Family PACT

Planning • Access • Care • Treatment

Preliminary Program Report

FY 2012-13

Bixby Center for Global Reproductive Health

UCSF

University of California San Francisco

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Family PACT Preliminary Program Report FY 2012-13

A Report to the State of California Department of Health Care Services Office of Family Planning

November 1, 2013

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Bixby Center for Global Reproductive Health

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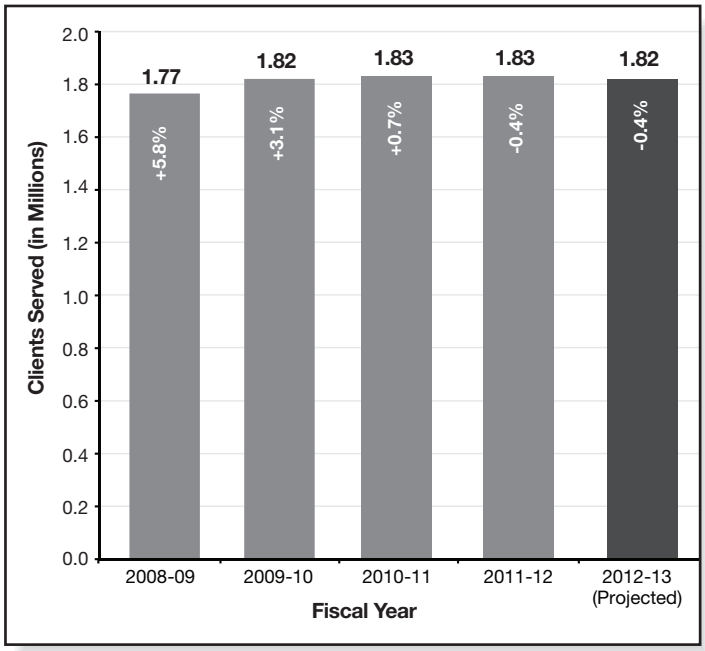
Each year the Bixby Center for Global Reproductive Health produces two reports on the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the California Department of Health Care Services, Office of Family Planning. The Preliminary Program Report summarizes key program data on the most currently ended fiscal year and is based on data estimated to be about 90% complete. It is made available four months after the end of the fiscal year (FY) to allow policy makers an early snapshot of program monitoring measures. The final Family PACT Program Report, based on data estimated to be 99% complete, is made available twelve months after the end of the fiscal year and contains more detailed analyses.

This year's preliminary report uses enrollment and paid claims data available as of July 31, 2013, for dates of service in FY 2012-13. Projections have been made to provide a picture of the results expected when all claims for FY 2012-13 have been processed. Unless otherwise noted, results are projected numbers.

Summary of Findings

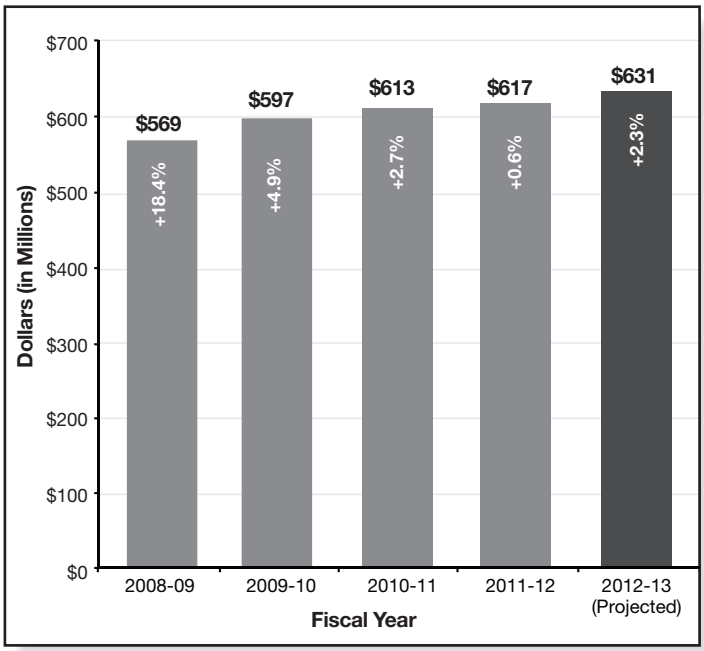
- Preliminary data show that the Family PACT Program served 1.81 million clients in FY 2012-13. When all claims have been processed, this number is expected to increase to 1.82 million. See Figure 1.
- After years of growth, the number of clients served began to level off in FY 2009-10. It has fluctuated between 1.82 million and 1.83 million since that time, with the largest number of clients served (1.83 million) in FY 2010-11. If the projection holds, FY 2012-13 will be the second year in a row with a slight decline (<1%) in the number of clients served.
- Preliminary data show that total reimbursement to providers is $611 million for services provided in FY 2012-13. When all claims have been processed, this number is expected to grow to about $631 million. This is a 2.3% increase over reimbursement in FY 2011-12, compared to 0.6% growth in the previous year. See Figure 2.
- Average reimbursement per client is projected to be $347, an increase of 2.7% from 2011-2012, when average reimbursement was $338 per client. See Figure 3.
- Overall, while the number of clients is expected to remain steady in FY 2012-13, the cost of the program is expected to increase.

Figure 1
Number of Clients Served (in Millions)



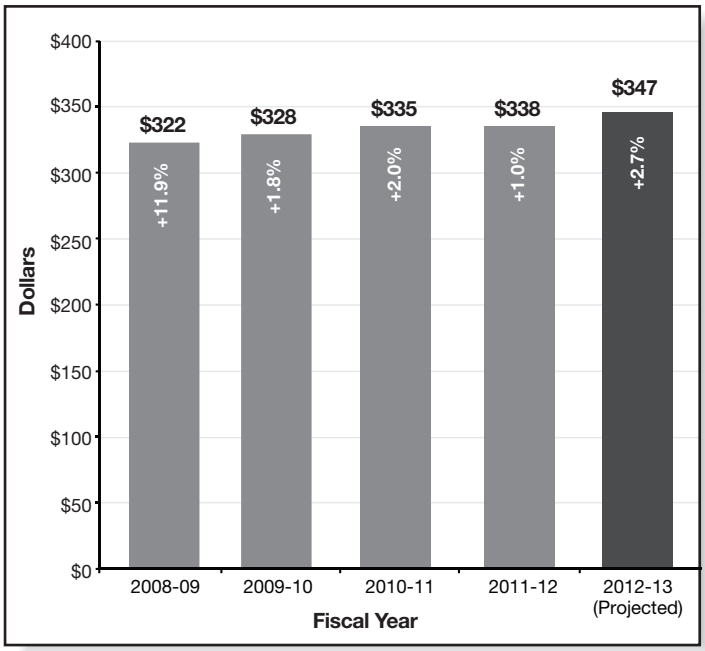
Source: Family PACT Enrollment and Claims Data

Figure 2
Total Reimbursement (in Millions of Dollars)



Source: Family PACT Enrollment and Claims Data

Figure 3
Average Reimbursement per Client



Source: Family PACT Enrollment and Claims Data

Summary of Findings

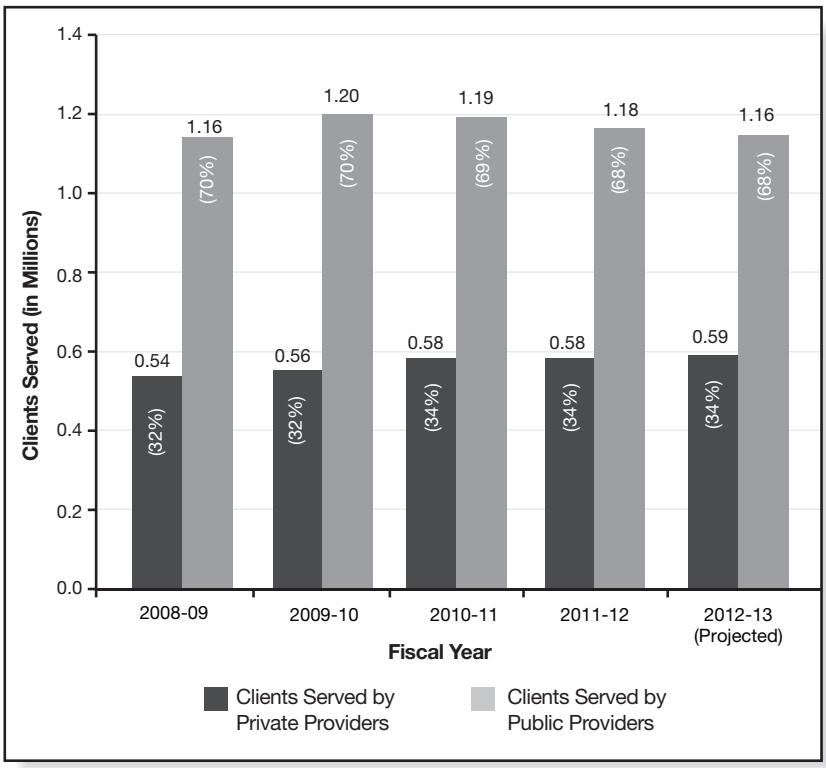
- Preliminary data show that 2,259 enrolled clinician providers were reimbursed for Family PACT services in FY 2012-13. When all claims have been processed, this number is expected to increase to 2,302. See Figure 4.
- The projected number of enrolled delivering providers (2,302) represents a 2.0% increase over the previous fiscal year (2,256). According to projection, the number of providers will have increased by 227 providers since FY 2008-09.
- By provider type, the number of private providers is expected to decrease 1.7% over the previous fiscal year, while the number of public providers is expected to increase 7.0%.
- Public providers serve the vast majority of clients. The distribution of clients between public and private providers was constant between FY 2008-09 and FY 2009-10 (70% vs. 32%), but shifted slightly towards private providers in FY 2010-11. In FY 2012-13, public providers are projected to serve 68% of clients, compared to 34% of clients projected to be served by private providers. See Figure 5.

Figure 4
Trend in the Number of Enrolled Clinician Providers Delivering Family PACT Services

	Provider Sector							
	Private			Public			Total	
Fiscal Year	No.	% of Total	Change over Previous Year	No.	% of Total	Change over Previous Year	No.	Change over Previous Year
2008-09	1,221	59%	-7.6%	854	41%	2.8%	2,075	-3.6%
2009-10	1,257	58%	2.9%	926	42%	8.4%	2,183	5.2%
2010-11	1,254	58%	-0.2%	936	43%	1.1%	2,190	0.3%
2011-12	1,287	57%	2.6%	969	43%	3.5%	2,256	3.0%
2012-13 (Projected)	1,266	55%	-1.7%	1,036	45%	7.0%	2,302	2.0%

Source: Family PACT Enrollment and Claims Data

Figure 5
Trend 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

Summary of Findings

Preliminary data show that the Family PACT Program had 2.73 million clients enrolled for part or all of FY 2012-13, the same as in FY 2011-12 at the same time. Of these enrolled clients, 1.81 million have been served. When final data are complete, 1.82 million clients are expected to be served. This number represents 6,500 fewer clients than in FY 2011-12.

- Growth in the number of males is expected to be 5.6%, up considerably from 1.2% growth in FY 2011-12. Males are expected to increase to 15% of the Family PACT population. Approximately 15,000 more male clients are expected to be served in FY 2012-13 than in FY 2011-12. The number of female clients is expected to decrease by about 21,000, or 1.4%. See Figures 6 and 7.
- The number of adolescent clients is expected to decrease by about 18,000 clients, or 6.7%. The proportion of all clients who are adolescents is expected to be 14%, the lowest proportion since program inception.
- The number of adults is expected to increase slightly (+0.8%) over FY 2011-12. The age structure of the client population is expected to continue to shift toward older clients with increases seen in the number of clients age 25 and older and decreases seen in those under age 25.
- The largest change expected in any racial/ethnic group is a 2.8% decrease in the number of Whites. The number of African Americans is expected to increase by 2.4%. The number of Latinos will remain almost the same (+0.1%), while the number of Asian and Pacific Islanders is expected to decrease by 0.9%.
- The proportion of clients reporting English as their primary language is projected to increase from 56% to 57% as part of a continuing shift in the primary language of clients from Spanish to English. The proportion reporting Spanish as their primary language is expected to decline to 39% in FY 2012-13. In the first eight years of the program, the majority of clients reported Spanish as their primary language.
- The percentage of female clients in the program reporting zero parity (no live births) at the time of enrollment or re-enrollment is expected to remain at 50%. The zero parity rate is leveling off after increasing steadily from 39% in FY 1998-99 to 50% in FY 2010-11.

Figure 6
Demographic Profile of Clients Served

	FY 2011-12		FY 2012-13 (Projected)	
	No.	%	No.	%
Number of Clients Served[a]	1,825,400	100%	1,818,894	100%
By Sex				
Female	1,561,499	86%	1,540,269	85%
Male	263,901	14%	278,625	15%
By Age Group				
Adolescent	273,772	15%	255,298	14%
Adult	1,551,623	85%	1,563,596	86%
By Age				
<18	111,893	6%	100,856	6%
18-19	161,879	9%	154,442	8%
20-24	497,819	27%	488,657	27%
25-29	385,533	21%	386,574	21%
30-34	253,022	14%	259,137	14%
35-39	174,076	10%	176,540	10%
40-44	124,677	7%	129,275	7%
45-49	75,904	4%	78,331	4%
50-54	31,757	2%	33,794	2%
55-60	7,148	<1%	8,664	<1%
over 60[b]	1,692	<1%	2,623	<1%
By Ethnicity				
Latino	1,154,646	63%	1,156,034	64%
White	363,326	20%	353,035	19%
African American	119,715	7%	122,530	7%
API[c]	126,159	7%	125,012	7%
Other/Native American	61,543	3%	62,283	3%
By Primary Language				
Spanish	735,983	40%	714,978	39%
English	1,025,073	56%	1,042,652	57%
Other	64,333	4%	61,264	3%
By Parity				
No births	778,711	50%	771,342	50%
1 birth	269,307	17%	264,075	17%
2 births	255,752	16%	250,813	16%
3-9 births	256,807	16%	253,199	16%
Missing/Unknown	922	N/A	840	N/A

a Numbers may not add to total due to rounding.
b The State Plan Amendment (SPA), implemented in April 2011, eliminated age limits. Prior to the SPA, the age limit was 55 for females and 60 for males.
c Asian and Pacific Islander

Source: Family PACT Enrollment and Claims Data

Figure 7
Change in the Number of Clients Served by Sex, Age and Race/Ethnicity

	FY 2008-09		FY 2009-10		FY 2010-11		FY 2011-12		FY 2012-13 (Projected)	
	No.	Change over Previous Year	No.	Change over Previous Year	No.	Change over Previous Year	No.	Change over Previous Year	No.	Change over Previous Year
Total	**1,765,556**	**5.8%**	**1,820,850**	**3.1%**	**1,833,261**	**0.7%**	**1,825,400**	**-0.4%**	**1,818,894**	**-0.4%**
Females	1,538,291	4.6%	1,571,497	2.2%	1,572,475	0.1%	1,561,499	-0.7%	1,540,269	-1.4%
Males	227,265	14.8%	249,353	9.7%	260,786	4.6%	263,901	1.2%	278,625	5.6%
Adolescents[a]	314,115	3.0%	307,527	-2.1%	291,325	-5.3%	273,772	-6.0%	255,298	-6.7%
Adults	1,451,441	6.4%	1,513,323	4.3%	1,541,936	1.9%	1,551,623	0.6%	1,563,596	0.8%
Latino	1,125,088	4.9%	1,145,308	1.8%	1,152,907	0.7%	1,154,646	0.2%	1,156,034	0.1%
White	361,181	7.1%	377,724	4.6%	373,788	-1.0%	363,326	-2.8%	353,035	-2.8%
African American	108,952	7.7%	116,519	6.9%	120,393	3.3%	119,715	-0.6%	122,530	2.4%
API[b]	114,033	7.1%	121,190	6.3%	125,005	3.1%	126,159	0.9%	125,012	-0.9%
Other/Native American	56,300	9.9%	60,106	6.8%	61,166	1.8%	61,543	0.6%	62,283	1.2%

a Age 19 and under.
b Asian and Pacific Islander

Source: Family PACT Enrollment and Claims Data

Summary of Findings

Contraceptive Services for Females

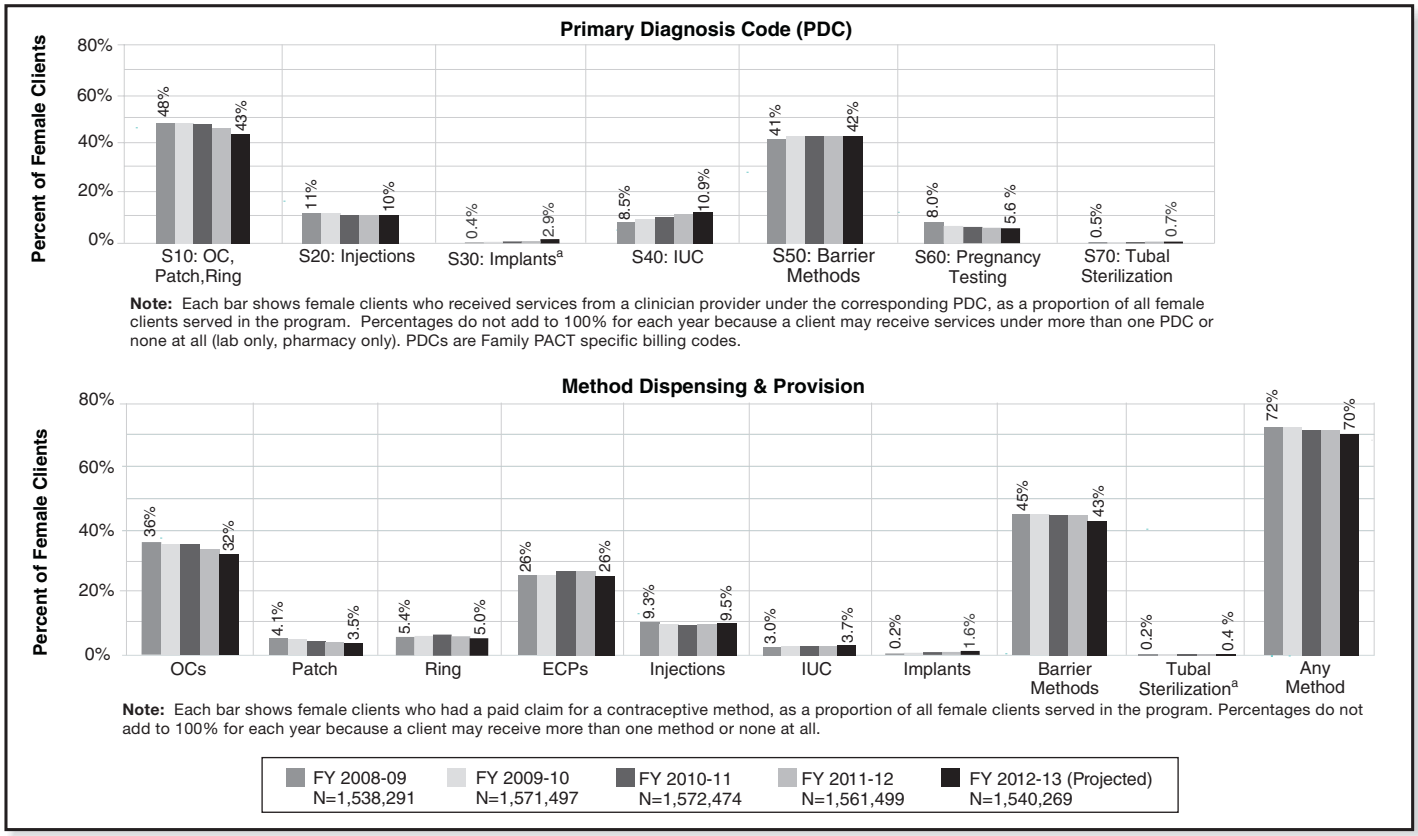
In Family PACT claims, Primary Diagnosis Codes (PDCs) designate the primary purpose of a clinician visit. Based on projections for this year, the Oral Contraception/Patch/Ring (S10) PDC continues to be the most frequently utilized PDC for female clients served (43%) followed by S50 – Barrier Methods (42%). See Figure 8. Services received, as indicated by PDCs, are shown in the upper half of the graph below. Method dispensing is shown in the lower half of the graph. There is some anticipated discordance between methods dispensed and services received. For example, a client may receive services for a vaginal ring during a visit, yet be dispensed condoms (or she may receive both methods).

This chapter focuses more on method dispensing than services received. The number of female clients has grown over the past five years, although at a much slower pace in FY 2012-13 than in prior years. Because year-to-year comparisons may show relatively little change, five-year comparisons are noted to demonstrate the magnitude and direction of trends in utilization.

For method dispensing and provision, the following trends were observed:

- Over 1.07 million female clients are projected to be dispensed a contraceptive method in FY 2012-13 compared to 1.10 million in FY 2008-09. The proportion of female clients dispensed a contraceptive method within the year is down slightly (70% in FY 2012-13; 72% in FY 2008-09).
- Thirty-two percent (32%) of female clients are projected to receive oral contraceptives (OC), down from 36% in FY 2008-09. The number of women projected to receive OCs in FY 2012-13 is 493,000, down from 552,000 in FY 2008-09.
- The contraceptive patch was added to the Family PACT benefits package in FY 2002-03. After an initial marked increase in the percentage of women who received the patch, there was a steep decline, which slowed in FY 2010-11. When FY 2012-13 data is complete, 3.5% of female clients (53,000) are projected to receive the patch, compared to 4.1% (63,000) of women in FY 2008-09.
- A projected 5.0% of female clients are expected to be dispensed the vaginal ring this year, down from 5.4% in FY 2008-09. This represents a decline from 83,000 women to 77,000 women dispensed the ring over the past five years.

Figure 8
Trends in the Percentage of Female Family PACT Clients Served with Family Planning Methods/Services



a Essure®, added in FY 2008-09, is shown combined with Tubal Sterilization counts.

Source: Family PACT Enrollment and Claims Data

- A lower percentage of female clients (26%) is projected to be dispensed emergency contraceptive pills (ECP) than in FY 2011-12 (28%). Although the percentage is the same as in FY 2008-09, the number of clients dispensed ECP is projected to be slightly higher in FY 2012-13 (407,000) compared to FY 2008-09 (394,000).

- The proportion of women projected to receive a contraceptive injection (9.5%) is up from 9.3% in FY 2008-09. This represents 147,000 females receiving a contraceptive injection in FY 2012-13, up from 143,000 in FY 2008-09.

- While 3.0% of female clients received an intrauterine contraceptive (IUC) in FY 2008-09, 3.7% are projected to receive an IUC in FY 2012-13. This change represents an increase from about 46,000 to 58,000 women. Additionally, the proportion of women with IUC related visits (PDC S40) is estimated to be over two percentage points higher (8.5% in FY 2008-09; 10.9% in FY 2012-13). A PDC S40 visit can involve counseling in regard to IUCs without dispensing of the method.

- Contraceptive implants were added to the Family PACT benefits package on July 1, 2008. Projections show that nearly 25,000 female clients (1.6%) are expected to receive this contraceptive method in FY 2012-13, representing a 43% increase over the number of women who received this method in FY 2011-12.

- The Essure female sterilization procedure – a non-surgical option for permanent tubal occlusion – was added to the Family PACT benefits package on July 1, 2008. Use of Essure has grown markedly among women choosing female sterilization. Preliminary data for FY 2012-13 show that of the 5,004 women with sterilization, 2,929 clients (59%) had a paid claim for the Essure procedure. Essure comprised 13% of female sterilizations five years ago.

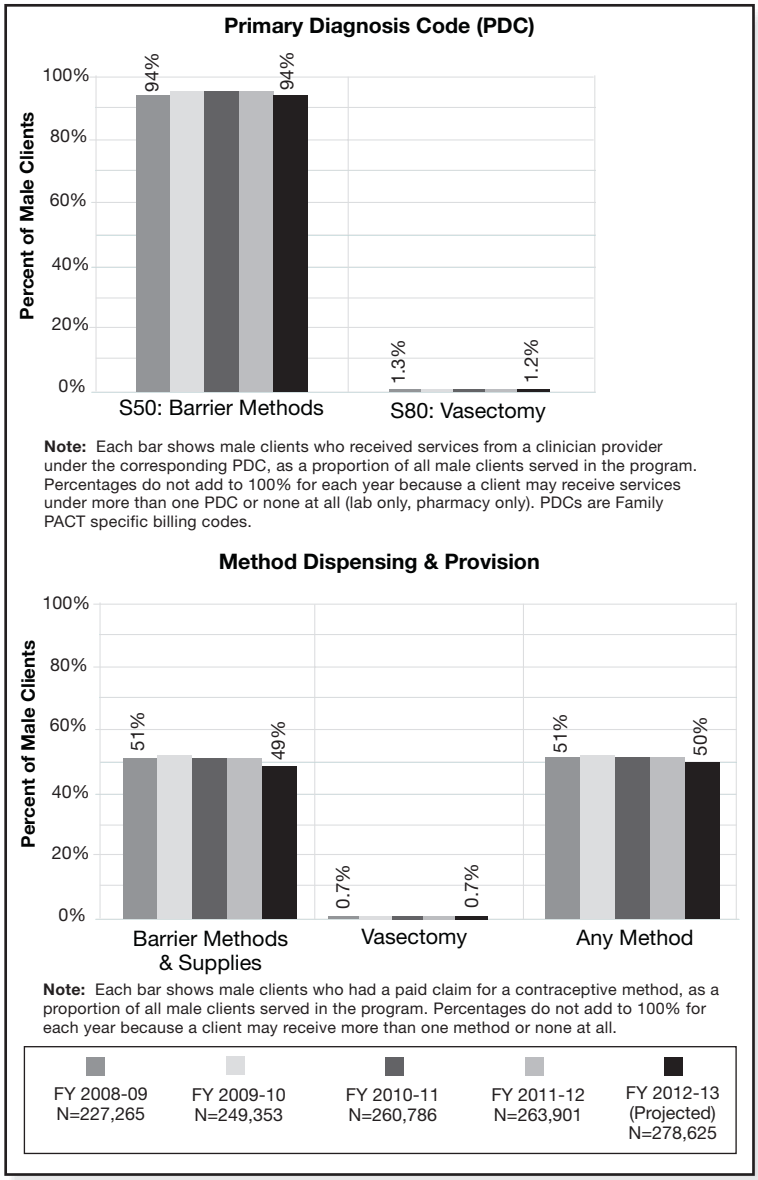
- Forty-three percent (43%) of females are projected to receive barrier method supplies in FY 2012-13 down from 45% in each of the five prior years. The number of women receiving barrier methods is projected at 669,000 in FY 2012-13, down from 692,000 in FY 2008-09. About three-quarters of women who received barrier method supplies received an additional birth control method in the fiscal year.

Contraceptive Services for Males

- Among male clients, each percentage point represents about 2,800 clients in FY 2012-13 compared to 2,300 in FY 2008-09. The most frequently utilized PDC is for Barrier Methods (S50); 94% of male clients are projected to be served under this PDC, the same percentage as in FY 2008-09. The proportion of male clients served under Vasectomies (PDC S80) is projected to be similar to previous years at 1.2% (vs. 1.3% in each of the prior four years). See Figure 9.

- The percentage of male clients receiving barrier methods and supplies has varied slightly over time and is projected to be 49% in FY 2012-13, down from 51% in FY 2008-09. However, given the growth in clients, this percentage represents an increase in the number of men receiving barrier methods from about 116,000 males five years ago to 137,000 in FY 2012-13.

Figure 9
Trends in the Percentage of Male Family PACT Clients Served with Family Planning Methods/Services



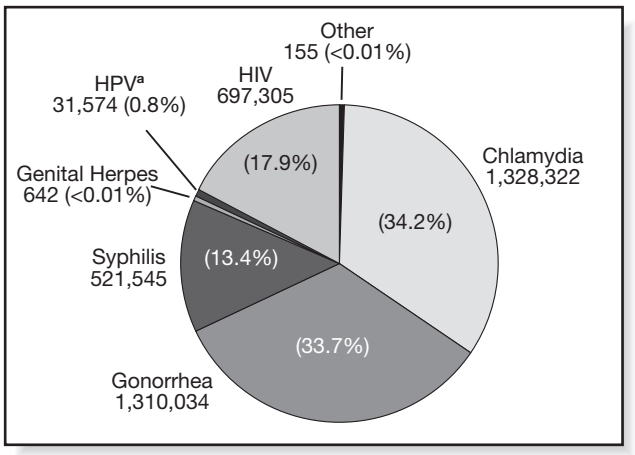
Source: Family PACT Enrollment and Claims Data

Summary of Findings

As with family planning services, we note changes observed since the previous year in sexually transmitted infection (STI) testing services as well as five-year changes to more clearly demonstrate longer term trends.

- Preliminary data for FY 2012-13 show that just over 3.8 million STI tests were reimbursed under Family PACT. When final data are complete, this number is expected to increase to nearly 3.9 million, approximately the same as the 3.9 million STI tests reimbursed in FY 2011-12 and up from 3.4 million tests in FY 2008-09. See Figure 10.
  - Sixty-eight percent (68%) of STI tests are expected to be for chlamydia and gonorrhea, approximately the same as in FY 2011-12 and slightly lower than the 69% in FY 2008-09.
  - Eighteen percent (18%) of STI test volume is expected to be for HIV tests, approximately the same as in FY 2011-12 and slightly higher than the 16% found in FY 2008-09.
- Sixty-nine percent (69%) of clients are expected to receive any STI testing, compared to 67% in FY 2008-09 representing an increase of 82,792 clients.[1] See Figure 11.
  - Sixty-seven percent (67%) of female clients and 81% of male clients are expected to receive STI testing this year, compared to 65% and 79%, respectively, in FY 2008-09.
  - Seventy-one percent (71%) of adolescent female clients are expected to receive chlamydia testing in FY 2012-13, compared with 66% in FY 2008-09. The projected rate for adult females is 62% compared with 60% in FY 2008-09.

Figure 10
Number of STI Tests in Family PACT, FY 2012-13 (Projected)
N=3,889,577 Tests



a Human Papillomavirus

Source: Family PACT Enrollment and Claims Data

Figure 11
Percent of Family PACT Clients Served with STI Tests by Sex, FY 2012-13 (Projected)

	Percent of Female Clients Served (projected) N=1,429,753	Percent of Male Clients Served (projected) N=275,565	Percent of Total Clients Served (projected) N=1,705,318
ANY STI Test	66.5%	81.4%	68.9%
Chlamydia	63.1%	77.5%	65.5%
Gonorrhea	62.0%	76.6%	64.4%
HIV	32.0%	66.9%	37.6%
Syphilis	22.8%	56.3%	28.3%
HPVa	2.2%	0.0%	1.9%
Genital Herpes	0.0%	<0.1%	<0.0%
Other STI Test	0.0%	<0.1%	<0.0%

a Human Papillomavirus

Source: Family PACT Enrollment and Claims Data

1 All denominators in this chapter exclude clients served only with pregnancy tests (S60) and/or pharmacy services.

Conclusion

Preliminary data for FY 2012-13 indicate little overall change in the program compared to the previous year. While there is growth in some areas, other areas show declines. Specifically:

- The number of clients remains steady, while reimbursement and average reimbursement per client are up slightly.
- The number of male clients shows relatively strong growth, compared to the previous year. It has been growing over the past five years, while the number of females peaked in FY 2010-11 and has been declining since.
- The number of adolescents has been decreasing since its peak in FY 2008-09, but the number of adults continues to increase slowly.
- The number of enrolled providers is growing slowly, but all of the growth is among public providers with a decline among private providers.
- Higher percentages of clients are receiving long-acting contraception, while lower percentages are receiving hormonal contraception. The greatest growth is seen among women receiving Essure, IUCs and implants.
- Sexually transmitted infection testing and the proportion of clients served with STI tests are leveling off after several years of relatively strong growth.