Family PACT

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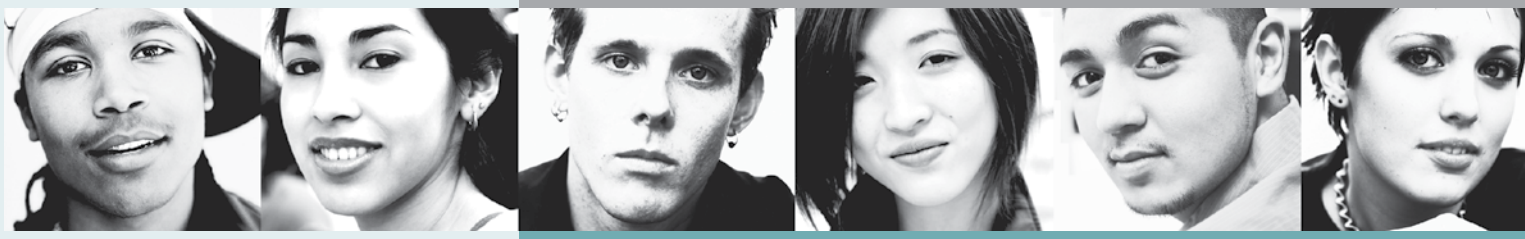

Family PACT Program Report

FISCAL YEAR 2009-2010

Bixby Center for Global Reproductive Health

UCSF

University of California San Francisco

This report was prepared by the University of California, San Francisco (UCSF), Bixby Center for Global Reproductive Health and was supported by funds from the State of California, Department of Public Health, Office of Family Planning. All analysis, interpretations, or conclusions reached are those of UCSF, not the State of California.

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Family PACT Program Report Fiscal Year 2009-10

A report to the
State of California
Department of Public Health
Office of Family Planning

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Introduction

The Family PACT (Planning, Access, Care, and Treatment) Program is administered by the California Department of Public Health, Office of Family Planning (OFP) and has been operating since 1997 to provide family planning and reproductive health services at no cost to California's low-income residents of reproductive age. The program offers comprehensive family planning services including contraception, pregnancy testing, and sterilization as well as sexually transmitted infection (STI) testing and limited cancer screening services. By serving residents with a gross family income at or below 200% of the Federal Poverty Guideline (FPG) with no other source of coverage for family planning services, Family PACT fills a critical gap in health care. In fiscal year (FY) 2009-10 a single person with a gross annual income at or below $21,660 could have been eligible for the program, if all other eligibility criteria had been met. Family PACT works in concert with State teen pregnancy prevention programs to achieve the following key objectives:

1. To increase access to publicly funded family planning services for low-income California residents
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 federal government through a Centers for Medicare and Medicaid Services (CMS) Section 1115 Demonstration Waiver.

Earlier legislation, establishing the Office of Family Planning, requires an annual analysis of key program metrics for any family planning program that OFP administers. The University of California, San Francisco (UCSF) through its Bixby Center for Global Reproductive Health provides OFP with ongoing program monitoring of Family PACT. This annual report is based on enrollment and claims data and describes provider and client populations, the types of services utilized, fiscal issues, and county profiles. Data used are for dates of service within FY 2009-10, beginning July 1, 2009 and ending June 30, 2010. They include claims data and client and provider enrollment data at the time of service. The claims data are based on claims paid as of December 31, 2010, six months after the last month of FY 2009-10. These data are estimated to be 99% complete. Data for prior years come from prior annual reports, unless otherwise noted. As in the past, unless a longer time period is relevant, trends encompass a five-year period. This year's report covers the period from FY 2005-06 through FY 2009-10.

The Bixby Center conducts additional evaluation of the program using other data sources to assess quality of clinical care, adherence to Program Standards, provider referral practices, the cost-benefit of the program and the extent to which low-income women in need of family planning utilize the program. Findings from these evaluations are reported periodically in study-specific reports, policy briefs and research summaries. Report findings can be found under the research section of the Family PACT website, www.FamilyPACT.org, as they become available.

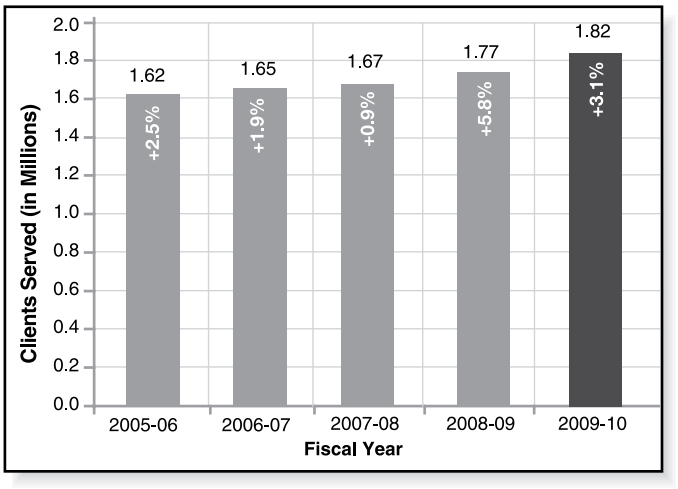
Two technical appendices to this report are available upon request. Appendix I includes detailed information on data sources and methodology. Appendix II contains data tables that supplement the main text.

In its thirteenth full fiscal year of operation, FY 2009-10, the Family PACT Program served 1.82 million women and men, an increase of 3% (55,000 clients) over the previous year and of 12% (198,000 clients) over the five-year period between FY 2005-06 and FY 2009-10. See Figure 1-1. The growth rate for clients served in FY 2009-10 was half the 6% rate seen in the previous year.

The number of women served in the program increased by more than 33,000 in FY 2009-10 (+2.2%), bringing the total number of females served to 1.57 million. The number of men increased by more than 22,000 in FY 2009-10 (+9.7%), bringing the total number of males served to almost 250,000. For the second consecutive year the growth rate of males accessing Family PACT has far exceeded the growth rate of females accessing Family PACT. See Figure 1-2. In the five years since FY 2005-06 the number of females has increased by 9% and the number of males has increased by 36%. Most services are for females and so the proportion of males in the program is expected to be relatively low. Due to recent increases, however, males as a percentage of the Family PACT population have increased from 11% to 14% over five years.

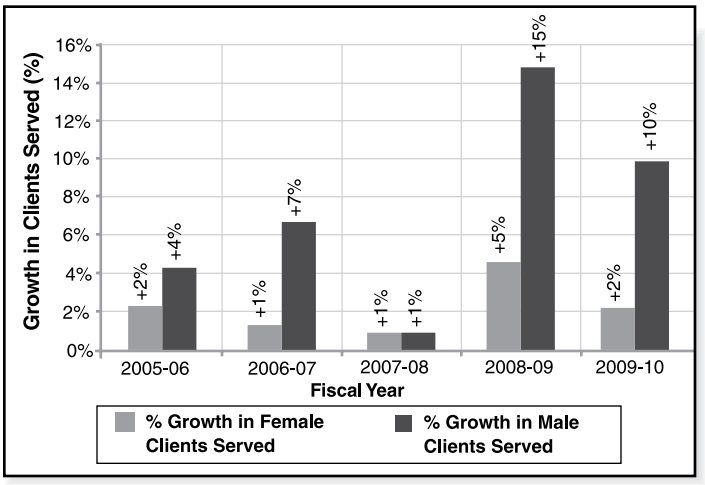
A total of 7,923 providers were reimbursed for services, up by 0.3% (25 providers) from FY 2008-09. The total number of providers showed almost no growth because a decline in the number of pharmacies (-2.4%) offset strong growth in the number of enrolled clinician providers (+5.2%) and laboratories (+6.6%). Of the 7,923 providers, 2,816 were clinician providers, 4,928 were pharmacies, and 179 were laboratories. See Figure 1-3. Pharmacy providers served 36% of all clients, laboratories served 65% and clinician providers served 95%.
Out of the 2,816 total clinician providers who delivered services in FY 2009-10, this report focuses on the 2,183 who were enrolled in Family PACT. The remaining 633 clinician providers delivered services on a referral basis without being enrolled in Family PACT. Enrolled clinicians providers are of particular importance because they deliver the bulk of the services and are subject to the Program Standards, policies, and procedures. Forty-two percent (42%) of enrolled providers were public sector providers and 58% were private sector providers.

Figure 1-1
Trend in Number of Clients Served by Family PACT



Source: Family PACT Enrollment and Claims Data

Figure 1-2
Percentage Increase in Number of Clients Served by Family PACT, Females vs. Males



Source: Family PACT Enrollment and Claims Data

Figure 1-3
Number of Providers Delivering Family PACT Services[a]

	Clinician Providers											
	Enrolled		Medi-Cal[b]		Total Clinician Providers		Pharmacies[c]		Laboratories[c]		Total Providers	
Fiscal Year	No.	Change over Previous FY	No.	Change over Previous FY	No.	Change over Previous FY	No.	Change over Previous FY	No.	Change over Previous FY	No.	Change over Previous FY
2005-06	2,095	2.3%	709	-6.2%	2,804	0.0%	4,710	2.6%	185	5.1%	7,689	1.7%
2006-07	2,112	0.8%	744	4.9%	2,856	1.9%	4,515	-3.9%	189	2.2%	7,560	-1.7%
2007-08	2,152	1.9%	643	-13.6%	2,795	-2.1%	4,601	1.9%	173	-8.5%	7,569	0.1%
2008-09	2,075	-3.6%	608	-5.4%	2,683	-4.0%	5,047	9.7%	168	-2.9%	7,898	4.4%
2009-10	2,183	5.2%	633	4.1%	2,816	5.0%	4,928	-2.4%	179	6.6%	7,923	0.3%

a Delivering Family PACT services is defined as having been reimbursed for services through Family PACT.
b Medi-Cal clinician providers who are not enrolled in Family PACT may provide Family PACT services by referral from an enrolled Family PACT provider.
c Providers are counted according to their provider type. For example, if a laboratory or pharmacy is associated with a clinician provider, both the laboratory or pharmacy and the clinician are counted. In FY 2009-10 ten such laboratories or pharmacies were counted.

Source: Family PACT Enrollment and Claims Data

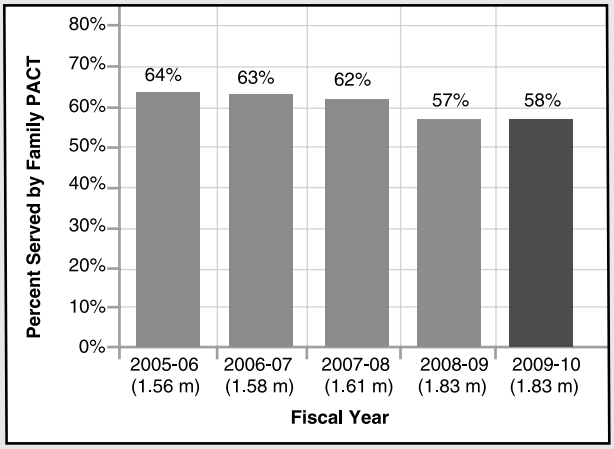
Access to the Family PACT Program by Women in Need of Publicly Funded Contraceptive Services

One measure of the Family PACT Program's accomplishment in achieving its goal of serving women in need of publicly funded family planning services is to assess the trend of access to the program by those women. Access is measured by comparing the number of women who received a contraceptive service at least once during FY 2009-10 to the total number of women who were in need of these services. Women of reproductive ages 15-44 are considered in need of publicly funded contraceptive services if they are at risk of unintended pregnancy, i.e., they are sexually active, able to become pregnant, and neither currently pregnant, nor seeking pregnancy. Further, adult women ages 20-44 must have an income at or below 200% of the Federal Poverty Guideline. Adolescent female ages 15-19 are considered in need of contraceptive services regardless of income, if they are sexually experienced.

Figure 1-4 shows an estimated 1.83 million California women ages 15-44 in need of contraceptive services. Of these women, 58% received contraceptive services through Family PACT in FY 2009-10. Over five years, the general decline in access reflects the growing numbers of women in need, with the most noticeable change occurring during the severe economic downturn beginning in late 2007. In FY 2009-10 the number of women in need remained the same as in FY 2008-09, but access increased slightly from 57% to 58%.

While there was a 3% decrease in the number of adolescents served by Family PACT between FY 2008-09 and FY 2009-10, the decrease in the number of adolescents in need (-6%) was larger, resulting in an increase in access among this population subgroup from 39% to 41%. Access among adult women was similar to the previous two fiscal years.

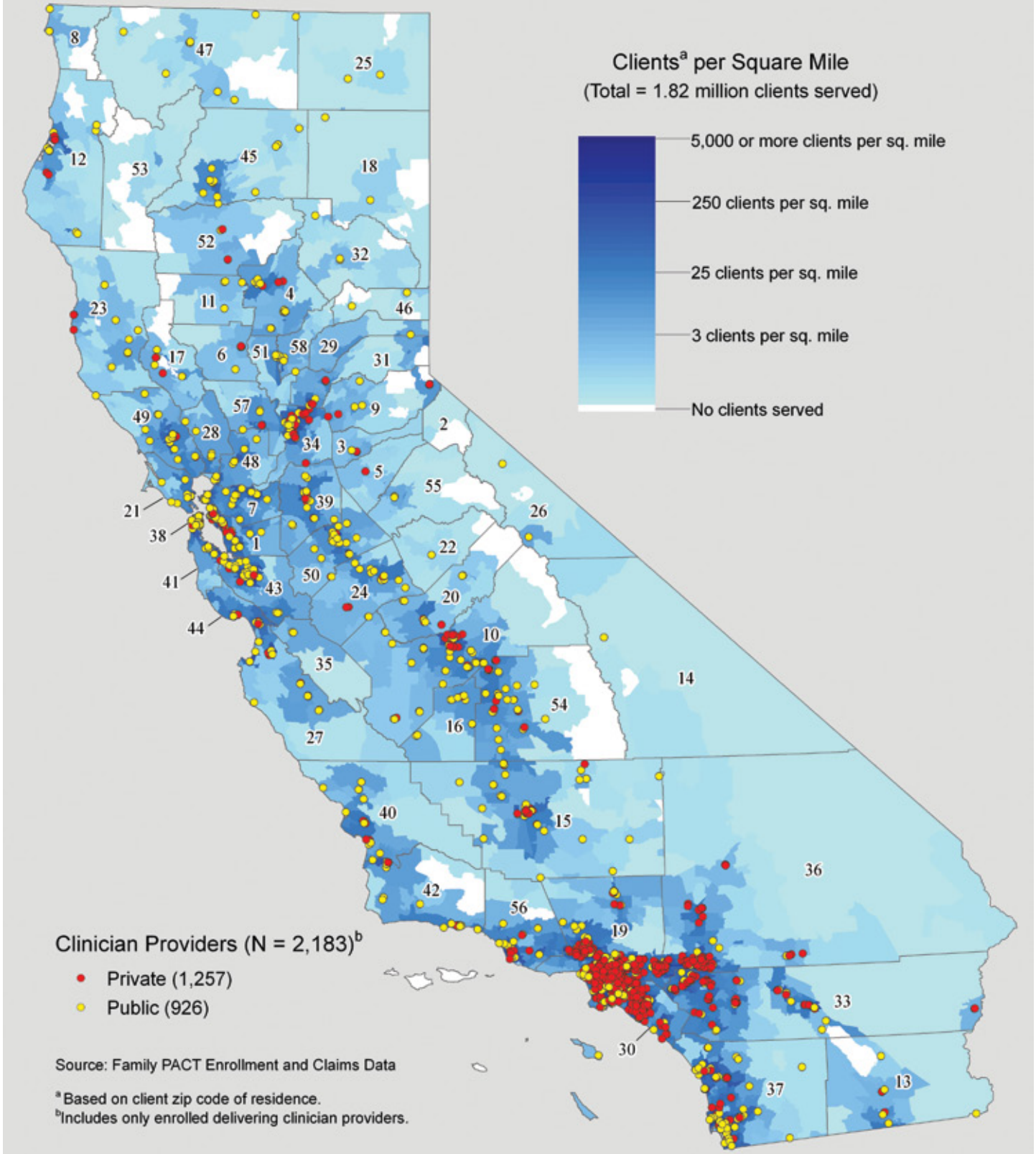
Figure 1-4
Access to the Family PACT Program: Percentage of California Women Ages 15-44 in Need of Publicly Funded Contraceptive Services, Who were Served by Family PACT



Sources: Family PACT Enrollment and Claims data; State of California Department of Finance, Race/Ethnic Populations with Age and Sex Detail, 2000-2050, July 2007; California Health Interview Survey; California Women's Health Survey, and California American Community Survey.

The map on page 4, Figure 1-5, shows the geographic distribution of providers and clients. The broad distribution of providers suggests that services are widely available. Providers and clients are heavily concentrated in areas of high population density. Ten counties accounted for 75% of clients served, 75% of providers, and 73% of total reimbursement.

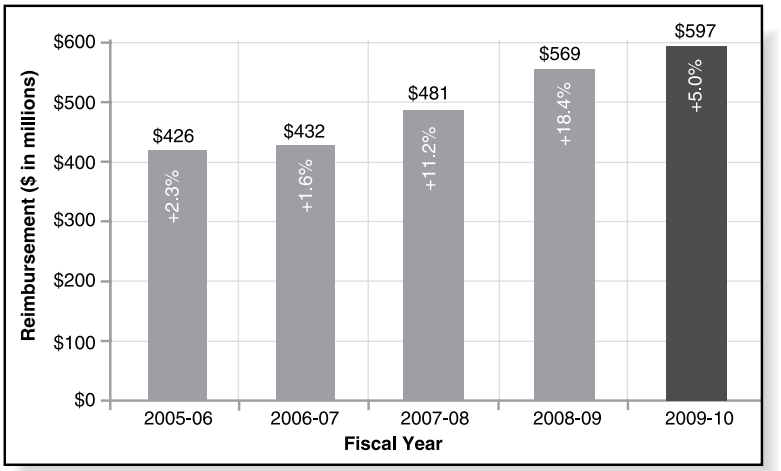
Figure 1-5
Overview of Providers and Clients Served in Family PACT, FY 2009-10



Growth in Family PACT reimbursement slowed considerably in FY 2009-10 following double-digit growth rates in FY 2007-08 and FY 2008-09. Total reimbursement was $597 million, an increase of 5% over the $569 million in the previous fiscal year. See Figure 1-6. Reimbursement per client increased from $322 in FY 2008-09 to $328 in FY 2009-10, a 2% increase. See Figure 1-7.

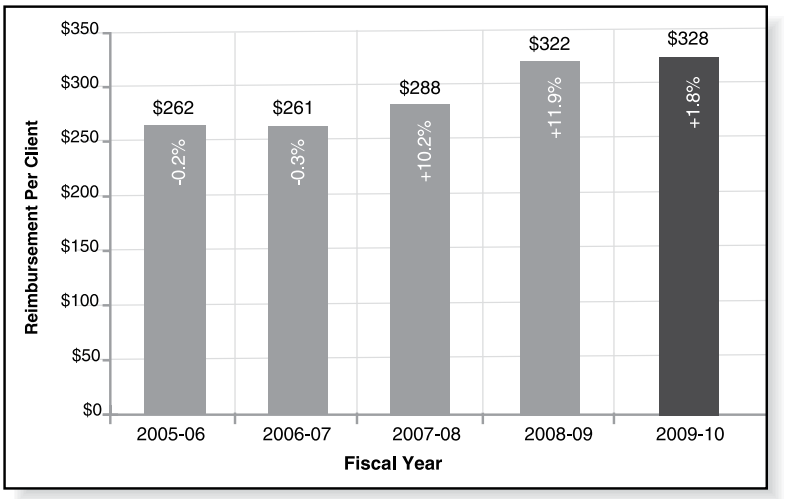
Federal law requires drug manufacturers to pay state Medicaid agencies rebates on drugs. These rebates lower the cost of the Family PACT Program to both the state and federal governments. For FY 2009-10, there was an estimated $39 million in drug rebates. Adjusting for the rebates, total reimbursement was $558 million and reimbursement per client was $304. Figure 1-8 shows the trend for the three service categories – clinician services, laboratory services, and drug and supply services – and the effect that the drug rebates have had on lowering the cost of drugs and supplies.

Figure 1-6
Total Provider Reimbursement for Family PACT Services



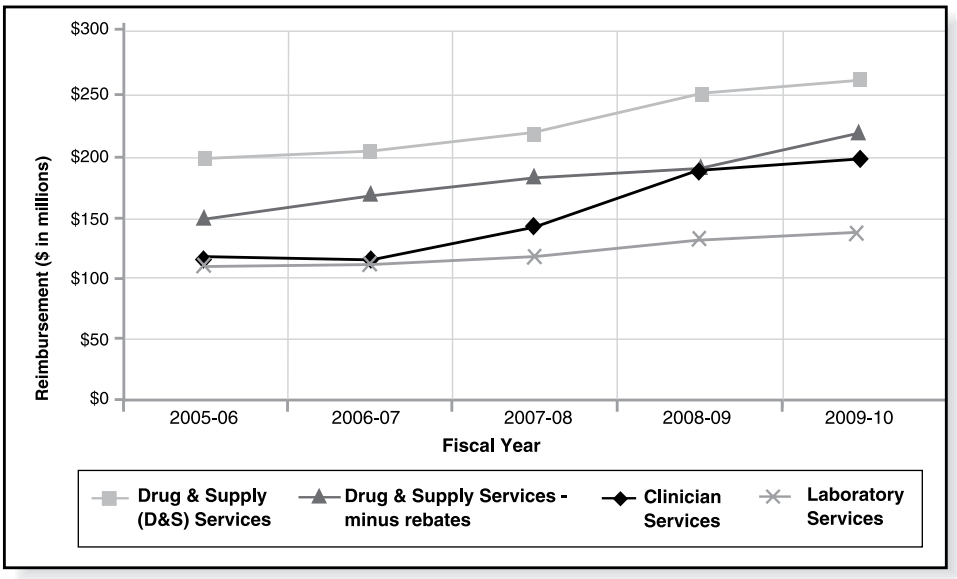
Source: Family PACT Enrollment and Claims Data

Figure 1-7
Average Reimbursement per Family PACT Client Served



Source: Family PACT Enrollment and Claims Data

Figure 1-8
Trend in Family PACT Reimbursement by Service Type



Source: Family PACT Enrollment and Claims Data

Chapter 2 *Profile of Clinician Providers*

Enrolled clinician providers are of particular importance to the Family PACT Program because they deliver the bulk of the services and are subject to the Program's Standards.[1] Of the 2,816 clinician providers reimbursed for delivering Family PACT services in FY 2009-10, 2,183 (78%) were enrolled in the program and are the focus of this report.

The remaining 633 clinician providers delivering services (22%) were not enrolled in Family PACT, but provided services to Family PACT clients by referral from an enrolled Family PACT provider. These providers may deliver services that a Family PACT provider does not perform, such as sterilization, and may bill Family PACT, but they may not enroll new clients. Since all clinician providers billing Family PACT must be enrolled in Medi-Cal, these providers are referred to as "Medi-Cal" providers (as opposed to "enrolled" providers). Because these providers typically serve only a small percentage of clients (5% in FY 2009-10), provide only occasional service and are not enrolled, further discussion of providers is limited to enrolled Family PACT providers.

The number of enrolled delivering providers increased by 108 over the previous year (+5%). Thirty-seven percent (37%) of the 2,183 enrolled providers had participated in the program since the FY 1997-98 – the first full year of implementation – and 81% had participated for four or more years.

The Family PACT provider network includes public and private sector clinician providers. Public sector clinician providers include governmental and non-profit organizations. Private sector clinician providers include physician groups, solo practitioners, and certified nurse practitioner practices among other private entities. Both the number of private and public sector providers grew in FY 2009-10 over the previous year. The net increase of 72 public sector providers was higher than the net increase of 36 private sector providers. Growth rates were 8% for public sector providers and 3% for private sector providers. In the private sector, the growth in the number of providers comes after an 8% decline in the preceding year. However, the total number of private sector providers (1,257) is still below its peak of 1,441, which occurred in FY 2002-03. See Figure 2-1.

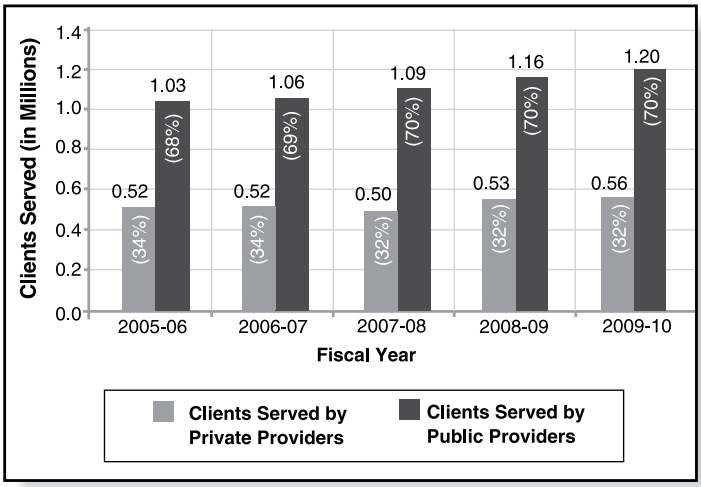
Figure 2-1
Enrolled Clinician Providers Delivering Family PACT Services

	Provider Sector							
	Private			Public			Total	
Fiscal Year	No.	% of Total	Change over Previous Year	No.	% of Total	Change over Previous Year	No.	Change over Previous Year
2005-06	1,322	63%	0%	773	37%	8%	2,095	3%
2006-07	1,312	62%	-1%	797	38%	3%	2,109	1%
2007-08	1,321	61%	1%	831	39%	4%	2,152	2%
2008-09	1,221	59%	-8%	854	41%	3%	2,075	-4%
2009-10	1,257	58%	3%	926	42%	8%	2,183	5%

Source: Family PACT Enrollment and Claims Data

In FY 2009-10, private sector providers comprised 58% of all enrolled providers, but served only 32% of clients. Public sector providers, on the other hand, comprised 42% of all providers, while serving 70% of clients.[2] See Figure 2-2. Public sector providers consistently serve the majority of Family PACT clients. They also have slightly more experience with the program. The median number of years with Family PACT for public sector providers is ten, compared to nine years for private sector providers.

Figure 2-2
Trends in the Number of Family PACT Clients Served by Enrolled Clinician Providers by Provider Sector



Note: The percentages add to more than 100% because some clients were served by both public and private providers.

Source: Family PACT Enrollment and Claims Data

The profile of clients served differs markedly when comparing private and public sector providers. Clients of private providers were more likely to be Latino and to report Spanish as their primary language. Clients of public providers were almost three years younger on average and had lower incomes, smaller families, and lower average parity. See Figure 2-3.

Figure 2-3
Profile of Family PACT Clients Served by Provider Sector, FY 2009-10

	Provider Sector	
Client Profile Variable	Private	Public
Average Number of Clients Served per Provider	442	1,297
Female/Male Ratio	82:18	88:12
Percent Latino	85%	53%
Percent Spanish as Primary Language	69%	31%
Average Age	29.5	26.6
Average Monthly Income	$893	$720
Average Family Size	2.7	2.0
Average Parity	1.3	0.8

Source: Family PACT Enrollment and Claims Data

1 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 'category of service' (COS) 11 for at least one day during the fiscal year. All references to "providers" refer to entities with a unique combination of National Provider Identifier (NPI), Owner number, and Location number.

2 Clients may be served by either a public provider, private provider or both.

Chapter 3 *Profile of Clients*

The Family PACT Program had 2.72 million clients enrolled for part or all of FY 2009-10, up from 2.62 million in FY 2008-09. This number includes 0.78 million newly enrolled clients, as well as about 1.93 million previously enrolled clients whose eligibility continued into FY 2009-10. Of the program's 2.72 million enrolled clients, 1.82 million (67%) received Family PACT services during the fiscal year.

The number of clients served (1.82 million), upon which data in this report are based, increased by 3% or approximately 55,000 clients, over FY 2008-09, reaching its highest total ever. The following section highlights the predominant client demographics and demographic trends. See Figure 3-1.

- The growth rate among female clients served decreased from 5% in FY 2008-09 to 2% in FY 2009-10. This growth is more consistent with growth observed in the five years before FY 2008-09.
- The growth rate among male clients served decreased from 15% in FY 2008-09 to 10% in FY 2009-10. As a percentage of the total Family PACT population, males increased from 13% to 14%, the highest percentage ever.
- Almost one-half (49%) of clients were between the ages of 20-29. A striking rate of growth was noted in FY 2008-09 for clients ages 40 and over (+15%). That rate slowed in FY 2009-10, but clients ages 40 and over still grew faster than clients under age 40 (+11% for clients 40 and over; +2% for clients under 40). Clients ages 40 and over made up 11% of all clients in FY 2009-10, up from 10% in FY 2008-09.
- About two-thirds (63%) of clients identified themselves as Latino. The composition of clients by race and ethnicity changed slightly to include a higher proportion of Whites (21% in FY 2009-10; 20% in FY 2008-09) and Asian and Pacific Islanders (API) (7% in FY 2009-10; 6% in FY 2008-09) and a lower proportion Latinos (63% in FY 2009-10; 64% in FY 2008-09).
- The proportion of clients reporting Spanish as their primary language (43%) continued to decline while the proportion of clients reporting English (54%) continued to increase. The proportion reporting English as their primary language has been increasing since FY 2001-02 when it was 40%.
- Eighty percent (80%) of clients reported a family income below the Federal Poverty Guideline (FPG),[1] up from 77% in FY 2008-09.
- The percentage of those reporting a family size of one increased to 51% in FY 2009-10 up from 50% in FY 2008-09 and 40% in FY 2000-01. This trend follows the trend in women reporting zero parity, or never having had a live birth, which has risen from 40% in FY 2000-01 to 49% in FY 2009-10.

Figure 3-1
Demographic Profile of Clients Served, FY 2008-09 and FY 2009-10

	FY 2008-09		FY 2009-10	
Total Number of Clients Served	**No.**	**%[d]**	**No.**	**%[d]**
	1,765,556		1,820,850	
By Sex				
Female	1,538,291	87%	1,571,497	86%
Male	227,265	13%	249,353	14%
By Age				
<18	129,223	7%	124,677	7%
18-19	184,892	10%	182,850	10%
20-24	504,386	29%	518,129	28%
25-29	367,329	21%	381,506	21%
30-34	235,041	13%	241,661	13%
35-39	160,535	9%	167,553	9%
40-44	101,386	6%	110,112	6%
45-49	58,101	3%	64,558	4%
50-54	20,714	1%	24,741	1%
55-60	3,949	0%	5,063	0%
Missing/Unknown	1	NA		
By Ethnicity				
Latino	1,125,088	64%	1,145,308	63%
White	361,181	20%	377,724	21%
African American	108,952	6%	116,519	6%
API[a]	114,033	6%	121,190	7%
Other & Native American	56,300	3%	60,106	3%
Missing/Unknown			3	NA
By Primary Language				
Spanish	789,437	45%	774,782	43%
English	909,812	52%	978,335	54%
Other	66,305	4%	67,730	4%
Missing/Unknown	2	NA	3	NA
By Income				
0-50% of FPG[b]	765,130	43%	837,964	46%
>50-100% of FPG	590,875	33%	613,321	34%
>100-150% of FPG	312,601	18%	272,968	15%
>150-200% of FPG	96,947	5%	96,590	5%
Missing/Unknown	3	NA	7	NA
By Family Size				
1 person	880,973	50%	936,352	51%
2 to 4 persons	696,482	39%	697,978	38%
5 or more person	188,098	11%	186,513	10%
Unknown	3	NA	7	NA
By Parity[c]				
none	743,867	48%	777,002	49%
1 birth	284,149	18%	282,919	18%
2 births	258,999	17%	259,220	17%
3-9 births	250,043	16%	251,236	16%
Missing/Unknown	1,233	NA	1,120	NA

a Asian and Pacific Islander.
b Federal Poverty Guideline, formerly Federal Poverty Level.
c Includes females only.
d Percentages may not add to 100% due to rounding.

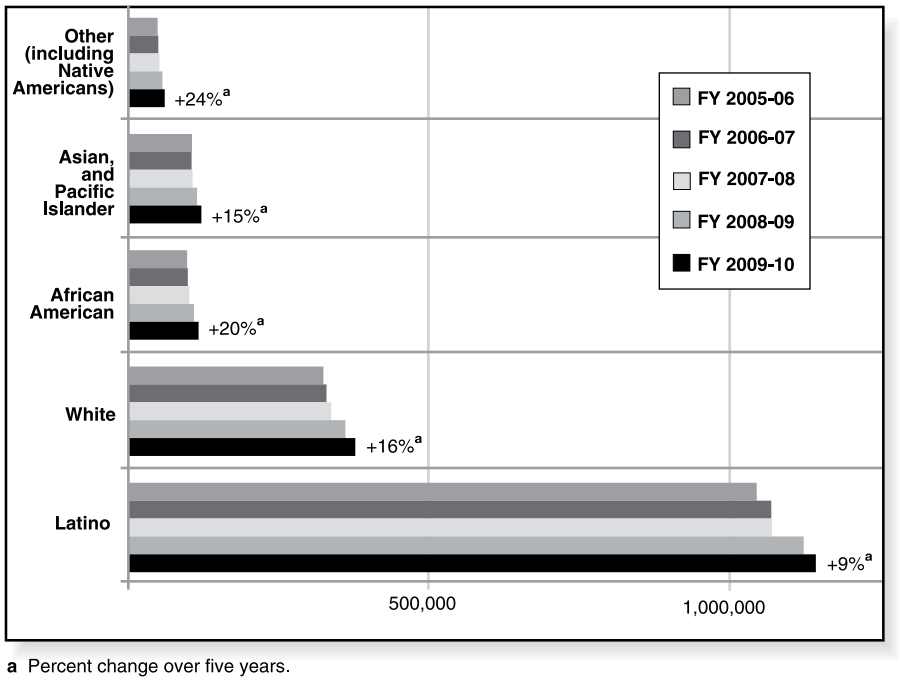
1 Effective May 1, 2009 the Family PACT eligibility limit of 200% of the FPG for a family of one was $1,805/month with an additional $624/month for each additional family member. The FPG (100%) was half that amount or $902 for a family of one.

Growth in each racial/ethnic group slowed in FY 2009-10 compared to the rapid growth observed in FY 2008-09. Among the four major groups the growth rate over the previous year was lowest for Latinos (+2%) and highest for African Americans (+7%).

A fifth group, Other including Native Americans, has shown strong growth in recent years. Over a five-year period this group has grown by 24% followed by 20% for African Americans. Latinos have shown the slowest percentage growth (+9%) over the five-year period. See Figure 3-2.

The Family PACT population has a higher proportion of Latinos and a lower proportion of Whites, APIs, and African Americans than the comparable population of California residents. See Figure 3-3.

Figure 3-2
Trend in the Number of Family PACT Clients Served by Race/Ethnicity



a Percent change over five years.
Source: Family PACT Enrollment and Claims Data

Figure 3-3
Comparison of Family PACT Clients to California Population, by Ethnicity

	Clients Served by Family PACT		Population under 200% of FPG[b] for age groups served by Family PACT		California Population	
	FY 2009-10		FY 2009-10[c]		FY 2009-10[c]	
	No.	%	No.	%	No.	%
Latino[a]	1,145,308	63%	6,290,225	52%	14,347,742	37%
White	377,724	21%	3,535,634	29%	16,436,051	42%
African American[a]	116,519	6%	839,167	7%	2,283,154	6%
Asian and Pacific Islander	121,190	7%	1,154,364	10%	4,789,827	12%
Other (including Native American)	60,106	3%	325,254	3%	1,055,212	3%
Total	**1,820,847**	**100%**	**12,144,644**	**100%**	**38,911,987**	**100%**

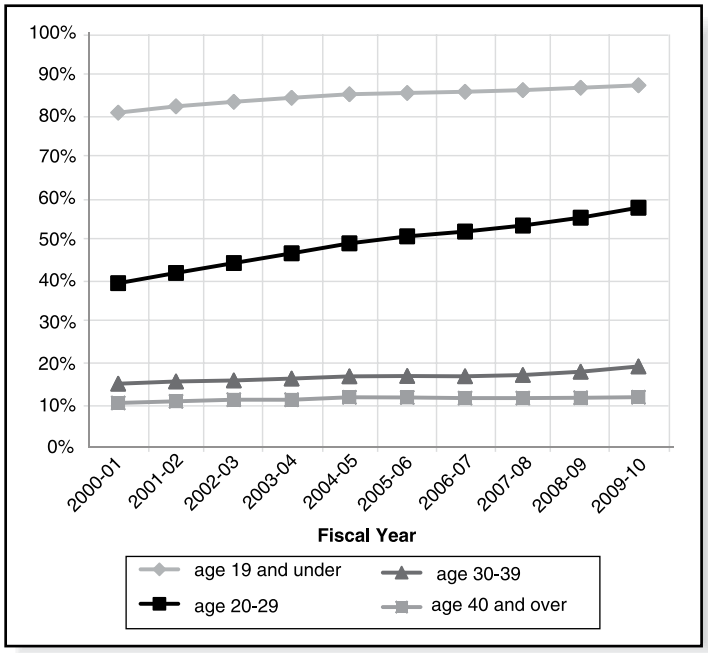
a The terms "Latino" and "African American" are used in lieu of "Hispanic" and "Black", which appear on both the Family PACT Client Eligibility Certification Form and the California Population Survey.
b Federal Poverty Guideline, formerly Federal Poverty Level.
c Population counts for fiscal years were obtained by averaging population counts for the two calendar years of interest. Poverty data was not available for FY 2009-10. "Other" includes Multi-race category.

Source: Family PACT Enrollment and Claims Data, combined 2009-2010 Annual Social and Economic Supplement (ASES) to Current Population Survey, and State of California, Department of Finance, Race/Ethnic Population tables with age and sex detail, 2000-2050. Income reported in the ASES survey is the previous year's income.

The zero parity rate increase means a steadily increasing proportion of women report never having had a live birth upon enrolling or recertifying. Over a ten-year period the zero parity rate has increased most markedly among women in their twenties. See Figure 3-4. In FY 2000-01, 39% of women in their twenties had never had a live birth compared to 58% in FY 2009-10, an increase of 19 percentage points. Adolescents show a lesser change, but their zero-parity rates are higher (87% in FY 2009-10; 81% in FY 2000-01). Put another way, about one out of every eight adolescent females who enrolled or recertified in the program in FY 2009-10 had had a live birth compared to one out of every five adolescent females in FY 2000-01.

Among women ages 20-29, African Americans, Latinas and Others show the largest change in zero parity rate, but Latinas drive the trend because they constitute the majority (57%) of women in their twenties. Forty percent (40%) of Latinas in their twenties reported zero parity in FY 2009-10 compared to 26% ten years earlier.

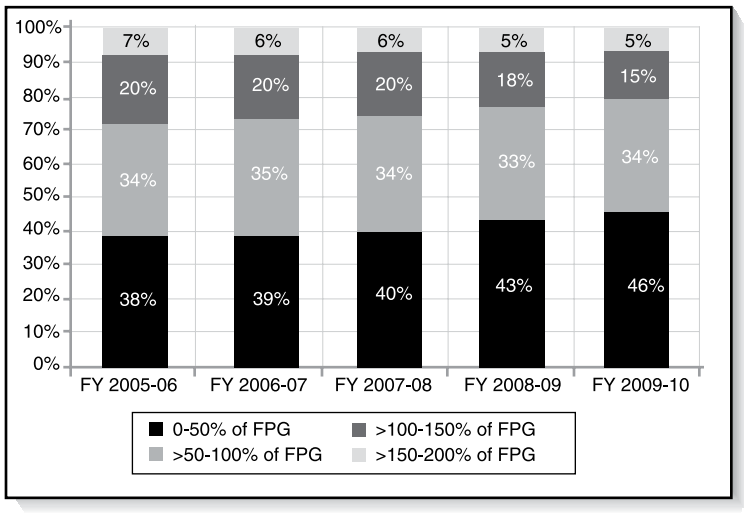
Figure 3-4
Percent of Female Family PACT Clients Served with Zero Parity, by Age Group



Source: Family PACT Enrollment and Claims Data

All clients in the Family PACT Program are below 200% of the FPG, but even among these low-income clients an increase in the most extreme level of poverty – at or below 50% of the FPG – has been observed.[2] The upward trend began in FY 2006-07 and rose more steeply in FY 2008-09 and FY 2009-10. The number of those in the most extreme poverty category grew 14% in FY 2008-09 and 10% in FY 2009-10, compared to an increase of 6% in the number of clients served in FY 2008-09 and 3% in FY 2009-10. As a result of this growth the proportion of clients in this category has increased from 38% in FY 2005-06 to 46% in FY 2009-10. See Figure 3-5.

Figure 3-5
Trend in Clients Served, by Percent of Federal Poverty Guideline



Source: Family PACT Enrollment and Claims Data

Retention is defined as any client served in the fiscal year who had been served in any of the prior four years. Retention tends to be stable over time with only minor fluctuations observed. In FY 2009-10 an estimated 68% of the client population was retained from one of the prior four years. See Figure 3-6. Clients served by private providers were retained at the same rate as clients served by public providers (68%). Clients served by public providers provide an exception to the stability of the rates, in that their retention rate has steadily increased to that of the private providers, going from 65% in FY 2005-06 to 68% in FY 2009-10.

An estimated 46% of adolescent clients had been served in at least one of the previous four years, compared to 72% of adults. When adolescents turn 20 years of age they are counted as a retained adult, which explains some of the difference in the two retention rates. An estimated 31% of males were retained, compared to 74% of females. The difference is not surprising, given that females often require more services and supplies on an on-going basis than males.

Figure 3-6
Family PACT Client Retention Estimate

Clients Served	Number	% Estimate as Retained[a]
All clients	1,820,850	68%
Adolescents	307,527	46%
Adults	1,513,323	72%
Males	249,353	31%
Females	1,571,497	74%
Clients served by Private Providers	556,220	68%
Clients served by Public Providers	1,200,600	68%

a Client retention can only be estimated because matching clients from year to year is based on a complex algorithm to assign unique identifiers to clients over the life of the program. Percentages may not match previous years' reports due to methodological adjustments.

Source: Family PACT Enrollment and Claims Data

2 Effective May 1, 2009 a family of one at 50% of the FPG had an income of less than or equal to $451/month with an additional $156/month for each additional family member.

In December 1999 the Family PACT Program began receiving funding from the federal government through a Centers for Medicare and Medicaid Services (CMS) Section 1115 Demonstration Waiver. This Waiver continued through FY 2009-10. Two of the goals of the Waiver project aimed to reduce unintended pregnancies among adolescents and increase access to family planning for males. This chapter focuses on these populations.

Adolescents

Adolescents – defined as clients under age 20 – comprised 17% of Family PACT clients in FY 2009-10. The social and demographic characteristics of adolescent clients were different from those of adult clients. See Figure 4-1.

Figure 4-1
Family PACT Client Profile: Adolescents vs. Adults, FY 2009-10

Total Number of Clients Served	Adolescents 307,527		Adults 1,513,323	
By Sex				
Female	268,886	87%	1,302,611	86%
Male	38,641	13%	210,712	14%
By Age				
10-14	11,265	4%		
15-17	113,412	37%		
18-19	182,850	59%		
By Ethnicity				
Latino	167,662	55%	977,646	65%
White	82,580	27%	295,144	20%
African American	25,398	8%	91,121	6%
Asian and Pacific Islander	19,825	6%	101,365	7%
Other (inc. Native American)	12,061	4%	48,045	3%
By Primary Language				
Spanish	56,328	18%	718,454	47%
English	245,064	80%	733,271	48%
Other	6,134	2%	61,596	4%
By Income[a]				
0-50% of FPG[b]	248,949	81%	589,015	39%
>50-100% of FPG	42,842	14%	570,479	38%
>100-150% of FPG	12,677	4%	260,291	17%
>150-200% of FPG	3,058	1%	93,532	6%
By Family Size[a]				
1 person	255,388	83%	680,964	45%
2 - 4 persons	45,388	15%	652,590	43%
>4 persons	6,750	2%	179,763	12%
By Parity[c]				
None	234,293	87%	542,709	42%
1 birth	29,793	11%	253,126	19%
2 births	3,910	1%	255,310	20%
3-9 births	771	0%	250,465	19%
By Provider Sector[d]				
Private Practice Only	60,227	20%	457,622	32%
Public/Non-Profit Only	229,825	78%	932,404	65%
Both	4,177	1%	34,194	2%

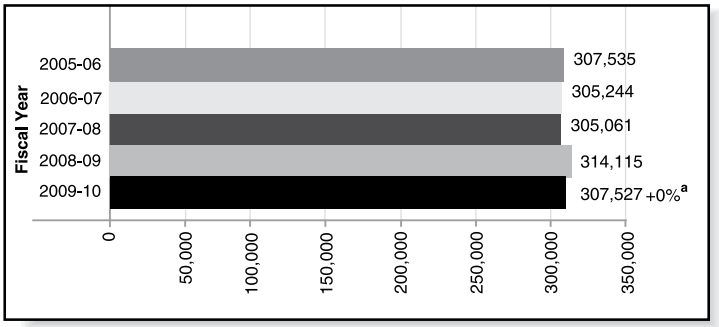
Note: Percentages may not add to 100% due to rounding.
a Adolescents are not required to include parents and siblings when declaring family size and income.
b Federal Poverty Guideline, formerly Federal Poverty Level.
c Includes females only.
d Includes only clients served by clinicians.
Source: Family PACT Enrollment and Claims Data

- A higher proportion of adolescents were White compared to adults (27% of adolescents; 20% of adults) and a lower proportion of adolescents were Latino compared to adults (55% of adolescents; 65% of adults).
- A considerably higher proportion of adolescents reported English as their primary language than adults (80% of adolescents; 48% of adults).
- Adolescents reported smaller family sizes and lower incomes than adults. This is to be expected since adolescents are not required to include parents or siblings when reporting family size and income.
- Among adolescent females, 87% reported never having had a live birth (zero parity) upon enrollment or recertification compared to 42% of adult females.
- A higher proportion of adolescents (78%) were served only by public sector providers compared to adults (65%).

Trends noted among Adolescents

The number of adolescents served declined by 2% in FY 2009-10. See Figure 4-2. No growth in the number of adolescents has been observed over a five-year period. In contrast the number of adults served increased 4% over FY 2008-09 and 15% over FY 2005-06.

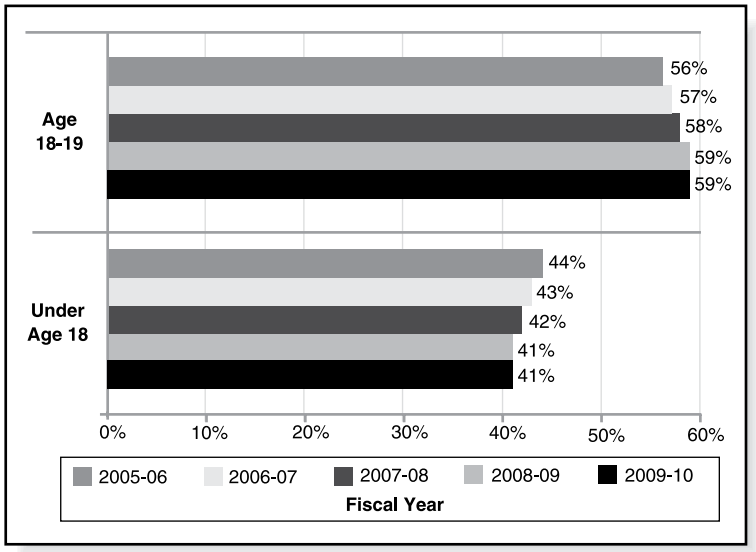
Figure 4-2
Trend in Adolescents Served by Family PACT



a Percent change over five years.
Source: Family PACT Enrollment and Claims Data

- At the beginning of the program, in FY 1997-98, adolescents were split fairly evenly between those under age 18 and those 18-19 years old (49% under age 18; 51% age 18-19). Since then a slow steady shift toward serving a higher proportion of older adolescents has occurred until 59% of adolescents were aged 18-19 and 41% were under age 18 in FY 2009-10. Figure 4-3 shows the last five years of this trend.

Figure 4-3
Percent of Family PACT Adolescents, by Age



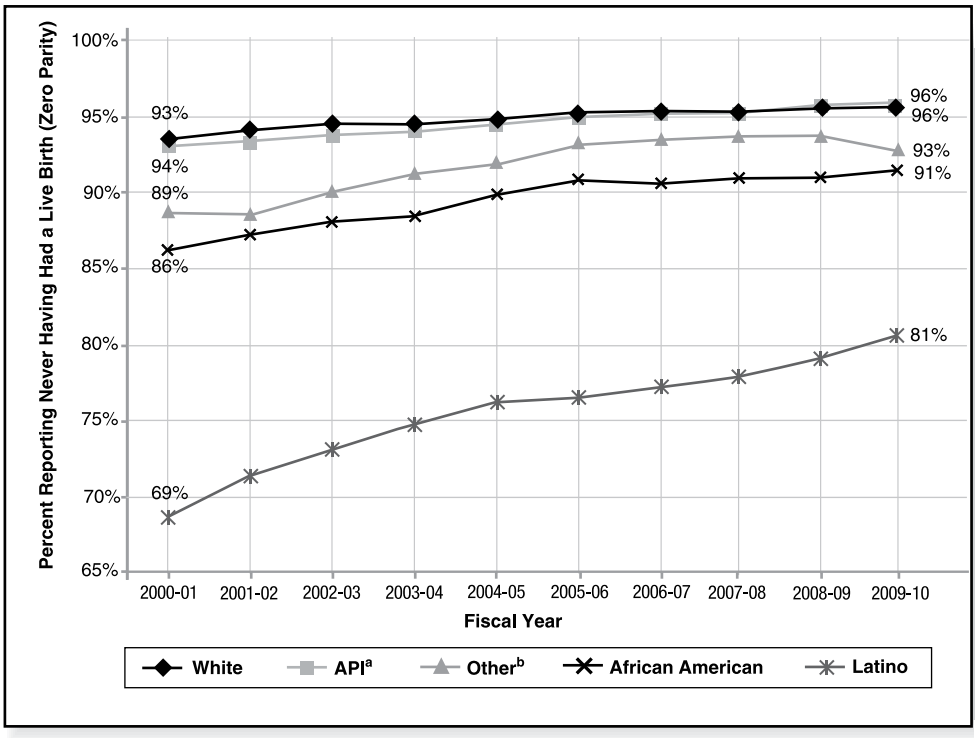
Source: Family PACT Enrollment and Claims Data

- The number of female adolescents under age 18 decreased for the fifth consecutive year, declining by 4% in FY 2009-10. This year marks the first year, however, that female clients ages 18-19 also declined (-2%). Over a five-year period the number of females under age 18 has declined by 10%. The number of females age 18-19 increased by 4% over the same five-year period.

- Among the four major racial/ethnic categories, Latino adolescents were the only group that showed an increase in numbers (+1%). White adolescents declined by 7%, followed by Asian and Pacific Islander (API) adolescents (-4%), African Americans (-2%), and Other, including Native Americans (-1%). Over a five-year period, the number of adolescents in the Other category increased by 9%, Latinos increased by 8%, and African Americans by 2%. Both White and API adolescents declined by 10%.

- Latina adolescents showed the largest increase in zero parity rate among all the racial/ethnic groups over a one-year period, increasing from 79% in FY 2008-09 to 81% in FY 2009-10. Over ten years, the zero parity rate of Latinas has increased the most, going from 69% in FY 2000-01 to 81% in FY 2009-10. Among the other racial/ethnic groups, the percentage reporting zero parity is 91% or higher. See Figure 4-4.

Figure 4-4
Zero Parity Rates among Female Family PACT Adolescents, by Race-Ethnicity

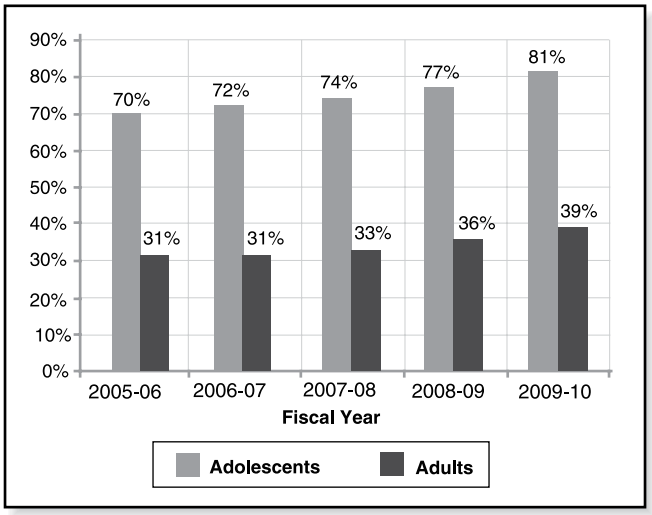


a Asian and Pacific Islander.
b Other, including Native American.

Source: Family PACT Enrollment and Claims Data

The increase in more extreme poverty among clients as described earlier was found among both adolescents and adults. Since data became available in FY 2001-02 the percentage of adolescents with incomes placing them at or below 50% of the Federal Poverty Guideline (FPG) has increased from 66% to 81% with the greatest change occurring in FY 2008-09 and FY 2009-10. The percentage of adults in that category has increased from 31% to 39% of the FPG, again with the greatest change occurring after FY 2007-08. See Figure 4-5 for data from the most recent five years.

Figure 4-5
Family PACT Clients At or Below 50% of Federal Poverty Guideline,[a] Adolescents vs. Adults



a Effective May 1, 2009 a family of one at 50% of the FPG had an income of less than or equal to $451/month with an additional $156/month for each additional family member.

Source: Family PACT Enrollment and Claims Data

Males

Males made up 14% of all clients served in the program in FY 2009-10, one percentage point more than in FY 2008-09 and the highest proportion since program inception. The social and demographic characteristics of male clients served were similar to females with a few exceptions. See Figure 4-6.

Figure 4-6
Profile of Family PACT Clients Served: Males vs. Females, FY 2009-10

Total Number of Clients Served	Males 249,353		Females 1,571,497	
By Age				
<18	16,073	6%	108,604	7%
18-19	22,568	9%	160,282	10%
20-24	67,659	27%	450,470	29%
25-29	50,002	20%	331,504	21%
30-34	31,673	13%	209,988	13%
35-39	22,333	9%	145,220	9%
40-44	16,387	7%	93,725	6%
45-49	11,319	5%	53,239	3%
50-54	7,234	3%	17,507	1%
55-60	4,105	2%	958	<1%
By Ethnicity				
Latino	163,501	66%	981,807	62%
White	42,815	17%	334,909	21%
African American	25,516	10%	91,003	6%
Asian and Pacific Islander	9,727	4%	111,463	7%
Other (including Native American)	7,794	3%	52,312	3%
By Primary Language				
Spanish	115,877	46%	658,905	42%
English	125,920	50%	852,415	54%
Other	7,556	3%	60,174	4%
By Income[a]				
0-50% of FPG[b]	127,127	51%	710,837	45%
>50-100% of FPG	66,710	27%	546,611	35%
>100-150% of FPG	40,377	16%	232,591	15%
>151-200% of FPG	15,139	6%	81,451	5%
By Family Size[a]				
1 person	182,710	73%	753,642	48%
2 -4 persons	51,365	21%	646,613	41%
>4 persons	15,278	6%	171,235	11%
By Region of Client Residence				
Los Angeles County	105,937	42%	529,003	34%
Other Counties	143,416	58%	1,042,491	66%
By Provider Sector[C]				
Private Only	97,342	41%	420,507	28%
Public/Non-Profit Only	140,353	59%	1,021,876	69%
Both	1,105	<1%	37,266	3%

Note: Numbers may not sum to the total due to missing data for fewer than eight clients.

a Adolescents are not required to include parents and siblings when declaring family size and income.
b Federal Poverty Guideline, formerly Federal Poverty Level.
c Includes only clients served by clinicians.

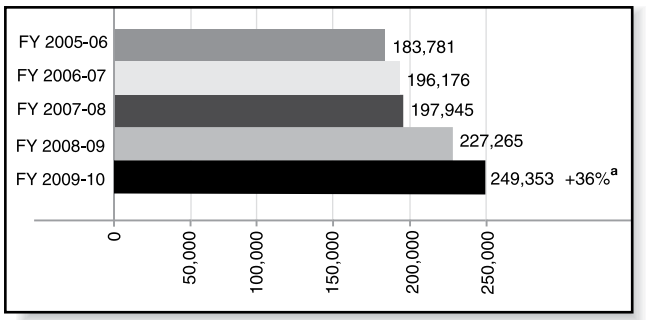
Source: Family PACT Enrollment and Claims Data

- Higher proportions of males were African American and Latino than of females (10% African American males vs. 6% African American females and 66% Latino males vs. 62% Latina females).
- Males were more likely to report a smaller family size than females. Seventy-three percent (73%) reported a family size of one compared to 48% among females.
- Males in the program were more likely to live in Los Angeles County than were female clients (42% males; 34% females).
- Males were more likely to visit private sector providers than females (41% of males; 28% of females).

Trends noted among Males

There was a 10% increase in the number of males served in FY 2009-10, a slower growth rate than the 15% observed in FY 2008-09. Over a five-year period the number of males has grown 36% from about 184,000 in FY 2005-06 to 249,000 in FY 2009-10. See Figure 4-7.

Figure 4-7
Trend in Males Served by Family PACT

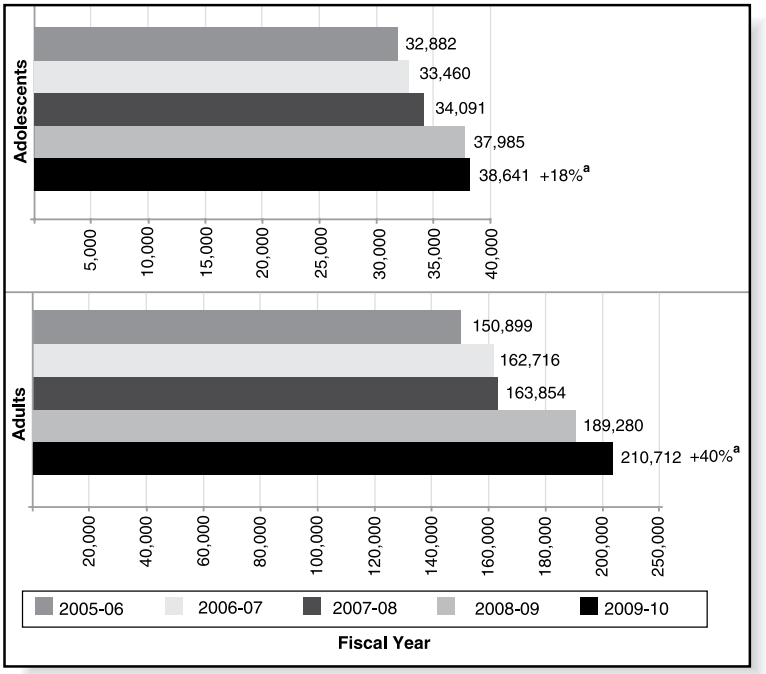


a Percent change over five years.

Source: Family PACT Enrollment and Claims Data

- The number of males in every racial/ethnic group has increased over the past five years. The number of Latino males increased 44%, Others, including Native Americans, increased 28%, Whites increased 24%, African Americans increased 22%, and API males increased 11%.
- The number of male adolescents increased 18% over the last five years and number of male adult clients increased 40%. See Figure 4-8. By comparison, there was a decline (-2%) in the number of female adolescents, but the number of female adults grew 12% over five years.
- The fast growth noted among clients ages 40 and over was more pronounced among males than females. There was a 23% increase in the number of males ages 40 and over compared to an 8% increase in males under age 40. For females the increases were smaller (+9% females ages 40 and over; +1% females under age 40).
- The proportion of males being served by public sector providers has declined from a high of 64% in FY 2005-06 to 59% in FY 2009-10. The proportion of males being served by private sector providers has gone in the reverse direction from 36% in FY 2005-06 to 41% in FY 2009-10.

Figure 4-8
Trend in the Number of Male Family PACT Clients Served, by Age

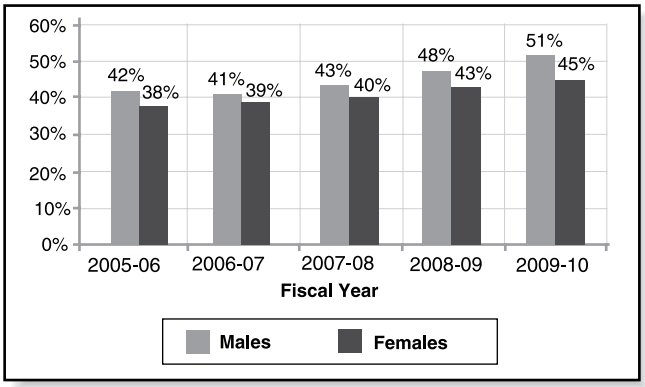


a Percent change over five years.

Source: Family PACT Enrollment and Claims Data

Males have shown the fastest increase in clients at or below 50% of FPG. Since FY 2005-06 there has been a 65% increase in the number of males in this poverty category compared to a 31% increase among females. After remaining stable at around 41% from FY 2001-02 to FY 2006-07, the proportion of males in the 0-50% poverty category increased to 51% in FY 2009-10. By comparison the proportion of females in this poverty level increased from 39% in FY 2006-07, which had been a relatively stable proportion, to 45% in FY 2009-10. See Figure 4-9 for data in the most recent five years.

Figure 4-9
Family PACT Clients At or Below 50% of Federal Poverty Guideline,[a] Males vs. Females



a Effective May 1, 2009 a family of one at 50% of the FPG had an income of less than or equal to $451/month with an additional $156/month for each additional family member.

Source: Family PACT Enrollment and Claims Data

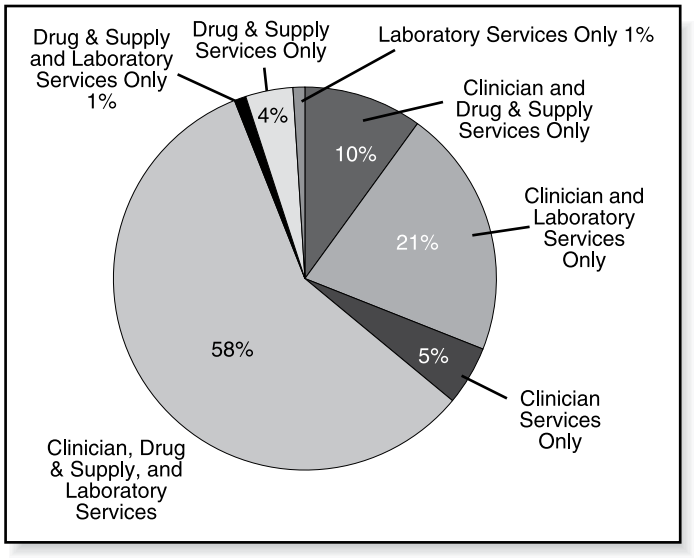
Chapter 5 *Service Utilization*

Overview

All services within Family PACT fall into three main categories:[1] clinician services, drug and supply 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 clinicians on-site or by pharmacies. 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 clinicians on-site. This chapter presents summary information on the utilization of these main service categories as well as information on covered services related to pregnancy testing and cancer screening. More detailed information on contraception and STI services are discussed in chapters 6 and 7, respectively.

The majority of clients served in a year receive services in each of the three main service categories: clinician, drug and supplies, and laboratory. In FY 2009-10, only six percent (6%) received drugs and supplies or laboratory services without seeing a clinician. See Figure 5-1.

Figure 5-1
Family PACT Clients Served by Service Type Combination
N=1,820,850



Source: Family PACT Enrollment and Claims Data

Clinician Services

Clinician services include evaluation and management (E&M), education and counseling (E&C), method-related procedures, and other services including mammography. Ninety-four percent (94%) of clients received clinician services in FY 2009-10. As in the previous years, the most frequently utilized were E&M services (66%) and E&C services (24%). Both can be billed on the same visit, as when an E&M service is billed along with a lower level E&C service code. While licensed clinicians must provide E&M services, supervised non-licensed staff, such as health educators, may bill for E&C services.

Drug and Supply Services

Similar to previous years, 74% of all clients served received drug and supply services. A larger proportion of women (76%) received drug and supply services than men, which has been a continuing pattern. The percentage of men receiving drug and supply services (59%) was the same as the previous fiscal year, but still six percentage points lower than in FY 2005-06 (65%). Each year approximately two-thirds of clients receive their drug and supply services on-site (64% in FY 2009-10). Approximately half (49% in FY 2009-10) of clients receive drug and supply services at pharmacies.[2] Since FY 2005-06, those proportions have remained relatively stable.

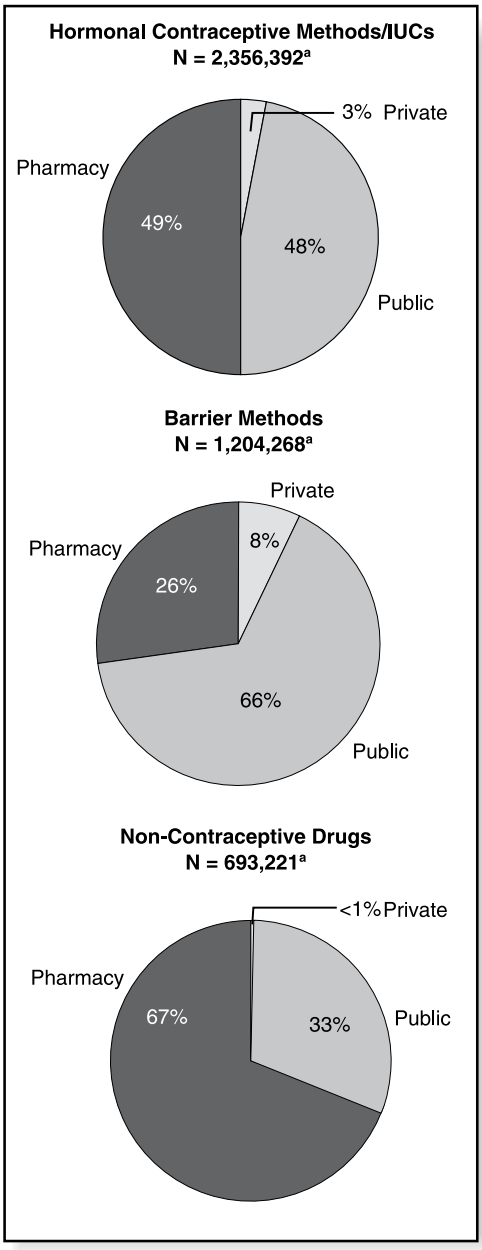
Drug dispensing patterns remained the same as the previous year. Hormonal contraception/IUCs and barrier methods comprised the majority of dispensing claims (84%). The remaining 16% of drug claims were for other covered non-contraceptive medications, such as those used to treat STIs.

1 Within these broad categories, the State mandates a range of covered services that both limit and protect fertility. Thus, the Family PACT benefits package includes services related to conditions that threaten reproductive capability such as STI screening and cancer screening. In addition, pregnancy testing, with appropriate related counseling, is a covered benefit of the program.

2 Percentages will add to more than 100% because a client may receive drug and supply services both on-site from a clinician and at a pharmacy.

Private sector clinician providers do very little dispensing on-site (4% of paid claims for drug and supply services overall). The majority of drug and supply dispensing is done by public providers and pharmacies. Pharmacies and public providers each received almost half of the reimbursements for hormonal contraceptive/ IUC claims (49% pharmacies; 48% public). For barrier methods, public providers were reimbursed for the majority of claims (66% public; 26% pharmacies). The opposite was true for non-contraceptive drugs, where the majority of claims were paid to pharmacies (67% pharmacies; 33% public). See Figure 5-2.

Figure 5-2
Dispensing of Drugs and Supplies by Drug Category and Provider Type, FY 2009-10



a Paid claim lines in the fiscal year.

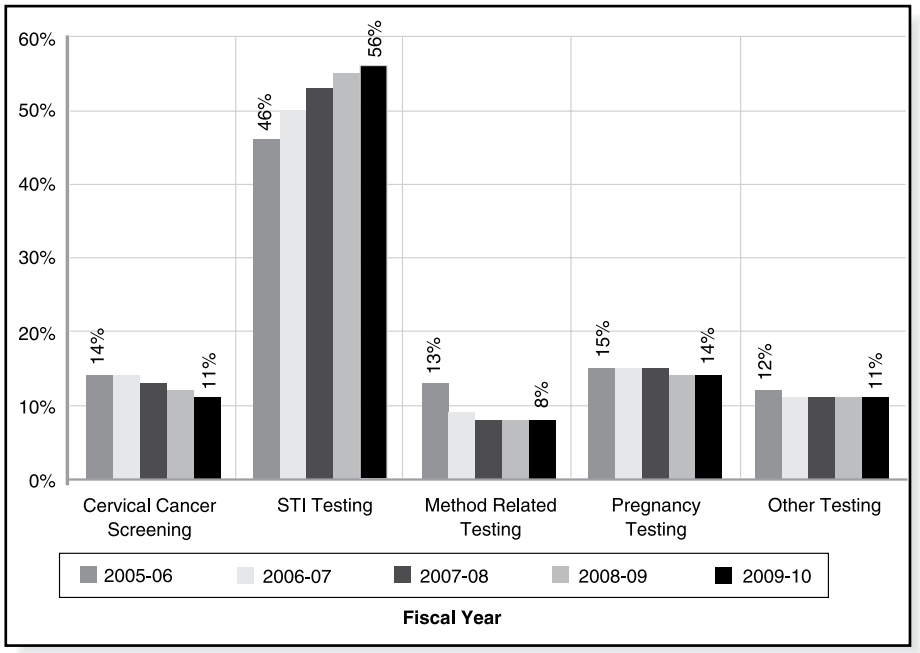
Source: Family PACT Enrollment and Claims Data

Laboratory Services

Overall, 81% of clients served received laboratory services. The proportion of men receiving laboratory services increased nine percentage points between FY 2005-06 (72%) and FY 2009-10 (81%). Prior to FY 2008-09 the proportion of women receiving laboratory services exceeded the proportion of men receiving laboratory services, but since then, equal proportions of men and women (81% in FY 2009-10) have received laboratory services.

The most frequently utilized laboratory service has consistently been testing for STIs and the proportion of all laboratory claims that were for STIs has increased by ten percentage points from FY 2005-06 (46%) to FY 2009-10 (56%). The proportions of all other laboratory tests have either declined or remained the same in that time period. Cervical cancer screening (11% in FY 2009-10) declined by one percentage point over the previous year as it had in the prior two years. Pregnancy testing (14%), method-related testing (8%) and other laboratory tests (11%) remained the same as in FY 2008-09, but all have declined as a percentage of total tests since FY 2005-06. See Figure 5-3.

Figure 5-3
Trend in Percentage of Laboratory Testing

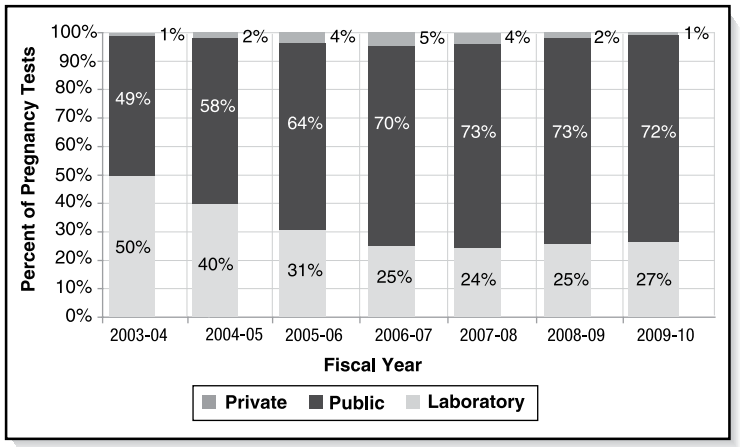


Source: Family PACT Enrollment and Claims Data

Full-service laboratories – as opposed to on-site clinician laboratories – handled 69% of all laboratory procedures. This is one percentage point lower than the previous year (70% in FY 2008-09) but still four percentage points higher then in FY 2007-08 when it was 65%. Ninety-one percent (91%) of cervical cancer screening tests, 90% of STI tests, and 71% of method-related tests were processed by full-service laboratories.

The most frequent on-site clinician laboratory services is pregnancy testing. Figure 5-4 shows the trend toward public providers offering pregnancy tests. In recent years the vast majority of on-site pregnancy testing services has been offered by public sector providers (72% in FY 2009-10).

Figure 5-4
Trend in Pregnancy Testing, by Provider Type



Source: Family PACT Enrollment and Claims Data

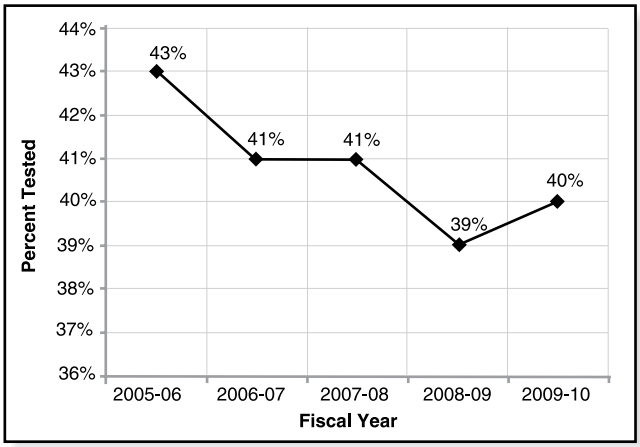
Other Reproductive Health Services

In addition to contraceptive and STI services, which are covered in later chapters, the program offers both pregnancy testing and cancer screening. In the event that a client needs treatment or services beyond the scope of Family PACT benefits – such as prenatal care or oncology – referrals for follow-up services are made. Because all Family PACT providers are also Medi-Cal providers, they may be able to provide the referral service themselves under the Medi-Cal program.

Pregnancy Testing Services

Pregnancy testing services are available to women using all contraceptive methods offered by the program. In addition, pregnancy testing with counseling is offered to women who desire pregnancy or chose not to adopt a method at the same visit. The proportion of female clients tested for pregnancy in a year reached a high of 56% in FY 2001-02, suggesting that the test was being over-utilized. As a result pregnancy testing was made one of the utilization measures on the Provider Profiles, which are made available to Family PACT providers to give them information on their individual and peer practice patterns. The proportion of female clients tested for pregnancy has been steadily declining since FY 2001-02 and reached a low of 39% in the previous fiscal year, but this proportion increased by one percentage point to 40% in FY 2009-10. See Figure 5-5.

Figure 5-5
Trend in Proportion of Female Clients Served with a Pregnancy Test



Source: Family PACT Enrollment and Claims Data

Women ages 20-34 accounted for 65% of clients tested for pregnancy in FY 2009-10. Adolescent women ages 19 and under accounted for 21% of all clients tested for pregnancy. However, a higher proportion of adolescents received a pregnancy test during the year than women of other age groups. Forty-eight percent (48%) of women ages 19 and under received a test compared to 41% of women ages 20-34 and 30% of women ages 35-55. Overall, the program provided an average of 1.41 pregnancy tests per client tested in FY 2009-10. See Figure 5-6.

Figure 5-6
Clients Served with a Pregnancy Test, by Age, FY 2009-10

Age	Pregnancy Tests	Clients Served with a Pregnancy Test		Total Female Clients Served	Proportion of Clients Tested	Average Number of Pregnancy Tests per Client Tested
	No.	No.	%	No.	%	No.
<20	183,035	130,069	21%	268,886	48%	1.41
20-34	581,654	409,663	65%	991,962	41%	1.42
35-55	125,729	93,069	15%	310,643	30%	1.35
Total	**890,418**	**632,801**	**100%**	**1,571,497**	**40%**	**1.41**

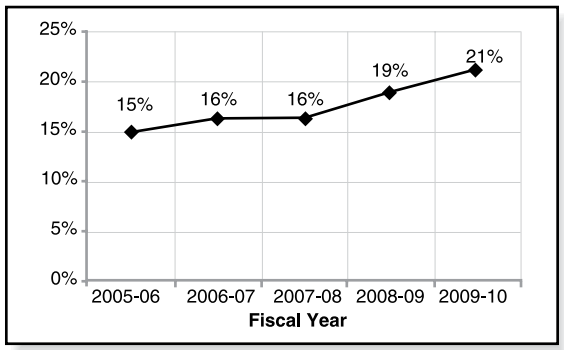
Source: Family PACT Enrollment and Claims Data

Pregnancy tests visits which do not involve other services are billed using a specific primary diagnosis code (PDC) of Pregnancy Testing Only (PDC S60). The proportion of women tested under PDC S60 has been declining. In FY 2009-10, 7% of female clients received services under PDC S60, down from 8% in FY 2008-09 and 9% in FY 2007-08. In FY 2009-10 half (51%) of the women with a Pregnancy Test Only visit received contraceptive services from Family PACT at some other time during the year.

Mammography Services[3]

Screening mammography for women 40 to 55 years old was added to the Family PACT benefits package in January 2002. FY 2009-10 represents the eighth full fiscal year of data on this service. The proportion of women receiving a mammogram through the program has increased over the past three years, going from 16% of all eligible clients in FY 2007-08 to 21% in FY 2009-10. See Figure 5-7.

Figure 5-7
Trend in Proportion of Eligible Clients Served with Mammography[a]



a Excludes clients who received pharmacy drug and supply services only and/or pregnancy testing (PDC S60) services only.

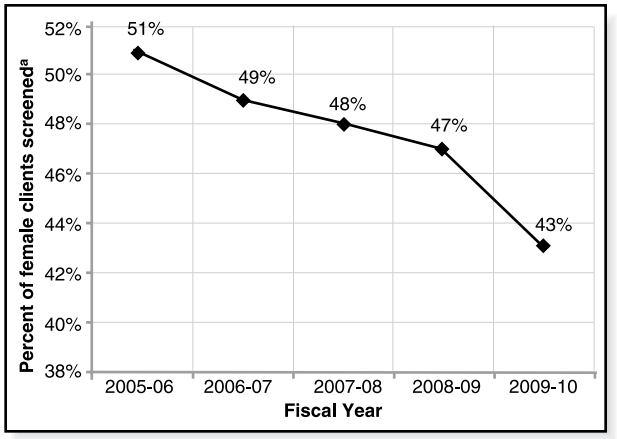
Source: Family PACT Enrollment and Claims Data

In addition to the increase in the proportion of eligible women receiving mammograms, there was a relatively large increase in the number of women eligible to receive them. The number of women served in Family PACT ages 40 and older increased 9% in FY 2009-10 compared to a 2% increase in those under age 40. Both the increase in the number of women served in Family PACT who were eligible for mammograms and the increase in the proportion of those women receiving mammograms contributed to a 20% increase in the number of clients served with mammography in FY 2009-10 over the previous year (27,488 in FY 2008-09 to 32,931 in FY 2009-10). The majority of clients who received mammography services also received other family planning services; only 4% of clients who received a mammogram had no other reproductive health services this fiscal year. These clients could have received other services in the prior fiscal year.

Cervical Cancer Screening and Dysplasia Services

The rate of cervical cancer screening is reported here as a service utilization measure, not a quality of care indicator. In FY 2009-10, 43% of female clients received at least one cervical cytology test, continuing the downward trend seen since FY 2005-06 when 51% of clients received a test. See Figure 5-8. The likelihood of receiving a cervical cytology test within the year increased with age, a continuing pattern that appeared in all racial/ethnic groups and that was also observed in previous years.

Figure 5-8
Trend in Proportion of Eligible Clients Served with a Cervical Cytology Test



a Excludes clients who received pharmacy drug and supply services only and/or pregnancy testing (PDC S60) services only.

Source: Family PACT Enrollment and Claims Data

Women ages 20-34 accounted for sixty-five percent (65%) of clients receiving a cervical cytology test in FY 2009-10. However, a higher proportion of women ages 35-55 received a cervical cytology test during the year than women of other age groups. Sixteen percent (16%) of women ages 19 and under received a cervical cytology test compared to 45% of women ages 20-34 and 61% of women ages 35-55. Overall, the program provided an average of 1.16 cervical cytology tests per client tested in FY 2009-10. See Figure 5-9.

Figure 5-9
Clients Served with a Cervical Cytology Test by Age, FY 2009-10

Age	Cervical Cytology Test	Clients Served with Cervical Cytology Test		Total Females Served[a]	Proportion of Female Clients Tested	Average No. of Cervical Cytology Tests per Client Tested
	No.	No.	%	No.	%	No.
<20	48,283	40,295	6%	248,823	16%	1.20
20-34	479,083	409,197	65%	907,748	45%	1.17
35-55	200,778	178,527	28%	292,263	61%	1.12
Total	**728,144**	**628,019**	**100%**	**1,448,834**	**43%**	**1.16**

a Excludes clients who received pharmacy drug and supply services only and/or pregnancy testing (PDC S60) services only.

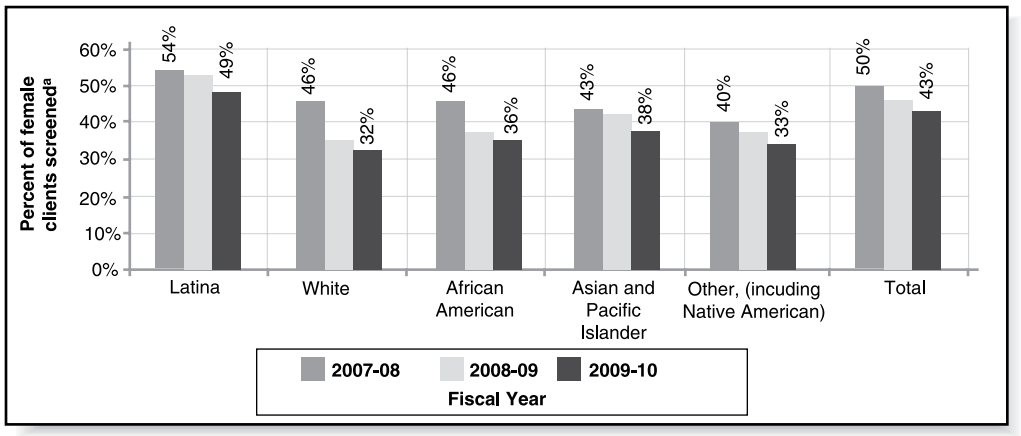
Source: Family PACT Enrollment and Claims Data

3 Utilization rates for cervical cancer screening, dysplasia treatment, and mammography exclude female clients who only received services through a pharmacy. Rates also exclude women who were only served under PDC S60 (Pregnancy test only). Claims for cervical cancer screening, dysplasia treatment, and mammography cannot be made under PDC S60 nor billed by pharmacies. For mammography, the "eligible clients" denominator is further restricted to clients age 40+ to match the eligibility criteria for this benefit under Family PACT.

The proportion of women receiving a cervical cytology test within the program differs by race/ethnicity, but a consistently decreasing pattern has been observed in the three most recent fiscal years. See Figure 5-10. Latina women have the highest proportion of testing reimbursed by the program across the years. In FY 2009-10, Latina women had a screening rate of 49%, down from 54% in FY 2007-08. White women had the lowest screening rate in FY 2009-10 (32%), with the largest decrease since FY 2007-08 when the screening rate was 46%. This represents a fourteen percentage point decline. The rate among African American women decreased in FY 2009-10 to 36%, down from 46% in FY 2007-08. Overall, there has been a seven percentage point decline in cervical cancer screening (50% in FY 2007-08; 43% in FY 2009-10).

More than two percent (2.5%) of eligible clients underwent diagnostic evaluation for abnormal cervical changes (colposcopy with or without biopsies) which is about the same rate as the last two fiscal years (2.5% in FY 2008-09 and 2.6% in FY 2007-08). Fewer than 1% received treatment for cervical abnormalities. This is consistent with previous years.

Figure 5-10
Trend in Cervical Cancer Screening Rates by Race/Ethnicity



a Excludes clients who received pharmacy drug and supply services only and/or pregnancy testing (PDC S60) services only.

Source: Family PACT Enrollment and Claims Data

Chapter 6 *Contraceptive Services*

Overview

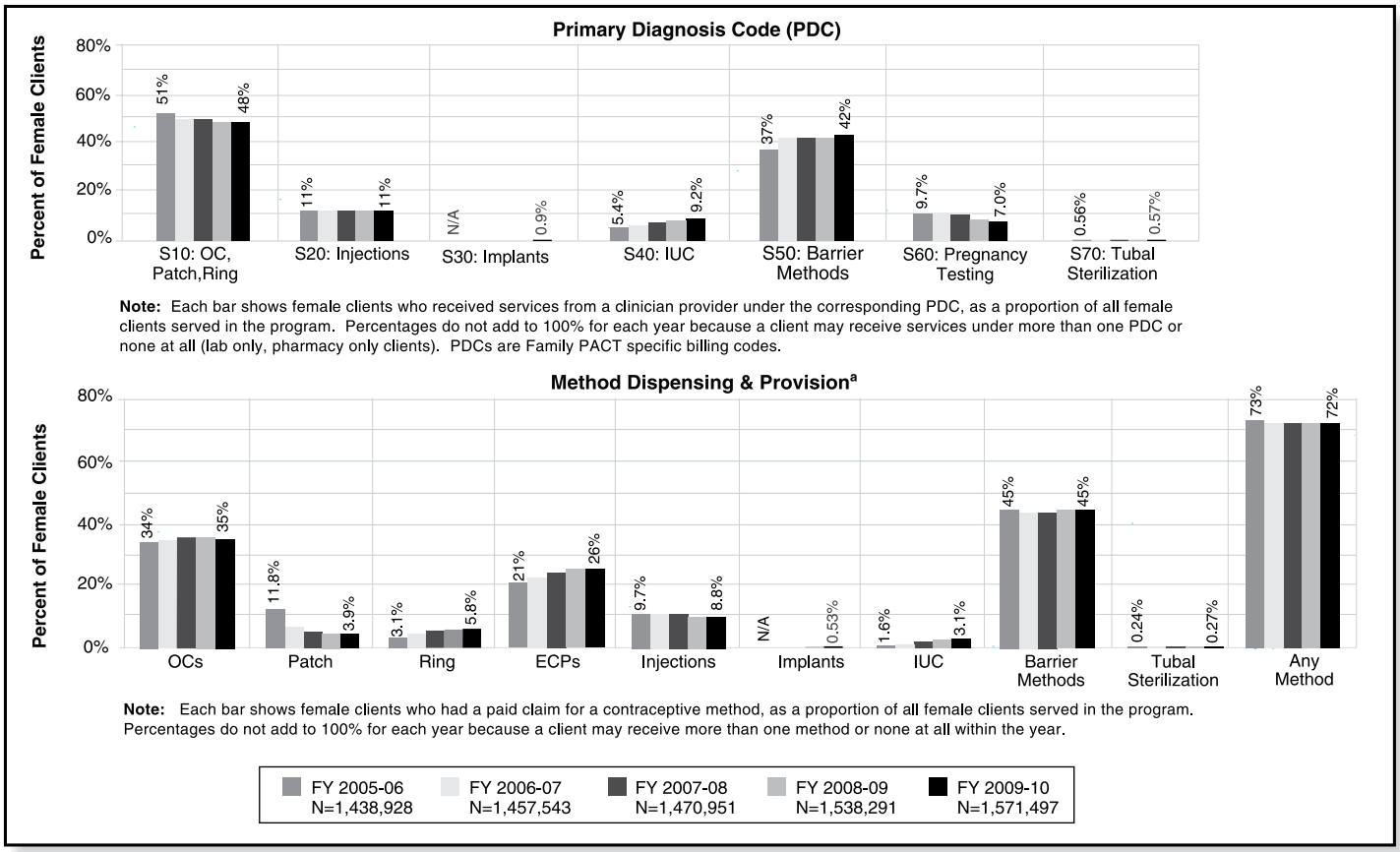
The Family PACT Program's core services are categorized by primary diagnosis codes (PDC) according to family planning methods or services. These Family PACT-specific billing codes are designated by the letter "S" and are as follows: (S10) oral contraceptives/patch/ring, (S20) contraceptive injections, (S30) contraceptive implants, (S40) intrauterine contraceptives, (S50) barriers and natural family planning methods, (S60) pregnancy testing, (S70) tubal sterilization, and (S80) vasectomy.[1] This chapter draws upon both PDCs and method dispensing data to provide an overview of each method and service, first for females and then males. An analysis of contraceptive services by the effectiveness of the method is also included.

Contraceptive Services for Females by Method

The following is a discussion of services specific to females by method. See Figure 6-1.

Oral Contraception: Since program inception and including FY 2009-10, the S10 PDC (oral contraceptive/patch/ring) has been the most frequently used PDC by all female clients served. Oral contraceptive (OC) dispensing was down slightly from 36% in FY 2008-09 to 35% in FY 2009-10, but overall the percentage has remained relatively stable over five years. On average, women who received OCs within the year were provided 8.3 months of coverage. As in previous years, the majority of OC dispensing was through clinician providers on-site (56% through clinicians; 44% through pharmacies).

Figure 6-1
Trends in the Percent of Female Family PACT Clients Served with Family Planning Methods/Services



a May not have been served under the PDC by a clinician. For example, condoms dispensed at a pharmacy.

Source: Family PACT Enrollment and Claims Data

1 The PDC (S90) Fertility Evaluation Services was eliminated as of August 2006.

Contraceptive Patch: The contraceptive patch was added to Family PACT benefits in FY 2002-03 and provision increased steadily through FY 2004-05 to 15% of women. In November 2005 the Food and Drug Administration required a stronger warning label on the package and FY 2005-06 marked the first decline in the proportion of Family PACT women dispensed this method. The downward trend has continued each year and in FY 2009-10, 4% of women were dispensed the patch. The majority of paid claim lines for patch dispensing (69%) were from pharmacies with 31% from clinician providers dispensing on-site.

Contraceptive Vaginal Ring: The vaginal ring – also added to Family PACT benefits during FY 2002-03 – has shown continued increases in rates of provision. In the first year that the method was available fewer than 1% of women (under 5,000) received the ring. Provision increased to 5% in FY 2008-09 and 6% in FY 2009-10 (over 90,000 women). While the proportion of women dispensed the ring increased only one percentage point, the number of women provided the ring grew by 9% over FY 2008-09. Pharmacies continue the majority of ring dispensing – a trend observed in prior years. For FY 2009-10, 45% of ring dispensing was done through clinician providers on-site and 55% of ring dispensing was from pharmacies.

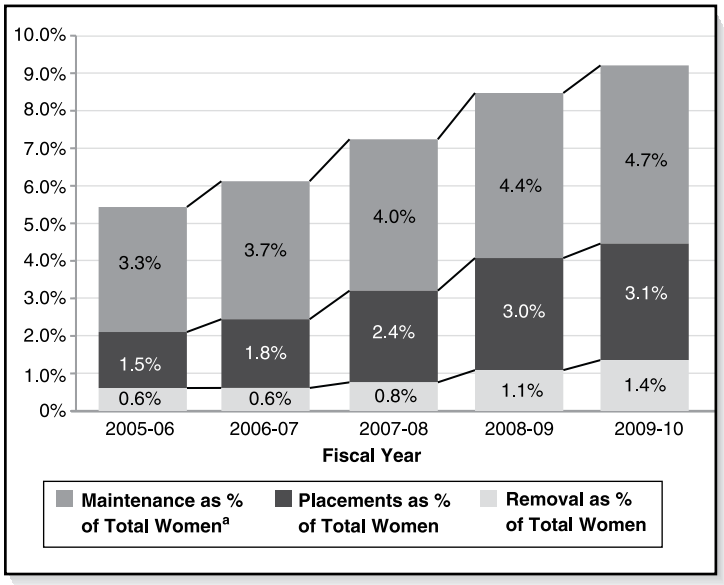
Dedicated Emergency Contraceptive Pill Products (ECPs): Family PACT Program Standards include the provision of emergency contraception in advance of need along with all family planning methods. Dispensing of ECPs has increased each year since they were added to the program, showing slight growth in FY 2009-10 as well. In FY 2009-10, 26% of female clients (about 414,000) received ECPs, up from 21% in FY 2005-06. Some providers may dispense oral contraceptive pills as emergency contraception in lieu of using a dedicated ECP product. As a result, the number of Family PACT clients who received emergency contraception may be greater. Only 1% of clients were dispensed ECPs alone with no other contraceptive method within the year. As in previous years, the majority of ECP dispensing was done on-site. For FY 2009-10, 81% of ECP dispensing was done on-site through clinician providers and 19% through pharmacies.

Contraceptive Injections: Eleven percent (11%) of female clients received services related to contraceptive injections and 9% were provided this method. The rates of dispensing and PDC utilization for contraceptive injections have been relatively flat for the past five years. Eighty-seven percent (87%) of paid claim lines for injections were from clinician providers and 13% were from pharmacies (down from 18% at pharmacies in FY 2008-09).[2]

Contraceptive Implants: In July 2008 a new contraceptive implant – Implanon – was added to Family PACT benefits. Implanon is effective for up to three years and is the first contraceptive implant available since the discontinuation of Norplant distribution in 2002. FY 2008-09 was the first full fiscal year of Implanon availability. In FY 2009-10 over 14,600 (1.0%) women received services under the S30 PDC for contraceptive implants up from 6,900 (0.4%) in FY 2008-09. Over 8,300 (0.5%) women received a contraceptive implant in FY 2009-10 compared to 3,300 (0.2%) in FY 2008-09. This represents substantial growth for this method – a 150% increase over the previous year.

Intrauterine Contraception (IUC): The proportion of women receiving IUC services has increased notably in recent years, though the growth rate is slowing. In FY 2009-10, 9.2% of female clients received IUC-related services (S40) up from 8.5% in FY 2008-09. The proportion was constant at 5% in the years prior to FY 2006-07, but has increased approximately one percentage point per year since then. Because IUC services can include removals, Figure 6-2 shows the percentage of women who received services for placements, maintenance, and removals. About six times as many women receive placement and maintenance services as removal services.

Figure 6-2
Clients Served with IUC Services as Percent of Total Women Served



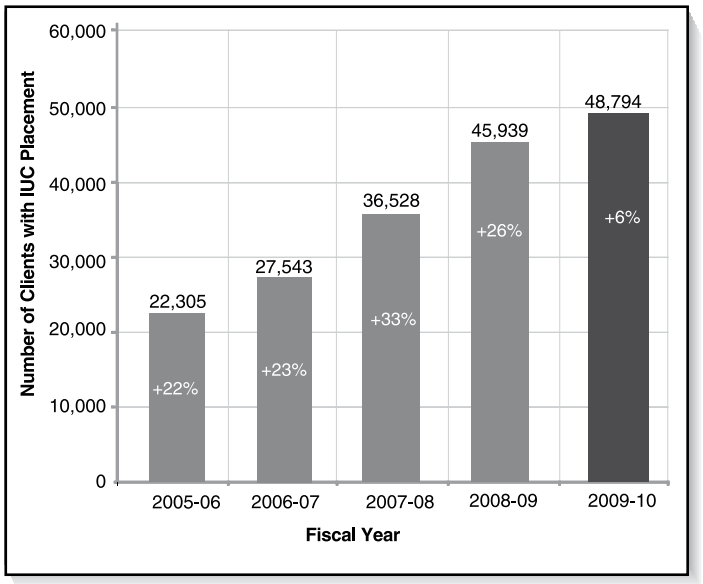
a Maintenance includes counseling regarding the initiation of IUCs.

Source: Family PACT Enrollment and Claims Data

2 Beginning April 1, 2010, payment to pharmacies for injections was no longer allowed in the program.

Figure 6-3 shows the number of women receiving an IUC. The 48,794 women provided an IUC represent the 3.1% of women receiving IUC placement services in Figure 6-2. The increase in the number of women receiving an IUC slowed to 6% after increases of over 20% in the previous four years.

Figure 6-3
Trend in IUC Provision in Family PACT: Number of Clients with IUC Placements and Percent Change from Previous Year, FY 2005-06 to FY 2009-10



Source: Family PACT Enrollment and Claims Data

Among women served by public providers, 3,7% received an IUC in FY 2009-10, a proportion that has been steadily increasing from 1.8% in FY 2005-06. Among women served by private providers, 2.0% received an IUC in FY 2009-10. While public providers account for the majority of IUC provision, in FY 2009-10 the one-year growth rate in the number of women provided an IUC through private providers exceeded that of women provided an IUC through public providers. The growth rate was 10% among private providers versus 5% among public providers.

The profile of clients receiving an IUC has changed substantially over time. From FY 2005-06 to FY 2009-10 among women dispensed an IUC:

- The proportion of nulliparous women has increased from 12% to 23%.
- The proportion of women age 19 and under has increased from 6% to 9%.
- The proportion of women with English as a primary language has increased from 27% to 48%; the proportion of Spanish speakers has decreased from 69% to 49%.
- The proportion of White women has increased from 12% to 20%; the proportion of Latina women has decreased from 80% to 69%.
- The proportion of women dispensed the Mirena IUC has increased from 32% to 50%; the proportion of women dispensed the ParaGard IUC has decreased from 61% to 42%.[3]

Barrier Methods: Barrier method supplies are a covered benefit themselves or when dispensed along with another contraceptive method. Clients are counted as being dispensed a "barrier" method if they had a paid claim for any of the following: condom, diaphragm/cervical barrier, diaphragm fitting, basal body thermometer, spermicide, or lubricant. Forty-five percent (45%) of all female clients were dispensed barrier methods, making them the most commonly dispensed contraceptive method. In FY 2009-10, 42% of female clients received services under the barrier methods PDC – up from 41% in the prior three years. Continuing a pattern observed in previous years, most paid claim lines (74%) for barrier methods and supplies for females were from clinician providers while 26% were from pharmacies.

Female Sterilization: Fewer than one percent (0.57%) of female clients received services related to tubal sterilization, which include tubal ligation and tubal occlusion. The proportion of women who received a tubal sterilization (0.27%) has remained about the same for the last five years. The number of women receiving a tubal sterilization increased from 3,816 in FY 2008-09 to 4,231 in FY 2009-10. In the past two years the growth in the number of women receiving a sterilization (+13% in FY 2008-09; +11% in FY 2009-10) has exceeded the growth in the number of women in the program (+5% in FY 2008-09; +2% in FY 2009-10). After a sterilization women are only eligible for Family PACT services for another three to nine months, depending on the type of sterilization received.

While these data are limited to paid claims within the fiscal year, denied claims for sterilizations have been of particular interest in recent years due to relatively high denial rates compared to other methods. New billing requirements instituted in February 2006 were accompanied by an increase in denied claims observed in FY 2006-07. In FY 2009-10 sterilization denials affected 7% of sterilization clients down from 9% in FY 2008-09 and from a peak of 17% in FY 2006-07. All sterilization claims for these clients were denied and never paid within the fiscal year.

3 Claims do not total 100% for each year because a device was not paid for all clients. Claims for some women were for placement procedures only.

Essure Hysteroscopic Sterilization Procedure

Included in female sterilization data noted thus far is a newer benefit to the Family PACT Program. The Essure sterilization procedure was added to Family PACT benefits on July 1, 2008 and FY 2009-10 marks the second full year of availability of this method. Essure is a hysteroscopic procedure used for permanent tubal occlusion. In FY 2009-10 944 women underwent the procedure, a 153% increase in the number of women with Essure over the previous year. Sixty percent (60%) of claims for Essure were from private providers and 40% were from public providers.

Contraceptive Services vs. Contraceptive Method

As the use of PDCs includes both evaluation and counseling prior to dispensing a method, as well as management of the method, there is some anticipated discordance between PDCs and methods dispensed. For example, a client may visit a clinician for method maintenance around the use of the ring (S10) and yet be dispensed condoms. In some cases no PDC is required, as when a client refills a prescription at a pharmacy with no clinician visit.

Figure 6-4 shows the number of female clients served by PDC and the number provided contraceptives or supplies by method type for FY 2009-10. With the exception of barriers, a higher percentage of clients received services under the PDC than were dispensed the corresponding method within the fiscal year.

Figure 6-4
Utilization of Family PACT Services by Female Clients, FY 2009-10
N=1,571,497

	Clients Served by a Clinician Under the PDC[a]		Clients Who Were Provided the Method[b]	
	No.	Percent[c]	No.	Percent[c]
OCs/Patch/Ring (S10)	750,402	47.8%	685,848	44.0%
Oral Contraceptives	N/A	N/A	556,881	35.4%
Patch	N/A	N/A	61,533	3.9%
Vaginal Ring	N/A	N/A	90,710	5.8%
Contraceptive Injections (S20)	165,727	10.5%	138,243	8.8%
Contraceptive Implants (S30)	14,622	0.9%	8,305	0.5%
IUC (S40)	144,706	9.2%	48,794	3.1%
Barrier Methods/FAM (S50)	659,805	42.0%	709,713	45.2%
Pregnancy Testing (S60)	109,177	6.9%	N/A	N/A
Tubal Sterilization (S70)	8,893	0.6%	4,231	0.27%
Dedicated Emergency Contraceptive Pills	N/A	N/A	414,227	26.4%
No Clinician Provider Visit	87,774	5.6%	N/A	N/A
No Method in Fiscal Year[d]	N/A	N/A	444,927	28.3%

NA = Not Applicable

a Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

b May not have been served under the PDC by a clinician. For example, condoms dispensed by a pharmacy.

c Columns do not add to 100% because some clients may be served under more than one PDC and/or receive more than one method type.

d See bar chart breakout in Figure 6-5 for details.

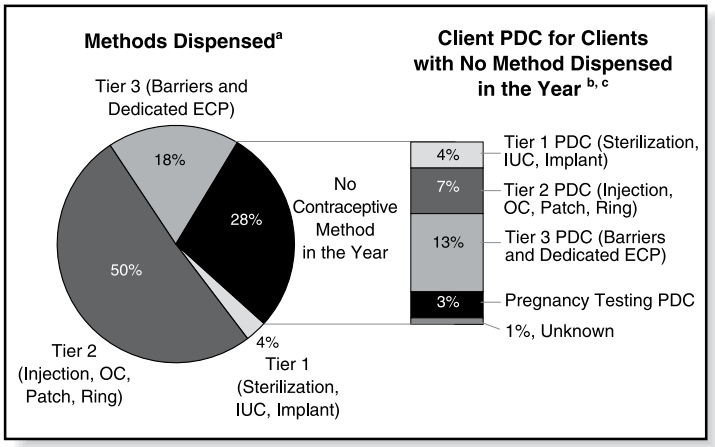
Source: Family PACT Enrollment and Claims Data

Contraceptive Method Dispensed by Tier

Figure 6-5 presents the most effective methods dispensed per female client during FY 2009-10. Clients are grouped into method tiers based on the effectiveness of the methods dispensed to create mutually exclusive categories in this figure. Tier 1 methods include sterilization, IUCs and implants. Tier 2 methods include injections, OCs, the patch, and the ring. Tier 3 methods include barrier methods and ECPs. If a client received more than one method within the year, (e.g., OCs and sterilization) she was grouped according to her most effective method, or Tier 1, in the example given. In a similar manner a client with no method dispensing is assigned a tier according to the PDC of her clinician visit(s).

For the past five years the proportion of clients by each tier has been relatively stable, though the percentage with a Tier 1 method increased slightly in FY 2009-10 to 4%, up from 3% in FY 2008-09.

Figure 6-5
Provision of Family Planning Methods by Tier:
Female Family PACT Clients Served, FY 2009-10



Note: The pie chart may not add up to 100% due to rounding.

a Clients are grouped under the most effective method provided in the year based on failure rates.

b Paid claims data understates methods dispensed to the degree that clients received methods not billed to Family PACT.

c Primary Diagnosis Codes (PDC) are Family PACT specific billing codes. For clients with no method provison in the year, clients are grouped under the most effective method PDC under which they had a visit.

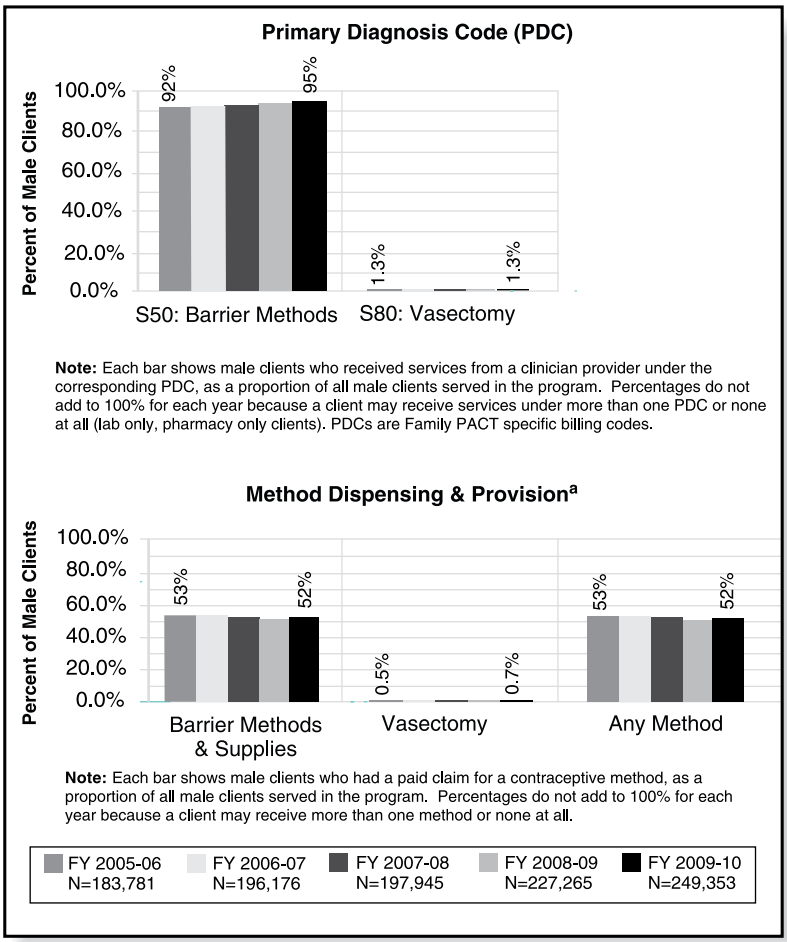
Source: Family PACT Enrollment and Claims Data

As shown in Figure 6-5, 72% of female Family PACT clients were dispensed a contraceptive method reimbursed by the program: 4% received Tier 1 methods, 50% received Tier 2 methods and 18% received Tier 3 methods. The remaining 28% of female clients had no claim for method dispensing within the year. If these clients were assigned to tiers according to PDC, an additional 4% of women would be in Tier 1, 7% more would be in Tier 2, and 13% would be added to Tier 3. Three percent (3%) of women received pregnancy testing only (S60) and for 1% of clients the PDC was unknown.

Contraceptive Services for Males

Males are eligible for services under PDCs for barrier methods (S50) and vasectomy (S80). Figure 6-6 shows the proportion of males who received services under the two PDCs as well as the proportion dispensed the method. While the proportion of female clients provided a contraceptive method each year has been relatively stable, ranging between 72% and 74% since FY 1999-00, a steady decline in the proportion of males provided a method was observed through FY 2004-05, after which it leveled off at about 53%. In FY 2009-10, 52% of males received a method.

Figure 6-6
Trends in the Percent of Male Family PACT Clients Served with Family Planning Methods-Services



a May not have been served under the PDC by a clinician. For example, condoms dispensed at a pharmacy.

Source: Family PACT Enrollment and Claims Data

Barrier Methods: Because barrier methods are the predominant method dispensed to males their provision follows the same general trend of any method dispensing, declining from 74% in FY 1998-99 and leveling out at around 52% between FY 2004-05 through FY 2009-10 with small fluctuations. Fifty-two percent (52%) of males received a barrier method in FY 2009-10. The proportion of males receiving services related to barrier methods (S50) increased from 94% in FY 2008-09 to 95% in FY 2009-10.

Vasectomy: Just over one percent (1.3%) of male clients received vasectomy-related services, and 0.7% had a vasectomy – the same percentages as in FY 2008-09. For the three years prior to FY 2008-09 the percentage of males undergoing a vasectomy was 0.5%. Once receiving a vasectomy, men are only eligible for Family PACT services for another three months.

Despite being a small proportion of the clients served, the number of clients who underwent a vasectomy has increased notably since FY 2007-08 when 1,003 received a vasectomy. In FY 2008-09, 1,498 men received a vasectomy – a 49% increase – and 1,819 men received a vasectomy in FY 2009-10 – a 21% increase. More than 15,100 men have received vasectomies since program inception.

Estimates of vasectomy procedures for Family PACT clients are substantially impacted by denied claims. In FY 2009-10 denials affected 10% of all clients served with a vasectomy procedure, down from a high of 36% in FY 2005-06. All sterilization claims for these clients were denied and never paid within the fiscal year.

Contraceptive Services for Adolescent Clients

Service utilization patterns showed some variation by client age. See Figure 6-7 for females. The primary differences between adolescents and adults were:

- Adolescent clients received a contraceptive method more frequently than adults. Seventy-nine percent (79%) of female adolescents had a method dispensed, compared to 70% of female adults.
- Sixty-three percent (63%) of male adolescents had a method dispensed, compared to 50% of male adults.
- Female adolescents received emergency contraceptives more frequently than adults (44% adolescents; 23% adults).
- Both female and male adolescents were more frequently dispensed barrier methods (58% females; 63% males) than adults (43% females; 50% males).
- Consistent with previous years, female adolescents were more frequently dispensed oral contraceptives than adults (41% adolescents; 34% adults) – the same percentage for adults (34%) but down slightly for adolescents from FY 2008-09 (42%).
- Adolescents are dispensed contraceptive implants slightly more frequently than adults (0.7% vs. 0.5%) – and the growth in the number with implant provision in FY 2009-10 was higher for adolescents than adults (+177% for adolescents; vs. +143% for adults).
- Since program inception and including FY 2009-10, female adolescent clients have received services related to IUCs less frequently than adults, though increases are observed among both groups. In FY 2009-10 the proportion of clients receiving such services was 3.2% for adolescents versus 10.4% for adults, up from 2.9% for adolescents and 9.7% for adults in FY 2008-09.
- Eleven percent (11%) of adolescents and 8% of adults were provided contraceptive injections in FY 2009-10. This provision rate is slightly up for adolescents and down for adults from FY 2008-09 (10% adolescents; 9% adults in FY 2008-09).

Figure 6-7
Utilization of Family PACT Services by Female Clients,[a] FY 2009-10
N=268,886 Adolescents and N=1,302,610 Adults

	Clients Served by a Clinician Under the PDC[b]		Clients Who Were Provided the Method[c]	
	Adolescents[d]	Adults[d]	Adolescents[d]	Adults[d]
OCs/ Patch/Ring (S10)	54.6%	46.3%	49.0%	42.5%
Oral Contraceptives	NA	NA	41.3%	34.2%
Patch	NA	NA	4.0%	3.9%
Vaginal Ring	NA	NA	5.7%	5.8%
Contraceptive Injections (S20)	12.5%	10.1%	10.5%	8.4%
Contraceptive Implants (S30)	1.1%	0.9%	0.7%	0.5%
IUC (S40)	3.2%	10.4%	1.6%	3.4%
Barrier Methods/FAM (S50)	40.6%	42.3%	58.1%	42.5%
Pregnancy Testing (S60)	8.4%	6.6%	N/A	N/A
Tubal Sterilization (S70)	<0.1%	0.7%	N/A	0.3%
Dedicated Emergency Contraceptive Pills	N/A	N/A	43.8%	22.8%
No Clinician Provider Visit	4.3%	5.8%	N/A	N/A
No Method	N/A	N/A	20.8%	29.9%

NA = Not Applicable
a Excludes 1 female client with unknown age.
b Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.
c May not have been served under the PDC by a clinician. For example, condoms dispensed at a pharmacy.
d Columns may not add to 100% because some clients may be served under more than one PDC or method type.

Source: Family PACT Enrollment and Claims Data

Contraceptive Method Provision by Client Race/Ethnicity

Differences in the provision of contraceptive methods by client race/ethnicity are noted in this section; however, claims data cannot sufficiently explain how much variations are related to client preference versus provider behavior.

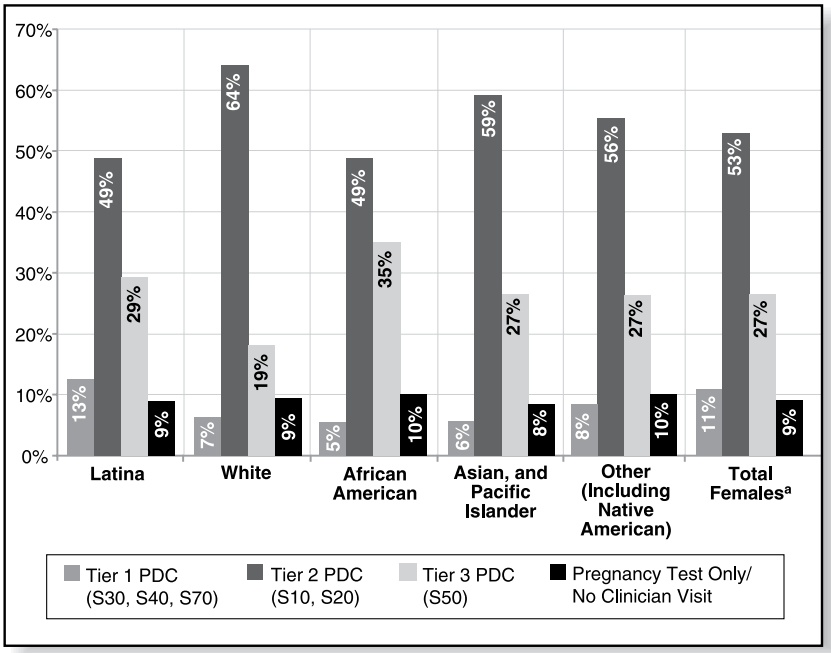
Females

Figure 6-8 shows family planning services by tier for each of the racial/ethnic groups. Figure 6-8 differs from Figure 6-5 in that tiers for this figure are defined by clinical PDC, i.e, the primary reason for the clinician visit as opposed to the method dispensed. Although there is some discordance between PDCs and methods dispensed, PDCs are useful in categorizing women who may otherwise appear as having no method within the year, because, for example, they chose a long-acting method or had more than a 12-month supply of OCs.

- Latina women received services around Tier 1 methods more frequently than women of other groups. Thirteen percent (13%) of Latinas were provided clinician services around long-acting methods in the year, compared to 5% - 7% for all other racial/ethnic groups.
- White women received services around Tier 2 methods at the highest rate (64% for Whites; 49% - 59% for all other racial/ethnic groups).
- African American women received services around Tier 3 methods at the highest rate (35% for African Americans; 19% - 29% for all other racial/ethnic groups).

Roughly 9% of total women fall into the category described as Pregnancy Test Only/No Clinician Visit. This includes women who were seen by clinicians under the Pregnancy Test Only PDC S60 and women who did not have a clinician visit within the year, but may have filled a prescription at a pharmacy or had a laboratory test paid. Roughly 38% of the women in this group were seen by clinicians for Pregnancy Test Only visits, some of whom may have desired pregnancy.

Figure 6-8
Family Planning Services for Female Family PACT Clients by Method Tier and Client Race/Ethnicity, FY 2009-10



a Excludes 3 clients with unknown race/ethnicity. Clients are counted only once and tier asignment for this figure is based on the PDC of their most effective method visit, not dispensing data. Tier 1 (S30 Implant, S40 IUC, S70 Sterilization), Tier 2 (S10 OC/Patch/Ring, S20 Injections) Tier 3 (S50 Barriers). ECPs and Barrier Method Supplies may be dispensed under any PDC. Clients with no clinician visit had only laboratory or pharmacy claims and may have been dispensed a method with no PDC.

Source: Family PACT Enrollment and Claims Data

Other notable findings by race/ethnicity, not shown in Figure 6-8, were as follows:

- There was an increase across all racial/ethnic groups in the proportion of women provided the vaginal ring, barriers, IUCs, sterilization, implants and ECPs – most notably the rates of implant provision.
- Unchanged from FY 2008-09, Latinas were the group with the highest proportion showing no dispensing of a method within the year (32%). The group with the lowest proportion was White (18%).
- White women were most likely to show receipt of any contraceptive method in the year (82%). Latina and African American women were least likely to show receipt of a method in the year (68% Latina; 69% African American). These percentages were unchanged from the prior three years.
- White women were dispensed OCs more often than women of other racial/ethnic groups (50% White; 27% - 45% other racial/ethnic groups). African American women received OCs least often (27%). This pattern is consistent with previous years.
- A lower proportion of Latinas received ECPs compared to women of other racial/ethnic groups (20% Latinas; 31% - 39% other racial/ethnic groups). White women were most likely to receive ECPs (39%). These patterns have been observed since ECPs were added to program benefits.

Males

- African American males were dispensed barrier methods more frequently than males of other racial/ethnic groups (60% African Americans; 49% - 56% other racial/ethnic groups).
- Since program inception, White males have had the highest rate of vasectomies and this continued in FY 2009-10. Vasectomy procedures increased for all racial/ethnic groups – increasing most notably for API males (+42% API males; +21% all males).
- African American males underwent vasectomy procedures less frequently than other males (0.2% African American; 0.3% - 1.2% other racial/ethnic groups).

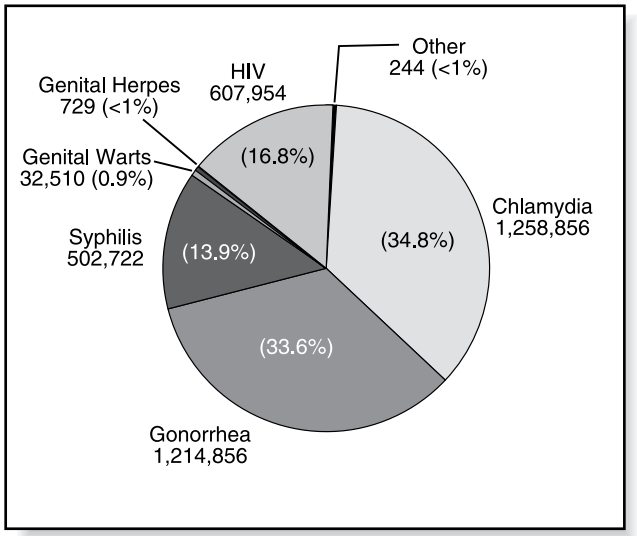
Chapter 7 *Sexually Transmitted Infection Services*

Overview

The detection and treatment of sexually transmitted infections (STIs) are critical components of family planning and reproductive health services.[1] Screening and treatment of prevalent STIs is the most cost-effective program strategy for reducing adverse reproductive health outcomes and associated costs among Family PACT clients. Because of the large numbers of clients served by Family PACT, the potential impact of providing these services to reduce prevalent STIs among Californians is significant.

Total STI test volume has increased 5% over the previous year with 3.62 million tests reimbursed in FY 2009-10 compared to 3.45 million in FY 2008-09. Over two-thirds (68.4%) of all STI tests were for chlamydia and/or gonorrhea, similar to the previous year (68.7%). See Figure 7-1.

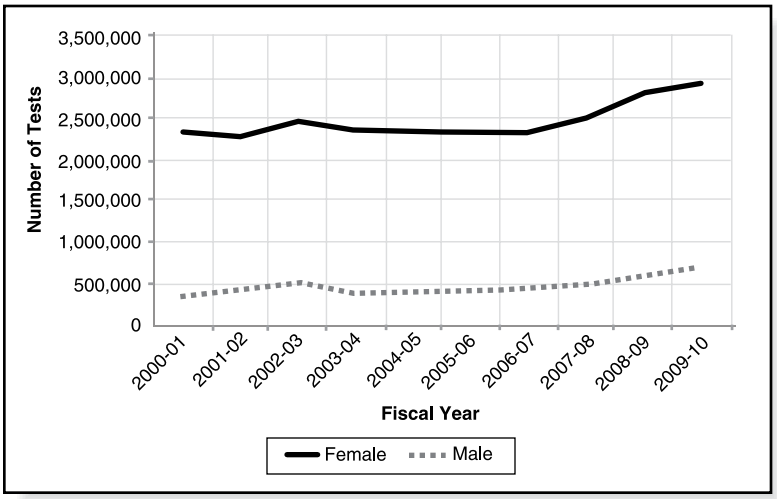
Figure 7-1
Number and Percent of STI Tests in Family PACT, FY 2009-10
N = 3,617,871



Source: Family PACT Enrollment and Claims Data

The trend toward higher STI test volumes has been seen over a five-year period for both females and males. See Figure 7-2. The growth in test volume exceeds the increase in the number of clients served.[2] Sixty-seven percent (67%) of clients received an STI test in FY 2009-10 up from 61% in FY 2005-06 and the average number of STI tests per client served was 2.13 in FY 2009-10, compared to 1.85 in FY 2005-06.[3] See Figure 7-3.

Figure 7-2
STI Test Volume by Year and Gender



Source: Family PACT Enrollment and Claims Data

Figure 7-3
Percent of All Family PACT Clients Served with STI Tests

	Clients Served				
	FY2005-06	FY2006-07	FY 2007-08	FY2008-09	FY 2009-10
	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served
STI Test	N= 1,483,703	N= 1,515,865	N= 1,535,279	N= 1,635,298	N= 1,695,114
Any STI Test	61%	62%	64%	67%	67%
Chlamydia	57%	57%	60%	63%	63%
Gonorrhea	53%	54%	57%	60%	60%
Syphilis	24%	24%	26%	28%	27%
HIV	26%	26%	28%	32%	33%
HPV[a]	2%	2%	2%	2%	2%
Genital Herpes	<1%	<1%	<1%	<1%	<1%
Other STI Test	<1%	<1%	<1%	<1%	<1%

a Human Papillomavirus

Source: Family PACT Enrollment and Claims Data

With recent increases in male clients, the proportion of all tests that are male STI tests has increased to 20% from 16% in FY 2005-06.

1 Accurate monitoring of STI treatment, as in previous years, is not possible due to the use of group codes for billing of anti-infectives dispensed on-site.
2 Clients served in this chapter equal 1,695,114. All denominators in this chapter exclude clients served only with PDC S60 (Pregnancy Test Only) and/or pharmacy services as these clients are not eligible for STI tests.
3 67.0% = (1,135,525 clients served with STI tests)/(1,695,114 clients served).

STI Test Utilization among Female Clients

Sixty-five percent (65%) of female clients received STI testing in FY 2009-10, the same as in the previous year and higher than the three prior years. The proportion of females tested for chlamydia (61%), gonorrhea (58%), syphilis (23%) and HIV (28%) were all similar to the previous year. See Figures 7-4 and 7-5.

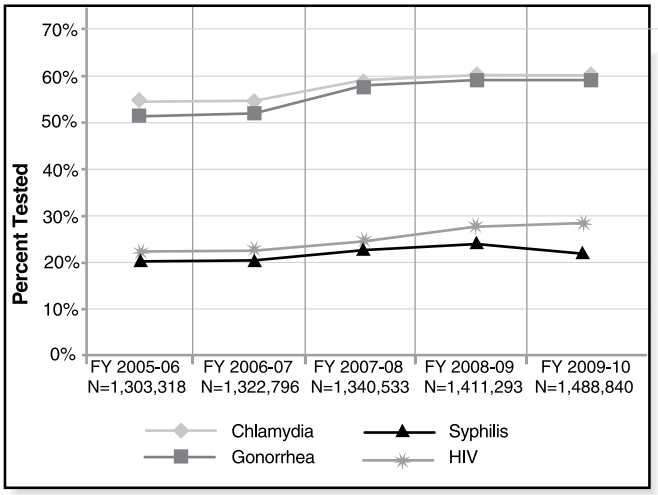
Figure 7-4
Percent of Family PACT Clients Served with STI Tests by Sex, FY 2009-10

STI Test	Female Clients Percent N=1,448,840	Male Clients Percent N=246,274
Any STI test	65%	80%
Chlamydia	61%	74%
Gonorrhea	58%	73%
Syphilis	23%	56%
HIV	28%	63%
HPV[a]	2%	0%
Genital herpes	<1%	<1%
Other STI test	<1%	<1%

a Human Papillomavirus

Source: Family PACT Enrollment and Claims Data

Figure 7-5
Percent of Female Family PACT Clients Tested for Selected STIs, FY 2005-06 to FY 2009-10

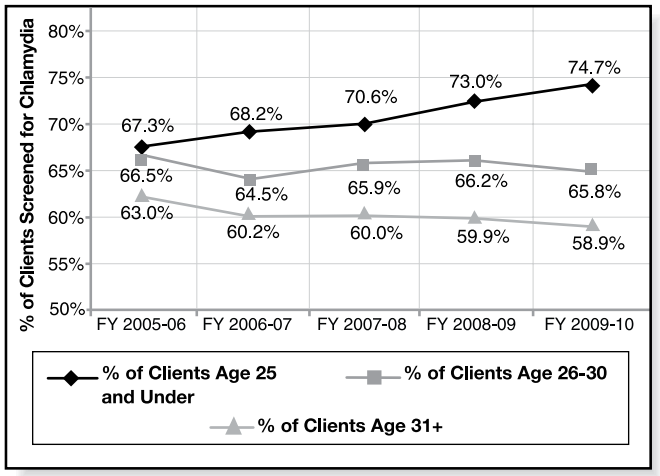


Source: Family PACT Enrollment and Claims Data

Chlamydia: Sixty-one percent (61%) of female clients served were tested for chlamydia and ninety-nine percent (99%) of all chlamydia tests among females were the most sensitive tests for detecting chlamydia (nucleic acid amplification tests or NAATs), an increase over the proportion of NAATs reported in the previous year (98%).

Family PACT Program Standards, in accordance with national screening guidelines, recommend that all sexually active females ages 25 and under be screened annually for chlamydia and women 26 years and older be screened only if they have risk factors, such as a new sex partner or multiple sex partners.[4] To accurately estimate chlamydia screening coverage as it relates to current clinical and program recommendations, all tests within an expanded window of time – 12 months prior to the last date of service in the fiscal year – are included in estimating screening coverage among female clients. Also included are both paid and denied claims to more accurately capture actual testing.[5] To better assess effectiveness of targeted screening guidelines among female clients over age 25, additional monitoring of females ages 26-30 and ages 31 and over was initiated in FY 2007-08. See Figure 7-6.

Figure 7-6
Trends in Chlamydia Screening for Female Family PACT Clients, by Age, FY 2005-06 to FY 2009-10



Source: Family PACT Enrollment and Claims Data

Age-specific prevalence estimates for selected clinic settings indicate that screening females ages 26-30 may be cost-effective since prevalence may exceed 3% in some clinic populations.

Using this expanded time frame, the proportion of female clients ages 25 and younger tested in FY 2009-10 was 75%, compared to 66% for clients ages 26 to 30 and 59% for clients ages 31 and above. The increasing proportion of young female clients tested for chlamydia over time demonstrates ongoing improvement in adherence to program and national screening guidelines. In contrast to FY 2003-04 when there was no significant difference in the age-specific testing rates, by FY 2009-10, a 16 percentage point difference was seen in the proportion tested between the oldest and the youngest age group.

4 2010 Centers for Disease Control and Prevention STD Treatment Guidelines; 2007 US Preventive Services Task Force Screening Guidelines; Family PACT Clinical Practice Alert June 2009.

5 Expanded CT test search for females served per year (excluding those with only PDC S60 (Pregnancy Test Only) and/or pharmacy only services) includes paid and denied claims for CT tests billed within the year or up to 12 months prior to or up to seven days after the client's last date of service in the fiscal year.

Based on estimates of sexual risk behaviors and consistently low chlamydia prevalence among older clients, however, the observed CT testing rate for women in this oldest age group remains high. See Figure 7-7. A rate of no more than 50% for this age group would be expected if targeted screening was strictly practiced.[6]

Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories,[a] by Age, FY 2009-10

	Chlamydia Tests		Gonorrhea Tests	
	No.	% Positive	No.	% Positive
25 Yrs. & Under	77,415	4.5%	73,029	0.3%
26-30 Yrs.	29,936	1.8%	29,116	0.1%
31 Yrs. and Over	49,922	0.9%	49,323	0.1%

a Test result data from Quest represent approximately 14% of all chlamydia/ gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

Chlamydia screening rates differed by provider sector. In FY 2009-10 public providers screened 75% of young females and private providers screened 73%. Among female clients ages 26-30 public providers screened a lower proportion than private providers (65% public; 67% private). For older female clients (age 31 and over) the difference was greater with public providers screening 56% of clients compared to 63% among private providers.[7]

The Family PACT Program Standards are consistent with the national guidelines in recommending that retesting of female chlamydia cases occur at three months after initial diagnosis. Retesting is important in identifying repeat infection that might occur as a result of either sex with untreated partners or acquisition from a new partner. Repeat infection is a major risk factor for pelvic inflammatory disease and other adverse reproductive health outcomes. Estimates of retesting rates were made in a subset of female clients served by Quest Diagnostics laboratories in FY 2009-10. Of the 2,067 female cases identified in FY 2009-10, 58% returned in 1-6 months for clinical services after initial diagnosis of whom 56% were retested. (Thirty-two percent (32%) of the total number of female cases were retested.) See Figure 7-8. While there was some variation in return and retesting rates by age and race/ethnicity noted, overall program efforts to increase return and retesting rates are needed for all cases.

Figure 7-8
Retesting of Chlamydia Positive Female Clients among Family PACT Clients Served by Quest/Unilab Laboratories, FY 2009-10

Characteristics	Number of Chlamydia Positives	Clients who returned in 1- 6 months		Clients who returned and were retested	
		No.	% of CT+ clients	No.	% of returning clients
Total	**2,067**	**1,201**	**58%**	**669**	**56%**
Age <= 25	1,592	932	59%	511	55%
Age 26-30	258	162	63%	96	59%
Age 31+	217	107	49%	62	58%
Latina	1,138	675	59%	374	55%
White	320	186	58%	101	54%
African American	372	211	57%	120	57%
Asian and Pacific Islander	164	94	57%	51	54%
Other, inc. Native American	73	35	48%	23	66%

Source: Quest/Unilab test result data

Gonorrhea: The trend in NAATs as the nearly universal chlamydia test type in Family PACT was similar for gonorrhea test type utilization because NAATs are designed to detect both chlamydia and gonorrhea in a single specimen. Thus, gonorrhea test volume has been similar to chlamydia test volume. In FY 2009-10, the proportion of female clients tested for gonorrhea was 58%, the same as in FY 2008-09. However, this level of gonorrhea testing may not be cost-effective since gonorrhea prevalence in the majority of family planning settings has been consistently less than 1%.

Syphilis: Twenty-three percent (23%) of female clients were tested for syphilis, which was slightly lower than in FY 2008-09. Fewer than 1% of females screened underwent syphilis confirmatory testing, similar to previous years. The current levels and cost effectiveness of syphilis testing in family planning needs further evaluation.

HIV: Family PACT benefits include confidential HIV testing, but not anonymous HIV testing. To the extent that clients are tested anonymously using other funding sources, data on HIV test reimbursement will underestimate the true proportion of Family PACT clients tested for HIV. In FY 2009-10, 28% of female clients were tested for HIV, higher than the 27% screened in FY 2008-09. Fewer than 1% of females screened confidentially received a confirmatory HIV test, similar to previous years.

Human papillomavirus (HPV): HPV testing became a benefit of the Family PACT Program as of July 2000, but is restricted to reflex testing when cervical cytology results indicate atypical squamous cells of undetermined significance (ASC-US). Screening for HPV in the absence of abnormal cervical cytology findings is not recommended in national guidelines or by the Family PACT Program. Two percent (2.2%) of female clients served received HPV testing during FY 2009-10 which is similar to the utilization reported in FY 2008-09. The clinical appropriateness of HPV testing cannot be determined by claims analysis alone.

6 Family PACT Clinical Practice Alert, Gonorrhea and Chlamydia Screening, November 2009, STD Control Branch Over 20 Study, 2006 California Project Area Infertility Prevention Project, 2005.

7 The difference is consistent with previous comparisons by provider type. Private and public providers were switched in error in the Family PACT Program Report of FY 2008-09. Screening rates were higher among public providers for younger women and lower among public providers for the two older age categories.

Chlamydia and Gonorrhea Test Utilization and Prevalence by Race/Ethnicity

Significant racial disparities in female chlamydia and gonorrhea case rates as well as prevalence have been observed in family planning and other settings. Analysis of test utilization by race/ethnicity indicated that, compared to other racial/ethnic groups, a higher proportion of African American female clients age 25 years and younger were tested for chlamydia (69%), gonorrhea (67%) and – for all ages – HIV (34%). See Figure 7-9. Young Latina female clients had the lowest proportion screened for chlamydia (61%). Young White female clients had the lowest proportion screened for gonorrhea (57%) and White females of all ages had the lowest proportion screened for HIV (20%). Differences in testing by race/ethnicity may reflect differences in risk behaviors and assessment, which cannot be determined from claims data alone. Higher testing rates may result in differential rates of STI detection by race/ethnicity as observed in prevalence monitoring data for family planning clients.[8]

Figure 7-9
Percent of Female Family PACT Clients Served with Chlamydia, Gonorrhea, or HIV Testing, by Race/Ethnicity, FY 2009-10

	Latino	White	African American	Asian / Pacific Islander	Other (Including Native American)
Clients age <= 25	429,096	218,665	56,291	62,396	30,882
% <=25 served with CT tests	61%	62%	69%	65%	64%
% <=25 served with GC tests	58%	57%	67%	59%	59%
All clients	906,904	307,244	83,444	103,393	47,855
% all clients served with HIV tests	31%	20%	34%	24%	23%

Source: Family PACT Enrollment and Claims Data

Race-specific chlamydia and gonorrhea prevalence was estimated for the subset of Family PACT clients served by Quest Diagnostics laboratories in FY 2009-10. See Figure 7-10. Highest chlamydia positivity was observed for African-American female clients (7.8%) compared with other race/ethnicity groups (2-4%). Although overall gonorrhea positivity was considerably lower compared to chlamydia positivity, the highest gonorrhea positivity was observed among African-American females (1.7%).

Figure 7-10
Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories,[a] by Race, FY 2009-10

	Chlamydia Tests		Gonorrhea Tests	
	No.	% positive	No.	% positive
Latina	104,386	2.3%	102,615	0.1%
White	25,097	2.7%	122,366	0.2%
African American	10,464	7.8%	110,135	1.7%
Asian and Pacific Islander	10,652	3.6%	110,117	0.2%
Other, including Native American	6,733	3.1%	6,292	0.2%

a Test result data from Quest represent approximately 14% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

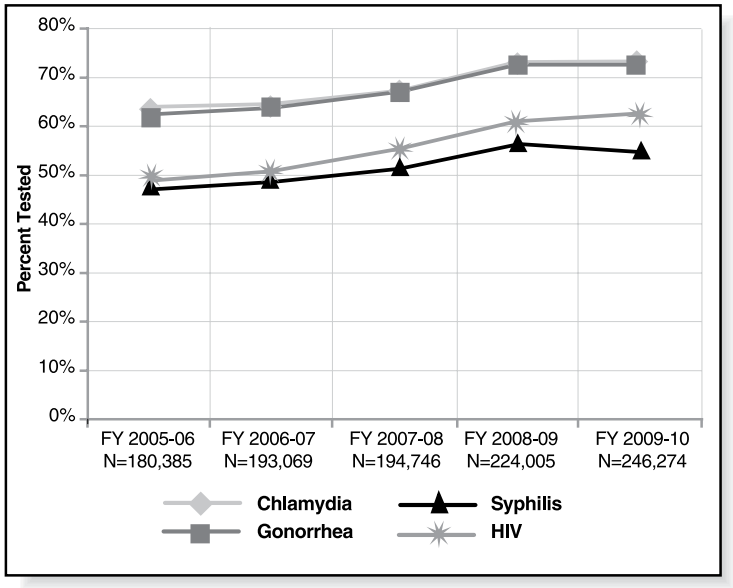
Source: Quest/Unilab test result data

STI Test Utilization among Male Clients

STI test volume among male clients has almost doubled since FY 2005-06. See Figure 7-2. Overall, higher proportions of male clients have been tested for STIs compared with female clients since they are likely to be either seeking care for lower genital tract symptoms and/or to be a contact to a female case in Family PACT. STI testing among males increased from 79% of males tested in FY 2008-09 to 80% of males tested in FY 2009-10.

Chlamydia: Seventy-four percent (74%) of male clients were tested for chlamydia in FY 2009-10, one percentage point higher than in the previous year. See Figure 7-11.

Figure 7-11
Percent of Male Family PACT Clients Tested for Selected STIs, FY 2005-06 to FY 2009-10



Source: Family PACT Enrollment and Claims Data

8 http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2009-Report.pdf. Accessed March 29, 2011.

Over ninety-nine percent (99.8%) of all chlamydia tests among males were NAATs, the most sensitive tests for detecting chlamydia, just as in the previous year. Currently, there are no program or national chlamydia screening guidelines for males although the Centers for Disease Control and Prevention (CDC) convened a Male Chlamydia Screening Consultation in 2006 followed by the release of a Summary of Recommendations in 2007.[9] The screening recommendations relevant for screening males outside of high risk settings, such as corrections and STD clinics, focus only on retesting cases in three months; thus, there are still no age-specific or behavioral factors to be considered for routine screening of males. The high chlamydia positivity data for male clients tested by Quest Diagnostics, as compared to female clients, likely reflect testing of males with symptoms, contact to an STI case, and/or high risk behaviors. See Figure 7-12. In contrast female clients who are tested are predominantly asymptomatic. Racial disparities in chlamydia positivity observed for female clients were also observed for male clients. See Figure 7-13.

Figure 7-12
Chlamydia and Gonorrhea Positivity among Male Family PACT Clients Served by Quest/Unilab Laboratories,[a] by Age, FY 2009-10

	Chlamydia Tests		Gonorrhea Tests	
	No.	% Positive	No.	% Positive
25 Yrs. & Under	13,297	9.8%	13,033	1.7%
26-30 Yrs.	4,090	8.7%	4,061	1.7%
31 Yrs. and Over	6,899	3.8%	6,883	1.6%

a Test result data from Quest represents approximately 14% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

Figure 7-13
Chlamydia and Gonorrhea Positivity among Male Family PACT Clients Served by Quest/Unilab Laboratories,[a] by Race, FY 2009-10

	Chlamydia Tests		Gonorrhea Tests	
	No.	% Positive	No.	% Positive
Latino	13,238	7.6%	13,189	1.0%
White	5,050	5.6%	4,903	1.2%
African American	3,756	12.5%	3,714	4.6%
Asian and Pacific Islander	1,301	7.5%	1,258	1.6%
Other, including Native American	1,311	5.4%	1,281	1.8%

a Test result data from Quest represents approximately 14% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

Gonorrhea: Seventy-three percent (73%) of male clients were tested for gonorrhea in FY 2009-10, similar to the previous fiscal year. The high gonorrhea positivity data for male clients tested by Quest Diagnostics as with the case of chlamydia likely reflect testing of males with symptoms, contact to an STI case, and/or high risk behaviors. Again females who are tested for gonorrhea are predominantly asymptomatic. Racial disparities in gonorrhea positivity similar to those observed for female clients were also observed for male clients. See Figure 7-13.

Syphilis: The percentage of male clients tested for syphilis was 56% in FY 2009-10, similar to the proportion tested in the prior year. One percent (1%) of all males screened received confirmatory syphilis testing similar to previous years.

HIV: As with females, HIV testing utilization analyses based on claims data underestimate the proportion of male clients tested for HIV to the extent that those tested anonymously using other funding sources are not included. In FY 2009-10 the percentage of male clients who were tested for HIV increased to 63% from 61% in the previous year. Fewer than 1% of clients tested received a confirmatory HIV test.

STI Test Utilization among Adolescent Clients

Seventy percent (70%) of female adolescent clients received at least one STI test in FY 2009-10, compared to 64% of female adult clients, slightly widening the difference between the two groups compared to the previous year (68% vs. 64%, respectively). Seventy-four percent (74%) of male adolescent clients received at least one STI test in FY 2009-10 compared to 81% of male adults, similar to previous years. Based on national and California sentinel site prevalence data for chlamydia, which consistently show the highest prevalence occurring in adolescents, this age group has been an important target for increasing chlamydia screening rates in accordance with CDC screening gu idelines.[10] In FY 2009-10 higher proportions of adolescent females were tested for chlamydia and gonorrhea than adult females. The opposite was true for male clients.

9 http://www.cds.gov/std/chlamydia/ChlamydiaScreening-males.pdf
10 http://www.cdc.gov/std/treatment/2010/specialpops.htm#specialpops2

Chapter 8 *Reimbursement*

Overview

Total reimbursement for Family PACT services in FY 2009-10 was $597 million, an increase of 5% over FY 2008-09.[1] The cost of the program to the State and federal government, however, has been reduced by an average of 9% per year since FY 2005-06 by drug rebates, which federal law requires drug manufacturers to pay to Medicaid agencies for drugs dispensed by pharmacies. The estimated rebates amounted to $39 million in FY 2009-10, thus lowering the cost of the program to the government to $558 million.[2] This chapter discusses, first, reimbursement prior to the rebates, where detailed information is available, and secondly, reimbursement after the rebates, where only an estimated total rebate amount is known.

Reimbursement Prior to Rebates

After two years of of double digit reimbursement increases (+11% in FY 2007-08; +18% in FY 2008-09), growth in reimbursement slowed to 5% in FY 2009-10. See Figure 8-1. The two prior year increases were largely a result of the legislatively mandated 90.9% increase in the rate for Evaluation and Management (E&M) claims effective January 1, 2008, which increased the cost of clinician services. Spending on clinician services was up 24% in FY 2007-08 and 32% in FY 2008-09, but slowed to 4% in FY 2009-10. See Figure 8-2. FY 2009-10 was the second full year this rate increase was in effect. Increases for drug and supply services in FY 2009-10 (+6%) and laboratory services (+4%) were also much lower than those observed in the prior two fiscal years. The 5% increase in overall reimbursement in FY 2009-10 was driven by increases in the number of clients served and in the cost of services. Utilization (the number of claim lines per client) was relatively unchanged from FY 2008-09.

Three service types accounted for over 86% of all Family PACT reimbursements: contraceptive drugs (40%), office visits (29%), and STI testing (17%). Office visits remained relatively steady as a share of total reimbursement in FY 2009-10 after two years of rapid increases. Contraceptive drugs continue to make up the largest percentage of overall Family PACT reimbursement. See Figure 8-1.

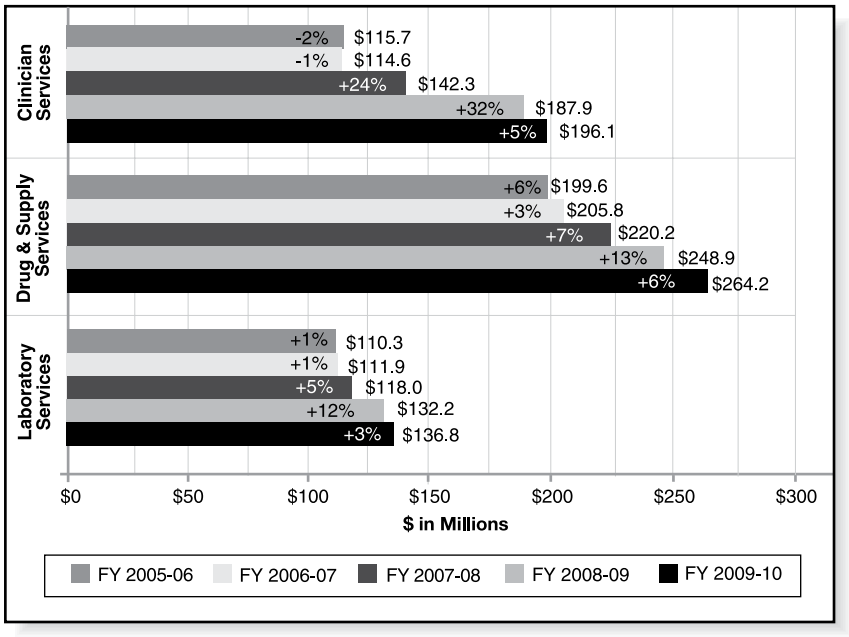
Figure 8-1
Family PACT Reimbursement by Service Type, FY 2009-10

Service	Clients Served[a]	Reimbursement			Reimbursement Per Client	
	Number	Amount	% of Total	% Change from Previous Year	Amount	% Change from Previous Year
Clinician Services						
Office Visits[b]	1,690,154	$175,329,627	29.4%	3.1%	$103.74	-0.2%
Procedures & Facility Fees	192,966	$20,784,795	3.5%	16.5%	$107.71	5.9%
Subtotal	**1,702,673**	**$196,114,422**	**32.8%**	**4.4%**	**$115.18**	**0.9%**
Drug & Supply Services						
Barrier Method Supplies	838,888	$10,165,265	1.7%	-1.6%	$12.12	-5.2%
Contraceptive Drugs	943,102	$235,735,824	39.5%	7.8%	$249.96	6.2%
Non-Contraceptive Drugs	390,855	$18,300,136	3.1%	-7.5%	$46.82	-11.3%
Subtotal	**1,343,284**	**$264,201,225**	**44.2%**	**6.2%**	**$196.68**	**3.6%**
Laboratory Services						
Cervical Cytology Tests	628,019	$18,221,341	3.1%	-5.3%	$29.01	1.0%
Method Related Tests	254,798	$2,263,690	0.4%	7.1%	$8.88	-1.4%
Other Lab Tests	242,313	$6,836,876	1.1%	11.0%	$28.22	2.6%
Pregnancy Tests	632,801	$3,874,177	0.6%	4.7%	$6.12	-0.8%
Specimen Handling Fees	334,864	$1,301,784	0.2%	10.0%	$3.89	0.6%
STI Tests	1,135,525	$104,275,147	17.5%	4.5%	$91.83	0.5%
Subtotal	**1,469,228**	**$136,773,015**	**22.9%**	**3.5%**	**$93.09**	**-0.2%**
Total	**1,820,850**	**$597,088,662**	**100.0%**	**4.9%**	**$327.92**	**1.8%**

a Clients served do not add up to the subtotals because clients may receive more than one service.
b Office Visits include Evaluation and Management and Education and Counseling Codes.
c Method Related Tests include Cholesterol, Glucose, Lipids, Liver Function, and Urinalysis.

Source: Family PACT Enrollment and Claims Data

Figure 8-2
Trends in Total Family PACT Reimbursement by Service Type



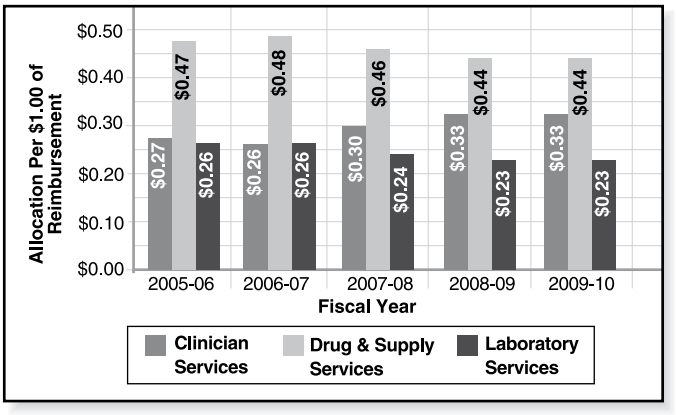
Source: Family PACT Enrollment and Claims Data

1 Only paid claims for dates of service within FY 2009-10 were used for this report. Reimbursement data can be reported on the basis of date-of-service (DOS) or date-of-payment (DOP). Reimbursement for DOS in FY 2009-10 was $597 million, and reimbursement for DOP in FY 2009-10 was $605 million, a difference of 1.2%. The two numbers are usually within 10% of each other.

2 May 2011 Medi-Cal Estimate, PC page 59. Rebate estimates are adjusted retroactively, if necessary, and so may differ from previous years' reports.

For every dollar reimbursed for services, 44 cents went for drugs and supplies, 33 cents for clinician services, and 23 cents for laboratory services. These numbers are unchanged from the previous year. See Figure 8-3.

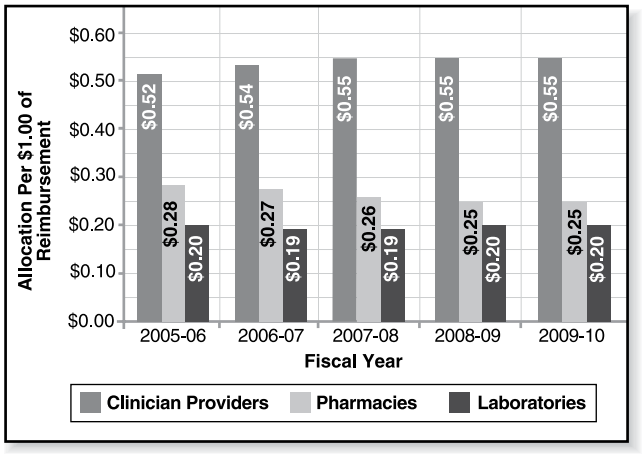
Figure 8-3
Trends in Family PACT Reimbursement by Service Type



Source: Family PACT Enrollment and Claims Data

For every dollar reimbursed to providers, 55 cents went to clinician providers (who may be reimbursed for clinician, laboratory, and drug and supply services), 25 cents to pharmacy providers, and 20 cents to laboratory providers. See Figure 8-4. The 55 cents paid to clinician providers included 33 cents for clinician services, 19 cents for drug and supply services, and three cents for laboratory services.

Figure 8-4
Trends in Family PACT Reimbursement by Provider Type



Source: Family PACT Enrollment and Claims Data

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 during the period in question who received a paid service. Utilization is defined as the average number of claim lines per client served, and cost is defined as the average reimbursement per claim line.

Sixty-three percent (63%) of the $28 million growth in reimbursement in FY 2009-10 was a result of the increase in clients served. The remaining 37% was the result of changes in cost and utilization. This represents a reversal from FY 2008-09 when 31% of the growth in reimbursement was related to changes in clients served and 69% was related to changes in cost and utilization. See Figure 8-5.

Figure 8-5
Change in Family PACT Reimbursement by Service Type

The $28.1 million increase in reimbursement between FY 2008-09 and FY 2009-10 is attributable to the following factors:		
Change in Reimbursement Attributable to:	**Change in Reimbursement**	**% of Change in Reimbursement**
Changes in Family PACT clients served[a]	**$17,819,037**	**63%**
Changes in Cost & Utilization[b]	**$10,301,794**	**37%**
Clinician Services	*$2,333,481*	
Drug & Supply Services	*$7,528,068*	
Laboratory Services	*$440,245*	
Total Change in Reimbursement	**$28,120,831**	**100%**

a The change in reimbursement attributable to clients is due to an increase in the number of clients served from 1,765,556 in FY 2008-09 to 1,820,850 in FY 2009-10.

b In this and subsequent rows of this table, the figures represent the change in reimbursement attributable to cost (reimbursement per claim line) and utilization (claim lines per client).

Source: Family PACT Enrollment and Claims Data

Figure 8-6 provides detail on changes in clients served, utilization, and cost for the program in FY 2009-10. The total row illustrates how the growth in clients served (+3.1%) and cost (+1.5%) were the drivers of reimbursement growth, and how the growth in utilization (+0.3%) was a lesser factor in FY 2009-10. Growth in all three categories was much lower than what was observed in the prior two fiscal years.

A closer look at the data by service type reveals that clients served increased at similar rates for clinician (+3.4%), laboratory (+3.7%), and on-site drug and supply (+4.5%) claims, but hardly increased at all for pharmacy drug and supply (+0.4%) claims. Utilization did not increase much for any service type and actually declined slightly for clinician (-0.6%) and pharmacy drug and supply (-0.5%) claims. Average costs increased for clinician (+1.5%) and drug and supply (+3.4%) claims, but declined slightly for laboratory (-0.8%) claims. See Figure 8-6.

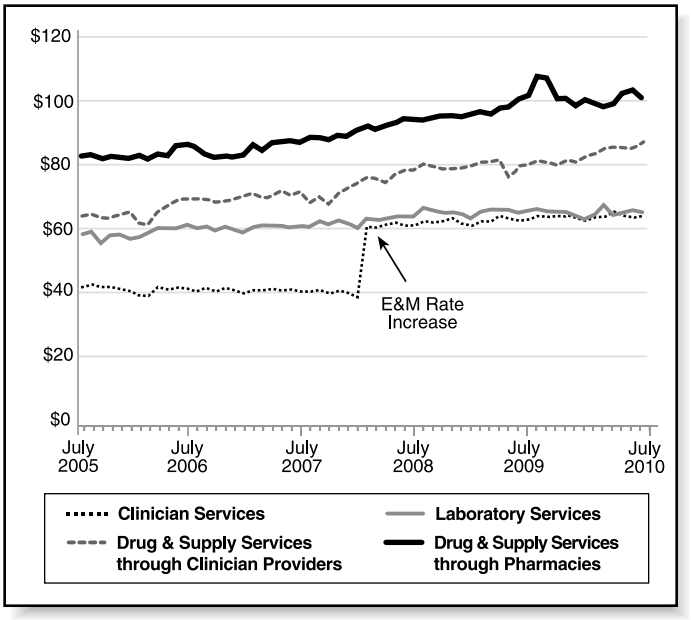
Figure 8-6
Changes in Family PACT Cost Factors by Service Type, FY 2009-10

Service Type	Clients Served	% Change from Previous Year	Average Claim Lines/ Client Served (Utilization)	% Change from Previous Year	Average Reimburse-ment/ Claim Line (Cost)	% Change from Previous Year
Clinician	1,702,673	3.4%	2.58	-0.6%	$44.69	1.5%
Drug & Supply	1,343,284	2.4%	3.17	0.2%	$62.11	3.4%
Pharmacy	*652,715*	*0.4%*	*2.96*	*-0.5%*	*$77.60*	*4.8%*
Clinician Provider	*864,302*	*4.5%*	*2.68*	*0.6%*	*$49.18*	*3.0%*
Laboratory	1,469,228	3.7%	4.43	0.6%	$21.01	-0.8%
Total	**1,820,850**	**3.1%**	**8.32**	**0.3%**	**$39.41**	**1.5%**

Source: Family PACT Enrollment and Claims Data

Figure 8-7 illustrates monthly changes in the cost factors. Monthly reimbursement per client for drug and supply services, through both clinician providers and pharmacies, continued the steady increase seen in the past few fiscal years. Monthly reimbursement per client was relatively flat in FY 2009-10 for both laboratory and clinician services. The sharp rise in reimbursement for clinician services in January 2008 was a result of the increase in the reimbursement rate for E&M services.

Figure 8-7
Average Monthly Family PACT Reimbursement per Client Served by Service Type



Source: Family PACT Enrollment and Claims Data

Clinician Services

Reimbursement for clinician services increased by $8.2 million (+4%) in FY 2009-10, after increasing by $45.6 million (+32%) in FY 2008-09 and $27.7 million (+24%) in FY 2007-08. The increase was due to increases in clients served (+3.4%) and average costs (+1.5%), which were offset slightly by a small decrease in average claims lines per client (-0.6%). Growth in all three factors were down significantly from levels seen in the past two fiscal years. See Figure 8-6.

Reimbursement to public sector providers, who served 70% of all clients, accounted for 67% of all dollars paid to clinician providers, similar to FY 2008-09. Reimbursement to private providers, who served 32% of all clients, accounted for 33% of all dollars paid to clinician providers.[3] See Figure 8-8. This is the second consecutive year that the share of reimbursement for clinician services paid to private providers has held relatively steady. This is notable because the share paid to private providers declined consistently from FY 2001-02 (49.5%) through FY 2007-08 (33%).

3 The percentages of clients served add to more than 100% because clients may be served by both public and private sector providers.

Spending for E&M claims increased by 2% for new clients and by 6% for existing clients in FY 2009-10. This is in stark contrast to FY 2008-09 when spending increased by over 40% for both new and existing clients. This was an expected result given that FY 2009-10 was the second full year where the legislatively mandated 90.9% E&M rate increase was in effect. Education and Counseling (E&C) claims continued to decline in both percentage of total expenditures (9.6% in FY 2009-10 vs. 11% in FY 2008-09) and actual dollar amount (-9%). This was a result of providers continuing to shift from E&C service codes to E&M service codes after the E&M rate increase. For the second consecutive year, mammography claims had a double digit percentage increase (+32%), but they still only make up 1.4% of total amount spent on clinician services. See Figure 8-8.

Figure 8-8
Family PACT Clinican Services, FY 2009-10

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
Private	$65,652,933	33.5%	5%
Public	$130,461,489	66.5%	4%
Total	$196,114,422	100.0%	4%
Reimbursement by Service Type	**Reimbursement**		
	Amount	**% of Total**	**% Change from Previous Year**
Office Visits			
E&M: New Clients	$50,418,918	25.7%	2%
E&M: Established Clients	$106,086,313	54.0%	6%
E&C Codes	$18,824,396	9.6%	-9%
Subtotal	**$175,329,627**	**89.4%**	**3%**
Procedures & Facility Fees			
Method Related Procedure	$8,816,764	4.5%	27%
Dysplasia Services	$4,726,919	2.4%	4%
Mammography	$2,722,178	1.4%	32%
Facility Use	$2,700,792	1.4%	-1%
Inpatient Services	$90,348	0.0%	
Other Clinical Procedure[a]	$130,419	0.1%	69%
Other Surgical Procedure	$1,597,375	0.8%	6%
Subtotal	**$20,784,795**	**10.6%**	**17%**
Clinician Services Total	**$196,114,422**	**100.0%**	**4%**

a Other Clinical Procedures was reduced by $207,000 to more accurately reflect the amount that will ultimately be reimbursed. Medi-Cal typically recoups reimbursement for claims under the code 00001, but had not at the time this report went to print. Recoupment of $207,000 is expected.

Source: Family PACT Enrollment and Claims Data

Drug and Supply Services

Drug and supply services make up 44% of Family PACT reimbursement, and grew by 6% in FY 2009-10. As shown in Figure 8-6 the growth was primarily driven by increases in costs (+3.4%) and the number of clients receiving drug and supply services (+2.4%), though these increases were half the rate seen in the previous fiscal year. Growth in utilization was relatively small by comparison (+0.2%). Changes in clients served (+0.4%) and utilization (-0.5%) for pharmacy dispensing were remarkably muted in comparison to previous fiscal years.

Spending for contraceptive drugs (+8% in FY 2009-10) accounts for all of the overall increase in drug and supply spending, with spending for barrier methods and supplies (-2%) and non-contraceptive drugs (-7%) both down. See Figure 8-9. The decline in spending for barrier methods and non-contraceptive drugs was a result of a decrease in reimbursement to pharmacies for these services. Reimbursement to clinicians for on-site dispensing of these services increased.

Among contraceptive drugs, the largest growth in reimbursement was seen for implants (+153%), which made up 2% of all dollars spent for drug and supply services. FY 2009-10 was the second full fiscal year in which the implant, Implanon, was included as a Family PACT benefit. It is the first contraceptive implant available since the discontinuation of Norplant distribution in 2002. Reimbursement for the ring (+19%) continued a strong pattern of growth, while growth in reimbursement for IUCs (+6%), ECPs (+7%), and OCs (+5%) was down considerably compared to the previous two fiscal years. Reimbursement for the patch increased by 8% in FY 2009-10 following several years of steady decline. Reimbursement for injections was up only 1% because pharmacy reimbursement for injections declined by 31%. On April 1, 2010, pharmacies were no longer allowed reimbursement for injections and the amount is expected to decline to $0 in FY 2010-11. OCs still make up almost half (48% in FY 2009-10) of all drug and supply spending, similar to previous years.

Figure 8-9
Family PACT Drug & Supply Services, FY 2009-10

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
Clinician	$114,079,064	43%	8%
Pharmacy	$150,122,161	57%	5%
Total	$264,201,225	100%	6%
Reimbursement by Service Type	**Reimbursement**		
	Amount	**% Total**	**% Change from Previous Year**
Contraceptive Drugs			
OC	$127,273,211	48%	5%
Patches	$18,451,970	7%	8%
Injections	$19,812,621	8%	1%
IUCs	$21,066,262	8%	6%
ECPs	$17,671,978	7%	7%
Rings	$27,331,191	10%	19%
Implants	$4,128,592	2%	153%
Subtotal	**$235,735,824**	**89%**	**8%**
Non-Contraceptive Drugs	**$18,300,136**	**7%**	**-7%**
Barrier Methods and Supplies	**$10,165,265**	**4%**	**-2%**
Total Reimbursement for Drug & Supply Services	**$264,201,225**	**100%**	**6%**

Source: Family PACT Enrollment and Claims Data

Laboratory Services

As shown in Figures 8-6 and 8-1, the number of clients receiving at least one laboratory service grew by 3.7% in FY 2009-10 and overall spending for laboratory services increased by 3.5%. Both increases continued the uptick in growth that started in the previous year, though at a considerably slower rate. Five of the six major categories of laboratory tests grew by 5% or more in FY 2009-10: STI tests, pregnancy tests, method-related tests, specimen handling, and other laboratory tests. Only cervical cytology tests declined (-5%). The decline in reimbursement for cervical cytology tests was the result of a 15% decline in spending for thin layer tests. Reimbursement for traditional cervical cytology tests was unchanged (-0.1%) from FY 2008-09. Spending for thin layer tests has been declining for several years. However until FY 2009-10 those declines had been offset by increases in spending for traditional tests. Reimbursement for other laboratory tests (+11%) had the largest growth rate, half of which can be attributed to increases in reimbursement for the pathology test, loop electro-excisional procedure (LEEP).

STI tests still account for three out of every four dollars spent for laboratory services, and 90% of dollars spent on STI tests were for chlamydia (CT) and/or gonorrhea (GC) tests. Reimbursement for HIV tests in FY 2009-10 showed the largest growth (+11%), followed by CT tests (+5%) and GC tests (+4%). Syphilis tests (+1%) and HPV tests (+2%) showed only modest growth in reimbursement in FY 2009-10. See Figure 8-10.

Figure 8-10
Family PACT Laboratory Services, FY 2009-10

Laboratory Test	Reimbursement		
	Amount	%	% Change from Previous Year
STI Tests			
Chlamydia (CT)	$47,888,827	35%	5%
Gonorrhea (GC)	$45,516,739	33%	4%
HIV[a]	$7,021,065	5%	11%
Syphilis	$2,323,240	2%	1%
HPV[b]	$1,244,343	1%	2%
GC/CT Combined	$263,506	<1%	-5%
HSV[c]	$16,305	<1%	-9%
Other	$1,121	<1%	-3%
Subtotal	**$104,275,147**	**76%**	**5%**
Cervical Cytology Tests	**$18,221,341**	**13%**	**-5%**
Pregnancy Test	**$3,874,177**	**3%**	**5%**
Method Related Tests	**$2,263,690**	**2%**	**7%**
Specimen Handling Fees	**$1,301,784**	**1%**	**10%**
Other Laboratory Tests	**$6,836,876**	**5%**	**11%**
Laboratory Services Total	**$136,773,015**	**100%**	**4%**

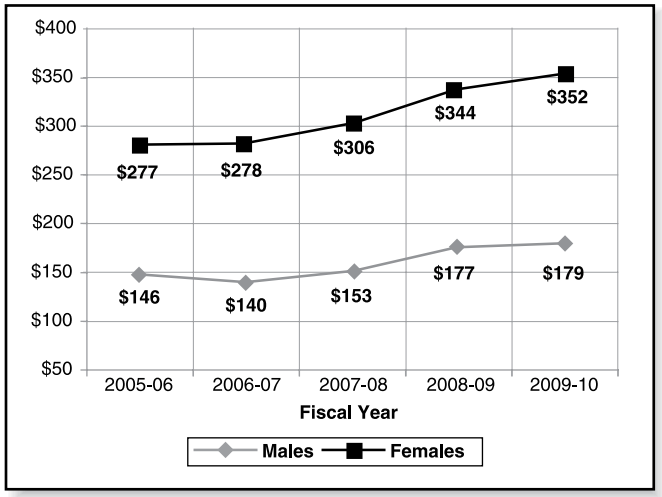
a Human immunodeficiency virus.
b Human Papillomavirus.
c Herpes Simplex Virus.

Source: Family PACT Enrollment and Claims Data

Reimbursement for Males vs. Females

Reimbursement for males – who represent 14% of the Family PACT population in FY 2009-10 – accounted for 7.5% of the total reimbursement in FY 2009-10, up from 7.1% in FY 2008-09 and 6.3% in FY 2005-06. Average reimbursement per male client increased by 1.6% (to $179) in FY 2009-10, while average reimbursement per female client increased by 2.3% to $352. See Figure 8-11. The number of claim lines per client was relatively unchanged for both males and females.[4]

Figure 8-11
Family PACT Reimbursement per Client Served, Males vs. Females



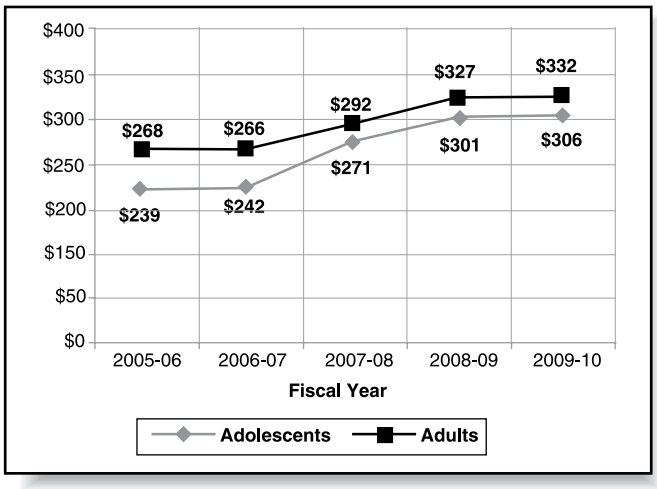
Source: Family PACT Enrollment and Claims Data

4 Claim lines per male client increased slightly, from 6.2 to 6.3. Claim lines per female clients remained steady at 8.6.

Reimbursement for Adolescents vs. Adults

Reimbursement for adolescents, who are defined as clients under age 20 and who constitute 17% of the Family PACT population, declined to 15.8% of total reimbursement in FY 2009-10, down from 16.6% in FY 2008-09. The share of reimbursement attributable to adolescents has been in a slow, but steady decline since FY 2001-02 when it was 18.2%. Average reimbursement per client increased by 1.6% among adolescents ($301 to $306) and by 1.7% among adults ($327 to $332) over FY 2008-09. See Figure 8-12.

Figure 8-12
Family PACT Reimbursement per Client Served, Adolescents vs. Adults



Source: Family PACT Enrollment and Claims Data

Summary

Annual Family PACT reimbursement increased by $28 million (+5%) in FY 2009-10, following two years where reimbursement increased by a total of $137 million (+32%). Increases in reimbursement for the three core service types – contraceptive drugs, office visits, and STI tests – accounted for the majority of the reimbursement increase in FY 2009-10. These service types comprise 86% of all Family PACT spending. Increases in reimbursement for contraceptive drugs (+$16 million) account for 59% of the reimbursement increase. The change in the E&M rate, which nearly doubled in 2008, is no longer causing the dramatic increases in spending seen in the prior two fiscal years.

Reimbursement with Drug Rebates Applied

While the analysis of paid claims gives a clear picture of where the program is spending money and identifies growth areas, it overstates the costs of the program because it does not factor in the effect of drug rebates. Federal law requires drug manufacturers to pay state Medicaid[5] agencies a quarterly rebate on pharmacy dispensed drugs. The rebates result in a 15.1% or greater decrease in the Average Manufacturer's Price (AMP) and serve to lower the cost of the Family PACT Program to both the state and federal governments. Prior to FY 2004-05, the dollar amount for drug rebates applicable to the Family PACT Program had not been available for the Family PACT annual report. All references to drug rebates in the following paragraphs refer only to drugs dispensed at pharmacies.

Caveats

The data source and methodology of calculating reimbursement using drug rebates have the following caveats:

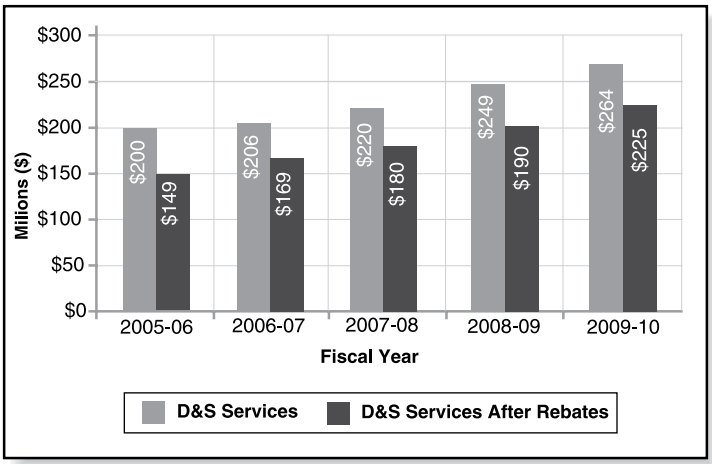
- Total reimbursement in this chapter is based on paid claims for dates of service during the fiscal year, while drug rebate estimates are based on rebates received by the State during the fiscal year – some of which are for dates of service that are several years old.
- Family PACT paid claims are factual, while the Family PACT portion of rebates are estimates based on trend data for drug expenditures and the historical proportion of actual amounts collected.
- Rebate estimates for a given year can fluctuate due to adjustments made for claims in one period that may not occur consistently over time. For example, FY 2005-06 rebate figures were significantly higher than normal due to a one-time settlement with a drug company. In other cases an over-estimate in one year is adjusted by lowering the estimate of the rebate in another year.
- At this time, data are not available that would allow for detailed analysis of drug rebates by drug type, therefore only overall estimates are used.

5 Medi-Cal is California's Medicaid program and, as such, provides healthcare and prescription drugs to low-income and disabled residents.

Reduction in Total Reimbursement

Medi-Cal estimates the Family PACT portion of the federal rebate for pharmacy dispensed drugs to be $39 million for FY 2009-10, a decrease of $20 million from FY 2008-09.[6] Applying the estimate of $39 million in drug rebates would decrease the total net dollars spent on drug and supply services in FY 2009-10 by 16%, from $264 million to $225 million. Rebates have reduced drug and supply spending by an average of 20% each year since FY 2005-06. See Figures 8-13 and 8-15.

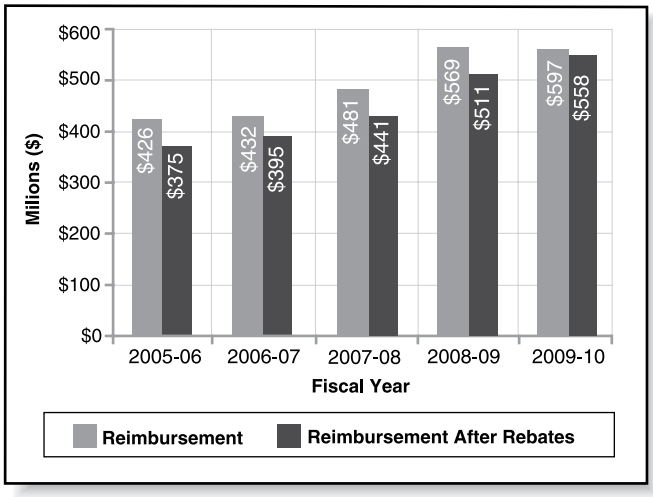
Figure 8-13
Trends in Family PACT Drug & Supply (D&S) Reimbursement Including Drug Rebates



Source: Family PACT Enrollment and Claims Data

The lower net reimbursement for drug and supply services after rebate adjustments decreased net reimbursement for all services by 7% in FY 2009-10, from $597 million to $558 million. Rebates have reduced total Family PACT spending by an average of 9% each year since FY 2005-06. See Figures 8-14 and 8-15.

Figure 8-14
Family PACT Reimbursement Including Drug Rebates



Source: Family PACT Enrollment and Claims Data

Figure 8-15
Cumulative Family PACT Reimbursement Including Drug Rebates

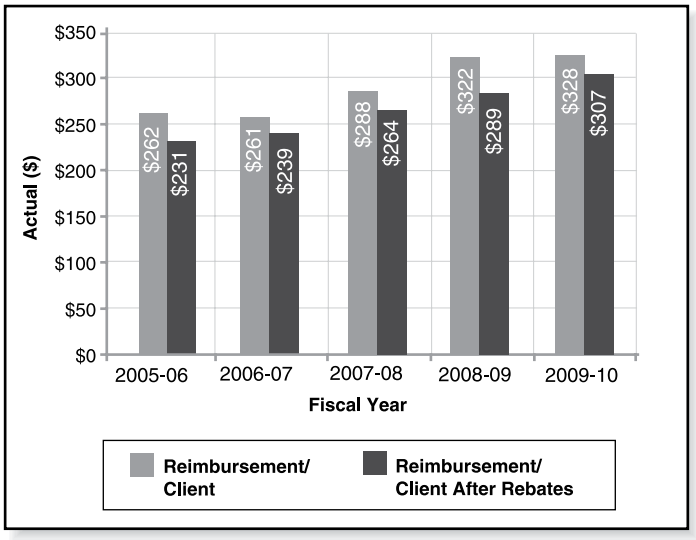
FY	Total Reim. (millions)	Drug Rebate Amt. (millions)	Total Net Reim. (millions)	% Change in Reim. Due to Rebate
Drug and Supply				
FY 2005-06	$200	$50	$149	-25%
FY 2006-07	$206	$37	$169	-18%
FY 2007-08	$220	$40	$180	-18%
FY 2008-09	$249	$59	$190	-24%
FY 2009-10	$264	$39	$225	-16%
Total	**$1,139**	**$225**	**$913**	**-20%**
Total Family PACT				
FY 2005-06	$426	$50	$376	-12%
FY 2005-07	$432	$37	$395	-9%
FY 2007-08	$481	$40	$441	-8%
FY 2008-09	$569	$59	$510	-10%
FY 2009-10	$597	$39	$558	-7%
Total	**$2,505**	**$225**	**$2,280**	**-9%**

Source: Family PACT Enrollment and Claims Data

Reduction in Reimbursement per Client and per Claim

Drug rebates have significantly affected the reimbursement per client served over the last four years, lowering reimbursement per client by an average of $22-$24 each year. In FY 2009-10, reimbursement per client after rebates was $307, compared to $328 before rebates. See Figure 8-16.

Figure 8-16
Family PACT Reimbursement Per Client Served Including Drug Rebates



Source: Family PACT Enrollment and Claims Data

6 May 2010 Medi-Cal estimate.

Since FY 2005-06, rebates have lowered pharmacy claims by about $23 per claim, drug and supply claims by about $10 per claim, and Family PACT claims by about $3 per claim. See Figure 8-17.

Gross drug and supply reimbursement per claim is 55% to 60% higher for pharmacy dispensing than for on-site dispensing in any given fiscal year. However, the difference is greatly reduced when factoring in drug rebates, and has been less than 10% on average since FY 2005-06. In FY 2009-10, pharmacy drug claims cost an average of 58% more than on-site drug claims ($78 at pharmacies; $49 on-site), but that difference drops to 12% when rebates are factored in ($58 at pharmacies; $49 on-site). See Figure 8-18.

Summary

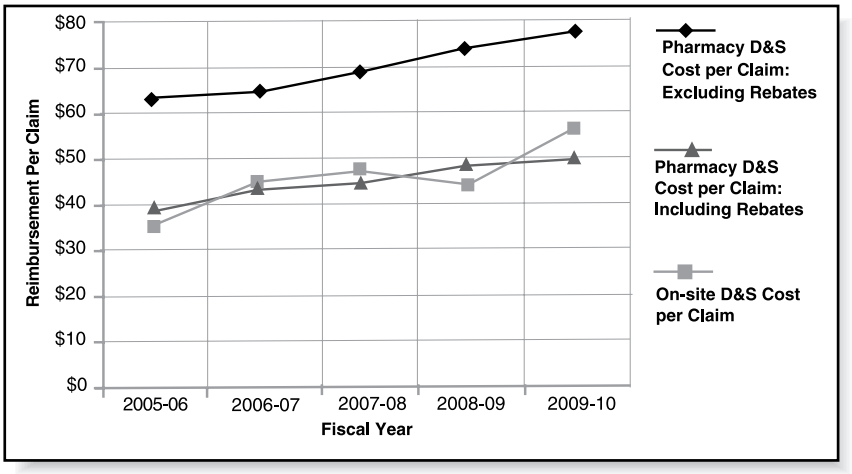
Drug rebates significantly lower the cost of the Family PACT Program each year for both the State General Fund and the federal Centers for Medicare and Medicaid Services. They also significantly reduce the cost of pharmacy dispensing.

Figure 8-17
Family PACT Reimbursement per Claim Line Including Drug Rebates

	Pharmacy Drug & Supply Reimbursement per Claim			Total Drug & Supply Reimbursement per Claim			Total Family PACT Reimbursement per Claim		
FY	Excluding Rebates	Including Rebates	Difference	Excluding Rebates	Including Rebates	Difference	Excluding Rebates	Including Rebates	Difference
2005-06	$62.79	$35.79	-$27.00	$50.37	$37.64	-$12.74	$30.74	$27.10	-$3.65
2006-07	$64.67	$44.11	-$20.56	$53.16	$43.54	-$9.62	$32.29	$29.51	-$2.78
2007-08	$69.56	$47.75	-$21.81	$56.22	$46.05	-$10.17	$35.42	$32.48	-$2.94
2008-09	$74.04	$43.83	-$30.21	$60.05	$45.93	-$14.12	$38.84	$34.84	-$3.99
2009-10	$77.60	$57.56	-$20.04	$62.11	$52.99	-$9.12	$39.41	$36.86	-$2.55

Source: Family PACT Enrollment and Claims Data

Figure 8-18
Family PACT Drug & Supply (D&S) Reimbursement per Claim



Source: Family PACT Enrollment and Claims Data

County Populations

The demographic characteristics of clients served and their utilization of Family PACT services vary considerably across the State. In FY 2009-10, county populations ranged from 10.5 million in Los Angeles County to 1,364 in Alpine County.[1] Los Angeles County contains 27% of the California population and 30% of the State's population with a family income below the Federal Poverty Guideline.[2, 3] In FY 2009-10 it accounted for 35% of all Family PACT clients served, 40% of all enrolled providers and 34% of all reimbursements.

Ten counties accounted for about three-quarters of the program's clients served, providers, and reimbursement. See Figures 9-1 and 9-4. These counties served 75% of clients, had 75% of enrolled providers, and their clients accounted for 73% of the total reimbursement.

Figure 9-1
Participation in Family PACT: Top Ten Counties

	Number of Clients Served	Clients Served in County as Percentage of Total Clients Served
	Number	Percentage
California State	**1,820,850**	**100%**
County:		
1 Los Angeles	634,940	35%
2 San Diego	161,989	9%
3 Orange	127,283	7%
4 San Bernardino	91,037	5%
5 Riverside	85,947	5%
6 Santa Clara	61,826	3%
7 Sacramento	53,853	3%
8 Alameda	51,011	3%
9 Fresno	50,348	3%
10 Kern	37,729	2%
Top Ten Subtotal:	1,355,963	75%

Source: Family PACT Enrollment and Claims Data

Five counties served fewer than 500 clients each: Alpine, Trinity, Mariposa, Modoc, and Sierra. Two counties – Alpine and Trinity – had no enrolled providers delivering services. Three counties – Calaveras, Inyo, and Mariposa – had only one provider each.

Client Growth Rates

The change in the number of clients served in FY 2009-10 varied widely among the 58 counties.

Since the previous fiscal year

- The largest percentage growth in the number of clients served was in Lassen (+9%), Colusa (+9%), San Benito (+8%), Lake (+8%), and Alameda (+7%) Counties.
- The largest percentage decreases in the number of clients served occurred in Mariposa (-12%), Plumas (-12%), Siskiyou (-10%), Yuba (-8%), Mono (-7%), and Amador (-7%) Counties.
- The number of clients served in Los Angeles County grew by 4%, slightly higher than overall program growth of 3%.

Over a five-year period from FY 2005-06 to FY 2009-10

- The largest percentage growth in the number of clients served was observed in Nevada (+61%), Lake (+54%), and San Benito (+40%) Counties.
- The largest percentage growth in the number of clients served among counties serving over 10,000 clients in FY 2009-10 occurred in Monterey (+25%), Solano (+21%), Santa Barbara (+20%), San Diego (+19%), and San Francisco (+19%) Counties.
- The only decline in the number of clients served was in San Mateo County (-8%).
- The number of clients served in Los Angeles County grew by 10%, compared to a 12% increase program-wide.

1 Based on average population for calendar years 2009 and 2010 Department of Finance population projections, July 2007.
2 State of California, Department of Finance, Population Projections for California and Its Counties 2000-2050, by Age, Gender, and Race/Ethnicity, Sacramento, California, July 2007.
3 American Community Survey, 2009.

Three regions – the Los Angeles/San Diego Corridor, the San Francisco Bay Area and the San Joaquin/Central Valley – are of interest due to either their high populations or their high teen birth rates. All three regions showed growth in the number of clients served of between 2% and 4% over the previous fiscal year. See Figure 9-2. Over a five-year period, growth in the number of clients served in the three regions was between 11% and 14%, compared to an increase of 12% in the entire program.

Figure 9-2
Change in Family PACT Clients Served in Selected Regions, FY 2008-09 through FY 2009-10

Region	County of Client Residence	FY 2008-09	FY 2009-10	% Change from Previous Year
Los Angeles/ San Diego Corridor	Los Angeles	610,166	634,940	4%
	Orange	120,116	127,283	6%
	Riverside	85,475	85,947	1%
	San Diego	155,863	161,989	4%
	Subtotal	**971,620**	**1,010,159**	**4%**
San Francisco Bay Area	Alameda	50,160	53,853	7%
	Contra Costa	35,244	35,991	2%
	Marin	9,108	9,577	5%
	San Francisco	31,837	33,473	5%
	San Mateo	20,673	20,163	-2%
	Subtotal	**147,022**	**153,057**	**4%**
San Joaquin/ Central Valley	Fresno	48,907	50,348	3%
	Kern	37,141	37,729	2%
	Kings	6,827	6,693	-2%
	Madera	7,961	7,917	-1%
	Merced	13,506	12,787	-5%
	San Joaquin	27,709	28,940	4%
	Stanislaus	22,188	22,474	1%
	Tulare	21,704	21,917	1%
	Subtotal	**185,943**	**188,805**	**2%**

Source: Family PACT Enrollment and Claims Data

Client Demographics

As shown in Figure 9-3, the demographic characteristics of clients served varied across counties as follows:

- Adolescents as a percentage of all clients served were 17% program-wide compared to a high of 41% in Modoc County and a low of 12% in Mono County. Among large counties – those serving over 10,000 clients – the highest proportions of adolescent clients were observed in San Luis Obispo (26%), Butte (23%), and Solano (22%) Counties. The lowest proportions among large counties were in Los Angeles (14%), San Francisco (14%), and Orange (13%) Counties.
- Males as a percentage of all clients were 14% program-wide and ranged from a high of 25% in Plumas County to a low of 4% in Lassen County. In Los Angeles County, males comprised 17% of all clients served.
- The proportion of clients who identified themselves as Latino ranged from 75% or more in San Benito, Los Angeles, Colusa, Madera, Tulare, Monterey, and Imperial Counties to 11% or less in Trinity, Shasta, Sierra, Tuolumne, and Plumas Counties.
- The highest proportion of African Americans was in Alameda County (20%); whereas the highest proportion of Asian/Pacific Islanders was in San Francisco County (23%).
- Over 50% of clients reported Spanish as their primary language in Colusa, Monterey, Los Angeles, Orange, and Marin Counties.

Provider Sector

The proportion of providers in the private or public sector varies widely across counties. Smaller, more rural counties tend to rely on public providers, while private providers are more frequently found in the more populous southern counties. The counties with more than a 50% proportion of private providers in FY 2009-10 included: Calaveras (100%), San Bernardino (87%), Orange (82%), Los Angeles (80%), Riverside (73%), Sacramento (57%), El Dorado (55%) and Tehama (50%). There were 19 counties with no private providers delivering services in the fiscal year. Calaveras County is unique in that its only provider is from the private sector. See Figure 9-4.

Reimbursement Patterns

Reimbursement per county was closely related to the number of clients served. See Figure 9-4. For reliability, analysis was limited to the 47 counties with at least 1,000 clients served.[4] Among those counties, Los Angeles County received the highest reimbursement at $204 million, while Plumas County received the lowest at $0.47 million. Average reimbursement per client ranged from $285 to $459 among counties, compared to a statewide average of $328. The five counties with the highest reimbursement per client were Tuolumne ($459), San Luis Obispo ($410), Plumas ($398), Colusa ($380), and El Dorado ($373). The five counties with the lowest reimbursement per client were Santa Clara ($285), Kern ($294), Yolo ($301), Alameda ($303), and San Bernardino ($311).

4 Any error in county of client residence makes reimbursement data for counties with small client populations less reliable than counties with larger client populations.

Figure 9-3
Family PACT Client Demographics by County, FY 2009-10

Client County	Clients Served[a]		Average Age of Clients Served	Number of Adolescents Served & Adolescents as a Percentage of Total Clients Served		Number of Males Served & Males as a Percentage of Total Clients Served		Clients Served by Race/Ethnicity										Clients Served by Primary Language					
								Latino		White		African American		Asian and Pacific Islander		Other (Including Native American)		Spanish		English		Other	
	No.	%		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
California	***1,820,850***	***100.0%***	***27.5***	***307,527***	***17%***	***249,353***	***14%***	***1,145,308***	***63%***	***377,724***	***21%***	***116,519***	***6%***	***121,190***	***7%***	***60,106***	***3%***	***774,782***	***43%***	***978,335***	***54%***	***67,730***	***4%***
Alameda	53,853	3.0%	27	10,491	19%	8,509	16%	21,913	41%	10,466	19%	10,922	20%	7,454	14%	3,098	6%	15,772	29%	35,000	65%	3,081	6%
Alpine	*	<0.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Amador	921	0.1%	23.8	288	31%	62	7%	133	14%	732	79%	*	*	17	2%	29	3%	70	8%	841	91%	*	*
Butte	16,173	0.9%	24.4	3,734	23%	1,616	10%	2,514	16%	11,879	73%	403	2%	564	3%	813	5%	1,133	7%	14,712	91%	328	2%
Calaveras	750	<0.1%	24.1	228	30%	54	7%	108	14%	586	78%	*	*	22	3%	28	4%	61	8%	682	91%	*	*
Colusa	1,457	0.1%	28.5	234	16%	84	6%	1,140	78%	280	19%	*	*	*	*	22	2%	914	63%	529	36%	*	*
Contra Costa	35,991	2.0%	25.9	7,551	21%	4,317	12%	16,431	46%	9,635	27%	4,853	13%	3,007	8%	2,065	6%	11,144	31%	23,512	65%	1,335	4%
Del Norte	989	0.1%	23.5	379	38%	66	7%	164	17%	665	67%	*	*	51	5%	106	11%	105	11%	854	86%	30	3%
El Dorado	3,948	0.2%	25.3	949	24%	389	10%	969	25%	2,648	67%	60	2%	131	3%	140	4%	623	16%	3,226	82%	99	3%
Fresno	50,348	2.8%	26.4	9,580	19%	6,858	14%	33,433	66%	9,346	19%	3,202	6%	2,635	5%	1,732	3%	16,368	33%	32,597	65%	1,383	3%
Glenn	1,657	0.1%	26.8	330	20%	98	6%	924	56%	653	39%	*	*	21	1%	53	3%	647	39%	996	60%	*	*
Humboldt	12,174	0.7%	25.2	2,544	21%	1,821	15%	1,471	12%	8,901	73%	279	2%	391	3%	1,132	9%	699	6%	11,270	93%	205	2%
Imperial	5,805	0.3%	26.1	1,083	19%	312	5%	5,300	91%	354	6%	59	1%	53	1%	39	1%	2,829	49%	2,930	50%	46	1%
Inyo	575	<0.1%	25.8	166	29%	49	9%	214	37%	320	56%	*	*	*	*	27	5%	157	27%	413	72%	*	*
Kern	37,729	2.1%	26.4	7,766	21%	4,044	11%	26,333	70%	7,605	20%	2,140	6%	865	2%	786	2%	15,362	41%	21,722	58%	645	2%
Kings	6,693	0.4%	26.7	1,543	23%	697	10%	4,820	72%	1,311	20%	243	4%	169	3%	150	2%	2,456	37%	4,172	62%	65	1%
Lake	2,462	0.1%	25.8	651	26%	175	7%	642	26%	1,606	65%	47	2%	55	2%	112	5%	395	16%	2,038	83%	29	1%
Lassen	720	<0.1%	23.2	259	36%	30	4%	96	13%	566	79%	*	*	21	3%	26	4%	52	7%	659	92%	*	*
Los Angeles	634,940	34.9%	28.9	88,694	14%	105,937	17%	477,265	75%	57,698	9%	46,152	7%	37,184	6%	16,641	3%	345,543	54%	261,498	41%	27,899	4%
Madera	7,917	0.4%	26.6	1,512	19%	547	7%	6,289	79%	1,217	15%	116	1%	100	1%	195	2%	3,734	47%	4,091	52%	92	1%
Marin	9,577	0.5%	28.4	1,435	15%	1,324	14%	5,556	58%	2,945	31%	301	3%	369	4%	406	4%	4,912	51%	4,263	45%	402	4%
Mariposa	278	<0.1%	24.9	68	24%	29	10%	47	17%	204	73%	*	*	*	*	17	6%	27	10%	243	87%	*	*
Mendocino	5,241	0.3%	26.2	1,232	24%	447	9%	1,825	35%	2,986	57%	46	1%	93	2%	291	6%	1,273	24%	3,902	74%	66	1%
Merced	12,787	0.7%	26.4	2,650	21%	1,296	10%	9,402	74%	2,047	16%	481	4%	529	4%	328	3%	5,691	45%	6,792	53%	304	2%
Modoc	275	<0.1%	23.6	113	41%	*	*	40	15%	209	76%	*	*	*	*	19	7%	30	11%	243	88%	*	*
Mono	884	<0.1%	28	109	12%	48	5%	396	45%	461	52%	*	*	*	*	18	2%	346	39%	527	60%	*	*
Monterey	24,712	1.4%	27.3	4,186	17%	2,910	12%	19,939	81%	2,985	12%	437	2%	815	3%	536	2%	14,766	60%	9,208	37%	738	3%
Napa	5,746	0.3%	26.9	1,097	19%	628	11%	3,495	61%	1,730	30%	94	2%	217	4%	210	4%	2,703	47%	2,972	52%	71	1%
Nevada	3,819	0.2%	24.9	1,069	28%	384	10%	609	16%	3,009	79%	24	1%	59	2%	118	3%	417	11%	3,333	87%	69	2%
Orange	127,283	7.0%	28.5	16,557	13%	15,369	12%	85,086	67%	24,676	19%	1,819	1%	12,328	10%	3,374	3%	65,831	52%	55,015	43%	6,437	5%
Placer	8,117	0.4%	25.6	1,728	21%	865	11%	2,014	25%	5,266	65%	163	2%	358	4%	316	4%	1,422	18%	6,459	80%	236	3%
Plumas	1,191	0.1%	23.1	449	38%	302	25%	135	11%	844	71%	126	11%	35	3%	51	4%	57	5%	1,118	94%	16	1%
Riverside	85,947	4.7%	27	15,114	18%	8,381	10%	58,263	68%	17,269	20%	5,298	6%	3,165	4%	1,952	2%	34,083	40%	50,318	59%	1,546	2%
Sacramento	51,011	2.8%	25.7	9,499	19%	6,850	13%	16,771	33%	17,778	35%	8,272	16%	5,423	11%	2,767	5%	9,721	19%	38,503	75%	2,787	5%
San Benito	3,137	0.2%	25.6	798	25%	368	12%	2,343	75%	621	20%	16	1%	73	2%	84	3%	1,223	39%	1,884	60%	30	1%
San Bernardino	91,037	5.0%	27.9	14,689	16%	13,460	15%	63,299	70%	14,813	16%	7,931	9%	3,004	3%	1,990	2%	37,687	41%	51,726	57%	1,624	2%
San Diego	161,989	8.9%	26.4	31,137	19%	20,793	13%	85,021	52%	48,730	30%	9,171	6%	12,471	8%	6,596	4%	50,443	31%	106,499	66%	5,047	3%
San Francisco	33,473	1.8%	27.1	4,663	14%	3,178	9%	10,208	30%	10,957	33%	2,695	8%	7,647	23%	1,966	6%	6,631	20%	22,729	68%	4,113	12%
San Joaquin	28,940	1.6%	26.4	5,903	20%	3,723	13%	16,685	58%	5,976	21%	2,580	9%	2,610	9%	1,089	4%	9,711	34%	18,128	63%	1,101	4%
San Luis Obispo	16,938	0.9%	24.2	4,331	26%	2,681	16%	4,409	26%	11,240	66%	213	1%	583	3%	493	3%	2,421	14%	14,281	84%	236	1%
San Mateo	20,163	1.1%	27	3,267	16%	1,862	9%	11,885	59%	3,657	18%	534	3%	2,998	15%	1,089	5%	8,768	43%	10,295	51%	1,100	5%
Santa Barbara	25,296	1.4%	26.2	4,832	19%	2,620	10%	16,059	63%	7,271	29%	399	2%	965	4%	602	2%	10,991	43%	13,800	55%	505	2%
Santa Clara	61,826	3.4%	26.6	12,016	19%	8,826	14%	39,088	63%	10,315	17%	2,303	4%	7,637	12%	2,483	4%	26,852	43%	32,175	52%	2,799	5%
Santa Cruz	18,448	1.0%	27	3,461	19%	2,615	14%	10,543	57%	6,462	35%	183	1%	619	3%	641	3%	7,749	42%	10,410	56%	289	2%
Shasta	9,103	0.5%	24.2	2,608	29%	803	9%	888	10%	7,181	79%	130	1%	355	4%	549	6%	356	4%	8,531	94%	216	2%
Sierra	*	<0.1%	24.3	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Siskiyou	1,412	0.1%	24.3	449	32%	110	8%	207	15%	1,062	75%	18	1%	37	3%	88	6%	130	9%	1,265	90%	17	1%
Solano	14,272	0.8%	25.5	3,137	22%	1,683	12%	5,469	38%	3,777	26%	2,394	17%	1,536	11%	1,096	8%	3,576	25%	10,343	72%	353	2%
Sonoma	23,348	1.3%	26.7	4,667	20%	2,637	11%	11,232	48%	10,112	43%	393	2%	721	3%	890	4%	8,845	38%	14,148	61%	355	2%
Stanislaus	22,474	1.20%	26.2	4,375	19%	2,163	10%	13,790	61%	6,332	28%	767	3%	833	4%	752	3%	8,156	36%	13,857	62%	461	2%
Sutter	3,929	0.20%	26.4	717	18%	339	9%	2,008	51%	1,379	35%	76	2%	288	7%	178	5%	1,355	34%	2,380	61%	194	5%
Tehama	2,362	0.10%	26.1	510	22%	187	8%	987	42%	1,275	54%	*	*	29	1%	59	2%	717	30%	1,621	69%	24	1%
Trinity	410	<0.1%	25.9	106	26%	44	11%	22	5%	352	86%	*	*	*	*	27	7%	*	*	402	98%	*	*
Tulare	21,917	1.20%	27.3	3,477	16%	1,969	9%	17,498	80%	3,252	15%	268	1%	480	2%	419	2%	10,256	47%	11,435	52%	226	1%
Tuolumne	1,111	0.10%	24.3	312	28%	104	9%	121	11%	923	83%	*	*	22	2%	32	3%	52	5%	1,048	94%	*	*
Ventura	37,120	2.00%	27	6,521	18%	3,686	10%	24,926	67%	9,604	26%	544	1%	1,176	3%	870	2%	16,561	45%	19,886	54%	673	2%
Yolo	7,717	0.40%	25.1	1,774	23%	776	10%	3,802	49%	2,469	32%	209	3%	808	10%	429	6%	2,187	28%	5,232	68%	298	4%
Yuba	2,354	0.10%	26.2	456	19%	218	9%	1,072	46%	1,002	43%	83	4%	114	5%	83	4%	760	32%	1,529	65%	65	3%

a Client counts are based on county of client residence.
* Numbers and percentages have been suppressed to protect client identity in categories where counts were under 15 or could have been used to calculate counts under 15.

Source: Family PACT Enrollment and Claims Data

Figure 9-4
Family PACT Providers, Clients and Reimbursement by County, FY 2009-10

	Providers					Clients Served[a]		Reimbursement			Projected Population of Residents within Family PACT[b] Age Range
	Enrolled Clinician Providers Delivering Family PACT Services				Participating Pharmacies			Reimbursement[a]		Average Reim. per Client Served	
	Private Sector	Public Sector	Total								
Provider County	**No.**	**No.**	**No.**	**%**	**No.**	**No.**	**%**	**Amount**	**%**	**Amount**	**Amount**
California	**1257**	**926**	**2,183**	**100.0%**	**4,928**	**1,820,850**	**100.0%**	**$597,295,391**	**100.0%**	**$328**	**26,455,853**
Alameda	13	38	51	2.3%	167	53,853	3.0%	$16,301,560	2.7%	$303	1,052,063
Alpine	0	0	0	0.0%	0	*	<0.1%	$4,286	<0.1%	$390	855
Amador	1	3	4	0.2%	8	921	0.1%	$301,258	0.1%	$327	24,550
Butte	4	13	17	0.8%	37	16,173	0.9%	$5,945,045	1.0%	$368	152,790
Calaveras	1	0	1	0.0%	7	750	<0.1%	$330,654	0.1%	$441	27,397
Colusa	1	4	5	0.2%	3	1,457	0.1%	$554,079	0.1%	$380	15,944
Contra Costa	1	18	19	0.9%	134	35,991	2.0%	$12,406,862	2.1%	$345	712,582
Del Norte	0	3	3	0.1%	4	989	0.1%	$334,710	0.1%	$338	21,081
El Dorado	6	5	10	0.5%	29	3,948	0.2%	$1,474,174	0.2%	$373	123,724
Fresno	28	47	75	3.4%	142	50,348	2.8%	$17,314,763	2.9%	$344	668,168
Glenn	0	4	4	0.2%	4	1,657	0.1%	$557,984	0.1%	$337	20,196
Humboldt	7	16	23	1.1%	23	12,174	0.7%	$4,418,877	0.7%	$363	91,020
Imperial	3	6	9	0.4%	22	5,805	0.3%	$1,844,691	0.3%	$318	129,879
Inyo	0	1	1	0.0%	4	575	<0.1%	$233,056	0.0%	$405	11,530
Kern	18	34	51	2.3%	113	37,729	2.1%	$11,076,972	1.9%	$294	595,894
Kings	3	18	21	1.0%	17	6,693	0.4%	$2,292,028	0.4%	$342	117,596
Lake	3	8	11	0.5%	13	2,462	0.1%	$773,077	0.1%	$314	38,898
Lassen	0	2	2	0.1%	5	720	<0.1%	$187,667	<0.1%	$261	27,909
Los Angeles	703	177	878	40.2%	1,384	634,940	34.9%	$204,313,670	34.2%	$322	7,188,119
Madera	4	8	12	0.5%	22	7,917	0.4%	$2,851,611	0.5%	$360	107,762
Marin	0	8	8	0.4%	27	9,577	0.5%	$3,200,724	0.5%	$334	154,644
Mariposa	0	1	1	0.0%	2	278	<0.1%	$88,618	<0.1%	$319	11,442
Mendocino	3	11	13	0.6%	21	5,241	0.3%	$1,902,968	0.3%	$363	58,237
Merced	5	16	21	1.0%	35	12,787	0.7%	$4,187,135	0.7%	$327	186,936
Modoc	0	2	2	0.1%	1	275	0.0%	$95,331	<0.1%	$347	6,672
Mono	0	3	2	0.1%	2	884	0.0%	$390,884	0.1%	$442	10,197
Monterey	5	22	27	1.2%	49	24,712	1.4%	$7,747,770	1.3%	$314	284,354
Napa	0	5	5	0.2%	18	5,746	0.3%	$1,876,321	0.3%	$327	89,621
Nevada	0	5	5	0.2%	17	3,819	0.2%	$1,383,468	0.2%	$362	62,953
Orange	141	30	171	7.8%	424	127,283	7.0%	$47,179,360	7.9%	$371	2,199,448
Placer	2	4	6	0.3%	60	8,117	0.4%	$2,835,588	0.5%	$349	223,948
Plumas	0	3	3	0.1%	5	1,191	0.1%	$473,873	0.1%	$398	12,879
Riverside	81	29	110	5.0%	286	85,947	4.7%	$27,464,522	4.6%	$320	1,526,016
Sacramento	24	18	53	2.4%	175	51,011	2.8%	$16,051,561	2.7%	$315	974,135
San Benito	0	2	2	0.1%	5	3,137	0.2%	$1,047,789	0.2%	$334	44,096
San Bernardino	98	15	110	5.0%	249	91,037	5.0%	$28,289,547	4.7%	$311	1,511,010
San Diego	32	80	111	5.1%	341	161,989	8.9%	$51,485,466	8.6%	$318	2,174,771
San Francisco	3	31	34	1.6%	102	33,473	1.8%	$11,015,339	1.8%	$329	563,510
San Joaquin	6	14	19	0.9%	85	28,940	1.6%	$9,309,360	1.6%	$322	482,498
San Luis Obispo	5	15	20	0.9%	41	16,938	0.9%	$6,936,758	1.2%	$410	174,822
San Mateo	0	8	8	0.4%	70	20,163	1.1%	$6,545,855	1.1%	$325	489,125
Santa Barbara	6	17	23	1.1%	59	25,296	1.4%	$8,480,052	1.4%	$335	289,890
Santa Clara	9	32	41	1.9%	209	61,826	3.4%	$17,597,109	2.9%	$285	1,234,709
Santa Cruz	4	8	12	0.5%	38	18,448	1.0%	$6,250,239	1.0%	$339	186,829
Shasta	0	14	14	0.6%	34	9,103	0.5%	$3,055,175	0.5%	$336	121,950
Sierra	0	2	2	0.1%	1	*	<0.1%	$34,163	<0.1%	$380	2,171
Siskiyou	0	10	10	0.5%	10	1,412	0.1%	$488,947	0.1%	$346	27,985
Solano	0	11	11	0.5%	39	14,272	0.8%	$5,037,934	0.8%	$353	300,052
Sonoma	3	16	19	0.9%	55	23,348	1.3%	$8,376,668	1.4%	$359	321,669
Stanislaus	4	27	31	1.4%	77	22,474	1.2%	$7,814,777	1.3%	$348	368,524
Sutter	1	4	4	0.2%	17	3,929	0.2%	$1,295,993	0.2%	$330	65,180
Tehama	2	2	4	0.2%	12	2,362	0.1%	$858,821	0.1%	$364	42,100
Trinity	0	0	0	0.0%	3	410	<0.1%	$136,296	<0.1%	$332	9,067
Tulare	9	27	36	1.6%	52	21,917	1.2%	$8,012,350	1.3%	$366	311,415
Tuolumne	0	2	2	0.1%	11	1,111	0.1%	$510,285	0.1%	$459	34,606
Ventura	14	15	29	1.3%	117	37,120	2.0%	$13,211,763	2.2%	$356	570,677
Yolo	3	6	9	0.4%	25	7,717	0.4%	$2,324,336	0.4%	$301	145,501
Yuba	0	5	5	0.2%	10	2,354	0.1%	$784,970	0.1%	$333	54,257

a Client counts are by client county of residence. There were 3 clients for whom county of residence are unknown, accounting for $251.23 in reimbursement.
b Average Department of Finance Projected Population for 2009 and 2010: Females ages 10 to 55 and males ages 10-60. All residents are included regardless of income.

* Numbers and percentages have been suppressed to protect client identity in categories where counts were under 15 or could have been used to calculate counts under 15. *Source: Family PACT Enrollment and Claims Data and State of Claifornia, Department of Finance, Race/Ethnicity Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.*

Access to Contraceptive Services

The geographic range and number of providers offers some indication of the accessibility of the services. Of particular interest is access to long-acting reversible and permanent methods, i.e., IUCs, implants, and sterilization. Figure 9-6 shows providers of these services according to county. Although the lack of services in an area may reflect a shortage of providers, it may also reflect a lack of demand or billing problems.

Intrauterine Contraception (IUC)

Between April 2006 and July 2008, a series of IUC reimbursement rate increases were implemented to more closely meet the providers' cost of provision. The Office of Family Planning (OFP) delivered IUC practicums to Family PACT providers throughout the State in FY 2008-09 and FY 2009-10 in order to recruit and train more providers to offer IUC placement services. The rate of provision of IUC services has increased since FY 2005-06. As shown in Figure 6-1, 9.2% of female clients received services related to IUCs in FY 2009-10 up from 8.5% in FY 2008-09 and 7.2% in FY 2007-08. Three percent (3.1%) of female clients were provided an IUC – the same proportion as in FY 2008-09.[5] See Figure 6-2.

Thirteen (13) out of 58 counties had at least 12% of female clients served with IUC-related services in FY 2009-10. Fifty-seven (57) counties had an increase in the proportion of female clients served with IUC-related services over five years. The one county without an increase, Mariposa, maintained its proportion. Of the 15 counties showing the largest increase in the percentage of clients receiving IUC services (6.1 percentage point increase or more) the ones with the highest Family PACT population were Solano County, which showed an increase from 4% of clients served with IUC services in FY 2005-06 to 13% in FY 2009-10 and Santa Cruz County, which went from 7% to 15%. Of the seventeen counties showing the smallest increase in the percentage of clients receiving IUC services (4.0 percentage point increase or less) the ones with the highest Family PACT populations were Los Angeles, which showed an increase from 5% of clients served with IUC services in FY 2005-06 to 7% in FY 2009-10 and Orange County, which went from 5% to 8%. San Francisco County was also in the group with the slowest growth in proportion of clients receiving services for IUC, but it had a relatively high proportion at the start of the period (8% in FY 2005-06; 11% in FY 2009-10). See Figure 9-7.

Regional variations are noted in IUC provision. The region showing the highest proportion of female clients dispensed IUCs was the San Francisco Bay Area (3.9% vs. 3.1% for state overall) followed by the San Joaquin/Central Valley region (3.5%) and the Los Angeles/San Diego Corridor (2.5%), similar to FY 2008-09. See Figure 9-5.

Figure 9-5
Provision of Selected Family PACT Services, by Selected Region, FY 2009-10

			IUC			Implant		
	Female Clients Served[a]		Providers[b,c]	Female Clients Served[a]		Providers[b,c]	Female Clients Served[a]	
Selected Region	No.	Col%	No.	No.	Row%	No.	No.	Row%
San Francisco Bay Area	133,867	9%	75	5,223	3.9%	37	1,020	0.8%
San Joaquin/ Central Valley	167,508	11%	149	5,817	3.5%	61	1,568	0.9%
Los Angeles/ San Diego Corridor	859,679	55%	441	21,614	2.5%	107	3,205	0.4%
Remainder of State	410,443	26%	271	16,140	3.9%	100	2,512	0.6%
Total	**1,571,497**	**100%**	**936**	**48,794**	**3.1%**	**305**	**8,305**	**0.5%**

a Clients are based on county of residence.
b Includes all providers paid for any placement-related procedure code, excluding removals only.
c Enrolled and non-enrolled clinician providers.

Source: Family PACT Enrollment and Claims Data

Placement services for IUCs were available in 53 out of the 58 counties. The five counties that lacked an IUC placement provider were Alpine, Calaveras, Mariposa, Sierra, and Trinity, consistent with the prior two years. See Figures 9-6 and 9-8. The five counties with only one IUC placement provider were Del Norte, Glenn, Mono, Tehama, and Tuolumne. However, 262 clients in these counties received IUC placements in FY 2009-10. A total of 936 providers performed IUC placements in FY 2009-10, up from 879 in FY 2008-09 and 866 in FY 2007-08 – an 8% increase in two years. Of the 936 providers, 144 performed IUC placements for the first time in the five-year period examined.

Implant

The contraceptive implant, Implanon, was added to the program benefits in July 2008. It was the first contraceptive implant available since the discontinuation of Norplant distribution in 2002. In FY 2009-10 the proportion of female clients receiving services related to implants (S30) more than doubled compared to the previous year (0.9% in FY 2009-10; 0.4% in FY 2008-09). The new implant was provided to 8,305, or 0.5% of female clients served up from 3,324 (0.2%) in the previous year. The uptake of this method was higher in the San Joaquin/Central Valley and the San Francisco Bay Area with 0.9% and 0.8% of female clients provided this method, respectively. The Los Angeles/San Diego Corridor was lower at about 0.4% of female clients served. See Figure 9-5. A total of 305 providers dispensed the implant, up 54% from 198 providers in FY 2008-09. Forty-two (42) counties had a provider who dispensed this method, up from 40 in the previous year. See Figure 9-6.

5 Provision is counted using only paid placement/device claims.

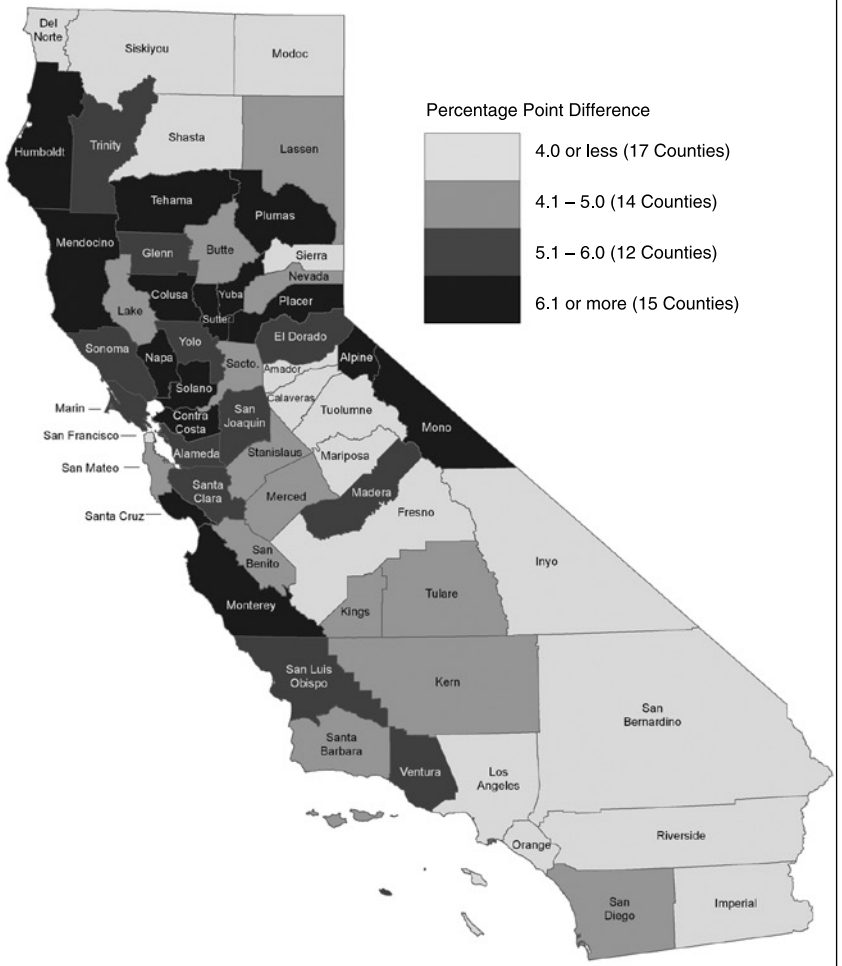
Figure 9-6
Provision of Selected Family PACT Contraception by County, FY 2009-10

					Female Sterilzation				Male Sterilzation	
	IUC		Implant		Tubal Ligation		Essure		Vasectomy	
	Providers[a, b]	Clients[c]	Providers[a, b]	Clients[c]	Providers[a]	Clients[c]	Providers[a]	Clients[c]	Providers[a]	Clients[c]
County	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
California	936	48,794	305	8,305	651	3,449	96	944	76	1,819
Alameda	30	1,903	7	320	4	<15	0	0	0	<15
Alpine	0	<15	0	0	0	<15	0	0	0	0
Amador	2	22	1	<15	1	<15	0	0	0	0
Butte	9	390	1	31	2	<15	0	<15	1	35
Calaveras	0	21	0	<15	0	<15	0	0	0	0
Colusa	2	51	0	<15	1	<15	0	0	1	<15
Contra Costa	16	1,482	9	214	1	<15	0	<15	1	39
Del Norte	1	28	2	18	0	<15	0	0	0	<15
El Dorado	5	140	0	<15	5	16	0	0	1	<15
Fresno	42	1,228	28	563	20	105	8	29	8	75
Glenn	1	65	0	<15	0	<15	0	0	0	<15
Humboldt	12	469	4	38	6	15	1	<15	4	79
Imperial	5	117	1	<15	9	24	2	<15	0	<15
Inyo	2	23	0	<15	2	<15	0	0	0	<15
Kern	35	1,213	6	148	17	203	6	80	2	43
Kings	6	205	4	123	7	25	0	0	2	16
Lake	5	70	1	<15	2	<15	1	<15	1	<15
Lassen	2	20	0	0	0	0	0	0	0	0
Los Angeles	260	10,411	42	581	237	1,428	21	189	15	256
Madera	6	268	2	71	4	32	1	23	0	<15
Marin	9	387	5	100	2	<15	2	<15	0	<15
Mariposa	0	<15	0	0	0	0	0	0	0	<15
Mendocino	7	345	4	91	6	<15	0	0	1	<15
Merced	11	350	1	58	10	33	2	<15	0	<15
Modoc	2	<15	2	<15	0	0	0	0	0	0
Mono	1	52	0	0	1	<15	1	<15	0	0
Monterey	17	958	5	88	3	25	5	16	1	30
Napa	4	294	2	51	0	<15	0	<15	1	<15
Nevada	2	127	0	<15	3	<15	0	0	0	<15
Orange	62	3,443	13	1,031	84	307	6	134	5	145
Placer	5	296	2	17	1	<15	0	<15	0	<15
Plumas	4	54	0	<15	1	<15	0	0	1	<15
Riverside	48	2,756	20	510	39	340	7	91	2	188
Sacramento	23	1,403	5	211	11	55	6	31	1	46
San Benito	2	104	1	26	0	0	1	<15	0	<15
San Bernardino	32	2,055	8	257	32	232	2	<15	4	187
San Diego	71	5,004	32	1,083	48	149	14	223	2	221
San Francisco	15	886	12	239	5	<15	1	<15	1	<15
San Joaquin	14	1,168	5	232	5	44	1	27	1	<15
San Luis Obispo	9	553	4	119	2	13	0	0	1	<15
San Mateo	5	565	4	147	1	16	0	0	0	<15
Santa Barbara	17	878	12	368	8	34	1	0	1	40
Santa Clara	23	2,489	15	359	2	35	1	16	1	<15
Santa Cruz	9	961	3	65	8	<15	1	<15	2	23
Shasta	7	207	3	<15	4	<15	0	0	2	38
Sierra	0	<15	0	<15	0	0	0	0	0	0
Siskiyou	3	43	1	<15	3	<15	0	0	1	<15
Solano	9	676	6	123	1	<15	0	<15	0	<15
Sonoma	14	1,173	7	181	4	<15	2	<15	5	53
Stanislaus	16	715	8	269	17	62	0	<15	2	24
Sutter	4	160	1	<15	1	<15	0	<15	0	<15
Tehama	1	102	0	<15	0	<15	0	<15	1	16
Trinity	0	<15	0	0	1	<15	0	0	1	<15
Tulare	19	670	7	104	19	77	0	<15	1	52
Tuolumne	1	15	0	<15	0	<15	0	0	1	<15
Ventura	18	1,358	8	348	7	36	2	<15	1	47
Yolo	7	317	1	46	2	<15	1	<15	0	<15
Yuba	4	82	0	<15	2	<15	0	0	0	<15

a Enrolled and non-enrolled clinician providers.
b Includes all providers paid for any placement-related procedure code, excluding removals only.
c Clients are based on county of residence. Client counts of less than 15 are supressed to protect client identity.

Source: Family PACT Enrollment and Claims Data

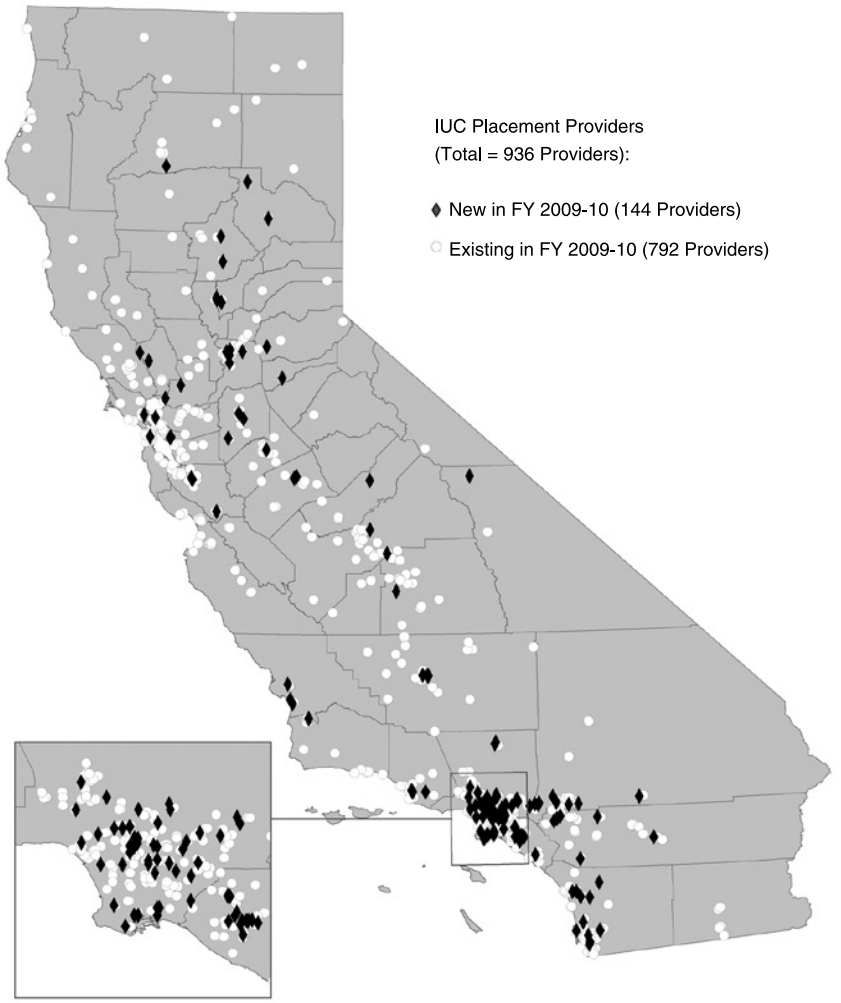
Figure 9-7
Increase in Clients Receiving IUC Services through Family PACT, FY 2005-06 to FY 2009-10



Note: The percentage point difference is the number of female clients served by a clinician provider under the primary diagnosis code for IUCs (S40) divided by all the females served in the county for FY 2009-10 minus that proportion in FY 2005-06, e.g. a county with 7% of women served with an IUC in FY 2009-10 and 1% in FY 2005-06 would show a six percentage point difference.

Source: Family PACT Enrollment and Claims Data

Figure 9-8
Family PACT IUC Placement Providers, FY 2009-10



Note: Providers shown include enrolled and non-enrolled Family PACT providers who successfully billed for an IUC placement procedure or device (procedures codes 58300, X1512, or X1514) in FY 2009-10. A provider is considered new if it did not bill for an IUC insertion or device from FY 2005-06 to FY2008-09.

Source: Family PACT Enrollment and Claims Data

Female Sterilization Services

In FY 2009-10 the numbers for female sterilization are identified separately by laparoscopic procedures (tubal ligation) and the hysteroscopic procedure, Essure, which was added to the Family PACT benefits in July 2008. A total of 681 providers performed female sterilizations including 30 providers with paid claims for both types. While there was an 11% increase in the number of female sterilizations (4,231 in FY 2009-10; 3,816 in FY 2008-09), the proportion of female clients who received this service was similar to the previous year. The program overall provided 0.3% of female clients served with sterilization procedures. The San Francisco Bay Area remained the lowest at less than 0.1% of female clients served. Proportions in the San Joaquin/Central Valley and Los Angeles/San Diego regions were 0.4% and 0.3%, respectively. See Figure 9-9.

In FY 2009-10, 651 providers had paid claims for tubal ligation services, down from 661 in the previous year. As shown in Figure 9-6, there were 12 counties – three fewer than the year before – in which no provider had a paid claim for tubal ligation services: Alpine, Calaveras, Del Norte, Glenn, Lassen, Mariposa, Modoc, Napa, San Benito, Sierra, Tehama, and Tuolumne. In the San Joaquin/Central Valley region, 0.35% of female clients served had a tubal ligation, followed by the Los Angeles/San Diego Corridor with 0.26% and 0.04% in the San Francisco Bay Area. See Figure 9-9. In the State overall, 0.22% of female clients served received tubal ligation sterilization.

Ninety-six (96) providers in 25 counties performed Essure procedures for 944 women or 0.06% of female clients served in the program overall. See Figure 9-6. Half of the Essure providers (48) were located in the Los Angeles/San Diego Corridor, and about one-fifth (18) were in the San Joaquin/Central Valley. The San Francisco Bay Area had only three providers performing Essure procedures. The proportion of female clients who received Essure service by region were 0.07% in the Los Angeles/San Diego region, 0.1% in the San Joaquin/Central Valley, and less than 0.1% in the San Francisco Bay Area. See Figure 9-9.

Vasectomy Services

In FY 2009-10 there was a 21% increase in the number of male clients provided vasectomies (1,819 in FY 2009-10; 1,498 in FY 2008-09). The number of providers who performed vasectomy services returned to 76 after dropping to 71 in FY 2008-09. Thirty-four (34) counties had at least one provider reimbursed for a vasectomy, five more than the year before. See Figure 9-6. The San Joaquin/Central Valley showed the highest proportion of male clients receiving a vasectomy at 1.1%, compared to 0.5% for the Los Angeles/San Diego Corridor and 0.4% for the San Francisco Bay Area, similar to the prior year See Figure 9-10.

Figure 9-9
Provision of Family PACT Female Sterilization Services by Region, FY 2009-10

	Female Clients Served[a]		Female Sterilzation						All Female Sterilzation		
			Tubal Ligation			Essure			Providers[b]	Female Clients Served[a]	
Selected Region	No.	Col%	Providers[b]	Female Clients Served[a]	Row%	Providers[b]	Female Clients Served[a]	Row%	No.	No.	Row%
San Francisco Bay Area	133,867	9%	13	48	0.04%	3	6	<0.1%	13	54	<0.1%
San Joaquin/Central Valley	167,508	11%	99	581	0.35%	18	164	0.10%	102	656	0.4%
LA/San Diego Corridor	859,679	55%	408	2,224	0.26%	48	637	0.07%	424	2,803	0.3%
Remainder of State	410,443	26%	131	596	0.15%	27	137	0.03%	142	718	0.2%
Total	**1,571,497**	**100%**	**651**	**3,449**	**0.22%**	**96**	**944**	**0.06%**	**681**	**4,231**	**0.3%**

a Clients are based on county of residence.
b Enrolled and non-enrolled clinician providers.

Source: Family PACT Enrollment and Claims Data

Figure 9-10
Provision of Vasectomy Services in Family PACT by Region, FY 2009-10

			Vasectomy		
	Male Clients Served[a]		Providers[b]	Male Clients Served[a]	
Selected Region	No.	Col%	No.	No.	Row%
San Francisco Bay Area	19,190	8%	2	68	0.4%
San Joaquin/Central Valley	21,297	9%	16	237	1.1%
LA/San Diego Corridor	150,480	60%	24	810	0.5%
Remainder of State	58,386	23%	34	704	1.2%
Total	**249,353**	**100%**	**76**	**1,819**	**0.7%**

a Clients are based on county of residence.
b Enrolled and non-enrolled clinician providers.

Source: Family PACT Enrollment and Claims Data

Conclusion

Following a surge in the need for family planning amidst the deep economic recession in FY 2008-09, the Family PACT Program made progress in delivering services to those in need in FY 2009-10. While the number of women in need of publicly funded family planning remained the same in FY 2009-10, the number of clients utilizing the Family PACT Program continued to grow, and the number of clinician providers delivering services is now nearly back to pre-recession levels. As a result, the percent of women in need who accessed the program increased from 57% to 58%, arresting a five-percentage point decline from 62% to 57% between FY 2007-08 and FY 2008-09.

The growth rate in the number of clients served in FY 2009-10 slowed down to near pre-recession levels. As in FY 2008-09, growth rates among various groups of clients served were not equal. The growth rate of clients ages 40 and over remained markedly higher than the rate of clients under age 40. Similarly, the growth rate of male clients remained markedly higher than that of females. Both of these groups still constitute relatively small proportions of the program's client population (11% for those 40 and over; 14% for males), but those proportions are the highest they have ever been in the history of the Family PACT Program.

The number of adolescents served by the Family PACT Program decreased by 3%, making it the only client group to show a decline in FY 2009-10. This decline was limited to adolescent females, but for the first time the number of females ages 18-19 declined along with the number of females under age 18. FY 2009-10 is the fifth consecutive year showing declining numbers of females under 18 and that reduction in numbers is starting to work its way up into the older age group. This trend may be explained in part by a reduction in the statewide population of females ages 10-17 beginning in 2007.[1] The number adolescents of all ages 10-19 began declining in 2009.

In addition to a declining population of adolescents, there is evidence of a lower proportion of them being sexually experienced and thus in need of family planning services.[2] The number in need of family planning services fell by 6%, whereas the number of adolescents served by Family PACT fell only 3%. As a result, the Family PACT Program served a higher percentage of those in need in FY 2009-10 than in FY 2008-09. A generational factor may be helping to lower the proportion of those who are sexually active. Teens today are increasingly likely to have been born to mothers who had their first birth as adults – given the declining teen birth rate over the past 20 years – and an association between adult mothers and reduced sexual activity in their children has been observed.[2] These factors seem to contribute to the continued decline in teen birth rates (TBR), from 35.2 births per thousand females in 2008 to 32.1 births per thousand females in 2009.[3]

Clients are continuing to seek more cost-effective methods of contraception,[4] although the steep growth in IUC placements and sterilizations observed in FY 2008-09 slowed down. For example, the percent increase in IUC placements was under 10% for the first time since FY 2005-06. Nevertheless, over 48,000 women received an IUC placement, more than double the number in FY 2005-06. Similarly, over 1,800 men received a vasectomy, up 21% over the previous year, but less than the sharp 49% increase in FY 2008-09. The number of women receiving female sterilization increased to 4,231 women in FY 2009-10, up 11%, but down from a 13% growth rate in FY 2008-09. Nearly a quarter of these women (944) underwent an Essure sterilization procedure, a 153% increase over the previous year. Essure was added to the Family PACT program in July 2008 and allows sterilization procedures to be performed in a medical office or surgicenter. Women also increasingly adopted the use of the contraceptive implant, Implanon, another long-acting method that was added as a Family PACT benefit in July 2008. Over 8,300 women received Implanon, a 150% increase over FY 2008-09 for this method. The proportion of clients seeking long acting methods, albeit small compared to the overall size of the Family PACT client population, is an important indicator of program effectiveness. Monitoring the proportion of clients receiving these methods as part of Family PACT and its impact on pregnancy prevention remains a challenge because clients who use them do not need to return every year, or in the case of sterilization, are no longer eligible for the program.

1 State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007.
2 Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, National Survey of Family Growth 2006-2008. US Department of Health and Human Services, Maryland, June 2010. http://www.cdc.gov/nchs/data/series/sr_23/sr23_030.pdf Accessed June 2011.
3 California Department of Public Health , Center for Family Health, Office of Family Planning, August 2010.
4 Foster, DG, Cost Savings from the Provision of Specific Methods of Contraception, San Francisco, CA: Bixby Center for Global Reproductive Health. University of California, San Francisco, CA 2007.

With the increase in the number of clients over 40 years old, who have different health care needs than younger adults between 20-39 years old, oversight of the appropriate utilization of services for this age group has become increasingly important. Program efforts in this regard show signs of success. For example, three major national guidelines no longer recommend annual cervical cytology screening for most women.[5] For those with a history of negative cytology results, the guidelines state that women between ages 21-29 should have cytology done every two years and women ages 30 and older should be screened every two to three years. Over the past several years the Office of Family Planning has published clinical practice alerts and provided webinars to inform providers of the guidelines to curb over-utilization of the test, contributing, thus, to the reported downward trend in cytology testing. Accompanying the decline in utilization, reimbursement for cervical cytology declined 5% in FY 2009-10 despite a 2% increase in the number of female clients served. Decreases in chlamydia screening for women over 30 is another area in which sustained efforts by the Office of Family Planning has shown progress in achieving a more appropriate level of screening than was previously observed.

The cost of the program increased 5% in FY 2009-10, a slower rate than in the previous two years. The majority of the increase was due to serving more clients. Increases in cost and utilization were less a factor in FY 2009-10 than in the previous two years, as indicated by the small percentage increase in average cost per client (1.8%). Increased use of contraception and uptake of long-acting contraceptives, which have high up-front but low maintenance costs, could be cost-effective in the long term.

Overall, changes in the program in FY 2009-10 were less dramatic than in FY 2008-09. The program continues to successfully reach new clients who tend to be increasingly poor, male, and of an older age. The Office of Family Planning has shown success in controlling costs and keeping the average cost per client at the same level through close monitoring, program policy and benefit modifications and educational efforts. The program continues to provide benefits to low-income Californians in planning the size and timing of their family, while saving taxpayer funds.

5 American Cancer Society, United States Preventive Services Task Force, and American College of Obstetricians and Gynecologists.