



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
OFFICE OF FAMILY PLANNING

FAMILY PACT PROGRAM REPORT

FISCAL YEAR 2017-2018 AND
FISCAL YEAR 2018-2019

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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 (DHCS), 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 that describes Family PACT provider and client populations, types of services utilized, and program reimbursement. Dates of service in this report are for Fiscal Years (FY) 2017-18, beginning July 1, 2017 and ending June 30, 2018 and FY 2018-19, beginning July 1, 2018 and ending June 30, 2019. This report includes claims data and client and provider enrollment data at the time of service. FY 2017-18 and FY 2018-19, were the fourth and fifth full years 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 are expected to have their family planning services included in the services compensated. This report is limited to the Family PACT Program.

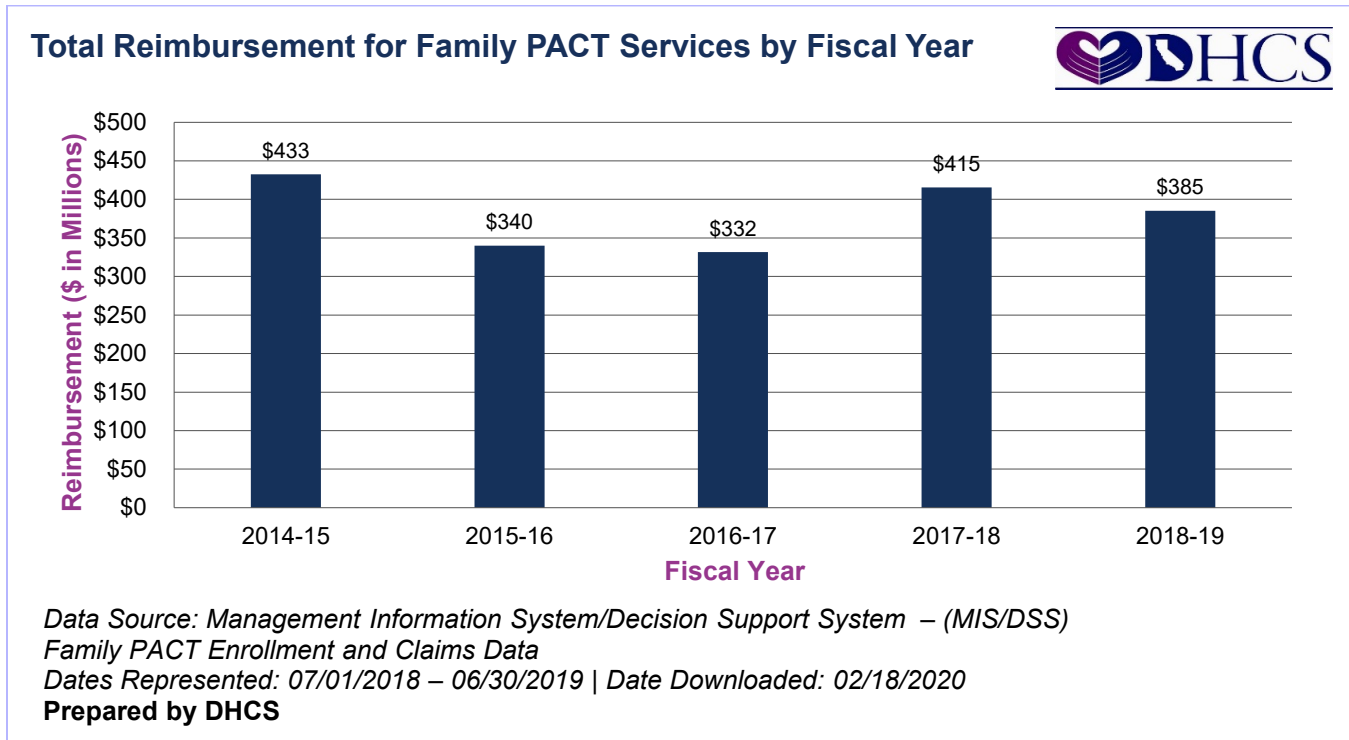
In FY 2017-18 and 2018-19, the twenty-first and twenty-second full fiscal year of operation, the Family PACT Program served 0.94 and 0.84 million women and men

respectively, a downward trend of client population compared to FY 2016-17 (1.08 million served in FY 2016-17).

For FY 2017-18, there were 6,629 providers reimbursed for services rendered, 2,288 were clinician providers, 4,230 were pharmacy providers and 111 were laboratories. In FY 2018-19, there were 6,357 providers reimbursed for services rendered, 2,208 were clinician providers, 4,048 were pharmacy providers and 101 were laboratories. Comparing FY 2018-19 and FY 2017-18, clinician providers decreased by 4 percent.

Pharmacy providers served about 20 percent of all clients for both FYs, laboratories served about 60 percent, and clinician providers served about 95 percent. Total reimbursement for Family PACT services in FY 2018-19 was \$385 million, a 7 percent decrease in reimbursement from FY 2017-18 (Figure 1). In FY 2017-18 the total reimbursement was \$415 million, a substantial 25 percent increase in reimbursement from FY 2016-17 (Figure 1). This is the first time that reimbursement has increased since the downward trend of reimbursement started in FY 2013-14, following the implementation of the ACA. This is attributed to the implementation of the California Healthcare Research and Prevention Tobacco Tax Act, Proposition 56 (Prop 56). Prop 56 raised the tax rate on cigarettes and other tobacco products to fund specific DHCS programs which includes Family PACT. Under the State Plan Amendment (SPA) 17-029 approved by CMS, time-limited supplemental payments were given to Family PACT providers for rendering Evaluation and Management (E&M) office visits for the period of July 1, 2017 through June 30, 2018. This SPA was extended and continued through FY 2018-19.

Figure 1:

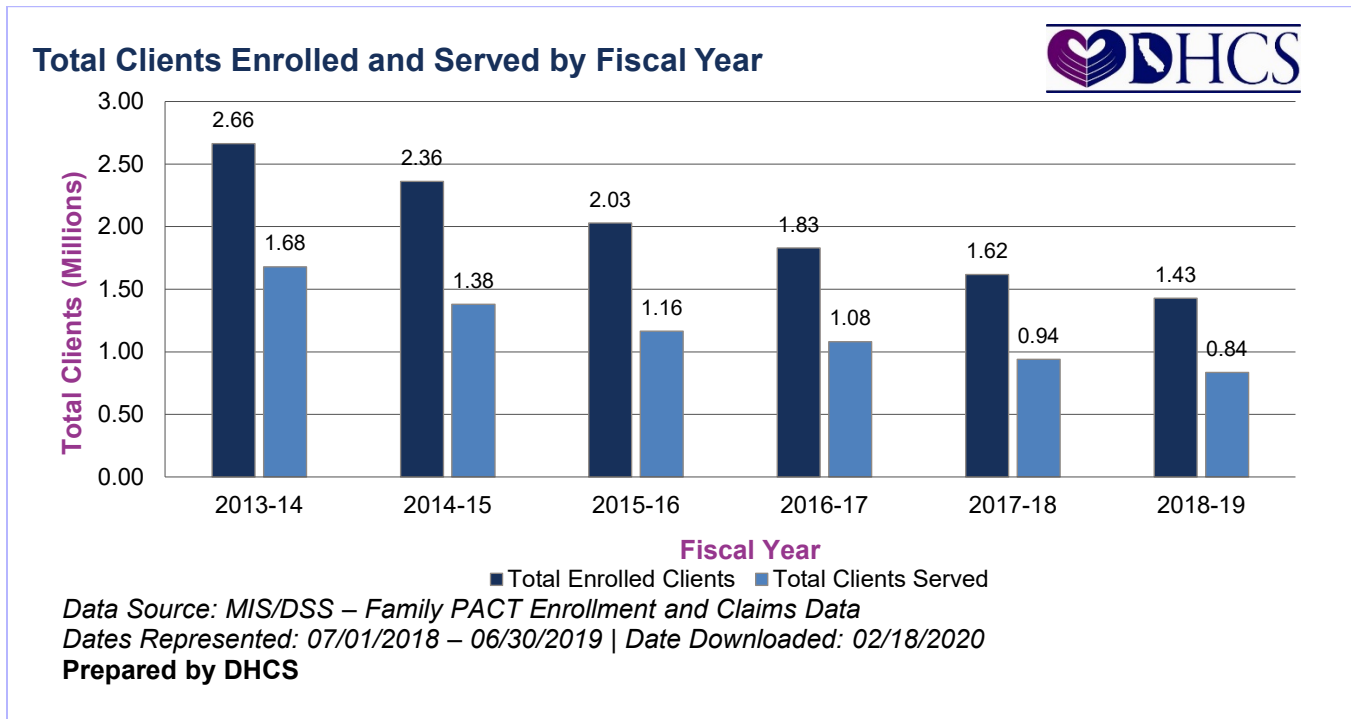


2. Client Profile

2.1 Overview

The Family PACT Program had 1.43 million clients enrolled for part or all of FY 2018-19, down from 1.62 million in FY 2017-18. This is consistent with the trend of decreasing client enrollment noted in previous fiscal years. Approximately 25 percent of clients were newly enrolled in both FYs, with 411,000 newly enrolled in FY 2017-18 and 366,000 newly enrolled in FY 2018-19. Of the enrolled clients, 0.84 million (59 percent) received family planning services from Family PACT during FY 2018-19, about a 104,000 (-11 percent) decrease from FY 2017-18. See Figure 2.

Figure 2:



During FY 2017-18 and FY 2018-19, of the clients served, 40 percent were newly enrolled in Family PACT. Of 0.94 million clients served in FY 2017-18, approximately 379,000 were newly enrolled (Table 1). While in FY 2018-19, of the 0.84 million clients served, approximately 336,000 were newly enrolled (Table 2).

Table 1: Family PACT Served Clients by Client Type, FY 2017-18

Client Type	Clients Served
Continuing Clients	561,181
New Clients	379,128
Total	940,309

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019
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Table 2: Family PACT Served Clients by Client Type, FY 2018-19

Client Type	Clients Served
Continuing Clients	499,769
New Clients	336,410
Total	836,179

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020
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Clients served in FY 2018-19 decreased by 11 percent or 104,130 clients compared to FY 2017-18. FY 2018-19 is the eighth consecutive year to exhibit a decrease in the number of clients served. Table 3 shows clients served for the last six years.



Table 3: Total Family PACT Clients Served by FY

FY	Total Clients Served	Percent Change from Previous FY
2013-14	1,679,076	-7.6%
2014-15	1,379,522	-17.8%
2015-16	1,164,504	-15.6%
2016-17	1,079,880	-7.3%
2017-18	940,309	-12.9%
2018-19	836,179	-11.1%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020
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Prior to January 1, 2014, many clients would not have qualified for full scope Medi-Cal, as Medi-Cal was largely available only to women who were pregnant, with minor children, or individuals who were disabled. Typically, half of Family PACT’s female population has never had a live birth and more than 15 percent of clients are male. Pursuant to the ACA, effective January 1, 2018, California expanded Medi-Cal services to all low-income adults and required that adults over 138 percent of the Federal Poverty Guidelines (FPG) 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 not within the age limits for state only full scope Medi-Cal, and individuals with an unsatisfactory immigration status that would only be eligible for emergency or pregnancy related services under Medi-Cal, 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 more than 80 percent of the Family PACT client population in both FYs (Tables 4 and 5). Males accounted for 16.8 percent of the client population in FY 2018-19 (Table 5), a 2 percent decrease from FY 2017-18 (Table 4).



Table 4: Family PACT Clients Served by Gender, FY 2017-18

Client Sex	Client Count	Percent
Females	766,129	81.5%
Males	174,180	18.5%
Total	940,309	100%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019
Prepared by DHCS

Table 5: Family PACT Clients Served by Gender, FY 2018-19

Client Sex	Client Count	Percent
Females	695,447	83.2%
Males	140,732	16.8%
Total	836,179	100%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020
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2.2.2 Age

Roughly one half (43.8 percent) of Family PACT clients fall between the ages of 20-29 for both FYs. Overall distribution of clients through the age groups did not significantly change from the previous fiscal year (Tables 6 and 7).

Table 6: Family PACT Clients Served by Age, FY 2017-18

Age Group	Client Count	Percent
10-14	4,146	<1%
15-17	45,942	4.9%
18-19	74,038	7.9%
20-24	221,380	23.5%
25-29	193,751	20.6%
30-34	142,003	15.1%
35-39	107,272	11.4%
40-44	74,423	7.9%
45-49	47,678	5.1%
50-54	21,831	2.3%
55-59	5,806	<1%
60+	2,039	<1%
Total	940,309	100%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
 Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019
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Table 7: Family PACT Clients Served by Age, FY 2018-19

Age Group	Client Count	Percent
10-14	4,112	<1%
15-17	41,629	5.0%
18-19	67,832	8.1%
20-24	196,185	23.5%
25-29	169,831	20.3%
30-34	126,312	15.1%
35-39	95,951	11.5%
40-44	67,245	8.0%
45-49	42,624	5.1%
50-54	17,470	2.1%
55-59	5,125	<1%
60+	1,863	<1%
Total	836,179	100%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020
Prepared by DHCS

2.2.3 Ethnicity & Primary Language

Approximately 68 percent of Family PACT clients served identified themselves as Hispanic or Latino, and about 15 percent identified themselves as Caucasian (Tables 8 and 9) in both FYs. These two ethnicities comprise the two largest ethnic groups among Family PACT clients. Similar to the drop in clients seen in recent years, each racial/ethnic group saw a decline in the number of clients served between FY 2017-18 and FY 2018-19. Overall composition of Family PACT clients in regards to ethnic distribution did not change significantly from the previous year (Tables 8 and 9).



FAMILY PACT PROGRAM REPORT FY 2017-18 & FY 2018-19

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

Table 8: Family PACT Clients Served by Ethnicity, FY 2017-18

Client Ethnicity	Client Count	Percent
Hispanic or Latino	639,476	68.0%
Caucasian	135,886	14.5%
African American	75,069	8.0%
Asian or Pacific Islander	58,608	6.2%
Other ^a	31,226	3.3%
Unknown	44	<1%
Total	940,309	100%*

^a The term "Other" includes multi-race category.

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

Prepared by DHCS

Table 9: Family PACT Clients Served by Ethnicity, FY 2018-19

Client Ethnicity	Client Count	Percent
Hispanic or Latino	568,514	68.0%
Caucasian	122,473	14.6%
African American	61,746	7.4%
Asian or Pacific Islander	54,420	6.5%
Other ^a	28,985	3.5%
Unknown	41	<1%
Total	836,179	100%*

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

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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While the overall client population has decreased, the proportion of Family PACT clients reporting Spanish as their primary language remained relatively stable for both FYs. (Figures 3 and 4, Tables 10 and 11). English was the most frequently reported primary language at 53.8 percent of clients in FY 2018-19 and 59.1 percent in FY 2017-18. (Figures 3 and 4, Tables 10 and 11).

As shown in Figures 3 and 4, Approximately 55 percent of Hispanic or Latino clients reported Spanish as their primary language in both FYs.

As shown in Tables 10 and 11, approximately 22,000 clients (2.6 percent) reported a primary language other than English or Spanish in FY 2018-19 and about 31,000 clients (3.3 percent) in FY 2017-18. 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; FY 2018-19 was the first year it decreased below 3 percent (Figures 3 and 4, Tables 10 and 11).

Figure 3:

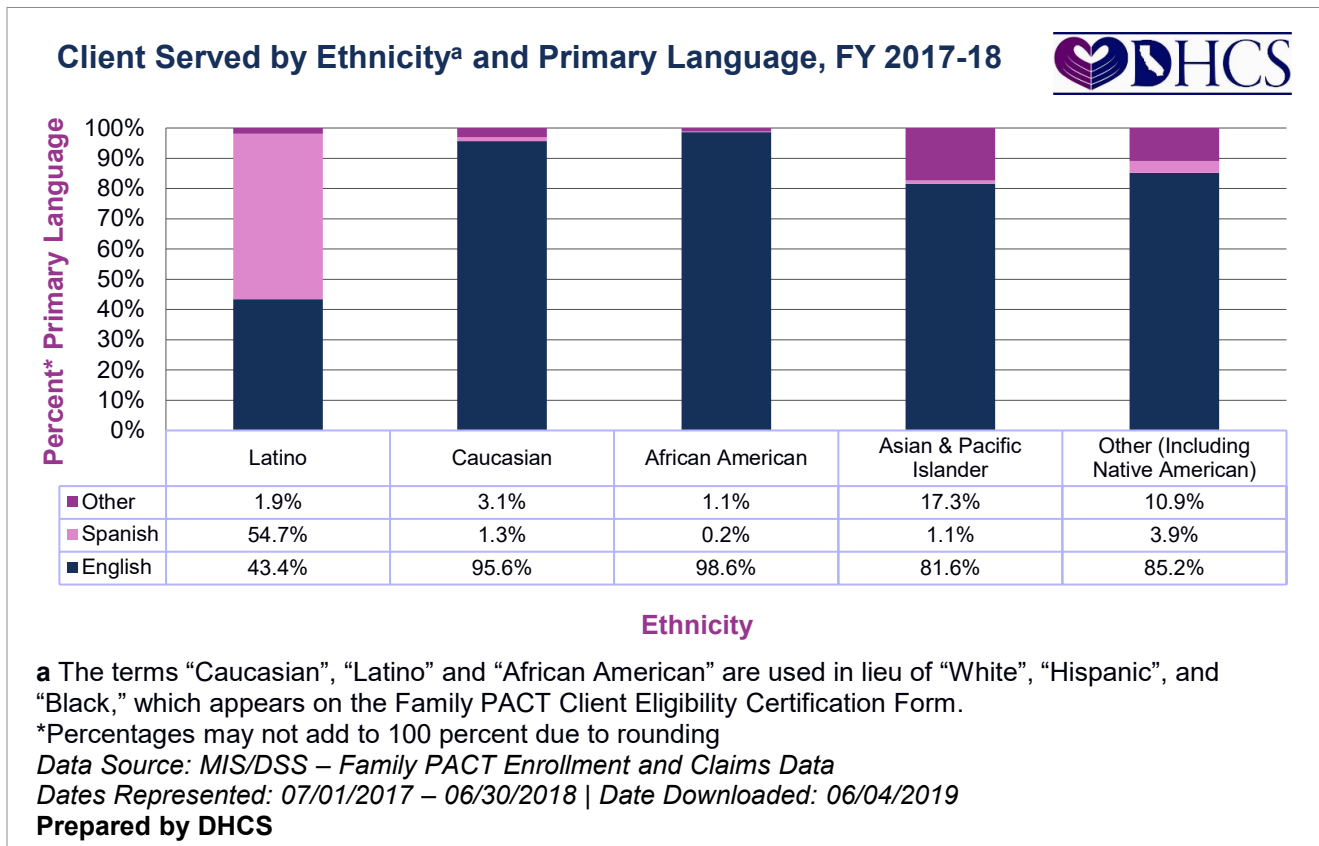


Figure 4:

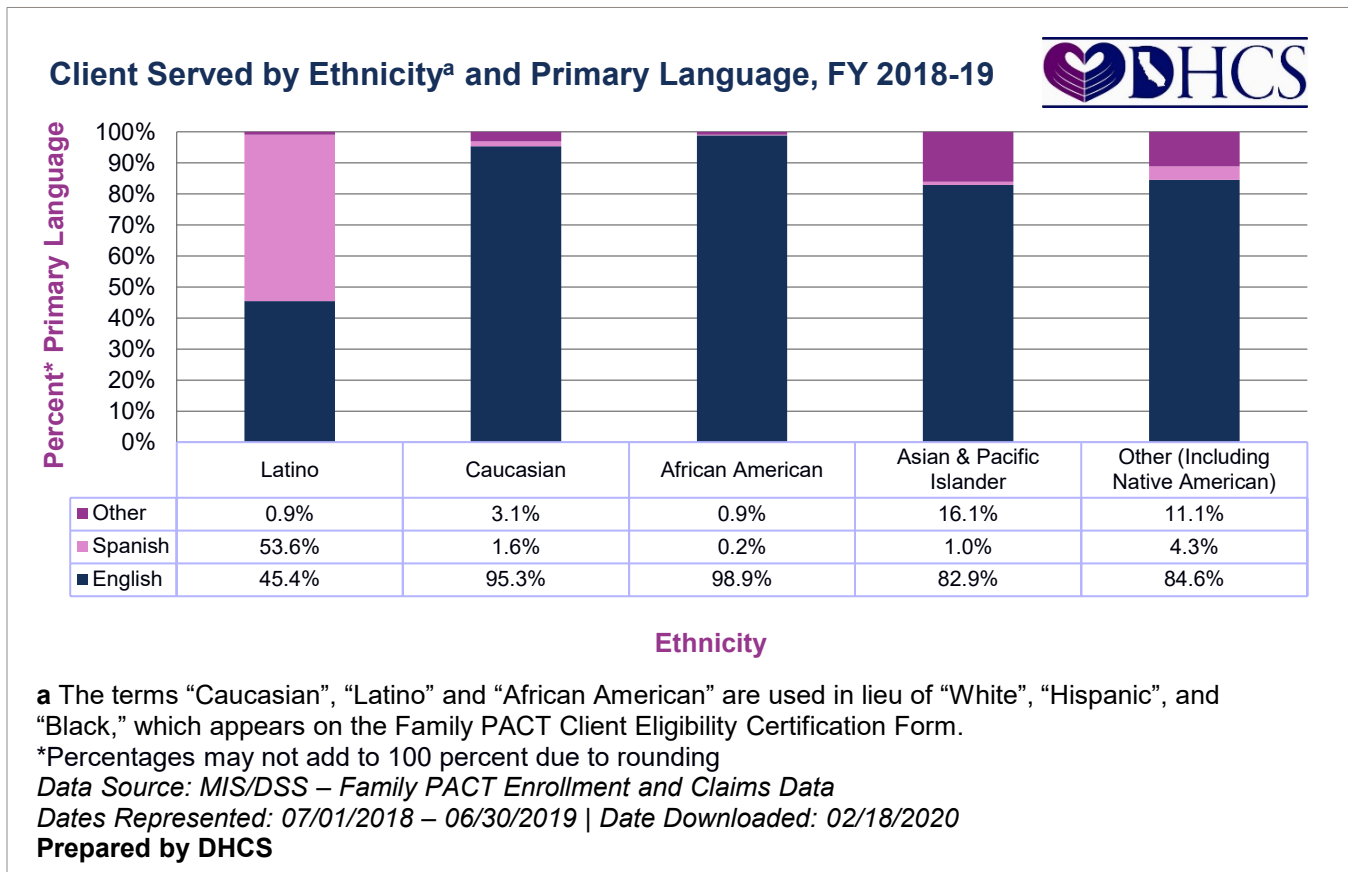


Table 10: Family PACT Clients Served by Primary Language and Ethnicity, FY 2017-18

Ethnicity	English	Spanish	Other	Unknown	Total
Hispanic or Latino	277,419	350,012	12,044	1	639,476
Caucasian	129,974	1,741	4,171	-	135,886
African American	74,053	175	841	-	75,069
Asian or Pacific Islander	47,806	634	10,168	-	58,608
Other ^a	26,608	1,205	3,413	-	31,226
Unknown	-	-	1	43	44
Total	555,860	353,767	30,638	44	940,309

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

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 11: Family PACT Clients Served by Primary Language and Ethnicity, FY 2018-19

Ethnicity	English	Spanish	Other	Unknown	Total
Hispanic or Latino	258,153	304,969	5,392	-	568,514
Caucasian	116,731	1,943	3,799	-	122,473
African American	61,072	115	558	1	61,746
Asian or Pacific Islander	45,099	562	8,759	-	54,420
Other ^a	24,509	1,246	3,230	-	28,985
Unknown	1	.	1	39	41
Total	505,565	308,835	21,739	40	836,179

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

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

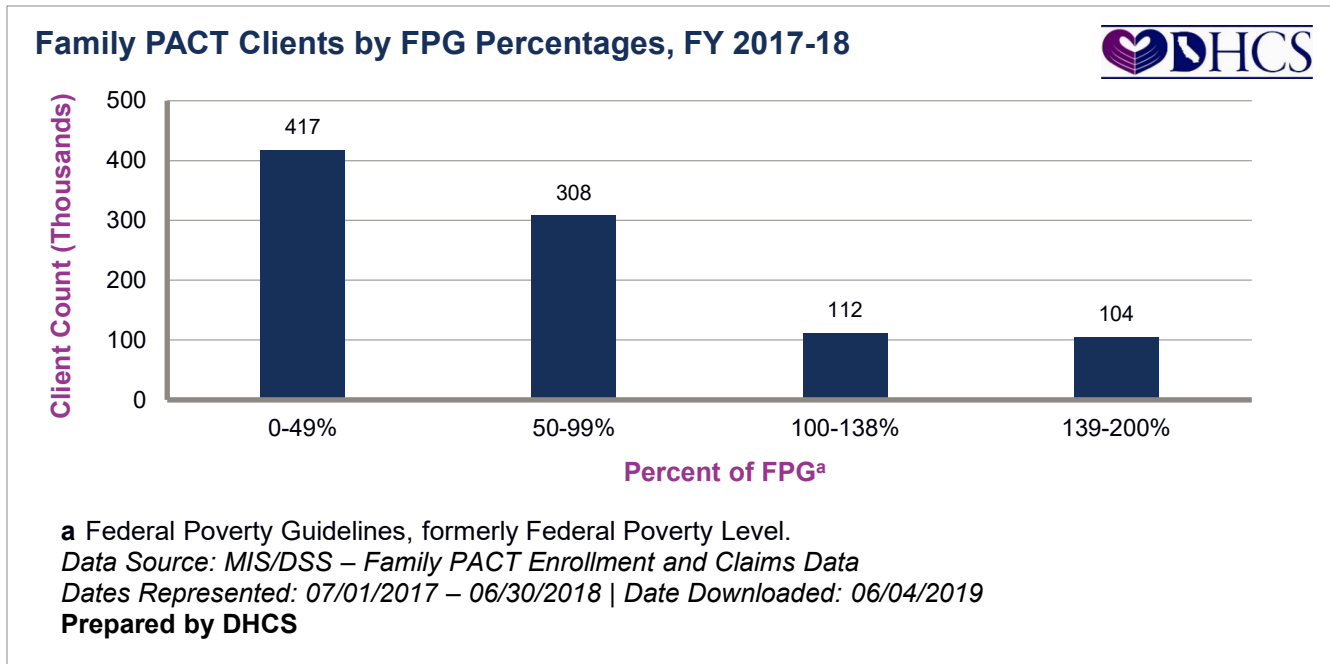
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2.3 Family Size & Income

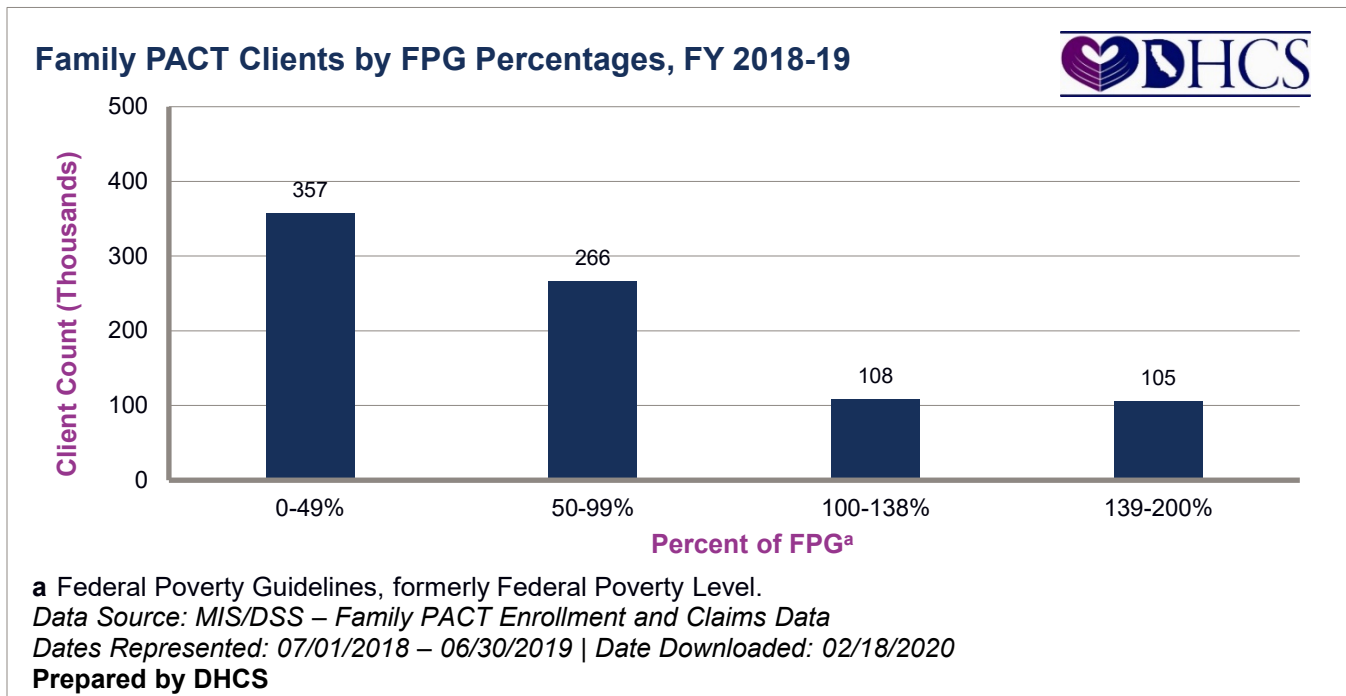
The Family PACT Program eligibility defines a low-income individual as someone whose annual family income is at or below 200 percent of the FPG.¹

Figure 5:



¹ Effective April 1, 2019, the Family PACT eligibility limit of 200 percent of the FPG for a family of one was \$2,082/month with an additional \$737/month for each additional family member. The FPG (100 percent) was half that amount or \$1,041/month for a family of one.

Figure 6:



Distribution of Family PACT clients by family size remained unchanged from the FY 2017-18 to FY 2018-19. In FY 2017-18, 516,679 clients reported a family size of one, constituting 54.9 percent of total clients served (Figure 7). In FY 2018-19, 454,439 clients reported a family size of one, constituting 54.3 percent of total clients served (Figure 8). Approximately 35 percent of clients reported a family size between two and four individuals in both FYs. 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 (Figures 7 and 8, Tables 12 and 13).

Figure 7:

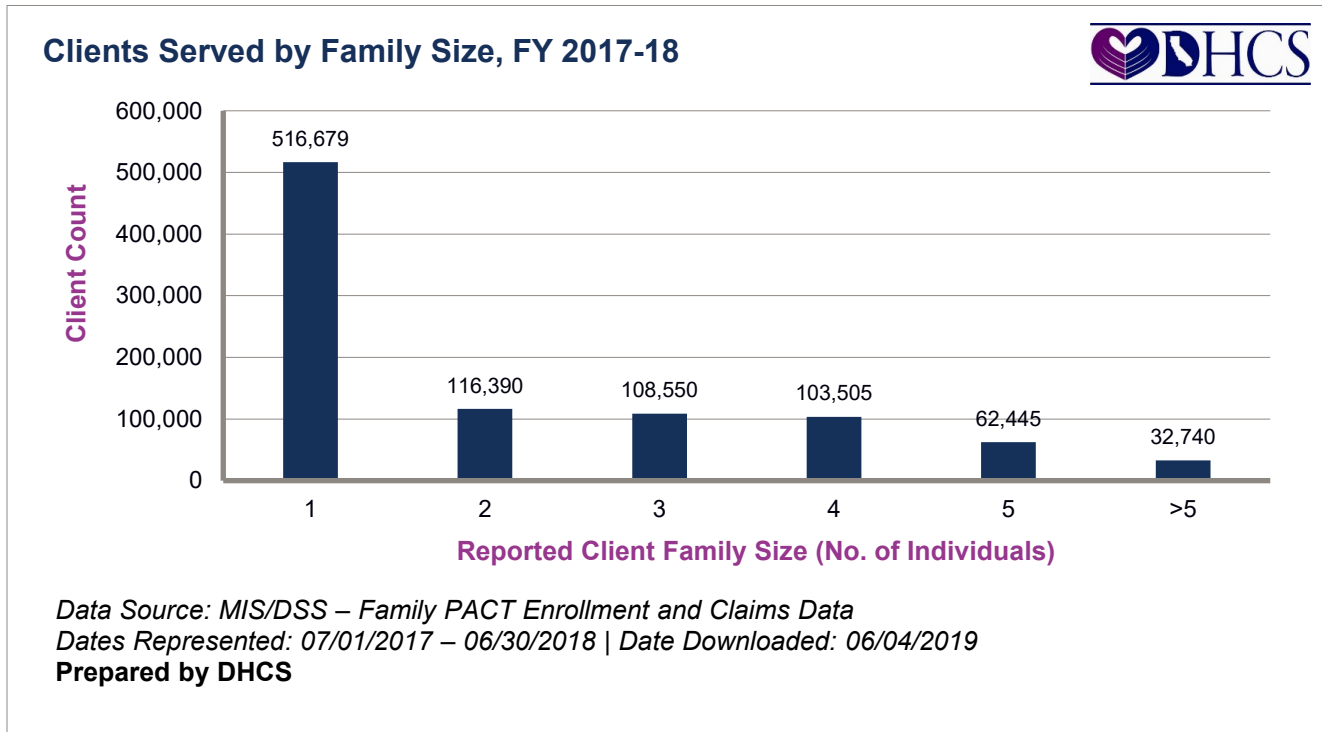


Figure 8:

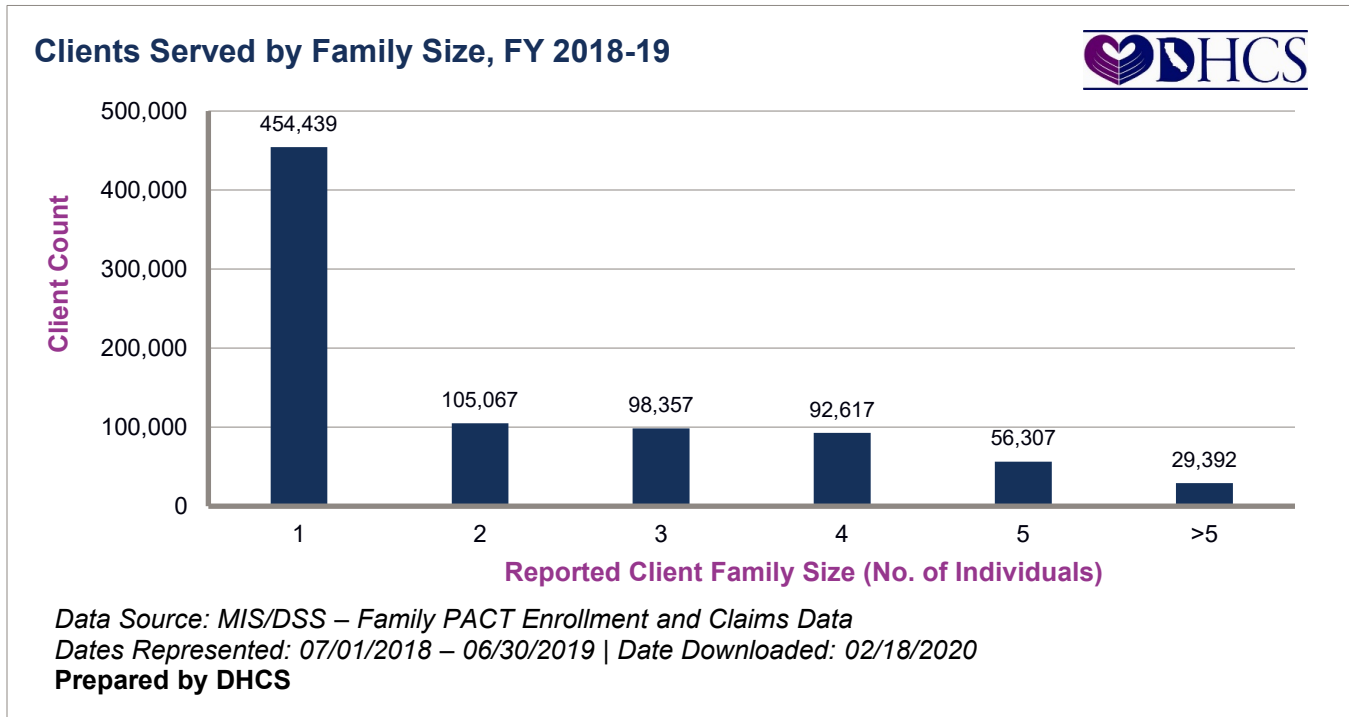


Table 12: Client Family Size by Percentage of FPG^a, FY 2017-18

Family Size	0-138% FPG ^a	139-200% FPG ^a	Total
1	395,555	121,124	516,679
2	71,666	44,724	116,390
3	60,932	47,618	108,550
4	52,017	51,488	103,505
5	33,496	28,949	62,445
6	22,036	1,021	23,057
7	6,551	189	6,740
8	1,913	58	1,971
9	*	*	544
10	*	*	218
> 10	*	*	210
Total	645,132	295,171	940,309

* 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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

Prepared by DHCS



Table 13: Client Family Size by Percentage of FPG^a, FY 2018-19

Family Size	0-138% FPG ^a	139-200% FPG ^a	Total
1	390,131	64,308	454,439
2	88,166	16,901	105,067
3	88,002	10,355	98,357
4	83,937	8,680	92,617
5	52,536	3,771	56,307
6	19,799	953	20,752
7	5,857	191	6,048
8	1,663	45	1,708
9	*	*	488
10	*	*	193
> 10	*	*	203
Total	730,965	105,204	836,179

* 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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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3. Provider Profile

3.1 Provider Demographics

More than 6,300 providers served Family PACT clients in each fiscal year. These include approximately 2,300 clinicians (1,229 public and 1,059 private providers) in FY 2017-18 compared to approximately 2,200 clinicians (1,248 public and 960 private providers) in FY 2018-19, 111 laboratories in FY 2017-18 and 101 in FY 2018-19, and 4,230 pharmacy providers in FY 2017-18 and 4,048 in FY 2018-19 (Tables 14 and 15).

Table 14: Family PACT Providers by Provider Type, FY 2017-18

Provider Type	Provider Count	Percent of Total Providers
Private	1,059	16.0%
Public	1,229	18.5%
Laboratory	111	1.7%
Pharmacy	4,230	63.8%
Total	6,629	100%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
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Table 15: Family PACT Providers by Provider Type, FY 2018-19

Provider Type	Provider Count	Percent of Total Providers
Private	960	15.1%
Public	1,248	19.6%
Laboratory	101	1.6%
Pharmacy	4,048	63.7%
Total	6,357	100%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020
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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.

Private sector providers comprised about 45 percent of all enrolled providers and public sector providers accounted for about 55 percent in both FYs. Among public sector providers, about 11 percent were community clinics, about 30 percent were Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHCs), and about 10 percent were other public providers (Figures 9 and 10).

Of all public providers, approximately 60 percent were identified as RHCs or FQHCs, about 20 percent as community clinics, and about 20 percent were other forms of public sector providers in both FYs (Tables 16 and 17). 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.

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.



Table 16: Family PACT Public Providers by Type, FY 2017-18

Provider Type	Provider Count	Percent of Public Providers
Community Clinic	240	19.7%
Other Public Sector	253	20.8%
FQHC/Rural Health ^a	726	59.6%
Total	1,219	100%*

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

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

Prepared by DHCS

Table 17: Family PACT Public Providers by Type, FY 2018-19

Provider Type	Provider Count	Percent of Public Providers
Community Clinic	240	19.2%
Other Public Sector	218	17.5%
FQHC/Rural Health ^a	790	63.3%
Total	1,248	100%*

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

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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The broad distribution of enrolled clinician providers from both the public and private sector suggests services are widely available in California. See Figures 11 and 12.

Figure 9:

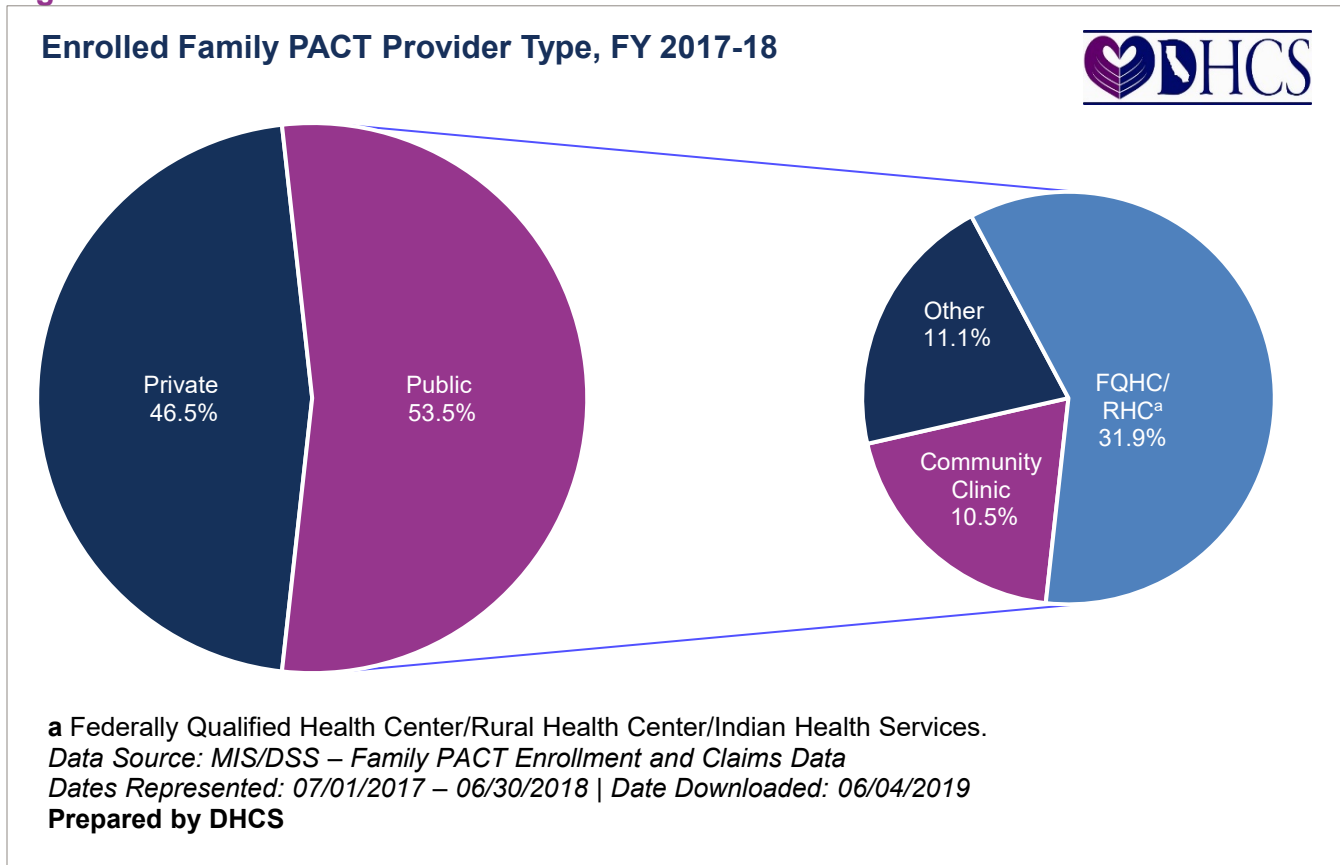


Figure 10:

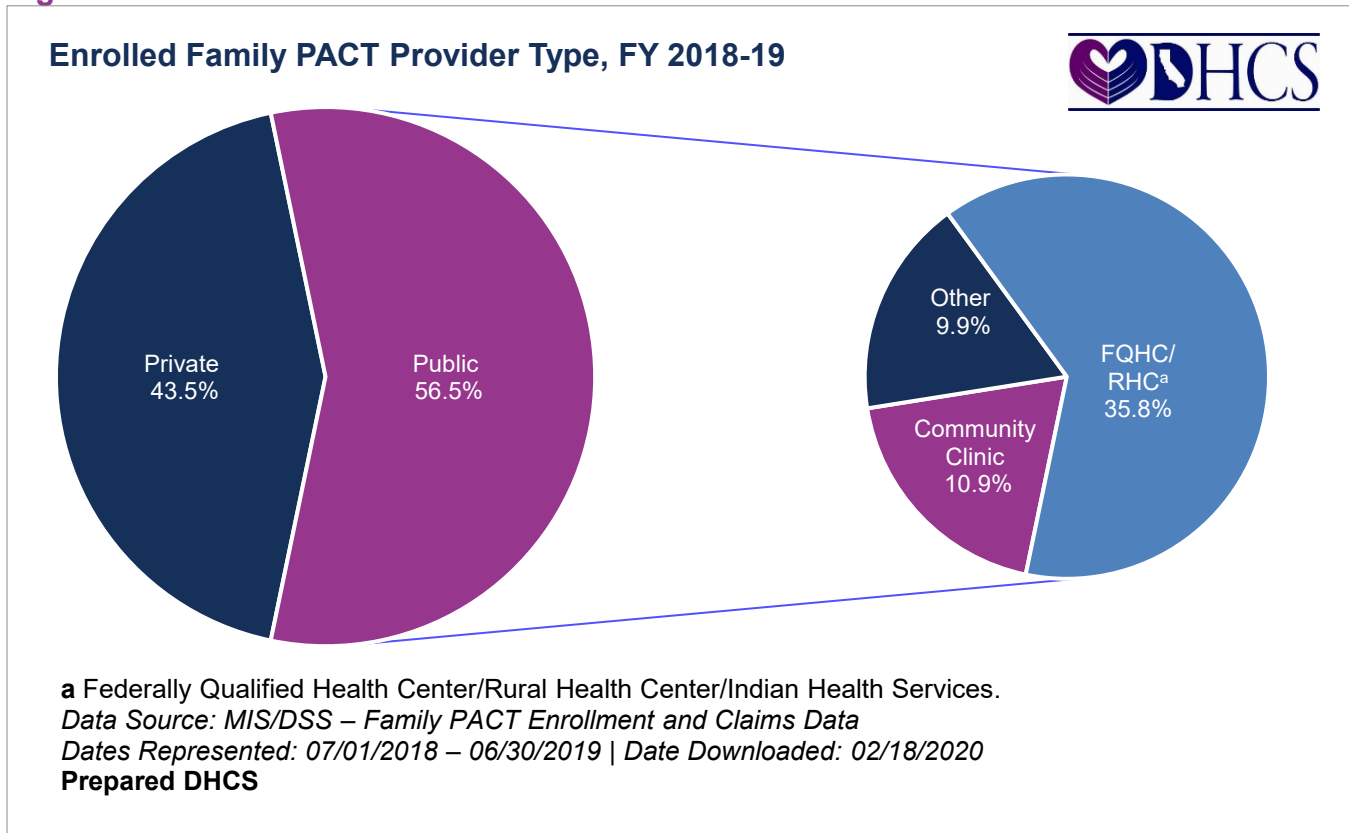


Figure 11:

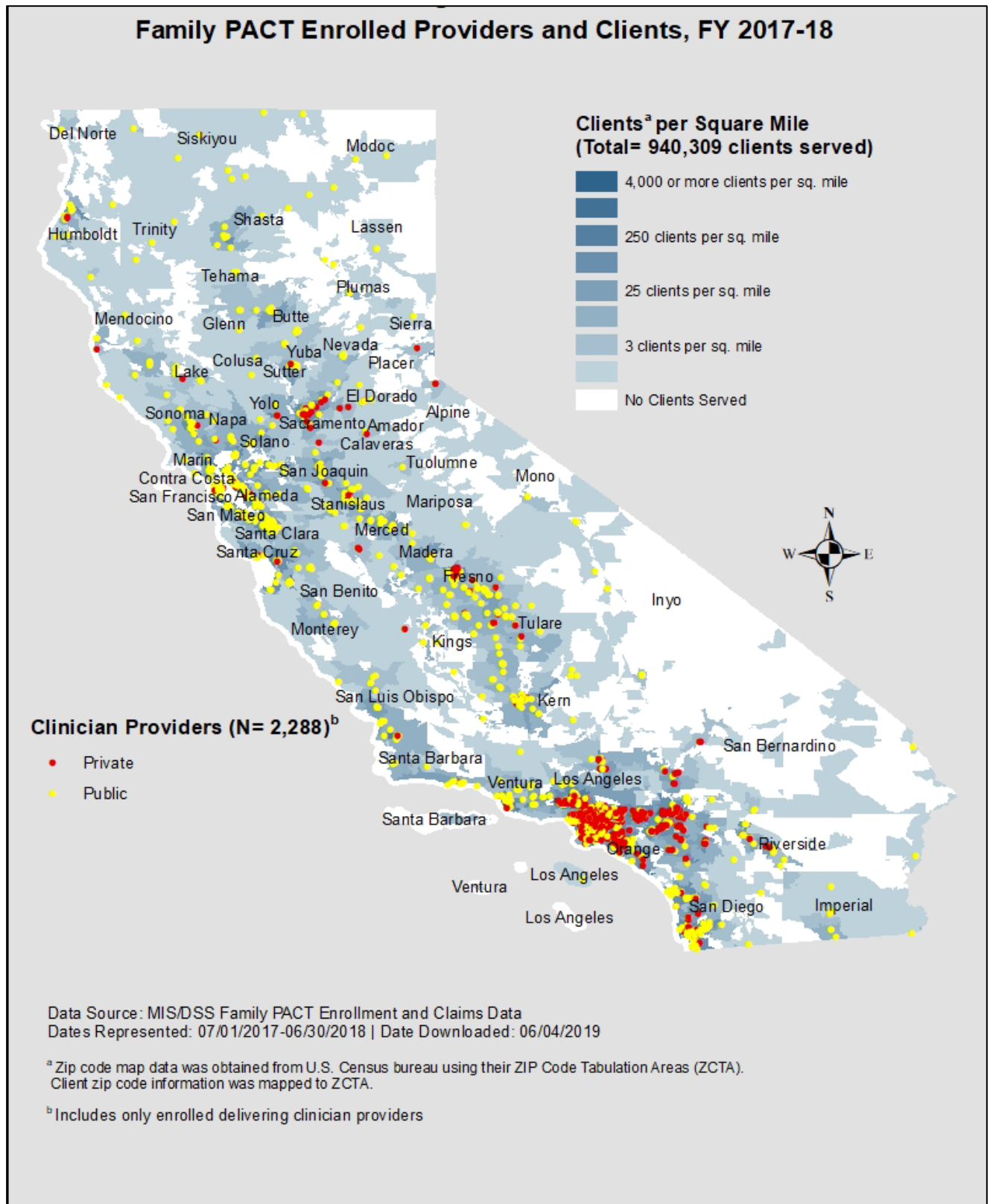
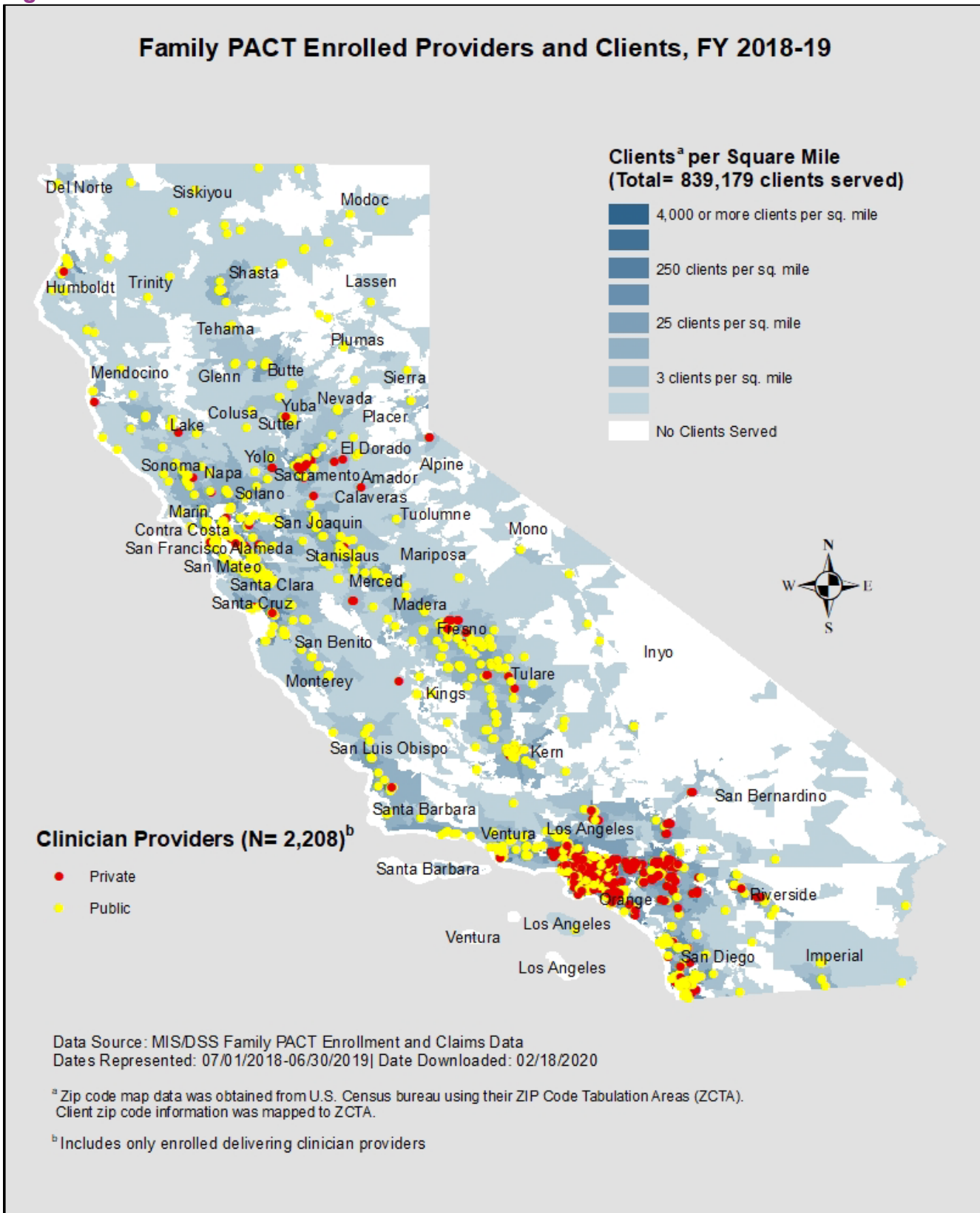


Figure 12:



3.1.1 Clients and Claims

In FYs 2017-18 and 2018-19, public sector providers served the majority of the clients (about 60 percent) while about 30 percent of clients received services from private sector providers. Approximately 60 percent of clients received laboratory testing and about 20 percent of clients filled prescriptions through pharmacies (Tables 18 and 19).

Table 18: Family PACT Clients Served by Provider Type, FY 2017-18

Provider Type	Total Clients Served*	Percent*
Private	323,177	34.4%
Public	570,179	60.6%
Laboratory	560,458	59.6%
Pharmacy	208,462	22.2%
Total	940,309	100%*

* Sum of all numbers and percentage 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: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 19: Family PACT Clients Served by Provider Type, FY 2018-19

Provider Type	Total Clients Served*	Percent*
Private	245,417	29.3%
Public	558,745	66.8%
Laboratory	525,574	62.9%
Pharmacy	167,162	20.0%
Total	836,179	100%*

* Percentage 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: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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3.1.2 Reimbursement

The total reimbursement for Family PACT services was approximately \$415 million in FY 2017-18 and \$385 million in FY 2018-19. Public providers were reimbursed approximately \$223 million (53.6 percent) in FY 2017-18 and more than \$225 million (58.5 percent) in FY 2018-19. Private sector providers received more than \$103 million (25 percent) in FY 2017-18 and \$78 million (20.3 percent) in FY 2018-19. Laboratory services were reimbursed more than \$42 million (10.3 percent) in FY 2017-18 and \$46 million (12 percent) in FY 2018-19. Pharmacy services were reimbursed more than \$46 million (11.1 percent) in FY 2017-18 and \$35 million (9.1 percent) in FY 2018-19 (Tables 20 and 21).



Table 20: Family PACT Reimbursement by Provider Type, FY 2017-18

Provider Type	Reimbursement	Percent
Private	\$103,753,570	25.0%
Public	\$222,857,512	53.6%
Laboratory	\$42,806,090	10.3%
Pharmacy	\$46,031,960	11.1%
Total	\$415,449,132	100%

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

Prepared by DHCS



Table 21: Family PACT Reimbursement by Provider Type, FY 2018-19

Provider Type	Reimbursement	Percent*
Private	\$78,371,007	20.3%
Public	\$225,433,004	58.5%
Laboratory	\$46,294,251	12.0%
Pharmacy	\$35,253,242	9.1%
Total	\$385,351,504	100%

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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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 injectable contraceptives, contraceptive patches, vaginal rings, 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 2017-18, 64.5 percent of female Family PACT clients were dispensed at least one contraceptive method (Figure 13), 9.8 percent received a highly effective method (implant, IUC or sterilization), 40.8 percent received a moderately effective method (contraceptive patch, vaginal ring, OCP, or contraceptive injection), and 55.5 percent received a less effective method (barriers and ECPs). The remaining 35.5 percent of female clients had no claims for any method of contraceptive dispensed within the year.

In FY 2018-19, 64.2 percent of female Family PACT clients were dispensed at least one contraceptive method (Figure 13), 10.2 percent received a highly effective method (implant, IUC, or sterilization), 39.9 percent received a moderately effective method (contraceptive patch, vaginal ring, OCP, or contraceptive injection), and 54.7 percent received a less effective method (barriers and ECPs). The remaining 35.8 percent of female clients had no claims for any method of contraceptive dispensed within the year.

Approximately 10 percent of female clients in FYs 2017-18 and 2018-19 received LARCs. Of these clients, contraceptive implants were dispensed to approximately 37,000 clients.

In spite of the decline in the total number of females served (about 55 percent) since FY 2012-13, the number of female clients receiving an implant grew 3.3 percentage points in FY 2017-18 and remained stable in FY 2018-19 (decreasing 0.4 percentage points in FY 2018-19). Provision of IUCs in FY 2018-19 also remained the same at 4.8 percent compared to FY 2017-18 (-0.1 percent). Overall, there was a positive growth of LARC provision among clients (Figure 13).

Sterilization procedures available for females include tubal ligation and Essure, a hysteroscopic procedure used for permanent tubal occlusion. Overall, 1,701 clients (0.2 percent) received sterilization services through Family PACT in FY 2017-18 and 1,188 clients (0.2 percent) received sterilization services through Family PACT in FY 2018-19. When Essure sterilization was added to Family PACT benefits on July 1, 2008 (FY 2008-09), there was a notable increase (12.5 percent) in the number of women receiving sterilization (Figure 14) from the previous FY 2007-08. Sterilization procedures continued to grow through FY 2012-13 with 5,499 sterilization procedures, in which Essure provision comprised 59 percent of all female sterilizations (Figure 13). On December 31, 2018, Bayer discontinued sales and distribution of the Essure permanent birth control device to health care providers and instructed providers to return unused Essure devices to the company by end of 2019. There was a total of 78 Essure procedures conducted in FY 2018-19 following a downward trend in provision since FY 2013-14 (Figure 14).

Of the moderately effective methods of contraception, about 10 percent of female clients received contraceptive injections in both FYs. The dispensing of vaginal rings slightly decreased from 2.5 percent in FY 2017-18 to 2.3 percent in FY 2018-19. A slight decrease in the dispensing of the contraceptive patch occurred in FY 2018-19 with 2.6 percent dispensed to clients compared to 3.1 percent in FY 2017-18. 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.

Barrier methods and ECPs comprise the highest proportion of contraceptive methods reimbursed by Family PACT for females at about 35 percent and 20 percent, respectively for both FYs.

Figure 13:

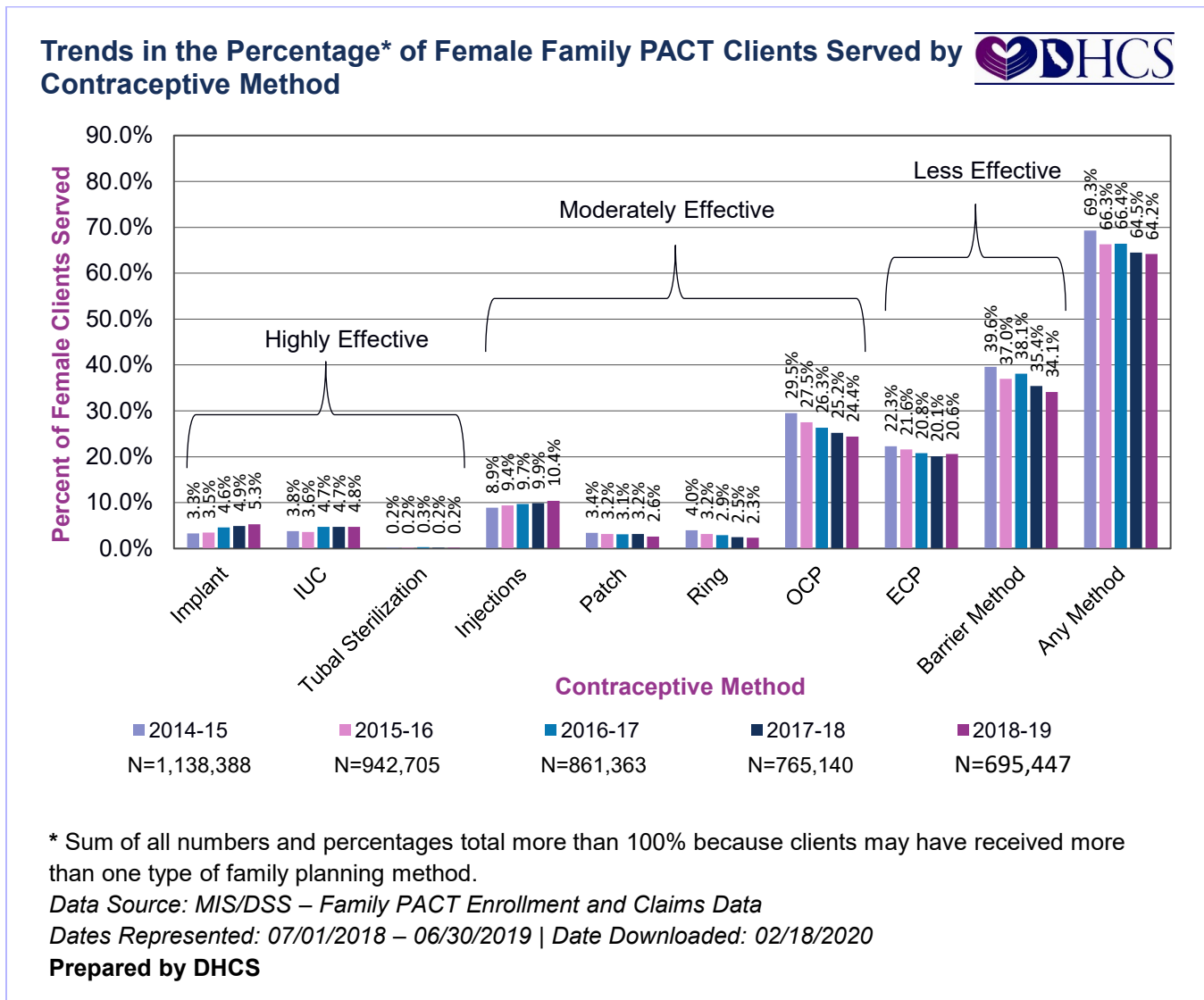
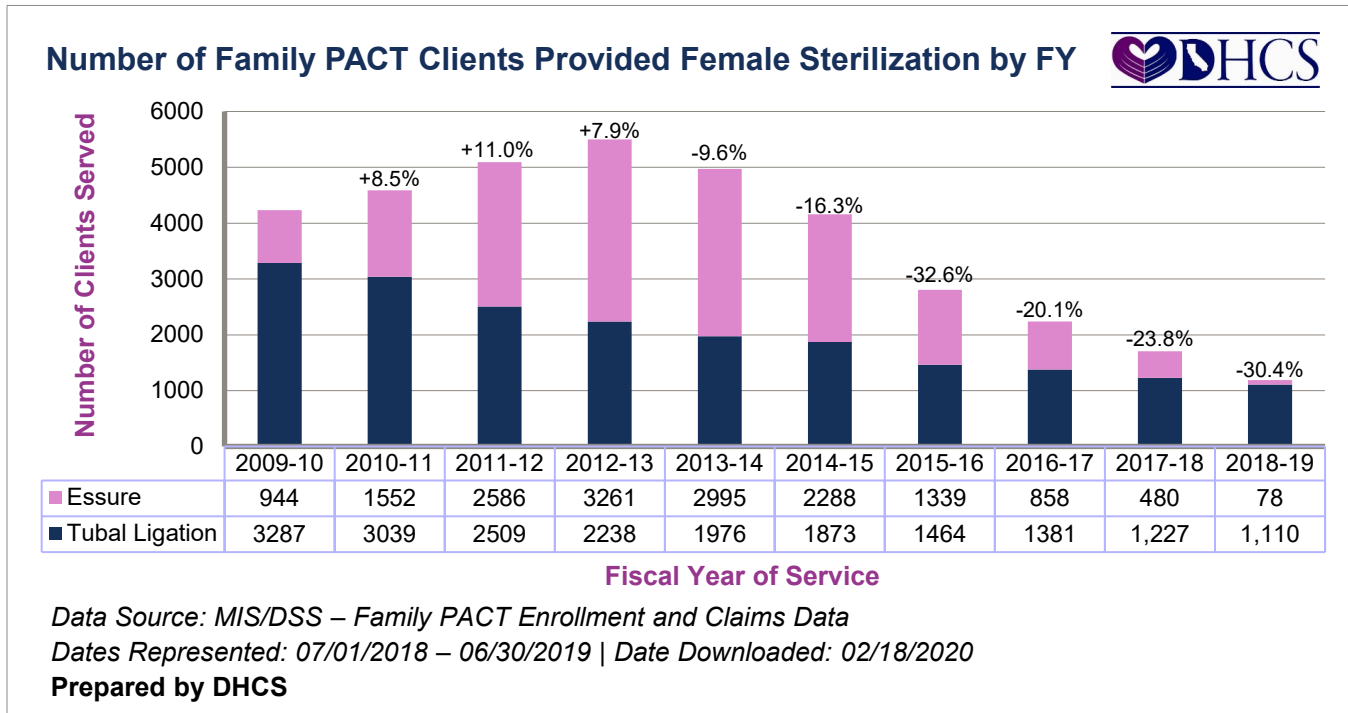


Figure 14:



4.2.2 Males

Barrier method and vasectomy are the only two contraceptive methods available for males in the Family PACT Program. During FY 2017-18, approximately 76,000 of male clients served (99 percent) received a barrier method and about 850 clients (1.1 percent) were provided a vasectomy. In FY 2018-19, approximately 57,000 of male clients served (99 percent) received a barrier method and about 850 clients (1.5 percent) were provided a vasectomy. Since Family PACT’s inception in 1997, over 27,000 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 2013-14, STI testing received by Family PACT clients remain between 60 and 64 percent (61 percent in FY 2017-18 and 60 percent in FY 2018-19).³

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

Of the non-contraceptive services, STI testing accounted for the largest portion of family planning related services (Figures 15 and 16). Chlamydia and gonorrhea co-testing comprised about 60 percent of STI testing services for both FYs (Tables 22 and 23).

Figure 15:

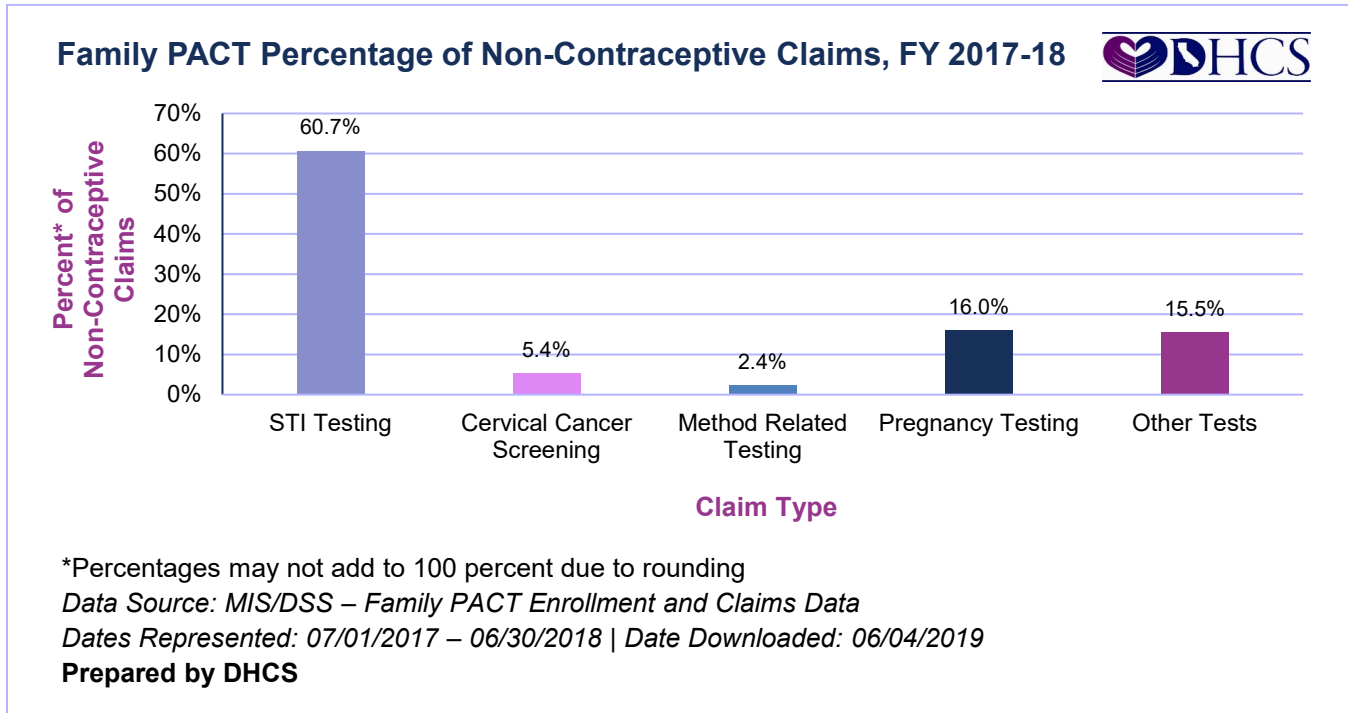


Figure 16:

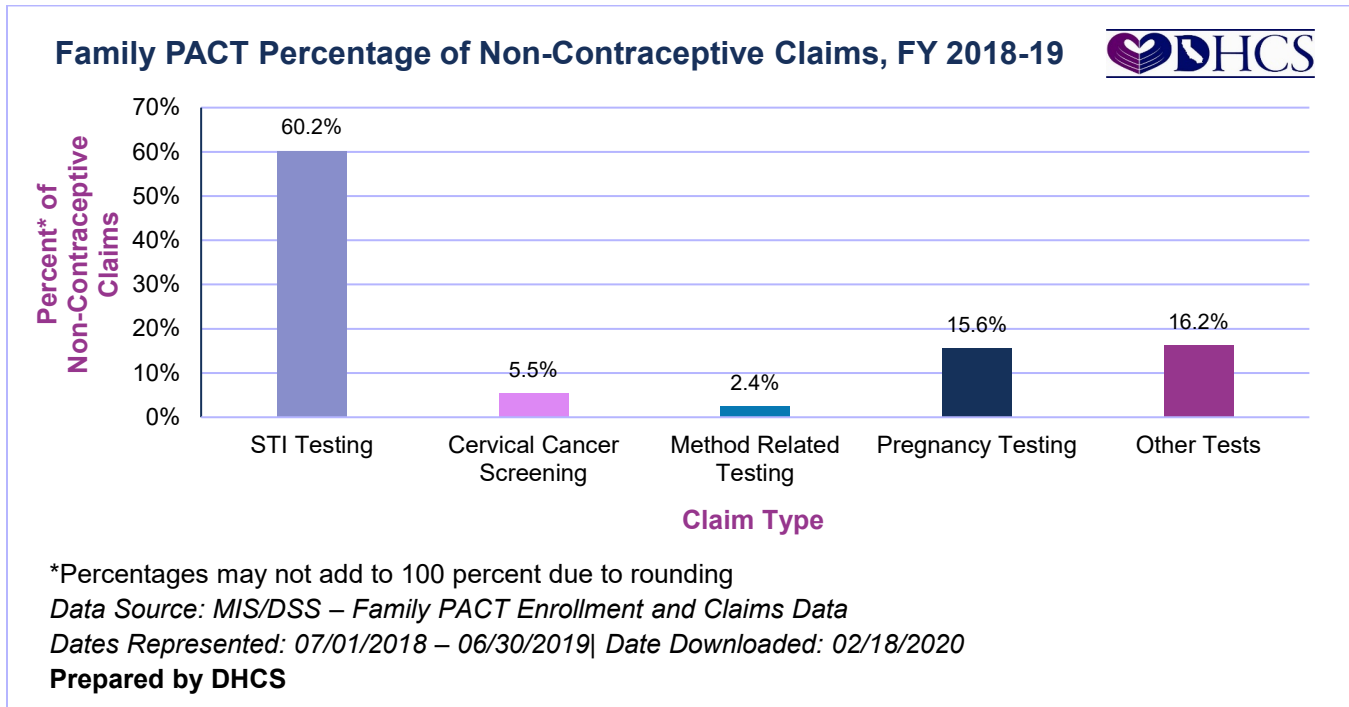


Table 22: Family PACT STI Testing Percentages, FY 2017-18

STI Test	Percent* of STI Services
CT/GC co-testing	61.0%
Syphilis	29.8%
HIV ^a	6.4%
HPV ^b	0.0%
HSV ^c	0.7%

a Human Immunodeficiency Virus

b Human Papillomavirus

c Herpes Simplex Virus

**Percentages total more than 100% because clients may have received more than one type STI test.*

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 23: Family PACT STI Testing Percentages, FY 2018-19

STI Test	Percent* of STI Services
CT/GC co-testing	64.0%
Syphilis	32.4%
HIV ^a	4.2%
HPV ^b	0.0%
HSV ^c	0.8%

a Human Immunodeficiency Virus

b Human Papillomavirus

c Herpes Simplex Virus

**Percentages total more than 100% because clients may have received more than one type STI test.*

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

Prepared by DHCS



In FY 17-18, the vast majority (71 percent) of pregnancy testing was done by public sector providers (Figure 17). Similarly, the vast majority (76 percent) of pregnancy testing was done by public sector providers in FY 18-19 (Figure 18).

Figure 17:

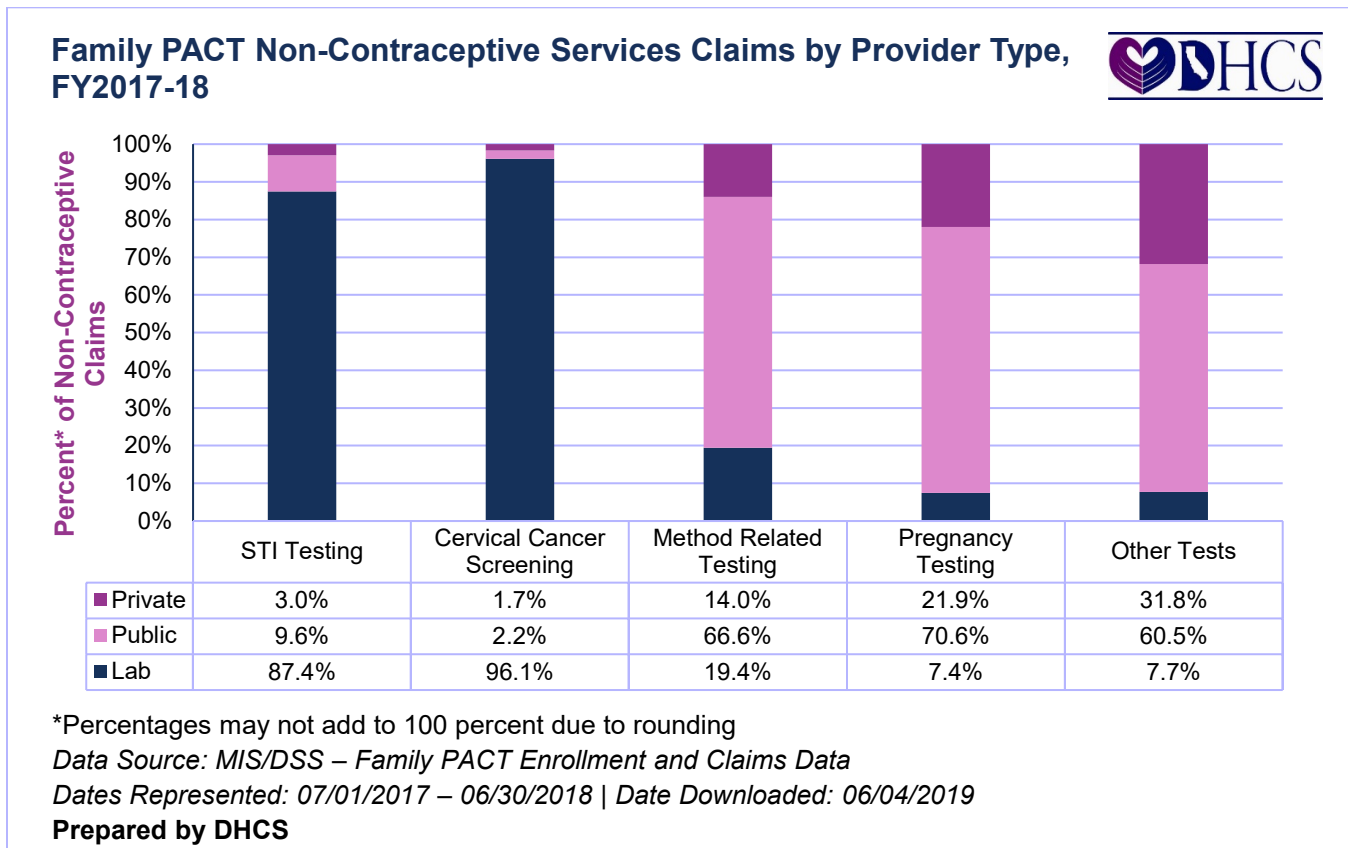
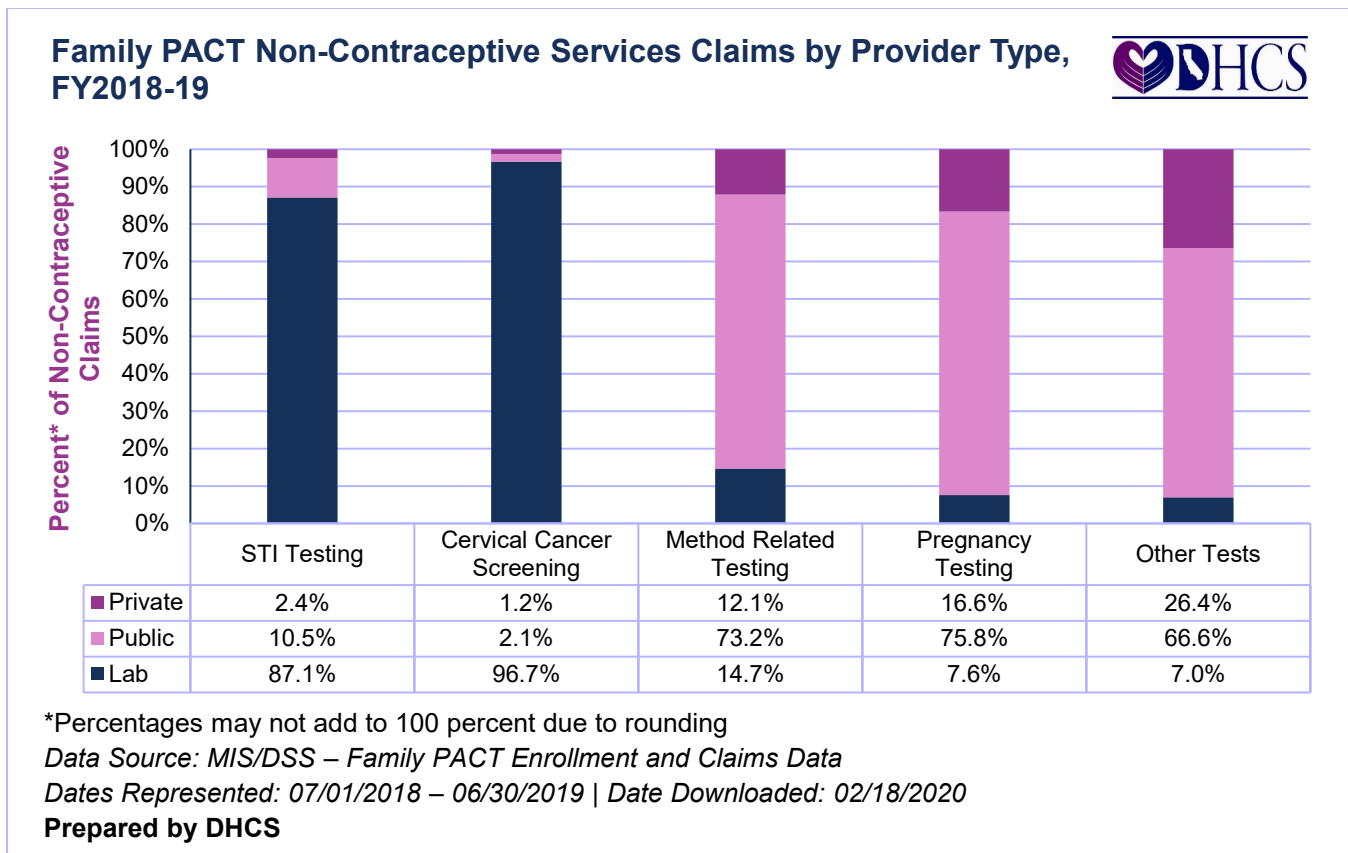


Figure 18:



5. Reimbursement

5.1 Overview

This chapter discusses a detailed reimbursement information by service type (Tables 24 and 25), provider type (Figures 19 and 20), and clinician provider type (Tables 28 and 29).

Total Reimbursement for Family PACT services in in FY 2017-18 was approximately \$415 million and approximately \$385 million in FY 2018-19, a decrease of \$30 million (-7.2 percent) from FY 2017-18.

Reimbursement for FY 2018-19 decreased 7.2 percent from FY 2017-18, due to a decrease in reimbursement costs for office visits (-9 percent) and drugs and barrier methods supply (-11 percent) compared to FY 2017-18. Similar to prior years, three services accounted for the bulk of all Family PACT reimbursements in 2018-19: office visits (47.4 percent), contraceptive drugs (26.1 percent), and STI testing (11.4 percent). (Tables 24 and 25).

Table 24: Family PACT Clients and Reimbursement by Service Type, FY 2017-18

Service Type	Service	Clients Served*	Reimbursement Amount	Percent of Total Reimbursement
Clinician	Office Visits**	840,240	\$201,011,656	48.4%
	Procedures & Facility Fees	123,575	\$19,992,168	4.8%
	Subtotal	963,815	\$221,003,823	53.2%
Drug & Supply	Barrier Method Supplies	346,820	\$5,804,804	1.4%
	Contraceptive Drugs	385,793	\$111,230,708	26.8%
	Non-Contraceptive Drugs	183,069	\$4,833,491	1.2%
	Subtotal	915,682	\$121,866,638	29.3%
Laboratory	Cervical Cytology Tests	132,101	\$3,085,078	0.7%
	Method Related Tests	53,732	\$141,703	0.0%
	Other Lab Tests	88,730	\$1,402,943	0.3%
	Pregnancy Tests	326,504	\$1,269,948	0.3%
	Specimen Handling Fees	222,086	\$866,867	0.2%
	STI Tests	583,893	\$42,813,690	10.3%
	Subtotal	1,407,046	\$49,580,229	11.9%
Total	Grand Total	940,309	\$415,449,132	100%

* Columns may not add to the subtotals as clients may receive more than one type of service.

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

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

Prepared by the DHCS



Table 25: Family PACT Clients and Reimbursement by Service Type, FY 2018-19

Service Type	Service	Clients Served*	Reimbursement Amount	Percent of Total Reimbursement
Clinician	Office Visits**	746,433	\$182,607,024	47.4%
	Procedures & Facility Fees	120,056	\$19,310,510	5.0%
	Subtotal	866,489	\$201,917,534	52.4%
Drug & Supply	Barrier Method Supplies	294,328	\$4,885,118	1.3%
	Contraceptive Drugs	345,079	\$100,438,003	26.1%
	Non-Contraceptive Drugs	163,985	\$3,578,597	0.9%
	Subtotal	803,392	\$108,901,718	28.3%
Laboratory	Cervical Cytology Tests	130,711	\$3,072,297	0.8%
	Method Related Tests	53,093	\$140,845	0.0%
	Other Lab Tests	88,610	\$1,549,610	0.4%
	Pregnancy Tests	303,125	\$1,193,566	0.3%
	Specimen Handling Fees	213,603	\$857,197	0.2%
	STI Tests	545,863	\$43,822,032	11.4%
	Subtotal	1,335,005	\$50,635,546	13.1%
Total	Grand Total	836,179	\$385,351,504	100%

* Columns may not add to the subtotals as clients may receive more than one type of service.

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

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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Pharmacy providers received 9.1 percent of reimbursement in FY 2018-19, which is about a 1.1 percent decrease over FY 2017-18 (Figures 19 and 20). The percent of reimbursement paid to laboratory providers increased from 11 percent in FY 2017-18 to 12 percent, and reimbursement to clinician providers (who may have reimbursement in all three categories of service) has increased to 78.8 percent in FY 2018-19 from 78.6 percent in FY 2017-18. A breakdown of reimbursement by provider type shows in 2018-19 that 20.3 percent of total reimbursement went to private sector providers (an decrease from 25 percent in FY 2017-18), and 58.5 percent of total reimbursement went to public sector providers. (Figures 19 and 20).

Figure 19:

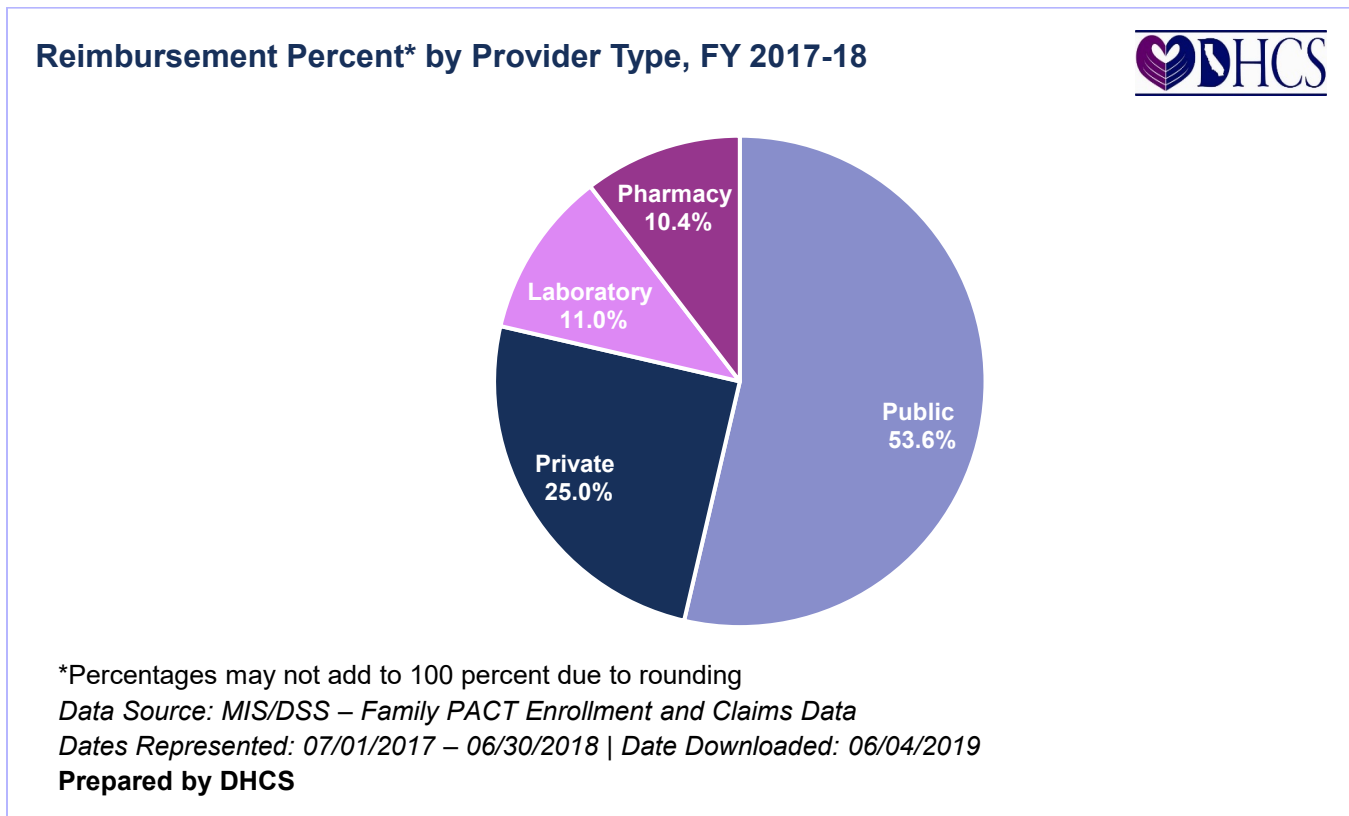
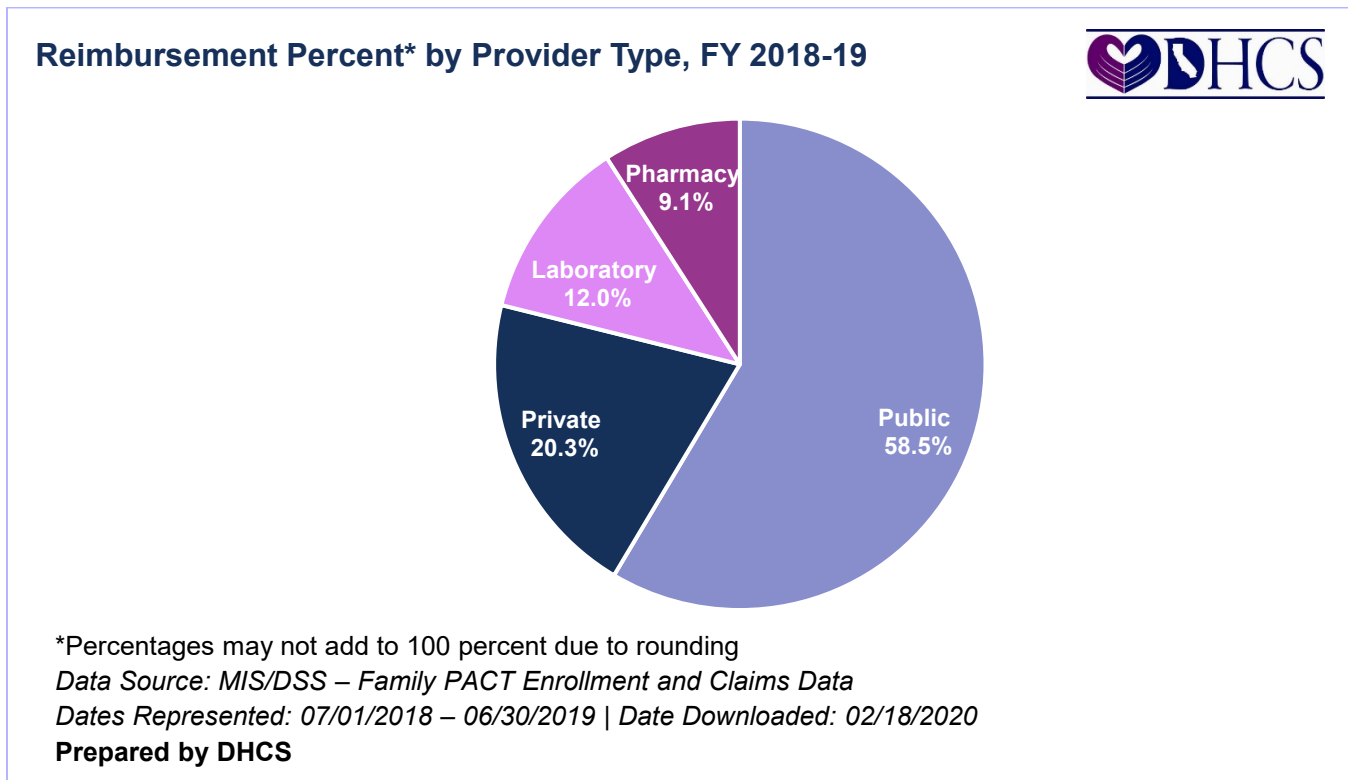


Figure 20:



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 decreased by 2.7 percent, from 7.4 claim lines per client in FY 2016-17 to 7.2 claim lines per client in FY 2017-18 then increased by 5.6 percent, from 7.2 claim lines per client in FY 2017-18 to 7.6 claim lines per client in FY 2018-19. In spite of an increase in utilization, there was a decrease in reimbursement overall. The average cost of services decreased by 0.8 percent. See Tables 26 and 27 for more details on changes in clients served, utilization, and cost (shown as 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 \$221 million in FY 2017-18 and \$201 million in FY 2018-19 (Tables 28 and 29). Despite the decrease in reimbursement overall, there was a slight increase in average cost per claim (+1.7 percent) in FY 2018-19. There was also a decrease in clients served (-11 percent), yet an increase in utilization per client (+4.5 percent) (Tables 26 and 27). Reimbursement to public sector providers in FY 2018-19, who served over 66 percent of clients, accounted for 69.8 percent of all dollars paid for clinician services. Reimbursement for private sector providers in FY 2018-19, who served 29 percent of all clients, accounted for 30.2 percent of all dollars paid for clinician services. Additionally, spending for E&M visits and education and counseling (E&C) visits in 2018-19 accounted for 90.4 percent of clinician service reimbursements. (Tables 30 and 31).

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" 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/Providers/policies-procedures-and-billing-instructions>.

Table 26: Family PACT Clients Served, Utilization and Reimbursement, FY 2017-18

Service Type	Clients Served*	Percent Change from Previous FY	Utilization*	Percent Change from Previous FY	Reimbursement per Claim*	Percent Change from Previous FY
Clinician	871,925	-13.5%	2.2	-4.3%	\$112.68	123.3%
Drug and Supply	611,806	-15.2%	2.7	0.0%	\$75.28	5.8%
Drug and Supply (Pharmacy)	211,237	-14.8%	2.9	3.6%	\$69.49	1.6%
Drug and Supply (Onsite)	445,194	-16.1%	2.3	-4.2%	\$78.75	8.4%
Laboratory	741,206	-13.5%	3.8	-7.3%	\$17.67	-0.7%
Total	940,309	-12.9%	7.2	-2.7%	\$61.36	47.9%

* Clients Served, Utilization, and Reimbursement per Claim are defined in the text.

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 27: Family PACT Clients Served, Utilization and Reimbursement, FY 2018-19

Service Type	Clients Served*	Percent Change from Previous FY	Utilization*	Percent Change from Previous FY	Reimbursement per Claim*	Percent Change from Previous FY
Clinician	778,110	-10.8%	2.3	4.5%	\$114.55	1.7%
Drug and Supply	542,350	-11.4%	2.7	0.0%	\$75.62	0.5%
Drug and Supply (Pharmacy)	167,892	-20.5%	3.1	6.9%	\$68.57	-1.3%
Drug and Supply (Onsite)	413,342	-7.2%	2.3	0.0%	\$79.36	0.8%
Laboratory	672,648	-9.2%	4	5.3%	\$18.62	5.4%
Total	836,179	-11.1%	7.6	5.6%	\$60.89	-0.8%

* Clients Served, Utilization, and Reimbursement per Claim are defined in the text.

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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Table 28: Family PACT Reimbursement by Provider Type, FY 2017-18

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Private	\$82,674,291	37.4%
Public	\$138,329,533	62.6%
Total	\$221,003,823	100%

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 29: Family PACT Reimbursement by Provider Type, FY 2018-19

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Private	\$61,021,004	30.2%
Public	\$140,896,529	69.8%
Total	\$201,917,534	100%

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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Spending on E&C has shown a downward trend as a percentage of total expenditures from 7.9 percent in FY 2014-15 to 2.7 percent in FY 2018-19. All other clinician services accounted for only 9.6 percent of reimbursement. Method related procedures increased slightly to 8.4 percent in FY 2018-19 from 7.9 percent in FY 2017-18 (Tables 30 and 31).

Table 30: Family PACT Reimbursement by Service Type, FY 2017-18

Service Type	Reimbursement Amount	Percent of Total Reimbursement
E&C Codes	\$6,510,650	2.9%
E&M: Established Clients	\$127,399,652	57.6%
E&M: New Clients	\$67,101,354	30.4%
Subtotal	\$201,011,656	91.0%
Dysplasia Services	\$974,875	0.4%
Facility Use	\$633,966	0.3%
Inpatient Procedure	\$9,297	0.0%
Method Related Procedure	\$17,549,744	7.9%
Other Clinical Procedure	\$396,868	0.2%
Other Surgical Procedure	\$427,419	0.2%
Subtotal	\$19,992,169	9.0%
Clinician Services Total	\$221,003,823	100%

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 31: Family PACT Reimbursement by Service Type, FY 2018-19

Service Type	Reimbursement Amount	Percent of Total Reimbursement
E&C Codes	\$5,393,596	2.7%
E&M: Established Clients	\$120,186,292	59.5%
E&M: New Clients	\$57,027,136	28.2%
Subtotal	\$182,607,024	90.4%
Dysplasia Services	\$1,071,068	0.5%
Facility Use	\$560,172	0.3%
Inpatient Procedure	\$7,050	0.0%
Method Related Procedure	\$16,884,856	8.4%
Other Clinical Procedure	\$298,127	0.1%
Other Surgical Procedure	\$489,236	0.2%
Subtotal	\$19,310,509	9.6%
Clinician Services Total	\$201,917,534	100%

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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5.4 Drug and Supply Services

Total reimbursement for drug and supply services was \$122 million in FY 2017-18 and \$109 million in FY 2018-19, accounting for about 28 percent of Family PACT reimbursement. The proportion reimbursed to pharmacies decreased from 32.8 percent in FY 2017-18 to 29.4 percent in FY 2018-19. Spending on contraceptive drugs accounted for about 92 percent of all drug and supply reimbursements in both FYs (Tables 32, 33, 34, and 35).

Table 32: Family PACT Reimbursement by Contraceptive Type, FY 2017-18

Service Type	Reimbursement Amount	Percent of Total Reimbursement*
Contraceptive Drugs		
ECPs ^a	\$4,134,511	3.4%
Implants	\$27,680,782	22.7%
Injections	\$11,299,131	9.3%
IUCs	\$11,876,450	9.7%
Oral Contraceptives	\$27,313,751	22.4%
Patches	\$18,158,379	14.9%
Rings	\$10,270,432	8.4%
Tubal Ligation	\$494,906	0.4%
Subtotal	\$111,228,342	91.3%
Non-Contraceptive Drugs	\$4,833,491	4.0%
Barrier Methods & Supplies	\$5,804,805	4.8%
Drug & Supply Services Total	\$121,866,638	100%

a Emergency Contraceptive Pills

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 33: Family PACT Reimbursement by Contraceptive Type, FY 2018-19

Service Type	Reimbursement Amount	Percent of Total Reimbursement*
Contraceptive Drugs		
ECPs ^a	\$4,173,622	3.8%
Implants	\$28,192,804	25.9%
Injections	\$10,960,180	10.1%
IUCs	\$9,850,567	9.0%
Oral Contraceptives	\$24,710,792	22.7%
Patches	\$13,663,586	12.5%
Rings	\$8,812,084	8.1%
Tubal Ligation	\$74,368	0.1%
Subtotal	\$100,438,003	92.2%
Non-Contraceptive Drugs	\$3,578,597	3.3%
Barrier Methods & Supplies	\$4,885,118	4.5%
Drug & Supply Services Total	\$108,901,718	100%

a Emergency Contraceptive Pills

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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Table 34: Family PACT Drug and Supply Reimbursement by Provider Type, FY 2017-18

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Clinician	\$80,993,839	67.2%
Pharmacy	\$39,514,133	32.8%
Total	\$120,507,972	100%

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

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Table 35: Family PACT Drug and Supply Reimbursement by Provider Type, FY 2018-19

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Clinician	\$76,931,075	70.6%
Pharmacy	\$31,970,643	29.4%
Total	\$108,901,718	100%

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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5.5 Laboratory Services

Total reimbursement for laboratory services was approximately \$50 million for both FYs (Tables 36 and 37). STI testing accounted for 87 percent of laboratory service costs in FY 2018-19, a 0.1 percent increase from FY 2017-18.

Table 36: Family PACT Laboratory Reimbursement, FY 2017-18

Service Type	Reimbursement Amount	Percent of Total Reimbursement*
Chlamydia Testing	\$19,856,203	40.0%
Gonorrhea Testing	\$19,724,516	39.8%
HIV ^a	\$644,005	1.3%
HPV ^b	\$1,052,791	2.1%
HSV ^c	\$184,246	0.4%
Syphilis	\$1,351,931	2.7%
STI Testing Subtotal	\$42,813,690	86.4%
Pap Tests	\$3,085,078	6.2%
Method Related Tests	\$141,703	0.3%
Other Laboratory Tests	\$1,402,943	2.8%
Pregnancy Tests	\$1,269,948	2.6%
Specimen Handling Fees	\$866,867	1.7%
Laboratory Services Total	\$49,580,229	100%

a Human Immunodeficiency Virus

b Human Papillomavirus

c Herpes Simplex Virus

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

Prepared by DHCS



Table 37: Family PACT Laboratory Reimbursement, FY 2018-19

Service Type	Reimbursement Amount	Percent of Total Reimbursement*
Chlamydia Testing	\$20,291,528	40.1%
Gonorrhea Testing	\$20,212,029	39.9%
HIV ^a	\$380,486	0.8%
HPV ^b	\$1,433,938	2.8%
HSV ^c	\$208,083	0.4%
Syphilis	\$1,295,968	2.6%
STI Testing Subtotal	\$43,822,032	86.5%
Pap Tests	\$3,072,297	6.1%
Method Related Tests	\$140,845	0.3%
Other Laboratory Tests	\$1,549,610	3.1%
Pregnancy Tests	\$1,193,566	2.4%
Specimen Handling Fees	\$857,197	1.7%
Laboratory Services Total	\$50,635,547	100%

a Human Immunodeficiency Virus

b Human Papillomavirus

c Herpes Simplex Virus

*Percentages may not add to 100 percent due to rounding

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

Dates Represented: 07/01/2018 – 06/30/2019 | Date Downloaded: 02/18/2020

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6. Women in Need of Publicly-Funded Contraceptive Services

One objective of the Family PACT Program is to serve women in need of publicly-funded family planning services without other sources of health insurance. To measure the level of access to the program that women in need have, the number of women who received a contraceptive method at least once during the year from Family PACT is compared to the total number of women who were in need of these 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 2017-18, there was an estimated 2.16 million women ages 15-44 years in need of publicly funded family planning services. Adolescent women ages 15-19 years old in need were estimated at 282,730 while adult women ages 20-44 years in need were estimated at 1.88 million. Family PACT provided 464,736 women with at least one family planning service, about 77,000 to adolescent women and about 390,000 to adult women.

In FY 2018-19, there was an estimated 2.17 million women ages 15-44 years in need of publicly funded family planning services. Adolescent women ages 15-19 years old in need were estimated at 278,470 while adult women ages 20-44 years in need were estimated at 1.89 million. Family PACT provided 419,591 women with at least one family planning service, about 70,000 to adolescent women and about 350,000 to adult women.

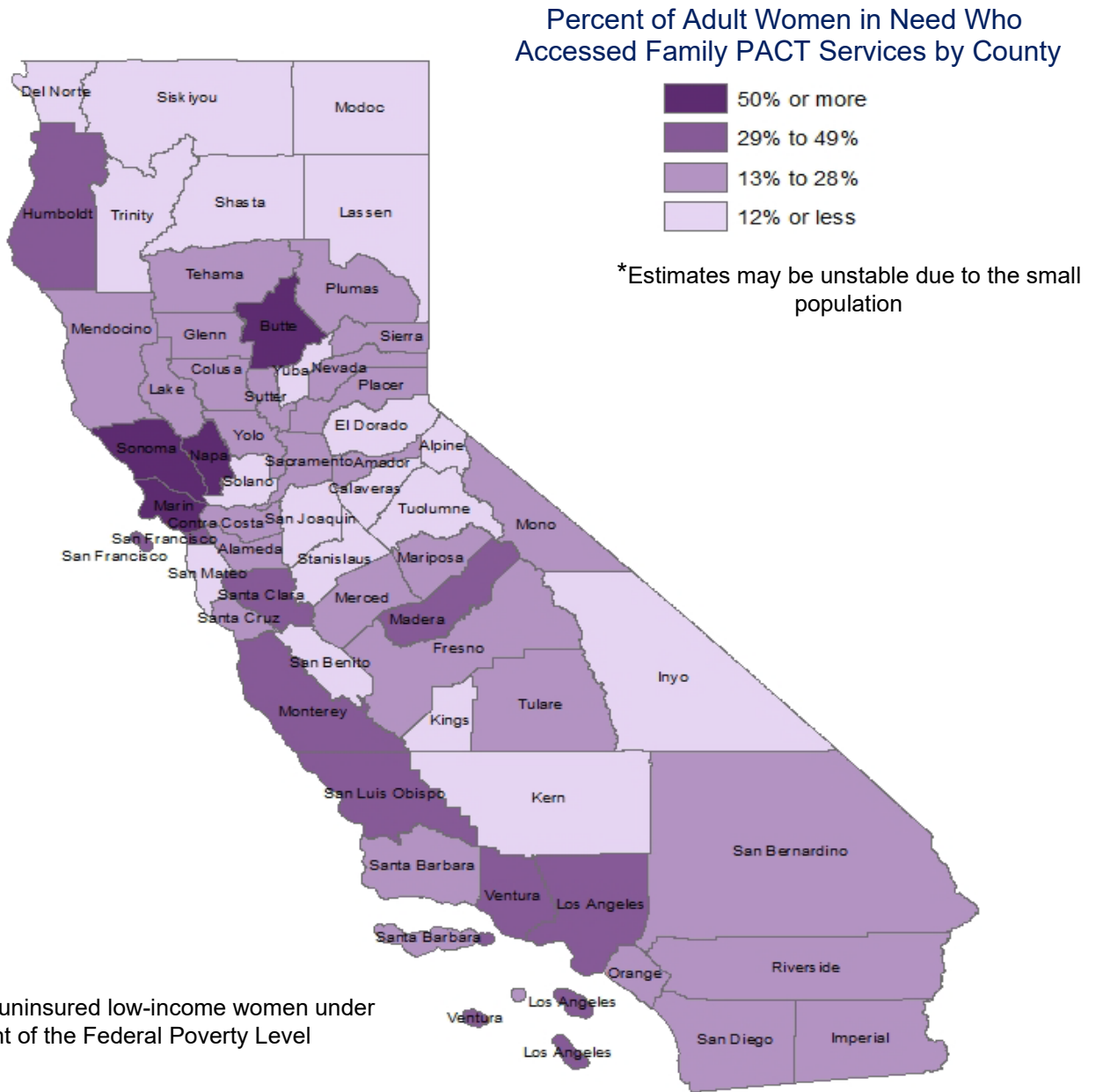
Figure 21 shows variation in access to Family PACT services across California's 58 counties among adult women 20-44 years old as the characteristics of reproductive age women vary considerably in land size and population in FY 2017-18. Statewide, the proportion of all reproductive age women in need who received family planning services through Family PACT was 21 percent. Examination of individual county data with the ten highest number of women in need, the proportion accessing services ranged from a low range of 4 percent in numerous counties such as Del Norte, El Dorado, Lassen, and Siskiyou to a high of 93 percent in Marin County. Note that some counties may have statistically unreliable estimates due to their small population.

Figure 22 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 in FY 2018-19. Statewide, the proportion of all reproductive age women in need who received family planning services through Family PACT was 18 percent. Examination of individual county data with the ten

highest number of women in need, the proportion accessing services ranged from a low range of 3 percent in counties such as Del Norte and Modoc County to a high of 91 percent in Marin County. Note that some counties may have statistically unreliable estimates due to their small population.

Figure 21:

Access to Publicly-Funded Contraceptive Services, FY 2017-18 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 2017-2019.

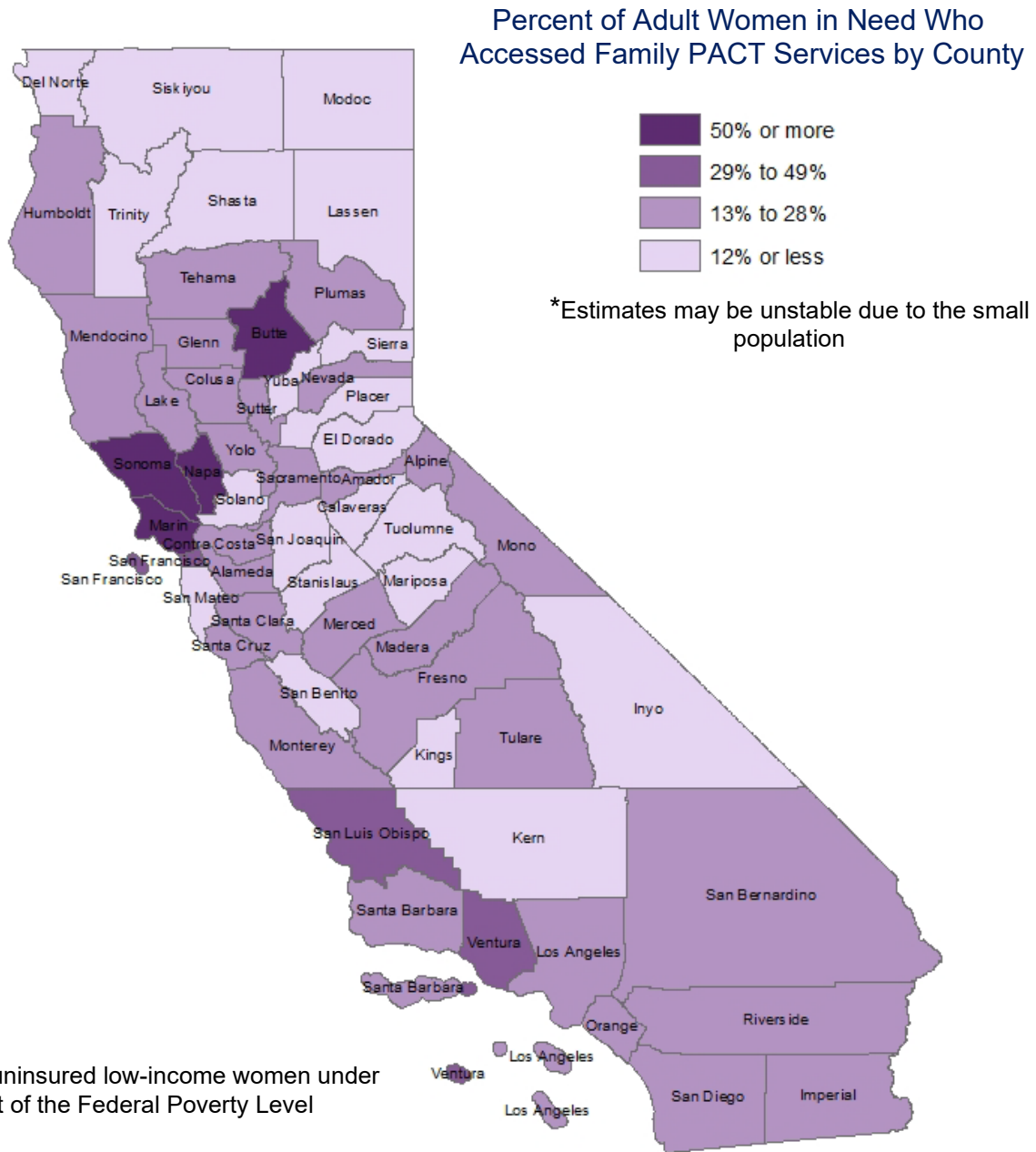
Dates Represented: 07/01/2017 – 06/30/2018 | Date Downloaded: 06/04/2019

Prepared by DHCS



Figure 22:

Access to Publicly-Funded Contraceptive Services, FY 2018-19
Among Women Ages 20-44 at Risk of Unintended Pregnancy^a



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 2017-2019.

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7. Conclusion

The Family PACT Program continues to be the largest Medicaid family planning expansion program in the nation with 1.62 million enrolled and 940,309 served through a network of 2,288 clinician providers in FY 2017-18 and 1.43 million enrolled and 836,179 served through a network of 2,208 clinician providers in FY 2018-19.⁶ Despite the continued decline in number of clients during the fourth full year since implementation of the ACA in January 2014, over 411,000 individuals and 366,000 individuals were newly enrolled in Family PACT for FYs 2017-18 and 2018-19 respectively. The decline in clients was widespread across subpopulations of gender and age, and Family PACT continues to serve a majority of female clients. 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