
Family PACT Program Overview

Page updated: August 2020

This section includes an overview of the Family PACT (Planning, Access, Care and Treatment) Program. This section also defines comprehensive family planning, which includes both family planning services and family planning-related services.

Background

The California State legislature, in the budget for fiscal year 1996 – 1997, included an important initiative to reduce unintended pregnancies and to promote optimal reproductive health by minimizing barriers that many low-income women and men face in obtaining family planning services. As a result of this initiative, the Department of Health Care Services (DHCS) developed Family PACT, a publicly-funded, family planning clinical services program designed to narrow the gap between insured and uninsured women and men in California.

Overview

The Family PACT Program is administered by the California Department of Health Care Services (DHCS), Office of Family Planning (OFP). OFP is responsible for program policy, program monitoring, quality improvement and program evaluation.

Family PACT is designed primarily to assist individuals with 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 health information, counseling, and family planning services to reduce the likelihood of unintended pregnancy and to maintain optimal reproductive health.

The intent of the program is to provide eligible California women and men access to comprehensive family planning services in order to:

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

DHCS is committed to ensuring that all eligible clients and their families enroll in health insurance plans as required by the Patient Protection and Affordable Care Act (ACA). Many clients served by the Family PACT Program will be eligible for health insurance coverage through Medi-Cal program expansion or subsidized health insurance through Covered California (www.coveredca.com). Clients who are not eligible for these programs and who remain in the Family PACT Program should be routinely referred to community health centers to receive primary services beyond the scope of the Family PACT Program.

Expanding Access

Given the health, social and economic consequences of unintended pregnancies, there is a compelling need to expand access to family planning services. Under the Family PACT Program, all California residents with incomes at or below 200 percent of the federal poverty guidelines with no other source of family planning health care coverage have access to comprehensive family planning services during childbearing years.

Expanding access to comprehensive family planning services is achieved by increasing the number of providers who render Family PACT services. Under Family PACT, Medi-Cal providers with an active provider number who elect to provide the scope of program services consistent with the *Family PACT Standards* may apply for enrollment. For more information, refer to the *Program Standards* section in this manual. Services are reimbursed at Medi-Cal rates whenever possible. But, in some cases, such as clinic-dispensed drugs and contraceptive supplies, rates are set by Family PACT. Refer to the *Drugs: Onsite Dispensing Price Guide* section in this manual for more information.

Toll-Free Telephone Number for Referrals and Pre-Recorded Information

The OFP maintains a statewide toll-free information and referral service. With this system, individuals seeking family planning services may call the toll-free telephone number (1-800-942-1054) to locate Family PACT providers within their area. The toll-free line also offers pre-recorded messages regarding the family planning services and family planning-related services available through Family PACT.

Internet Provider Search

Clients and providers may use the internet to locate Family PACT providers by using the provider search function on the program's web site at www.familypact.org. When entering a ZIP code, a listing of providers in the vicinity is displayed, including addresses and telephone Numbers.

Health Access Programs (HAP)

The Family PACT Program introduced Health Access Programs (HAP), an original concept for special programs. Family PACT was the first special program to be included in this onsite client enrollment system. A teal blue colored HAP identification card identifies Family PACT clients. For more information, refer to the *Health Access Programs (HAP) Cards* section in this manual.

Comprehensive Family Planning Services

Family PACT is a comprehensive family planning services program. It is comprehensive because it includes contraceptive methods and family planning-related services, together with client-centered health education and counseling.

Family PACT Program Standards

The Program Standards section in this manual defines the scope, type and quality of this program, and the terms and conditions under which the services will be reimbursed. The seven standards address the following:

- Informed consent
- Confidentiality
- Cultural and linguistic competency
- Access to care
- Availability of covered services
- Clinical and preventive services
- Education and counseling services

Federal Regulations

Section 2303(a)(3) of the Affordable Care Act (ACA), specifies that the benefits of federally-supported state family planning programs are limited to “family planning services and supplies” as well as family planning-related services such as “medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting.”

Effective April 16, 2014, diagnosis and treatment of sexually transmitted infections (STIs) are always provided pursuant to a family planning service. These STI services are covered, regardless of the initial purpose of the visit.

Scope of Services

All services pre-selected for Family PACT are identified in this manual. Reimbursement is available only for codes and services identified by the program. There is client-centered health education and counseling throughout all of these services.

Family planning services include all contraceptive methods, fertility awareness, female and male sterilization and include specified reproductive health screening tests.

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

Lastly, there are benefits for managing complications of contraceptive methods and complications arising from treatment of covered family planning-related services.

Note: Pregnancy care, other than the diagnosis of pregnancy and the required counseling about options, is not covered by the Family PACT Program. Abortions and services ancillary to abortions also are not benefits of the program. Contraceptive supplies, devices and intrauterine contraceptive (IUC) insertions are Family PACT benefits when provided immediately after an abortion and are not considered services ancillary to abortion. Contraceptives are reimbursed by Family PACT as long as all eligibility criteria, including no Other Health Coverage (OHC), are met and the client is certified as eligible after the abortion. Office visits are not reimbursable by Family PACT during the 21-day postoperative period.

Clinical and Preventive Services

Family PACT services are for specific contraceptive methods and family planning-related services. Clinical and preventive services include office visits, procedures, drugs and contraceptive supplies.

- Family planning services (refer to the *Benefits: Family Planning* section)
- Family planning-related services (refer to the *Benefits: Family Planning-Related Services* section)
- Interventions for management of complications of contraceptive methods or treatment of covered family planning-related services (refer to the *Benefits: Family Planning* and *Benefits: Family Planning-Related Services* sections)

Education and Counseling

Client-centered health education and counseling is considered integral to Family PACT and must be incorporated throughout the family planning visit. Regardless of the type of visit, provision of reproductive health education and counseling is required for all Family PACT clients, including the following:

- A practice setting that is appropriate for discussion of sensitive topics
- Ongoing individualized client assessment and focused communication
- Topics and behaviors that promote personal choice, risk reduction and optimal reproductive health practices

Referrals

Providers are encouraged to collaborate with local resources for the purpose of referring for more intensive counseling services. Clients must be advised that services beyond the scope of Family PACT are not reimbursable by the program

Comparable Services for Males and Females

Family PACT services are comparable for both females and males, except for appropriate gender differences.

Excluded Services

Family PACT does not cover the following services:

- Prenatal, perinatal care, or any services for pregnant clients
- Infertility diagnosis and treatment, except fertility awareness
- HIV or hepatitis treatment
- Hepatitis B immunization and Hepatitis B laboratory testing
- Screening mammograms
- Services beyond the scope of Family PACT
- Abortion services, or services ancillary to abortions. The global postoperative period for abortions has been defined as 21 days for Medi-Cal. Office visits are not covered by Family PACT during this period. For more information, refer to “Scope of Services” in this section

Fiscal Intermediary (FI)

The Fiscal Intermediary (FI) support for Family PACT providers includes the following:

- Telephone Service Center (TSC) at 1-800-541-5555 for program information, including billing questions, form requests, HAP card orders and referrals to regional representatives
- Regional representatives available for clarification of program policies and claims submission
- All existing Medi-Cal help lines (refer to the *Provider Relations Directory* section in the Part 1 Medi-Cal provider manual)

Billing and Reimbursement

Unless otherwise stated in this manual, the Family PACT Program defers to Medi-Cal policies, codes and claim submission procedures. For claim completion examples, refer to the *Claim Completion: CMS-1500* and *Claim Completion: UB-04* sections in this manual. All providers, including Federally Qualified Health Centers (FQHCs), Indian Health Centers (IHCs) and Rural Health Clinics (RHCs), bill fee-for-service. Providers are reimbursed according to Medi-Cal policy, unless stated otherwise by the Family PACT Program. Claims are subject to all Medi-Cal timeliness guidelines.

Medi-Cal Forms Required for Billing and Prior Authorization

Unless specified otherwise, standard Medi-Cal forms are used to bill Family PACT services or to seek prior authorization. These forms include the *CMS-1500* claim form, *UB-04* claim form, *Treatment Authorization Request (TAR)*, *Claims Inquiry Form (CIF)* and the *Appeal Form (90-1)*. Other forms must not be substituted by a provider.

Payer of Last Resort

Family PACT is considered the payer of last resort. That is, the provider generally must bill the client's OHC and any other source of reimbursement rather than enrolling the client in Family PACT. For more information, refer to the *Client Eligibility* section in this manual.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.