



Office of
Population Affairs

Family Planning Annual Report 2.0: Insurance Coverage Mapping Guidance

The Office of Population Affairs is enhancing its data collection efforts through the Family Planning Annual Report (FPAR), to support the office's goal of improving quality, access, and equity in Title X family planning services. The mapping guidance in this document provides additional information on how to collect data for Data Element #13, Insurance Coverage Type. This information will be used to quantify the principle health care insurance coverage of Title X family planning clients.

To help grantees report this data element, "Other government", "Private health insurance", and "No payment from an organization/agency/program/ private payer listed" are available as response options starting in the 2023 FPAR (submitted in 2024).

When selecting the Insurance Coverage Type for a family planning client, Title X grantees should consider whether the coverage type **provides a broad set of primary medical care benefits**. As described in Exhibit I, there are three categories of insurance coverage used to produce the FPAR.

EXHIBIT I. FPAR 2.0 INSURANCE COVERAGE TYPE

PUBLIC HEALTH INSURANCE

Refers to federal, state, or local government health insurance programs that provide a **broad set of primary medical care benefits for eligible people**. Examples of such programs include Medicaid (regular and managed care), Medicare, the Children's Health Insurance Program, and other state or local government programs that provide a broad set of benefits.

PRIVATE HEALTH INSURANCE

Refers to health insurance coverage through an employer, union, or direct purchase that provides a **broad set of primary medical care benefits** for the enrolled individual (beneficiary or dependent). Private insurance includes insurance purchased for public employees, retirees, or military personnel and their dependents (for example, TRICARE or Civilian Health and the Medical Program of the Department of Veterans Affairs).

UNINSURED

Refers to clients who **do not have a public or private health insurance plan that covers broad, primary medical care benefits**. The following clients are considered uninsured: clients whose services are subsidized through state or local indigent care programs, or clients insured through the Indian Health Service who obtain care in a nonparticipating facility.

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Response options for Insurance Coverage Type	Public	Private	Uninsured	Unknown or not reported
Long-term care policy			X	
Managed care policy		X		
Point of service policy		X		
Health maintenance organization policy		X		
Preferred provider organization policy		X		
Mental health policy			X	
Substance use policy			X	
Vision care policy			X	
Disability insurance policy			X	
Employee welfare benefit plan policy		X		
Flexible benefit plan policy		X		
Life insurance policy			X	
Annuity policy			X	
Term life insurance policy			X	
Universal life insurance policy			X	
Property and casualty insurance policy			X	
Reinsurance policy			X	
Surplus line insurance policy			X	
Umbrella liability insurance policy			X	
Charity program	X			
Crime victim program			X	
Employee assistance program			X	
Government employee health program		X		
High-risk pool program	X			
Indigenous peoples health program	X			
Military health program		X		
Retiree health program		X		
Social services program			X	
Veteran health program		X		

¹ Refer to coverage type in the HL7 FHIR Value Set for a definition of each concept: <https://www.hl7.org/fhir/valueset-coverage-type.html>.

² To help grantees report this data element, “Other government”, “Private health insurance”, and “No payment from an organization/ agency/program/ private payer listed” are available as response options starting in the 2023 FPAR (submitted in 2024).

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