

# Family PACT Program Report

**FISCAL YEAR 2010-2011**



Bixby Center  
for **Global**  
**Reproductive**  
**Health**



University of California San Francisco

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# Family PACT

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## Family PACT Program Report Fiscal Year 2010-11

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

June 30, 2012



Bixby Center  
for Global  
Reproductive  
Health



University of California San Francisco

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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) 2010-11 a single person with a gross annual income at or below \$21,780 was 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 Centers for Medicare and Medicaid Services (CMS) through a Section 1115 Demonstration Waiver. In March 2011, the State transitioned Family PACT to a Medicaid State Plan Amendment (SPA), which was made retroactive to July 2010.

Earlier legislation, which established OFP, requires an annual analysis of key program metrics for any family planning program that OFP administers. The 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 2010-11, beginning July 1, 2010 and ending June 30, 2011. 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, 2011, six months after the last month of FY 2010-11. 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 2006-07 through FY 2010-11.

The Bixby Center conducts additional evaluation of the program using other data sources to assess quality of clinical care, adherence to Family PACT 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](http://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.

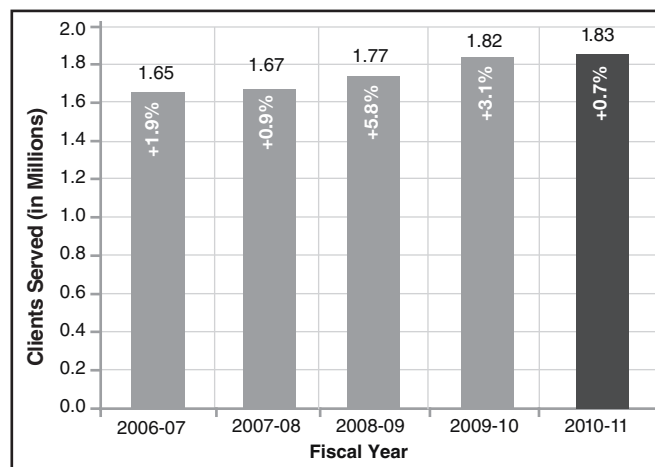
## Chapter 1 *Program Overview*

In its fourteenth full fiscal year of operation, FY 2010-11, the Family PACT Program served 1.83 million women and men, an increase of about 12,000 clients (+0.7%) over the previous year and of 180,000 clients (+11%) over the five-year period between FY 2006-07 and FY 2010-11. See Figure 1-1. The growth rate for clients served in FY 2010-11 was less than one-fourth the rate seen in the previous year (+3%).

The number of women served in the program increased by less than 1,000 in FY 2010-11 (+0.1%), keeping the total number of females served at 1.57 million. The number of men increased by more than 11,000 in FY 2010-11 (+4.6%), bringing the total number of males served to almost 261,000. For the third consecutive year the growth in males accessing Family PACT has far exceeded the growth in females accessing Family PACT. See Figure 1-2.

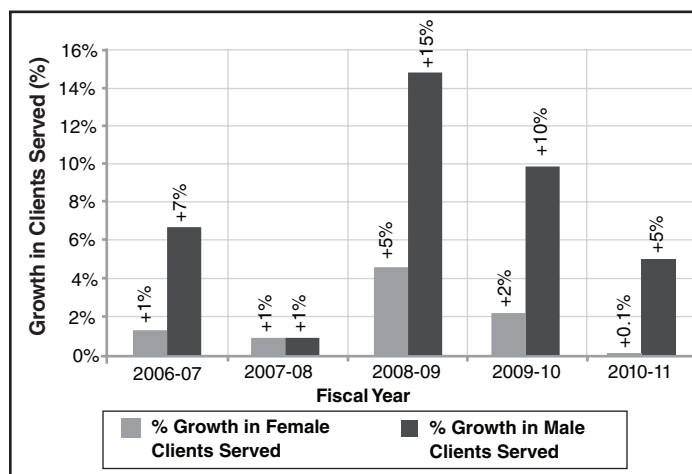
A total of 7,770 providers were reimbursed for services in FY 2010-11. Of these, 2,785 were clinician providers, 4,827 were pharmacies, and 158 were laboratories. All clinician providers billing Family PACT must be enrolled in Medi-Cal. Of the 2,785 Medi-Cal providers, 2,190 were also enrolled in Family PACT and the remaining 595 delivered services on a referral basis, often for specialized services a Family PACT provider does not perform, such as sterilization. The latter are referred to as simply Medi-Cal providers. See Figure 1-3.

**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<sup>a</sup>

Fiscal Year	Clinician Providers						Pharmacies <sup>c</sup>		Laboratories <sup>c</sup>		Total Providers	
	Enrolled		Medi-Cal <sup>b</sup>		Total Clinician Providers							
	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
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	4.3%
2009-10	2,183	5.2%	621	2.1%	2,804	4.5%	4,928	-2.4%	179	6.5%	7,911	0.2%
2010-11	2,190	0.3%	595	-4.2%	2,785	-0.7%	4,827	-2.0%	158	-11.7%	7,770	-1.8%

<sup>a</sup> Providers who have been reimbursed for services through Family PACT are considered "delivering providers." The designation of "delivering provider" does not include providers for whom all Family PACT claims have been denied.

<sup>b</sup> Medi-Cal clinician providers who are not enrolled in Family PACT may provide Family PACT services by referral from an enrolled Family PACT provider.

<sup>c</sup> Providers are counted according to their provider type. For example, if a clinical laboratory or pharmacy is associated with a clinician provider, both the clinical laboratory or pharmacy and the clinician are counted individually. In recent years, such arrangements of shared institutional governance involving clinical laboratories and pharmacies have numbered fewer than 15.

Source: Family PACT Enrollment and Claims Data

There were 141 fewer providers in FY 2010-11 compared to FY 2009-10, a decline of almost two percent (-1.8%). The total number declined because of a decline in the number of pharmacies (-2.0%), laboratories (-11.7%), and referral clinicians (-4.2%), which more than offset the modest growth in the number of enrolled clinician providers (+0.3%).

Pharmacy providers served 34% of all clients, laboratories served 65%, and clinician providers served 95%. The percentage of clients served by pharmacies has been slowly declining since hitting a peak of 39% in FY 2004-05.

The broad distribution of enrolled clinician providers from both the public and private sector suggests services are widely available in California. See Figure 1-5. Most enrolled providers are located in urban areas (80%); the other 20% are located in rural areas where 10% of clients access services.<sup>1</sup> Forty percent (40%) of enrolled providers are in Los Angeles where 36% of all clients access services.

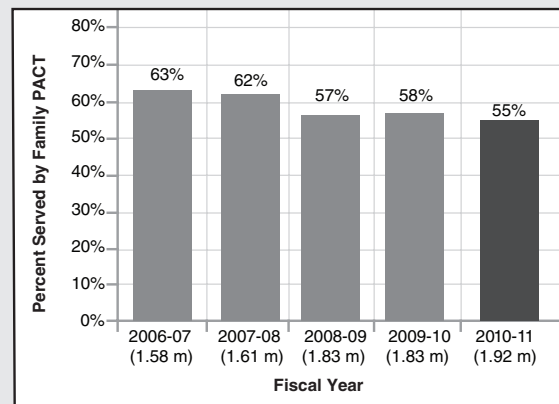
<sup>1</sup> The urban/rural designation is based on Medical Service Study Areas (MSSAs) and provider site address using California Environmental Health Tracking Program's (CEHTP) Geocoding Service, March 2012.

## 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 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 the year 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 females ages 15-19 are considered in need of contraceptive services regardless of income, if they are sexually experienced.

Figure 1-4 shows an estimated 1.92 million California women ages 15-44 in need of contraceptive services. Of these women, 55% received contraceptive services through Family PACT in FY 2010-11. 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. Since the previous fiscal year, the overall number of women in need increased slightly. The increase was only among adult women, reflecting the continuing increase in the number of low-income women age 20-44.

**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



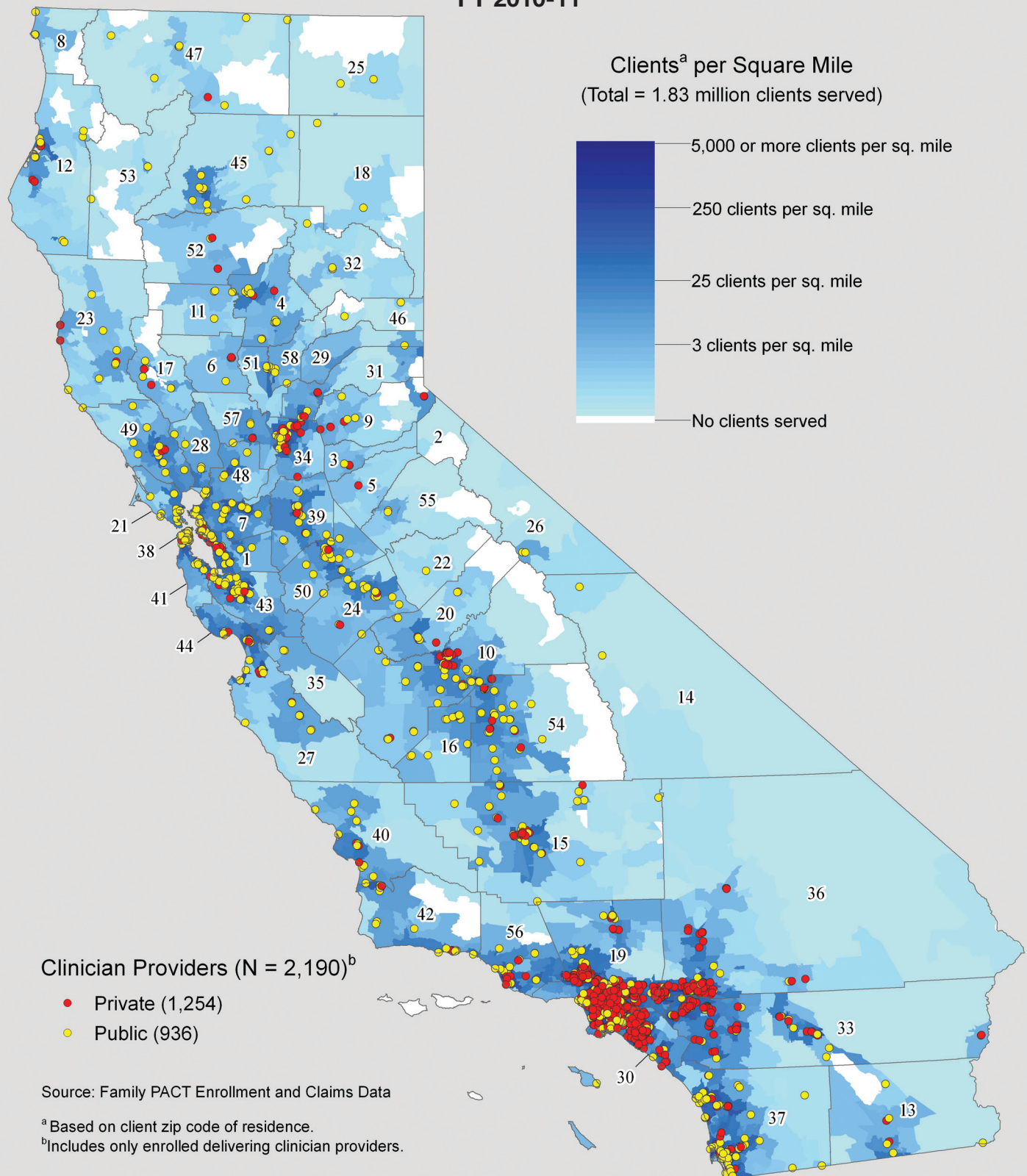
Sources: Family PACT Enrollment and Claims data; State of California Department of Finance, Race/Ethnic Populations with Age and Sex Detail, 2000-2050, July 2007; California Health Interview Survey; California Women's Health Survey, and California American Community Survey.

A decrease of 5% among adolescent females receiving a family planning service in Family PACT was observed between FY 2009-10 and FY 2010-11. Thus, while the number of adolescents in need did not change between these periods, the percent of adolescents with access declined from 41% to 39%. The percent of access among adult women declined from 64% to 60% because the number of women served by Family PACT did not change since the previous fiscal year, but the number of adult low-income women in need increased by 7%.<sup>1</sup>

<sup>1</sup> The number of women served in Family PACT with a contraceptive method, used for this calculation, changed by eight clients or less than 0.001%.



**Figure 1-5**  
**Overview of Providers and Clients Served in Family PACT**  
**FY 2010-11**



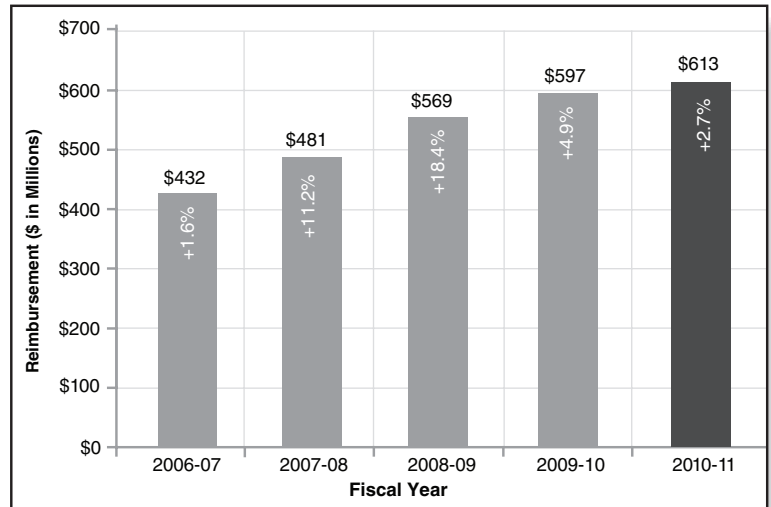
1 Alameda	7 Contra Costa	13 Imperial	19 Los Angeles	25 Modoc	31 Placer	37 San Diego	43 Santa Clara	49 Sonoma	55 Tuolumne
2 Alpine	8 Del Norte	14 Inyo	20 Madera	26 Mono	32 Plumas	38 San Francisco	44 Santa Cruz	50 Stanislaus	56 Ventura
3 Amador	9 El Dorado	15 Kern	21 Marin	27 Monterey	33 Riverside	39 San Joaquin	45 Shasta	51 Sutter	57 Yolo
4 Butte	10 Fresno	16 Kings	22 Mariposa	28 Napa	34 Sacramento	40 San Luis Obispo	46 Sierra	52 Tehama	58 Yuba
5 Calaveras	11 Glenn	17 Lake	23 Mendocino	29 Nevada	35 San Benito	41 San Mateo	47 Siskiyou	53 Trinity	
6 Colusa	12 Humboldt	18 Lassen	24 Merced	30 Orange	36 San Bernardino	42 Santa Barbara	48 Solano	54 Tulare	



Total reimbursement in FY 2010-11 was \$613 million, an increase of 2.7% over the \$597 million in the previous fiscal year. Growth in Family PACT reimbursement continued to slow down to levels typically seen before the double-digit growth rates in FY 2007-08 and FY 2008-09, which were driven by a reimbursement rate increase for clinicians' evaluation and management services. See Figure 1-6. Reimbursement per client increased from \$328 in FY 2009-10 to \$335 in FY 2010-11, a 2% increase. See Figure 1-7.

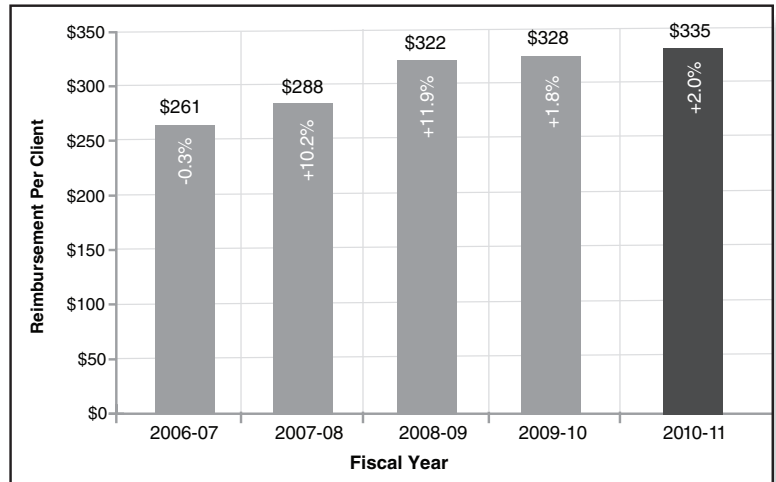
According to federal law, drug manufacturers are required to pay drug rebates to state Medicaid agencies. These rebates lower the cost of the Family PACT Program to both the state and federal governments. For FY 2010-11, there was an estimated \$69 million in drug rebates. Adjusting for the rebates, total reimbursement was \$545 million and reimbursement per client was \$297. 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



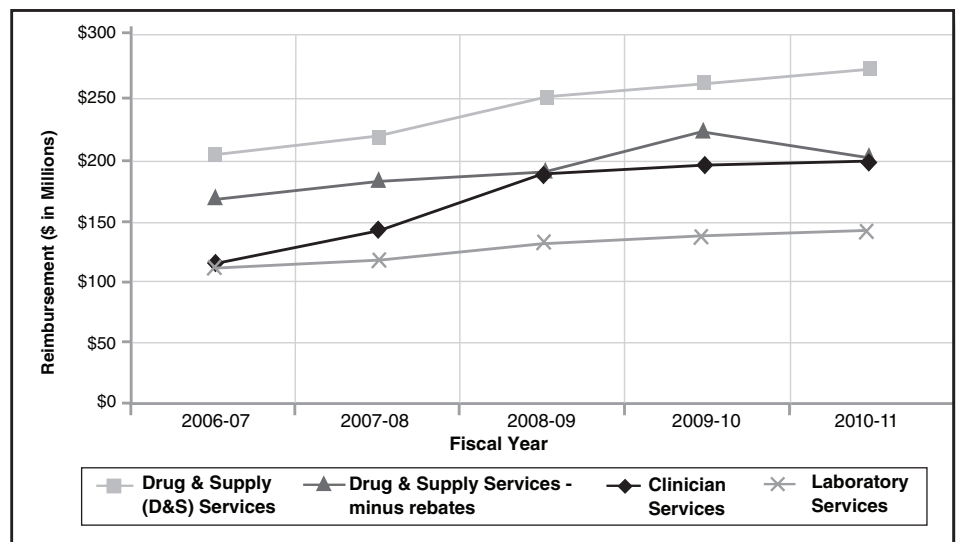
Source: Family PACT Enrollment and Claims Data

**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 provide the bulk of Family PACT services. As Family PACT providers they may enroll new clients and must adhere to the Program Standards.<sup>1</sup> In FY 2010-11 enrolled Family PACT clinician providers who delivered services numbered 2,190, an increase of seven over the previous year. Eighty-one percent (81%) of the enrolled providers had participated for four or more years and 37% had participated in the program since FY 1997-98, which was the first full year of implementation.

The Family PACT provider network consists of 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. The number of public sector providers grew slightly in FY 2010-11 over the previous year (+1% or by 10 providers), while the number of private sector providers remained essentially the same (<1% decrease). In the private sector, this lack of change in the number of providers comes after a 3% increase (36 private sector providers) in the preceding year. See Figure 2-1.

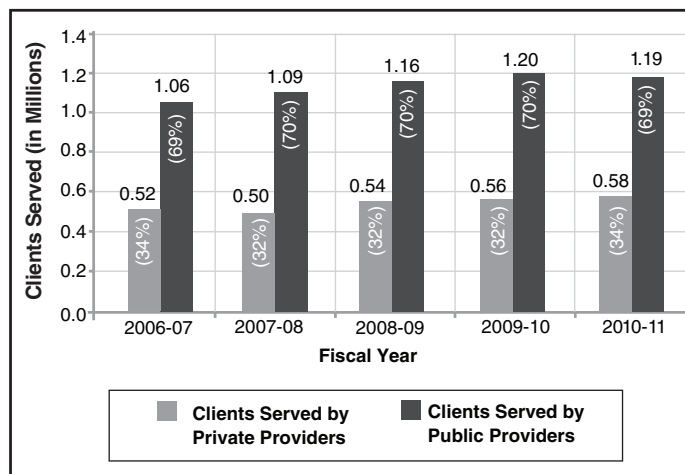
**Figure 2-1**  
Enrolled Clinician Providers Delivering Family PACT Services

Fiscal Year	Provider Sector						
	Private			Public			Total
	No.	% of Total	Change over Previous Year	No.	% of Total	Change over Previous Year	
2006-07	1,315	62%	-1%	797	38%	3%	2,112
2007-08	1,321	61%	1%	831	39%	4%	2,152
2008-09	1,221	59%	-8%	854	41%	3%	2,075
2009-10	1,257	58%	3%	926	42%	8%	2,183
2010-11	1,254	57%	-0.2%	936	43%	1%	2,190

Source: Family PACT Enrollment and Claims Data

In FY 2010-11, private sector providers comprised 57% of all enrolled providers, but served only 34% of clients. Public sector providers, on the other hand, comprised 43% of all providers, while serving 69% of clients.<sup>2</sup> 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 average number of years with Family PACT for public sector providers is 9.4 years, compared to 8.9 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 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 2010-11

Client Profile Variable	Provider Sector	
	Private	Public
Average Number of Clients Served per Provider	463	1,273
Female/Male Ratio	81:19	88:12
Percent Latino	84%	53%
Percent Spanish as Primary Language	67%	29%
Average Age	29.8	26.8
Average Monthly Income	\$876	\$723
Average Family Size	2.7	2.0
Average Parity	1.2	0.8

Source: Family PACT Enrollment and Claims Data

<sup>1</sup> 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.

<sup>2</sup> Clients may be served by a public provider, a private provider, or both, and therefore percentages do not add up to 100%.

The Family PACT Program had 2.79 million clients enrolled for part or all of FY 2010-11, up from 2.72 million in FY 2009-10. This number includes 0.77 million newly enrolled clients, as well as about 2.02 million previously enrolled clients whose eligibility continued into FY 2010-11. Of the program's 2.79 million enrolled clients 1.83 million (66%) received Family PACT services during the fiscal year. Clients served, upon which data in this report are based, increased by 1% or approximately 12,000 clients, over FY 2009-10, reaching its highest total ever.

## Demographic Trends

The following section highlights the predominant client demographic characteristics and trends. See Figures 3-1, 3-2, and 3-4.

- Essentially no growth (less than 1%) was observed among female clients, down from 2% in FY 2009-10. This is the slowest growth rate observed among females since the inception of the program and is down markedly from FY 2008-09 when growth among females jumped by 5%.
- The growth rate among male clients served decreased to 5% down from 10% in FY 2009-10 and 15% in FY 2008-09. Males make up 14% of the total Family PACT population.
- Almost one-half (49%) of clients were between the ages of 20-29. As in the prior two years, more growth was seen among clients age 40 and over (10%) than among clients under 40 (0%). Clients age 40 and over made up 12% of the Family PACT population compared to 11% in FY 2009-10.
- About two-thirds (63%) of clients identified themselves as Latino. The composition of clients by race/ethnicity changed slightly to include a lower proportion of Whites (20% in FY 2010-11; 21% in FY 2009-10) and a higher proportion of African Americans (7% in FY 2010-11; 6% in FY 2009-10).
- The proportion of clients reporting Spanish as their primary language (41%) continued to decline while the proportion of clients reporting English (55%) continued to increase. The proportion reporting English as their primary language has been increasing since FY 2001-02 when it was 40%.
- Income reported by clients resulted in little change in the distribution of clients by poverty level from the previous year. Just under 80% of clients reported a family income below the Federal Poverty Guideline (FPG).<sup>1</sup>
- The percentage of those reporting a family size of one increased to 52% in FY 2010-11, up from 51% in FY 2009-10 and 40% in FY 2000-01.

**Figure 3-1**  
Demographic Profile of Family PACT Clients Served  
FY 2009-10 and FY 2010-11

Total Number	FY 2009-10		FY 2010-11	
	No.	% <sup>f</sup>	No.	% <sup>f</sup>
	1,820,850		1,833,261	
<b>By Sex</b>				
Female	1,571,497	86%	1,572,475	86%
Male	249,353	14%	260,786	14%
<b>By Age</b>				
<18	124,677	7%	119,512	7%
18-19	182,850	10%	171,813	9%
20-24	518,129	28%	514,385	28%
25-29	381,506	21%	384,896	21%
30-34	241,661	13%	247,552	14%
35-39	167,553	9%	170,281	9%
40-44	110,112	6%	118,608	6%
45-49	64,558	4%	71,238	4%
50-54	24,741	1%	28,950	2%
55-59 <sup>a</sup>	5,063	<1%	5,515	<1%
60 & over	N/A	N/A	511	<1%
<b>By Race/Ethnicity</b>				
Latino	1,145,308	63%	1,152,907	63%
White	377,724	21%	373,788	20%
African American	116,519	6%	120,393	7%
API <sup>b</sup>	121,190	7%	125,005	7%
Other & Native American	60,106	3%	61,166	3%
Missing/Unknown	3	N/A	2	N/A
<b>By Primary Language</b>				
Spanish	774,782	43%	757,897	41%
English	978,335	54%	1,009,068	55%
Other <sup>c</sup>	67,730	4%	66,294	4%
Missing/Unknown	3	N/A	2	N/A
<b>By Income</b>				
0-50% of FPG <sup>d</sup>	837,964	46%	852,241	46%
>50-100 of FPG	613,321	34%	612,182	33%
>100-150 of FPG	272,968	15%	269,306	15%
>150-200 of FPG	96,590	5%	99,529	5%
Missing/Unknown	7	N/A	3	N/A
<b>By Family Size</b>				
1 person	936,352	51%	951,350	52%
2 to 4 persons	697,978	38%	694,971	38%
5 or more persons	186,513	10%	186,937	10%
Unknown	7	N/A	3	N/A
<b>By Parity<sup>e</sup></b>				
0 births	777,002	49%	783,220	50%
1 birth	282,919	18%	276,347	18%
2 births	259,220	17%	257,333	16%
3-9 births	251,236	16%	254,576	16%
Missing/Unknown	1,120	N/A	999	N/A

**a** In FY 2009-10 the oldest age group was 55-60. Beginning in April 2011 when the State transitioned Family PACT to a State Plan Amendment, age limits were eliminated and the age groupings were changed to reflect this.

**b** Asian and Pacific Islander.

**c** Fourteen percent (14%) of the Family PACT category, "Other," identified themselves as Native American. The rest are unidentified, but can include those of multiple races.

**d** Federal Poverty Guideline, formerly Federal Poverty Level.

**e** Includes females only.

**f** Percentages may not add to 100% due to rounding.

Source: Family PACT Enrollment and Claims Data

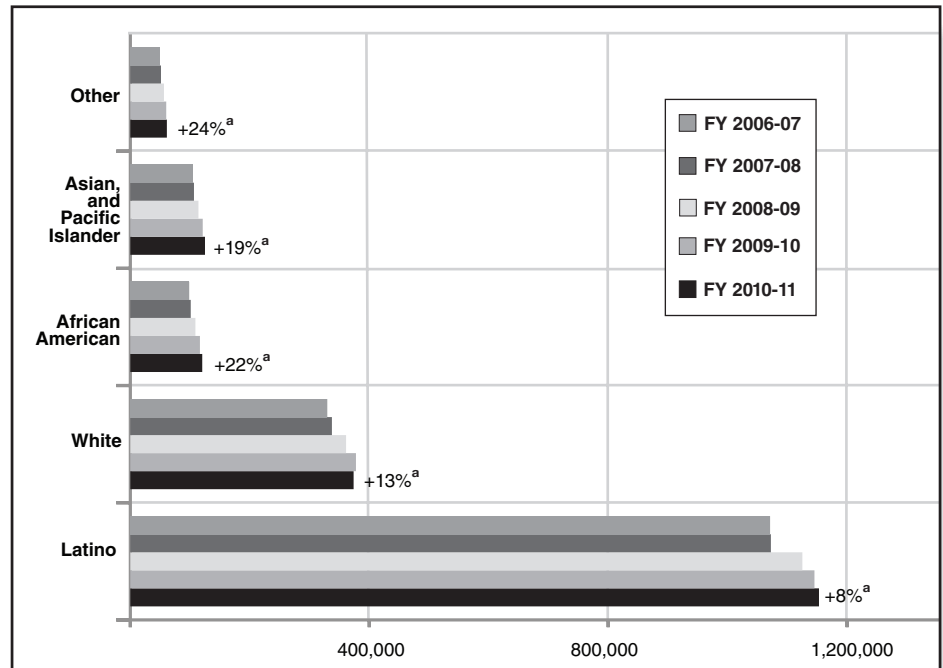
<sup>1</sup> Effective April 1, 2011 the Family PACT eligibility limit of 200% of the FPG for a family of one was \$1,815/month with an additional \$624/month for each additional family member. The FPG (100%) was half that amount or \$908 for a family of one.

Growth in each racial/ethnic group continued to slow after the rapid growth observed in FY 2008-09. The number of Whites declined (-1%) and growth among the other groups ranged from 1% to 3%.

A fifth group, “Other”, has shown strong growth in recent years.<sup>1</sup> Over a five-year period this group has grown by 24% followed by 22% for African Americans. Latinos have shown the slowest percentage growth (+8%) over the five-year period. See Figure 3-2.

The Family PACT population has a substantially higher proportion of Latinos (63%) than does the California population (37%) that is comparable to it in income and age (51%). In FY 2010-11 – for the first time – Family PACT had a slightly higher proportion of African Americans (7%) than the comparable California population (6%). See Figure 3-3.

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



<sup>a</sup> Percent change over five years.

Source: Family PACT Enrollment and Claims Data

**Figure 3-3**  
Comparison of Family PACT Clients to California Population by Race/Ethnicity

	Clients Served by Family PACT		Population under 200% of FPG <sup>b</sup> for age groups served by Family PACT <sup>c</sup>		California Population <sup>d</sup>	
	FY 2010-11		FY 2010-11		FY 2010-11	
	No.	%	No.	%	No.	%
Latino <sup>a</sup>	1,152,907	63%	6,418,872	51%	14,685,917	37%
White	373,788	20%	3,714,508	30%	16,441,755	42%
African American <sup>a</sup>	120,393	7%	814,396	6%	2,292,534	6%
Asian and Pacific Islander	125,005	7%	1,240,882	10%	4,880,552	12%
Other	61,166	3%	359,301	3%	1,071,934	3%
<b>Total</b>	<b>1,833,259</b>	<b>100%</b>	<b>12,547,959</b>	<b>100%</b>	<b>39,372,693</b>	<b>100%</b>

<sup>a</sup> The terms “Latino” and “African American” are used in lieu of “Hispanic” and “Black,” which appear on the Family PACT Client Eligibility Certification Form.

<sup>b</sup> Federal Poverty Guideline, formerly Federal Poverty Level.

<sup>c</sup> Women ages 10-55 and men ages 10-60 are included. Family PACT served residents of these ages prior to its transition to a State Plan Amendment in April 2011 when age limits were eliminated. Few clients outside these ranges are served.

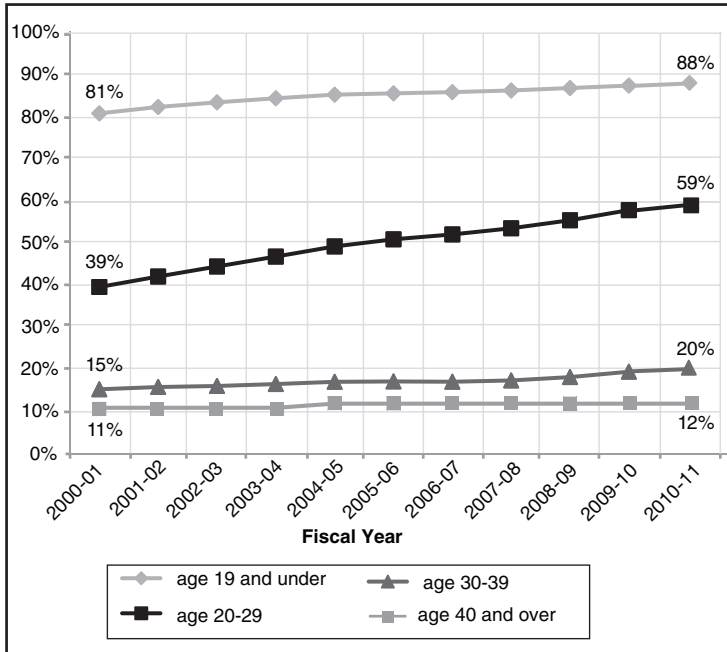
<sup>d</sup> Population counts for fiscal years were obtained by averaging population counts for the two calendar years of interest.

Source: Family PACT Enrollment and Claims Data, California Department of Finance, July 2007, and American Community Survey

<sup>1</sup> Fourteen percent (14%) of the Family PACT category, “Other”, identified themselves as Native American. The rest are unidentified, but can include those of multiple races.

A steadily increasing proportion of women report never having had a live birth upon enrolling or recertifying. Since FY 2000-01 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 59% in FY 2010-11, an increase of 20 percentage points. Adolescents show less of a change, but their zero-parity rates are in a higher range (81% in FY 2000-01; 88% in FY 2010-11).

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



Source: Family PACT Enrollment and Claims Data

Among women ages 20-29, African Americans, Latinas, and Others show the largest change in the zero-parity rate, but Latinas drive the trend because they constitute the majority of women in their twenties (57%). Forty-two percent (42%) of Latinas in their twenties reported having had no live births in FY 2010-11, compared to 26% in FY 2000-01.

## Retention

A client served in the fiscal year is considered “retained” if he/she was also served in any of the prior four years. In FY 2010-11 an estimated 69% of the client population was retained. See Figure 3-5.

- An estimated 46% of adolescent clients were retained, compared to 73% of adults. When adolescents turn 20 years of age they are counted as a retained adults, which explains some of the difference in the two retention rates.
- An estimated 33% of males were retained, compared to 75% of females. The difference is not surprising, given that females often require more family planning services and supplies on an ongoing basis than males.
- Clients served by public providers were retained at a higher rate (69%) than clients served by private providers (67%). The retention rate among clients served by public providers has steadily increased, going from 66% in FY 2006-07 to 69% in FY 2010-11, while other retention rates have remained relatively stable.

**Figure 3-5**  
Family PACT Client Retention Estimate  
FY 2010-11

Clients Served	Number	% Estimate as Retained <sup>a</sup>
All clients	1,833,261	69%
Adolescents	291,352	46%
Adults	1,541,936	73%
Males	260,786	33%
Females	1,572,475	75%
Clients served by Private Providers	580,703	67%
Clients served by Public Providers	1,191,486	69%

<sup>a</sup> Client retention can only be estimated because matching clients from year to year is based on an algorithm using client identification numbers and other demographic data to provide the most accurate match.

Source: Family PACT Enrollment and Claims Data



## Chapter 4 Profiles of Special Populations

About three-quarters of the Family PACT client population is composed of adult women. Adolescents and males, however, have long been tracked in the program due to their importance in family planning and reproductive health. Adolescents have high rates of unintended pregnancies, which the program aims to reduce. Services to males are important because males can play a key role in preventing unintended pregnancy and the transmission of sexually transmitted diseases. This chapter focuses on these two populations.

### Adolescents

Adolescents – defined as clients under age 20 – comprised 16% of Family PACT clients in FY 2010-11. 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 2010-11

Total Number of Clients Served	Adolescents 291,325		Adults 1,541,936	
<b>By Sex</b>				
Female	252,648	87%	1,319,827	86%
Male	38,677	13%	222,109	14%
<b>By Age</b>				
10-14	10,958	4%		
15-17	108,554	37%		
18-19	171,813	59%		
<b>By Race/Ethnicity</b>				
Latino	162,000	56%	990,907	64%
White	74,919	26%	298,869	19%
African American	24,148	8%	96,245	6%
API <sup>a</sup>	18,959	7%	106,046	7%
Other <sup>b</sup>	11,299	4%	49,867	3%
<b>By Primary Language</b>				
Spanish	50,596	17%	707,301	46%
English	235,378	81%	773,690	50%
Other	5,351	2%	60,943	4%
<b>By Income<sup>c</sup></b>				
0-50% of FPG <sup>d</sup>	240,136	82%	612,105	40%
51-100% of FPG	37,715	13%	574,467	37%
101-150% of FPG	10,755	4%	258,551	17%
151-200% of FPG	2,719	1%	96,810	6%
<b>By Family Size<sup>c</sup></b>				
1 person	243,464	84%	707,886	46%
2 - 4 persons	41,188	14%	653,783	42%
>4 persons	6,673	2%	180,264	12%
<b>By Parity<sup>e</sup></b>				
0 births	222,580	88%	560,640	43%
1 birth	26,077	10%	250,270	19%
2 births	3,219	1%	254,114	19%
3-9 births	685	0%	253,891	19%
<b>By Provider Sector<sup>f</sup></b>				
Private Practice Only	60,598	22%	480,881	33%
Public/Non-Profit Only	214,033	77%	938,229	65%
Both	4,399	2%	34,825	2%

**Note:** Percentages may not add to 100% due to rounding.

**a** Asian and Pacific Islanders.

**b** Fourteen percent (14%) of the Family PACT category, "Other," identified themselves as Native American. The rest are unidentified, but can include those of multiple races.

**c** Adolescents are not required to include parents and siblings when declaring family size and income.

**d** Federal Poverty Guideline, formerly Federal Poverty Level.

**e** Includes females only.

**f** Includes only clients served by clinicians.

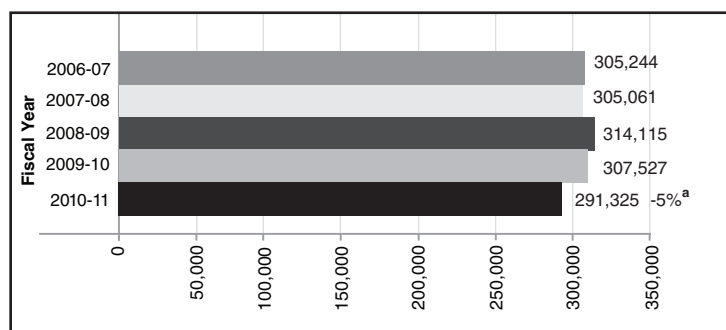
Source: Family PACT Enrollment and Claims Data

- A higher proportion of adolescents were White compared to adults (26% of adolescents; 19% of adults) and a lower proportion of adolescents were Latino compared to adults (56% of adolescents; 64% of adults).
- A considerably higher proportion of adolescents reported English as their primary language than adults (81% of adolescents; 50% of adults). Both age groups have steadily shifted toward using English since FY 2002-03 when the proportion reporting English as their primary language was 68% for adolescents and 34% for 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, 88% reported never having had a live birth (zero parity) upon enrollment or recertification compared to 43% of adult females.
- A higher proportion of adolescents (77%) were served only by public sector providers compared to adults (65%).

### Trends noted among Adolescents

The number of adolescents served declined by 5% in FY 2010-11 over the previous year. A 5% decline was also seen in the number of adolescents over a five-year period. See Figure 4-2. In contrast, the number of adults served increased 1% over FY 2009-10 and 11% since FY 2006-07.

**Figure 4-2**  
Trend in Adolescents Served by Family PACT



**a** Percent change over five years.

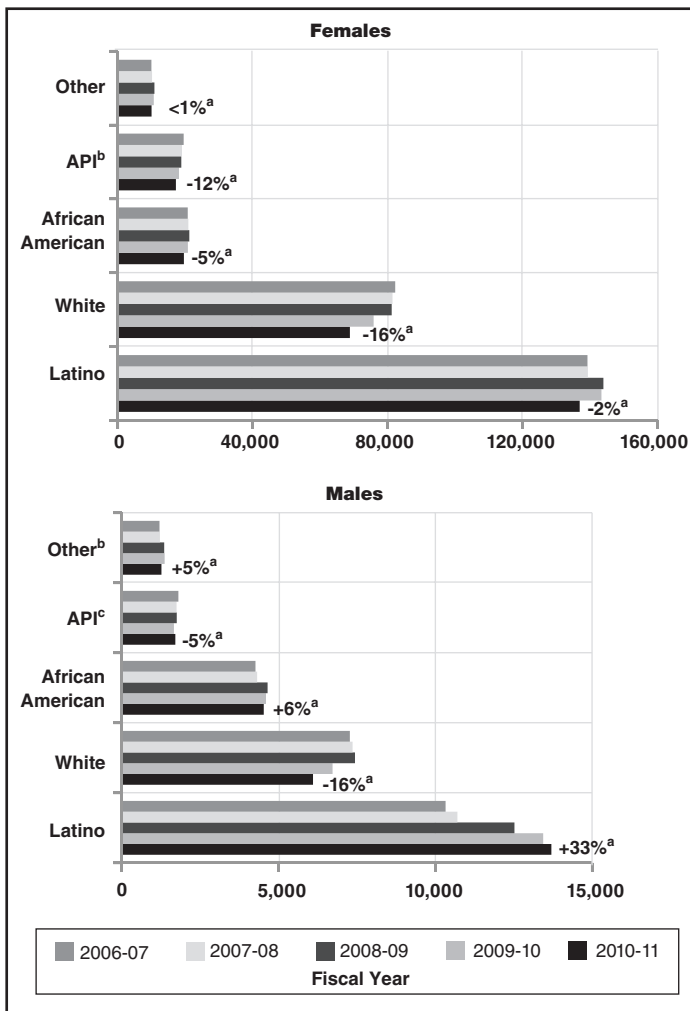
Source: Family PACT Enrollment and Claims Data

- In the first full fiscal year of the program, 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). Over the course of the program, the composition of the adolescent population served has shifted toward older adolescents. In FY 2010-11 the trend leveled out at 41% under age 18 and 59% for adolescents age 18-19.

- The number of female adolescents decreased for the second consecutive year, declining by 6% in FY 2010-11. Over a five-year period, younger female adolescents have declined more rapidly than older female adolescents (-11% females under age 18; -4% females age 18-19).
- The number of adolescents in each of the racial/ethnic groups showed a decline over the previous year. Over a five-year period, however, the number of Latinos showed a 2% increase and adolescents in the “Other” category showed a 1% increase. By comparison, the number of Whites declined by 16%, Asian and Pacific Islanders (API) declined by 11% and African Americans declined by 3%. (Not shown.)
- The 2% increase since FY 2006-07 in the number of Latino adolescents was entirely the result of strong growth among male adolescents (+33%). Latinas declined by 2%. See Figure 4-3.

**Figure 4-3**

Trend in Adolescents Served by Family PACT by Race/Ethnicity



<sup>a</sup> Percent change over five years.

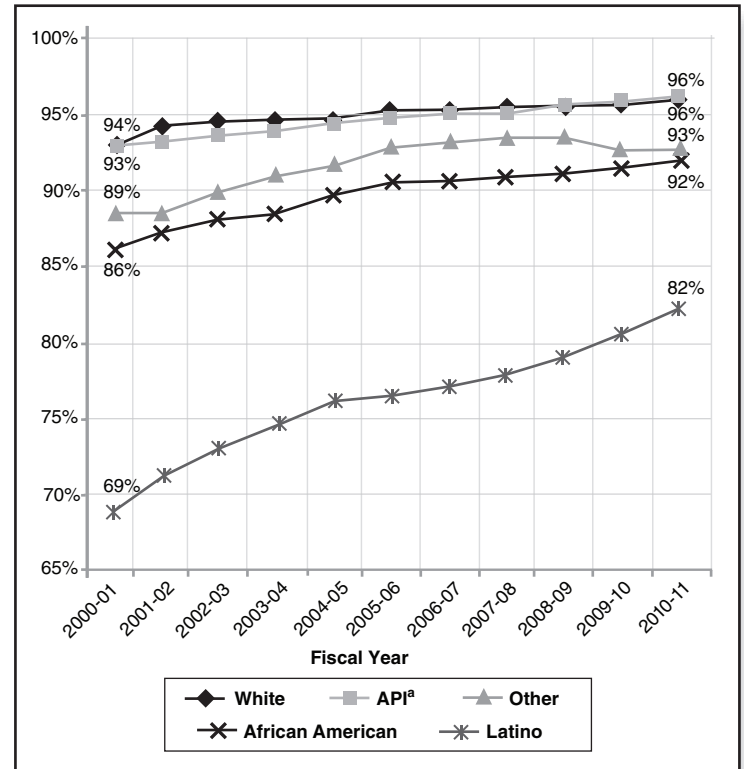
<sup>b</sup> Asian and Pacific Islander.

Source: Family PACT Enrollment and Claims Data

- Latina adolescents showed the largest increase in zero parity rate among all the racial/ethnic groups over a one-year period, increasing from 81% in FY 2009-10 to 82% in FY 2010-11. Since FY 2000-01, the zero parity rate of Latinas has increased the most, going from 69% to 82% in FY 2010-11. Among the other racial/ethnic groups, the percentage of adolescents reporting zero parity is 92% or higher. See Figure 4-4.

**Figure 4-4**

Zero Parity Rates among Female Family PACT Adolescents by Race/Ethnicity



<sup>a</sup> Asian and Pacific Islander.

Source: Family PACT Enrollment and Claims Data

- The percentage of adolescents in the lowest poverty level – under 50% of the Federal Poverty Guideline (FPG) – increased slightly from 81% to 82%. The percentage has been steadily rising since FY 2001-02 when it was 66%. The percentage of adults in that category also increased by one percentage point over the previous year (39% in FY 2009-10; 40% in FY 2010-11), but the proportion of adults in the lowest poverty category has been increasing only since FY 2006-07 when it was 31%.

## Males

Males made up 14% of all clients served in the program in FY 2010-11. The social and demographic characteristics of male clients served were similar to females with a few exceptions. See Figure 4-5.

**Figure 4-5**  
Profile of Family PACT Clients Served: Males vs. Females  
FY 2010-11

Total Number of Clients Served	Males 260,786		Females 1,572,475	
By Age				
<18	16,425	6%	103,087	7%
18-19	22,252	9%	149,561	10%
20-24	69,515	27%	444,870	28%
25-29	51,781	20%	333,115	21%
30-34	34,063	13%	213,489	14%
35-39	23,311	9%	146,970	9%
40-44	18,027	7%	100,581	6%
45-49	12,407	5%	58,831	4%
50-54	8,295	3%	20,655	1%
55-59	4,250	2%	1,265	<1%
60 and over	460	<1%	51	<1%
By Race/Ethnicity				
Latino	171,274	66%	981,633	62%
White	43,830	17%	329,958	21%
African American	27,081	10%	93,312	6%
API <sup>a</sup>	10,248	4%	114,757	7%
Other <sup>b</sup>	8,353	3%	52,813	3%
By Primary Language				
Spanish	118,071	45%	639,826	41%
English	135,371	52%	873,697	56%
Other	7,344	3%	58,950	4%
By Income <sup>c</sup>				
0-50% of FPG <sup>d</sup>	133,674	51%	718,567	46%
51-100% of FPG	68,981	26%	543,201	35%
101-150% of FPG	42,140	16%	227,166	14%
151-200% of FPG	15,991	6%	83,538	5%
By Family Size <sup>c</sup>				
1 person	189,644	73%	761,706	48%
2 -4 persons	55,180	21%	639,791	41%
>4 persons	15,962	6%	170,975	11%
By Region of Client Residence				
Los Angeles County	115,946	44%	541,373	34%
Other Counties	144,840	56%	1,031,100	66%
By Provider Sector <sup>e</sup>				
Private Only	108,451	43%	433,028	29%
Public/Non-Profit Only	140,284	56%	1,011,978	68%
Both	1,313	<1%	37,911	3%

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

**a** Asian and Pacific Islanders.

**b** Fourteen percent (14%) of the Family PACT category, "Other," identified themselves as Native American. The rest are unidentified, but can include those of multiple races.

**c** Adolescents are not required to include parents and siblings when declaring family size and income.

**d** Federal Poverty Guideline, formerly Federal Poverty Level.

**e** Includes only clients served by clinicians.

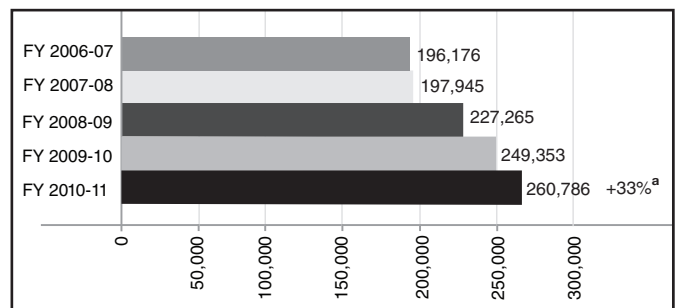
Source: Family PACT Enrollment and Claims Data

- Higher proportions of males were African American and Latino than of females (10% African American males vs. 6% African American females; 66% Latino males vs. 62% Latina females). Lower proportions of males were White and API (17% White males vs. 21% White females; 4% API males vs. 7% API 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 (44% males; 34% females).
- Males were more likely to visit private sector providers than females (43% of males; 29% of females).

### Trends noted among Males

There was a 5% increase in the number of males served in FY 2010-11 over the previous year, a slower growth rate than the 10% observed in FY 2009-10. Over a five-year period the number of males has grown 33% from about 196,000 in FY 2006-07 to 261,000 in FY 2010-11. See Figure 4-6.

**Figure 4-6**  
Trend in Males Served by Family PACT

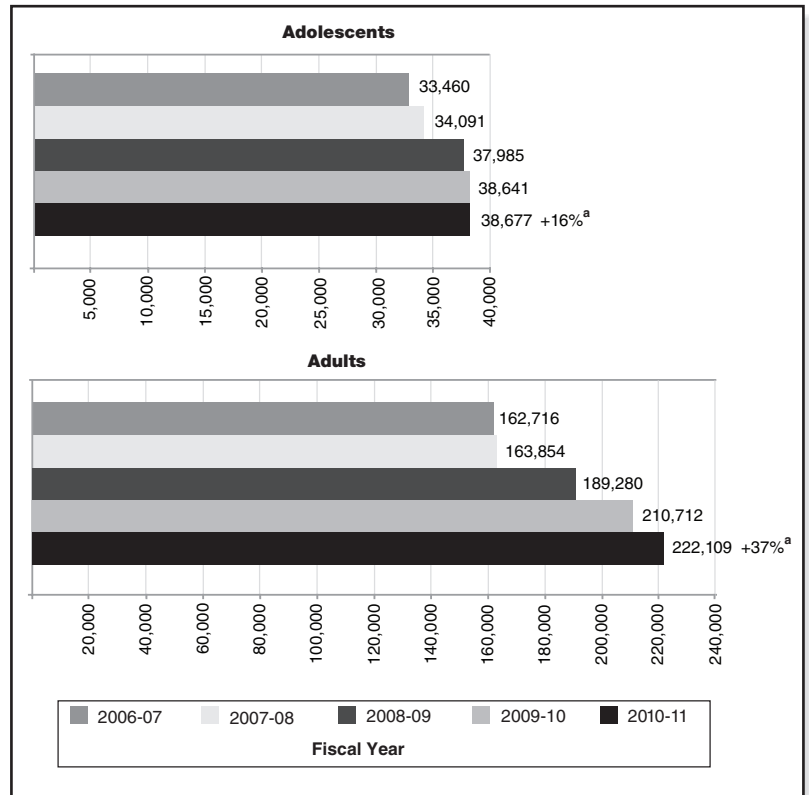


**a** Percent change over five years.

Source: Family PACT Enrollment and Claims Data

- The number of adult males has increased more rapidly over the last five years than the number of adolescent males (+37% adults; +16% adolescents). See Figure 4-7. By comparison the number of female adults grew 11% over five years, while the number of female adolescents declined (-7%).
- There has been strong growth in the number of males of every racial/ethnic group in the past five years. Growth rates ranged from 38% for “Others” and 36% for Latinos at the high end to 24% for White males at the low end. See Figure 4-8.
- The proportion of males being served by public sector providers only has declined from a high of 63% in FY 2006-07 to 56% in FY 2010-11. The proportion of males being served by private sector providers only has increased from 37% in FY 2006-07 to 43% in FY 2010-11.

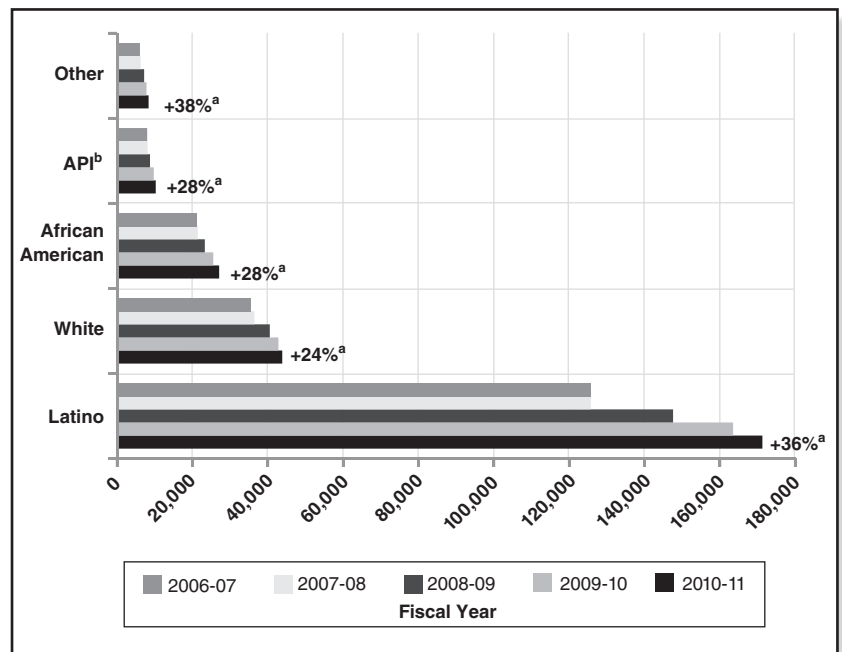
**Figure 4-7**  
Trend in the Number of Male Family PACT Clients Served by Age



<sup>a</sup> Percent change over five years.

Source: Family PACT Enrollment and Claims Data

**Figure 4-8**  
Trend in the Number of Family PACT Male Clients Served by Race/Ethnicity



<sup>a</sup> Percent change over five years.

<sup>b</sup> Asian and Pacific Islander.

Source: Family PACT Enrollment and Claims Data

## Overview

All Family PACT services fall into three main categories: 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.<sup>1</sup> More detailed information on contraception and STI services are discussed in chapters 6 and 7, respectively.

The majority of clients served in FY 2010-11 (58%) received services in each of the three main service categories: clinician, drug and supplies, and laboratory. Only six percent (6%) received drugs and supplies or laboratory services without seeing a clinician. See Figure 5-1.

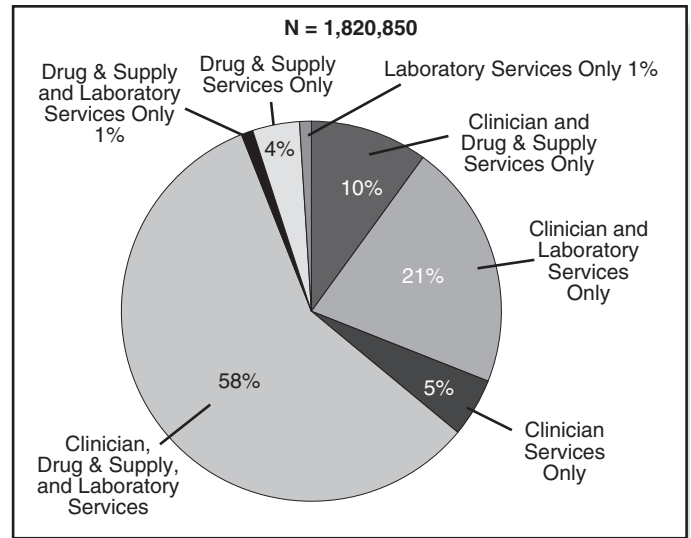
### Clinician Services

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 2010-11. As in the previous years, the two most frequently utilized clinician services were E&M services (67%) and E&C (23%). 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, supervised non-licensed staff, such as health educators, may bill for E&C.

### Visits Per Client

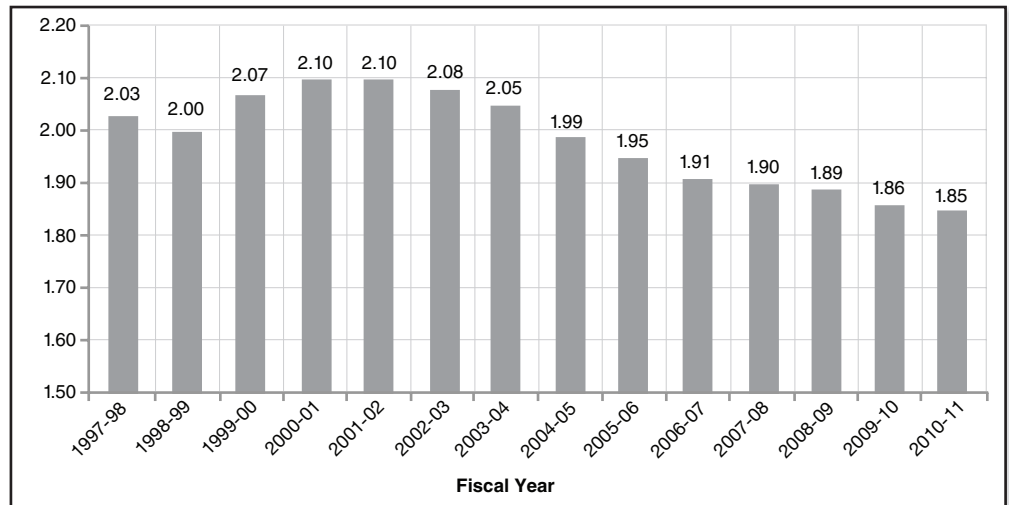
Visits are defined as a paid claim for an E&M or E&C service and are counted on the basis of one claim per date of service. There were 1.85 visits per client in FY 2010-11. Visits per clients have been slowly declining since FY 2001-02 when they were 2.1.

**Figure 5-1**  
Family PACT Clients Served by Service Type Combination  
FY 2010-11



Source: Family PACT Enrollment and Claims Data

**Figure 5-2**  
Family PACT Visits<sup>a</sup> per Client



<sup>a</sup> Visits are defined as a paid claim for "Evaluation & Management" or "Education & Counseling" and are counted on the basis of one claim per date of service.

Source: Family PACT Enrollment and Claims Data

<sup>1</sup> Within the main 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.



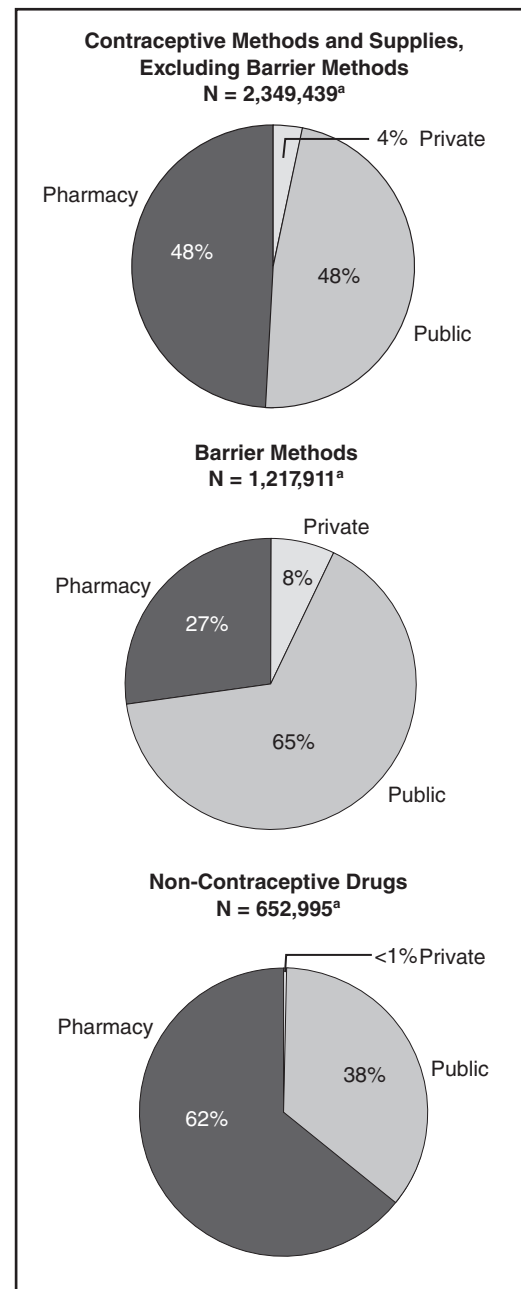
### Drug and Supply Services

Similar to previous years, 73% of all clients served received drug and supply services. A larger proportion of women (75%) received drug and supply services than men, which has been a continuing pattern. The percentage of men receiving drug and supply services (56%) was slightly lower than the previous fiscal year (58%), and eight percentage points lower than in FY 2006-07 (64%). Each year approximately two-thirds of clients receive their drug and supply services on-site (65% in FY 2010-11). Approximately half of clients (47% in FY 2010-11) receive drug and supply services at pharmacies.<sup>2</sup> Since FY 2006-07, those proportions have remained relatively stable.

Drug dispensing patterns remained the same as the previous year. Contraceptive methods comprised the majority of dispensing claims (85%). The remaining 15% of drug claims were for other covered non-contraceptive medications, such as those used to treat STIs.

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 non-barrier contraceptive claims (48% pharmacies; 48% public).<sup>3</sup> For barrier methods, public providers were reimbursed for the majority of claims (65% public; 27% pharmacies). The opposite was true for non-contraceptive drugs, where the majority of claims were paid to pharmacies (62% pharmacies; 38% public). See Figure 5-3.

**Figure 5-3**  
Dispensing of Drugs and Supplies in  
Family PACT by Drug Category and Provider Type  
FY 2010-11



<sup>a</sup> Paid claim lines in the fiscal year.

Source: Family PACT Enrollment and Claims Data

<sup>2</sup> 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.

<sup>3</sup> Non-barrier contraceptive drug and supplies include hormonal contraception, intrauterine contraceptive devices, and the Essure sterilization device.

### Laboratory Services

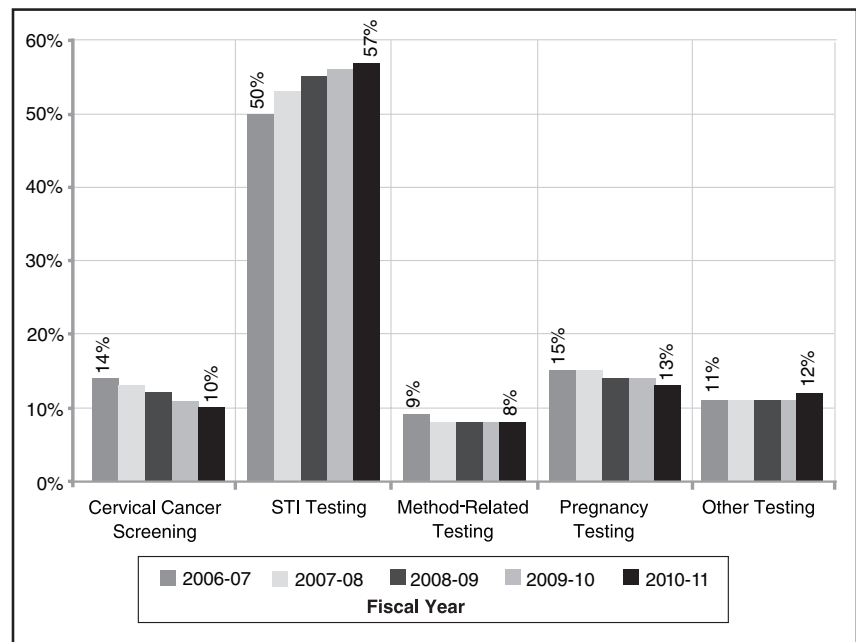
Overall, 81% of clients served received laboratory services. The proportion of men receiving laboratory services increased ten percentage points between FY 2006-07 (72%) and FY 2010-11 (82%). Prior to FY 2008-09 the proportion of women receiving laboratory services exceeded the proportion of men receiving laboratory services, but since then, men and women have received laboratory services in about equal proportions (81% of women in FY 2010-11).

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 seven percentage points from FY 2006-07 (50%) to FY 2010-11 (57%). The proportions of all other laboratory tests have either declined or remained approximately the same in that time period. Cervical cancer screening (10% in FY 2010-11) declined by one percentage point over the previous year as it had in the prior three years. Pregnancy testing (13%) declined by one percentage point, other laboratory tests (12%) increased by one percentage point, and contraceptive method-related testing (8%) remained the same as in FY 2009-10. Pregnancy testing has seen a modest decline since FY 2006-07 while method-related testing and other laboratory testing have remained almost the same. See Figure 5-4.

Full-service laboratories – as opposed to on-site clinician laboratories – handled 68% of all laboratory procedures. This is one percentage point lower than the previous year (69% in FY 2009-10) but still three percentage points higher than in FY 2007-08 when it was 65%. Ninety-four percent (94%) of cervical cancer screening tests, 89% of STI tests, and 71% of method-related tests were processed by full-service laboratories.

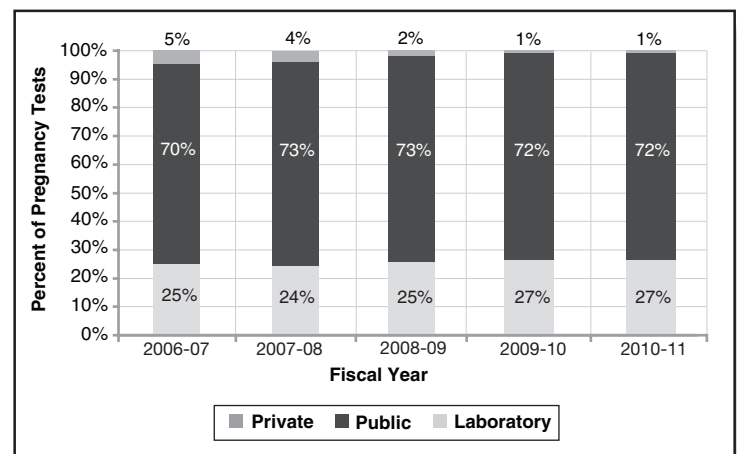
The most frequently utilized on-site clinician laboratory service is pregnancy testing. In recent years the vast majority of pregnancy testing has been offered by public sector providers (72% in FY 2010-11). See Figure 5-5.

**Figure 5-4**  
Types of Testing as a Proportion of all Laboratory Tests in Family PACT



Source: Family PACT Enrollment and Claims Data

**Figure 5-5**  
Proportion of Pregnancy Tests in Family PACT by Provider Type



Source: Family PACT Enrollment and Claims Data

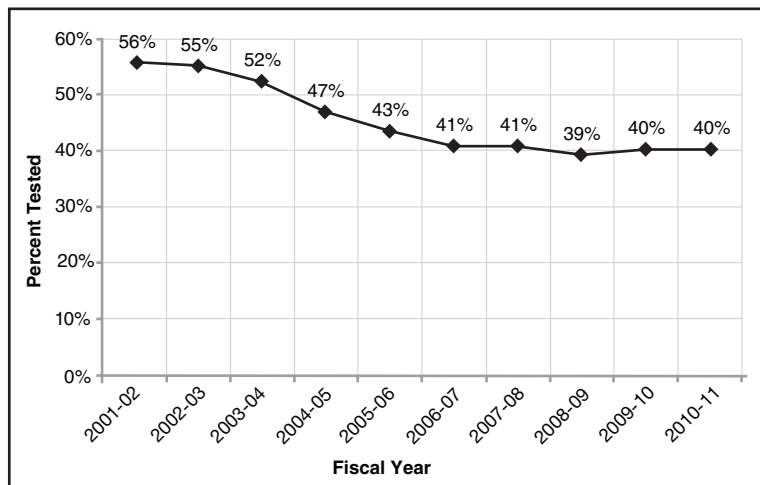
## Other Reproductive Health Services

Family PACT is limited to family planning and reproductive health services. 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. The other reproductive health services offered by Family PACT – beyond contraceptive and STI services, which are covered in later chapters – include pregnancy testing and cancer screening.

### 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 choose not to adopt a method at the same visit. The proportion of women tested for pregnancy in a year reached a high of 56% in FY 2001-02 and declined steadily until FY 2008-09, when it reached a low of 39%. The proportions in FY 2009-10 and FY 2010-11 were approximately one percentage point higher than the rate in FY 2008-09. See Figure 5-6.

**Figure 5-6**  
Proportion of Family PACT 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 2010-11. Adolescent women under age 20 accounted for 19% of all clients tested for pregnancy. Forty-eight percent (48%) of adolescent women received a pregnancy test compared to 41% of women ages 20-34 and 30% of women over age 34. Overall, the program provided an average of 1.4 pregnancy tests per client tested in FY 2010-11. See Figure 5-7.

**Figure 5-7**  
Family PACT Female Clients Served with a Pregnancy Test by Age  
FY 2010-11

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	170,266	121,777	19%	252,648	48%	1.40
20-34	575,527	408,180	65%	991,474	41%	1.41
>34	132,093	98,232	16%	328,353	30%	1.34
<b>Total</b>	<b>877,886</b>	<b>628,189</b>	<b>100%</b>	<b>1,572,475</b>	<b>40%</b>	<b>1.40</b>

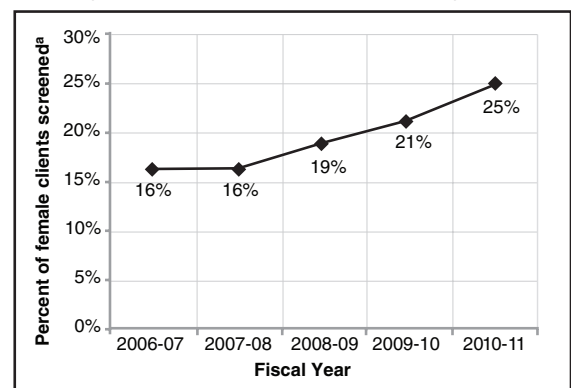
Source: Family PACT Enrollment and Claims Data

Pregnancy test visits which do not involve other services are billed using the specific primary diagnosis code (PDC) of Pregnancy Testing Only (PDC S60). The proportion of women tested under PDC S60 has been declining. In FY 2010-11, 6% of female clients received services under PDC S60, down from 7% in FY 2009-10 and 8% in FY 2008-09. In FY 2010-11 half of the women with a Pregnancy Test Only visit received contraceptive services from Family PACT at some other time during the year.

### Mammography Services<sup>4</sup>

Screening mammography for women 40 years old and over was added to the Family PACT benefits package in January 2002. The proportion of women receiving a mammogram through the program has increased over the past four years, going from 16% of women ages 40 and over in FY 2006-07 to 25% in FY 2010-11. See Figure 5-8.

**Figure 5-8**  
Trend in Proportion of Family PACT Female Clients  
Age 40 and Over Served with Mammography



<sup>a</sup> 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

<sup>4</sup> 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.

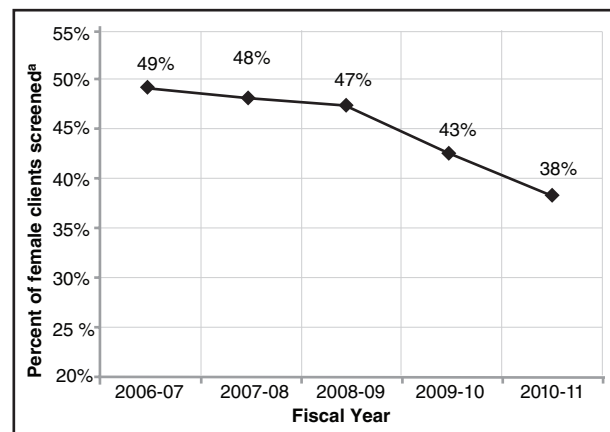
In addition to the increase in the proportion of eligible women receiving mammograms, there was a relatively large increase in the number of women eligible to receive them. The number of women served in Family PACT ages 40 and older increased 10% in FY 2010-11 compared to a 1% decrease in those under 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 30% increase in the number of clients served with mammography in FY 2010-11 over the previous year (32,931 in FY 2009-10 to 42,908 in FY 2010-11). The majority of clients who received mammography services also received other family planning services; only 3.5% 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 as a quality of care indicator. Two separate groups no longer recommend annual cytology screening for most women: the US Preventive Services Task Force (USPSTF) and a multidisciplinary partnership among the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology.<sup>5, 6</sup> Recommendations for screening periodicity vary depending on age, history, and the specific screening test utilized, but are for every three years for most women between ages 21-65. Therefore, there is no expectation that a high percentage of women will receive annual cytology screening and a downward trend is both predictable and desirable.

In FY 2010-11, 38% of female clients received at least one cervical cytology test, continuing the decline seen since FY 2006-07 when 49% of clients received one. See Figure 5-9. The likelihood of receiving a cervical cytology test within the year increased with age, a pattern that appeared in all racial/ethnic groups and that was also observed in previous years.

**Figure 5-9**  
Proportion of Family PACT Female Clients  
Served with a Cervical Cytology Test



<sup>a</sup> 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 64% of clients receiving a cervical cytology test in FY 2010-11. However, a higher proportion of women over age 34 received a cervical cytology test during the year than women of other age groups. Ten percent (10%) of women ages under age 20 received a cervical cytology test compared to 57% of women over age 34. Overall, the program provided an average of 1.16 cervical cytology tests per client tested in FY 2010-11. See Figure 5-10.

**Figure 5-10**  
Family PACT Female Clients Served  
with a Cervical Cytology Test by Age  
FY 2010-11

Age	No. of Tests	Clients Served with Cervical Cytology Test		Total Females Served <sup>a</sup>	Proportion of Female Clients Tested	Average number of Cervical Cytology Tests per Client
	No.	No.	%	No.	%	No.
<20	27,614	22,883	4%	235,037	10%	1.21
20-34	415,346	353,848	64%	909,738	39%	1.17
>34	200,750	177,522	32%	309,488	57%	1.12
<b>Total</b>	<b>643,710</b>	<b>555,253</b>	<b>100%</b>	<b>1,455,263</b>	<b>38%</b>	<b>1.16</b>

<sup>a</sup> 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

5 Moyer, Virginia, Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement, *Annals of Internal Medicine*, March 12, 2012. <http://annals.org/article.aspx?articleid=1183214>. Accessed June 20, 2012.

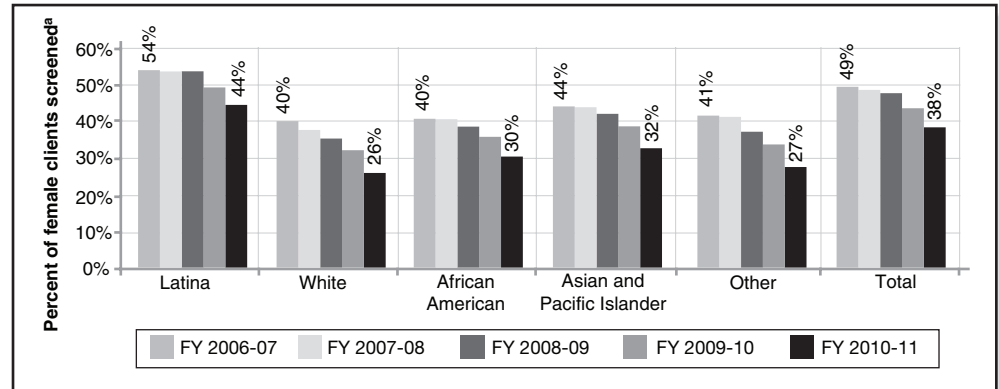
6 Saslow, D., et al., American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer, *American Journal of Clinical Pathology*, 137(4): 516-42. April, 2012. <http://ajcp.ascpjournals.org/gca?submit=Get+All+Checked+Abstracts&gca=ajcp%3B137%2F4%2F516> Accessed June 20, 2012.

The proportion of women receiving a cervical cytology test within the program differs by race/ethnicity, but a consistently decreasing pattern for all groups has been observed in the four most recent fiscal years. See Figure 5-11

Latina women have the highest proportion of testing reimbursed by the program across the years. In FY 2010-11, Latinas had a screening rate of 44%, down from 54% in FY 2006-07. White women had the lowest screening rate in FY 2010-11 (26%). White women and women in the “Other” category had a 14 percentage point decline – the largest of all the groups. African American women and API women had declines of 10 and 12 percentage points respectively.

Approximately two percent (2.4%) of 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 both FY 2008-09 and FY 2009-10). Fewer than 1% received treatment for cervical abnormalities. This is consistent with previous years.

**Figure 5-11**  
Cervical Cytology Testing Rates in Family PACT by Race/Ethnicity



<sup>a</sup> 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



## Overview

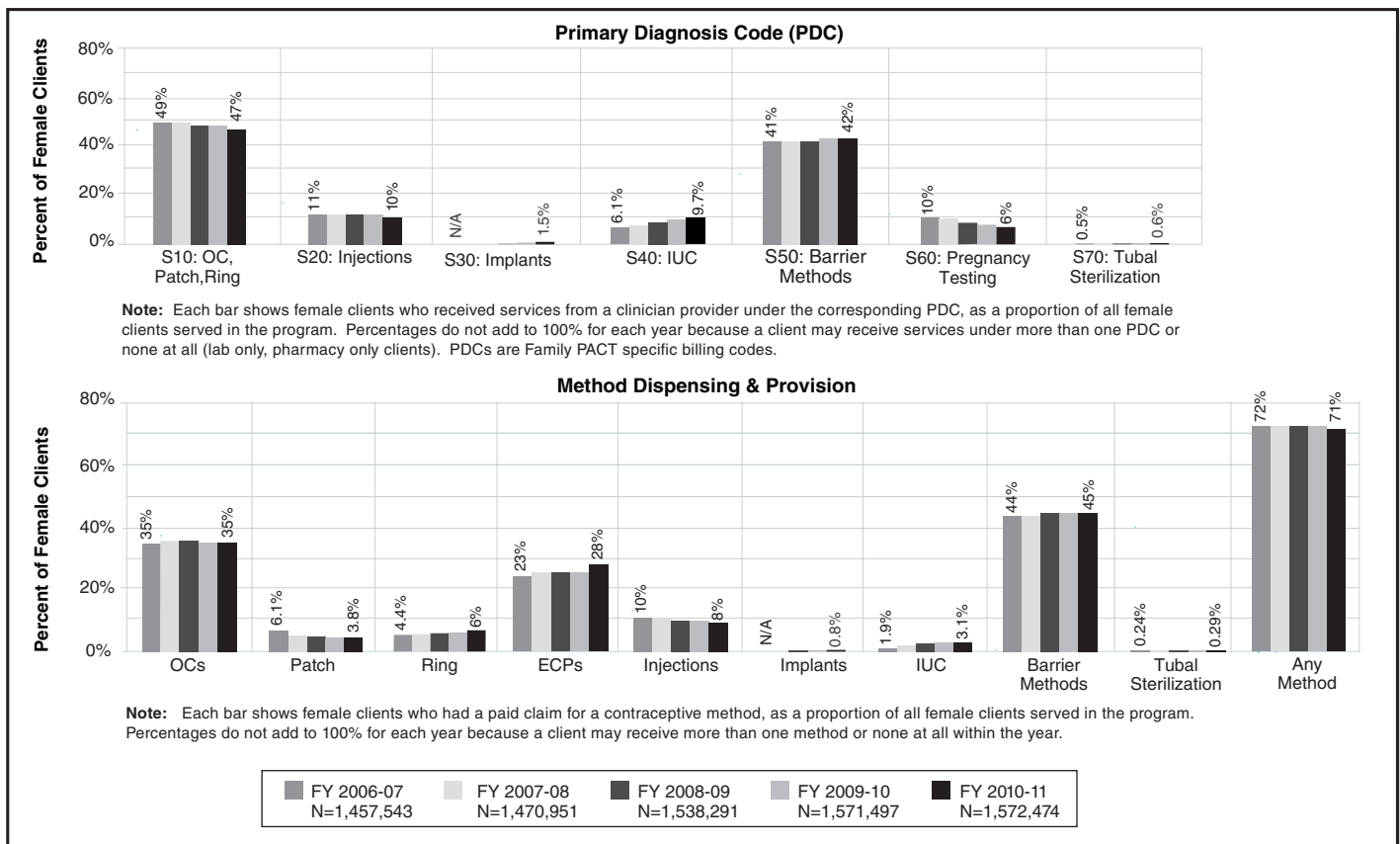
The Family PACT Program's core services are categorized by primary diagnosis codes (PDC) according to family planning methods or services. These Family PACT-specific billing codes are designated by the letter "S" and are as follows: (S10) oral contraceptives/patch/ring, (S20) contraceptive injections, (S30) contraceptive implants, (S40) intrauterine contraceptives, (S50) barriers and natural family planning methods, (S60) pregnancy testing, (S70) female sterilization, and (S80) vasectomy. 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, the S10 PDC (oral contraceptive/patch/ring) has remained the most frequently used PDC by all female clients served. Oral contraceptive (OC) dispensing has remained relatively stable over five years (35% in FY 2010-11). On average, women who received OCs within the year were provided 8.6 months of coverage (up from 8.3 in FY 2009-10). As in previous years, the majority of OC dispensing was through clinician providers on-site (57% of OC cycles dispensed through clinicians; 43% through pharmacies).

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



Source: Family PACT Enrollment and Claims Data

**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 2010-11, 4% of women were dispensed the patch. The majority of paid claim lines for patch dispensing (71%) were from pharmacies (up from 69% in FY 2009-10) and 29% of patch claims were 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 although growth may be slowing. In the first year the method was available, fewer than 1% of women (under 5,000) received the ring. Provision increased to 6% by FY 2009-10 and was at 6% for FY 2010-11 as well (over 93,000 women received the ring in FY 2010-11). In FY 2009-10 the number of women provided the ring grew by 9% over the prior year while the year-to-year growth for 2010-11 is at 2%. Pharmacies continue the majority of ring dispensing, and similar patterns were observed in prior years. For FY 2010-11, 44% of ring dispensing was done through clinician providers on-site and 56% was from pharmacies.

**Dedicated Emergency Contraceptive Pill Products (ECPs):** Family PACT services include the provision of emergency contraception along with all family planning methods. Dispensing of ECPs has increased each year since they were added to the program. In FY 2010-11, 28% of female clients (nearly 437,000) received ECPs, up from 26% in FY 2009-10. 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 2010-11, 81% of ECP dispensing was done on-site through clinician providers and 19% through pharmacies.

**Contraceptive Injections:** Ten percent (10%) of female clients received services related to contraceptive injections and 8% were provided this method. The rates of dispensing and PDC utilization for contraceptive injections had been relatively flat in recent years and were slightly down in FY 2010-11 over the previous year. The majority of claims for injections were from public providers (70%) with 30% from private providers. Beginning April 1, 2010, payment to pharmacies for contraceptive injections was no longer allowed in the program.

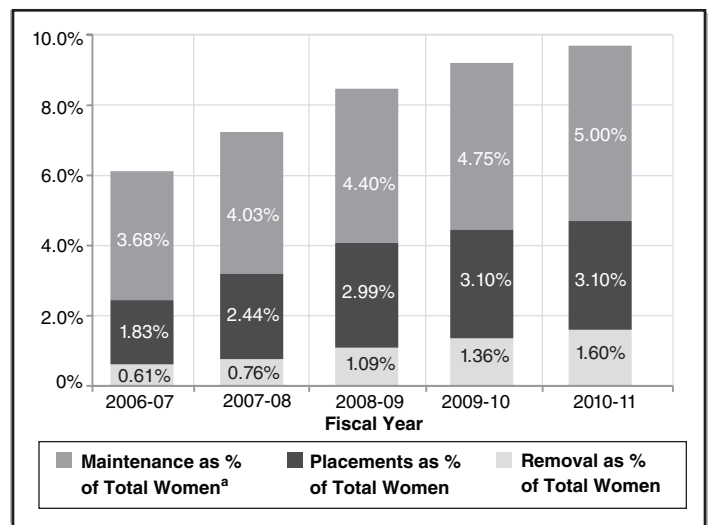
**Contraceptive Implants:** In July 2008 a new contraceptive implant, Implanon, was added to Family PACT benefits. Implanon is effective for up to three years and is the first contraceptive implant available since the discontinuation of Norplant distribution in 2002.

In FY 2010-11 over 23,000 (1.5%) women received services under the S30 PDC for contraceptive implants up from 14,600 (1%) in FY 2009-10. Nearly 13,000 (0.8%) women received a contraceptive implant in FY 2010-11 compared to about 8,300 (0.5%) in FY 2009-10. This represents notable growth for this method – a 55% increase over the previous year.

**Barrier Methods:** Barrier method supplies are a covered benefit by 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 2010-11, as in FY 2009-10, 42% of female clients received services under the barrier methods PDC. Continuing a pattern observed in previous years, most paid claim lines (72%) for barrier methods and supplies for females were from clinician providers while 28% were from pharmacies.

**Intrauterine Contraception (IUC):** The proportion of women receiving IUC services has increased notably since FY 2006-07. In FY 2010-11, 9.7% of female clients received IUC-related services (S40) up from 9.2% in FY 2009-10. 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. Figure 6-2 shows the percentage of women who received services for placements, maintenance, and removals. About five times as many women received placement and maintenance services as removal services.

**Figure 6-2**  
Clients Served with IUC Services as Percent of  
Total Women Served by Family PACT

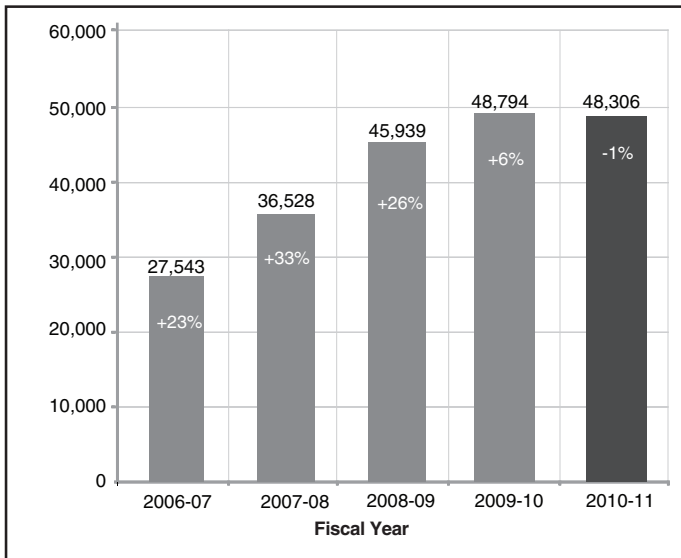


<sup>a</sup> Maintenance includes counseling regarding the initiation of IUCs.

Source: Family PACT Enrollment and Claims Data

Figure 6-3 shows the number of women receiving an IUC. In FY 2010-11, although the proportion of women receiving placements remained the same as in the previous year (3.1%), there was a 1% decline in the number of women with an IUC placement, following relatively rapid growth in the previous four years.

**Figure 6-3**  
Number of Family PACT Clients with IUC Placements



Source: Family PACT Enrollment and Claims Data

Among women served by public providers, 3.9% received an IUC in FY 2010-11, a proportion that has been steadily increasing from 2.3% in FY 2006-07. Among women served by private providers, 1.5% received an IUC in FY 2010-11 (down from 2% in FY 2009-10). Public providers account for the majority (85%) of IUC provision. In FY 2008-09 and FY 2009-10, growth in the number of IUC clients among private providers outpaced that of public providers. However, in FY 2010-11 the trend reversed and the number of clients provided an IUC declined 24% among private providers, compared to a 5% increase among public providers.

The profile of clients receiving an IUC has changed substantially over time. From FY 2006-07 to FY 2010-11 among women dispensed an IUC:

- The proportion of nulliparous women has increased from 13% to 27%.
- The proportion of women age 19 and under has increased from 7% to 9%.
- The proportion of women with English as a primary language has increased from 29% to 54%; the proportion of Spanish speakers has decreased from 68% to 43%.
- The proportion of White women has increased from 12% to 23%; the proportion of Latina women has decreased from 80% to 65%.
- The proportion of women dispensed the Mirena IUC has increased from 38% to 50%; the proportion of women dispensed the ParaGard IUC has decreased from 56% to 44%.<sup>1</sup>

**Female Sterilization:** Fewer than one percent (0.61%) of female clients received services related to sterilization, although not necessarily a sterilization procedure. Of the 4,591 women (0.29%) who received a sterilization, 66% underwent a tubal ligation (laparoscopic procedure) and 34% received a tubal occlusion (hysteroscopic procedure). Growth in the number of women receiving a sterilization has exceeded growth in the number of women served in the program for the past three years (+13% in FY 2008-09, +11% in FY 2009-10, and +9% in FY 2010-11 for number of women receiving sterilizations; +5% in FY 2008-09, +2% in FY 2009-10, and +0.06% in FY 2010-11 for number of women in the program). See Figure 6-4. Unlike reversible contraception, after sterilization women are only eligible for Family PACT services for another three to nine months, depending on the type of sterilization received. Almost 55,000 women have received a sterilization since program inception.

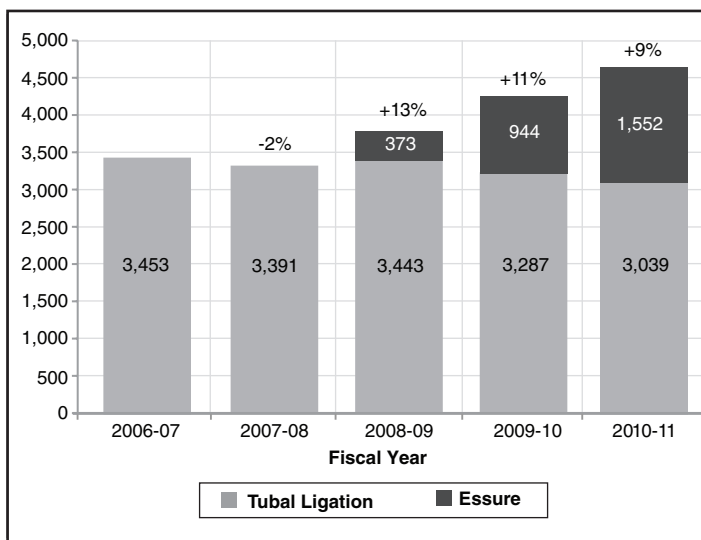
While these data are limited to paid claims within the fiscal year, denied claims have been of particular interest in recent years due to relatively high denial rates for sterilization compared to other methods. Billing requirements instituted in February 2006 were accompanied by an increase in denied claims observed in FY 2006-07. In FY 2010-11, sterilization denials affected 8% of sterilization clients down from a high of 17% in FY 2006-07. All sterilization claims for these clients were denied and never paid within the fiscal year.

<sup>1</sup> Claims do not total 100% because a device was not paid for all clients. Claims for some women were for IUC placement procedures only.

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 2010-11 marks the third full year of availability of this method. Essure is a hysteroscopic procedure used for permanent tubal occlusion, which is a less invasive option for female sterilization than tubal ligation and can be performed in a clinician's office. In FY 2010-11, 1,552 women underwent the procedure, a 64% increase in the number of women with Essure over the previous year. Essure now comprises 34% of all female sterilizations performed in Family PACT (up from 10% in FY 2008-09). There was no notable growth in the number of women with female sterilization between FY 2001-02 and FY 2007-08. In the first year Essure was added to the benefits, however, the number of women receiving a sterilization increased 13% and has continued to grow. See Figure 6-4. Sixty percent (60%) of claims for Essure were from private providers and 40% were from public providers.

**Figure 6-4**

Number of Family PACT Clients Provided Female Sterilization



Source: Family PACT Enrollment and Claims Data (paid claims only)

## 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 6-5 shows the number of female clients served by PDC and the number provided contraceptives or supplies by method type for FY 2010-11. 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 6-5**Utilization of Family PACT Services by Female Clients  
FY 2010-11

	N=1,572,475			
	Clients Served by a Clinician Under the PDC <sup>a</sup>		Clients Who Were Provided the Method <sup>b</sup>	
	No.	Percent <sup>c</sup>	No.	Percent <sup>c</sup>
<b>OCs/Patch/Ring (S10)</b>	734,584	46.7%	675,105	42.9%
Oral Contraceptives	N/A	N/A	543,161	34.5%
Patch	N/A	N/A	59,826	3.8%
Vaginal Ring	N/A	N/A	93,584	6.0%
<b>Contraceptive Injections (S20)</b>	162,584	10.3%	133,266	8.5%
<b>Contraceptive Implants (S30)</b>	23,056	1.5%	12,905	0.8%
<b>IUC (S40)</b>	152,193	9.7%	48,306	3.1%
<b>Barrier Methods/FAM (S50)</b>	657,447	41.8%	712,523	45.3%
<b>Pregnancy Testing (S60)</b>	98,805	6.3%	N/A	N/A
<b>Tubal Sterilization (S70)</b>	9,641	0.6%	4,591	0.3%
<b>Dedicated Emergency Contraceptive Pills</b>	N/A	N/A	436,626	27.8%
<b>No Clinician Provider Visit</b>	86,553	5.5%	N/A	N/A
<b>No Method in Fiscal Year<sup>d</sup></b>	N/A	N/A	452,828	28.8%

NA = Not Applicable

<sup>a</sup> Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.<sup>b</sup> May not have been served under the PDC by a clinician. For example, condoms dispensed by a pharmacy.<sup>c</sup> 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.<sup>d</sup> See bar chart breakout in Figure 6-6 for details.

Source: Family PACT Enrollment and Claims Data

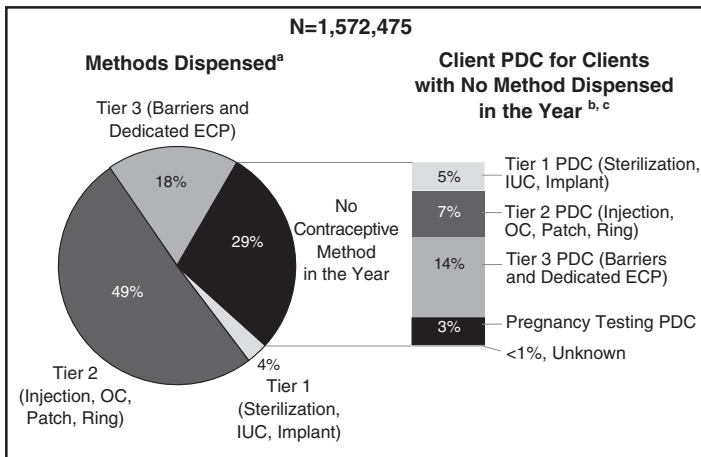


## Contraceptive Method Dispensed by Tier

Assigning tiers is a way of grouping clients' method choice according to method effectiveness. 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. Clients with more than one method are assigned to the tier corresponding to their most effective method, to create mutually exclusive groups. A client with no method dispensing is assigned a tier according to the PDC of her clinician visit(s).

As shown in Figure 6-6, 71% of female Family PACT clients were dispensed a contraceptive method in the fiscal year; 4% received Tier 1 methods, 49% received Tier 2 methods and 18% received Tier 3 methods. The remaining 29% of female clients had no paid claim for method dispensing within the year. If these clients were assigned to tiers according to PDC, an additional 5% of women would be in Tier 1, 7% more would be in Tier 2, and 14% would be added to Tier 3. Three percent (3%) of women received pregnancy testing only (S60). See Figure 6-6.

**Figure 6-6**  
Provision of Family Planning Methods by Tier:  
Female Family PACT Clients Served  
FY 2010-11



**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 provision 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

From 2006-07 to FY 2010-11 the proportion of clients dispensed a Tier 1 method increased (2.1% in FY 2006-07; 4.2% in FY 2010-11) and the proportion of clients dispensed a Tier 2 method decreased (51% in FY 2006-07; 49% in FY 2010-11).

## Contraceptive Services for Males

Males are eligible for services under PDCs for barrier methods (S50) and vasectomy (S80). While the proportion of female clients provided a contraceptive method each year has been relatively stable, ranging between 71% and 74% since FY 1999-00, the rate for males has shown more variation. A steady decline in the proportion of males provided a method was observed through FY 2004-05, after which it leveled off between 53% and 51%. In FY 2010-11, 51% of males received a method.

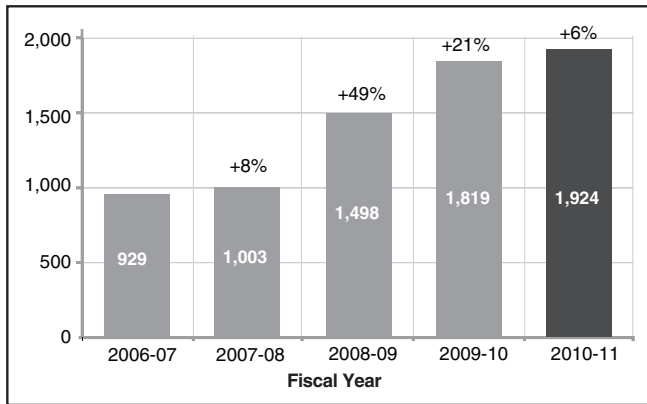
**Barrier Methods:** Because barrier methods are the predominant method dispensed to males their provision follows the same general trend of any method dispensing, declining from 74% in FY 1998-99 and leveling out between 51%- 52% from FY 2004-05 through FY 2010-11 with small fluctuations. Fifty-one percent (51%) of males received a barrier method in FY 2010-11. The proportion of males receiving services related to barrier methods (S50) was 95% for FY 2010-11, the same proportion as in the previous year.

**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 the previous two fiscal years. For the three years prior to FY 2008-09 the percentage of males undergoing a vasectomy was 0.5%. 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 men received a vasectomy. In FY 2008-09, 1,498 men received a vasectomy – a 49% increase over the previous year – and 1,819 men received a vasectomy in FY 2009-10 – a 21% increase. In FY 2010-11, 1,924 men received a vasectomy – a 6% increase over FY 2009-10. See Figure 6-7. Once receiving a vasectomy, men are only eligible for Family PACT services for another three months. More than 17,000 men have received vasectomies since program inception.



Estimates of vasectomy procedures for Family PACT clients are notably impacted by denied claims. In FY 2010-11 denials affected 9% 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.

**Figure 6-7**  
Number of Vasectomies in Family PACT



Source: Family PACT Enrollment and Claims Data (paid claims only)

## Contraceptive Services for Adolescent Clients

Service utilization patterns showed some variation by client age. See Figure 6-8 for females. The primary differences between adolescents and adults were:

- Adolescent clients received a contraceptive method more frequently than adults. Eighty percent (80%) of female adolescents had a method dispensed, compared to 70% of female adults.
- Sixty-one percent (61%) of male adolescents had a method dispensed, compared to 49% of male adults.
- Female adolescents received ECPs more frequently than adults (46% adolescents; 24% adults).
- Both female and male adolescents were more frequently dispensed barrier methods (59% females; 61% males) than adults (43% females; 49% males).
- Consistent with previous years, female adolescents were more frequently dispensed oral contraceptives than adults (41% adolescents; 33% adults) – the same percentage for adolescents (41%) but down slightly for adults from FY 2009-10 (34%).
- Adolescents are dispensed contraceptive implants slightly more frequently than adults (1.3% adolescents; 0.7% adults) – and the year-to-year growth in the number with implant provision in FY 2010-11 was higher for adolescents than adults (+64% adolescents; +53% adults).

- Since program inception and including FY 2010-11, female adolescent clients have received services related to IUCs less frequently than adults, though increases are observed among both groups. In FY 2010-11 the proportion of clients receiving such services was 3.5% for adolescents versus 10.9% for adults, up from 3.2% for adolescents and 10.4% for adults in FY 2009-10.
- Eleven percent (11%) of adolescents and 8% of adults were provided contraceptive injections in FY 2010-11. This provision rate was unchanged from the previous year.

**Figure 6-8**  
Utilization of Family PACT Services by Female Clients  
FY 2010-11

N=252,648 Adolescents and N=1,319,827 Adults				
	Clients Served by a Clinician Under the PDC <sup>a</sup>		Clients Who Were Provided the Method <sup>b</sup>	
	Adolescents <sup>c</sup>	Adults <sup>c</sup>	Adolescents <sup>c</sup>	Adults <sup>c</sup>
<b>OCs/Patch/Ring (S10)</b>	53.9%	45.3%	48.5%	41.9%
Oral Contraceptives	N/A	N/A	40.7%	33.4%
Patch	N/A	N/A	4.1%	3.7%
Vaginal Ring	N/A	N/A	5.6%	6.0%
<b>Contraceptive Injections (S20)</b>	13.3%	9.8%	11.0%	8.0%
<b>Contraceptive Implants (S30)</b>	1.9%	1.4%	1.3%	0.7%
<b>IUC (S40)</b>	3.5%	10.9%	1.7%	3.3%
<b>Barrier Methods/FAM (S50)</b>	39.8%	42.2%	58.9%	42.7%
<b>Pregnancy Testing (S60)</b>	7.5%	6.0%	N/A	N/A
<b>Tubal Sterilization (S70)</b>	<0.1%	0.7%	N/A	0.3%
<b>Dedicated Emergency Contraceptive Pills</b>	N/A	N/A	45.5%	24.4%
<b>No Clinician Provider Visit</b>	4.2%	5.8%	N/A	N/A
<b>No Method</b>	N/A	N/A	20.2%	30.4%

N/A = Not Applicable

<sup>a</sup> Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

<sup>b</sup> May not have been served under the PDC by a clinician. For example, condoms dispensed at a pharmacy.

<sup>c</sup> 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 6-9 shows family planning services by tier for each of the racial/ethnic groups. Figure 6-9 differs from Figure 6-6 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.

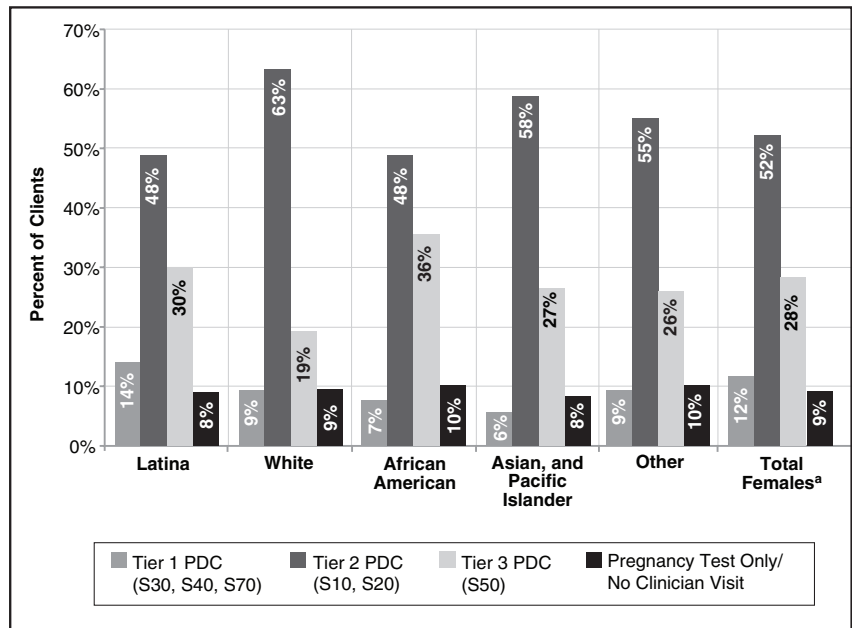
- Latina women received services for Tier 1 methods more frequently than women of other groups. Fourteen percent (14%) of Latinas were provided clinician services for long-acting methods in the year, compared to 6% - 9% for all other racial/ethnic groups.
- White women received services for Tier 2 methods at the highest rate (63% for Whites; 48% - 58% for all other racial/ethnic groups).
- African American women received services for Tier 3 methods at the highest rate (36% for African Americans; 19% - 30% for all other racial/ethnic groups).

Approximately 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. About 37% of the women in this group were seen by clinicians for Pregnancy Test Only visits, some of whom may have desired pregnancy.

Other notable findings by race/ethnicity, not shown in Figure 6-9, were as follows:

- There was an increase across all racial/ethnic groups in the proportion of women provided sterilization, implants, and ECPs – most notably among those provided implants.

**Figure 6-9**  
Family Planning Services for Female Family PACT Clients by Method Tier  
(based on Primary Diagnosis Code) by Client Race/Ethnicity  
FY 2010-11



<sup>a</sup> Excludes 3 clients with unknown race/ethnicity. Clients are counted only once and tier assignment 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

- IUC placements and contraceptive injections were up for all groups, but Latinas. However, an overall decline in the total number of women provided these methods was noted. (About 5,000 fewer women received injections and about 500 fewer women received IUC placements compared to the previous year.)
- White women were most likely to show receipt of any contraceptive method in the year (81%). 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 nearly unchanged from the prior three years.
- While OC dispensing was down for all groups except Asian/Pacific Islander women, White women were dispensed OCs more often than women of other racial/ethnic groups (49% White; 26% - 44% other racial/ethnic groups). African American women received OCs least often (26%). This pattern is consistent with previous years.
- A lower proportion of Latinas received ECPs compared to women of other racial/ethnic groups (21% Latinas; 32% - 41% other racial/ethnic groups). White women were most likely to receive ECPs (41%). These patterns have been observed since ECPs were added to program benefits.

**Males**

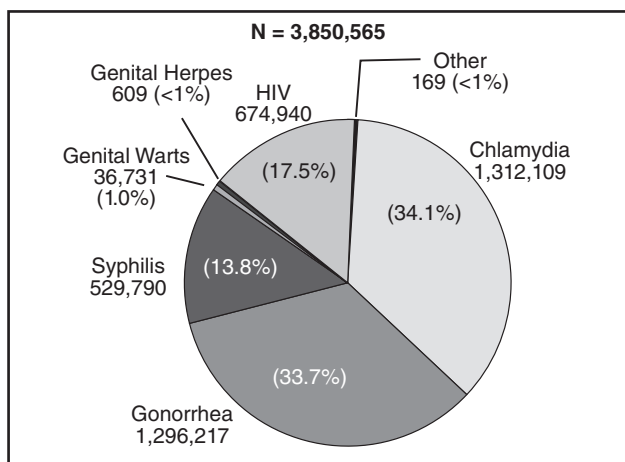
- African American males were dispensed barrier methods more frequently than males of other racial/ethnic groups (58% African Americans; 48% - 55% other racial/ethnic groups).
- Since program inception, White males have had the highest rate of vasectomies and this continued in FY 2010-11. Unlike FY 2009-10 when vasectomy procedures increased for all racial/ethnic groups, growth was observed only among White and Latino males (+17% for White males, +2% for Latinos).
- Since program inception, African American males have undergone vasectomy procedures less frequently than other males (0.2% African American; 0.3% - 1.3% for other racial/ethnic groups in FY 2010-11).

## Overview

The detection and treatment of sexually transmitted infections (STIs) are critical components of family planning and reproductive health services.<sup>1</sup> 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 to reduce prevalent STIs among Californians is significant.

Total STI test volume has increased 6% over the previous year with 3.85 million tests reimbursed in FY 2010-11 compared to 3.62 million in FY 2009-10. Over two-thirds (67.7%) of all STI tests were for chlamydia and/or gonorrhea, lower compared to the previous year (68.4%). See Figure 7-1.

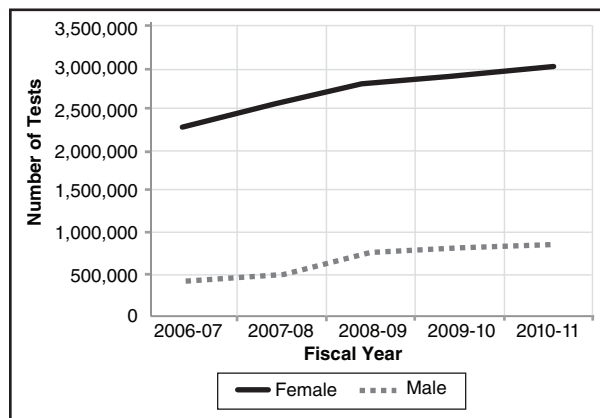
**Figure 7-1**  
Number and Percent of STI Tests in Family PACT  
FY 2010-11



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.<sup>2</sup> Sixty-eight percent (68%) of clients received an STI test in FY 2010-11 up from 62% in FY 2006-07 and the average number of STI tests per client served was 2.25 in FY 2010-11, compared to 1.85 in FY 2006-07.<sup>3</sup> See Figure 7-3.

**Figure 7-2**  
Family PACT STI Test Volume, Males vs. Females



Source: Family PACT Enrollment and Claims Data

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

STI Test	Clients Served				
	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served
	N=	N=	N=	N=	N=
Any STI Test	1,515,865	1,535,279	1,635,298	1,695,114	1,712,872
Any STI Test	62%	64%	67%	67%	68%
Chlamydia	57%	60%	63%	63%	64%
Gonorrhea	54%	57%	60%	60%	63%
Syphilis	24%	26%	28%	27%	28%
HIV	26%	28%	32%	33%	36%
HPV <sup>a</sup>	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

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 1,712,872. 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 68% = (1,162,690 clients served with STI tests)/(1,712,872 clients served).

## STI Test Utilization among Female Clients

Sixty-six percent (66%) of female clients received STI testing in FY 2010-11, higher than the four prior years. The proportion of females tested for chlamydia (62%), gonorrhea (60%), and HIV (30%) were all higher than the previous year while the proportion tested for syphilis (23%) was similar. See Figures 7-4 and 7-5.

**Figure 7-4**

**Percent of Family PACT Clients Served with STI Tests by Sex  
FY 2010-11**

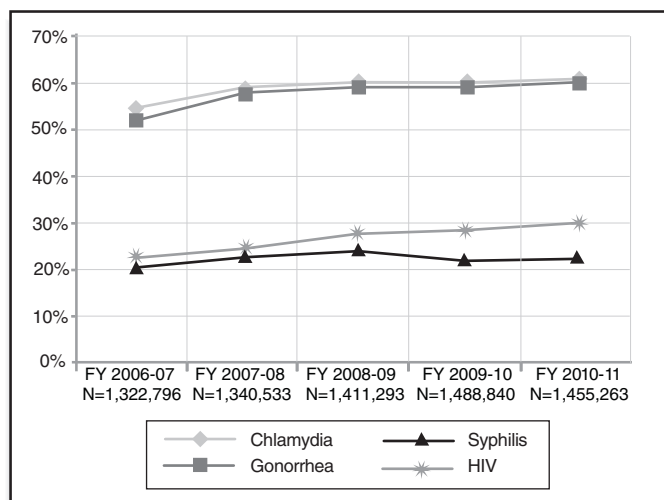
STI Test	Female Clients Percent N=1,455,263	Male Clients Percent N=257,609
Any STI Test	66%	81%
Chlamydia	62%	76%
Gonorrhea	60%	75%
Syphilis	23%	55%
HIV	30%	66%
HPV <sup>a</sup>	2%	N/A
Genital Herpes	<1%	<1%
Other STI Test	<1%	<1%

<sup>a</sup> Human Papillomavirus

Source: Family PACT Enrollment and Claims Data

**Figure 7-5**

**Percent of Female Family PACT Clients Tested for Selected STIs**



Source: Family PACT Enrollment and Claims Data

**Chlamydia:** Sixty-two percent (62%) of female clients served were tested for chlamydia and 99% of all chlamydia tests among females were nucleic acid amplification tests (NAATs), the most sensitive tests for detecting chlamydia.

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.<sup>4</sup> To better assess effectiveness of targeted screening guidelines among female clients over age 25, monitoring of three age groups – females under age 26, females ages 26-30 and females over age 30 –

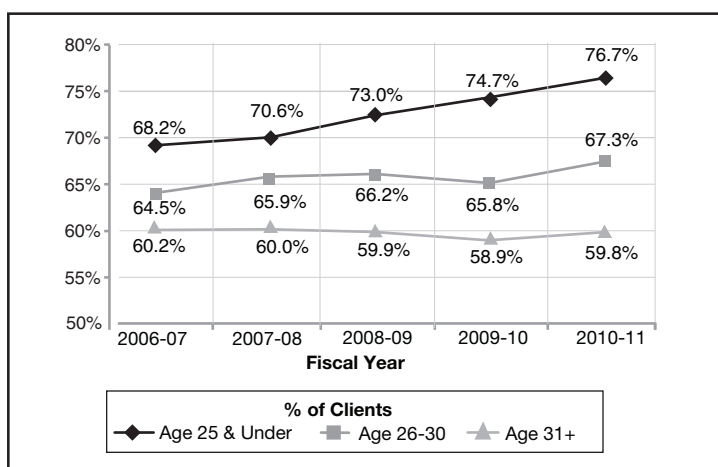
was initiated in FY 2007-08. Prevalence estimates for selected clinic settings indicate that the prevalence of chlamydia may be high enough (>3%) in some populations that screening females ages 26-30 is cost-effective. The three age groups clearly distinguish between those who should all be screened (ages <26) and those who should only have targeted screening (ages >25).

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. Paid and denied claims are included to more accurately capture actual testing.<sup>5</sup>

Using this expanded time frame, the proportion tested among female clients under age 26 served in FY 2010-11 increased two percentage points to 77% over the prior year and nine percentage points over five years (68% in FY 2006-07). The increasing proportion of young female clients tested for chlamydia demonstrates ongoing improvement in adherence to program and national screening guidelines. In both the older age groups the proportion tested increased by one percentage point over the previous year. Sixty-seven percent (67%) of clients ages 26 to 30 and 60% of clients over age 30 were tested in FY 2010-11. In FY 2006-07 there was an eight percentage point difference between the oldest and the youngest age groups, but by FY 2010-11 a 17 percentage point difference was seen. This increase in the difference is due to ongoing increases in screening of young females while the screening of older females has remained essentially constant. See Figure 7-6.

**Figure 7-6**

**Trends in Chlamydia Screening for Female Family PACT Clients by Age**



Source: Family PACT Enrollment and Claims Data

4 California Guidelines for Chlamydia Screening and Diagnostic Testing Among Women in Family Planning and Primary Care Settings, 2011; 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 chlamydia 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 chlamydia 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, the observed chlamydia testing rate for women in this oldest age group, i.e. >30, remains high (60% in FY 2010-11). See Figures 7-6 and 7-7. A rate of no more than 50% for this age group would be expected if targeted screening was strictly practiced.<sup>6</sup>

**Figure 7-7**

**Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories<sup>a</sup> by Age FY 2010-11**

Age	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
<26 Years	91,938	4.8%	86,614	0.4%
26-30 Years	35,341	1.9%	33,948	0.1%
>30 Years	59,864	1.0%	58,537	0.1%

<sup>a</sup> Data from Quest represent approximately 16% of all chlamydia and 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 2010-11 public providers screened 78% of females under age 26 and private providers screened 74%. Among female clients ages 26-30 public providers screened a lower proportion than private providers (67% public; 69% private). For female clients over age 30 the difference in screening rates was greater. Public providers screened 56% of clients and private providers screened 65%.

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 2010-11. Of the 2,272 female cases identified in FY 2010-11, 62% returned in 1-6 months for clinical services after initial diagnosis of whom 51% were retested. The proportion of cases diagnosed by private sector providers that returned was higher (56%) as compared with those diagnosed by public sector providers (50%). Overall, 31% of all female cases were retested. See Figure 7-8. While there was some variation in return and retesting rates by age, race/ethnicity, and provider sector, overall program efforts to increase return and retesting rates are needed for all cases to improve these low rates.

**Figure 7-8**

**Retesting of Chlamydia Positive Female Clients among Family PACT Clients Served by Quest/Unilab Laboratories<sup>a</sup> FY 2010-11**

Age/Race	Number of Chlamydia Positives	Number of Revisits	% Revisits among CT+	Retests (N)	% Retests among Revisits
Total	2,262	1,398	61.8%	711	50.9%
<26 Years	1,729	1,075	62.2%	544	50.6%
26-30 Years	280	176	62.9%	87	49.4%
>30 Years	253	147	58.1%	80	54.4%
Latina	1,238	793	64.1%	394	49.7%
White	358	217	60.6%	116	53.5%
African American	405	236	58.3%	117	49.6%
Asian and Pacific Islander	178	107	60.1%	57	53.3%
Other	83	45	54.2%	27	60.0%

<sup>a</sup> Data from Quest represent approximately 16% of all chlamydia and gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

**Gonorrhea:** Nucleic-acid amplification tests (NAATs) are the nearly universal chlamydia test type in Family PACT and the same was true 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 2010-11, the proportion of female clients tested for gonorrhea increased to 60%, compared with 58% in FY 2009-10. 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%. See Figure 7-7.

**Syphilis:** Twenty-three percent (23%) of female clients were tested for syphilis, which was similar to FY 2009-10. 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 some 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 2010-11, 30% of female clients were tested for HIV, higher than the 28% screened in FY 2009-10. 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%) of female clients served received HPV testing during FY 2010-11, similar to FY 2009-10. The clinical appropriateness of HPV testing cannot be determined by claims analysis alone.

<sup>6</sup> 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.

## 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 under age 26 years and younger were tested for chlamydia (70%), gonorrhea (69%) and – for all ages – HIV (38%). See Figure 7-9. Young Latina female clients had the lowest proportion screened for chlamydia (62%) and for gonorrhea (61%). White females of all ages had the lowest proportion screened for HIV (23%). 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.<sup>7</sup>

**Figure 7-9**  
Percent of Female Family PACT Clients Served with Chlamydia, Gonorrhea, or HIV Testing by Race/Ethnicity FY 2010-11

	Latina	White	African American	Asian / Pacific Islander	Other
Clients age < 26 (n)	420,321	206,988	55,955	61,956	30,373
% < 26 served with CT tests	62%	64%	70%	66%	65%
% < 26 served with GC tests	61%	63%	69%	65%	64%
All clients (n) <sup>a</sup>	911,944	302,530	85,998	106,414	48,375
% all clients served with HIV tests	33%	23%	37%	26%	27%

a Unknown Race/Ethnicity not included (n=2)

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 2010-11. See Figure 7-10. Highest chlamydia positivity was observed for African-American female clients (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 (1.6%).

**Figure 7-10**

Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories<sup>a</sup> by Race FY 2010-11

Race/Ethnicity	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
Latina	121,249	2.5%	117,849	0.1%
White	33,130	2.7%	29,858	0.2%
African American	13,357	8.0%	13,006	1.6%
Asian and Pacific Islander	13,484	3.4%	12,858	0.2%
Other	6,024	3.5%	5,625	0.3%

a Data from Quest represent approximately 16% of all chlamydia and gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

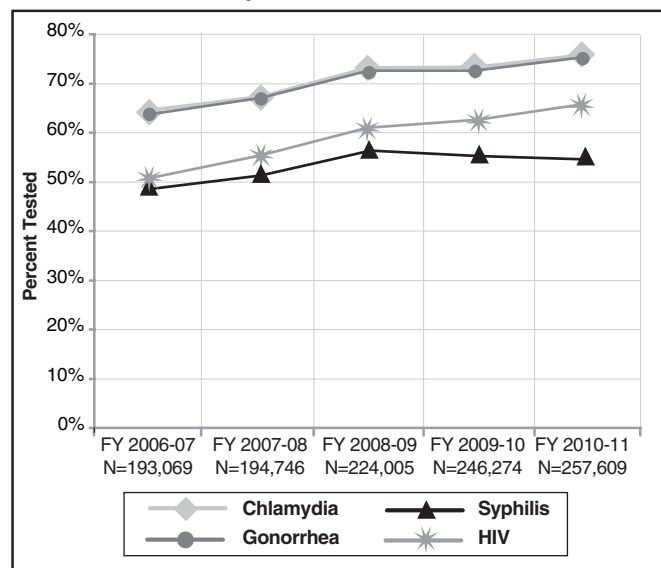
Source: Quest/Unilab test result data

## STI Test Utilization among Male Clients

STI test volume among male clients has increased 64% since FY 2006-07. 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 80% of males tested in FY 2009-10 to 81% of males tested in FY 2010-11.

**Chlamydia:** Seventy-six percent (76%) of male clients were tested for chlamydia in FY 2010-11, two percentage points higher than in the previous year. See Figure 7-11.

**Figure 7-11**  
Percent of Male Family PACT Clients Tested for Selected STIs



Source: Family PACT Enrollment and Claims Data

<sup>7</sup> <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2010-Report.pdf>. Accessed April 20, 2012.

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.<sup>8</sup> The screening recommendations relevant for screening males outside of high risk settings, such as correctional institutions and STD clinics, focus only on retesting cases by 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<sup>a</sup> by Age  
FY 2010-11

Age	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
< 26 Years	16,806	10.1%	16,136	1.8%
26-30 Years	5,365	7.9%	5,183	1.7%
>30 Years	8,382	4.6%	8,203	1.7%

<sup>a</sup> Data from Quest represent approximately 16% of all chlamydia and 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<sup>a</sup> by Race  
FY 2010-11

Race/Ethnicity	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
Latino	15,747	8.0%	15,256	1.1%
White	7,265	5.9%	7,015	1.3%
African American	4,947	11.7%	4,781	4.6%
Asian and Pacific Islander	1,729	8.4%	1,657	1.3%
Other	1,372	7.6%	1,309	1.5%

<sup>a</sup> Data from Quest represent approximately 16% of all chlamydia and gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

**Gonorrhea:** Seventy-five percent (75%) of male clients were tested for gonorrhea in FY 2010-11, 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. In contrast, 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 proportion of male clients tested for syphilis was 55% in FY 2010-11, lower than the proportion tested in the prior two years. 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 2010-11 the proportion of male clients who were tested for HIV increased to 66% from 63% in the previous year. Fewer than 1% of clients tested received a confirmatory HIV test.

## STI Test Utilization among Adolescent Clients

Seventy-one percent (71%) of female adolescent clients received at least one STI test in FY 2010-11, compared to 64% of female adult clients, further widening the difference between the two groups compared to the previous year (70% adolescents; 64% adults). Seventy-seven percent (77%) of male adolescent clients received at least one STI test in FY 2010-11, compared to 82% in male adults, which represents increases for both with the greatest increase among the male adolescents (74% adolescents in FY 2009-10; 81% adults in FY 2009-10).

Based on national and California sentinel site prevalence data for chlamydia, which consistently show the highest prevalence occurring in adolescents, this age group continues to be an important target for increasing chlamydia screening rates in accordance with CDC screening guidelines.<sup>9</sup> In FY 2010-11 higher proportions of adolescent females were tested for chlamydia and gonorrhea than adult females. The opposite was true for male clients.

<sup>8</sup> <http://www.cdc.gov/std/chlamydia/ChlamydiaScreening-males.pdf>

<sup>9</sup> <http://www.cdc.gov/std/treatment/2010/specialpops.htm#specialpops2>

## Overview

Total reimbursement for Family PACT services in FY 2010-11 was \$613 million, an increase of 2.7% over FY 2009-10.<sup>1</sup> The cost of the program to the state and federal government, however, has been reduced by an average of 9% per year since FY 2006-07 by drug rebates. The federal law requires drug manufacturers to pay Medicaid agencies for drugs dispensed by pharmacies. The estimated rebates in FY 2010-11 are \$69 million, thus lowering the cost of the program to the government to \$545 million.<sup>2</sup> This chapter discusses reimbursement from two perspectives: 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

The rate of growth in reimbursement slowed to 2.7% in FY 2010-11 from 4.9% in FY 2009-10. This rate of growth is in line with annual growth from FY 2003-04 to FY 2006-07 and is much lower than the growth rates seen in FY 2007-08 and 2008-09. See Figure 1-6. Overall growth rates for clinician services, drugs and supply services, and laboratory services slowed with large declines in reimbursement seen particularly for non-contraceptive drugs (-18.6%) and cervical cytology tests (-11.9%). Three services accounted for 87% of all Family PACT reimbursements: contraceptive drugs (40.7%), office visits (28.5%), and STI testing (18.0%). Among those services, reimbursement for contraceptive drugs and STI tests grew modestly (+5.8% contraceptive drugs; +5.6% STI tests), while reimbursement for office visits declined slightly (-0.3%). See Figures 8-1 and 8-2.

**Figure 8-1**  
Family PACT Reimbursement by Service Type  
FY 2010-11

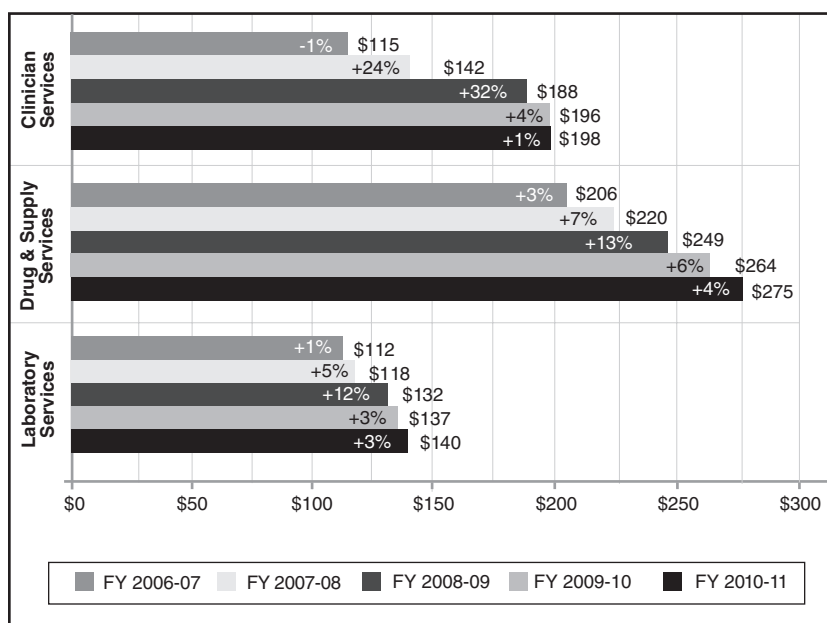
Service	Clients Served <sup>a</sup>	Reimbursement			Reimbursement Per Client	
	Number	Amount	% of Total	% Change from Previous Year	Amount	% Change from Previous Year
<b>Clinician Services</b>						
Office Visits <sup>b</sup>	1,700,935	\$174,880,506	28.5%	-0.3%	\$102.81	-0.9%
Procedures & Facility Fees	208,992	\$22,974,826	3.7%	10.5%	\$109.93	2.1%
<b>Subtotal</b>	<b>1,716,233</b>	<b>\$197,855,332</b>	<b>32.3%</b>	<b>0.9%</b>	<b>\$115.28</b>	<b>0.1%</b>
<b>Drug &amp; Supply Services</b>						
Barrier Method Supplies	844,360	\$10,591,205	1.7%	4.2%	\$12.54	3.5%
Contraceptive Drugs	939,926	\$249,483,501	40.7%	5.8%	\$265.43	6.2%
Non-Contraceptive Drugs	377,771	\$14,902,885	2.4%	-18.6%	\$40.09	-14.4%
<b>Subtotal</b>	<b>1,332,642</b>	<b>\$274,977,592</b>	<b>44.8%</b>	<b>4.1%</b>	<b>\$206.34</b>	<b>4.9%</b>
<b>Laboratory Services</b>						
Cervical Cytology Tests	555,253	\$16,049,844	2.6%	-11.9%	\$28.91	-0.4%
Method Related Tests	261,125	\$2,350,024	0.4%	3.8%	\$9.00	1.3%
Other Lab Tests	241,116	\$6,736,040	1.1%	-1.5%	\$27.94	-1.0%
Pregnancy Tests	628,189	\$3,820,230	0.6%	-1.4%	\$6.08	-0.7%
Specimen Handling Fees	359,466	\$1,398,516	0.2%	7.4%	\$3.89	0.1%
STI Tests	1,162,690	\$110,138,434	18.0%	5.6%	\$94.73	3.2%
<b>Subtotal</b>	<b>1,481,413</b>	<b>\$140,493,089</b>	<b>22.9%</b>	<b>2.7%</b>	<b>\$94.84</b>	<b>1.9%</b>
<b>Total</b>	<b>1,833,261</b>	<b>\$613,326,013</b>	<b>100.0%</b>	<b>2.7%</b>	<b>\$334.55</b>	<b>2.0%</b>

a Clients served do not add up to the subtotals because clients may receive more than one service.

b Offices Visits include Evaluation and Management and Education and Counseling Codes.

Source: Family PACT Enrollment and Claims Data

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



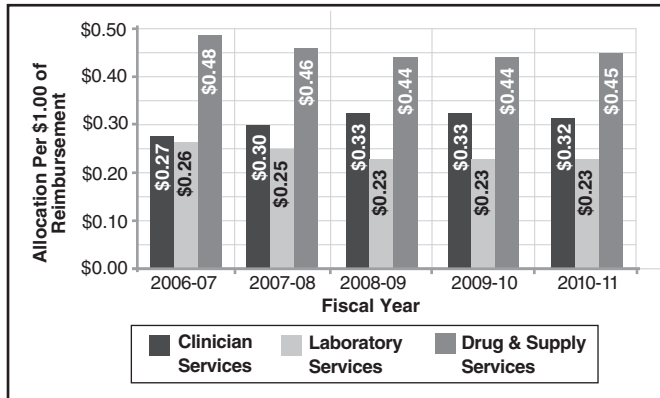
Source: Family PACT Enrollment and Claims Data

<sup>1</sup> Only paid claims for dates of service within FY 2010-11 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 2010-11 was \$613 million, and reimbursement for DOP in FY 2010-11 was \$624 million, a difference of 1.8%. The two numbers are typically within 10% of one another.

<sup>2</sup> May 2012 Medi-Cal Estimate, PC page 90. Rebate estimates are adjusted retroactively, if necessary, and so may differ from that reported in the previous years' Family PACT Program Report.

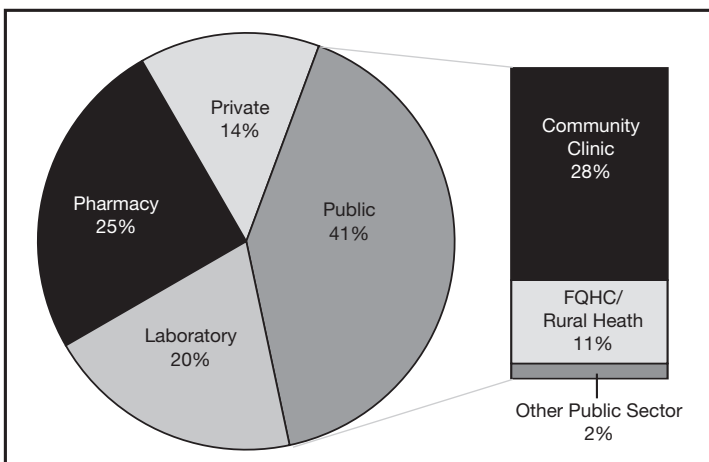


For every dollar reimbursed for services, 45 cents went for drugs and supplies, 32 cents for clinician services, and 23 cents for laboratory services. These figures show little change from the previous two years. See Figure 8-3.

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

Source: Family PACT Enrollment and Claims Data

Fifty-five percent (55%) of reimbursement was paid to clinician providers (who may be reimbursed for all three categories of service), 25% was paid to pharmacy providers, and 20% was paid to laboratory providers. A breakdown of reimbursement by provider type shows that 41% of total reimbursement went to public sector providers and 14% went to private sector providers. Among public providers three major categories received reimbursement: Community clinics received 28% of all reimbursement, Federally Qualified Health Centers received 11% and other public providers received 2%. The proportion of reimbursement going to various provider categories has changed little over the last five years. See Figure 8-4.

**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.

Seventy-five percent (75%) or \$12 million of the \$16 million growth in reimbursement in FY 2010-11 was attributable to changes in cost and utilization. This number was up \$2 million from FY 2009-10, when cost and utilization accounted for only 37% of the total reimbursement increase. The remaining 25% of the growth in reimbursement (\$4 million) was related to the increase in the number of clients served. This amount was down from \$18 million in FY 2009-10. The number of clients served grew by 12,411 in FY 2010-11 compared to a growth of 55,294 in FY 2009-10. See Figure 8-5.

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

The \$16.2 million increase in reimbursement between 2009-10 and 2010-11 is attributable to the following factors:		
Change in Reimbursement Attributable to:	Change in Reimbursement	% of Change in Reimbursement
Changes in Family PACT clients served	\$4,069,785	25%
Changes in Cost & Utilization	\$12,167,567	75%
Clinician Services	\$404,185	
Drug & Supply Services	\$8,975,559	
Laboratory Services	\$2,787,822	
<b>Total Change in Reimbursement</b>	<b>\$16,237,351</b>	<b>100%</b>

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 2010-11. The total row illustrates how the growth in cost (+1.5%) was the biggest factor in reimbursement growth while growth in clients served (+0.7%) and utilization (+0.5%) lagged well behind.



A closer look at the data by service type reveals that the number of clients served increased by small but similar rates for clinician (+0.8%), laboratory (+0.8%), and on-site drug and supply (+0.9%) services, while the number of clients served with pharmacy drug and supply declined (-3.9%). Utilization increased for laboratory (+2.3%) and on-site drug and supply (+1.1%) services, but declined for clinician (-0.6%) and pharmacy drug and supply (-0.2%). Average costs increased for drug and supply services (+4.9%) but were relatively steady for clinician (+0.7%) and laboratory (-0.4%) services. See Figure 8-6.

**Figure 8-6**  
Changes in Family PACT Cost Factors by Service Type  
FY 2010-11

Service Type	Clients Served	% Change from Previous Year	Average Claim Lines/Client Served (Utilization)	% Change from Previous Year	Average Reimbursement/Claim Line (Cost)	% Change from Previous Year
Clinician	1,716,233	0.8%	2.56	-0.6%	\$45.02	0.7%
Drug & Supply	1,332,642	-0.8%	3.17	0.0%	\$65.16	4.9%
Pharmacy	627,171	-3.9%	2.96	-0.2%	\$83.29	7.3%
On-site	871,726	0.9%	2.71	1.1%	\$50.92	3.5%
Laboratory	1,481,413	0.8%	4.53	2.3%	\$20.94	-0.4%
<b>Total</b>	<b>1,833,261</b>	<b>0.7%</b>	<b>8.36</b>	<b>0.5%</b>	<b>\$40.02</b>	<b>1.5%</b>

Source: Family PACT Enrollment and Claims Data

### Clinician Services

Reimbursement for clinician services was relatively stable, increasing by \$1.5 million (+0.9%) in FY 2010-11. This is the second straight year of lower increases after increasing by \$45.6 million (+32%) in FY 2008-09 and \$27.7 million (+24%) in FY 2007-08. Small increases in clients served (+0.8%) and average costs (+0.7%), were offset slightly by a small decrease in average claims lines per client (-0.6%). See Figure 8-6.

Reimbursement to public sector providers, who served 69% of all clients, accounted for 65% of all dollars paid for clinician services. Reimbursement to private providers, who served 34% of all clients, accounted for 35% of all dollars paid for clinician services.<sup>3</sup> See Figure 8-7. Reimbursement to public sector providers represents a small decline from the previous year (67% in FY 2009-10), whereas reimbursement to private sector providers represents a small increase (33% in FY 2009-10). Clients served by, and payment to, private providers have increased slightly over the past few fiscal years after consistently declining in the five-year period ending in FY 2007-08.

Spending for evaluation and management (E&M) visits was relatively level in FY 2010-11 when compared to FY 2009-10, with reimbursement for established client visits up slightly (+0.9%) and reimbursement for new client visits down slightly (-0.1%). Education and counseling (E&C) claims continued to decline in both percentage of total expenditures (8.9% in FY 2010-11 vs. 9.6% in FY 2009-10) and actual dollar amount (-6.9%). This decline shows that providers continued to shift from E&C service codes to E&M service codes even two years after the E&M reimbursement rates were increased. Clinician reimbursements for method related procedures increased 12%, due primarily to large increases in the number of clients served with implant services and increased reimbursements related to IUC services. For the third consecutive year, mammography reimbursement showed a large increase (+41%), but it still only comprises 1.9% of the total amount spent on clinician services. See Figure 8-7.

**Figure 8-7**  
Family PACT Clinician Services  
FY 2010-11

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
Private	\$68,844,940	34.8%	4.9%
Public	\$129,010,392	65.2%	-1.1%
<b>Total</b>	<b>\$197,855,332</b>	<b>100.0%</b>	<b>0.9%</b>

Reimbursement by Service Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
<b>Office Visits</b>			
E&C Codes	\$17,516,357	8.9%	-6.9%
E&M: Established Clients	\$107,016,364	54.1%	0.9%
E&M: New Clients	\$50,347,785	25.4%	-0.1%
<b>Subtotal</b>	<b>\$174,880,506</b>	<b>88.4%</b>	<b>-0.3%</b>
<b>Procedures &amp; Facility Fees</b>			
Method Related Procedure	\$9,859,570	5.0%	11.8%
Dysplasia Services	\$4,648,855	2.3%	-1.7%
Mammography	\$3,827,335	1.9%	40.6%
Facility Use	\$2,652,631	1.3%	-1.8%
Inpatient Services	\$173,304	0.1%	92.0%
Other Clinical Procedure	\$133,929	0.1%	2.7%
Other Surgical Procedure	\$1,679,202	0.8%	5.1%
<b>Subtotal</b>	<b>\$22,974,826</b>	<b>11.6%</b>	<b>10.5%</b>
<b>Clinician Services Total</b>	<b>\$197,855,332</b>	<b>100.0%</b>	<b>0.9%</b>

Source: Family PACT Enrollment and Claims Data

### Drug and Supply Services

Drug and supply services make up 45% of Family PACT reimbursement, and grew by 4.1% in FY 2010-11. As shown in Figure 8-6, the growth was primarily driven by increases in costs (+4.9%). By comparison growth in clients served (-0.8%) and utilization (+0.0%) were down or even. The number of clients provided drug and supply services at pharmacies declined by 3.9% while the number of clients served on-site increased by 0.9%.

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

Spending for contraceptive drugs and barrier methods and supplies increased (+6% contraceptive methods; +4% barrier methods and supplies), while spending on non-contraceptive drugs declined sharply (-19%) in FY 2010-11. See Figure 8-8. The decline in reimbursement for non-contraceptive drugs continues a trend, which has seen a 34% decline since 2006-07. Non-contraceptive drug reimbursement to pharmacies (-23%) accounted for the entire decline in FY 2010-11 as on-site reimbursement to clinicians increased (+3%).

**Figure 8-8**  
Family PACT Drug & Supply Services  
FY 2010-11

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
Clinician	\$120,395,408	43.8%	5.5%
Pharmacy	\$154,582,184	56.2%	3.0%
Total	\$274,977,592	100.0%	4.1%
Reimbursement by Service Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
<b>Contraceptive Drugs</b>			
OCs	\$132,024,262	48.2%	3.7%
Rings	\$30,512,650	11.1%	11.6%
IUCs	\$21,760,292	7.9%	3.3%
Patches	\$20,988,748	7.6%	13.7%
ECPs	\$19,846,927	7.2%	12.3%
Injections	\$16,532,856	6.0%	-16.6%
Implants	\$6,417,314	2.3%	55.4%
Essure	\$1,400,377	0.5%	N/A
<b>Subtotal</b>	<b>\$249,483,501</b>	<b>90.7%</b>	<b>5.8%</b>
<b>Non-Contraceptive Drugs</b>	<b>\$14,902,885</b>	<b>5.4%</b>	<b>-18.6%</b>
<b>Barrier Methods &amp; Supplies</b>	<b>\$10,591,205</b>	<b>3.9%</b>	<b>4.2%</b>
<b>Drug &amp; Supply Services Total</b>	<b>\$274,977,592</b>	<b>100.0%</b>	<b>4.1%</b>

Source: Family PACT Enrollment and Claims Data

Implants continued to show strong growth with reimbursements increasing by 55% in FY 2010-11. Reimbursement for ECPs (+12%), patches (+14%) and rings (+12%) also continued to show strong growth. Reimbursement for oral contraceptives, which had a growth rate of 4%, still make up almost half (48%) of all drug and supply spending, similar to previous years. IUCs had a second consecutive year of relatively slow reimbursement growth (+3%) after growing at least 30% every year between 2006-07 and 2008-09. Reimbursement for injections declined by 17% in FY 2010-11 due to their elimination as a pharmacy benefit on April 1, 2010. All billing for injections was done by clinicians in FY 2010-11.

## Laboratory Services

As shown in Figures 8-1 and 8-6, reimbursement for laboratory services increased 2.7%, primarily as a result of increased utilization (+2.3%) and to a lesser extent the number of clients served (+0.8%). The increase in laboratory reimbursement continued the uptick in growth from the previous two years, although at a considerably slower rate (2.7% in FY 2010-11; 12% in FY 2009-10).

The direction of spending changes was split evenly, with half of six major tests/services (STI, Method Related, Specimen Handling Fees) increasing and half (Cervical Cytology, Pregnancy, Other) decreasing. The decline in reimbursement for cervical cytology tests was the result of declines in the number of clients served with thin layer and traditional tests. The reduced number of clients tested is consistent with guidelines from the U.S. Preventive Services Task Force and other organizations recommending fewer cervical cytology tests.<sup>4</sup> STI tests still account for three out of every four dollars spent for laboratory services and 89% of dollars spent on STI tests were for chlamydia and/or gonorrhea tests. See Figure 8-9.

**Figure 8-9**  
Family PACT Laboratory Services  
FY 2010-11

Reimbursement by Service Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
<b>STI Tests</b>			
Chlamydia (CT)	\$49,717,080	35.4%	3.8%
Gonorrhea (GC)	\$48,571,287	34.6%	6.7%
HIV <sup>a</sup>	\$7,710,564	5.5%	9.8%
Syphilis	\$2,448,830	1.7%	5.4%
HPV <sup>b</sup>	\$1,395,024	1.0%	12.1%
GC/CT Combined	\$281,519	0.2%	6.8%
HSV <sup>c</sup>	\$13,384	0.0%	-17.9%
Other Laboratory Tests	\$747	0.0%	-33.4%
<b>Subtotal</b>	<b>\$110,138,434</b>	<b>78.4%</b>	<b>5.6%</b>
<b>Cervical Cytology Tests</b>	<b>\$16,049,844</b>	<b>11.4%</b>	<b>-11.9%</b>
<b>Other Laboratory Tests</b>	<b>\$6,736,040</b>	<b>4.8%</b>	<b>-1.5%</b>
<b>Pregnancy Tests</b>	<b>\$3,820,230</b>	<b>2.7%</b>	<b>-1.4%</b>
<b>Method Related Tests</b>	<b>\$2,350,024</b>	<b>1.7%</b>	<b>3.8%</b>
<b>Specimen Handling Fees</b>	<b>\$1,398,516</b>	<b>1.0%</b>	<b>7.4%</b>
<b>Laboratory Services Total</b>	<b>\$140,493,089</b>	<b>100.0%</b>	<b>2.7%</b>

a Human immunodeficiency virus.

b Human Papillomavirus.

c Herpes Simplex virus.

Source: Family PACT Enrollment and Claims Data

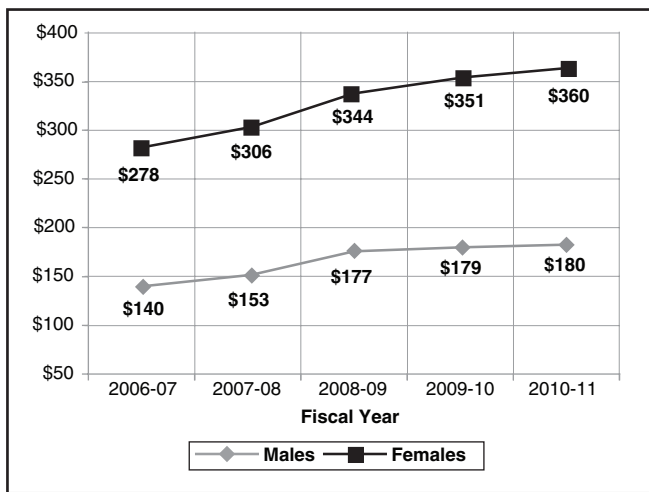
4 Moyer, Virginia, Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement, *Annals of Internal Medicine*, March 12, 2012. <http://annals.org/article.aspx?articleid=1183214>. Accessed June 20, 2012.

### Reimbursement for Males vs. Females

Reimbursement for males, who represented 14% of the Family PACT population in FY 2010-11, accounted for 7.7% of the total reimbursement, up from 7.5% in FY 2009-10, and continued the trend in growth seen over the prior four years.

Average reimbursement per male client increased by 0.6% to \$180 in FY 2010-11, while average reimbursement per female client increased by 2.5% to \$360. See Figure 8-10. The number of claim lines per client was relatively unchanged for both males and females.<sup>5</sup>

**Figure 8-10**  
Family PACT Reimbursement per Client Served,  
Males vs. Females

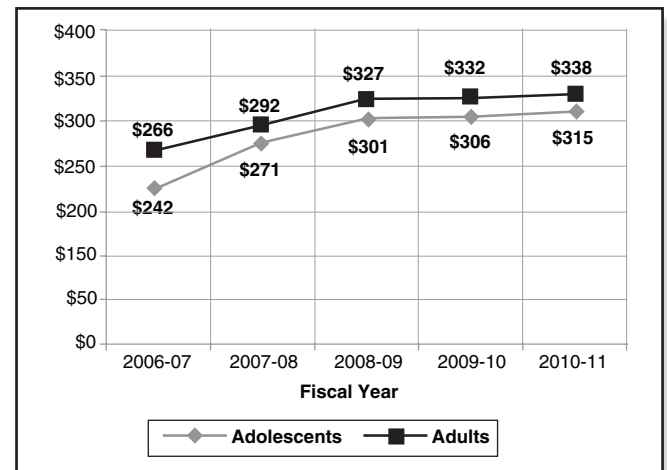


Source: Family PACT Enrollment and Claims Data

### Reimbursement for Adolescents vs. Adults

Adolescents are defined as clients under age 20 and they constitute 16% of the Family PACT population. Reimbursement for adolescents declined to 15% of total reimbursement in FY 2010-11, down from 16% in FY 2009-10. The share of reimbursement attributable to adolescents has been in a slow, but steady decline since FY 2001-02 when it was 18%. Average reimbursement per client increased by 2.9% among adolescents (\$306 to \$315) and by 1.8% among adults (\$332 to \$338) when compared to FY 2009-10. See Figure 8-11.

**Figure 8-11**  
Family PACT Reimbursement per Client Served,  
Adolescents vs. Adults



Source: Family PACT Enrollment and Claims Data

<sup>5</sup> Claim lines per male client increased slightly from 6.3 to 6.4. Claim lines per female client also increased slightly from 8.6 to 8.7.

## 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 agencies a quarterly rebate on pharmacy dispensed drugs. The rebates result in a 15.1% or greater decrease in the Average Manufacturer's Price and serve to lower the cost of the Family PACT Program to both the state and federal governments. 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:

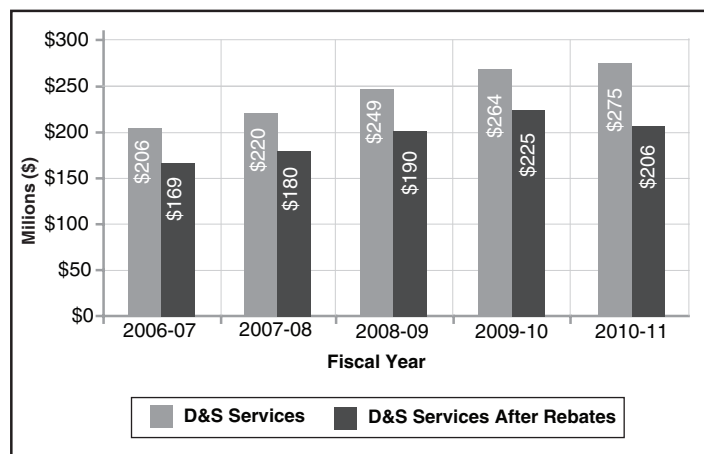
- Total reimbursement in this chapter is based on paid claims for dates of service during the fiscal year, while drug rebate estimates are based on rebates received by the State during the fiscal year – some of which are for dates of service that are several years old.
- Family PACT paid claims are factual, 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 2008-09 rebate estimates were significantly higher due to an error in calculating the Federal Financial Participation. This error was corrected and the amounts were repaid in FY 2009-10 lowering the rebate estimate in that 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.

### Reduction in Total Reimbursement

Medi-Cal estimates the Family PACT portion of the federal rebate for pharmacy dispensed drugs to be \$69 million for FY 2010-11. Applying the estimate of \$69 million to total reimbursement would decrease it by 11% to \$545 million. Rebates have reduced total Family PACT spending by an average of 9% each year since FY 2006-07. See Figures 8-12 and 8-14.

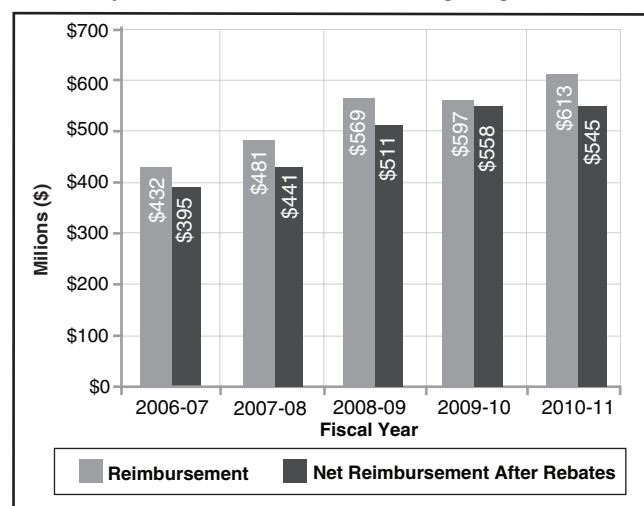
Applying the estimate of \$69 million in drug rebates would decrease the total net dollars spent on drug and supply services in FY 2010-11 by 25%, from \$275 million to \$206 million. Rebates have reduced drug and supply spending by an average of 20% each year since FY 2006-07. See Figures 8-13 and 8-14.

**Figure 8-12**  
Trends in Family PACT Drug & Supply (D&S)  
Reimbursement Including Drug Rebates



Source: Family PACT Enrollment and Claims Data

**Figure 8-13**  
Family PACT Reimbursement Including Drug Rebates



Source: Family PACT Enrollment and Claims Data

**Figure 8-14**  
Cumulative Family PACT Reimbursement Including Drug Rebates

FY	Total Reim. (millions)	Drug Rebate (millions)	Total Net Reim. (millions)	% Change in Reim. Due to Rebate
<b>Drug and Supply</b>				
2006-07	\$206	\$37	\$169	-18%
2007-08	\$220	\$40	\$180	-18%
2008-09	\$249	\$59	\$190	-24%
2009-10	\$264	\$39	\$225	-15%
2010-11	\$275	\$69	\$206	-25%
<b>Total</b>	<b>\$1,214</b>	<b>\$244</b>	<b>\$970</b>	<b>-20%</b>
<b>Total Family PACT</b>				
2006-07	\$432	\$37	\$395	-9%
2007-08	\$481	\$40	\$441	-8%
2008-09	\$569	\$59	\$510	-10%
2009-10	\$597	\$39	\$558	-6%
2010-11	\$613	\$69	\$545	-11%
<b>Total</b>	<b>\$2,692</b>	<b>\$244</b>	<b>\$2,449</b>	<b>-9%</b>

**Note:** Rebate estimates for fiscal year 2008-09 are significantly higher than other years. This was due to a calculation error resulting in a \$9.5M repayment to CMS, which is reflected in the 2009-10 estimate.

Source: Family PACT Enrollment and Claims Data

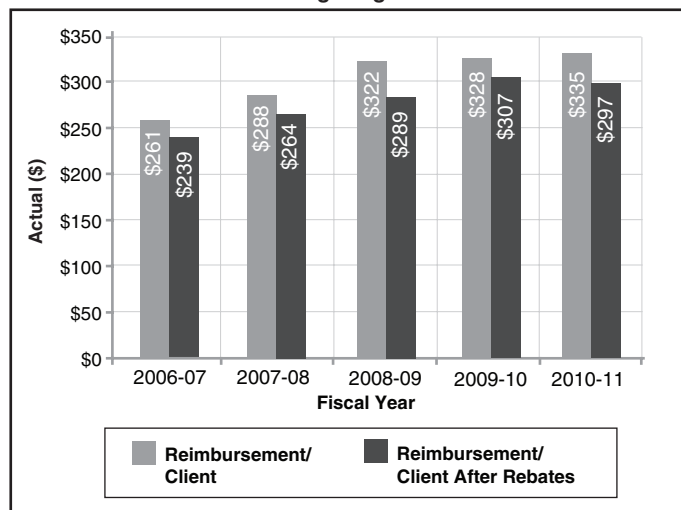
### Reduction in Reimbursement per Client and per Claim

Drug rebates have significantly affected the reimbursement per client served over the last four years, lowering reimbursement per client by an average of about \$26 each year. In FY 2010-11, reimbursement per client after rebates was \$297, compared to \$335 before rebates. See Figure 8-15.

Since FY 2006-07, rebates have lowered pharmacy reimbursement by about \$26 per claim, drug and supply reimbursement by about \$12 per claim, and Family PACT reimbursement by about \$3 per claim. See Figure 8-16.

Gross drug and supply reimbursement per claim is typically 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 closer to 6% higher on average since FY 2006-07. In FY 2010-11, pharmacy drug claims cost an average of 63% more than on-site drug claims (\$83 at pharmacies; \$51 on-site), but that difference disappears when rebates are factored in (\$46 at pharmacies; \$51 on-site). See Figure 8-17.

**Figure 8-15**  
Family PACT Reimbursement Per Client Served  
Including Drug Rebates



Source: Family PACT Enrollment and Claims Data

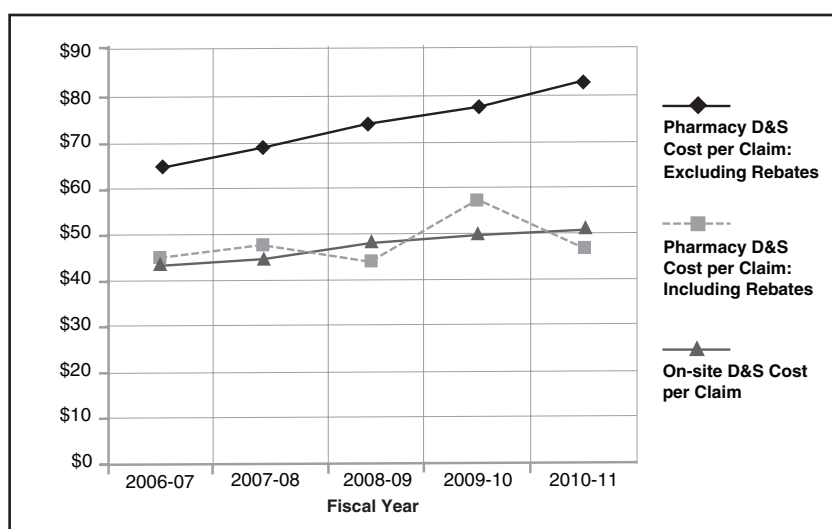
**Figure 8-16**  
Family PACT Reimbursement per Claim Line Including Drug Rebates

	Pharmacy Drug & Supply Reimbursement per Claim			Total Drug & Supply Reimbursement per Claim			Total Family PACT Reimbursement per Claim		
	Excluding Rebates	Including Rebates	Difference	Excluding Rebates	Including Rebates	Difference	Excluding Rebates	Including Rebates	Difference
FY 2006-07	\$64.67	\$44.11	-\$20.56	\$53.16	\$43.54	-\$9.62	\$32.29	\$29.51	-\$2.78
FY 2007-08	\$69.56	\$47.75	-\$21.81	\$56.22	\$46.05	-\$10.17	\$35.42	\$32.48	-\$2.94
FY 2008-09	\$74.04	\$43.83	-\$30.21	\$60.05	\$45.93	-\$14.12	\$38.84	\$34.84	-\$3.99
FY 2009-10	\$77.60	\$57.56	-\$20.04	\$62.11	\$52.99	-\$9.11	\$39.41	\$36.86	-\$2.56
FY 2010-11	\$83.29	\$46.35	-\$36.95	\$65.16	\$48.91	-\$16.25	\$40.02	\$35.54	-\$4.47

**Note:** Rebate estimates for FY 2008-09 are significantly higher than other years. This was due to a calculation error resulting in a \$9.5M repayment to CMS, which is reflected in the FY 2009-10 estimate.

Source: Family PACT Enrollment and Claims Data

**Figure 8-17**  
Family PACT Drug & Supply (D&S) Reimbursement per Claim



**Note:** Rebate estimates for fiscal year 2008-09 are significantly higher than other years. This was due to a calculation error resulting in a \$9.5M repayment to CMS, which is reflected in the 2009-10 estimate.

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 2010-11, county populations ranged from 10.5 million in Los Angeles County to 1,373 in Alpine County.<sup>1</sup> 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.<sup>2,3</sup> In FY 2010-11 it accounted for 36% of all Family PACT clients served, 40% of all enrolled providers, and 35% of all reimbursements.

Ten counties accounted for three-quarters of the program's clients served, providers, and reimbursement. See Figures 9-1 and 9-3. These counties served 75% of clients, had 74% 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
<b>California State</b>	<b>1,833,261</b>	<b>100%</b>
County:		
1 Los Angeles	657,319	36%
2 San Diego	160,538	9%
3 Orange	129,107	7%
4 San Bernardino	89,799	5%
5 Riverside	89,665	5%
6 Santa Clara	61,027	3%
7 Alameda	54,187	3%
8 Fresno	50,180	3%
9 Sacramento	48,869	3%
10 Kern	36,729	2%
<b>Top Ten Subtotal:</b>	<b>1,377,420</b>	<b>75%</b>

Source: Family PACT Enrollment and Claims Data

Five counties served fewer than 500 clients each: Alpine, Mariposa, Modoc, Sierra, and Trinity. Alpine had no enrolled providers delivering services. Trinity now has two providers, up from zero last fiscal year. Two counties – Calaveras, and Mariposa – had only one provider each. See Figure 9-3.

## Client Growth Rates<sup>4</sup>

The change in the number of clients served in FY 2010-11 varied widely among the 53 counties with more than 500 clients. Counties have been grouped into three regions of particular interest due to either their high populations or their high teen birth rates: the Los Angeles/San Diego Corridor, the San Francisco Bay Area, and the San Joaquin/Central Valley. One and five-year growth rates for counties or regions are shown in Figures 9-2 and 9-3.

**Figure 9-2**  
Change in Family PACT Clients Served in Selected Regions  
FY 2006-07 to FY 2010-11

Region	County of Client Residence	FY 2010-11	Col %	% Change from Previous Year	% Change over Five Years
Los Angeles/ San Diego Corridor	Los Angeles	657,319	36%	4%	13%
	Orange	129,107	7%	1%	10%
	Riverside	89,665	5%	4%	15%
	San Diego	160,538	9%	-1%	14%
	<b>Subtotal</b>	<b>1,036,629</b>	<b>57%</b>	<b>3%</b>	<b>13%</b>
San Francisco Bay Area	Alameda	54,187	3%	1%	14%
	Contra Costa	35,857	2%	0%	11%
	Marin	9,360	1%	-2%	3%
	San Francisco	32,823	2%	-2%	8%
	San Mateo	18,146	1%	-10%	-18%
	<b>Subtotal</b>	<b>150,373</b>	<b>8%</b>	<b>-2%</b>	<b>6%</b>
San Joaquin/ Central Valley	Fresno	50,180	3%	0%	8%
	Kern	36,729	2%	-3%	5%
	Kings	6,467	0%	-3%	1%
	Madera	7,934	0%	0%	8%
	Merced	12,239	1%	-4%	-4%
	San Joaquin	29,684	2%	3%	12%
	Stanislaus	22,181	1%	-1%	10%
	Tulare	20,647	1%	-6%	1%
	<b>Subtotal</b>	<b>186,061</b>	<b>10%</b>	<b>-1%</b>	<b>6%</b>
Remainder of State	<b>Subtotal</b>	<b>460,198</b>	<b>25%</b>	<b>-2%</b>	<b>9%</b>
<b>California</b>	<b>Total</b>	<b>1,833,261</b>	<b>100%</b>	<b>1%</b>	<b>11%</b>

Source: Family PACT Enrollment and Claims Data

### Since the previous fiscal year

- The only region of the state to show an increase in the number of clients served was the Los Angeles/San Diego Corridor (+3%). The other two regions and the remainder of the state showed slight declines (between -1% and -2%).
- The number of clients served in Los Angeles County grew by 22,379. This growth in Los Angeles County (+4%) was considerably higher than overall program growth (+1%).
- The largest percentage growth in the number of clients served was in Lassen (+11%), Yuba (+6%), Sutter (+5%), and Butte (+5%) Counties.
- The majority of counties with more than 500 clients (35) experienced a decline in the number of clients served. The largest decline in number was in Sacramento County, where 2,142 fewer clients were served in FY 2010-11 compared to the previous year, resulting in a 4% decrease (51,011 in FY 2009-10; 48,869 in FY 2010-11). The largest percentage decreases were in Siskiyou (-11%), San Mateo (-10%), Mono (-7%), and Sonoma (-7%) Counties.

1 State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007. Population based on average population, 2010 and 2011.

2 Ibid.

3 American Community Survey, 2010.

4 Based on client's county of residence.

**Over a five-year period from FY 2006-07 to FY 2010-11**

- Growth in the number of clients served in all three regions and the remainder of the state ranged between 6% and 13% with the most growth occurring in the Los Angeles/San Diego Corridor.
- The number of clients served in Los Angeles County grew by 13%, compared to an 11% increase program-wide.
- The largest percentage growth in the number of clients served, among counties with more than 500 clients, was observed in San Benito (+35%), Lake (+33%), and Nevada (+31%) Counties.
- There were 14 counties, among those with more than 500 clients, that declined in the number of clients served over this five-year time frame. The largest declines were in El Dorado (-26%), Tuolumne (-26%), and San Mateo (-18%) Counties.
- Among counties serving over 10,000 clients in FY 2010-11, the largest percentage growth in the number of clients served occurred in Solano (+22%), Santa Barbara (+17%), and Monterey (+16%) 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 California counties. See Figure 9-3.

- Among all public providers, 35% are in rural areas, compared to 8% among private providers.<sup>5</sup>
- The counties with more than a 50% proportion of private providers in FY 2010-11 included Calaveras, San Bernardino, Orange, Los Angeles, Riverside, Sacramento, and El Dorado.
- 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.

**Reimbursement Patterns**

As shown in Figure 9-3, of the 47 counties with at least 1,000 clients served:

- Reimbursement per county was closely related to the number of clients served.
- The average reimbursement per client ranged from \$287 to \$475 among counties, compared to a state-wide average of \$335.
- The counties with the highest reimbursement per client were Tuolumne (\$475), San Luis Obispo (\$420), and Plumas (\$404); the lowest was seen in Santa Clara (\$287), Alameda (\$297), and Yolo (\$301).

**Client Demographics**

As shown in Figure 9-4, the demographic characteristics of clients served varied across counties as follows:

- Adolescents, as a percentage of all clients served, were 16% program-wide.
  - Among large counties – those with over 10,000 clients – the lowest proportions of adolescent clients were observed in Orange (12%), San Francisco (13%), and Los Angeles (14%) Counties. The highest proportions among large counties were in San Luis Obispo (25%), Butte (23%), and Solano (20%) Counties.
  - Among smaller counties – those with less than 10,000 clients – the lowest proportions of adolescent clients were observed in Mono (13%), Marin (15%), and Colusa (16%) Counties. The highest proportions among smaller counties were in Lassen (39%), Plumas (37%), and Modoc (34%) Counties.
- Males as a percentage of all clients were 14% program-wide. This ranged from a high of 24% in Plumas, and 18% in Los Angeles County to as low as 5% in Modoc, Lassen, and Mono Counties.
- Latinos, as a proportion of all clients served, were 80% or more in the following counties: Imperial (91%), Monterey (81%), Madera (81%), Colusa (81%), and Tulare (80%).
- African Americans, as a proportion of all clients served, were highest in Alameda (19%), Solano (17%), Sacramento (16%), and Contra Costa (14%) Counties.
- Asian/Pacific Islanders, as a proportion of all clients served, were highest in the Bay Area counties of San Francisco (23%), San Mateo (16%), and Alameda (14%).

<sup>5</sup> The urban/rural designation is based on Medical Service Study Areas (MSSAs) and provider site address using California Environmental Health Tracking Program's (CEHTP) Geocoding Service, March 2012.

**Figure 9-3**  
**Family PACT Providers, Clients and Reimbursement by County**  
**FY 2010-11**

Provider County	Providers							Clients Served <sup>a</sup>				Reimbursement			Projected Population of Reproductive Age <sup>b</sup>
	Enrolled Clinician Providers Delivering Family PACT Services						Participating Pharmacies					Reimbursement <sup>a</sup>		Average Reimbursement per Client Served	
	Private Sector	Public Sector	Total			Amount						Col %	Amount		
	No.	No.	No.	Col %	No. Change from Previous Year	No. Change over 5 years		No.	No.	Col %	% Change from Previous Year	% Change over 5 years	Amount	Col %	
California	1,254	936	2,190	100%	7	77	4,827	1,833,261	100.0%	1%	11%	\$613,326,013	100.0%	\$335	26,630,422
Alameda	15	38	53	2%	2	9	157	54,187	3.0%	1%	14%	\$16,071,237	2.6%	\$297	1,053,357
Alpine	0	0	0	0%	0	0	0	*	<0.1%	9%	0%	\$4,386	<0.1%	\$366	844
Amador	1	2	3	<1%	-1	0	8	925	0.1%	0%	-12%	\$309,842	0.1%	\$335	24,633
Butte	3	13	16	1%	-1	1	37	16,930	0.9%	5%	13%	\$6,300,487	1.0%	\$372	154,927
Calaveras	1	0	1	<1%	0	-1	6	744	<0.1%	-1%	-14%	\$323,630	0.1%	\$435	27,421
Colusa	1	4	5	<1%	0	2	3	1,496	0.1%	3%	19%	\$561,540	0.1%	\$375	16,222
Contra Costa	1	19	20	1%	1	1	119	35,857	2.0%	0%	11%	\$11,903,646	1.9%	\$332	716,508
Del Norte	0	3	3	<1%	0	-1	4	938	0.1%	-5%	11%	\$316,126	0.1%	\$337	21,105
El Dorado	8	6	14	1%	3	7	26	3,788	0.2%	-4%	-26%	\$1,424,159	0.2%	\$376	124,202
Fresno	27	44	71	3%	-4	-5	139	50,180	2.7%	0%	8%	\$17,492,675	2.9%	\$349	677,880
Glenn	0	4	4	<1%	0	1	4	1,638	0.1%	-1%	9%	\$585,211	0.1%	\$357	20,462
Humboldt	8	17	25	1%	2	5	24	11,959	0.7%	-2%	14%	\$4,460,658	0.7%	\$373	90,663
Imperial	3	7	10	1%	1	-1	22	5,866	0.3%	1%	3%	\$1,943,728	0.3%	\$331	132,281
Inyo	0	2	2	<1%	1	1	4	578	<0.1%	1%	-8%	\$208,926	<0.1%	\$361	11,453
Kern	20	33	53	2%	1	3	110	36,729	2.0%	-3%	5%	\$11,223,027	1.8%	\$306	605,400
Kings	3	19	22	1%	1	4	16	6,467	0.4%	-3%	1%	\$2,196,936	0.4%	\$340	119,72
Lake	3	7	10	1%	-1	3	12	2,366	0.1%	-4%	33%	\$750,718	0.1%	\$317	38,813
Lassen	0	2	2	<1%	0	0	5	797	<0.1%	11%	17%	\$228,614	<0.1%	\$287	27,944
Los Angeles	694	184	878	40%	-2	-30	1,381	657,319	35.9%	4%	13%	\$216,156,707	35.2%	\$329	7,205,116
Madera	4	7	11	1%	-1	-1	21	7,934	0.4%	0%	8%	\$2,962,541	0.5%	\$373	110,515
Marin	0	11	11	1%	3	5	31	9,360	0.5%	-2%	3%	\$3,050,660	0.5%	\$326	153,281
Mariposa	0	1	1	<1%	0	0	2	243	<0.1%	-13%	-8%	\$91,682	<0.1%	\$377	11,395
Mendocino	4	11	15	1%	1	1	19	5,096	0.3%	-3%	12%	\$1,864,717	0.3%	\$366	57,971
Merced	4	16	20	1%	-1	1	32	12,239	0.7%	-4%	-4%	\$3,948,622	0.6%	\$323	190,619
Modoc	0	2	2	<1%	0	0	1	290	<0.1%	5%	12%	\$97,136	<0.1%	\$335	6,726
Mono	0	3	3	<1%	0	2	2	825	<0.1%	-7%	-6%	\$359,817	0.1%	\$436	10,258
Monterey	5	20	25	1%	-2	1	46	24,444	1.3%	-1%	16%	\$7,935,562	1.3%	\$325	284,973
Napa	0	4	4	<1%	-1	0	17	5,650	0.3%	-2%	-2%	\$1,933,436	0.3%	\$342	90,313
Nevada	0	5	5	<1%	0	0	15	3,727	0.2%	-2%	31%	\$1,315,372	0.2%	\$353	62,707
Orange	141	29	170	8%	-1	1	416	129,107	7.0%	1%	10%	\$49,743,897	8.1%	\$385	2,212,911
Placer	2	4	6	<1%	-1	3	55	7,873	0.4%	-3%	12%	\$2,677,933	0.4%	\$340	227,099
Plumas	0	3	3	<1%	0	0	6	1,176	0.1%	-1%	10%	\$475,183	0.1%	\$404	12,740
Riverside	77	30	107	5%	-4	7	289	89,666	4.9%	4%	15%	\$29,720,262	4.8%	\$331	1,559,819
Sacramento	28	20	48	2%	6	13	182	48,869	2.7%	-4%	1%	\$15,306,228	2.5%	\$313	978,606
San Benito	0	3	3	<1%	1	2	5	3,089	0.2%	-2%	35%	\$1,042,096	0.2%	\$337	45,173
San Bernardino	100	15	115	5%	2	16	248	89,799	4.9%	-1%	11%	\$29,398,084	4.8%	\$327	1,528,276
San Diego	30	82	112	5%	0	0	334	160,538	8.8%	-1%	14%	\$52,990,313	8.6%	\$330	2,186,561
San Francisco	2	31	33	2%	-1	0	104	32,823	1.8%	-2%	8%	\$10,543,886	1.7%	\$321	562,661
San Joaquin	5	14	19	1%	-1	2	83	29,684	1.6%	3%	12%	\$9,974,383	1.6%	\$336	493,228
San Luis Obispo	3	15	18	1%	-2	2	39	15,985	0.9%	-6%	3%	\$6,718,779	1.1%	\$420	174,275
San Mateo	0	10	10	1%	2	2	63	18,146	1.0%	-10%	-18%	\$5,565,844	0.9%	\$307	488,519
Santa Barbara	7	17	24	1%	1	1	55	25,303	1.4%	0%	17%	\$8,662,888	1.4%	\$342	290,801
Santa Clara	9	31	40	2%	-1	3	186	61,027	3.3%	-1%	12%	\$17,531,904	2.9%	\$287	1,241,150
Santa Cruz	6	9	15	1%	3	6	35	18,479	1.0%	0%	14%	\$6,491,086	1.1%	\$351	185,977
Shasta	0	13	13	1%	-1	2	35	8,969	0.5%	-1%	12%	\$3,241,254	0.5%	\$361	122,731
Sierra	0	2	2	<1%	0	0	1	*	<0.1%	1%	54%	\$32,551	<0.1%	\$358	2,132
Siskiyou	3	9	12	1%	2	2	11	1,261	0.1%	-11%	-11%	\$459,884	0.1%	\$365	27,772
Solano	0	11	11	1%	0	6	38	14,064	0.8%	-1%	22%	\$4,870,021	0.8%	\$346	301,168
Sonoma	3	15	18	1%	-1	-3	55	21,802	1.2%	-7%	-5%	\$7,642,770	1.2%	\$351	321,310
Stanislaus	4	26	30	1%	-1	3	70	22,181	1.2%	-1%	10%	\$7,639,842	1.2%	\$344	374,721
Sutter	1	4	5	<1%	0	0	18	4,121	0.2%	5%	3%	\$1,415,268	0.2%	\$343	66,722
Tehama	2	2	4	<1%	0	0	12	2,276	0.1%	-4%	-3%	\$838,427	0.1%	\$368	42,541
Trinity	0	2	2	<1%	2	-1	3	414	<0.1%	1%	1%	\$138,719	<0.1%	\$335	9,088
Tulare	9	27	36	2%	0	0	56	20,647	1.1%	-6%	1%	\$7,390,763	1.2%	\$358	317,318
Tuolumne	0	2	2	<1%	0	-1	10	1,083	0.1%	-3%	-26%	\$513,889	0.1%	\$475	34,315
Ventura	15	15	30	1%	1	4	114	36,339	2.0%	-2%	12%	\$13,205,024	2.2%	\$363	572,471
Yolo	2	6	8	<1%	-1	-2	23	7,371	0.4%	-4%	-2%	\$2,221,523	0.4%	\$301	147,086
Yuba	0	5	5	<1%	0	1	10	2,492	0.1%	6%	-5%	\$849,936	0.1%	\$341	55,556

<sup>a</sup> Client counts are by client's county of residence. There were six clients for whom county of residence are unknown, accounting for \$1,579 in reimbursement.

<sup>b</sup> Based on average population, 2010 and 2011. 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. State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007.



**Figure 9-4**  
**Family PACT Client Demographics by County**  
**FY 2010-11**

Client County	Clients Served <sup>a</sup>		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	1,833,261	100.0%	27.8	291,325	16%	260,786	14%	1,152,906	63%	373,788	20%	120,393	7%	125,005	7%	61,166	3%	757,896	41%	1,009,068	55%	66,294	4%
Alameda	54,187	3.0%	27.1	10,148	19%	8,973	17%	22,038	41%	10,806	20%	10,482	19%	7,740	14%	3,121	6%	15,527	29%	35,660	66%	3,000	6%
Alpine	*	<0.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Amador	925	0.1%	24.5	260	28%	71	8%	130	14%	744	80%	*	*	17	2%	26	3%	60	6%	855	92%	*	*
Butte	16,930	0.9%	24.3	3,872	23%	1,785	11%	2,696	16%	12,287	73%	428	3%	645	4%	874	5%	1,134	7%	15,454	91%	342	2%
Calaveras	744	<0.1%	24.3	212	28%	53	7%	107	14%	576	77%	*	*	23	3%	32	4%	58	8%	674	91%	*	*
Colusa	1,496	0.1%	28.6	241	16%	94	6%	1,207	81%	243	16%	*	*	*	1%	26	2%	929	62%	556	37%	*	*
Contra Costa	35,857	2.0%	26.3	6,955	19%	4,505	13%	16,105	45%	9,546	27%	4,954	14%	3,172	9%	2,080	6%	10,588	30%	24,068	67%	1,201	3%
Del Norte	938	0.1%	23.8	307	33%	73	8%	154	16%	631	67%	*	*	50	5%	96	10%	94	10%	813	87%	31	3%
El Dorado	3,788	0.2%	26.0	758	20%	312	8%	856	23%	2,664	70%	44	1%	114	3%	110	3%	569	15%	3,138	83%	81	2%
Fresno	50,180	2.7%	26.6	9,311	19%	6,644	13%	33,375	67%	9,217	18%	3,232	6%	2,784	6%	1,572	3%	15,944	32%	32,935	66%	1,301	3%
Glenn	1,638	0.1%	27.0	339	21%	93	6%	955	58%	598	37%	*	*	21	1%	58	4%	663	40%	953	58%	22	1%
Humboldt	11,959	0.7%	25.5	2,363	20%	1,677	14%	1,510	13%	8,739	73%	309	3%	369	3%	1,032	9%	630	5%	11,167	93%	162	1%
Imperial	5,866	0.3%	26.2	1,038	18%	346	6%	5,337	91%	350	6%	65	1%	52	1%	62	1%	2,825	48%	3,001	51%	40	1%
Inyo	578	<0.1%	26.0	149	26%	50	9%	210	36%	307	53%	*	*	*	2%	45	8%	152	26%	420	73%	*	*
Kern	36,729	2.0%	26.8	6,957	19%	3,959	11%	25,833	70%	7,295	20%	2,055	6%	822	2%	724	2%	14,798	40%	21,300	58%	631	2%
Kings	6,467	0.4%	27.1	1,357	21%	660	10%	4,626	72%	1,300	20%	248	4%	164	3%	129	2%	2,277	35%	4,137	64%	53	1%
Lake	2,366	0.1%	26.1	591	25%	193	8%	597	25%	1,576	67%	50	2%	48	2%	95	4%	352	15%	1,994	84%	20	1%
Lassen	797	<0.1%	23.1	307	39%	42	5%	106	13%	619	78%	*	*	18	2%	40	5%	49	6%	734	92%	*	*
Los Angeles	657,319	35.9%	29.1	89,527	14%	115,946	18%	491,161	75%	59,258	9%	50,112	8%	38,898	6%	17,890	3%	346,178	53%	283,931	43%	27,210	4%
Madera	7,934	0.4%	26.8	1,489	19%	621	8%	6,403	81%	1,134	14%	125	2%	103	1%	169	2%	3,653	46%	4,200	53%	81	1%
Marin	9,360	0.5%	28.5	1,406	15%	1,616	17%	5,585	60%	2,793	30%	289	3%	344	4%	349	4%	4,849	52%	4,127	44%	384	4%
Mariposa	243	<0.1%	25.3	51	21%	20	8%	46	19%	172	71%	*	*	*	2%	15	6%	26	11%	214	88%	*	*
Mendocino	5,096	0.3%	26.3	1,175	23%	403	8%	1,780	35%	2,896	57%	40	1%	90	2%	290	6%	1,202	24%	3,836	75%	58	1%
Merced	12,239	0.7%	26.9	2,252	18%	1,146	9%	8,967	73%	1,970	16%	384	3%	527	4%	391	3%	5,379	44%	6,594	54%	266	2%
Modoc	290	<0.1%	24.9	98	34%	15	5%	41	14%	234	81%	*	*	*	1%	*	*	27	9%	261	90%	*	*
Mono	825	<0.1%	27.8	105	13%	45	5%	373	45%	421	51%	*	*	*	2%	17	2%	319	39%	496	60%	*	*
Monterey	24,444	1.3%	27.8	3,663	15%	2,655	11%	19,918	81%	2,890	12%	382	2%	751	3%	503	2%	14,648	60%	9,079	37%	717	3%
Napa	5,650	0.3%	27.1	1,008	18%	578	10%	3,318	59%	1,738	31%	86	2%	253	4%	255	5%	2,495	44%	3,086	55%	69	1%
Nevada	3,727	0.2%	25.2	1,011	27%	398	11%	559	15%	2,939	79%	34	1%	68	2%	127	3%	374	10%	3,282	88%	71	2%
Orange	129,107	7.0%	28.8	15,848	12%	15,163	12%	84,849	66%	25,477	20%	1,924	1%	13,280	10%	3,577	3%	63,304	49%	59,057	46%	6,746	5%
Placer	7,873	0.4%	26.3	1,480	19%	869	11%	1,974	25%	5,053	64%	153	2%	354	4%	339	4%	1,353	17%	6,254	79%	266	3%
Plumas	1,176	0.1%	23.6	432	37%	284	24%	150	13%	864	73%	87	7%	29	2%	46	4%	63	5%	1,099	93%	*	*
Riverside	89,666	4.9%	27.5	14,741	16%	9,772	11%	60,579	68%	17,883	20%	5,854	7%	3,371	4%	1,978	2%	33,649	38%	54,455	61%	1,561	2%
Sacramento	48,869	2.7%	26.1	8,112	17%	6,489	13%	16,188	33%	16,805	34%	7,799	16%	5,352	11%	2,725	6%	9,192	19%	36,942	76%	2,735	6%
San Benito	3,089	0.2%	26.0	744	24%	359	12%	2,263	73%	648	21%	*	*	68	2%	96	3%	1,155	37%	1,898	61%	36	1%
San Bernardino	89,799	4.9%	28.4	12,844	14%	13,459	15%	63,019	70%	13,869	15%	7,896	9%	3,052	3%	1,963	2%	36,864	41%	51,374	57%	1,561	2%
San Diego	160,538	8.8%	26.8	28,733	18%	21,196	13%	83,087	52%	48,574	30%	9,360	6%	12,784	8%	6,733	4%	46,657	29%	108,844	68%	5,037	3%
San Francisco	32,823	1.8%	27.5	4,294	13%	3,603	11%	9,914	30%	10,709	33%	2,760	8%	7,476	23%	1,964	6%	6,134	19%	22,764	69%	3,925	12%
San Joaquin	29,684	1.6%	26.7	5,646	19%	3,903	13%	16,872	57%	6,253	21%	2,678	9%	2,856	10%	1,025	3%	9,535	32%	19,130	64%	1,019	3%
San Luis Obispo	15,985	0.9%	24.4	3,987	25%	2,589	16%	4,357	27%	10,438	65%	206	1%	528	3%	456	3%	2,291	14%	13,482	84%	212	1%
San Mateo	18,146	1.0%	27.1	2,784	15%	1,796	10%	10,650	59%	3,318	18%	488	3%	2,813	16%	877	5%	7,703	42%	9,545	53%	898	5%
Santa Barbara	25,303	1.4%	26.4	4,665	18%	2,718	11%	15,997	63%	7,312	29%	427	2%	898	4%	669	3%	10,644	42%	14,090	56%	569	2%
Santa Clara	61,027	3.3%	27.1	10,731	18%	8,981	15%	38,481	63%	9,926	16%	2,257	4%	7,983	13%	2,380	4%	25,849	42%	32,429	53%	2,749	5%
Santa Cruz	18,479	1.0%	27.2	3,330	18%	2,511	14%	10,797	58%	6,184	33%	187	1%	667	4%	644	3%	7,653	41%	10,574	57%	252	1%
Shasta	8,969	0.5%	24.3	2,452	27%	787	9%	917	10%	6,999	78%	126	1%	387	4%	540	6%	341	4%	8,384	93%	244	3%
Sierra	*	<0.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Siskiyou	1,261	0.1%	24.6	373	30%	91	7%	211	17%	921	73%	16	1%	27	2%	86	7%	132	10%	1,116	89%	*	*
Solano	14,064	0.8%	26.0	2,814	20%	1,697	12%	5,359	38%	3,567	25%	2,428	17%	1,555	11%	1,155	8%	3,407	24%	10,293	73%	364	3%
Sonoma	21,802	1.2%	27.0	3,992	18%	2,471	11%	10,393	48%	9,433	43%	381	2%	668	3%	927	4%	8,028	37%	13,452	62%	322	1%
Stanislaus	22,181	1.2%	26.7	3,933	18%	2,203	10%	13,735	62%	6,167	28%	736	3%	849	4%	694	3%	7,877	36%	13,892	63%	412	2%
Sutter	4,121	0.2%	26.8	711	17%	381	9%	2,039	49%	1,445	35%	87	2%	344	8%	206	5%	1,331	32%	2,558	62%	232	6%
Tehama	2,276	0.1%	26.5	518	23%	144	6%	973	43%	1,185	52%	*	*	34	1%	71	3%	689	30%	1,563	69%	24	1%
Trinity	414	<0.1%	26.2	103	25%	46	11%	29	7%	347	84%	*	*	*	3%	26	6%	*	*	404	98%	*	*
Tulare	20,647	1.1%	27.7	3,020	15%	1,600	8%	16,541	80%	3,046	15%	255	1%	425	2%	380	2%	9,466	46%	10,951	53%	230	1%
Tuolumne	1,083	0.1%	24.2	309	29%	111	10%	115	11%	887	82%	*	*	25	2%	42	4%	46	4%	1,030	95%	*	*
Ventura	36,339	2.0%	27.4	5,699	16%	3,677	10%	24,547	68%	9,114	25%	562	2%	1,181	3%	935	3%	15,852	44%	19,826	55%	661	2%
Yolo	7,371	0.4%	25.5	1,584	21%	708	10%	3,697	50%	2,308	31%	212	3%	764	10%	390	5%	2,110	29%	4,936	67%	325	4%
Yuba	2,492	0.1%	26.7	459	18%	199	8%	1,168	47%	1,029	41%	94	4%	102	4%	99	4%	760	30%	1,667	67%	65	3%

<sup>a</sup> 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

## Access to Contraceptive Services

The geographic range and number of providers offers some indication of contraceptive service accessibility. Of particular interest is access to long-acting reversible and permanent methods – intrauterine contraception, contraceptive implants, and sterilization. Although the lack of services in a county or region may reflect a shortage of providers, it may also reflect a lack of provider training, a lack of demand or billing problems. This section highlights the geographic pattern of these services. See Chapter 6 for more detail on the selected contraceptive methods.

### *Intrauterine Contraception (IUC):*

While IUC placements were slightly down overall in FY 2010-11, geographic variations were still noted in IUC provision. The region showing the highest proportion of female clients dispensed IUCs was the San Francisco Bay Area (4.0% vs. 3.1% for state overall). IUC placement providers were located in 53 out of 58 counties. Counties that lacked an IUC placement provider were Alpine, Calaveras, Mariposa, Sierra and Trinity. See Figures 9-5 and 9-11.

### *Contraceptive Implants:*

The proportion of women receiving a contraceptive implant was relatively low in the Los Angeles/San Diego corridor (0.6%) compared to other regions. However, 22 additional providers in this region placed implants in FY 2010-11, bringing the total number of providers offering implant placement to 129 from 107 in FY 2009-10. Consistent with the previous year, implants are provided in most counties (42). The number of providers offering implant placement statewide grew to 373 in FY 2010-11 with the addition of 97 providers in the past two fiscal years. See Figures 9-5, 9-6, and 9-10.

**Figure 9-5**  
Family PACT Provision of IUCs and Implants by Region  
FY 2010-11

	Female Clients Served <sup>a</sup>		IUC			Implant		
			Providers <sup>b,c</sup>	Female Clients Served <sup>a</sup>		Providers <sup>b,c</sup>	Female Clients Served <sup>a</sup>	
	No.	Col%	No.	No.	Row%	No.	No.	Row%
San Francisco Bay Area	129,880	8%	81	5,161	4.0%	46	1,409	1.1%
San Joaquin/ Central Valley	165,325	11%	144	5,610	3.4%	65	2,220	1.3%
Los Angeles/ San Diego Corridor	874,552	56%	420	21,258	2.4%	129	5,079	0.6%
Remainder of State	402,718	26%	293	16,277	4.0%	133	4,197	1.0%
<b>Total</b>	<b>1,572,475</b>	<b>100%</b>	<b>938</b>	<b>48,306</b>	<b>3.1%</b>	<b>373</b>	<b>12,905</b>	<b>0.8%</b>

<sup>a</sup> Clients are based on county of residence.

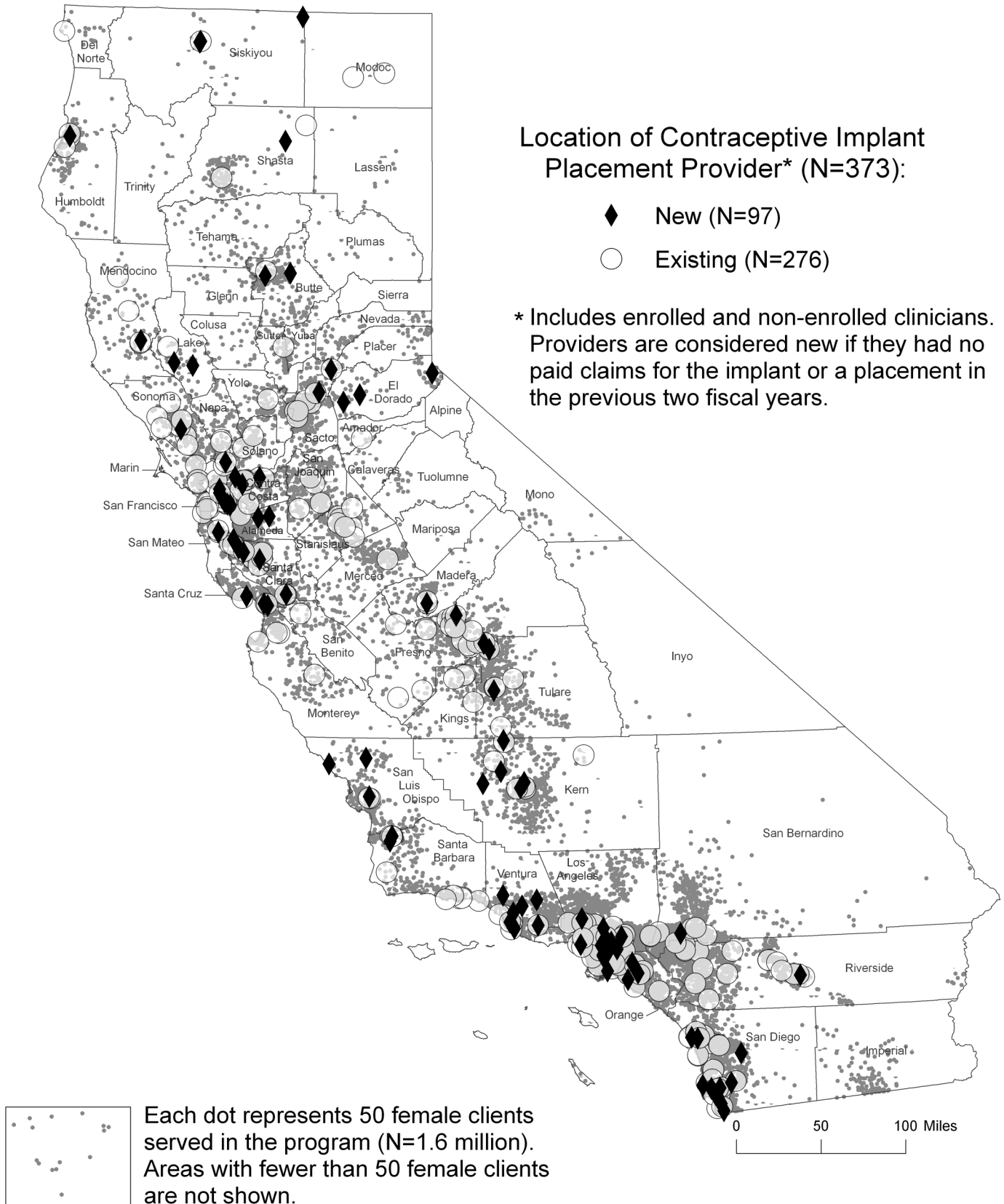
<sup>b</sup> Includes all providers paid for any placement-related procedure code, excluding removals only.

<sup>c</sup> Enrolled and non-enrolled clinician providers.

Source: Family PACT Enrollment and Claims Data



**Figure 9-6**  
**Implant Providers in Family PACT**  
**FY 2010-11**



Source: Family PACT Enrollment and Claims Data

**Female Sterilization:**

The proportion of female clients served with sterilization (tubal ligation or Essure) by region was stable in comparison to the previous year, with San Joaquin/Central Valley having the highest (0.4%) and San Francisco Bay Area having the lowest (0.1%). It is notable that the proportion of clients receiving Essure increased in all regions over the previous year, with the largest increase occurring in the Los Angeles/San Diego Corridor (0.07% in FY 2009-10; 0.12% in FY 2010-11). The number of providers performing Essure increased in all regions with a notable 69% increase in the Los Angeles/San Diego Corridor. While the number of tubal ligation providers decreased by 5%, there were tubal ligation providers located in the vast majority of counties (46). Essure providers are now located in approximately half of all counties (28). See Figures 9-7 and 9-10.

**Vasectomy:**

The proportion of males receiving a vasectomy remained the same as in the previous two years at 0.7%. The San Joaquin/Central Valley showed the highest proportion of male clients receiving a vasectomy at 1.1%, and the San Francisco Bay Area showed the lowest at 0.3%. The number of providers statewide reimbursed for vasectomies decreased by 7% to 71 in FY 2010-11, with vasectomy providers lacking in 21 counties. See Figures 9-8, 9-9, and 9-10.

**Figure 9-7**  
Provision of Family PACT Female Sterilization Services by Region  
FY 2010-11

Selected Region	Female Clients Served <sup>a</sup>		Female Sterilization						All Female Sterilization		
			Tubal Ligation			Essure			Providers <sup>b</sup>	Female Clients Served <sup>a</sup>	
	No.	Col%	Providers <sup>b</sup>	Female Clients Served <sup>a</sup>	Row%	Providers <sup>b</sup>	Female Clients Served <sup>a</sup>	Row%	No.	No.	Row%
San Francisco Bay Area	129,880	8%	16	54	0.04%	3	13	0.01%	16	66	0.05%
San Joaquin/Central Valley	165,325	11%	91	462	0.28%	27	226	0.14%	95	662	0.40%
Los Angeles/San Diego Corridor	874,552	56%	379	2,001	0.23%	81	1,017	0.12%	408	2,955	0.34%
Remainder of State	402,718	26%	135	637	0.16%	40	1,296	0.07%	148	908	0.26%
<b>Total</b>	<b>1,572,475</b>	<b>100%</b>	<b>621</b>	<b>3,154</b>	<b>0.20%</b>	<b>151</b>	<b>1,552</b>	<b>0.10%</b>	<b>667</b>	<b>4,591</b>	<b>0.29%</b>

<sup>a</sup> Clients are based on county of residence.

<sup>b</sup> Enrolled and non-enrolled clinician providers.

Source: Family PACT Enrollment and Claims Data

**Figure 9-8**  
Family PACT Provision of Vasectomy Services by Region  
FY 2010-11

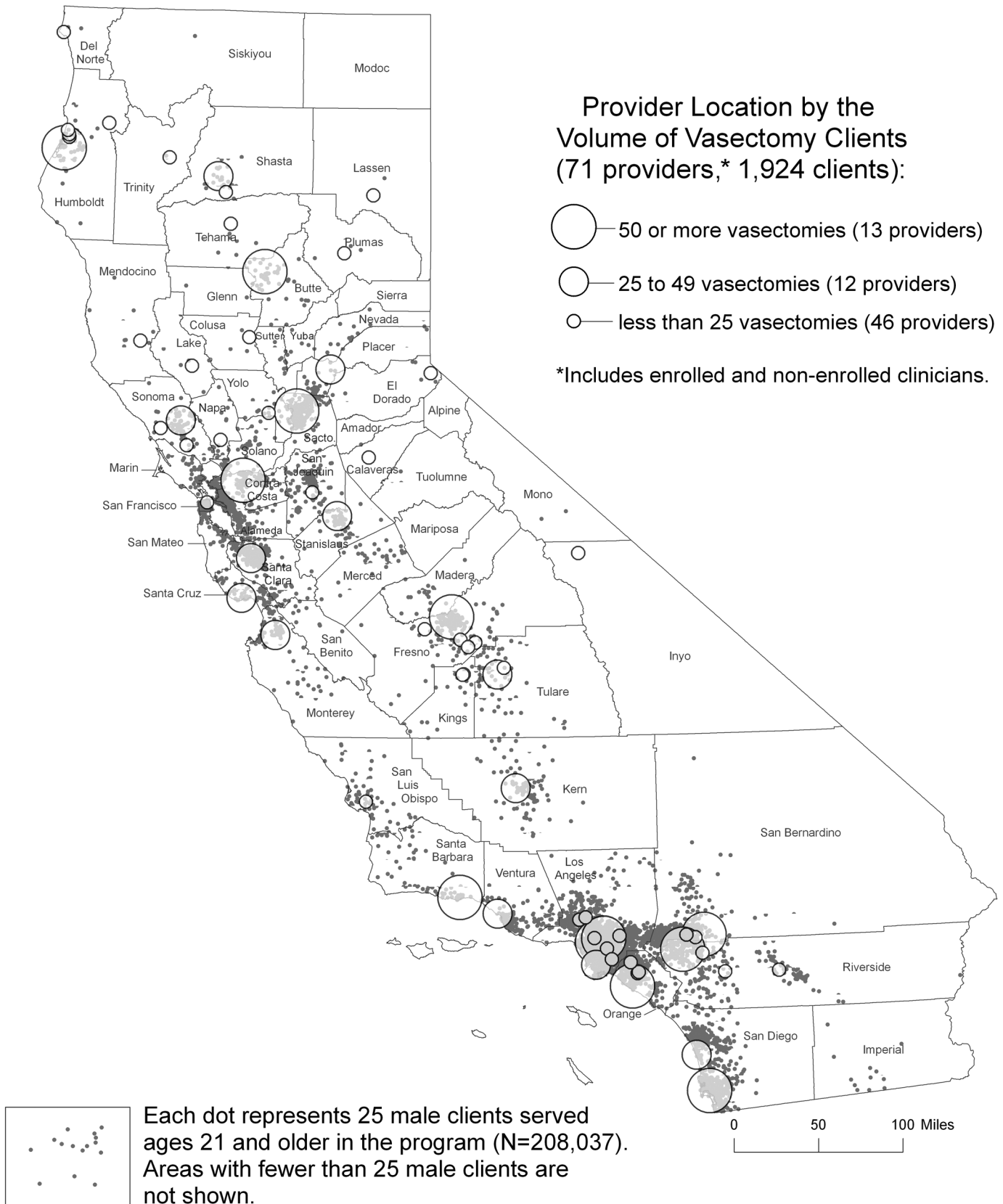
Selected Region	Male Clients Served <sup>a</sup>		Vasectomy		
			Providers <sup>b</sup>	Male Clients Served <sup>a</sup>	
	No.	Col%	No.	No.	Row%
San Francisco Bay Area	20,493	8%	2	70	0.3%
San Joaquin/Central Valley	20,736	8%	13	226	1.1%
Los Angeles/San Diego Corridor	162,077	62%	21	897	0.6%
Remainder of State	57,480	22%	35	731	1.3%
<b>Total</b>	<b>260,786</b>	<b>100%</b>	<b>71</b>	<b>1,924</b>	<b>0.7%</b>

<sup>a</sup> Clients are based on county of residence.

<sup>b</sup> Enrolled and non-enrolled clinician providers.

Source: Family PACT Enrollment and Claims Data

**Figure 9-9**  
**Vasectomy Providers in Family PACT**  
**FY 2010-11**



Source: Family PACT Enrollment and Claims Data

**Figure 9-10**  
**Provision of Selected Family PACT Contraception by County**  
**FY 2010-11**

					Female Sterilization				Male Sterilization	
	IUC		Implant		Tubal Ligation		Essure		Vasectomy	
	Providers <sup>a, b</sup>	Clients <sup>c</sup>	Providers <sup>a, b</sup>	Clients <sup>c</sup>	Providers <sup>a</sup>	Clients <sup>c</sup>	Providers <sup>a</sup>	Clients <sup>c</sup>	Providers <sup>a</sup>	Clients <sup>c</sup>
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
California	938	48,306	373	12,905	621	3,154	151	1,552	71	1,924
Alameda	31	2,079	13	438	7	15	0	0	0	18
Alpine	0	0	0	0	0	<15	0	0	0	0
Amador	1	18	1	<15	3	<15	0	0	0	<15
Butte	9	354	3	91	2	<15	0	<15	1	45
Calaveras	0	16	0	<15	0	<15	0	0	1	<15
Colusa	2	50	0	<15	1	<15	0	0	1	<15
Contra Costa	17	1,376	13	352	1	<15	1	<15	1	46
Del Norte	1	22	1	65	1	<15	0	0	1	<15
El Dorado	8	159	5	32	6	<15	2	<15	1	<15
Fresno	42	1,220	28	830	20	105	12	46	6	75
Glenn	1	65	0	<15	0	<15	0	0	0	<15
Humboldt	12	521	5	123	8	<15	1	<15	5	72
Imperial	7	138	0	<15	9	33	1	<15	0	<15
Inyo	1	22	0	<15	0	<15	0	<15	1	<15
Kern	33	1,226	11	293	17	145	7	79	1	40
Kings	6	161	4	118	7	37	0	0	2	<15
Lake	5	84	3	<15	2	<15	1	<15	1	<15
Lassen	2	38	0	<15	2	<15	0	0	1	<15
Los Angeles	249	10,149	53	1,208	236	1,328	39	355	11	343
Madera	5	203	3	117	4	<15	3	27	0	<15
Marin	8	360	4	188	1	<15	1	<15	0	<15
Mariposa	0	<15	0	<15	0	<15	0	<15	0	<15
Mendocino	8	319	5	100	10	16	1	<15	1	<15
Merced	9	335	1	70	5	15	4	35	0	<15
Modoc	2	<15	2	<15	0	<15	0	0	0	0
Mono	2	40	0	0	0	<15	1	<15	0	0
Monterey	17	1,051	4	166	2	36	4	<15	1	35
Napa	4	300	2	129	0	<15	0	0	1	<15
Nevada	3	115	0	<15	3	<15	0	<15	0	<15
Orange	59	3,955	13	1,438	68	257	10	252	4	151
Placer	4	265	3	81	1	<15	0	<15	0	<15
Plumas	3	50	0	0	2	<15	0	0	1	<15
Riverside	45	2,558	21	616	34	280	15	140	4	138
Sacramento	26	1,407	7	235	10	53	5	53	2	42
San Benito	3	112	1	36	0	<15	1	<15	0	<15
San Bernardino	35	2,367	6	366	29	215	6	65	3	174
San Diego	67	4,596	42	1,817	41	136	17	270	2	265
San Francisco	18	792	10	293	4	<15	1	<15	1	<15
San Joaquin	12	1,151	4	438	5	37	1	30	1	17
San Luis Obispo	10	533	5	232	19	0	<15	1	16	
San Mateo	7	554	6	138	3	22	0	0	0	<15
Santa Barbara	19	877	14	414	12	44	4	<15	1	34
Santa Clara	25	2,494	20	677	1	18	2	18	1	36
Santa Cruz	10	834	6	237	8	<15	1	52	1	18
Shasta	9	159	3	61	3	16	0	<15	2	37
Sierra	0	<15	0	0	0	<15	0	0	0	0
Siskiyou	6	23	5	30	5	<15	0	0	0	<15
Solano	9	654	7	245	0	<15	0	<15	0	<15
Sonoma	17	1,149	8	218	2	<15	4	<15	3	52
Stanislaus	18	687	7	265	16	46	0	<15	1	29
Sutter	4	199	1	<15	1	<15	0	<15	0	<15
Tehama	1	79	0	<15	1	<15	0	0	1	<15
Trinity	0	<15	0	<15	1	<15	0	0	1	<15
Tulare	19	627	7	89	17	69	0	<15	2	43
Tuolumne	1	37	0	<15	0	<15	0	0	0	<15
Ventura	17	1,250	15	495	5	64	5	34	1	48
Yolo	6	330	1	66	2	<15	1	<15	1	<15
Yuba	3	126	0	<15	2	<15	0	<15	0	<15

<sup>a</sup> Enrolled and non-enrolled clinician providers.

<sup>b</sup> Includes all providers paid for any placement-related procedure code, excluding removals only.

<sup>c</sup> Clients are based on county of residence. Client counts of less than 15 are suppressed to protect client identity.

Source: Family PACT Enrollment and Claims Data

### Discussion

#### ***Growth in the Family PACT Program***

Family PACT data show that a record number of clients were served by the program in FY 2010-11. At the same time, the need for the program among women of prime reproductive age (15-44) exceeded the growth rate of women of that age in the program. Growth in the program stemmed largely from increases in the number of women older than 44 and in the number of men.

Despite the increasing need for family planning among women age 15-44, the 2010 Teen Birth Rate reached the lowest rate ever reported in the State, 29 births per thousand females ages 15-19.<sup>1</sup>

#### ***Long-acting reversible contraception and sterilization***

Long acting reversible contraception (LARC) has been of interest in the past few years because of its potential to provide highly effective contraception that is not user-dependent. The provision of IUCs however, leveled off for the first time since FY 2006-07. IUCs require high upfront costs and during FY 2010-11, provision, particularly among private providers, may have been hampered by increasing acquisition costs. The number of clients using another LARC method, the implant, Implanon, grew by 55%, continuing a strong growth trend, and the number of providers offering implant placement increased markedly. The use of LARC may help explain the lack of growth among women in the program, as women on LARC do not necessarily need to be served annually. Provision of LARC shows a consistent regional pattern with the proportion of women receiving LARC low in the Los Angeles/San Diego Corridor compared to other regions. The female sterilization procedure, Essure, also showed relatively strong growth and this method is driving the increase in female sterilization. The proportion of women receiving female sterilization is relatively high in the Los Angeles/San Diego Corridor and the San Joaquin/Central Valley.

#### ***Family PACT as a State Plan Amendment***

In FY 2010-11 the Family PACT Program transitioned from being an 1115 Medicaid Demonstration Waiver to inclusion into the Medicaid State Plan Amendment (SPA). The approval of the SPA occurred on March 24, 2011 and was retroactive to July 2010. The Family PACT Program was approved for inclusion in the State Plan with two modifications: Eligible clients are now able to file a claim for payment retroactively if family planning services were paid for during a period prior to enrollment. Additionally, under the Waiver women over age 55 and men over age 60 were ineligible for the program, however, now eligibility is based only on medical necessity for family planning services. About 500 clients were in the age category of 60 and over in FY 2010-11. The full impact of the age limit change will not be felt until FY 2011-12.

#### ***Sexually Transmitted Infections***

The STI test volume continued to increase. Screening for chlamydia in women showed progress toward meeting guidelines recommending annual screening of all women age 25 and under. However, guidelines recommend only targeted screening of women over age 25 and their screening rates remain higher than expected.

#### ***Reimbursement***

Total reimbursement for the program crossed the \$600 million threshold, but increased by only 2.7%. Reimbursement per client increased by only 2.0%. Total reimbursement and reimbursement per client have slowed considerably in the two fiscal years since the reimbursement increase for evaluation and management services occurred in 2008.<sup>2</sup> Twenty-five percent (25%) of the increase in total reimbursement was due to changes in the number of clients and the remaining 75% was due to changes in cost and utilization of services. Of the growth due to cost and utilization, costs accounted for three-quarters of the increase and utilization accounted for one-quarter.

The most recent cost benefit analysis from 2007 shows that by reducing unintended pregnancies, every dollar spent on Family PACT saved the public sector \$4.30 from conception to age two.<sup>3</sup> Efforts by the Office of Family Planning to promote cost-effective quality clinical practices through provider education and policy enforcement are reflected in the decreases in reimbursement for pregnancy testing, cervical cancer screening, and injectable contraception.

#### ***Family PACT in Rural Areas***

The program's FY 2010-11 report is the first to report data on rural and urban areas. About 20% of Family PACT providers are located in rural Medical Service Study Areas.<sup>4</sup> Although rural providers serve few clients, they represent an important contribution towards facilitating access to high quality contraceptive options statewide. Two rural and remote counties, Trinity and Inyo Counties, now have two enrolled providers each participating in the program. Of all 58 counties in California, 57 now have at least one Family PACT provider that is enrolled and active.

### Conclusion

The Family PACT Program continued to serve a record number of California residents in FY 2010-11, and continues to play a vital role in meeting the increasing need for publicly funded family planning services in California.

1 California Department of Public Health, Center for Family Health, Office of Family Planning, October 2011.

2 The increase was fully incorporated into the program by FY 2009-10.

3 Biggs MA, Foster DG, Hulett D, and Brindis C. (2010). Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007, San Francisco, CA. Submitted to the California Department of Public Health, Office of Family Planning Division. April 2010. Bixby Center for Global Reproductive Health, University of California, San Francisco.

4 The urban/rural designation is based on Medical Service Study Areas and provider site address using California Environmental Health Tracking Program's geocoding services. March 2012.