



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
OFFICE OF FAMILY PLANNING

FAMILY PACT PROGRAM REPORT

FISCAL YEAR 2015-2016

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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. 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 Section 1115 Demonstration Waiver. In March 2011, the State transitioned Family PACT into its Medicaid State Plan, retroactive to July 2010.

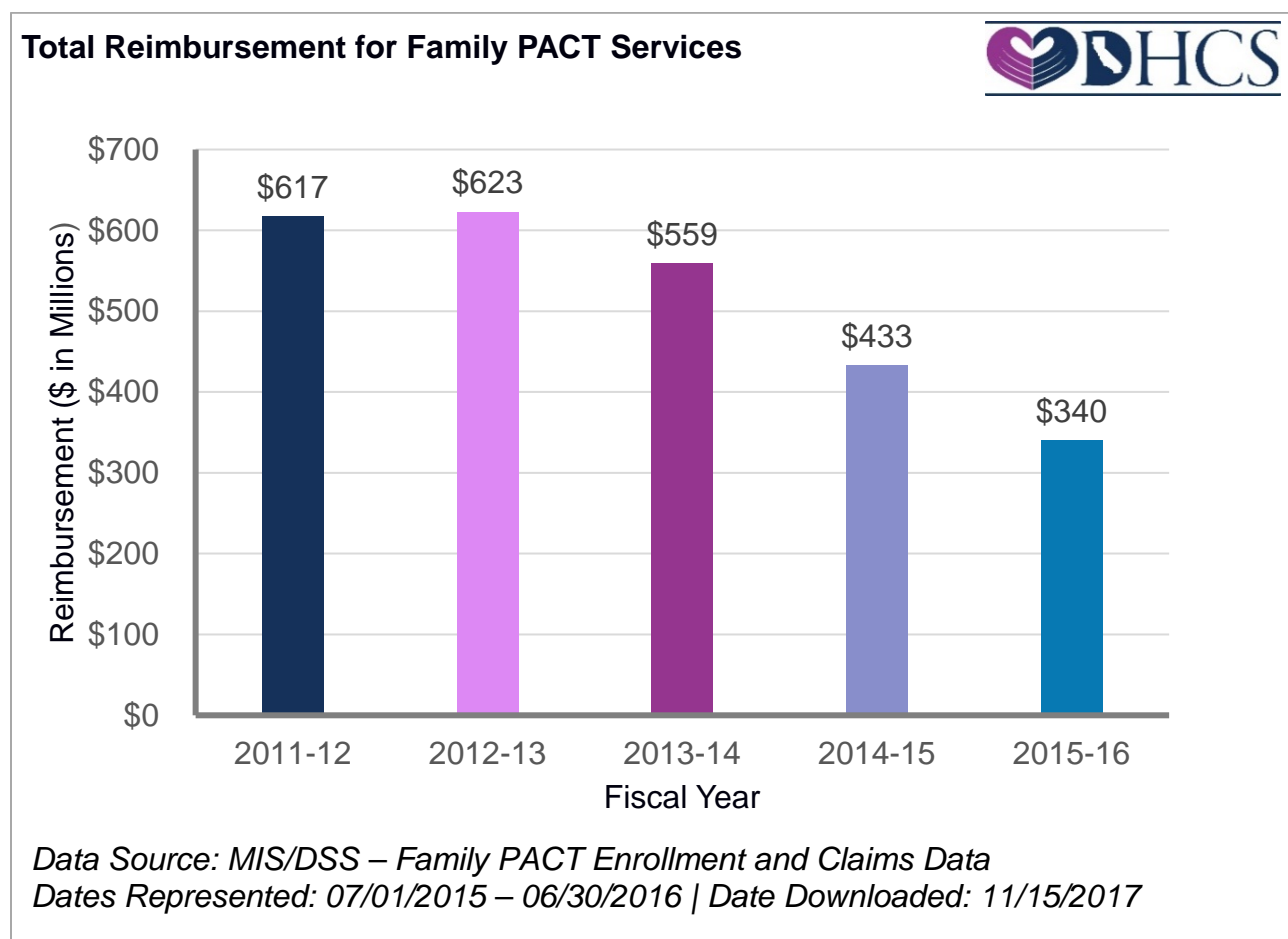
Earlier legislation, which established OFP, requires an annual analysis of key program metrics for any family planning program that OFP administers. The Research, Evaluation and Data section of OFP provides data for this report as part of OFP's oversight of the Family PACT Program. This annual report is based on enrollment and claims data and describes Family PACT provider and client populations, types of services utilized, and program reimbursement. Dates of service in this report are for Fiscal Year (FY) 2015-16, beginning July 1, 2015 and ending June 30, 2016. This report includes claims data and client and provider enrollment data at the time of service. The FY 2015-16, was the second full year of the implementation of the Patient Protection and Affordable Care Act (ACA). As a result of the ACA, many Family PACT clients became eligible for Medi-Cal for the first time. A smaller proportion were eligible for subsidized private insurance through Covered California, if they met the required income threshold. Clients 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 FY 2015-16, the nineteenth full fiscal year of operation, the Family PACT Program served 1.16 million women and men, a decrease of approximately 215,000 clients served (-15.6 percent) compared to the previous year (1.37 million served in 2014-15).

Of the 7,005 providers reimbursed for services rendered, 2,472 were clinician providers, 4,411 were pharmacy providers and 122 were laboratories. Compared to the previous year, clinician providers decreased by 2.6 percent.

Pharmacy providers served 26 percent of all clients, laboratories served 56 percent, and clinician providers served 93 percent. Total reimbursement in FY 2015-16 was \$340 million – a decrease of 21.5 percent compared to the \$433 million reimbursed the previous fiscal year (Figure 1).

Figure 1:

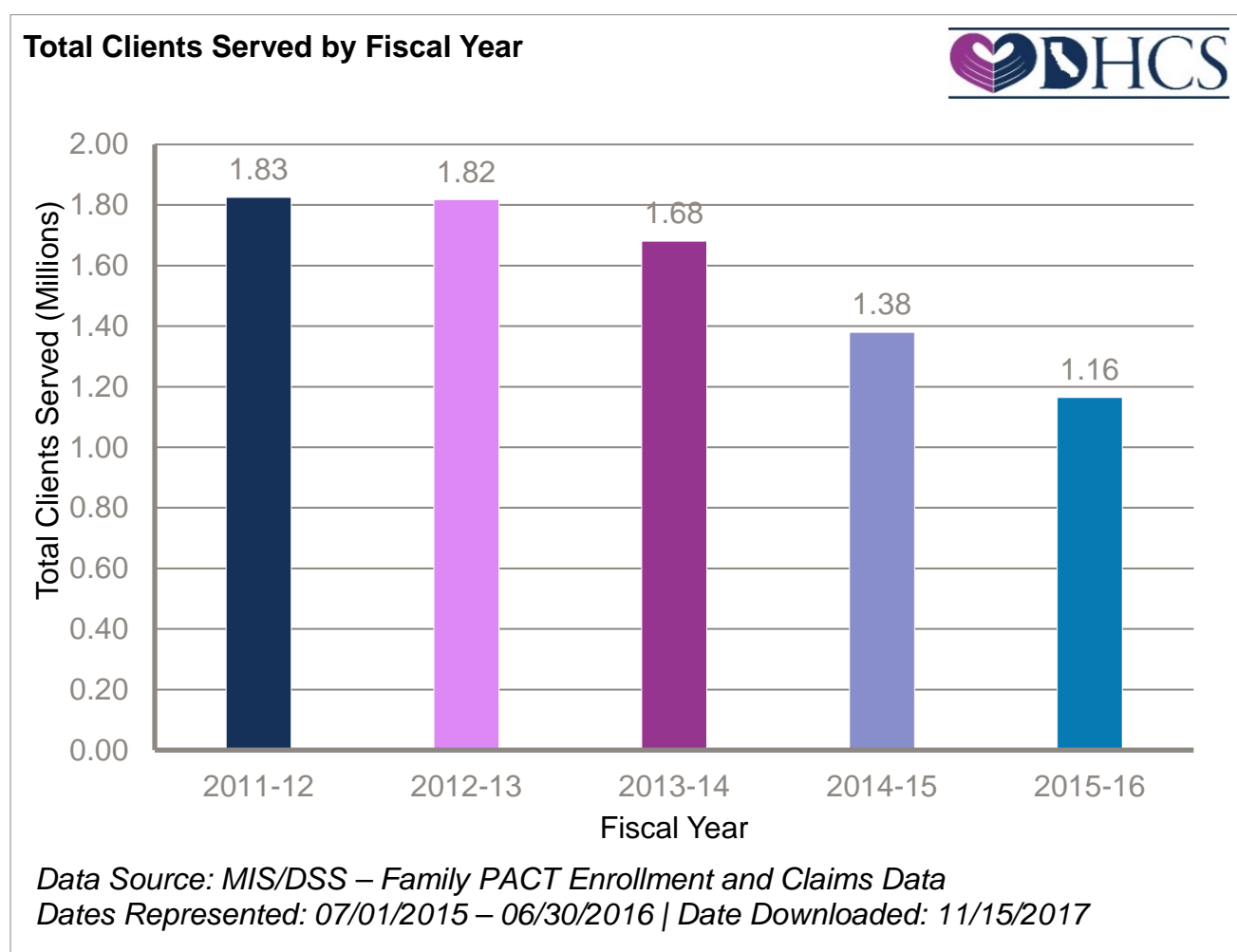


2. Client Profile

2.1 Overview

The Family PACT Program had 1.70 million clients enrolled for part or all of FY 2015-16, down from 2.34 million in FY 2014-15. This follows the trend of decreasing client enrollment noted in FY 2014-15. Of the enrolled clients, 1.16 million (68 percent) received family planning services from Family PACT during the fiscal year, about a 200,000 (-15.6 percent) decrease from FY 2014-15. See Figure 2.

Figure 2:



Of the Program's 1.70 million enrolled clients, approximately 545,000 were newly enrolled in the Family PACT Program. In FY 2015-16, 482,381 new clients served comprised approximately 41 percent of the 1.16 million total clients served in FY 2015-16 (Table 1).

Table 1: Family PACT Served Clients by Client Type, FY 2015-16

Client Type	Clients Served
Continuing clients	682,123
New clients	482,381
Total	1,164,504

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

Clients served, upon which data in this report are based on, decreased by 15.6 percent or 215,018 clients compared to FY 2014-15. Table 2 shows that FY 2015-16 is the fifth consecutive year to exhibit a decrease in the number of clients served.

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

Fiscal Year (FY)	Total Clients Served	Percent Change from previous FY
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%
2015-16	1,164,504	-15.6%

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

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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 were pregnant, with minor children and individuals who were disabled. Typically, half of Family PACT’s female population has never had a live birth and more than 10 percent of clients are male. Under the ACA, Medi-Cal



services were expanded to all low-income adults as the ACA also required that adults over 138 percent of the Federal Poverty Guideline purchase private health insurance which may have impacted about 7 percent of Family PACT clients. In the future, Family PACT will likely serve even fewer clients. However, because Family PACT continues to serve those who remain uninsured, including those whose immigration status precludes Medi-Cal eligibility, 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 81 percent of the Family PACT client population (Table 3). Males accounted for 19 percent of the client population, a 2 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 2015-16

Client Gender	Client Count	Percent
Females	942,705	81%
Males	221,799	19%
Total	1,164,504	100%

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

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2.2.2 Age

Roughly one half (46 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 2015-16

Age Group	Client Count	Percent
10-14	5,176	<1%
15-17	57,179	4.9%
18-19	96,553	8.3%
20-24	291,097	25.0%
25-29	242,139	20.8%
30-34	172,508	14.8%
35-39	125,935	10.8%
40-44	86,901	7.5%
45-49	52,908	4.5%
50-54	23,737	2.0%
55-59 ¹	7,426	<1%
60+	2,945	<1%
Total	1,164,504	100%

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

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2.2.3 Ethnicity & Primary Language

Approximately 68 percent of Family PACT clients served identified themselves as Latino and 15 percent identified themselves as Caucasian (Table 5). These comprise the two largest ethnic groups among Family PACT clients. Similar to the drop in clients seen between FY 2013-14 and FY 2014-15, each racial/ethnic group saw a decline in the number of clients served between FY 2014-15 and FY

¹ 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.



2015-16. 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 2015-16

Client Ethnicity	Client Count	Percent
Hispanic or Latino	796,507	68.4%
White	177,553	15.2%
Black or African American	82,181	7.1%
Asian or Pacific Islander	70,239	6.0%
Other ^a	38,012	3.3%
Unknown	12	<1%
Total	1,164,504	100%

a The term “Other” includes multi-race category

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

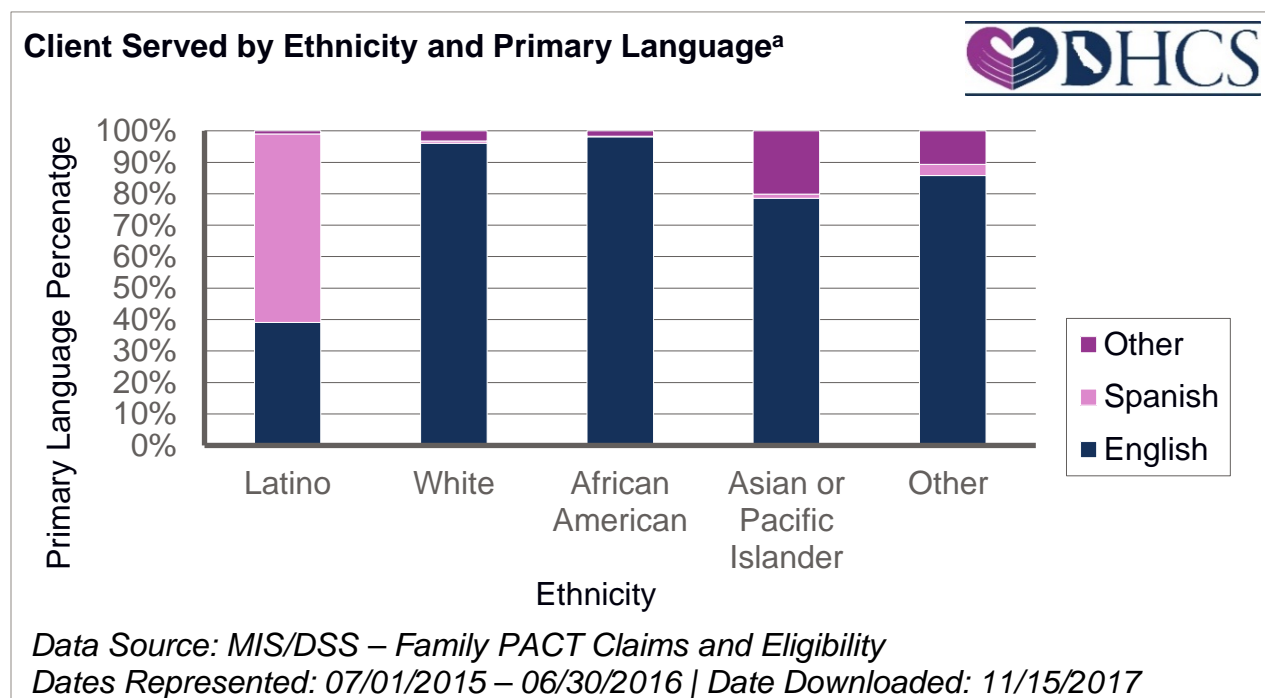
While the overall client population has decreased, the proportion of Family PACT clients reporting Spanish as their primary language remained stable with a 1 percent decrease in Spanish speaking clients in FY 2015-16 (Figure 3, Table 6). English was the most frequently reported primary language at 56 percent of clients. This was a decrease of 1 percent from the previous fiscal year (Figure 3, Table 6).

As shown in Figure 3, most clients reporting Spanish as a primary language identify as Latino. Approximately 57 percent of clients (461,896) of Latino clients reported Spanish as their primary language.

About 40,000 clients (3.8. percent) reported a primary language other than English or Spanish. The percentage of clients reporting a different primary language other than English or Spanish has remained between 3 and 5 percent since the inception of the Family PACT Program (Figure 3, Table 6).



Figure 3:



a The terms “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 2015-16

Ethnicity	English	Spanish	Other	Unknown	Total
Hispanic or Latino	316,499	461,896	18,112	-	796,507
White	169,041	1,637	6,875	-	177,553
Black or African American	80,454	178	1,549	-	82,181
Asian or Pacific Islander	55,795	971	13,473	-	70,239
Other ^a	31,916	1,641	4,455	-	38,012
Unknown	-	-	-	12	12
Total	653,705	466,323	44,464	12	1,164,504

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

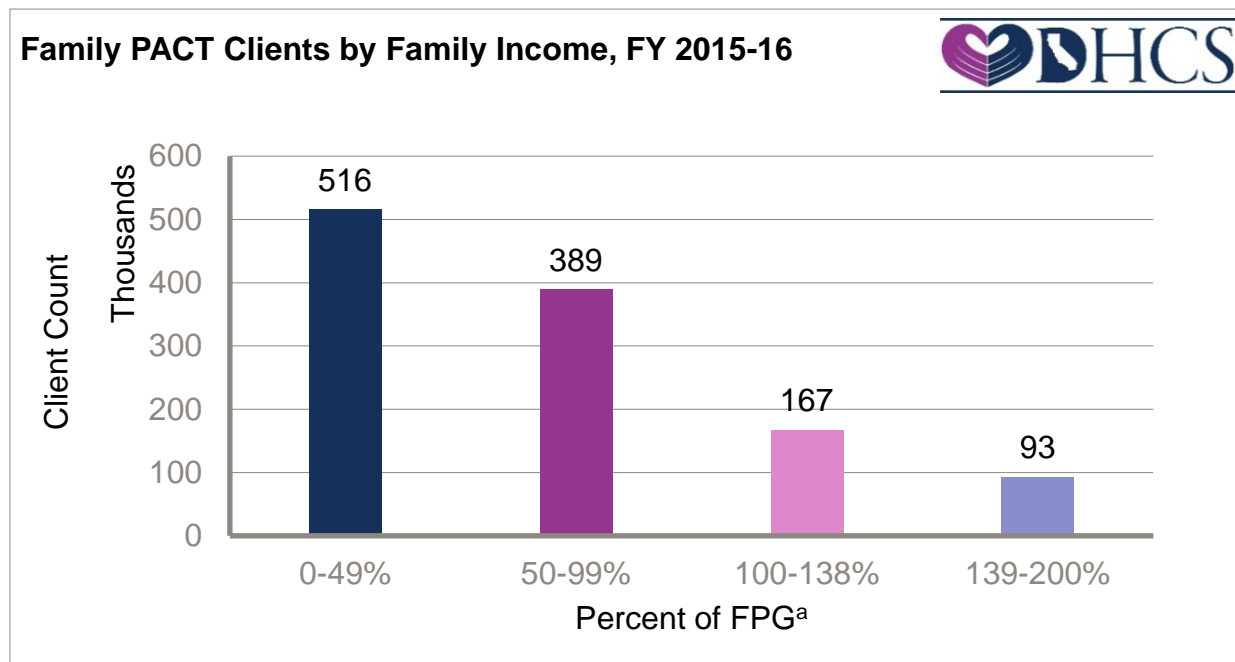
Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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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).²

Figure 4:



^a Federal Poverty Guidelines, formerly Federal Poverty Level.

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

Distribution of Family PACT clients by family size remained unchanged from the previous year. In FY 2015-16, 639,404 clients reported a family size of one, constituting 55 percent of total clients served. Thirty five 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 11 percent of clients served, with the majority of those clients reporting a family size of five (Figure 5, Table 7).

² Effective April 1, 2016, the Family PACT eligibility limit of 200 percent of the FPG for a family of one was \$1,980/month with an additional \$694/month for each additional family member. The FPG (100 percent) was half that amount or \$990/month for a family of one.

Figure 5:

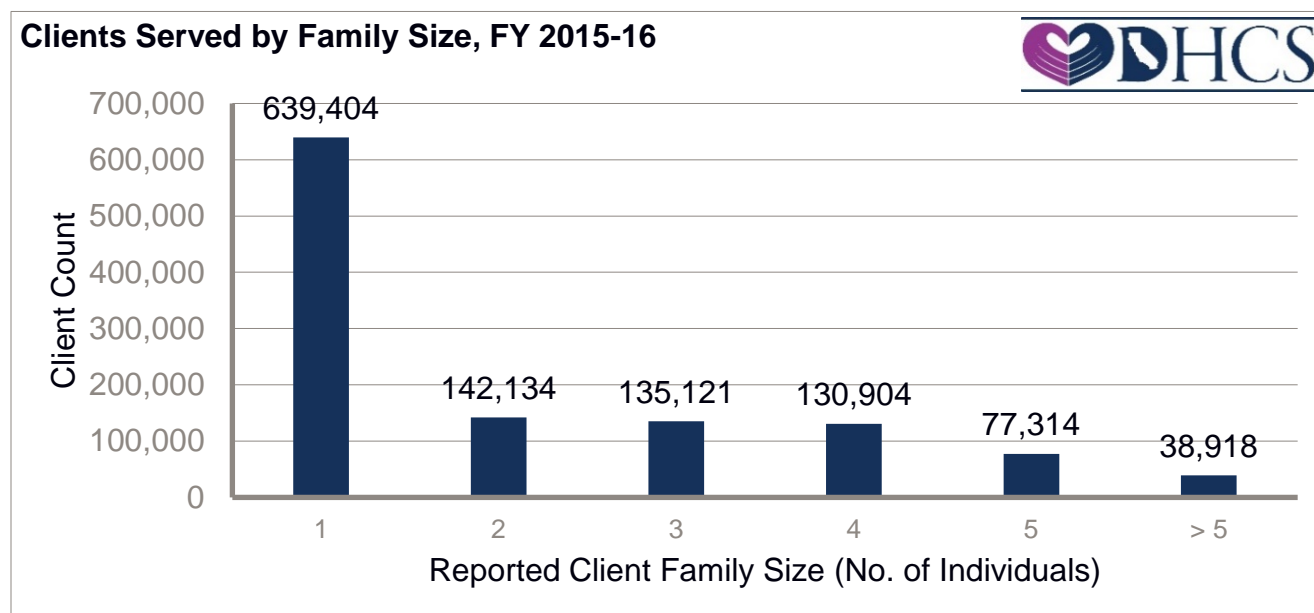


Table 7: Client Family Size and Family Income by Percentage of FPG^a, FY 2015-16

Family Size	0-138% FPG ^a	139-200% FPG ^a	Unknown	Total
1	586,133	53,271	-	639,404
2	126,658	15,476	-	142,134
3	124,600	10,521	-	135,121
4	121,682	9,222	-	130,904
5	74,097	3,217	-	77,314
6	27,186	872	-	28,058
7	7,756	169	-	7,925
8	2,298	49	-	2,347
9	689	8	-	697
10	286	4	-	290
> 10	296	2	-	298
Unknown	-	-	12	12
Total	1,071,681	92,811	12	1,164,504

^a Federal Poverty Guidelines, formerly Federal Poverty Level.

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017



3. Provider Profile

3.1 Provider Demographics

More than 7,000 providers served Family PACT clients in FY 2015-16. This includes approximately 2,500 clinicians (1,199 public and 1,273 private providers), about 120 laboratories, and over 4,400 pharmacy providers (Table 8).

Table 8: Family PACT Providers by Provider Type, FY 2015-16

Provider Type	Provider Count	Percent of Total Providers ^a
Private	1,273	18.2%
Public	1,199	17.1%
Labs	122	1.7%
Pharmacy	4,411	63.0%
Total	7,005	100%

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

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

The enrolled provider network consists of public and private sector clinician providers.³ 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 48 percent of all enrolled providers and public sector providers accounted for 52 percent. Among public sector providers, 11 percent were community clinics, 31 percent were Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHCs), and 10 percent were other public clinicians (Figure 6).

³ An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status 'category of service' (COS) 11 for at least one day during the fiscal year.

The broad distribution of enrolled clinician providers from both the public and private sector suggests services are widely available in California. See Figure 6.

Of all public providers, 694 providers (59.8 percent) identified as RHCs or FQHCs. Over 283 providers (19.9 percent) identified as community clinics, and 226 providers (20.3 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 2015-16

Provider Type	Provider Count	Percent of Total Public Providers
Community Clinic	283	19.9%
Other Public Sector	222	20.3%
FQHC/Rural Health ^a	694	59.8%
Total	1,199	100%

^a Federally Qualified Health Center/Rural Health Center/Indian Health Services.
 Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

Figure 6:

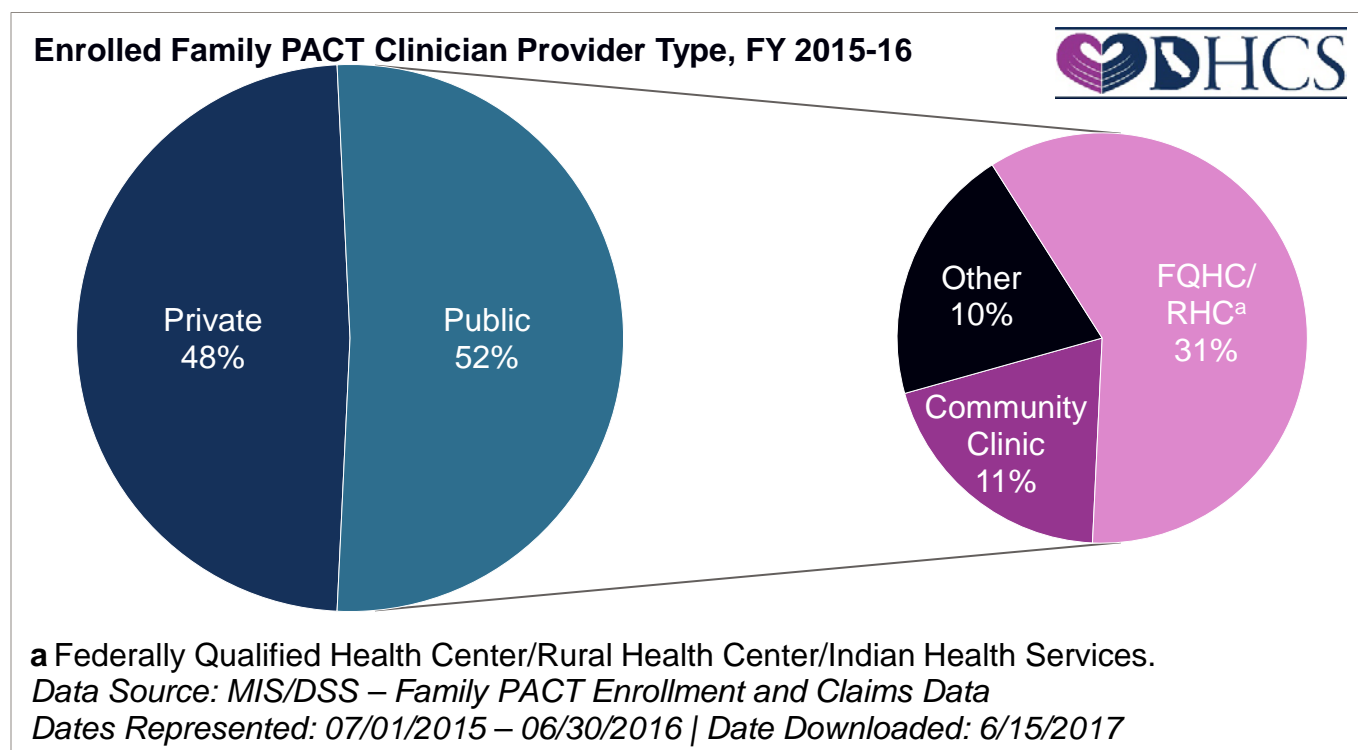
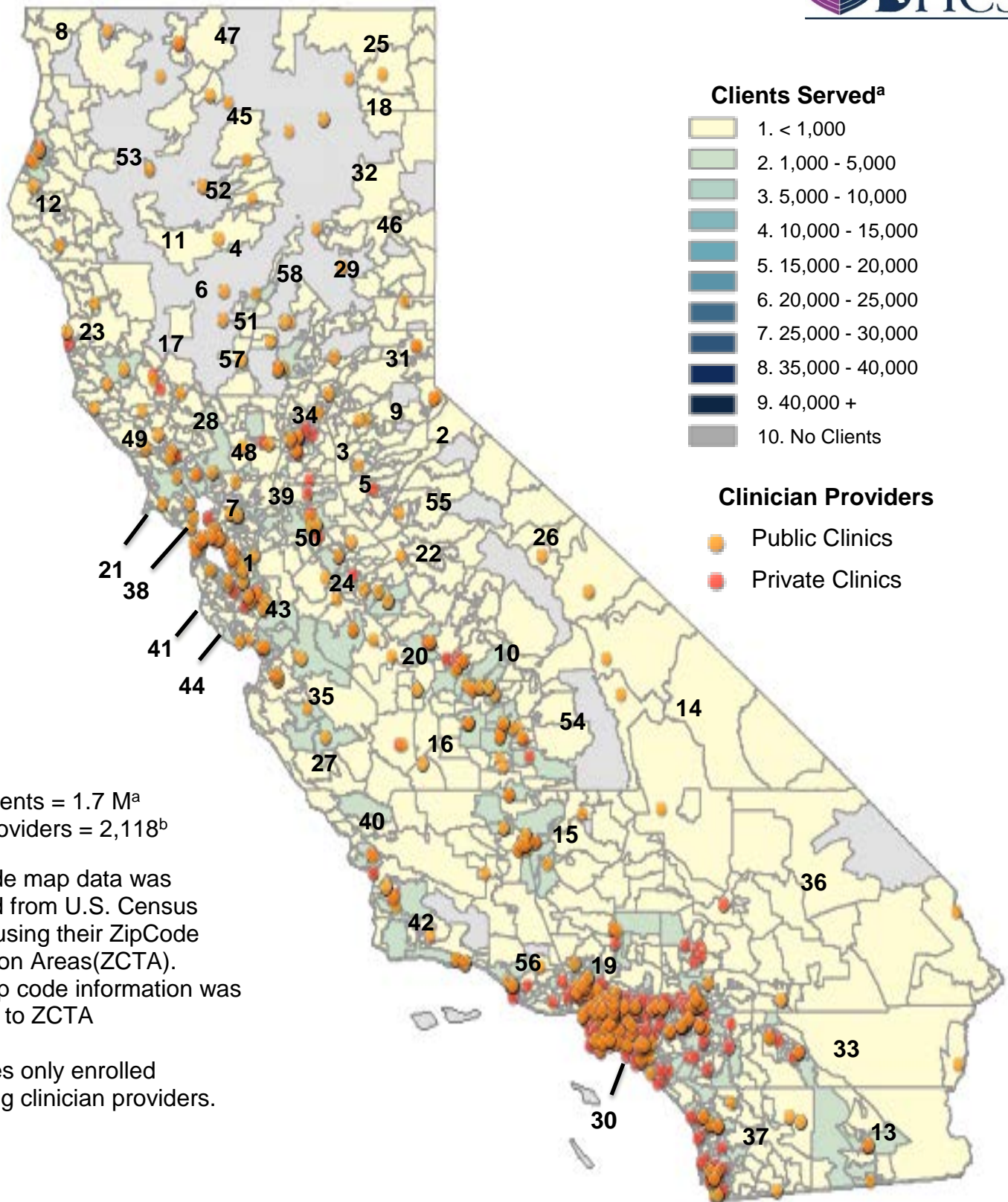




Figure 7: Family PACT Enrolled Providers and Clients, FY 2015-16



Total Clients = 1.7 M^a
 Total Providers = 2,118^b

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

^b Includes only enrolled delivering clinician providers.

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
 Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017



Counties in the State of California

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



3.1.1 Clients and Claims

In FY 2015-16, public sector providers served the majority of the clients (57 percent) while 37 percent of clients received services from private sector clinicians. Approximately 56 percent of clients received laboratory testing and 26 percent of clients filled prescriptions through pharmacies (Table 10).

Table 10: Family PACT Claims and Clients by Provider Type, FY 2015-16

Provider Type	Total Clients Served	Percent*
Private	436,414	37.5%
Public	659,446	56.6%
Laboratory	651,841	56.0%
Pharmacy	298,297	2.6%
Total	1,164,504	100%

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

** 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 approximately \$340 million in FY 2015-16. Public providers were reimbursed more than \$153 million (45 percent) and private sector providers received more than \$65 million (19 percent). Laboratory services were reimbursed approximately \$51 million (15 percent) and \$69 million (20 percent) were reimbursed for pharmacy services (Table 11).

Table 11: Family PACT Reimbursement by Provider Type, FY 2015-16

Provider Type	Reimbursement	Percent*
Private	\$65,359,720	19.2%
Public	\$153,337,419	45.1%
Laboratory	\$51,758,087	15.2%
Pharmacy	\$69,400,111	20.4%
Total	\$339,855,337	100%

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

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



4. Services

4.1 Overview

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

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

Family PACT provides reimbursement for all 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

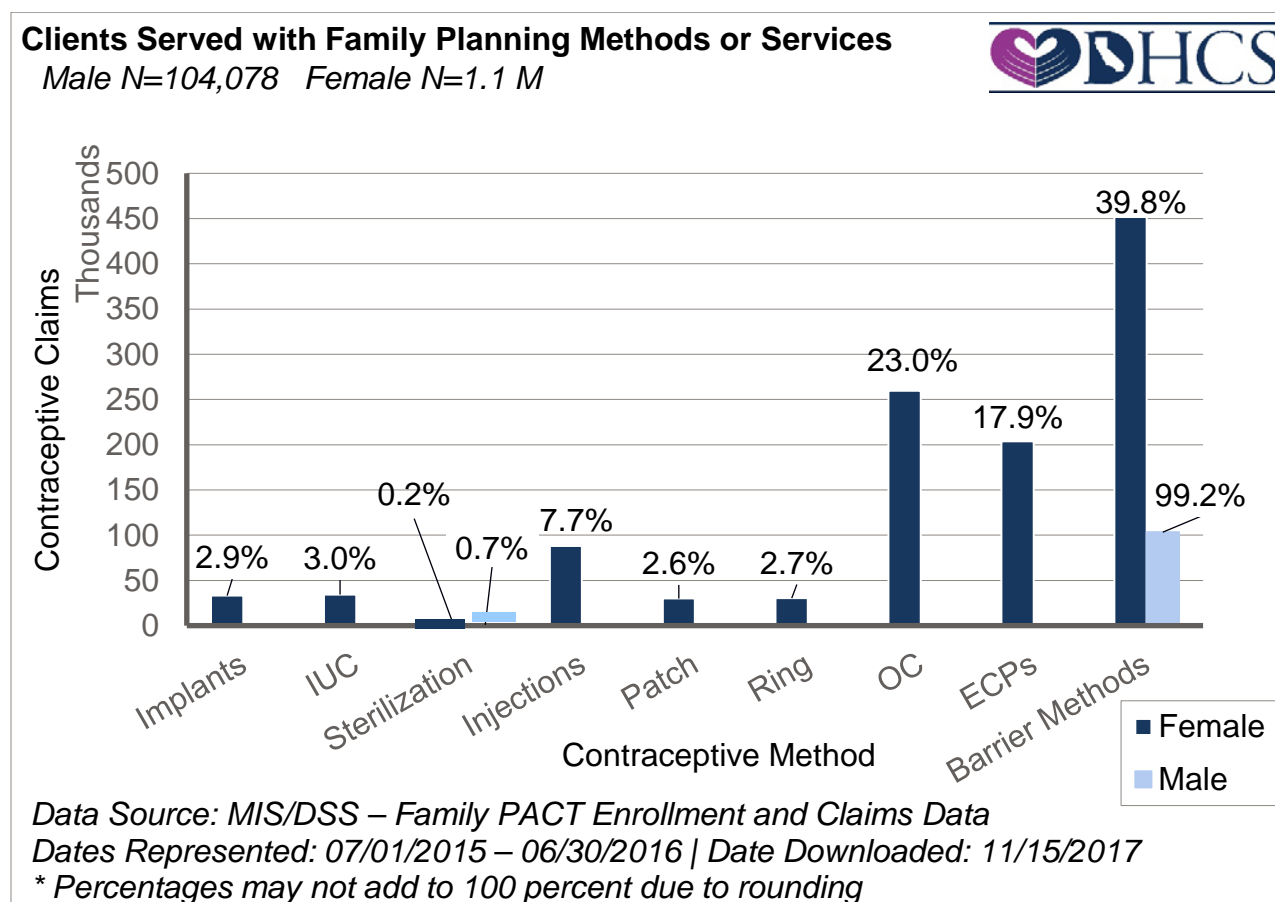
Approximately 6 percent of female clients in FY 2015-16 received LARCs. Of these clients, contraceptive implants were dispensed to nearly 33,000 clients (2.9 percent). Conversely, provision of IUCs in FY 2015-16 remained stable at about 3 percent .

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, 2,603 clients (0.2 percent) received sterilization services through Family PACT in FY 2015-16, a substantial decrease of 2,000 clients from FY 2014-15. Despite a previous steady increase since 2008, Essure provision has continually decreased over the years with 2,288 clients in FY 2014-15 and 1,339 in FY 2015-16.

Of the moderately effective methods of contraception, 88,201 of female clients (7.7 percent) received contraceptive injections. The dispensing of vaginal rings continued to decline at 2.7 percent in FY 2015-16 compared to 3.5 percent in the past fiscal year. A slight downward trend in the dispensing of the contraceptive patch occurred this fiscal year with 2.6 percent received by clients compared to 2.9 percent FY 2014-15. 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 (23 percent) in FY 2015-16.

Barrier methods and ECPs comprise the highest proportion of contraceptive methods delivered by Family PACT for females at 39 percent. Over 450,000 Family PACT clients were dispensed barrier methods and 200,000 clients received ECPs.

Figure 8:



4.2.2 Males

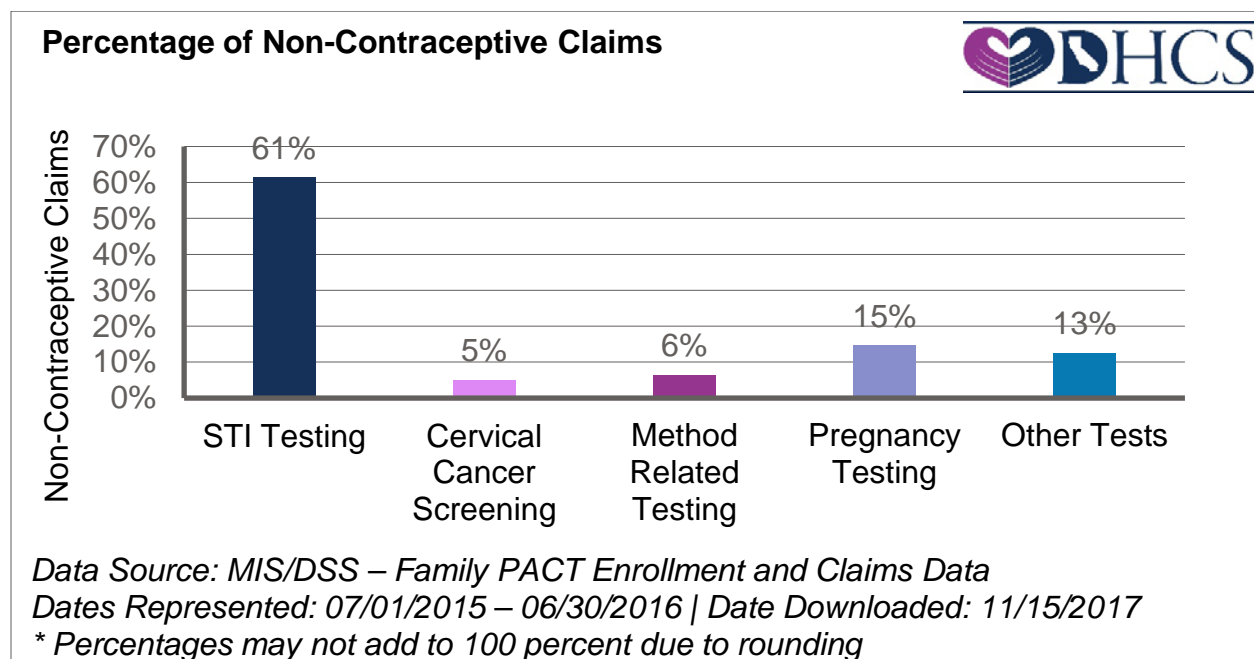
Barrier method and vasectomy are the only two contraceptive methods available for males in the Family PACT Program. During FY 2015-16, approximately 100,000 of male clients served (99 percent of total male clients served) received a

barrier method and about 750 clients (0.7 percent of total male clients served) were provided a vasectomy. Since the Program inception in 1997, over 23,000 men received vasectomies. After the procedure, men are only eligible for Family PACT services for three months.

4.3 Non-Contraceptive Services

Despite the continued decrease in overall Family PACT clients and a policy change that limited STI testing in FY 2015-16⁴, sexually transmitted infection (STI) testing received by Family PACT clients slightly decreased by 1 percent between FY 2014-15 (62 percent) and FY 2015-16 (61 percent).

Figure 9:



Of the non-contraceptive services, STI testing accounted for the largest portion of family planning related services (61 percent, Figure 9). Chlamydia (CT) and gonorrhea (GC) co-testing comprised 55.4 percent of STI testing services, decreasing from 56.6 percent in FY 2014-15 (Table 12).

⁴ 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 10).

Table 12: Family PACT STI Testing Percentages, FY 2015-16

STI Test	Percent of STI Services
CT/GC co-testing	55.4%
Syphilis	27.8%
HIV ^a	33.9%
HPV ^b	0.4%
HSV ^c	0.6%

a Human Immunodeficiency Virus

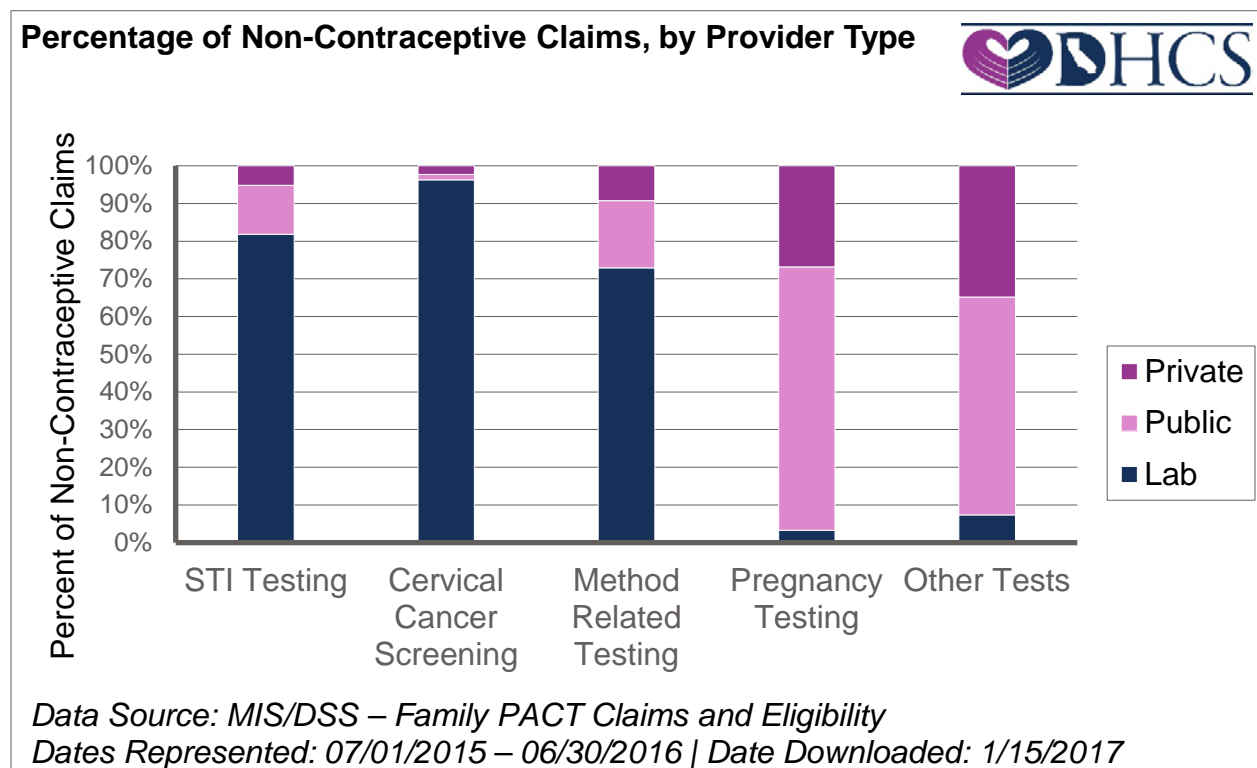
b Human Papillomavirus

c Herpes Simplex Virus

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

Figure 10:



5. Reimbursement

5.1 Overview

Total Reimbursement for Family PACT services in FY 2015-16 was approximately \$340 million, a decrease of \$92 million (-21.5 percent) from FY 2014-15. This chapter discusses a detailed reimbursement information by service type (Table 13), provider type (Figure 10), and clinician provider type (Table 15).

Table 13: Family PACT Clients and Reimbursement by Service Type, FY 2015-16

Service Type	Service	*Clients Served	Reimbursement Amount	Percent of Total Reimbursement
Clinician	Office Visits**	1,028,708	\$94,268,037	27.7%
	Procedures & Facility Fees	120,428	\$19,078,748	5.6%
	Subtotal	1,057,643	\$113,346,785	33.4%
Drug & Supply	Barrier Method Supplies	451,805	\$6,041,371	1.8%
	Contraceptive Drugs	511,731	\$151,418,679	44.6%
	Non-Contraceptive Drugs	230,520	\$6,160,844	1.8%
	Subtotal	785,809	\$163,620,894	48.1%
Laboratory	Cervical Cytology Tests	153,470	\$3,983,311	1.2%
	Method Related Tests	109,536	\$968,403	0.3%
	Other Lab Tests	95,431	\$1,672,550	0.5%
	Pregnancy Tests	381,053	\$1,846,536	0.5%
	Specimen Handling Fees	240,988	\$917,150	0.3%
	STI Tests	666,229	\$53,384,187	15.7%
	Subtotal	884,941	\$62,772,138	18.5%
Total	Grand Total	1,164,504	\$339,855,337	100%

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

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

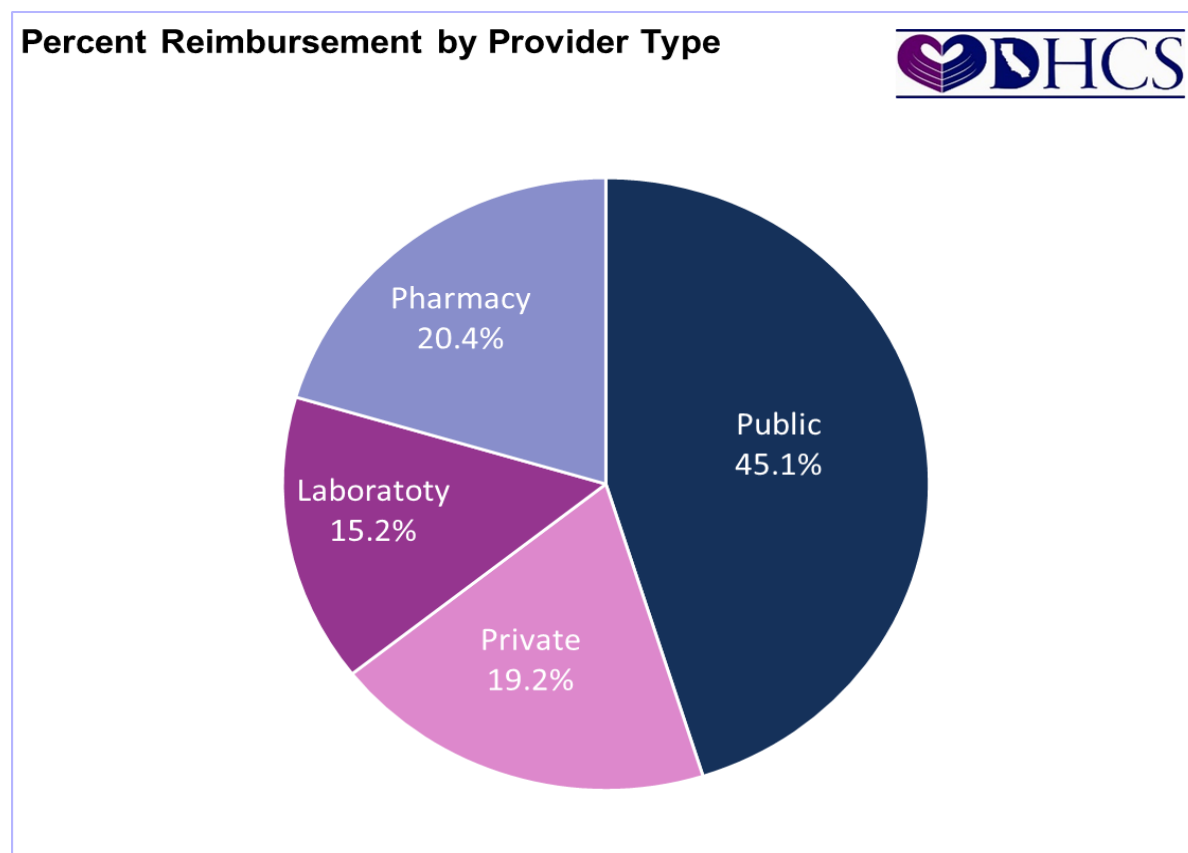
Data Source: MIS/DSS – Family PACT Claims and Eligibility

Date Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 1/15/2017

Although current reimbursement for FY 2015-16 declined by 21.5 percent from FY 2014-15, there was a slight change in the distribution of costs across different service types in Family PACT. Similar to prior years, three services accounted for the bulk of all Family PACT reimbursements: contraceptive drugs (44.6 percent), office visits (27.7 percent), and STI testing (15.7 percent). See Table 13.

Pharmacy providers received 20.4 percent of reimbursement, which is about a 3 percent decrease over FY 2014-15. The percent of reimbursement paid to laboratory providers increased from 12.7 percent in FY 2014-15 to 15.2 percent, and reimbursement to clinician providers (who may have reimbursement in all three categories of service) has remained stable at about 64 percent. A breakdown of reimbursement by provider type shows that 19.2 percent of total reimbursement went to private sector providers (an increase from 18.6 percent in FY 2014-15), and 45.1 percent of total reimbursement went to public sector providers. See Figure 11.

Figure 11:



Data Source: MIS/DSS – Family PACT Claims and Eligibility
 Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

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 1 percent, from 7.7 claim lines per client in FY 2014-15 to 6.7 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 decreased by 3.1 percent. 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).

Table 14: Family PACT Clients Served, Claims and Reimbursement, FY 2015-16

Service* Type	Clients Served	Percent Change from Previous FY	Utilization **	Percent Change from Previous FY	Reimbursement per Claim ***	Percent Change from Previous FY
Clinician	1,057,643	-16.8%	2.2	-5.2%	\$49.23	-4.1 %
Drug and Supply	785,809	-19.3%	2.6	-7.5%	\$79.03	1.3 %
Drug and Supply (Pharmacy)	299,088	-23.4%	2.7	- 6.2	\$85.45	-5.0%
Drug and Supply (Onsite)	552,660	-16.6%	2.3	- 4.2	\$74.89	7.5%
Laboratory	884,941	-19.0%	3.9	4.0	\$18.19	6.1%
Total	1,164,504	-17.8%	6.7	- 4.3	\$43.43	-3.1%

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

** Utilization is the average claim line 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: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

5.3 Clinician Services

Enrolled clinician providers provide the bulk of Family PACT services.⁵ As Family PACT providers, they may enroll new clients and must adhere to the Program standards.⁶ Total reimbursement for clinician services was over \$110 million in FY 2015-16. 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 over 60 percent of clients, accounted for 61.9 percent of all dollars paid for clinician services. Reimbursement for private sector providers, who served 35 percent of all clients, accounted for 38.1 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 83.2 percent of clinician service reimbursements. See Table 16.

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 (14.4 percent compared to 12.7 percent in FY 2014-15).

Table 15: Family PACT Reimbursement by Clinician Provider Type, FY 2015-16

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Private	\$43,215,647	38.1%
Public	\$70,131,138	61.9%
Total	\$113,346,785	100%

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

⁵ 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.

⁶ 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 2015-16

Service Type	Reimbursement Amount	Percent of Total Reimbursement
E&C Codes	\$8,279,910	7.3%
E&M: Established Clients	\$54,456,836	48.1%
E&M: New Clients	\$31,531,291	27.8%
Subtotal	\$94,268,037	83.2%
Dysplasia Services	\$1,045,759	0.9%
Facility Use	\$763,262	0.7%
Inpatient Procedure	\$100	<0.1%
Method Related Procedure	\$16,348,644	14.4%
Other Clinical Procedure	\$428,362	0.4%
Other Surgical Procedure	\$492,622	0.4%
Subtotal	\$19,078,748	16.80%
Clinician Services Total	\$113,346,785	100%

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

5.4 Drug and Supply Services

Total reimbursement for drug and supply services was \$163 million in FY 2015-16, accounting for 47 percent of Family PACT reimbursement. The proportion reimbursed to pharmacies decreased from 47.3 percent in FY 2014-15 to 42.4 percent in FY 2015-16. Spending on contraceptive drugs accounted for 92.5 percent of all drug and supply reimbursements (Tables 17 and 18).

Table 17: Family PACT Reimbursement by Contraceptive Type, FY 2015-16

Service Type	Reimbursement Amount	Percent of Total Reimbursement
Contraceptive Drugs		
ECPs ^a	\$6,807,316	4.2%
Implants	\$22,911,953	14.0%
Injections	\$10,265,094	6.3%
IUCs	\$21,847,260	13.4%
Oral Contraceptives	\$56,396,797	34.5%
Patches	\$17,783,601	10.9%
Rings	\$13,952,520	8.5%
Tubal Ligation	\$1,453,312	0.9%
Subtotal	\$151,418,679	92.5%
Non-Contraceptive Drugs	\$6,160,844	3.8%
Barrier Methods & Supplies	\$6,041,371	3.7%
Drug & Supply Services Total	\$163,620,894	100%

a Emergency Contraceptive Pills

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

Table 18: Family PACT Reimbursement by Provider Type, FY 2015-16

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Clinician	\$94,276,629	57.6%
Pharmacy	\$69,344,265	42.4%
Total	\$163,620,894	100%

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017



5.5 Laboratory Services

Total reimbursement for laboratory services was approximately \$63 million (Table 19). STI testing accounted for 85 percent of laboratory service costs, a 5 percent increase from FY 2014-15.

Table 19: Family PACT Laboratory Reimbursement, FY 2015-16

Service Type	Reimbursement Amount	Percent of Total Reimbursement
Chlamydia Testing	\$23,560,416	37.5%
Gonorrhea Testing	\$23,113,095	36.8%
HIV ^a	\$4,582,749	7.3%
HPV ^b	\$420,211	0.7%
HSV ^c	\$211,720	0.3%
Syphilis	\$1,495,949	2.4%
Other Laboratory Tests	\$47	<0.1%
STI Testing Subtotal	\$53,384,187	85%
Pap Tests	\$3,983,311	6.3%
Method Related Tests	\$968,403	1.5%
Other Laboratory Tests	\$1,672,550	2.7%
Pregnancy Tests	\$1,846,536	2.9%
Specimen Handling Fees	\$917,150	1.5%
Laboratory Services Total	\$62,772,137	100%

a Human Immunodeficiency Virus

b Human Papillomavirus

c Herpes Simplex Virus

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

Dates Represented: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

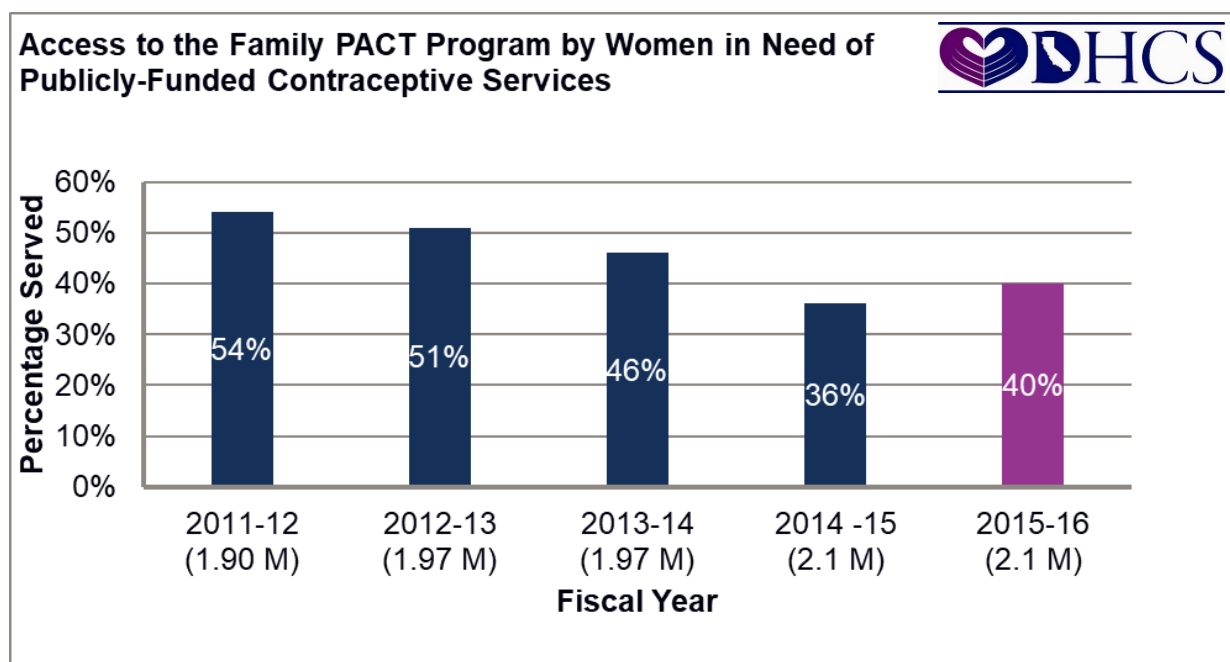
6. Women in Need of Publicly-Funded Contraceptive Services

Women 15-44 years of age who are sexually active, fecund, not pregnant or not seeking to become pregnant are at risk of unintended pregnancy and 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 12 shows an estimated 2.1 million California women aged 15-44 in need of publicly-funded contraceptive services in FY 2015-16. Of these women, 40 percent received contraceptive services through Family PACT. Overall, women in need of publicly funded services remained stable since FY 2014-15.

With the implementation of the ACA, many women previously enrolled in Family PACT became eligible to receive services from Medi-Cal. The continued transition of women to Medi-Cal likely explains the 10 percent decline in the number of women served by Family PACT in FY 2014-15 which slightly increased in FY 2015-16.

Figure 12:



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: 07/01/2015 – 06/30/2016 | Date Downloaded: 11/15/2017

6. Conclusion

The Family PACT Program continues to be the largest Medicaid family planning expansion program in the nation⁷ with 1.70 million enrolled and 1.16 million served through a network of 2,472 clinician providers in the Fiscal Year 2015-16. Despite the continued decline in number of clients during the second full year of the ACA implementation in January 2014, over 545,000 individuals were newly enrolled in the Program. The decline in clients was widespread across subpopulations of gender and age, and though Family PACT serves a majority of female clients, the proportion of male clients continued to increase. The decline in the number of Family PACT clients served is expected to continue. However, the Family PACT program will continue to ensure access to a full range of family planning services to low income men and women and will remain as an essential program for low-income California residents without other health care coverage for family planning services.

⁷ Ranji U & Salganicoff A. Medicaid Family Planning Programs: Case Studies of Six States After ACA Implementation. Kaiser Family Foundation. April 2017