

# Update

## Family PACT Contraceptive Methods Usage by Female Clients

One of the major focuses of the Family PACT program is to provide contraceptive methods and supplies to eligible clients. In order for Family PACT providers to assess their practice, this article provides highlights of the prescribing practices and trends in contraceptive usage of Family PACT clients as reported in the *Family PACT Program Report FY 2008/09*<sup>1</sup>. The primary diagnosis codes (PDCs) for family planning methods and method dispensing data were used for the analysis in this *Report*.

Method	% of Clients by PDC *	% of Clients Provided Method*
OC's/Patch/Ring (S10)	48.3%	43.8%
Contraceptive Injections (S20)	10.9%	9.3%
Contraceptive Implants (S30)	0.4%	.2%
IUC (S40)	8.5%	3.0%
Barrier Methods/FAM (S50)	41.5%	56%
Tubal Sterilization (S70)	0.5%	.25%

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

Since the use of PDCs includes both evaluation and discussion prior to dispensing a method as well as management of the method, there is a difference between PDCs and methods dispensed. In the table above, with the exception of barriers, a higher percentage of clients received services under the PDC than were dispensed the corresponding method. Seventy-two

(72%) of female Family PACT clients were dispensed a contraceptive reimbursed by the program FY08/09.

Since the beginning of Family PACT, among female clients served, the PDC for **oral contraceptives, the contraceptive patch and the vaginal ring (S10)** has been the most frequently used primary diagnosis by all female clients served. During both fiscal years 07/08 and 08/09 close to half of the female clients utilized this method.

This year, as last, thirty-six percent (36%) of women were dispensed oral contraceptives – more than half (55%) by clinician providers and the remainder (45%) from pharmacies. The dispensing of the contraceptive patch has been steadily decreasing from a high of 15% of women in FY

04/05 to 4% in FY08/09. The majority of patches (66%) were dispensed by pharmacies. The vaginal ring has shown continued increases in provision. This year, as last, 5% of female clients received the ring. On-site dispensing of the ring increased slightly to 46% with the remainder dispensed by pharmacies.

The rates of dispensing and PDC usage of **Contraceptive Injections (S20)** has remained relatively flat for the last four years.

In July 2008, a new **Contraceptive Implant** – Implanon™ - was added to the Family PACT program benefits. 2008/09 was the first full fiscal year of availability. A small percentage of clients received services under this PDC (S30).

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<sup>1</sup>Family PACT Program Report, Fiscal Year 2008-2009

**Intrauterine contraceptive** provision has increased in recent years. The percentage of female clients receiving services under this PDC (S40) includes insertion, maintenance and removal of IUCs. While the percentage of women receiving IUC removals has been steady at 1%, the proportion of all Family PACT female clients receiving services for maintenance and insertion has been increasing for several years.

Two IUCs are available under the Family PACT program, the Mirena Intrauterine System (IUS) and ParaGard. Both IUCs are as effective as tubal sterilization, provide continuous contraceptive protection over long time intervals, allow for rapid return of fertility after removal, and have a high rate of client satisfaction.

IUCs are ideally suited for women who desire long-term contraception, including those who have not been pregnant and women who are unable or unwilling to use a combined hormonal method of contraception.

The advantages of the ParaGard IUC are the absence of hormonal side effects and a longer duration of efficacy. The advantages of the Mirena IUS are a reduction in dysmenorrhea, and shorter and lighter menstrual periods that may progress to amenorrhea.

In late 2009, the retail price of the Mirena Intrauterine System LIU 5 was increased. MediCal has not increased the reimbursement for Mirena and consequently Family PACT is unable to increase their Mirena reimbursement rate for Family PACT providers.

**Barrier methods** were the most commonly dispensed primary contraceptive for all female clients (45%). A large percentage of female clients received services under the barrier methods PDC (S50).

The proportion of female client's receiving a **Tubal Sterilization** (S70) procedure under Family PACT has remained about the same for the last five years. However, the actual number of clients with tubal sterilizations increased this year by 425 clients over FY 07/08.

### Adolescent Clients

Service utilization patterns showed some variation by client age. The primary differences between adolescents (N=276,130) and adults (n=1,262,158) were:

- Seventy-nine percent (79%) of adolescent clients received a contraceptive method compared to 71% of female adults.
- Female adolescents were more frequently dispensed oral contraceptives than adults (42% for adolescents and 10% for adults).
- Since the beginning of the program and including this fiscal year, adolescent clients have received services related to IUCs less frequently than adults. Increases have been observed in both groups. For FY 08/09 the proportion of clients receiving such services was 2.9% for adolescents versus 9.7% for adults, which is up from FY07/08.

### Referrals for Methods

As stated in the Family PACT (Planning, Access, Care and Treatment) Standards,

All Family PACT-approved family planning methods (see below), including all FDA-approved contraceptive methods and their applications, fertility awareness methods, sterilization procedures, shall be made available to clients by the practitioner.

- At a minimum, the following contraceptive methods shall be provided onsite or by prescription: oral contraceptives; oral emergency contraceptives; contraceptive transdermal patch; contraceptive vaginal ring; contraceptive injection(s); spermicides; male and female condoms; and Lactation Amenorrhea Method (LAM).
- The following contraceptive methods and procedures may be provided onsite or by referral: contraceptive implant(s); intrauterine contraceptives; diaphragm; cervical barrier methods; Fertility Awareness Methods (FAM); and female and male sterilizations.

IUC's are one of the contraceptive methods that may be provided either onsite or by referral. The enrolled provider must have an established referral arrangement with the other provider(s) when making referrals for IUC's.

If a client is seeking the Mirena IUS and the Family PACT reimbursement rate is an issue, providers will need to find a local referral source where the Mirena IUS is available free of charge to an eligible client. Some Family PACT or other providers that receive federal funding for health care services (Title X agencies and/or Community Health Centers) may be eligible for reduced 340B pricing. These sites can still obtain Mirena IUS's for the current Family PACT reimbursement rate and may be a good source for referral.

### Family PACT Approved Contraceptive Methods

- Oral Contraceptives
- Oral Emergency Contraceptives
- Contraceptive Transdermal Patch
- Contraceptive Vaginal Ring
- Contraceptive Implants
- Contraceptive Injections
- Intrauterine Contraceptives
- Diaphragm
- Cervical Barrier Methods
- Spermicides
- Male Condoms
- Female Condoms
- Fertility Awareness Methods (FAM)
- Lactation Amenorrhea Method (LAM)
- Male Sterilization
- Female Sterilization

## Upcoming Family PACT Training Events

Following is a partial listing of training events planned for Family PACT providers or potential providers. Please check regularly under providers/ calendar of events at [www.familypact.org](http://www.familypact.org).

**January 6, 2010**

*Provider Orientation*

Pasadena

**January 11, 2011**

*Ask the Experts: Provider Referral Toolkit*

Webcast

**January 19, 2011**

*Regional Provider Forum: Family PACT Benefits, Updates, and Coding for Clinicians*

Merced

**February 8, 2011**

*Ask the Experts: In-reach and Outreach: Marketing Your Family PACT Program*

Webcast

**February 16, 2011**

*The Well Woman Visit and Cervical Cytology Screening*

Webcast

**February 17, 2011**

*Provider Orientation and Update*

Santa Barbara

**March 2, 2011**

*Essure Insertion Training*

Los Angeles

**March 11, 2011**

*Regional Provider Forum at Contraceptive Technology Conference*

San Francisco

# PROVIDER SUPPORT RESOURCES

## Family PACT Website

Program info, trainings, online modules, research and reports, etc

[www.familypact.org](http://www.familypact.org)

## Provider Resource Line

To find out more about Family PACT and its benefits

1- 877- FAMPACT - (1-877-326-7228) Toll-free

## Office of Family Planning Telephone and Email Address

General Family PACT administration questions

916-650-0414, [familypact@cdph.ca.gov](mailto:familypact@cdph.ca.gov)

## Family PACT E-News

E-News - web-based update emailed to providers on the latest in Family PACT. Email us to sign up

[familypact@cfhc.org](mailto:familypact@cfhc.org)

## Medi-Cal Website

Medi-Cal policy and information and revised Family PACT Policies, Procedures and Billing Instructions (PPBI) Manual

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

## Provider Telephone Service Center

Family PACT billing policies and procedures, Claims Denials, Claim Inquiry Forms, Appeal Forms and Resubmission Turnaround, and HAP card orders

800-541-5555

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