Family PACT (Planning, Access, Care & Treatment) Eligibility

Introduction

Purpose

The purpose of this module is to provide participants with an overview of the administrative functions of the Family Planning, Access, Care and Treatment (Family PACT) Program as a comprehensive family planning services program. The Program is comprehensive because it includes contraceptive methods and family planning-related services, together with client-centered health education and counseling. The intent of the Program is to provide access to comprehensive family planning services to eligible California men and women in order to:

- Establish the timing, number and spacing of children
- Maintain optimal reproductive health

Module Objectives

- Review *Family PACT Policies, Procedures and Billing Instructions* (PPBI) manual updates
- Identify eligible Family PACT provider types
- Discuss client eligibility criteria
- Explain the importance of the *Health Access Programs Family PACT Program Client Eligibility Certification (CEC)* form and the *Health Access Programs Family PACT Program Retroactive Eligibility Certification (REC)* form
- Review the issuance of the Health Access Programs (HAP) cards and activation options

References and Resource Information

The following reference materials provide Family PACT Program and eligibility information.

Family PACT Policies, Procedures and Billing Instructions (PPBI) Manual Sections and Forms

Client Eligibility Certification and HAP Card Activation (client elig cert)
Client Eligibility Determination (client elig det)
Family PACT Program Overview (fam)
Health Access Programs Family PACT Program Client Eligibility Certification (CEC) form (DHCS 4461)
Health Access Programs Family PACT Program Retroactive Eligibility Certification (REC) form (DHCS 4001)
Program Standards (prog stand)
Provider Enrollment (prov enroll)

Bulletins

Family PACT Update

Medi-Cal Update

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (*www.medi-cal.ca.gov/mcss*).

Other References

Family PACT website (*www.familypact.org*)
Medi-Cal website (*www.medi-cal.ca.gov*)

Acronyms

A list of current acronyms is located in the *Appendix* section of this workbook.

Family PACT Overview

The Family PACT Program is designed to assist individuals who have a medical necessity for family planning services. The overall goal of the Family PACT Program is to ensure that low-income women and men have access to family planning services to reduce the likelihood of unintended pregnancy and to allow clients to establish the number and spacing of their children.

There are two categories of services available in the program: family planning services and family planning-related services.

Family Planning Services

Family planning services through the Family PACT Program are designed to support contraceptive methods for women and men, as gender appropriate, by assisting individuals who have a medical necessity for family planning services. Family planning services are those relevant to the use of contraceptive methods and include specified reproductive health screening tests.

Family Planning-Related Services

Family planning-related services include diagnosis and treatment of specified sexually transmitted infections (STIs), urinary tract infections (UTIs), screening for cervical cancer and pre-invasive cervical lesions when the care is provided coincident to a visit for the management of a family planning method.

The Department of Health Care Services, Office of Family Planning (OFP) reimburses testing, diagnosis and treatment of specified STIs during the initial family planning visit. STI services are also available at subsequent visits. Family planning consultation does not need to occur at these subsequent visits.

NOTES

Family PACT Program

Provider Enrollment

Eligible providers are licensed/certified medical personnel with family planning skills, competency and knowledge who provide the full range of services covered by the Program, as long as these services are within the provider's scope of licensure and practice. Physicians, Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) are eligible to apply for enrollment in the Family PACT Program if they:

- Are currently enrolled in Medi-Cal, in good standing and have a National Provider Identifier (NPI)
- Attend a legislatively required Provider Orientation
- Agree to abide by Program policies and administrative practices
- Provide the scope of comprehensive family planning services, either directly or by referral, consistent with Family PACT standards.

Anesthesiologists, laboratories, pharmacies and radiologists who are enrolled as Medi-Cal providers are not required to enroll in the Family PACT Program to provide services to Family PACT clients.

Orientation

For more information about upcoming Provider Orientation and additional requirements, please refer to the *Family PACT Policies, Procedures and Billing Instructions (PPBI) Manual*, *Family PACT Update* or *Medi-Cal Update*, the Family PACT website (*www.familypact.org*) or contact the Telephone Service Center (TSC) at 1-800-541-5555.

Client Enrollment

Providers use the Health Access Programs (HAP) system, an onsite client enrollment system for determining client eligibility, certifying clients as eligible and activating the client's HAP card. HAP reduces barriers to client participation in Family PACT so that services are available to eligible clients in a timely manner. Only enrolled Family PACT Program providers may determine client eligibility and enroll Family PACT clients.

Eligibility Determination Criteria

To be eligible for Family PACT, clients must meet all of the following criteria:

Criteria 1: California Resident

- The client must be a _____ of California (have a CA address).

Criteria 2: Family Size and Income

- The "basic family unit" consists of the _____, _____ and _____ _____ 17 years of age or younger related by _____ _____ or _____.
- Adults 18 years of age or older, other than spouses, residing together are considered a _____ _____.
- This also applies to adults living with their parents, unless the parents claim the _____ _____ as a _____ _____.
- Client's taxable family income must be at or below 200 percent of the _____ _____ _____.

NOTE

The state of California recognizes "common law" marriages established in other states where common law marriages are legally recognized, but does not recognize common law marriages occurring in California.

Criteria 3: Medical Necessity

- The client must have a medical necessity for _____ _____ services.

Criteria 4: Barrier to Access and/or Other Health Coverage (OHC)

Clients with Barrier to Access

- Client has limited scope Medi-Cal that does not cover _____ _____.
- Client needs to keep the appointment confidential from their _____, _____ or _____.

Clients with OHC

- OHC does not cover <u>any</u> family planning contraceptive _____.
- OHC requires an annual _____ that the client is unable to meet on the date of service.
- Client has a Medi-Cal unmet _____ _____ _____ on the date of service.

NOTE

If a barrier to access services exists, all clients must meet California residency, family size and income criteria requirements, and have a medical necessity for family planning services to be eligible and enrolled in the Family PACT Program, regardless of the client's insurance status.

Answer Key: 1) resident; 2) applicant, spouse, minor children, blood, marriage, adoption; separate family; adult child; tax dependent; federal poverty level; 3) family planning; 4) family planning; spouse, partner, parents; methods, deductible, Share of Cost

Criteria 5: Clients with Medi-Cal Managed Care

For Medi-Cal managed care enrolled members seeking family planning care outside of a designated health plan, the health plans are required to reimburse out-of-plan providers for covered clinical, laboratory and pharmacy services. Family PACT providers should serve Medi-Cal managed care clients and then bill the managed care health plan rather than enrolling clients into Family PACT.

Eligibility Assessment Guide Client Eligibility Determination Table

The following is from the Family PACT manual to assist providers in determining client eligibility.

Client Information	Family PACT Eligibility	Action Taken
Client has full-scope Medi-Cal with no Share of Cost (SOC).	No	No activation – bill to Medi-Cal
Client has Medi-Cal with an unmet SOC.	Yes	Issue and activate HAP card
Client has Medi-Cal with an unmet SOC and requests confidentiality because a barrier to access exists.	Yes	Issue and activate HAP card
Client has restricted services Medi-Cal (no coverage of contraceptive methods).	Yes	Issue and activate HAP card
Client has OHC (covers contraceptive methods) with no deductible.	No	No activation – bill insurance
Client has OHC, including Medi-Cal (covers contraceptive methods), with no deductible, but a barrier to access exists.	Yes	Issue and activate HAP card
Client has OHC (covers contraceptive methods) with an unmet deductible.	Yes	Issue and activate HAP card
Client has no health care coverage.	Yes	Issue and activate HAP card
Client is enrolled in Medi-Cal managed care health plan.	No	No activation – refer to plan
Client is enrolled in Medi-Cal managed care, but requests out-of-plan family planning services.	No	No activation – provide services, bill fee-for-service to plan

Family PACT Program Policy

Parental Consent

Notwithstanding any other provision of law, 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, without parental consent, according to *California Family Code*, Section 6925, subdivision (a). *Welfare and Institutions Code* (W&I Code), Section 24003, subdivision (b). A minor who is 12 years of age or older may consent to medical care related to the diagnosis and/or treatment of sexually transmitted infections (STIs) according to *California Family Code*, Section 6926.

Barrier to Access

A barrier to access is when a client's OHC does not ensure provision of services to a client without his or her parent, partner or spouse being notified. Not all clients seeking family planning services need this additional level of confidentiality or have this barrier to access their OHC. Providers are reminded to clarify accessing services for reasons of "confidentiality" with all clients prior to completing the CEC form in order for the client to make an informed decision.

Clients shall be informed of the regular confidentiality of services and be assured that their identity will not be disclosed without written consent, except as required by law or as may be necessary to provide emergency services to the client.

Recordkeeping and Signature Policy Update

Family PACT record retention policy for the CEC and the REC forms are as follows:

- Retention period is three years.
- Signatures can be captured electronically.
- Forms can be stored electronically rather than hard copy.

Family PACT Providers Required to Give Insurance Affordability Information

Family PACT providers must comply with W&I Code, Section 24005(u), which requires Family PACT providers or the enrolling entity to provide applicants and clients with information about applying to insurance affordability programs. The CEC form has been updated to include an acknowledgement line for the applicant to confirm that they received information about insurance affordability programs.

Client Eligibility Certification (CEC) Process

CEC Form

The *Health Access Programs Family PACT Program Client Eligibility Certification (CEC)* form (DHCS 4461) is a legal document that is used to certify a client as eligible for Family PACT.

The CEC form is available in both English and Spanish and can be downloaded from the Family PACT website (*www.familypact.org*) or requested from the Educational Materials Distribution Center by calling 1-800-848-7907. These are official State forms and must be reproduced without alteration. The signed hard copy CEC form must be kept on file for three years. These forms can be stored either electronically or by hard copy.

Federal Income Guidelines

The Federal Income Guidelines are updated and published annually by the federal government. Please ensure the most current version is used when determining program eligibility.

Family PACT Income Guidelines
200 Percent of the 2016 Federal Poverty Guidelines
Effective April 1, 2016

Number of Persons in Family	Monthly Income	Annual Income
1	$1,980	$23,760
2	$2,670	$32,040
3	$3,360	$40,320
4	$4,050	$48,600
5	$4,740	$56,880
6	$5,430	$65,160
7	$6,122	$73,460
8	$6,815	$81,780
For each additional person, add:	$694	$8,320

State of California
Health and Human Services Agency

Department of Health Care Services

HEALTH ACCESS PROGRAMS
FAMILY PACT PROGRAM
CLIENT ELIGIBILITY CERTIFICATION (CEC)

Client HAP number

This form is the property of the State of California, Department of Health Care Services, Office of Family Planning, and cannot be changed or altered.

Please ***print*** answers to all questions. The questions about your family size, income, and health care insurance are to determine if you are eligible for Family PACT Program services.

- Providers must keep this original form in your medical record.
- ***Code areas are for Provider use only.***
  (See PPBI, Client Eligibility Certification Form Completion Section for code determinations.)

Do you currently receive Medi-Cal benefits or services? ☐ Yes ☐ No

Do you have a Medi-Cal Benefits Identification Card (BIC)? ☐ Yes ☐ No

BIC number	Issue date

Do you have health care insurance for family planning services? (Private insurance, Health Maintenance Organization (HMO), Managed Care Plan, Student Health Insurance, etc.) ☐ Yes ☐ No

Have you had out of pocket expenses for family planning/reproductive health services covered by the Family PACT program in the 3 months immediately preceding enrollment in the Family PACT program? ☐ Yes ☐ No

Does your concern that your partner, spouse, or parent learn about your family planning appointment keep you from using your health care insurance? ☐ Yes ☐ No

How may we contact you if we need to talk to you about something?

Provider Use Only CODE

First name	Middle name	Last name	Suffix (Jr., Sr.)

Is your current name the same as your name at birth? ☐ Yes ☐ No
If no, print your name at birth below.

First name at birth	Middle name at birth	Last name at birth	Suffix (Jr., Sr.)
Number of live births	County of residence Provider Use Only CODE		9-digit ZIP code
Gender ☐ Male ☐ Female Provider Use Only CODE	Mother's first name (optional)	Social security number	
Date of birth (mm/dd/yyy)	Place of birth (county, if California) Provider Use Only CODE	State (if not California) Provider Use Only CODE	Country (if not USA) Provider Use Only CODE

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Sample: CEC form, page 1 of 3

Race/ethnicity

1 ☐ Asian 2 ☐ Black 3 ☐ Filipino 4 ☐ Hispanic
5 ☐ Native American 6 ☐ Pacific Islander 7 ☐ White 0 ☐ Other

Primary Language

3 ☐ English 1 ☐ Armenian 2 ☐ Cantonese 4 ☐ Hmong 5 ☐ Khmer/Cambodian
8 ☐ Spanish 6 ☐ Korean 7 ☐ Tagalog 9 ☐ Vietnamese 0 ☐ Other

Eligibility Determination: Please list all family members (self, spouse, and children) and all taxable income sources. If someone else claims you on their taxes, list everyone claimed and all related taxable income sources. Reportable income includes but is not limited to: income from employment, self-employment, social security (even if not taxable), passive income (dividends, interest, etc.), pensions and annuities, tips, commissions, spousal support received, and unemployment benefits.

Name	Relationship to You	Age	Source of Income	Taxable Monthly Income
	(Self)			

Family size: Total taxable family income $

I received information on how to apply for insurance affordability programs ☐ Yes ☐ No
I understand that I can visit CoveredCA.com or call 1-800-300-1506 for assistance with completing the application for these programs.

I declare under penalty of perjury under the laws of the state of California that the foregoing information on this form is true and correct. I understand that the giving of false information may make me ineligible for this program.

Signature (or mark) of applicant	Signature of witness
Date	Date

Privacy Statement (Civil Code § 1798 et seq.)

This information will be used to see if you are enrolled in any state health program. Information will also be used to monitor health outcomes and for program evaluation purposes. Your name will not be shared. Each individual has the right to review personal information maintained by the provider unless exempt under Article 8 of the Information Practices Act.

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Sample: CEC form, page 2 of 3

FOR PROVIDER USE ONLY

Provider certification: ☐ Eligible for Family PACT Program
☐ Ineligible for Family PACT Program (Give Fair Hearing Rights)

Why: _____

Medi-Cal client eligible for Family PACT verified: ☐ Limited scope ☐ Unmet share-of-cost

Based upon the information provided by the applicant and according to state and federal requirements, I certify that the applicant identified on this Client Eligibility Certification is eligible to receive family planning services under the Family PACT Program. If ineligible, the client has received a copy of this form which includes the Fair Hearing Rights. I also certify that the client has received the Notice of Privacy Practices.

Print name	Signature	Date
Deactivation: If client is deactivated (no longer eligible)	Date	Reason code (see Provider Manual)

Fair Hearing Rights

Any applicant for, or recipient of, services under the Family PACT Program shall have a right to a hearing regarding eligibility or receipt of services. An applicant or recipient does not have a right to contest changes made to the eligibility standards or benefits of the Family PACT Program.

First level review: If you wish to appeal either your denial of eligibility or receipt of services, please send your name, telephone number, address, and reason why you are requesting a First Level Review to the address below. A request for a first level review must be postmarked within 20 working days of the denial of eligibility or services. The Office of Family Planning may request additional information by telephone or in writing from the provider or the applicant before issuing a decision.

Formal Hearing: You may request a formal hearing within 90 days from the day you were notified that you were not eligible or the services you wanted will not be provided or have been discontinued. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide *good cause*, your request may still be scheduled. Provide all requested information such as your full name, telephone number, address, and the reason for the Formal Hearing and mail it to the Formal Hearing address below. If you wish, you may attach a letter as well and explain why you believe the action taken is not correct. You may also call the Public Inquiry and Response number below. If you have trouble understanding English, be sure to state your language so arrangements can be made to have language assistance at the hearing. If you have chosen an authorized representative, be sure to state his/her name, phone number and address. Keep a copy of your hearing request for your records. You may submit your formal hearing request in one of two ways:

First Level Review
Department of Health Care Services
Office of Family Planning
P.O. Box 997413, Mail Station 8400
Sacramento, CA 95899-7413

Formal Hearing
California Department of
Social Services
State Hearings Division
P.O. Box 944243,
Mail Station 9-17-37
Sacramento, CA 94244-2430

or Toll-Free Call
Department of Social Services
State Hearings Division
Public Inquiry and Response
1-800-952-5253 or
1-800-743-8525
TDD 1-800-952-8349
Fax: (916) 651-5210

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Sample: CEC form, page 3 of 3

Client Eligibility Certification Codes

CONFIDENTIALITY		COUNTY OF RESIDENCE / COUNTY OF BIRTH, IF CA (continued)		STATE OF BIRTH, IF NOT CALIFORNIA (continued)		STATE OF BIRTH, IF NOT CALIFORNIA (continued)		COUNTRY OF BIRTH, IF NOT USA (continued)	
Yes	Y								
No	N			Georgia	10	Tennessee	42	Guam	19
COUNTY OF RESIDENCE / COUNTY OF BIRTH, IF CA		San Diego	37	Hawaii	11	Texas	43	Guatemala	20
		San Francisco	38	Idaho	12	Utah	44	Guyana	21
		San Joaquin	39	Illinois	13	Vermont	45	Honduras	22
		San Luis Obispo	40	Indiana	14	Virginia	46	India	23
Alameda	01	San Mateo	41	Iowa	15	Washington	47	Japan	24
Alpine	02	Santa Barbara	42	Kansas	16	West Virginia	48	North Korea	25
Amador	03	Santa Clara	43	Kentucky	17	Wisconsin	49	South Korea	26
Butte	04	Santa Cruz	44	Louisiana	18	Wyoming	50	Laos	27
Calaveras	05	Shasta	45	Maine	19	District of Columbia	51	Mexico	28
Colusa	06	Sierra	46	Maryland	20	Unknown	99	Nicaragua	29
Contra Costa	07	Siskiyou	47	Massachusetts	21	**COUNTRY OF BIRTH, IF NOT USA**		Panama	30
Del Norte	08	Solano	48	Michigan	22			Paraguay	31
El Dorado	09	Sonoma	49	Minnesota	23			Peru	32
Fresno	10	Stanislaus	50	Mississippi	24	Aleutian Islands	01	Philippines	33
Glenn	11	Sutter	51	Missouri	25	Argentina	02	Puerto Rico	34
Humboldt	12	Tehama	52	Montana	26	Belize	03	Russia	35
Imperial	13	Trinity	53	Nebraska	27	Bolivia	04	Samoa	36
Inyo	14	Tulare	54	Nevada	28	Brazil	05	Spain	37
Kern	15	Tuolumne	55	New Hampshire	29	Cambodia	06	Surinam	38
Kings	16	Ventura	56	New Jersey	30	Canada	07	Thailand	39
Lake	17	Yolo	57	New Mexico	31	Chile	08	Uruguay	40
Lassen	18	Yuba	58	New York	32	China	09	Venezuela	41
Los Angeles	19	Unknown	99	North Carolina	33	Columbia	10	Vietnam	42
Madera	20			North Dakota	34	Costa Rica	11	Virgin Islands	43
Marin	21			Ohio	35	Cuba	12	Other	99
Mariposa	22	**GENDER**		Oklahoma	36	Ecuador	13		
Mendocino	23	Male	M	Oregon	37	El Salvador	14		
Merced	24	Female	F	Pennsylvania	38	France	15		
Modoc	25			Rhode Island	39	French Guiana	16		
Mono	26	**STATE OF BIRTH, IF NOT CALIFORNIA**		South Carolina	40	Germany	17		
Monterey	27			South Dakota	41	Great Britain	18		
Napa	28	Alabama	01						
Nevada	29	Alaska	02						
Orange	30	Arizona	03	**DEACTIVATION CODES**					
Placer	31	Arkansas	04	01	Not resident of California				
Plumas	32	California	05	02	Over 200 percent of the federal poverty level				
Riverside	33	Colorado	06	03	Sterilized, no longer contracepting				
Sacramento	34	Connecticut	07	04	Health insurance coverage for family planning services				
San Benito	35	Delaware	08	05	Full-scope Medi-Cal (does not have an unmet Share of Cost)				
San Bernardino	36	Florida	09	06	Permanent deactivation of HAP card (lost/stolen)				

Retroactive Eligibility Certification (REC)

Medi-Cal offers newly enrolled Family PACT clients retroactive eligibility in the event the client was seen for a Family PACT-covered family planning and/or reproductive health service during the three-month period prior to the month the client was initially certified for participation in the Family PACT Program.

Eligibility Criteria

- The client must meet all of the ten eligibility requirements listed on the first page of the *Health Access Programs Family PACT Program Retroactive Eligibility Certification (REC)* (DHCS 4001) form to be reimbursed for family planning services.
- The client must complete the REC form.
- The client is responsible for submitting their claim within one year of receipt of services or within 90 days after certification for retroactive eligibility, whichever is longer.
- The client needs to provide receipts to show proof that they, or another person on their behalf, paid for their family planning or reproductive health services.

For more information or to file a claim, the client may write Medi-Cal or call the Beneficiary Service Center – Family PACT at (916) 403-2007 or TDD (916) 635-6491.

Mailing Address

Department of Health Care Services
Beneficiary Services Center
P.O. Box 138008
Sacramento, CA 95813-8008

State of California—Health and Human Services Agency

Department of Health Care Services

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

IF YOU ARE ELIGIBLE FOR FAMILY PACT, MEDI-CAL MAY REIMBURSE YOU FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH EXPENSES YOU PAID

You may be able to be reimbursed for some expenses you paid. The California Department of Health Care Services (DHCS) will assist you in getting your money back if all criteria below are met:

1. You received a Family PACT-covered family planning and reproductive health service during the 3-month period prior to the month you were initially certified for participation in the Family PACT program.
2. You paid for your family planning service, or another person paid for your family planning service on your behalf. You must provide proof that the family planning service was paid for by you or another person and provide an itemized list of services covered by the payment.
3. This form (DHCS 4001) must be certified by a Family PACT provider for you to be eligible for retroactive reimbursement.
4. You do not seek reimbursement for co-payments or excess Share of Cost charges. Reimbursement for valid claims will not exceed the Family PACT rate for the covered service at the time the service was rendered.
5. The medical provider was in California.
6. You are required to provide documentation of medical necessity if prior authorization is required for the service rendered.
7. You were eligible to receive that specific family planning service.
8. The family planning service was a benefit under the Family PACT program.
9. You give the Beneficiary Service Center permission to contact you and/or your Family PACT provider directly.
10. You authorize your medical providers to release necessary records to verify this claim.

Important dates and time frames:

- You must submit your claim within one year of the date of the service. A Claim not submitted within one year of the date of a service will be denied. Only that portion of the claim that is within the allowable timeframe, if any, will be considered for reimbursement.

To file a claim for reimbursement or for more information call:

Beneficiary Service Center - Family PACT, (916) 403-2007 TDD: (916) 635-6491

****REMEMBER TO KEEP ALL RECEIPTS FOR THE FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE YOU RECEIVED****

The Beneficiary Service Center will review your claim and send you a letter describing the status of your claim. If you disagree with any action taken, you may ask for a state hearing. The letter will tell you how to ask for a state hearing.

Your Rights:

You have the right to request a state hearing to review a Beneficiary Service Center decision or action regarding your request for a Beneficiary Reimbursement. You must request a state hearing within 90 days of the date on the Notice of Action that informs you of the decision or action that was mailed to you by the Beneficiary Service Center. Please follow the instructions provided in the Notice of Action to request a state hearing or call the California Department of Social Services' State Hearings Division at 800-952-5253. For TDD service, call 1-800-952-8349. Written requests must be mailed to:

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-99
Sacramento, CA 94244-2430

Privacy Statement (Civil Code § 1798 et seq.)
Civil Code, § 1798.17, and the Federal Privacy Act, 5USC 552a, subdivision (e)(3), require this notice be provided when collecting personal or confidential information from individuals.

DHCS 4001 (11/1/15) Complete eligibility information on reverse side Page 1 of 2

Sample: REC form, page 1 of 2

State of California—Health and Human Services Agency

Department of Health Care Services

NPI number:

HEALTH ACCESS PROGRAMS
FAMILY PACT PROGRAM
RETROACTIVE ELIGIBILITY CERTIFICATION (REC)

HAP Identification number:

This form is the property of the State of California, Department of Health Care Services, Office of Family Planning, and cannot be changed or altered. Please ***print*** answers to all questions. The questions about your family size, income, and health care insurance are to determine if you are eligible for retroactive eligibility. Providers must keep a copy of this form for three years.

First name **Middle name** **Last name** **Suffix (Jr., Sr.)**

Circumstances:	*Month/Year:*	*Month/Year:*	*Month/Year:*
Were you a California resident?	□ *Yes* □ *No*	□ *Yes* □ *No*	□ *Yes* □ *No*
Did you receive Medi-Cal benefits or services?	□ *Yes* □ *No*	□ *Yes* □ *No*	□ *Yes* □ *No*
Did you have a Medi-Cal Benefits Identification Card (BIC)? BIC number: _____ Issue date: _____	□ *Yes* □ *No*	□ *Yes* □ *No*	□ *Yes* □ *No*
Did you have health care insurance for family planning services? (Private Insurance, Health Maintenance Organization (HMO), Managed Care Plan, Student Health Insurance, etc.)	□ *Yes* □ *No*	□ *Yes* □ *No*	□ *Yes* □ *No*

Eligibility Determination: Please list all family members (self, spouse, and children) and all taxable income sources. If someone else claims you on their taxes, list everyone claimed and all related taxable income sources. Reportable income includes, but is not limited to: income from employment, self-employment, social security (even if not taxable), passive income (dividends, interest, etc.), pensions and annuities, tips, commissions, spousal support received, and unemployment benefits.

Month/Year	**Name(s)**	**Relationship to You**	**Age(s)**	**Source(s) of Income**	**Taxable Annual Income**	**Total Taxable Income**

I declare under penalty of perjury under the laws of the state of California that the foregoing information on this form is true and correct. I understand that the giving of false information may make me ineligible for this program. I give the Beneficiary Services Center permission to contact me or my provider for the purpose of processing my claim.

THIS IS NOT A CLAIM FORM. YOU MUST FIRST CALL THE BENEFICIARY SERVICE CENTER at (916) 403-2007 to request a claim packet. To be considered for reimbursement you must request, complete and submit a claim form. DO NOT submit this REC form without attaching a COMPLETED CLAIM FORM.

Signature (or mark) of applicant	Date	Signature of witness to mark or interpreter	Date
Street Address		City	Zip code
Phone number			

FOR PROVIDER USE ONLY

	Month/Year:	*Month/Year:*	*Month/Year:*
Retroactive Eligible for Family PACT Program	□ *Yes* □ *No*	□ *Yes* □ *No*	□ *Yes* □ *No*
Medi-Cal client eligible for Family PACT verified	□ *Yes* □ *No*	□ *Yes* □ *No*	□ *Yes* □ *No*

Based upon the information provided by the applicant and according to state and federal requirements, I certify that the applicant identified on this Retroactive Eligibility Certification is eligible to receive retroactive eligibility under the Family PACT Program. If ineligible, the client has received a copy of this form which includes the Fair Hearing Rights on the reverse side. I also certify that the client has received the Notice of Privacy Practices.

Print name	Signature	Date
Street Address	City	Zip code
NPI	Phone Number	

DHCS 4001 (11/1/15)

Page 2 of 2

Sample: REC form, page 2 of 2

Affirming Eligibility at Each Visit

A provider or designee must affirm and verify client eligibility at each visit. Client's total taxable family income, family size and health insurance status must be reaffirmed at each visit verbally, and confirmed through AEVS or the POS device.

Ineligible Clients – Reapplication

If a client who was previously determined ineligible returns to a Family PACT provider, a new CEC form (DHCS 4461) must be completed to determine eligibility. If the client is eligible, the provider must update any changes in the HAP system using the prior HAP card number, if applicable.

HAP Card Deactivation

If a client has been determined no longer eligible for Family PACT services, providers are required to deactivate the client's Family PACT HAP card. Providers should select the "deactivation" option on the AEVS, POS device or Internet and indicate the reason for deactivation using the appropriate deactivation code and refrain from billing Family PACT for services.

Deactivation Codes	
01	Not a resident of California
02	Over 200% of the federal poverty level
03	Sterilized, no longer contracepting
04	Health insurance coverage for Family Planning Services
05	Full-scope Medi-Cal (does not have an unmet SOC)
06	Permanent deactivation of HAP card (lost/stolen)

Reasons for Deactivation

Pregnancy (Deactivation Code 05)

If the client is determined to be pregnant, the client is no longer eligible for Family PACT services. The HAP card should be deactivated using deactivation code "05" on the day following the visit the diagnosis of pregnancy was determined. The HAP card may be retained in the client's file for future use.

Permanent Sterilization (Deactivation Code 03)

Clients who undergo permanent sterilization are no longer eligible for Family PACT services and the HAP card must be deactivated using deactivation code 03.

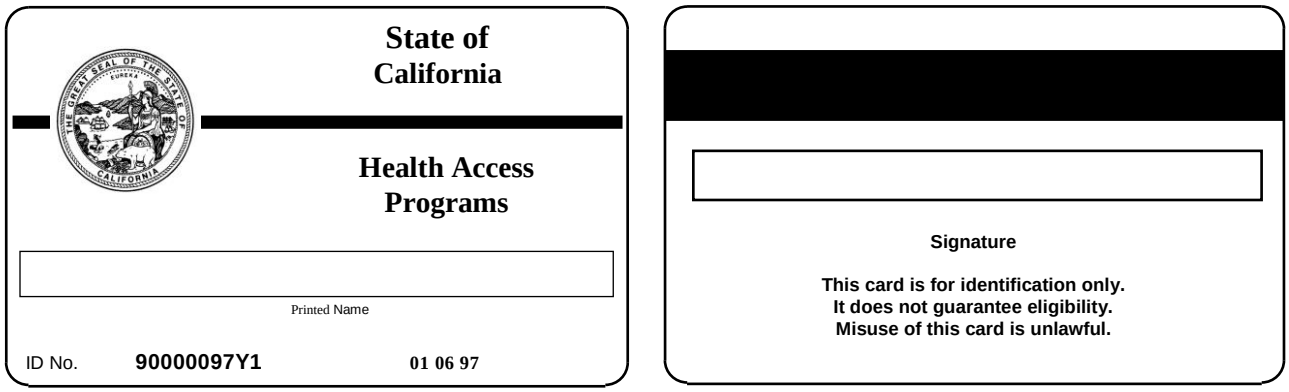
NOTE

Do not deactivate the client's HAP card until the end of the designated post-operative period, or earlier, if the clinician determines the client is no longer at risk for pregnancy or causing pregnancy.

Clients with Benefits Identification Cards

If a client has a Benefits Identification Card (BIC), the provider must determine if the client is eligible for Medi-Cal family planning benefits on the date of service and if the recipient has met any required Share-of-Cost (SOC). If the client has met their SOC and has no barrier to access, the client should not be enrolled into Family PACT.

HAP Card



HAP Identification Card (Initial)

HAP Card Terms and Conditions

- The HAP card must be activated the day the client signs the _____ _____ _____ _____.
- Eligibility extends for _____ days and must be recertified _____.
- The HAP card is good anywhere in California as long as the provider is a _____ _____ _____ _____.
- HAP card activation must occur _____ at the service site represented by the enrolled Family PACT provider number to whom the cards were distributed. HAP cards must not be shared among _____ _____ or other _____.

NOTES

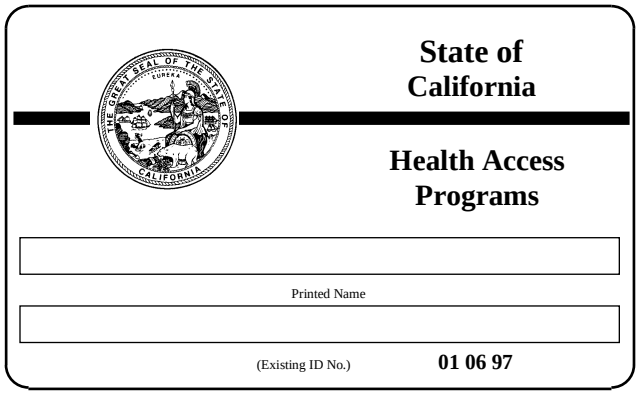
_____

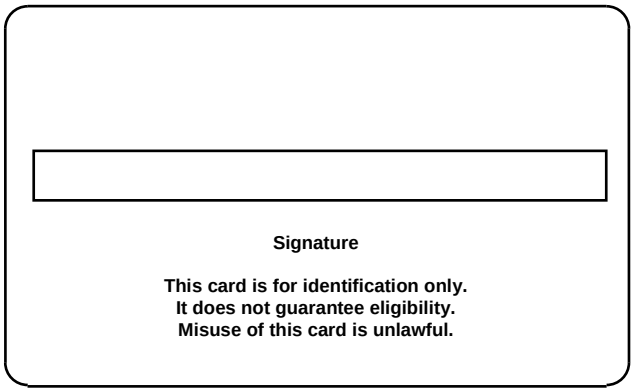
_____

_____

Answer Key: *Client Eligibility Certification* form; 365, annually; certified Family PACT provider; only, provider sites, providers

Replacement Cards





Family PACT providers can order new and replacement HAP cards by calling the TSC at 1-800-541-5555. Additional resources can be found on the “My HAP Card” page of the Family PACT website at (*www.familypact.org*).

1. Replacement cards are issued to clients who have lost his/her pre-numbered HAP card.

   True ☐ False ☐

2. A client may have more than one HAP card activated at any time.

   True ☐ False ☐

3. HAP cards that have been lost or stolen from the provider’s supply must be reported to the TSC at 1-800-541-5555.

   True ☐ False ☐

4. Providers must write the client’s existing HAP card ID number on the replacement card.

   True ☐ False ☐

Answer Key: 1) True; 2) False; 3) True; 4) True

HAP Card Activation Options

The HAP card must be activated immediately upon certification of eligibility. Failure to activate the card will result in denial of payments to providers, laboratories and pharmacies. Providers who neglect to activate a card in a timely manner are responsible for covered services rendered or ordered. Clients must not be charged for Family PACT services after certification is complete.

There are three types of eligibility transaction methods to activate a HAP card:

- Automated Eligibility Verification System (AEVS)
- Point of Service (POS) Network
- Internet (*www.medi-cal.ca.gov*)

Providers are not to use the Internet Transaction application to check for client eligibility. Providers should use the POS device or AEVS to verify Family PACT client eligibility.

Eligibility Transactions

Providers can perform the following eligibility transactions:

- Activate
- Inquire
- Update
- Re-certify
- Deactivate

Eligibility Confirmation

All Family PACT eligible clients have an aid code of 8H. When providers confirm eligibility, they receive a message that the client is Family PACT eligible with aid code 8H, unless the client has been deactivated and is no longer eligible for the program.

NOTES

How Well Do You Know Family PACT Eligibility?

Eligibility Brainteasers

1. Eligibility must be confirmed at each visit via?
   a. AEVS
   b. POS
   c. Any of the above (also verbally)
2. Clients must be recertified?
   a. Every time they choose a new provider
   b. Every year
   c. Every six months
3. Clients must report any changes pertinent to their eligibility status such as?
   a. Family size/income
   b. California residency
   c. Health insurance changes
   d. All of the above
4. Providers can obtain signatures and store CEC/RECs electronically.
   a. True
   b. False
5. Providers must maintain the completed CEC form in the client's medical record for a period of:
   a. One year
   b. At least four years
   c. Three years
6. The provider determines the total family size and total taxable monthly income based on information provided by the client.
   a. True
   b. False
7. Clients who have been determined ineligible for Family PACT services must be offered a copy of the completed CEC form, which includes a "Fair Hearing Rights" notification.
   a. True
   b. False
8. Failure to adequately certify the client or to sign and date the CEC form may result in the provider being decertified.
   a. True
   b. False

Answer Key: 1) C; 2) B; 3) D; 4) A; 5) C; 6) A; 7) A; 8) A