



Bixby Center  
for Global  
Reproductive  
Health



University of California San Francisco

# Providing Access to Family Planning through Title X and Medicaid Family Planning Expansion

BIXBY REPRODUCTIVE HEALTH BRIEF

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## HIGHLIGHTS:

- Title X and the 1115 CMS Family Planning Waiver are key programs that enable access to family planning services for uninsured low-income Californians.
- The relationship between the funding streams illustrates the potential of complementary services nationwide.
- The programs helped build a diverse provider network, in which each provider type helps reach a different segment of the population in need.
- Together, the programs provided access to 57% of women in need of publicly subsidized family planning services in California.
- As the United States reforms its health care system, lessons from California underscore the need for and benefits of a mixed funding and service delivery system to increase access for women and men in need of subsidized care.

## Background

Nearly half of all pregnancies nationwide are unintended and are increasingly concentrated among low-income women.<sup>1</sup> Contraceptive use dramatically reduces the risk of unintended pregnancy. In 1997, California implemented the Family PACT Program to address the need for publicly subsidized family planning services within the state. Family PACT provides no cost family planning services to uninsured residents with income at or below the 200% the Federal Poverty Guideline. Since 1999, the program has been operating under a Centers for Medicaid and Medicare Services (CMS) Section 1115 Research & Demonstration Waiver (the waiver). Medicaid expansions through this waiver program have allowed states to expand family planning provider networks and include additional client eligibility groups. Nationwide, 27 states have obtained Medicaid waivers to expand access to family planning.<sup>2</sup>

Family PACT works as a limited scope insurance program: eligible low-income women and men receive free contraceptive and related reproductive health care services and supplies from clinician providers,<sup>a</sup> laboratories and pharmacies which are reimbursed through a fee-for-service mechanism. Any private or public Medicaid provider in California can become a Family PACT provider. Providers have to agree to adhere to the program standards and are reimbursed on a fee-for-service basis. In fiscal year (FY) 2008/09, Family PACT served nearly 1.8 million low-income Californians and provided access to family planning for 57% of women in need of publicly funded family planning services.<sup>3</sup>

Public sector clinician providers enrolled in Family PACT are eligible to compete for federal Title X funds. The Title X Family Planning program is the only federal program dedicated solely to providing individuals with comprehensive family planning and related preventive health services, with priority given to persons from low-income families. Title X is a grant program; funds are allocated to entities that successfully apply for grants to support the provision of family planning services. Title X grantees follow stringent administrative, programmatic and clinical guidelines and receive extensive technical support and oversight.

## The Emerging Synergy

Title X and the 1115 CMS Family Planning waiver program are the key funding streams that enable access to family planning for uninsured low-income women in the United States. The relationship that has evolved between the Title X and the waiver program in California reflects a synergy that has emerged in several states with family planning waivers: the waiver program pays for the core clinical care, and Title X “wraps around that core to buttress the system of family planning centers and fill gaps in services and coverage.”<sup>4</sup> Clinics can use Title X funds to strengthen their capacity through clinician training, conduct outreach in their communities, and support their infrastructure.<sup>b</sup>

This series of briefs presents results of an analysis of California’s comprehensive administrative databases<sup>c</sup> describing how Title X and the waiver program can leverage resources to provide access to family planning services, improve quality of care, and reduce public costs by preventing unintended pregnancy. The current brief describes characteristics of family planning providers, their geographic location and their contributions to meeting the need for subsidized family planning services in California.

## Provider Network

California is among the most diverse states, both culturally and geographically. Its geography includes both heavily populated urban centers and sparsely populated rural areas. With 43% of the population identifying as White and 36% as Latino, the state does not have an ethnic majority; however, among the low-income population, 52% are Latino, many of whom speak Spanish as their primary language.<sup>3</sup>

Title X and the waiver program have built a network of family planning providers in California which is as diverse as the state itself. In 2009, the network of providers enrolled in Family PACT included 279 Title X funded public clinics,<sup>d</sup> 617 public clinics with no Title X funding, and 1,230 private providers.

The three provider types vary greatly in client volume, geographic location and client demographics - and each type occupies an important and distinct niche in California's family planning provider network.

### Characteristics of Providers and Clients Served in Family PACT, 2009

	Provider Type		
	Title X Public	Non-Title X Public	Private
<b>Family PACT Providers</b>			
Total Number of Sites (%Total)	279 (13%)	617 (29%)	1,230 (58%)
In Urban Regions (% Total)	232 (14%)	347 (20%)	1,123 (66%)
In Rural Regions (% Total)	47 (11%)	270 (64%)	107 (25%)
<b>Family PACT Clients</b>			
Total Number of Clients Served*	876,937	341,066	550,719
Average Number of Clients per Provider	3,489	589	484
% Total Population Served*	52%	20%	32%
In Urban Areas	53%	17%	34%
In Rural Areas	39%	51%	13%
Urban/Rural Ratio	92:8	74:26	96:4
Female/Male Ratio	89:11	88:12	83:17
Average Client Age	26.2	29.0	29.8
Teen/Adult Ratio	22:78	15:85	12:88
% Latino	48%	70%	85%
% White	32%	16%	5%
% African American	8%	5%	4%
% Asian/Pacific Islander	8%	6%	4%
% English as Primary Language	73%	42%	26%
% Spanish as Primary Language	24%	53%	70%
Average Parity	0.7	1.4	1.5
Average Family Size	1.8	2.6	2.7

\*Clients could be served by more than one clinician provider type. Clients who received only laboratory or pharmacy services are excluded.

Source: Family PACT claims and client enrollment data.

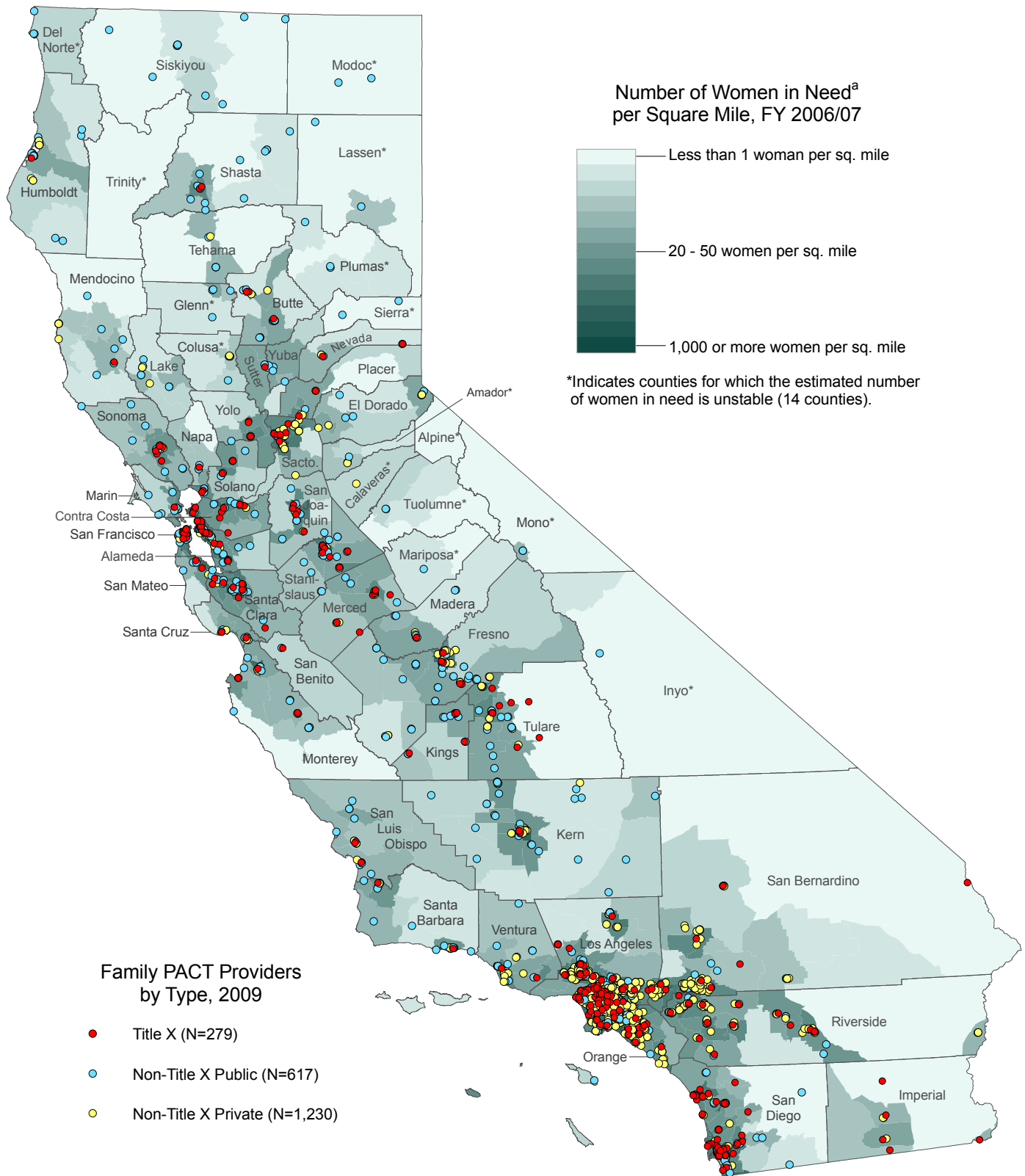
### In 2009:

- Each Title X funded clinic, on average, served 3,489 Family PACT clients in 2009, compared to 589 Family PACT clients for non-Title X public clinics and 484 clients for private clinics and doctor's offices.
- Over half (52%) of all clients served received services at a Title X funded provider, followed by 32% served at private providers and 20% served at non-Title X public providers. A small proportion of clients were served by more than one provider type.
- Clients served by Title X clinics were more likely to be White, African American or Asian/Pacific Islander, adolescent, and have lower parity and family sizes compared to clients served by other provider types.
- Non-Title X public clinics had the highest number of clinics in rural areas (270) and served 51% of rural clients. Title X sites also served a significant proportion of clients in rural areas (39%).
- Private clinics and doctors' offices served the highest number of Latinos compared to other provider types. While they served fewer men and adults than Title X providers, private providers had the highest *proportions* of male and adult clients compared to other provider types.

## Access to Care

The need for publicly subsidized family planning services is distributed unevenly throughout the state. Title X clinics tend to be strategically located in geographic areas where the number of women in need is high, typically in densely populated inner city areas. Non-Title X public clinics, however, enable access in remote rural areas where population density is low and family planning services are hard to come by.

# Need for Publicly Funded Family Planning Services in California and Distribution of Family PACT Providers



<sup>a</sup> Includes adolescents and low-income adult women under 200% of Federal Poverty Guideline at risk of unintended pregnancy.

Data Sources: Chabot MJ, Lewis, C, Thiel de Bocanegra, H. 2010. Access to Publicly Funded Family Planning Services in California, Fiscal Year 2006-07. UCSF, San Francisco; population data by Medical Service Study Areas, California Office of Statewide Health Planning and Development, 2005; Family PACT claims and enrollment data; and special tabulations by UCSF staff.

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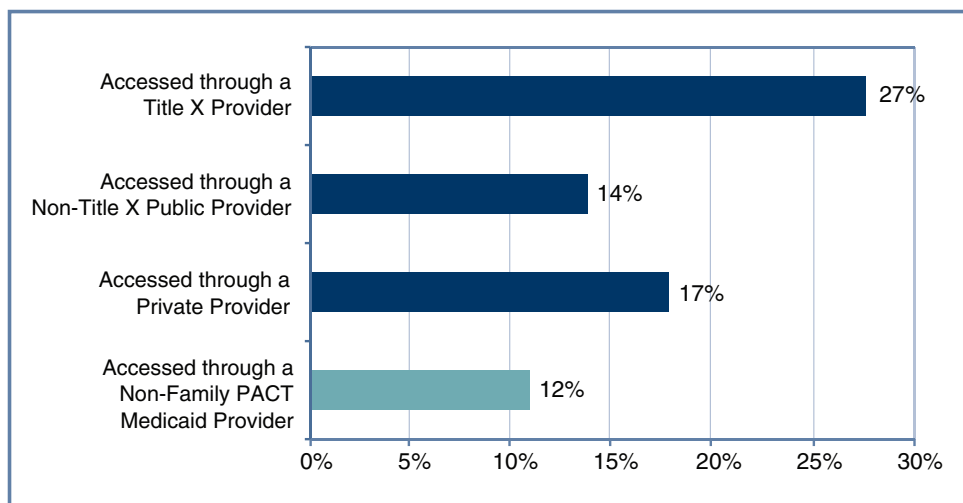
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#### References

1. Finer, L. B.; Henshaw, S. K. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect. Sex Reprod. Health* 2006, 38 (2), 90-96.
2. Guttmacher Institute, State Medicaid family planning eligibility expansions, *State Policies in Brief*, 2010. [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf), accessed Aug 23, 2010.
3. Bixby Center for Global Reproductive Health. University of California, San Francisco. Family PACT Program Report, FY 08/09. Sacramento, CA. 2010.
4. Gold, R.; Sonfield, A.; Richards, C. L.; Frost, J. J. Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System; Guttmacher Institute: New York, 09.
5. Chabot MJ, Lewis, C, Thiel de Bocanegra, H. 2010. *Access to Publicly Funded Family Planning Services in California, Fiscal Year 2006-07* UCSF, San Francisco, and special tabulations by UCSF staff.
6. IOM (Institute of Medicine). 2009. *A Review of the HHS Family Planning Program: Mission, Management and Measurement of Results*. Washington, DC: The National Academies Press.

Since the receipt of federal funding through a CMS family planning waiver, Family PACT has been able to expand and diversify its provider network beyond the traditional Title X clinics, adding other public clinics and private providers. Title X funded clinics continue to serve as the initial point of access to publicly funded reproductive health services for the largest proportion of women in need, but a sizeable number of women in need choose to access services through other points of entry. Together, Title X and Medicaid public funding for family planning now provide access to 70% of women in need, underscoring the beneficial way these two programs build on one another. Expanding access and removing barriers so that all eligible state residents in need can receive needed family planning services continues to be a fundamental goal of the Family PACT program.<sup>5</sup>

**Source of Access to Publicly Funded Family Planning Services Among Women in Need, California, FY 06/07**



## National Significance

As the United States reforms its health care system, a thorough understanding of how Medicaid and Title X funding streams impact access to family planning services is essential.

This research shows that each provider type plays an important role in enabling access to family planning services. By serving clients in geographic areas where the need is the highest, and by reaching out to adolescents and ethnic minorities, Title X clinics underscore the importance of categorical Title X funding in keeping California's family planning system stable and solvent.

**Subsequent briefs** will review how the partnership between Title X and the 1115 CMS Waiver Program in California affects the quality of care, birth outcomes and cost-savings through the prevention of unintended pregnancy. As the Title X program has limited data on client outcomes,<sup>4,6</sup> this research fills a critical gap in knowledge by showcasing its contributions in a state that has both the largest number of Title X clinics and the largest family planning waiver.

#### Notes

- a The term "clinician provider" refers to a unique billing entity. It includes clinics and medical groups in which several clinicians bill under one National Provider Identifier (NPI), location and owner ID, as well as solo practitioners billing independently under their own NPI, location and owner ID.
- b Clinical services can be charged to Title X only as a payer of last resort, such as services to clients with incomes between 200% and 250% of the Federal Poverty Guideline who are ineligible for Family PACT services, or to bridge the gap between the clinic costs and Family PACT payments to providers.
- c Family PACT and Medicaid enrollment and claims data and Vital Statistics data. The list of Title X clinics was provided by the California Family Health Council.
- d For purposes of this analysis clinics with four or more consecutive years and receiving funding in 2009 are counted as Title X clinics.