

PROVIDER Update



CONTRACTUAL | MAY 6, 2019 | UPDATE 19-262 | 2 PAGES

Community-Based Adult Services (CBAS)

New dedicated fax line and CBAS Treatment Request form

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 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 NOTIFICATION FOR CBAS SERVICES

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 18-799, *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 the 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 the provider website at provider.healthnet.com.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com



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 *

Member ID/Medi-Cal ID * Last Name, First (MMDDYYYY)

PROVIDER/CBAS FACILITY INFORMATION

Requesting Provider/CBAS Facility NPI * Requesting Provider/CBAS Facility TIN Provider/CBAS Facility Contact Name

Requesting Provider/CBAS Facility Address Requesting City ZIP Code

Provider/CBAS Facility Name Telephone Fax

AUTHORIZATION REQUEST/NOTIFICATION (\$5102)

Start Date	End Date	Quantity per Month	Diagnosis Code *
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> Start Date	<input type="text"/> End Date	<input type="text"/>	<input type="text"/> Diagnosis Code *
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> Start Date	<input type="text"/> End Date	<input type="text"/>	<input type="text"/> Diagnosis Code *
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> Start Date	<input type="text"/> End Date	<input type="text"/>	<input type="text"/> Diagnosis Code *
<input type="text"/> (MMDDYYYY)	<input type="text"/> (MMDDYYYY)	<input type="text"/>	<input type="text"/> (ICD-10)
<input type="text"/> Start Date	<input type="text"/> End Date	<input type="text"/>	<input type="text"/> Diagnosis Code *

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)

Medical Day Care Services (\$5102)

Initial

Continuation/Renewal²

Modification² (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 policies and procedures applicable law.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act. CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.