2003. Cenpatico is contracted to administer the behavioral health benefits for BadgerCare Plus (Standard Plan, Benchmark Plan, and Core Plan), Medicaid SSI and Medicare Advantage members enrolled with MHS Wisconsin in the following counties: Kenosha, Racine, Walworth, Rock, Jefferson, Waukesha, Milwaukee, Ozaukee, Washington, Dodge, Marquette, Green Lake, Fond Du Lac, Sheboygan, Manitowoc, Calumet, Winnebago, Waushara, Wood, Portage, Waupaca, Outagamie, Brown, Kewaunee, Door, Oconto, Shawano, Marathon, Clark, Eau Claire, Chippewa, Taylor, Lincoln, Langlade, Menominee, Marinette, Forest, Oneida, Vilas, Washburn, Douglas.

### Who manages the Physical Health Benefits for Cenpatico Members?

Managed Health Services (MHS) Wisconsin manages the physical health benefits for Cenpatico members. You can visit the Managed Health Services (MHS) Wisconsin website at [www.mhswi.com](http://www.mhswi.com).

## Will Cenpatico's Members have a Member Identification Card?

Yes, Cenpatico Members should have a Wisconsin State Forward Health Card that must be verified every month. A sample Member ID card looks as follows:



## How do I Contact Cenpatico?

Members and Providers can call (800) 589-3186.

## How do I Contact Managed Health Services (MHS) Wisconsin?

Members and Providers can call (800) 222-9831.

## How do I Join the Cenpatico Provider Network?

Contact Our Cenpatico Network Development Department at (800) 547-1647 Ext. 23283 or complete the Join our Network Form located on our website at [www.cenpatico.com](http://www.cenpatico.com).

## Do I need a Medicaid number to join your Network?

Providers that wish to render covered services to Cenpatico members must have a 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's credentialing.

## How do I Obtain a Copy of Cenpatico's Wisconsin Provider Manual?

You will receive a copy of the Cenpatico's Wisconsin Provider Manual in your Welcome Packet once you are made effective or "PAR" in our system. If you did not receive a copy of the Cenpatico's Wisconsin Provider Manual in your Welcome Packet you can call the Cenpatico's Internal Provider Relations Department at (800) 547-1647 Ext. 23283 or download a copy from our website at [www.cenpatico.com](http://www.cenpatico.com).

## How do I update my Address/Office Information?

Please call Provider Relations at (800) 547-1647 Ext. 23283 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.

## Does Cenpatico offer provider training, CEU or CME Opportunities?

Yes, Cenpatico's Network Development and Provider Relations are available to conduct orientations, and individual training to our Wisconsin provider network on Cenpatico's policy and procedures. Cenpatico also offers a range of courses provider online at no charge to the provider through Relias Learning, our online provider training resource. This resource can be found on the Cenpatico Website: [www.cenpatico.com/providers/education-and-training/](http://www.cenpatico.com/providers/education-and-training/). Some courses can be completed for CEU and CME Credits.

## What does the Cenpatico's Credentialing Process Entail?

If you or your group does not currently contract with Cenpatico you first need to call Provider Relations Department at (800) 547-1647 Ext. 23283 to request a contract. If you are a professional group, a completed Credentialing application and associated documents must be submitted for **each** clinician requesting to become part of the network. You will have to submit only one Group Roster Form for the group. Please submit completed applications, and associated documents to:

Cenpatico  
Attn: Credentialing Department  
12515-8 Research Blvd  
Ste 400  
Austin, TX 78759

If the group you are applying through is contracted with Cenpatico, send the following requested items:

- Universal Application or CAQH Form
- Release of Information
- Provider Specialty Profile
- Attestation
- W-9 (Tax ID number must match what was provided on Agreement)
- Group Roster Form
- Copies of all current State Licenses
- Copy of DEA Registration Certificate
- Copy of Specialty Board Certification
- Current Professional Liability Face Sheet
- Education Commission for Foreign Medical Graduates Certificate
- A Current Curriculum Vitae or Resume
- NPI Number
- WI Medicaid Acceptance Letter

If you are entered on the CAQH Website, we only need the Attestation and Provider Specialty Profile completed (be sure to include your CAQH Number).

If you would like to obtain a CAQH number only complete the CAQH form and fax to the number on the form. Upon completion of your CAQH application, complete the Provider Specialty Profile and Attestation.

All of the above applicable forms can be found on our Cenpatico Website at [www.cenpatico.com](http://www.cenpatico.com).

Once the credentialing process is completed you will receive a letter informing you of your credentialing status with Cenpatico. A second letter will follow, informing you of your effective date as a Participating Practitioner. You cannot provide services to Cenpatico members until you are effective as a Participating Practitioner. Feel free to call your Provider Relations Representative if you have any questions or concerns at (800) 547-1647 Ext. 23283.

### **How long does the Credentialing Process Take?**

The credentialing process can take up to six (6) months.

### **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 credentialing on January 1, 2011, your re-credentialing would need to occur before January 31, 2014.

### **What Services are covered by Cenpatico?**

Cenpatico covers a comprehensive array of Behavioral Health and Substance Abuse services in Wisconsin. Services for Managed Health Services' members include, but are not limited to the following:

- Inpatient Hospitalization
- Partial Hospitalization
- Day Treatment
- Intensive Outpatient Treatment
- Outpatient Therapy (Individual, Family & Group)
- Medication Management
- Methadone Maintenance
- Psychological Testing
- Electroconvulsive Therapy (ECT)

For a listing of service codes and authorization requirement, please refer to the Wisconsin Covered Professional Services & Authorization Guidelines located in the Wisconsin Provider Manual. Network Providers should refer to their Provider Agreement with Cenpatico to identify which services they are contracted and eligible to provide.

Please note that all services must be Medically Necessary.

### **How do I Receive Member Referrals?**

Cenpatico employs a team of Customer Services 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.

## Authorization Requirements

Authorizations are required for the following:

- Facility services billed with revenue codes, including inpatient, intensive outpatient, partial hospitalization and residential treatment.
- Certain community based services and other services billed with HCPCS codes, including H, T, S or G Codes.
- Certain professional services including ECT and Psychological Testing.

All non-participating providers will require prior authorization for all services except emergency services provided in a facility setting.

Authorizations will not be required for Individual, Group and Family Therapy and most Professional Services billed with CPT Codes.

## Where can I verify Member Eligibility?

You can use any of the following options to verify Member Enrollment:

- Call Cenpatico at (800) 589-3186
- Call the State Eligibility Line at (800) 847-3544
- Call Recipient Services at (800) 362-3002
- Access the State of WI Forward Health Website at [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov)

## Where can I find a Listing of other Participating Cenpatico Providers for Referrals?

Participating Providers will be listed in the Cenpatico's Wisconsin Provider Directory. You can find the Provider Directory online at [www.cenpatico.com](http://www.cenpatico.com).

## Where do I send my Paper Claims?

Please submit your Claims to the following Address(s):

**Cenpatico WI Medicaid Claims**  
PO Box 6123  
Farmington, MO 63640

**Cenpatico WI Medicare Claims**  
PO Box 3060  
Farmington, MO 63640-3822

Professional Services must be billed on a CMS-1500 (08/05) Claim Form with Red Ink and Hospital Services must be billed on a UB-04 Claim Form.

There is a ninety (90) day filing limit, so claims must be submitted within ninety (90) days of the date of service. Please make sure you always bill with all applicable Diagnosis Codes including Smoking Cessation Codes.

## Electronic Claims Submission

Please contact our EDI Department with questions at (800) 225-2573 Ext. 25525 or [ediba@centene.com](mailto:ediba@centene.com).

**Payor ID - 68068**

### **Web Claim Submission**

Please register on our website at [www.cenpatico.com](http://www.cenpatico.com). You can locate our Provider Web Portal User Manual online if needed. When checking on your Claim Status online please allow **2** business days to view new claims as well as adjustments.

### **Disputed Claims**

Appeals: Must be requested within ninety (90) days of the date on the EOP.

Verbal Inquires: Need to go through Cenpatico Claims Services Department at (877) 730-2117.

Corrected Claims: Write "Corrected Claim" & the Original Claim # on the top right of the claim. Can be submitted via the Web Portal.

Formal Appeal: Clearly mark Appeal on the Cover Letter; include copies of the Claim & EOP and Mail to:

**Cenpatico WI Medicaid Claims Appeal**  
PO Box 6000  
Farmington, MO 63640

**Cenpatico WI Medicare Claims Appeal**  
PO Box 3000  
Farmington, MO 63640-3800

### **What is an EOP?**

An EOP is an Explanation of Payment which is provided with each claim payment or denial. The EOP details each service being considered, the amount eligible for payment, co-payments/deductibles, from eligible amounts, and the amount reimbursed. If you have questions regarding your EOP, please contact Cenpatico's Claim Customer Service Department at (877) 730-2117.

### **Can I bill a Member for Covered Services?**

Under no circumstances is a Member to be balanced billed for covered services or supplies. If you use an automatic billing system, bill must clearly state that they have been filed with the insurer and that the participant is not liable for anything other than specified un-met deductible or copayment (if any).