

FAMILY PACT PROGRAM ANNUAL REPORT FISCAL YEAR 2020-2021

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

Welfare and Institutions Code Section 14501(k) requires an annual analysis of key program metrics for any family planning program that OFP administers. 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) 2020-21, beginning July 1, 2020, and ending June 30, 2021.

In Fiscal Year (FY) 2020-21, the Family PACT Program served 450,000 women and men, a decrease in client population compared to FY 2019-20 (660,000 served in FY 2019-20) (Fig 2). FY 2020-21 marked the seventh full year of 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 provided. This report is limited to the Family PACT Program.

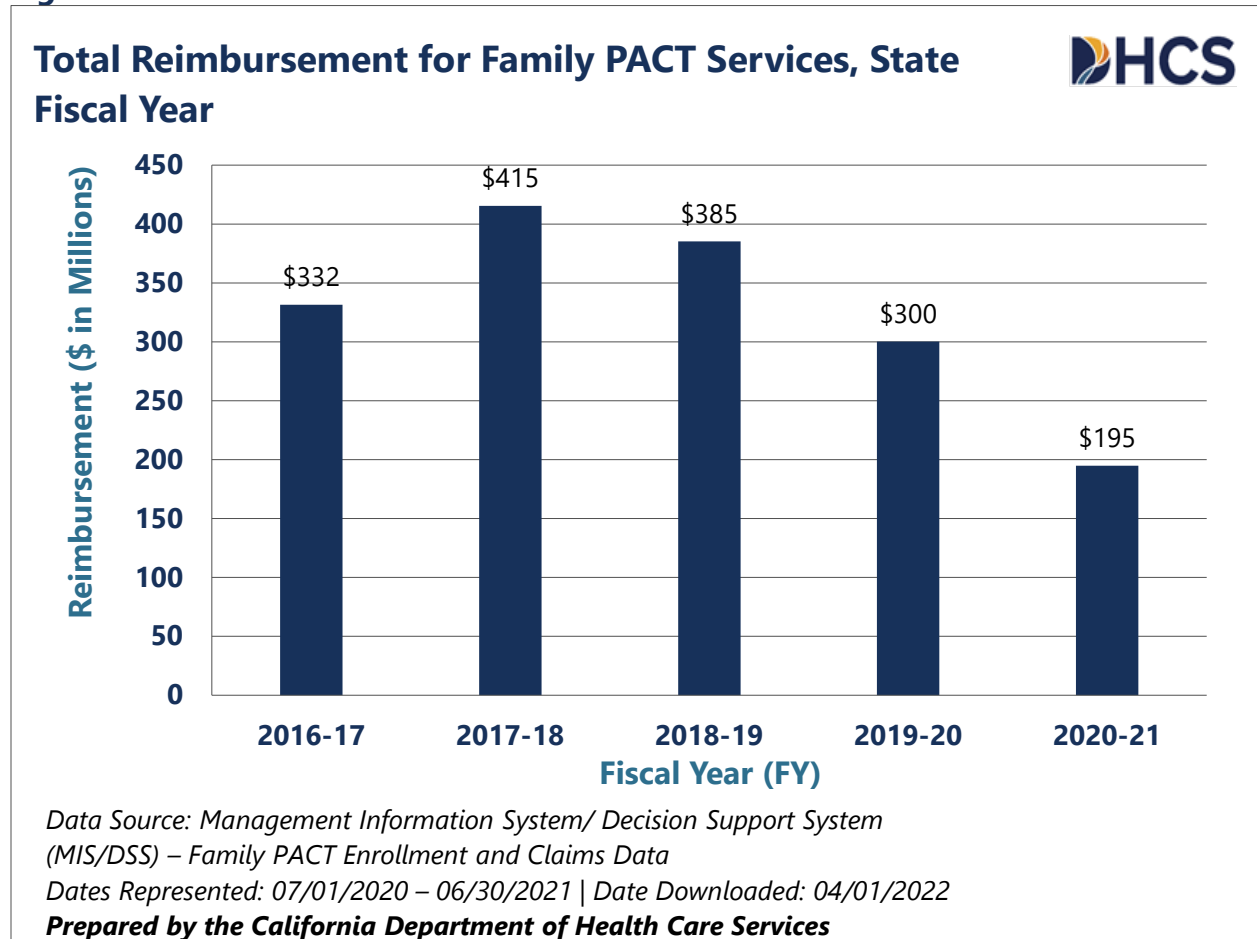
For FY 2020-21, there were 5,659 providers reimbursed for services rendered; 1,776 were clinician providers, 3,797 were pharmacy providers and 86 were laboratories. Comparing FY 2019-20 to FY 2020-21, the total count of clinician providers decreased by 15 percent. Total reimbursement for Family PACT services in FY 2020-21 was \$195 million, a 35-percent decrease in reimbursement from FY 2019-20.

During FY 2020-21, the novel coronavirus disease of 2019 (COVID-19) pandemic continued to impact health care systems in the United States, including the Family PACT Program. In FY 2019-20, DHCS requested and received federal approval to implement temporary Medicaid waiver flexibilities, which were adopted by the Family PACT Program, to limit patients' exposure to others infected with COVID-19, and to increase provider capacity during the COVID-19 Public Health Emergency (PHE). Those flexibilities included the expansion of existing telehealth policy, permitting providers to enroll and recertify clients for the Family PACT Program using telehealth modalities, and direct-to-client pharmacy dispensing of subcutaneous depot medroxyprogesterone acetate (DMPA-SQ) for self-administration of this hormonal contraceptive at home. In FY 2020-21, DHCS added COVID-19 vaccine administration within the scope of services for the Family PACT Program.

Newly added to this report is data regarding optional client self-reported demographic information related to Sexual Orientation and Gender Identity (SOGI). This report also assesses the impact of Proposition 56 supplemental payments for Family PACT Education and Management (E&M) office visits on increasing access to family planning services.

Overall, program reimbursement has declined steadily since FY 2013-14, following ACA implementation and the launch of Covered California in January 2014 (Fig 1). This decline can be attributed to a variety of factors, perhaps efforts by the State in expanding access to full scope Medi-Cal coverage. In May 2016, children and youth up through age 18, regardless of immigration status, were granted access to full-scope Medi-Cal. This comprehensive Medi-Cal coverage was extended again in January 2020 to eligible young adults ages 19-25.

Figure 1:



CLIENT ENROLLMENT AND DEMOGRAPHICS

Despite a decrease in total enrollment and clients served in FY 2020-21, the Family PACT Program continues to provide comprehensive family planning services to diverse and underserved populations in California. This section examines client enrollment and demographics, highlighting notable trends and shifts in the program.

Enrollment Overview

In FY 2020-21, the Family PACT Program enrolled approximately 877,550 unique clients, a decrease from 1.19 million in the previous year (Fig 2). Of these, 451,740 clients received covered services. This reduction continues a trend observed since FY 2014-15, marking a 27-percent decrease in enrollment and a 31-percent decrease in clients served compared to FY 2019-20 (Table 1, Table 2). Moreover, the decrease for FY 2020-21 may reflect the broader impacts of the COVID-19 PHE and expansion of Medi-Cal coverage during this time.

Figure 2:

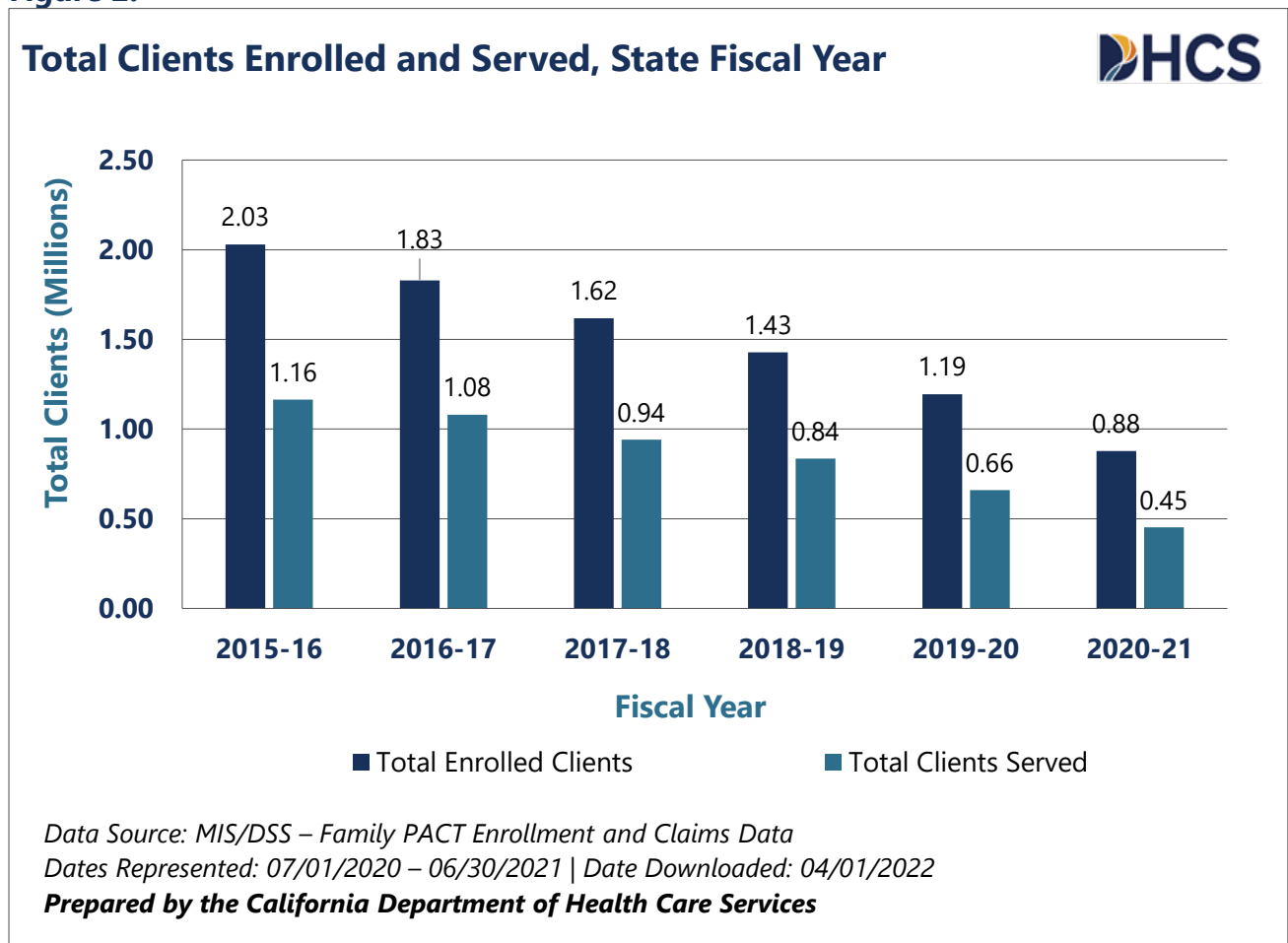


Table 1: Family PACT Served Clients by Client Type, State Fiscal Year 2020 – 21

Client Type	Clients Served
Continuing Clients	299,091
New Clients	152,649
Total	451,740

*Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
 Dates Represented: 07/01/2020 – 06/30/2021 | Date Downloaded: 04/01/2022
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Table 2: Total Family PACT Clients Served, State Fiscal Year

FY	Total Clients Served	Percent Change from Previous FY
2015-16	1,164,504	
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%
2020-21	451,740	-31.5%

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

Women represented a significant portion of the client base, constituting 86 percent of those served (Table 3). This underscores the program's critical role in addressing women's health needs. Male clients accounted for 14 percent of the total.

Table 3: Family PACT Clients Served by Gender, State Fiscal Year 2020 – 21

Client Sex	Client Count	Percent
Females	390,662	86%
Males	61,078	14%
Total	451,740	100%

*Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
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Sexual Orientation and Gender Identity (SOGI)

In May 2021, the DHCS updated the Family PACT client enrollment application to begin collecting SOGI data. Future Family PACT Annual Reports may include SOGI data collected.

In 2023, DHCS published a report titled, "[Medi-Cal Statistical Report Sexual Orientation and Gender Identity \(SOGI\) Data Collection June 2023](#)." The report describes Medi-Cal and Family PACT program populations by SOGI status and serves as a technical document to support the understanding and use of DHCS SOGI data using a limited, point in time, sample population (May-July 2021 for newly enrolled in Family PACT).

Age Distribution

The age distribution of clients reveals a concentration in the 20-29 age group, representing individuals in their reproductive prime (Table 7). The program thus appears to be effectively targeting a demographic critical to its mission.

Table 4: Family PACT Clients Served by Age, State Fiscal Year 2020 – 21

Age Group	Client Count	Percent
10-14	938	<1%
15-17	15,220	3.4%
18-19	28,534	6.3%
20-24	103,591	22.9%
25-29	96,282	21.3%
30-34	76,048	16.8%
35-39	57,673	12.8%
40-44	39,884	8.8%
45-49	23,618	5.2%
50-54	7,962	1.8%
55-59	1,467	<1%
60+	523	<1%
Total	451,740	100.0%

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

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Ethnicity and Language

A large segment of the program's clients (66.5 percent) identified as Hispanic or Latino (Table 8). Additionally, a considerable number of clients reported English as their primary language (286,345), followed by Spanish (155,282), with a smaller subset of clients reporting something other than English or Spanish as their primary language (10,113) among the Family PACT client population served in FY 2020-21 (Table 9). This composition is largely unchanged from the prior year.

Table 5: Family PACT Clients Served by Ethnicity, State Fiscal Year 2020-21

Client Ethnicity	Client Count	Percent
Hispanic or Latino	300,605	66.5%
Caucasian	69,707	15.4%
African American	30,959	6.9%
Asian or Pacific Islander	28,031	6.2%
Other ^a	19,460	4.3%
Unknown	2,978	0.7%
Total	451,740	100%

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

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

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Table 6: Family PACT Clients Served by Ethnicity and Primary Language, State Fiscal Year 2020 -21

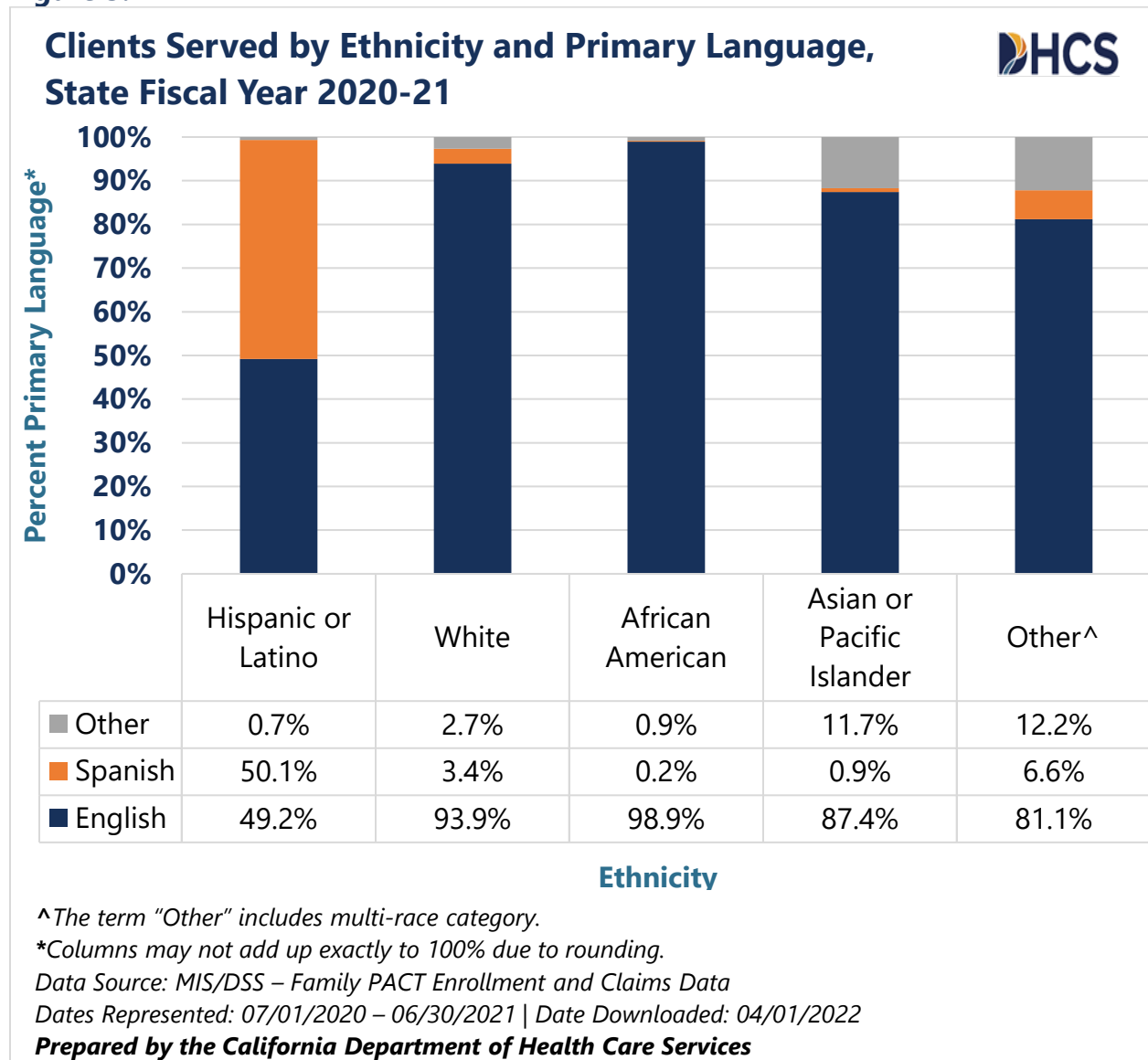
Ethnicity	English	Spanish	Other	Unknown	Total
Hispanic or Latino	147,832	150,664	2,099	10	300,605
Caucasian	65,425	2,365	1,910	7	69,707
African American	30,620	51	285	3	30,959
Asian or Pacific Islander	24,482	270	3,265	14	28,031
Other ^a	15,791	1,291	2,375	3	19,460
Unknown	2,195	641	48	94	2,978
Total	286,345	155,282	9,982	131	451,740

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

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Figure 3:



Income Levels

Family PACT Program enrollment 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). In FY 2020-21, a significant portion of enrolled clients reported incomes at or below 49 percent of the FPG (Fig 4).

Effective April 1, 2020, the Family PACT Program eligibility limit of 200 percent of FPG for a family of one was \$2,127/month. Each additional family member reported the amount was increased \$747/month.

Figure 4:

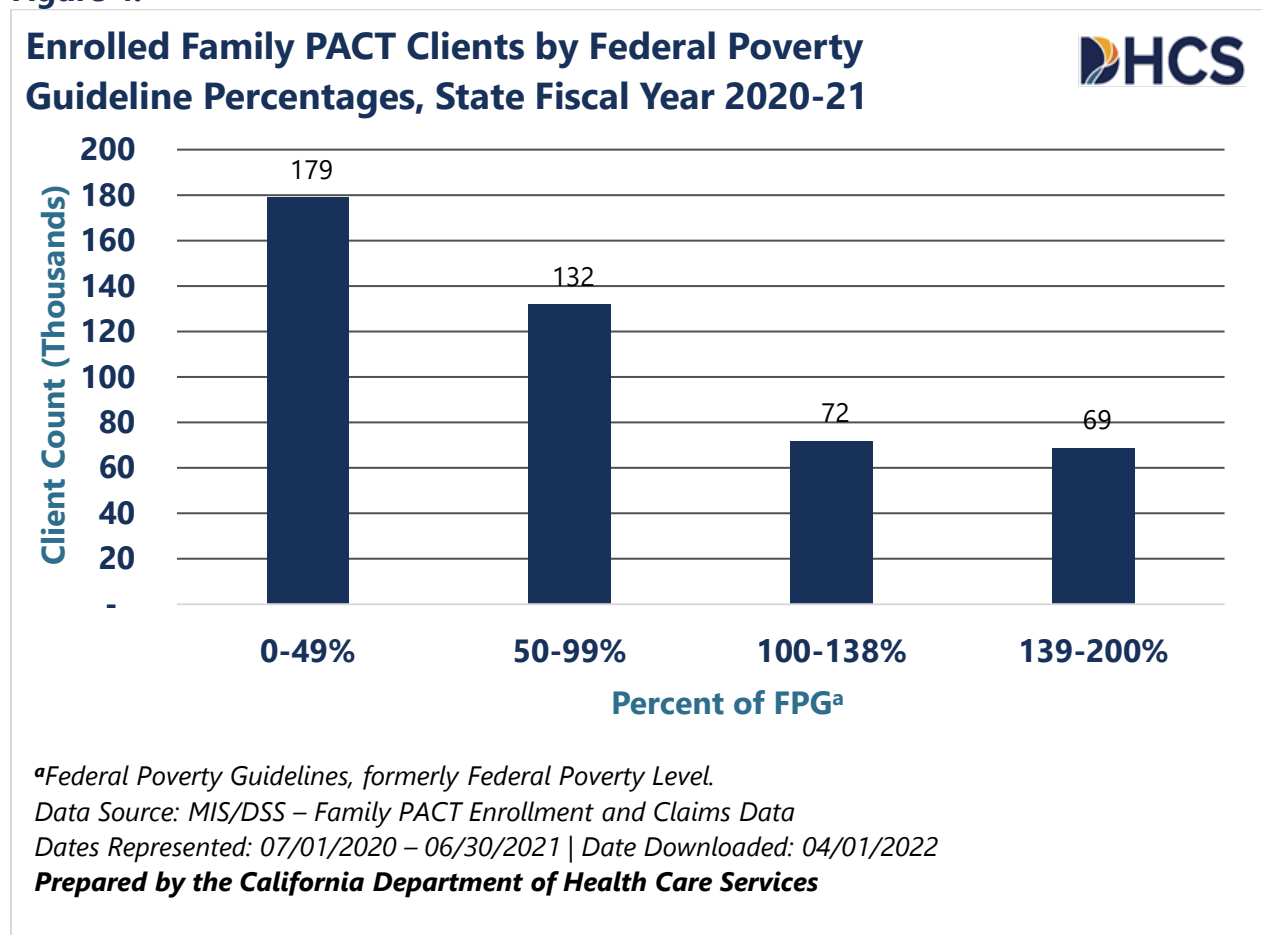
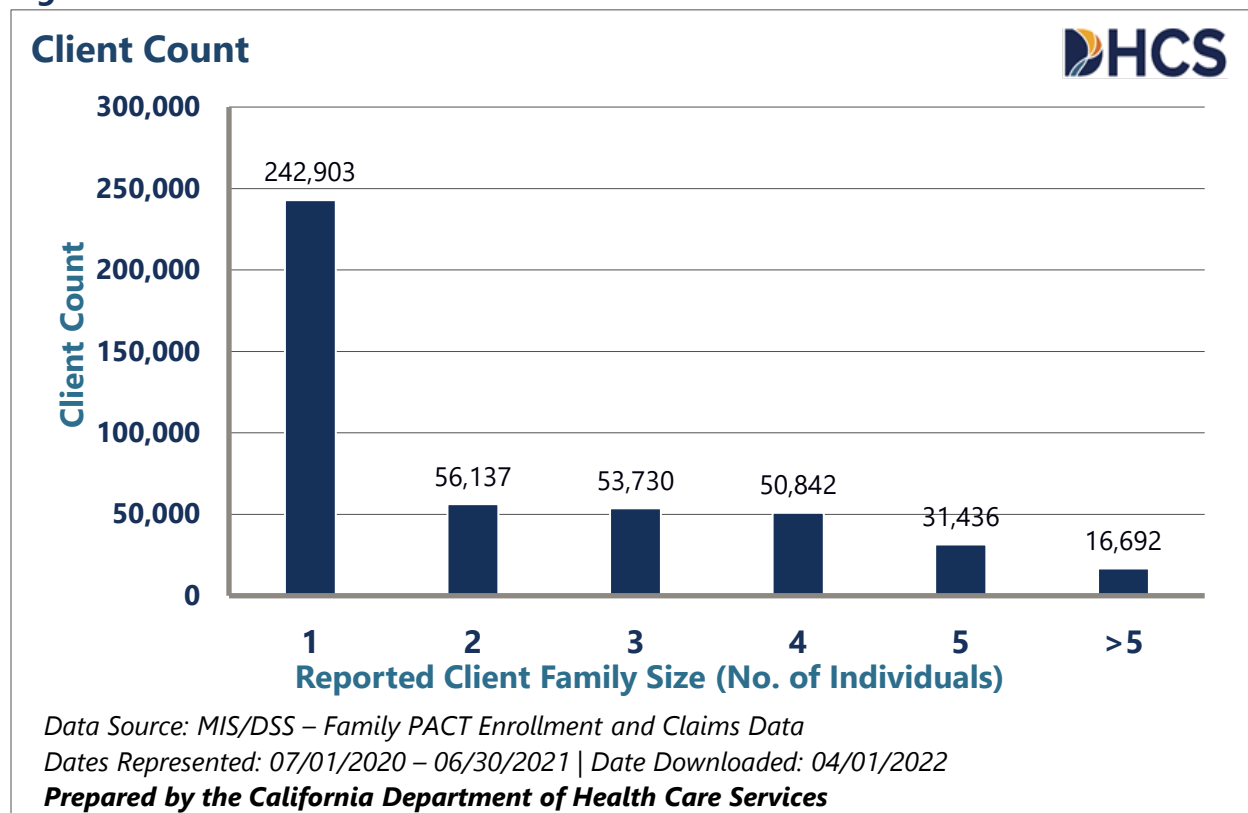


Figure 5:



The distribution of Family PACT clients by family size in FY 2020-21 shows that approximately 243,000 clients enrolled in the program reported a family size of one, constituting 53.8 percent of total clients served, while approximately 56,000 clients, nearly 35 percent of those enrolled, reported a family size between two and four individuals (Fig 5). Clients reporting a family size at or above five individuals constituted the remaining 10 percent of clients served.

PROVIDER NETWORK AND SERVICE DELIVERY

The Family PACT Program in FY 2020-21 experienced significant changes in its provider network and client service delivery. The expansion of telehealth services was a significant advancement; it allows for broader, more flexible access to services and reflects the Department's response to the evolving healthcare landscape during the COVID-19 pandemic.

Provider Network Details

In FY 2020-21, the Family PACT Program's provider network, comprising both public and private sector clinicians, underwent notable changes. Public sector providers, including Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and community clinics, showed an increase in representation, accounting for approximately 65 percent of the network (Fig 6). There was an 8-percent rise in FQHCs and RHCs from the previous year. Private sector providers made up about 35 percent of the enrolled providers. An enrolled provider is defined based on active status in both Medi-Cal and Family PACT. The year witnessed a shift towards a greater reliance on public healthcare entities, reflecting the program's evolving service delivery model.

The composition of the Family PACT network included over 5,600 enrolled providers, comprised of approximately 1,800 clinicians, continues to be robust and diverse throughout the state.

Figure 6:

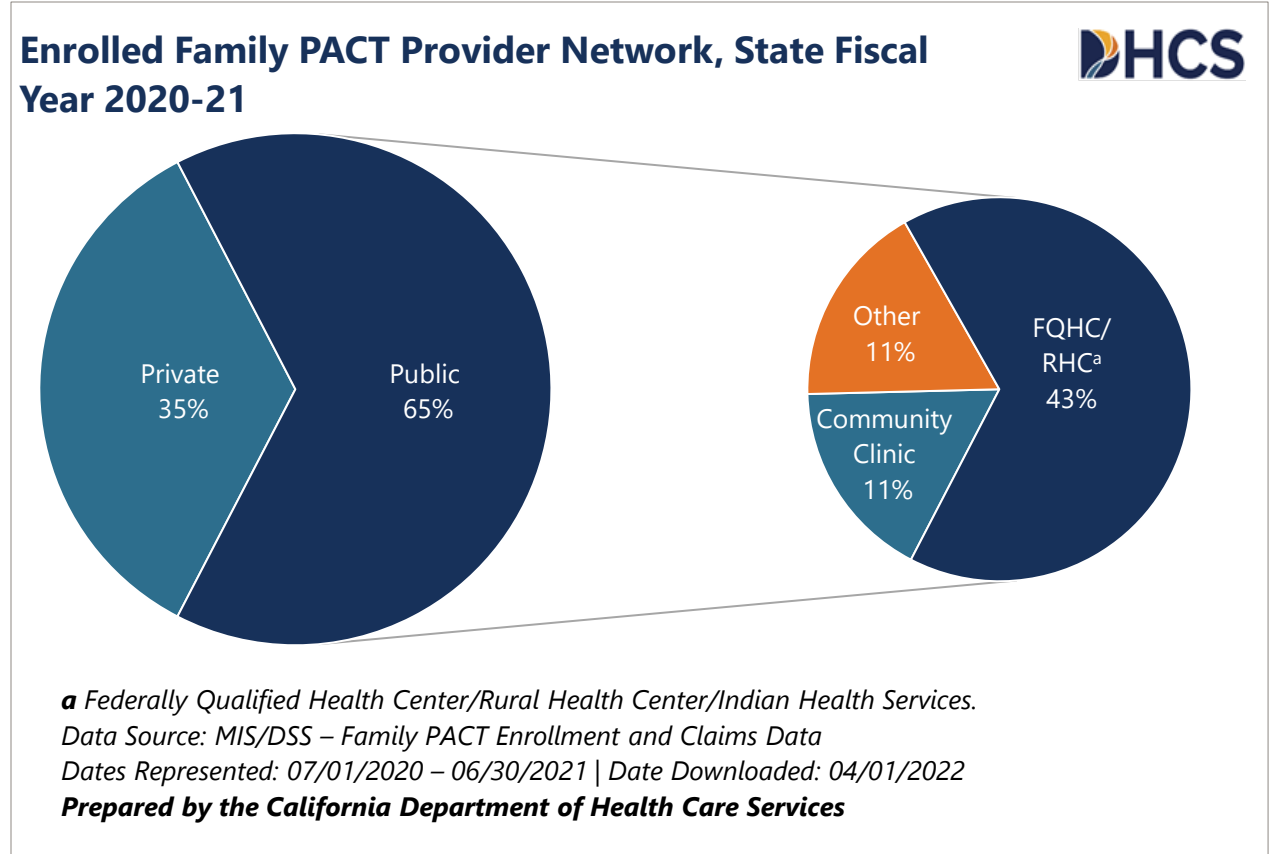


Table 7: Family PACT Enrolled Public Providers by Type, State Fiscal Year 2020-21

Provider Type	Provider Count	Percent of Public Providers
Community Clinic	168	17.0%
Other Public Sector	170	17.2%
FQHC/Rural Health ^a	651	65.8%
Total	989	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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Clients Served by Provider Type

The program served a total of 451,740 clients during this fiscal year. The distribution of these clients across various provider types, detailed in Table 11, shows that private providers served 85,109 clients (18.8 percent), while public providers served 400,454 clients (88.6 percent). This data underscores a substantial reliance on public healthcare infrastructure within the program. Additionally, laboratory and pharmacy services were significantly utilized, with 343,448 clients (76.0 percent) using laboratory services and 80,820 clients (17.9 percent) using pharmacy services.

As shown in Table 12, the broad distribution of enrolled clinician providers from both the public and private sector suggests services are widely available in California.

Table 8: Family PACT Clients Served by Provider Type, State Fiscal Year 2020-21

Provider Type	Total Clients Served*	Percent*
Private	85,109	18.8%
Public	400,454	88.6%
Laboratory	343,448	76.0%
Pharmacy	80,820	17.9%
Total	451,740 (unique clients served)	*%

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

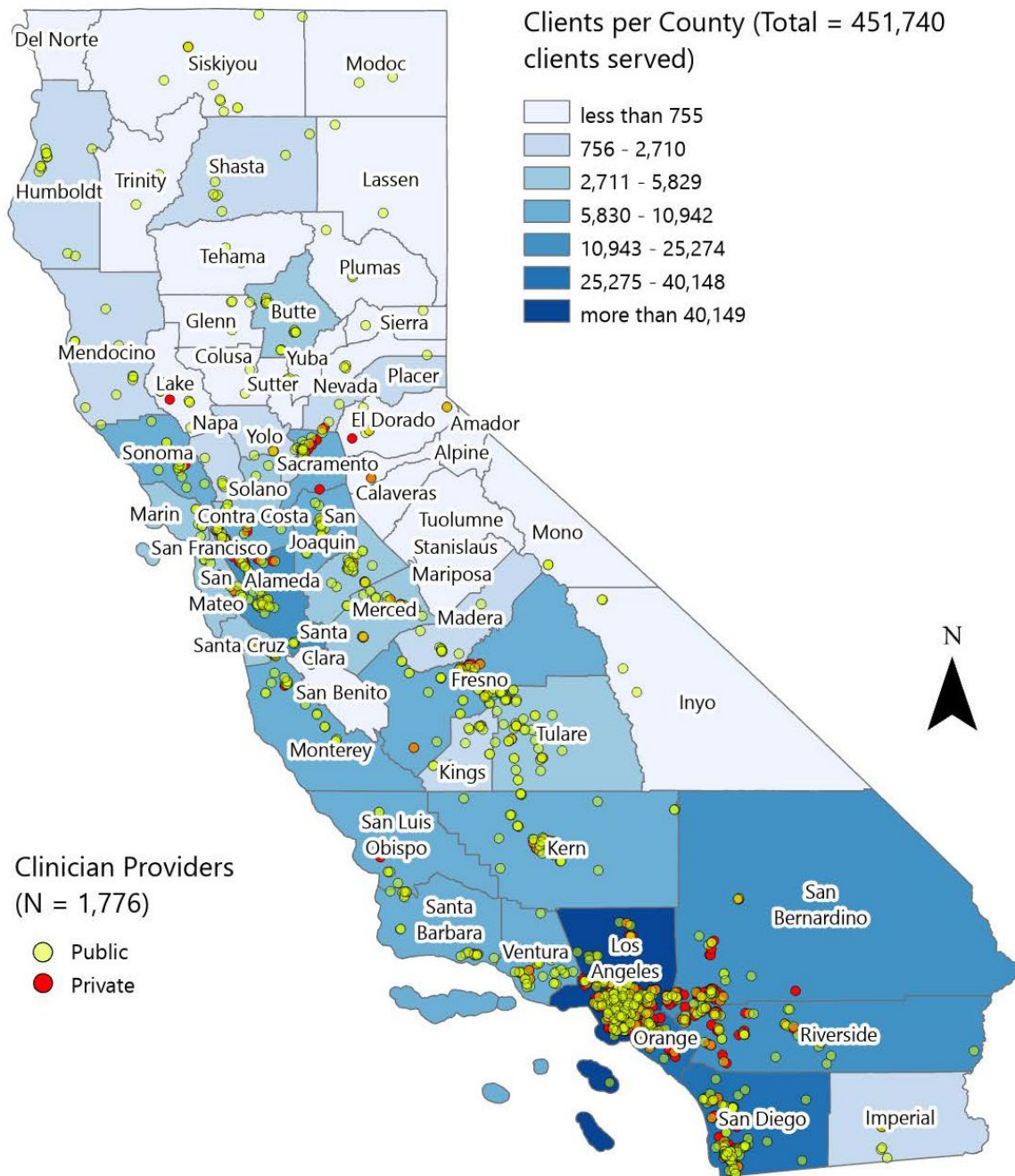
Data Source: MIS/DSS – Family PACT Enrollment and Claims Data

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Figure 7:

Family PACT Enrolled Providers and Clients, State Fiscal Year 2020-21



Data Source: MIS/DSS – Family PACT Enrollment and Claims Data
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SERVICE UTILIZATION & REIMBURSEMENT

Despite challenges faced during the COVID-19 PHE, a wide array of services, from preventive care to contraceptive counseling, were consistently accessed by clients.

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 section 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.

Table 9: Family PACT Reimbursement by Provider Type, State Fiscal Year 2020-21

Provider Type	Reimbursement	Percent
Private	\$25,341,352	13.0%
Public	\$130,202,165	66.8%
Laboratory	\$20,129,925	10.3%
Pharmacy	\$19,221,561	9.9%
Total	\$194,895,003	100%

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

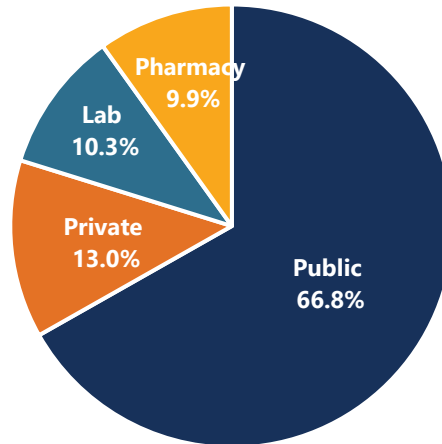
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In FY 2020-21, the Family PACT Program's total provider reimbursement amounted to approximately \$195 million. Public providers received more than \$130 million, signifying their substantial role in service provision. Private sector providers were reimbursed more than \$25 million, reflecting their continued participation in the program. Laboratory services received more than \$20 million, while pharmacy services were reimbursed more than \$19 million, highlighting the importance of these services in the program's overall healthcare delivery (Table 12).

Figure 8:

Reimbursement Percent by Provider Type, State Fiscal Year 2020 – 21



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

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Reimbursement Percent by Provider Type, FY 2020-21

- » Pharmacy providers received 9.9 percent of all reimbursement in FY 2020-21, which is a 0.3-percent increase over FY 2019-20
- » The percent of reimbursement paid to laboratory providers remained the same at 12 percent compared to FY 2019-20
- » Reimbursement to clinician providers (who may have reimbursement in all three categories of service) has increased to 79.8 percent in FY 2020-21 from 78.5 percent in FY 2019-20
- » 13 percent of total reimbursement went to private sector providers (a decrease from 16.2 percent in FY 2019-20), and 66.8 percent of total reimbursement went to public sector providers (an increase from 62.3 percent in FY 2019-20)

Table 10: Family PACT Clients Served, Utilization and Reimbursement, State Fiscal Year 2020-21

Service Type	Clients Served**	Percent Change from Previous FY	Utilization*	Percent Change from Previous FY	Reimbursement per Claim*	Percent Change from Previous FY	Reimbursement per Client*	Percent Change from Previous FY
Clinician	406,429	-32.7%	2.3	3.0%	\$116.31	-0.2%	\$263.64	3.8%
Drug and Supply	265,590	-37.3%	2.3	-13.2%	\$101.19	27.9%	\$237.14	11.6%
Drug and Supply (Pharmacy)	73,281	-37.8%	3.3	0.0%	\$79.46	8.0%	\$262.30	7.5%
Drug and Supply (Onsite)	206,334	-38.1%	1.8	-16.2%	\$115.01	40.3%	\$212.09	15.5%
Laboratory	340,257	-34.3%	4.1	-0.6%	\$17.86	-5.7%	\$72.77	-6.5%

* Clients Served, Utilization, and Reimbursement per Claim are defined in the text (pg. 21).

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

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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 and the average reimbursement per client. The decrease in the Family PACT Program’s reimbursement in FY 2020-21 can be partly attributed to the COVID-19 PHE. This period saw a decline in clients served and a decrease in

utilization per client, contributing to a 31.5-percent decrease in clients served and an 11-percent decrease in utilization. Despite these reductions, there was an increase in the average cost per claim, suggesting a shift in service types or costs. (Table 13).

Table 11: Family PACT Clients and Reimbursement by Service Type, State Fiscal Year 2020 – 21

Service Type	Service	Clients Served*	Reimbursement Amount	Percent of Total Reimbursement
Clinician	Office Visits**	382,831	\$94,800,300	48.6%
	Procedures & Facility Fees	97,242	\$12,351,498	6.3%
	Subtotal	406,429	\$107,151,798	55.0%
Drug & Supply	Barrier Method Supplies	122,818	\$1,235,432	0.6%
	Contraceptive Drugs	165,298	\$59,791,092	30.7%
	Non-Contraceptive Drugs	92,804	\$1,956,083	1.0%
	Subtotal	265,590	\$62,982,607	32.3%
Laboratory	Cervical Cytology Tests	65,677	\$1,525,391	0.8%
	Method Related Tests	26,679	\$71,292	0.0%
	Other Lab Tests	48,455	\$1,234,425	0.6%
	Pregnancy Tests	174,189	\$695,814	0.4%
	Specimen Handling Fees	99,673	\$410,534	0.2%
	STI Tests	257,960	\$20,823,141	10.7%
	Subtotal	340,257	\$24,760,597	12.7%
Total	Grand Total	451,740	\$194,895,002	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 Enrollment and Claims Data
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As in prior years, three services accounted for the bulk of all Family PACT reimbursements: office visits (48.6 percent), contraceptive drugs (30.7 percent), and STI testing (10.7 percent).

Contraceptive Services

Family PACT provides reimbursement for all Food and Drug Administration approved contraceptive methods. Highly effective methods are also referred to as “Tier 1” and include sterilization and long-acting, reversible contraceptives (LARCs), such as implants and intrauterine contraceptives (IUCs). Moderately effective methods are also referred to as “Tier 2” include injectable contraceptives, contraceptive patches, vaginal rings, and oral contraceptives pills (OCPs). Less effective methods are also referred to as “Tier 3” include emergency contraceptive pills (ECPs) and barrier methods.

The total reimbursement for drug and supply services was about \$63 million in FY 2020-21, accounting for about 32.3 percent of Family PACT Program expenditures (Table 14), while contraceptive drugs accounted for 94.9 percent of all drug and supply reimbursements (Table 15).

Table 12: Family PACT Reimbursement by Contraceptive Type, State Fiscal Year 2020 – 21

Service Type	Reimbursement Amount*	Percent of Total Reimbursement
Contraceptive Drugs		
ECPs ^a	\$696,720	1.1%
Implants	\$15,486,384	24.6%
Injections	\$1,079,671	1.7%
IUCs	\$12,102,719	19.2%
Oral Contraceptives	\$16,071,781	25.5%
Patches	\$10,350,551	16.4%
Rings	\$4,002,721	6.4%
Tubal Ligation	\$546	0.0%
Subtotal	\$59,791,092	94.9%
Non-Contraceptive Drugs	\$1,956,083	3.1%
Barrier Methods & Supplies	\$1,235,432	2.0%
Drug & Supply Services Total	\$62,982,608	100%

^a Emergency Contraceptive Pills

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

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

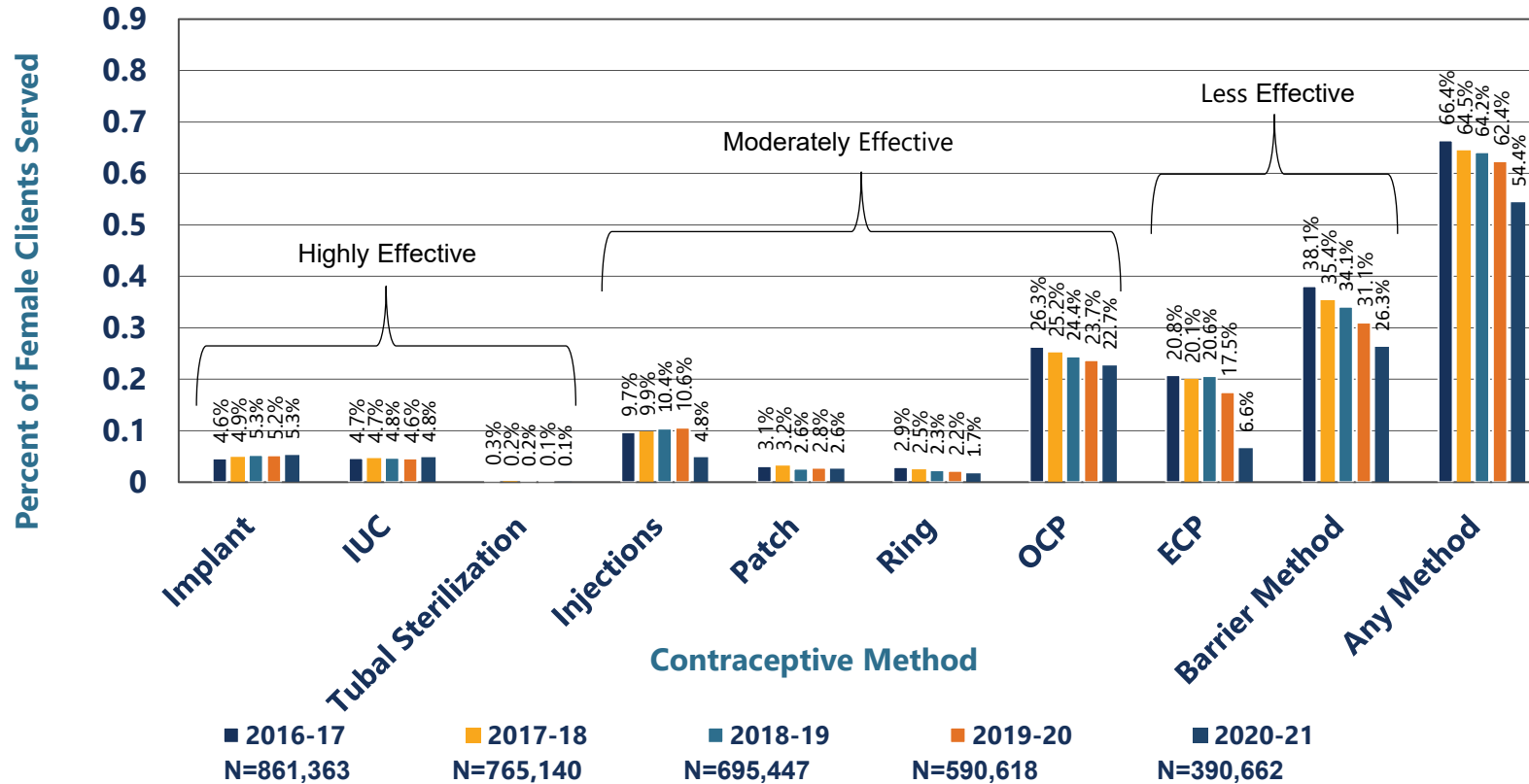
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FY 2020-21, 54.4 percent of female Family PACT clients were dispensed at least one contraceptive method (Fig 9), 10.2 percent received a highly effective method (implant, IUC, or sterilization), 31.8 percent received a moderately effective method (contraceptive patch, vaginal ring, OCP, or contraceptive injection), 32.9 percent received a less effective method (barriers and ECPs). The remaining 45.6 percent of female clients had no claims for any contraceptive method dispensed within the year.

Figure 9:

Trends in the Percent of Female Family PACT Clients Served by Contraceptive Method, State Fiscal Year



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

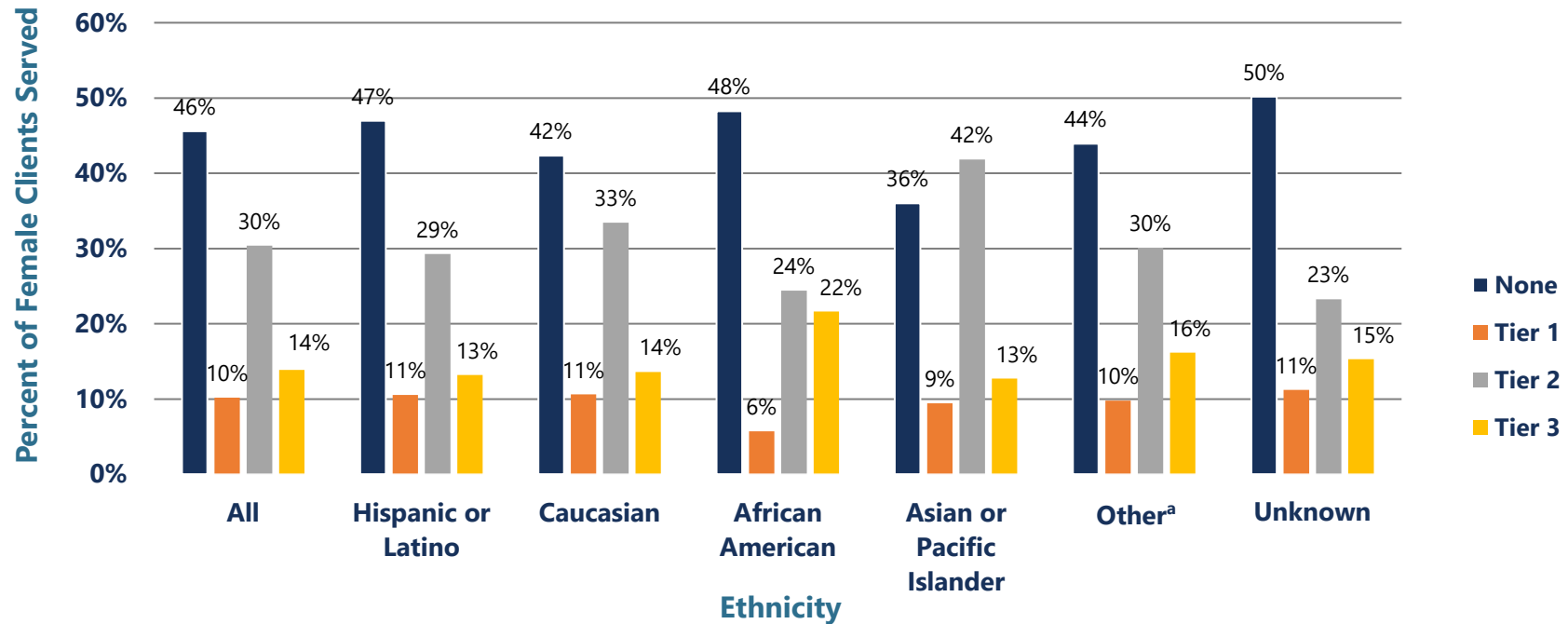
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*Sum of all numbers and percentages total more than 100-percent because clients may have received more than one type of family planning method.

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Figure 10:

Percent of Female Family PACT Clients Served by Contraceptive Tier & Ethnicity, State Fiscal Year 2020-21



^aThe term "Other" includes multi-race category.

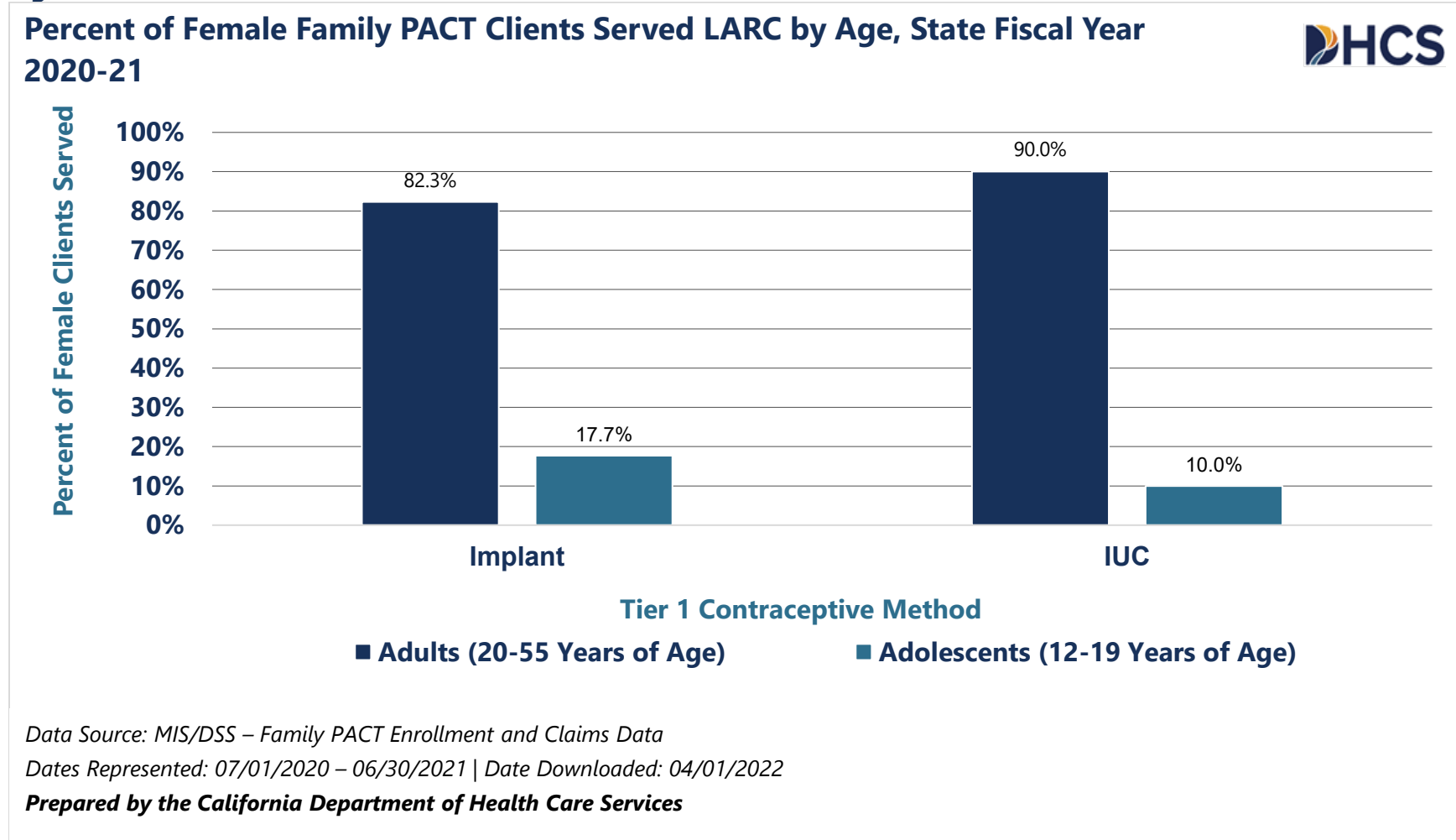
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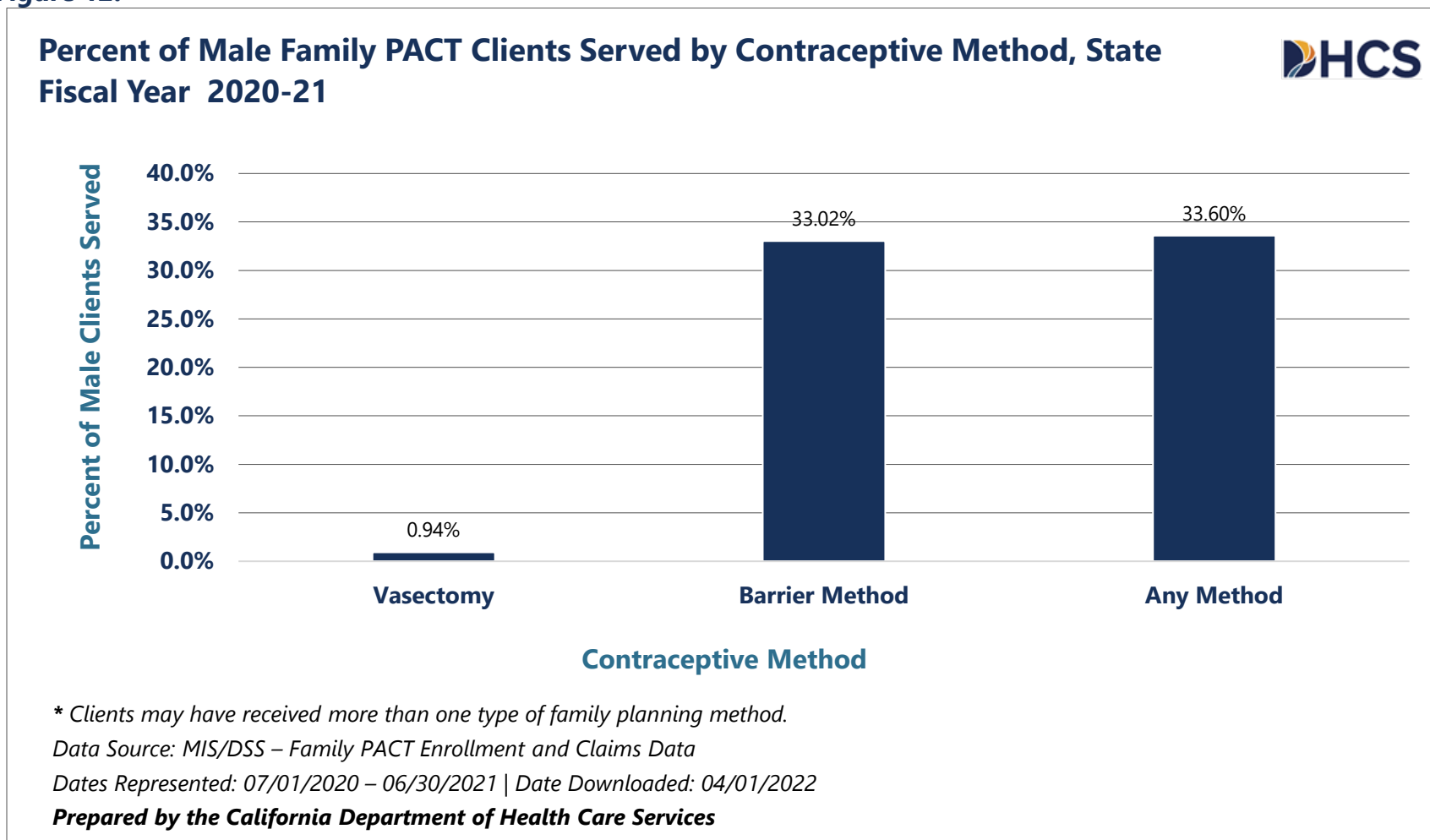
Among female clients provided a LARC in FY 2020-21, 82.3 percent of those receiving an implant and 90.0 percent of those receiving an intrauterine contraceptive were adults (Fig 11).

Figure 11:



During FY 2020-21, approximately 20,100 of male clients utilizing contraceptive services (97.2 percent) received a barrier method (condoms) and about 570 clients (2.7 percent) were provided a vasectomy (Fig 12).

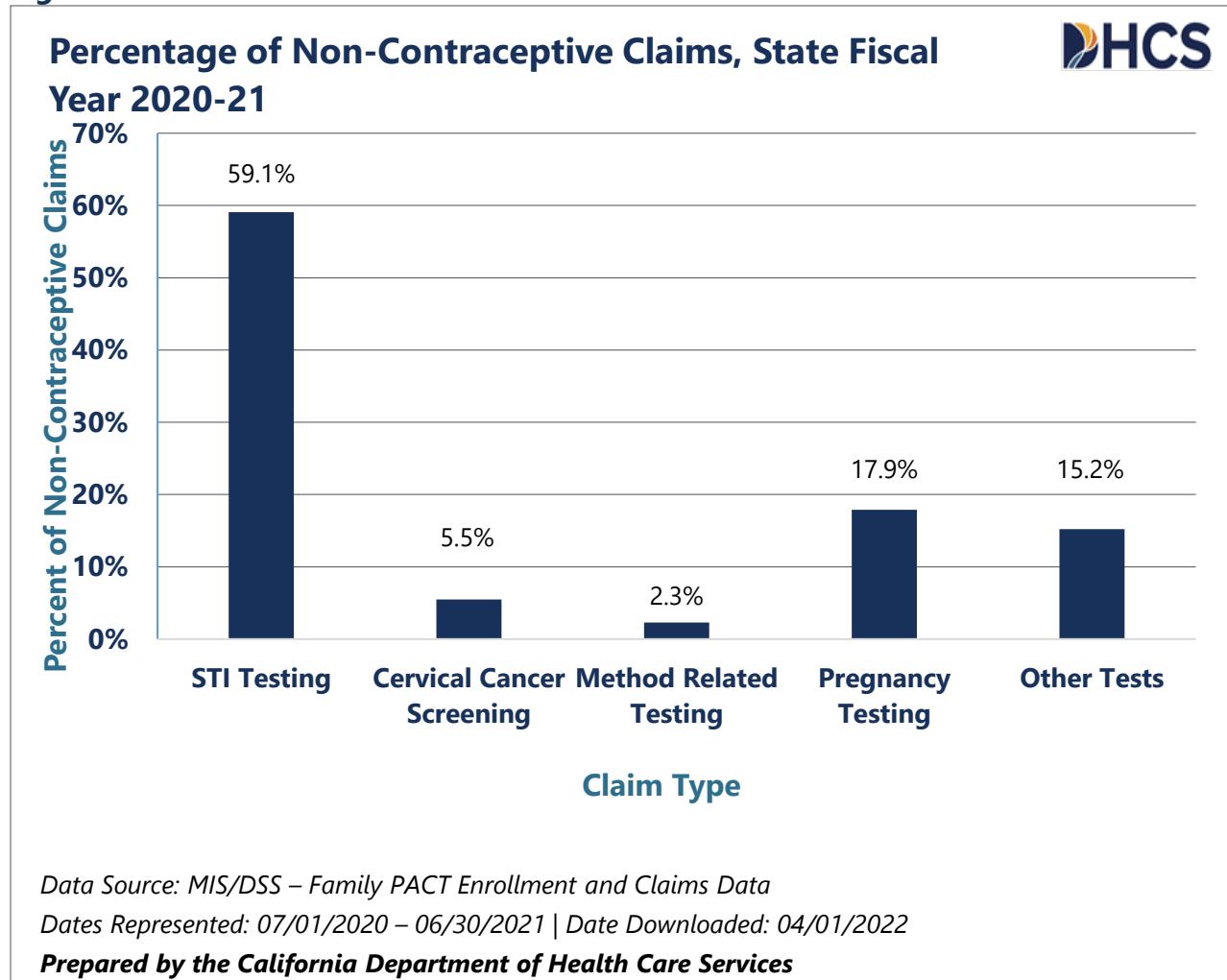
Figure 12:



Non-Contraceptive Services

Non-contraceptive services include the diagnosis and treatment of specified STIs, UTIs, and screening for cervical cancer and treatment of pre-invasive cervical lesions for women.

Figure 13:



Of the non-contraceptive services provided during FY 2020-21, STI testing accounted for the largest portion of family planning related services (Fig 13) with chlamydia (CT) and gonorrhea (GC) co-testing accounting for nearly 70 percent of all STI testing services (Table 16).

Table 13: Family PACT STI Testing Percentages, State Fiscal Year 2020 – 21

STI Test	Percent of STI Services
CT/GC co-testing	69.7%
Syphilis	15.1%
Human Immunodeficiency Virus (HIV)	11.6%
Human Papillomavirus (HPV)	3.1%
Herpes Simplex Virus (HSV)	0.4%

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

Dates Represented: 07/01/2020 – 06/30/2021 | Date Downloaded: 04/01/2022

Prepared by the California Department of Health Care Services

Telehealth Service Utilization

To ensure clients continued to have access to comprehensive family planning and family planning related services during the PHE.

In FY 2020-21, office visits rendered using telehealth modalities accounted for 6.6 percent of all reimbursement costs.

Figure 14:

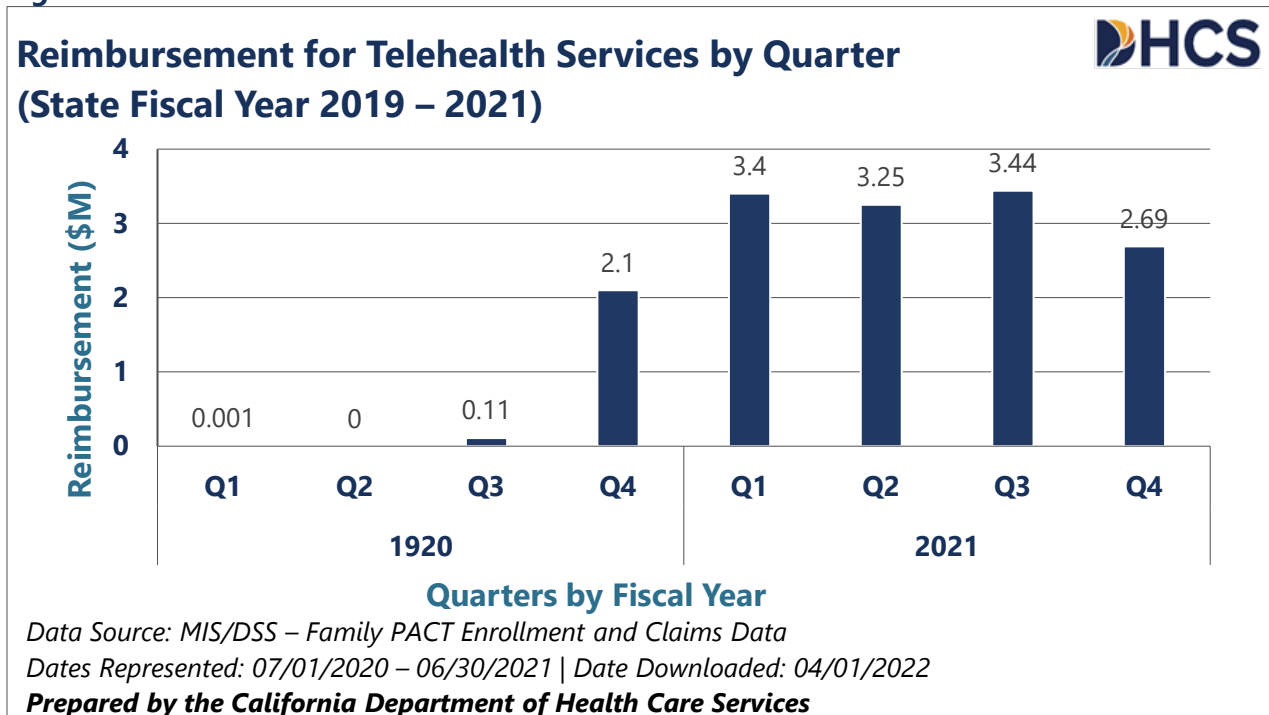
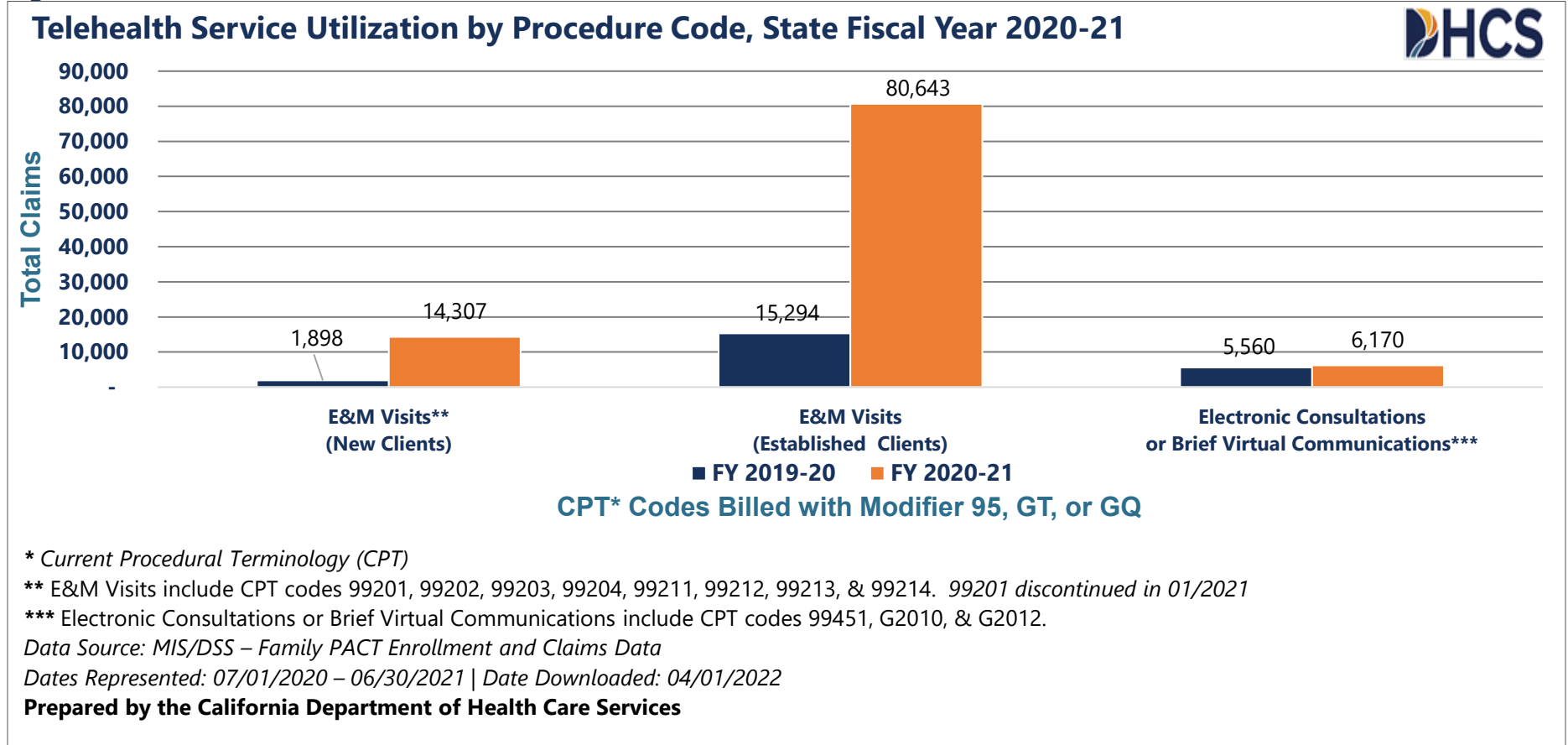


Figure 15:



CPT Code	Description
99201, 99202, 99203, 99204, 99211, 99212, 99213, & 99214	Evaluation and Management Visits
99451	Electronic Consultations (e-consults)
G2010 & G2012	Brief Virtual Communications

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), an injectable contraceptive effective up to 14 weeks, directly to the recipient for self-administration. This flexibility was authorized in addition to current Medi-Cal policy that allows administration of medroxyprogesterone acetate by a health care professional. The pharmacy dispensing of DMPA-SQ was made permanent pharmacy policy on June 16, 2021.

In FY 2020-21, there were a total of 46 claims reimbursed for self-administered subcutaneous depot medroxyprogesterone acetate.

COVID-19 Vaccine Coverage

Although the Family PACT Program expanded services to include coverage of COVID-19 vaccine administration, fewer than 200 vaccines were provided to an eligible 451,740 enrolled clients during FY 2020-21 (Table 17).

Table 17: Family PACT COVID-19 Vaccine Administration, State Fiscal Year 2020 - 21

Vaccine Description	Dosage Administered	Total # Family PACT Provider Claims
Pfizer-BioNTech (30 mcg/0.3 mL)	1st Dose	87
	2nd Dose	1
Pfizer-BioNTech (10 mcg/0.2 mL)	1st Dose)	0
	2nd Dose	0
Moderna (100 mcg/0.5 mL)	1st Dose	45
	2nd Dose	6
Janssen	Single Dose	55
Novavax	1st Dose	0
	2nd Dose	0

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

Dates Represented: 07/01/2020 – 06/30/2021 | Date Downloaded: 04/01/2022

Prepared by the California Department of Health Care Services

Proposition 56 Funding

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Prop. 56) to increase the excise tax rate on cigarettes and tobacco products. Under Prop. 56, a specified portion of the tobacco tax revenue is allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. Assembly Bill 120 (Statutes of 2017, Chapter 22, Section 3, Item 4260-101-3305) amended the Budget Act of 2017 to appropriate Prop. 56 funds for specified DHCS health care expenditures during the 2017-18 state fiscal year. Senate Bill 856, Budget Act of 2018, extends the appropriation of Prop. 56 funds for specified DHCS health care expenditures during FY 2018-19.

In September 2018, the Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment (SPA 18-0031) permitting DHCS to implement time-limited supplemental payments under the Family PACT Program for Evaluation and Management (E&M) office visits rendered to be paid at a rate equal to 150 percent of the current Family PACT rates for comprehensive family planning services under Prop. 56. Subsequently, in July 2019 CMS approved SPA 19-0027, permitting DHCS to continue to provide time-limited supplemental payments to Family PACT providers for the period of July 1, 2019, through December 31, 2021.

The introduction of additional funding sources like Prop. 56 was regarded as an opportunity to further bolster the Family PACT program through enhanced service delivery, and expansion of the provider network, all of which align with the program's goal of increasing access to family planning services.

The below charts (Figures 16 and 17) demonstrate the impact of Prop. 56, beginning with FY 2016-17, prior to the implementation of the supplemental payment rates for E&M services.

The year-over-year comparative data does not present a consistent increase in client utilization following the implementation of Prop. 56 supplemental payments. In fact, there was a general decrease in the number of claims for both new and established clients, suggesting that the supplemental payments have not generated the desired results.

Figure 16:

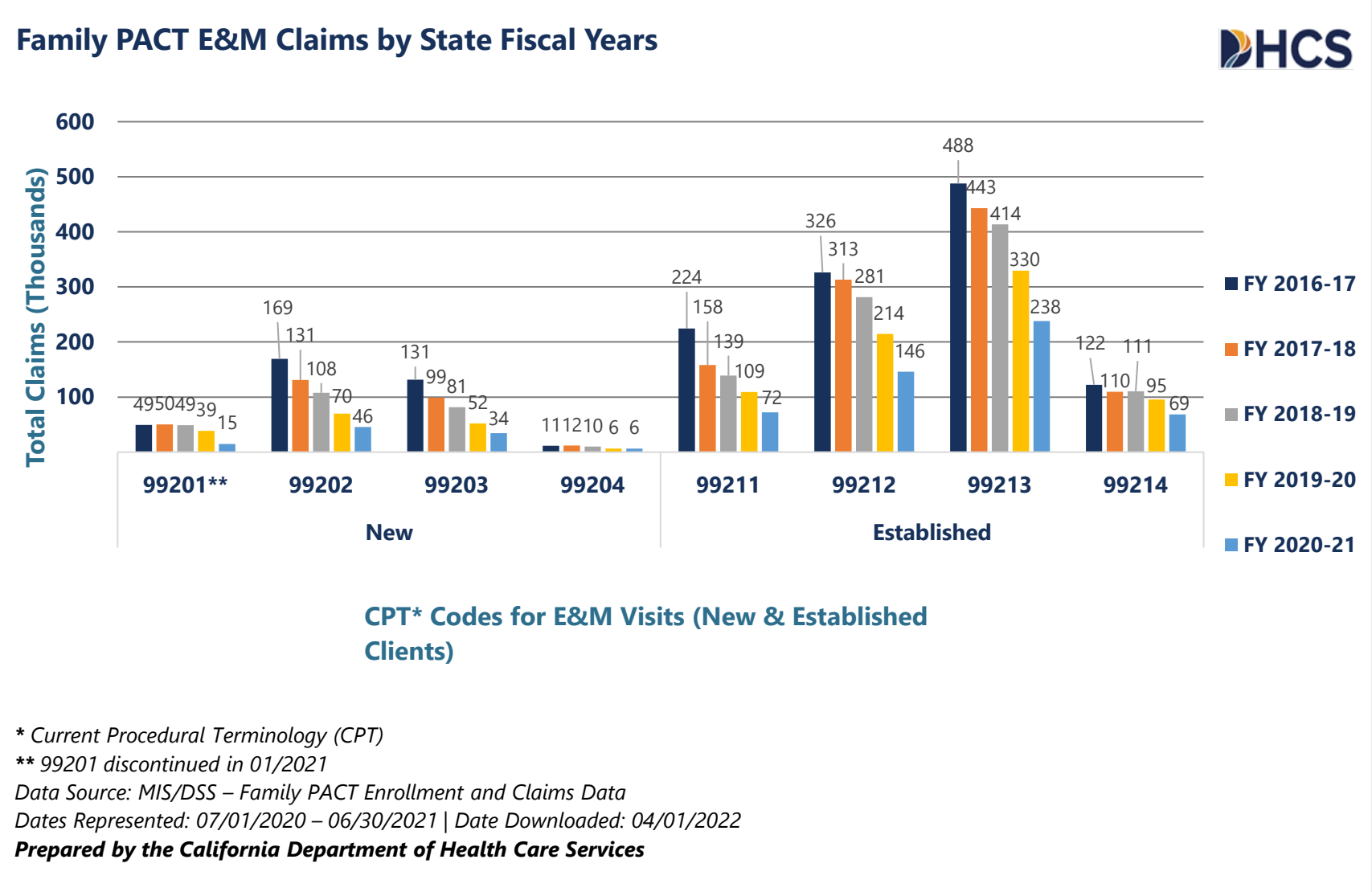
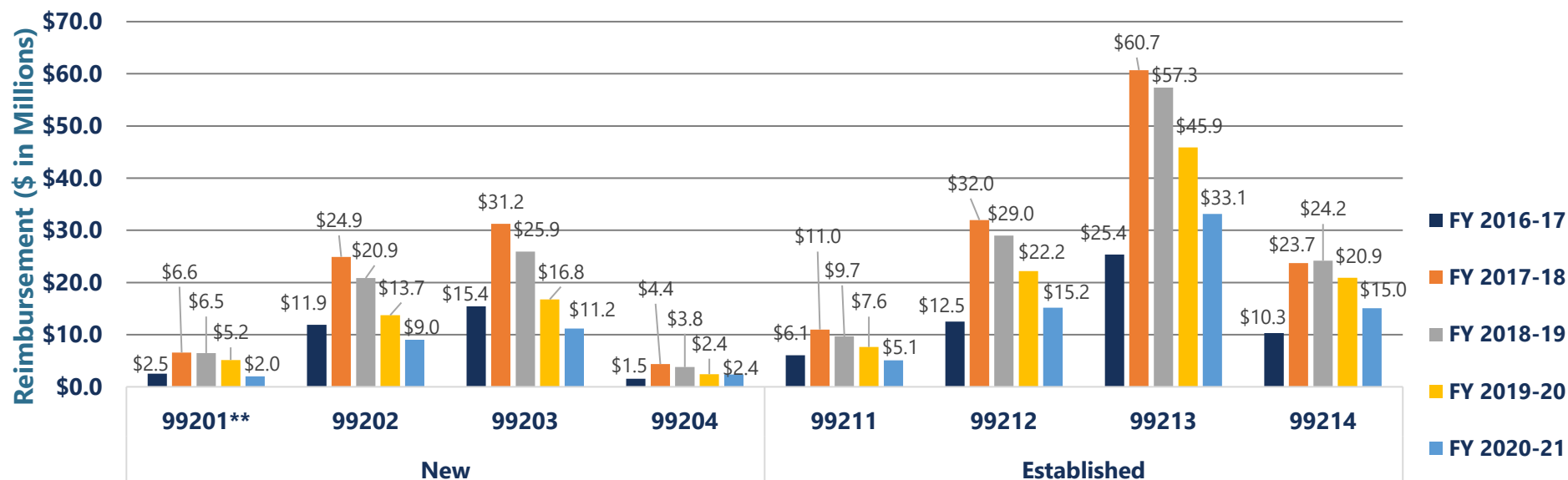


Figure 17:

Family PACT E&M Reimbursement by State Fiscal Years



CPT* Codes for E&M Visits (New & Established Clients)

* Current Procedural Terminology (CPT)

** 99201 discontinued in 01/2021

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

Dates Represented: 07/01/2020 – 06/30/2021 | Date Downloaded: 04/01/2022

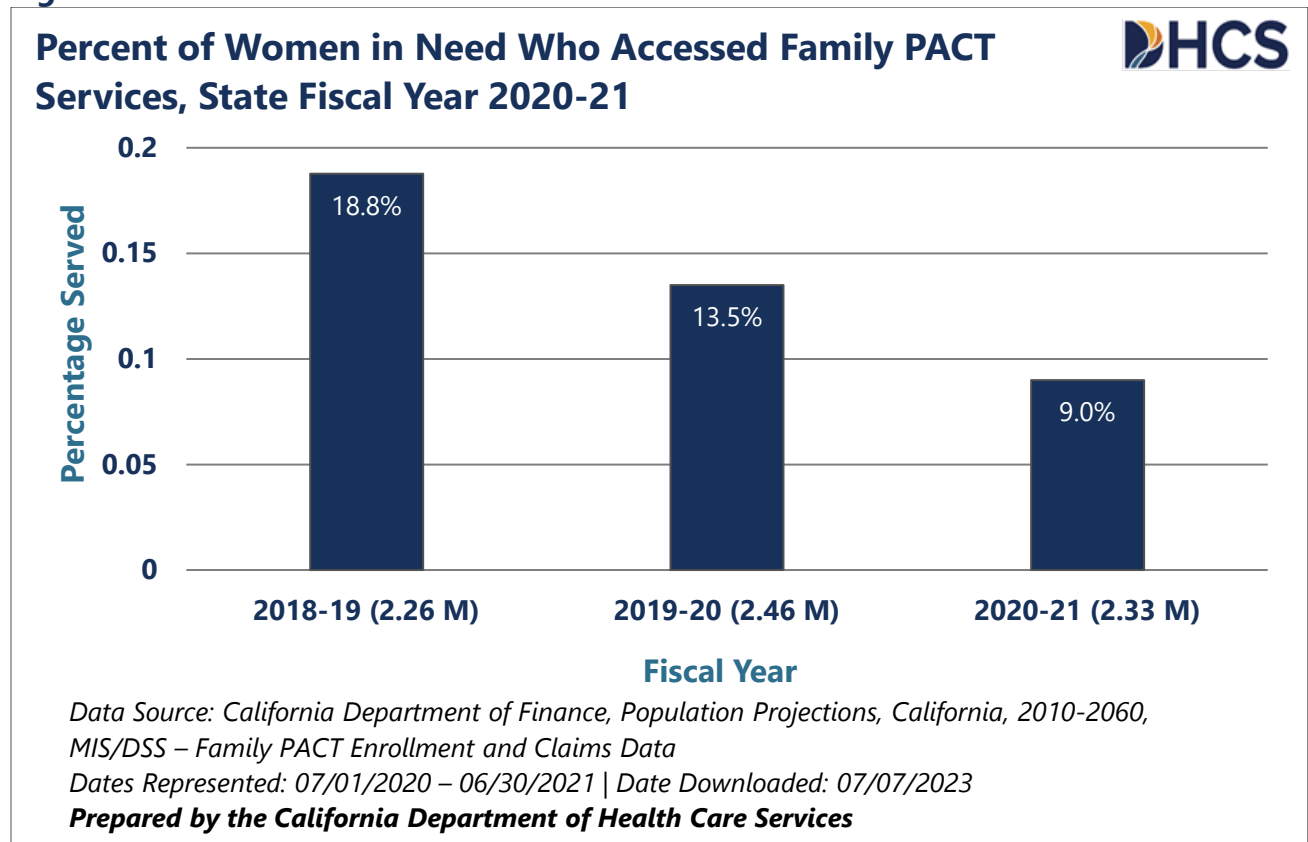
Prepared by the California Department of Health Care Services

WOMEN IN NEED OF PUBLICLY-FUNDED CONTRACEPTIVE SERVICES

Women ages 15-44 who are sexually active, capable of reproducing, not pregnant, and not seeking to become pregnant are at risk of unintended pregnancy and are considered to be in need of contraceptive services. Adult women 20-44 years old who have an income at or below 200 percent FPG, and those 15-19 years old of any income, may need publicly-funded contraceptive services, if they are sexually active. Figure 18 reveals that there was an estimated 2.33 million women in California ages 15-44 in need of publicly funded contraceptive services during FY 2020-21. Of those women in need, 9 percent received contraceptive services through the Family PACT Program.

Access for women in need of publicly-funded contraceptive services is determined by comparing the number of women in need who are enrolled in Family PACT and received a contraceptive method at least once during the fiscal year, to the total number of women in California who were considered in need of these services.

Figure 18:



CONCLUSION

The Family PACT Program continues to serve as one of the largest Medicaid family planning expansion programs in the nation with nearly 900,000 enrolled clients and 450,000 served through a network of 1,800 clinician providers in FY 2020-21. Despite the continued decline in number of clients, over 152,500 individuals were newly enrolled in Family PACT for FY 2020-21. The decline in clients was widespread across subpopulations of gender and age, primarily serving female clients ages 20-29.

Access to family planning services and client utilization following the implementation of Prop. 56 supplemental payments have not been realized. In fact, there was a general decrease in the number of claims for both new and established clients, and there has not been a significant change in contraceptive use utilization, suggesting that the supplemental payments have not generated the desired increase in utilization although there are other policy considerations impacting the overall caseload.

The decline in the number of Family PACT clients served is expected to continue as Medi-Cal expansion continues over the next few years. 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.