

FAMILY PACT PROGRAM REPORT

Office of Family Planning

FISCAL YEAR 2019-2020

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

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1. EXECUTIVE SUMMARY

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

Family PACT works to achieve the following key objectives:

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

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

Earlier legislation, which established OFP, requires an annual analysis of key program metrics for any family planning program that OFP administers. The Research, Evaluation, and Data Section of OFP provides data for this report as part of OFP's oversight of the Family PACT Program. This annual report is based on enrollment and claims data that describes Family PACT provider and client populations, types of services utilized, and program reimbursement. Dates of service in this report are for Fiscal Year (FY) 2019-20, beginning July 1, 2019, and ending June 30, 2020. This report includes claims data and client and provider enrollment data at the time of service. FY 2019-20 was the sixth full year of the implementation of the Patient Protection and Affordable Care Act (ACA). As a result of the ACA, many Family PACT clients became eligible for Medi-Cal for the first time. A smaller proportion were eligible for subsidized private insurance

through Covered California, if they met the required income threshold. Clients who transitioned to these other sources of health care were expected to have their family planning services included in the services compensated. This report is limited to the Family PACT Program.

From early March through the end of the fiscal year on June 30, 2020, the novel coronavirus disease of 2019 (COVID-19) pandemic had a major impact on health care systems in the United States¹, including the Family PACT Program. Healthcare delivery had to be modified to limit exposure and reduce the spread of the disease. During this time, in an early effort to continue client access to services while maintaining client and provider safety, DHCS implemented temporary flexibilities, in the Family PACT Program, to limit patients' exposure to others who may be infected with COVID-19, maintain access to family planning and family planning related services, and increase provider capacity during the COVID-19 Public Health Emergency (PHE).

DHCS was able to expand upon its existing telehealth policy, allowing providers to enroll and recertify clients in the Family PACT Program for the duration of the PHE virtually or telephonically. Family PACT also expanded client access to contraception by allowing pharmacies to dispense subcutaneous depot medroxyprogesterone acetate (DMPA-SQ) directly to clients for self-administration of this hormonal contraceptive. While data from FY 2019-20 does not provide a correlation between the implementation of these flexibilities and the direct impact to the Family PACT Program, the results may begin to materialize in FY 2020-21 and future iterations of this report.

In FY 2019-20, the twenty-third fiscal year of operation, the Family PACT Program served 0.66 million women and men, a decrease in client population compared to FY 2018-19 (0.84 million served in FY 2018-19).

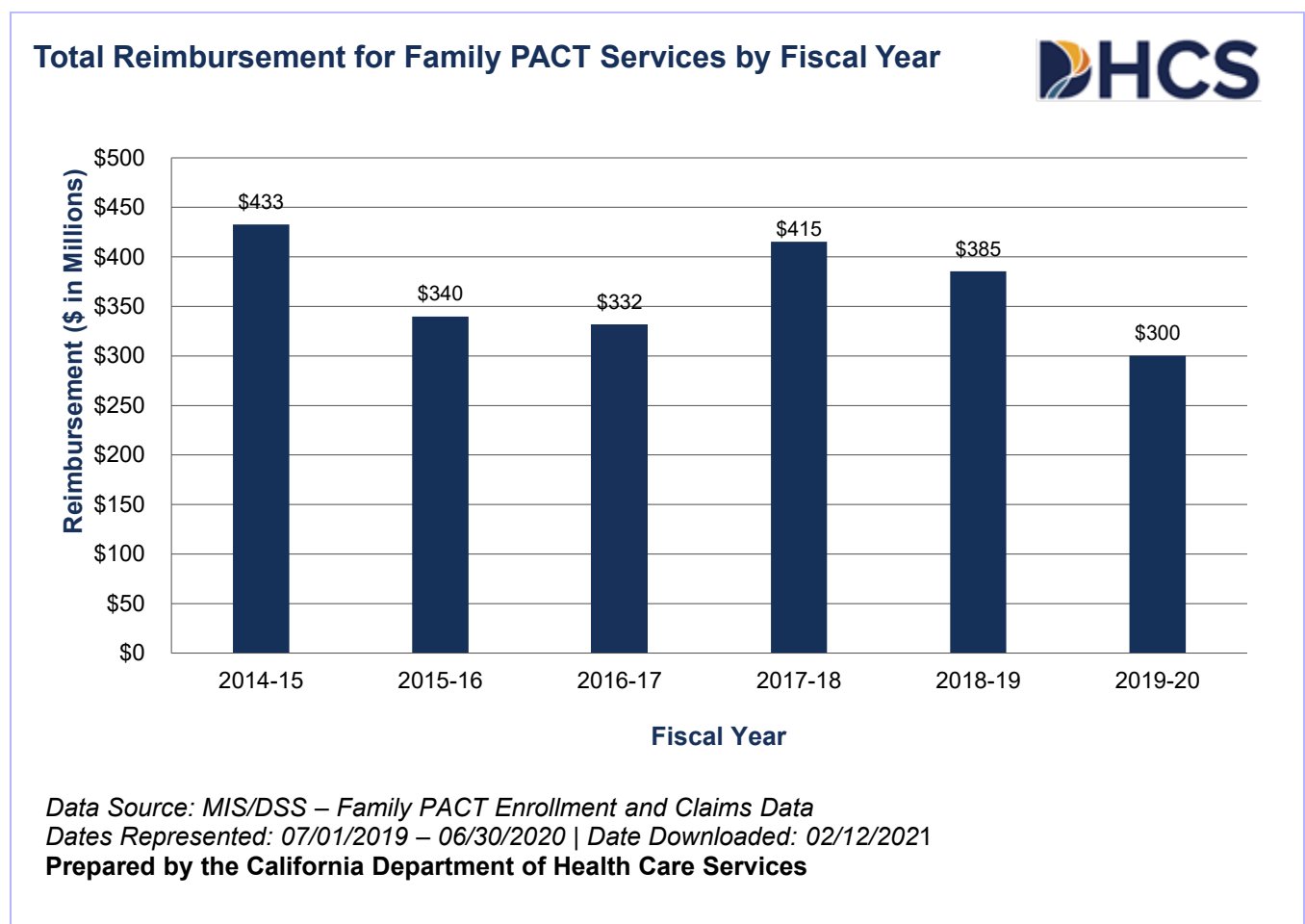
For FY 2019-20, there were 6,166 providers reimbursed for services rendered, 2,092 were clinician providers, 3,976 were pharmacy providers and 98 were laboratories. Comparing FY 2018-19 and FY 2019-20, clinician providers decreased by 5 percent.

¹ Czeisler MÉ, Tynan MA, Howard ME, et al. Public Attitudes, Behaviors, and Beliefs Related to COVID-19, Stay-at-Home Orders, Nonessential Business Closures, and Public Health Guidance — United States, New York City, and Los Angeles, May 5–12, 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69:751–758.

Pharmacy providers served about 18 percent of all served clients, laboratories served about 60 percent, and clinician providers served about 95 percent. Total reimbursement for Family PACT services in FY 2019-20 was \$300 million, a 21 percent decrease in reimbursement from FY 2018-19.

Overall, program reimbursement has declined steadily since FY 2013-14, following ACA implementation (Figure 1). This decline can be attributed to a variety of factors, perhaps most notably to the significant progress that the State has made in expanding access to full-scope Medi-Cal coverage. In 2015, children and youth up to age 18, regardless of immigration status, were granted access to full-scope Medi-Cal. This comprehensive Medi-Cal coverage was extended again in 2019 to eligible young adults ages 19 to 25 and remaining eligibility gaps will be addressed in the near future.

Figure 1:



2. COVID-19 PUBLIC HEALTH EMERGENCY AND FAMILY PACT

2.1 Overview

COVID-19 was the dominant public health issue of 2020. The public health risks and shelter-in-place orders at the onset of COVID-19 presented many challenges to the Family PACT Program during the final months of FY 2019-20.

On March 13, 2020, the president of the United States declared a national PHE in response to the COVID-19 global pandemic. That same day, pursuant to section 1135(b) of the Social Security Act, the Secretary of the United States Department of Health and Human Services invoked their authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the COVID-19 PHE. These actions provided the Centers for Medicare & Medicaid Services (CMS) with the authority to grant a number of blanket waivers in an effort to streamline the existing section 1135 waiver request and approval process during the growing PHE. This authority took effect on March 15, 2020, with a retroactive effective date of March 1.

On March 16, 2020, DHCS submitted to CMS California's initial request for additional section 1135 waiver flexibilities not included with the blanket waivers. The requests included, but were not limited to, temporary flexibilities for service authorization and utilization controls, billing requirements, telehealth services, and administrative activities for both the Fee-for-Service (FFS) and Medi-Cal Managed Care delivery systems. CMS approved the initial request on March 23, 2020. In total, DHCS would go on to request, and receive federal approval for, three COVID-19-related Section 1135 waiver flexibilities during the latter part of FY 2019-20.

On March 19, 2020, to further reduce the spread of COVID-19 and limit the risk of exposure to others who may be infected with disease, Governor Newsom issued an emergency Executive Order directing all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of critical infrastructure sectors.

As a result of the CMS approval of federal waiver flexibilities and subsequent stay at home public mandate, OFP worked to update Family PACT policy, generate program guidance, and provide the technical assistance needed to ensure clients continue to receive comprehensive family planning services and family planning related services during the PHE. The impacts of COVID-19 on the Family PACT program will be analyzed more extensively and addressed in subsequent iterations of this report beginning with FY 2020-21.

2.2 Preparedness Strategies

OFP released proactive guidance to Family PACT providers to help prevent the spread of the virus. Providers were encouraged to develop preparedness strategies for their health care facility and to implement the recommended safety protocols and procedures that had been issued by the federal Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH).

Preparedness strategies included, but were not limited to, screening individuals for symptoms of acute respiratory illness before entering their healthcare facility, ensuring the proper use of personal protection equipment (PPE), and encouraging employees who feel ill to stay at home. OFP also provided resources to download, print, and display in at their facility to educate their patients on preventive best-practices and to enhance the overall awareness of COVID-19 within their community.

2.3 Telehealth

To ensure clients continued to have access to comprehensive family planning and family planning related services during the PHE, OFP expanded upon its existing telehealth policy within Family PACT.

Virtual/Telephonic Communications

DHCS added Healthcare Common Procedure Coding System (HCPCS) Codes G2010 and G2012 (virtual/telephonic communications) as Family PACT benefits under the program to align with existing Medi-Cal telehealth coverage policy.

Client Enrollment and Re-Certification

To slow the spread of COVID-19, during this emergency, Family PACT providers were allowed to enroll and recertify clients through telehealth or other virtual/telephonic communication modalities. These temporary client enrollment and re-certification flexibilities in place during the COVID-19 PHE will be allowed to be continued post PHE.

2.4 DMPA-SQ Self-Administration

On March 23, 2020, DHCS received approval of a federal waiver allowing specific flexibilities related to the COVID-19 public health emergency. Pursuant to the waiver, and to comply with state and federal guidelines for sheltering in place and physical distancing, DHCS temporarily allowed for pharmacy dispensing of subcutaneous depot medroxyprogesterone acetate (DMPA-SQ) directly to the recipient for self-administration.

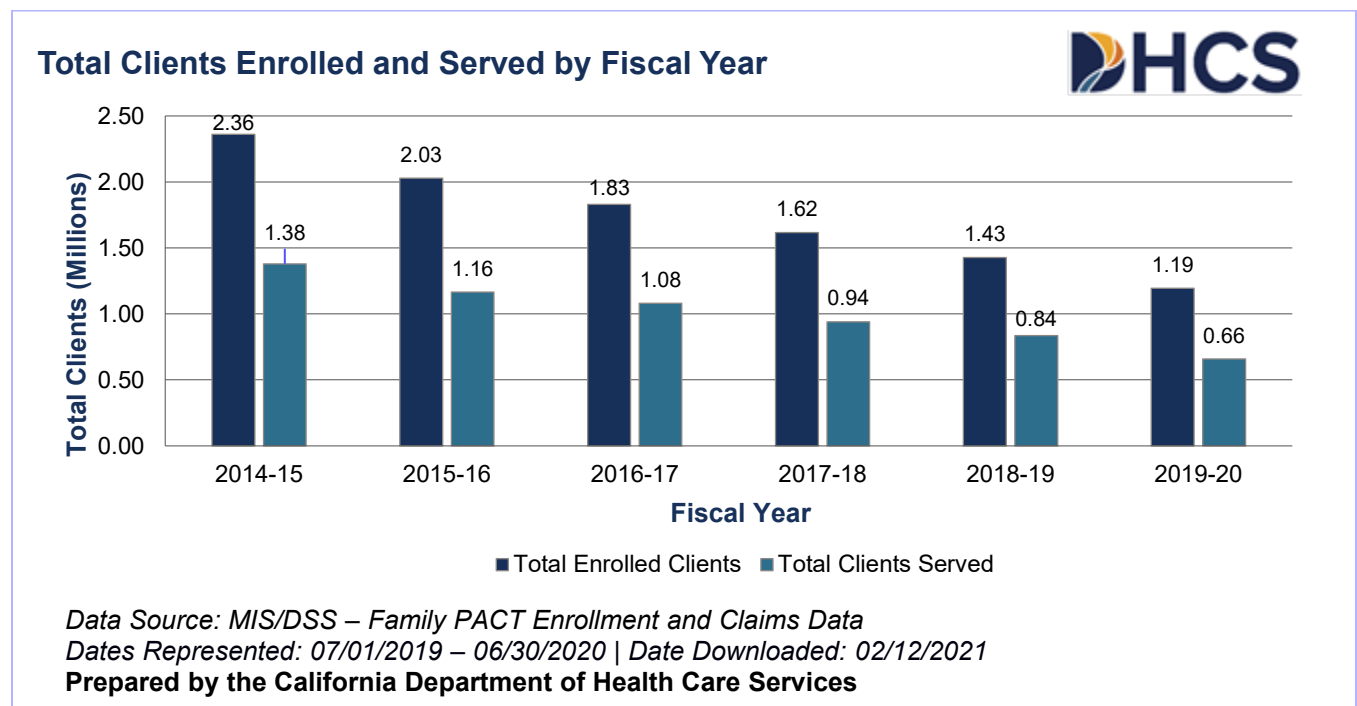
This flexibility was authorized in addition to current Medi-Cal policy that allows administration of DMPA-SQ by a health care professional. The pharmacy dispensing of DMPA-SQ was made permanent pharmacy policy on June 16, 2021.

3. CLIENT PROFILE

3.1 Overview

The Family PACT Program had 1.19 million clients enrolled for part or all of FY 2019-20, down from 1.43 million in FY 2018-19. This is consistent with the trend of decreasing client enrollment noted in previous fiscal years. Of the enrolled clients, 0.66 million (55 percent) received family planning services from Family PACT during FY 2019-20, about a 177,000 (-21 percent) decrease from FY 2018-19. See Figure 2.

Figure 2:



Of Family PACT's 1.19 million enrolled clients in FY 2019-20, approximately 272,000 were newly enrolled in the Family PACT Program. Of 0.66 million clients served in FY 2019-20, 245,000 were newly enrolled (Table 1).

Table 1: Family PACT Served Clients by Client Type, FY 2019-20

Client Type	Clients Served
Established Clients	414,636
New Clients	244,609
Total	659,245

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2019 – 06/30/2020 | Date Downloaded: 02/12/2021
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Clients served in FY 2019-20 decreased by 21 percent, or 176,934 clients, compared to FY 2018-19. Table 2 shows that FY 2019-20 is the sixth consecutive year to exhibit a decrease in the number of clients served.

Table 2: Total Family PACT Clients Served by Fiscal Year

Fiscal Year	Total Clients Served	Percent Change from Previous Fiscal Year
2014-15	1,379,522	-7.6%
2015-16	1,164,504	-15.6%
2016-17	1,079,880	-7.3%
2017-18	940,309	-12.9%
2018-19	836,179	-11.1%
2019-20	659,245	-21.2%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
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Prior to January 1, 2014, many clients would not have qualified for full scope Medi-Cal, as Medi-Cal was largely available only to women who were pregnant, with minor children, or individuals who were disabled. Pursuant to the ACA, effective January 1, 2018, California expanded Medi-Cal to all low-income adults and required that adults over 138 percent of the Federal Poverty Guidelines (FPG) purchase private health insurance which may have impacted about 31 percent of Family PACT clients who were between 139-200% FPG in FY 2017-18.

In the future, Family PACT will likely continue to serve even fewer clients. However, because Family PACT continues to serve those who remain uninsured, including those not within the age limits for state only full scope Medi-Cal, and individuals with an unsatisfactory immigration status that would only be eligible for emergency or pregnancy-related services under Medi-Cal. Family PACT continues to be an important safety net program.

3.2 Demographic Characteristics

3.2.1 Gender

Client-reported gender identification is used when determining Family PACT client gender distribution. Females accounted for 85 percent of the Family PACT client population (Tables 3). Males accounted for 15 percent of the client population in FY 2019-20, a 2 percent decrease from FY 2018-19 (Table 3).

Table 3: Family PACT Clients Served by Gender, FY 2019-20

Client Sex	Client Count	Percent
Females	560,618	85%
Males	98,627	15%
Total	659,245	100%

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

Dates Represented: 07/01/2019 – 06/30/2020 | Date Downloaded: 02/12/20201

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3.2.2 Age

Roughly one half (44.6 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 2019-20

Age Group	Client Count	Percent
10-14	2,827	<1%
15-17	31,313	4.7%
18-19	51,282	7.8%
20-24	156,457	23.7%
25-29	137,450	20.8%
30-34	102,195	15.5%
35-39	77,181	11.7%
40-44	52,939	8.0%
45-49	31,737	4.8%
50-54	11,921	1.8%
55-59	2,905	<1%
60+	1,038	<1%
Total	659,245	100%

Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
Dates Represented: 07/01/2019 – 06/30/2020 | Date Downloaded: 02/12/2021
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3.2.3 Ethnicity & Primary Language

Approximately 67 percent of Family PACT clients served in FY 2019-20 identified as Latino, and about 15 percent identified as Caucasian (Table 5). These comprise the two largest ethnic groups among Family PACT clients. Similar to the drop in clients seen in recent years, each racial/ethnic group saw a decline in the number of clients served between FY 2019-20 and FY 2018-19. Overall composition of Family PACT clients in regard 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 2019-20

Client Ethnicity	Client Count	Percent
Hispanic or Latino	443,687	67.3%
Caucasian	101,248	15.4%
African American	46,874	7.1%
Asian or Pacific Islander	42,399	6.4%
Other ^a	25,012	3.8%
Unknown	25	<1%
Total	659,245	100%

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

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

Dates Represented: 07/01/2019 – 06/30/2020 | Date Downloaded: 02/12/2021

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While the overall client population has continued to decrease year-after-year, the proportion of Family PACT clients who reported Spanish as their primary language remained relatively stable at 34 percent with approximately 50 percent identified

as Latino clients (Figures 3, Table 6). English was the most frequently reported primary language among the overall client population at 63.5 percent of all clients served (Figure 3, Table 6).

As shown in Table 6, approximately 15,051 clients (2.3 percent) reported a primary language other than English or Spanish in FY 2019-20 compared to 22,000 clients (2.6 percent) in FY 2018-19. The percentage of clients reporting a primary language other than English or Spanish has remained between 3 and 5 percent since the inception of the Family PACT Program; FY 2019-20 was only the second year it has decreased below 3 percent (Figure 3, Table 6).

Figure 3:

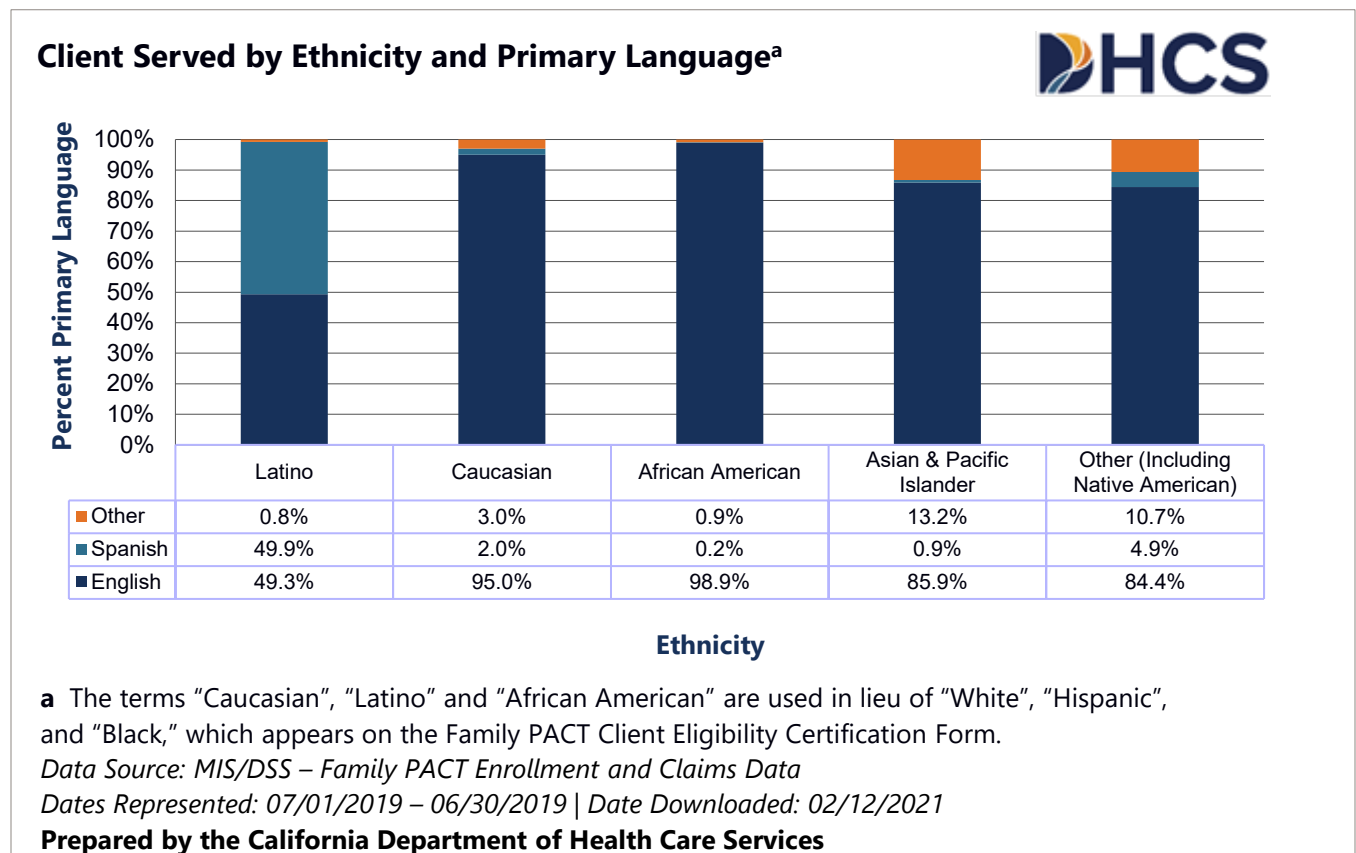


Table 6: Family PACT Clients Served by Primary Language and Ethnicity, FY 2019-20

Ethnicity	English	Spanish	Other	Unknown	Total
Hispanic or Latino	218,781	221,572	3,334	.	443,687
Caucasian	96,195	2,027	3,026	.	101,248
African American	46,358	89	425	2	46,874
Asian or Pacific Islander	36,409	391	5,599	.	42,399
Other ^a	21,111	1,234	2,666	1	25,012
Unknown	.	.	1	24	25
Total	418,854	225,313	15,051	27	659,245

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

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

Dates Represented: 07/01/2019 – 06/30/2020 | Date Downloaded: 02/12/2021

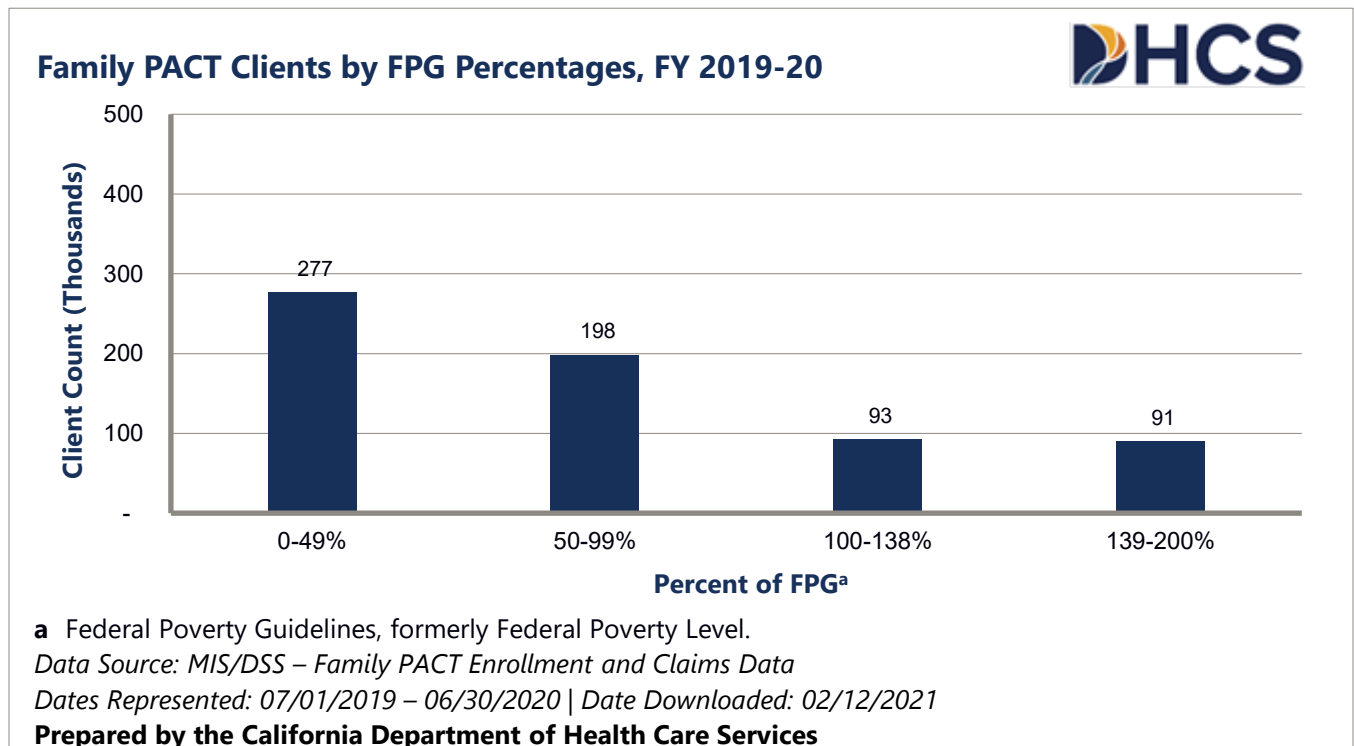
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3.3 Family Size & Income

Family PACT Program eligibility criteria defines a low-income individual as someone whose annual family income is at or below 200 percent of the Federal Poverty Guidelines (FPG).² In FY 2019-20, the majority of clients served, approximately 277,000, self-reported an annual income of 0 to 49 percent below FPG (Figure 4).

² Effective April 1, 2020, the Family PACT eligibility limit of 200 percent of the FPG for a family of one was \$2,127/month with an additional \$747/month for each additional family member. The FPG (100 percent) was half that amount or \$1,064/month for a family of one.

Figure 4:



Distribution of Family PACT clients by family size remained unchanged from the FY 2018-19 to FY 2019-20. In FY 2019-20, 357,638 clients reported a family size of one, constituting 54.3 percent of total clients served, while approximately 35 percent of clients reported a family size between two and four individuals (Figure 5). Clients reporting a family size at or above five individuals constituted the remaining 10 percent of clients served, with the majority of those clients reporting a family size of five (Figures 5, Table 7).

Figure 5:

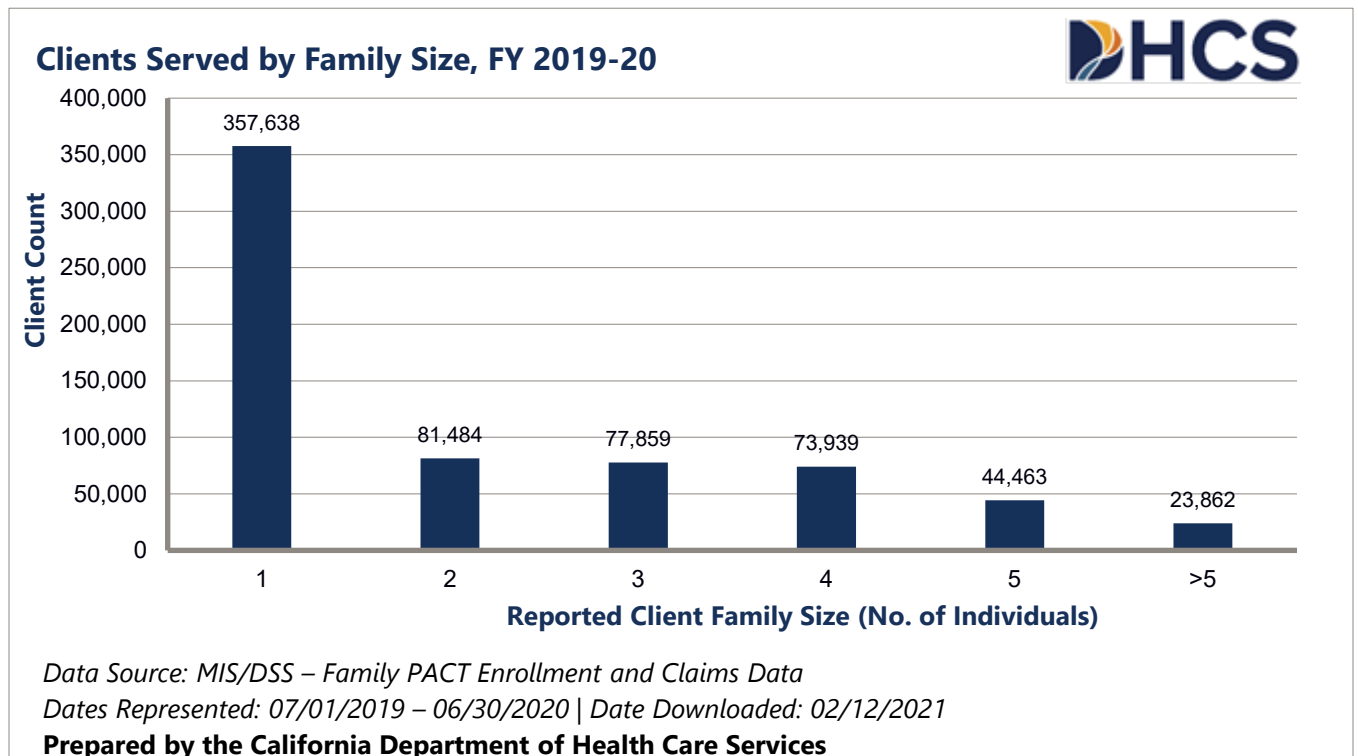


Table 7: Client Family Size by Percentage of FPG^a, FY 2019-20

Family Size	0-138% FPG^a	139-200% FPG^a	Total
1	300,224	57,414	357,638
2	67,627	13,857	81,484
3	68,931	8,928	77,859
4	67,734	6,205	73,939
5	41,201	3,262	44,463
6	16,139	687	16,826
7	4,867	139	5,006
8	1,323	34	1,357
9	*	*	379
10	*	*	159
> 10	*	*	135
Total	568,711	90,534	659,245

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

a Federal Poverty Guidelines, formerly Federal Poverty Level.

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

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4. PROVIDER PROFILE

4.1 Provider Demographics

More than 6,100 providers furnished services to Family PACT clients in FY 2019-20. These include approximately 2,100 clinicians (1,244 public and 848 private providers), a 5 percent decrease compared to FY 2018-19; 98 laboratories (-3 percent); and 3,976 pharmacy providers (-2 percent) (Table 8).

Table 8: Family PACT Servicing Providers by Provider Type, FY 2019-20

Provider Type	Provider Count	Percent of Total Providers*
Private	848	13.8%
Public	1,244	20.2%
Laboratory	98	1.6%
Pharmacy	3,976	64.5%
Total	6,166	100%

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

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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

³ An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status as well as a Family PACT enrollment for at least one day during the fiscal year. All references to 'providers' refer to entities with a unique combination of National Provider Identifier (NPI), Owner number, and Location number.

practitioners, and certified nurse practitioner practices among other private entities.

Private sector providers comprised about 45 percent of all enrolled providers and public sector providers accounted for about 55 percent. The proportion of public sector providers remained the same from the previous year. Among public sector providers, about 9 percent were community clinics, about 35 percent were FQHCs or RHCs (+5 percent from 30 percent in FY2018-19), and about 11 percent were other public clinicians (Figure 6).

Of all public providers, approximately 64 percent were identified as FQHCs or RHCs, about 19 percent as community clinics, and about 17 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 Enrolled Public Providers by Type, FY 2019-20

Provider Type	Provider Count	Percent of Public Providers
Community Clinic	218	17.0%
Other Public Sector	250	19.5%
FQHC/RHC ^a	815	63.5%
Total	1,283	100%

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

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

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

Figure 6:

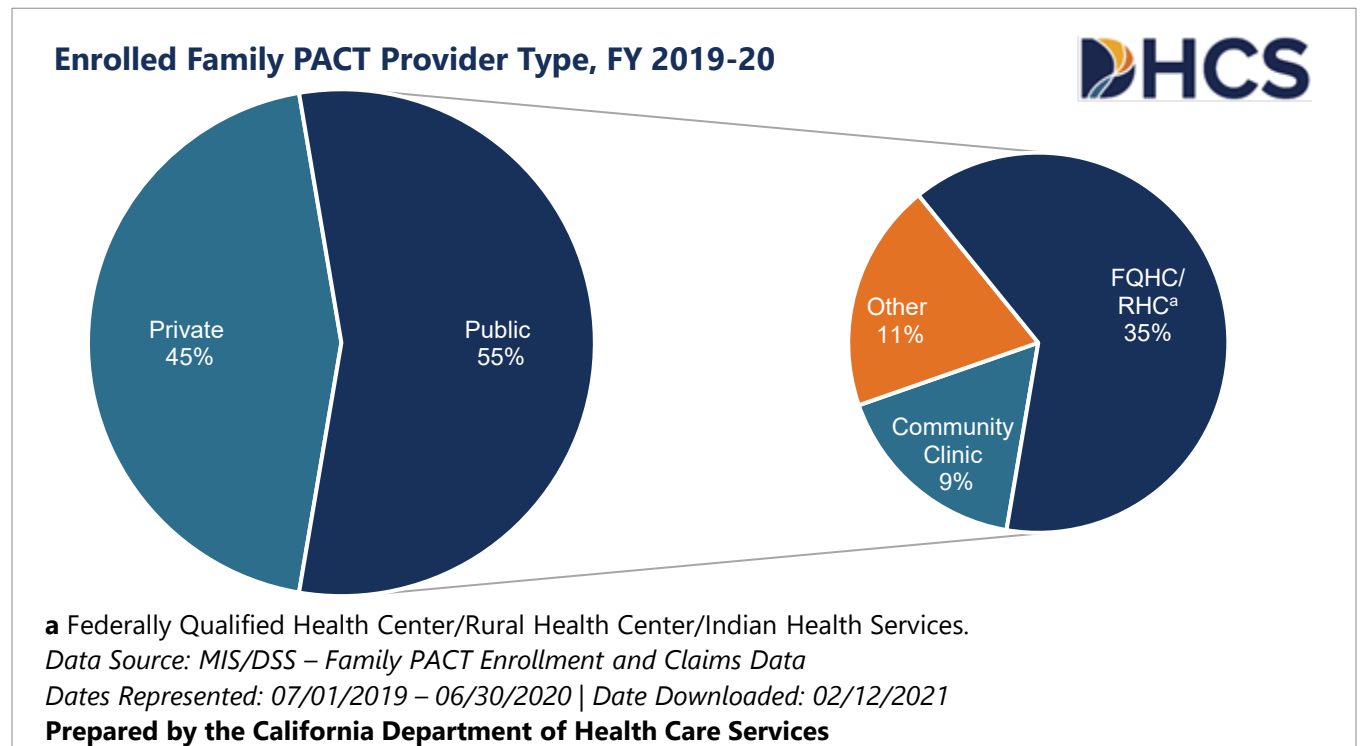
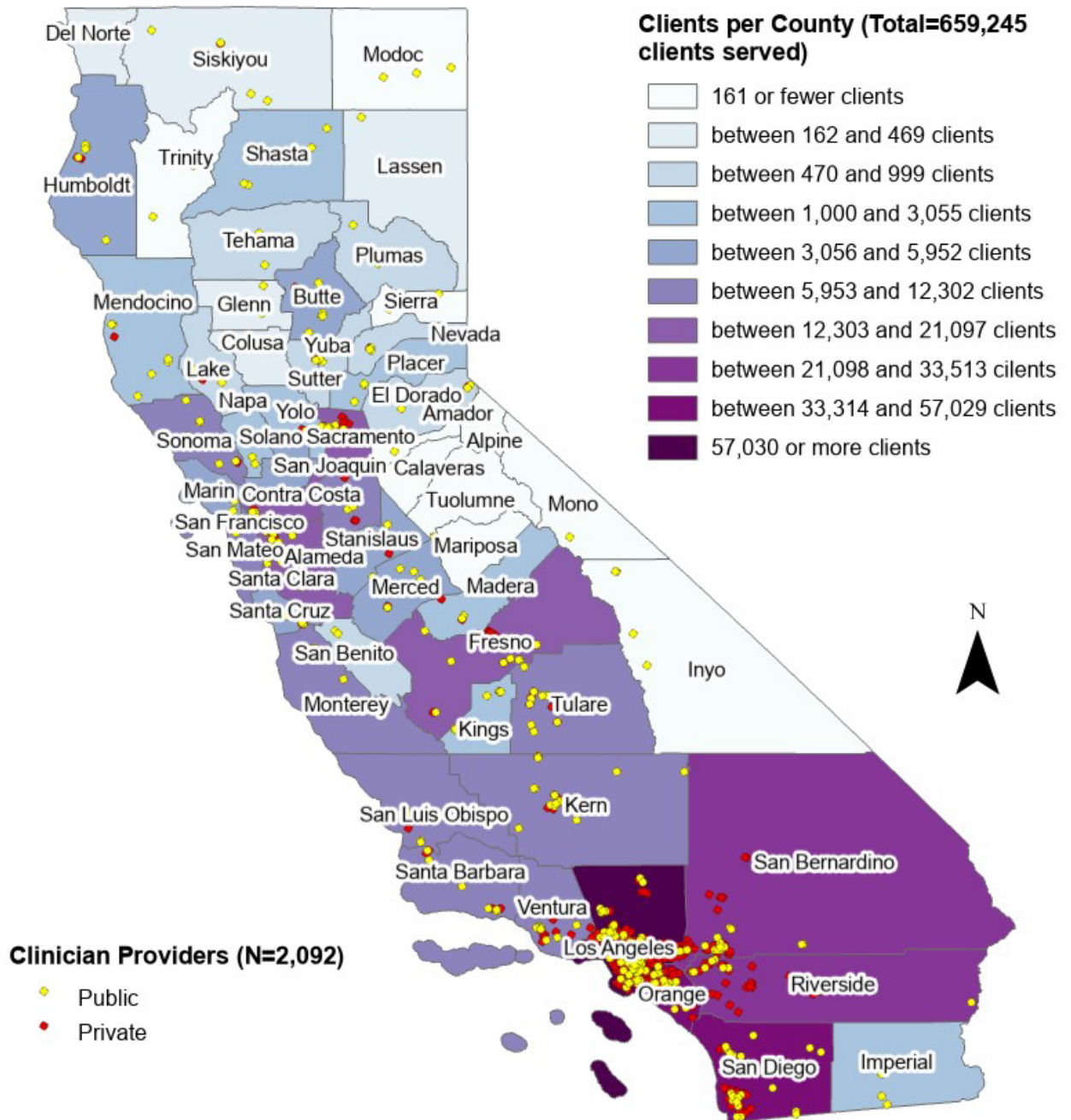


Figure 7:

Family PACT Enrolled Providers and Clients, FY 2019-20



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

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4.1.1 Clients and Claims

In FY 2019-20, public sector providers served the majority of the clients (about 72 percent) while about 23 percent of clients received services from private sector providers. Approximately 60 percent of clients received laboratory testing and about 18 percent of clients filled prescriptions through pharmacies (Table 10).

Table 10: Family PACT Clients Served by Provider Type, FY 2019-20

Provider Type	Total Clients Served*	Percent*
Private	152,254	23.1%
Public	476,991	72.4%
Laboratory	393,236	59.6%
Pharmacy	117,144	17.8%
Total	659,245	100%*

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

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

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4.1.2 Reimbursement

The total reimbursement for Family PACT services was approximately \$300 million in FY 2019-20 (-22 percent from FY 2018-19). Public providers were reimbursed approximately \$187 million (62.3 percent), down from \$225 million in FY 2018-19. Private sector providers received more than \$48 million (16.2 percent), a decrease from \$78 million in FY 2018-19. Laboratory services were reimbursed about \$36 million (12 percent), down from \$46 million in FY 2018-19. Pharmacy services were reimbursed more \$28 million (9.6 percent) a decrease from \$35 million in FY 2018-19) (Table 11).

Table 11: Family PACT Reimbursement by Provider Type, FY 2019-20

Provider Type	Reimbursement	Percent*
Private	\$48,525,173	16.2%
Public	\$187,007,695	62.3%
Laboratory	\$35,928,268	12.0%
Pharmacy	\$28,682,001	9.6%
Total	\$300,143,137	100%

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

Dates Represented: 07/01/2019 – 06/30/2020 | Date Downloaded: 02/12/2021

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5. SERVICES

5.1 Overview

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

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

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

5.2 Contraceptive Methods

5.2.1 Clients and Claims

In FY 2019-20, 62.4 percent of female Family PACT clients were dispensed at least one contraceptive method (Figure 8), 10 percent received a highly effective method (implant, IUC or sterilization), 39.3 percent received a moderately effective method (contraceptive patch, vaginal ring, OCP, or contraceptive injection), and 48.6 percent received a less effective method (barriers and ECPs). The remaining 37.6 percent of female clients had no claims for any method of contraceptive dispensed within the year.

Approximately 10 percent of female clients in FY 2019-20 received LARCs. Of these clients, contraceptive implants were dispensed to approximately 29,000 clients.

Despite the decline in the total number of females served (-41 percent) since FY 2015-16, the proportion of female clients receiving an implant has grown in recent years (currently +1.7 percentage points in FY 2019-20 compared to FY 2015-16) while the proportion of less effective contraceptive methods such as barrier methods and ECPs has decreased. Provision of IUCs in FY 2019-20 also remained stable at 4.6 percent compared to FY 2018-19 (-0.2 percent). Overall, the provision of LARCs among clients remained the same over the previous year (Figure 8).

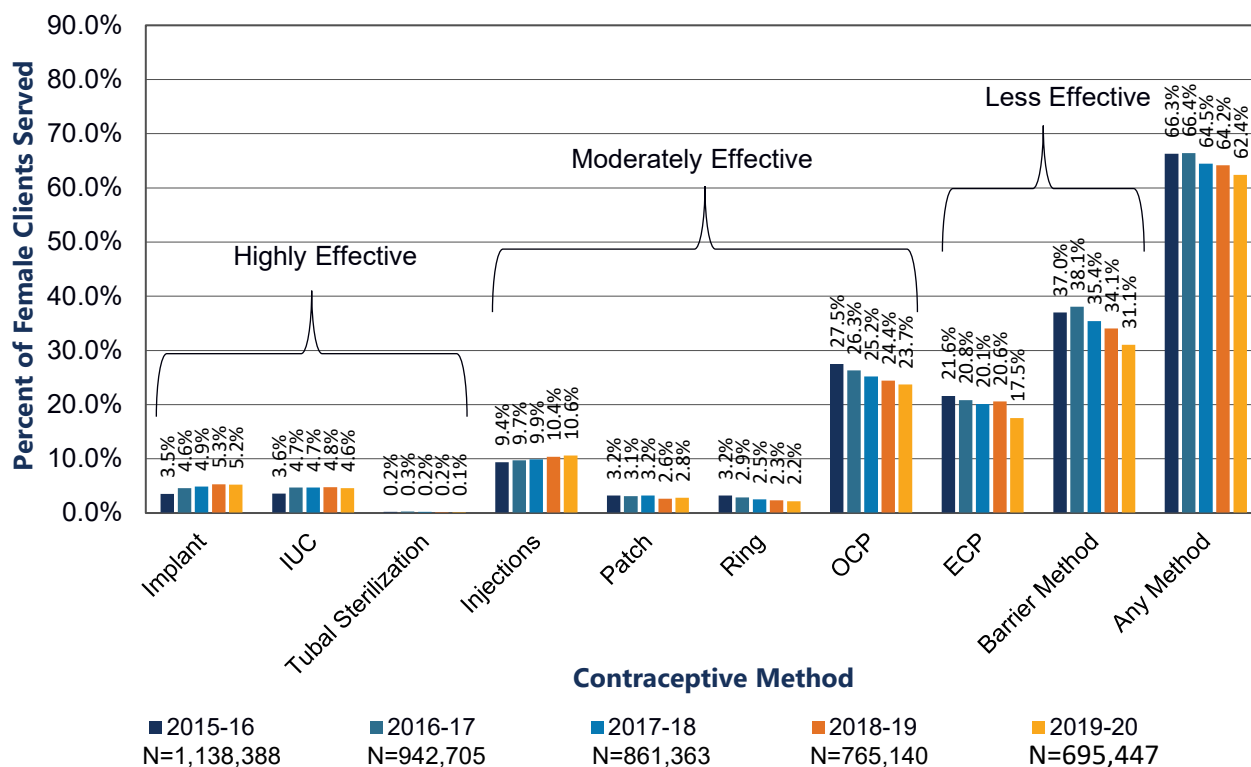
Sterilization procedures available for females include tubal ligation. Previously, Essure, a hysteroscopic procedure used for permanent tubal occlusion, was also available for female sterilization; however, use of Essure was discontinued on December 31, 2019. Overall, 744 clients (0.1 percent) received sterilization services through Family PACT in FY 2019-20 (Figure 9).

Of the moderately effective methods of contraception, about 11 percent of female clients received contraceptive injections. The dispensing of vaginal rings slightly decreased from 2.3 percent in FY 2018-19 to 2.2 percent in FY 2019-20 while a slight increase in the dispensing of the contraceptive patch occurred in FY 2019-20 with 2.8 percent dispensed to clients compared to 2.6 percent in FY 2018-19. Despite the continuous dispensing decline of OCPs since FY 2009-10, OCPs continued to be the highest proportion of moderately effective method of contraception dispensed and second only to barrier methods in overall contraception dispensed at 23.7 percent of all female clients served.

Barrier methods continue to comprise the highest proportion of contraceptive methods reimbursed by Family PACT for females at about 31 percent. FY 2019-20 is the first year that the provision of ECP decreased below 20 percent.

Figure 8:

Trends in the Percent of Female Family PACT Clients Served by Contraceptive Method



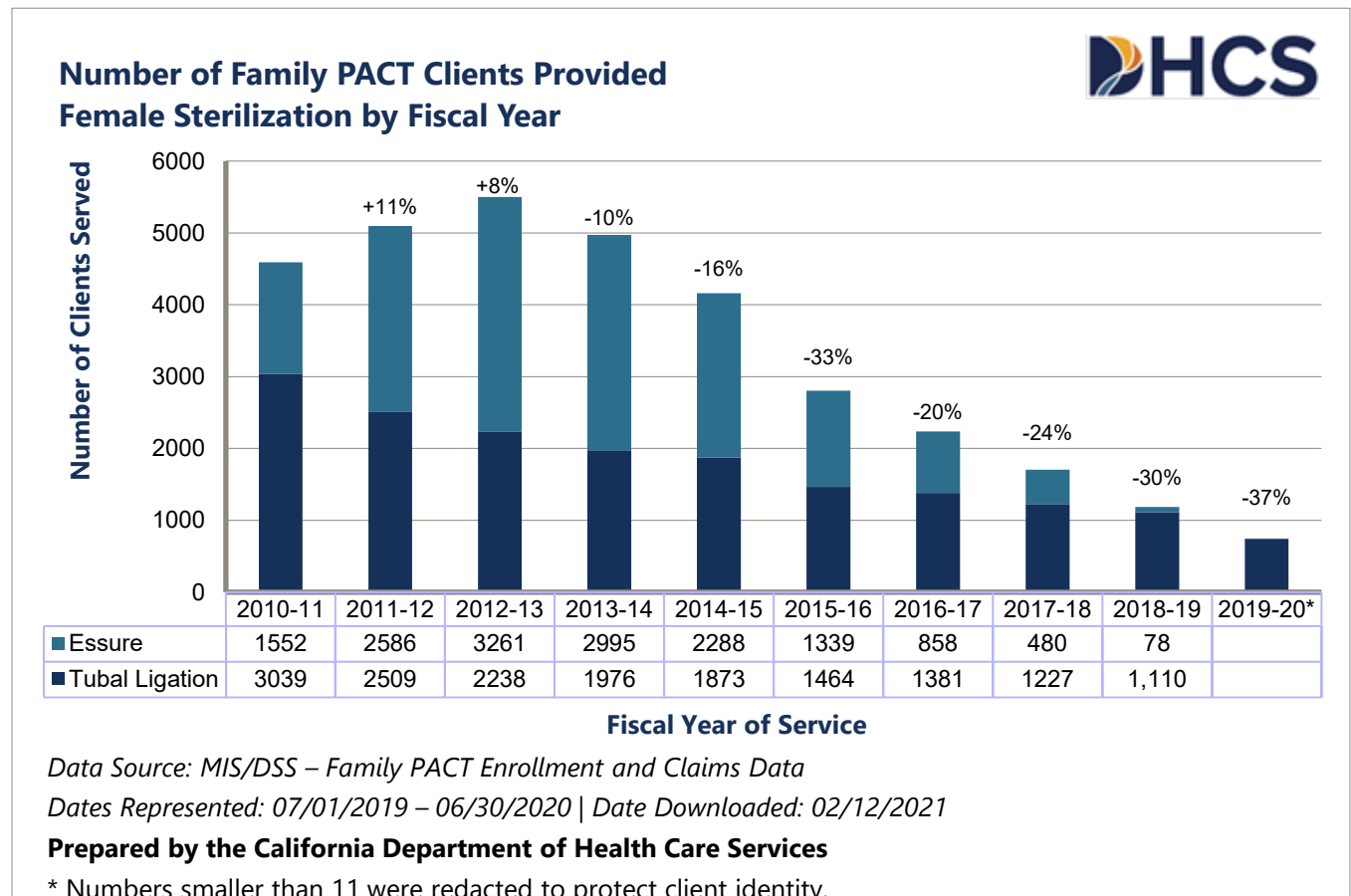
Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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*Sum of all numbers and percentages total more than 100% because clients may have received more than one type of family planning method.

Figure 9:



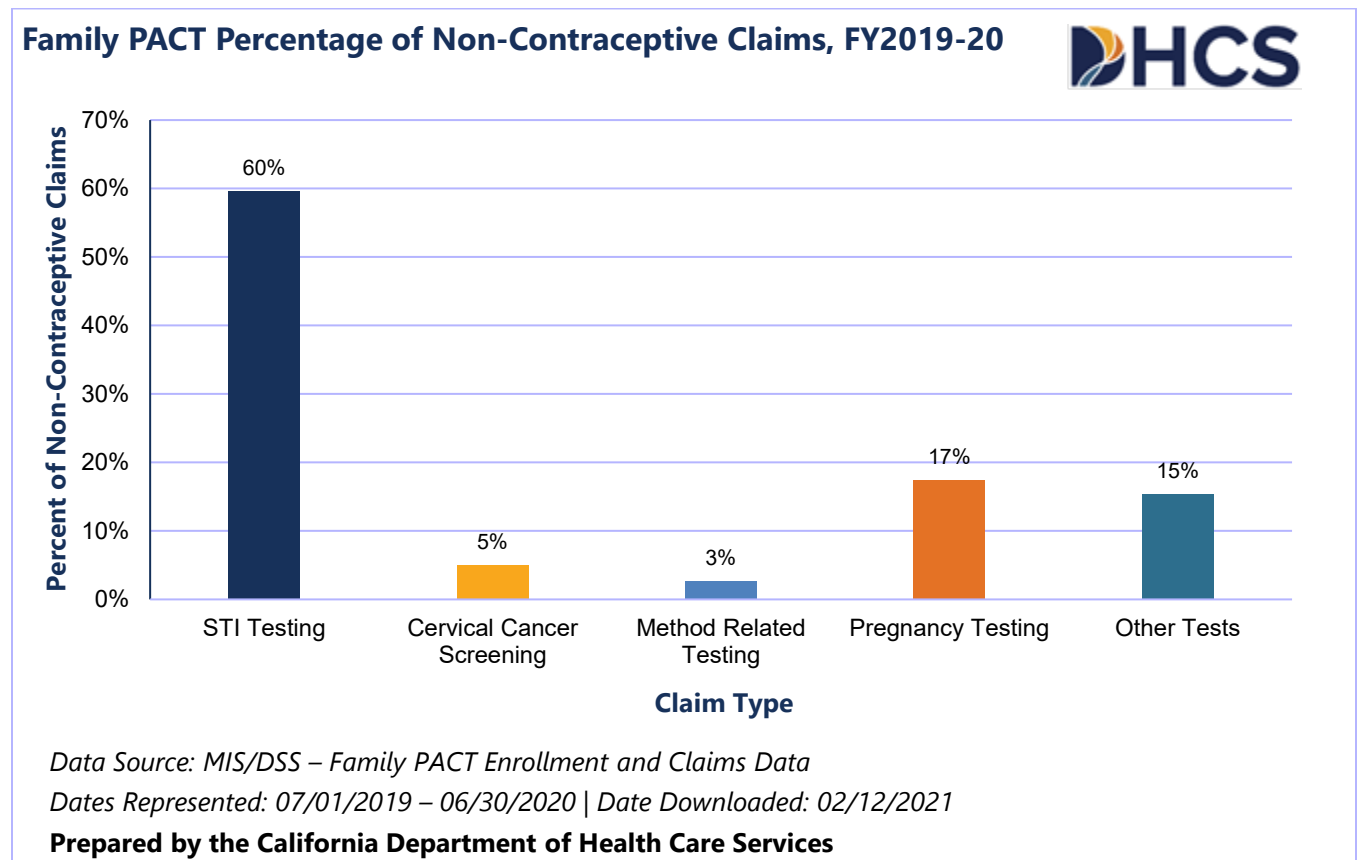
5.2.2 Clients and Claims

Barrier method and vasectomy are the only two contraceptive methods available for males in the Family PACT Program. During FY 2017-18, approximately 37,000 of male clients utilizing contraceptive services (98 percent) received a barrier method and about 580 clients (1.6 percent) were provided a vasectomy. Since Family PACT's inception in 1997, over 28,000 men received vasectomies.

5.3 Non-Contraceptive Services

Despite the continued decrease in overall Family PACT clients and a policy update regarding STI testing in FY 2013-14⁴, STI testing received by Family PACT clients remains at 60 percent.

Figure 10:



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.

Of the non-contraceptive services, STI testing accounted for the largest portion of family planning related services (Figure 10). Chlamydia (CT) and gonorrhea (GC) co-testing comprised about 61 percent of STI testing services (Table 12).

Effective on February 1, 2020, Family PACT updated their policy to reimburse for Expedited Partner Therapy (EPT). EPT is the clinical practice of treating sex partners of patients diagnosed with a STI without first examining the partner. This form of reinfection prevention usually involves patient-delivered partner therapy, an evidence-based practice to reduce reinfection. Since repeat infections are often due to untreated partners, ensuring all recent partners have been treated is a core aspect of clinical management of patients diagnosed with chlamydia, gonorrhea and/or trichomoniasis. EPT is allowable by prescription or dispensed in clinic. Family PACT anticipates that this policy update will result in higher utilization of the program's non-contraceptive services in FY 2020-21.

The vast majority (79 percent) of pregnancy testing was done by public sector providers (Figure 11).

Table 12: Family PACT STI Testing Percentages, FY 2019-20

STI Test	Percent of STI Services
CT/GC co-testing	61.2%
Syphilis	30.6%
HIV ^a	7.3%
HPV ^b	0.0%
HSV ^c	0.9%

a Human Immunodeficiency Virus

b Human Papillomavirus

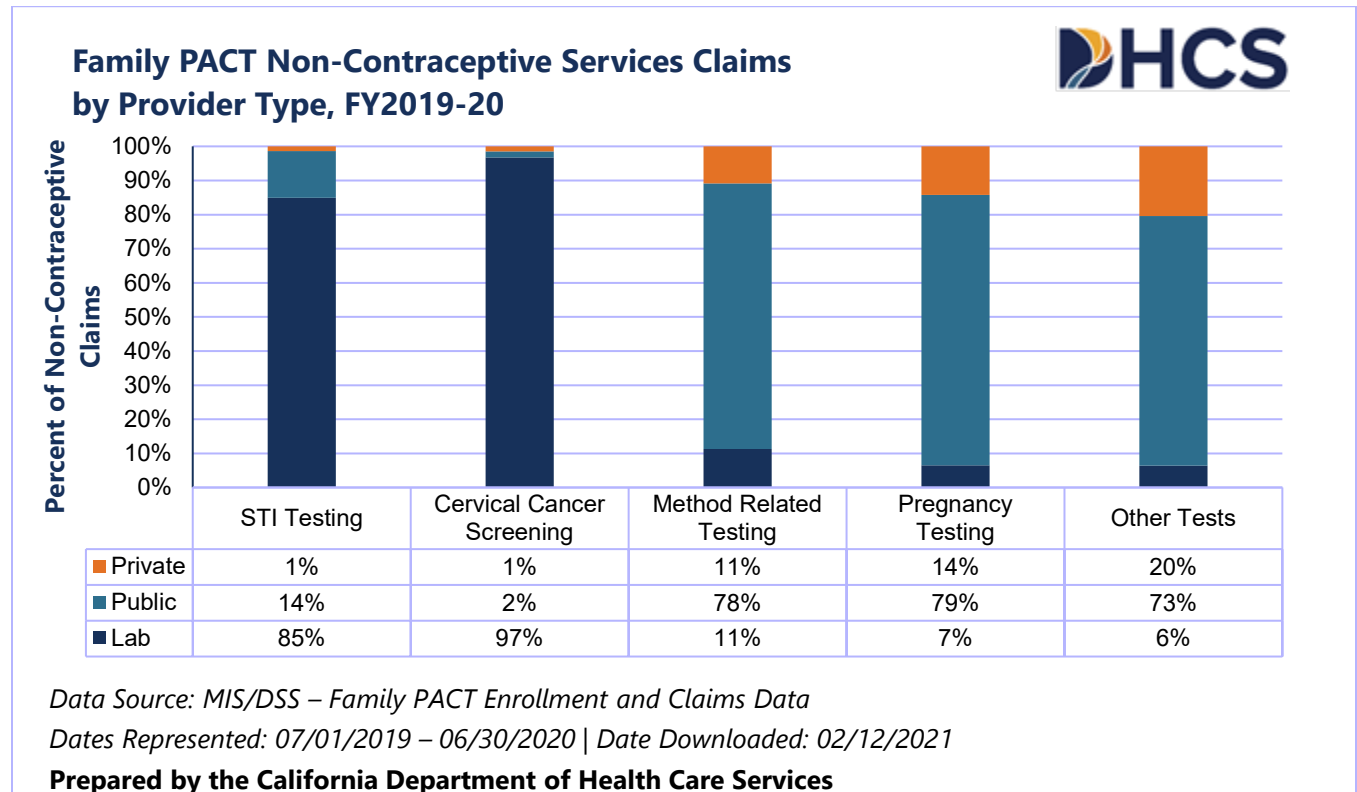
c Herpes Simplex Virus

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

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Figure 11:



6. REIMBURSEMENT

6.1 Overview

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

Total Reimbursement for Family PACT services in in FY 2019-20 was approximately \$300 million, a decrease of \$85 million (-22 percent) from FY 2018-19.

Table 13: Family PACT Clients and Reimbursement by Service Type, FY 2019-20

Service Type	Service	Clients Served*	Reimbursement Amount**	Percent of Total Reimbursement
Clinician	Office Visits***	582,095	\$138,715,326	46.2%
	Procedures & Facility Fees	103,077	\$15,372,095	5.1%
	Subtotal	615,763	\$154,087,420	51.3%
Drug & Supply	Barrier Method Supplies	210,860	\$3,004,818	1.0%
	Contraceptive Drugs	314,468	\$94,510,422	31.5%
	Non-Contraceptive Drugs	153,410	\$2,942,271	1.0%
	Subtotal	473,321	\$100,457,510	33.5%
Laboratory	Cervical Cytology Tests	92,345	\$2,197,853	0.7%
	Method Related Tests	45,274	\$118,045	0.0%
	Other Lab Tests	92,485	\$1,785,615	0.6%
	Pregnancy Tests	258,368	\$1,038,962	0.3%
	Specimen Handling Fees	160,839	\$657,632	0.2%
	STI Tests	597,413	\$39,800,101	13.3%
	Subtotal	720,720	\$45,598,207	15.2%
Total	Grand Total	659,245	\$300,143,137	100%

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

** Column may not add up exactly, due to rounding.

*** Office Visits include Evaluation and Management, Education and Counseling, and Telehealth.

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

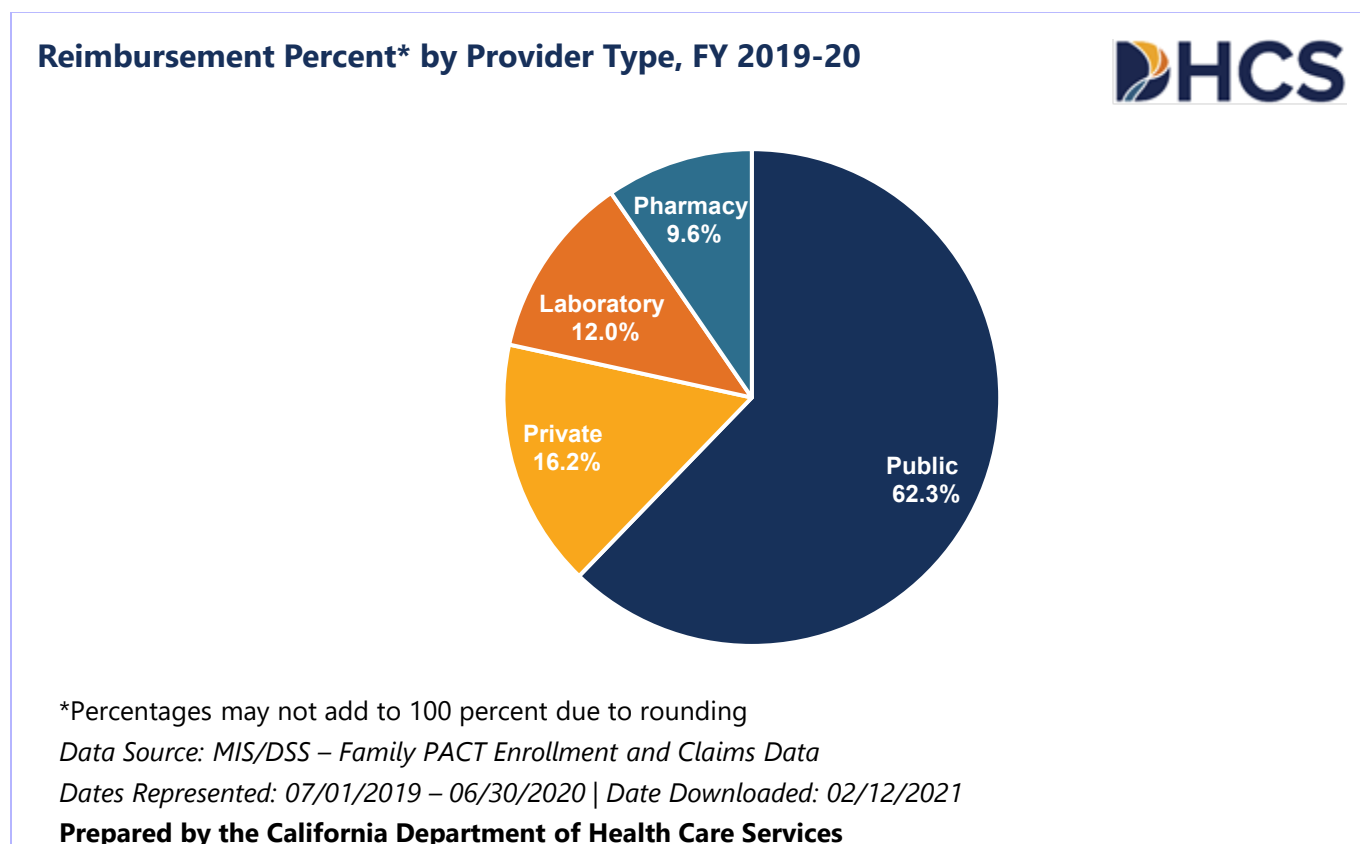
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Reimbursement for FY 2019-20 decreased 22 percent from FY 2018-19, due in part to a decrease in reimbursement costs for office visits (-24 percent) and barrier methods supply (-38 percent) compared to FY 2018-19. Similar to prior years, three services accounted for the bulk of all Family PACT reimbursements: office visits (46.2 percent), contraceptive drugs (31.5 percent), and STI testing (13.3 percent). See Table 13.

Pharmacy providers received 9.6 percent of reimbursement in FY 2019-20, which is a 0.4 percent decrease over FY 2018-19 (Figure 12). The percent of reimbursement paid to laboratory providers remained the same at 12 percent compared to FY2018-19, and reimbursement to clinician providers (who may have reimbursement in all three categories of service) has decreased to 78.5 percent in FY 2019-20 from 78.8 percent in FY 2018-19. A breakdown of reimbursement by provider type shows that 16.2 percent of total reimbursement went to private sector providers (a decrease from 20.3 percent in FY 2018-19), and 62.3 percent of total reimbursement went to public sector providers (an increase from 58.5 percent in FY 2018-19). See Figure 12.

Figure 12:



6.2 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 decreased by 3.9 percent, from 7.6 claim lines per client in FY 2018-19 to 7.3 claim lines per client in FY 19-20 (Table 14). In spite of a decrease in utilization, there was an increase in reimbursement per claim. The average cost of services increased by 1.9 percent. See Table 14 for more details on changes in clients served, utilization, and cost (shown as reimbursement per claim line).

Table 14: Family PACT Clients Served, Utilization and Reimbursement, FY 2019-20

Service Type	Clients Served*	Percent Change from Previous FY	Utilization*	Percent Change from Previous FY	Reimbursement per Claim*	Percent Change from Previous FY
Clinician	603,627	-22.4%	2.2	-4.3%	\$116.60	1.8%
Drug and Supply	423,529	-21.9%	2.7	0.0%	\$79.09	4.6%
Drug and Supply (Pharmacy)	117,784	-29.8%	3.3	6.5%	\$73.58	7.3%
Drug and Supply (Onsite)	333,452	-19.3%	2.2	-4.3%	\$81.97	3.3%
Laboratory	518,124	-23.0%	4.1	2.5%	\$18.93	1.7%
Total	659,245**	-21.2%	7.3	-3.9%	\$62.07	1.9%

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

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

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

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6.3 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 Family PACT Program Standards.⁶ Total reimbursement for clinician services was over \$154 million in FY 2019-20. Despite the decrease in reimbursement overall, there was a slight increase in average cost per claim (+1.8 percent) in FY 2019-20. There was also a decrease in clients served (-22.4 percent) and a decrease in utilization per client (-4.3 percent) (Table 14).

Reimbursement to public sector providers, who served over 72.4 percent of clients, accounted for 76 percent of all dollars paid for clinician services. Reimbursement for private sector providers, who served 23.1 percent of all clients, accounted for 24 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 90 percent of clinician service reimbursements. See Tables 15 and 16.

Spending on E&C has shown a downward trend as a percentage of total expenditures from 7.9 percent in FY 2014-15 to 2.2 percent in FY 2019-20. All other clinician services accounted for only 10 percent of reimbursement. Method related procedures increased in recent years to 8.7 percent of total expenditures from 8.4 percent in FY 2018-19 and 7.9 percent in FY 2017-18.

⁵ An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status as well as a Family PACT enrollment status of "category of service" (COS) 11 for at least one day during the fiscal year. All references to "providers" refer to entities with a unique combination of the NPI, Owner number, and Location number.

⁶ For Family PACT Program Standards see: <http://www.familypact.org/Providers/policies-procedures-and-billing-instructions>.

Table 15: Family PACT Reimbursement by Provider Type, FY 2019-20

Provider Type	Reimbursement Amount	Percent of Total Reimbursement
Private	\$36,926,704	24.0%
Public	\$117,160,716	76.0%
Total	\$154,087,420	100%

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

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Table 16: Family PACT Reimbursement by Service Type, FY 2019-20

Service Type	Reimbursement Amount*	Percent of Total Reimbursement
E&C Codes	\$3,423,411	2.2%
E&M: Established Clients	\$97,236,918	63.1%
E&M: New Clients	\$38,054,997	24.7%
Subtotal	\$138,715,326	90.0%
Dysplasia Services	\$913,934	0.6%
Facility Use	\$473,348	0.3%
Inpatient Procedure	\$9,178	0.0%
Method Related Procedure	\$13,343,210	8.7%
Other Clinical Procedure	\$223,257	0.1%
Other Surgical Procedure	\$409,169	0.3%
Subtotal	\$15,372,095	10.0%
Clinician Services Total	\$154,087,420	100%

* Column may not add up exactly, due to rounding.

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

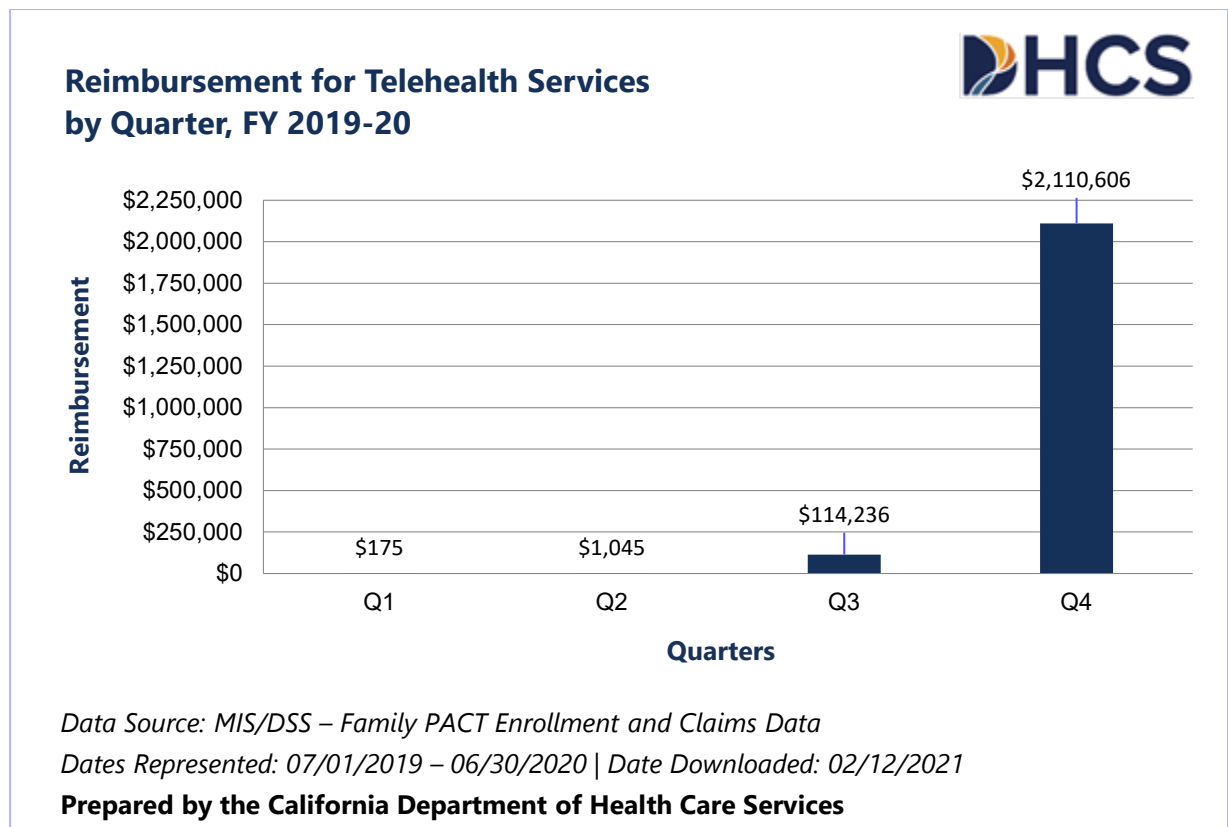
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6.4 Telehealth

Ninety-nine percent of all telehealth visits occurred on or after March 19, 2020, the beginning of the Governor's stay home order in response to the emerging pandemic. Office visits rendered using telehealth accounted for 2 percent of all reimbursement costs (Figure 13).

Figure 13:



6.5 Drug and Supply Services

Total reimbursement for drug and supply services was over \$100 million in FY 2019-20, accounting for about 33 percent of Family PACT reimbursement. The proportion reimbursed to pharmacies decreased from 32.8 percent in FY 2017-18 to 29.4 percent in FY 2018-19 and again to 28.6 percent in FY 2019-20. Spending on contraceptive drugs accounted for 94.1 percent of all drug and supply reimbursements (Tables 17 and 18).

Table 17: Family PACT Reimbursement by Contraceptive Type, FY 2019-20

Service Type	Reimbursement Amount*	Percent of Total Reimbursement
Contraceptive Drugs		
ECPs ^a	\$2,597,819	2.6%
Implants	\$20,838,640	20.7%
Injections	\$7,618,766	7.6%
IUCs	\$18,456,597	18.4%
Oral Contraceptives	\$23,106,915	23.0%
Patches	\$14,471,082	14.4%
Rings	\$7,418,006	7.4%
Tubal Ligation	\$2,598	0.0%
Subtotal	\$94,510,422	94.1%
Non-Contraceptive Drugs	\$2,942,271	2.9%
Barrier Methods & Supplies	\$3,004,818	3.0%
Drug & Supply Services Total	\$100,457,510	100%

^a Emergency Contraceptive Pills

* Column may not add up exactly, due to rounding.

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

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Table 18: Family PACT Drug and Supply Reimbursement by Provider Type, FY 2019-20

Provider Type	Reimbursement Amount*	Percent of Total Reimbursement
Clinician	\$71,730,560	71.4%
Pharmacy	\$28,726,949	28.6%
Total	\$100,457,510	100%

* Column may not add up exactly, due to rounding.

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

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6.6 Laboratory Services

Total reimbursement for laboratory services was approximately \$46 million (Table 19). STI testing accounted for 87.3 percent of laboratory service costs. Chlamydia and gonorrhea testing accounted for 70.5 percent of all laboratory service costs, cervical cytology screenings accounted for 4.8 percent, and pregnancy tests account for 2.3 percent.

Table 19: Family PACT Laboratory Reimbursement, FY 2019-20

Service Type	Reimbursement Amount*	Percent of Total Reimbursement
Chlamydia Testing	\$16,034,213	35.2%
Gonorrhea Testing	\$16,114,914	35.3%
HIV ^a	\$5,321,750	11.7%
HPV ^b	\$1,212,877	2.7%
HSV ^c	\$181,814	0.4%
Syphilis	\$934,534	2.0%
STI Testing Subtotal	\$39,800,101	87.3%
Cervical Cytology Tests	\$2,197,853	4.8%
Method Related Tests	\$118,045	0.3%
Other Laboratory Tests	\$1,785,615	3.9%
Pregnancy Tests	\$1,038,962	2.3%
Specimen Handling Fees	\$657,632	1.4%
Laboratory Services Total	\$45,598,207	100%

a Human Immunodeficiency Virus

b Human Papillomavirus

c Herpes Simplex Virus

* Column may not add up exactly, due to rounding.

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

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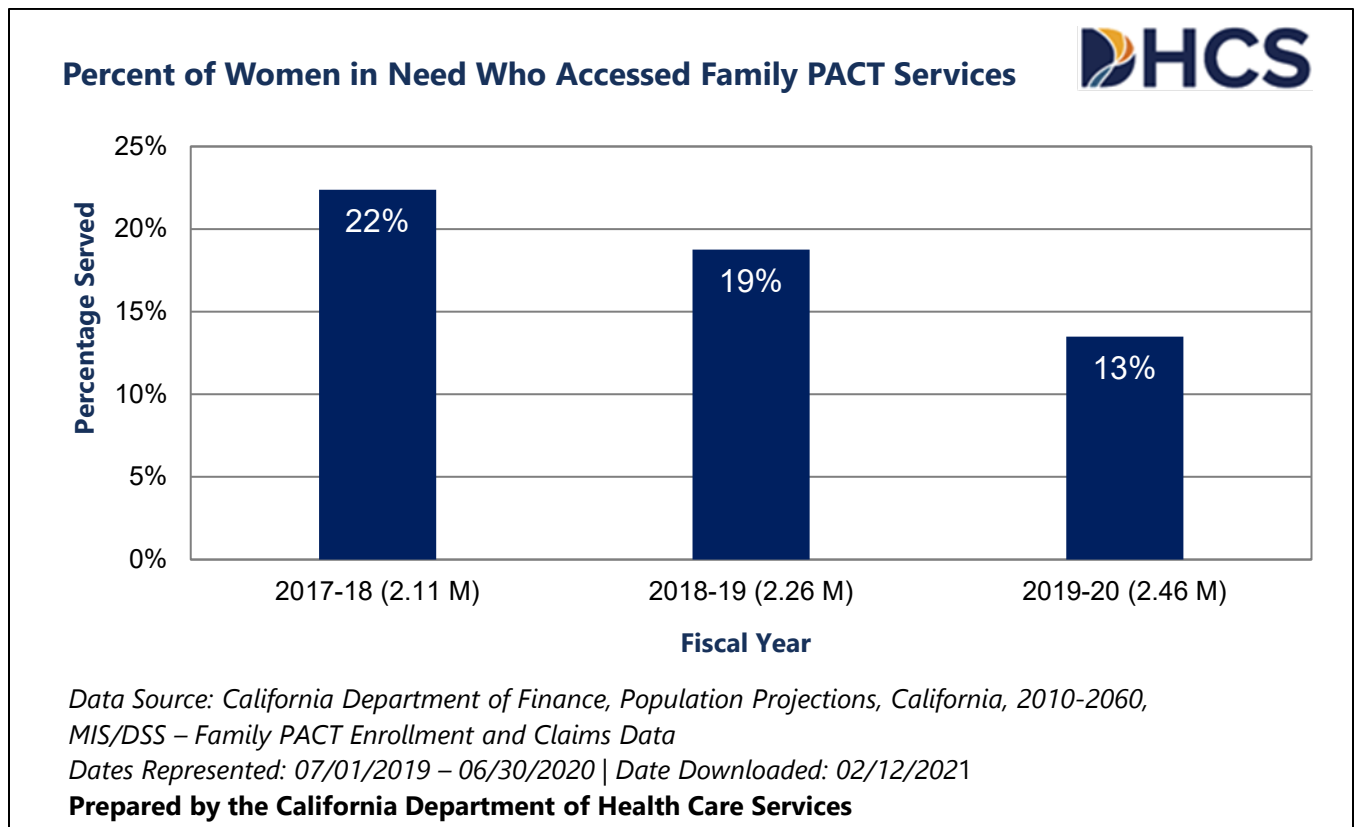
7. WOMEN IN NEED OF PUBLICLY-FUNDED CONTRACEPTIVE SERVICES

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 14 shows an estimated 2.46 million California women aged 15-44 in need of publicly-funded contraceptive services in FY 2019-20. Of these women, 13 percent received contraceptive services through Family PACT. Overall, women in need of publicly funded services has increased since FY 2017-18.

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 and the public health emergency, likely explains the dramatic decline in the number of women served by Family PACT in FY 2019-20.

Figure 14:



8. CONCLUSION

The Family PACT Program continues to be the largest Medicaid family planning expansion program in the nation⁷ with 1.19 million enrolled clients and 659,245 served through a network of 2,092 clinician providers in FY 2019-20. Despite the continued decline in number of clients during the sixth full year of the ACA implementation since January 2014, over 272,000 individuals were newly enrolled in Family PACT for FY 2019-20. The decline in clients was widespread across subpopulations of gender and age, meanwhile, Family PACT continues to serve a majority of female clients.

The COVID-19 pandemic and resulting PHE demonstrated an increased use of telehealth services in FY 2019-20. Subsequent Family PACT Program annual reports will examine the continued pandemic-related economic and health-access challenges and how these affect care. Examining the intersection of pandemic-related economic and health-access challenges and reproductive experiences will undoubtedly be a topic for subsequent Family PACT Program annual reports.

The decline in the number of Family PACT clients served is expected to continue. However, the Family PACT Program remains an essential program for low income California residents for family planning services, ensuring access to a full range of family planning services and reproductive health services.

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