California

PROVIDER *Update*

Health Net® COMMUNITY SOLUTIONS

CONTRACTUAL | MAY 6, 2019 | UPDATE 19-260 | 2 PAGES

Community-Based Adult Services (CBAS)

New dedicated fax line and CBAS Treatment Request form

Health Net* is notifying providers that, starting May 1, 2019, all face-to-face assessments, prior authorization requests and notifications for Community-Based Adult Services (CBAS) must be:

- Submitted using the CBAS Treatment Request form, and
- Faxed to the dedicated CBAS line at **1-833-581-5908.**

The CBAS Treatment Request form is available on the Health Net provider website at provider.healthnet.com under *Provider Library* > *Forms.* Include a fax cover sheet with faxes that have protected health information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."

PRIOR AUTHORIZATION AND NOTIFICATIONS

Prior authorization is required for services exceeding five visits per week for the CBAS program as of January 1, 2019. CBAS service requests for one to five visits per week require notification only. These changes were communicated in provider update 18-798, *Prior Authorization Requirement Changes*, sent on October 24, 2018.

CBAS services	Requirement
1–5 VISITS PER WEEK	Notification required
GREATER THAN 5 VISITS PER WEEK	Prior authorization required

ADDITIONAL INFORMATION

The Medi-Cal fee-for-services (FFS) prior authorization requirements have been updated online to reflect the information in this update. You can access the requirements on provider.healthnet.com as follows:

- Pre-log in – Go to *Working with Health Net* > *Policies for Non-Contracting Providers* > *Additional Resources* > *Services Requiring Prior Authorization.*
- Post-log in – Go to *Working with Health Net* > *Contractual* > *Services Requiring Prior Authorization.*

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website at provider.healthnet.com.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column.

THIS UPDATE APPLIES TO **CAL MEDICONNECT** PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

provider_services@healthnet.com
Los Angeles County – 1-855-464-3571
San Diego County – 1-855-464-3572

www.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Health Net®
COMMUNITY SOLUTIONS

CBAS TREATMENT REQUEST FORM

Fax to:1-833-581-5908

If you have questions about how to complete this form, please call Health Net at 1-866-801-6294, select option 1 to speak with a Referral Specialist.

X _____ Requesting Provider/CBAS Representative Signature

_____ Name (print) _____ Date (MMDDYYYY)

☐ Expedited Request - Please check if this is for a new participant who is hospitalized or anticipated to be admitted to a skilled nursing facility.

***** ***INDICATES REQUIRED FIELD***

MEMBER INFORMATION

Member Telephone Number *

Date of Birth * (MMDDYYYY)

Member ID/Medi-Cal ID *

Last Name, First

PROVIDER/CBAS FACILITY INFORMATION

Requesting Provider/CBAS Facility NPI *

Requesting Provider/CBAS Facility TIN

Provider/CBAS Facility Contact Name

Requesting Provider/CBAS Facility Address

City

ZIP Code

Requesting Provider/CBAS Facility Name

Telephone

Fax

AUTHORIZATION REQUEST/NOTIFICATION (S5102)

Start Date (MMDDYYYY)	End Date (MMDDYYYY)	Quantity per Month	Diagnosis Code * (ICD-10)

SERVICES *

Face-to-Face Assessment (T1023)

☐ Initial

☐ Modification

[2] **Please attach copy of History and Physical (H&P) with Face to Face Assessment request.**

3-Day Individual Plan of Care (IPC) Assessment for New CBAS (H2000)

☐ Initial

Medical Day Care Services (S5102)

☐ Initial

☐ Continuation/Renewal[2]

☐ Modification[2] (Increase/Decrease)

☐ Reinstate Services

☐ Transfer

[2] **Please attach IPC, participant attendance records and transfer reason (if applicable) for continued authorization requests.**

***FOR PRIOR AUTHORIZATION REQUEST ONLY:** ALL REQUIRED FIELDS MUST BE FILLED IN. INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.*

Disclaimer: Please check member eligibility prior to rendering services. A prior authorization is not a guarantee of payment. Payment may be denied in accordance with Plan's polocies and procedures applicable law.

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