

Provider Responsibilities

This section outlines the requirements of being an enrolled Family PACT (Planning, Access, Care and Treatment) provider, including onsite client eligibility and certification, ensuring access to care, referring clients to Medi-Cal providers and other programs, and record keeping.

Responsibility for Client Eligibility Determination and Certification

The Family PACT Program requires a formal onsite client application, eligibility determination and enrollment process before a client receives services. The Family PACT provider must:

- Be responsible for determining the initial and continuing eligibility of each family planning client, based on the client's completion of the Health Access Programs Family PACT Program Client Eligibility Certification (CEC) form (DHCS 4461), which includes the client's self-declaration of family size, income and health care coverage. Providers must not ask clients for proof of family size, income or California residency. For an example of the CEC form, refer to *Client Eligibility Certification and HAP Card Activation* form on the "Forms" page of the Medi-Cal website (www.medi-cal.ca.gov).

Eligible clients are women and men with a medical necessity for family planning services and must be residents of California with incomes at or below 200 percent of the Federal poverty level, with no other source of family planning health care coverage, except as specified in "Eligible Clients with Other Health Coverage" in the *Client Eligibility Determination* section in this manual.

- Assist the applicant as necessary in completing a CEC form.
- Request the client's Social Security Number (SSN). The client's SSN is a required field on the CEC form. If the client does not have or provide the SSN, the client's stated reason that it is not available must be noted on the CEC form in the "Social security number" box. The inability of the client to provide the SSN shall not deny client access to family planning services if all other eligibility criteria are met.
- Be responsible for the training of its eligibility determination personnel with regard to the procedures in these instructions and for providing continuing training and updates as needed.
- Be accountable for eligibility determination, according to the administrative practices defined by the program and within this manual.
- Issue a Health Access Programs (HAP) card to the client, upon determination of client eligibility. Failure to comply may jeopardize provider participation in the program.
- Confirm eligibility status at each subsequent visit. For more information, refer to the *Client Eligibility Determination* section in this manual.

- Comply with the fair hearing decisions of the Office of Family Planning (OFP) or the director of the Department of Health Care Services (DHCS). If an applicant is ineligible for any of the above reasons, the provider must give the applicant a copy of the *Fair Hearing Rights* located on the backside of the CEC form.
- Inform the client of the limited scope of services available under the program.
- Not request a donation or other amounts in conjunction with the provision of family planning services. If a non-profit agency customarily asks for donations, it must be done in such a way that it is made to all clients in the same manner and is not associated in any way with the client eligibility and activation process, or with the delivery of services to Family PACT clients.
- Agree not to charge clients for enrollment in the Family PACT Program, or for rendering services that are benefits of the program, including laboratory and pharmaceutical services.
- Agree not to charge clients for the exchange or transfer of medical record information.

In accordance with *Family PACT Standards*, all services shall be provided to eligible clients without regard to gender, sexual orientation, age (except for sterilization), race, marital status, parity or disability. For more information, refer to the *Program Standards* section in this manual.

Consent of Parents or Others Not Required

The provision of family planning services does not require the consent of anyone other than the person who is to receive services. Minors may apply for family planning services on the basis of their need for services, without parental consent. (*California Family Code*, Section 6925. subd. [a]; *Welfare and Institutions Code* [W&I Code], Section 24003 subd. [b], except as otherwise provided by law.). In determining eligibility for minors, the State will exclude parental income.

**HIPAA Requirements and
Notice of Privacy Practices**

All Family PACT providers are required to comply with the Health Insurance Portability and Accountability Act (HIPAA) with regards to client confidentiality and providing clients with a *Notice of Privacy Practices* annually at the time of service. The notice may be downloaded from the Notice of Privacy Practices page of the DHCS website (www.dhcs.ca.gov).

Providers are required to provide the notice upon completion of a CEC form and upon annual recertification. Providers must document in the client's medical record, with the date, that the client either received a copy of the *Notice of Privacy Practices* or was offered a copy and declined. It must be posted in a clear and prominent location where it is reasonable to expect individuals seeking services from the health provider will be able to read it. To ensure confidentiality, do not mail the notice to Family PACT clients, but give it to them in person when they are present for services. General information about HIPAA Privacy Protection may be found at the Privacy Office website (www.dhcs.ca.gov/privacyoffice).

Access to Care

The Family PACT provider is responsible for client access to Family PACT Program services in accordance with the requirements of the *Family PACT Standards*. Enrolled Family PACT providers agree to make available to eligible clients the scope of comprehensive family planning primary, secondary and complication services, consistent with the *Family PACT Standards*, either directly or by referral. Clients must only be referred to enrolled Family PACT providers or Medi-Cal providers.

Collaboration Encouraged

Clinicians, as enrolled Family PACT providers, have the responsibility to ensure client access to services and are encouraged to collaborate with other providers, such as laboratory, pharmacy and primary care providers. Ensuring that other providers participating in client care have information about the Family PACT Program will facilitate clients' access and care.

FAMILY PACT REFERRALS

Family PACT Referrals

Medi-Cal providers who are not enrolled in the Family PACT Program may render Family PACT services only when the client is referred by an enrolled Family PACT provider. Family PACT providers may refer clients to Medi-Cal laboratory, pharmacy, radiology and anesthesiology providers for covered services. Referrals may be made to Medi-Cal consulting clinicians when a covered procedure is outside the technical skill of the Family PACT provider, or when there is insufficient volume to ensure and maintain a high skill level of the Family PACT provider.

Referring Providers

The referring Family PACT provider is responsible for informing all rendering providers (including clinicians, laboratories, anesthesiologists, radiologists and facilities) of Family PACT Program policies and scope of services, so that clients do not receive services that are not program benefits, and are not charged for services. A provider who is not enrolled in the Family PACT Program must know the following information to bill for services – client name; HAP ID number; family planning ICD-9-CM code and any additional ICD-9-CM code(s) needed and reimbursed by Family PACT; and the referring enrolled Family PACT provider's name and National Provider Identifier (NPI).

Client Records Transfer

Family PACT clients must not be charged for exchange or transfer of medical record information.

Primary Care and Local Resource Referrals

Family PACT Standards include a provision that providers shall make referrals to appropriate resources for needed medical, psychosocial and more intensive counseling services that are not covered by this program, including primary care not offered in enrolled provider practices. Information about other sources of funding for these services and options for a sliding-fee-scale is particularly helpful for clients who have no other health care or mental health care coverage.

Other Programs by Referral	Family PACT providers may refer clients to other programs, such as Every Woman Counts (EWC), Breast and Cervical Cancer Treatment Program (BCCTP), and Presumptive Eligibility (PE) for pregnant women.
Every Woman Counts (EWC)	Clients who meet the EWC eligibility requirements, with a finding such as a positive mammogram, breast nodule or bloody nipple discharge, who need diagnostic testing to evaluate the possibility of breast cancer diagnosis may be referred to EWC at 1-800-511-2300. For eligibility requirements, refer to the <i>Every Woman Counts</i> section in the appropriate Part 2 Medi-Cal manual. After a cancer diagnosis is confirmed, either the Family PACT provider or the EWC primary care provider may enroll the client into BCCTP for treatment.
Breast and Cervical Cancer Treatment Program (BCCTP)	Family PACT providers have the opportunity to enroll clients directly into BCCTP for services beyond the scope of Family PACT. The BCCTP provides Medi-Cal benefits for the treatment of breast and cervical cancer. Family PACT providers may enroll clients with a breast or cervical cancer diagnosis (including CIN 2 and CIN 3) into BCCTP with an Internet-based application available on the Medi-Cal website (www.medi-cal.ca.gov) by clicking the “BCCTP” link. Clients must meet the Family PACT income guidelines in order to be referred to BCCTP. For more information about BCCTP, call 1-800-824-0088. To find out how to participate as a referring provider, call the Telephone Service Center (TSC) at 1-800-541-5555.
Presumptive Eligibility (PE) for Pregnant Women	Presumptive Eligibility (PE) is a Medi-Cal program designed to provide immediate, temporary coverage for prenatal care to low-income pregnant women pending a formal Medi-Cal application. Any woman who thinks she is pregnant and whose family income is under a certain amount is eligible for PE. However, she must seek this care through a participating provider to determine if she is eligible for this program. For more information, and to find out how to become a PE provider, refer to the <i>Presumptive Eligibility</i> section in the appropriate Part 2 Medi-Cal manual.

Non-Medi-Cal Clinics

As defined in the *California Code of Regulations (CCR)*, Title 22, Section 51115(b), community clinics, free clinics, county operated organized outpatient clinics, Rural Health Clinics (RHCs) and other clinics that are not enrolled in the Medi-Cal program as an “organized outpatient clinic with surgical facilities” may not bill Family PACT for emergency, examining and treatment rooms. This includes HCPCS codes Z7500, Z7506, Z7508, Z7510 and Z7512, as defined by CCR, Title 22, Section 51509.1. A Family PACT provider must have the appropriate provider type on file with Medi-Cal Provider Enrollment Division to bill for facility use.

RECORDKEEPING**Recordkeeping**

This section includes Family PACT provider responsibilities for maintaining records, consent forms, and required chart documentation. The Family PACT Program defers to Medi-Cal regulations for keeping and maintaining medical records. For a summary of Medi-Cal regulations, refer to the *Provider Regulations* section in the Part 1 Medi-Cal manual. The Family PACT Program has additional guidelines for recordkeeping that include, but are not limited to, the CEC form, sterilization *Consent Form* (PM 330), signature requirement for drugs and devices, and a log of devices and implants.

Medical Record Documentation

The *Family PACT Standards* require medical documentation to support services billed for reimbursement. Also, the clinical rationale for providing, ordering or deferring services for client assessment, diagnosis, treatment and follow-up is required. Documentation must reflect the scope of education and counseling services, including individual client assessment. All medical record entries must be legible and the clinician must be clearly identifiable.

Client Eligibility Certification (CEC) Form

The provider must maintain the CEC form in the medical record for each applicant/client, including those found ineligible, for at least three years.

Sterilization Consent Form

The provider must maintain the completed and signed sterilization *Consent Form* (PM 330) in the client's chart as a permanent part of the medical record. The Family PACT provider must make the *Consent Form* available to any providers and facilities to which the client is being referred. A copy must be attached to claims for sterilization services. For information about completing a *Consent Form* (PM 330), refer to the *Sterilization* section in the appropriate Part 2 Medi-Cal manual.

Ordering Sterilization
Consent Forms

Sterilization *Consent Forms* (in English and Spanish) can be downloaded from the Forms page of the Medi-Cal website located at www.medi-cal.ca.gov or can be ordered by calling the Telephone Service Center (TSC) at 1-800-541-5555. Providers must supply their NPI number when ordering the form(s). The following information also may be requested:

- Date
- Name of document (sterilization *Consent Form*, PM 330)
- Name of provider/facility (registered provider name associated with the NPI)
- Complete shipping address: Street, city, state, ZIP code (P.O. Box not accepted)
- Quantity of forms requested
- Contact person and telephone number

**Signature For Drugs or
Devices Billed to Family PACT**

W&I Code, Section 14043.341 requires providers to obtain and keep a record of Family PACT client signatures, acknowledging the dispensing of a product or prescription, or when obtaining a laboratory specimen. Providers who dispense a drug or device requiring a written order or prescription, and providers who obtain a specimen for performance of a clinical laboratory test or examination, must maintain the following items in their files to qualify for Family PACT reimbursement:

- Signature of the person receiving the drug or device, or from whom a specimen was obtained
- Client's printed name
- Date signed
- Prescription number or item description for drugs or devices
- Relationship of the client to the person receiving a prescription, if the client is not picking up the medication

As an alternative, a provider obtaining a specimen for a clinical laboratory test or examination may satisfy this requirement by doing both of the following:

- Keep the requisition document provided to the clinical laboratory on file, and
- Obtain the signature and printed name of the client on the requisition document

Several exceptions apply to the signature requirement. A provider does not need to obtain a signature and related information when:

- A biological specimen is obtained for the purpose of anatomical pathology examinations performed during inpatient or outpatient surgery, if a notation of the performance of the anatomical pathology examination appears in the medical record.
- Dispensing a complimentary sample of a dangerous drug, provided no charge is made to the patient and an appropriate record is entered in the client's chart.
- Dispensing a drug or device occurs on a periodic basis within an established provider/patient relationship. The signature shall only be required with the initial dispensing or furnishing of the drug, so long as an appropriate record of each dispensing or furnishing is entered in the patient's chart.
- Obtaining a biological specimen is required in order that a test or examination occurs on a periodic basis within an established provider/patient relationship. The signature shall only be required upon obtaining the biological specimen necessary for the initial test or examination, so long as an appropriate record of each test or examination is entered in the patient's chart.
- The provider is a licensed pharmacy or clinical laboratory, owned and operated by a nonprofit health care service plan with at least 3,500,000 enrollees, or is owned and operated by a nonprofit hospital corporation that has a mutually exclusive contract with a nonprofit health care service plan with at least 3,500,000 enrollees.
- The provider is a licensed provider who practices within a physician organization that meets either of the requirements set forth in paragraph (2) of subdivision (g) of *Health and Safety Code* (HSC), Section 1375.4; that is, a risk-bearing organization such as a professional medical corporation, medical partnership, medical foundation or other lawfully organized group of physicians that deliver, furnish, arrange for, or provide health care services.

Providers who bill Family PACT but do not comply with the requirements, and do not qualify for an exception, will be subject to civil money penalties.

**Log of Intrauterine
Contraceptive (IUC) Devices
and Contraceptive Implants**

For at least three years from the date of insertion, providers should keep a written log or electronic record of all Intrauterine Contraceptive (IUC) devices and contraceptive implants inserted, including the following:

- Client's name
- Medical record and HAP card numbers
- Date of insertion
- Type of IUC or implant
- Lot number of the device or product

All IUCs and implants inserted through the Family PACT Program must be FDA-approved devices, labeled for use in the United States, and obtained from FDA-approved distributors. Providers must maintain invoices for insertion kits billed to Family PACT for at least three years from the date of the invoice (W&I Code 24005 [7][p]).