



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
OFFICE OF FAMILY PLANNING

FAMILY PACT PROGRAM REPORT

FISCAL YEAR 2016-2017

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On-line support and resources to Family PACT providers, other service providers, and clients can be accessed at www.familypact.org.



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1. Executive Summary

The Family Planning, Access, Care and Treatment (Family PACT) Program is administered by the California Department of Health Care Services, Office of Family Planning (OFP). Operating since 1997, the Family PACT Program provides family planning and reproductive health services at no cost to California's low-income residents of reproductive age.

Family PACT works to achieve the following key objectives:

1. To increase access to publicly-funded family planning services for low-income California residents who have no other source of health care coverage for family planning.
2. To increase the use of effective contraceptive methods by clients.
3. To promote improved reproductive health.
4. To reduce the rate, overall number, and cost of unintended pregnancies.

When established by the California Legislature in 1996, the Family PACT Program was funded solely through the California State General Fund. From December 1999 through June 2010, the state received additional funding from the Centers for Medicare and Medicaid Services (CMS) through Section 1115 Demonstration Waiver. In March 2011, the state transitioned Family PACT into its Medicaid State Plan, retroactive to July 2010.

Earlier legislation, which established OFP, requires an annual analysis of key program metrics for any family planning program that OFP administers. The Research, Evaluation and Data section of OFP provides data for this report as part of OFP's oversight of the Family PACT Program. This annual report is based on enrollment and claims data and describes Family PACT provider and client populations, types of services utilized, and program reimbursement. Dates of service in this report are for Fiscal Year (FY) 2016-17, beginning July 1, 2016 and ending June 30, 2017. This report includes claims data and client and provider enrollment data at the time of service. The FY 2016-17, was the third full year of the implementation of the Patient Protection and Affordable Care Act (ACA). As a result of the ACA, many Family PACT clients became eligible for Medi-Cal for the first time. A smaller proportion were eligible for subsidized private insurance through Covered California, if they met the required income threshold. Clients who transitioned to these other sources of health care were expected to have their family planning services included in the services compensated. This report, however, is limited to the Family PACT Program.

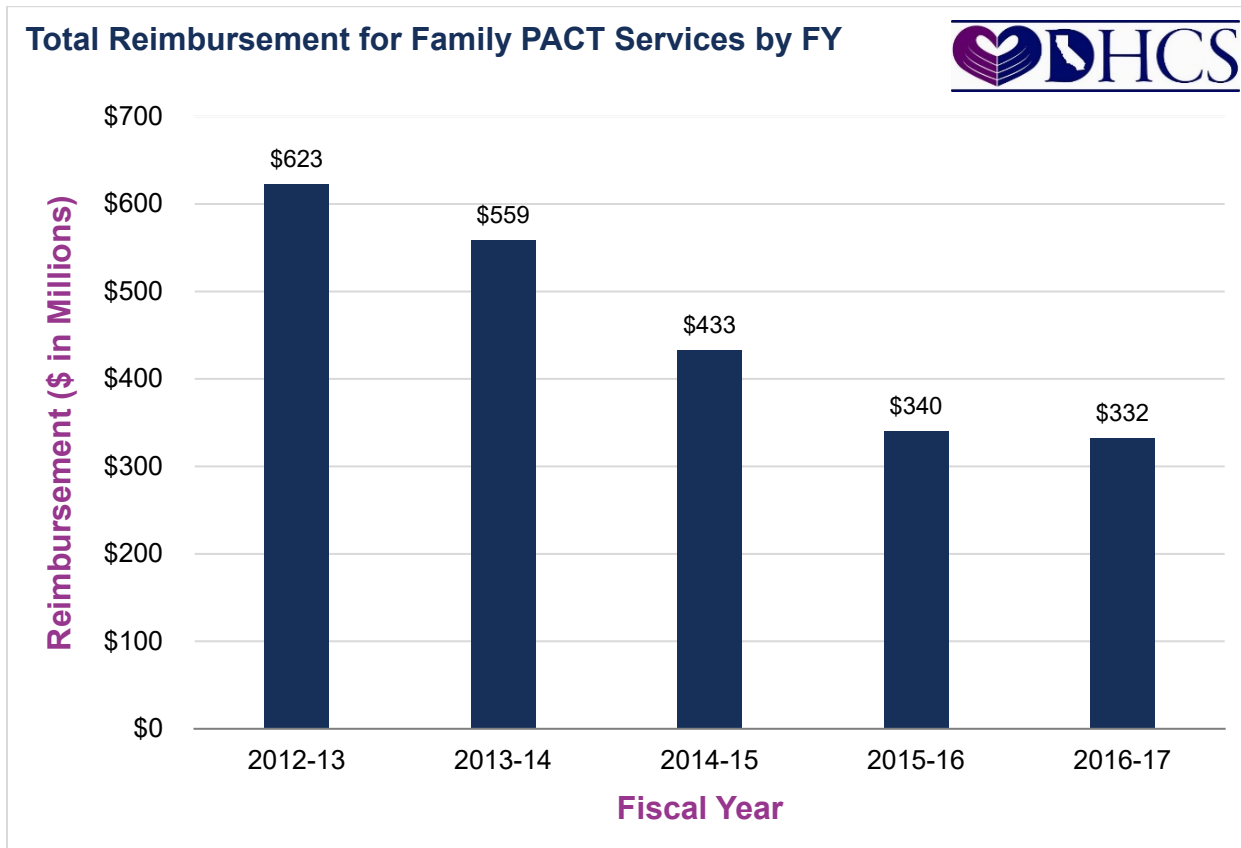
FAMILY PACT PROGRAM REPORT FY 2016-17

In FY 2016-17, the twentieth full fiscal year of operation, the Family PACT Program served 1.08 million women and men, a decrease of approximately 85,000 clients served (-7.3 percent) compared to the previous year (1.16 million served in 2015-16).

Of the 6,811 providers reimbursed for services rendered, 2,348 were clinician providers, 4,349 were pharmacy providers and 113 were laboratories. Compared to the previous year, clinician providers decreased by 5 percent.

Pharmacy providers served 23 percent of all clients, laboratories served 61 percent, and clinician providers served 95 percent. Total reimbursement in FY 2016-17 was \$332 million – a decrease of 2.4 percent compared to the \$340 million reimbursed the previous fiscal year (Figure 1).

Figure 1:



Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

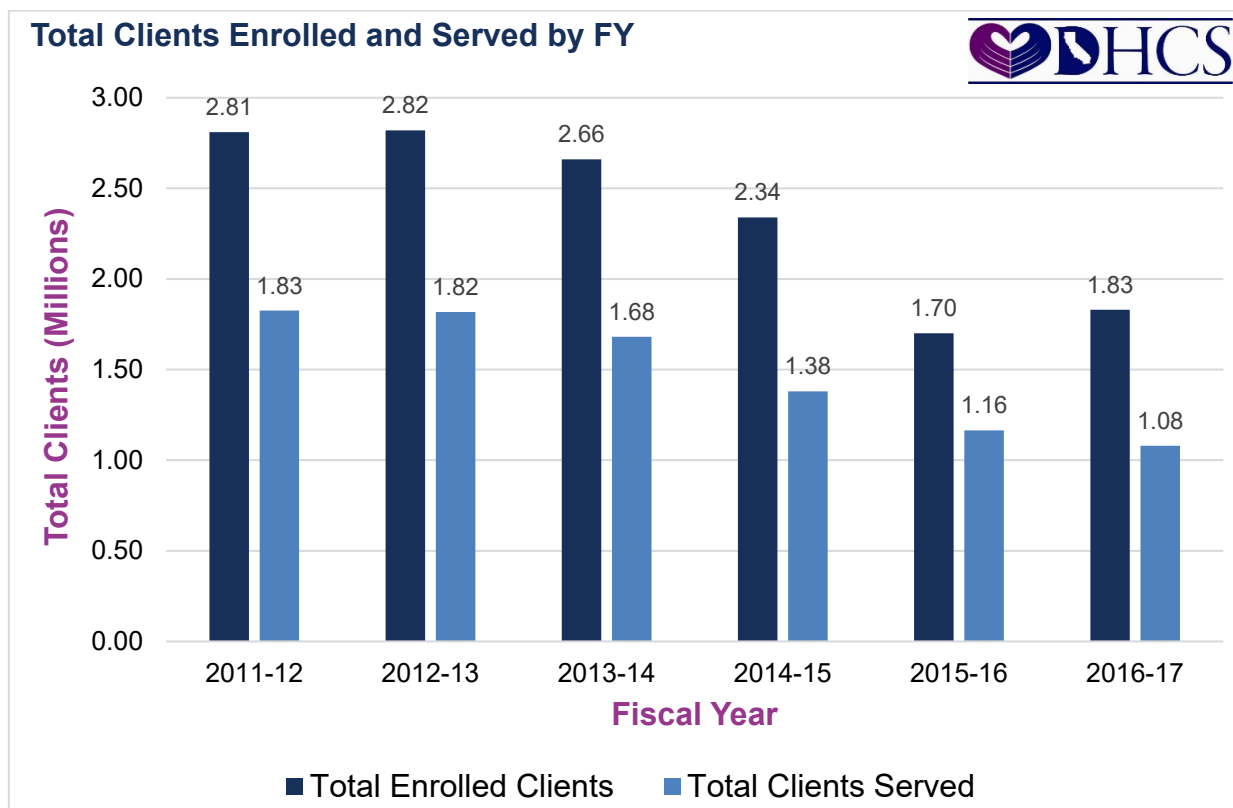
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2. Client Profile

2.1 Overview

The Family PACT Program had 1.83 million clients enrolled for part or all of FY 2016-17, up from 1.70 million in FY 2015-16. This deviated from the trend of decreasing client enrollment noted in FY 2015-16. Of the enrolled clients, 1.08 million (59 percent) received family planning services from Family PACT during the fiscal year, about a 200,000 (-15.6 percent) decrease from FY 2015-16. See Figure 2.

Figure 2:



Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

Of Family PACT’s 1.83 million enrolled clients, approximately 504,000 were newly enrolled in the Family PACT Program. In FY 2016-17, 468,945 new clients served comprised approximately 43 percent of the 1.08 million total clients served in FY 2016-17 (Table 1).

Table 1: Family PACT Served Clients by Client Type, FY 2016-17

| Client Type | Clients Served |
|--------------------|------------------|
| Continuing clients | 610,935 |
| New clients | 468,945 |
| Total | 1,079,880 |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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Clients served, upon which data in this report are based on, decreased by 7.3 percent or 84,624 clients compared to FY 2015-16. Table 2 shows that FY 2016-17 is the sixth consecutive year to exhibit a decrease in the number of clients served.

Table 2: Total Family PACT Clients Served by FY

| FY | Total Clients Served | Percent Change from previous FY |
|---------|----------------------|---------------------------------|
| 2012-13 | 1,818,064 | -0.4% |
| 2013-14 | 1,680,723 | -7.6% |
| 2014-15 | 1,379,522 | -17.8% |
| 2015-16 | 1,164,504 | -15.6% |
| 2016-17 | 1,079,880 | -7.3% |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

Multiple factors may have contributed to the decline in number of Family PACT clients, the most notable being the Medi-Cal expansion under the ACA. Beginning January 1, 2014, Family PACT clients may have become eligible for Medi-Cal under the ACA expansion and begun receiving family planning services through Medi-Cal or private insurance. Prior to January 1, 2014, many clients would not have qualified for Medi-Cal as Medi-Cal was largely available only to women who were pregnant, with minor children and individuals who were disabled. Typically, half of Family PACT’s female population has never had a live birth and more than 10 percent of clients are male. Under the ACA, Medi-Cal services were expanded to all low-income adults and the ACA also required



that adults over 138 percent of the Federal Poverty Guideline purchase private health insurance which may have impacted about 7 percent of Family PACT clients. In the future, Family PACT will likely serve even fewer clients. However, because Family PACT continues to serve those who remain uninsured, including those whose immigration status precludes Medi-Cal eligibility, Family PACT continues to be an important safety net program.

2.2 Demographic Characteristics

2.2.1 Gender

Client-reported gender identification is used when determining Family PACT client gender distribution. Females accounted for 80 percent of the Family PACT client population (Table 3). Males accounted for 20 percent of the client population, a 1 percent increase from the previous fiscal year and is the highest proportion of males served since Family PACT Program inception (Table 3).

Table 3: Family PACT Clients Served by Gender, FY 2016-17

| Client Gender | Client Count | Percent |
|---------------|------------------|-------------|
| Females | 861,363 | 80% |
| Males | 218,517 | 20% |
| Total | 1,079,880 | 100% |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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2.2.2 Age

Roughly one half (45 percent) of Family PACT clients fall between the ages of 20-29. Overall distribution of clients through the age groups did not significantly change from the previous fiscal year (Table 4).

Table 4: Family PACT Clients Served by Age, FY 2016-17

| Age Group | Client Count | Percent |
|--------------|------------------|-------------|
| 10-14 | 4,952 | <1% |
| 15-17 | 53,965 | 5.0% |
| 18-19 | 87,307 | 8.1% |
| 20-24 | 260,482 | 24.1% |
| 25-29 | 222,572 | 20.6% |
| 30-34 | 161,023 | 14.9% |
| 35-39 | 119,850 | 11.1% |
| 40-44 | 85,798 | 7.7% |
| 45-49 | 53,279 | 4.9% |
| 50-54 | 24,772 | 2.3% |
| 55-59 | 6,709 | <1% |
| 60+ | 2,171 | <1% |
| Total | 1,079,880 | 100% |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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2.2.3 Ethnicity & Primary Language

Approximately 67 percent of Family PACT clients served identified themselves as Latino and about 15 percent identified themselves as Caucasian (Table 5). These comprise the two largest ethnic groups among Family PACT clients. Similar to the drop in clients seen between FY 2014-15 and FY 2015-16, each racial/ethnic group saw a decline in the number of clients served between FY 2015-16 and FY 2016-17. Overall composition of Family PACT clients in regards to ethnic distribution did not change significantly from the previous year (Table 5).

The Family PACT population is not representative of the overall California population demographics. Family PACT exhibits a much higher percentage of clients identifying as Latino.



Table 5: Family PACT Clients Served by Ethnicity, FY 2016-17

| Client Ethnicity | Client Count | Percent |
|---------------------------|------------------|-------------|
| Hispanic or Latino | 727,793 | 67.4% |
| Caucasian | 159,976 | 14.8% |
| African American | 89,600 | 8.3% |
| Asian or Pacific Islander | 66,129 | 6.1% |
| Other ^a | 36,374 | 3.4% |
| Unknown | 8 | <1% |
| Total | 1,079,880 | 100% |

a The term “Other” includes multi-race category.

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

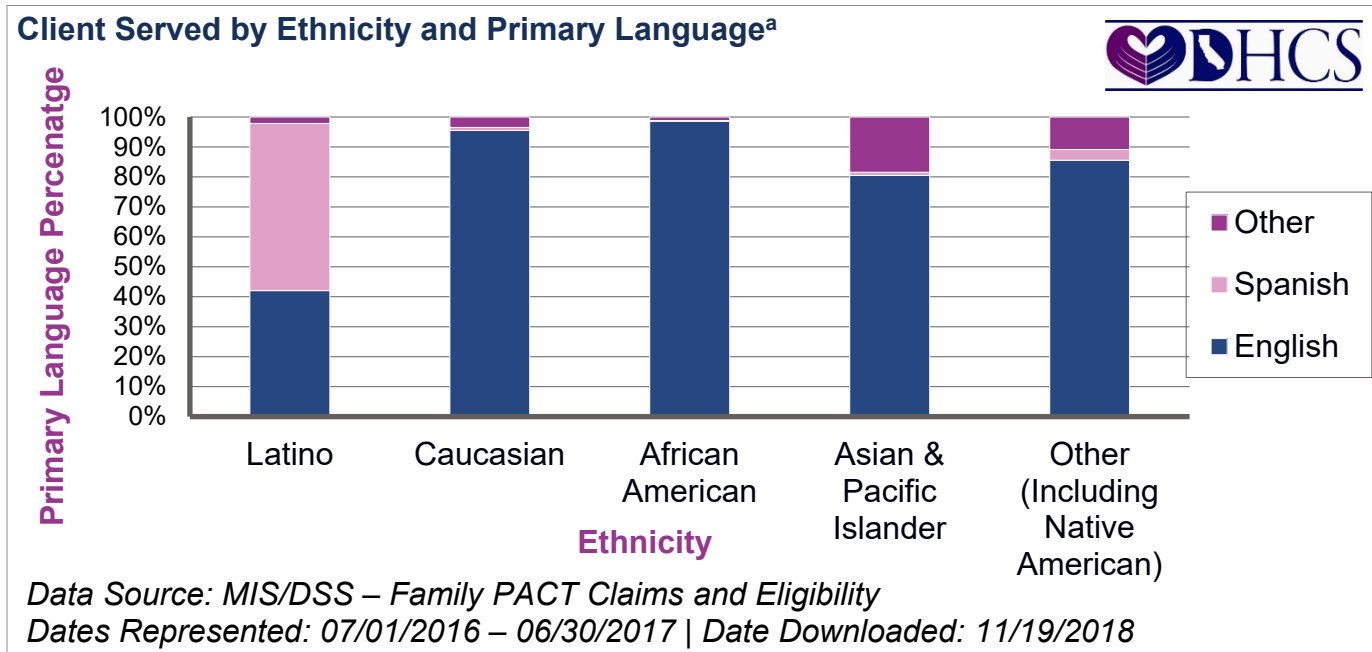
While the overall client population has decreased, the proportion of Family PACT clients reporting Spanish as their primary language remained relatively stable with a 3 percent decrease in Spanish speaking clients in FY 2016-17 (Figure 3, Table 6). English was the most frequently reported primary language at 58 percent of clients. This was a decrease of 2 percent from the previous fiscal year (Figure 3, Table 6).

As shown in Figure 3, most clients reporting Spanish as a primary language identify as Latino. Approximately 56 percent of Latino clients (405,983) reported Spanish as their primary language.

About 38,000 clients (3.5 percent) reported a primary language other than English or Spanish. The percentage of clients reporting a different primary language other than English or Spanish has remained between 3 and 5 percent since the inception of the Family PACT Program (Figure 3, Table 6).



Figure 3:



a The terms “Caucasian”, “Latino” and “African American” are used in lieu of “White”, “Hispanic”, and “Black,” which appears on the Family PACT Client Eligibility Certification Form.

Table 6: Family PACT Clients Served by Primary Language and Ethnicity, FY 2016-17

| Ethnicity | English | Spanish | Other | Unknown | Total |
|---------------------------|----------------|----------------|---------------|----------|------------------|
| Hispanic or Latino | 306,209 | 405,983 | 15,601 | - | 727,793 |
| Caucasian | 152,749 | 1,693 | 5,534 | - | 159,976 |
| African American | 88,368 | 182 | 1,050 | - | 89,600 |
| Asian or Pacific Islander | 53,223 | 703 | 12,203 | - | 66,129 |
| Other ^a | 31,126 | 1,307 | 3,941 | - | 36,374 |
| Unknown | - | 2 | 2 | 4 | 8 |
| Total | 631,675 | 409,870 | 38,331 | 4 | 1,079,880 |

a The term “Other” includes multi-race category.

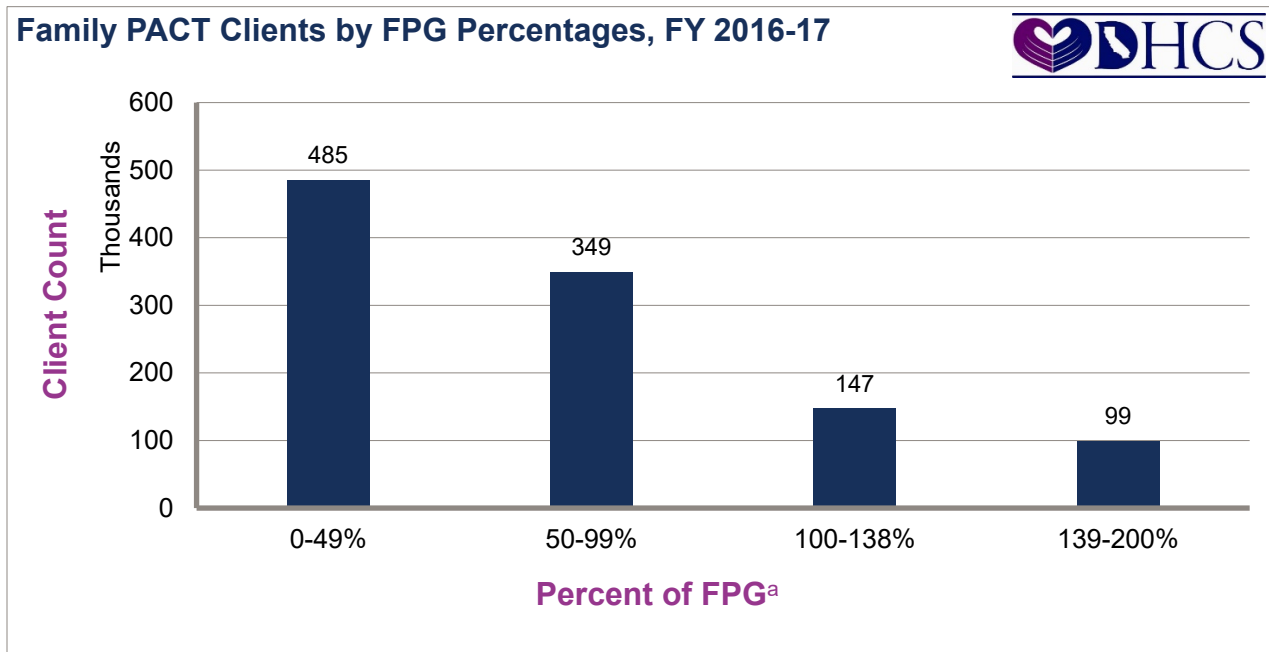
Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

2.3 Family Size & Income

The Family PACT Program eligibility defines a low income individual as someone whose annual family income is at or below 200 percent of the Federal Poverty Guideline (FPG).¹

Figure 4:



^a Federal Poverty Guidelines, formerly Federal Poverty Level.

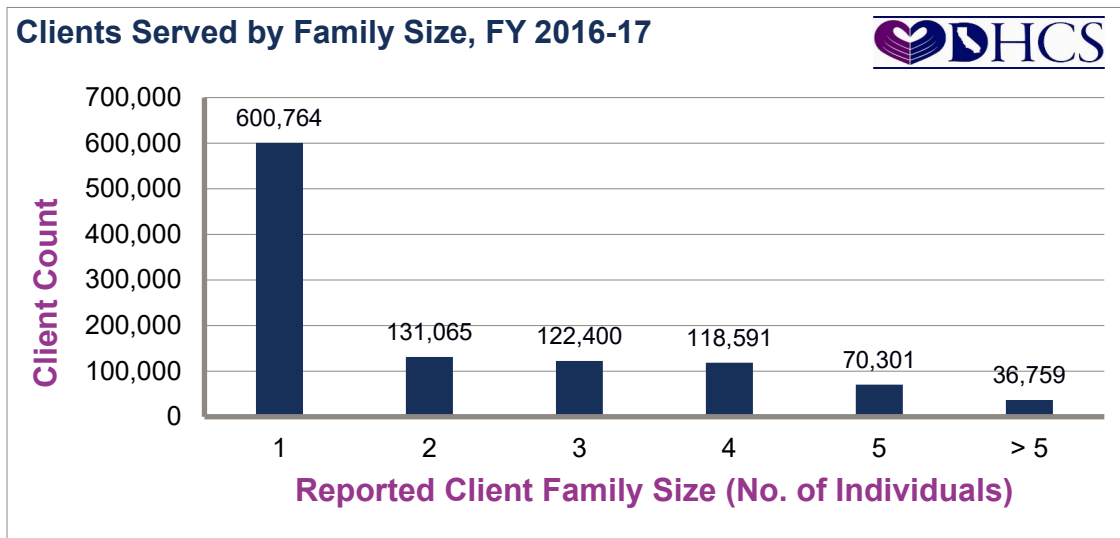
Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

Distribution of Family PACT clients by family size remained unchanged from the previous year. In FY 2016-17, 600,764 clients reported a family size of one, constituting 56 percent of total clients served. Thirty four percent of clients reported a family size between two and four individuals. Clients reporting a family size at or above five individuals constituted the remaining 10 percent of clients served, with the majority of those clients reporting a family size of five (Figure 5, Table 7).

¹ Effective April 1, 2017, the Family PACT eligibility limit of 200 percent of the FPG for a family of one was \$2,010/month with an additional \$697/month for each additional family member. The FPG (100 percent) was half that amount or \$1,005/month for a family of one.

Figure 5:



Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
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Table 7: Client Family Size by Percentage of FPG^a, FY 2016-17

| Family Size | 0-138% FPG ^a | 139-200% FPG ^a | Total |
|--------------|-------------------------|---------------------------|------------------|
| 1 | 543,366 | 57,398 | 600,764 |
| 2 | 115,002 | 16,063 | 131,065 |
| 3 | 111,306 | 11,094 | 122,400 |
| 4 | 109,069 | 9,522 | 118,591 |
| 5 | 66,671 | 3,630 | 70,301 |
| 6 | 24,894 | 1,052 | 25,946 |
| 7 | 7,243 | 208 | 7,451 |
| 8 | 2,136 | 58 | 2,194 |
| 9 | * | * | 677 |
| 10 | * | * | 247 |
| > 10 | * | * | 244 |
| Total | 980,837 | 99,043 | 1,079,880 |

*Numbers smaller than 11 were redacted to protect client identity.

^a Federal Poverty Guidelines, formerly Federal Poverty Level.

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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3. Provider Profile

3.1 Provider Demographics

More than 6,800 providers served Family PACT clients in FY 2016-17. This includes approximately 2,300 clinicians (1,185 public and 1,163 private providers), about 110 laboratories, and over 4,340 pharmacy providers (Table 8).

Table 8: Family PACT Providers by Provider Type, FY 2016-17

| Provider Type | Provider Count | Percent of Total Providers* |
|---------------|----------------|-----------------------------|
| Private | 1,163 | 17.1% |
| Public | 1,185 | 17.4% |
| Laboratory | 113 | 1.7% |
| Pharmacy | 4,349 | 63.9% |
| Total | 6,810 | 100% |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

**Percentage total more than 100% because clients may be served by more than one type of provider*

The enrolled provider network consists of public and private sector clinician providers.² Public sector clinician providers include governmental and non-profit organizations. Private sector clinician providers include physician groups, solo practitioners, and certified nurse practitioner practices among other private entities.

² An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status as well as a Family PACT enrollment for at least one day during the fiscal year. All references to ‘providers’ refer to entities with a unique combination of National Provider Identifier (NPI), Owner number, and Location number.



Private sector providers comprised 46 percent of all enrolled providers and public sector providers accounted for 54 percent. Among public sector providers, 10 percent were community clinics, 33 percent were Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHCs), and 11 percent were other public clinicians (Figure 6).

Of all public providers, 690 providers (58.2 percent) identified as RHCs or FQHCs, 271 providers (22.9 percent) identified as community clinics, and 224 providers (18.9 percent) were other forms of public sector providers (Table 9). Public and private sectors serve different populations. Public providers tend to serve younger clients and private providers tend to serve more Spanish-speaking clients, males, and adults with households of two or more.

Table 9: Family PACT Public Providers by Type, FY 2016-17

| Provider Type | Provider Count | Percent of Total Public Providers |
|--------------------------------|----------------|-----------------------------------|
| Community Clinic | 271 | 22.9% |
| Other Public Sector | 224 | 18.9% |
| FQHC/Rural Health ^a | 690 | 58.2% |
| Total | 1,185 | 100% |

a Federally Qualified Health Center/Rural Health Center/Indian Health Service.

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018



The broad distribution of enrolled clinician providers from both the public and private sector suggests services are widely available in California. See Figure 7.

Figure 6:

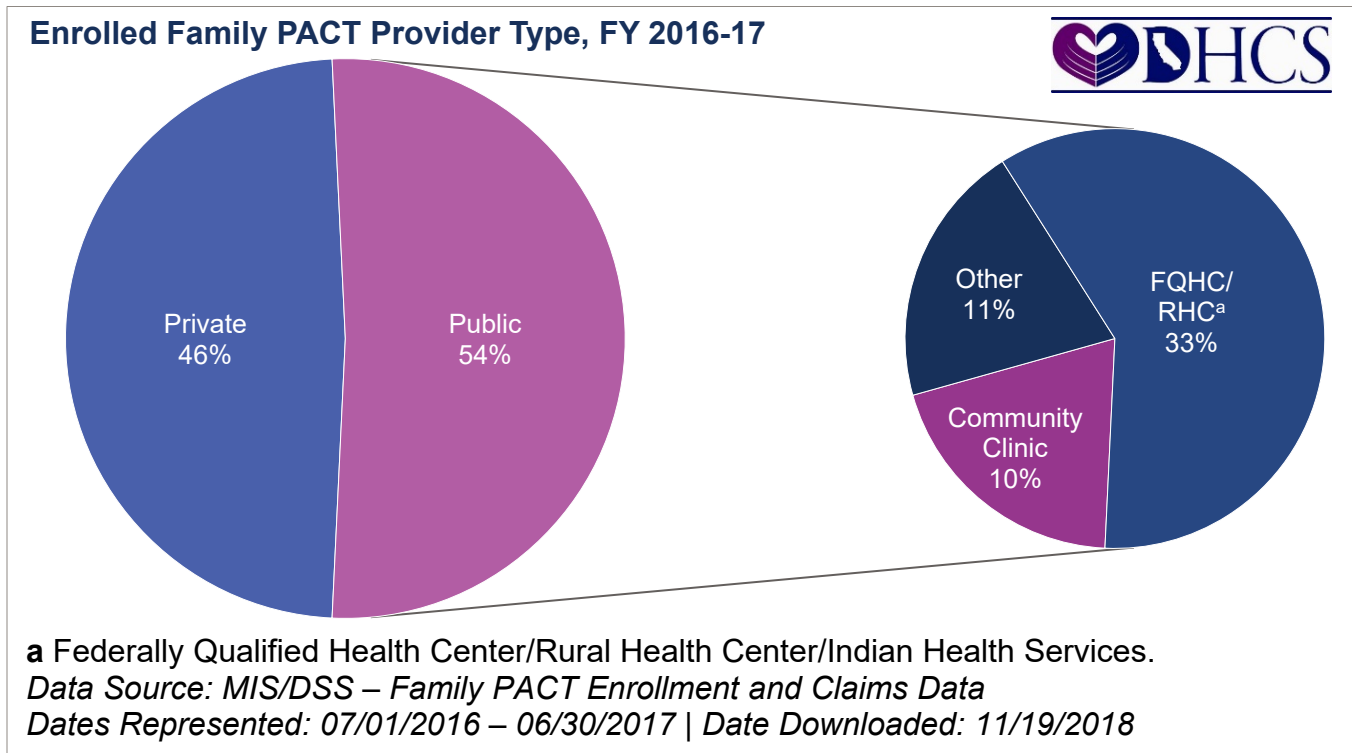
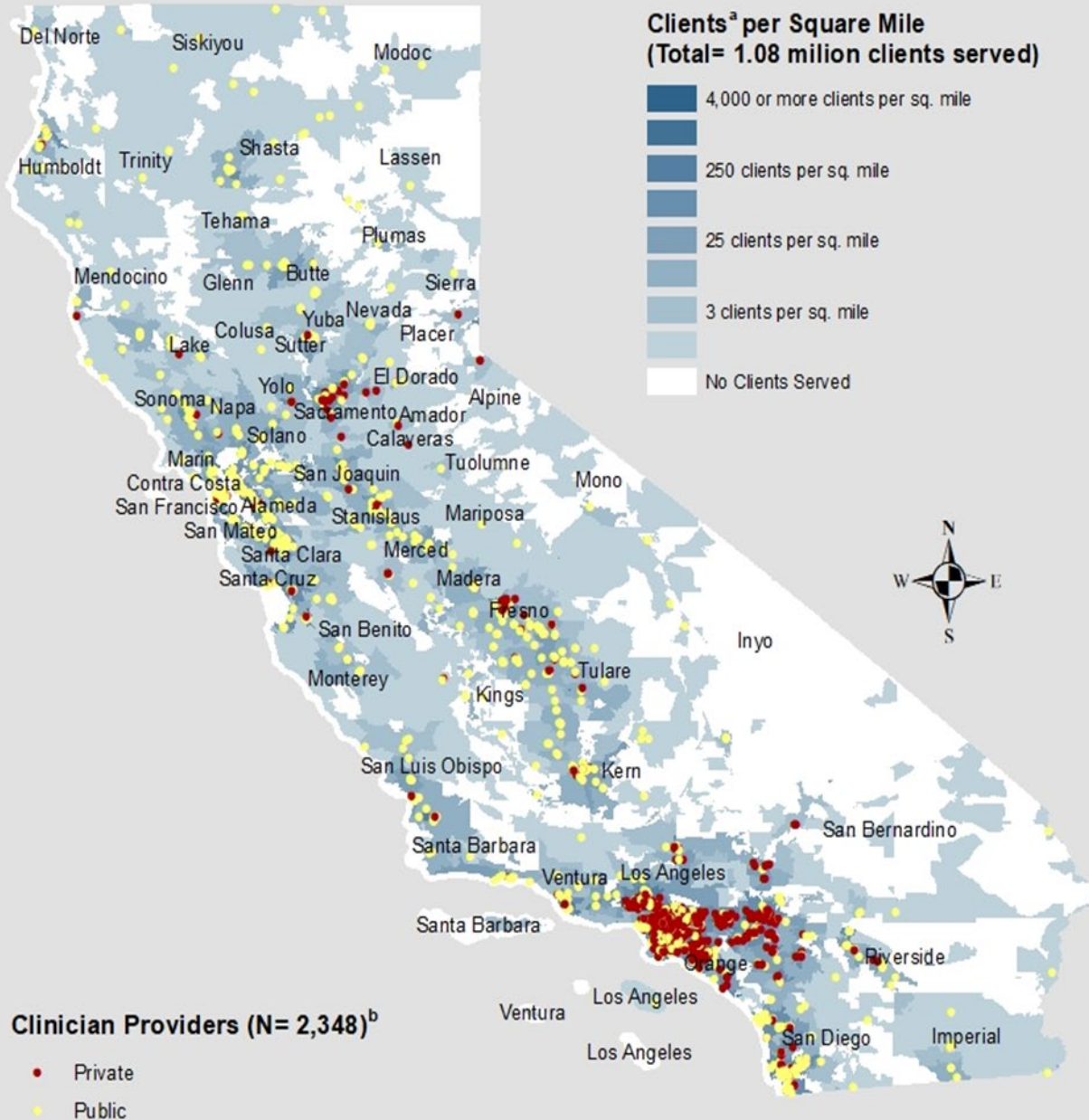


Figure 7
Family PACT Enrolled Provider and Clients, FY 2016-17



Data Source: MIS/DSS Family PACT Enrollment and Claims Data
 Dates Represented: 07/01/2016-06/30/2017 | Date Downloaded: 11/19/2018

^a Zip code map data was obtained from U.S. Census bureau using their ZIP Code Tabulation Areas (ZCTA). Client zip code information was mapped to ZCTA.

^b Includes only enrolled delivering clinician providers

3.1.1 Clients and Claims

In FY 2016-17, public sector providers served the majority of the clients (57 percent) while 39 percent of clients received services from private sector providers. Approximately 61 percent of clients received laboratory testing and 23 percent of clients filled prescriptions through pharmacies (Table 10).

Table 10: Family PACT Clients Served by Provider Type, FY 2016-17

| Provider Type | Total Clients Served* | Percent* |
|---------------|-----------------------|-------------|
| Private | 417,146 | 39% |
| Public | 620,775 | 57% |
| Laboratory | 656,398 | 61% |
| Pharmacy | 247,239 | 23% |
| Total | 1,079,880 | 100% |

*Sum of all numbers and percentages total more than 100% because clients may be served by more than one type of provider.

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

3.1.2 Reimbursement

The total reimbursement for Family PACT services was approximately \$332 million in FY 2016-17. Public providers were reimbursed approximately \$160 million (48 percent) and private sector providers received more than \$69 million (21 percent). Laboratory services were reimbursed more than \$54 million (16.4 percent) and pharmacy services were reimbursed \$48 million (14.6 percent) (Table 11).

Table 11: Family PACT Reimbursement by Provider Type, FY 2016-17

| Provider Type | Reimbursement | Percent* |
|---------------|----------------------|-------------|
| Private | \$69,381,458 | 20.9% |
| Public | \$159,503,574 | 48.1% |
| Laboratory | \$54,464,799 | 16.4% |
| Pharmacy | \$48,257,302 | 14.6% |
| Total | \$331,607,133 | 100% |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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* Percentages may not add to 100 percent due to rounding



4. Services

4.1 Overview

Family PACT services fall into three main categories: clinician services, pharmacy services, and laboratory services.

Clinician services are provided only by clinicians and include counseling, procedures, and clinical exams. Drug and supply services are provided by pharmacies or by clinics on-site. These services include contraceptive methods as well as medications used to treat sexually transmitted infections (STIs) and other conditions related to reproductive health. Laboratory services include testing related to reproductive health and are provided through independent laboratories or by clinics on-site. This chapter presents summary information on the utilization of these main service categories as well as information on covered services related to non-contraceptive services such as STI testing, pregnancy testing, and cervical cancer screening.

Family PACT provides reimbursement for all Food and Drug Administration approved contraceptive methods. Highly effective methods include sterilization and long-acting, reversible contraceptives (LARCs), such as implants and intrauterine contraceptives (IUCs). Moderately effective methods include the injectable contraceptive, the contraceptive patch, the vaginal ring, and oral contraceptives pills (OCPs). Less effective methods include emergency contraceptive pills (ECPs) and barrier methods.

4.2 Contraceptive Methods

4.2.1 Females

In FY 2016-17, 66.4 percent of female Family PACT clients were dispensed at least one contraceptive method (Figure 8), 9.5 percent received a highly effective method (implant, IUD, or sterilization), 38.8 percent received a moderately effective method (contraceptive patch, vaginal ring, OCP, or contraceptive injection), and 18.1 percent received a less effective method (barriers and ECPs). The remaining 33 percent of female clients had no claim for any method of contraceptive dispensed within the year.

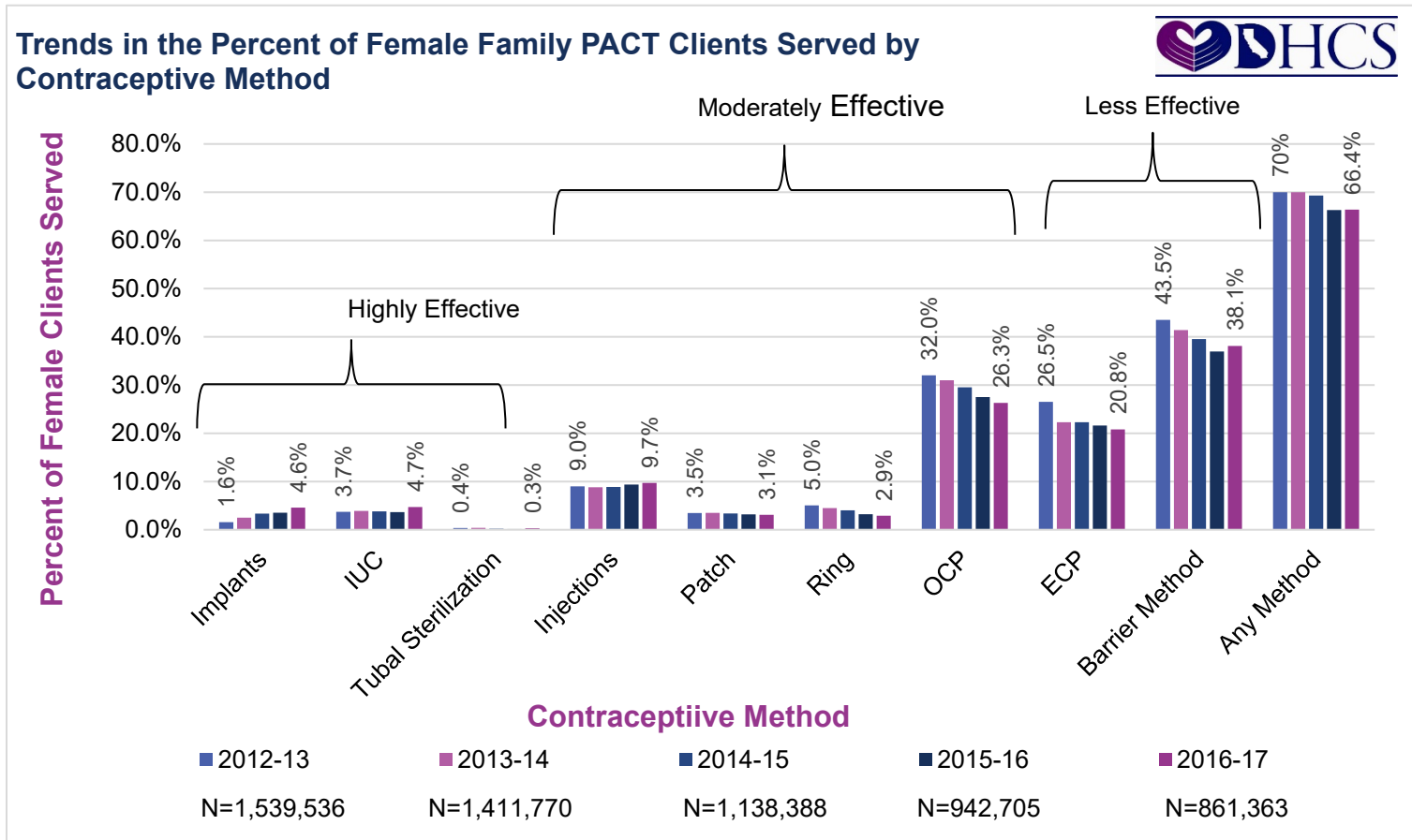
Approximately 9.3 percent of female clients in FY 2016-17 received LARCs. Of these clients, contraceptive implants were dispensed to over 39,000 clients (4.6 percent). In spite of a 44 percent decline in total number of females served since FY 2012-13, the number of female clients receiving an implant grew 3 percentage points in FY 2016-17. Provision of IUCs in FY 2016-17 increased by 1.1 percentage points at 4.7 percent compared to FY 2015-16 (3.6 percent). Overall, there was a positive growth of LARC provision among clients (Figure 8).

Sterilization procedures available for females include tubal ligation and Essure, a hysteroscopic procedure used for permanent tubal occlusion. Overall, 2,238 clients (0.3 percent) received sterilization services through Family PACT in FY 2016-17, a decrease of 564 clients from FY 2015-16 (Figure 8). When Essure sterilization was added to Family PACT benefits on July 1, 2008 (FY 2008-09), there was a notable increase (13 percent) in the number of women receiving sterilization (Figure 9) from the previous FY 2007-08. Sterilization procedures continued to grow through FY 2012-13 with 5,499 sterilization procedures where Essure provision comprised 59 percent of all female sterilizations (Figure 9). Despite a previous steady increase since 2008, Essure provision has continually decreased over the years with 1,339 clients in FY 2015-16 and the substantial decline at 858 Essure procedures in FY 2016-17 (Figure 9).

Of the moderately effective methods of contraception, 83,480 of female clients (9.7 percent) received contraceptive injections. The dispensing of vaginal rings slightly increased to 2.9 percent in FY 2016-17 compared to 2.7 percent in FY 2015-16. A slight upward trend in the dispensing of the contraceptive patch occurred this fiscal year with 3.1 percent dispensed to clients compared to 2.6 percent in FY 2015-16. Despite the continuous dispensing decline of OCPs since FY 2009-10 (35 percent), OCPs continued to be the highest proportion of moderately effective method of contraception dispensed (26.3 percent) in FY 2016-17.

Barrier methods and ECPs comprise the highest proportion of contraceptive methods reimbursed by Family PACT for females at 38.1 percent. Over 300,000 Family PACT clients were dispensed barrier methods and about 170,000 clients received ECPs.

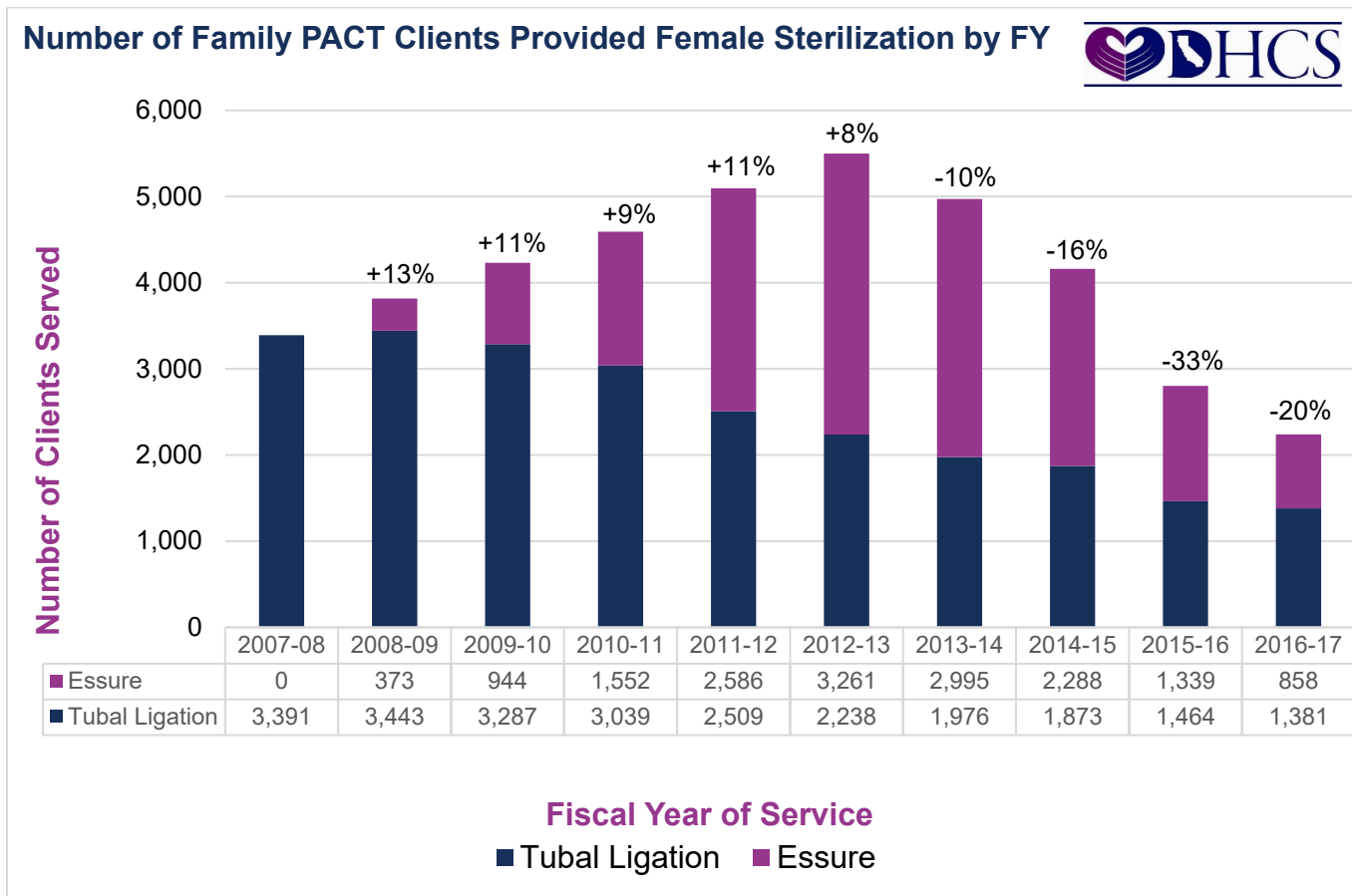
Figure 8:



Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
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*Sum of all numbers and percentages total more than 100% because clients may have received more than one type of family planning method.

Figure 9:



Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

* Percentages may not add to 100 percent due to rounding

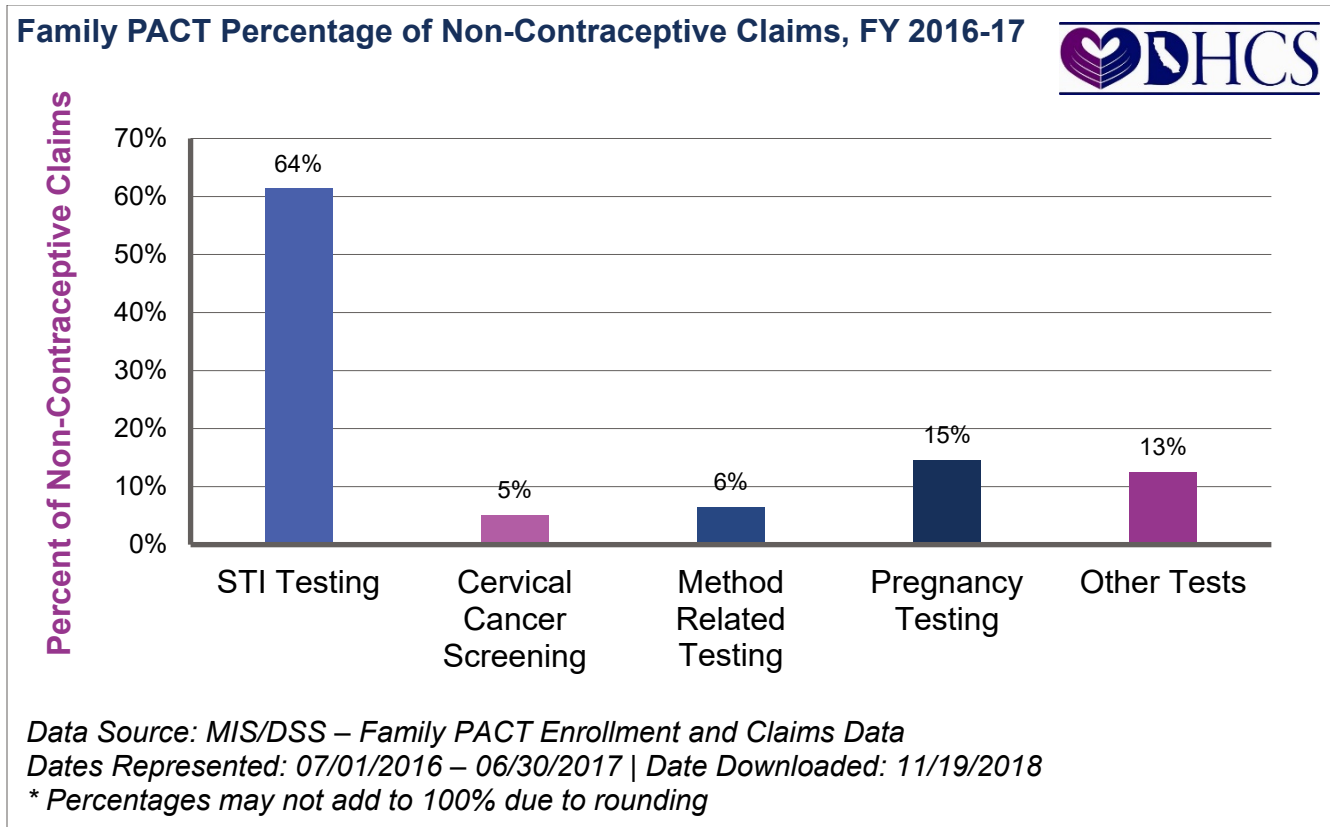
4.2.2 Males

Barrier method and vasectomy are the only two contraceptive methods available for males in the Family PACT Program. During FY 2016-17, approximately 100,000 of male clients served (99.1 percent) received a barrier method and about 900 clients (0.9 percent) were provided a vasectomy. Since Family PACT’s inception in 1997, over 23,000 men received vasectomies.

4.3 Non-Contraceptive Services

Despite the continued decrease in overall Family PACT clients and a policy update regarding STI testing in FY 2013-14³, STI testing received by Family PACT clients increased by 3 percent between FY 2015-16 (61 percent) and FY 2016-17 (64 percent).

Figure 10:



Of the non-contraceptive services, STI testing accounted for the largest portion of family planning related services (64 percent, Figure 10). Chlamydia (CT) and gonorrhea (GC) co-testing comprised 62.9 percent of STI testing services, increasing from 55.4 percent in FY 2015-16 (Table 12).

The vast majority (68 percent) of pregnancy testing was done by public sector providers (Figure 11).

³ Effective April 1, 2014, Family PACT required documentation of medical necessity when testing females 25 years old and under for CT or GC more than once a year, females over 25 years old, and males of any age.

Table 12: Family PACT STI Testing Percentages, FY 2016-17

| STI Test | Percent of STI Services |
|------------------|-------------------------|
| CT/GC co-testing | 62.9% |
| Syphilis | 29.8% |
| HIV ^a | 21.6% |
| HPV ^b | 0.0% |
| HSV ^c | 0.6% |

a Human Immunodeficiency Virus

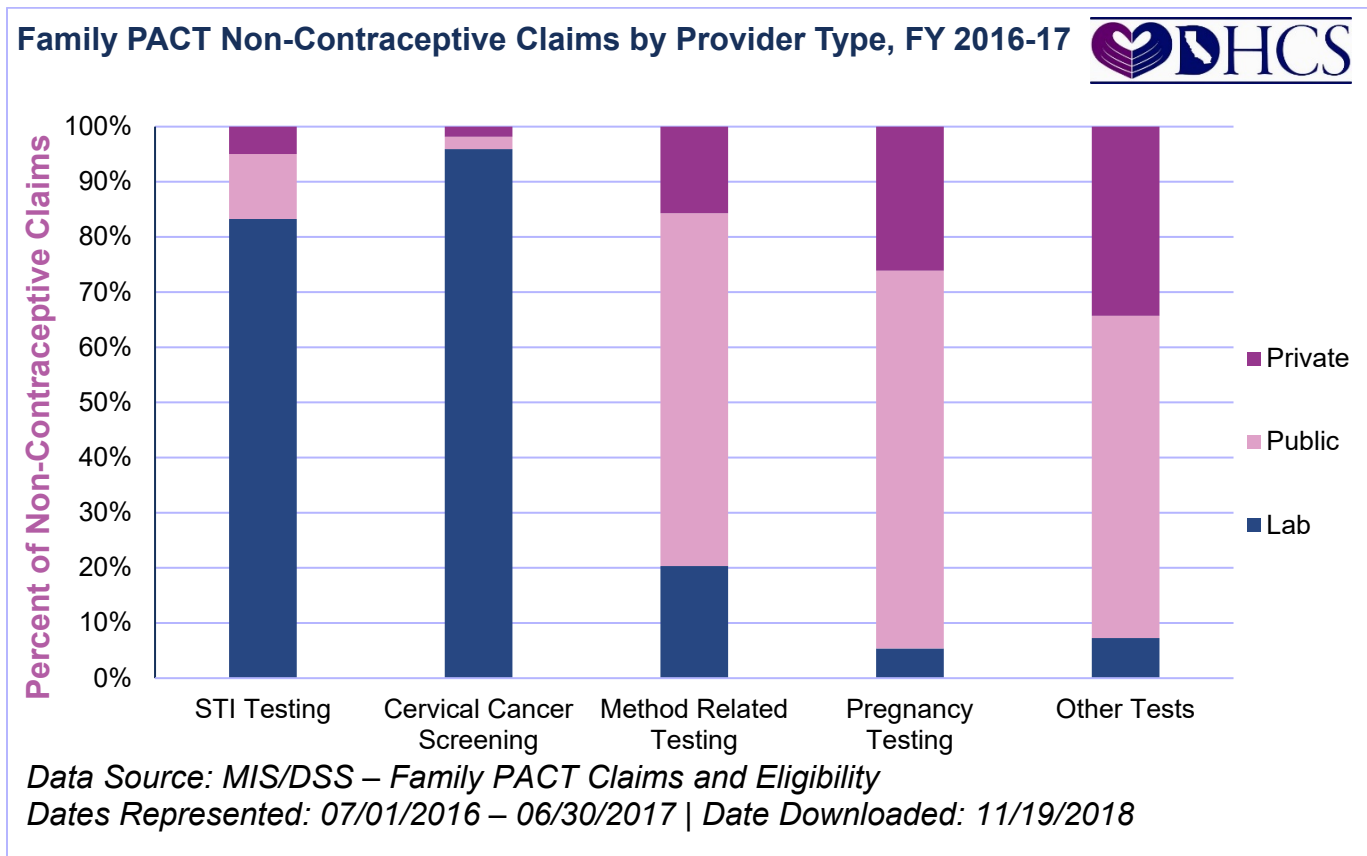
b Human Papillomavirus

c Herpes Simplex Virus

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

Figure 11:



5. Reimbursement

5.1 Overview

This chapter discusses a detailed reimbursement information by service type (Table 13), provider type (Figure 12), and clinician provider type (Table 15).

Total Reimbursement for Family PACT services in FY 2016-17 was approximately \$332 million, a decrease of \$8 million (-2.4 percent) from FY 2015-16.

Table 13: Family PACT Clients and Reimbursement by Service Type, FY 2016-17

| Service Type | Service | Clients Served* | Reimbursement Amount | Percent of Total Reimbursement |
|---------------|----------------------------|------------------|----------------------|--------------------------------|
| Clinician | Office Visits** | 976,086 | \$93,501,088 | 27.7% |
| | Procedures & Facility Fees | 137,355 | \$21,942,191 | 6.6% |
| | Subtotal | 1,113,441 | \$115,443,278 | 34.8% |
| Drug & Supply | Barrier Method Supplies | 430,335 | \$6,305,636 | 1.9% |
| | Contraceptive Drugs | 451,044 | \$124,710,727 | 37.6% |
| | Non-Contraceptive Drugs | 226,758 | \$5,558,558 | 1.7% |
| | Subtotal | 1,108,137 | \$136,574,921 | 41.2% |
| Laboratory | Cervical Cytology Tests | 146,054 | \$3,793,651 | 1.1% |
| | Method Related Tests | 62,425 | \$169,779 | 0.1% |
| | Other Lab Tests | 96,660 | \$1,674,651 | 0.5% |
| | Pregnancy Tests | 370,454 | \$1,427,404 | 0.4% |
| | Specimen Handling Fees | 243,525 | \$936,977 | 0.3% |
| | STI Tests | 687,508 | \$54,743,094 | 16.5% |
| | Subtotal | 1,606,626 | \$62,745,556 | 18.9% |
| Total | Grand Total | 1,079,880 | \$331,607,132 | 100% |

* Column does not add to the subtotals because clients received more than one type of service.

**Office Visits include Evaluation and Management and Education and Counseling Codes.

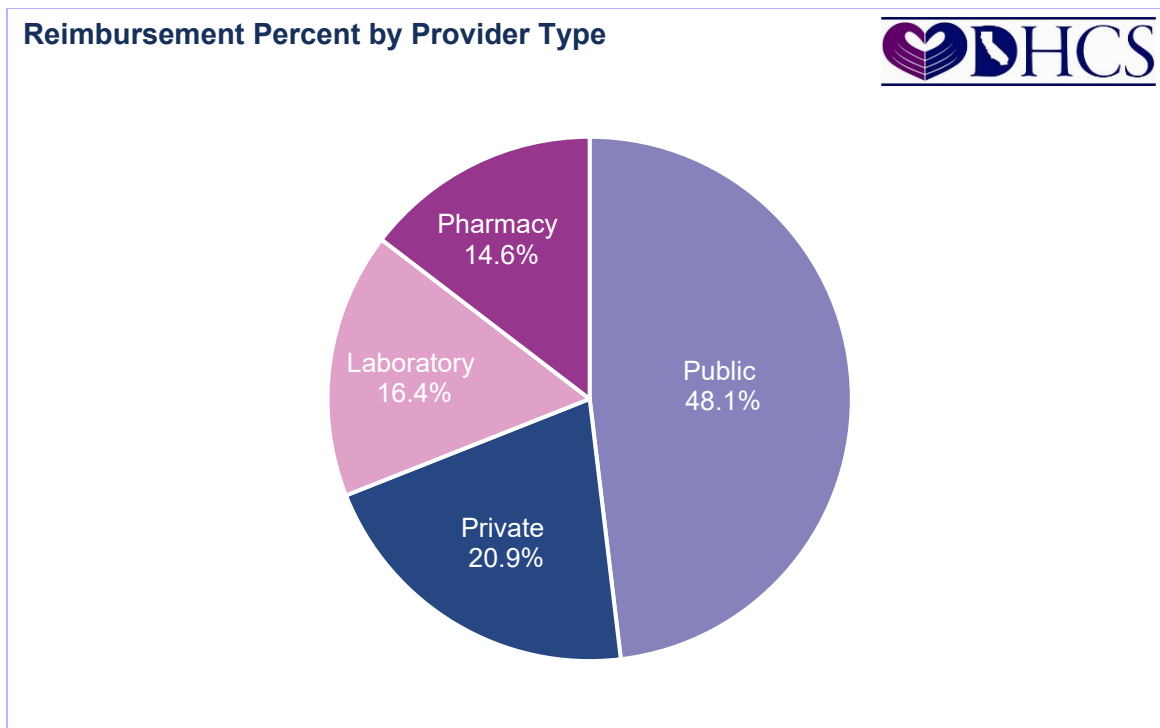
Data Source: MIS/DSS – Family PACT Claims and Eligibility



Although current reimbursement for FY 2016-17 declined by 2.4 percent from FY 2015-16, there was a considerable change in the distribution of costs across different service types in Family PACT. Similar to prior years, three services accounted for the bulk of all Family PACT reimbursements: contraceptive drugs (37.6 percent), office visits (27.7 percent), and STI testing (16.5 percent). See Table 13.

Pharmacy providers received 14.6 percent of reimbursement, which is about a 3 percent decrease over FY 2015-16 (Figure 12). The percent of reimbursement paid to laboratory providers decreased from 15.2 percent in FY 2015-16 to 14.6 percent, and reimbursement to clinician providers (who may have reimbursement in all three categories of service) has remained stable at about 64 percent. A breakdown of reimbursement by provider type shows that 20.9 percent of total reimbursement went to private sector providers (an increase from 19.2 percent in FY 2015-16), and 48.1 percent of total reimbursement went to public sector providers. See Figure 12.

Figure 12:



Data Source: MIS/DSS – Family PACT Claims and Eligibility
 Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

5.2 Factors Affecting the Change in Reimbursement

Factors affecting the change in reimbursement are divided into three categories: clients served, utilization, and cost. Clients served is defined as the number of clients who received a paid service during the period in question. Utilization is defined as the average number of claim lines per client served, and cost is defined as the average reimbursement per claim line.

Utilization slightly increased by 0.7 percent, from 6.4 claim lines per client in FY 2015-16 to 7.4 claim lines per client. In spite of an increase in utilization, the consistent decline of clients contributed to the decrease in reimbursement overall. The average cost of services decreased by 4.4 percent. See Table 14 for more details on changes in clients served, utilization, and cost (shown as reimbursement per claim line).

Table 14: Family PACT Clients Served, Utilization and Reimbursement, FY 2016-17

| Service Type | Clients Served* | Percent Change from Previous FY | Utilization ** | Percent Change from Previous FY | Reimbursement per Claim *** | Percent Change from Previous FY |
|----------------------------|------------------|---------------------------------|----------------|---------------------------------|-----------------------------|---------------------------------|
| Clinician | 1,008,539 | -4.6% | 2.3 | 4.5% | 47 | 2.5% |
| Drug and Supply | 721,318 | 8.2% | 2.7 | 3.0% | 13 | -10.0% |
| Drug and Supply (Pharmacy) | 248,028 | -17.1% | 2.8 | 3.7% | 38 | 20.0% |
| Drug and Supply (Onsite) | 530,851 | -3.9% | 2.4 | 4.3% | 68 | -3.0% |
| Laboratory | 856,746 | -3.2% | 4.1 | 5.1% | 80 | -2.1% |
| Total | 1,079,880 | -7.3% | 7.4 | 10.4% | 50 | 4.4% |

* Column does not add to the total because clients received more than one type of service.

**Utilization is the average claim lines per client served.

***Reimbursement per claim is the average reimbursement per claim line.

5.3 Clinician Services

Enrolled clinician providers provide the bulk of Family PACT services.⁴ As Family PACT providers, they may enroll new clients and must adhere to the Family PACT Program Standards.⁵ Total reimbursement for clinician services was over \$115 million in FY 2016-17. An increase in average cost (+4.5 percent) was offset by a slight decrease in clients served (-4.6 percent) and utilization (-2.3 percent) (Tables 14). Reimbursement to public sector providers, who served over 60 percent of clients, accounted for 62.5 percent of all dollars paid for clinician services. Reimbursement for private sector providers, who served 39 percent of all clients, accounted for 37.5 percent of all dollars paid for clinician services. Additionally, spending for evaluation and management (E&M) visits and education and counseling (E&C) visits accounted for 81 percent of clinician service reimbursements. See Table 16.

Spending on E&C decreased as a percentage of total expenditures (7.9 percent in FY 2014-15; 7.3 percent in FY 2015-16). All other clinician services accounted for 19.0 percent of reimbursement. This year, method related procedures accounted for a larger proportion of reimbursement (16.7 percent compared to 14.4 percent in FY 2015-16).

Table 15: Family PACT Reimbursement by Provider Type, FY 2016-17

| Provider Type | Reimbursement Amount | Percent of Total Reimbursement |
|---------------|----------------------|--------------------------------|
| Private | \$43,306,032 | 37.5% |
| Public | \$72,137,246 | 62.5% |
| Total | \$115,443,278 | 100% |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2017

⁴ An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status as well as a Family PACT enrollment status of “category of service” (COS) 11 for at least one day during the fiscal year. All references to “providers” refer to entities with a unique combination of the NPI, Owner number, and Location number.

⁵ For Family PACT Program Standards see: <http://www.familypact.org/resources/policies-procedures-and-billing-instructions>.



Table 16: Family PACT Reimbursement by Service Type, FY 2016-17

| Service Type | Reimbursement Amount | Percent of Total Reimbursement |
|---------------------------------|----------------------|--------------------------------|
| E&C Codes | \$7,862,241 | 6.8% |
| E&M: Established Clients | \$54,267,570 | 47.0% |
| E&M: New Clients | \$31,371,277 | 27.2% |
| Subtotal | \$93,501,088 | 81.0% |
| Dysplasia Services | \$1,007,633 | 0.9% |
| Facility Use | \$795,476 | 0.7% |
| Inpatient Procedure | \$4,512 | <0.1% |
| Method Related Procedure | \$19,293,543 | 16.7% |
| Other Clinical Procedure | \$361,149 | 0.3% |
| Other Surgical Procedure | \$479,879 | 0.4% |
| Subtotal | \$21,942,190 | 19.0% |
| Clinician Services Total | \$115,443,278 | |

*Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
 Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018*

5.4 Drug and Supply Services

Total reimbursement for drug and supply services was \$136 million in FY 2016-17, accounting for 47 percent of Family PACT reimbursement. The proportion reimbursed to pharmacies decreased from 42.4 percent in FY 2015-16 to 33.4 percent in FY 2016-17. Spending on contraceptive drugs accounted for 91.3 percent of all drug and supply reimbursements (Tables 17 and 18).



Table 17: Family PACT Reimbursement by Contraceptive Type, FY 2016-17

| Service Type | Reimbursement Amount | Percent of Total Reimbursement |
|---|----------------------|--------------------------------|
| Contraceptive Drugs | | |
| ECPs ^a | \$4,664,832 | 3.4% |
| Implants | \$28,414,903 | 20.8% |
| Injections | \$10,392,279 | 7.6% |
| IUCs | \$16,460,968 | 12.1% |
| Oral Contraceptives | \$34,669,438 | 25.4% |
| Patches | \$17,249,712 | 12.6% |
| Rings | \$11,902,137 | 8.7% |
| Tubal Ligation | \$953,957 | 0.7% |
| Subtotal | \$124,710,727 | 91.3% |
| Non-Contraceptive Drugs | \$5,558,558 | 4.1% |
| Barrier Methods & Supplies | \$6,305,636 | 4.6% |
| Drug & Supply Services Total | \$136,574,921 | 100% |

a Emergency Contraceptive Pills

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

Table 18: Family PACT Drug and Supply Reimbursement by Provider Type, FY 2016-17

| Provider Type | Reimbursement Amount | Percent of Total Reimbursement |
|---------------|----------------------|--------------------------------|
| Clinician | \$91,025,966 | 66.6% |
| Pharmacy | \$45,548,955 | 33.4% |
| Total | \$136,574,921 | 100% |

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018



5.5 Laboratory Services

Total reimbursement for laboratory services was approximately \$63 million (Table 19). STI testing accounted for 87.2 percent of laboratory service costs, a 2 percent increase from FY 2015-16.

Table 19: Family PACT Laboratory Reimbursement, FY 2016-17

| Service Type | Reimbursement Amount | Percent of Total Reimbursement |
|----------------------------------|----------------------|--------------------------------|
| Chlamydia Testing | \$26,152,672 | 41.7% |
| Gonorrhea Testing | \$23,349,521 | 37.2% |
| HIV ^a | \$3,066,059 | 4.9% |
| HPV ^b | \$511,834 | 0.8% |
| HSV ^c | \$213,815 | 0.3% |
| Syphilis | \$1,448,934 | 2.3% |
| Other Laboratory Tests | \$0 | 0% |
| STI Testing Subtotal | \$54,743,094 | 87.2% |
| Pap Tests | \$3,793,651 | 6.0% |
| Method Related Tests | \$169,779 | 0.3% |
| Other Laboratory Tests | \$1,674,651 | 2.7% |
| Pregnancy Tests | \$1,427,404 | 2.3% |
| Specimen Handling Fees | \$936,977 | 1.5% |
| Laboratory Services Total | \$62,745,559 | 100% |

a Human Immunodeficiency Virus

b Human Papillomavirus

c Herpes Simplex Virus

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018

6. Women in Need of Publicly-Funded Contraceptive Services

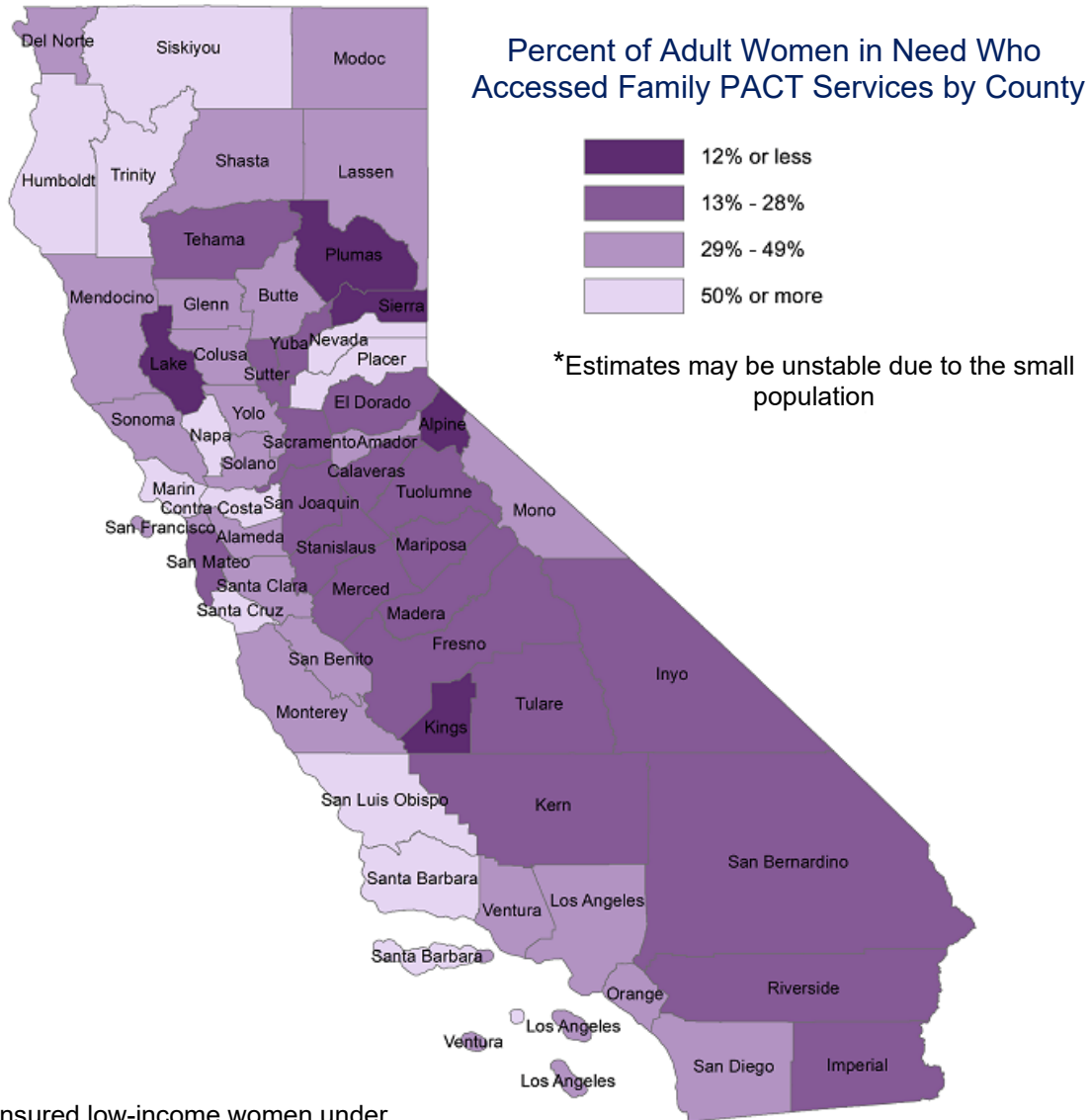
Women 15-44 years of age who are sexually active, fecund, and not pregnant or not seeking to become pregnant are at risk of unintended pregnancy are considered in need of contraceptive services. Adult women aged 20-44 years old who have an income at or below 200 percent FPG and females 15-19 years old, of any income may need publicly funded contraceptive services, if they are sexually active. Access for women in need of the Family PACT Program is based on the comparison of the number of women who received a contraceptive method at least once during the year from Family PACT to the total number of women who were considered in need of these services.

In FY 2016-17, there is an estimated 1.67 million women ages 15-44 years in need of publicly funded family planning services. Adolescent women ages 15-19 years old were estimated at 427,414 while adult women ages 20- 44 years in need was 1.22 million. Family PACT provided 543,762 women with at least one family planning service, about 90, 000 to adolescent women and about 450,000 to adult women.

Figure 13 shows variation in access to Family PACT services across California's 58 counties among adult women 20-44 years old as the characteristics of reproductive age women vary considerably in land size and population. Statewide, the proportion of all reproductive age women in need who received family planning services through Family PACT was 37 percent. Examination of individual county data of the ten highest number of women in need, the proportion accessing services ranged from a low range of 10 percent in Kings County to a high of 86 percent in San Luis Obispo County. Note that some counties may have statistically unreliable estimates due to their small population.

Figure 13:

Access to Publicly-Funded Contraceptive Services, FY 2016-17
Among Women Ages 20-44 at Risk of Unintended Pregnancy^a



^a Includes uninsured low-income women under 200 percent of the Federal Poverty Level

Data Source: MIS/DSS – Family PACT Claims Data, State of California Department of Finance, State and County Population Projections by Age, Race/Ethnicity, and Gender, 2010-2060, California Health Interview Survey;
Dates Represented: 07/01/2016 – 06/30/2017 | Date Downloaded: 11/19/2018



7. Conclusion

The Family PACT Program continues to be the largest Medicaid family planning expansion program in the nation⁶ with 1.83 million enrolled and 1.08 million served through a network of 2,348 clinician providers in Fiscal Year 2016-17. Despite the continued decline in number of clients during the second full year of the ACA implementation in January 2014, over 504,000 individuals were newly enrolled in Family PACT. The decline in clients was widespread across subpopulations of gender and age, and though Family PACT serves a majority of female clients, the proportion of male clients continued to increase. The decline in the number of Family PACT clients served is expected to continue. However, the Family PACT Program will continue to ensure access to a full range of family planning services to low income men and women and will remain as an essential program for low-income California residents without other health care coverage for family planning services.

⁶ Ranji U & Salganicoff A. Medicaid Family Planning Programs: Case Studies of Six States After ACA Implementation. Kaiser Family Foundation. April 2017