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Health



University of California
San Francisco

FAMILY PACT PROVIDERS AND HEALTH CARE REFORM IMPLEMENTATION

FINAL REPORT

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Executive Summary

Under the Affordable Care Act (ACA), a large number of Californians, including traditionally-excluded groups in California, have the opportunity to enroll in Medi-Cal or subsidized health plans through the State's insurance marketplace, Covered California™. This study examined the role of providers enrolled in California's Family Planning, Access, Care and Treatment (Family PACT) program in facilitating client enrollment into Medi-Cal or private insurance offered through Covered California. From June to August 2014, 727 Family PACT sites responded to a survey assessing their efforts to facilitate health insurance enrollment, relationships with health plans, and related training and technical assistance needs. The majority (87 percent) of the surveys were completed by clinic managers, representing mostly private providers (47 percent) and Federally Qualified Health Center/Rural Health Center/Indian Health Services (FQHC/RHC/IHS) (32 percent).

Key Study Findings

Facilitating health insurance enrollment

Although most Family PACT sites reported delivering some form of assistance to uninsured Family PACT clients who need help enrolling in Medi-Cal or Covered California, there is room for improvement in all enrollment assistance strategies:

- **Checking eligibility criteria:** Nearly one-third (31 percent) of sites reported that they do not check eligibility criteria for Medi-Cal or subsidized health insurance through Covered California. Of those who reported checking eligibility criteria, 46 percent check eligibility at nearly every visit.
- **Educating clients:** Nearly a quarter (23 percent) of sites did not educate clients on enrollment in Medi-Cal or Covered California health plans.
- **Referrals to resources:** Ninety percent of sites reported referring uninsured Family PACT clients to at least one source for enrollment assistance (e.g., local enrollment office, the Covered California Website).
- **Onsite enrollment assistance:** More than two in five sites (44 percent) did not provide their clients onsite assistance with enrollment in Medi-Cal or Covered California health plans.

Compared to FQHC/RHC/IHS, private providers were less likely to check eligibility criteria (87 percent vs. 57 percent), educate clients (93 percent vs. 62 percent), refer clients (96 percent vs. 85 percent), and provide onsite assistance with enrollment in Medi-Cal or Covered California health plans (87 percent vs. 38 percent).

Overall, lack of staff time (47 percent) and lack of funding (38 percent) were reported as the most common barriers to helping clients enroll in health insurance. Other barriers reported were lack of physical space (30 percent), lack of staff knowledge (29 percent), and the perception that few clients are eligible to enroll in health insurance (13 percent). Planned Parenthood health centers were more likely to report barriers to facilitating enrollment than other types of providers.

Working with health insurance plans

More Family PACT sites reported having contracts with Medi-Cal managed care plans than Covered California and other private health plans.

- **Medi-Cal managed care:** More than two-thirds of sites reported having contracts with Medi-Cal managed care plans to provide primary care (68 percent) and family planning (79 percent) services to their enrollees.
- **Covered California/other private plans:** More than half of sites reported having contracts with Covered California health plans and other private health insurance plans to provide primary care (52 percent and 54 percent, respectively) and family planning services (57 percent and 60 percent, respectively) to their enrollees.

Although Planned Parenthood health centers were most likely (93 percent) to have family planning contracts with Medi-Cal managed care health plans, they were less likely (44 percent) to have family planning contracts with Covered California health plans than private providers (54 percent) and FQHC/RHC/IHS (73 percent). Planned Parenthood health centers were less likely to report primary care contracts with Medi-Cal managed care plans (15 percent), Covered California health plans (seven percent), and other private health insurance plans (11 percent) than other types of providers.

Many Family PACT sites reported changes in their payer mix since January 1, 2014 that corresponded with the expansion of Medi-Cal and the private insurance market. Nearly half (49 percent) of Family PACT sites reported an increase in the percentage of clients covered by Medi-Cal, and 27 percent reported an increase in the percentage covered by private insurance. Over one-third of sites reported a decrease in the percentage of clients covered by Family PACT (38 percent) and uninsured/self-pay clients (37 percent).

Knowledge and training needs

Most respondents reported considerable knowledge about the ACA. However, about one in five respondents did not know that a person can enroll in Medi-Cal at any time and nearly half incorrectly believed that Family PACT is considered health insurance under the ACA. Most respondents reported some or considerable interest in receiving training and technical assistance on a range of topics. The topics of greatest interest were “understanding eligibility criteria for Medi-Cal or subsidized health insurance through Covered California” (76 percent) and “coordinating patient care with local provider networks” (68 percent). Respondents from Planned Parenthood health centers were the most interested in trainings related to a wide range of topics, including understanding eligibility criteria (91 percent) and coordinating patient care with local provider networks (92 percent).

Conclusions

The Office of Family Planning (OFP) is committed to continuing its administration of Family PACT family planning and reproductive health services to low-income Californians, while facilitating the transition of eligible Family PACT clients into comprehensive health coverage. Study results show the need to offer Family PACT providers additional training and technical assistance on ACA-related topics. The OFP may want to focus on increasing the number of sites that check client eligibility for Medi-Cal or Covered California subsidies, as well as boosting the frequency with which sites check for eligibility. The study also suggests the need for additional training on eligibility criteria for Medi-Cal and Covered California health plans, as many respondents demonstrated gaps in knowledge but expressed interest in training in this area.

Introduction

This study is part of a larger evaluation of Medi-Cal family planning services, including Medi-Cal's family planning program, Family Planning, Access, Care and Treatment (Family PACT). The Family PACT program is administered by the California Department of Health Care Services (DHCS), Office of Family Planning (OFP) and evaluated by the University of California, San Francisco, Bixby Center for Global Reproductive Health (UCSF). In Fiscal Year 2012-13, Family PACT provided comprehensive and high-quality family planning services to 1.8 million low-income men, women, and adolescents who had no other source of health care coverage.

The federal Patient Protection and Affordable Care Act (ACA) aims to remove insurance barriers to accessing comprehensive health care through the expansions of Medicaid and the private insurance market. Traditionally-excluded groups in California now have the opportunity to enroll in Medi-Cal or subsidized health plans through the State's insurance marketplace, Covered California™. In addition to expanded coverage, the ACA puts in place various quality improvement and efficiency measures that may change how providers operate.

Often serving as an entry point into the health care system, Family PACT providers are in a central position to facilitate enrollment of newly eligible clients into Medi-Cal or private insurance options through Covered California. According to client exit interviews, about one in five Family PACT clients report that their Family PACT provider is their usual source of general health care.¹ Based on Family PACT enrollment data, UCSF estimated in 2012 that 57-70 percent of adult Family PACT clients could potentially meet the January 1, 2014 ACA eligibility criteria for full scope Medi-Cal coverage^a and another 8-10 percent potentially qualify for subsidized health care through Covered California.²

The OFP is committed to helping eligible Family PACT clients' transition to comprehensive health coverage under ACA mandates. Past research has shown that Family PACT providers have developed approaches to assist these clients with enrollment into comprehensive insurance coverage and to connect them with other health care providers whenever their needs are beyond the program's scope of services.³ With the key health care reform provisions implemented as of January 1, 2014, the OFP seeks to understand current provider efforts to support Family PACT client enrollment into Medi-Cal and private insurance and to identify facilitators and barriers to this transition. Other topics of interest to the OFP include whether Family PACT providers have the infrastructure in place to support the implementation of health care reform, such as contracts with managed care plans, and how the OFP can meet provider training and technical assistance needs.

^a Even if 80% of Family PACT clients transitioned to full scope Medi-Cal coverage, UCSF estimates that Family PACT would still serve over 300,000 clients a year.

This report provides new data on the role of Family PACT providers in facilitating client enrollment into Medi-Cal or private insurance offered through Covered California, as well as barriers providers encounter in this process. In addition, the study presents information on Family PACT providers' experiences working with health insurance plans as well as training and technical assistance needs related to the ACA. These results are compared across key provider characteristics.

Methods

The Family PACT Health Care Reform Implementation Survey served as the primary data collection tool for this study. In June 2014, a copy of the survey was sent to 970 Family PACT provider sites for completion by the clinic manager or the person responsible for general management at that site. The survey included 27 questions and was designed to be completed on paper or online. Of the 943 eligible sites, 727 surveys were completed (77 percent response rate). The majority of survey respondents (87 percent) were clinic managers.

The sample included provider sites in the Los Angeles/San Diego Corridor (59 percent), the San Joaquin Valley (12 percent), the San Francisco Bay Area (six percent), and the remainder of the state (24 percent). The majority of sites (85 percent) were in urban locations.

Respondents were asked to identify their provider type and specialty. For analyses by provider type, a five-category variable was created (Table 1). Of the responding sites, 47 percent were private providers; 32 percent were Federally Qualified Health Center/Rural Health Center/Indian Health Services (FQHC/RHC/IHS); four percent were "other community clinics"; eight percent were Planned Parenthood health centers; and eight percent were other provider types, including hospital-based outpatient clinics, county or city health clinics, and school-based health center/student health services. Four respondents did not identify their site's provider type and were dropped from the bivariate analyses by provider type. For analyses by provider specialty, we created a two-category variable. Overall, 34 percent of respondents identified their site's specialty as women's health or family planning. More than half (66 percent) identified their site's specialty as primary care or multi-specialty. Two respondents did not identify their site's provider specialty and were dropped from the bivariate analyses by provider specialty.

Table 1. Number and percentage of Family PACT sites, by provider type and specialty

Provider characteristic	n	%
<i>Provider type (n=723)</i>		
Private	342	47%
FQHC/RHC/IHS	234	32%
Other community clinic	29	4%
Planned Parenthood	57	8%
Other	61	8%
<i>Provider specialty (n=725)</i>		
Women’s health/Family planning	250	34%
Primary care/Multi-specialty	475	66%

Source: 2014 Family PACT Health Care Reform Implementation Survey.

Chi-square tests were used to compare survey responses by provider type and specialty, and a subset of the statistically significant differences ($p < 0.05$) are discussed in the report. For each item, cases with missing or “don’t know” responses were excluded for tests of significance if they were less than five percent of the sample. Appendices are available upon request that include more detailed information about the study methods (Appendix A), the survey instrument (Appendix B), and the complete survey results (Appendix C).

Facilitating Health Insurance Enrollment

While the ACA expands access to affordable health coverage, individuals may not be aware of their coverage options. Family PACT providers may be the only point of care for the majority of the program’s uninsured clients and can play a critical role in helping them enroll in comprehensive health insurance. Providers may be able to help clients navigate this health insurance landscape by screening for eligibility for Medi-Cal or Covered California subsidies, offering education on enrollment, referring clients for enrollment assistance, or offering enrollment assistance onsite.

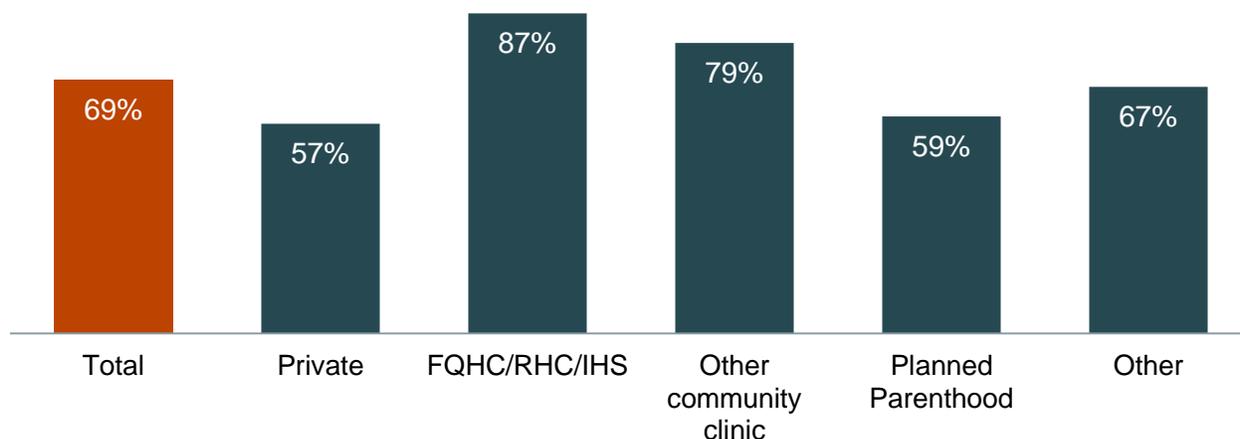
Eligibility Screening

Nearly a third of Family PACT sites reported that they do not check for health insurance eligibility, but FQHC/RHC/IHS sites were most likely to report doing so.

The Family PACT Policies, Procedures and Billing Instructions (PPBI) manual instructs providers to affirm client eligibility at each visit by checking a client’s income, family size and health insurance status.⁴ This process may allow providers to also check if clients are eligible for other coverage options. We asked respondents whether they check if uninsured Family PACT clients meet eligibility criteria for Medi-Cal or subsidized health insurance through Covered California and nearly one-third (31 percent) reported that they do not. Compared to other provider types, private (57 percent) and Planned Parenthood health centers (59 percent) were less likely to report checking eligibility

criteria, while FQHC/RHC/IHS (87 percent) were more likely to do so (Figure 1). Similarly, compared to primary care/multi-specialty sites (76 percent), women’s health/family planning specialists (55 percent) were less likely to report checking eligibility criteria.

Figure 1. Percentage of Family PACT sites that check eligibility criteria for Medi-Cal or subsidized health insurance through Covered California, by provider type (n=702)

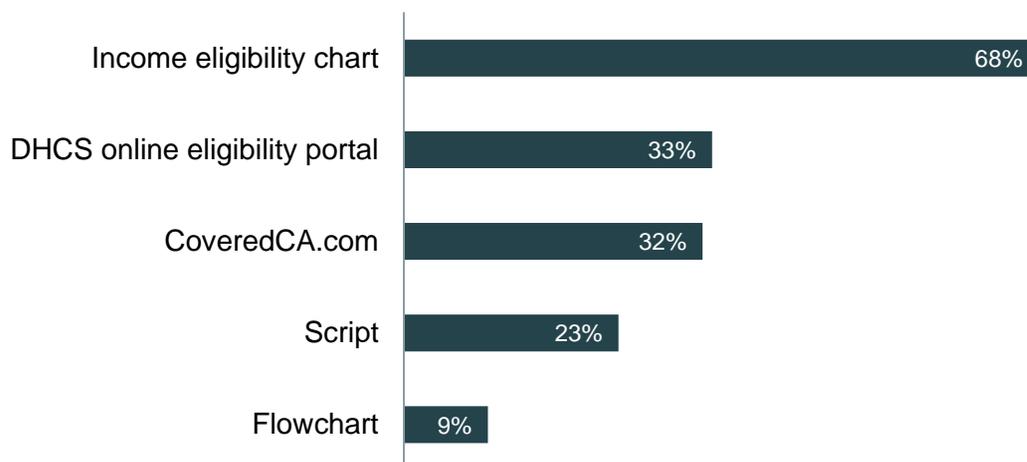


Source: 2014 Family PACT Health Care Reform Implementation Survey.

Among sites that reported checking eligibility criteria for Medi-Cal or Covered California subsidies (n=483) nearly half (46 percent) reported checking eligibility at nearly every visit. Among this subset of sites, while there were no differences in the frequency of eligibility checking by provider type, we found that primary care/multi-specialty sites (49 percent) were more likely to check eligibility at nearly every visit than women’s health/family planning specialty sites (37 percent).

We also asked sites that reported checking eligibility criteria to share the types of tools they use to screen for eligibility for Medi-Cal or Covered California subsidies (Figure 2). More than two-thirds (68 percent) reported using an income eligibility chart. About a third of sites reported using the DHCS online eligibility portal (33 percent) and/or the Covered California website (32 percent). Use of eligibility screening tools was low among private providers (<18 percent for most tools). Planned Parenthood health centers (67 percent) were more likely than other provider types (8-32 percent) to report using a script for staff to check eligibility.

Figure 2. Percentage of Family PACT sites that use specific tools to screen for eligibility for Medi-Cal or subsidized health insurance through Covered California, among sites that screen for eligibility (n=483)



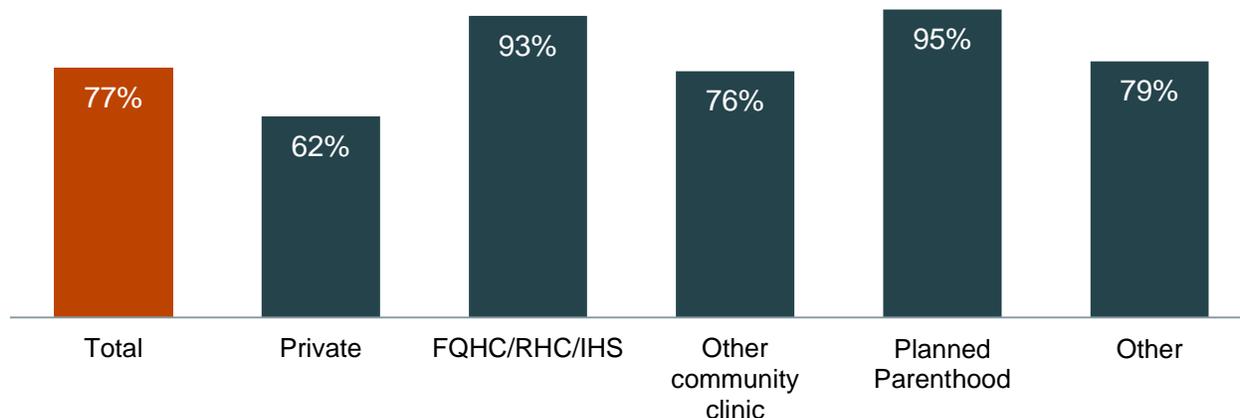
Source: 2014 Family PACT Health Care Reform Implementation Survey.

Patient Education about Enrollment

While over three-quarters of Family PACT sites educated clients on enrollment in comprehensive insurance, private providers were least likely to offer enrollment education.

Providing patient education on enrollment in Medi-Cal or Covered California health plans is critical in helping eligible Family PACT clients' transition to comprehensive health coverage. However, nearly a quarter (23 percent) of sites did not educate clients on enrollment in Medi-Cal or Covered California health plans. Compared to private providers (62 percent), FQHC/RHC/IHS (93 percent) and Planned Parenthood health centers (95 percent) were more likely to report providing education on enrollment in Medi-Cal or Covered California (Figure 3). Similarly, primary care/multi-specialty sites (85 percent) were more likely to report providing enrollment education than women's health/family planning specialists (62 percent).

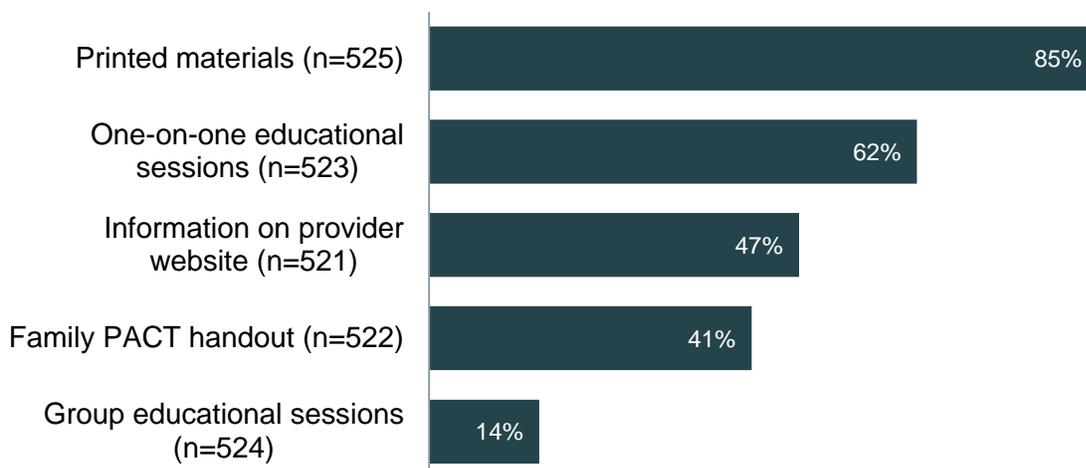
Figure 3. Percentage of Family PACT sites that educate clients on enrollment in Medi-Cal or Covered California health plans, by provider type (n=708)



Source: 2014 Family PACT Health Care Reform Implementation Survey.

We asked sites that educate clients about enrollment in Medi-Cal or Covered California health plans (n=545) to identify the formats they use to educate clients. The majority (85 percent) reported using printed materials, followed by one-on-one education (62 percent) and information on provider Websites (47 percent) (Figure 4). FQHC/RHC/IHS sites were more likely than other provider types to report providing one-on-one (74 percent) and group education sessions (22 percent). Planned Parenthood health centers (67 percent) were more likely than FQHC/RHC/IHS (52 percent) and private providers (38 percent) to have information on their website for client education related to enrollment in health plans.

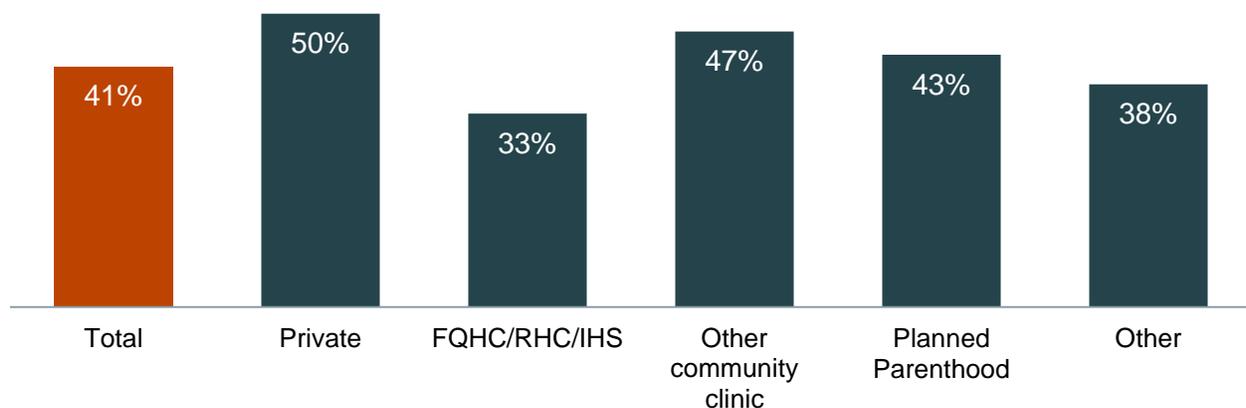
Figure 4. Percentage of Family PACT sites that use specific formats to educate clients about enrollment in Medi-Cal or Covered California health plans, among sites that offer enrollment education



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Fewer than half (41 percent) of sites reported using the Family PACT handout “10 Things Family PACT clients should know about the Affordable Care Act.”⁵ The OFP developed this fact sheet to answer frequently asked questions about the ACA and Family PACT. Compared to other provider types, FQHC/RHC/IHS (33 percent) were least likely to use the Family PACT handout as a format to educate clients about enrollment (Figure 5). Although private providers were less likely to provide patient education in general, they were more likely to use the Family PACT handout than FQHC/RHC/IHS.

Figure 5. Percentage of Family PACT sites that educate clients on enrollment in Medi-Cal or Covered California health plans using Family PACT fact sheet, by provider type (n=708)



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Referrals for Enrollment Assistance

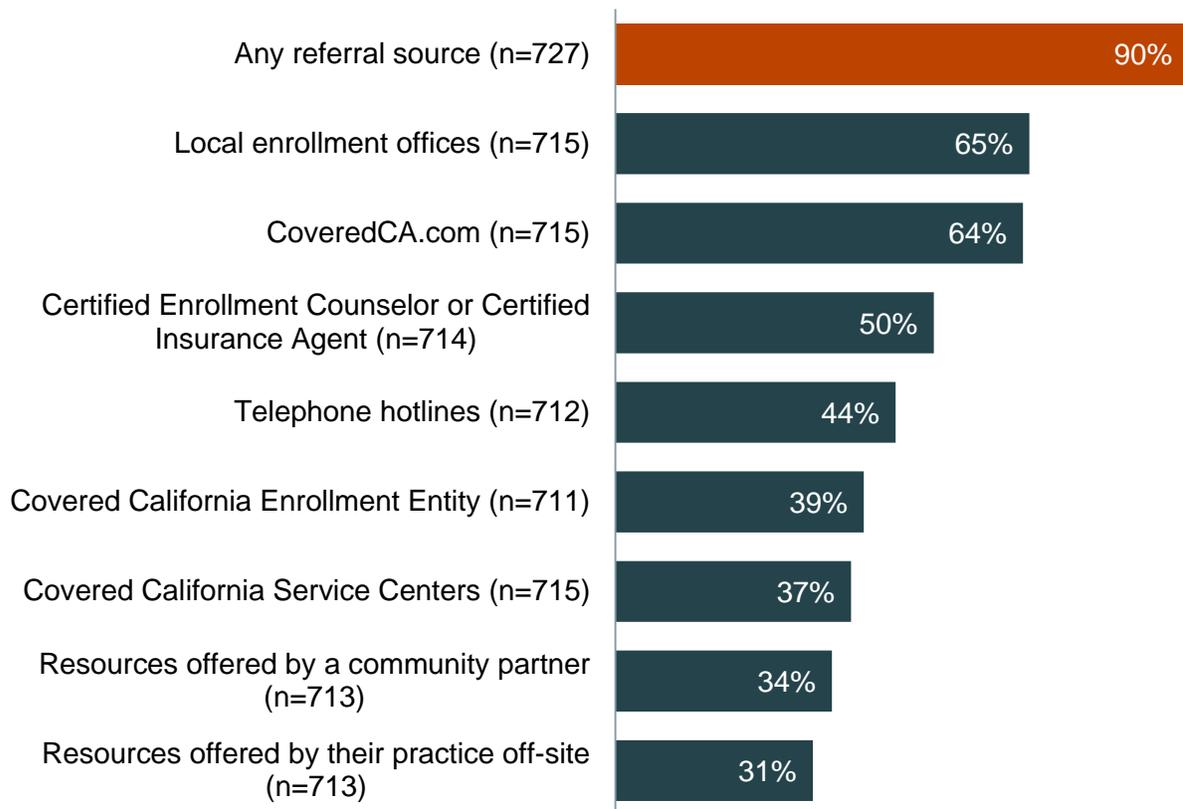
Nearly all sites reported that they refer uninsured Family PACT clients to at least one source for enrollment assistance.

Connecting uninsured Family PACT clients to local enrollment offices, Covered California resources, and other resources for enrollment assistance may be essential in helping clients transition to comprehensive health coverage. Nearly all (90 percent) sites reported referring uninsured Family PACT clients to at least one source for off-site enrollment assistance (Figure 6). Private providers (85 percent) were less likely than all other provider types to refer uninsured clients for enrollment assistance.

Overall, most sites reported referring uninsured clients to local enrollment offices (65 percent) and the Covered California website (64 percent) for enrollment assistance. Other Covered California resources were used less frequently (39 percent for Covered California Enrollment Entities and 37 percent for Covered California Service Centers). The resources to which clients were referred varied significantly by provider type. FQHC/RHC/IHS sites were more likely to refer clients to Certified Enrollment Counselors or Insurance Agents (78 percent) as well as Covered California Enrollment

Entities (59 percent) than other provider types. Planned Parenthood health centers were more likely to refer clients to the Covered California website (89 percent) than other provider types.

Figure 6. Percentage of Family PACT sites that offer clients referrals to specific resources for off-site enrollment assistance



Source: 2014 Family PACT Health Care Reform Implementation Survey.

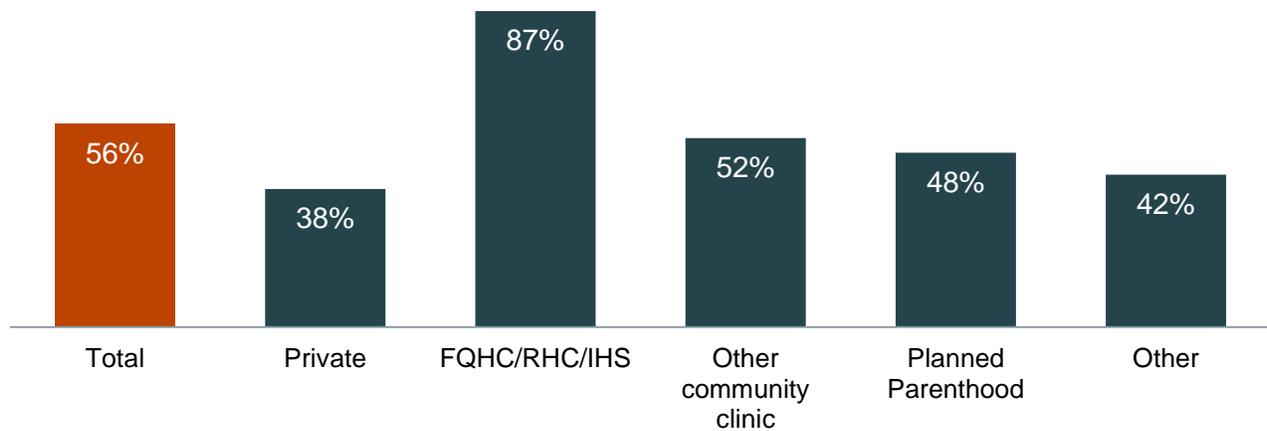
Onsite Enrollment Assistance

FQHC/RHC/IHS sites were more likely to offer onsite enrollment assistance and help eligible clients complete applications and submit applications than other provider types.

In-person enrollment assistance has been shown to be the most effective way to help people enroll.⁶ We asked respondents if their site assists clients onsite with enrollment in Medi-Cal or Covered California health plans. More than two in five sites did not provide onsite enrollment assistance (44 percent). However, this survey was fielded outside the Covered California open enrollment period; the percentage of sites offering onsite enrollment assistance likely would be higher during an open enrollment period.

FQHC/RHC/IHS (87 percent) were more likely to provide onsite enrollment assistance than other provider types (Figure 7). Primary care/multi-specialty sites (65 percent) were more likely to provide onsite enrollment assistance than women’s health/family planning specialists (37 percent).

Figure 7. Percentage of Family PACT sites that offer eligible family planning clients onsite enrollment assistance, by provider type (n=711)

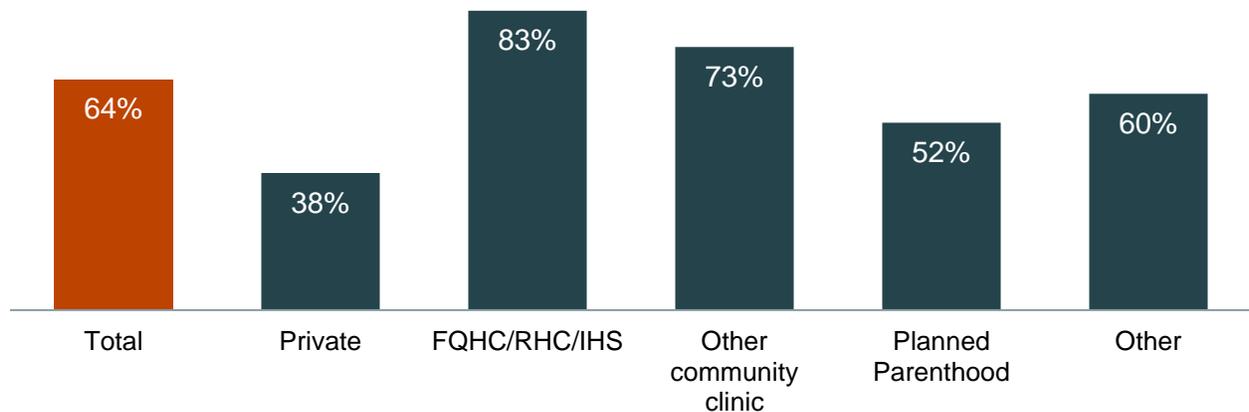


Source: 2014 Family PACT Health Care Reform Implementation Survey.

Sites offering onsite enrollment assistance (n=395) were asked in what ways they help clients enroll in health plans. The majority (91 percent) reported helping clients fill out applications, 89 percent reported providing applications for clients, and 76 percent reported submitting applications on behalf of clients. FQHC/RHC/IHS (95 percent) and Planned Parenthood health centers (96 percent) were more likely than private providers (77 percent) to provide applications. However, FQHC/RHC/IHS sites were more likely than other provider types to help clients fill out (98 percent) and submit applications (90 percent).

Among sites offering onsite enrollment assistance, nearly two-thirds (64 percent) reported doing all three – providing applications, filling out applications and submitting applications on behalf of clients (Figure 8). Private providers (38 percent) were less likely to provide all three forms of enrollment assistance than other provider types. Primary care/multi-specialty sites (70 percent) were more likely than women’s health/family planning specialists (47 percent) to provide, fill out and submit applications.

Figure 8. Percentage of Family PACT sites that provide applications, fill out applications *and* submit applications on behalf of clients, among sites that offer onsite enrollment assistance, by provider type (n=395)



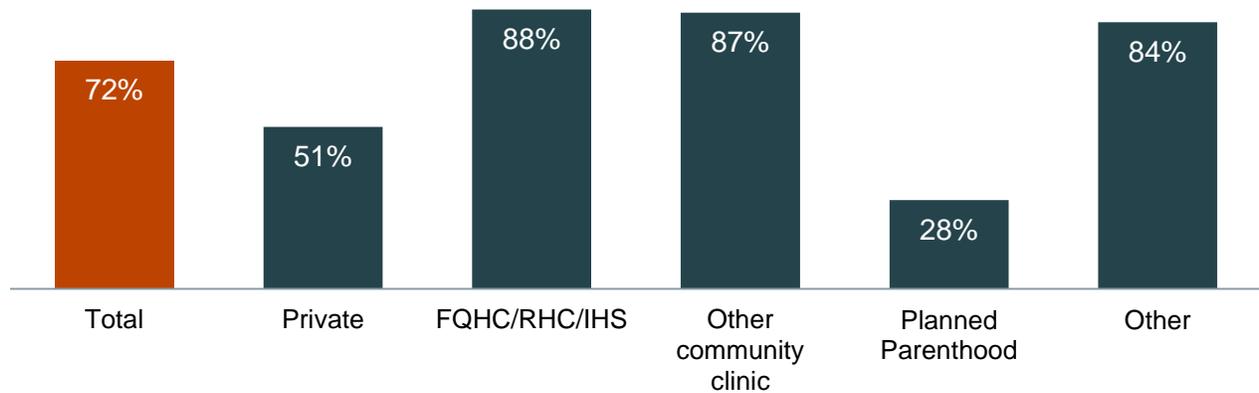
Source: 2014 Family PACT Health Care Reform Implementation Survey.

Enrollment Staffing and Funding

FQHC/RHC/IHS sites were most likely to have resources to help eligible clients enroll in health plans, including staff and funding for enrollment.

Resources available for enrollment assistance may be crucial in providers' ability to offer onsite enrollment assistance. We asked sites that offer onsite enrollment assistance (n=395) whether there is someone located at their site whose main job function is to help clients enroll in Medi-Cal or Covered California health plans. Nearly three quarters (72 percent) of sites that offer enrollment assistance had designated enrollment staff. FQHC/RHC/IHS (88 percent) were more likely to have enrollment staff than other provider types and Planned Parenthood health centers were least likely (28 percent) (Figure 9). Similarly, women's health/family planning specialists (41 percent) were less likely to have staff whose main job function is enrolling clients in insurance programs than primary care/multi-specialty sites (81 percent).

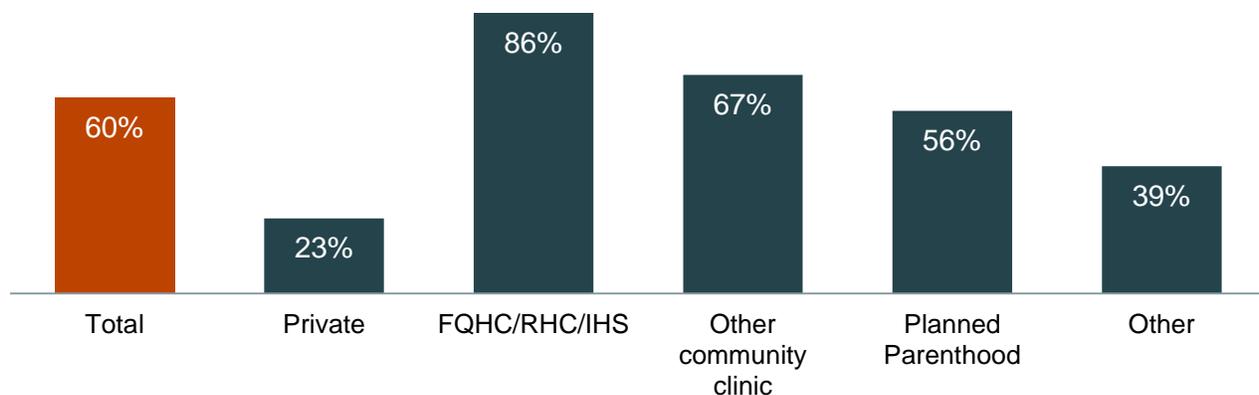
Figure 9. Percentage of Family PACT sites with staff to help enroll eligible clients in Medi-Cal or Covered California health plans, among sites that offer onsite enrollment assistance, by provider type (n=395)



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Among sites that offer onsite enrollment assistance, 60 percent were Covered California Certified Enrollment Entities (CEE). FQHC/RHC/IHS (86 percent) were more likely to be CEEs than other provider types (Figure 10). Primary care/multi-specialty sites (69 percent) were also more likely to be CEEs than women’s health/family planning specialists (29 percent).

Figure 10. Percentage of Family PACT sites that are Covered California Certified Enrollment Entities, among sites that offer onsite enrollment assistance, by provider type (n=395)



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Overall, among sites that offer onsite enrollment assistance, nearly one-third (31 percent) reported that they received funding to assist clients with insurance enrollment. However, nearly a quarter (23 percent) of respondents did not know if their site received funding for enrollment. About half (53 percent) of FQHC/RHC/IHS that provide onsite

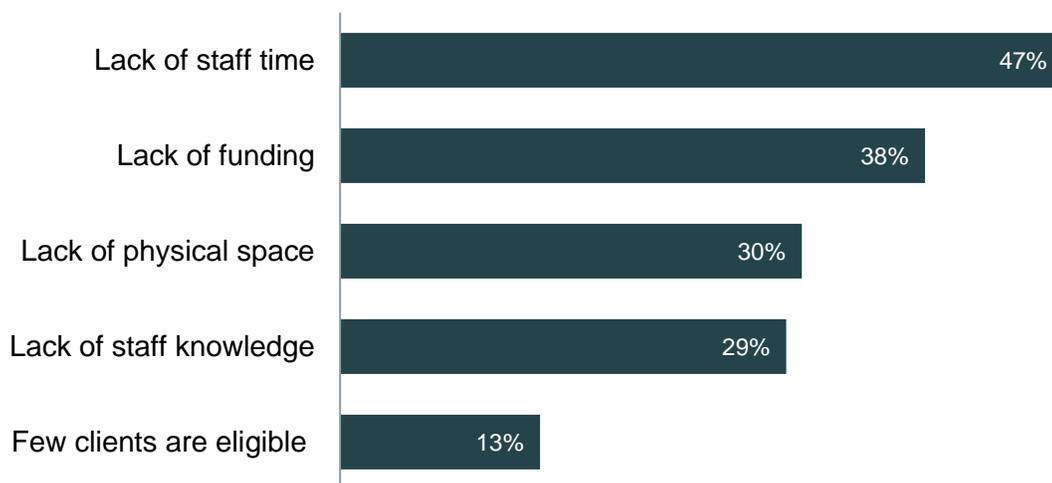
enrollment assistance reported that they received funding for enrollment assistance, while nearly a quarter (24 percent) of Planned Parenthood health centers offering onsite assistance received funding.

Barriers to Facilitating Health Insurance Enrollment

Lack of staff time and lack of funding are barriers to helping clients enroll in health plans.

Respondents were given a list of potential barriers to helping clients enroll in Medi-Cal or Covered California. Overall, lack of staff time (47 percent) and lack of funding (38 percent) were the most commonly reported barriers (Figure 11). FQHC/RHC/IHS sites were less likely to report any of the barriers to enrollment than other provider types. Conversely, Planned Parenthood health centers were more likely to report barriers than other provider types. While private providers were also more likely to report barriers compared to FQHC/RHC/IHS, they were more likely to report that few of their clients are eligible for Medi-Cal or Covered California subsidies (19 percent) than other provider types.

Figure 11. Percentage of Family PACT sites that reported specific barriers to facilitating enrollment in Medi-Cal or Covered California health plans (n=727)



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Working with Health Insurance Plans

During the implementation of health care reform and beyond, engaging in contractual relationships with health plans will be increasingly important for Family PACT providers. Newly insured Family PACT clients may want to continue to receive services from their

Family PACT provider. In addition, forming contracts with health insurance plans can improve the long-term financial viability of Family PACT providers by helping them retain clients and receive reimbursement for services.⁷

Contracts with Health Insurance Plans

More Family PACT sites reported having contracts with Medi-Cal managed care plans than Covered California and other private health plans.

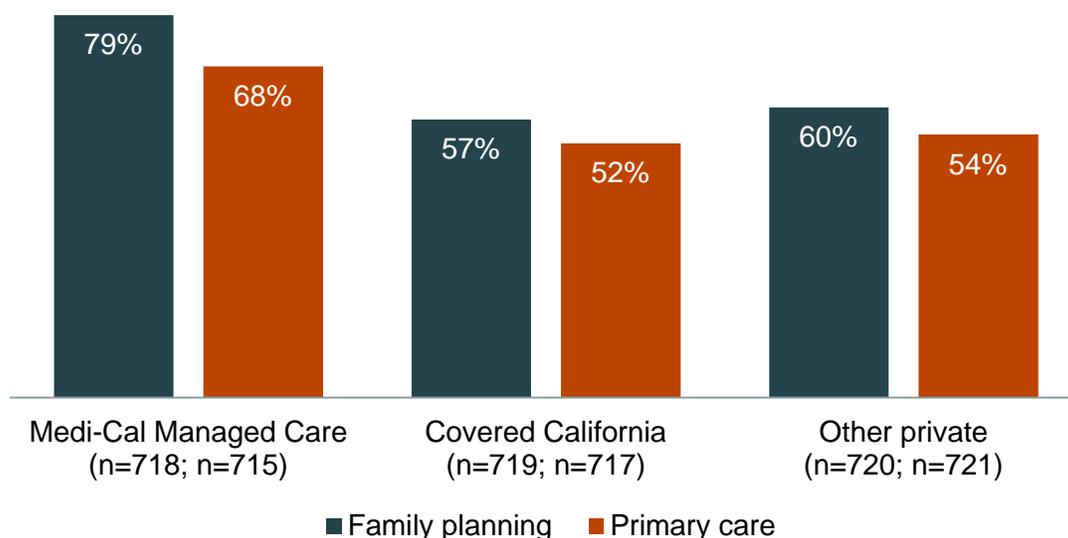
Most sites (79 percent) reported having contracts with Medi-Cal managed care plans to provide family planning services to their enrollees (Figure 12). Over half of sites reported having family planning contracts with Covered California (57 percent) and other private health plans (60 percent).

Whether sites have contracts with health plans to provide family planning services varied significantly by provider characteristics. Private providers (75 percent) were less likely to have family planning contracts with Medi-Cal managed care plans than FQHC/RHC/IHS (88 percent) and Planned Parenthood health centers (93 percent). However, Planned Parenthood health centers (44 percent) were less likely to have family planning contracts with Covered California health plans than private providers (54 percent) and FQHC/RHC/IHS (73 percent). Surprisingly, primary care/multi-specialty providers (62 percent) were more likely to have family planning contracts with Covered California health plans than women's health/family planning specialists (49 percent). However, women's health/family planning specialists (67 percent) were more likely to have family planning contracts with other private health plans than primary care/multi-specialty providers (56 percent).

Most sites (68 percent) reported having contracts with Medi-Cal managed care plans to provide primary care services to their enrollees. Fewer sites reported primary care contracts with Covered California (52 percent) and other private health plans (54 percent).

Whether sites have contracts with health plans to provide primary care services also varied significantly by provider type. As expected, Planned Parenthood health centers were less likely to have primary care contracts with Medi-Cal managed care plans (15 percent), Covered California health plans (seven percent), and other private health insurance plans (11 percent) than other provider types. FQHC/RHC/IHS sites were more likely to have primary care contracts with Medi-Cal managed care plans (95 percent), Covered California health plans (78 percent), and other private health insurance plans (68 percent) than other provider types. As expected, primary care/multi-specialty providers were more likely to have primary care contracts with Medi-Cal managed care plans (88 percent), Covered California health plans (71 percent), and other private health plans (70 percent) than women's health/family planning specialists (29 percent, 15 percent, and 24 percent, respectively).

Figure 12. Percentage of Family PACT sites that have contracts with health plans to provide primary care and family planning services to their enrollees



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Out-of-Network Providers

Among the sites that do not have contracts with Medi-Cal managed care or Covered California health plans, most do not bill for family planning services as out-of-network providers.

Sites that do not have contracts with health plans have the option to serve insured clients as out-of-network providers. We asked all sites whether they bill Medi-Cal managed care or Covered California health plans for family planning services as an out-of-network provider. Among the sites that did not have contracts with Medi-Cal managed care health plans to provide family planning services (n=116), three-quarters (75 percent) did not bill Medi-Cal managed care plans for family planning services out-of-network. Similarly, among the sites that did not have contracts with Covered California health plans to provide family planning services (n=225), nearly three-quarters (72 percent) did not bill Covered California health plans for family planning services out-of-network.

Changes in Payer Mix

Many sites reported a shift in payer source towards Medi-Cal and private insurance and away from Family PACT and uninsured/self-pay since January 1, 2014.

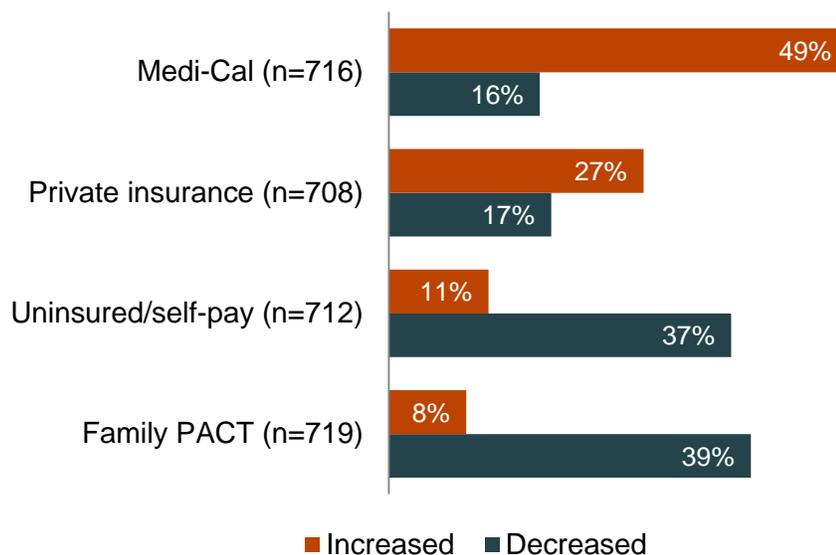
We asked respondents, “Since January 1, 2014, please indicate whether the percent of clients in each payment category (Family PACT, Medi-Cal, private insurance, uninsured/self-pay, other) has decreased, stayed the same, or increased.” Overall,

Family PACT sites reported changes in their payer mix that corresponded with the expansion of Medi-Cal and the private insurance markets. Nearly half (49 percent) of sites reported an increase in the percentage of clients covered by Medi-Cal (Figure 13). Planned Parenthood health centers (81 percent) were more likely to report an increase in Medi-Cal clients than FQHC/RHC/IHS (72 percent) and private providers (28 percent). Primary care/multi-specialty providers (56 percent) were more likely to report an increase in their share of Medi-Cal clients than women’s health/family planning specialists (37 percent).

Over a quarter (27 percent) of sites reported an increase in the percentage of clients covered by private insurance. Nearly half (46 percent) of Planned Parenthood health centers reported an increase in privately insured clients, compared to 24 percent of private providers and 31 percent of FQHC/RHC/IHS.

As expected, over one-third of sites reported a decrease in Family PACT clients (39 percent) and uninsured/self-pay clients (37 percent). Planned Parenthood health centers (46 percent) were more likely to report that their share of Family PACT clients decreased than other provider types, but they were less likely (23 percent) to report that their share of uninsured/self-pay clients decreased than other provider types. Primary care/multi-specialty providers were more likely to report a decrease in their share of Family PACT clients (42 percent) and uninsured/self-pay clients (43 percent) than women’s health/family planning specialists (33 percent and 25 percent, respectively).

Figure 13. Percentage of Family PACT sites reporting that the percentage of clients in specific payment categories increased or decreased since January 1, 2014



Source: 2014 Family PACT Health Care Reform Implementation Survey

Training and Technical Assistance

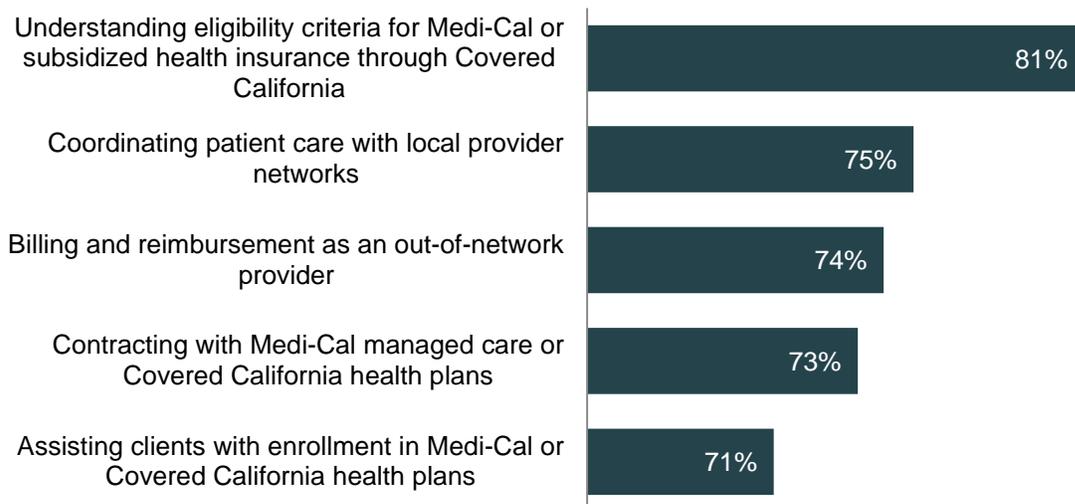
As Family PACT providers take on an increasingly important role in facilitating health insurance enrollment, they may require support to strengthen and build their capacity to screen and enroll clients into public insurance programs, and to work with health plans. Assessing providers' knowledge about the ACA can help guide the development of resources that will facilitate providers' implementation of health care reform in their practice.

Interest in Training and Technical Assistance

Most respondents are interested in learning more about ACA-related topics.

The survey assessed interest in training and technical assistance on a range of topics related to the ACA. Most respondents reported some or considerable interest in various training and technical assistance topics (Figure 14). The topics of greatest interest were “understanding eligibility criteria for Medi-Cal or subsidized health insurance through Covered California” (81 percent) and “coordinating patient care with local provider networks” (75 percent). When compared to other provider types, Planned Parenthood health centers were most interested in trainings related to a wide range of topics, including understanding eligibility criteria for Medi-Cal and Covered California subsidies (91 percent) and coordinating patient care with local provider networks (92 percent).

Figure 14. Percentage of respondents reporting some or considerable interest in training topics (n=667)



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Knowledge about the Affordable Care Act

While most respondents are knowledgeable about the ACA, gaps in knowledge exist.

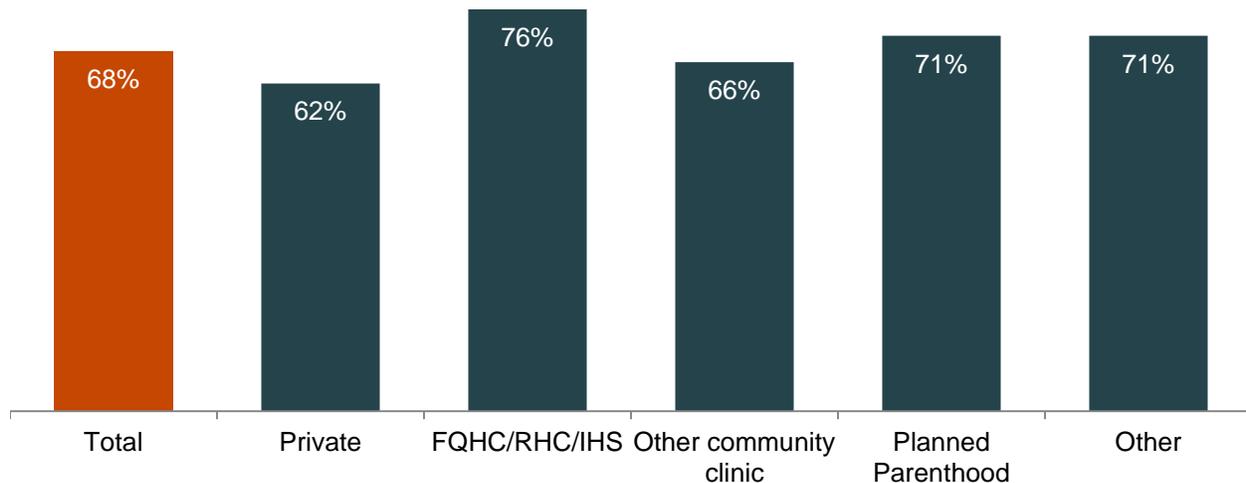
Respondents were asked to answer seven questions meant to assess their knowledge about the ACA. Most respondents reported considerable knowledge on these items (Table 2). Eighty-five percent knew that all health plans must cover everyone, even if they have a pre-existing condition such as pregnancy or cancer. Approximately four in five respondents knew that a person can enroll in Medi-Cal at any time (82 percent) and that if they enroll they may be able to keep their current doctor (78 percent). About half of respondents knew that Family PACT is not considered health insurance under the ACA (53 percent) and that a married woman under the age of 26 could be eligible for health insurance under her parents' health insurance (49 percent). On average, survey respondents answered 68 percent of the items correctly. The most knowledgeable respondents were from FQHC/RHC/IHS sites, answering 76 percent of the items correctly (Figure 15).

Table 2. Percentage of respondents that answered ACA knowledge items correctly

ACA knowledge items	Correct
All health plans must cover everyone, even if they have a pre-existing condition such as pregnancy or cancer (<i>True</i>), n=718	85%
A person can enroll in Medi-Cal only during specific enrollment periods (<i>False</i>), n=720	82%
If a person enrolls in Medi-Cal or private health insurance, they may be able to keep their current doctor (<i>True</i>), n=721	78%
Low-income adults who may own assets, such as a home, can receive insurance coverage through Medi-Cal (<i>True</i>), n=717	72%
A person cannot enroll in a private health plan through Covered California if they need federal financial assistance (<i>False</i>), n=717	57%
Family PACT is considered health insurance under the ACA (<i>False</i>), n=716	53%
A 25-year-old married woman may be eligible for health coverage under her parents' health insurance (<i>True</i>), n=717	49%

Source: 2014 Family PACT Health Care Reform Implementation Survey.

Figure 15. Percentage correct on the seven ACA knowledge items, by provider type (n=717)



Source: 2014 Family PACT Health Care Reform Implementation Survey.

Conclusion

For nearly two decades, California’s Family PACT program has provided comprehensive, high-quality family planning services to low-income residents who have no other source of health coverage. Along with the State’s other public benefits programs and policies supporting women’s health, Family PACT helped California achieve best in the nation status for reproductive health and rights.⁸ The reforms enacted as a result of the ACA promise to maintain these accomplishments by expanding access to health care, as well as improving health care quality and reducing public costs. Providers of Family PACT services are uniquely positioned to assist individuals with enrollment into broader coverage because family planning is often a gateway to general health care.

The Governor’s 2015-16 budget defines a new requirement that providers in limited health care benefits programs, such as Family PACT, must inform clients on how to apply for comprehensive benefits programs like Medi-Cal or subsidized coverage through Covered California.⁹ Because enrollment is processed for these programs at the provider level, the implementing language of the State Budget Bill specifically requires that enrolling providers supply clients with information about how applications for insurance affordability programs may be submitted; the open enrollment periods for Covered California; and information about Medi-Cal’s continuous enrollment policy.¹⁰ The DHCS is tasked with determining the specific content and means of communicating this information to its applicants and beneficiaries.

The DHCS/OFP is committed to facilitating the transition of eligible clients into comprehensive health coverage. Results of this study provide programmatic guidance to the OFP by documenting the various ways in which providers “encourage enrollment” into comprehensive coordinated care; the barriers they experience in facilitating

enrollment; and the resources employed or needed to facilitate the legislative mandate. However, it is also important to note the context of these findings. The survey was conducted with clinic managers and other administrators whose knowledge on some topics may be limited, and the period of open enrollment for the health benefits exchange had ended several months earlier.

Most sites reported that they use multiple resources to educate clients about how to enroll in Medi-Cal or Covered California and they refer clients for enrollment assistance outside their practice. However, the extent to which this education adheres to the new proposed budget requirements and is standardized across providers is unknown. Nearly a third of sites did not check eligibility criteria for Medi-Cal or Covered California. Given that Family PACT program instructions require providers to affirm client eligibility at each visit, protocols for eligibility determination across various coverage options could be developed. In addition, more than two in five sites did not provide onsite enrollment assistance, which has been shown to be the most effective way to help people enroll.

Under the ACA, fewer individuals will rely on the State's limited benefits programs as more will sign up for comprehensive health insurance. The majority of sites reported that they have established family planning contracts with Medi-Cal managed care health plans, which helps providers continue to serve their clients who transition to comprehensive benefits. As expected, sites reported that, in the first six to eight months of 2014, their payer mix shifted towards Medi-Cal and private insurance and away from Family PACT and out-of-pocket payments. This will be important to validate and monitor with Family PACT claims and Medi-Cal enrollment data going forward.

Family PACT providers will continue to need support to meet the OFP requirements regarding the provider's role in relation to eligibility appraisal and transitioning clients into comprehensive coverage. One challenge for the OFP is in operationalizing a meaningful definition of "support" given that providers mentioned lack of staff time and lack of funding as their main obstacles. The OFP may want to focus on increasing the number of sites that check client eligibility for Medi-Cal or Covered California, as well as boosting the frequency with which sites check. Survey respondents expressed a strong interest in receiving training across a range of ACA-related topics, including eligibility criteria for Medi-Cal and Covered California. Clarification about "open enrollment" in relation to Covered California and Medi-Cal is also needed, given that nearly one in five respondents did not know that Medi-Cal enrollment can be completed year-round.

The OFP may want to focus their training and technical assistance on private providers and Planned Parenthood health centers who have been slower to implement enrollment activities. FQHC/RHC/IHS providers reported nearly universal onsite enrollment assistance, which may be due to their mission to provide comprehensive services to underserved populations and greater availability of enrollment staffing and funding. Compared to FQHC/RHC/IHS providers, private providers and Planned Parenthood health centers were less likely to check eligibility and provide onsite enrollment assistance and more likely to report barriers to enrollment. In addition, the OFP should consider tailoring resources for Family PACT providers specifically, as opposed to using

generic materials or those developed for another audience. These materials should be designed to help providers educate their clients about the importance of comprehensive health insurance coverage for themselves and their families, how to obtain hands-on enrollment assistance in their locality, and how clients can make sure they continue to receive the reproductive health care they need, regardless of the payer source.

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