Family PACT
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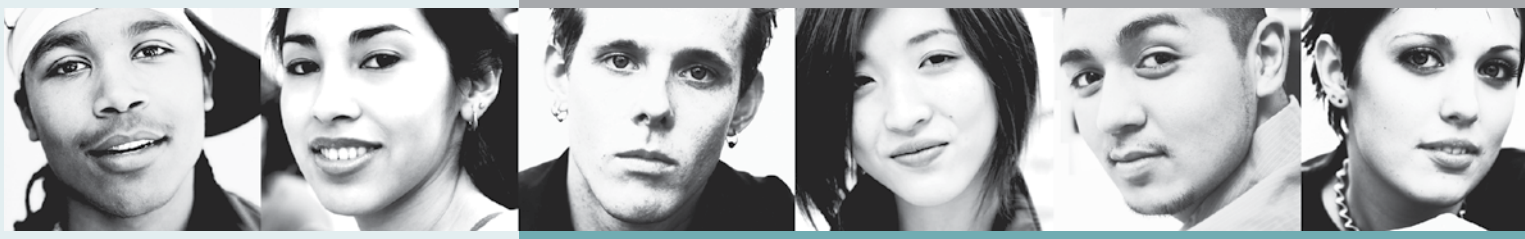

Family PACT Program Report

FISCAL YEAR 2011-2012

Bixby Center for Global Reproductive Health

UCSF
University of California San Francisco

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Family PACT Program Report Fiscal Year 2011-2012

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

June 30, 2013

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Introduction

The Family Planning, Access, Care, and Treatment (Family PACT) Program is administered by the California Department of Health Care Services, 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) 2011-12 a single person with a gross annual income at or below $22,344 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 2011-12, beginning July 1, 2011 and ending June 30, 2012. 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, 2012, six months after the last month of FY 2011-12. 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 2007-08 through FY 2011-12.

The Bixby Center conducts additional evaluation of the program using other data sources to assess, among other things, quality of clinical care, adherence to Family PACT Program Standards, provider referral practices, client satisfaction, and the delivery of long-acting contraception. Findings from these evaluations are reported periodically in study-specific reports, policy briefs, and research summaries. Report findings can be found under the research section of the Family PACT website, www.FamilyPACT.org, as they become available.

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

In its fifteenth full fiscal year of operation, FY 2011-12, the Family PACT Program served 1.83 million women and men, a decrease of about 8,000 clients (-0.4%) over the previous year and an increase of 157,000 clients (+9%) over the five-year period between FY 2007-08 and FY 2011-12. See Figure 1-1. This represents the first decrease in clients served by the program since 2003-04.

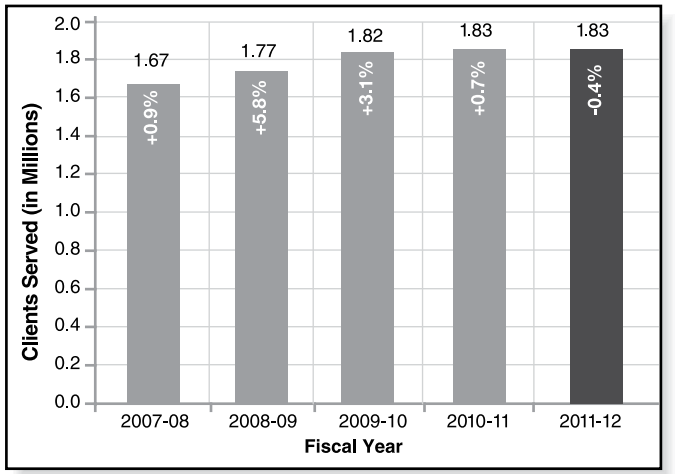
The number of women served in the program decreased by 11,000 in FY 2011-12 (-0.7%), to 1.56 million. The number of men increased by 3,000 in FY 2011-12 (+1.2%), bringing the total number of males served to almost 264,000. See Figure 1-2. Since FY 2007-08, the number of men served has increased by 33% while the number of women served has increased by 6%.

A total of 7,861 providers were reimbursed for services in FY 2011-12. Of these, 2,882 were clinician providers, 4,819 were pharmacies, and 160 were laboratories. All clinician providers billing Family PACT must be enrolled in Medi-Cal. Of the 2,882 Medi-Cal providers, 2,256 were also enrolled in Family PACT and the remaining 626 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.

There were 91 more providers in FY 2011-12 than FY 2010-11, an increase of just over one percent (+1.2%). FY 2011-12 saw increases in the number of enrolled clinician providers (+3.0%), referral clinicians (+5.2%) and laboratories (+1.3%) while the number of pharmacies declined slightly (-0.2%).

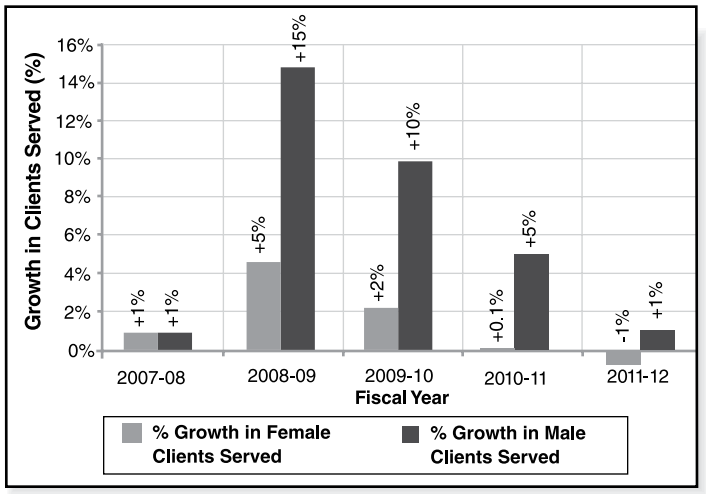
Pharmacy providers served 33% of all clients, laboratories served 67%, and clinician providers served 95%. The percentage of clients served by pharmacies has been slowly declining since hitting a peak of 39% in FY 2004-05.

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



Source: Family PACT Enrollment and Claims Data

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



Source: Family PACT Enrollment and Claims Data

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

	Clinician Providers						Pharmacies[c]		Laboratories[c]		Total Providers	
	Enrolled		Medi-Cal[b]		Total Clinician Providers							
Fiscal Year	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY
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%
2011-12	2,256	3.0%	626	5.2%	2,882	3.5%	4,819	-0.2%	160	1.3%	7,861	1.2%

a Delivering Family PACT services is defined as having been reimbursed for services through Family PACT. Providers for whom all Family PACT claims have been denied are not designated as delivering providers.

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

c Providers are counted according to their provider type. For example, if a laboratory or pharmacy is associated with a clinician provider both the laboratory or pharmacy and the clinician are counted.

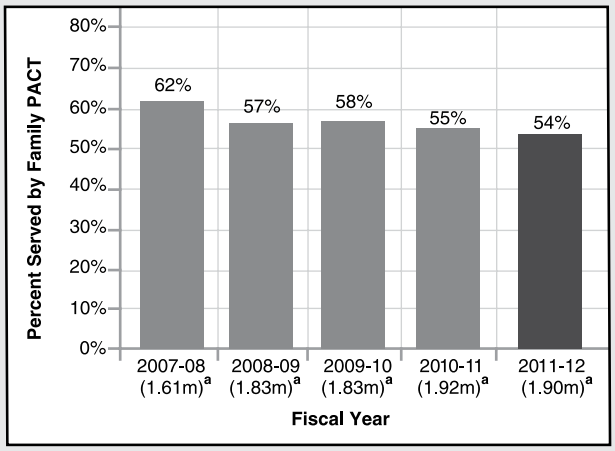
Source: Family PACT Enrollment and Claims Data

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

One measure of the Family PACT Program's accomplishment in achieving its goal of serving women in need of publicly funded family planning services is to assess the trend of access to the program. 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. In addition, 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 1.90 million California women ages 15-44 in need of publicly funded contraceptive services. Of these women, 54% received contraceptive services through Family PACT in FY 2011-12. Over the previous five years, the general decline in access reflects the growing numbers of women in need, with the most noticeable change occurring during the severe economic downturn beginning in late 2007. In the most recent fiscal year, although the number of adult women in need increased slightly (+1%), the number of adolescents in need showed a substantial decline (-8%).

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



a Number of women in need of publicly funded contraceptive services.

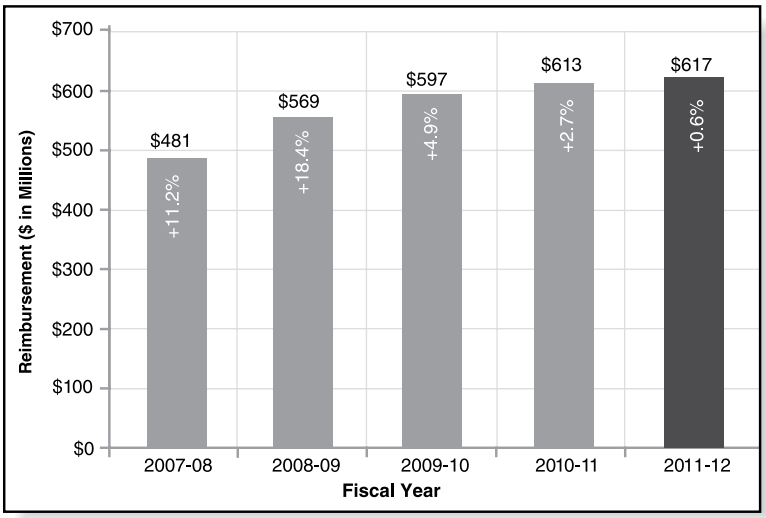
Sources: Family PACT Enrollment and Claims data: State of California Department of Finance, State and County Population Projections by Age, Race/Ethnicity, and Gender, 2010-2060, January 2013; California Health Interview Survey; California Women's Health Survey, and California American Community Survey

The number of adolescents receiving a family planning service in Family PACT also decreased by 6%, which resulted in the proportion of adolescents with access to contraceptive services remaining the same as the previous year at 39%. Among adults, there was a decline from 60% to 59% in the percent who had access to contraceptive services, which was due to a slight increase in the women in need (+1%) and a slight decrease in the number of women served by Family PACT (-1%) from the previous fiscal year.

Total reimbursement in FY 2011-12 was $617 million, an increase of 0.6% over the $613 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 1-5. Reimbursement per client increased from $335 in FY 2010-11 to $338 in FY 2011-12, a 1% increase. See Figure 1-6.

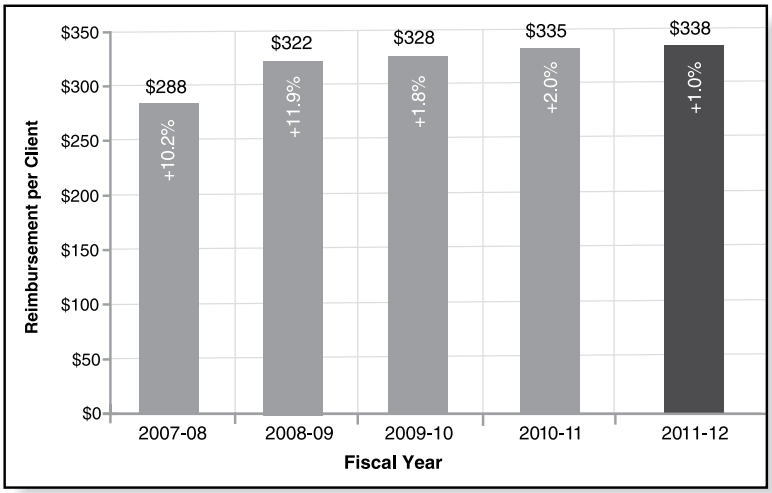
According to federal law, drug manufacturers are required to pay drug rebates to state Medicaid agencies. These rebates lower the cost of the Family PACT Program to both the state and federal governments. For FY 2011-12, there was an estimated $73 million in drug rebates. Adjusting for the rebates, total reimbursement was $544 million and reimbursement per client was $298. Figure 1-7 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 1-5
Total Provider Reimbursement for Family PACT Services



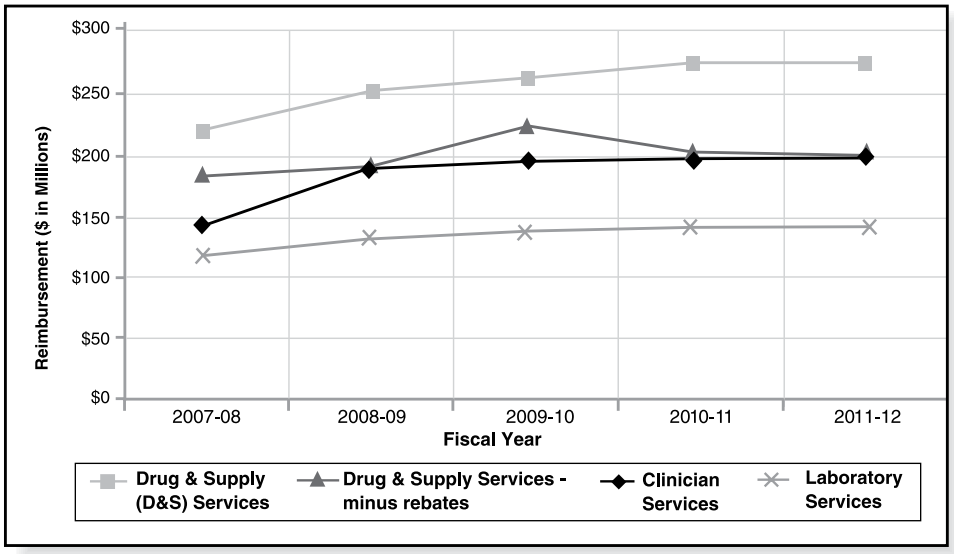
Source: Family PACT Enrollment and Claims Data

Figure 1-6
Average Reimbursement per Family PACT Client Served



Source: Family PACT Enrollment and Claims Data

Figure 1-7
Trend in Family PACT Reimbursement by Service Type



Source: Family PACT Enrollment and Claims Data

Enrolled Clinician Providers

Enrolled clinician providers provide the bulk of Family PACT services.[1] As Family PACT providers, they may enroll new clients and must adhere to the Program Standards.[2] In FY 2011-12, there were 2,256 enrolled clinician providers who delivered services, an increase of 66 over the previous year (+3%). See Figure 2-1. Eighty-three percent (83%) of the enrolled providers had participated for four or more years. A third (32%) had participated in the program since FY 1997-98, which was the first full year of the Program.

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 enrolled providers grew by 33 providers in each sector in FY 2011-12, up 3% in the public sector and 4% in the private sector.

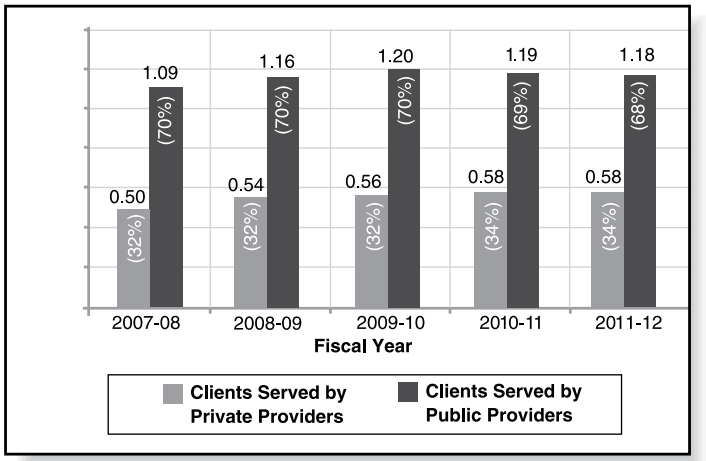
Figure 2-1
Enrolled Clinician Providers Delivering Family PACT Services

	Provider Sector							
	Private			Public			Total	
Fiscal Year	No.	% of Total	Change over Previous Year	No.	% of Total	Change over Previous Year	No.	Change over Previous Year
2007-08	1,321	61%	1%	831	39%	4%	2,152	2%
2008-09	1,221	59%	-8%	854	41%	3%	2,075	-4%
2009-10	1,257	58%	3%	926	42%	8%	2,183	5%
2010-11	1,254	57%	-0.2%	936	43%	1%	2,190	0.3%
2011-12	1,287	57%	3%	969	43%	4%	2,256	3%

Source: Family PACT Enrollment and Claims Data

In FY 2011-12, 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 68% of clients.[3] See Figure 2-2. Public sector providers consistently serve the majority of clients. They also have slightly more experience with the program than private sector providers (9.9 years for public providers; 9.2 years for private providers). Thirty percent (30%) of all providers were Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), or Indian Health Services (IHS), 11% were community clinics, and 2% were other public sector providers. See Figure 2-3.

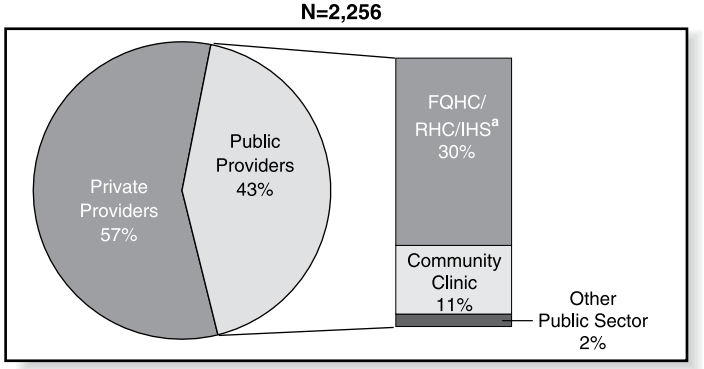
Figure 2-2
Trends in the Number of Family PACT Clients Served by Enrolled Clinician Providers by Provider Sector



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

Figure 2-3
Enrolled Family PACT Providers Delivering Services by Provider Sector, FY 2011-12
N=2,256



a Federally Qualified Health Centers/Rural Health Centers/Indian Health Services.

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 2-4.

1 An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status as well as a Family PACT enrollment status 'category of service' (COS) 11 for at least one day during the fiscal year. All references to "providers" refer to entities with a unique combination of National Provider Identifier (NPI), Owner number, and Location number.
2 For Family PACT Program Standards see: http://www.familypact.org/Providers/policies-procedures-and-billing-instructions
3 Clients may be served by a public provider, a private provider, or both, and therefore percentages do not add up to 100%.

Figure 2-4
Profile of Family PACT Clients Served by Provider Sector
FY 2011-12

Client Profile Variable	Provider Sector	
	Private	Public
Average Number of Clients Served per Provider	452	1,216
Female/Male Ratio	80:20	88:12
Percent Latino	84%	54%
Percent Spanish as Primary Language	66%	28%
Average Age	30.1	27.2
Average Monthly Income	$863	$742
Average Family Size	2.6	2.0
Average Parity	1.2	0.8

Source: Family PACT Enrollment and Claims Data

The broad distribution of enrolled clinician providers from both the public and private sector suggests services are widely available in California. Of the 2,256 enrolled clinician providers, 1,800 (80%) were located in urban areas where 90% of clients were served, and 456 providers (20%) were located in rural areas where 10% of clients were served.[4] Forty percent (40%) of enrolled providers were in Los Angeles County, where 37% of all clients accessed services. Sixty-percent (60%) of enrolled providers were outside of Los Angeles County, where 64% of all clients accessed services. See Figure 2-7.

Medi-Cal Providers

Of the total 2,882 clinician providers, 626 (22%) were Medi-Cal providers who delivered services on a referral basis in FY 2011-12. Medi-Cal providers consist of both public and private sector clinician providers. The 109 public sector Medi-Cal providers (17%) in FY 2011-12 were comprised on 102 community clinics, one FQHC/RHC/IHS clinic, and six other public sector clinics. See Figure 2-5. A total of 71,250 clients were served by referral providers.

Figure 2-5
Non-Enrolled Medi-Cal Clinicians Providing Family PACT Services, by Provider Sector, FY 2011-12

Provider Sector	Total Number of Medi-Cal Providers	% of total
Private	517	83%
Public		
Community Clinic	102	16%
Public Sector	6	1%
FQHC/RHC/IHS[a]	1	0%
Total	626	100%

a Federally Qualified Health Centers/Rural Health Centers/Indian Health Services.

Source: Family PACT Enrollment and Claims Data

Four main categories describe the services of Medi-Cal providers: contraception, mammography, other clinical and surgical procedures, and laboratory services. Of the 373 Medi-Cal providers who provided contraception, 306 specialized in sterilizations and 67 specialized in long-acting reversible contraception (LARC), which includes intrauterine contraception and implants. A provider was defined as specializing in either sterilization or LARC, if the majority of the provider's claims belonged in that category.

Concentrations of both LARC and sterilization specialists were found in urban areas. Sterilization was the predominant contraceptive service provided by Medi-Cal providers in rural areas, particularly the Central Valley and northern California. The distribution of Medi-Cal referral providers suggests that specialty services for LARC and sterilization are widely available. Some Family PACT providers provide these services themselves as well. See Figures 2-6 and 2-8.

Figure 2-6
Non-Enrolled Medi-Cal Clinicians Providing Specialty Services for Family PACT, FY 2011-12

Medi-Cal Providers			Clients Receiving Only the Specialty Services
	No.	%	No.
Providers specializing in contraception[a]			
LARC[b]	67	11%	651
Sterilization	306	49%	3,251
Providers of other services only			
Mammograms only	101	16%	20,261
Other only (e.g., clinical and surgical procedures)	45	7%	522
Laboratory only	107	17%	25,389
Total	**626**	**100%**	

a A provider was defined as specializing in either sterilization or long-acting reversible contraception (LARC), if the majority of the provider's contraceptive claims belonged to that category.

b Long-acting reversible contraception includes intrauterine contraception (IUC) and implants.

Source: Family PACT Enrollment and Claims Data

4 The urban/rural designation is based on Medical Service Study Areas (MSSAs) and provider site address using California Environmental Health Tracking Program's Geocoding Service, March 2013.

Figure 2-7
Family PACT Enrolled Providers and Clients Served, FY 2011-12

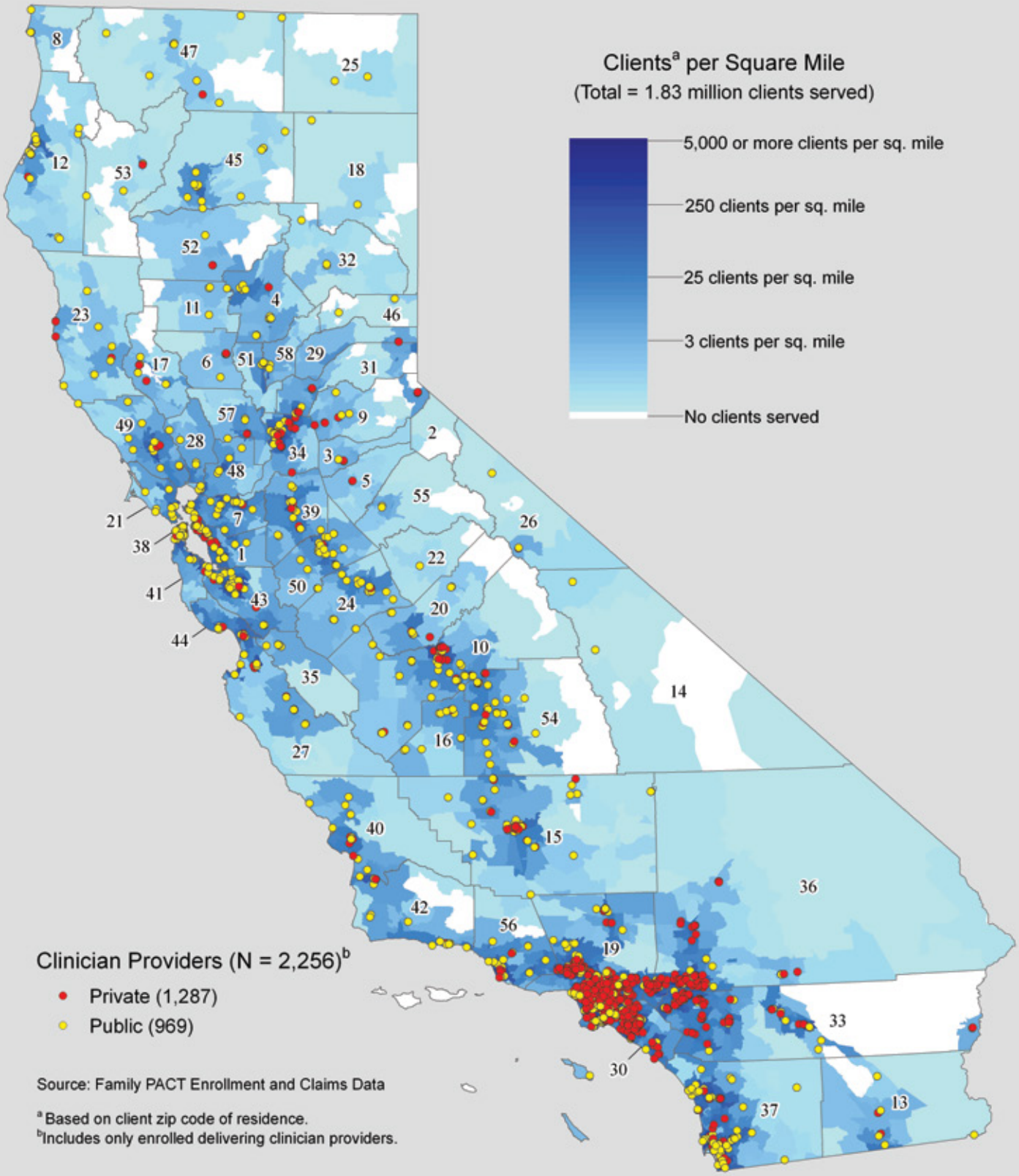
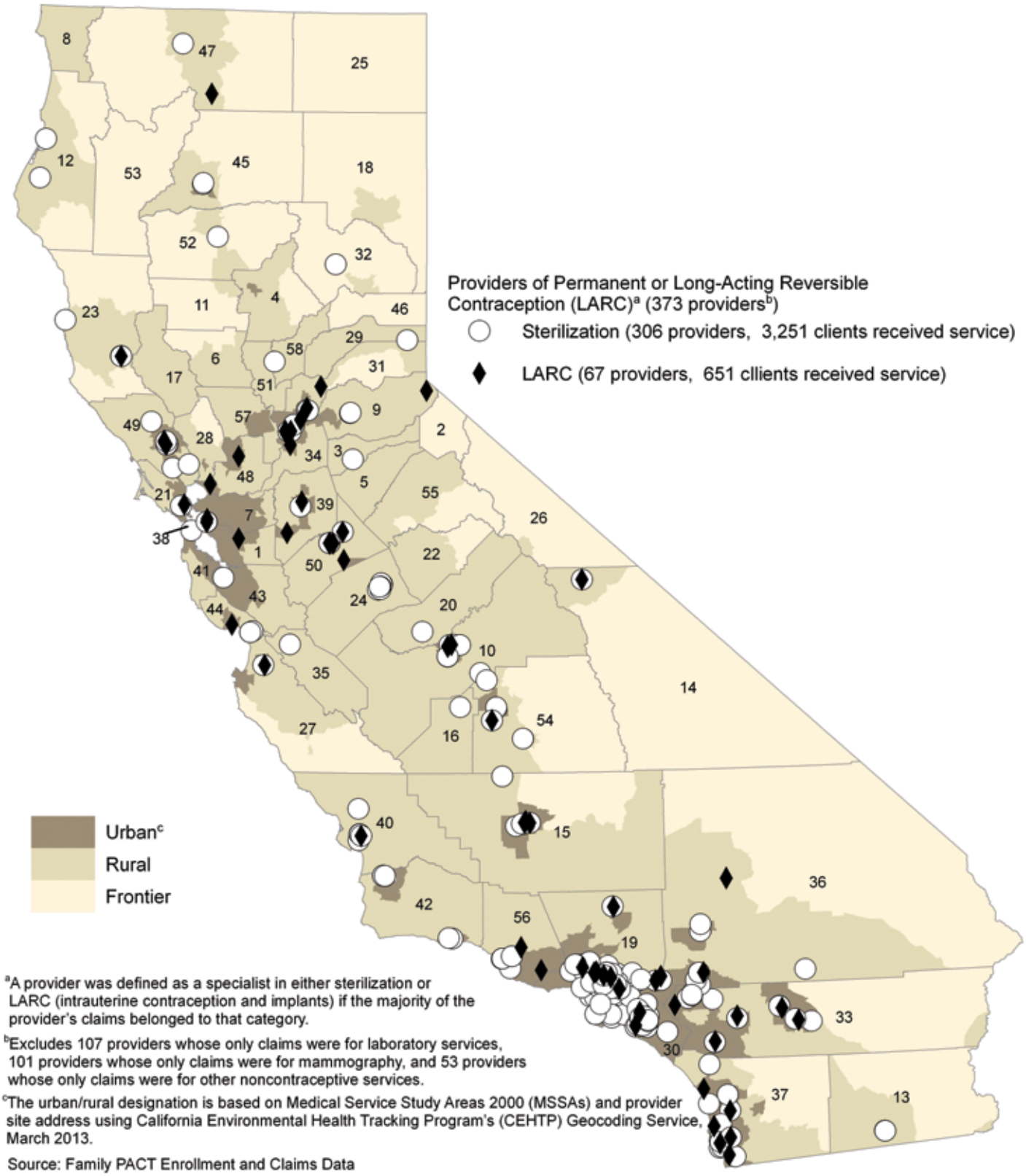


Figure 2-8

Medi-Cal Providers Specializing in Long-Acting Contraception on a Referral Basis for Family PACT Providers, FY 2011-2012



[a]A provider was defined as a specialist in either sterilization or LARC (intrauterine contraception and implants) if the majority of the provider's claims belonged to that category.

[b]Excludes 107 providers whose only claims were for laboratory services, 101 providers whose only claims were for mammography, and 53 providers whose only claims were for other noncontraceptive services.

[c]The urban/rural designation is based on Medical Service Study Areas 2000 (MSSAs) and provider site address using California Environmental Health Tracking Program's (CEHTP) Geocoding Service, March 2013.

Source: Family PACT Enrollment and Claims Data

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	

Overview

The Family PACT Program had 2.81 million clients enrolled for part or all of FY 2011-12, up from 2.79 million in FY 2010-11. Of the program's 2.81 million enrolled clients, 1.83 million (65%) received Family PACT services during the fiscal year. Clients served, upon which data in this report are based, decreased by 0.4% or 7,861 clients over FY 2010-11, representing the first decline in clients served since FY 2003-04.

Enrollment Status of Clients Served

To better interpret trends in services utilized, the distribution of clients served according to their enrollment status has been added to the report for FY 2011-12.

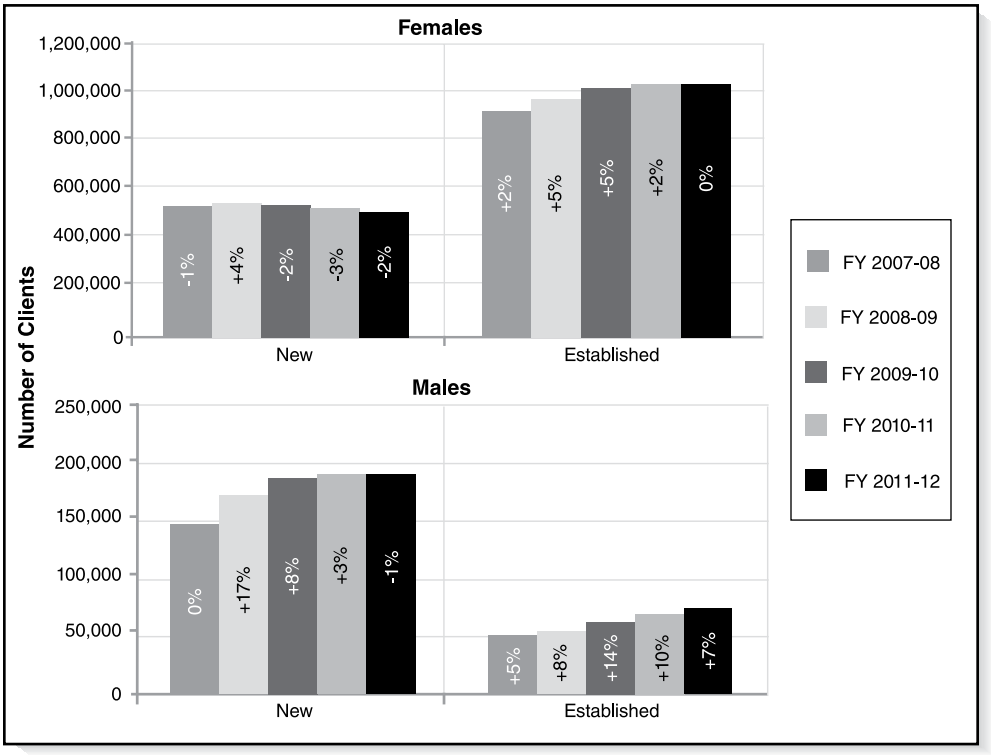
- Thirty-nine percent (39%) of clients served were newly enrolled in FY 2011-12.
- The number of female clients served who were newly enrolled peaked in FY 2008-09 and has been declining since. See Figure 3-1.
- After showing relatively strong growth for three years, newly enrolled male clients decreased by 1% in FY 2011-12.
- A far higher percentage of males are newly enrolled each year than of females (33% females vs. 72% males in FY 2011-12).

Demographic Characteristics and Trends

The following section highlights the predominant demographic characteristics and trends among clients served. See Figures 3-2 to 3-5.

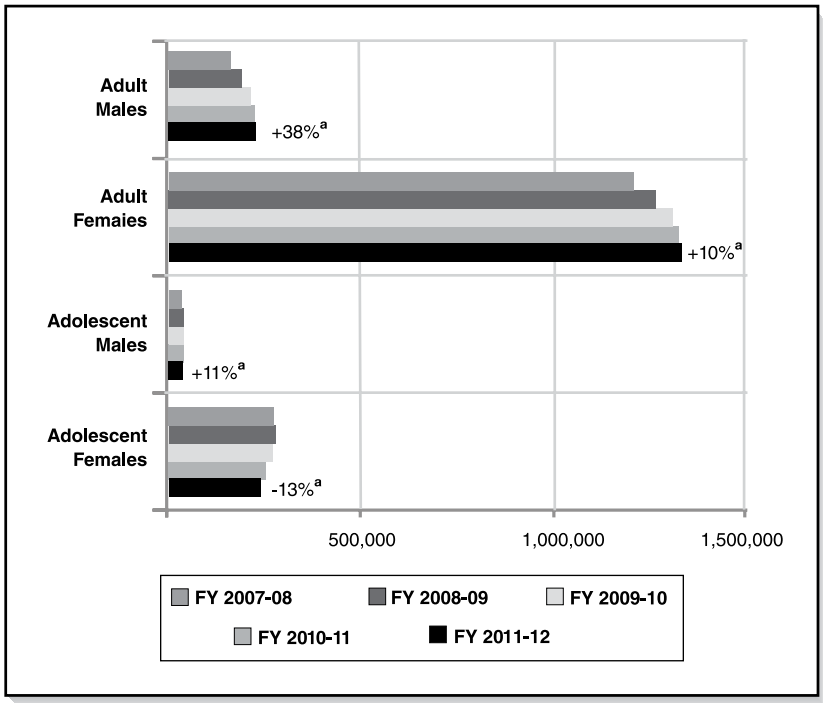
- The number of female clients served declined by 1% in FY 2011-12 after showing essentially no growth (less than 1%) in FY 2010-11. The decline was due to a 7% decline in the number of adolescent females. The number of adult females showed no change (<1%).
- Over five years the number of females clients served has increased by 6%. The number of adult females has increased by 10%, while the number of adolescent females has decreased by 13%. See Figure 3-2.
- Females comprised 86% of the Family PACT population. About three-quarters (73%) of the Family PACT population was adult females and another 13% was adolescent females. See Figure 3-3.
- The growth rate among male clients served slowed to 1%, down from 5% in FY 2010-11. A 2% decline in the number of adolescent males was offset by a 2% increase in the number of adult males.
- Over five years the number of male clients served has increased by 33%. The number of adult males has increased 38%, while the number of adolescent males has increased by 11%.
- Males comprised 14% of the Family PACT population. Twelve percent (12%) of clients were adult males and two percent (2%) were adolescent males.

Figure 3-1
New and Established Family PACT Clients Served



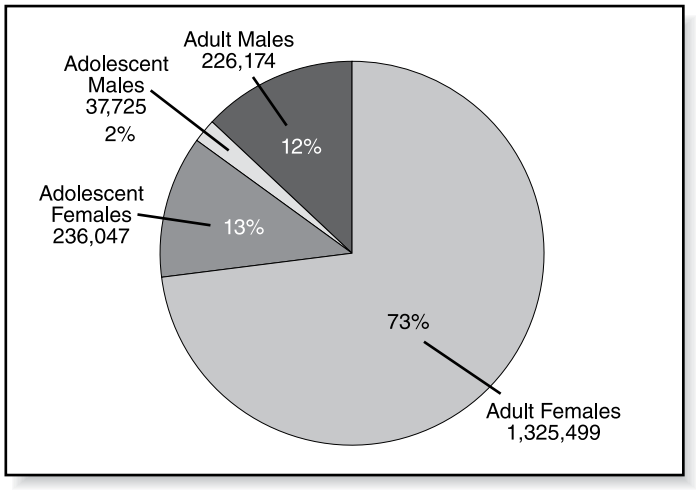
Source: Family PACT Enrollment and Claims Data

Figure 3-2
Trend in the Number of Family PACT Clients Served by Age and Gender



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

Figure 3-3
Family PACT Clients Served, by Age and Gender, FY 2011-12
N=1,825,400



Source: Family PACT Enrollment and Claims Data

- Almost one-half (48%) of clients were between the ages of 20-29. As in the prior three years, more growth was seen among clients ages 40 and over (+7%) than among clients under age 40 (-2%). Clients ages 40 and over made up 13% of the Family PACT population compared to 12% in FY 2010-11 and 11% in FY 2009-10. See Figure 3-4.
- About two-thirds (63%) of clients identified themselves as Latino. The composition of clients by race/ethnicity did not change in FY 2011-12.
- The proportion of clients reporting Spanish as their primary language (40%) continued to decline while the proportion of clients reporting English (56%) 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. Eighty percent (80%) of clients reported a family income below the Federal Poverty Guideline (FPG).[1]
- The distribution of clients by family size showed no change over the previous year. Fifty-two percent (52%) reported a family size of one, up from 40% in FY 2000-01.
- Half (50%) of all female clients reported never having had a live birth at the time of enrollment or re-certification.

1 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 $637/month for each additional family member. The FPG (100%) was half that amount or $908 for a family of one.

Figure 3-4
Demographic Profile of Family PACT Clients Served, FY 2010-11 and FY 2011-12

	FY 2010-11		FY 2011-12	
Total Number of Clients Served	**No.**	**%[e]**	**No.**	**%[e]**
	1,833,261	100%	1,825,400	100%
By Sex				
Female	1,572,475	86%	1,561,499	86%
Male	260,786	14%	263,901	14%
By Age Group				
Adolescent	291,325	16%	273,772	15%
Adult	1,541,936	84%	1,551,623	85%
By Age				
<18	119,512	7%	111,893	6%
18-19	171,813	9%	161,879	9%
20-24	514,385	28%	497,819	27%
25-29	384,896	21%	385,533	21%
30-34	247,552	14%	253,022	14%
35-39	170,281	9%	174,076	10%
40-44	118,608	6%	124,677	7%
45-49	71,238	4%	75,904	4%
50-54	28,950	2%	31,757	2%
55-59[a]	5,515	<1%	7,148	<1%
60 and over	511	<1%	1,692	<1%
By Ethnicity				
Latino	1,152,907	63%	1,154,646	63%
White	373,788	20%	363,326	20%
African American	120,393	7%	119,715	7%
API[b]	125,005	7%	126,159	7%
Other and Native American	61,166	3%	61,543	3%
Missing/Unknown	2	NA	11	NA
By Primary Language				
Spanish	757,897	41%	735,983	40%
English	1,009,068	55%	1,025,073	56%
Other	66,294	4%	64,333	4%
Missing/Unknown	2	NA	11	NA
By Income				
0-50% of FPG[c]	852,241	46%	851,515	47%
>50-100% of FPG	612,182	33%	603,887	33%
>100-138 of FPG	242,181	13%	241,361	13%
>138-200 of FPG	126,654	7%	128,625	7%
Missing/Unknown	3	NA	12	NA
By Family Size				
1 person	951,350	52%	952,214	52%
2 to 4 persons	694,971	38%	688,382	38%
5 or more person	186,937	10%	184,792	10%
Unknown	3	NA	12	NA
By Parity[d]				
none	783,220	50%	778,711	50%
1 birth	276,347	18%	269,307	17%
2 births	257,333	16%	255,752	16%
3-9 births	254,576	16%	256,807	16%
Missing/Unknown	999	NA	922	NA

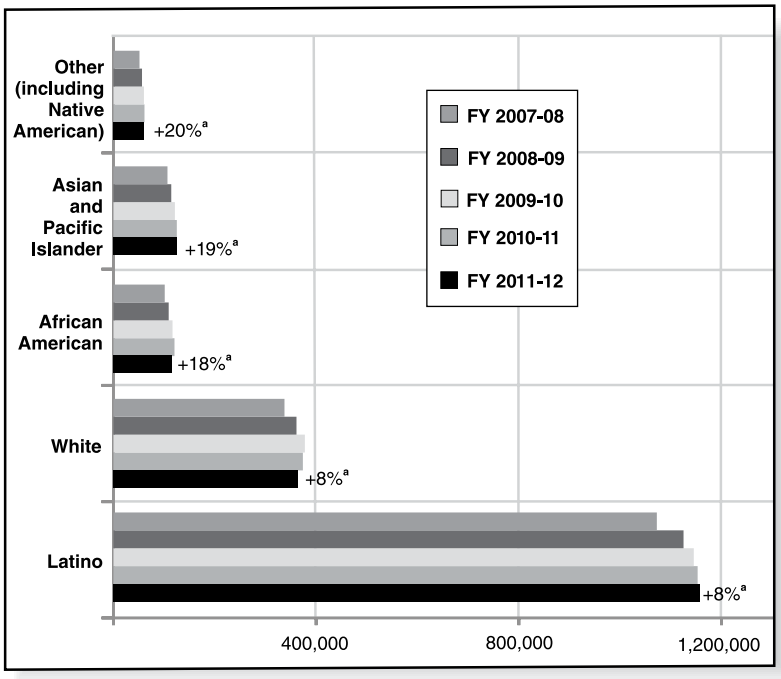
a In FY 2009-10 the oldest age group was 55-60. Beginning in April 2011 when the State transitioned Family PACT to a State Plan Amendment, age limits were eliminated and the age groupings were changed to reflect this.
b Asian and Pacific Islander.
c Federal Poverty Guideline, formerly Federal Poverty Level.
d Includes females only.
e Percentages may not add to 100% due to rounding.

Source: Family PACT Enrollment and Claims Data

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

A fifth group, "Other," has shown strong growth in recent years.[2] Over a five-year period this group has grown by 20%, followed by 19% for Asian Americans and 18% for African Americans. Latinos and Whites showed 8% growth over the five-year period. See Figure 3-5.

Figure 3-5
Trend in the Number of Family PACT Clients Served by Race/Ethnicity



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

2 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.

The Family PACT population has a substantially higher proportion of Latinos (63%) than does the California population that is comparable to it in income and age (52%). See Figure 3-6.

The overall proportion of women who reported never having had a live birth upon enrolling or recertifying (50%) did not change in FY 2011-12 after steadily increasing from 40% in FY 2000-01. For women under age 40, and particularly among women in their twenties, this percentage continues to rise. See Figure 3-7. In FY 2000-01, 39% of women in their twenties had never had a live birth compared to 61% in FY 2011-12, an increase of 22 percentage points. Adolescents show less of a change, but their zero-parity rates are in a higher range (81% in FY 2000-01; 89% in FY 2011-12).

Among adolescents, Latinas showed the largest increase in zero parity rate of any of the other racial/ethnic groups. Their rate increased from 82% in FY 2010-11 to 84% in FY 2011-12. Since FY 2000-01 the zero parity rate among adolescent Latinas has increased from 69% – more than any other racial/ethnic groups. Among the other racial/ethnic groups, the percentage of adolescents reporting zero parity is 93% or higher.

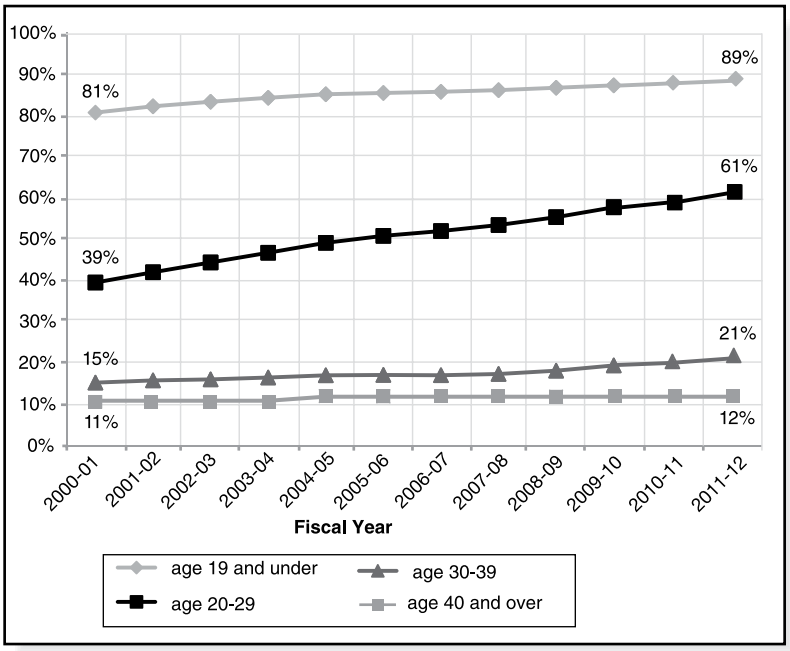
Figure 3-6
Comparison of Family PACT Clients to California Population by Ethnicity

	Clients Served by Family PACT		California Population under 200% of FPG[b] for Age Groups Served by Family PACT[c]		California Population[d]	
	FY 2011-12		FY 2011-12		FY 2011-12	
	No.	%	No.	%	No.	%
Latino[a]	1,154,646	63%	6,383,317	52%	14,389,779	38%
White	363,326	20%	3,350,970	27%	14,974,618	40%
African American[a]	119,715	7%	802,736	7%	2,199,763	6%
Asian, Filipino and Pacific Islander	126,159	7%	1,340,490	11%	5,014,917	13%
Other, including Native American	61,543	3%	393,334	3%	1,119,157	3%
Total	**1,825,389**	**100%**	**12,270,847**	**100%**	**37,698,234**	**100%**

a The terms "Latino" and "African American" are used in lieu of "Hispanic" and "Black," which appear on both the Family PACT Client Eligibility Certification Form and the California Population Survey.
b Federal Poverty Guidelines, formerly Federal Poverty Level.
c Only females ages 10-55 and males 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 outside these ranges are served.
d 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 and California Department of Finance, California Population Survey, July 2007

Figure 3-7
Percent of Female Family PACT Clients Served with Zero Parity by Age Group



Source: Family PACT Enrollment and Claims Data

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 2011-12 an estimated 69% of the client population was retained. See Figure 3-8.

- An estimated 46% of adolescent clients were retained, compared to 73% of adults. These rates have remained stable over the last five years. When adolescents turn 20 years of age they are counted as retained adults, which explains some of the difference in the two retention rates.
- An estimated 35% of males were retained, compared to 75% of females. The number of retained males has increased from 31% in FY 2007-08 to 35% in FY 2011-12. The retention of female clients has increased more slowly, going from 73% in FY 2007-08 to 75% in FY 2011-12.
- The retention rate among clients served by public providers has steadily increased, going from 67% in FY 2007-08 to 70% in FY 2011-12, while the retention rate among private providers has decreased, going from 70% in FY 2007-08 to 67% in FY 2011-12.

Figure 3-8
Family PACT Client Retention Estimates, FY 2011-12

Clients Served	Number	% Estimated as Retained[a]
All clients	1,825,400	69%
Adolescents	273,772	46%
Adults	1,551,623	73%
Males	263,901	35%
Female	1,561,499	75%
Clients served at Private Providers	581,918	67%
Clients served at Public Providers	1,178,518	70%

a Client retention can only be estimated because of data limitations in matching the clients from year to year.

Source: Family PACT Enrollment and Claims Data

Potential Impact of Health Care Reform on Client Demographics

Beginning January 1, 2014, California will implement health care reform and clients over 138% of FPG, with some exceptions, will be required to have health insurance either through their employer or on their own. Clients over 138% of FPG constitute 7% of Family PACT clients. The remaining 93% of clients will be able to receive family planning services through either Family PACT or Medi-Cal. Figure 3-9 shows the client demographics of those above 138% of FPG and those equal to or below that level. Clients over 138% of FPG are almost exclusively adults, have higher proportions of Whites and Asian and Pacific Islanders, report English as their primary language, and have a higher rate of zero parity.

Figure 3-9
Demographic Profile of Clients Served, by Federal Poverty Guideline, FY 2011-12

	Federal Poverty Guideline =<138%		Federal Poverty Guideline >138-200%	
	No.	%	No.	%
Total Number of Clients Served[a]	1,696,763	100%	128,625	100%
By Sex				
Female	1,453,060	86%	108,429	84%
Male	243,703	14%	20,196	16%
By Age Group				
Teen	270,444	16%	3,328	3%
Adults	1,426,314	84%	125,297	97%
Missing/Unknown	5		NA	
By Ethnicity				
Latino	1,095,673	65%	58,972	46%
White	320,320	19%	43,006	33%
African American	113,467	7%	6,248	5%
API[b]	111,378	7%	14,781	11%
Other inc. Native American	55,925	3%	5,618	4%
By Primary Language				
Spanish	703,334	41%	32,648	25%
English	937,936	55%	87,137	68%
Other	55,493	3%	8,840	7%
By Family Size				
1 person	884,989	52%	67,225	52%
2 to 4 persons	632,968	37%	55,414	43%
5 or more person	178,806	11%	5,986	5%
By Parity[c]				
none	717,121	49%	61,590	57%
1 birth	248,495	17%	20,812	19%
2 births	239,415	16%	16,337	15%
3-9 births	247,151	17%	9,655	9%
Missing/Unknown	878	NA	35	NA

a The sum does not equal the total number of clients served because 12 clients had missing data.
b Asian and Pacific Islander.
c Includes females only.

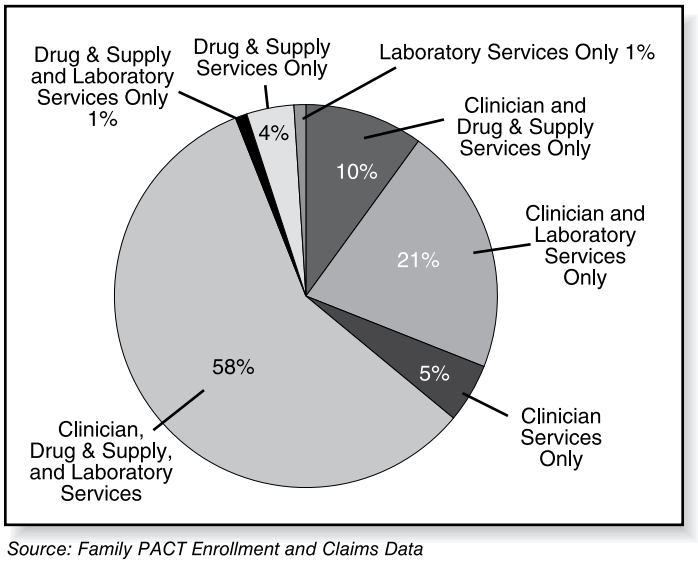
Source: Family PACT Enrollment and Claims Data

Chapter 4 *Service Utilization*

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.[1] More detailed information on contraception and STI services are discussed in chapters 5 and 6, respectively.

Figure 4-1
Family PACT Clients Served by Service Type Combination
N = 1,825,400



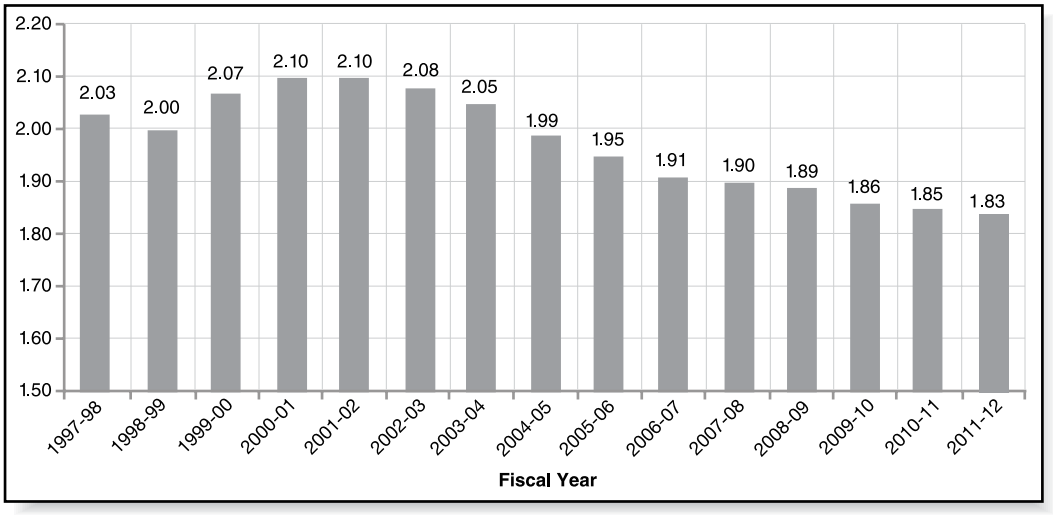
Source: Family PACT Enrollment and Claims Data

The majority of clients served in FY 2011-12 (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 4-1.

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 2011-12. As in the previous years, the two most frequently utilized clinician services were E&M services (67%) and E&C (22%). 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.

Figure 4-2
Family PACT Visits[a] per Client by Fiscal Year



a 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

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 1.83 visits per client in FY 2011-12. Visits per client have been slowly declining since FY 2001-02 when they were 2.1. See Figure 4-2.

1 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.

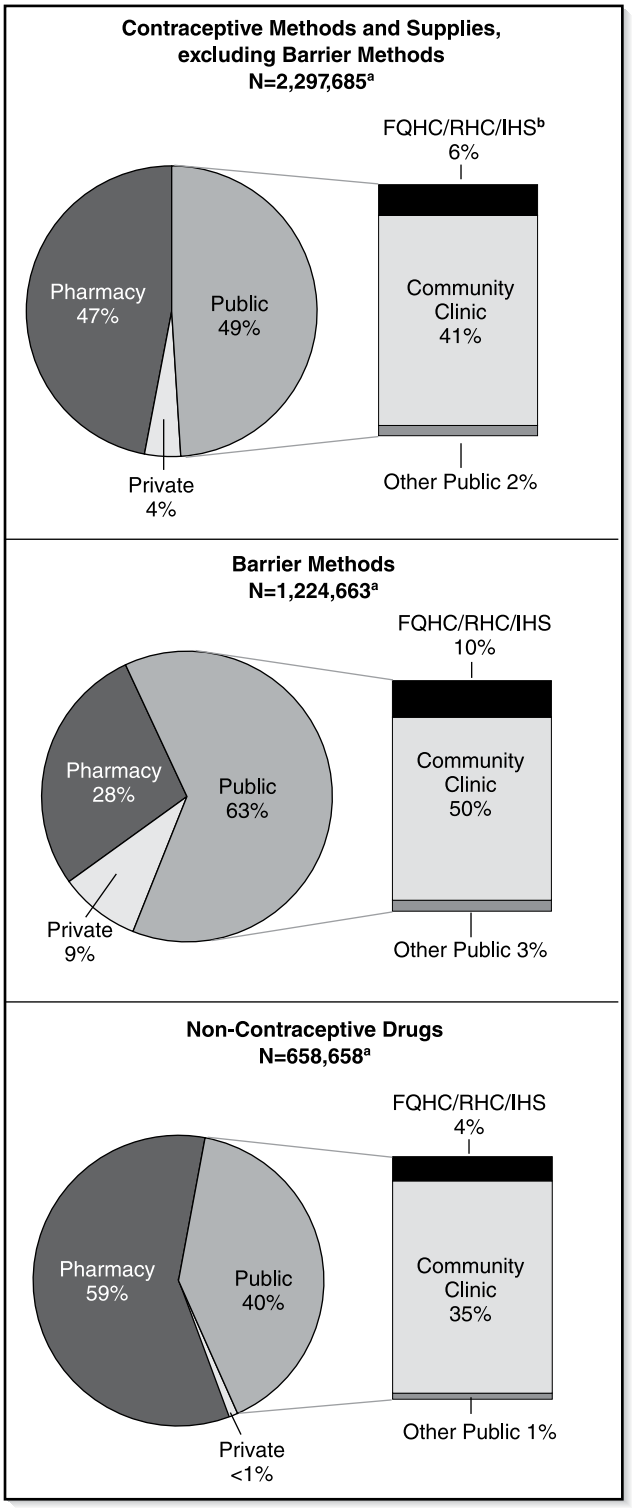
Drug and Supply Services

Similar to previous years, 72% 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 the same as the previous fiscal year, and six percentage points lower than in FY 2007-08 (62%). Each year approximately two-thirds of clients receive their drug and supply services on-site (67% in FY 2011-12). Approximately half of clients (45% in FY 2011-12) receive drug and supply services at pharmacies.[2] These proportions have remained relatively stable over the past five fiscal years.

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

Private sector clinician providers do very little dispensing on-site (5% 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 (47% pharmacies; 49% public).[3] For barrier methods, public providers were reimbursed for the majority of claims (63% public; 28% pharmacies). The opposite was true for non-contraceptive drugs, where the majority of claims were paid to pharmacies (59% pharmacies; 40% public). Within public providers, the majority of the dispensing was done at community clinics, followed by FQHC/RHC/IHS, and other public clinics. See Figure 4-3.

Figure 4-3
Dispensing of Drugs and Supplies in Family PACT by Drug Category and Provider Type, FY 2011-12



a Paid claim lines in the fiscal year.
b Federally Qualified Health Centers/Rural Health Centers/ Indian Health Services.

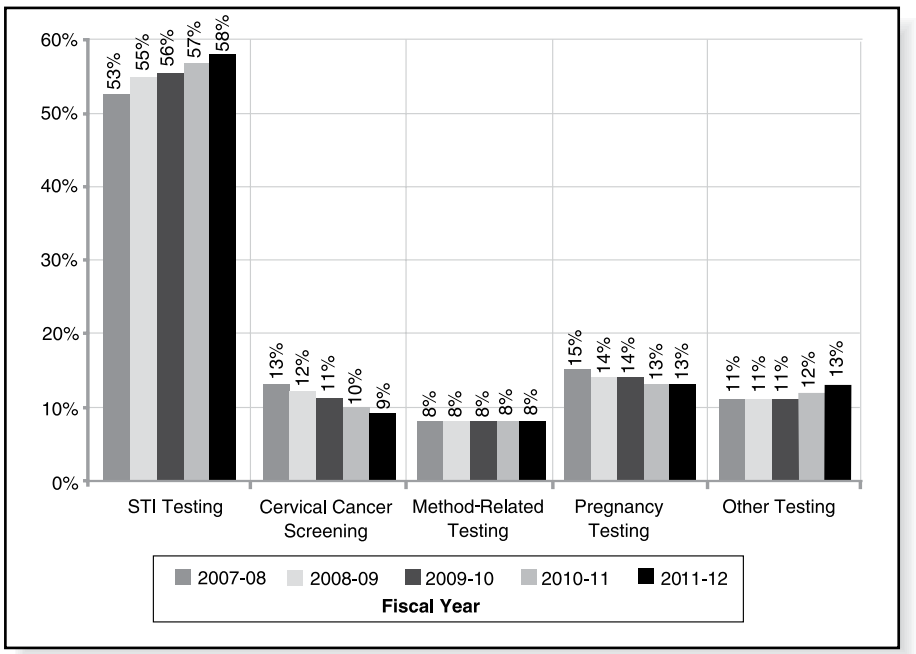
Source: Family PACT Enrollment and Claims Data

2 Percentages will add to more than 100% because a client may receive drug and supply services both on-site from a clinician and at a pharmacy.
3 Non-barrier contraceptive drug and supplies include hormonal contraception, intrauterine contraceptive devices, and the Essure sterilization device.

Laboratory Services

Overall, 82% of clients served received laboratory services. The proportion of men receiving laboratory services increased seven percentage points between FY 2007-08 (76%) and FY 2011-12 (83%). 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 2011-12).

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



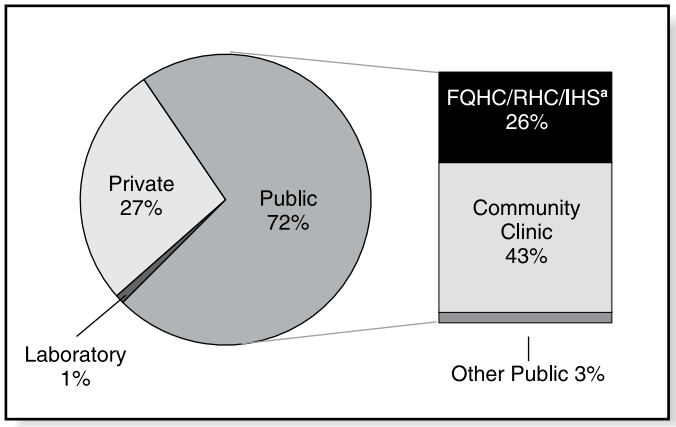
Source: Family PACT Enrollment and Claims Data

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 five percentage points from FY 2007-08 (53%) to FY 2011-12 (58%). The proportions of the other laboratory tests have mostly declined or remained approximately the same in that time period. Cervical cancer screening (9% in FY 2011-12) declined by one percentage point over the previous year as it has in the prior three years. Contraceptive method-related testing (8%) has remained the same since FY 2007-08. Pregnancy testing (13%) remained the same since the last fiscal year but has seen a modest decline since FY 2007-08. Other laboratory tests (13%) increased by one percentage point from the previous fiscal year and have seen a modest increase since FY 2007-08. See Figure 4-4.

Full-service laboratories – as opposed to on-site clinician laboratories – handled 67% of all laboratory procedures. Ninety-five percent (95%) of cervical cancer screening tests, 88% of STI tests, and 70% 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 2011-12). Within the public sector, most pregnancy tests are done at community clinics (43%) followed by FQHC/RHC/IHS (26%) and other public providers (3%). See Figure 4-5.

Figure 4-5
Pregnancy Tests in Family PACT by Provider Type, FY 2011-12



a Federally Qualified Health Centers/Rural Health Centers/Indian Health Services.

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 reproductive health 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. 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%. Since FY 2007-08 it has fluctuated between 39% and 41%. In FY 2011-12 it was 40%.

Women ages 20-34 accounted for 65% of clients tested for pregnancy in FY 2011-12. Adolescent women under age 20 accounted for 18% of all clients tested for pregnancy. Forty-eight percent (48%) of adolescent women received a pregnancy test compared to 42% 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 2011-12. See Figure 4-6.

Figure 4-6
Family PACT Female Clients Served with a Pregnancy Test by Age FY 2011-12

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	160,625	114,316	18%	236,047	48%	1.41
20-34	573,390	407,343	65%	980,005	42%	1.41
>34	138,709	103,294	17%	345,447	30%	1.34
Total	**872,724**	**624,953**	**100%**	**1,561,499**	**40%**	**1.40**

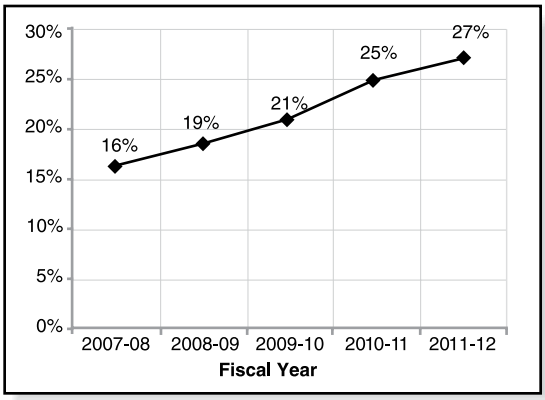
Source: Family PACT Enrollment and Claims Data

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 declined since 2007-08 when it was 17%. In FY 2011-12, 6% of female clients received services under PDC S60, which is the same as in the previous fiscal year. Half of these women received contraceptive services from Family PACT at some other time during the year.

Mammography Services[4]

Screening mammography for women 40 years old and over was added to the Family PACT benefits package in January 2002. The proportion of eligible clients receiving a mammogram through the program has increased over the past four years, going from 16% of women ages 40 and over in FY 2007-08 to 27% in FY 2011-12. See Figure 4-7.

Figure 4-7
Proportion of Eligible Family PACT Clients Served with Mammography, FY 2011-12

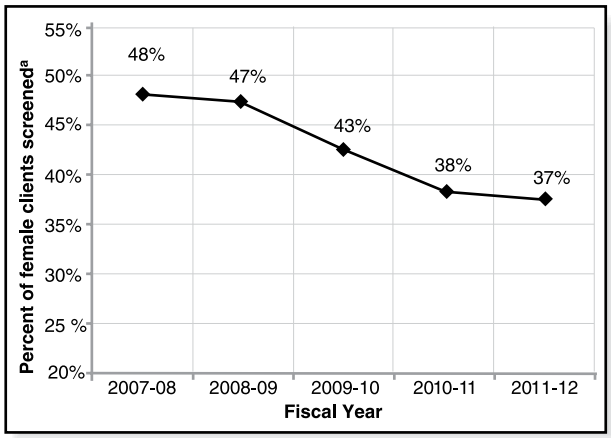


Source: Family PACT Enrollment and Claims Data

4 For mammography, the denominator for eligible clients is restricted to women age 40 and over. For more details on how utilization rates for mammography and cervical cytology screening are calculated see Appendix I.

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 8% in FY 2011-12 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 19% increase in the number of clients served with mammography in FY 2011-12 over the previous year (42,908 in FY 2010-11 to 50,861 in FY 2011-12). Eighty-six percent (86%) of clients who received a mammogram, received it from a Medi-Cal referral provider. The majority of clients who received mammography services also received other reproductive health services; only 4% of clients who received a mammogram had no other reproductive health services this fiscal year. These clients could have received other services in the prior fiscal year.

Figure 4-8
Proportion of Family PACT Female Clients Served with a Cervical Cytology Test



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

Source: Family PACT Enrollment and Claims Data

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 cervical cytology screening for most women: the US Preventive Services Task Force (USPSTF) and a multidisciplinary partnership between the American Cancer Society/American Society for Colposcopy and the Cervical Pathology/American Society for Clinical Pathology.[5, 6] Recommendations for screening periodicity vary depending on age, history, and the specific screening test utilized, but screening is recommended 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 2011-12, 37% of female clients received at least one cervical cytology test, continuing the decline from FY 2007-08. See Figure 4-8. 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.

Women ages 20-34 accounted for 62% of clients receiving a cervical cytology test in FY 2011-12. However, a higher proportion of women over age 34 received a cervical cytology test during the year than women of other age groups. Seven percent (7%) of women under age 20 received a cervical cytology test compared to 56% of women over age 34. Overall, the program provided an average of 1.14 cervical cytology tests per client tested in FY 2011-12. See Figure 4-9.

Figure 4-9
Family PACT Clients Served with a Cervical Cytology Test by Age, FY 2011-12

Age	Cervical Cytology Test	Clients Served with Cervical Cytology Test		Total Females Served[a]	Proportion of Female Clients Tested	Average Number of Cervical Cytology Tests per Client
	No.	No.	%	No.	%	No.
<20	18,454	15,600	3%	220,755	7%	1.18
20-34	383,128	333,099	62%	902,113	37%	1.15
>34	204,823	184,587	35%	327,125	56%	1.11
Total	**606,405**	**533,286**	**100%**	**1,449,993**	**37%**	**1.14**

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

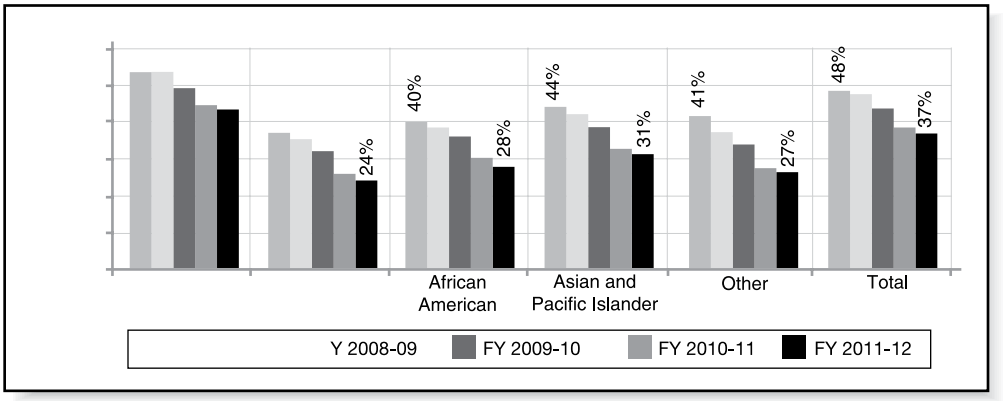
Source: Family PACT Enrollment and Claims Data

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 July 2 2013.

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://171.67.112.51/content/137/4/516.full.pdf+html. Accessed July 2, 2013.

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. See Figure 4-10.

Figure 4-10
Cervical Cytology Testing Rates in Family PACT by Race/Ethnicity



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

Source: Family PACT Enrollment and Claims Data

Latinas have the highest proportion of testing reimbursed by the program across the years. In FY 2011-12, Latinas had a screening rate of 43%, down from 53% in FY 2007-08. White women had the lowest screening rate in FY 2011-12 (24%). Women in the "Other" category had a 14 percentage point decline since FY 2007-08 – the largest of all the groups. White women and API women both had declines of 13 percentage points.

Approximately two percent (2.3%) 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 2009-10 and 2.4% FY 2010-11). Fewer than 1% received treatment for cervical abnormalities. This is consistent with previous years.

Overview

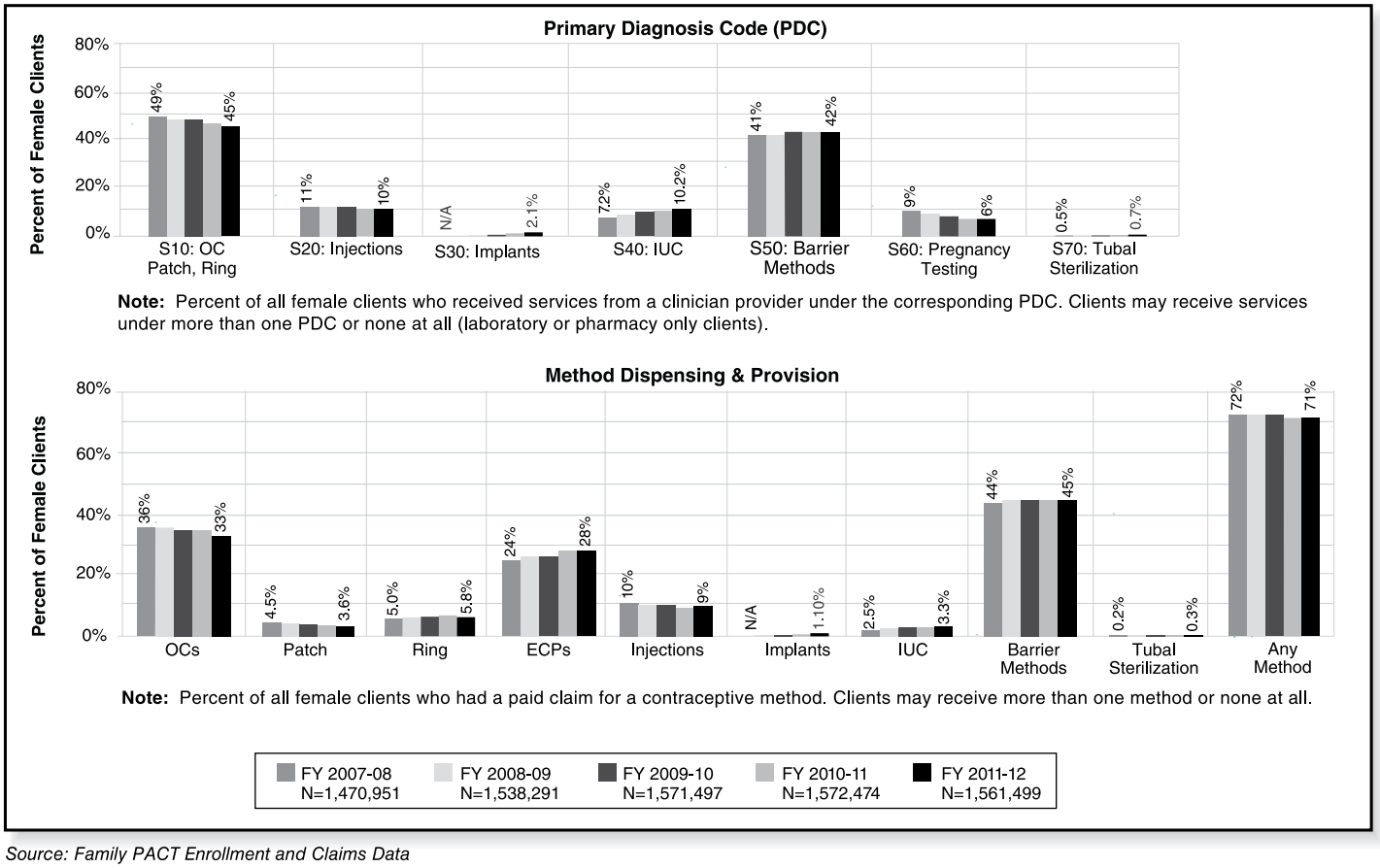
The Family PACT Program's core services are categorized by primary diagnosis codes (PDC) according to family planning methods or services. These Family PACT-specific billing codes are designated by the letter "S" and are as follows: (S10) oral contraceptives/patch/ring, (S20) contraceptive injections, (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 for females and males. Method dispensing and service data are further combined to group clients according to tier, or the most effective method chosen.

Contraceptive Services for Females by Method

The following is a discussion of services specific to females by method. See Figure 5-1.

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 declined slightly in recent years (33% in FY 2011-12 down from 36% in 2007-08). On average, women who received OCs within the year were provided 8.8 months of coverage (up from 8.6 in FY 2010-11). As in previous years, the majority of OC dispensing was through clinician providers on-site (58% of OC cycles dispensed through clinicians; 42% through pharmacies). On-site dispensing of all contraceptives is done almost exclusively through public providers. Of the clients served by public providers, 92% were served by community clinics, 6% by FQHC/RHC/IHS clinics, and 2% by other public providers.

Figure 5-1
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 the Family PACT benefits in FY 2002-03 and provision increased steadily through FY 2004-05 to 15% of female clients. 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 clients, who were dispensed this method. The downward trend continued and in FY 2011-12, 3.6% of female clients were dispensed the patch. The majority of paid claim lines for patch dispensing were from pharmacies (70%), with 30% of patch claims from clinician providers dispensing on-site. Of clients served with patch dispensing by public providers, the majority (89%) were served by community clinics, 10% by FQHC/RHC/IHS clinics and 1% by other public providers.

Contraceptive Vaginal Ring: The vaginal ring was also added to the Family PACT benefits during FY 2002-03 and its rate of provision increased until FY 2010-11 when 6% of the Family PACT females received the ring. In FY 2011-12 roughly 90,000 clients received the ring, a 3% decline from FY 2010-11. Consistent with prior years, pharmacies continue the majority of ring dispensing. For FY 2011-12, 46% of ring dispensing was done through clinician providers on-site and 54% was from pharmacies. Of clients dispensed a ring by public providers, the majority (95%) were served by community clinics, 5% by FQHC/RHC/IHS clinics and fewer than 1% by other providers.

Dedicated Emergency Contraceptive Pill Products (ECPs): Family PACT services include the provision of emergency contraception along with all family planning methods. Twenty-eight percent (28%) of female clients (over 438,000) received ECPs in FY 2011-12, up from 24% in FY 2007-08. In FY 2010-11 the number of females who received ECPs increased 5%, but in FY 2011-12 the growth rate was less than 1%. Only 1% of clients were dispensed ECPs alone with no other contraceptive method. As in previous years, the majority of ECP dispensing (82%) was done on-site through clinician providers and the rest (18%) through pharmacies. Of clients served with ECP dispensing by public providers, the majority (93%) were served by community clinics, 5% by FQHC/RHC/IHS clinics and 2% by other public providers.

Contraceptive Injections: Ten percent (10%) of female clients received S20 services related to contraceptive injections and 9% were provided this method. The rates of dispensing and PDC utilization for contraceptive injections were slightly down in FY 2010-11. In FY 2011-12, however, while service utilization was the same (10%), the rate of provision was up (9% for 2011-12 vs. 8% in FY 2010-11).

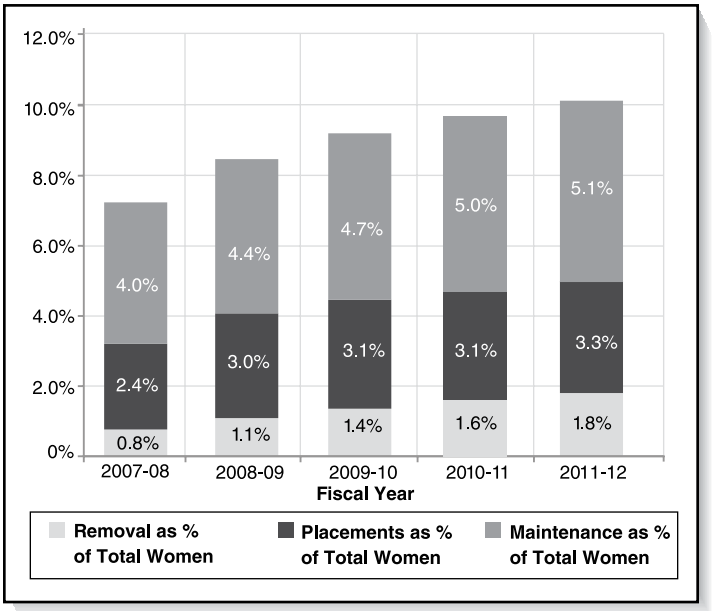
Beginning April 1, 2010, payment to pharmacies for contraceptive injections was no longer allowed in the program. The majority of claims for injections were from public providers (70%), with 30% from private providers. Of clients provided injections from public providers, the majority (57%) were served by community clinics, 39% by FQHC/RHC/IHS clinics and 5% by other public providers.

Contraceptive Implants: In July 2008, a contraceptive implant, Implanon, was added to the 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 2011-12, over 32,000 female clients (2%) received services under S30 PDC for contraceptive implants up from roughly 23,000 (1.5%) in FY 2010-11. Over 17,000 clients (1.1%) received a contraceptive implant in FY 2011-12, compared to about 13,000 (0.8%) in FY 2010-11. This difference represents a 34% increase in the number of clients receiving implants in FY 2011-12, down from a 55% increase the previous year, but still relatively strong growth. The vast majority of implants were provided by public providers (95% of clients) and the rest through private providers (5%). Of clients provided implants from public providers, the majority (64%) were served by Community Clinics, 31% by FQHC/RHC/IHS clinics and 5% by other public providers.

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 2011-12, as in FY 2010-11, 42% of female clients received services under the barrier methods PDC. Overall, private providers accounted for roughly 10% of clients dispensed barrier methods, public providers accounted for 65%, and pharmacies 25%. Of public providers serving clients with barrier method supply dispensing, the majority of clients were served by community clinic providers (80%), 16% by FQHC/RHC/IHS clinics and 5% by other public providers.

Intrauterine Contraception (IUC): The proportion of female clients receiving IUC services (S40) had been 5% each year from program inception through FY 2005-06. Beginning in FY 2006-07, however, IUC services began to increase. In FY 2011-12, 10.2% of female clients received IUC services, up from 9.7% in FY 2010-11. Figure 5-2 shows the percentage of females who received services for placements, maintenance, and removals.[1] Nearly five times as many females received placement and maintenance services as removal services.

Figure 5-2
Clients Served with IUC Services as Percent of Total Women Served by Family PACT



Source: Family PACT Enrollment and Claims Data

In FY 2010-11 the number of females with an IUC placement leveled off, following relatively rapid growth in the prior years. In FY 2011-12, IUC placements grew once again with an 8% increase over the previous year.

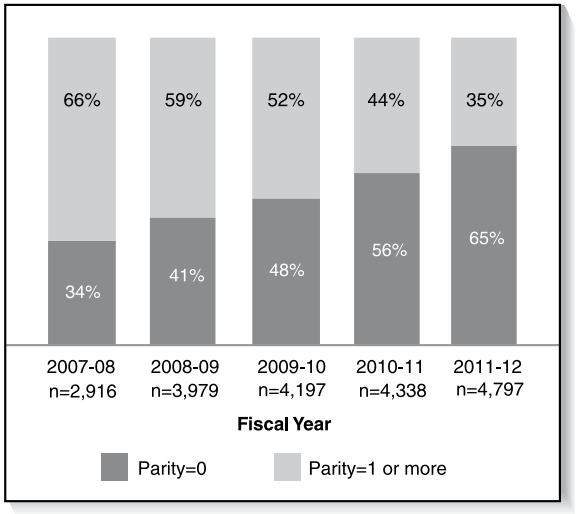
The profile of clients receiving an IUC has changed substantially over time. From FY 2007-08 to FY 2011-12 among female clients dispensed an IUC:

- The proportion of clients with English as a primary language has increased from 34% to 59%; the proportion of Spanish speakers has decreased from 63% to 38%.
- The proportion of White clients has increased from 15% to 24%; the proportion of Latina clients has decreased from 78% to 63%.
- The proportion of clients dispensed the Mirena IUC has increased from 44% to 58%; the proportion of clients dispensed the ParaGard IUC has decreased from 51% to 36%.[2]
- The proportion of adolescents, age 19 and under, has increased from 8% to 9%.
- The proportion of nulliparous females has increased from 16% to 31%.

The increase in the proportion of nulliparous and younger IUC users is of particular interest given recent changes in clinical guidelines around IUC candidate selection. In July 2011, Family PACT issued a Clinical Practice Alert indicating IUC is ideally suited for females who desire long-term contraception including young females and those who have not been pregnant. The Clinical Practice Alert was based on current national standards of medical eligibility criteria for contraceptive use, and is a shift in prior guidelines which did not include IUC recommendation for younger and nulliparous females.

As further evidence that providers are implementing these new guidelines, the number of adolescents with an IUC placement increased by 11% in FY 2011-12 despite an overall 7% decline in the number of female adolescents. Additionally, from 2007-08 to FY 2011-12, the percentage of nulliparous clients increased among both adolescent and adult clients receiving an IUC. Among adolescent IUC clients, nulliparous clients increased from 34% to 65%. In the same period, the percent of adult IUC clients, who were nulliparous, increased from 14% to 27%. See Figures 5-3 and 5-4.

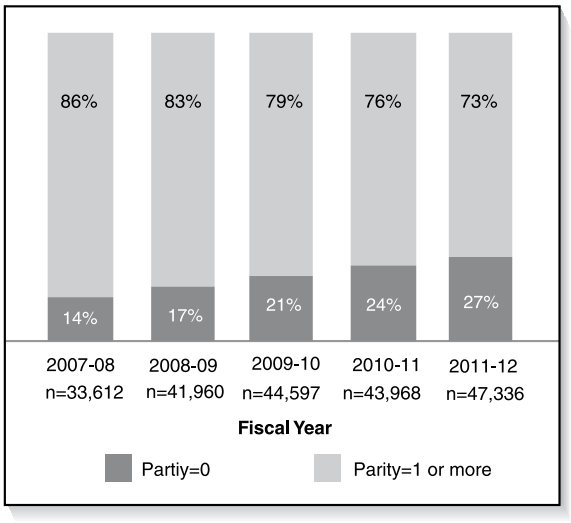
Figure 5-3
Percent of Family PACT Adolescents Receiving an IUC, by Parity



Source: Family PACT Enrollment and Claims Data

1 Maintenance services included all services billed under PDC S40 that did not include placement or removal on the same date of service.
2 Claims do not total 100% because a device was not paid for all clients. Claims for some women were for IUC placement procedures only.

Figure 5-4
Percent of Family PACT Adults Receiving an IUC, by Parity



Source: Family PACT Enrollment and Claims Data

The majority of clients provided an IUC in FY 2011-12 were served by public providers (86%) vs. private providers (14%). Among clients served by public providers 4.3% received an IUC in FY 2011-12, a proportion that has been steadily increasing. Among clients served by private providers, 1.5% received an IUC in FY 2011-12. A sharp decline (-24%) in the number of clients receiving IUC placements from private providers in FY 2010-11 leveled off in FY 2011-12 (-1%), while the number of IUC placements among public providers continued to increase (+10% in FY 2011-12).

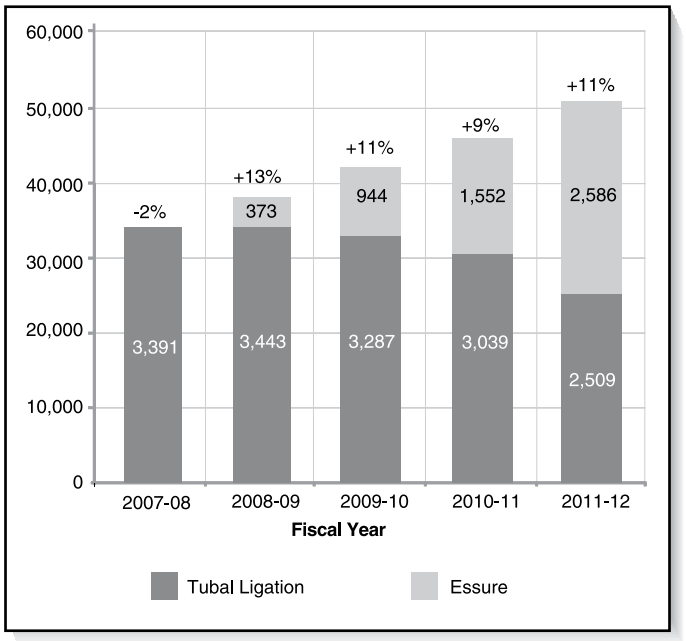
Among public providers, community clinics were responsible for the majority of IUC clients served (63%) followed by FQHC/RHC/IHS clinics (33%). Among IUC clients of public providers, there has been an increase in the proportion served by community clinics over the past five years (45% in FY 2007-08; 63% in FY 2011-12) and a concurrent decrease in the proportion served by FQHC/RHC/IHS providers (42% in FY 2007-08 to 33% in FY 2011-12).

Female Sterilization: Fewer than one percent (0.67%) of female clients received services related to sterilization, although not necessarily a sterilization procedure. Of the 5,095 clients who received a sterilization procedure, 46% were served by private providers, 22% by public providers, and 31% by both public and private providers. Overall, 55,000 clients have received a sterilization procedure since program inception.

While these data are limited to paid claims within the fiscal year, denied and never paid claims have been of 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 such claims observed in FY 2006-07. In FY 2011-12, sterilization claims were denied for 7% of sterilization clients, down from a high of 17% in FY 2006-07.

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 2011-12 marks the fourth full year of this method's availability. 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. Essure now comprises 51% of all female sterilizations performed in Family PACT, up from 10% in FY 2008-09. There was no notable growth in female sterilization prior to FY 2008-09, however, the number of women receiving sterilization increased 13% the first year Essure was added to the benefits and has continued to grow. See Figure 5-5. Sixty-four percent (64%) of claims for Essure were from private providers and 36% were from public providers.

Figure 5-5
Number of Family PACT Clients Provided Female Sterilization[a]



a Five percent (5%) of Essure clients had a tubal ligation code paid, also. Of the clients with both Essure and tubal ligation codes paid, the vast majority of the tubal ligation codes paid were for anesthesia on the same day as the Essure procedure. Some tubal procedures were performed after a failed Essure.

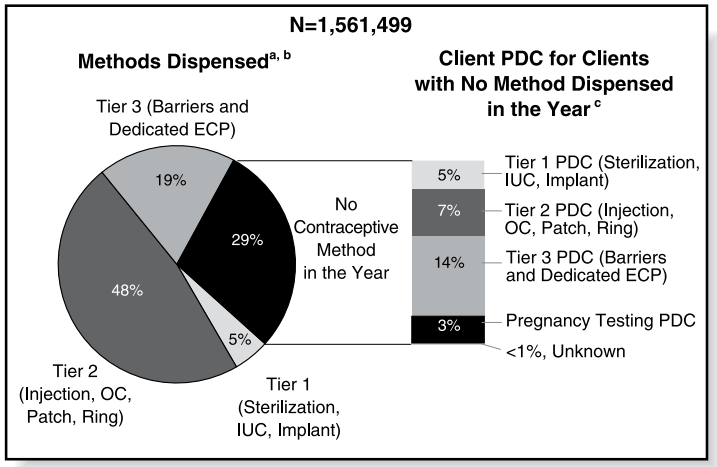
Source: Family PACT Enrollment and Claims Data

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 5-6, 71% of female Family PACT clients were dispensed a contraceptive method in the fiscal year; 5% received Tier 1 methods, 48% received Tier 2 methods, and 19% 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). Evidence of having a method in place can be found for roughly one out of four clients, bringing the percentage of clients with no method in the year down to 22%.

Figure 5-6
Provision of Family Planning Methods by Tier: Female Family PACT Clients Served, FY 2011-12



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 understate methods dispensed to the degree that clients received methods not billed to Family PACT.

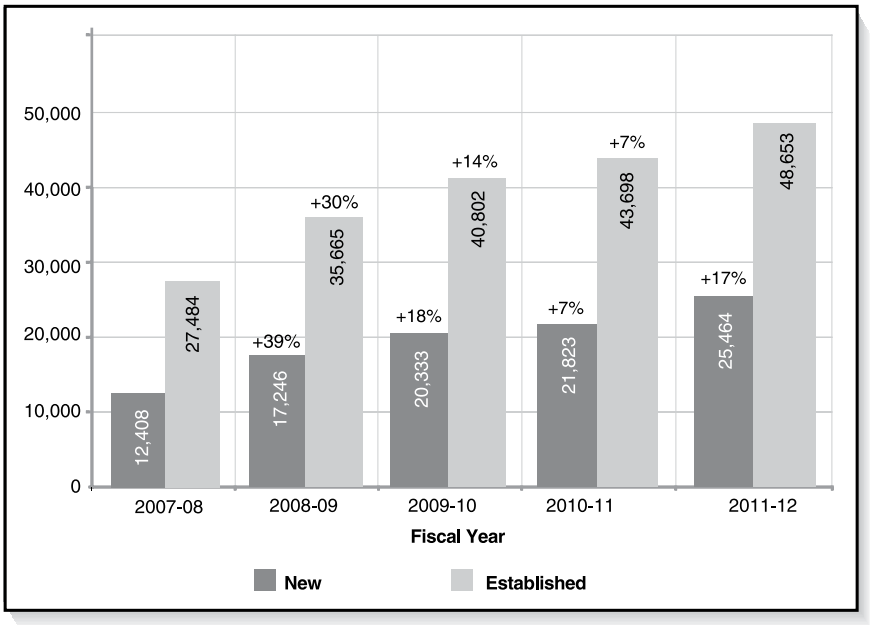
c Primary Diagnosis Codes (PDC) are Family PACT-specific billing codes. For clients with no method provison in the year, clients are grouped under the most effective method PDC under which they had a visit.

Source: Family PACT Enrollment and Claims Data

From 2007-08 to FY 2011-12:

- Increases were observed in the proportion of clients who showed no method dispensing and those provided Tier 1 and Tier 3 methods. The most notable change was a two percentage point increase for Tier 1 methods (2.7% in FY 2007-08; 4.7% in FY 2011-12). A one percentage point increase was observed for the other Tiers.
- The proportion of clients provided a Tier 2 method decreased (51% to 48%).
- The growth rate of clients receiving a Tier 1 method has been more rapid among newly enrolled clients than among established clients. The growth among newly enrolled clients is particularly striking considering that at the same time the number of newly enrolled female clients have been declining. See Figures 3-1 and 5-7.

Figure 5-7
Tier 1 Method Provision by New vs. Established Females Family PACT Clients Served



Source: Family PACT Enrollment and Claims Data

Female Contraceptive Method Provision, by Race/Ethnicity

Figure 5-8 shows family planning methods provided by tier for each of the racial/ethnic groups. Claims data cannot sufficiently explain how much variations are related to client preference versus provider behavior.

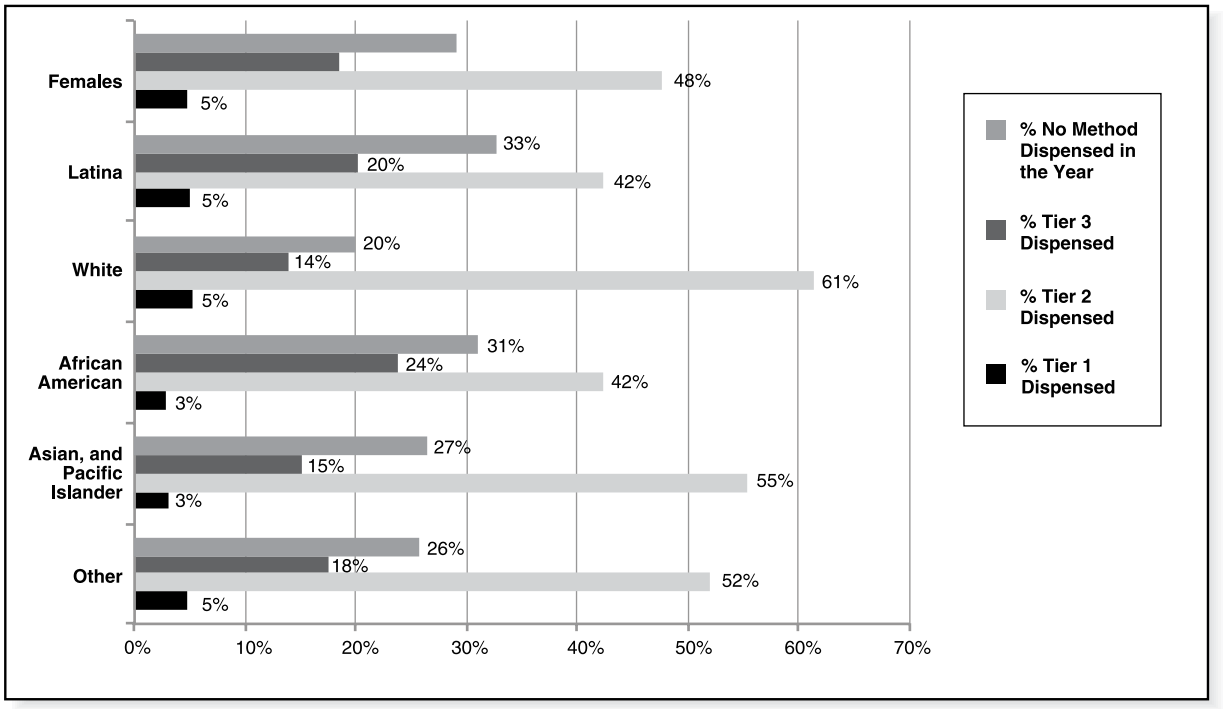
- Overall 5% of female clients received Tier 1 methods in the year; the percentage was lowest for African Americans and Asian & Pacific Islander clients (3%) and highest for Whites, Latinas and clients of Other race/ethnicity.
- White females were provided Tier 2 methods at the highest rate (61% White: 42% - 55% all other racial/ethnic groups).
- African American females received Tier 3 methods at the highest rate (24% African American; 14% - 20% for all other racial/ethnic groups).

Overall 29% of females had no paid claim for method dispensing in the year. This proportion was highest for Latinas (33%) and African Americans (31%) and lowest for Whites (20%). These percentages were consistent with prior years.

Other notable findings by race/ethnicity, not shown in Figure 5-8, were as follows:

- There was an increase across all racial/ethnic groups in the proportion of female clients provided sterilization, IUC, contraceptive injections and implants – most notably among those provided implants.
- While OC dispensing was down for all groups, White females were dispensed OCs more often than female clients of other racial/ethnic groups (47% White; 26% - 43% other racial/ ethnic groups). African Americans received OCs least often (26%). This pattern was consistent with previous years.
- A lower proportion of Latinas received ECPs compared to females of other racial/ethnic groups (21% Latinas; 33% - 41% other racial/ethnic groups). White females were most likely to receive ECPs (41%). These patterns have been observed since ECPs were added to program benefits.

Figure 5-8
Female Family PACT Clients by Method Tier Provided and Client Race/Ethnicity, FY 2011-12



Source: Family PACT Enrollment and Claims Data

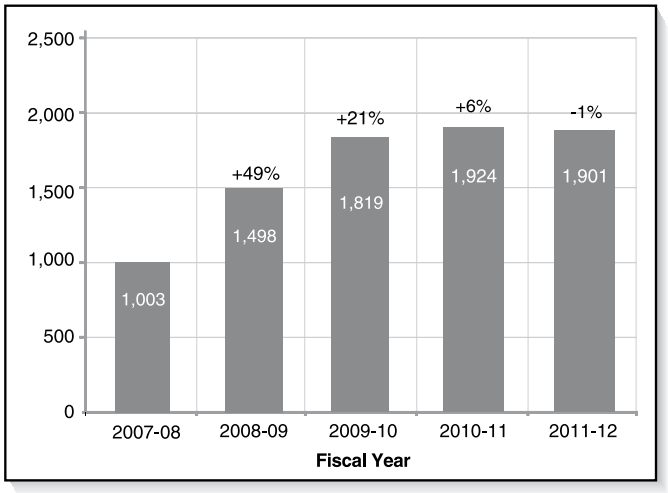
Contraceptive Services for Males

Males are eligible for services under PDCs for barrier methods (S50) and vasectomy (S80). Over the last five years, the proportion of male clients provided a contraceptive method within the year has remained fairly stable (51% in FY 2011-12), but lower than that for females (71% in FY 2011-12).

Barrier Methods: Because barrier methods are the predominant method dispensed to males their provision follows the same general trend of any method dispensing. Fifty-one percent (51%) of males received a barrier method in FY 2011-12. The proportion of males receiving services related to barrier methods (S50) was 95% in FY 2011-12, the same proportion as the previous year.

Vasectomy: Just over one percent (1.3%) of male clients received vasectomy-related services (S80) and 0.7% had a vasectomy – the same percentages as the previous three fiscal years. 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 clients received a vasectomy. The number of males receiving a vasectomy increased to 1,924 in FY 2010-11 and leveled off at 1,901 clients in FY 2011-12 (-1%). See Figure 5-9.

Figure 5-9
Number of Vasectomies in Family PACT and Percent Growth, FY 2007-08 to FY 2011-12



Source: Family PACT Enrollment and Claims Data

The vast majority of vasectomy clients were served by public providers (89%) vs. private providers (11%). Of the clients served with vasectomies by public providers, 73% were served by community clinics, 17% by FQHC/RHC/IHC clinics and 10% by other public providers. Nearly 19,000 male clients have received vasectomies since program inception. Once receiving a vasectomy, men are only eligible for Family PACT services for another three months.

Historically, estimates of vasectomy procedures for Family PACT clients were notably impacted by denied claims. In FY 2011-12, vasectomy claims were denied and never paid for 8% of vasectomy clients, down from a high of 36% in FY 2005-06.

Male Contraceptive Method Provision, by Race/Ethnicity

- 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, 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 2011-12). White males had the highest rate of vasectomies in FY 2011-12.

Contraceptive Services for Adolescent Clients

Service utilization patterns showed some variation by client age. See Figure 5-10 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 69% of female adults.
- Female adolescents received ECPs more frequently than adults (46% adolescents; 25% adults).
- Adolescent females were more frequently dispensed oral contraceptives than adults. Both groups saw a decrease in FY 2011-12 (41% for adolescents and 33% for adults in FY 2010-11; 39% for adolescents and 32% for adults in FY 2011-12).
- Adolescents were dispensed contraceptive implants slightly more frequently than adults (1.8% adolescents; 1.0% adults), reversing a trend of the previous two years. However, the annual growth in the number of implant placements was slightly higher for adults than adolescents (+35% adults; +30% adolescents).
- Eleven percent (11.5%) of adolescents and 8.2% of adults were provided contraceptive injections in FY 2011-12.
- 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 2011-12 the proportion of clients receiving such services was 3.9% for adolescents versus 11.4% for adults, up from 3.5% for adolescents and 10.9% for adults in FY 2010-11.
- Both female and male adolescents were more frequently dispensed barrier methods (59% females; 61% males) than adults (43% females; 49% males).
- Sixty-one percent (61%) of male adolescents had a method dispensed, compared to 49% of male adults.

Figure 5-10
Utilization of Family PACT Services by Female Clients[a]
FY 2011-12

N=236,047 Adolescents and N=1,325,449 Adults				
	Clients Served by a Clinician Under the PDC[b]		Clients Who Were Provided the Method[c]	
	Adolescents[d]	Adults[d]	Adolescents[d]	Adults[d]
OCs/Patch/Ring (S10)	51.9%	43.9%	46.9%	40.5%
Oral Contraceptives	N/A	N/A	39.3%	32.2%
Patch	N/A	N/A	4.0%	3.6%
Vaginal Ring	N/A	N/A	5.4%	5.9%
Contraceptive Injections (S20)	14.5%	9.7%	12.3%	8.1%
Contraceptive Implants (S30)	2.7%	1.9%	1.8%	1.0%
IUC (S40)	3.9%	11.4%	2.0%	3.6%
Barrier Methods/FAM (S50)	39.8%	42.6%	59.3%	42.8%
Pregnancy Testing (S60)	6.8%	5.6%	N/A	N/A
Tubal Sterilization (S70)	<0.01%	0.8%	N/A	0.4%
Dedicated Emergency Contraceptive Pills	N/A	N/A	45.7%	24.9%
No Clinician Provider Visit	4.3%	5.8%	N/A	N/A
No Method	N/A	N/A	19.9%	30.8%

N/A = Not Applicable
a Excludes 3 female clients with unknown age.
b Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.
c May not have been served under the PDC by a clinician. For example, condoms dispensed at a pharmacy are included.
d Columns may not add to 100% because some clients may be served under more than one PDC or method type.

Source: Family PACT Enrollment and Claims Data

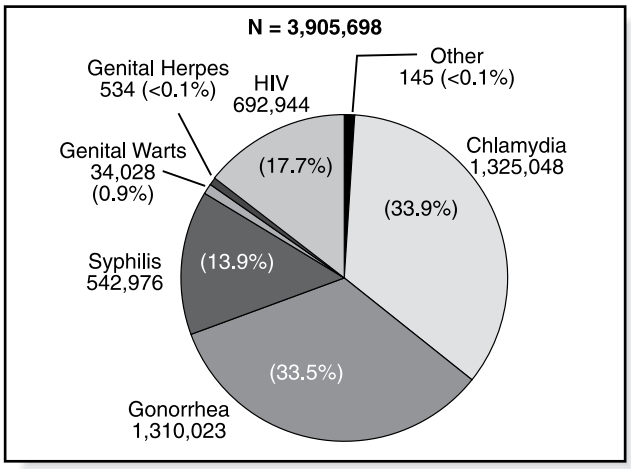
Overview

The detection and treatment of sexually transmitted infections (STIs) are critical components of family planning and reproductive health services.[1] Screening and treatment of prevalent STIs is the most cost-effective program strategy for reducing adverse reproductive health outcomes and associated costs among Family PACT clients.

Because of the large numbers of clients served by Family PACT, the potential to reduce prevalent STIs among Californians is significant.

Total STI test volume has increased 1% over the previous year with 3.9 million tests reimbursed in FY 2011-12 compared to 3.85 million in FY 2010-11. Over two-thirds (67.5%) of all STI tests were for chlamydia and/or gonorrhea, similar to the previous year (67.7%). See Figure 6-1.

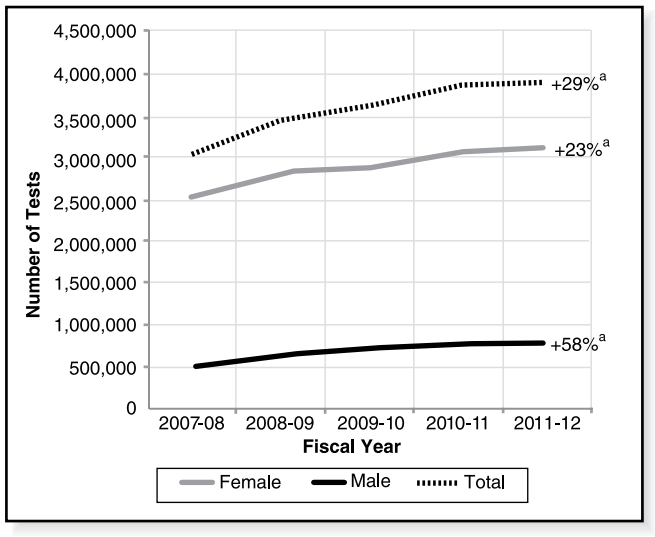
Figure 6-1
Number and Percent of STI Tests in Family PACT
FY 2011-12



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 6-2. The growth in test volume exceeds the increase in the number of clients served.[2] Sixty-nine percent (69%) of clients received an STI test in FY 2011-12, up from 64% in FY 2007-08, and the average number of STI tests per client served was 2.28 in FY 2011-12, compared to 1.97 in FY 2007-08.[3] See Figure 6-3.

Figure 6-2
Family PACT STI Test Volume, Males vs. Females



a Increase over five years

Source: Family PACT Enrollment and Claims Data

Figure 6-3
Percent of All Family PACT Clients Served with STI Tests
FY 2011-12

STI Test	FY 07-08 Percent of Clients Served N= 1,535,279	FY 08-09 Percent of Clients Served N= 1,635,298	FY 09-10 Percent of Clients Served N= 1,695,114	FY 10-11 Percent of Clients Served N= 1,712,872	FY11-12 Percent of Clients Served N= 1,711,078[b]
Any STI Test	64%	67%	67%	68%	69%
Chlamydia	60%	63%	63%	64%	65%
Gonorrhea	57%	60%	60%	63%	64%
Syphilis	26%	28%	27%	28%	29%
HIV	28%	32%	33%	36%	37%
HPV[a]	2%	2%	2%	2%	2%
Genital Herpes	<1%	<1%	<1%	<1%	<1%
Other STI Test	<1%	<1%	<1%	<1%	<1%

a Human Papillomavirus.
b Denominators exclude clients served with only Pregnancy Test Only (S60) visits or pharmacy services.

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 1,711,078. 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 FY 2007-08 STI Tests per Client Served: (3,025,235 STI tests)/(1,535,279 clients served)

STI Test Utilization among Female Clients

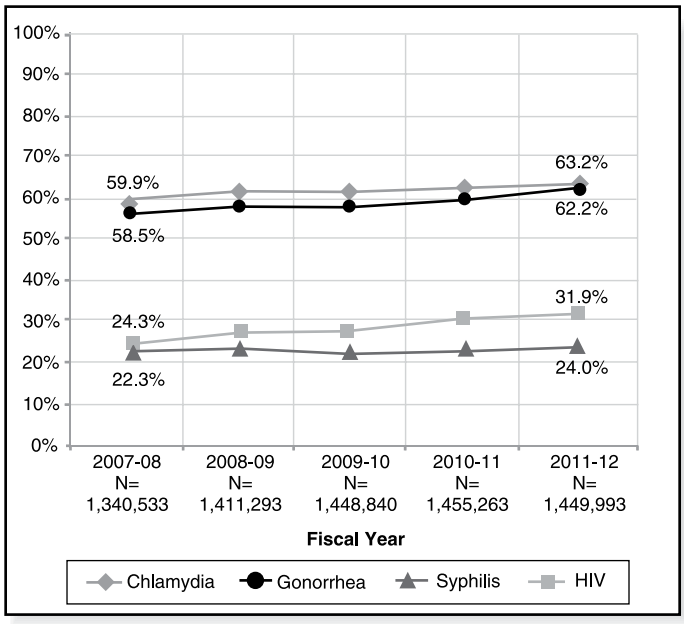
Sixty-seven percent (67%) of female clients received STI testing in FY 2011-12, higher than the four prior years. The proportion of females tested for chlamydia (63%), gonorrhea (62%), syphilis (24%) and HIV (32%) were all higher than the previous year. See Figures 6-4 and 6-5.

Figure 6-4
Percent of Family PACT Clients Served with STI Tests by Sex, FY 2011-12

STI Test	Female Clients Percent N=1,449,993	Male Clients Percent N=261,085
Any STI test	67%	82%
Chlamydia	63%	77%
Gonorrhea	62%	76%
Syphilis	24%	58%
HIV	32%	68%
HPV	2%	N/A
Genital herpes	<1%	<1%
Other STI Test	<1%	<1%

Source: Family PACT Enrollment and Claims Data

Figure 6-5
Percent of Female Family PACT Clients Tested for Selected STIs



Source: Family PACT Enrollment and Claims Data

Chlamydia: Sixty-three percent (63%) of female clients served were tested for chlamydia and all chlamydia tests used 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.[4] 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.[5]

Using this expanded time frame, the proportion tested among female clients under age 26 served in FY 2011-12 increased one percentage point to 78% over the prior year and seven percentage points over five years (71% in FY 2007-08). The increasing proportion of young female clients tested for chlamydia demonstrates ongoing improvement in adherence to program and national screening guidelines.

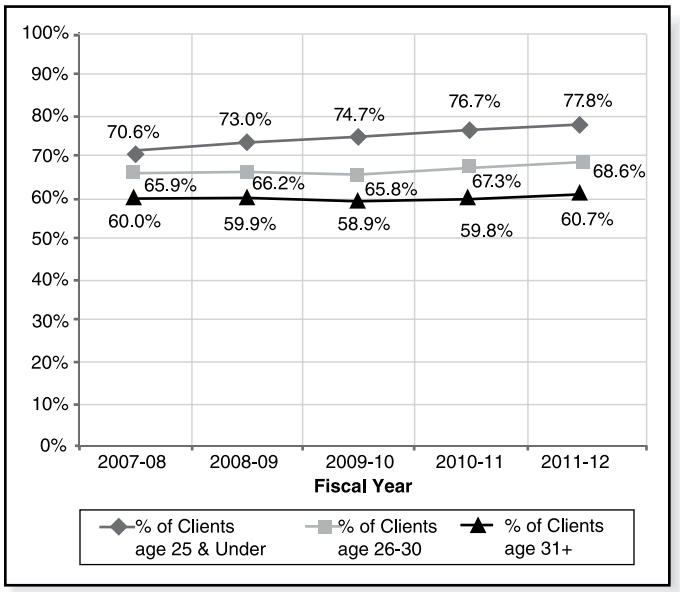
In both the older age groups, the proportion tested increased by one percentage point over the previous year. Over 68% of clients ages 26 to 30 and over 60% of clients over age 30 were tested in FY 2011-12. Based on estimates of sexual risk behaviors and consistently low chlamydia prevalence among older clients, the observed chlamydia testing rate for women in this oldest age group has remained high over the last several years. A rate of no more than 50% for women over age 30 would be expected if targeted screening was strictly practiced.[6] See Figures 6-6 and 6-7.

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.

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

Figure 6-6
Trends in Chlamydia Screening for Female Family PACT Clients, by Age, FY 2007-08 to FY 2011-12



Source: Family PACT Enrollment and Claims Data

Figure 6-7
Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories[a] by Age FY 2011-12

	Chlamydia		Gonorrhea	
Age Group	No. of Tests	% Positive	No. of Tests	% Positive
≤25 Years	75,226	5.2%	71,698	0.5%
26-30 Years	28,251	2.2%	27,506	0.3%
≥31 Years	49,141	1.2%	48,267	0.1%
Total	152,618	3.4%	147,471	0.3%

a Test result data from Quest represent approximately 13% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

Chlamydia screening rates differed by provider sector and were similar to the previous year. In FY 2011-12, public providers screened 79% 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 (68% public; 69% private). For female clients over age 30 the difference in screening rates was greater. Public providers screened close to 57% 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 2011-12. Of the 2,202 female cases identified in FY 2010-12, 35% were retested, but this is dependent on return rates. Of the 60% of female cases who returned for clinical services 1-6 months after initial diagnosis, 58% were retested, a higher retesting rate than among cases in the previous year. See Figure 6-8. Among both private and public sector providers, the proportion of return cases diagnosed increased over last year, 4 percentage points and 8 percentage points, respectively. Similar to last year, return cases diagnosed among private sector providers was higher (60%) as compared with those diagnosed by public sector providers (58%). While there was some variation in return and retesting rates by age, race/ethnicity, and provider sector, program efforts to increase overall return and retesting rates are needed.

Figure 6-8
Retesting of Chlamydia Positive Female Clients among Family PACT Clients Served by Quest/Unilab Laboratories[a] FY 2011-12

Age/Race	Number of Chlamydia Positives	Number of Revisits	% Revisits	Number of Retests	% Retests among Revisits
Total	**2,202**	**1,317**	**59.8%**	**772**	**58.6%**
≤25 Years	1,651	985	59.7%	586	59.5%
26-30 Years	293	181	61.8%	106	58.6%
≥31 Years	258	151	58.5%	80	53.0%
Latina	1,163	710	61.0%	387	54.5%
White	337	197	58.5%	124	62.9%
African American	396	237	59.8%	150	63.3%
Asian and Pacific Islander	227	128	56.4%	84	65.6%
Other (Including Native American)	79	45	57.0%	27	60.0%

a Test result data from Quest represents approximately 13% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

Gonorrhea: Nucleic-acid amplification tests (NAATs) are the nearly universal chlamydia test type in Family PACT and the same is 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 2011-12, the proportion of female clients tested for gonorrhea increased to 62%, compared with 60% in FY 2010-11. 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 Figures 6-5 and 6-7.

Syphilis: Twenty-four percent (24%) of female clients were tested for syphilis in FY 2011-12, reflecting ongoing incremental increases since FY 2009-10. Approximately 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. See Figure 6-5.

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 2011-12, 32% of female clients were tested for HIV, reflecting ongoing incremental increases since the 24% screened in FY 2007-08. See Figure 6-5. 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 in 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 2011-12, similar to prior years. The clinical appropriateness of HPV testing cannot be determined by claims analysis alone.

Chlamydia and Gonorrhea Test Utilization and Prevalence by Race/Ethnicity

Significant racial disparities in reported rates of female chlamydia and gonorrhea cases as well as prevalence have been observed in family planning and other settings. Analysis of test utilization by race/ethnicity for FY 2011-12 indicated that, compared to other racial/ethnic groups, a higher proportion of African American female clients age 25 years and younger were tested for chlamydia (72%), gonorrhea (71%) and – for all ages – HIV (40%). See Figure 6-9. In contrast, young Latina clients had the lowest proportion screened for chlamydia (64%) and for gonorrhea (63%); these rates were higher compared with FY 2011-12. White females of all ages had the lowest proportion screened for HIV (25%), but this was higher than in the prior year. 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.[7]

Figure 6-9
Percent of Female Family PACT Clients Served with Chlamydia, Gonorrhea, or HIV Testing by Race/Ethnicity FY 2011-12

	Latina	White	African American	Asian/ Pacific Islander	Other (Inc. Native American)
Clients age <= 25 (n)	**407,485**	**189,787**	**54,234**	**60,223**	**28,828**
% ≤ 25 served with CT tests	64%	67%	72%	69%	68%
% ≤ 25 served with GC tests	63%	66%	71%	68%	67%
All clients (n)[a]	**911,687**	**294,784**	**86,739**	**107,862**	**48,912**
% all clients served with HIV tests	34%	25%	40%	27%	29%

a Unknown Race/Ethnicity not included (n=15)

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 2011-12. See Figure 6-10. The highest chlamydia positivity was observed for African American female clients (8%) compared with other race/ethnicity groups (3 - 4%). Although overall gonorrhea positivity was considerably lower than chlamydia positivity (0.3% compared to 3.4%, respectively), the highest gonorrhea positivity was observed among African American females (1.4%), approximately 3-7 times higher than for other race/ethnicity groups.

7 California Department of Public Health, Sexually Transmitted Diseases in California, 2010. http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2010-Report.pdf Accessed April 20, 2013.

Figure 6-10
Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories[a] Race/Ethnicity, FY 2011-12

Client Race	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
Latina	98,419	2.8%	96,027	0.2%
White	24,992	3.2%	23,194	0.4%
African American	11,663	7.7%	11,382	1.4%
Asian and Pacific Islander	12,256	3.8%	11,825	0.2%
Other	5,288	3.5%	5,043	0.6%
Total	152,618	3.4%	147,471	0.3%

a Test result data from Quest represent approximately 13% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

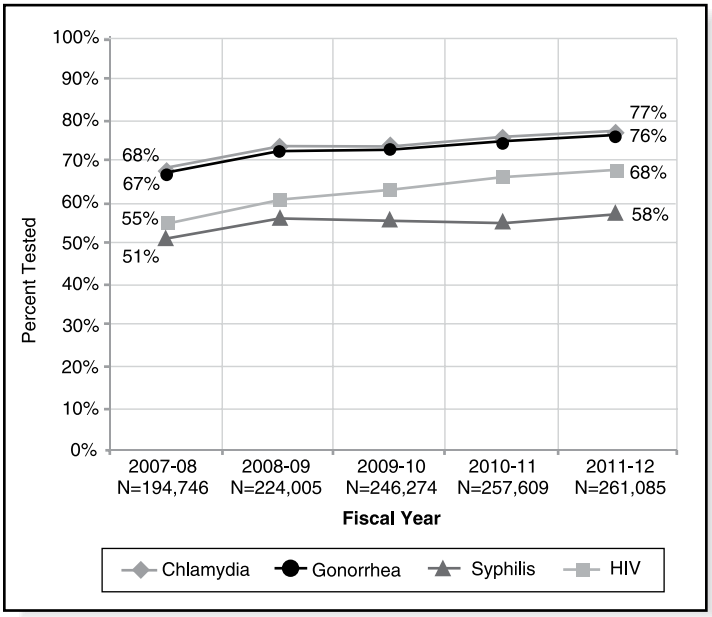
Source: Quest/Unilab test result data

STI Test Utilization among Male Clients

STI test volume among male clients has increased 58% since FY 2007-08. See Figure 6-2. 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 81% in FY 2010-11 to 82% in FY 2011-12.

Chlamydia: Seventy-seven percent (77%) of male clients were tested for chlamydia in FY 2011-12, one percentage point higher than in the previous year. See Figure 6-11.

Figure 6-11
Percent of Male Family PACT Clients Tested for Selected STIs



Source: Family PACT Enrollment and Claims Data

All chlamydia tests among males were NAATs, the most sensitive tests for detecting chlamydia. 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.[8] 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 following treatment of an initial infection, 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 6-12. 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 6-13.

Figure 6-12
Chlamydia and Gonorrhea Positivity among Male Family PACT Clients Served by Quest/Unilab Laboratories[a] by Age FY 2011-12

Age	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
≤25 Years	13,378	10.6%	13,124	2.2%
26-30 Years	4,381	8.5%	4,261	2.3%
≥31 Years	6,902	4.6%	6,780	1.6%
Total	24,661	8.5%	24,165	2.0%

a Test result data from Quest represents approximately 13% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

Figure 6-13
Chlamydia and Gonorrhea Positivity among Male Family PACT Clients Served by Quest/Unilab Laboratories[a] by Race/Ethnicity FY 2011-12

Race/Ethnicity	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
Latino	12,914	8.2%	12,697	1.3%
White	5,343	6.2%	5,209	1.8%
African American	3,653	13.1%	3,599	5.2%
Asian and Pacific Islander	1,620	9.6%	1,562	1.1%
Other	1,131	6.9%	1,098	1.9%
Total	24,661	8.5%	24,165	2.0%

a Test result data from Quest represents approximately 13% of all chlamydia/gonorrhea tests performed in Family PACT and may not be representative of all clients tested.

Source: Quest/Unilab test result data

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

Gonorrhea: Seventy-six percent (76%) of male clients were tested for gonorrhea in FY 2011-12, higher compared to the previous fiscal year (75%). The high gonorrhea positivity data for male clients tested by Quest Diagnostics, as with 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 6-13.

Syphilis: The proportion of male clients tested for syphilis was 58% in FY 2011-12, higher than the proportion tested in the prior four years. Almost three percent (3%) of all males screened received confirmatory syphilis testing; this is an increase of over 2 percentage points compared to FY 2010-11.

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 2011-12, the proportion of male clients who were tested for HIV increased to 68% from 66% in the previous year reflecting a steady increase since FY 2007-08. Fewer than 1% of males screened confidentially received a confirmatory HIV test, similar to previous years.

STI Test Utilization among Adolescent Clients

Seventy-three percent (73%) of female adolescent clients received at least one STI test in FY 2011-12, compared to 66% of female adult clients, maintaining a consistent difference between the two groups compared to the previous year. Consistent differences in STI testing by age were seen for male clients: 78% of male adolescent clients received at least one STI test in FY 2011-12, compared to over 82% of male adults.

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. Similar to last year, higher proportions of adolescent females were tested for chlamydia and gonorrhea than adult females (10 percentage point difference), whereas lower proportions of adolescent males were tested for chlamydia and gonorrhea than adult males (2 percentage point difference).

Chapter 7 *Reimbursement*

Overview

Total reimbursement for Family PACT services in FY 2011-12 was $617 million, an increase of $3.6 million (0.6%) over FY 2010-11.[1] The cost of the program to the state and federal government, however, has been reduced by an average of 10% per year since FY 2007-08 by drug rebates. The federal law requires drug manufacturers to pay Medicaid agencies for drugs dispensed by pharmacies. The estimated rebates in FY 2011-12 were $73 million, thus lowering the cost of the program to the government to $544 million.[2] 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 0.6% in FY 2011-12 from 2.7% in FY 2010-11. This rate of growth is in line with annual growth prior to FY 2006-07 and is much lower than the growth rates seen in FY 2007-08 and 2008-09. See Figure 1-5. Overall growth rates for reimbursement of clinician services (0.6%), drugs and supply services (0.4%), and laboratory services (0.8%) remained low. Declines in reimbursement continued for non-contraceptive drugs (-4.8%) and cervical cytology tests (-7.6%). Three services accounted for 87% of all Family PACT reimbursements: contraceptive drugs (41%),office visits (28%), and STI testing (18%). Among those services, reimbursement for contraceptive drugs and STI tests grew modestly (+0.5% contraceptive drugs; +2.4% STI tests), while reimbursement for office visits declined slightly (-0.5%). See Figures 7-1 and 7-2.

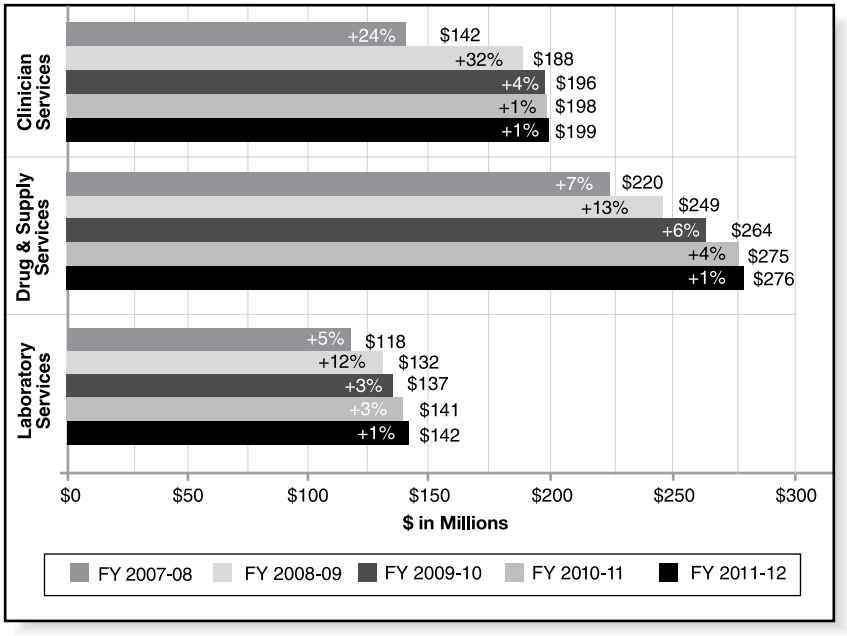
Figure 7-1
Family PACT Reimbursement by Service Type
FY 2011-12

Service	Clients Served[a] Number	Reimbursement Amount	% of Total	% Change from Previous Year	Reimbursement Per Client Amount	% Change from Previous Year
Clinician						
Office Visits	1,689,015	$174,015,281	28.2%	-0.5%	$103.03	0.2%
Procedures & Facility Fees	225,845	$25,114,145	4.1%	9.3%	$111.40	1.3%
Subtotal	**1,707,711**	**$199,129,427**	**32.3%**	**0.6%**	**$116.61**	**1.1%**
Drug & Supply Services						
Barrier Method Supplies	839,784	$11,141,768	1.8%	5.2%	$13.27	5.8%
Contraceptive Drugs	924,091	$250,775,106	40.7%	0.5%	$271.37	2.2%
Non-Contraceptive Drugs	373,449	$14,202,011	2.3%	-4.7%	$38.03	-5.1%
Subtotal	**1,323,392**	**$276,118,866**	**44.8%**	**0.4%**	**$208.65**	**1.1%**
Laboratory Services						
PAP Tests	533,286	$14,832,276	2.4%	-7.6%	$27.81	-3.8%
Method Related Tests	259,245	$2,284,412	0.4%	-2.8%	$8.81	-2.1%
Other Lab Tests	249,172	$6,539,824	1.1%	-2.9%	$26.25	-6.1%
Pregnancy Tests	624,953	$3,796,457	0.6%	-0.6%	$6.07	-0.1%
Specimen Handling Fees	352,652	$1,370,162	0.2%	-2.0%	$3.89	-0.1%
STI Tests	1,183,839	$112,826,520	18.3%	2.4%	$95.31	0.6%
Subtotal	**1,488,217**	**$141,649,651**	**23.0%**	**0.8%**	**$95.18**	**0.4%**
Total	**1,825,400**	**$616,897,964**	**100.0%**	**0.6%**	**$337.95**	**1.0%**

a Clients served do not add 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 7-2
Trends in Total Family PACT Reimbursement by Service Type



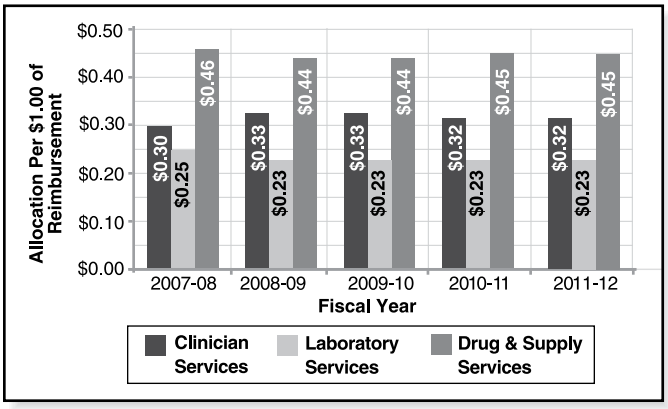
Source: Family PACT Enrollment and Claims Data

1 Only paid claims for dates of service within FY 2011-12 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 2011-12 was $617 million, and reimbursement for DOP in FY 2011-12 was $581 million, a difference of 6.3%. The two numbers are typically within 10% of one another.

2 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 over the last five years. See Figure 7-3.

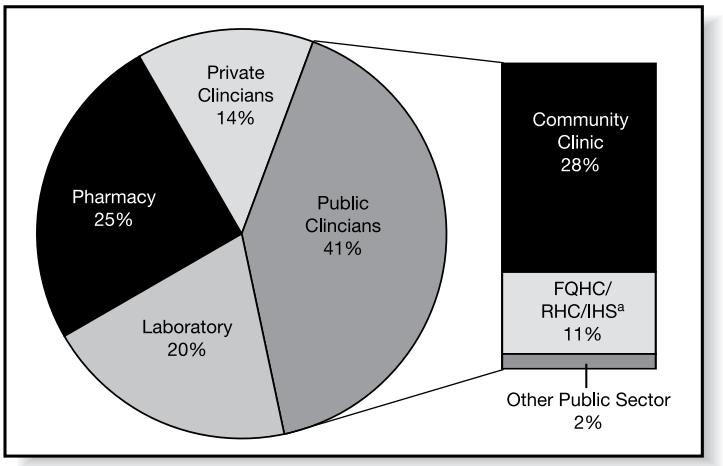
Figure 7-3
Trends in Family PACT Reimbursement by Service Type



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, FQHC/RHC/IHS clinics received 11% and other public providers received 2%. See Figure 7-4. The proportion of reimbursement going to various provider categories has changed little over the last five years.

Figure 7-4
Distribution in Family PACT Reimbursement by Provider Type



a Federally Qualified Health Center/Rural Health Center/Indian Health Service.

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

All three factors contributed to less growth in reimbursement in FY 2011-12 than in FY 2010-11. The decrease of 7,861 clients served in FY 2011-12 resulted in a decrease of $2.6 million. In FY 2010-11 the number of clients increased by 12,411 and reimbursement attributable to that change increased by $4.1 million. The combined factors of cost and utilization were responsible for an increase of $6.2 million in FY 2011-12 compared to $12 million in FY 2010-11. The net change in reimbursement amounted to $3.6 million in FY 2011-12, compared to $16.2 million in FY 2010-11. See Figure 7.5.

Figure 7-5
Change in Family PACT Reimbursement by Service Type, FY 2009-10 to FY 2011-12

The $3.6 million increase in reimbursement between FY 2010-11 and FY 2011-12 is attributable to the following factors:		
Change in Reimbursement Attributable to:	**Change in Reim. FY 2009-10 and 2010-11**	**Change in Reim. FY 2010-11 and 2011-12**
Changes in number of Family PACT clients served	**$4,069,785**	**($2,629,934)**
Changes in Cost & Utilization[a]	**$12,167,567**	**$6,201,885**
Clinician Services	*$404,185*	*$2,132,066*
Drug & Supply Services	*$8,975,559*	*$2,310,824*
Laboratory Services	*$2,787,822*	*$1,758995*
Total Change in Reimbursement	**$16,237,351**	**$3,571,951**

a In this and subsequent rows of this table, the figures represent the dollar change attributable to cost (reimbursement per claim line) and utilization (claim lines per client) only; they do not include the portion of the increase which is attributable to changes in the number of clients receiving a particular service type during the fiscal year.

Source: Family PACT Enrollment and Claims Data

Figure 7-6 provides detail on changes in clients served, cost, and utilization of the program in FY 2011-12. The total row illustrates how the growth in cost (+0.6%) and utilization (+0.4%) increased slightly while clients served decreased slightly (-0.4%).

Figure 7-6
Changes in Family PACT Cost Factors by Service Type
FY 2011-12

Service Type	Clients Served	% Change from Previous Year	Average Claim Lines/ Client Served (Utilization)	% Change from Previous Year	Average Reimburse-ment/ Claim Line (Cost)	% Change from Previous Year
Clinician	1,707,711	-0.5%	2.56	-0.2%	$45.62	1.3%
Drug & Supply	1,323,392	-0.7%	3.16	-0.2%	$66.03	1.3%
Pharmacy	601,304	-4.1%	3.01	1.7%	$85.99	3.2%
On-site	883,334	1.3%	2.68	-1.0%	$50.80	-0.2%
Laboratory	1,488,217	0.5%	4.55	0.4%	$20.92	-0.1%
Total	**1,825,400**	**-0.4%**	**8.39**	**0.4%**	**$40.28**	**0.6%**

Source: Family PACT Enrollment and Claims Data

Clinician Services

Reimbursement for clinician services was relatively stable, increasing by $1.3 million (+0.6%) in FY 2011-12. This is the third 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. A small increase in average cost (+1.3%) was offset by small decreases in clients served (-0.5%) and utilization (-0.2%). See Figure 7-6.

Reimbursement to public sector providers, who served 68% 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.[3] See Figure 7-7. These proportions showed little change from FY 2010-2011.

Spending for evaluation and management (E&M) visits showed little change, with reimbursement for established client visits in 2011-12 up slightly (+0.6%) and reimbursement for new client visits down slightly (-1.2%). Education and counseling (E&C) claims continued to decline in both percentage of total expenditures (8.3% in FY 2011-12 vs. 8.9% in FY 2010-11) and actual dollar amount (-5.3%). This decline shows that providers continued to shift from using E&C service codes even three years after the E&M reimbursement rates were increased. Clinician reimbursements for method related procedures increased 15%, due primarily to large increases in the number of clients served with tubal sterilizations and implant services. For the fourth consecutive year, mammography reimbursement showed a large increase (+33%), but it still only comprises 2.5% of the total amount spent on clinician services.

Figure 7-7
Family PACT Clinican Services, FY 2011-12

Reimbursement by Provider Type	Reimbursement		
	Amount	**% of Total**	**% Change from Previous Year**
Private	$69,293,089	34.8%	0.7%
Public	$129,836,338	65.2%	0.6%
Total	**$199,129,427**	**100.0%**	**0.6%**
Reimbursement by Service Type	**Reimbursement**		
	Amount	**% of Total**	**% Change from Previous Year**
Office Visits			
E&C Codes	$16,594,434	8.3%	-5.3%
E&M: Established Clients	$107,652,894	54.1%	0.6%
E&M: New Clients	$49,767,953	25.0%	-1.2%
Subtotal	**$174,015,281**	**87.4%**	**-0.5%**
Procedures & Facility Fees			
Dysplasia Services	$4,177,851	2.1%	-10.1%
Facility Use	$2,511,721	1.3%	-5.3%
Mammography	$5,076,358	2.5%	32.6%
Method Related Procedure	$11,309,401	5.7%	14.7%
Other Clinical Procedure	$255,027	0.1%	90.4%
Inpatient Procedure	$103,684	0.1%	-40.2%
Other Surgical Procedure	$1,680,103	0.8%	0.1%
Subtotal	**$25,114,145**	**12.6%**	**9.3%**
Clinician Services Total	**$199,138,997**	**100.0%**	**0.6%**

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 0.4% in FY 2011-12. As shown in Figure 7-6, a small increase in average cost (+1.4%) was offset by small decreases in clients served (-0.7%) and utilization (-0.2%) For the second straight year, the number of clients provided drug and supply services at pharmacies declined (-4.1% in FY 2011-12 compared to -3.9% in FY 2010-11) while the number of clients served on-site increased slightly (0.3% in FY 2011-12 compared to 0.9% in FY 2010-11).

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

Spending for contraceptive drugs and barrier methods and supplies increased (+0.5% contraceptive methods; +5% barrier methods and supplies), while spending on non-contraceptive drugs continued to decline (-5%) in FY 2011-12. See Figure 7-8. The decline in reimbursement for non-contraceptive drugs continues a trend which has seen a 30% decline since 2007-08.

Figure 7-8
Family PACT Drug & Supply Services
FY 2010-11

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
Clinician	$120,485,178	43.6%	0.1%
Pharmacy	$155,633,707	56.4%	0.7%
Total	$276,118,886	100.0%	0.4%
Reimbursement by Service Type	**Reimbursement**		
	Amount	**% of Total**	**% Change from Previous Year**
Contraceptive Drugs			
OC	$132,054,002	47.8%	<0.1%
Rings	$31,859,616	11.5%	4.4%
IUCs	$21,689,440	7.9%	-0.3%
Patches	$21,305,182	7.7%	1.5%
ECPs	$20,555,331	7.4%	3.6%
Injections	$12,978,137	4.7%	-21.5%
Implants	$7,416,832	2.7%	15.6%
Essure	$2,916,566	1.1%	108.0%
Subtotal	**$250,775,106**	**90.8%**	**0.5%**
Non-Contraceptive Drugs	**$14,202,011**	**5.1%**	**-4.7%**
Barrier Methods & Supplies	**$11,141,768**	**4.0%**	**5.2%**
Drug & Supply Services Total	**$276,118,886**	**100.0%**	**0.4%**

Source: Family PACT Enrollment and Claims Data

Implants continued to show strong growth with reimbursements increasing by 16% in FY 2011-12. Reimbursement for ECPs (+4%), patches (+1.5%) and rings (+4%) also increased. Reimbursement for oral contraceptives showed little change from FY 2010-11. Oral contraceptives make up almost half (48%) of all drug and supply spending, similar to previous years. IUCs showed a slight decrease in reimbursement after growing at least 30% every year between 2006-07 and 2008-09. Reimbursement for injections declined 22% in FY 2011-12 due to changes in cost. In FY 2010-11 reimbursement for injections declined by 17% due at least partially to their elimination as a pharmacy benefit on April 1, 2010. Since that date, all billing for injections have been by clinicians.

Laboratory Services

As shown in Figures 7-1 and 7-6, reimbursement for laboratory services increased 0.8%, as a result of slight increases in utilization (+0.4%) and clients served (+0.5%). The increase in laboratory reimbursement continued a long upward trend in growth, although at a slower rate (+0.8% in FY 2011-12; +2.7% in FY 2010-11).

Reimbursement for STI testing (+2.4%) increased while reimbursement for cervical cytology (-8%), method related tests (-3%) specimen handling fees (-2%), pregnancy tests (-0.6%) and other laboratory tests (-3%) decreased. 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.[4] STI tests now account for 80% of reimbursement for laboratory services and 89% of dollars spent on STI tests were for chlamydia and/or gonorrhea tests. See Figure 7-9.

Figure 7 -9
Family PACT Laboratory Services, FY 2011-12

Reimbursement by Service Type	Reimbursement		
	Amount	% of Total	% Change from Previous Year
STI Tests			
Chlamydia (CT)	$50,901,654	35.9%	2.4%
Gonorrhea (GC)	$49,870,497	35.2%	2.7%
HIV[a]	$8,090,850	5.7%	4.9%
Syphilis	$2,694,470	1.9%	10.0%
HPV[b]	$1,256,432	0.9%	-9.9%
HSV[c]	$11,947	0.0%	-10.7%
Other Laboratory Tests	$670	0.0%	-10.3%
GC/CT Combined	$0	.	-100.0%
Subtotal	**$112,826,520**	**79.7%**	**2.4%**
Cervical Cytology Tests	**$14,832,276**	**10.5%**	**-7.6%**
Other Laboratory Tests	**$6,539,824**	**4.6%**	**-2.9%**
Pregnancy Tests	**$3,796,457**	**2.7%**	**-0.6%**
Method Related Tests	**$2,284,412**	**1.6%**	**-2.8%**
Specimen Handling Fees	**$1,370,162**	**1.0%**	**-2.0%**
Laboratory Services Total	**$141,649,651**	**100.0%**	**0.8%**

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

Source: Family PACT Enrollment and Claims Data

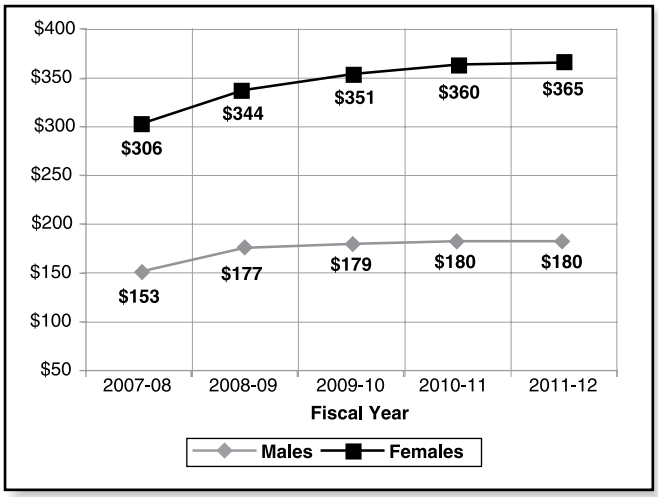
4 Moyer, Virginia, Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement, Annals of Internal Medicine, March 12, 2012. http://annals.org/article.aspx?articleid=1183214. Accessed June 20, 2012.

Reimbursement for Males vs. Females

Reimbursement for males, who represented 15% of the Family PACT population in FY 2011-12, accounted for 7.7% of the total reimbursement, the same percentage as in FY 2010-11. This is the first year the proportion of reimbursement for males has not increased since FY 2007-08.

Average reimbursement per male remained at $180 in FY 2011-12, while average reimbursement per female client increased by 1.3% to $365. See Figure 7-10. The number of claim lines per client was relatively unchanged for both males (6.5 in FY 2011-12 compared to 6.4 in FY 2010-11) and females (8.7 in both FY 2010-11 and 2011-12).

Figure 7-10
Family PACT Reimbursement per Client Served, Males vs. Females

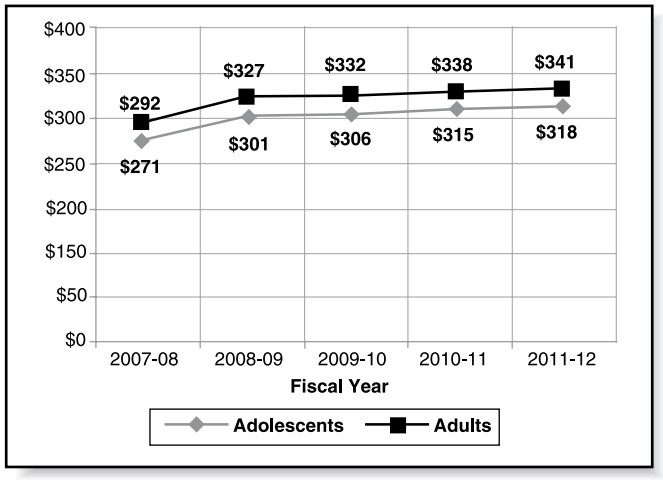


Source: Family PACT Enrollment and Claims Data

Reimbursement for Adolescents vs. Adults

Adolescents are defined as clients under age 20 and they constitute 15% of the Family PACT population. Reimbursement for adolescents declined to 14% of total reimbursement in FY 2011-12, down from 15% 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 1% among adolescents ($315 to $318) and by 0.9% among adults ($338 to $341) when compared to FY 2010-11. See Figure 7-11.

Figure 7-11
Family PACT Reimbursement per Client Served, Adolescents vs. Adults



Source: Family PACT Enrollment and Claims Data

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.

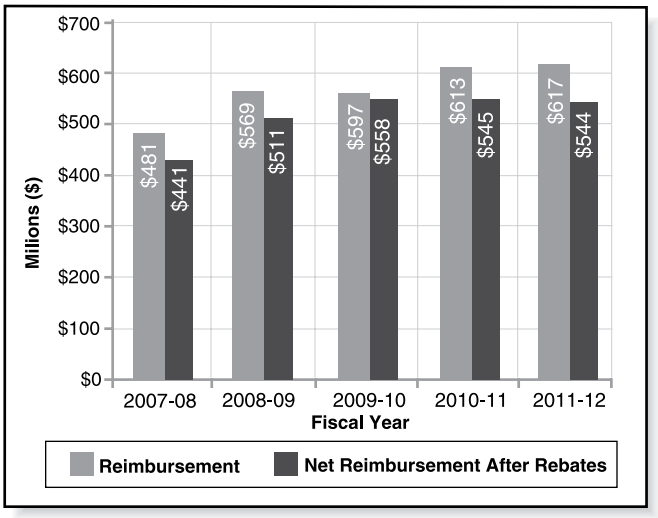
- Rebate estimates for a given year can fluctuate due to adjustments made for claims in one period that may not occur consistently over time. For example, FY 2008-09 rebate estimates were significantly higher due to an error in calculating the Federal Financial Participation. This error was corrected 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 $73 million for FY 2011-12. Applying the estimate of $73 million to total reimbursement decreases reimbursement by 10% to $544 million. Rebates have reduced total Family PACT spending by an average of 10% each year since FY 2007-08. See Figures 7-12 and 7-13.

Applying the estimate of $73 million in drug rebates would decrease the total net dollars spent on drug and supply services in FY 2011-12 by 26%, from $276 million to $203 million. Rebates have reduced drug and supply spending by an average of 22% each year since FY 2007-08. See Figures 7-13 and 7-14.

Figure 7-12
Family PACT Reimbursement Including Drug Rebates



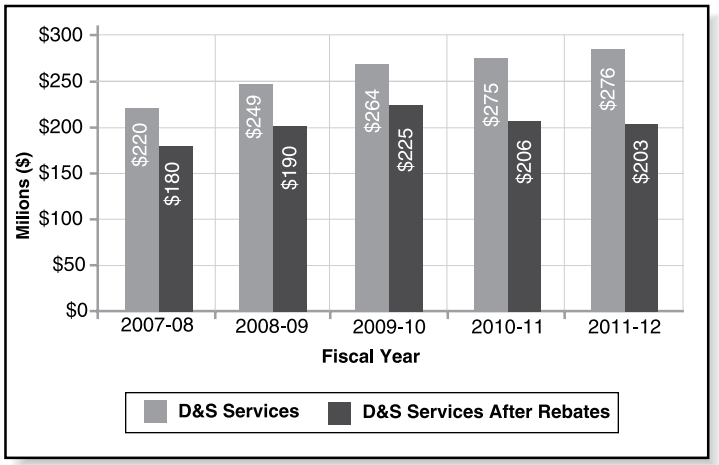
Source: Family PACT Enrollment and Claims Data

Figure 7-13
Cumulative Family PACT Reimbursement Including Drug Rebates

FY	Total Reim. Amt (millions)	Drug Rebate Amt (millions)	Total Net Reim. Amt (millions)	% Change in Reim. Amt Due to Rebate
Drug and Supply				
2007-08	$220	$40	$180	-18%
2008-09	$249	$59	$190	-24%
2009-10	$264	$39	$225	-15%
2010-11	$275	$69	$206	-25%
2011-12	$276	$73	$203	-26%
Total	**$1,284**	**$280**	**$1,004**	**-22%**
Total Family PACT				
2007-08	$481	$40	$441	-8%
2008-09	$569	$59	$510	-10%
2009-10	$597	$39	$558	-6%
2010-11	$613	$69	$545	-11%
2011-12	$617	$73	$544	-12%
Total	**$2,877**	**$280**	**$2,598**	**-10%**

Source: Family PACT Enrollment and Claims Data

Figure 7-14
Trends in Family PACT Drug & Supply (D&S) Reimbursement Including Drug Rebates



Source: Family PACT Enrollment and Claims Data

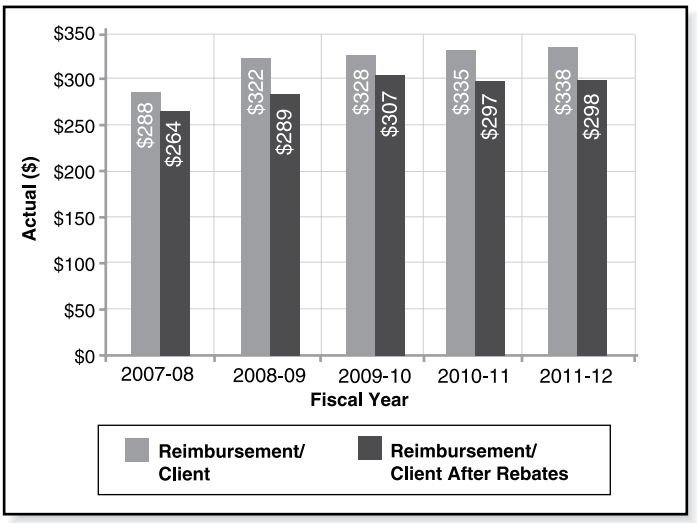
Reduction in Reimbursement per Client and per Claim

Drug rebates have significantly affected the reimbursement per client served over the last four years, lowering reimbursement per client by an average of about $31 since FY 2007-08. In FY 2011-12, reimbursement per client after rebates was $298, compared to $338 before rebates. See Figure 7-15.

Since FY 2007-08, rebates have lowered pharmacy reimbursement by about $30 per claim and drug and supply reimbursement by about $13 per claim. These savings reduced total reimbursement by about $5 per claim. See Figure 7-16.

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 almost non-existent since FY 2007-08. In FY 2011-12, pharmacy drug claims cost an average of 69% more than on-site drug claims ($86 at pharmacies; $51 on-site), but that difference disappears when rebates are factored in ($46 at pharmacies and $51 on-site). See Figure 7-17.

Figure 7-15
Family PACT Reimbursement Per Client Served Including Drug Rebates



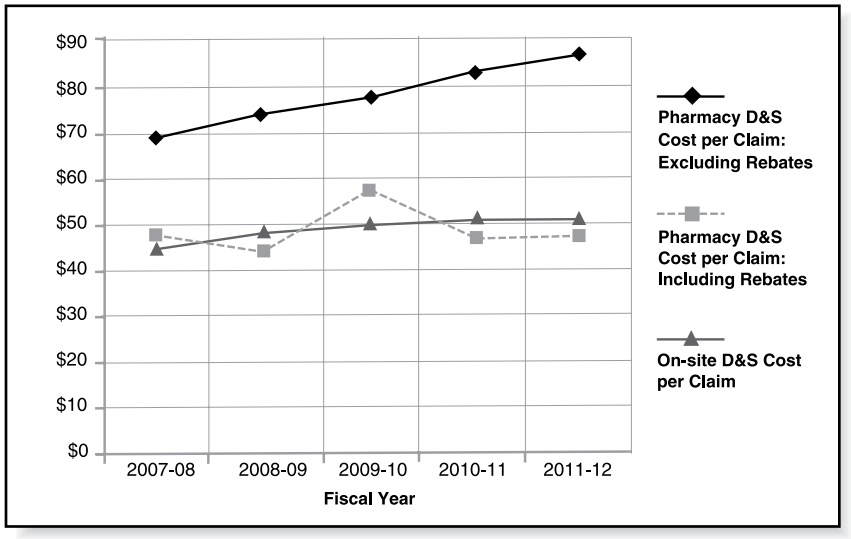
Source: Family PACT Enrollment and Claims Data

Figure 7-16
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 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	$36.85	-$2.56
FY 2010-11	$83.29	$46.35	-$36.95	$65.16	$48.91	-$16.25	$40.02	$35.54	-$4.47
FY 2011-12	$85.99	$45.84	-$40.15	$66.03	$48.65	-$17.38	$40.28	$35.53	-$4.74

Source: Family PACT Enrollment and Claims Data

Figure 7-17
Family PACT Drug & Supply (D&S) Reimbursement per Claim



Source: Family PACT Enrollment and Claims Data

Chapter 8 *Family PACT Data by County*

County Populations

The demographic characteristics of clients served and their utilization of Family PACT services vary considerably across the state. In FY 2011-12, county populations ranged from 9.9 million in Los Angeles County to 1,122 in Alpine County.[1] Los Angeles County contains 26% of the California population and 29% of the state's population with a family income below the Federal Poverty Guideline.[2,3] In FY 2011-12 it accounted for 37% of all Family PACT clients served, 40% of all enrolled providers, and 36% of all reimbursements.

Ten counties accounted for about three-quarters of the program's clients served, providers, and reimbursement. See Figures 8-1 and 8-5. These counties served 76% of clients, had 76% of enrolled providers, and their clients accounted for 75% of the total reimbursement.

Figure 8-1
Participation in Family PACT: Top Ten Counties

	Number of Clients Served	Clients Served in County as Percentage of Total Clients Served
California State	**1,833,261**	**100%**
County:		
1 Los Angeles	669,404	37%
2 San Diego	154,405	9%
3 Orange	130,785	7%
4 Riverside	91,788	5%
5 San Bernardino	90,024	5%
6 Santa Clara	62,205	3%
7 Alameda	51,884	3%
8 Fresno	47,622	3%
9 Sacramento	47,564	3%
10 Kern	35,993	2%
Top Ten Subtotal:	1,381,674	76%

Source: Family PACT Enrollment and Claims Data

Five counties accounted for fewer than 500 clients each: Alpine, Sierra, Mariposa, Modoc, and Trinity. Alpine had no enrolled providers delivering services; Mariposa had only one. See Figure 8-5.

Client Growth Rates[4]

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 8-2 and 8-5.

Figure 8-2
Change in Family PACT Clients Served in Selected Regions

Region	County of Client Residence	FY 2011-12	Col %	% Change from Previous Year	% Change over Five Years
Los Angeles/ San Diego Corridor	Los Angeles	669,404	37%	2%	16%
	Orange	130,785	7%	1%	15%
	Riverside	91,788	5%	2%	15%
	San Diego	154,405	8%	-4%	6%
	Subtotal	**1,046,382**	**57%**	**1%**	**14%**
San Francisco Bay Area	Alameda	51,884	3%	-4%	9%
	Contra Costa	33,830	2%	-6%	1%
	Marin	9,204	1%	-2%	1%
	San Francisco	33,098	2%	1%	9%
	San Mateo	16,850	1%	-7%	-23%
	Subtotal	**144,866**	**8%**	**-4%**	**2%**
San Joaquin/ Central Valley	Fresno	47,622	3%	-5%	4%
	Kern	35,993	2%	-2%	1%
	Kings	6,439	0%	0%	-2%
	Madera	7,593	0%	-4%	0%
	Merced	11,975	1%	-2%	-10%
	San Joaquin	28,617	2%	-4%	9%
	Stanislaus	22,149	1%	0%	3%
	Tulare	19,793	1%	-4%	-3%
	Subtotal	**180,181**	**10%**	**-3%**	**2%**
Remainder of State	**Subtotal**	**453,971**	**25%**	**-1%**	**4%**
California	**Total**	**1,825,400**	**100%**	**0%**	**9%**

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 (+1%) reflecting the three counties with the overall highest volume of growth— Los Angeles (12,085, +2%), Riverside (2,122, +2%), Orange (1,678, +1%). The other two regions and the remainder of the state declined between -1% and -4%.

- Most of the 58 California counties (41) showed declines in the number of clients served. Looking at counties with more than 500 clients, the largest percentage declines were in Lassen (-16%), Mendocino (-11%), El Dorado (-10%), Plumas (-8%), followed by Tehama, San Mateo, and Mono at -7% each. The counties with the highest volume of decline in the program were San Diego (-6,133), Fresno (-2,558), Alameda (-2,303), Contra Costa (-2,027), Ventura (-1,455), Sacramento (-1,305), and San Mateo (-1,296).

1 State of California, Department of Finance, State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, CA January 2013. Based on average population, 2011 and 2012.
2 Ibid.
3 American Community Survey, 2010.
4 Based on client's county of residence.

Over a five-year period from FY 2007-08 to FY 2011-2012

- Growth was strongest in the Los Angeles/San Diego Corridor (+14%) while growth in the San Francisco Bay Area and the San Joaquin/Central Valley was considerably more modest at +2% each. In the remainder of the state, outside the three regions, there was an increase of 4%.
- Of the 58 California counties, 40% (23 counties) had declines in clients served. The largest percentage declines in counties with more than 500 clients were in El Dorado (-33%), San Mateo (-23%), Siskiyou (-19%), Tuolumne (-15%), Mono (-13%), Amador (-11%), Merced (-10%), and Tehama (-9%). The counties with the highest volume of decline in clients served were in San Mateo (-5,060), Sacramento (-1,923), El Dorado (-1,646), Sonoma (-1,615), Merced (-1,296), and San Luis Obispo (-1,068).

Provider Sector

Provider sector distribution varies considerably by county and Medical Service Study Area (MSSA). Using MSSAs, providers are described as either rural or urban.[5] Provider type description includes Private Practice and Public/ Non-Profit. The categories within the Public Sector include FQHC/RHC/IHS clinics, community clinics, and other public clinics. In contrast to many providers in the program that specialize in reproductive health, FQHC/RHC/IHS clinics provide comprehensive primary care as a federal requirement of the designation. See Figures 8-3 to 8-5.

- Rural communities tend to rely on public providers. Thirty-six percent (36%) of public sector providers are in rural areas, compared to 8% of private sector providers. Overall, 20% of all providers are in rural areas. Of the 682 FQHC/RHC/IHS providers shown in the map, the highest proportion (43%) are in areas federally designated as rural or frontier. Among rural providers, almost two-thirds (65%) are FQHC/RHC/IHS providers.
- The counties with more than a 50% proportion of private providers in FY 2011-12 include Calaveras, San Bernardino, Orange, Los Angeles, Riverside, Sacramento, and San Benito.
- There were 17 counties with no private providers delivering services in the fiscal years. Calaveras County is unique in that its only provider is from the private sector.

Figure 8-3
Family PACT Provider Category by Geographic Description, FY 2011-12

	Rural MSSA[b]		Urban MSSA[b]		Total
Provider Type	No.	Row %	No.	Row %	No.
Private Practice	**108**	**8%**	**1,179**	**92%**	**1,287**
Public/Non-Profit	**348**	**36%**	**621**	**64%**	**969**
FQHC/RHC/IHS[a]	295	43%	387	57%	682
Community Clinic	37	15%	204	85%	241
Other Public/ Non-Profit	16	35%	30	65%	46
Total	**456**	**20%**	**1,800**	**80%**	**2,256**

a Federally Qualified Health Center/ Rural Health Center/Indian Health Service.
b 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 2013. The 44 providers designated by MSSA as 'Frontier' have been combined into rural.

Source: Family PACT Enrollment, Claims Data and OSHPD Medical Service Study Areas 2000 (MSSA).

Client Demographics

As shown in Figure 8-6, the demographic characteristics of clients served varied across counties as follows:[6]

- Adolescents, as a percentage of all clients served, were 15% program-wide.
  - Among large counties – those with over 10,000 clients – the lowest proportions of adolescent clients were observed in Orange (12%), San Francisco (12%), Los Angeles (13%) and San Bernardino (13%). The highest proportions among large counties were in San Luis Obispo (24%), Butte (23%), Humboldt (19%), and Alameda (19%).
  - Among smaller counties – those with less than 10,000 clients – the lowest proportions of adolescent clients were observed in Mono (11%), Colusa (14%) and Mariposa (15%). The highest proportions among smaller counties were in Plumas (40%), Lassen (35%), and Del Norte (34%).
- Males as a percentage of all clients were 14% program-wide.
  - Among the larger counties – those with over 10,000 clients – Los Angeles had the highest percent of male clients (18%) followed by San Bernardino, Santa Clara, San Luis Obispo Counties (16% each). The lowest was in Tulare (7%) and Merced (9%) Counties.
  - Of the 32 counties with fewer than 10,000 clients, males accounted for just 10% or less of all clients with the exception of Plumas (25%), Marin (18%), San Benito (13%), Napa (12%), and Kings (11%) Counties.

5 The urban/rural designation is based on Medical Service Study Areas 2000 (MSSAs) and provider site address using California Environmental Health Tracking Program's (CEHTP) Geocoding Service, March 2013. The 44 providers in "frontier" areas have been combined with rural providers.

6 Alpine and Sierra Counties, where numbers were suppressed to protect client identity, were excluded.

Figure 8-4

Select Family PACT Providers, FY 2011-12

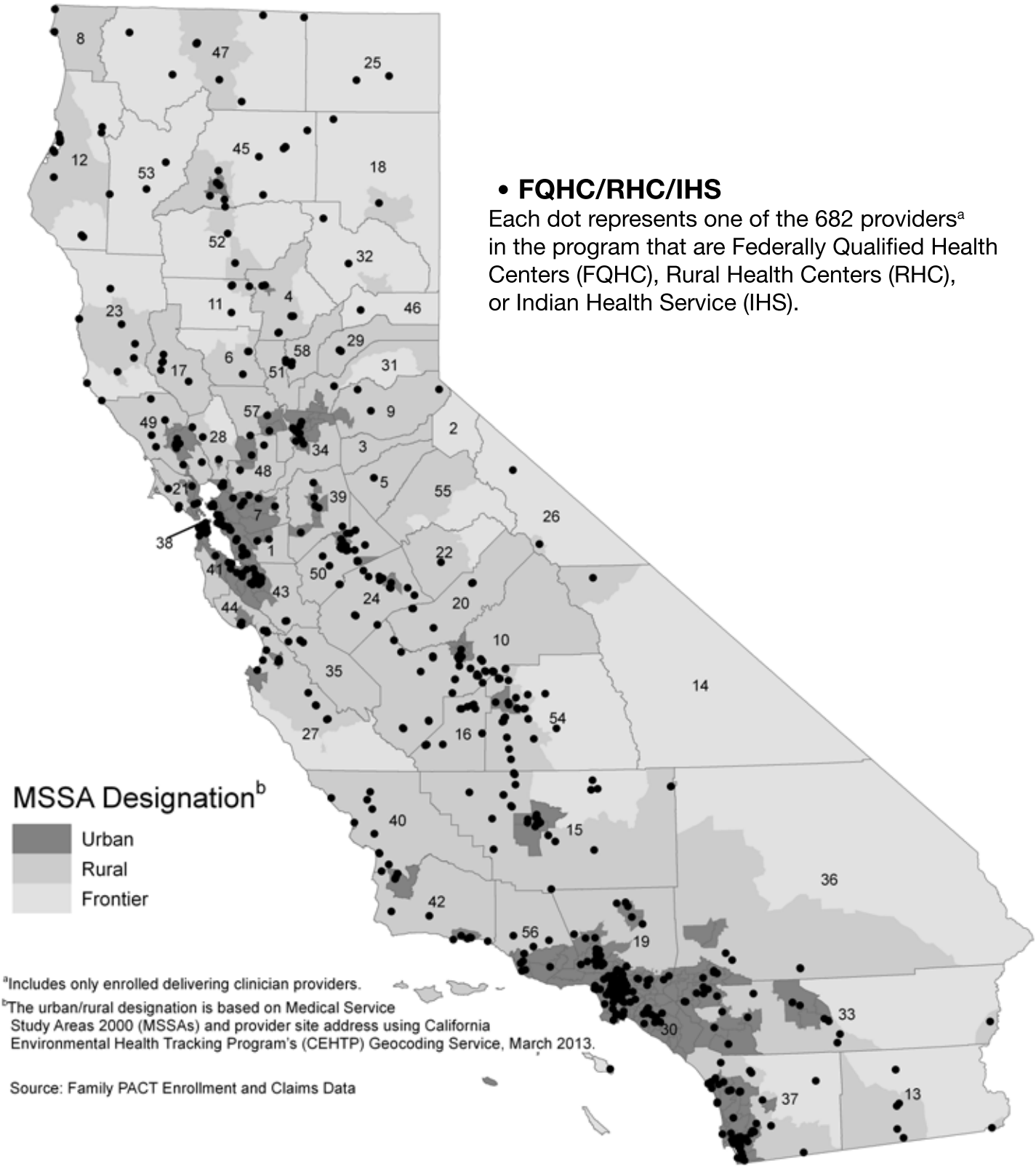


Figure 8-5
Family PACT Providers, Clients and Reimbursement by County, FY 2011-12

Provider County	Providers: Enrolled Clinician Providers Delivering Family PACT Services: Private Sector No.	Public Sector No.	Total: No.	Total: Col %	Total: No. Change from Previous Year	Total: No. Change over 5 years	Participating Pharmacies No.	Clients Served[a]: No.	Clients Served[a]: Col %	Clients Served[a]: % Change from Previous Year	Clients Served[a]: % Change over 5 years	Reimbursement[a]: Amount	Reimbursement[a]: Col %	Average Reimbursement per Client Served: Amount	Projected Population of Reproductive Age[b]
California	***1287***	***969***	***2,256***	***100%***	***66***	***104***	***4,819***	***1,825,400***	***100.0%***	***0%***	***9%***	***$616,897,964***	***100.0%***	***$338***	***25,523,830***
Alameda	17	37	54	2%	1	12	155	51,884	2.8%	-4%	9%	$16,291,605	2.6%	$314	1,046,724
Alpine	0	0	0	<1%	0	0	0	*	<0.1%	0%	9%	*	<0.1%	$162	669
Amador	1	2	3	<1%	0	0	7	976	0.1%	6%	-11%	$354,721	0.1%	$363	21,570
Butte	2	13	15	1%	-1	-2	38	16,811	0.9%	-1%	8%	$6,354,397	1.0%	$378	141,773
Calaveras	1	1	2	<1%	1	1	7	792	<0.1%	6%	9%	$338,179	0.1%	$427	25,345
Colusa	1	4	5	<1%	0	2	3	1,420	0.1%	-5%	10%	$520,304	0.1%	$366	13,947
Contra Costa	1	21	22	1%	2	5	114	33,830	1.9%	-6%	1%	$10,754,417	1.7%	$318	703,587
Del Norte	0	3	3	<1%	0	-2	4	919	0.1%	-2%	3%	$309,789	0.1%	$337	18,761
El Dorado	10	5	15	1%	1	8	28	3,411	0.2%	-10%	-33%	$1,285,800	0.2%	$377	114,146
Fresno	24	48	72	3%	1	-7	132	47,622	2.6%	-5%	4%	$16,984,989	2.8%	$357	631,514
Glenn	0	4	4	<1%	0	1	4	1,592	0.1%	-3%	3%	$553,844	0.1%	$348	18,012
Humboldt	7	18	25	1%	0	3	23	11,510	0.6%	-4%	2%	$4,285,898	0.7%	$372	88,273
Imperial	2	7	9	<1%	-1	0	24	5,925	0.3%	1%	6%	$2,040,138	0.3%	$344	119,734
Inyo	0	2	2	<1%	0	1	4	572	<0.1%	-1%	-8%	$184,783	<0.1%	$323	11,052
Kern	17	38	55	2%	2	1	112	35,993	2.0%	-2%	1%	$10,571,165	1.7%	$294	579,051
Kings	3	21	24	1%	2	3	16	6,439	0.4%	0%	-2%	$2,223,276	0.4%	$345	107,169
Lake	3	6	9	<1%	-1	2	12	2,294	0.1%	-3%	15%	$782,150	0.1%	$341	38,311
Lassen	0	2	2	<1%	0	0	4	670	<0.1%	-16%	-5%	$179,145	<0.1%	$267	24,914
Los Angeles	711	195	906	40%	28	-10	1,397	669,404	36.7%	2%	16%	$222,874,352	36.1%	$333	6,825,384
Madera	5	7	12	1%	1	0	21	7,593	0.4%	-4%	0%	$2,944,085	0.5%	$388	100,146
Marin	0	9	9	<1%	-2	2	26	9,204	0.5%	-2%	1%	$3,099,605	0.5%	$337	154,845
Mariposa	0	1	1	<1%	0	0	2	232	<0.1%	-5%	-21%	$84,641	<0.1%	$365	10,178
Mendocino	3	10	13	1%	-2	-1	20	4,546	0.2%	-11%	-7%	$1,723,185	0.3%	$379	53,581
Merced	4	18	22	1%	2	3	33	11,975	0.7%	-2%	-10%	$4,001,219	0.6%	$334	176,399
Modoc	0	2	2	<1%	0	0	1	255	<0.1%	-12%	-8%	$97,154	<0.1%	$381	5,400
Mono	1	3	4	<1%	1	3	2	767	<0.1%	-7%	-13%	$325,038	0.1%	$424	9,913
Monterey	6	19	25	1%	0	-1	45	24,541	1.3%	0%	16%	$8,100,235	1.3%	$330	282,552
Napa	0	5	5	<1%	1	1	21	5,626	0.3%	0%	-4%	$1,849,079	0.3%	$329	88,249
Nevada	1	5	6	<1%	1	1	16	3,626	0.2%	-3%	8%	$1,336,808	0.2%	$369	56,927
Orange	147	31	178	8%	8	2	411	130,785	7.2%	1%	15%	$49,673,410	8.1%	$380	2,085,763
Placer	2	4	6	<1%	0	3	57	7,638	0.4%	-3%	5%	$2,663,197	0.4%	$349	228,573
Plumas	0	3	3	<1%	0	1	5	1,081	0.1%	-8%	3%	$451,327	0.1%	$418	10,974
Riverside	85	31	116	5%	9	16	295	91,788	5.0%	2%	15%	$31,495,275	5.1%	$343	1,494,093
Sacramento	26	20	46	2%	-2	4	166	47,564	2.6%	-3%	-4%	$15,049,922	2.4%	$316	963,754
San Benito	0	5	5	<1%	2	3	7	3,082	0.2%	0%	18%	$992,515	0.2%	$322	38,273
San Bernardino	105	18	123	6%	8	29	254	90,024	4.9%	0%	7%	$29,600,094	4.8%	$329	1,420,314
San Diego	35	83	118	5%	6	1	334	154,405	8.5%	-4%	6%	$51,857,421	8.4%	$336	2,146,890
San Francisco	2	31	33	2%	0	-2	104	33,098	1.8%	1%	9%	$10,893,261	1.8%	$329	573,907
San Joaquin	5	14	19	1%	0	0	81	28,617	1.6%	-4%	9%	$9,447,922	1.5%	$330	466,984
San Luis Obispo	4	14	18	1%	0	3	41	15,223	0.8%	-5%	-7%	$6,197,396	1.0%	$407	176,008
San Mateo	0	7	7	<1%	-3	-1	63	16,850	0.9%	-7%	-23%	$5,315,433	0.9%	$315	479,915
Santa Barbara	4	16	20	1%	-4	-3	55	24,785	1.4%	-2%	9%	$8,568,874	1.4%	$346	287,008
Santa Clara	11	33	44	2%	4	9	178	62,205	3.4%	2%	13%	$17,734,639	2.9%	$285	1,238,663
Santa Cruz	6	8	14	1%	-1	3	34	17,944	1.0%	-3%	17%	$6,173,132	1.0%	$344	180,815
Shasta	0	15	15	1%	2	3	35	8,949	0.5%	0%	4%	$3,322,988	0.5%	$371	108,944
Sierra	0	2	2	<1%	0	0	1	*	<0.1%	-5%	1%	$34,808	<0.1%	$405	1,703
Siskiyou	4	9	13	1%	1	3	11	1,234	0.1%	-2%	-19%	$459,750	0.1%	$373	25,408
Solano	0	11	11	1%	0	3	38	13,545	0.7%	-4%	11%	$4,302,837	0.7%	$318	277,597
Sonoma	3	16	19	1%	1	-2	53	22,089	1.2%	1%	-7%	$8,293,837	1.3%	$375	313,496
Stanislaus	3	26	29	1%	-1	-5	72	22,149	1.2%	0%	3%	$8,008,045	1.3%	$362	348,799
Sutter	1	4	5	<1%	0	1	19	3,944	0.2%	-4%	-6%	$1,325,049	0.2%	$336	61,790
Tehama	1	2	3	<1%	-1	-1	11	2,111	0.1%	-7%	-9%	$798,913	0.1%	$378	38,929
Trinity	1	3	4	<1%	2	2	3	359	<0.1%	-13%	-8%	$119,995	<0.1%	$334	7,651
Tulare	9	29	38	2%	2	4	54	19,793	1.1%	-4%	-3%	$7,296,451	1.2%	$369	298,346
Tuolumne	0	2	2	<1%	0	1	11	1,028	0.1%	-5%	-15%	$515,118	0.1%	$501	31,933
Ventura	11	16	27	1%	-3	3	113	34,884	1.9%	-4%	3%	$12,837,871	2.1%	$368	556,581
Yolo	2	6	8	<1%	0	-2	22	7,242	0.4%	-2%	-5%	$2,205,917	0.4%	$305	144,374
Yuba	0	4	4	<1%	-1	0	10	2,446	0.1%	-2%	-5%	$810,006	0.1%	$331	48,218

a Client counts are by client's county of residence. There were eleven clients for whom county of residence are unknown, accounting for $617 in reimbursement.
b Based on average population, 2011 and 2012. 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, 2010–2060. Sacramento, CA, Jan 2013.

Figure 8-6
Family PACT Client Demographics by County, FY 2011-12

Client County	Clients Served[a]		Average Age of Clients Served	Number of Adolescents Served & Adolescents as a Percentage of Total Clients Served		Number of Males Served & Males as a Percentage of Total Clients Served		Clients Served by Race/Ethnicity										Clients Served by Primary Language					
								Latino		White		African American		Asian and Pacific Islander		Other (Including Native American)		Spanish		English		Other	
	No.	%		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
California	***1,825,400***	***100.0%***	***28.2***	***273,772***	***15%***	***263,899***	***14%***	***1,154,646***	***63%***	***363,326***	***20%***	***119,715***	***7%***	***126,159***	***7%***	***61,543***	***3%***	***735,983***	***40%***	***1,025,073***	***56%***	***64,333***	***4%***
Alameda	51,884	2.8%	27.2	9,705	19%	7,566	15%	21,923	42%	9,843	19%	9,309	18%	7,734	15%	3,075	6%	15,296	29%	33,794	65%	2,794	5%
Alpine	*	<0.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Amador	976	0.1%	24.8	270	28%	93	10%	142	15%	773	79%	*	*	22	2%	30	3%	68	7%	904	93%	*	*
Butte	16,811	0.9%	24.3	3,863	23%	1,873	11%	2,732	16%	12,126	72%	451	3%	655	4%	847	5%	1,050	6%	15,425	92%	336	2%
Calaveras	792	<0.1%	24.7	212	27%	67	8%	112	14%	633	80%	*	*	16	2%	26	3%	59	7%	720	91%	*	*
Colusa	1,420	0.1%	29	203	14%	72	5%	1,122	79%	251	18%	*	*	*	*	34	2%	865	61%	541	38%	*	*
Contra Costa	33,830	1.9%	26.9	5,678	17%	4,403	13%	15,534	46%	8,602	25%	4,748	14%	3,006	9%	1,940	6%	10,107	30%	22,573	67%	1,150	3
Del Norte	919	0.1%	23.6	316	34%	74	8%	135	15%	647	70%	*	*	44	5%	87	9%	71	8%	823	90%	25	3
El Dorado	3,411	0.2%	26.4	599	18%	262	8%	802	24%	2,374	70%	33	1%	107	3%	95	3%	507	15%	2,850	84%	54	2
Fresno	47,622	2.6%	27.1	7,732	16%	5,823	12%	32,393	68%	8,137	17%	3,035	6%	2,671	6%	1,386	3%	15,491	33%	30,935	65%	1,196	3%
Glenn	1,592	0.1%	27.2	302	19%	104	7%	907	57%	592	37%	*	*	24	2%	63	4%	584	37%	995	63%	*	*
Humboldt	11,510	0.6%	25.7	2,169	19%	1,582	14%	1,513	13%	8,271	72%	311	3%	375	3%	1,040	9%	590	5%	10,759	93%	161	1%
Imperial	5,925	0.3%	26.5	908	15%	319	5%	5,375	91%	374	6%	76	1%	51	1%	49	1%	2,799	47%	3,083	52%	43	1%
Inyo	572	<0.1%	25.7	154	27%	45	8%	206	36%	263	46%	*	*	*	*	90	16%	134	23%	437	76%	*	*
Kern	35,993	2.0%	27.1	6,498	18%	3,947	11%	25,614	71%	6,833	19%	2,045	6%	853	2%	648	2%	13,821	38%	21,689	60%	483	1%
Kings	6,439	0.4%	27.2	1,275	20%	703	11%	4,515	70%	1,355	21%	271	4%	158	2%	140	2%	2,159	34%	4,221	66%	59	1%
Lake	2,294	0.1%	26.1	594	26%	194	8%	542	24%	1,534	67%	51	2%	40	2%	127	6%	318	14%	1,961	85%	15	
Lassen	670	<0.1%	23.6	234	35%	24	4%	99	15%	523	78%	*	*	16	2%	24	4%	52	8%	610	91%	*	*
Los Angeles	669,404	36.7%	29.4	88,203	13%	120,004	18%	498,494	74%	61,779	9%	51,412	8%	39,071	6%	18,648	3%	339,591	51%	303,172	45%	26,641	4%
Madera	7,593	0.4%	27.2	1,330	18%	607	8%	6,172	81%	1,089	14%	99	1%	79	1%	154	2%	3,524	46%	4,005	53%	64	1%
Marin	9,204	0.5%	28.8	1,429	16%	1,656	18%	5,299	58%	2,932	32%	299	3%	342	4%	332	4%	4,627	50%	4,213	46%	364	4%
Mariposa	232	<0.1%	25.8	34	15%	20	9%	50	22%	167	72%	*	*	*	*	*	*	27	12%	203	88%	*	*
Mendocino	4,546	0.2%	26.8	1,011	22%	396	9%	1,595	35%	2,543	56%	39	1%	82	2%	287	6%	1,052	23%	3,448	76%	46	1%
Merced	11,975	0.7%	27.5	1,875	16%	1,096	9%	8,882	74%	1,837	15%	386	3%	557	5%	313	3%	5,127	43%	6,630	55%	218	2
Modoc	255	<0.1%	25.7	67	26%	16	6%	51	20%	188	74%	*	*	*	*	*	*	27	11%	223	87%	*	
Mono	767	<0.1%	28.4	86	11%	23	3%	342	45%	383	50%	*	*	*	*	24	3%	291	38%	459	60%	17	2%
Monterey	24,541	1.3%	28.1	3,521	14%	2,948	12%	19,964	81%	2,886	12%	444	2%	692	3%	555	2%	14,396	59%	9,555	39%	590	2%
Napa	5,626	0.3%	27.5	948	17%	688	12%	3,365	60%	1,658	29%	96	2%	254	5%	253	4%	2,387	42%	3,166	56%	73	1%
Nevada	3,626	0.2%	25.5	906	25%	366	10%	558	15%	2,833	78%	33	1%	62	2%	140	4%	370	10%	3,173	88%	83	2%
Orange	130,785	7.2%	29.1	15,618	12%	16,061	12%	85,375	65%	25,789	20%	2,003	2%	13,894	11%	3,724	3%	61,727	47%	62,265	48%	6,793	5%
Placer	7,638	0.4%	26.8	1,350	18%	760	10%	1,984	26%	4,823	63%	158	2%	354	5%	319	4%	1,298	17%	6,115	80%	225	3%
Plumas	1,081	0.1%	23.4	427	40%	268	25%	125	12%	788	73%	80	7%	49	5%	39	4%	50	5%	1,023	95%	*	
Riverside	91,788	5.0%	28.2	13,757	15%	10,890	12%	62,572	68%	17,882	19%	5,777	6%	3,425	4%	2,132	2%	33,716	37%	56,648	62%	1,424	2%
Sacramento	47,564	2.6%	26.7	7,093	15%	6,139	13%	16,027	34%	15,940	34%	7,398	16%	5,444	11%	2,755	6%	8,889	19%	36,114	76%	2,561	5%
San Benito	3,082	0.2%	26.9	656	21%	393	13%	2,275	74%	635	21%	16	1%	65	2%	91	3%	1,168	38%	1,875	61%	39	1%
San Bernardino	90,024	4.9%	28.8	11,914	13%	14,049	16%	62,975	70%	13,812	15%	7,971	9%	3,162	4%	2,104	2%	35,361	39%	53,078	59%	1,585	2%
San Diego	154,405	8.5%	27.1	25,516	17%	18,434	12%	79,797	52%	46,090	30%	9,262	6%	12,683	8%	6,573	4%	43,116	28%	106,556	69%	4,733	3%
San Francisco	33,098	1.8%	28	4,016	12%	4,423	13%	9,799	30%	10,395	31%	2,824	9%	8,041	24%	2,039	6%	5,948	18%	22,829	69%	4,321	13
San Joaquin	28,617	1.6%	27.3	4,770	17%	3,919	14%	16,419	57%	5,762	20%	2,643	9%	2,850	10%	943	3%	9,309	33%	18,404	64%	904	3%
San Luis Obispo	15,223	0.8%	24.8	3,674	24%	2,433	16%	4,279	28%	9,772	64%	212	1%	521	3%	439	3%	2,163	14%	12,858	84%	202	1%
San Mateo	16,850	0.9%	27.4	2,466	15%	1,946	12%	9,847	58%	3,024	18%	463	3%	2,681	16%	835	5%	7,038	42%	8,959	53%	853	5
Santa Barbara	24,785	1.4%	26.8	4,238	17%	2,688	11%	15,956	64%	6,840	28%	398	2%	885	4%	706	3%	10,334	42%	13,950	56%	501	2%
Santa Clara	62,205	3.4%	27.4	11,334	18%	9,818	16%	39,798	64%	9,440	15%	2,257	4%	8,342	13%	2,368	4%	25,593	41%	33,836	54%	2,776	4%
Santa Cruz	17,944	1.0%	27.5	3,072	17%	2,552	14%	10,474	58%	5,997	33%	170	1%	638	4%	665	4%	7,201	40%	10,506	59%	237	
Shasta	8,949	0.5%	24.6	2,303	26%	852	10%	934	10%	6,968	78%	144	2%	354	4%	549	6%	322	4%	8,445	94%	182	2%
Sierra	*	<0.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Siskiyou	1,234	0.1%	25	365	30%	102	8%	181	15%	931	75%	27	2%	30	2%	65	5%	120	10%	1,098	89%	16	1%
Solano	13,545	0.7%	26.6	2,454	18%	1,648	12%	5,259	39%	3,376	25%	2,333	17%	1,513	11%	1,064	8%	3,268	24%	9,941	73%	336	2%
Sonoma	22,089	1.2%	27.5	3,833	17%	2,755	12%	10,701	48%	9,321	42%	399	2%	722	3%	946	4%	8,040	36%	13,710	62%	339	2%
Stanislaus	22,149	1.2%	27.1	3,599	16%	2,226	10%	13,747	62%	6,064	27%	755	3%	861	4%	722	3%	7,587	34%	14,178	64%	384	2%
Sutter	3,944	0.2%	27.2	606	15%	356	9%	1,955	50%	1,384	35%	86	2%	332	8%	187	5%	1,245	32%	2,464	62%	235	6
Tehama	2,111	0.1%	26.4	455	22%	121	6%	892	42%	1,121	53%	*	*	28	1%	58	3%	598	28%	1,496	71%	17	1%
Trinity	359	<0.1%	26.6	72	20%	35	10%	23	6%	305	85%	.	.	*	*	20	6%	3	1%	354	99%	*	*
Tulare	19,793	1.1%	27.9	2,802	14%	1,445	7%	15,916	80%	2,894	15%	263	1%	380	2%	340	2%	8,787	44%	10,809	55%	197	1
Tuolumne	1,028	0.1%	24.7	271	26%	89	9%	128	12%	813	79%	18	2%	27	3%	42	4%	51	5%	973	95%	*	
Ventura	34,884	1.9%	27.8	4,955	14%	3,536	10%	23,933	69%	8,438	24%	505	1%	1,089	3%	919	3%	14,847	43%	19,422	56%	615	2%
Yolo	7,242	0.4%	25.9	1,569	22%	740	10%	3,762	52%	2,150	30%	252	3%	720	10%	358	5%	2,145	30%	4,793	66%	304	4%
Yuba	2,446	0.1%	26.7	441	18%	242	10%	1,066	44%	1,066	44%	100	4%	108	4%	106	4%	661	27%	1,717	70%	68	3%

a Client counts are based on county of client residence. There are 11 clients with unknown county.

* 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 5 for more detail on the selected contraceptive methods.

Contraceptive Implants: The proportion of women receiving a contraceptive implant was 1.1% statewide compared to a low of 0.7% in the Los Angeles/San Diego corridor (0.7%). In comparison, the San Joaquin/Central Valley (1.7%) and the San Francisco Bay Area (1.6%) both had relatively high proportions. Consistent with the previous year, implants were provided in most counties (44). The 14 counties lacking an implant provider were all predominately rural. See Figures 8-7 and 8-10.

Intrauterine Contraception (IUC): IUC placements account for 3.3% of all female clients served compared to a low of 2.6% in the Los Angeles/San Diego Corridor and a high of 4.8% in the San Francisco Bay Area. IUC placement providers were located in almost all of the 52 out of 58 counties. The few counties lacking an IUC provider – Alpine, Calaveras, Inyo, Mariposa, Sierra and Trinity – are all predominately rural. See Figures 8-7 and 8-10.

Figure 8-7
Family PACT Provision of IUCs and Implants by Region, FY 2011-12

			Implant			IUC		
	Female Clients Served[a]		Providers[b,c]	Female Clients Served[a]		Providers[b,c]	Female Clients Served[a]	
Selected Region	No.	Col%	No.	No.	Row%	No.	No.	Row%
San Francisco Bay Area	124,872	8%	45	2,032	1.6%	75	6,015	4.8%
San Joaquin/ Central Valley	160,415	10%	79	2,659	1.7%	144	5,672	3.5%
Los Angeles/ San Diego Corridor	880,993	56%	155	6,523	0.7%	412	23,076	2.6%
Remainder of State	395,219	25%	156	6,027	1.5%	281	17,370	4.4%
Total	**1,561,499**	**100%**	**435**	**17,241**	**1.1%**	**912**	**52,133**	**3.3%**

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

Source: Family PACT Enrollment and Claims Data

Female Sterilization: The proportion of female clients served with sterilization (tubal ligation or Essure) was highest in the San Joaquin/Central Valley (0.5%) and lowest in the San Francisco Bay Area (0.1%). Eleven of the 58 counties had no female sterilization provider. While the number of female sterilization providers statewide was almost identical to the previous year, the proportion that performed Essure procedures grew considerably. Statewide, Essure providers accounted for 30% of the 666 sterilization providers. By region, Essure providers ranged from a high of 38% of the 13 sterilization providers in the San Francisco Bay Area followed by 36% of the 92 sterilization providers in the San Joaquin/Central Valley, and 28% of the 391 sterilization providers in the LA/San Diego Corridor. Essure providers were located in 35 of the 58 California counties. San Benito and Solano were unique because the only female sterilization provider in the county was an Essure provider. See Figures 8-8 an 8-10.

Vasectomy: Of the 58 California counties, 25 were lacking a vasectomy provider. Although the San Joaquin/Central Valley region showed the highest proportion of male clients receiving a vasectomy (0.9%), it was lower than in FY 2010-11 (1.1%). Additionally, there was a notable drop in San Joaquin/Central Valley vasectomy providers from 13 in FY 2010-11 compared to 9 in FY 2011-12. See Figures 8-9 and 8-10.

Figure 8-8
Provision of Female Sterilization in Family PACT by Region, FY 2011-12

	Female Clients Served[a]		Female Sterilzation						All Female Sterilzation[c]		
			Tubal Ligation			Essure			Providers[b]	Female Clients Served[a]	
Selected Region	No.	Col%	Providers[b]	Female Clients Served[a]	Row%	Providers[b]	Female Clients Served[a]	Row%	No.	No.	Row%
San Francisco Bay Area	124,872	8%	12	55	0.04%	5	16	0.01%	13	71	0.1%
San Joaquin/Central Valley	160,415	10%	80	377	0.24%	33	412	0.26%	92	773	0.5%
LA/San Diego Corridor	880,993	56%	341	1,564	0.18%	110	1,713	0.19%	391	3,212	0.4%
Remainder of State	395,219	25%	150	641	0.16%	55	445	0.11%	170	1,039	0.3%
Total	**1,561,499**	**100%**	**583**	**2,637**	**0.17%**	**203**	**2,586**	**0.17%**	**666**	**5,095**	**0.3%**

a Clients are based on county of residence.
b Enrolled and non-enrolled clinician providers.
c Counts of providers offering Essure and tubal sterilization do not add to the total number of providers offering female sterilization because a provider may offer both services. Likewise, a client may receive both services. For example, a tubal sterilization may be required after Essure has failed, or a tubal anesthesia code may be billed on the same day as Essure procedure.

Source: Family PACT Enrollment and Claims Data

Figure 8-9
Provision of Male Sterilization in Family PACT by Region, FY 2011-12

			Vasectomy		
	Male Clients Served[a]		Providers[b]	Male Clients Served[a]	
Selected Region	No.	Col%	No.	No.	Row%
San Francisco Bay Area	19,994	8%	3	61	0.3%
San Joaquin/Central Valley	19,766	7%	9	185	0.9%
Los Angeles/San Diego Corridor	165,389	63%	21	911	0.6%
Remainder of State	58,752	22%	36	744	1.3%
Total	**263,901**	**100%**	**69**	**1,901**	**0.7%**

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

Source: Family PACT Enrollment and Claims Data

Figure 8-10
Provision of Selected Family PACT Contraception by County, FY 2011-12

County	Implant		IUC		Female Sterilization[d]				Male Sterilization	
					Tubal Ligation		Essure		Vasectomy	
	Providers[a, b]	Clients[c]	Providers[a, b]	Clients[c]	Providers[a]	Clients[c]	Providers[a]	Clients[c]	Providers[a]	Clients[c]
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
California	***435***	***17,241***	***912***	***52,133***	***583***	***2,637***	***203***	***2,586***	***69***	***1,901***
Alameda	15	723	27	2,300	6	15	0	<15	0	24
Alpine	0	0	0	0	0	0	0	0	0	0
Amador	1	<15	1	42	2	<15	0	0	0	<15
Butte	5	173	9	394	2	<15	0	<15	1	27
Calaveras	0	<15	0	26	0	<15	0	0	0	<15
Colusa	0	<15	2	50	1	<15	0	0	0	<15
Contra Costa	13	486	19	1,426	1	<15	1	<15	2	22
Del Norte	1	52	1	16	0	<15	0	<15	1	<15
El Dorado	6	43	7	172	6	15	2	<15	1	<15
Fresno	32	726	43	1,092	14	80	14	115	5	68
Glenn	0	<15	1	65	0	<15	0	0	0	<15
Humboldt	8	107	10	545	8	<15	1	<15	3	61
Imperial	1	21	5	126	7	29	2	<15	0	<15
Inyo	1	<15	0	<15	0	<15	0	0	1	<15
Kern	15	444	33	1,073	13	90	11	138	0	<15
Kings	5	155	6	207	4	20	1	<15	2	<15
Lake	3	36	5	77	1	<15	1	<15	1	<15
Lassen	0	<15	2	22	0	0	0	0	1	<15
Los Angeles	68	2,049	241	10,855	219	1,004	61	773	11	362
Madera	3	137	4	237	5	<15	1	41	0	<15
Marin	6	308	7	418	1	0	1	<15	1	<15
Mariposa	0	<15	0	<15	0	<15	0	<15	0	0
Mendocino	4	72	8	317	7	<15	0	<15	1	<15
Merced	2	138	9	422	7	<15	3	50	0	16
Modoc	2	<15	2	<15	0	<15	0	0	0	0
Mono	0	<15	1	38	1	0	1	<15	0	0
Monterey	5	394	17	1,108	2	28	6	16	1	41
Napa	3	130	3	305	0	<15	2	<15	1	<15
Nevada	0	17	5	128	4	<15	0	0	0	<1
Orange	14	1,557	51	4,526	57	227	17	321	3	148
Placer	4	112	4	351	3	<15	0	<15	0	<15
Plumas	0	<15	2	50	2	<15	0	0	1	<15
Riverside	24	741	51	2,794	36	231	15	314	5	157
Sacramento	10	368	27	1,780	6	54	4	37	2	60
San Benito	1	39	3	143	0	0	1	<15	0	<15
San Bernardino	8	557	36	2,553	35	215	11	131	3	186
San Diego	49	2,176	69	4,901	29	102	17	305	2	244
San Francisco	8	266	18	1,138	3	<15	2	<15	0	<15
San Joaquin	4	559	12	1,217	5	41	1	23	1	17
San Luis Obispo	9	287	11	565	5	27	1	<15	2	18
San Mateo	3	249	4	733	1	32	1	<15	0	<15
Santa Barbara	13	554	16	849	12	45	3	<15	1	35
Santa Clara	21	897	28	2,619	4	38	5	51	2	15
Santa Cruz	7	429	9	774	5	<15	1	36	1	23
Shasta	5	57	9	238	3	18	0	0	2	35
Sierra	0	<15	0	<15	0	0	0	0	0	<15
Siskiyou	2	44	5	20	2	<15	0	0	1	<15
Solano	7	261	9	600	0	<15	1	<15	0	<15
Sonoma	8	361	14	1,356	6	<15	4	<15	5	67
Stanislaus	8	294	17	747	14	35	1	<15	1	38
Sutter	1	39	4	171	1	<15	0	<15	0	<15
Tehama	0	<15	1	80	1	<15	0	0	0	<15
Trinity	0	0	0	<15	0	0	0	0	0	<15
Tulare	10	206	20	677	18	88	1	36	0	21
Tuolumne	0	<15	1	<15	0	<15	0	0	1	<15
Ventura	15	804	14	1,305	20	70	7	82	2	47
Yolo	5	88	7	335	2	<15	1	<15	1	<15\
Yuba	0	23	2	98	2	<15	1	<15	0	<15

a Enrolled and non-enrolled clinician providers.
b Includes all providers paid for any placement-related procedure code, excluding removals only.
c Clients are based on county of residence. Client counts of less than 15 are supressed to protect client identity.
d Counts of providers offering Essure and tubal sterilization do not add to the total number of providers offering female sterilization because a provider may offer both services. Likewise, a client may receive both services. For example, a tubal sterilization may be required after Essure has failed, or a tubal anesthesia code may be billed on the same day as Essure procedure.

Source: Family PACT Enrollment and Claims Data

Discussion and Conclusion

Discussion

Demographic Changes in Family PACT

Compared to the previous year, the Family PACT Program showed little change overall in the number of clients or many of the client demographic characteristics in FY 2011-12. The age structure of the client population, however, continued to shift. The number of adolescent females declined again and FY 2011-12 was the first year that the number of adolescent males also declined. A study exploring factors contributing to the decline in adolescent females suggests that one factor may be a transition to other payer sources, such as private health insurance or the Medi-Cal Minor Consent Program, perhaps in preparation of health care reform.[1] If so, this trend should continue as the full implementation date for health care reform approaches. The 2011 Teen Birth Rate (TBR) continued to decline reaching 28.0 births per thousand females ages 15-19, suggesting that adolescents in need of family planning services are continuing to receive contraception, whether through Family PACT or another payer source. In a county-level analysis, the UCSF team established a clear association between a publicly funded family planning program, such as Family PACT, with the prevention of teen pregnancies.[2] Compared to other countries which have TBRs under 15 per thousand females, California's TBR has the potential to decrease even further.[3]

The decline in adolescents was offset in part by the continued increase in the number of clients over age 40. Fiscal Year 2011-12 was the first full year that Family PACT was part of the Medi-Cal State Plan as opposed to an 1115 Medicaid Demonstration Waiver. One of the changes in Family PACT was the elimination of the age limits of 55 years for females and 60 years for males. Eligibility is now based on medical necessity for family planning services regardless of age. Although the numbers of clients in the oldest age category were relatively small, this group had the highest percentage growth. The appropriateness of service provision to this group needs to be closely monitored.

Long-acting Reversible Contraception and Sterilization

The number of clients provided highly effective methods – sterilization, IUCs, and implants – showed particularly strong growth in FY 2011-12. These contraceptive methods have been of interest in the past few years because of their potential to provide contraception that is not user-dependent. In the previous year the provision of IUCs leveled off, probably due to increasing acquisition costs that were not reimbursed by Family PACT. Adjustments to reimbursement were made in FY 2011-12 and IUC provision returned to its relatively strong pattern of growth. The number of clients receiving implants also showed relatively strong growth in FY 2011-12 as did the number receiving sterilization.

The Essure procedure now comprises about half of all female sterilization procedures. Women who use highly effective methods do not have to return annually or are not eligible for Family PACT services after a successful sterilization procedure. To the extent that these methods become more popular among clients, they may impact annual statistics on client growth and service utilization.

Sexually Transmitted Infections

The STI test volume continued to increase in FY 2011-12, reaching a record number of tests conducted and a record number of clients tested. Two-thirds of the testing is for chlamydia and gonorrhea screening, which are both done on a single specimen. Chlamydia testing for females age 25 and under is showing 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 due to low prevalence among this population. Their screening rates remain higher than expected and have been increasing since FY 2009-10. The number of males screened for STIs continued to increase.

Reimbursement

Total reimbursement and reimbursement per client showed almost no change in FY 2011-12. The transition to the Medi-Cal State Plan made little difference in overall reimbursement, which is not surprising given that Family PACT remained largely the same. The one difference – the elimination of age limits – may have played a role in the increase in reimbursement for mammography. Reimbursement for mammography showed a relatively large change (+33%), but it still remains a small part of the reimbursement for clinician services (2.5%), which in turn constitutes about of one-third of total reimbursement.

An examination of how the number of clients may change when the Patient Protection and Affordable Care Act is implemented showed that 7% of the client population was above the threshold of 138% of the federal poverty level, which would require them to purchase health insurance. An unknown number may transition to Medi-Cal for more comprehensive care. Hence, the number of Family PACT clients is likely to decline in future years and reimbursement would be affected accordingly, unless cost and utilization increases offset any such decline.

1 Yarger, J., Daniel, S., Decline in Adolescent Female Participation in the Family PACT Program. Bixby Center for Global Reproductive Health, UCSF. San Francisco, CA. 2013. Submitted to the Office of Family Planning, California Department of Health Care Services.

2 Chabot, M., Swann D, Navarro S., Darney P, Thiel de Bocanegra H. Association of Access to Publicly Funded Family Planning Services with Teen Birth Rates in California Counties, American Journal of Public Health, 2013 (in press)

3 The World Bank, World Development Indicators: Social Development. http://data.worldbank.org/indicator/SP.ADO.TFRT/countries?display=default. Accessed July 15, 2013.

Family PACT Primary Care Providers

The accessibility of primary care within the Family PACT provider network was examined for the first time because many clients may be transitioning to Medi-Cal for primary care due to health care reform. Family PACT has 682 Federally Qualified Health Centers/Rural Health Centers/ Indian Health Service clinics, which by federal requirement provide comprehensive primary care. These clinics are widely distributed throughout the State, and in rural areas. Almost one-third of all providers are FQHC/RHC/IHS clinics and of the providers in rural areas two-thirds are FQHC/ RHC/IHS clinics.

Conclusion

FY 2011-12 was the first full year that the Family PACT operated under the Medi-Cal State Plan, as opposed to an 1115 Medicaid Demonstration Waiver, and, as expected, little change was observed. Growth in the number of clients leveled off in FY 2011-12, reimbursement was stable and contraceptive method dispensing and STI testing showed no surprising changes of direction. Family PACT remains vital in meeting the need for publicly funded family planning services and its network of providers – many of whom offer comprehensive care and stand to be instrumental in the implementation of health care reform.