



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES  
OFFICE OF FAMILY PLANNING

# **FAMILY PACT PROGRAM REPORT**

FISCAL YEAR 2014-2015

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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](http://www.familypact.org)



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## 1. Introduction

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

Family PACT works to achieve the following key objectives:

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

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

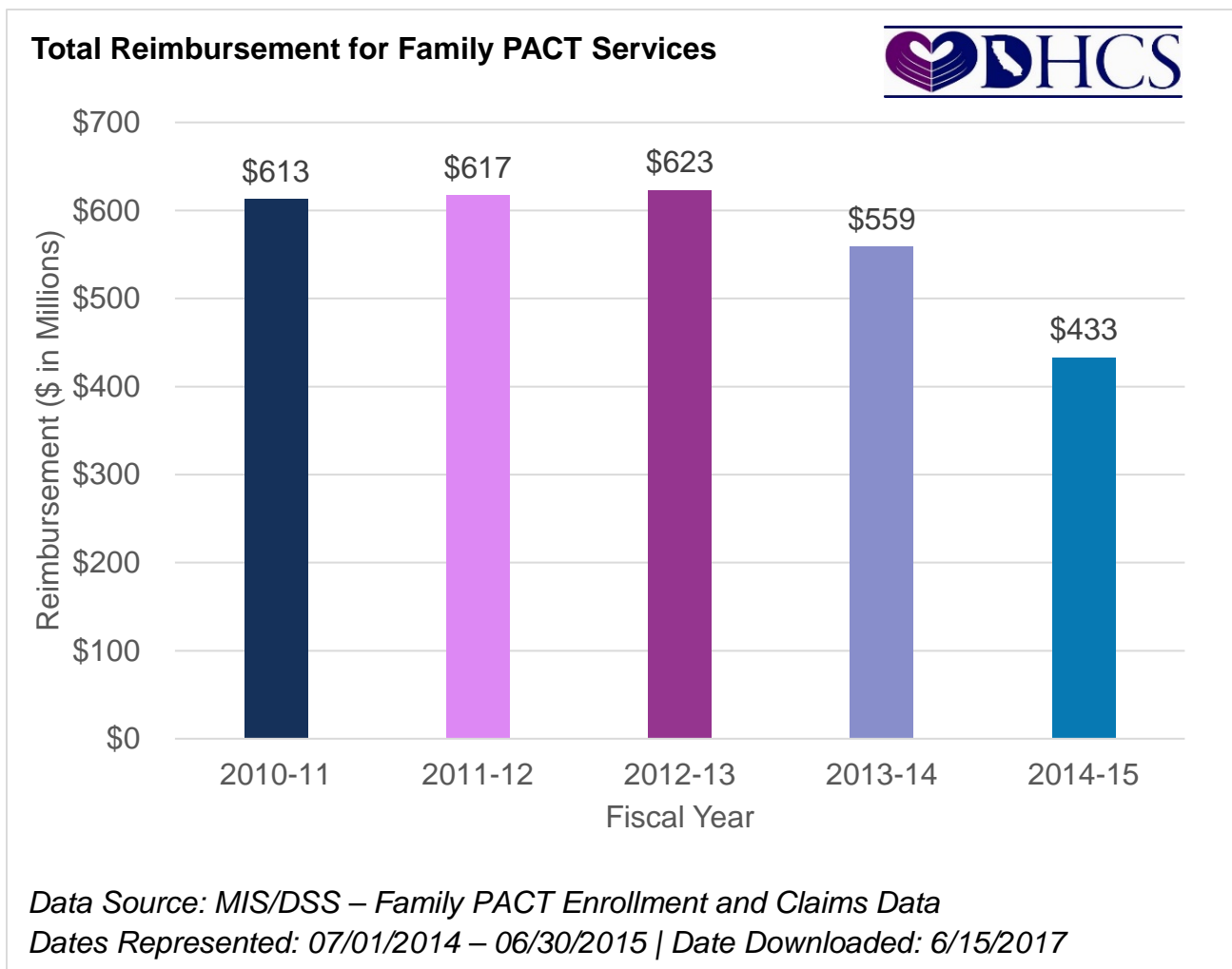
Earlier legislation, which established OFP, requires an annual analysis of key program metrics for any family planning program that OFP administers. The Research, Evaluation and Data section of OFP provides data in this report for OFP's oversight of the Family PACT Program. This annual report is based on enrollment and claims data and describes Family PACT provider and client populations, types of services utilized, and program reimbursement. Dates of service in this report are for Fiscal Year (FY) 2014-15, beginning July 1, 2014 and ending June 30, 2015. They include claims data and client and provider enrollment data at the time of service. The FY 2014-15, was a critical year in the Program due to the implementation of the Patient Protection and Affordable Care Act (ACA). In January 2014 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 transitioning to these other sources of health care are expected to have their family planning services included in the services compensated. This report, however, is limited to the Family PACT Program.

In the eighteenth full fiscal year of operation, FY 2014-15, the Family PACT Program served 1.38 million women and men, a decrease of 300,000 clients served (-17.9 percent) compared to the previous year. This constitutes the largest decrease in clients served since the inception of the Program.

Of the 7,274 providers reimbursed for services rendered, 2,539 were clinician providers, 4,607 were pharmacy providers and 128 were laboratories. Compared to the previous year, clinician providers increased by 11.2 percent.

Pharmacy providers served 28 percent of all clients, laboratories served 58 percent, and clinician providers served 95 percent. Total reimbursement in FY 2014-15 was \$433 million – a decrease of 22.6 percent compared to the \$559 million reimbursed the previous fiscal year (Figure 1).

**Figure 1:**

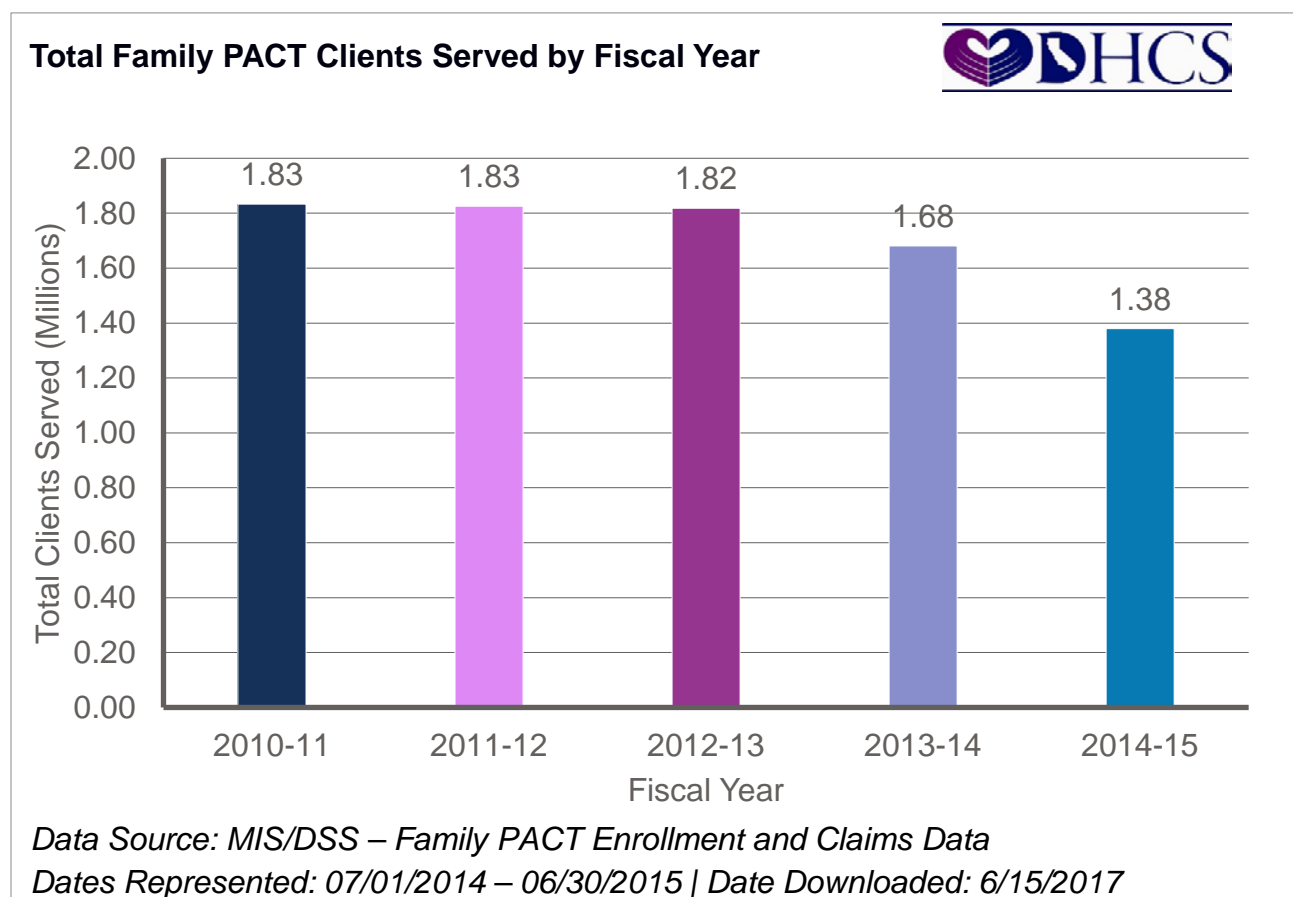


## 2. Client Profile

### 2.1 Overview

The Family PACT Program had 2.34 million clients enrolled for part or all of FY 2014-15, down from 2.66 million in FY 2013-14. This follows the trend of decreasing client enrollment noted in FY 2013-14. Of the enrolled clients, 1.38 million (70 percent) received family planning services from Family PACT during the fiscal year, a 300,000 client (-17.9 percent) decrease from FY 2013-14. See Figure 2.

Figure 2:



Of the Program’s 2.34 million enrolled clients, approximately 550,000 were newly enrolled in the Family PACT Program, comprising approximately 40 percent of the 1.38 million clients served in FY 2014-15 (Table 1).

**Table 1: Family PACT Served Clients by Client Type, FY 2014-15**

Client Type	Clients Served
Continuing	824,982
New	554,540
<b>Total</b>	<b>1,379,522</b>

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

Clients served, upon which data in this report are based on, decreased by 17.9 percent or 301,201 clients compared to FY 2013-14. Table 2 shows that FY 2014-15 is the fourth consecutive year to exhibit a decrease in the number of clients served and the most marked change in clients since the inception of the Family PACT Program.

**Table 2: Total Family PACT Clients Served and Total Claims by Fiscal Year**

Fiscal Year (FY)	Total Clients Served	Percent Change
2010-11	1,833,261	0.7%
2011-12	1,825,400	-0.4%
2012-13	1,818,064	-0.4%
2013-14	1,680,723	-7.6%
2014-15	1,379,522	-17.9%

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

Multiple factors may have contributed to the decline in number of Family PACT clients, the most notable being the Medi-Cal expansion under the Affordable Care Act (ACA). Beginning January 1, 2014, Family PACT clients became eligible for Medi-Cal family planning services with the ACA expansion and could have begun receiving family planning services through Medi-Cal or private insurance as the Affordable Care Act was further implemented. Prior to January 1, 2014, many clients would not have qualified for Medi-Cal as Medi-Cal was largely available only to women who are pregnant, with minor children and individuals who are



disabled. Typically, half of Family PACT’s female population has never had a live birth and over ten percent of clients are male. Under the ACA, Medi-Cal services were expanded to all low-income adults as the ACA also required that adults over 138 percent of the Federal Poverty Guideline purchase private health insurance which may have impacted about seven percent of Family PACT clients. In the future, Family PACT will likely serve even fewer clients. However, because Family PACT continues to serve those who remain uninsured, including those whose immigration status precludes Medi-Cal eligibility, it 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 83 percent of the Family PACT client population (Table 3). Males accounted for 17 percent of the client population, a 1 percent increase from the previous fiscal year. This is the highest proportion of males served since Family PACT Program inception (Table 3).

**Table 3: Family PACT Clients Served by Gender, FY 2014-15**

Client Gender	Client Count	Percent
Females	1,138,388	83%
Males	241,134	17%
<b>Total</b>	<b>1,379,522</b>	<b>100%</b>

*Data Source: MIS/DSS – Family PACT Enrollment and Claims Data  
 Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

### 2.2.2 Age

Roughly one half (47 percent) of Family PACT clients fall between the ages of 20-29. Overall distribution of clients through the age groups did not significantly change from the previous fiscal year (Table 4).





Table 4: Family PACT Clients Served, by Age, FY 2014-15

Age Group	Client Count	Percent
10-14	6,433	<1%
15-17	67,290	5%
18-19	115,357	8%
20-24	358,530	26%
25-29	290,235	21%
30-34	205,321	15%
35-39	141,245	10%
40-44	99,461	7%
45-49	58,941	4%
50-54	26,181	2%
55-59 <sup>1</sup>	7,554	1%
60+	2,974	<1%
<b>Total</b>	<b>1,379,522</b>	<b>100%</b>

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

Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017

### 2.2.3 Ethnicity & Primary Language

Approximately 67 percent of Family PACT clients served identified themselves as Latino and 17 percent identified themselves as Caucasian (Table 5). These comprise the two largest ethnic groups among Family PACT clients. Similar to the drop in clients seen between FY 2012-13 and FY 2013-14, each racial/ethnic group saw a decline in the number of clients served between FY 2013-14 and FY

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<sup>1</sup> In FY 2009-10 the oldest age group was 55-60. Beginning in April 2011 when the State transitioned Family PACT into the Medicaid State Plan, age limits were eliminated and the age groupings were changed to reflect this.



2014-15. Overall composition of Family PACT clients in regards to ethnic distribution did not change significantly from the previous year (Table 5).

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

**Table 5: Family PACT Clients Served by Ethnicity, FY 2014-15**

Client Ethnicity	Client Count	Percent
Hispanic or Latino	925,065	67%
White	230,569	17%
Black or African American	93,530	7%
Asian or Pacific Islander	85,824	6%
Other <sup>a</sup>	44,445	3%
Unknown	89	<1%
<b>Total</b>	<b>1,379,522</b>	<b>100%</b>

<sup>a</sup> The term “Other” includes multi-race category.

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

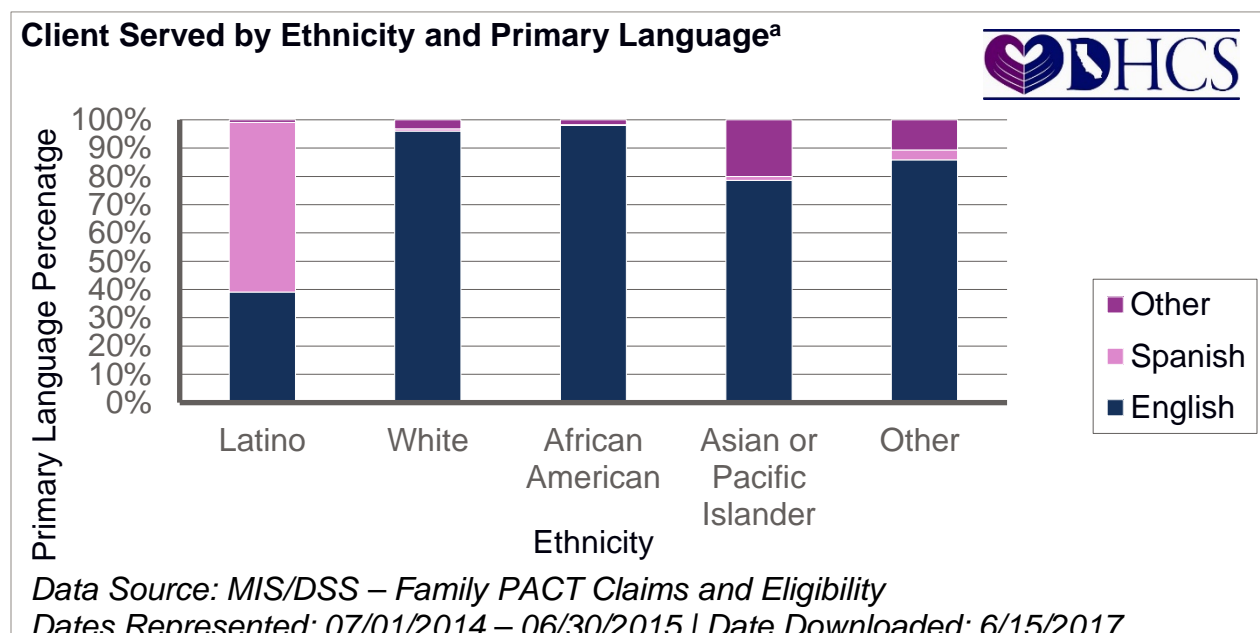
While the overall client population has decreased, the proportion of Family PACT clients reporting Spanish as their primary language has increased to 41 percent for FY 2014-15 from 38 percent in FY 2013-14 (Figure 3, Table 6). English was the most frequently reported primary language at 57 percent of clients. This was a decrease of 2 percent from the previous fiscal year (Figure 3, Table 6).

As shown in Figure 3, most clients reporting Spanish as a primary language identify as Latino. In fact, 554,667 of Latino clients (60 percent) reported Spanish as their primary language.

Slightly more than 40,000 clients (3 percent) reported a primary language other than English or Spanish. The percentage of clients reporting a different primary language than English or Spanish has remained between 3 and 5 percent since the inception of the Family PACT Program (Figure 3, Table 6).



Figure 3:



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

Table 6: Family PACT Clients Served Primary Language by Ethnicity, FY 2014-15

Ethnicity	English	Spanish	Other	Unknown	Total
Hispanic or Latino	361,344	554,667	9,054	-	925,065
White	221,506	1,633	7,430	-	230,569
Black or African American	91,716	228	1,586	-	93,530
Asian or Pacific Islander	67,451	1,124	17,249	-	85,824
Other <sup>a</sup>	38,129	1,575	4,741	-	44,445
Unknown	1	-	-	88	89
<b>Total</b>	<b>780,147</b>	<b>559,227</b>	<b>40,060</b>	<b>88</b>	<b>1,379,522</b>

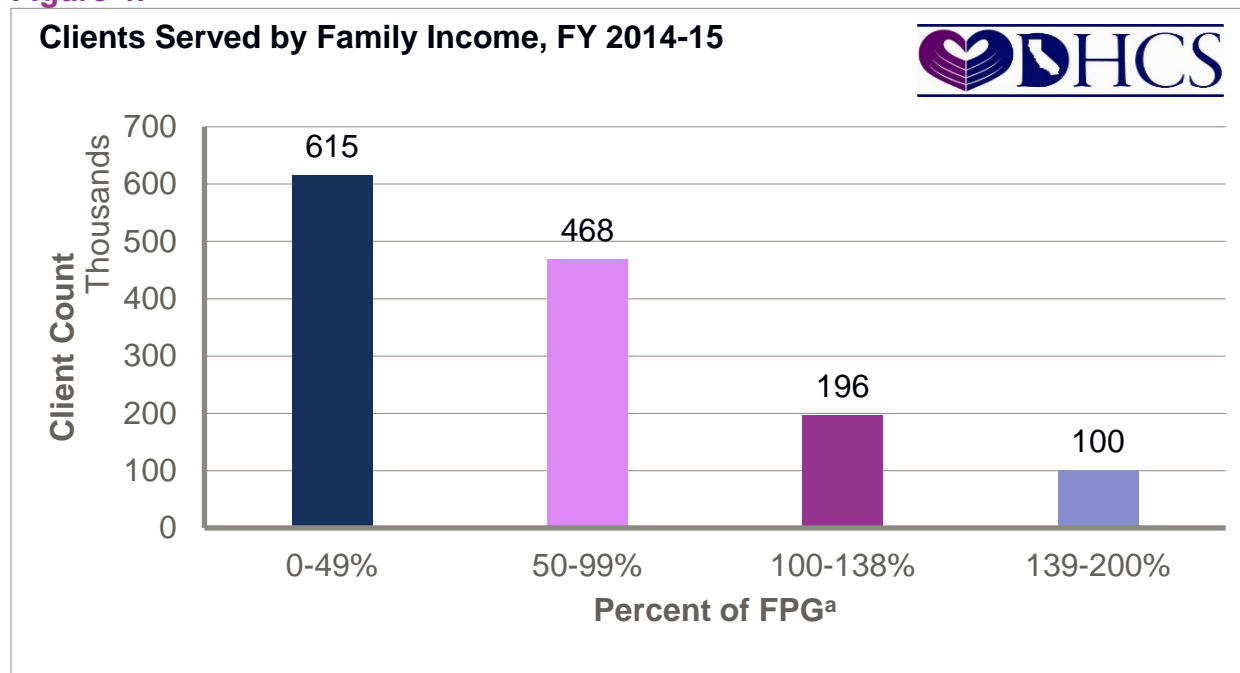
<sup>a</sup> The term “Other” includes multi-race category.

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data  
 Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017

## 2.3 Family Size & Income

The Family PACT Program eligibility defines a low income individual as someone whose annual income is at or below 200 percent of the Federal Poverty Guideline (FPG).<sup>2</sup>

Figure 4:



**a** Federal Poverty Guidelines, formerly Federal Poverty Level.

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

Distribution of Family PACT clients by family size remained unchanged from the previous year. In FY 2014-15, 749,084 clients reported a family size of one, constituting 54 percent of total clients served. Thirty six percent of clients reported a family size between two and four individuals. Clients reporting a family size at or above five individuals constituted the remaining 10 percent of clients served, with the majority of those clients reporting a family size of five (Figure 5, Table 7).

<sup>2</sup> Effective April 1, 2015, the Family PACT eligibility limit of 200 percent of the FPG for a family of one was \$1,962/month with an additional \$693/month for each additional family member. The FPG (100 percent) was half that amount or \$981/month for a family of one.

Figure 5:

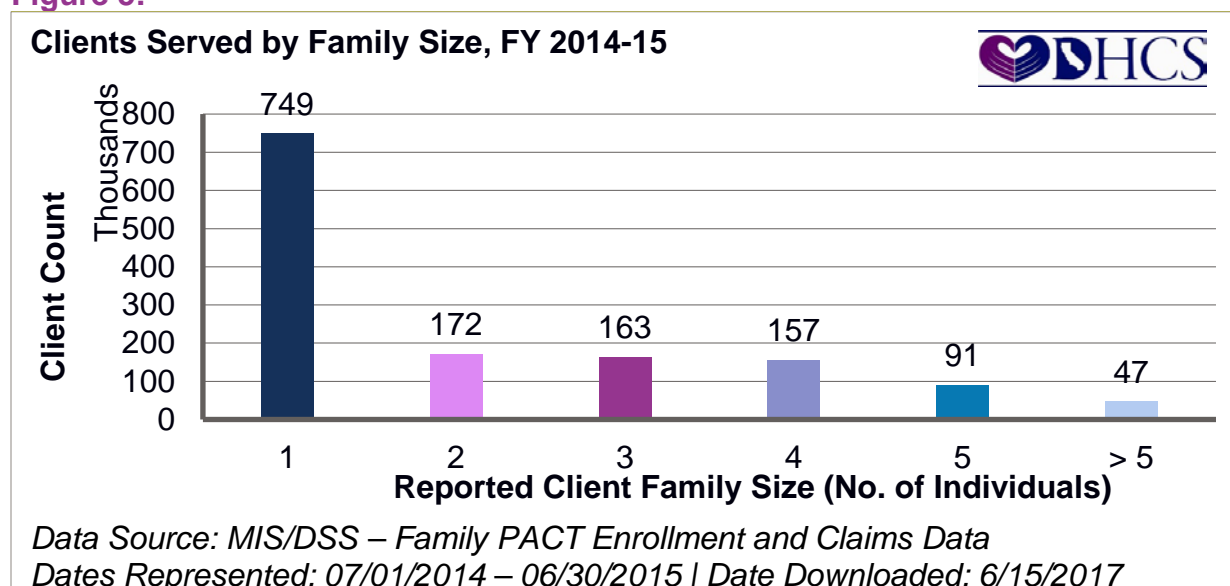


Table 7: Client Family Size and Family Income by Percentage of FPG<sup>a</sup>, FY 2014-15

Family Size	0-138% FPG <sup>a</sup>	139-200% FPG <sup>a</sup>	Unknown	Total
1	691,606	57,478	-	749,084
2	155,629	16,816	-	172,445
3	151,562	11,590	-	163,152
4	146,963	9,837	-	156,800
5	87,797	2,958	-	90,755
6	32,338	827	-	33,165
7	9,421	158	-	9,579
8	2,848	43	-	2,891
9	834	*	-	836
10	389	*	-	392
> 10	335	-	-	335
Unknown	-	-	88	88
<b>Total</b>	<b>1,279,722</b>	<b>99,712</b>	<b>88</b>	<b>1,379,522</b>

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

<sup>a</sup> Federal Poverty Guidelines, formerly Federal Poverty Level.

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

Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017



### 3. Provider Profile

#### 3.1 Provider Demographics

More than 7,200 providers served Family PACT clients in FY 2014-15. This includes approximately 2,500 clinicians (1,153 public and 1,386 private providers), about 130 laboratories, and over 4,600 pharmacy providers (Table 8).

**Table 8: Family PACT Providers by Provider Type, FY 2014-15**

Provider Type	Provider Count	Percent of Total Providers *
Private	1,386	19.1%
Public	1,153	15.8%
Labs	128	1.8%
Pharmacy	4,607	63.3%
<b>Total</b>	<b>7,274</b>	<b>100%</b>

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

The enrolled provider network consists of public and private sector clinician providers. 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 55 percent of all enrolled providers and public sector providers accounted for 45 percent. Among public sector providers, 12 percent were community clinics, 24 percent were Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHCs), and 9 percent were other public clinicians (Figure 7).

The broad distribution of enrolled clinician providers from both the public and private sector suggests services are widely available in California. See Figure 8. Of all public providers, 620 providers (24 percent) identified as RHCs or FQHCs. Over 300 providers (27 percent) identified as community clinics, and 226 providers (20 percent) were other forms of public sector providers (Table 9). Public and private sectors serve different populations. Public providers tend to serve younger clients and private providers tend to serve more Spanish-speaking clients, males, and adults with households of two or more.

Table 9: Family PACT Public Providers by Type, FY 2014-15

Provider Type	Provider Count	Percent of Total Public Providers
Community Clinic	307	26.6%
Other Public Sector	226	19.6%
FQHC/Rural Health <sup>a</sup>	620	53.8%
<b>Total</b>	<b>1,153</b>	<b>100%</b>

<sup>a</sup> Federally Qualified Health Center/Rural Health Center/Indian Health Services.

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

Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017

Figure 7:

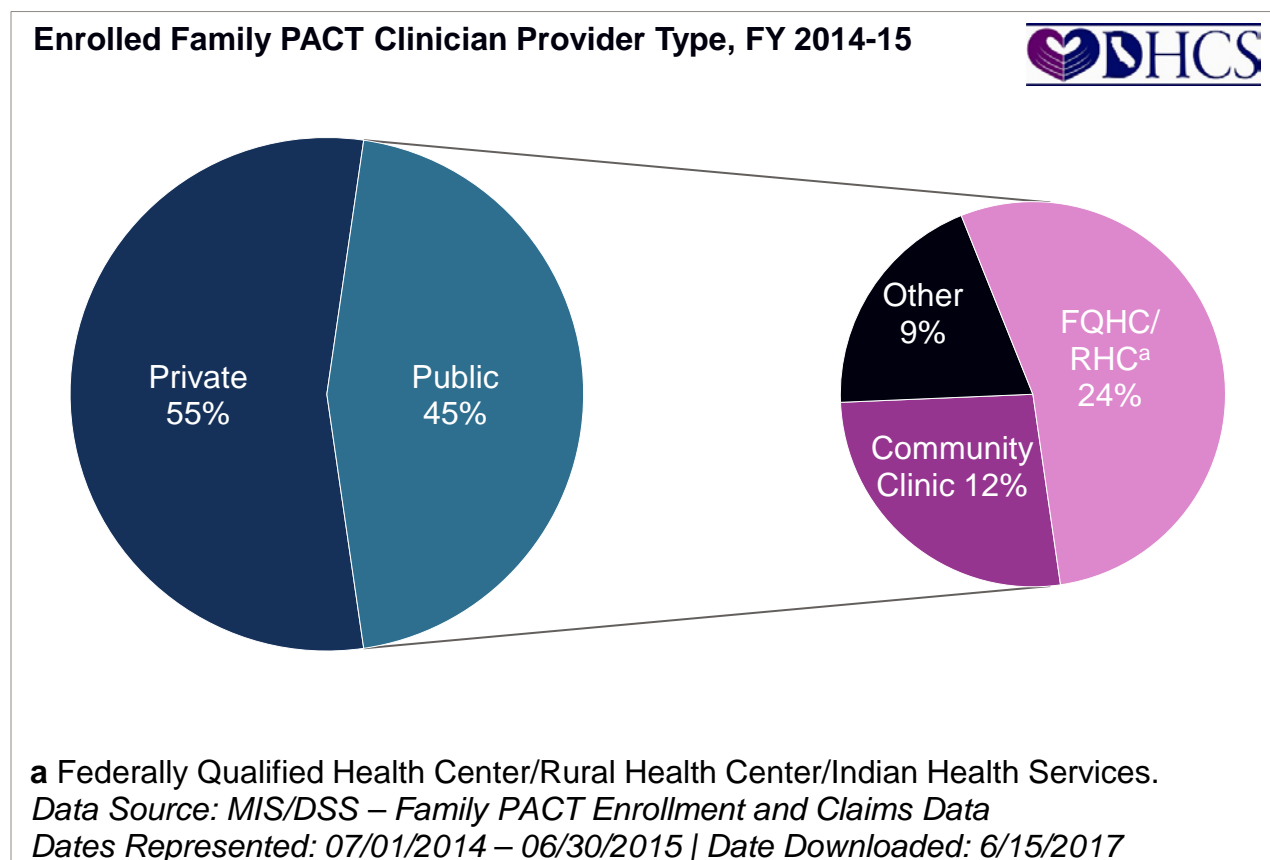
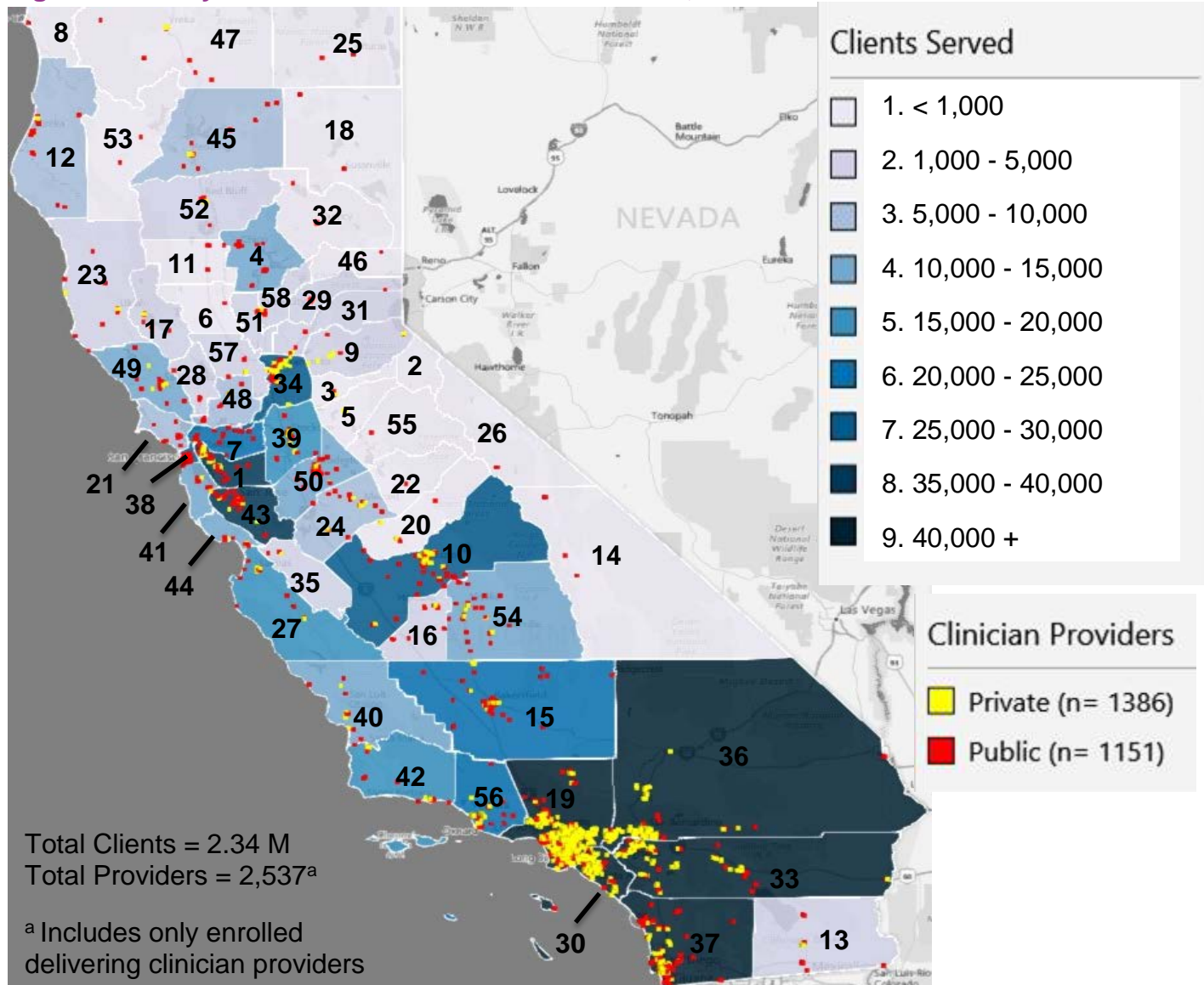




Figure 8: Family PACT Enrolled Provider and Clients, FY 2014-15



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

Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017

- |                 |                 |               |                     |                   |              |
|-----------------|-----------------|---------------|---------------------|-------------------|--------------|
| 1. Alameda      | 11. Glenn       | 21. Marin     | 31. Placer          | 41. San Mateo     | 51. Sutter   |
| 2. Alpine       | 12. Humboldt    | 22. Mariposa  | 32. Plumas          | 42. Santa Barbara | 52. Tehama   |
| 3. Amador       | 13. Imperial    | 23. Mendocino | 33. Riverside       | 43. Santa Clara   | 53. Trinity  |
| 4. Butte        | 14. Inyo        | 24. Merced    | 34. Sacramento      | 44. Santa Cruz    | 54. Tulare   |
| 5. Calaveras    | 15. Kern        | 25. Modoc     | 35. San Benito      | 45. Shasta        | 55. Tuolumne |
| 6. Colusa       | 16. Kings       | 26. Mono      | 36. San Bernardino  | 46. Sierra        | 56. Ventura  |
| 7. Contra Costa | 17. Lake        | 27. Monterey  | 37. San Diego       | 47. Siskiyou      | 57. Yolo     |
| 8. Del Norte    | 18. Lassen      | 28. Napa      | 38. San Francisco   | 48. Solano        | 58. Yuba     |
| 9. El Dorado    | 19. Los Angeles | 29. Nevada    | 39. San Joaquin     | 49. Sonoma        |              |
| 10. Fresno      | 20. Madera      | 30. Orange    | 40. San Luis Obispo | 50. Stanislaus    |              |





### 3.1.1 Clients and Claims

More than 35 percent of clients received services provided by private sector clinicians. Public sector providers served almost 60 percent of clients. Approximately 60 percent of clients received laboratory testing and 28 percent of clients filled prescriptions through pharmacies (Table 10).

**Table 10: Family PACT Claims and Clients by Provider Type, FY 2014-15**

Provider Type	Total Clients Served*	Percent*
Private	484,637	35.1%
Public	825,454	59.8%
Laboratory	797,751	57.8%
Pharmacy	389,335	28.2%
<b>Total</b>	<b>1,379,522</b>	<b>100%</b>

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

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

### 3.1.2 Reimbursement

The total reimbursement for Family PACT services was about \$433 million in FY 2014-15. Public providers were reimbursed more than \$196 million (45 percent) and private sector provider received more than \$80 million (19 percent). Laboratory services were reimbursed about \$55 million (13 percent) and \$100 million (23 percent) were reimbursed for pharmacy services (Table 11).

**Table 11: Family PACT Reimbursement by Provider Type, FY 2014-15**

Provider Type	Reimbursement	Percent*
Private	\$80,544,254	18.6%
Public	\$196,147,212	45.3%
Laboratory	\$55,131,546	12.7%
Pharmacy	\$100,930,353	23.3%
<b>Total</b>	<b>\$432,753,365</b>	<b>100%</b>

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

*\* Percentages may not add to 100 percent due to rounding*



## 4. Services

### 4.1 Overview

All 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 FDA 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 injections, the patch, the ring, and oral contraceptives (OCs). Less effective methods include emergency contraceptive pills (ECPs) and barrier methods.

### 4.2 Contraceptive Methods

#### 4.2.1 Females

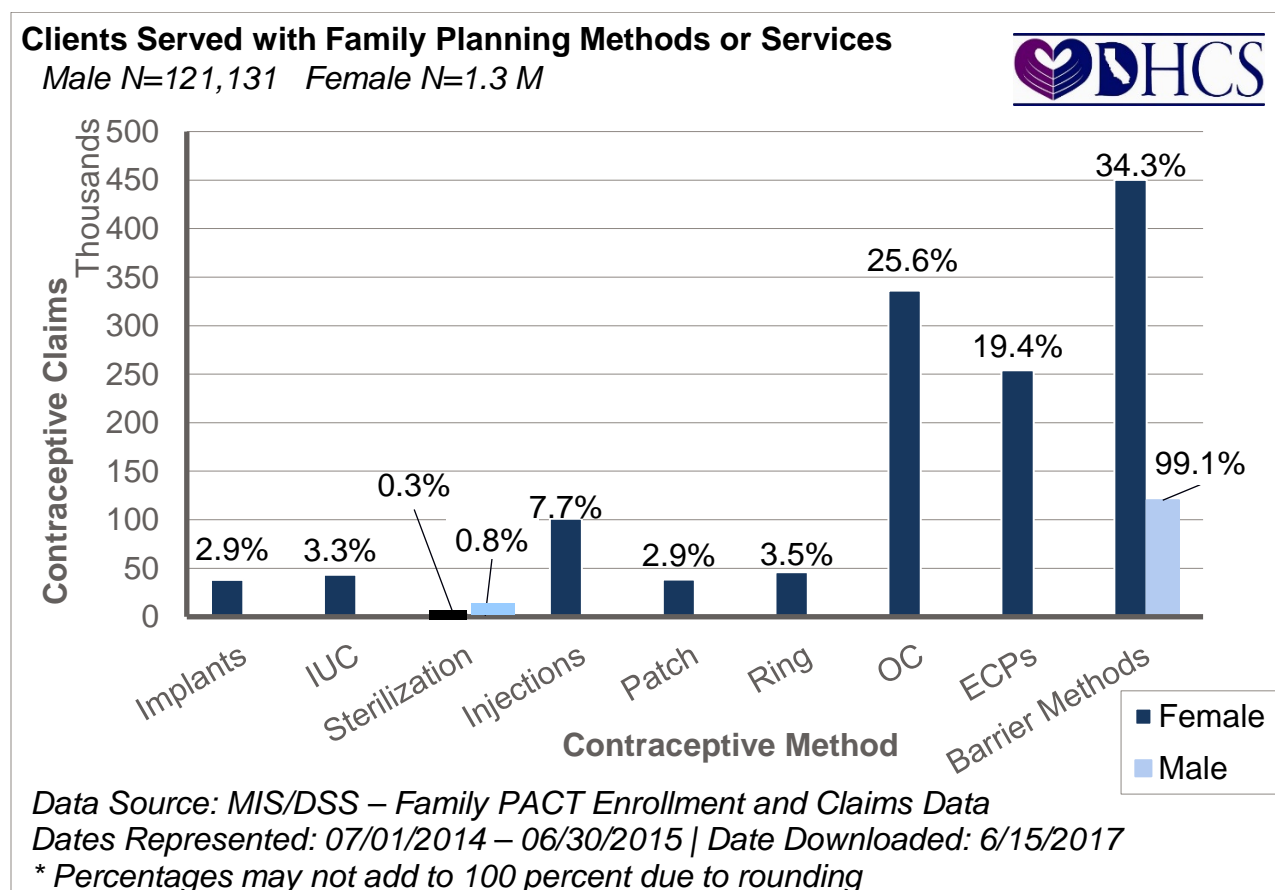
Approximately six percent of female clients in FY 2014-15 received LARCs. Of these clients, a slightly higher provision of contraceptive implants were dispensed to nearly 38,000 clients (2.9 percent) compared to about 35,000 (2.5 percent) in FY 2013-14. Conversely, provision of IUCs in FY 2014-15 (3.3 percent) was nearly a percentage point lower than FY 2013-14 (3.9 percent).

Sterilization procedures available for females include tubal ligation and Essure, a hysteroscopic procedure used for permanent tubal occlusion. Since the addition of Essure as a Family PACT benefit in 2008, Essure comprises 55 percent of sterilization. Overall, 4,160 clients (0.3 percent) received sterilization services through Family PACT in FY 2014-15, approximately 1,000 less clients than FY 2013-14. Despite a previous steady increase since 2008, Essure provision has decreased from 3,035 clients in FY 2013-14 to 2,288 clients in FY 2014-15.

Of the moderately effective methods of contraception, 101,099 of female clients (7.7 percent) received contraceptive injections. The dispensation of vaginal rings continued to decline at 3.5 percent in FY 2014-15 compared to 4.5 percent in the past fiscal year. A continued steady downward trend in the dispensing of the contraceptive patch occurred this fiscal year with 2.9 percent received by clients compared to 3.5 percent FY 2013-14. Despite the continuous dispensing decline of OCs since FY 2009-10 (35 percent), OCs continue to be the highest proportion of moderately effective methods of contraception (25.6 percent) in FY 2014-15.

Barrier methods and ECPs comprise the highest proportion of contraceptive methods delivered by Family PACT for females at 53.7 percent. Over 500,000 Family PACT clients were dispensed barrier methods and 250,000 clients received ECPs. The provision of this service since FY 2013-14 remained the same.

Figure 9:



#### 4.2.2 Males

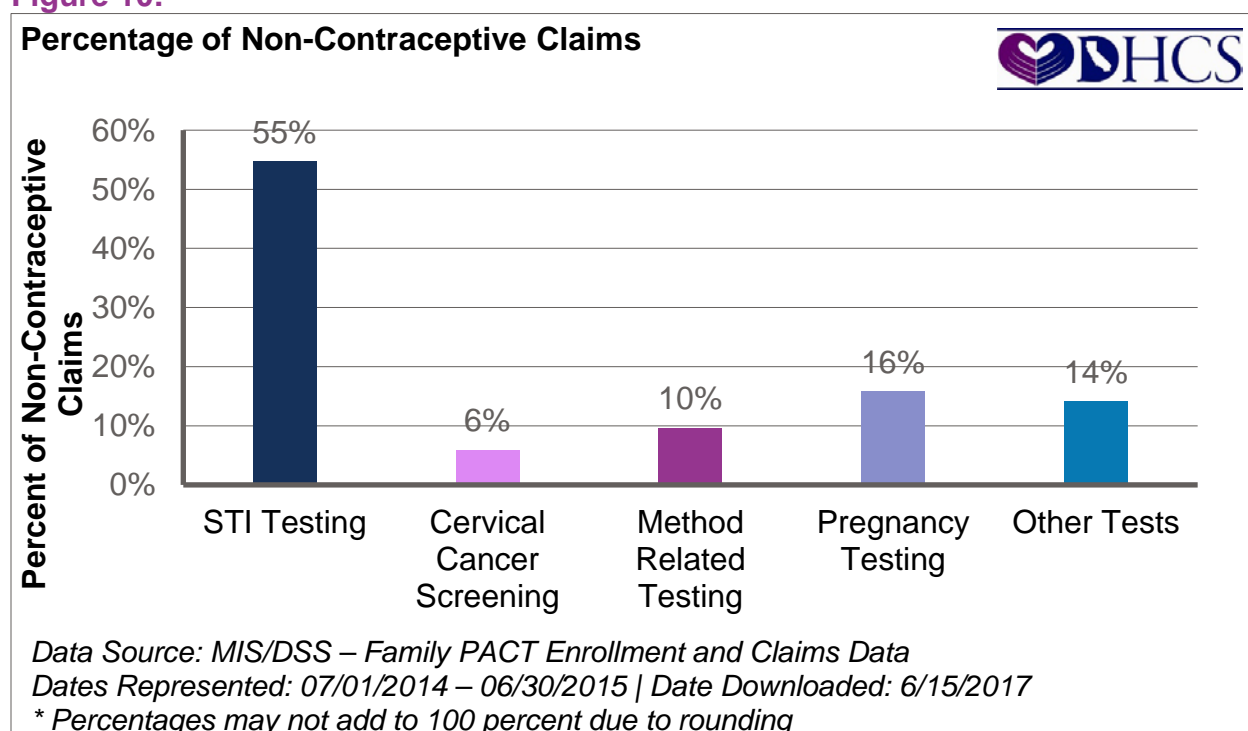
Barrier method and vasectomy are the only two contraceptive methods available for males in the Family PACT Program. During FY 2014-15, approximately 120,000 of male clients served (99 percent of total male clients served) received a

barrier method and about 1,000 clients (1 percent of total male clients served) were provided a vasectomy. Since the Program inception in 1997, over 22,500 men received vasectomies. After the procedure, men are only eligible for Family PACT services for three months.

### 4.3 Non-Contraceptive Services

As expected, with the continued decrease in overall Family PACT clients and a policy change that limited STI testing in FY 2014-15<sup>3</sup>, sexually transmitted infection (STI) testing received by Family PACT clients decreased by 3 percent between FY 2013-14 (65 percent) and FY 2014-15 (62 percent).

Figure 10:



Of the non-contraceptive services, STI Testing accounted for the largest portion of family planning related services (55 percent, Figure 10). Chlamydia (CT) and gonorrhea (GC) co-testing comprised 56.6 percent of STI testing services, decreasing from 60 percent in FY 2013-14 (Table 12).

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

The vast majority (70 percent) of pregnancy testing was done by public sector providers (Figure 11).

**Table 12: Family PACT STI Testing Percentages, FY 2014-15**

STI Test	Percent of STI Services
CT/GC co-testing	56.6%
Syphilis	28.2%
HIV <sup>a</sup>	36.7%
HPV <sup>b</sup>	1.4%
HSV <sup>c</sup>	0.6%

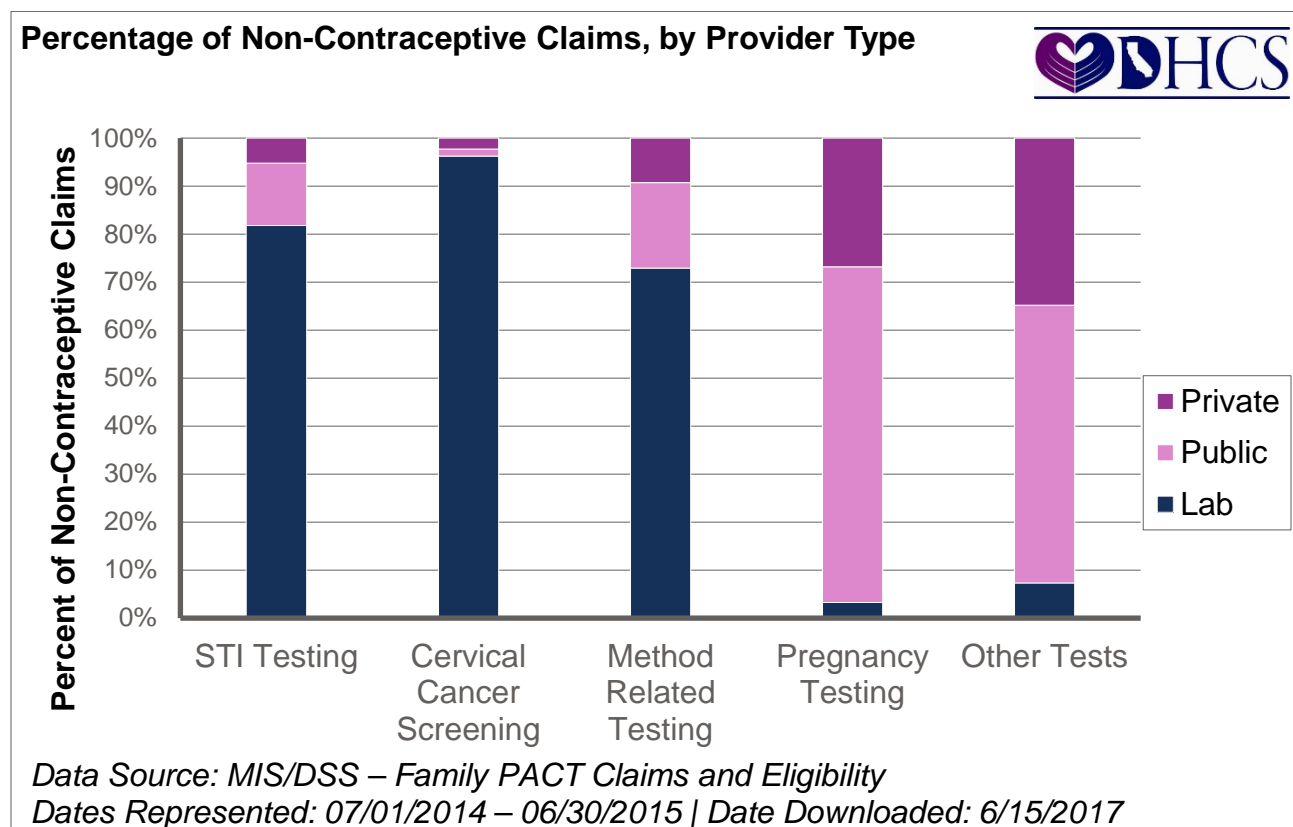
**a** Human Immunodeficiency Virus

**b** Human Papillomavirus

**c** Herpes Simplex Virus

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

**Figure 11:**



## 5. Reimbursement

### 5.1 Overview

Total Reimbursement for Family PACT services in FY 2014-15 was about \$433 million, a decrease of \$126 million (-22.6 percent) from FY 2013-14.

Reimbursement decreased significantly due to the transition of clients into full scope Medi-Cal. This chapter discusses a detailed reimbursement information by service type (Table 13), provider type (Figure 12), and clinician provider type (Table 15).

**Table 13: Family PACT Clients and Reimbursement by Service Type, FY 2014-15**

Service	Service	*Clients	Reimbursement	Percent of Total
Clinician	Office Visits**	1,245,475	\$128,462,417	29.7%
	Procedures & Facility Fees	141,124	\$22,558,396	5.2%
	<b>Subtotal</b>	<b>1,270,939</b>	<b>\$151,020,813</b>	<b>34.9%</b>
Drug & Supply	Barrier Method Supplies	570,663	\$7,380,231	1.7%
	Contraceptive Drugs	643,891	\$199,119,731	46.0%
	Non-Contraceptive Drugs	277,855	\$7,072,352	1.6%
	<b>Subtotal</b>	<b>974,305</b>	<b>\$213,572,314</b>	<b>49.4%</b>
Laboratory	Cervical Cytology Tests	204,401	\$5,720,427	1.3%
	Method Related Tests	181,279	\$1,698,301	0.4%
	Other Lab Tests	130,485	\$2,482,461	0.6%
	Pregnancy Tests	460,828	\$2,693,053	0.6%
	Specimen Handling Fees	267,033	\$1,028,705	0.2%
	STI Tests	809,441	\$54,533,708	12.6%
	<b>Subtotal</b>	<b>1,060,770</b>	<b>\$68,156,656</b>	<b>15.7%</b>
<b>Total</b>	<b>Grand Total</b>	<b>1,379,522</b>	<b>\$432,753,365</b>	<b>100%</b>

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

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

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

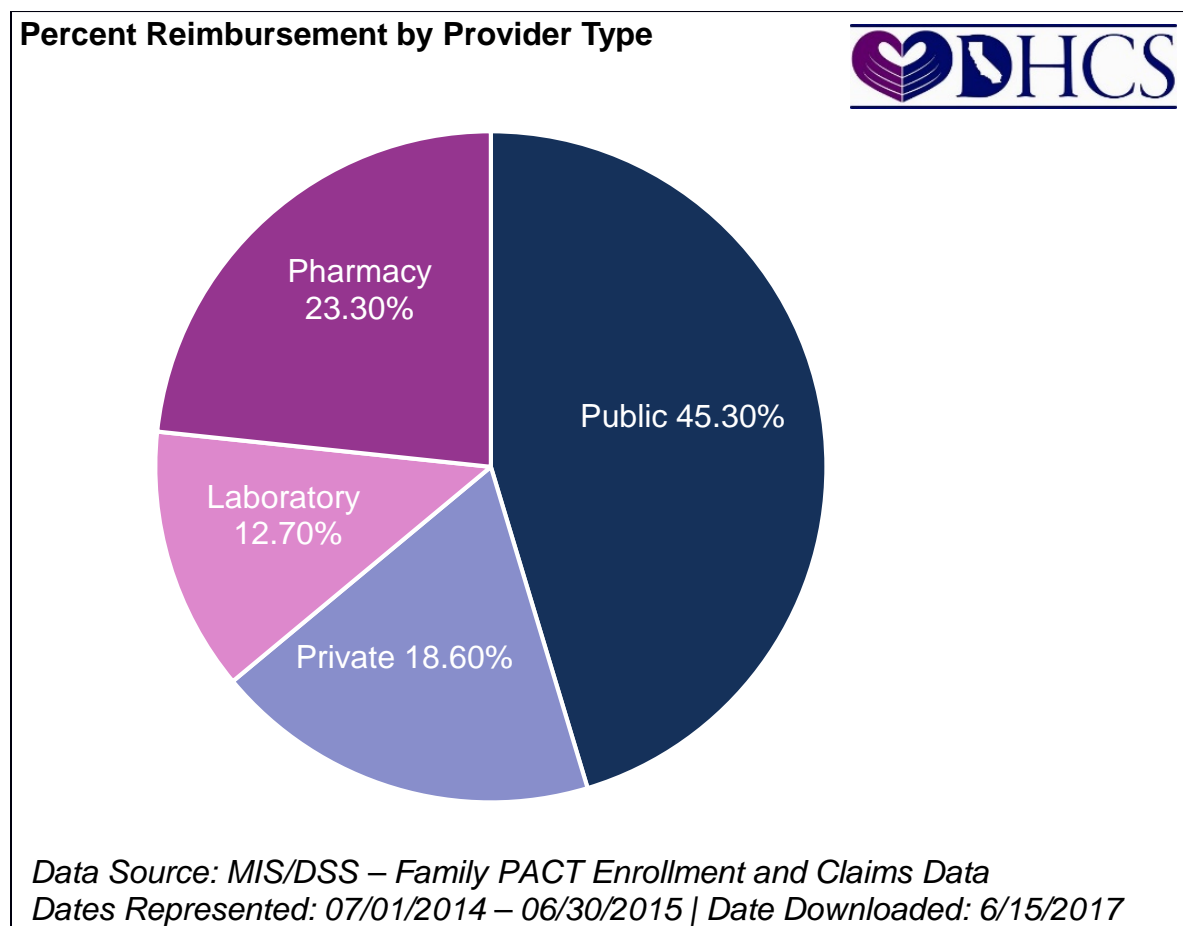
Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017



Although current reimbursement for FY 2014-15 declined by 22.6 percent from FY 2013-14, there was a slight change in the distribution of costs across different service types in Family PACT. Similar to prior years, three services account for 88.3 percent of all Family PACT reimbursements: contraceptive drugs (46 percent), office visits (29.7 percent), and STI testing (12.6 percent). See Table 13.

Pharmacy providers received 23.3 percent of reimbursement, which is a slight increase over FY 2013-14. The percent of reimbursement paid to laboratory providers decreased from 18 percent in FY 2013-14 to 12.7 percent, and reimbursement to clinician providers (who may have reimbursement in all three categories of service) has increased from 59 percent in FY 2013-14 to 63.9 percent in FY 2014-15. A breakdown of reimbursement by provider type shows that 18.6 percent of total reimbursement went to private sector providers (an increase from 17 percent in FY 2013-14), and 45.3 percent of total reimbursement went to public sector providers. See Figure 12.

**Figure 12:**



## 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 declined by 7.4 percent, from 7.7 claim lines per client to 7 claim lines per client. This deflated utilization, combined with the 17.8 percent decline in the number of clients, both contributed significantly to the decrease in reimbursement. The average cost of services increased 6.1 percent, continuing the trend of moderate increases in cost since the Program’s inception. See Table 14 for more details on changes in clients served, utilization (shown as claims per client), and cost (shown as reimbursement per claim line) in FY 2014-15.

**Table 14: Family PACT Clients Served, Claims and Reimbursement, FY 2014-15**

Service* Type	Clients Served	Percent Change from Previous FY	Utilization **	Percent Change from Previous FY	Reimbursement per Claim ***	Percent Change from Previous FY
Clinician	1,270,939	-18.4%	2.32	-2.8%	\$51.32	5.2%
Drug and Supply	974,305	-17.7%	2.81	-1.6%	\$77.98	9.1%
Drug and Supply (Pharmacy)	390,418	-24.1%	2.88	0.0%	\$89.93	2.6%
Drug and Supply (Onsite)	674,061	-16.6%	2.4	1.9%	\$69.68	18.4%
Laboratory	1,060,770	-19.0%	3.75	-12.3%	\$17.15	-15.1%
<b>Total</b>	<b>1,379,522</b>	<b>-17.8%</b>	<b>7</b>	<b>-7.4%</b>	<b>\$44.82</b>	<b>6.1%</b>

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

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

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

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

Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017





### 5.3 Clinician Services

Enrolled clinician providers provide the bulk of Family PACT services.<sup>4</sup> As Family PACT providers, they may enroll new clients and must adhere to the Program standards.<sup>5</sup> Total reimbursement for clinician services was over \$151 million in FY 2014-15. An increase in average cost (+5.2 percent) was offset by decreases in clients served (-16.6 percent) and utilization (-2.8 percent) (Tables 15 and 16). Reimbursement to public sector providers, who served 60 percent of clients, accounted for 62.6 percent of all dollars paid for clinician services. Reimbursement for private sector providers, who served 35 percent of all clients, accounted for 37.4 percent of all dollars paid for clinician services. Additionally, spending for evaluation and management (E&M) visits and education and counseling (E&C) visits accounted for 85.1 percent of clinician service reimbursements.

Spending on E&C increased slightly as a percentage of total expenditures (7.6 percent in FY 2013-14; 7.9 percent in FY 2014-15). All other clinician services accounted for 14.9 percent of reimbursement. This year, method related procedures accounted for a larger proportion of reimbursement (12.7 percent compared to 9.7 percent in FY 2013-14).

**Table 15: Family PACT Reimbursement by Clinician Provider Type, FY 2014-15**

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Private	\$56,413,005	37.4%
Public	\$94,607,808	62.6%
<b>Total</b>	<b>\$151,020,813</b>	<b>100%</b>

*Data Source: MIS/DSS – Family PACT Enrollment and Claims Data  
 Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

<sup>4</sup> An enrolled Family PACT provider is defined as a clinician provider who is enrolled in Medi-Cal status as well as a Family PACT enrollment status of "category of service" (COS) 11 for at least one day during the fiscal year. All references to "providers" refer to entities with a unique combination of National Provider Identifier (NPI), Owner number, and Location number.

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



Table 16: Family PACT Reimbursement by Service Type, FY 2014-15

Service Type	Reimbursement Amount	Percent of Total Reimbursement
E&C Codes	\$11,864,264	7.9%
E&M: Established Clients	\$76,068,874	50.4%
E&M: New Clients	\$40,529,280	26.8%
<b>Subtotal</b>	<b>\$128,462,418</b>	<b>85.1%</b>
Dysplasia Services	\$1,322,447	0.9%
Facility Use	\$1,074,655	0.7%
Inpatient Procedure	\$246	0.0%
Method Related Procedure	\$19,143,315	12.7%
Other Clinical Procedure	\$307,824	0.2%
Other Surgical Procedure	\$709,910	0.5%
<b>Subtotal</b>	<b>\$22,558,397</b>	<b>14.9%</b>
<b>Clinician Services Total</b>	<b>\$151,020,815</b>	<b>100%</b>

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data  
 Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017

## 5.4 Drug and Supply Services

Total reimbursement for drug and supply services was \$213 million in FY 2014-15, accounting for 49 percent of Family PACT reimbursement. The proportion reimbursed to pharmacies decreased from 50.6 percent in FY 2013-14 to 47.3 percent in FY 2014-15. Spending on contraceptive drugs accounted for 93.2 percent of all drug and supply reimbursements (Tables 17 and 18).



**Table 17: Family PACT Reimbursement by Contraceptive Type, FY 2014-15**

Service Type	Reimbursement Amount	Percent of Total Reimbursement
Contraceptive Drugs		
ECPs <sup>a</sup>	\$8,617,847	4.0%
Implants	\$22,817,361	10.7%
Injections	\$11,475,677	5.4%
IUCs	\$28,252,379	13.2%
Oral Contraceptives	\$83,454,880	39.1%
Patches	\$20,941,977	9.8%
Rings	\$20,987,666	9.8%
Tubal Ligation	\$2,571,945	1.2%
<b>Subtotal</b>	<b>\$199,119,732</b>	<b>93.2%</b>
Non-Contraceptive Drugs	\$7,072,348	3.3%
Barrier Methods & Supplies	\$7,380,231	3.5%
<b>Drug &amp; Supply Services Total</b>	<b>\$213,572,310</b>	<b>100%</b>

a Emergency Contraceptive Pills

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

Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017

**Table 18: Family PACT Reimbursement by Provider Type, FY 2014-15**

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Clinician	\$112,577,392	52.7%
Pharmacy	\$100,994,922	47.3%
<b>Total</b>	<b>\$213,572,314</b>	<b>100%</b>

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

Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017



## 5.5 Laboratory Services

Total reimbursement for laboratory services was approximately \$68 million (Table 19). STI testing accounted for 80 percent of laboratory service costs, a decrease from 84 percent in FY 2013-14.

**Table 19: Family PACT Laboratory Reimbursement, FY 2014-15**

Service Type	Reimbursement Amount	Percent of Total Reimbursement
Chlamydia Testing	\$31,297,981	45.9%
Gonorrhea Testing	\$14,221,886	20.9%
HIV <sup>a</sup>	\$6,020,688	8.8%
HPV <sup>b</sup>	\$684,137	1.0%
HSV <sup>c</sup>	\$285,246	0.4%
Syphilis	\$2,023,249	3.0%
Other Laboratory Tests	\$517	0.0%
<b>STI Testing Subtotal</b>	<b>\$54,533,709</b>	<b>80.0%</b>
Pap Tests	\$5,720,427	8.4%
Method Related Tests	\$1,698,301	2.5%
Other Laboratory Tests	\$2,482,461	3.6%
Pregnancy Tests	\$2,693,053	4.0%
Specimen Handling Fees	\$1,028,705	1.5%
<b>Laboratory Services Total</b>	<b>\$68,156,656</b>	<b>100%</b>

**a** Human Immunodeficiency Virus

**b** Human Papillomavirus

**c** Herpes Simplex Virus

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

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*



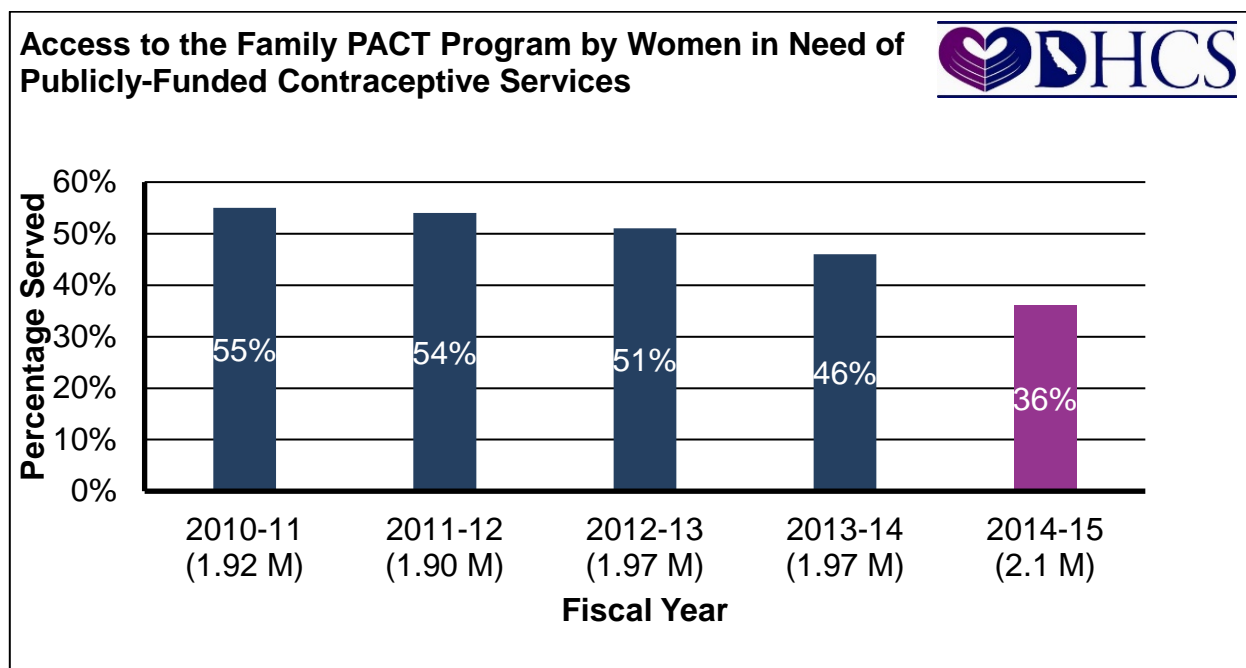
## 6. Women in Need of Publicly-Funded Contraceptive Services

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

Figure 13 shows an estimated 2.1 million California women aged 15-44 in need of publicly-funded contraceptive services in FY 2014-15. Of these women, 36 percent received contraceptive services through Family PACT. Overall, women in need of publicly funded services increased nearly 400,000 since FY 2013-14.

With the implementation of the ACA, many women previously enrolled in Family PACT became eligible to receive services from Medi-Cal. The transition of women to Medi-Cal likely explains some of the decline in the number of women served by Family PACT.

**Figure 13:**



*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; California Women's Health Survey and California American Community Survey*

*Dates Represented: 07/01/2014 – 06/30/2015 | Date Downloaded: 6/15/2017*

## 7. Conclusion

The Family PACT Program continues to be the largest Medicaid family planning expansion program in the nation<sup>6</sup> with 2.34 million enrolled and 1.38 million served through a network of 2,539 clinician providers in the Fiscal Year 2014-15. Despite the continued decline in number of clients during the first full year of the ACA implementation in January 2014, over 550,000 individuals were newly enrolled to the Program. The decline in clients was widespread across subpopulations of gender and age, and though Family PACT serves to a majority of female clients, the proportion of male clients continued to increase. The decline in the number of Family PACT clients served is expected to continue. As it does, 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.

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