

INTERPRETATION OF PROVIDER PROFILE REPORTS

YOUR PERFORMANCE

The performance of your practice over the semi-annual interval being reported is shown as a blue bar, with previous intervals to the left. The most recent interval is on the right.

DATA USED FOR THIS REPORT

The information contained in your report is drawn from client eligibility and claims data submitted by your practice for services provided to Family PACT (Planning, Access, Care, and Treatment) clients. Great care has been taken to ensure that the data set regarding your practice is complete, accurately analyzed, and clearly reported. However, in provider profiles of this type, the possibility exists that the findings of one or more indicators may be inaccurate because of errors in the billing or eligibility information submitted to Family PACT. In addition to the specific factors listed in the “Interpretation” section for each of the nine indicators, the possibility of errors in submitted information must be considered as an alternative explanation of provider performance.

PEER GROUP

Two peer groups are defined: “Private Sector Providers” and “Public Sector Providers.” Your designation as a public or private sector provider is determined by the “provider type” that your practice was assigned when you enrolled as a Medi-Cal provider. In general, “public sector” providers are licensed as governmental, non-profit, and community clinics; and “private sector” providers are the remainder of the network.

The solid line for each graph indicates the median performance (50th percentile) of your peer group and the broken line refers to either the 95th or 5th percentile performance of your peer group. If the top of one of your performance bars is higher than the 95th percentile line, it means that your score is higher than at least 95 percent of the providers in your peer group. Likewise, if the top of one of your performance bars is lower than the 5th percentile line, it means that your score is lower than at least 95 percent of providers in your peer group.

AVERAGE FAMILY PACT REIMBURSEMENT PER CLIENT

Purpose: Utilization Measure

Family PACT is a limited benefit program focused on family planning and detection and treatment of some sexually transmitted infections (STI). This measure is intended to capture utilization of all Family PACT services, including office visits, procedures, prescription drugs, laboratory tests, radiology expenses, and supplies by clients who have been seen only in your practice during the measurement period.

Interpretation: If your results are higher than the peer-group median for average annual reimbursement per client, it could imply relative over-utilization of any combination of office visits, specialized procedures (such as colposcopy), prescription drugs (dispensed on-site or at pharmacies), laboratory tests, or supplies. An alternative explanation that may apply to a few providers is that their practice is recognized as a referral site for clients needing more complex procedures, resulting in higher average reimbursement per client.

Methodology: Although the average reimbursement per client is calculated for a six-month period, this measure is annualized to provide a more meaningful, easier-to-interpret number. To accomplish this, an annual client cohort is constructed from the clients served¹ by a clinician provider over 12 months – the six-month period of interest plus the previous six months.

Next, all paid claims including clinical, laboratory, radiology, and pharmacy claims attributable to the annual client cohort during the six-month period of interest are summed and then divided by the number of clients within the cohort. The resulting average reimbursement per client is then multiplied by two to produce an annualized measure. So that paid claims for a particular client may be reasonably assumed to be the result of a particular provider's care, clients served by more than one enrolled clinician provider² within the last 12 months are excluded from this measure.

FAMILY PACT ENCOUNTERS PER CLIENT

Purpose: Utilization Measure

A “typical” client receiving family planning services has two visits per year; one for periodic health screening and one “problem oriented” or follow-up visit. If the **average** client seen in your practice has many visits over the course of a year, it may signify that clients are being asked to return too often or that clinical services other than Family PACT benefits are being provided.

Interpretation: High numbers of Family PACT encounters per client per year may imply over-utilization of Family PACT services (contraception, STI, cervical dysplasia, etc.) or the use of Family PACT visits for medical conditions that are not covered by the program. Provider sites that serve specialized populations (such as teen clinics) where frequent follow-up is expected to improve method adherence may be justified in having relatively higher encounters per client than sites that serve a more general group of Family PACT clients. However, given the narrow scope of Family PACT benefits and the fact that most Family PACT clients are healthy, it is unlikely that many clinical sites will have a higher rate of encounters per client.

¹ A served client is defined as a client with a paid Family PACT claim.

² An enrolled clinician provider is defined as a National Provider Identifier belonging to a clinician provider who is enrolled in Family PACT.

Methodology: An “encounter” is defined as a claim submitted for an Evaluation and Management (E&M) or Education and Counseling (E&C) visit. As with the average reimbursement per client, the number of encounters per client is best understood when annualized. So, again, an annual client cohort is constructed of all clients who have had a clinician encounter³ under your National Provider Identifier (NPI) within a 12-month period – the six-month period of interest plus the previous six months. Next, the number of encounters attributable to this client cohort is calculated and then divided by the number of clients in the cohort. The result is then multiplied by two to produce an annualized measure. To assure that visits may be reasonably assumed to be the result of a particular provider’s care, encounters with other clinician providers are excluded from this calculation.

CHLAMYDIA SCREENING RATES

The two chlamydia screening indicators described below have been withheld from the Summer 2011 release of the reports. A substantial number of testing claims have not been submitted by laboratories thus, artificially altering the performance data for many providers. It is anticipated that the laboratories will have their claims submitted by the next release of the Provider Profile reports and the data will be present to provide accurate information about all Family PACT providers’ performance on these indicators.

CHLAMYDIA SCREENING RATE FOR SEXUALLY ACTIVE WOMEN AGE 25 OR YOUNGER⁴

Purpose: Quality Measure

This indicator measures the percentage of women in your practice who were age 25 and younger and who have a Family PACT claim (paid or denied) for chlamydia screening within one year of the semi-annual observation period. Detection and treatment of women with chlamydial cervicitis will reduce rates of Pelvic Inflammatory Disease (PID) by as much as 60 percent, which in the long term will lessen the likelihood of tubal infertility and chronic pelvic pain. Guidelines issued by the Centers for Disease Control, the United States (U.S.) Preventive Services Task Force, the California Department of Public Health Sexually Transmitted Disease Control Branch, and the Family PACT Program, recommend that all sexually active women age 25 and younger should be screened annually for lower genital tract chlamydial infections.

Interpretation: Higher percentage rates of women age 25 and younger screened for chlamydia indicates better performance. The Family PACT Program goal is a rate of 95 percent or higher.

³ A clinician encounter is defined as one or more paid claims on a date of service for any of the following Current Procedural Terminology (CPT) codes: 99201-04, 99211-14, Z9750-54, and Z9760-61. Note that clients who were seen during the 12-month period without one of these codes are not included in this measure.

⁴ Age is calculated as the woman’s age midway through the period of interest.

Methodology: The chlamydia screening rate among sexually active women age 25 and younger is calculated by constructing a cohort of eligible clients⁵ served by a Family PACT provider during a six-month period of interest. A client is considered screened if she has had a Family PACT laboratory claim, paid or denied, for a chlamydia test⁶ within 12 months prior to her last date of service within the period.⁷ The number of clients screened for chlamydia is divided by the total number of clients in the cohort. The result is multiplied by 100 to produce the percentage of clients age 25 and younger who were screened for chlamydia. Note that your practice is credited with the screening even if the screening is performed by a different provider, as long as it is billed to Family PACT.

CHLAMYDIA SCREENING RATE FOR SEXUALLY ACTIVE WOMEN OVER AGE 25⁸

Purpose: Quality and Utilization Measure

This indicator measures the percentage of women in your practice over age 25 who have a Family PACT claim (paid or denied) for a chlamydia test within one year of the semi-annual observation period. Guidelines issued by the Centers for Disease Control, the U.S. Preventive Services Task Force, the California Department of Public Health Sexually Transmitted Disease Control Branch, and the Family PACT Program all state that chlamydia screening for women in this age group should be targeted based on risk factors, rather than routine screening, if prevalence is less than three percent in your client population. Additionally, routine screening in a low prevalence population increases the risk of false positive results. Analysis of data available from California family planning clinics indicate that specific risk factors for “targeted screening” include a history of chlamydia or gonorrhea in the previous 12 months, more than one sex partner in the previous 12 months, or suspicion that someone they are having sex with has more than one partner. Chlamydia diagnostic testing also is indicated in women who have genital tract signs consistent with chlamydia infection (cervicitis, pelvic inflammatory disease signs), those who report contact with a partner diagnosed with a STI, women newly diagnosed with other STIs, and those being retested between three and twelve months after chlamydia treatment. Data from family planning settings indicate that less than half of women over age 25 meet these criteria.

Interpretation: Family PACT data in 2006 show that chlamydia positivity in women over age 25 was less than two percent, which is below the minimum level for cost-effective annual screening. If the report for your practice shows that the rate of chlamydia screening in “women over age 25” is over 50 percent, it is likely that this group is being over-screened. An alternative explanation is that certain provider sites attract high risk clients with very high STI rates (e.g., STD clinics) and may be justified

⁵ If primary diagnosis code S60 (Pregnancy Testing) is the only service a woman was seen for during the period of interest, she is excluded from the cohort.

⁶ A chlamydia test is defined as a paid or denied Family PACT claim for any of the following CPT codes: 87110, 87270, 87490, 87491, and 87800.

⁷ A client whose last date of service is within seven days of the end of the period and was screened within seven days after that visit is counted as having been screened.

⁸ Age is calculated as the woman’s age midway through the period of interest.

in having high rates of chlamydia screening in older (over 25) reproductive-aged women. Your laboratory should be able to provide your overall client positivity rate by the two age groups—clients age 25 and younger and clients over age 25. If your prevalence rate for clients over age 25 is three percent or greater, please institute an annual screening protocol for these clients and advise the Family PACT Program of this data. If your prevalence rate for clients over age 25 is less than three percent, please assure that a protocol for “targeted” screening and diagnostic testing is implemented.

Methodology: The chlamydia screening rate among sexually active women over age 25 is calculated by constructing a cohort⁹ of eligible clients served by a Family PACT provider during a six-month period of interest. A client is considered screened if she has had a Family PACT laboratory claim, paid or denied, for a chlamydia test¹⁰ within 12 months prior to her last date of service within the period.¹¹ The number of clients screened for chlamydia is divided by the total number of clients in the cohort. The result is multiplied by 100 to produce the percentage of clients over age 25 who were screened for chlamydia. Note that your practice is ascribed with the screening even if the screening is performed by a different provider, as long as it is billed to Family PACT.

PREGNANCY TESTS PER 100 ENCOUNTERS

Purpose: Quality and Utilization Measure

Pregnancy tests are medically indicated under certain clinical circumstances such as delay of menses, amenorrhea, abnormal vaginal bleeding, physical pregnancy symptoms, acute pelvic pain, and “off cycle” initiation of hormonal contraceptives. However, “screening” pregnancy tests that are routinely performed on all clients are considered unnecessary in women who are asymptomatic and do not have any of the findings listed above. This measure is included to identify providers who routinely screen most or all contraceptive clients at each visit versus those who perform pregnancy tests on an “as needed” basis.

Interpretation: Pregnancy test rates that are near the peer group median imply appropriate patterns of pregnancy test use. Rates that are much higher than the peer group median may mean that most or all women are receiving “routine” pregnancy tests at each visit, a practice that is discouraged.

Methodology: The number of pregnancy tests per 100 encounters is constructed by dividing the number of paid claims for a pregnancy test (Current Procedural Terminology [CPT] 81025) by the number of encounters,¹² as defined by E&M or E&C visits. The result is multiplied by 100. Note that if your practice does not successfully

⁹ If primary diagnosis code S60 (Pregnancy Testing) is the only service a woman was seen for during the period of interest, she is excluded from the cohort.

¹⁰ A chlamydia test is defined as a paid or denied Family PACT claim for any of the following CPT codes: 87110, 87270, 87490, 87491, and 87800.

¹¹ A client whose last date of service is within seven days of the end of the period and was screened within seven days after that visit is counted as having been screened.

¹² See Encounters per Client for the definition of an encounter.

bill Family PACT for pregnancy tests and encounters (as it has been defined above) under the same NPI billing number, your result will be inaccurate.

PERCENT OF FAMILY PACT E&M VISITS CODED 99204

Purpose: Utilization Measure

The Family PACT Program offers four levels of E&M codes for office visits by new patients: 99201 through 99204. The 99204-level office visit should be necessary only for medically complex patient care encounters and must be justified by an entry into the medical record that contains either the requisite number of elements of history, physical exam, and medical decision making or face-to-face time with counselor(s) and a clinician that is documented to be 45 minutes or longer.

Interpretation: Because a large majority of visits of Family PACT services should be of a routine nature, a report of a high percentage of E&M codes claimed as 99204 visits may be due to “upcoding” of routine family planning or STI visits. An alternative explanation for high rates of 99204 claims may be that a large proportion of patients seen by the provider are receiving non-reproductive primary care services or specialized gynecologic care for complex medical conditions that are not a benefit of the program.

Methodology: The percent of E&M visits that are at the highest level is constructed by first counting the number of paid claims for E&M visits with the CPT code 99204 during the period of interest. That number is then divided by the total of all E&M visits (CPT codes 99201-04). The result is multiplied by 100 to produce the percentage of claims for E&M visits at the highest level.

PERCENT OF FAMILY PACT E&M VISITS CODED 99214

Purpose: Utilization Measure

The Family PACT Program offers four levels of E&M codes for office visits by established patients: 99211 through 99214. The 99214 level office visit should be necessary only for medically complex patient care encounters and must be justified by an entry into the medical record that contains either the requisite number of elements of history, physical exam, and medical decision making or face-to-face time with counselor(s) and a clinician that is documented to be 25 minutes or longer.

Interpretation: Because a large majority of visits for Family PACT services should be of a routine nature, a report of a high percentage of E&M codes claimed as 99214 visits may be due to “upcoding” of routine family planning or STI visits. An alternative explanation for high rates of 99214 claims may be that a large proportion of patients seen by the provider are receiving non-reproductive primary care services or specialized gynecologic care for complex medical conditions that are not a benefit of the program.

Methodology: The percent of E&M visits that are at the highest level is constructed by first counting the number of paid claims for E&M visits with CPT code 99214 during the period of interest. That number is then divided by the total of all E&M visits (CPT codes 99211 through 99214). The result is multiplied by 100 to produce the percentage of claims for E&M services claimed at the highest level.

PERCENT OF FAMILY PACT E&C VISITS CODED Z9754

Purpose: Utilization Measure

The Family PACT Program offers five levels of E&C office visit codes, Z9750 through Z9754. Two lower level E&C codes (Z9750 or Z9751) allow you to introduce the client to the Family PACT Program and can be claimed on the same day as an E&M visit. Subsequent E&C visits, when the purpose of the visit is family planning and reproductive health counseling and education, cannot be claimed on the same date of service as an E&M visit with a clinician, as it is assumed that counseling will occur during the clinical visit. Office visits with a clinician that are intrinsically clinical, but which also include counseling, should be claimed with the use of E&M codes. Justification for the level of E&C selected for claiming, including documentation of time spent, applies only to the E&C component of the visit, even though laboratory, medication, and contraceptive supply codes may be billed with an E&C visit. The Z9754 level E&C code is necessary only for complex counseling encounters, including a face-to-face visit with a clinician and/or counselor that are documented to be 31-45 minutes or longer.

Interpretation: Because a large majority of visits of Family PACT services are of a routine nature, a report of a high percentage of E&C codes of Z9754 may be due to “upcoding” of E&C visit claims submitted to Family PACT. Alternative explanations for a high rates of Z9754 visits may be that a provider has special expertise in reproductive health counseling, and thus may receive many referrals from other providers in the community, or that because of the special nature of the practice (for example, a teen clinic), there may be an unusual number of clients requiring extensive counseling.

Methodology: The percent of E&C visits that are at the highest level is constructed by first counting the number of paid claims for E&C visits with the CPT code Z9754 during the period of interest. That number is then divided by the total of all E&C visits (CPT codes Z9750 through Z9754). The result is multiplied by 100 to produce the percentage of claims for E&C visits at the highest level.

SOCIAL SECURITY NUMBER (SSN) REPORTING AMONG U.S.-BORN FAMILY PACT ADULTS

Purpose: Administrative compliance measure

A Centers for Medicare and Medicaid Services requirement for ongoing financial support to the Family PACT Program is that a good faith effort must be made to determine the SSN of each Family PACT client and to capture it on the [Client Eligibility](#)

[Certification \(CEC\) form](#) and enter it into the Health Access Programs (HAP) system. While there will be occasional circumstances where U.S.-born adult clients are either unwilling or unable to provide a SSN during the eligibility screening process, this should be the exception rather than the rule. Non-U.S.-born Family PACT clients and those 17 years old and younger are excluded from this measure because it is recognized that many of these individuals do not have SSNs or may not be able to provide a SSN. Performance on this indicator measures the effectiveness of your “front office” staff in obtaining this information from U.S.-born adult clients who are expected to know (or have access to) their SSNs and their effectiveness in entering the information in the HAP system.

Interpretation: The higher the percentage reported in your profile, the more effective your practice has been in obtaining this important administrative information. A low percentage of SSN reporting among U.S.-born adults relative to your peer group indicates the need to improve administrative compliance in this area. However, it is recognized that not all clients will supply this information and it must be noted that Family PACT services shall be provided even if a client does not supply a SSN. If your score is lower than you expected, it may be due to CEC data entry errors that incorrectly identified clients as being U.S.-born.

Please note that serving a large population of foreign-born clients does not explain low performance on this indicator because only U.S.-born adults are included.

Methodology: A client is considered to be U.S.-born if she/he has self-indicated as such during the enrollment process. The number of clients whose HAP record contains a validly formatted SSN¹³ is divided by the number of U.S.-born clients certified/recertified during the six-month period of interest. The result is multiplied by 100 to produce the percentage with a valid SSN.

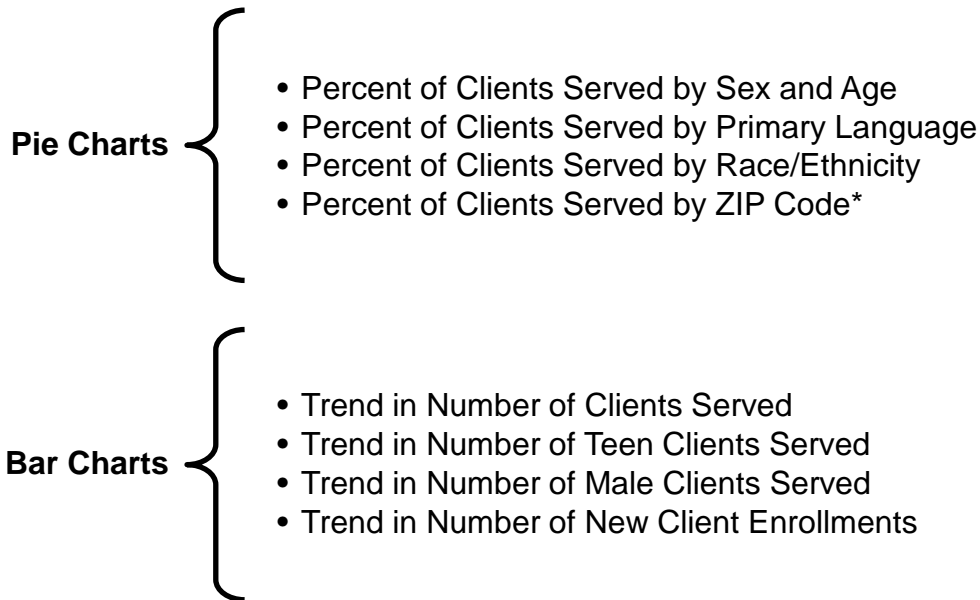
¹³ A SSN must conform to the format described by the Social Security Administration to be counted as valid.

INTERPRETATION OF CLIENT DEMOGRAPHIC PROVIDER PROFILE

INTRODUCTION

Clients tend to seek care from providers that best-suit their needs, whether geographic, linguistic, cultural, or otherwise. The Family PACT Client Demographic Provider Profile is designed to provide a picture of key demographic aspects and trends of the Family PACT clients in your practice.

The eight metrics, based on administrative data and fiscal year (FY) periods, are:



Having this information about your practice may prove useful as you consider linguistic and cultural competency, marketing/outreach, and access to care in your community. Each metric described below includes a “Resources” section that offers links to other relevant information from the Family PACT or California Department of Public Health (CDPH) Web sites.

Your Demographic Provider Profile is only available to view and download from the [Family PACT Web site](#) as part of your Provider Profile; a paper copy of client demographics will not be mailed to you.

The [annual Family PACT Program Report](#) is based on the same FY data as your Demographic Provider Profile.

*A customized map showing the number of your clients served by ZIP Code in relation to your clinic location is planned to be piloted in a later release.

DATA USED FOR THE CLIENT DEMOGRAPHIC PROVIDER PROFILE

The information in your Client Demographic Profile metrics is based on the same data as the [Provider Profile indicators](#). The key difference is the time frame; the demographic profile is aggregated based on full FYs. For example, FY 2009-10 includes paid claims and enrollment data from July 1, 2009 through June 30, 2010. Paid claims data are reported six months after the last day of the FY to allow for claim submission lag time. All metrics, except New Client Enrollment, are based on claims submitted with the unique combination of NPI and practice location for clients receiving direct clinical services. The New Client Enrollment metric is based on NPI (not location specific) and HAP Card activation date.

The “N=” at the top of the pie chart page corresponds to the most recent FY of data in the bar chart titled, “Family PACT Clients Served”.

PIE CHART OF PERCENT OF CLIENTS SERVED BY SEX AND AGE

Purpose: Demographic Reporting

Some Family PACT providers, especially public clinics, define specific objectives and create strategies to serve males or teens. In other words, these clinics aim to be “teen friendly” and “male friendly.” This metric highlights the degree to which teens and males are served in your practice during the FY.

Methodology: The categories in this metric are based on data from the “Date of birth” and “Gender” fields from the [CEC form](#) completed during the client enrollment process and entered into the HAP system. Any category in the pie chart that accounts for fewer than 15 clients is combined into either “Other,” “Teen,” “Adult,” “Male,” or “Female” instead of the more detailed category (e.g., “Teen Male”). In rare cases, when combining categories would compromise display of as many categories as possible, then total suppression of the very small category is necessary.

Interpretation: Sometimes the age and gender distribution of your Family PACT clients may differ considerably from that of your entire practice base, which is made up of clients with multiple payer sources. For example, you may notice that your reproductive health patients are unique. Alternatively, an unexpected distribution may indicate data entry inaccuracies occurring during the client enrollment process for the fields “date of birth” and “gender.” The provider that enrolled the client is not always the same NPI as the one who billed for their services; however, all enrolled providers can update client information in the HAP system whenever discrepancies are found.

Resources: Reaching special populations, such as teens and males, is an important goal in the effort towards reducing unintended pregnancy and STIs in California. There is a variety of related resources on the Family PACT Web site, including:

- Under [Provider Training](#)
 - Previously recorded webcasts titled, “[Ask the Experts: In Reach and Outreach Strategies to Market Your Family PACT Program](#)”
 - “[Counseling Your Teen Clients about Long Acting Reversible Contraceptives](#)”
- Under [Provider Resources](#)
 - A document under Provider Outreach titled, “[Reaching out for Success: Family PACT Provider Guide to Effective Outreach](#)”
- Under [Newsletters](#)
 - A past issue titled, “[Conducting Effective Outreach to Family PACT Clients](#)”
 - A past issue titled, “[Meeting the Needs of Adolescent Family PACT Clients](#)”
- Under [Clinical Practice Alerts](#)
 - “[Providing Clinical Services to Female Adolescents, May 2007](#)”
- Under [Client Education Materials](#)
 - “[Sex and Health Information for Men](#)”
 - “[How to use a condom](#)”
- Under [Research](#)
 - [Family PACT Annual Report](#)
- [CDPH Web site](#):
 - “[Teen Births in California: A Resource for Planning and Policy](#)”
 - “[CA Teen Birth Rates Data 2009 \(PPT\)](#)”

PIE CHART OF PERCENT OF CLIENTS SERVED BY PRIMARY LANGUAGE

Purpose: Demographic Reporting

This metric provides a picture of the distribution of your Family PACT clients by primary language. This may be helpful in identifying potential need for interpreter services for limited English proficiency clients. Additionally, this metric serves as feedback to you on data entry quality during the client enrollment and certification process.

Methodology: The languages in the pie chart are based on data from the “Primary Language” field entered during the client enrollment process and may be updated during the annual client re-certification. The primary language options on the [CEC form](#) include Armenian, Cantonese, English, Hmong, Khmer/Cambodian, Korean, Tagalog, Spanish, and Vietnamese. The “Other” category in the pie includes languages not listed on the [CEC form](#) (such as Mandarin) as well as languages that account for less than three percent of all clients served or fewer than 15 clients.

Interpretation: The demographic distribution of your Family PACT clients may differ notably from that of your entire practice base. Patients seeking family planning and reproductive health may be a unique. Sometimes, however, if the distribution is not as expected then data entry inaccuracies may be occurring during client enrollment for the field “Primary Language.” For example, “Armenian” may be mistaken for the word

“American” by some clients that speak “English.” Client information can be corrected/updated in the HAP system at any time.

Resources: Program standards require that all services are communicated in a language understood by the client and that print and audiovisual materials are linguistically appropriate. There is a variety of related resources on the Family PACT Web site. Some examples are highlighted below:

- Under [Provider Training](#)
 - Online module: [“Using Medical Interpreters in Family PACT Settings”](#)
 - Previously recorded Web casts titled, [“Responding to the Linguistic and Cultural Needs of Family PACT Clients”](#)
- Under [Provider Resources](#)
 - [“Medical Interpretation Quality Improvement Tool for Family PACT Providers Provider Assessment”](#) is designed to advance Family PACT provider’s provision of services to Limited English Proficiency (LEP) clients through the use of medical interpretation
- Under [Newsletters](#)
 - [“Meeting the Linguistic and Cultural Needs of Family PACT Clients”](#)
- Under [Cultural Competency](#)
 - [“Family PACT Linguistic and Cultural Competency Toolkit”](#)
 - [“Family PACT Linguistic and Cultural Competency Toolkit Tutorial”](#)
 - [“Tip sheet: Meeting the Linguistic and Cultural Needs of Family PACT Clients”](#)
- Under [Research](#)
 - [Family PACT Annual Report](#)
- Under [Client Education Materials](#)
 - Most of the materials in the Client E&C Materials catalog are available in six languages: English, Spanish, Chinese, Korean, Russian, and Vietnamese

PIE CHART OF PERCENT OF CLIENTS SERVED BY ZIP CODE

Purpose: Demographic Reporting

This metric is intended to help you better understand where your Family PACT clients reside and assist in community-based activities to reach clients in need of services. Additionally, this metric serves as feedback to you on data entry quality during the client enrollment and certification process.

Methodology: The ZIP Codes in the pie chart are based on data from the box labeled “9-digit ZIP Code” on the [CEC form](#). Up to the highest 10 ZIP Codes are displayed. The “Other” category includes ZIP Codes that have less than three percent of total clients served and/or accounted for fewer than 15 clients.

Interpretation: If the distribution of your client’s ZIP Codes shows unexpected findings, then your demographic distribution of Family PACT clients may differ notably from that of your entire practice. Patients seeking family planning may be unique to patients

seeking other types of services. Alternatively, data entry inaccuracies may be occurring during client enrollment/certification process. The provider that enrolled/certified the client is not always the same as the one who billed for their services.

Resources: Improving access to family planning services for eligible populations is an essential goal of the Family PACT Program. There is a variety of related resources on the Family PACT Web site that may assist you. Some examples are highlighted below:

Under [Provider Training](#)

- Previously recorded webcasts titled, "[Ask the Experts: In Reach and Outreach Strategies to Market Your Family PACT Program](#)"

Under [Provider Resources](#)

- A document under Provider Outreach titled, "[Reaching out for Success: Family PACT Provider Guide to Effective Outreach](#)"

Under [Newsletters](#)

- A past issue titled, "[Conducting Effective Outreach to Family PACT Clients](#)"

Under [Client Education Materials](#)

- [Outreach flyers and resources](#) to help you promote Family PACT

Under [Research](#)

- [Family PACT Annual Report](#)

PIE CHART OF PERCENT OF CLIENTS SERVED BY RACE/ETHNICITY

Purpose: Demographic Reporting

This metric highlights the race/ethnicity of your Family PACT client population and will inform your decisions around the racial and ethnic factors associated with cultural competency. Additionally, this metric serves as feedback to you on data entry quality during the client enrollment and certification process.

Methodology: The pie chart categories are based on data from the "Race/ethnicity" section filled out during the client enrollment process and, if applicable, updated during the annual client re-certification. The options on the [CEC form](#) include Asian, Black, Filipino, Hispanic, Native American (abbreviated as AIAN for American Indian Alaskan Native), Pacific Islander (abbreviated as PI), White, and Other. The "Other" category includes clients that listed themselves as "Other" on the [CEC form](#) as well as race/ethnicities that account for less than three percent of all clients served, or fewer than 15 clients.

Interpretation: Your practice may attract a unique Family PACT client population that is different from the distribution from clients of other payer sources and those served for non-reproductive health care services. An unexpected distribution of clients' race/ethnic categories may be due to data entry inaccuracies during client enrollment process and/or re-certification for the field "Race/ethnicity" of the [CEC form](#). This can be updated at any time in the HAP system. However, it is more likely that the racial/ethnic

distribution of clients from all payer sources is different than your Family PACT client base.

Resources: Program standards require that all services be provided in a culturally sensitive manner. There is a variety of related resources on the Family PACT Web site. Some examples are highlighted below:

- Under [Provider Training](#)
 - Previously recorded Web casts titled, “[Responding to the Linguistic and Cultural Needs of Family PACT Clients](#)”
- Under [Provider Resources](#)
 - A document under Provider Outreach titled, “[Reaching out for Success: Family PACT Provider Guide to Effective Outreach](#)”
- Under [Newsletters](#)
 - “[Meeting the Linguistic and Cultural Needs of Family PACT Clients](#)”
 - A past issue titled, “[Conducting Effective Outreach to Family PACT Clients](#)”
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 - Most of the materials in the Client E&C Materials catalog are available in six languages: English, Spanish, Chinese, Korean, Russian, and Vietnamese

BAR CHART OF NUMBER OF CLIENTS SERVED TREND

Purpose: Demographic Reporting

Knowing the number of clients served over time, along with age, gender, and race/ethnicity, serves to inform you about who seeks reproductive health services through Family PACT. Should you wish to expand your practice, these data will help you target outreach and in-reach activities. The metric can help you track changes over time.

Methodology: Each bar represents the total number of clients who have had one or more paid claims for clinical services in your practice during the FY. The number in the most recent FY bar is the same number of clients in the pie charts, represented as N= at the top of the pie chart page. Any FY period that has fewer than 15 clients served is shown as N/A.

Interpretation: Your Family PACT client base may grow, shrink, or change over time depending on a wide variety of factors including changes in practice patterns, community demand, or billing/enrollment issues. The trend in your Family PACT client base may differ from those of other payer sources.

Resources: Reaching clients in need of family planning services is important in reducing the unintended pregnancy in California. There is a variety of related resources on the Family PACT Web site. Some examples are highlighted below:

- Under [Provider Training](#)
 - Previously recorded webcasts titled, "[Ask the Experts: In Reach and Outreach Strategies to Market Your Family PACT Program](#)"
- Under [Provider Resources](#)
 - A document under Provider Outreach titled, "[Reaching out for Success: Family PACT Provider Guide to Effective Outreach](#)"
- Under [Newsletters](#)
 - A past issue titled, "[Conducting Effective Outreach to Family PACT Clients](#)"
- Under [Client Education Materials](#)
 - [Outreach flyers and resources](#) to help you promote Family PACT
- Under [Research](#)
 - [Family PACT Annual Report](#)

BAR CHART OF TEEN CLIENTS SERVED TREND

Purpose: Demographic Reporting

This metric highlights the trend in the number of teen clients you are serving by FY with reproductive health services paid for by Family PACT. Reaching younger clients in need of family planning services is important in reducing the teen birth rate in California and in your community.

Methodology: Teen clients who have paid claims for clinical services in your practice during the FY are represented in each bar. Teens are defined as age 19 or younger. Age is calculated as of January 1 of the FY using the date of birth as collected during enrollment and/or updated in the HAP enrollment system. Any FY period that has fewer than 15 clients served is shown as N/A.

Interpretation: A trend that differs from that of overall clients served may reflect changes to your practice patterns around serving younger clients. The trend may also reflect changes in your community such as overall demand for Family PACT, increasing/decreasing access to providers locally, or even changes in the availability of payer sources.

Resources: There is a variety of related resources on the Family PACT Web site. Some examples are highlighted below:

- Under [Provider Training](#)
 - Previously recorded webcasts titled, "[Counseling Your Teen Clients about Long Acting Reversible Contraceptives](#)"
- Under [Provider Resources](#)
 - Adolescent information titled, "[Checklist: Is Our Clinic Welcoming to Teen and Male Clients?](#)"
- Under [Newsletters](#)
 - A past issue titled, "[Meeting the Needs of Adolescent Family PACT Clients](#)"
- Under [Clinical Practice Alerts](#)
 - "[Providing Clinical Services to Female Adolescents, May 2007](#)"
- Under [Research](#)
 - [Family PACT Annual Report](#)
- [CDPH Web site:](#)
 - "[Teen Births in California: A Resource for Planning and Policy](#)"
 - "[CA Teen Birth Rates Data 2009 \(PPT\)](#)"

BAR CHART OF MALE CLIENTS SERVED TREND

Purpose: Demographic Reporting

This metric highlights the trend in the number of male clients you are serving by FY with family planning services through Family PACT by FY. It may be useful in planning and tracking services to male clients.

Methodology: Male clients who have one or more paid claims for clinical services in your practice during the FY are represented in each bar. Any FY period that has fewer than 15 clients served is shown as N/A.

Interpretation: A trend that differs from that of overall clients served may reflect an aspect in your practice that attracts or detracts male clients. The trend may also simply reflect demand in your community for Family PACT or a difference by payer source for your patient population.

Resources: Family PACT responds to the need for encouraging male involvement by providing comprehensive reproductive health services to males as well as females. There are some related resources on the Family PACT Web site noted below:

- Under [Provider Training](#)
 - Previously Recorded Webcasts titled, "[Meeting the Family Planning Needs of Adolescents and Males](#)" (CE units are available)

- Under [Provider Resources](#)
 - Adolescent information titled, "[Checklist: Is Our Clinic Welcoming to Teen and Male Clients?](#)"
- Under [Client Education Materials](#)
 - "[Sex and Health Information for Men](#)"
 - "[How to use a condom](#)"
- Under [Research](#)
 - [Family PACT Annual Report](#)

BAR CHART OF NEW CLIENT ENROLLMENT TREND BY NPI

Purpose: Demographic Reporting

This metric highlights the trend of the number of new Family PACT clients enrolled by your practice per FY. This may be useful in building your practice, increasing outreach to potential new clients, and in determining the payer balance of your practice.

Methodology: The number of clients enrolled during the FY period is based on activation dates of HAP Cards and the 10-digit NPI used to activate the card. In some cases, multiple sites may share an NPI, but have unique location numbers. In these cases, the data is aggregated based on all clinic sites associated with the unique NPI. The current enrollment system does not capture unique location numbers for NPI. This is the only metric that does not use the unique combination of NPI (10-digits), owner number (two digits) and location number (three digits) as shown at the top of your profile. Any FY period that has fewer than 15 clients served is shown as N/A.

Interpretation: This metric reflects HAP card activations associated with the 10-digit NPI of your practice as an enrolled Family PACT provider. If the trend over time differs from that of your clients served, then it may reflect your practice in areas such as capacity to enroll new Family PACT clients or outreach activities that attract new clients. The trend may also simply reflect increasing/decreasing demand in your community for Family PACT.

Resources: The ability for providers to do onsite enrollment is a key strength of the program by expediting access to critical family planning services. It eliminates delays and can foster immediate access to services thereby reducing unintended pregnancies in California. There are a variety of related resources on the Family PACT Web site. Some examples are highlighted below:

- Under [Provider Training](#)
 - Previously recorded webcasts:
 - "[Ask the Experts: In Reach and Outreach Strategies to Market Your Family PACT Program](#)"
 - "[Ask the Experts: Client Eligibility, Retroactive Eligibility, and Client Enrollment](#)"

- [Online modules:](#)
 - [“Family PACT Client Eligibility Certification \(CEC\) and Enrollment Self-Study”](#)
 - [“It Starts in the Front Office: Training for Front Office Staff”](#)
- Under [Provider Resources](#)
 - A document under Provider Outreach titled, [“Reaching out for Success: Family PACT Provider Guide to Effective Outreach”](#)
 - A [Quick Reference Tip Sheet](#) titled, [“Tips for Completing the Client Eligibility Certification Form”](#)
- Under [Newsletters](#)
 - A past issue titled, [“Conducting Effective Outreach to Family PACT Clients”](#)
- Under [Client Education Materials](#)
 - [Outreach flyers and resources](#) to help you promote Family PACT
- Under [Research](#)
 - [Family PACT Annual Report](#)