

Explanation Letter to Pharmacy

DATE:

CLIENT'S NAME:

CLIENT'S HEALTH ACCESS PROGRAM (HAP) CARD NUMBER:

Dear Pharmacy Provider,

I am sending this letter with my client to your pharmacy to get her/his prescription filled. This client is enrolled in the Family PACT Program, a publicly funded program for family planning and reproductive health services.

The California Department of Public Health has alerted us to a potential problem in the processing of Family PACT prescriptions because the prescriptions may be billed in the same manner as your Medi-Cal prescriptions. Since you may be processing these prescriptions using your Medi-Cal practice management system, alerts or edits regarding Code I restrictions or TAR requirements for Medi-Cal may be generated that are not applicable to the Family PACT Program and therefore, give a false indication of Family PACT services.

For Family PACT clients with a Health Access Program (HAP) Card (teal colored card), proceed past these alerts and submit claims for online adjudication. This processing will then inform you if the prescription is a benefit of the Family PACT Program.

Clients eligible for Family PACT services should not be turned away or asked to pay for their medications due to alerts generated by your own software programs. All covered medications and supplies should be provided at no cost to the client.

Should you have any questions, please call the Telephone Service Center 1-800-541-5555.

Thank you for your cooperation.