
Provider Enrollment

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This section includes information about enrolling as a Family Planning, Access, Care and Treatment (Family PACT) Program provider.

Eligible Providers

Per California *Welfare and Institutions Code* (W&I Code), Section 24005(b) and (c), eligible providers are licensed medical personnel with family planning skills, competency and knowledge, who will provide the full range of services covered in the program, as long as these services are within the provider's scope of licensure and practice. Clinical providers electing to participate in the Family PACT Program must be enrolled Medi-Cal providers in good standing prior to submitting a Family PACT application. A Family PACT application submitted by a provider not enrolled in Medi-Cal or not in good standing with Medi-Cal shall be denied. Primary care clinics (PCCs), as defined in subdivision (a) of *Health and Safety Code* (H&S Code), Section 1204, may submit an application for review of the clinic's qualifications for participation in the Family PACT Program simultaneously with the clinic's application for enrollment and certification as a provider in the Medi-Cal program.

Solo providers, group providers or PCCs are eligible to apply for enrollment in the Family PACT Program if they currently have a National Provider Identifier (NPI) and are enrolled in Medi-Cal in good standing. An affiliate primary care clinic's (APPC) enrollment in the Family PACT Program is dictated by W&I Code, Section 24005(t) (1) and (2). Intermittent clinics, as defined by H&S Code, Section 1206(h) and mobile clinics, as defined by H&S Code, Sections 1765.120, 1765.150 and 1765.155, must apply for enrollment in the Family PACT Program using their organizational NPI. The organizational NPI must be enrolled in Medi-Cal in good standing.

A provider's service location is certified for enrollment in the Family PACT Program when the provider meets all the Family PACT provider enrollment requirements set forth in this section. All Family PACT services shall be rendered at the enrolled service location(s) only.

Non-Physician Medical Practitioners

Non-Physician Medical Practitioners (NMPs) employed by a Medi-Cal provider who is applying to enroll in the Family PACT Program and who will be delivering Family PACT services must be identified on the *Application to Participate in the Family PACT Program* (DHCS 4468) and complete a *Family PACT Program Practitioner Participation Agreement* (DHCS 4470). NMPs eligible to participate in the Family PACT Program include Nurse Practitioners (NPs), Physician Assistants (PAs) and Certified Nurse Midwives (CNMs). Definitions for NMPs are located in the *Non-Physician Medical Practitioners (NMP)* section in the appropriate Part 2 Medi-Cal provider manual. Unless otherwise stated, the Family PACT Program defers to Medi-Cal policies, billing instructions and reimbursement for NMPs who deliver Family PACT services.

NMPs are authorized to deliver the full scope of Family PACT family planning and family planning-related services, with the exception of male and female sterilization, within their scope of practice and to the extent permitted by applicable professional licensing statutes and regulations as set forth in the physician/practitioner interface document.

Providers Not Required to Enroll

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

Ordering, Referring, or Prescribing (ORP) Providers

W&I Code, Section 14043.1(b) and (o) require the enrollment of ORP providers as participating providers in the Medi-Cal program. W&I Code, Section 14043.15(b)(3) provides that the NPI of the ORP provider must be listed on all claims for reimbursement.

There are three basic requirements for ORP providers:

- The ORP provider must be enrolled in Medi-Cal.
- The ORP provider's enrolled NPI (Type 1) must be for an individual (not an organizational NPI).
- The ORP provider must be eligible to order, refer and/or prescribe in accordance with law and the health care practitioner's practice act.

If an ORP provider identified on a Family PACT claim is not enrolled in Medi-Cal, the claim for reimbursement of the goods or services they provided in filling a client's order, referral or prescription will be denied.

Additional information on ORP providers is available on the DHCS website at <http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>.

Application Forms

The Family PACT Program application packet contains the following forms:

- *Family PACT Provider Application* (DHCS 4468)
- *Family PACT Program Provider Agreement* (DHCS 4469)
- *Family PACT Program Practitioner Participation Agreement* (DHCS 4470)

The application packet shall be completed by the provider applicant only. Applications received by third party consultants or enrollment brokers will not be accepted.

The DHCS 4468 is available for download on the Family PACT website at www.familypact.org or the DHCS Forms web page at www.dhcs.ca.gov/formsandpubs.

The DHCS 4469 and 4470 forms will be provided to applicants upon approval of the DHCS 4468 form.

Each DHCS applicant shall comply with the terms and conditions outlined in the DHCS 4469.

Each practitioner, Medical Doctor (MD), Certified Nurse Practitioner (CNP), CNM and NMP, serving Family PACT clients shall agree to comply with *Family PACT Program Standards* by signing the DHCS 4470. The DHCS 4470 is not required to be completed by an APCC, nonprofit community clinic or PCC, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Indian Health Services Memorandum of Agreement (IHS-MOA) 638, Clinics.

The DHCS 4469 and DHCS 4470 forms must be completed, signed and returned to the program before enrollment is approved.

In order for the provider to enroll additional provider locations under the organizational NPI, each additional provider location must be enrolled in Medi-Cal in good standing.

- Submit one application packet for each provider location.
- The information on the application forms must match the information on file in the DHCS Provider Enrollment Division.
- Each question on every page must be answered, unless otherwise noted.
- Write “N/A” or draw a line through the field if a question is not applicable.
- Do not leave any blank fields.
- Use of correction fluid or correction tape is not allowed.
- Original signatures are required. Use blue ink only.

Additional Documentation

Copies of the following supporting documentation are required with the application packet:

- Driver’s license or state-issued identification card.
- IRS-issued verification of Taxpayer Identification Number (TIN).
- License to provide health services.
- *Fictitious Business Name Statement*, if applicable.
- Additional documentation may be required by DHCS.

Effective June 1, 2019, each provider site enrolling into the Family PACT Program must identify, at the minimum, one practitioner trained to provide Long Acting Reversible Contraception (LARC) services onsite.

Application Submission

Submit the completed Family PACT provider application packet by secure email or by mail to:

Email: ProviderServices@dhcs.ca.gov

Mail: Department of Health Care Services

Office of Family Planning

Family PACT Provider Enrollment

MS 8400

P.O. Box 997413

Sacramento, CA 95899-7413

Each provider site must maintain legible copies of all initial and updated applications, as well as initial and updated practitioner agreements.

Application Deficiencies

Applicants are allowed 60 days from the notification date to resubmit a corrected application when it is returned deficient.

If a Family PACT provider applicant and/or new provider location fails to resubmit the corrected application to the DHCS Office of Family Planning (OFP) within 60 days, or fails to remediate the deficiencies, the application will be denied.

Applicants denied for failure to resubmit in a timely manner or for failure to remediate, may reapply at any time.

Affiliate Primary Care Clinics

PCCs and APCCs may submit an application for review of the clinic's qualifications for participation in the Family PACT Program simultaneously with the clinic's application for enrollment and certification as a provider in the Medi-Cal program.

Within 30 calendar days of receiving a complete application for enrollment into the Family PACT Program from an APCC licensed under H&S Code, Section 1218.1, the department will do one of the following:

- Approve the APCC's Family PACT application, provided the applicant meets the Family PACT provider enrollment requirements set forth in this section; or
- If the APCC is enrolled in Medi-Cal in good standing, notify the applicant in writing of any discrepancies identified in the Family PACT enrollment application. The applicant shall then have 30 days from the date of the written notice to correct any identified discrepancies. Upon receipt of all requested corrections, the department shall approve the application within 30 calendar days. The APCC's Family PACT enrollment effective date will then be made retroactive to the date the department received the Family PACT enrollment application.
- If the APCC is not enrolled in Medi-Cal at the time the provider's Family PACT enrollment application is submitted, DHCS shall not proceed with the actions described in (2) until it receives confirmation that the APCC is enrolled in Medi-Cal. After DHCS receives confirmation of Medi-Cal enrollment, and the APCC's Family PACT application is approved, the APCC's Family PACT enrollment date will be made retroactive to the date the APCC was enrolled in Medi-Cal.

An APCC is subject to the provider orientation requirements set forth in this section.

Provisional Enrollment

New Family PACT provider applicants, new provider locations and/or Family PACT provider applicants recertifying their enrollment, will be provisionally certified for enrollment in the Family PACT Program after the provider is enrolled in the Family PACT Program and until an eligible representative completes a legislatively mandated Provider Orientation as determined by DHCS. The Provider Orientation must be completed within six months of the date of initial Family PACT enrollment for the provisional certification to be lifted.

Failure to complete orientation within six months will result in disenrollment. A provider who has been previously disenrolled for this reason may re-enroll in the Family PACT Program, but will not be granted provisional enrollment.

Provider Orientation

The provider orientation training is delivered online and in person and includes information on comprehensive family planning, program benefits and services, client eligibility, provider responsibilities and compliance.

New site certifiers and/or rendering providers administering the Family PACT program must complete the Provider Orientation within 60 days of hire.

Provider Orientation details and registration information is posted on the Family PACT website at www.familypact.org.

Site Certifier

Each provider's service location is required to be certified for enrollment in the Family PACT Program. Applicants who are enrolled in Medi-Cal and in good standing and who have submitted a Family PACT application packet may complete the Provider Orientation to certify a site for enrollment.

Each service location must designate one eligible representative to be the site certifier. The site certifier cannot certify multiple sites.

The medical director, MD, CNP or CNM who is responsible for overseeing the family planning services rendered at the location to be enrolled, is eligible to certify the site.

Site certifiers must complete the Provider Orientation. The site certifier must ensure that all clinical personnel rendering services on behalf of the Family PACT Program complete OFP required trainings.

Site certifiers are required to present photo identification during registration for the in person training and shall attest to a statement affirming responsibility.

Enrollment Confirmation

If a PCC or APCC has a pending Medi-Cal enrollment when the Family PACT application is submitted, after the Family PACT application is approved and all provider enrollment requirements set forth in this section have been met, the Family PACT enrollment effective date will be made retroactive to the date the PCC or APCC was enrolled in Medi-Cal.

When an enrolled Medi-Cal provider in good standing submits a Family PACT application, after the Family PACT application is approved and all provider enrollment requirements set forth in this section have been met, the Family PACT enrollment effective date will be made retroactive to the date DHCS received the Family PACT application.

Upon approval, providers will receive written confirmation of enrollment, including the enrollment effective date.

Recertification for Continued Participation

Family PACT enrolled providers must recertify their enrollment as a Family PACT provider every three years or as directed by DHCS.

The recertification process includes reapplication for enrollment in the Family PACT Program, which requires that:

- An application must be submitted to DHCS OFP Provider Enrollment within 30 days of receiving written notification by DHCS OFP.
- The information must be in Medi-Cal's database.
- An eligible representative must attend a Provider Orientation to certify the service site.

Failure to submit a complete application within 30 days, failure to remediate a deficient application within 60 days and/or failure to complete the Provider Orientation within six months will result in the provider being disenrolled from the Family PACT Program.

Reporting a Change of Information

Providers are required to report any changes in practitioner personnel (MDs, CNPs, CNMs, NMPs) to DHCS OFP and DHCS PED within 35 days of the action taken.

When submitting changes to a Medi-Cal record (for example, changes to a service address, NPI, TIN, legal name or business name), providers are required to submit a completed application packet to Family PACT Provider Enrollment. These changes do not require a provider to attend a Provider Orientation to certify the service site.

If adding a new or additional service site, submitting a change of provider type or a change of ownership, a provider must re-apply for enrollment in the Family PACT Program. For example, a new application to Family PACT is required when an individual provider changes its designation from a solo provider to a group provider.

If a new application is required, the following must occur:

- The new information must be in Medi-Cal's Provider Master File database.
- An application packet must be submitted to DHCS OFP Provider Enrollment.
- An eligible representative must attend a Provider Orientation to certify the service site.

Family PACT enrolled Licensed Community Clinics (LCCs) that convert to FQHCs, RHCs and IHS-MOA 638 clinics are not required to submit a new application to continue to be authorized to bill Family PACT.

Records Retention

To participate in the Family PACT Program, providers must maintain legible copies of all initial and updated applications and initial and updated practitioner agreements at the provider site.

Provider Disenrollment

Providers may be disenrolled from the Family PACT Program for various reasons, as explained below.

Voluntary Disenrollment

Providers may terminate their participation in the Family PACT Program at any time by providing written notification of voluntary termination to Family PACT Provider Enrollment. The letter should be on provider or clinic letterhead and must include the NPI, the service site address, effective date of disenrollment and the provider-owner's signature. Letters should be mailed to:

Department of Health Care Services
Office of Family Planning
Family PACT Provider Enrollment
MS 8400
P.O. Box 997413
Sacramento, CA 95899-7413

Termination by Family PACT

Providers are subject to disenrollment for failure to adhere to program standards, policies and administrative practices.

Failure to notify DHCS OFP and DHCS PED of any changes to previously submitted information (for example, a change of service location) may result in disenrollment from the Family PACT Program. In addition, if a new Family PACT provider's provisional certification is not lifted within six months of enrollment, that provider will be disenrolled.

Onsite visits and attempts at corrective action may be made prior to disenrollment at DHCS' discretion. Disenrollment from the Family PACT Program by DHCS is not subject to administrative appeal.

DHCS may restrict the participation of a provider in Medi-Cal through suspension or determine that a provider is ineligible to participate in the Medi-Cal program. If a provider is suspended from the Medi-Cal program, enrollment in the Family PACT Program is terminated effective the date of the Medi-Cal suspension and Family PACT services are no longer reimbursable.

The provider is responsible to comply with the Department policies and procedures or the Department shall disenroll immediately the provider numbers issued to a provider to obtain reimbursement from the Family PACT Program under the following events:

- When documents mailed to a provider's mailing address, pay to address or business address are returned by the United States Postal Service (USPS) as not deliverable.
- When a provider has not submitted a claim for reimbursement to the Medi-Cal program, including the Family PACT Program, for one year.
- When the provider has a license, certificate or other approval to provide healthcare revoked or suspended by a federal, California or another state's licensing, certification or approval authority, or has otherwise lost that license, certificate or approval while a disciplinary hearing on that license, certificate or approval was pending.
- When a provider receives continued enrollment notification and fails to respond to the Department within the designated time frames.
- Pursuant to W&I Code, Section 24005(h), if it is discovered that a provider is under investigation by the department or any local, state, or federal government law enforcement agency for fraud or abuse, that provider shall be subject to immediate disenrollment from the program.

Unused Health Access Programs (HAP) Cards

Upon disenrollment, unused HAP cards must be returned. For more information, refer to the *HAP Cards* section in this manual.

Reinstatement

If a provider is subsequently reinstated in the Medi-Cal program, the provider's Family PACT status is not automatically reinstated. The provider must reapply to become a Family PACT provider. Approval as an enrolled Family PACT provider will be considered on a case-by-case basis. If a provider is disenrolled from the Family PACT Program, the provider may reapply to become a Family PACT provider. Approval as an enrolled Family PACT provider will be considered on a case-by-case basis.

<<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.