



Community Based Adult Services (CBAS) Center Frequently Asked Questions

PLEASE NOTE: All information in this FAQ is subject to change pending decisions yet to be made by the State Department of Health Care Services (DHCS). L.A. Care does not intend for this document to be anything more than a "reference guide" accurate as of the day it was published.

Effective October 12, 2012

Assessments

Q1: What criteria will L.A. Care Health Plan ("L.A. Care") use to assess CBAS Program eligibility?

A1: L.A. Care is using the same assessment criteria DHCS began using on April 1, 2012. L.A. Care will validate the assessment using the CBAS Eligibility Determination Tool (CEDT).

Q2: Who do I contact to schedule a face-to-face assessment for potential CBAS candidates?

A2: Please contact L.A. Care's Member Services department at (888)-839-9909 to set up a face-to-face assessment for new CBAS candidates.

Q3: When can I begin an IPC (aka three-day assessment)?

A3: L.A. Care will notify you once the face-to-face assessment has been completed and the CBAS candidate has been deemed eligible. You can begin an IPC after you have received that notification.

Q4: Will L.A. Care use the Treatment Authorization Request (TAR) CBAS Centers already have for a participant?

A4: Yes. L.A. Care will honor all existing TARs through the end of the approved authorization period. DHCS will send all open TARs to L.A. Care. L.A. Care will give CBAS Centers a new authorization for the same number of unused days in the open DHCS TAR. CBAS Centers must obtain a new authorization from L.A. Care before they get paid by L.A. Care. L.A. Care's CBAS contract will include information on how to obtain brand new CBAS authorizations from L.A. Care.

Q5: How do CBAS Centers submit a TAR?

A5: Please submit the TAR along with the completed IPC to the L.A. Care CBAS Unit via fax at 213-438-5739. The L.A. Care TAR form (aka pre-authorization request form) can be downloaded from the L.A. Care Website: www.lacare.org/forms. Please call L.A. Care's Member Services department for assistance with processing authorizations.

Q6: How long will it take L.A. Care to approve a TAR?

A6: L.A. Care adjudicates Prior Authorizations with an IPC and a Level of Service Recommendation within five days for a standard review and three days for an expedited review.

Claims

Q7: How do CBAS Centers get paid for an IPC assessment?

A7: CBAS Centers may send the completed IPC assessment and claim to L.A. Care or the appropriate Plan Partner.

Q8: How do CBAS Centers submit a claim to L.A. Care?

A8: Between now and September 30, 2012, CBAS Centers should continue to send claims to DHCS. For services provided to L.A. Care members after October 1, 2012, CBAS Centers should send claims to L.A. Care's Claims department (PO Box 811580 Los Angeles, CA 90081) or electronically through Office Ally at <http://www.officeally.com/contactus.aspx>.



Q9: How often will CBAS Centers get paid?

A9: Per the L.A. Care/CBAS Center contract, CBAS Centers must bill L.A. Care within 90 calendar days of performing services. However, CBAS Centers can bill as soon as a service is performed if that is your Center's current billing practice. L.A. Care will process clean claims for CBAS services within 30 calendar days of receipt.

Q10: Can CBAS Centers get paid using direct deposit?

A10: No. L.A. Care is not able to process payments via direct deposit at this time.

Benefits and Services

Q11: What's the difference between a "benefit" and a "service?"

A11: A benefit is something L.A. Care provides because the state or federal government requires it. For example, doctor visits are a benefit, as are medications and durable medical equipment. The CBAS Program is also a benefit. A service is something that L.A. Care offers above and beyond the benefits. Services include a 24/7 nurse advice line, 24/7 Member Services department and programs for people with diabetes or asthma.

Q12: Is CBAS a Medi-Cal or Medicare benefit?

A12: The CBAS Program is a Medi-Cal benefit, not a Medicare benefit. In order to receive CBAS after October 1, 2012, participants living in L.A. County must join a Medi-Cal managed care plan (either Health Net or L.A. Care, or one of their Plan Partners).

Q13: Who can request CBAS benefits for health plan members?

A13: Any Medicare provider (hospital or physician) can identify a potential need for CBAS services and submit a request to begin the CBAS assessment process. The provider does not have to be contracted with L.A. Care. The provider should call L.A. Care's Member Services department at (888)-839-9909. L.A. Care will then review the request for CBAS benefits and authorize the request if it is medically necessary. The services must be provided by an L.A. Care-contracted CBAS Center.

Q14: Who will authorize Mental Health Services?

A14: For participants with Medi-Cal only, the County Department of Mental Health will provide mental health services. For participants with FFS Medicare, they will get their mental health services from any mental health provider that accepts Medicare. For participants enrolled in a Medicare Advantage HMO, they will get their mental health through that HMO health plan.

Q15: If a participant joins a Medi-Cal health plan, will their In-Home Supportive Services (IHSS) be affected?

A15: No. The State still pays for IHSS.

Q16: In addition to CBAS, what other benefits will participants get through L.A. Care?

A16: L.A. Care provides certain incontinence supplies, some medical equipment not covered by Medicare, hearing aids, non-emergency transportation to medical appointments, two months of skilled nursing facility admissions and certain medications not covered by Medicare.



Q17: Are CBAS Centers responsible for transporting CBAS beneficiaries to and from the Centers?

A17: Yes, CBAS Centers are responsible for transporting approved CBAS beneficiaries to and from the CBAS Centers to receive their services.

Q18: Can my Medi-Cal patients use any transportation vendor for their Non-Emergency Medical Transportation (NEMT) to and from their doctor?

A18: L.A. Care members must use LogistiCare, our contracted transportation vendor, for NEMT. We believe they have a robust and sufficient network. All Medi-Cal members can use NEMT for any medical appointment, whether it's for a Medicare, Medi-Cal or other medical appointment, as long as the medical necessity criteria are met.

Q19: How do doctors schedule NEMT for their Medi-Cal patients?

A19: NEMT requires prior authorization which can be obtained by calling Member Services at 1-888-839-9909. The request for authorization must come from a health care provider. A non-contracted physician can request NEMT on behalf of an L.A. Care member.

Medicare Providers

Q20: Does the CBAS participant have to change his/her doctor?

A20: No. Participants with Medi-Cal and Medicare who join L.A. Care only for their Medi-Cal benefits can still go to their Medicare doctors. They do not have to change doctors, specialists, pharmacies or hospitals. The only change is that they will now receive their Medi-Cal benefits through L.A. Care.

Q21: Can the CBAS participant's Medicare doctor still get paid by Medicare?

A21: Yes. If the participant joins a Medi-Cal managed care plan and stays in FFS Medicare, they still get their Medicare benefits from their Medicare doctors, hospitals and pharmacies. Medicare benefits include doctor visits, hospital stays, medications and medical equipment.

Q22: Who will pay the Medicare provider's (hospital or physician) co-insurance/co-pays?

A22: The provider first bills Medicare. Then, the provider bills L.A. Care with an Explanation of Benefits (EOB) from Medicare. L.A. Care will pay the same amount the provider would have been paid by FFS Medi-Cal.

CBAS Provider Contracts

Q23: When will L.A. Care send out contracts to CBAS Centers?

A23: L.A. Care sent out contracts to all qualified CBAS Centers on August 15, 2012.

Q24: What if the CBAS participant was getting CBAS benefits from a provider who is not part of L.A. Care's network?

A24: The participant will have to get these benefits from a provider who is part of L.A. Care's network. If a provider is interested in joining L.A. Care's network, email ProviderRelations@lacare.org or fax a letter of interest to 213-438-5732.



Q25: Will the CBAS Center contracts be negotiable?

A25: No. All CBAS Centers will receive the same contract.

Q26: Will L.A. Care contract with CBAS Centers for unbundled services?

A26: No.

Q27: Will CBAS Centers be required to submit any reports to L.A. Care?

A27: Yes. The specific reports and timing have not been determined at this time.

Q28: Will L.A. Care contract with ADHC centers not approved as a CBAS Centers?

A28: No.

Q29: Does L.A. Care have a different network of CBAS Center providers than Health Net? Answer:

A29: Yes, L.A. Care and Health Net may have different CBAS Center provider networks. While the health plans were required to offer contracts to all certified CBAS Centers in their service areas, the CBAS Centers were not required to contract with the health plans. Each health plan can provide you with a list of their contracted CBAS Centers. We are finalizing ours and will post it on our website when it becomes available.

L.A. Care Plan Partner Information

Q30: Does the above information apply to members of an L.A. Care Plan Partner?

A30: If your client is a member of one of L.A. Care's Plan Partners (Care 1st Health Plan, Anthem Blue Cross, and Kaiser Permanente), please contact the Plan Partner directly for information about claims, assessments and TARs.

Plan Partner Member Services Department Contact Information

L.A. Care Health Plan	(888) 839-9909 (TTY: 1-866-522-2731)
Anthem Blue Cross	(888) 285-7801
Care 1st Health Plan	(800) 605-2556
Kaiser Permanente	(800) 464-4000

Q31: How do I find out if a CBAS Center client is a member of an L.A. Care Plan Partner?

A31: You may call L.A. Care's Member Services department at (888)-839-9909 to inquire.

For More Information

Q32: Is L.A. Care available to provide educational presentations to CBAS Center staff and clients?

A32: Yes. In addition, L.A. Care can provide educational presentations to CBAS clients regarding our Medi-Cal managed care plan benefits. Contact information is below.

Q33: Who can we contact at L.A. Care for answers or guidance?

A33:

CLAIMS PROCESSING

1-866-522-2736

<http://www.lacare.org/providers/claims>



PROVIDER CONTRACTING

providerrelations@lacare.org

213-694-1250 x. 4121

MEMBER SERVICES (including CBAS authorization requests)

(888)-839-9909

CBAS UNIT

Fax 213-438-5739

Attn: CBAS Unit

L.A. CARE MANAGED CARE PRESENTATIONS

Rebecca Hernandez

8:30am-5:30pm Monday-Friday

213-694-1250 x 4527

rhernandez@lacare.org