

Provider Enrollment

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

Solo providers, group providers, or primary care clinics 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 enrollment in Family PACT is dictated by W&I Section 24005(t) (1) and (2).

A provider's service location is certified for enrollment in Family PACT when the provider meets all the Family PACT provider enrollment requirements set forth in this section.

Non-Physician Medical Practitioners

Non-Physician Medical Practitioners (NMPs) employed by a Medi-Cal provider who is applying to enroll in Family PACT and who will be delivering Family PACT services must be identified on the Family PACT Program Practitioner Participation Agreement (DHCS 4470). NMPs eligible to participate in Family PACT include Nurse Practitioners (NP), Physician Assistants (PA) and Certified Nurse Midwives (CNM). Unless otherwise stated, Family PACT 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 primary and secondary 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.

Application Forms

The Family PACT application package is comprised of the following forms:

- Application to Participate (DHCS 4468)
- Provider Agreement (DHCS 4469)

Enrollment forms are available for download on Family PACT's website at www.familypact.org.

The information collected on the enrollment forms must match the information on file in Medi-Cal's Provider Master File (PMF) database. 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. The forms must be signed in any color other than black.

Additional Documentation

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

- IRS-issued confirmation of Tax Identification Number (TIN) or Federal Employer Identification Number (FEIN)
- State-issued photo identification of the person signing the forms
- Solo provider's Social Security card, unless using FEIN

Application Submission

Submit all pages of each of the forms, including the instruction pages, and retain a copy of the complete package at the service site. Mail the complete package to:

DHCS – Office of Family Planning
Family PACT Provider Enrollment
1615 Capitol Avenue, MS 8400
PO Box 997413
Sacramento, CA 95899-7413

**Affiliate Primary
Care Clinics**

Primary care clinics and affiliate primary care clinics (APCCs) should submit an application for review of the clinic's qualifications for participation in Family PACT simultaneously with that 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 Health and Safety Code Section 1218.1, the Department will do one of the following:

- (1) Approve the provider's Family PACT application, provided the applicant meets the Family PACT Provider Enrollment requirements set forth in this section; or
- (2) If the provider 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 provider's Family PACT enrollment effective date will then be made retroactive to the date the department received the Family PACT enrollment application.
- (3) If the provider is not enrolled in Medi-Cal at the time the provider's Family PACT enrollment application is submitted, the department shall not proceed with the actions described in (2) until the department receives confirmation that the provider is enrolled in Medi-Cal. After the department receives confirmation of Medi-Cal enrollment, and the provider's Family PACT application is approved, the provider's Family PACT enrollment date will be made retroactive to the date the provider was enrolled in Medi-Cal.

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

Provider Orientation

New Family PACT provider applicants and/or new provider locations will be provisionally certified for enrollment in Family PACT after the provider is enrolled in Medi-Cal and until an eligible representative attends a legislatively mandated provider orientation as determined by DHCS. A provider must attend an orientation within six (6) months of the date of initial Family PACT enrollment in order for the provisional certification to be lifted. If a provider and/or provider location's provisional certification is not lifted within six (6) months of the date of initial Family PACT enrollment, that provider and/or provider location will be disenrolled from Family PACT.

Information about comprehensive family planning, program benefits and services, client eligibility, and provider responsibilities is provided at orientation. Applicants who are enrolled in Medi-Cal, in good standing, or are pending Medi-Cal enrollment, and who have submitted a Family PACT application package may register for a provider orientation to certify a site for enrollment.

The Medical Director, physician, or nurse practitioner responsible for overseeing the family planning services to be rendered at the site to be enrolled is eligible to certify the site. Site certifiers shall sign a statement affirming responsibility. State-issued photo identification must be presented upon provider orientation check-in.

Certificates of Attendance are issued to site certifiers upon completion of a provider orientation. The original certificate is retained by DHCS. Although non-certifying provider staff members are encouraged to attend provider orientation sessions to stay current with program policies, procedures, and services, they are not eligible to receive a *Certificate of Attendance* or certify a service site for enrollment. *Certificates of Attendance* are not transferable. A separate certificate is prepared for each provider site.

Provider Orientation details and registration information are posted on the Family PACT website at <http://www.familypact.org>.

Enrollment Confirmation

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

If a provider is already enrolled in Medi-Cal when the provider submits a Family PACT application, then after the Family PACT application is approved and all provider enrollment requirements set forth in this section have been met, that provider's Family PACT enrollment effective date will be made retroactive to the date the Department received the provider's Family PACT application.

Providers will receive written confirmation of enrollment, including the enrollment effective date, upon approval by Family PACT Provider Enrollment.

Reporting a Change of Information

Providers are responsible for notifying the DHCS Provider Enrollment Division within 35 days of any change in previously submitted information. When submitting additional changes to a Medi-Cal record (for example, changes to a service address, NPI, FEIN, Legal Name, or Business Name), providers are required to submit a completed Application to Participate (DHCS 4468) 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 apply for enrollment in Family PACT. For example, a new application to Family PACT is required when an individual provider changes their 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 PMF database
- An application package must be submitted to Family PACT Provider Enrollment
- An eligible representative must attend a Provider Orientation to certify the service site

Family PACT enrolled Licensed Community Clinics (LCC) that convert to an FQHC, IHC or RHC are not required to submit a new application in order 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.
Mail 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 policies and administrative practices. Onsite visits and attempts at corrective action may be made prior to disenrollment. Failure to notify DHCS Provider Enrollment Division and Family PACT of any changes to previously submitted information (for example, a change of service location), may result in disenrollment from Family PACT. In addition, if a new Family PACT provider's provisional certification is not lifted within six (6) months of enrollment, that provider will be disenrolled.

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.

**Unused Health
Access Programs
(HAP) Cards**

Upon disenrollment, unused HAP cards must be returned. For more information, refer to the *Client Eligibility Certification and HAP Card Activation* section in this manual.

Reinstatement

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

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