

Family PACT Program Report



FISCAL YEAR 2008-2009



Bixby Center
for **Global**
Reproductive
Health



University of California San Francisco

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Family PACT Program Report Fiscal Year 08/09

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Introduction

The Family PACT (Planning, Access, Care, and Treatment) Program is administered by the California Department of Public Health, Office of Family Planning (OFP) and has been operating since 1997 to provide family planning and reproductive health services at no cost to California's low-income residents of reproductive age. The program offers comprehensive family planning services including contraception, pregnancy testing, and sterilization as well as sexually transmitted infection (STI) testing and limited cancer screening services. By serving residents with a gross family income at or below 200% of the Federal Poverty Guidelines (FPG) with no other source of coverage for family planning services, it fills a critical gap in health care. In fiscal year (FY) 08/09 a single person with a gross annual income at or below \$21,660 could be eligible for the program, if all other eligibility criteria are met.

The program 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 used state funds only. Since December 1999, however, the State has received additional funding for the program from the federal government through a Centers for Medicare and Medicaid Services (CMS) Section 1115 Demonstration Waiver.

Earlier legislation, establishing the Office of Family Planning, 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 that analysis as well as ongoing program monitoring of Family PACT. This annual report is based on enrollment and claims data and describe provider and client populations, the types of services utilized, fiscal issues, and county profiles. As in the past, a five-year period is examined and for this year's report that period is from FY 04/05 through FY 08/09.

The Bixby Center conducts additional evaluation of the program using other data sources to assess, among other things, the quality of clinical care, adherence to program standards, provider referral practices, the cost-benefit of the program and the level to which women who need publicly-funded family planning access the program. Findings from these evaluations are reported periodically in study-specific reports, policy briefs and research summaries. As they become available, report findings can be found under the research section of the Family PACT website, www.FamilyPACT.org.

Data used in this report are for dates of service within FY 08/09, including 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, 2009, six months after the last month of FY 08/09. These data are estimated to be 99% complete. Data for prior years come from prior annual reports, unless otherwise noted.

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 twelfth full fiscal year of operation, FY 08/09, the Family PACT Program served 1.77 million women and men, an increase of 6% (97,000 clients) over the previous year and of 12% (183,000 clients) over the five-year period between FY 04/05 and FY 08/09. See Figure 1-1. The growth rate for clients served this year is the highest rate seen since FY 02/03.

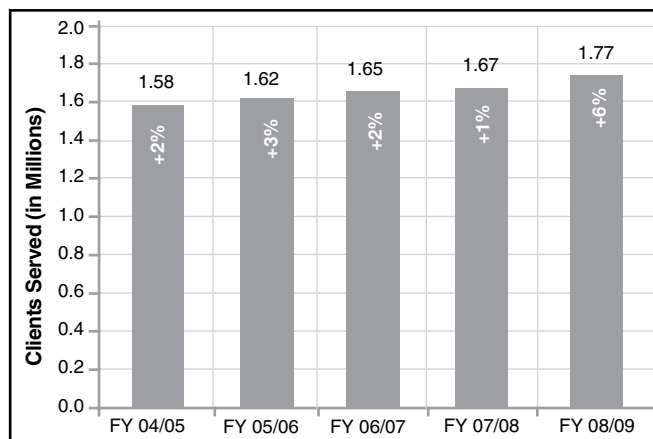
The number of women served in the program increased by more than 67,000 in FY 08/09 (+5%), bringing the total number of females served to 1.54 million. The number of men increased by more than 29,000, or 15%, the fastest growth rate since FY 02/03. As a result males served numbered over 227,000 in FY 08/09. In the five years since FY 04/05 the number of females has increased 9% and the number of males has increased 29%. Due to the rapid increase in the number of males this year, the proportion of males served increased from 12% to 13% of clients. Adolescents constituted 18% of the total client population.

A total of 7,898 providers were reimbursed for services, up by 4% (328) from FY 07/08. This increase was entirely due to a 10% increase in the number of pharmacies with a paid Family PACT claim. The number of clinician providers and laboratories both declined in FY 08/09 (-4% clinicians; -3% laboratories). Of the 7,898 providers, 2,683 were clinician providers, 5,047 were pharmacies, and 168 were laboratories.

See Figure 1-2. Pharmacy providers served 37% of all clients, laboratories served 65% and clinician providers served 94%.

Out of the 2,683 total clinician providers, who delivered services in FY 08/09, this report focuses on the 2,075 who were enrolled in Family PACT. Enrolled clinician providers are of particular importance because they drive the services delivered in the program and are subject to the program's standards, policies, and procedures. Approximately one-third of enrolled clinician providers were public sector providers and two-thirds were private sector providers. The remaining 608 clinician providers delivered services on a referral basis without being enrolled.

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



Source: Family PACT Enrollment and Claims Data

Figure 1-2
Number of Providers Delivering Family PACT Services^a

Fiscal Year	Clinician Providers						Pharmacies		Laboratories		Total Providers	
	Enrolled		Medi-Cal ^b		Total Clinician Providers		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						
04/05	2,043	-1%	749	-1%	2,792	-1%	4,579	2%	176	6%	7,547	1%
05/06	2,095	3%	718	-4%	2,813	1%	4,710	3%	185	5%	7,708	2%
06/07	2,109	1%	718	0%	2,828	0%	4,515	-4%	188	2%	7,530	-2%
07/08	2,152	2%	643	-10%	2,795	-1%	4,601	2%	173	-8%	7,569	1%
08/09	2,075	-4%	608	-5%	2,683	-4%	5,047	10%	168	-3%	7,898	4%

^a Delivering Family PACT services is defined as having been reimbursed for services through Family PACT.

^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.

Source: Family PACT Enrollment and Claims Data

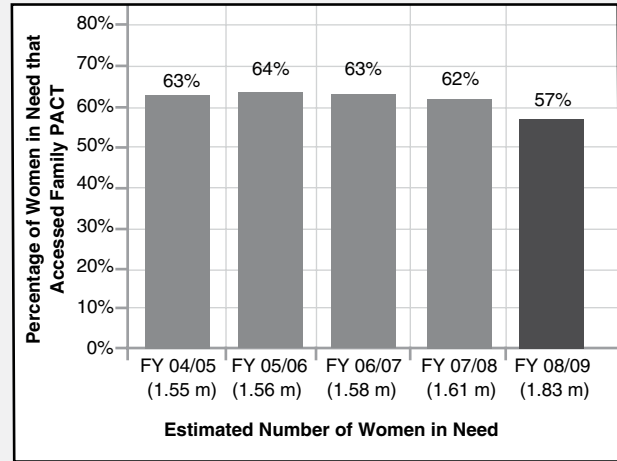
Access to Family PACT by Women in Need

One measure of the Family PACT Program’s accomplishment in reaching women in need of publicly funded contraceptive services is to assess the trend in the proportion of those women who accessed contraceptive services through the program. Women are considered in need of publicly funded contraception, if they are at risk of unintended pregnancy, i.e., they are of reproductive age (15-44), sexually active, able to become pregnant, and neither currently pregnant, nor seeking pregnancy. If an adult they are in need if their income is at or below 200% of the Federal Poverty Guideline (FPG).¹ Adolescent females (ages 15-19) are considered in need of contraceptive services regardless of income, if they are sexually experienced.

Figure 1-3 shows that of the estimated 1.83 million California women in need, approximately 57% received contraceptive services through Family PACT in FY 08/09. The trend shows an increase in access between FY 04/05 and 05/06; however, a gradual decline has occurred in the last three fiscal years with the largest decline occurring between FY 07/08 and FY 08/09. The decline in access reflects the growing numbers of women in need during the severe economic downturn that started in late 2007.

¹ Formerly Federal Poverty Level

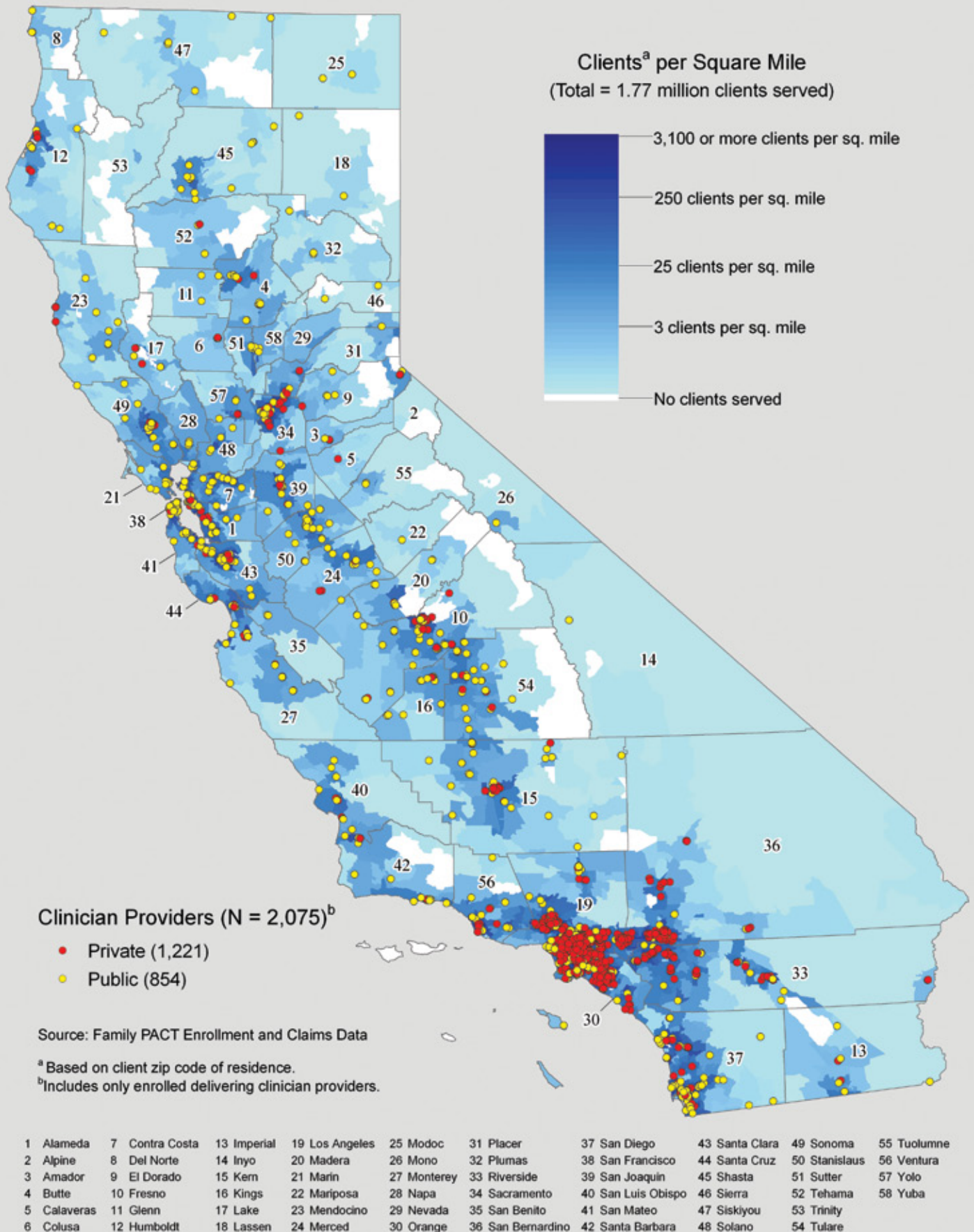
Figure 1-3
Access to the Family PACT Program: Percentage of California Women Ages 15-44 in Need of Publicly-Funded Contraceptive Services Served by Family PACT



Sources: Family PACT Enrollment and Claims Data; State of California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050; California Health Interview Survey, California Women’s Health Survey, and California Current Population Survey (CPS)

The map on page 4, Figure 1-4, shows the geographic distribution of providers and clients. The broad distribution of providers suggests that services are widely available. Providers and clients are also heavily concentrated in areas of high population density. Ten counties – located mostly in southern California and the San Joaquin/Central Valley – accounted for 74% of clients served, 76% of providers, and 73% of total reimbursement.

Figure 1-4
Overview of Providers and Clients Served in Family PACT, FY 08/09

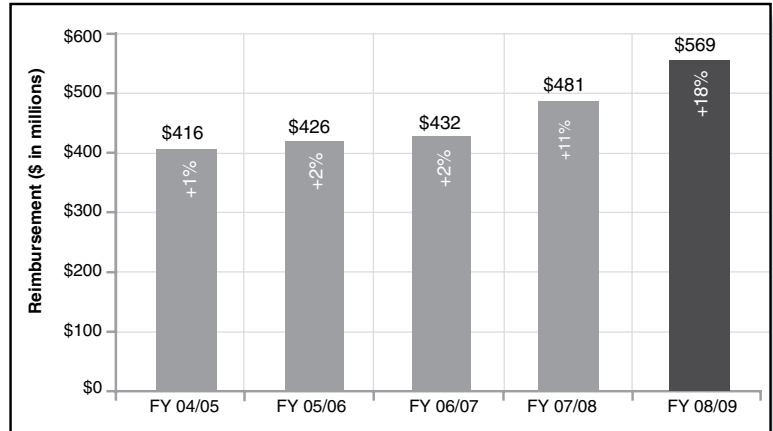


Total Family PACT reimbursement was \$569 million, an increase of 18% over the \$481 million seen in the previous fiscal year. See Figure 1-5. Reimbursement per client increased from \$288 in FY 07/08 to \$322 in FY 08/09, an 11.9% increase. This increase follows a 10.2% increase between FY 06/07 and FY 07/08. All of the increase in reimbursement per client over the last five years (+22%) has occurred in the last two. See Figure 1-6.

This year's increase in reimbursement is the result of a combination of factors: 1) an increase in the number of clients served, 2) an increase in the cost of clinical services, 3) an increase in the utilization of laboratory services and 4) an increase in the use of more effective contraceptive methods with higher upfront costs.

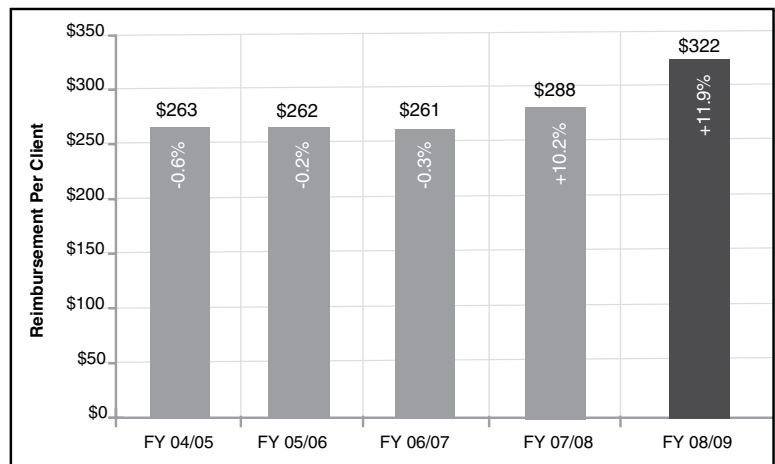
Federal law requires drug manufacturers to pay state Medicaid agencies rebates on drugs. These rebates lower the cost of the Family PACT Program to both the state and federal governments. For FY 08/09, there was an estimated \$59 million in drug rebates. Adjusting for the rebates, total reimbursement was \$510 million and reimbursement per client was \$289. 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



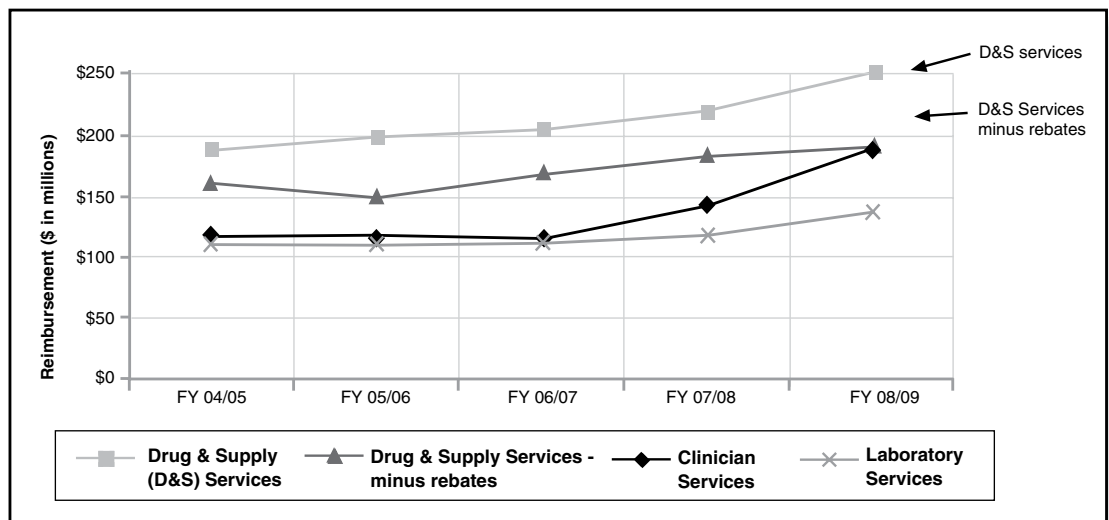
Source: Family PACT Enrollment and Claims Data

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

Chapter 2 Profile of Clinician Providers

Enrolled clinician providers are of particular importance to the Family PACT Program because they drive the services delivered and are subject to the program's standards, policies, and procedures.¹ Of the 2,683 clinician providers reimbursed for delivering Family PACT services in FY 08/09, 2,075 (77%) were enrolled in the program and are the focus of this report. This is a net decrease of 77 enrolled providers (-4%) over last year. See Figure 2-1.

The remaining 608 clinician providers delivering services (23%) were not enrolled in Family PACT, but provided services to Family PACT clients by referral from an enrolled Family PACT provider. These providers may deliver services that a Family PACT provider does not perform, such as sterilization, and may bill Family PACT, but they may not enroll new clients. Since all clinician providers billing Family PACT must be enrolled in Medi-Cal, these providers are referred to as "Medi-Cal" providers (as opposed to "enrolled" providers). Because these providers typically serve only a small percentage of clients (4% in FY 08/09), provide only occasional service and are not enrolled, further discussion of providers is limited to enrolled Family PACT providers.

The Family PACT provider network includes 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 decrease in the total number of enrolled delivering providers is entirely attributable to private providers, which declined by 100 providers in FY 08/09 (-8%). Public providers increased by 23 (+3%).

Figure 2-1
Enrolled Clinician Providers Delivering Family PACT Services

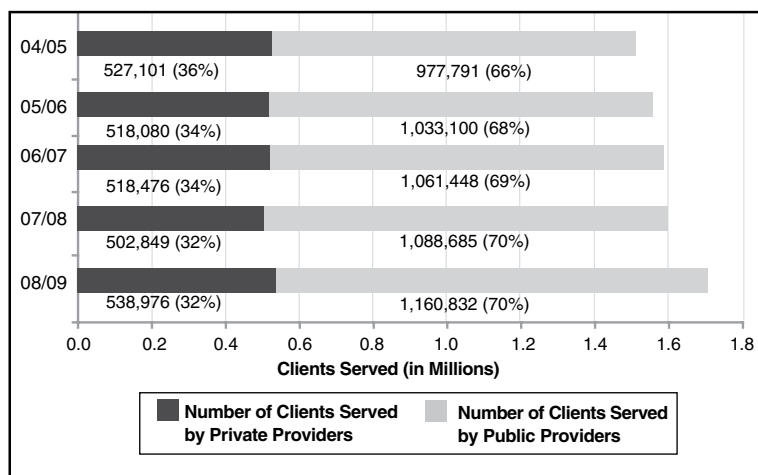
Fiscal Year	Provider Sector								
	Private			Public			Total		
	No.	% of Total	Change over Previous Year	No.	% of Total	Change over Previous Year	No.	% of Total	Change over Previous Year
04/05	1,324	65%	-5%	719	35%	7%	2,043	100%	-1%
05/06	1,322	63%	0%	773	37%	8%	2,095	100%	3%
06/07	1,312	62%	-1%	797	38%	3%	2,109	100%	1%
07/08	1,321	61%	1%	831	39%	4%	2,152	100%	2%
08/09	1,221	59%	-8%	854	41%	3%	2,075	100%	-4%

Source: Family PACT Enrollment and Claims Data

- 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 Clients may be served by either a public provider, private provider or both.

In FY 08/09, private providers comprised 59% of all enrolled providers, but served only 32% of clients. Public providers, on the other hand, comprised 41% of all providers, while serving 70% of clients.² See Figures 2-1 and 2-2. Private providers have been consistently declining, both in absolute number and in the percentage of clients served, since their peak in FY 02/03 when they numbered 1,441. The trend of public providers serving an increasing proportion of clients leveled off among the adult and adolescent client subgroups.

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



Note: The percentages add to more than 100% because some clients were served by both public and private providers.

Source: Family PACT Enrollment and Claims Data

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 almost three years younger on average and had lower incomes, smaller families, and lower average parity. See Figure 2-3.

Figure 2-3
Profile of Family PACT Clients Served by Provider Sector, FY 08/09

	Provider Sector	
	Private	Public
Average Number of Clients Served per Provider	441	1,359
Female/Male Ratio	84:16	89:11
Average Age	29.1	26.3
Percent Latino	85%	54%
Percent Spanish as Primary Language	71%	33%
Average Parity	1.3	0.8
Average Monthly Income	\$939	\$735
Average Family Size	2.7	2.0

Source: Family PACT Enrollment and Claims Data

Chapter 3 Profile of Clients

The Family PACT Program had 2.62 million clients enrolled for part or all of FY 08/09, up from 2.54 million in FY 07/08. This number includes 0.78 million newly enrolled clients, as well as about 1.84 million previously enrolled clients whose eligibility continued into FY 08/09. Of the program's 2.62 million enrolled clients, 1.77 million (67%) received Family PACT services during the fiscal year.

The number of clients served (1.77 million), upon which data in this report are based, increased by 6% or approximately 97,000 clients, over FY 07/08, reaching its highest total ever. The previous year's growth was 1% or about 15,000 clients. The predominant client demographics were similar to those in previous years and certain trends are noted. See Figure 3-1.

- The growth rate among female clients served increased from 1% in FY 07/08 to 5% in FY 08/09. This was the largest growth rate seen since FY 02/03.
- The growth rate among male clients served jumped from 1% in FY 07/08 to 15% in FY 08/09. As a percentage of the total Family PACT population, males increased from 12% to 13%.
- Fifty percent (50%) of clients were between the ages of 20-29. However, there was a striking increase in the growth rate of clients ages 40 and over in FY 08/09. The number of these older clients grew by 13% compared to a 4% growth rate in FY 07/08, whereas clients under age 40 grew by 5% compared to a 1% growth rate in the previous year. Clients ages 40 and over made up 10% of all clients in FY 08/09, up from 9% in FY 07/08.
- About two-thirds (64%) of clients identified themselves as Latino. The composition of clients by race and ethnicity was similar to last year.
- The percentage of clients reporting Spanish as their primary language (45%) continued to decline. Prior to FY 04/05 the majority of clients reported Spanish as their primary language. FY 08/09 marks the first year that the majority (52%) of clients report English as their primary language.
- About three-quarters (77%) of clients reported a family income below the Federal Poverty Guideline (FPG),¹ up from 74% in FY 07/08 and 72% in FY 04/05. The greatest increase was observed among males, who showed an eight percentage point increase among those below the Federal Poverty Guideline over the five year period (66% in FY 04/05; 74% in FY 08/09) compared to a four point increase among females.
- Almost one-half (48%) of female clients served reported zero parity, or never having had a live birth, up slightly from last year.

Figure 3-1
Demographic Profile of Clients Served, FY 07/08 and FY 08/09

Total Number of Clients Served	FY 07/08		FY 08/09	
	No.	% ^d	No.	% ^d
	1,668,896		1,765,556	
By Sex				
Female	1,470,951	88%	1,538,291	87%
Male	197,945	12%	227,265	13%
By Age				
<18	128,851	8%	129,223	7%
18-19	176,210	11%	184,892	10%
20-24	477,764	29%	504,386	29%
25-29	346,955	21%	367,329	21%
30-34	224,558	13%	235,041	13%
35-39	152,169	9%	160,535	9%
40-44	90,831	5%	101,386	6%
45-49	50,383	3%	58,101	3%
50-54	18,058	1%	20,714	1%
55-60	3,116	<1%	3,949	<1%
Missing/Unknown	1	NA		
By Ethnicity				
Latino	1,072,676	64%	1,125,088	64%
White	337,391	20%	361,181	20%
African American	101,133	6%	108,952	6%
API ^a	106,447	6%	114,033	6%
Other (including Native American)	51,249	3%	56,300	3%
Missing/Unknown			2	NA
By Primary Language				
Spanish	779,294	47%	789,437	45%
English	825,161	49%	909,812	52%
Other	64,441	4%	66,305	4%
Missing/Unknown			2	NA
By Income				
0-50% of FPG ^b	670,083	40%	765,130	43%
>50-100 of FPG	567,615	34%	590,875	33%
>100-150 of FPG	328,495	20%	312,601	18%
>150-200 of FPG	102,703	6%	96,947	5%
Missing/Unknown			3	NA
By Family Size				
1 person	807,758	48%	880,973	50%
2 to 4 persons	678,462	41%	696,482	39%
5 or more person	182,676	11%	188,098	11%
Unknown			3	NA
By Parity^c				
none	698,312	47%	743,867	48%
1 birth	278,266	19%	284,149	18%
2 births	252,702	17%	258,999	17%
3-9 births	240,416	16%	250,043	16%
Missing/Unknown	1,255	NA	1,233	NA

- a Asian and Pacific Islander
- b Federal Poverty Guideline, formerly Federal Poverty Level
- c Includes females only
- d Percentages may not add to 100% due to rounding

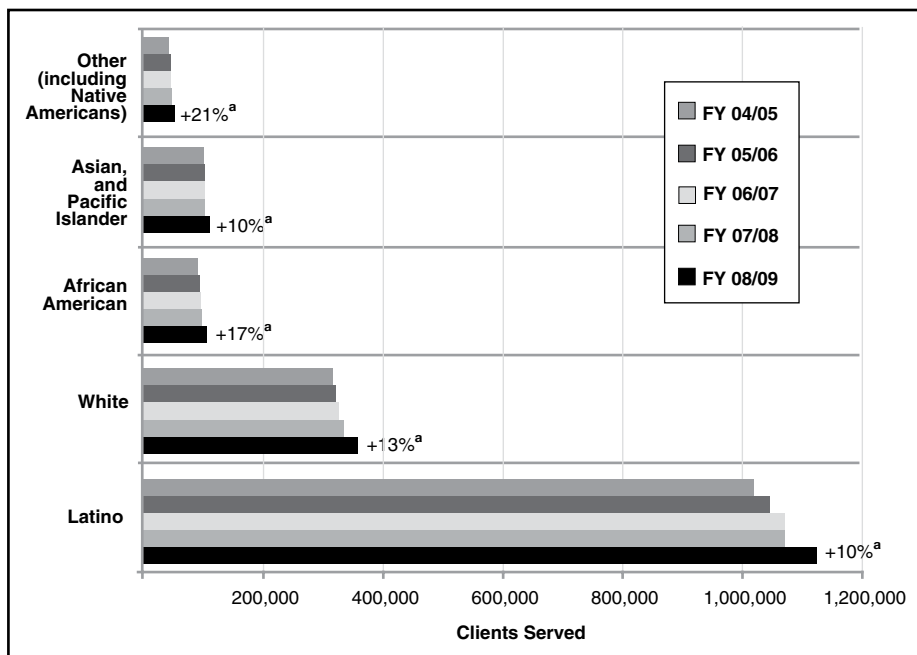
Source: Family PACT Enrollment and Claims Data

¹ Between May 1, 2008 and April 30, 2009, the Family PACT eligibility limit of 200% of the FPG for a family of one was \$1,734/month with an additional \$600/month for each additional family member. The FPG (100%) was half that amount or \$867/month for a family of one.

After slow growth for four years, each racial/ethnic group grew by at least 5% in FY 08/09. The fastest growing major racial/ethnic group was African Americans with 8% growth over the previous year. Over the past five years all groups have grown by at least 10%, with African Americans growing by 17%. See Figure 3-2.

The Family PACT population has a higher proportion of Latinos and a lower proportion of Whites and Asians than the comparable population of California residents. See Figure 3-3.

Figure 3-2
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

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

	Clients Served by Family PACT		Population under 200% of FPG ^b for age groups served by Family PACT		California Population	
	FY 08/09		FY 08/09 ^c		FY 08/09 ^d	
	No.	%	No.	%	No.	%
Latino ^a	1,125,088	64%	6,066,029	52%	14,020,560	36%
White	361,181	20%	3,436,042	29%	16,430,778	43%
African American ^a	108,952	6%	828,162	7%	2,275,188	6%
Asian and Pacific Islander	114,033	6%	1,128,254	10%	4,701,197	12%
Other (including Native American)	56,300	3%	285,397	2%	1,039,724	3%
Total	1,765,554	100%	11,743,884	100%	38,467,447	100%

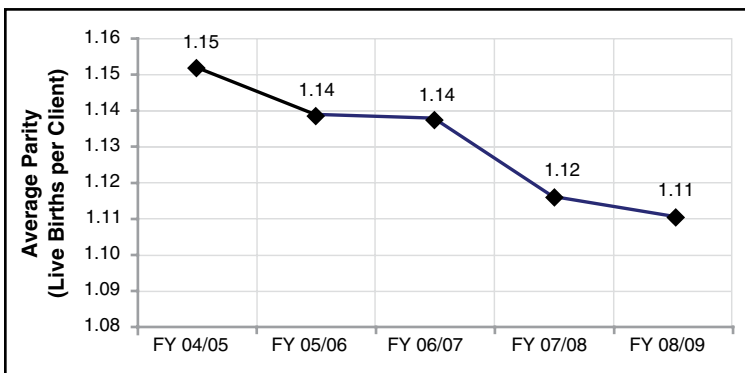
- ^a The terms "Latino" and "African American" are used in lieu of "Hispanic" and "Black", which appear on both the Family PACT Client Eligibility Certification Form and the California Population Survey.
- ^b Federal Poverty Guideline, formerly Federal Poverty Level
- ^c Population under 200% FPG was calculated by UCSF using California's combined 2008 and 2009 Annual Social and Economic Supplement – Current Population Survey (ASEC-CPS). Income reported in the survey is the previous year's income.
- ^d Population counts for fiscal years were obtained by averaging Department of Finance population counts for the two calendar years of interest. "Other" includes the multi-race category.

Sources: Family PACT Enrollment and Claims Data; State of California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050; California ASEC-CPS 2008-2009

The percentage of those reporting a family size of one increased to 50% in FY 08/09, up from 46% in FY 04/05. The trend in clients reporting a family size of one closely follows the trend in women reporting never having given birth (zero parity), which has risen from 46% in FY 04/05 to 48% in FY 08/09.

Average parity – defined as the average number of live births women reported upon enrollment or recertification – declined again in FY 08/09. See Figure 3-4. The five-year decline in parity from 1.15 to 1.11 was driven by women in their twenties, who constitute 50% of the women in the program. These women showed the steepest decline in parity among ten-year age categories.

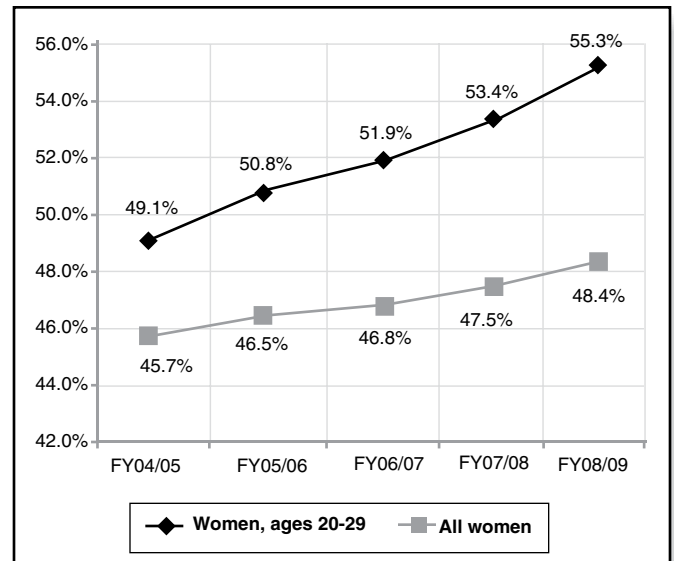
Figure 3-4
Average Parity of Female Family PACT Clients Served



Source: Family PACT Enrollment and Claims Data

Among all women, a steadily increasing percentage report zero parity upon enrolling or recertifying, meaning that they have never had a live birth (46% in FY 04/05; 48% in FY 08/09), but the change among women in their twenties is the most marked (49% in FY 04/05; 55% in FY 08/09). See Figure 3-5. Among women ages 20-29, African Americans, Latinas and Others show the largest change, but Latinas drive the trend because they constitute the majority (55%) of women in their twenties. Thirty-eight percent (38%) of Latinas in their twenties reported zero parity in FY 08/09 compared to 33% five years ago. Among all women in the program Latinas ages 20-29 comprise 29% – the largest single group by age and ethnicity.

Figure 3-5
Percent of Female Family PACT Clients Served, with Zero Parity: All Women vs. Women ages 20 to 29



Source: Family PACT Enrollment and Claims Data

Retention is defined as any client served in the fiscal year, who had been served in any of the prior four years. The estimated retention rate in FY 08/09 was 68%, up from 66% in FY 04/05. See Figure 3-6.

Figure 3-6
Family PACT Client Retention Estimates

	Total Clients Served	% of Clients Estimated to Have Been Retained ^a
	No.	%
FY 04/05	1,582,664	66%
FY 05/06	1,622,709	67%
FY 06/07	1,653,719	67%
FY 07/08	1,668,896	68%
FY 08/09	1,765,556	68%

^a Client retention can only be estimated because matching clients from year to year is based on an algorithm using client identification numbers and other demographic data to provide the most accurate match. Percentages may not match previous years' reports due to methodological adjustments.

Source: Family PACT Enrollment and Claims Data

By provider type, estimated client retention remained the same at 68% among private providers between FY 04/05 and FY 08/09, but client retention among public providers increased from 65% in FY 04/05 to 67% in FY 08/09.

Since December 1999 the Family PACT Program has received funding from the federal government through a Centers for Medicare and Medicaid Services (CMS) Section 1115 Demonstration Waiver. Two of the goals of the Waiver project aim to increase access to family planning for males and reduce unintended pregnancies among adolescents. This chapter focuses on these populations.

Adolescents

Adolescents - defined as clients under age 20 – comprised 18% of Family PACT clients in FY 08/09. The social and demographic characteristics of adolescent clients were somewhat different from those of adult clients. See Figure 4-1.

Figure 4-1

Family PACT Client Profile: Adolescents vs. Adults, FY 08/09

Total Number of Clients Served	Adolescents 314,115		Adults 1,451,441	
By Sex				
Female	276,130	88%	1,262,161	87%
Male	37,985	12%	189,280	13%
By Age				
10-14	11,138	4%		NA
15-17	118,085	38%		NA
18-19	184,892	59%		NA
By Ethnicity				
Latino	166,745	53%	958,343	66%
White	88,648	28%	272,533	19%
African American	25,875	8%	83,077	6%
Asian and Pacific Islander	20,609	7%	93,424	6%
Other (inc. Native American)	12,238	4%	44,062	3%
By Primary Language				
Spanish	60,823	19%	728,614	50%
English	246,781	79%	663,031	46%
Other	6,511	2%	59,794	4%
By Income^a				
0-50% of FPG ^b	242,794	77%	522,336	36%
51-100% of FPG	48,444	15%	542,431	37%
101-150% of FPG	18,740	6%	293,861	20%
151-200% of FPG	4,137	1%	92,810	6%
By Family Size^a				
1 person	259,161	83%	621,812	43%
2 - 4 persons	48,284	15%	648,198	45%
>4 persons	6,670	2%	181,428	12%
By Parity^d				
None	238,998	87%	504,869	40%
1 birth	31,815	12%	252,334	20%
2 births	4,303	2%	254,696	20%
3-9 births	911	<1%	249,132	20%
By Provider Sector^c				
Private Practice Only	59,430	20%	441,401	32%
Public/Non-Profit Only	236,844	79%	887,461	65%
Both	4,091	1%	33,338	2%

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

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

b Federal Poverty Guideline, formerly Federal Poverty Level

c Includes only clients served by clinicians.

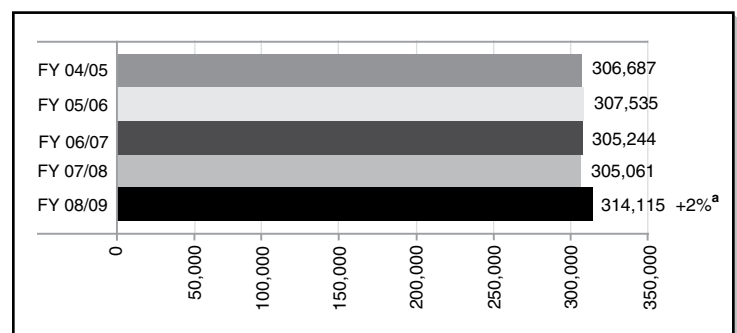
Source: Family PACT Enrollment and Claims Data

- A higher proportion of adolescents were White compared to adults (28% among adolescents; 19% among adults) and a lower proportion of adolescents were Latino compared to adults (53% among adolescents; 66% among adults). Family PACT adolescents reflect the State's low-income population more than Family PACT adults do in regard to race/ethnicity. See Figures 3-3 and 4-1.
- A considerably higher proportion of adolescents reported English as their primary language than adults (79% adolescents; 46% adults).
- Adolescents reported smaller family sizes and lower incomes than adults. This is to be expected since adolescents are not required to include parents or siblings when reporting family size and income.
- Among adolescent females, 87% reported never having had a live birth (zero parity) upon enrollment or recertification compared to 40% of adult females.
- A higher proportion of adolescents (79%) were served only by public sector providers compared to adults (65%).

Trends noted among Adolescents:

The number of adolescents served grew 3% in FY 08/09. See Figure 4-2. Over a five-year period the number was up 2%. This was slow growth in comparison to that of adults, where the number increased 6% over FY 07/08 and 14% over a five-year period.

Figure 4-2
Trend in Adolescents Served by Family PACT

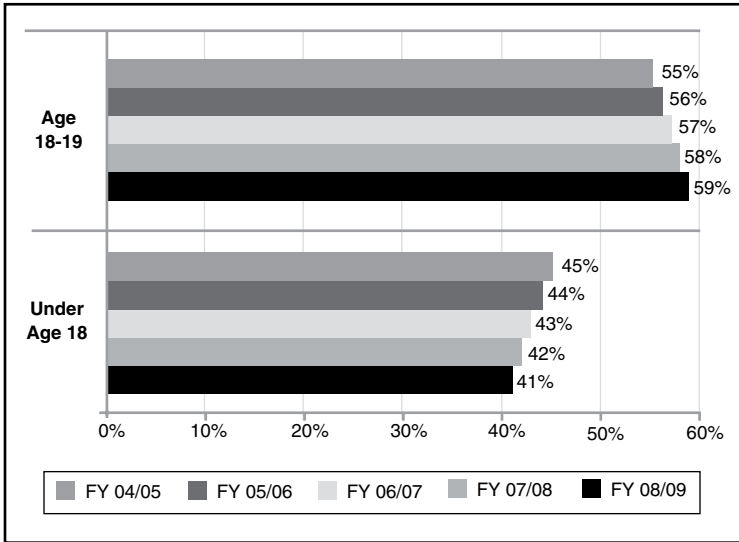


a Percent change over five years.

Source: Family PACT Enrollment and Claims Data

- The shift toward serving a higher proportion of older adolescents continued. In FY 04/05, 55% of adolescents served were ages 18-19 and that percentage has steadily increased to 59% in FY 08/09. There was a corresponding decrease in the percentage of adolescents under age 18 served from 45% in FY 04/05 to 41% in FY 08/09. See Figure 4-3.

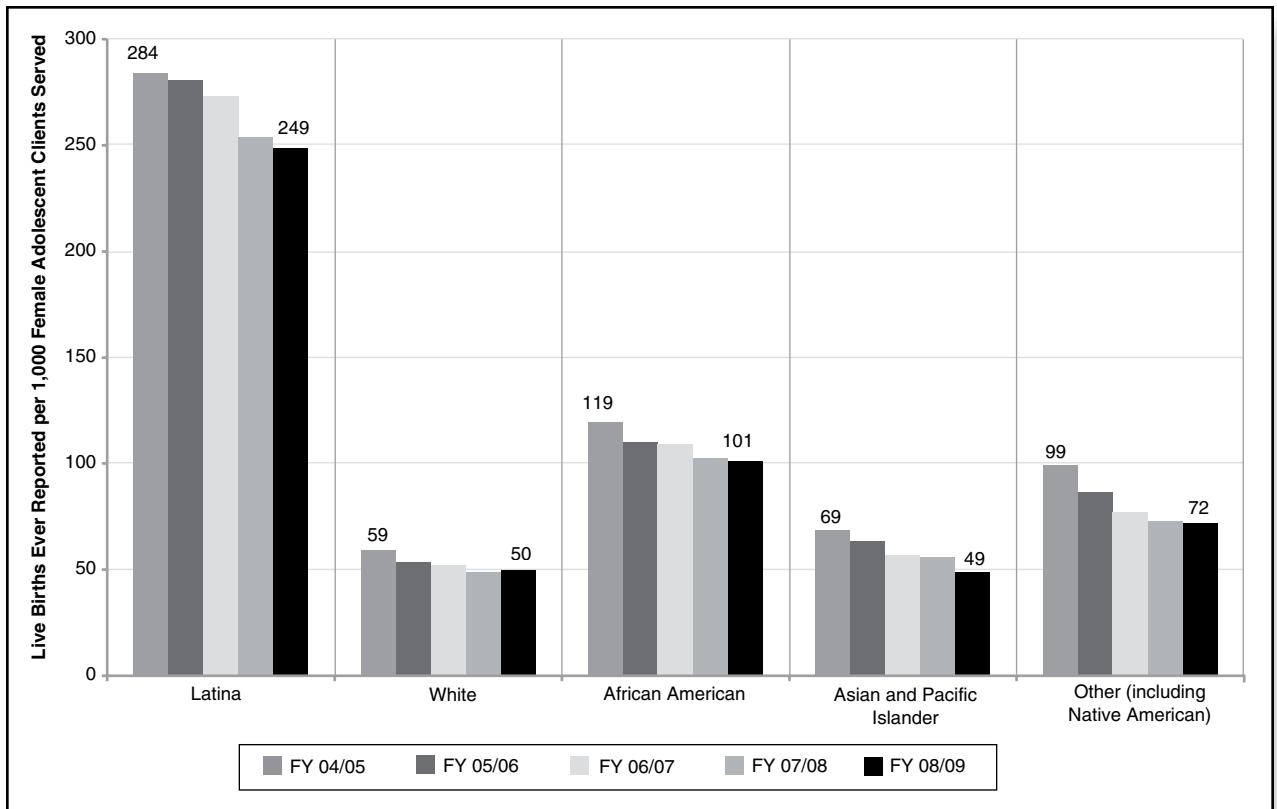
Figure 4-3
Percent of Family PACT Adolescents, by Age



Source: Family PACT Enrollment and Claims Data

- Female adolescents under age 18 were the only age category among males and females that showed a decline in numbers (-1%) in FY 08/09. Over a five-year period the number of females under age 18 has declined by 7%.
- Among the four major racial/ethnic categories, the number of Latino adolescents grew the most (+5%), followed by African Americans (+2%). Whites showed no growth (<-1%) and Asian/Pacific Islanders (API) declined (-1%). Over a five-year period, the trends were more pronounced with Latinos showing 8% growth and African Americans 3%. Whites declined by 6% and API adolescents declined by 8%.
- Average parity among adolescents has been declining with Latinas showing the largest decline in the absolute number of live births reported per thousand adolescent females over the last five years. At the time of enrollment or recertification Latina adolescents reported having had 249 live births per thousand female clients served in FY 08/09 compared to 284 per thousand in FY 04/05. See Figure 4-4.

Figure 4-4
Average Parity Among Female Family PACT Adolescents, by Race/Ethnicity

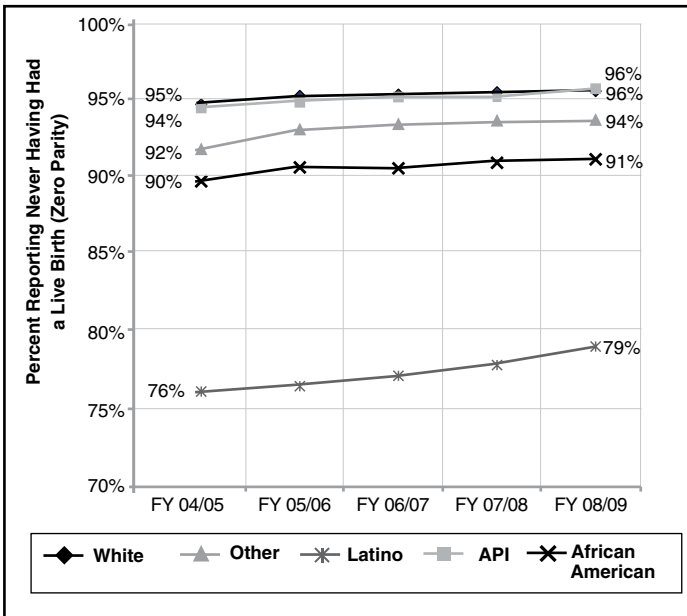


Source: Family PACT Enrollment and Claims Data

- Latina adolescents showed the largest increase in zero parity rate among all the racial/ethnic groups over a one-year and five-year period. The zero parity rate among Latina adolescents has gone from 76% in FY 04/05 to 79% in FY 08/09, indicating that more Latinas are seeking family planning services before they have a birth. Among the other racial/ethnic groups, the percentage reporting zero parity is above 91% and is either remaining the same or also increasing.

Figure 4-5

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



Source: Family PACT Enrollment and Claims Data

Adolescent retention is estimated to be 45% and stable, compared to 72% for adults. A retained client is defined as any client served in the fiscal year, who had been served in any of the prior four years. See Figure 4-6. The large difference between adolescent and adult retention is partially explained by the fact that adolescents enter the program for the first time and sometimes late in their teen years. This gives them relatively few years in which to be counted as retained. When they return as adults they are counted as contributing to the adult retention estimate.

Figure 4-6

Family PACT Client Retention Estimate by Age Group^a

Fiscal Year	Adolescents		Adults	
	Clients Served	% Estimated as Retained	Clients Served	% Estimated as Retained
	No.	%	No.	%
04/05	306,687	46%	1,275,972	71%
05/06	307,535	46%	1,315,174	72%
06/07	305,244	46%	1,348,474	72%
07/08	305,061	46%	1,363,835	73%
08/09	314,115	45%	1,451,441	72%

^a Client retention can only be estimated because matching clients from year to year is based on an algorithm using client identification numbers and other demographic data to provide the most accurate match. Percentages may not match previous years' reports due to methodological adjustments.

Source: Family PACT Enrollment and Claims Data

Males

Males made up 13% of all clients served in the program in FY 08/09, one percentage point more than in FY 07/08. The social and demographic characteristics of male clients served were similar to females with a few exceptions. See Figure 4-7.

Figure 4-7

Profile of Family PACT Clients Served: Males vs. Females, FY 08/09

Total Number of Clients Served	Males 227,265	Females 1,538,291
By Age		
<18	15,944 7%	113,279 7%
18-19	22,041 10%	162,851 11%
20-24	64,383 28%	440,003 29%
25-29	45,654 20%	321,675 21%
30-34	28,044 12%	206,997 13%
35-39	19,435 9%	141,100 9%
40-44	13,826 6%	87,560 6%
45-49	9,273 4%	48,828 3%
50-54	5,550 2%	15,164 1%
55-60	3,115 1%	834 <1%
By Ethnicity		
Latino	147,564 65%	977,524 64%
White	40,523 18%	320,658 21%
African American	23,278 10%	85,674 6%
Asian and Pacific Islander	8,727 4%	105,306 7%
Native American and Other	7,173 3%	49,127 3%
By Primary Language		
Spanish	105,451 46%	683,986 44%
English	114,979 51%	794,833 52%
Other	6,835 3%	59,470 4%
By Income^a		
0-50% of FPG ^b	108,605 48%	656,525 43%
51-100% of FPG	59,334 26%	531,541 35%
101-150% of FPG	44,678 20%	267,923 17%
151-200% of FPG	14,648 6%	82,299 5%
By Family Size^a		
1 person	164,259 72%	716,714 47%
2-4 persons	48,184 21%	648,298 42%
>4 persons	14,822 7%	173,276 11%
By Region of Client Residence		
Los Angeles County	95,277 42%	514,889 33%
Other Counties	131,988 58%	1,023,400 67%
By Provider Sector^c		
Private Only	83,700 39%	417,131 29%
Public/Non-Profit Only	131,317 61%	992,988 69%
Both	1,008 <1%	36,421 3%

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

^a Adolescents are not required to include parents and siblings when declaring family size and income.

^b Federal Poverty Guideline, formerly Federal Poverty Level

^c Includes only clients served by clinicians.

Source: Family PACT Enrollment and Claims Data

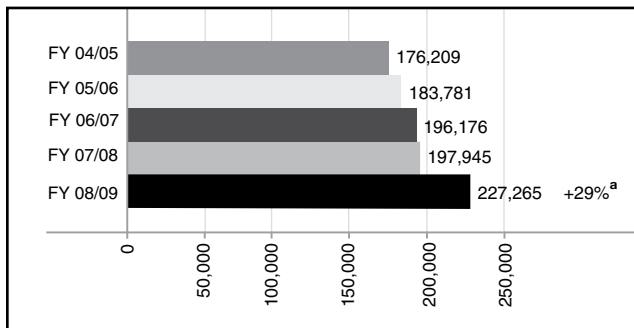
- A higher proportion of males than females were African Americans (10% males; 6% females).
- Males were more likely to report a smaller family size than females. Seventy-two percent (72%) reported a family size of one compared to 47% among females. The trend for family size over the past five years has been toward an increasing proportion of males reporting a family size of one (68% in FY 04/05; 72% in FY 08/09).

- Males in the program were more likely to live in Los Angeles County than were female clients (42% males; 33% females).
- Males were more likely to visit private sector providers than females (39% among males; 29% among females).

Trends noted among Males:

There was an 15% increase in the number of males served in FY 08/09. Over a five-year period the number of males has grown 29% from about 176,000 to 227,000. See Figure 4-8.

Figure 4-8
Trend in Males Served by Family PACT

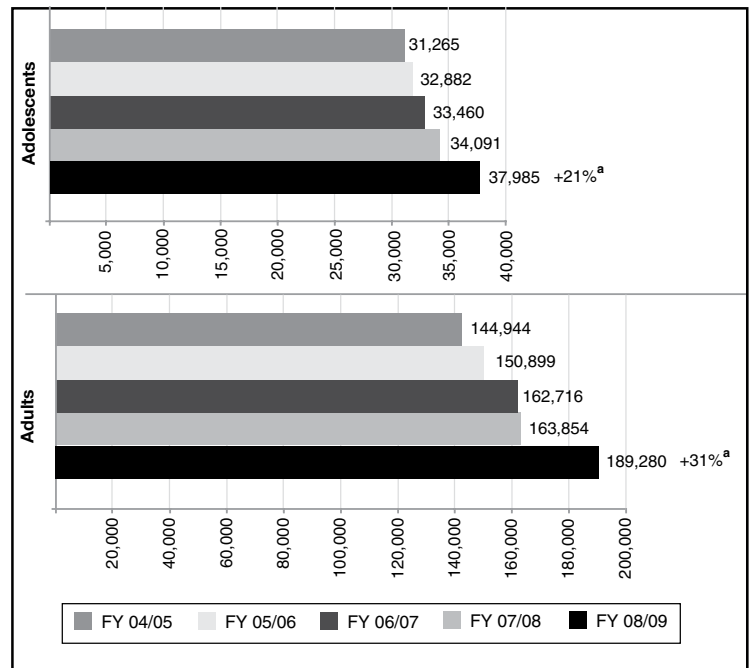


^a Percent change over five years.

Source: Family PACT Enrollment and Claims Data

- Over the past five years with the exception of API males, the number of males has increased in each of the major ethnic groups. The number of Latino males increased 34%, African Americans increased 26%, and Whites increased 22%. The number of API males declined by 5%.
- The number of male adolescents increased 21% over the last five years and number of male adult clients increased 31%. See Figure 4-9. By comparison, there was no change (<1%) in the number of female adolescents, but the number of female adults grew 12% over five years.
- The increase noted among clients ages 40 and over was more pronounced among males than females. There was a 23% increase in the number of men ages 40 and over compared to a 14% increase in men under age 40. For females the increases were smaller (+12% females ages 40 and over; +4% females under age 40).
- The shift toward males being served by public sector providers appears to have leveled off. The proportion of males being served by public sector providers has ranged between 60% and 64% in the last five years with some fluctuation.

Figure 4-9
Trend in the Number of Male Family PACT Clients Served, by Age



^a Percent change over five years

Source: Family PACT Enrollment and Claims Data

Retention among males is estimated to have been 31% in FY 08/09. Retention has been relatively stable over the last five years. By comparison, female retention estimates are higher and have shown an increase over the past five years from 71% to 73%. Higher retention among females compared to males is to be expected as they often require more services and supplies on an ongoing basis. See Figure 4-10.

Figure 4-10
Family PACT Client Retention Estimate, By Male vs. Female

Fiscal Year	Total Males Served	% of Males Estimated to have been Retained from Previous Four Years ^a	Total Females Served	% of Females Estimated to have been Retained from Previous Four Years ^a
	No.	%	No.	%
04/05	176,209	31%	1,406,455	71%
05/06	183,781	31%	1,438,928	71%
06/07	196,176	31%	1,457,543	72%
07/08	197,176	32%	1,470,951	73%
08/09	227,265	31%	1,538,291	73%

^a Client retention can only be estimated because matching clients from year to year is based on an algorithm using client identification numbers and other demographic data to provide the most accurate match. Percentages may not match previous years' reports due to methodological adjustments.

Source: Family PACT Enrollment and Claims Data

Overview

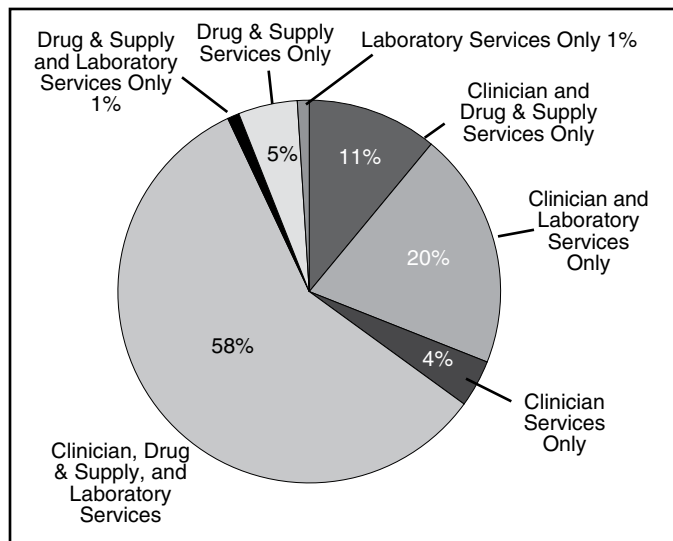
All services within Family PACT fall into three main categories: clinician services, drug and supply services, and laboratory services. Clinician services are provided only by clinicians and include counseling, procedures, and clinical exams. Drug and supply services are provided by clinicians on-site 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.

Within these broad categories, the State mandates a range of covered services that both limit and protect fertility. Thus, to complement the provision of contraceptive methods, the Family PACT benefits package includes services related to the diagnosis and treatment of conditions that threaten reproductive capability, in accordance with the legislation that created the Family PACT Program. In addition, pregnancy testing, with appropriate related counseling, is a covered benefit of the program. Contraception and sexually transmitted infection (STI) services are discussed in chapters 6 and 7, respectively. Information on covered services related to pregnancy testing and cancer screening are presented in the second half of this chapter.

Clinician Services

The majority of clients served in a year receive services in each of the three main service categories: clinician, laboratory and drug and supplies. This year, only seven percent (7%) received drugs and supplies or laboratory services without seeing a clinician. See Figure 5-1. Clinician services include evaluation and management (E&M), education and counseling (E&C), method-related procedures, mammography and other services. The most frequently utilized were E&M services, followed by E&C. 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 services, supervised non-licensed staff, such as health educators, may provide E&C services as well as licensed clinicians. Only 9% of claims for clinician services were for procedures and other clinical services.

Figure 5-1
Family PACT Clients Served by Service Type Combination
N=1,765,556



Source: Family PACT Enrollment and Claims Data

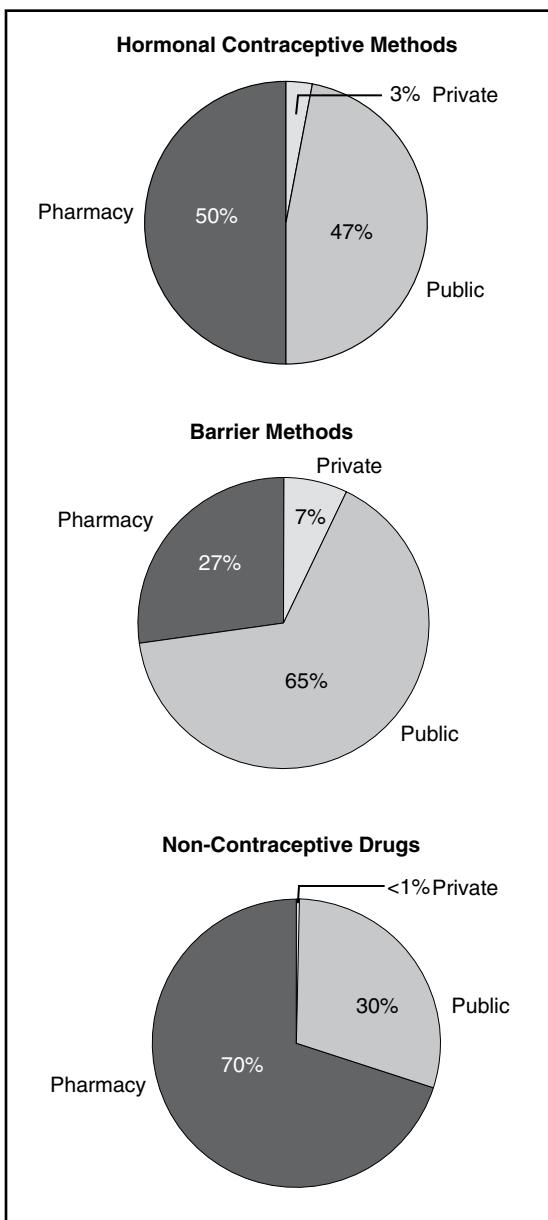
Drug and Supply Services

Similar to previous years, 74% of all clients served received drug and supply services. Fewer men received drug and supply services this year (59%) than in the previous two years (62% in FY 07/08, 64% in FY 06/07). A larger proportion of women received drug and supply services (77%) than men, a continuing pattern over time. Each year, approximately two-thirds of clients receive their drug and supply services on-site (63% this year). The proportion of clients who received these services at a pharmacy was 49% this fiscal year.

Drug dispensing patterns remained the same as last year. Hormonal contraception and barrier methods and supplies 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 providers do very little dispensing on-site. The majority of drug and supply dispensing is done by public providers and pharmacies. Half (50%) of hormonal contraceptive method claims were reimbursed to pharmacies; almost half (47%) were reimbursed to public sector clinician providers. For barrier methods, public providers were reimbursed for the majority of claims (65% public; 28% pharmacies). The opposite was true for non-contraceptive drugs, where the majority of claims were reimbursed to pharmacies (70% pharmacies; 30% public). Private sector clinicians providers accounted for just 4% of paid claims for drug and supply services overall. See Figure 5-2.

Figure 5-2
Dispensing of Drugs and Supplies by Drug Category and Provider Type, FY 08/09



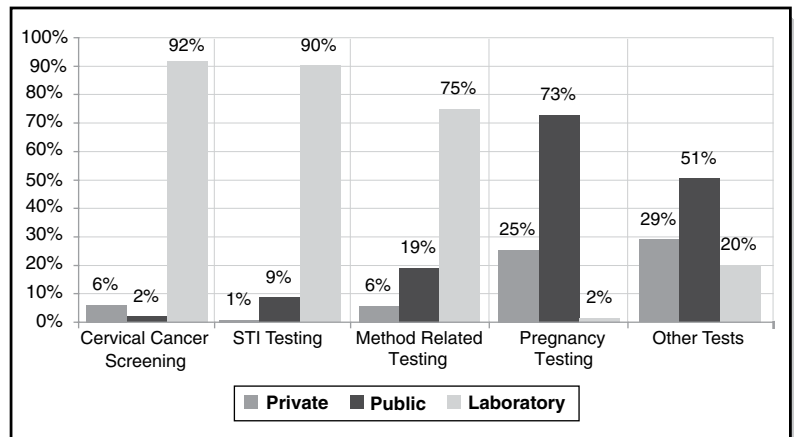
Source: Family PACT Enrollment and Claims Data

Laboratory Services

Overall, 80% of clients served received laboratory services. The proportion of men receiving laboratory services increased eight percentage points over the last two years (72% in FY 06/07, 76% in FY 07/08, 80% in FY 08/09). Now, for the first time, equal proportions of men and women (80% each) receive laboratory services. The most frequently utilized laboratory services continued to be testing for STIs (55% of claims), followed by pregnancy testing (14%), cervical cancer screening (13%), and testing related to contraceptive methods (8%). All other laboratory tests made up 11% of laboratory service claims.

Full-service laboratories – as opposed to on-site clinician laboratories – handled 70% of all laboratory procedures, the highest percentage in five years and five percentage points higher than last year (65% in FY 07/08). Ninety-two percent (92%) of cervical cancer screening tests, 90% of STI tests, and 75% of method-related tests were processed by full-service laboratories. See Figure 5-3. The most frequent laboratory service provided on-site by clinician providers was pregnancy testing.

Figure 5-3
Percentage of Laboratory Tests by Provider Type, Private and Public Clinicians vs. Laboratory



Source: Family PACT Enrollment and Claims Data

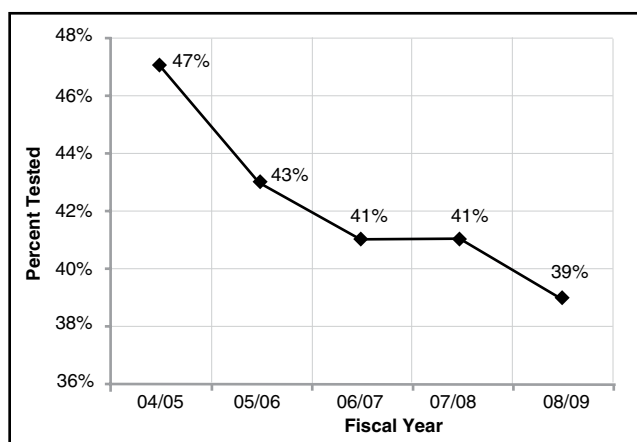
Other Reproductive Health Services

In addition to contraceptive and STI services, which are covered in later chapters, the program offers both pregnancy testing and cancer screening. 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.

Pregnancy Testing Services

The proportion of female clients tested for pregnancy in a year reached a high of 56% in FY 01/02, suggesting that the test was being over-utilized. Since FY 05/06 pregnancy testing has been the focus of one utilization measure on the Provider Profiles sent to Family PACT providers with information on their individual and peer practice patterns. The proportion of female clients tested for pregnancy has been steadily declining since FY 01/02 and has reached a low of 39%. See Figure 5-4.

Figure 5-4
Proportion of Female Clients Served with a Pregnancy Test
FY 04/05 - FY 08/09



Source: Family PACT Enrollment and Claims Data

Women ages 20-34 accounted for 64% of clients tested for pregnancy in FY 08/09. Women in this age group received the most tests per woman tested. Adolescent women ages 19 and under account for 22% of all clients tested for pregnancy. However, a higher proportion of adolescents received a pregnancy test during the year than women of other age groups. Forty-seven percent (47%) of women ages 19 and under received a test compared to 40% of women ages 20-34 and 28% of women ages 35-55. Overall, the program provided an average of 1.41 pregnancy tests per client tested in FY 08/09. See Figure 5-5.

Figure 5-5
Clients Served with a Pregnancy Test, by Age, FY 08/09

Age	# of 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.	No.
<20	184,396	130,027	276,130	47%	1.42
20-34	552,908	386,148	968,675	40%	1.43
35-55	112,758	83,623	293,486	28%	1.35
Total	850,062	599,798	1,538,291	39%	1.42

Source: Family PACT Enrollment and Claims Data

Pregnancy testing services are available to women with all contraceptive methods offered by the program. Additionally, pregnancy testing with counseling is offered to women who desire pregnancy or choose not to adopt a method at the same visit. These visits are billed using a specific primary diagnosis code of Pregnancy Testing Only (PDC S60). The proportion of women tested under PDC S60 has been declining. This year 8% of female clients received services under PDC S60, down from 9% in FY 07/08 and 10% in FY 06/07. However, half of these women (51%) also received contraceptive services under Family PACT at some time during the year.

Mammography Services¹

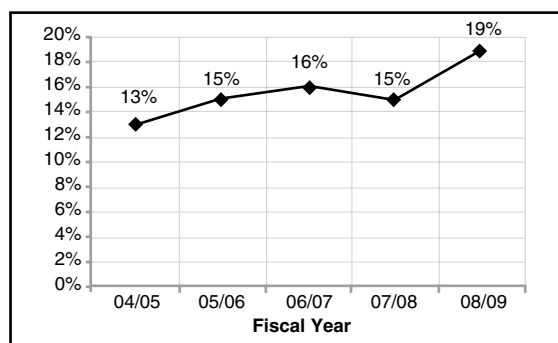
Screening mammography for women 40 to 55 years old was added to the Family PACT benefits package in January 2002. FY 08/09 represents the seventh full fiscal year of data on this service. After a leveling off across the past two years, the proportion of women receiving a mammogram through the program increased from 15% of eligible clients in FY 07/08 to 19% this fiscal year. See Figure 5-6. The four percentage point increase in utilization may be related to easier access to mammography in Family PACT than in other government programs providing cancer screening to low-income state residents.² 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 12% in FY 08/09 compared to a 4% increase in those under age 40. Both factors contributed to a 36% increase in the number of clients served with mammography in FY 08/09 – the largest growth in five years.

¹ Utilization rates for cervical cancer screening, dysplasia treatment, and mammography exclude female clients who only received services through a pharmacy. Rates also exclude women who were only served under PDC S60 (Pregnancy testing only). Claims for cervical cancer screening, dysplasia treatment, and mammography cannot be made under PDC S60 nor billed by pharmacies. For mammography, the “eligible clients” denominator is further restricted to clients age 40+ to match the eligibility criteria for this benefit under Family PACT.

² The practice of medicine has shifted toward the use of digital mammography, for which Family PACT has paid since December 1, 2006. Lag times by other programs in changing their policies to pay for digital mammography may have resulted in clients shifting to Family PACT for mammography.

The majority of clients who received mammography services also received other family planning 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 5-6
Proportion of Eligible Clients Served with Mammography,^a FY 08/09



^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 a quality of care indicator. The American Cancer Society no longer recommends yearly screening for every woman. Recommendations for screening periodicity vary depending on age, history, and the specific screening test utilized.³

In FY 08/09, 47% of female clients received at least one Pap test, resuming a downward trend seen between FY 04/05 and FY 06/07: 53% in FY 04/05, 51% in FY 05/06, 49% in FY 06/07 and 50% in 07/08. The likelihood of receiving a Pap test within the year increased with age, a continuing pattern that appeared in all racial/ethnic groups and that was also observed in previous years. Twenty-one percent (21%) of clients under age 20 received a Pap test, compared to 50% of women ages 20-34, and 65% of those ages 35 and over. See Figure 5-7.

Figure 5-7
Clients Served with a Pap Test by Age, FY 08/09

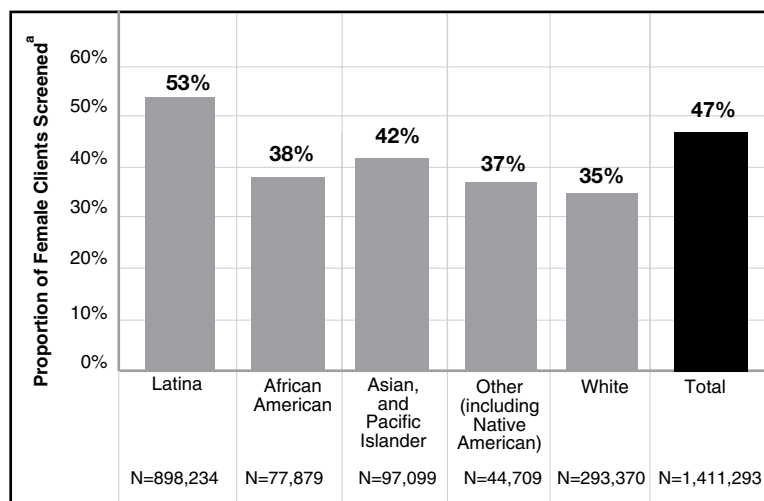
Age	Clients Served with Pap Test	Total Females Served ^a	Proportion of Female Clients Tested
	No.	No.	%
<20	53,574	253,636	21%
20-34	437,266	882,313	50%
35-55	178,777	275,334	65%
Total	669,617	1,411,283	47%

^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

The proportion of women receiving a Pap test within the program differs by race/ethnicity, but the pattern is not strongly consistent across the years. This year, like last year, Latina women had the highest proportion of testing reimbursed by the program (53%); White women had the lowest screening rate (35%). See Figure 5-8. The rate among African American women decreased this year to 38%, down from 46% in FY 07/08 and 40% in FY 06/07.

Figure 5-8
Cervical Cancer Screening Rates by Race/Ethnicity, FY 08/09



^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

Only one percent (1.25%) of eligible clients underwent diagnostic evaluation for abnormal cervical changes (colposcopy with or without biopsies), less than half the rate of last year (2.6% in FY 07/08). Fewer than 1% received treatment (LEEP⁴ or cryotherapy) for cervical abnormalities. This is consistent with previous years.

³ See the Family PACT Clinical Practice Alert on Cervical Cancer Screening, dated August 2005, for current cervical cancer screening guidelines. Available on the Family PACT website, <http://www.familypact.org>.

⁴ Loop electro-excisional procedure (LEEP)

Overview

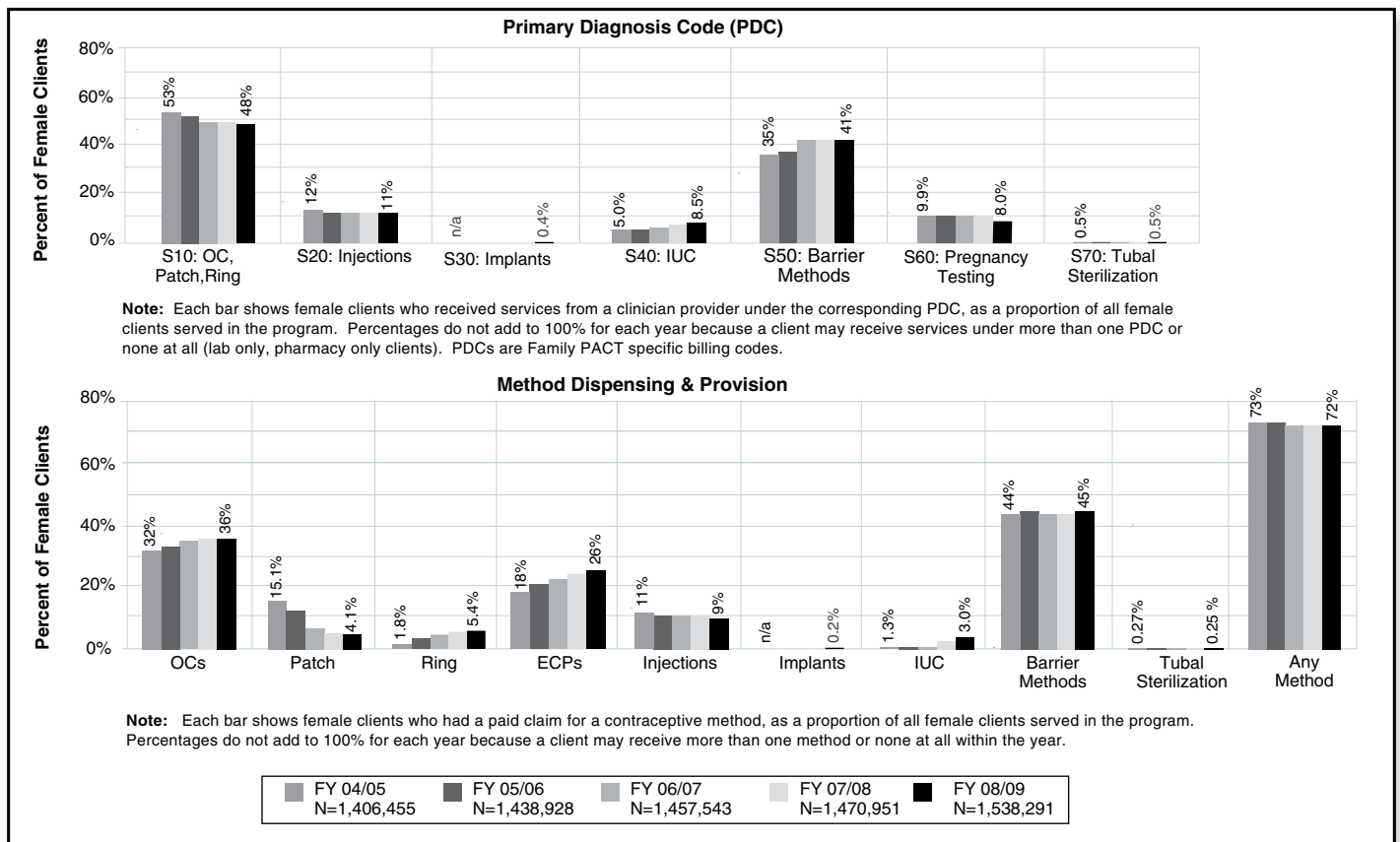
The Family PACT Program’s core services are categorized by primary diagnosis codes (PDC) according to family planning methods or services. These Family PACT-specific billing codes are designated by the letter “S” and are as follows: (S10) oral contraceptives/patch/ring, (S20) contraceptive injections, (S30) contraceptive implants, (S40) intrauterine contraceptives, (S50) barriers and natural family planning methods, (S60) pregnancy testing, (S70) tubal sterilization, and (S80) vasectomy.¹ PDC S30 (Contraceptive Implants) is reported this year due to the introduction of Implanon in July 2008. It was excluded from prior analyses due to the discontinuation of Norplant distribution. This chapter draws upon both PDCs and method dispensing data to provide an overview of each method and service, first for females and then males. Also in this year’s report is an analysis of contraceptive services by tier, which is a way of categorizing contraceptive methods into meaningful groups based on efficacy.

Contraceptive Services for Females by Method

The following is a discussion of services specific to females by method. See Figure 6-1.

Oral Contraception: Since program inception and including FY 08/09, the S10 PDC (oral contraceptive/patch/ring) has been the most frequently used PDC by all female clients served. After slight decreases in OC dispensing in FY 03/04 and FY 04/05, OC dispensing has been up the past three years. This year, as last, 36% of women were dispensed OCs, up from 32% in FY 04/05. Roughly 4.5 million cycles of OCs were dispensed through Family PACT compared to 4.2 million last year. As in previous years, the majority of OC cycles are dispensed on-site through clinician providers. This year, 55% of OC cycles were dispensed by clinicians and 45% by pharmacies.

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



Source: Family PACT Enrollment and Claims Data

1 The PDC (S90) Fertility Evaluation Services was eliminated as of August 2006.

Contraceptive Patch: The contraceptive patch was added to Family PACT benefits in FY 02/03 and provision increased steadily through FY 04/05 to 15% of women. In November 2005 the Food and Drug Administration required a stronger warning label on the patch and FY 05/06 marked the first decline in the proportion of Family PACT women dispensed the contraceptive patch. The downward trend has continued each year since and this year roughly 4% of women were dispensed the patch. Similar to previous years, the majority of paid claim lines for patch dispensing (66%) were from pharmacies with 34% from clinician providers dispensing on-site.

Contraceptive Vaginal Ring: The vaginal ring – also added to Family PACT benefits during FY 02/03 – has shown continued increases in rates of provision. This year as last, 5% of female clients received the ring (nearly 83,000 women) up from less than 1% (nearly 5,000) the first year the method was available. While growth in the proportion of women dispensed the ring slowed again this year, the number of women provided the ring grew by 12% over FY 07/08. On-site dispensing of the ring increased slightly again this year yet pharmacies continue the majority of ring dispensing. For FY 08/09, 46% of ring dispensing was done through clinician providers on-site. Fifty-four percent (54%) of ring dispensing was through pharmacies.

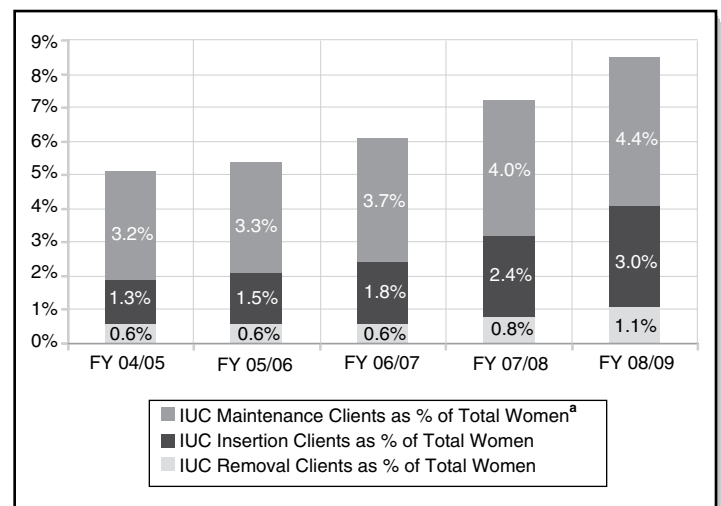
Dedicated Emergency Contraceptive Pill Products (ECPs): Family PACT Program Standards include the provision of emergency contraception in advance of need along with all family planning methods. ECP dispensing has increased steadily over time showing growth this year as well. In FY 08/09, 26% of female clients (over 390,000) received ECPs, up from 24% last year and 18% in FY 04/05. Some providers may dispense oral contraceptive pills as emergency contraception in lieu of using a dedicated ECP product. As a result, the number of Family PACT clients who received emergency contraception may be greater. Only 1% of clients were dispensed ECPs alone with no other contraceptive method within the year. As in previous years, the majority of ECP dispensing was done on-site. For FY 08/09, 81% of ECP dispensing was done on-site through clinician providers and 19% through pharmacies.

Contraceptive Injections: Eleven percent (11%) of female clients received services related to contraceptive injections and 9% were provided this method. The rates of dispensing and PDC utilization for contraceptive injections have been relatively flat for the past four years although provision dipped slightly this year (down to 9% from 10% last year). Eighty-two percent (82%) of paid claim lines for injections were from clinician providers and 18% were from pharmacies.

Contraceptive Implants: In July 2008 a new contraceptive implant – Implanon – was added to the Family PACT Program benefits. Implanon is effective up to three years and is the first contraceptive implant available since the discontinuation of Norplant distribution. This year in the first full fiscal year of availability, 0.4% of clients received services under the S30 PDC for contraceptive implants and 0.22% received a contraceptive implant (over 3,300 women).

Intrauterine Contraception (IUC): IUC provision has increased notably in recent years. This year 8.5% of female clients received IUC-related services (S40). The proportion has been increasing by one percentage point in each of the last three fiscal years after being constant at 5% in prior years. Because IUC services can include removals Figure 6-2 shows the percentage of women who received services for insertions, maintenance or removals. While the percentage of women receiving removals has held steady at 1%, the proportion of women receiving services for maintenance and insertions has been increasing.

Figure 6-2
Clients Served with IUC Services as Percent of
Total Women Served, FY 04/05 – FY 08/09

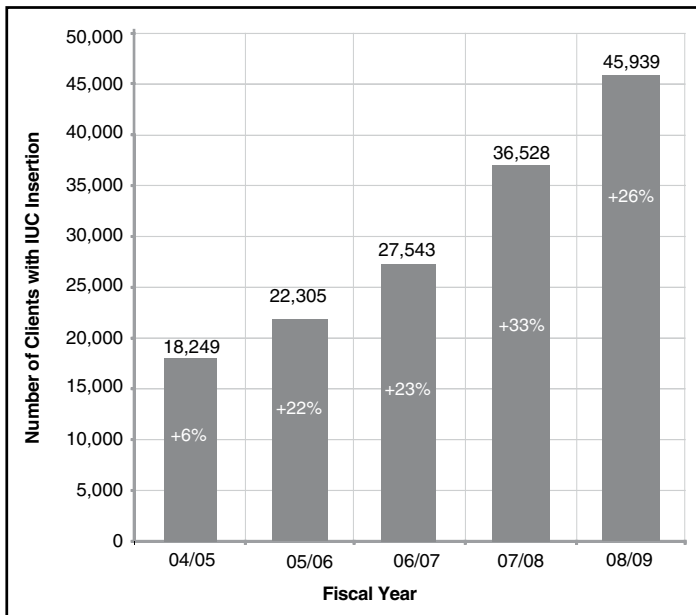


^a Maintenance includes counseling regarding the initiation of IUCs.

Source: Family PACT Enrollment and Claims Data

IUC insertion services correspond to IUC provision data. The percentage of women provided an IUC increased in each of the past four years from 1.5% in FY 05/06, 1.8% in FY 06/07, 2.4% last year and 3.0% this year. The number of women receiving an IUC increased 26% in FY 08/09 – slightly slower than the 33% increase observed last year. See Figure 6-3.

Figure 6-3
Number of Family PACT Clients with IUC Insertions
and Percent Change from Previous Year



Source: Family PACT Enrollment and Claims Data

Among women served by public providers, 3.6% received an IUC in FY 08/09, a proportion that has been gradually increasing from 1.5% in FY 04/05. Among women served by private providers, 1.9% received an IUC this year. While public providers historically account for the majority of IUC provision, the rate of growth in the number of women provided an IUC through private providers is notable this year (+37%), compared to a 23% increase in IUC provision among public providers. The last time the rate of growth in the number of women provided an IUC was higher among private providers than public providers was in FY 02/03.

The profile of clients receiving an IUC has changed substantially over the years. From FY 04/05 to FY 08/09 among women dispensed an IUC:

- The proportion of nulliparous women has increased from 10% to 19%.
- The proportion of women age 19 and under has increased from 6% to 9%.
- The proportion of women with English as a primary language has increased from 25% to 42%; the proportion of Spanish speakers has decreased from 71% to 55%.
- The proportion of White women has increased from 11% to 18%; the proportion of Latina women has decreased from 81% to 73%.
- The proportion of women dispensed Mirena has increased from 29% to 49%; the proportion of women dispensed Paragard has decreased from 61% to 47%.²

Barrier Methods: Barrier method supplies are a covered benefit 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. For the past three years including this year, 41% of female clients received services under the barrier methods PDC - up from 35% in FY 04/05. Continuing a pattern observed in previous years, most paid claim lines (72%) for barrier methods and supplies for females were from clinician providers while 28% were from pharmacies.

Tubal Sterilization: Fewer than one percent (0.5%) of female clients received services related to tubal sterilization. The proportion of women who received a tubal sterilization (0.25%) has remained about the same for the last five years. However, after decreasing last year to 3,391, the number of clients with tubal sterilizations increased 13% this year to 3,816 in FY 08/09.

While these data are limited to paid claims within the fiscal year, denied claims for sterilizations have been of particular interest in recent years due to relatively high denial rates compared to other methods. New billing requirements instituted in February 2006 were accompanied with an increase in denied claims observed in FY 06/07. This year sterilization denials affected 9% of tubal sterilization clients down from 12% in FY 08/09 and a peak of 17% in FY 06/07. All sterilization claims for these clients were denied and never paid within the fiscal year.

Essure Tubal Sterilization Procedure

Included in tubal sterilization data noted thus far is a new benefit to the Family PACT program. The Essure sterilization procedure was added to Family PACT benefits on July 1, 2008. Essure is a non-surgical procedure used for permanent tubal occlusion and this year based on paid claims data, 373 women underwent the procedure. For FY 08/09, 73% of claims for Essure were from private providers and 27% were from public providers.

² The remaining 4.6% of claims were for insertions only. No claim for a device was paid with these claims.

Contraceptive Services vs. Contraceptive Method

As the use of PDCs includes both evaluation and counseling prior to dispensing a method, as well as management of the method, there is some anticipated discordance between PDCs and methods dispensed. For example, a client may visit a clinician for method maintenance around the use of the ring (S10) and yet be dispensed condoms. In some cases no PDC is required, as when a client refills a prescription at a pharmacy with no clinician visit.

Figure 6-4 shows the number of female clients served by PDC and the number provided contraceptives or supplies by method type for FY 08/09. With the exception of barriers, a higher percentage of clients received services under the PDC than were dispensed the corresponding method within the fiscal year.

Figure 6-4

Utilization of Family PACT Services by Female Clients, FY 08/09
N=1,538,291

	Clients Served by a Clinician Under the PDC ^a		Clients Who Were Provided the Method ^b	
	No.	Percent ^c	No.	Percent ^c
OCs/Patch/Ring (S10)	743,127	48.3%	674,220	43.8%
Oral Contraceptives	N/A	N/A	551,649	35.9%
Patch	N/A	N/A	62,552	4.1%
Vaginal Ring	N/A	N/A	82,947	5.4%
Contraceptive Injections (S20)	168,195	10.9%	142,859	9.3%
Contraceptive Implants (S30)	6,901	0.4%	3,324	0.2%
IUC (S40)	130,333	8.5%	45,939	3.0%
Barrier Methods/FAM (S50)	638,292	41.5%	692,012	45.0%
Pregnancy Testing (S60)	122,942	8.0%	N/A	N/A
Tubal Sterilization (S70)	8,308	0.5%	3,816	0.25%
Dedicated Emergency Contraceptive Pills	N/A	N/A	393,947	25.6%
No Clinician Provider Visit	88,954	5.8%	N/A	N/A
No Method	N/A	N/A	429,748	27.9%

NA = Not Applicable

a Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

b May not have been served under the PDC by a clinician. For example, condoms dispensed by a pharmacy.

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

Source: Family PACT Enrollment and Claims Data

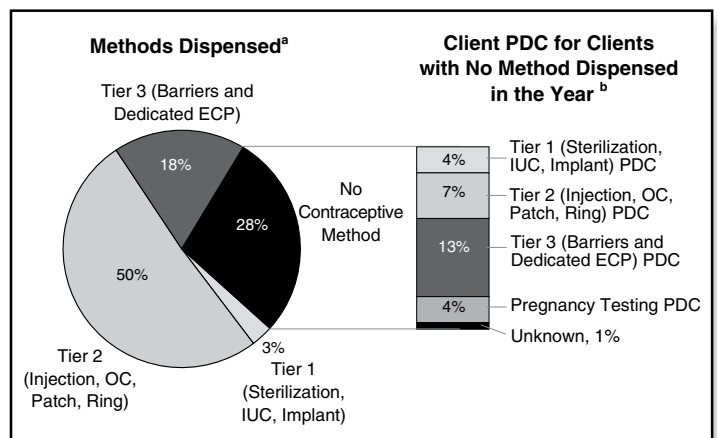
Contraceptive Method Dispensed by Tier

Figure 6-5 presents the most effective methods dispensed per female client during FY 08/09.³ Clients are grouped into method tiers based on the efficacy of the methods dispensed to create mutually exclusive categories in this figure. For example, if a client received oral contraceptives and a tubal sterilization within the year, she is grouped into Tier 1 (sterilization, IUC, implant). In a similar manner a client with no method dispensing within the year is assigned a tier according to the PDC of her clinician visit(s).

The proportion of methods dispensed by tier was unchanged from last year. For the past five years the proportions for each tier have been relatively stable.

Figure 6-5

Provision of Family Planning Methods by Tier: Female Family PACT Clients Served, FY 08/09



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

Source: Family PACT Enrollment and Claims Data

As shown in Figure 6-4:

- 72% of female Family PACT clients were dispensed a contraceptive method reimbursed by the program within the year.
- 3% of female clients received methods included in Tier 1 (Sterilization, IUC, Implant)
- 50% received Tier 2 methods (Injections, OC, Patch, Ring)
- 18% received Tier 3 methods (Barriers, ECP)
- 28% had no paid claim for method dispensing within the year. If these clients were assigned to tiers according to PDC, an additional 4% of women would be in Tier 1, 7% more would be in Tier 2, and 13% would be added to Tier 3. Four percent (4%) of women received pregnancy testing only (S60) and for 1% of clients the PDC was unknown.

³ Classification of tiers in this report is different than the annual report for last year. For this report, Tier 1 methods include IUC, Implant and Sterilizations (with Injections now considered a Tier 2 rather than Tier 1 method). This revision was made to be in accord with the most current clinical definitions of Tier 1 methods.

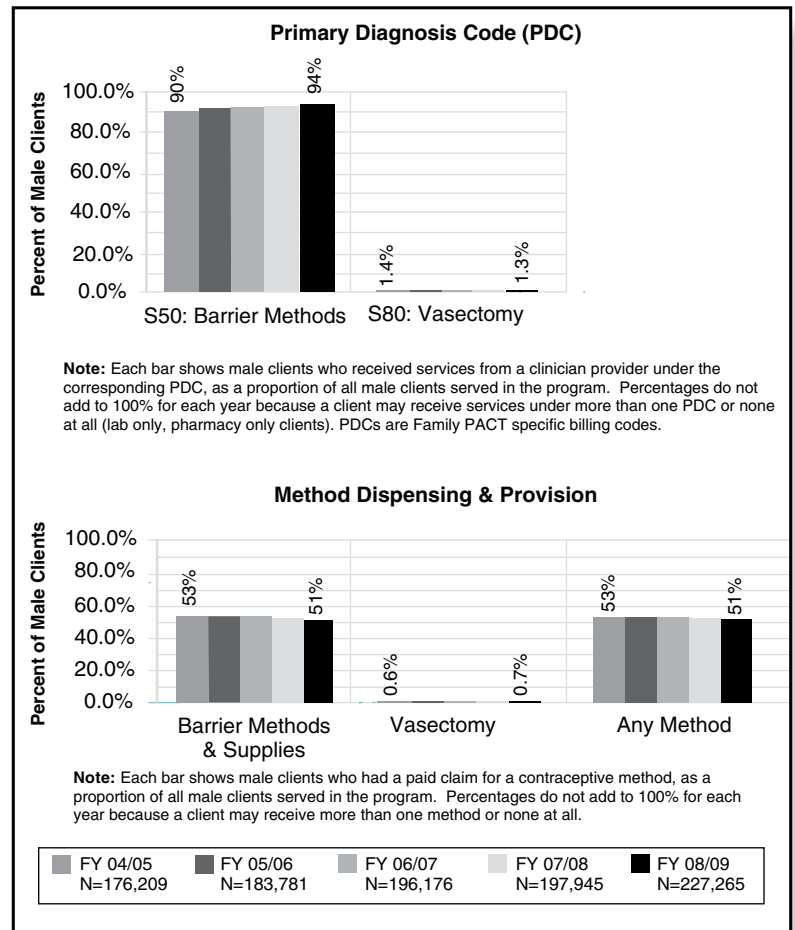
Clients with no method dispensing within the year may not necessarily have needed a method if they were on a long-acting method, already had supplies or a prescription for them, were using their partner's method, natural family planning, were abstinent, received a method not billed to Family PACT or tested positive for pregnancy. The 28% of clients with no method may also include a small number of clients with denied claims or a billing lag.

Contraceptive Services for Males

Males are eligible for services under PDCs for Barrier Methods (S50) and Vasectomy (S80). Figure 6-6 shows the proportion of males who received services under the two PDCs as well as the proportion dispensed the method. While the proportion of female clients provided a contraceptive method has been relatively stable, ranging between 72% and 74% since FY 99/00, a steady decline in the proportion of males provided a method was observed through FY 05/06. Between FY 98/99 and FY 04/05, the proportion of males provided a method dropped from 75% to 53%, where it remained for four years. This year however, a decline in the number of males who received a method was once again observed – down to 51% from 53%. The following is an overview of the methods for males.

Barrier Methods: Barrier methods have consistently been the most commonly utilized service by male clients and this pattern continued. In FY 08/09, the proportion of males receiving services under S50 was 94%, up from 93% last year. Because barrier methods are the predominant method dispensed to males their provision follows the same general trend of any method dispensing, declining from 74% in FY 98/99 and leveling out at 53% between FY 04/05 through FY 06/07. Last year, 52% of males received barrier method supplies compared to 51% this year.

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



Source: Family PACT Enrollment and Claims Data

Vasectomy: Just over one percent (1.3%) of male clients received vasectomy-related services, and 0.7% had a vasectomy – up from the previous four years. Over the last five years the percentage of males undergoing a vasectomy has ranged from 0.5% to 0.7%. Once receiving a vasectomy, men are no longer eligible for the program.

Despite being a small proportion of the clients served, this year the number of clients who underwent a vasectomy increased sharply (+ 49%) from 1,003 in FY 07/08 to 1,498 in FY 08/09 surpassing the previous program high of 1,293 in FY 03/04. More than 13,300 men have received vasectomies since program inception.

Estimates of vasectomy procedures for Family PACT clients are substantially impacted by denied claims. This year denials affected 17% of all clients served with a vasectomy procedure, down from a high of 36% in FY 05/06. All sterilization claims for these clients were denied and never paid within the fiscal year.

Figure 6-7 for males is similar to Figure 6-4 for females in that it shows the number of male clients served by PDC and the number provided contraceptives or supplies by method type for FY 08/09. For both barriers and vasectomies, a higher percentage of clients received services under the PDC than were dispensed the corresponding method within the fiscal year.

Figure 6-7
Utilization of Family PACT Services by Male Clients, FY 08/09
N=227,265

	Clients Served by a Clinician Under the PDC ^a		Clients Who Were Provided the Method ^b	
	No.	Percent ^c	No.	Percent ^c
Barrier Methods/FAM (S50)	213,984	94.2%	116,164	51.1%
Vasectomy (S80)	2,938	1.3%	1,498	0.7%
No Clinician Provider Visit	11,094	4.9%	NA	NA
No Method	NA	NA	110,497	48.6%

NA = Not Applicable

a Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

b May not have been served under the PDC by a clinician. For example, condoms dispensed by a pharmacy.

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

Source: Family PACT Enrollment and Claims Data

Contraceptive Services for Adolescent Clients

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

- Adolescent clients received a contraceptive method more frequently than adults. Seventy-nine percent (79%) of female adolescents had a method dispensed, compared to 71% of female adults.
- Sixty-four percent (64%) of male adolescents had a method dispensed, compared to 49% of male adults.
- Female adolescents received emergency contraceptives more frequently than adults (43% adolescents; 22% adults).
- Both female and male adolescents were more frequently dispensed barrier methods (57% females; 64% males) than adults (42% females; 49% males).
- Ten percent (10%) of adolescents and 9% of adults were provided contraceptive injections in FY 08/09. These provision rates are slightly down from last year for both groups (from 11% for adolescents and 10% for adults).
- Consistent with previous years, female adolescents were more frequently dispensed oral contraceptives than adults (42% adolescents; 35% adults) – the same percentages as last year.

- Since program inception and including this fiscal year, female adolescent clients have received services related to IUCs less frequently than adults – though increases are observed among both groups. In FY 08/09 the proportion of clients receiving such services was 2.9% for adolescents versus 9.7% for adults, up from last year (2.3% adolescents; 8.4% adults in FY 07/08).

Figure 6-8
Utilization of Family PACT Services by Female Clients,^a FY 08/09
N=276,130 Adolescents and N=1,262,158 Adults

	Clients Served by a Clinician Under the PDC ^b		Clients Who Were Provided the Method ^f	
	Adolescents ^d	Adults ^d	Adolescents ^d	Adults ^d
OCs/ Patch/Ring (S10)	55.5%	46.7%	49.4%	42.6%
Oral Contraceptives	NA	NA	42.0%	34.5%
Patch	NA	NA	3.9%	4.1%
Vaginal Ring	NA	NA	5.5%	5.4%
Contraceptive Injections (S20)	12.2%	10.7%	10.3%	9.1%
Contraceptive Implants (320)	0.4%	0.5%	0.3%	0.2%
IUC (S40)	2.9%	9.7%	1.4%	3.3%
Barrier Methods/FAM (S50)	39.9%	41.9%	57.4%	42.3%
Pregnancy Testing (S60)	10.1%	7.5%	N/A	N/A
Tubal Sterilization (S70)	<0.1%	0.66%	N/A	0.3%
Dedicated Emergency Contraceptive Pills	N/A	N/A	43.0%	21.8%
No Clinician Provider Visit	4.4%	6.1%	N/A	N/A
No Method	N/A	N/A	20.8%	29.5%

NA = Not Applicable

a Excludes two 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.

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

Contraceptive Method Provision by Client Race/Ethnicity

Differences in the provision of contraceptive methods by client race/ethnicity are noted in this section; however, claims data cannot sufficiently explain how much variations are related to client preference versus provider behavior.

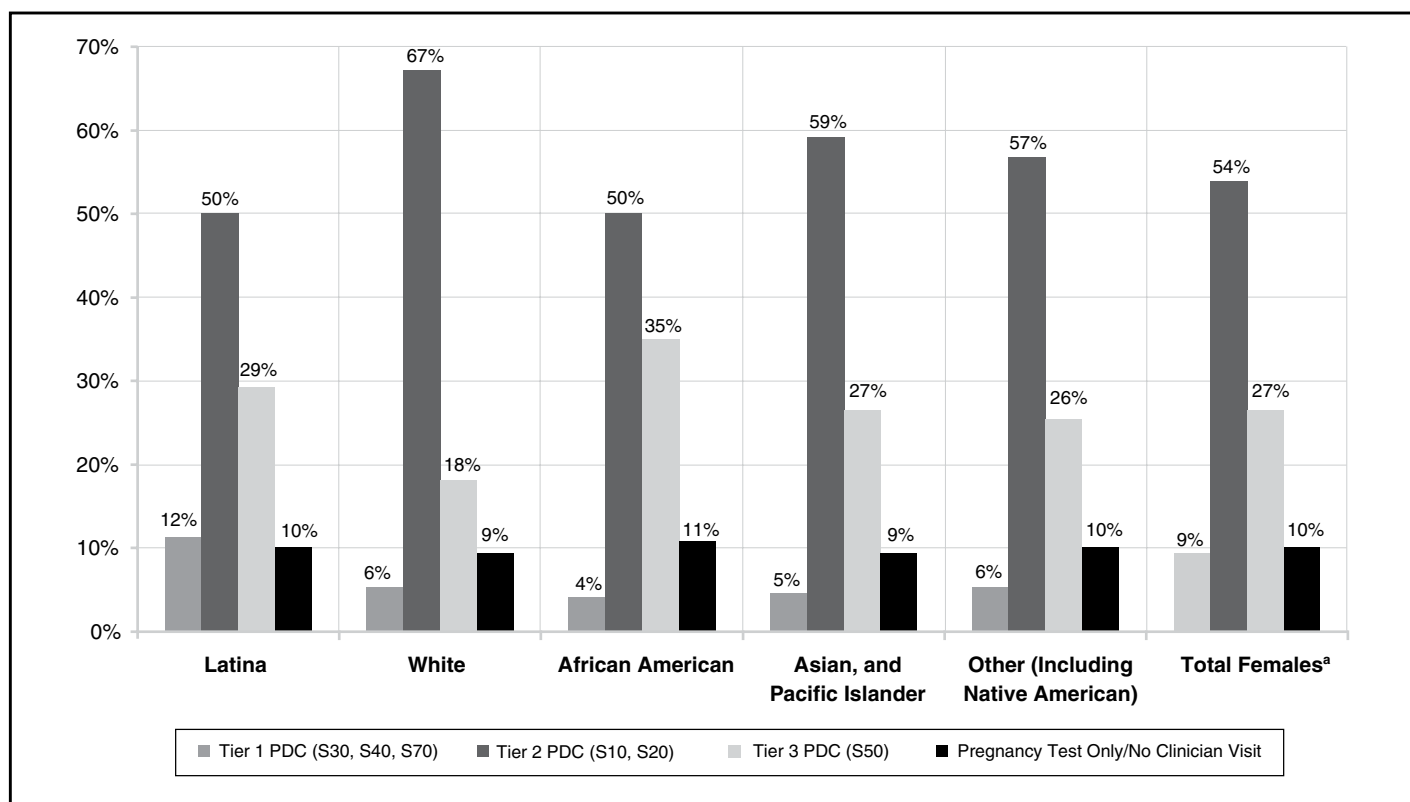
Females

Figure 6-9 shows family planning services by tier for each of the racial/ethnic groups. Figure 6-9 differs from Figure 6-5 in that tiers for this figure are defined by clinical PDC, i.e., the primary reason for the clinician visit as opposed to the method dispensed. Although there is some discordance between PDCs and methods dispensed, PDCs are useful in categorizing women who may otherwise appear as having no method within the year, because, for example, they chose a long-acting method or had more than a 12-month supply of OCs.

- Latina women received services around Tier 1 methods (implant (S30), IUC (S40) and sterilization (S70)) more frequently than women of other groups. Twelve percent (12%) of Latinas were provided clinician services around long-acting methods in the year, compared to 4% - 6% for all other racial/ethnic groups.
- White women received services around Tier 2 methods (oral contraceptives/patch/ring (S10) and injections (S20)) at the highest rate (67% for Whites; 50% - 59% for all other racial/ethnic groups).
- African American women received services around Tier 3 methods (barrier method supplies (S50)) at the highest rate (35% for African Americans; 18% - 29% for all other racial/ethnic groups).

Roughly 10% of total women fall into the category described as “Pregnancy Test Only/No Clinician Visits”. This includes women who were seen by clinicians under the Pregnancy Test Only PDC (S60), women who filled a prescription at a pharmacy but had no clinician visit in the year or who had a lab test paid but no clinician visit within the year. Roughly 40% of the women in this group were those seen by clinicians for Pregnancy Test Only visits.

Figure 6-9
Family Planning Services for Female Family PACT Clients by Method Tier and Client Race/Ethnicity, FY 08/09



^a Clients are counted only once and tier assignment is based on the PDC of their most effective method, not dispensing data - Tier 1 (S30 Implant, S40 IUC, S70 Sterilization) Tier 2 (S10 OC/Patch/Ring, S20 Injections) Tier 3 (S50 Barriers). ECPs and Barrier Method Supplies may be dispensed under any PDC. Clients with no clinician visit had only laboratory or pharmacy claims and may have been dispensed a method with no PDC.

Source: Family PACT Enrollment and Claims Data

Other notable findings regarding individual contraceptive methods dispensed not shown in Figure 6-9 were as follows:

- There was an increase across all racial/ethnic groups in the proportion of women provided the vaginal ring, barriers, IUCs, and ECPs – most notably for IUC provision.
- Latinas were the group with the highest proportion showing no dispensing of a method within the year (32%). The group with the lowest proportion was White (18%).
- White women were most likely to show receipt of any contraceptive method in the year (82%). Latina and African American women were least likely to show receipt of a method (68% Latina; 69% African American). These percentages were unchanged from last year.
- White women were dispensed OCs more often than women of other racial/ethnic groups (51% White; 28% - 45% other racial/ethnic groups). African American women received OCs least often (28%). This pattern is consistent with previous years.
- A lower proportion of Latinas received ECPs compared to women of other racial/ethnic groups (19% Latinas; 31% - 39% other racial/ethnic groups). White women were most likely to receive ECPs (39%). This pattern has been observed since ECPs were added to program benefits.

Males

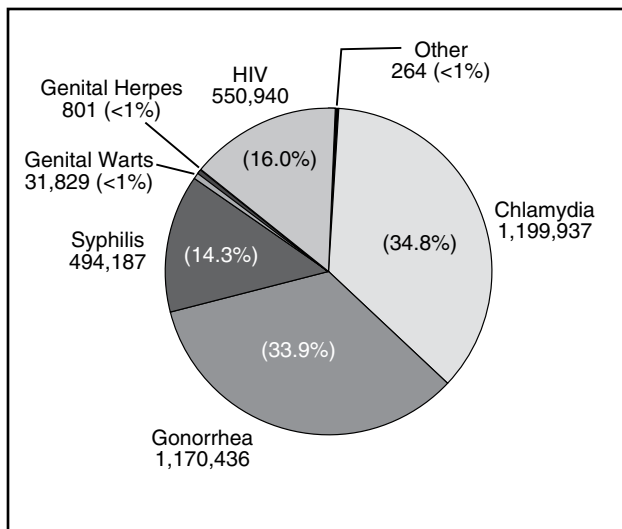
- API as well as African American males were dispensed barrier methods more frequently than males of other racial/ethnic groups (58% API and African Americans; 48% - 56% other racial/ethnic groups).
- Vasectomy procedures increased for all groups except API males – increasing most notably for White males (+72% White males; +49% all males). Since program inception, White males have had the highest rate of vasectomies.
- African American males underwent vasectomy procedures less frequently than other males (0.1% African American; 0.3% - 1.0% other racial/ethnic groups).

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 impact of providing these services to reduce prevalent STIs among Californians is significant.

Total STI test volume has increased 14% over the previous year with 3.45 million tests reimbursed in FY 08/09 (3.03 million in FY 07/08). Over two-thirds (68.7%) of the tests were for chlamydia and/or gonorrhea, similar to the previous year (69.7%). See Figure 7-1. Overall STI test volume increases were consistent with an increase in the total clients served in Family PACT over the past year as well as with an increase in the proportion of clients served with an STI test (64% in FY 07/08; 67% in FY 08/09).² See Figure 7-2.

Figure 7-1
Number and Percent of STI Tests in Family PACT, FY 08/09
N = 3,448,394



Source: Family PACT Enrollment and Claims Data

Figure 7-2
Percent of All Family PACT Clients Served with STI Tests

STI Test	Clients Served				
	FY 04/05	FY 05/06	FY 06/07	FY 07/08	FY 08/09
	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served
	N=	N=	N=	N=	N=
	1,449,791	1,483,703	1,515,865	1,535,279	1,635,298
Any STI Test	62%	61%	62%	64%	67%
Chlamydia	58%	57%	57%	60%	63%
Gonorrhea	55%	53%	54%	57%	60%
Syphilis	25%	24%	24%	26%	28%
HIV	26%	26%	26%	28%	32%
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

Source: Family PACT Enrollment and Claims Data

STI Test Utilization among Female Clients

Sixty-five percent (65%) of female clients received STI testing in FY 08/09, higher than in the four previous years. The proportion of females tested for chlamydia (61%), gonorrhea (58%), syphilis (24%) and HIV (27%) were all higher than last year. See Figures 7-3 and 7-4.

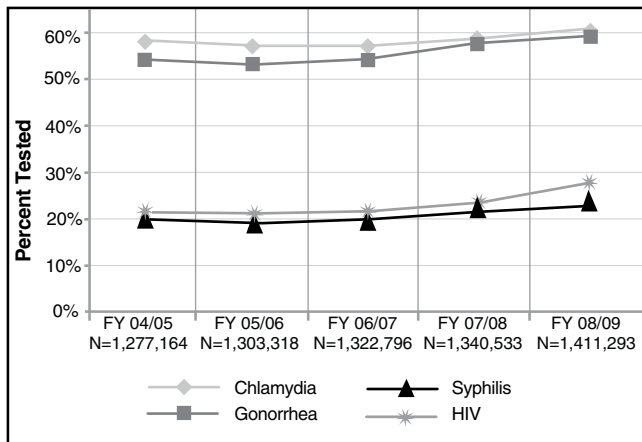
Figure 7-3
Percent of Family PACT Clients Served with STI Tests by Sex, FY 08/09

STI Test	Female Clients Percent N=1,411,293	Male Clients Percent N=224,005
Any STI test	65%	79%
Chlamydia	61%	73%
Gonorrhea	58%	73%
Syphilis	24%	56%
HIV	27%	61%
HPV	2%	N/A
Genital herpes	<1%	<1%
Other STI Test	<1%	<1%

Source: Family PACT Enrollment and Claims Data

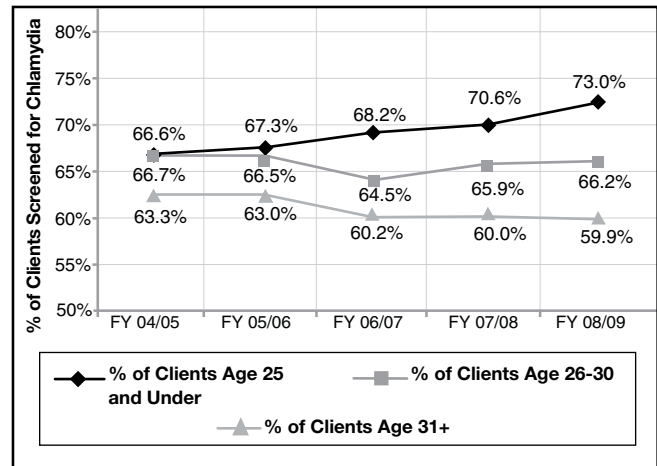
1 Monitoring of STI treatment, as in previous years, is not possible due to the use of group codes for billing of anti-infectives dispensed on-site.
 2 67% = (1,092,507 clients served with STI tests) / (1,635,298 clients served.) All denominators in this chapter exclude clients served only with pregnancy tests and/or pharmacy services.

Figure 7-4
Percent of Female Family PACT Clients Tested for Selected STIs, FY 04/05 to FY 08/09



Source: Family PACT Enrollment and Claims Data

Figure 7-5
Trends in Chlamydia Screening for Female Family PACT Clients, by Age, FY 04/05 to FY 08/09



Source: Family PACT Enrollment and Claims Data

Chlamydia: Sixty-one percent (61%) of all female clients were tested for chlamydia in FY 08/09, higher than the previous fiscal year. Ninety-eight percent (98%) of all chlamydia tests among females were the most sensitive tests for detecting chlamydia (nucleic acid amplification tests or NAATs) and demonstrated an increase over the proportion of tests reported in the previous year (97%).

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.³ 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. Also included are both paid and denied claims to more accurately capture actual testing.⁴ To better assess effectiveness of targeted screening guidelines among female clients over age 25, additional monitoring of females ages 26-30 and ages 31 and over was initiated in FY 07/08. See Figure 7-5. Age-specific prevalence estimates for selected clinic settings indicate that screening females age 26-30 may be cost-effective since prevalence exceeds 3%.

Using this expanded time frame, the proportion of female clients ages 25 and younger screened in FY 08/09 was 73%, compared to 66% for clients ages 26 to 30 and 60% for clients ages 31 and above. The increasing proportion of young female clients screened for chlamydia over time demonstrates ongoing improvement in adherence to program and national screening guidelines. In FY 03/04 all age groups had approximately the same level of testing, but by FY 08/09 a 13 point difference was seen between the oldest and the youngest age group. Based on estimates of sexual risk behaviors and consistently low chlamydia prevalence among older clients, however, the observed CT screening rate for women in this oldest age group is still too high. See Figure 7.6. A rate of no more than 50% for this age group would be expected if targeted screening was strictly practiced.⁵

Chlamydia screening rates differed by provider sector. In FY 08/09, private providers screened 74% of young females and public providers screened 72% (compared to 71% for both in FY 07/08). About the same proportion of clients ages 26-30 were screened by private providers as by public providers (66% and 67% respectively). Among older female clients (age 31 and over) private providers screened a smaller proportion of older clients than public providers (57% private; 64% public) the reverse of the pattern seen in FY 07/08.

3 2006 Centers for Disease Control and Prevention STD Treatment Guidelines; 2007 US Preventive Services Task Force Screening Guidelines; Family PACT Clinical Practice Alert of June 2006.

4 Expanded CT test search for females served per year (excluding those with S60 only and/or pharmacy only services) includes paid and denied claims for CT 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.

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

Gonorrhea: The trend in NAATs as the predominant chlamydia test type in Family PACT is similar for gonorrhea test type utilization because the most common test type is NAAT which was designed to detect both chlamydia and gonorrhea in a single specimen. Thus, the gonorrhea test volume has been similar to the chlamydia test volume. This year, the proportion of female clients tested for gonorrhea increased from 56% to 58%. However, this level of gonorrhea testing may not be cost-effective since gonorrhea prevalence in family planning settings has been consistently less than 1%. See Figure 7-6.

Figure 7-6

Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories, by Age, FY 08/09

Client Age	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
25 Yrs. & Under	66,532	4.58%	63,151	0.38%
26-30 Yrs.	25,575	1.84%	25,068	0.14%
31 Yrs. and Over	39,408	0.96%	39,244	0.07%

Source: Quest/Unilab test result data

Syphilis: Twenty-four percent (24%) of female clients were tested for syphilis, which was slightly higher than in the prior two years. Fewer than 1% of females screened underwent syphilis confirmatory testing, similar to previous years. The current levels and cost effectiveness of syphilis testing in family planning needs further evaluation.

HIV: Family PACT benefits include confidential HIV testing, but not anonymous HIV testing. To the extent that 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 08/09, 27% of female clients were tested for HIV, higher than the 24% screened in FY 07/08. Fewer than 1% of females screened confidentially received a confirmatory HIV test, similar to previous years.

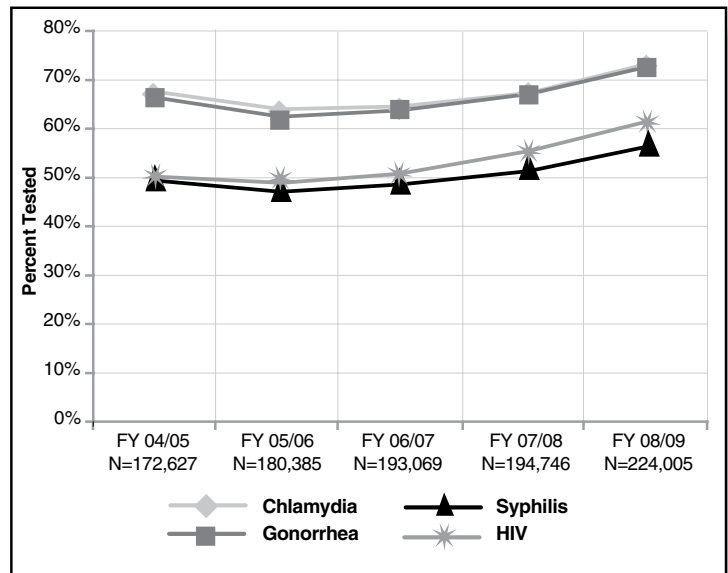
Human papillomavirus (HPV): HPV testing became a benefit of the Family PACT Program as of July 2000 but is restricted to reflex testing when Pap results indicate atypical squamous cells of undetermined significance (ASC-US). Screening for HPV in the absence of abnormal Pap findings is not recommended in national guidelines or by the Family PACT Program. Two percent (2.3%) of female clients served received HPV testing during FY 08/09 which is slightly lower than utilization in the previous fiscal year, but still slightly higher than reported in FY 04/05. The clinical appropriateness of testing cannot be determined by claims analysis alone.

STI Test Utilization among Male Clients

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 be a contact to a female case in Family PACT. See Figure 7-7. STI testing among males increased from 74% of males tested in FY 07/08 to 79% of males tested in FY 08/09.

Figure 7-7

Percent of Male Family PACT Clients Tested for Selected STIs, FY 04/05 to FY 08/09



Source: Family PACT Enrollment and Claims Data

Chlamydia: Seventy-three percent (73%) of male clients were tested for chlamydia in FY 08/09, five percentage points higher than in the previous year. Over ninety-nine percent (99.7%) of all chlamydia tests among males were NAATs, the most sensitive tests for detecting chlamydia, just as in the previous year. Currently, there are no program or national chlamydia screening guidelines for males although the Centers for Disease Control and Prevention (CDC) convened a Male Chlamydia Screening Consultation in 2006 followed by the release of a Summary of Recommendations in 2007.⁶ The screening recommendations relevant for screening males outside of high risk settings, such as corrections and STD clinics, focus only on re-testing cases in three months; thus, there are still no age-specific or behavioral factors to be considered for routine screening of males.

Gonorrhea: Seventy-three percent (73%) of male clients were tested for gonorrhea in FY 08/09, up from 67% in the previous fiscal year.

Syphilis: The percentage of male clients tested for syphilis increased to 56% in FY 08/09 from 51% in FY 07/08 and is similar to proportions tested in prior years. One percent (1%) of all males screened received confirmatory syphilis testing similar to previous years.

HIV: As with females, HIV testing utilization analyses based on claims data underestimate the proportion of male clients tested for HIV to the extent that those tested anonymously using other funding sources are not included. In FY 08/09 the percentage of male clients who were tested for HIV increased to 61% from 55% in the previous year. Fewer than 1% of clients tested received a confirmatory HIV test.

STI Test Utilization among Adolescent Clients

Sixty-eight percent (68%) of female adolescent clients received at least one STI test in FY 08/09, compared to 64% of female adult clients, slightly widening the difference between the two groups compared to last year (64% vs. 62% respectively). Seventy-four percent (74%) of male adolescent clients received at least one STI test in FY 08/09 compared to 80% of male adults, which represents increases for both adolescent and adult males, but no increase in the difference between rates. Based on national and state-specific prevalence data for chlamydia which consistently show the highest prevalence occurring in adolescents, this age group has been an important target for increasing access to chlamydia screening in accordance with CDC screening guidelines.⁷ In FY 08/09 higher proportions of adolescent females were tested for chlamydia and gonorrhea than adult females. The opposite was true for male clients. See Figure 7-8.

Figure 7-8
Percent of Family PACT Clients Served with Chlamydia, or Gonorrhea Testing, by Sex and Age, FY 08/09

STI Test Type	Females		Males	
	Adolescents N=253,636	Adults N=1,157,649	Adolescents N=37,681	Adults N=186,324
Chlamydia	66%	60%	71%	74%
Gonorrhea	62%	57%	70%	73%

Source: Family PACT Enrollment and Claims Data

Chlamydia and Gonorrhea Test Utilization by Race/Ethnicity

Significant racial disparities in chlamydia and gonorrhea case rates as well as prevalence have been observed in family planning and other settings. Analysis of test utilization by race/ethnicity indicated that, compared to other racial/ethnic groups, a higher proportion of African American female clients were tested for chlamydia (69%), gonorrhea (68%), and HIV (32%). See Figure 7-9. Asian female clients had the lowest proportion screened for chlamydia (59%) and gonorrhea (54%), and White female clients had the lowest proportion screened for HIV (19%). 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.⁸

Figure 7-9
Percent of Female Family PACT Clients Served with Chlamydia, Gonorrhea or HIV Testing, by Race/Ethnicity, FY 08/09

Ethnicity	Total Clients	Served with CT tests	Served with GC tests	Served with HIV tests
Latino	864,234	60%	58%	30%
White	293,370	62%	57%	19%
African American	77,879	69%	68%	32%
Asian and Pacific Islander	97,099	59%	54%	22%
Other, including Native American	44,709	63%	59%	22%

Source: Family PACT Enrollment and Claims Data

6 <http://www.cdc.gov/std/chlamydia/ChlamydiaScreening-males.pdf>
 7 <http://www.cdc.gov/std/treatment/2006/specialpops.htm#specialpops2>
 8 <http://www.cdph.ca.gov/data/statistics/Documents/STD-Racial-Disparities-Slides>. Accessed March 29, 2010.

Overview

Total reimbursement for Family PACT services in FY 08/09 was \$569 million, an increase of 18% over FY 07/08.¹ The cost of the program to the state and federal government, however, is reduced by drug rebates, which federal law requires drug manufacturers to pay to Medicaid agencies for drugs dispensed by pharmacies. The estimated rebates amounted to \$59 million in FY 08/09, thus lowering the cost of the program to the government to \$510 million.² This chapter discusses, 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

After four years of relatively small reimbursement increases (less than 2% each year from FY 03/04 through FY 06/07), reimbursement increased by 11% in FY 07/08 and 18% in FY 08/09. Whereas last year's reimbursement increase was driven almost completely by increases in the cost of services, the reimbursement increase in FY 08/09 resulted from increases in clients served, the number of claims lines per client (utilization), and costs. A substantial portion of the increase in the cost of services was the result of the legislatively mandated 90.9% increase in rates for Evaluation and Management (E&M) claims implemented in January 2008. Given the E&M rate increase it is not surprising that clinician services had the largest reimbursement increase (+32%), but both drug & supply services (+13%) and laboratory services (+12%) also had strong increases this year. The last time all three service types showed double digit reimbursement increases was in FY 01/02. Total annual reimbursement has increased by \$153 million (+38%) since FY 04/05, but 90% of that increase (\$137 million) has been in the last two years.

Three service types accounted for over 85% of all Family PACT reimbursements: contraceptive drugs (38%), office visits (30%), and STI testing (18%). Despite an increase in spending among each of the three largest service types, office visits continue to take up a larger share of total reimbursement, primarily due to the increase in reimbursement rates for E&M claims. See Figure 8-1.

Figure 8-1

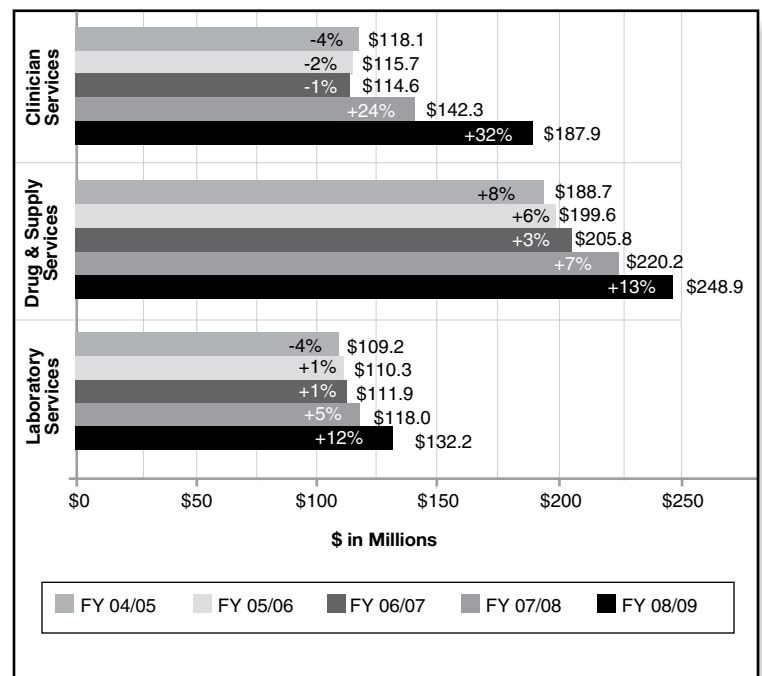
Family PACT Reimbursement by Service Type, FY 08/09

Service	Clients Served ^a	Reimbursement			Reimbursement Per Client	
	Number	Amount	% of Total	% change from previous year	Amount	% change from previous year
Clinician Services						
Office Visits ^b	1,636,416	\$170,060,472	29.9%	33.3%	\$103.92	25.1%
Procedures & Facility Fees	175,384	\$17,835,897	3.1%	21.3%	\$101.70	5.7%
Subtotal Clinician Services	1,646,166	\$187,896,369	33.0%	32.0%	\$114.14	23.9%
Drug & Supply Services						
Contraceptive Drugs	887,408	\$218,771,071	38.5%	15.2%	\$246.53	15.2%
Non-Contraceptive Drugs	365,117	\$19,781,753	3.5%	-2.6%	\$54.18	-2.6%
Barrier Supplies	755,994	\$10,325,904	1.8%	2.4%	\$13.66	2.4%
Subtotal Drug & Supply Services	1,311,340	\$248,878,728	43.7%	13.0%	\$189.79	7.6%
Laboratory Services						
STI Tests	1,092,508	\$99,806,109	17.5%	14.3%	\$91.36	2.6%
Pap Tests	669,618	\$19,232,768	3.4%	5.9%	\$28.72	2.4%
Pregnancy Tests	599,798	\$3,700,204	0.7%	0.3%	\$6.17	0.4%
Method Related	234,612	\$2,113,074	0.4%	4.4%	\$9.01	-0.1%
Specimen Handling Fees	267,399	\$1,183,876	0.2%	15.3%	\$4.43	0.6%
Other Lab Tests	203,270	\$6,156,703	1.1%	6.4%	\$30.29	6.4%
Subtotal Laboratory Services	1,416,477	\$132,192,734	23.2%	12.0%	\$93.33	2.5%
Grand Total	1,765,556	\$568,967,831	100.0%	18.4%	\$322.26	11.9%

a Clients served do not add to the subtotals because clients may receive more than one service.
 b Office Visits include Evaluation and Management and Education and Counseling Codes.
 Source: Family PACT Enrollment and Claims Data

Figure 8-2

Trends in Total Family PACT Reimbursement by Service Type



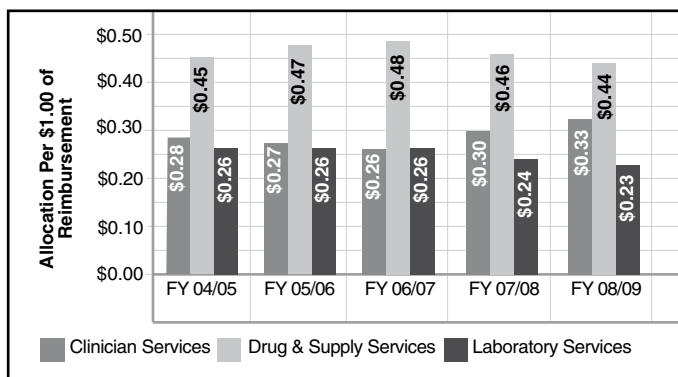
Source: Family PACT Enrollment and Claims Data

1 Only paid claims for dates of service within FY 08/09 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 08/09 was \$569 million, and reimbursement for DOP in FY 08/09 was \$575 million. The two numbers are usually within 10% of each other.
 2 May 2009 Medi-Cal Estimate, PC Page 63. The estimated rebate in FY 08/09 is significantly higher than in previous years for unknown reasons. Rebate estimates are adjusted retroactively, if necessary, and so may differ from previous years' reports.

For every dollar reimbursed, 44 cents went for drugs and supplies, 33 cents for clinician services, and 23 cents for laboratory services. The rate increase for E&M services led to the large increase per dollar spent for clinician services and the concomitant declines per dollar spent for both laboratory and drug and supply services. See Figure 8-3.

Figure 8-3

Trends in Family PACT Reimbursement by Service Type

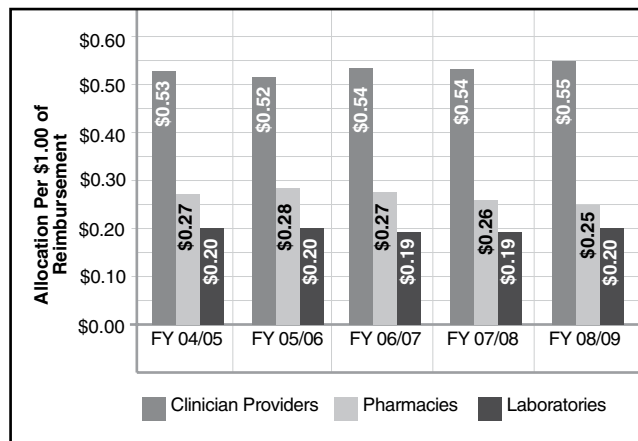


Source: Family PACT Enrollment and Claims Data

For every dollar reimbursed, 55 cents went to clinician providers (who may be reimbursed for clinician, laboratory, and drug and supply services), 25 cents to pharmacy providers, and 20 cents to laboratory providers. See Figure 8-4. The 55 cents paid to clinician providers included 33 cents for clinician services, 19 cents for drug and supply services, and 3 cents for laboratory services.

Figure 8-4

Trends in Family PACT Reimbursement by Provider Type



Source: Family PACT Enrollment and Claims Data

Factors Affecting the Change in Reimbursement

Factors affecting the change in reimbursement are divided into three categories: clients served, utilization and cost. Clients served is defined as the number of clients during the period in question who received a paid service. Utilization is defined as the average number of claim lines per client served, and cost is defined as the average reimbursement per claim line.

Sixty-nine percent (69%) of the \$88 million growth in reimbursement in FY 08/09 was a result of changes in utilization and cost. See Figure 8-5. Increases in costs (+53%) played the biggest role, although utilization also increased this year (+16%). The remaining 31% was the result of the strongest growth seen in the number of clients served by Family PACT in six years.

Figure 8-5

Change in Family PACT Reimbursement by Service Type

The \$88.4 million increase in reimbursement between FY 07/08 and FY 08/09 is attributable to the following factors:		
Change in Reimbursement Attributable to:	Change in Reimbursement	% of Change in Reimbursement
Changes in Family PACT clients served ^a	\$27,833,687	31%
Changes in Cost & Utilization ^b	\$60,567,948	69%
Clinician Services	\$37,357,657	
Drug & Supply Services	\$15,878,759	
Laboratory Services	\$7,331,533	
Total Change in Reimbursement	\$88,401,635	100%

- a The change in reimbursement due to changes in Family PACT clients served is due to an increase in the number of clients served, from 1,668,896 in FY 07/08 to 1,765,556 in FY 08/09.
- b In this and subsequent rows of this table, the figures represent the \$ change attributable to cost (reimbursement/claim line) and utilization (claim lines/client) only; they do not include the portion of the increase which is attributable to the increase in clients served.

Source: Family PACT Enrollment and Claims Data

Figure 8-6 provides detail on changes in clients served, utilization and cost, for the program in FY 08/09. The total row illustrates how the growth in clients served (5.8%) and cost (9.6%) were both greater than the growth in utilization (2.1%). They are the stronger factors in the reimbursement results displayed in Figure 8-5.

A closer look at the data by service type reveals that clients served (+7.1%) increased the most for laboratory claims, while costs increased the most for clinician claims (+23%). Costs for drug and supply claims (+6.8%) also grew substantially. See Figure 8-6.

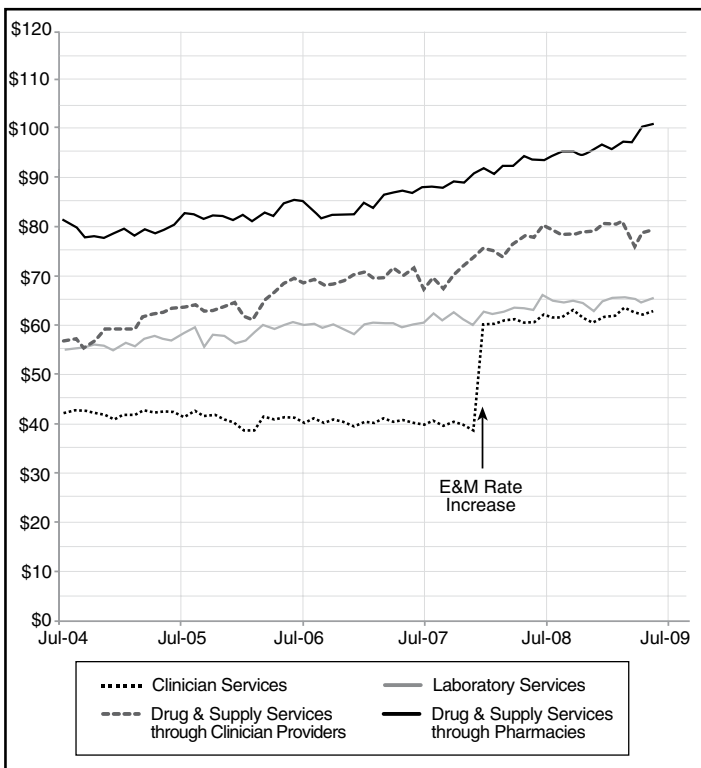
Figure 8-6
Family PACT Cost Factors by Service Type, FY 08/09

Service Type	Clients Served	% Change from previous year	Average Claim Lines/Client Served (Utilization)	% Change from previous year	Average Reimbursement/Claim Line (Cost)	% Change from previous year
Clinician	1,646,166	6.6%	2.59	1.0%	\$44.04	22.6%
Drug & Supply	1,311,340	5.0%	3.16	0.7%	\$60.05	6.8%
Pharmacy	650,043	5.3%	2.98	0.7%	\$74.04	6.4%
Clinician Provider	827,328	4.2%	2.67	1.3%	\$47.77	7.2%
Laboratory	1,416,477	7.1%	4.40	2.4%	\$21.19	2.1%
Total	1,765,556	5.8%	8.30	2.1%	\$38.84	9.6%

Source: Family PACT Enrollment and Claims Data

Figure 8-7 illustrates monthly changes in the cost factors. Monthly reimbursement per client for drug and supply services in FY 08/09 continued the steady increase seen in the past few fiscal years. Monthly reimbursement per client was relatively flat this year for both laboratory and clinician services. The January 1, 2008 start date for the E&M rate increase is clearly evidenced by the sharp jump in monthly reimbursement for clinician services in the second half of FY 07/08.

Figure 8-7
Average Monthly Family PACT Reimbursement per Client Served by Service Type



Source: Family PACT Enrollment and Claims Data

Clinician Services

Reimbursement for clinician services increased by \$45.6 million (+32%), making FY 08/09 the second consecutive year in which there was a substantial dollar increase (+24% in FY 07/08). Much of the increase was due to a 23% increase in cost, but the increase (+6.6%) in the number of clients receiving services also played a role. Growth in utilization remained relatively unchanged this year (+1%). See Figure 8-6.

Reimbursement to public sector providers, who served 70% of all clients, accounted for 67% of all dollars paid to clinician providers, similar to last year. Reimbursement to private providers, who served 32% of all clients, accounted for 33% of all dollars paid to clinician providers.⁴ This year marks the first time in several years that the percentage paid to public sector providers did not increase.

Spending for E&M claims increased by over 40% for both new and existing clients in FY 08/09. E&C claims on the other hand declined in both percentage of total expenditures and actual dollar amount this year. This was a result of providers shifting from E&C service codes to E&M service codes after the E&M rate increase. Mammography claims had the largest percentage increase (+53%) among other procedures in FY 08/09, but still only make up 1% of total dollars spent on clinician services. See Figure 8-8.

Figure 8-8
Family PACT Clinician Services, FY 08/09

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Change From previous year
Private	\$62,232,744	33%	33%
Public	\$125,663,625	67%	32%
Total	\$187,896,369	100%	32%
Reimbursement by Service Type	Reimbursement		
	Amount	%	% Change From previous year
Office Visits			
E&M: New clients	\$49,530,465	26%	40%
E&M: Established clients	\$99,920,389	53%	48%
E&C Codes	\$20,609,618	11%	-16%
Subtotal	\$170,060,472	91%	33%
Procedures & Facility Fees			
Method related	\$6,935,278	4%	36%
Displasia Services	\$4,529,816	2%	6%
Mammography	\$2,057,365	1%	53%
Other clinical procedures	\$77,299	0%	-7%
Other surgical procedures	\$1,509,140	1%	17%
Facility Fees	\$2,727,001	1%	3%
Subtotal	\$17,835,897	9%	21%
Total Reimbursement for Clinician Services	\$187,896,369	100%	32%

Source: Family PACT Enrollment and Claims Data

⁴ The percentages of clients served add to more than 100% because clients may be served by both public and private sector providers.

Drug and Supply Services

As shown in Figure 8-1, drug and supply services make up 44% of Family PACT reimbursement, and grew by 13% in FY 08/09, the first time in five years that this service type has shown a double digit growth rate. The growth was primarily driven by increases in costs (+6.8%) and the number of clients receiving drug and supply services (+5.0%). Growth in utilization was relatively small by comparison (+0.7%). See Figure 8-6.

Spending for contraceptive drugs (+15% in FY 08/09) accounts for all of the overall increase in drug and supply spending, with spending for barrier methods and supplies (+2%) slightly up and spending for non-contraceptive drugs (-3%) slightly down. Among contraceptive drugs, once again the largest growth in reimbursement was seen for IUCs (+42%), and rings (+25%). ECPs (+14%) and OCs (+13%) also had double digit increases. Injections (+2%) and patches (+1%) showed relatively little growth. OCs made up 49% of all drug and supply spending, up from 48% in FY 07/08 and 39% in FY 04/05. Spending on the patch (7%) leveled off in FY 08/09 after sharply declining for the past three fiscal years. After several years of not being utilized in Family PACT, implants returned in FY 08/09 with \$1.6 million in paid claims, accounting for 1% of total Drug and Supply spending. See Figure 8-9.

Figure 8-9
Family PACT Drug & Supply Services, FY 08/09

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Change From previous year
Clinician	\$105,460,837	42%	13%
Pharmacy	\$143,417,891	58%	13%
Total	\$248,878,728	100%	13%
Reimbursement by Service Type	Reimbursement		
	Amount	%	% Change From previous year
Contraceptive Drugs			
OC	\$120,946,556	49%	13%
Patches	\$17,110,212	7%	1%
Injections	\$19,584,128	8%	2%
IUC	\$19,892,372	8%	42%
ECPs	\$16,580,121	7%	14%
Rings	\$23,026,468	9%	25%
Implants	\$1,631,214	1%	NA
Subtotal	\$218,771,071	88%	15%
Non-Contraceptive Drugs	\$19,781,753	8%	-3%
Barrier Methods and Supplies	\$10,325,904	4%	2%
Total Reimbursement for Drug & Supply Services	\$248,878,728	100%	13%

Source: Family PACT Enrollment and Claims Data

Laboratory Services

The number of clients receiving at least one laboratory service grew by 7.1% in FY 08/09, while overall spending for laboratory services increased by 12%, continuing the uptick in growth that started last year. The main difference between FY 08/09 and FY 07/08 was that all major categories of laboratory tests grew in FY 08/09, whereas only STI tests grew in FY 07/08. However it must be noted that STI tests still account for the majority of dollars spent for laboratory services and for 88% of the spending growth in this area.

Among laboratory tests 68% of dollars spent were for chlamydia (CT) and/or gonorrhea (GC) tests, up slightly from 66% last year. Cervical cancer screening was again the second most common type of test, with overall spending increasing by 6%. See Figure 8-10

Figure 8-10
Family PACT Laboratory Services, FY 08/09

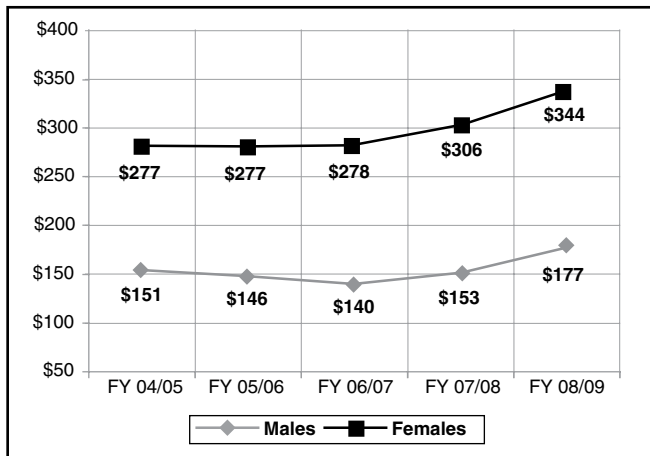
Laboratory Test	Reimbursement		
	Amount	%	% Change from previous year
STI Tests			
CT	\$45,800,450	34.6%	14.3%
GC	\$43,848,584	33.2%	14.5%
HIV	\$6,337,874	4.8%	18.6%
Syphilis	\$2,295,977	1.7%	17.1%
HPV	\$1,225,670	<1%	-8.8%
GC/CT Combined	\$278,522	<1%	-8.7%
HSV	\$17,881	<1%	-15.1%
Other STI Tests	\$1,152	<1%	17.8%
Subtotal	\$99,806,109	75.5%	14.3%
Pap Tests	\$19,232,768	14.5%	5.9%
Pregnancy Test	\$3,700,204	2.8%	0.3%
Method Related Tests	\$2,113,074	1.6%	4.4%
Specimen Handling Fees	\$1,183,876	0.9%	15.3%
Other Laboratory Tests	\$6,156,703	4.7%	6.4%
Laboratory Services Total	\$132,192,734	100.0%	12.0%

Source: Family PACT Enrollment and Claims Data

Reimbursement for Males vs. Females

Reimbursement for males – who represent 13% of the Family PACT population – accounted for 7% of the total reimbursement while reimbursement for female clients accounted for 93%, similar to last year. Average reimbursement per male client increased by 15% (to \$177) in FY 08/09, while average reimbursement per female client increased by 12% (to \$344). The number of claim lines per client was relatively unchanged for both males and females.⁵ See Figure 8-11.

Figure 8-11
Family PACT Reimbursement per Client Served, Males vs. Females

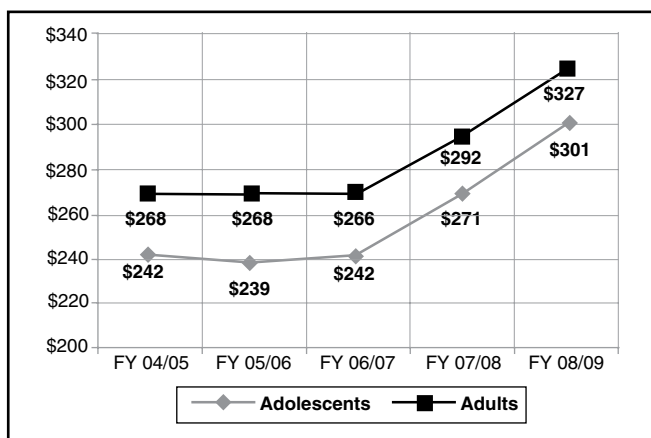


Source: Family PACT Enrollment and Claims Data

Reimbursement for Adolescents vs. Adults

Reimbursement for adolescents – who are 18% of the Family PACT population – remained at 17% of total reimbursement in FY 08/09, unchanged from last year. Average reimbursement per client increased by 12% among adults (\$292 to \$327) and by 11% among adolescents (\$271 to \$301). See Figure 8-12.

Figure 8-12
Family PACT Reimbursement per Client Served, Adolescents vs. Adults



Source: Family PACT Enrollment and Claims Data

Summary

Annual Family PACT reimbursement has increased by \$137 million (+32%) over the past two fiscal years, after being relatively stable during the three prior years. This increase reaches across all service, provider, and client types and is a result of a combination of factors: (1) an increase in the number of clients served by the program, (2) the legislatively mandated 90.9% increase in E&M service rates, (3) an increase in STI test utilization, and (4) the addition and/or increased usage of higher cost, but more effective, contraceptive methods (See Figure 8-9 and Chapter 6).

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 Medicaid⁶ agencies a quarterly rebate on pharmacy dispensed drugs. The rebates equal at least 15.1% off the Average Manufacturer’s Price (AMP) and lower the cost of the Family PACT Program to both the state and federal governments. Prior to FY 04/05, the dollar amount for drug rebates applicable to the Family PACT Program had not been available for the Family PACT annual report and thus was not reported. Any references to drug rebates in the paragraphs to follow refer strictly to rebates for 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 historical periods that may not occur consistently over time. For example, FY 05/06 rebate figures were significantly higher than normal due to a one-time settlement with a drug company.
- 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.

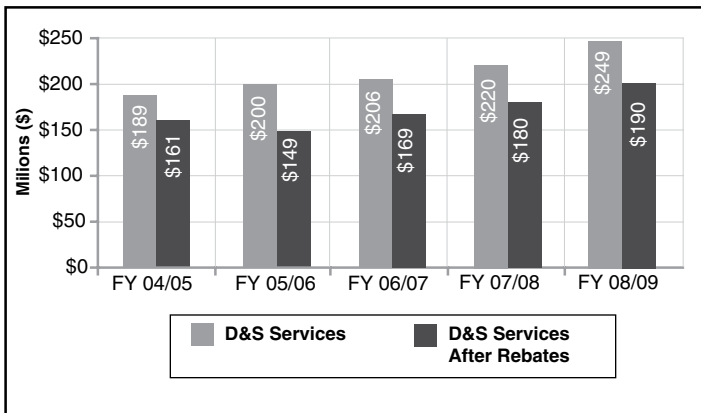
⁵ Claim lines per male client increased slightly, from 5.8 to 5.9. Claim lines per female client remained steady at 8.4.

⁶ Medi-Cal is California’s Medicaid program and, as such, provides healthcare and prescription drugs to low-income and disabled residents.

Effect on Total Reimbursement

Medi-Cal estimates the Family PACT portion of the federal rebate for pharmacy dispensed drugs to be \$59 million for FY 08/09, an increase of \$19 million from last year. Applying the estimate of \$59 million in drug rebates would decrease the total net dollars spent on drug and supply services in FY 08/09 by 24%, from \$249 million to \$190 million. Rebates have reduced drug and supply spending by an average of 20% each year since FY 02/03. See Figure 8-13.

Figure 8-13
Trends in Family PACT Drug & Supply (D&S) Reimbursement Including Drug Rebates

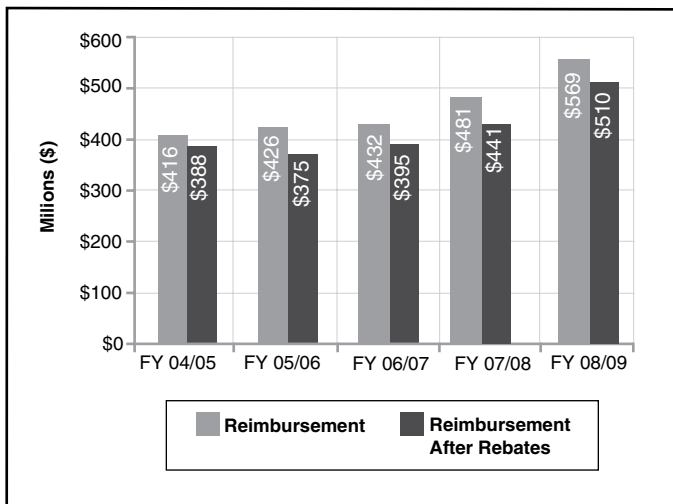


Note: Rebate estimates for fiscal years 05/06 and 08/09 are significantly higher than other years. FY 05/06 rebates were higher due to a one-time retroactive rebate. The specific cause of the higher estimate in FY 08/09 has not yet been determined.

Source: Family PACT Enrollment and Claims Data

The lower net reimbursement for drug and supply services after rebate adjustments decreased net reimbursement for all services by 10% in FY 08/09, from \$569 million to \$510 million. See Figure 8-14.

Figure 8-14
Family PACT Reimbursement Including Drug Rebates



Note: Rebate estimates for fiscal years 05/06 and 08/09 are significantly higher than other years. FY 05/06 rebates were higher due to a one-time retroactive rebate. The specific cause of the higher estimate in FY 08/09 has not yet been determined.

Source: Family PACT Enrollment and Claims Data

Drug rebates have lowered spending on drug and supply services by \$214 million (20%) over the past five fiscal years. This has lowered total Family PACT reimbursement by 9% over that same time frame. See Figure 8-15.

Figure 8-15
Cumulative Family PACT Reimbursement Including Drug Rebates

FY	Total Reim. (millions)	Drug Rebate Amt. (millions)	Total Net Reim. (millions)	% Change in Reim. Due to Rebate
Drug and Supply				
FY 04/05	\$189	\$28	\$161	-15%
FY 05/06	\$200	\$50	\$149	-25%
FY 06/07	\$206	\$37	\$169	-18%
FY 07/08	\$220	\$40	\$180	-18%
FY 08/09	\$249	\$59	\$190	-24%
Total	\$1,063	\$214	\$849	-20%
Total Family PACT				
FY 04/05	\$416	\$28	\$389	-7%
FY 05/06	\$426	\$50	\$376	-12%
FY 06/07	\$432	\$37	\$395	-9%
FY 07/08	\$481	\$40	\$441	-8%
FY 08/09	\$569	\$59	\$510	-10%
Total	\$2,324	\$214	\$2,110	-9%

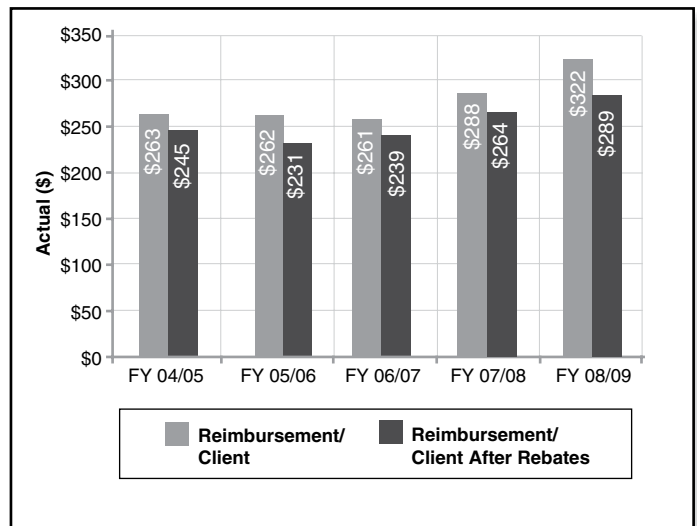
Note: Rebate estimates for fiscal years 05/06 and 08/09 are significantly higher than other years. FY 05/06 rebates were higher due to a one-time retroactive rebate. The specific cause of the higher estimate in FY 08/09 has not yet been determined.

Source: Family PACT Enrollment and Claims Data

Effect on 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 \$22 each year. In FY 08/09, reimbursement per client after rebates was \$289, compared to \$322 before rebates. See Figure 8-16.

Figure 8-16
Family PACT Reimbursement Per Client Served Including Drug Rebates



Note: Rebate estimates for fiscal years 05/06 and 08/09 are significantly higher than other years. FY 05/06 rebates were higher due to a one-time retroactive rebate. The specific cause of the higher estimate in FY 08/09 has not yet been determined.

Source: Family PACT Enrollment and Claims Data

Beginning in FY 03/04, rebates have lowered average reimbursement for drug and supplies claims dispensed at pharmacies by an average of about \$21 per claim, lowered reimbursement for all drug and supplies by about \$10 per claim, and lowered reimbursement for total Family PACT claims by about \$3 per claim. See Figure 8-17.

Gross drug and supply reimbursement per claim is 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, dropping to 20% through FY 05/06 and less than 10% in the years since. In FY 08/09, pharmacy drug claims cost an average of 55% more than on-site drug claims without rebates, but cost 8% less than on-site drug claims when rebates are factored in. See Figure 8-18.

Summary

Drug rebates significantly lower the cost of the Family PACT Program each year for both the State General Fund and the federal Centers for Medicare and Medicaid Services. They also significantly reduce the cost of pharmacy dispensing. In FY 08/09 pharmacy dispensing costs fell below on-site dispensing costs when rebates were considered.

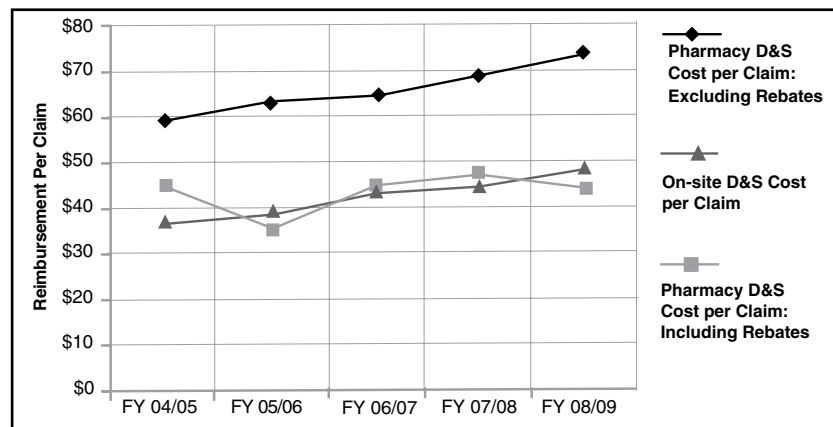
Figure 8-17
Family PACT Reimbursement per Claim Line Including Drug Rebates

FY	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
04/05	\$59.62	\$45.01	-\$14.61	\$47.87	\$40.87	-\$7.00	\$29.57	\$27.61	-\$1.96
05/06	\$62.79	\$35.79	-\$27.00	\$50.37	\$37.64	-\$12.74	\$30.74	\$27.10	-\$3.65
06/07	\$64.67	\$44.11	-\$20.56	\$53.16	\$43.54	-\$9.62	\$32.29	\$29.51	-\$2.78
07/08	\$69.56	\$47.75	-\$21.81	\$56.22	\$46.05	-\$10.17	\$35.42	\$32.48	-\$2.94
08/09	\$74.04	\$43.83	-\$30.21	\$60.05	\$45.93	-\$14.12	\$38.84	\$34.84	-\$3.99

Note: Rebate estimates for fiscal years 05/06 and 08/09 are significantly higher than other years. FY 05/06 rebates were higher due to a one-time retroactive rebate. The specific cause of the higher estimate in FY 08/09 has not yet been determined.

Source: Family PACT Enrollment and Claims Data

Figure 8-18
Family PACT Drug & Supply (D&S) Reimbursement per Claim



Note: Rebate estimates for fiscal years 05/06 and 08/09 are significantly higher than other years. FY 05/06 rebates were higher due to a one-time retroactive rebate. The specific cause of the higher estimate in FY 08/09 has not yet been determined.

Source: Family PACT Enrollment and Claims Data

County Populations

The demographic characteristics of clients and their utilization of Family PACT services vary considerably across the State. In FY 08/09, county populations ranged from 10.4 million in Los Angeles County to 1,351 in Alpine County.¹ Los Angeles County contains 27% of the California population² and 31% of the State's population with a family income below the Federal Poverty Guideline.³ In FY 08/09 it accounted for 35% of all Family PACT clients, 41% of all enrolled providers and 34% of all reimbursements.

Ten counties accounted for about three-quarters of the program's clients, providers and reimbursement. See Figures 9-1 and 9-4. These counties served 74% of clients, had 76% of enrolled providers, and their clients accounted for 73% of the total reimbursement.

Figure 9-1
Participation in Family PACT: Top Ten Counties

	Number of Clients Served	Clients Served in County as Percentage of Total Clients Served
	Number	Percentage
California State	1,765,556	100%
County:		
1 Los Angeles	610,166	35%
2 San Diego	155,863	9%
3 Orange	120,116	7%
4 San Bernardino	88,603	5%
5 Riverside	85,475	5%
6 Santa Clara	59,865	3%
7 Sacramento	50,644	3%
8 Alameda	50,160	3%
9 Fresno	48,907	3%
10 Kern	37,141	2%
Top Ten Subtotal:	1,306,940	74%

Source: Family PACT Enrollment and Claims Data

Five counties had fewer than 500 clients served each: Trinity, Mariposa, Modoc, Sierra, and Alpine. Two counties – Alpine and Trinity – had no enrolled providers delivering services, after Trinity County lost both its public providers in FY 08/09. Three counties – Calaveras, Inyo, and Mariposa – had only one provider each.

Client Growth Rates

The change in the number of clients served in FY 08/09 varied widely among the 58 counties.

Since the previous fiscal year:

- The largest growth in the number of clients was in Plumas County (+28%) followed by Lake (+14%), Santa Cruz (+13%), Monterey (+13%), and Solano (+12%) Counties.
- The largest decreases were among El Dorado (-19%), Tuolumne (-11%), and Amador (-10%) Counties followed by San Mateo, Inyo and Lassen Counties (-6% each).
- The number of clients in Los Angeles County grew by 6%, the same as overall program growth.

Over the five-year period:

- The largest percentage growth in the number of clients was observed in Lake (+64%), Nevada (+60%), Amador (+49%), Plumas (+41%), and Mariposa (+36%) Counties.
- The largest percentage growth among counties serving over 10,000 clients in the fiscal year was among San Luis Obispo (+31%), Santa Barbara (+23%), Monterey (+22%), Riverside (+22%) and San Diego (+21%) Counties.
- Declines were seen among Tuolumne (-24%), Lassen (-20%), Trinity (-17%), El Dorado (-11%), Calaveras (-7%), Yuba (-2%), and Sutter (-2%) Counties.
- The number of clients in Los Angeles County grew by 7%, compared to an 11% increase program-wide.

¹ Based on average population for calendar years 2008 and 2009 Department of Finance population projections, July 2007.

² State of California, Department of Finance, Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity, Sacramento, California, July 2007.

³ American Community Survey, 2008.

Three regions – the Los Angeles/San Diego Corridor, the San Francisco Bay Area and the San Joaquin/Central Valley – are of interest due to either their high populations or their high teen birth rates. All three regions showed growth in the number of clients of between 3% and 6% over the previous fiscal year. See Figure 9-2. Over a five-year period, the growth in the three regions was between 9% and 14%.

Figure 9-2
Change in Family PACT Clients Served in Selected Regions,
FY 07/08 through FY 08/09

Region	County of Client Residence	FY 07/08	FY 08/09	% change over previous year
Los Angeles/ San Diego Corridor	Los Angeles	575,289	610,166	6%
	Orange	113,687	120,116	6%
	Riverside	79,668	85,475	7%
	San Diego	145,742	155,863	7%
	Total	914,386	971,620	6%
San Francisco Bay Area	Alameda	47,497	50,160	6%
	Contra Costa	33,589	35,244	5%
	Marin	9,108	9,108	0%
	San Francisco	30,294	31,837	5%
	San Mateo	21,910	20,673	-6%
	Total	142,398	147,022	3%
San Joaquin/ Central Valley	Fresno	45,627	48,907	7%
	Kern	35,529	37,141	5%
	Kings	6,550	6,827	4%
	Madera	7,597	7,961	5%
	Merced	13,271	13,506	2%
	San Joaquin	26,258	27,709	6%
	Stanislaus	21,420	22,188	4%
	Tulare	20,402	21,704	6%
	Total	176,654	185,943	5%

Source: Family PACT Enrollment and Claims Data

Client Demographics

Demographic characteristics of clients noted across counties were as follows:

- Adolescents as a percentage of all clients served were 18% program-wide compared to a high of 40% in Plumas County. The lowest proportion of adolescents was in Los Angeles, Orange, and Mono (14% each). Among large counties – those serving over 10,000 clients – the highest proportions of adolescent clients were observed in San Luis Obispo (27%), Butte (25%), and Solano (25%) Counties. The lowest proportions among large counties were in Orange (14%), Los Angeles (14%), and San Francisco (15%) Counties.
- Males as a percentage of all clients were 13% program-wide, compared to a high of 22% in Plumas County and a low of 4% in Colusa and Lassen Counties. In Los Angeles County, males comprised 16% of all clients served.

- The proportion of clients who identified themselves as Latino ranged from 80% or more in Imperial, Tulare, Madera, and Monterey Counties to 10% or less in Alpine, Sierra, Trinity, Tuolumne and Shasta Counties. Seventy-six percent (76%) of clients in Los Angeles County identified themselves as Latino. See Figure 9-3.
- Clients who reported Spanish as their primary language comprised 45% of the program overall with a high of 63% in Colusa County and a low of 4% in Shasta County.

Provider Sector

The proportion of providers in the private or public sector varies widely across counties. Smaller, more rural counties tend to rely on public providers, while private providers are more frequently found in the more populous southern counties. The counties with more than a 50% proportion of private providers in FY 08/09 included: Los Angeles (81%), Orange (83%), San Bernardino (88%), Riverside (72%) and Sacramento (58%). There were 18 counties with no private providers delivering services in the fiscal year. Calaveras is unique in that its only provider is from the private sector. See Figure 9-4.

Reimbursement Patterns

Reimbursement per county was closely related to the number of clients served. See Figure 9-4. For reliability, analysis includes only those counties with at least 1,000 clients served.⁴ Among those counties, Los Angeles County received the highest reimbursement at \$194 million, while Plumas County received the lowest at \$460,724. Average reimbursement per client ranged from \$282 to \$437 among counties. The five counties with the highest reimbursement per client were Tuolumne (\$437), San Luis Obispo (\$380), Nevada (\$373), Tehama (\$363), and Colusa (\$362). The five counties with the lowest reimbursement per client were Santa Clara (\$282), Kern (\$285), Yolo (\$296), Monterey (\$296), and San Bernardino (\$303). Los Angeles County was at \$317.

⁴ Any error in county of client residence makes reimbursement data for counties with small client populations less reliable than counties with larger client populations.

Figure 9-3
Family PACT Client Demographics by County, FY 08/09

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	1,765,556	100.0%	27.2	314,115	18%	227,265	13%	1,125,088	64%	361,181	20%	108,952	6%	114,033	6%	56,300	3%	789,437	45%	909,812	52%	66,305	4%
Alameda	50,160	2.8%	26.6	10,187	20%	6,465	13%	21,465	43%	9,340	19%	9,545	19%	6,873	14%	2,937	6%	16,155	32%	30,891	62%	3,114	6%
Alpine	*	<0.1%	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Amador	989	0.1%	23.3	372	38%	73	7%	143	14%	782	79%	*	*	27	3%	25	3%	70	7%	910	92%	*	*
Butte	16,256	0.9%	24.3	4,071	25%	1,613	10%	2,523	16%	11,904	73%	383	2%	593	4%	853	5%	1,230	8%	14,662	90%	364	2%
Calaveras	707	<0.1%	23.8	241	34%	34	5%	109	15%	548	78%	*	*	*	*	30	4%	63	9%	633	90%	*	*
Colusa	1,336	0.1%	28.4	201	15%	55	4%	1,052	79%	239	18%	*	*	17	1%	24	2%	847	63%	471	35%	18	1%
Contra Costa	35,244	2.0%	25.5	8,153	23%	4,331	12%	16,526	47%	9,306	26%	4,597	13%	2,804	8%	2,011	6%	11,574	33%	22,307	63%	1,363	4%
Del Norte	922	0.1%	23.6	358	39%	43	5%	152	16%	591	64%	*	*	47	5%	130	14%	108	12%	790	86%	24	3%
El Dorado	4,083	0.2%	25.3	1,036	25%	513	13%	990	24%	2,754	67%	61	1%	121	3%	157	4%	694	17%	3,256	80%	133	3%
Fresno	48,907	2.8%	26.3	9,560	20%	6,541	13%	32,909	67%	8,864	18%	3,031	6%	2,478	5%	1,625	3%	17,146	35%	30,400	62%	1,361	3%
Glenn	1,654	0.1%	26.6	360	22%	84	5%	921	56%	642	39%	*	*	23	1%	59	4%	645	39%	993	60%	16	1%
Humboldt	12,248	0.7%	25.2	2,700	22%	1,890	15%	1,500	12%	8,715	71%	315	3%	372	3%	1,346	11%	752	6%	11,270	92%	226	2%
Imperial	5,717	0.3%	26.1	1,094	19%	298	5%	5,202	91%	358	6%	64	1%	46	1%	47	1%	2,839	50%	2,832	50%	46	1%
Inyo	584	<0.1%	25.3	182	31%	54	9%	231	40%	313	54%	*	*	*	*	31	5%	185	32%	397	68%	*	*
Kern	37,141	2.1%	26.4	7,736	21%	3,652	10%	26,001	70%	7,537	20%	1,890	5%	901	2%	812	2%	15,973	43%	20,502	55%	666	2%
Kings	6,827	0.4%	26.3	1,637	24%	818	12%	4,915	72%	1,315	19%	263	4%	181	3%	153	2%	2,493	37%	4,265	62%	69	1%
Lake	2,277	0.1%	25.7	622	27%	166	7%	571	25%	1,527	67%	48	2%	39	2%	92	4%	359	16%	1,894	83%	24	1%
Lassen	660	<0.1%	23.1	239	36%	24	4%	93	14%	514	78%	*	*	17	3%	25	4%	54	8%	596	90%	*	*
Los Angeles	610,166	34.6%	28.6	86,209	14%	95,277	16%	463,241	76%	54,748	9%	42,593	7%	34,877	6%	14,707	2%	347,739	57%	236,096	39%	26,331	4%
Madera	7,961	0.5%	26.3	1,643	21%	627	8%	6,407	80%	1,111	14%	112	1%	111	1%	220	3%	3,939	49%	3,906	49%	116	1%
Marin	9,108	0.5%	27.7	1,567	17%	1,003	11%	5,176	57%	2,879	32%	270	3%	364	4%	419	5%	4,619	51%	4,057	45%	432	5%
Mariposa	316	<0.1%	24.6	83	26%	28	9%	53	17%	239	76%	*	*	*	*	16	5%	34	11%	272	86%	*	*
Mendocino	5,238	0.3%	25.9	1,241	24%	392	7%	1,817	35%	2,970	57%	56	1%	84	2%	311	6%	1,346	26%	3,835	73%	57	1%
Merced	13,506	0.8%	26.1	3,054	23%	1,472	11%	9,873	73%	2,252	17%	483	4%	543	4%	355	3%	6,099	45%	7,024	52%	383	3%
Modoc	278	<0.1%	23.9	99	36%	*	*	44	16%	211	76%	*	*	*	*	*	*	25	9%	244	88%	*	*
Mono	950	0.1%	27.8	131	14%	57	6%	457	48%	457	48%	*	*	*	*	20	2%	412	43%	523	55%	15	2%
Monterey	23,825	1.3%	27.2	4,355	18%	2,892	12%	19,148	80%	2,893	12%	426	2%	784	3%	574	2%	14,268	60%	8,782	37%	775	3%
Napa	5,738	0.3%	26.7	1,090	19%	635	11%	3,619	63%	1,662	29%	67	1%	190	3%	200	3%	2,915	51%	2,760	48%	63	1%
Nevada	3,595	0.2%	24.6	1,143	32%	394	11%	548	15%	2,870	80%	23	1%	58	2%	96	3%	385	11%	3,144	87%	66	2%
Orange	120,116	6.8%	28.1	16,891	14%	12,338	10%	82,109	68%	22,437	19%	1,716	1%	10,862	9%	2,992	2%	65,436	54%	48,831	41%	5,849	5%
Placer	8,004	0.5%	25.2	1,866	23%	868	11%	2,082	26%	5,161	64%	145	2%	340	4%	276	3%	1,521	19%	6,226	78%	257	3%
Plumas	1,350	0.1%	23.2	538	40%	298	22%	149	11%	1,020	76%	108	8%	17	1%	56	4%	75	6%	1,254	93%	21	2%
Riverside	85,475	4.8%	26.8	16,221	19%	7,971	9%	59,351	69%	16,297	19%	4,915	6%	3,068	4%	1,844	2%	36,963	43%	46,861	55%	1,651	2%
Sacramento	50,644	2.9%	25.7	10,006	20%	6,782	13%	17,170	34%	17,472	34%	8,063	16%	5,281	10%	2,658	5%	10,572	21%	37,047	73%	3,025	6%
San Benito	2,893	0.2%	25.9	666	23%	306	11%	2,232	77%	511	18%	15	1%	59	2%	76	3%	1,263	44%	1,600	55%	30	1%
San Bernardino	88,603	5.0%	27.4	15,856	18%	12,199	14%	61,800	70%	14,389	16%	7,798	9%	2,773	3%	1,843	2%	37,723	43%	49,194	56%	1,686	2%
San Diego	155,863	8.8%	26.1	31,834	20%	18,612	12%	83,121	53%	46,045	30%	8,729	6%	11,903	8%	6,065	4%	51,677	33%	99,332	64%	4,854	3%
San Francisco	31,837	1.8%	27.0	4,803	15%	2,824	9%	9,783	31%	10,058	32%	2,643	8%	7,512	24%	1,841	6%	6,588	21%	20,893	66%	4,356	14%
San Joaquin	27,709	1.6%	26.2	5,742	21%	3,103	11%	16,392	59%	5,665	20%	2,256	8%	2,358	9%	1,038	4%	9,978	36%	16,625	60%	1,106	4%
San Luis Obispo	16,559	0.9%	23.9	4,412	27%	2,694	16%	4,360	26%	10,949	66%	200	1%	581	4%	469	3%	2,487	15%	13,842	84%	230	1%
San Mateo	20,673	1.2%	26.3	4,285	21%	1,838	9%	12,053	58%	3,824	18%	630	3%	3,082	15%	1,084	5%	8,850	43%	10,676	52%	1,147	6%
Santa Barbara	24,493	1.4%	26.1	4,905	20%	2,389	10%	15,731	64%	6,839	28%	378	2%	990	4%	555	2%	11,162	46%	12,813	52%	518	2%
Santa Clara	59,865	3.4%	26.6	11,736	20%	8,830	15%	39,499	66%	9,031	15%	2,191	4%	6,688	11%	2,456	4%	28,347	47%	28,969	48%	2,549	4%
Santa Cruz	17,372	1.0%	27.0	3,285	19%	2,136	12%	10,195	59%	5,797	33%	191	1%	616	4%	573	3%	7,926	46%	9,140	53%	306	2%
Shasta	8,886	0.5%	23.9	2,677	30%	656	7%	861	10%	7,082	80%	121	1%	326	4%	496	6%	379	4%	8,291	93%	216	2%
Sierra	*	<0.1%	25.2	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Siskiyou	1,572	0.1%	24.0	520	33%	133	8%	226	14%	1,167	74%	34	2%	45	3%	100	6%	146	9%	1,403	89%	23	1%
Solano	13,636	0.8%	25.1	3,346	25%	1,660	12%	5,396	40%	3,520	26%	2,278	17%	1,499	11%	943	7%	3,644	27%	9,624	71%	368	3%
Sonoma	24,486	1.4%	26.2	5,530	23%	2,931	12%	12,033	49%	10,349	42%	424	2%	797	3%	883	4%	9,645	39%	14,441	59%	400	2%
Stanislaus	22,188	1.3%	26.0	4,571	21%	2,103	9%	13,967	63%	6,048	27%	687	3%	739	3%	747	3%	8,626	39%	13,121	59%	441	2%
Sutter	4,175	0.2%	25.9	869	21%	364	9%	2,094	50%	1,531	37%	83	2%	276	7%	191	5%	1,432	34%	2,550	61%	193	5%
Tehama	2,461	0.1%	25.8	604	25%	148	6%	1,003	41%	1,347	55%	*	*	30	1%	68	3%	740	30%	1,696	69%	25	1%
Trinity	388	<0.1%	26.0	92	24%	32	8%	28	7%	323	83%	*	*	*	*	27	7%	*	*	372	96%	*	*
Tulare	21,704	1.2%	27.3	3,590	17%	1,947	9%	17,545	8														

Figure 9-4
Family PACT Providers, Clients and Reimbursement by County, FY 08/09

Provider County	Enrolled Clinician Providers and Participating Pharmacies					Reimbursement					Projected Population of Residents within Family PACT ^b Age Range
	Enrolled Clinician Providers Delivering Family PACT Services				Participating Pharmacies	Clients Served ^a		Reimbursement ^a		Average Reim. per Client Served	
	Private Sector	Public Sector	Total			No.	%	Amount	%		
	No.	No.	No.	%	No.	No.	%	Amount	Amount		
California	1,221	854	2,075	100%	5,047	1,765,556	100.0%	\$568,967,831	100.0%	\$322	26,293,759
Alameda	10	36	46	2.2%	184	50,160	2.8%	\$15,249,363	2.7%	\$304	1,052,258
Alpine	0	0	0	0.0%	0	*	<0.1%	\$3,521	<0.1%	*	861
Amador	1	2	3	0.1%	8	989	0.1%	\$348,012	0.1%	\$352	24,527
Butte	4	12	16	0.8%	39	16,256	0.9%	\$5,870,374	1.0%	\$361	151,198
Calaveras	1	0	1	<0.1%	8	707	<0.1%	\$301,151	<0.1%	\$426	27,447
Colusa	1	3	4	0.2%	3	1,336	0.1%	\$483,590	0.1%	\$362	15,694
Contra Costa	1	17	18	0.9%	127	35,244	2.0%	\$11,950,913	2.1%	\$339	709,891
Del Norte	0	3	3	0.1%	6	922	0.1%	\$286,981	0.1%	\$311	21,068
El Dorado	4	6	10	0.5%	29	4,083	0.2%	\$1,372,924	0.2%	\$336	123,167
Fresno	32	49	81	3.9%	151	48,907	2.8%	\$16,197,410	2.8%	\$331	659,125
Glenn	0	3	3	0.1%	5	1,654	0.1%	\$560,870	0.1%	\$339	19,995
Humboldt	7	15	22	1.1%	30	12,248	0.7%	\$4,388,377	0.8%	\$358	91,334
Imperial	3	6	9	0.4%	22	5,717	0.3%	\$1,959,619	0.3%	\$343	127,453
Inyo	0	1	1	<0.1%	4	584	<0.1%	\$224,961	<0.1%	\$385	11,607
Kern	20	31	51	2.5%	111	37,141	2.1%	\$10,581,642	1.9%	\$285	586,904
Kings	3	18	21	1.0%	19	6,827	0.4%	\$2,197,836	0.4%	\$322	115,580
Lake	3	5	8	0.4%	12	2,277	0.1%	\$739,338	0.1%	\$325	39,069
Lassen	0	2	2	0.1%	4	660	<0.1%	\$201,582	<0.1%	\$305	27,863
Los Angeles	687	163	850	41.0%	1,426	610,166	34.6%	\$193,726,190	34.0%	\$317	7,170,751
Madera	4	8	12	0.6%	21	7,961	0.5%	\$2,865,141	0.5%	\$360	105,489
Marin	0	10	10	0.5%	30	9,108	0.5%	\$2,968,196	0.5%	\$326	156,221
Mariposa	0	1	1	<0.1%	1	316	<0.1%	\$106,070	<0.1%	\$336	11,512
Mendocino	3	11	14	0.7%	21	5,238	0.3%	\$1,849,756	0.3%	\$353	58,566
Merced	5	13	18	0.9%	34	13,506	0.8%	\$4,571,662	0.8%	\$338	183,592
Modoc	0	2	2	0.1%	2	278	<0.1%	\$92,617	<0.1%	\$333	6,657
Mono	0	2	2	0.1%	2	950	0.1%	\$415,181	0.1%	\$437	10,136
Monterey	5	22	27	1.3%	52	23,825	1.3%	\$7,043,975	1.2%	\$296	284,446
Napa	0	3	3	0.1%	20	5,738	0.3%	\$1,844,547	0.3%	\$321	89,033
Nevada	1	4	5	0.2%	15	3,595	0.2%	\$1,339,588	0.2%	\$373	63,236
Orange	141	29	170	8.2%	420	120,116	6.8%	\$42,235,380	7.4%	\$352	2,183,377
Placer	2	3	5	0.2%	56	8,004	0.5%	\$2,765,949	0.5%	\$346	220,853
Plumas	0	3	3	0.1%	5	1,350	0.1%	\$460,724	0.1%	\$341	13,003
Riverside	71	27	98	4.7%	300	85,475	4.8%	\$26,728,148	4.7%	\$313	1,491,711
Sacramento	22	16	38	1.8%	184	50,644	2.9%	\$15,489,228	2.7%	\$306	970,283
San Benito	0	2	2	0.1%	5	2,893	0.2%	\$957,174	0.2%	\$331	43,014
San Bernardino	89	12	101	4.9%	249	88,603	5.0%	\$26,817,773	4.7%	\$303	1,491,951
San Diego	33	74	107	5.2%	356	155,863	8.8%	\$49,734,524	8.7%	\$319	2,165,348
San Francisco	4	28	32	1.5%	99	31,837	1.8%	\$10,097,199	1.8%	\$317	564,879
San Joaquin	5	12	17	0.8%	83	27,709	1.6%	\$9,128,574	1.6%	\$329	473,076
San Luis Obispo	3	13	16	0.8%	49	16,559	0.9%	\$6,291,928	1.1%	\$380	175,504
San Mateo	0	8	8	0.4%	70	20,673	1.2%	\$6,362,060	1.1%	\$308	490,055
Santa Barbara	8	15	23	1.1%	58	24,493	1.4%	\$7,976,539	1.4%	\$326	288,482
Santa Clara	8	28	36	1.7%	195	59,865	3.4%	\$16,900,253	3.0%	\$282	1,230,230
Santa Cruz	4	8	12	0.6%	39	17,372	1.0%	\$5,694,947	1.0%	\$328	187,945
Shasta	1	14	15	0.7%	36	8,886	0.5%	\$3,039,261	0.5%	\$342	121,305
Sierra	0	2	2	0.1%	1	*	<0.1%	\$34,597	<0.1%	*	2,216
Siskiyou	1	8	9	0.4%	12	1,572	0.1%	\$543,181	0.1%	\$346	28,243
Solano	0	9	9	0.4%	48	13,636	0.8%	\$4,756,407	0.8%	\$349	299,338
Sonoma	5	15	20	1.0%	66	24,486	1.4%	\$8,704,512	1.5%	\$355	322,325
Stanislaus	3	24	27	1.3%	69	22,188	1.3%	\$7,868,045	1.4%	\$355	363,058
Sutter	1	3	4	0.2%	17	4,175	0.2%	\$1,329,361	0.2%	\$318	64,001
Tehama	2	3	5	0.2%	11	2,461	0.1%	\$892,319	0.2%	\$363	41,778
Trinity	0	0	0	0.0%	3	388	<0.1%	\$117,790	<0.1%	\$304	9,073
Tulare	8	24	32	1.5%	59	21,704	1.2%	\$7,774,455	1.4%	\$358	306,633
Tuolumne	0	2	2	0.1%	10	1,082	0.1%	\$472,759	0.1%	\$437	34,969
Ventura	12	14	26	1.3%	117	36,451	2.1%	\$12,872,221	2.3%	\$353	569,178
Yolo	3	6	9	0.4%	26	8,012	0.5%	\$2,369,547	0.4%	\$296	144,011
Yuba	0	4	4	0.2%	10	2,570	0.1%	\$811,481	0.1%	\$316	53,254

^a Client counts are by client's county of residence. There were 2 clients for whom county of residence is unknown, accounting for \$105.71 in reimbursement.

^b Average of Department of Finance Projected Population for 2008 and 2009: Females ages 10-55 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 and State of California, Department of Finance, Race/Ethnicity Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.

Access to Contraceptive Services

The geographic range and number of providers offers some indication of how accessible services are. Of particular interest is access to emergency contraception and long-term reversible methods – IUC and Implant. Figure 9-5 shows providers of these services and clients served according to region and Figure 9-6 show the same data according to county, with the addition of sterilization services. Although the lack of services in an area may reflect a shortage of providers, it may also reflect a lack of provider training, a lack of demand or billing problems.

ECPs

Overall, Emergency Contraceptive Pills (ECPs) have continued to show an increase in utilization since their addition to the benefits in 2001. This year 26% of all female clients were dispensed ECPs, compared to 24% in FY 07/08 and 18% in FY 04/05. Fifty-six (56) out of the 58 counties had at least one provider who dispensed ECPs.⁵ Emergency contraception is most commonly dispensed on-site (81% of claims), however, in eight counties clients relied entirely on pharmacy dispensing.⁶ See Figure 9-6.

ECP dispensing was relatively high in the San Francisco Bay Area where 33% of female clients who lived there were dispensed ECPs. ECP dispensing was 27% in the San Joaquin/Central Valley. The Los Angeles/San Diego Corridor had the lowest level of dispensing (22%), bringing the statewide average to 26%. See Figure 9-5.

IUCs

Since May 2006 a series of IUC reimbursement rate increases have been implemented, along with a Clinical Practice Alert encouraging the use of IUCs and provider trainings on IUC insertion that continued through FY 08/09. Following relatively slow growth in IUC provision through FY 04/05, the rate increased beginning FY 05/06.

This year, 8.5% of female clients received services related to IUCs and 3% were provided an IUC – the highest proportions ever for this long-acting method.⁷ Fifteen (15) out of 58 counties had at least 12% of female clients served with IUC-related services this year. See Figure 9-7. Of the 15 counties, 11 are located on or near the central coastline. All counties had an increase in the proportion of female clients served with IUC-related services over five years. See Figure 9-8. The ten counties with the highest five-year percent increase are Alameda, Alpine, Contra Costa, Mendocino, Napa, Plumas, San Luis Obispo, Sierra, Solano and Sonoma. These counties had an increase of over six percentage points over five years in the proportion of female clients who received IUC-related services. Orange and Los Angeles counties had a less than two percentage point increase - the lowest increase over five years.

This year, IUC insertion was available in 53 out of 58 counties. The five counties that lacked an IUC insertion provider are Alpine, Calaveras, Mariposa, Sierra and Trinity. The six counties with only one IUC insertion provider are Amador, Glenn, Inyo, Lassen, Tehama and Tuolumne. A total of 879 providers performed IUC insertions this year, an increase from 822 in FY 04/05. Of the 879 IUC insertion providers, 129 performed IUC insertions for the first time in five years. See Figure 9-9.

Outside the Los Angeles/San Diego Corridor IUC dispensing ranged from a high of 3.9% of female clients served in the San Francisco Bay Area to 3.5% in the San Joaquin/Central Valley. Two percent (2.4%) of women served in the Los Angeles/San Diego Corridor were dispensed IUCs bringing the statewide average down to 3.0%. See Figure 9-5.

Figure 9-5
Provision of Selected Family PACT Services, by Selected Region, FY 08/09

Selected Region	ECP					IUC			Implant		
	Female Clients Served ^a		Providers ^b	Female Clients Served ^a		Providers ^c	Female Clients Served ^a		Providers ^c	Female Clients Served ^a	
	No.	Col%	No.	No.	Row%	No.	No.	Row%	No.	No.	Row%
San Francisco Bay Area	130,561	8.5%	397	42,801	32.8%	73	5,127	3.9%	23	462	0.4%
San Joaquin/Central Valley	165,680	10.8%	390	44,889	27.1%	152	5,822	3.5%	43	925	0.6%
Los Angeles/San Diego Corridor	837,422	54.4%	1,805	184,470	22.0%	406	19,822	2.4%	71	901	0.1%
Remainder of State	404,628	26.3%	1,066	121,787	30.1%	248	15,168	3.7%	61	1,036	0.3%
Total	1,538,291	100.0%	3,658	393,947	25.6%	879	45,939	3.0%	198	3,324	0.2%

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

Source: Family PACT Enrollment and Claims Data

- 5 Alpine and Mariposa had no provider who dispensed ECPs, however female clients residing in these counties received ECPs from providers in other counties.
- 6 Calaveras, Glenn, Imperial, Modoc, Tehama, Trinity, Tuolumne and Yuba counties had no on-site dispensing of ECPs.
- 7 Provision is counted using only paid insertion/device claims.

Figure 9-6
Provision of Selected Family PACT Services, FY 08/09

County	ECP		Implant		IUC		Tubal Sterilization		Vasectomy	
	Providers ^a	Clients ^b	Providers ^c	Clients ^b	Providers ^d	Clients ^b	Providers ^e	Clients ^b	Providers ^e	Clients ^b
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Total California	3,657	393,947	198	3,324	879	45,939	661	3,816	71	1,498
Alameda	143	12,090	5	206	27	1,887	5	<15	0	<15
Alpine	0	<15	0	0	0	<15	0	0	0	0
Amador	5	223	1	<15	1	<15	3	<15	0	<15
Butte	24	5,756	1	<15	7	386	3	<15	1	29
Calaveras ^f	2	124	0	<15	0	18	0	<15	0	<15
Colusa	4	156	0	<15	2	43	1	<15	0	0
Contra Costa	62	15,062	8	93	15	1,362	1	<15	1	27
Del Norte	6	76	0	0	2	28	0	0	0	0
El Dorado	21	897	0	<15	6	131	3	<15	1	<15
Fresno	108	11,731	21	341	48	1,163	21	144	8	69
Glenn ^f	5	479	0	<15	1	72	0	<15	0	<15
Humboldt	34	3,246	1	<15	9	371	9	22	4	52
Imperial ^f	19	388	2	19	6	205	9	28	0	<15
Inyo	2	61	0	0	1	18	0	<15	0	0
Kern	71	8,821	2	93	37	1,135	17	201	1	40
Kings	22	857	4	55	6	234	6	23	2	<15
Lake	14	349	0	0	5	75	2	<15	0	<15
Lassen	3	75	0	0	1	15	0	0	0	0
Los Angeles	1,096	89,067	25	200	240	9,565	234	1,513	16	229
Madera	12	2,600	1	49	5	325	4	28	0	<15
Marin	31	2,237	2	<15	8	351	4	<15	0	<15
Mariposa	0	98	0	<15	0	<15	0	<15	0	0
Mendocino	25	1,190	1	<15	8	324	7	<15	1	<15
Merced	29	4,196	1	56	9	398	6	23	1	<15
Modoc ^f	1	25	1	<15	2	<15	0	0	0	0
Mono	3	67	0	0	2	53	1	<15	0	0
Monterey	46	5,986	4	31	18	789	4	32	1	29
Napa	20	2,061	1	<15	2	277	0	0	1	<15
Nevada	13	1,085	0	<15	2	107	3	<15	0	<15
Orange	263	28,223	13	185	56	2,521	89	351	5	110
Placer	50	2,748	1	15	4	231	3	<15	0	<15
Plumas	4	120	0	0	2	44	1	<15	1	<15
Riverside	197	17,748	13	216	44	2,735	40	332	2	154
Sacramento	102	16,823	5	158	23	1,286	14	49	2	31
San Benito	4	1,079	1	11	2	130	0	<15	0	<15
San Bernardino	149	14,828	6	125	30	2,009	26	231	3	159
San Diego	249	49,432	20	300	66	5,001	48	330	2	223
San Francisco	99	7,320	4	84	17	872	6	<15	1	<15
San Joaquin	43	10,330	4	123	11	1,061	6	61	0	<15
San Luis Obispo	41	4,674	2	25	8	562	2	<15	2	16
San Mateo	62	6,092	4	69	6	655	1	19	0	<15
Santa Barbara	49	7,527	5	36	17	910	14	66	1	22
Santa Clara	118	17,932	12	221	20	2,343	2	<15	0	<15
Santa Cruz	27	5,740	2	46	9	777	6	19	1	23
Shasta	16	3,772	1	<15	6	176	3	<15	3	30
Sierra	2	<15	0	0	0	<15	0	0	0	<15
Siskiyou	12	423	1	<15	3	39	4	<15	0	0
Solano	27	5,432	4	64	7	650	0	<15	0	<15
Sonoma	66	4,983	3	40	14	1,143	10	31	5	30
Stanislaus	55	5,078	7	150	16	819	15	44	1	18
Sutter	10	1,330	1	<15	2	124	1	<15	0	<15
Tehama ^f	9	502	0	<15	1	106	0	<15	1	<15
Trinity ^f	2	123	0	0	0	<15	0	0	0	<15
Tulare	50	1,276	3	58	20	687	16	57	1	34
Tuolumne ^f	6	136	0	<15	1	16	0	0	1	<15
Ventura	100	7,985	4	135	15	1,302	7	39	1	41
Yolo	18	2,552	1	38	7	287	1	<15	0	<15
Yuba ^f	6	721	0	<15	2	76	3	<15	0	0

a Enrolled & non-enrolled providers, including pharmacies.

b Clients are based on assigned county of client residence. Client counts of less than 15 are suppressed to protect client identity.

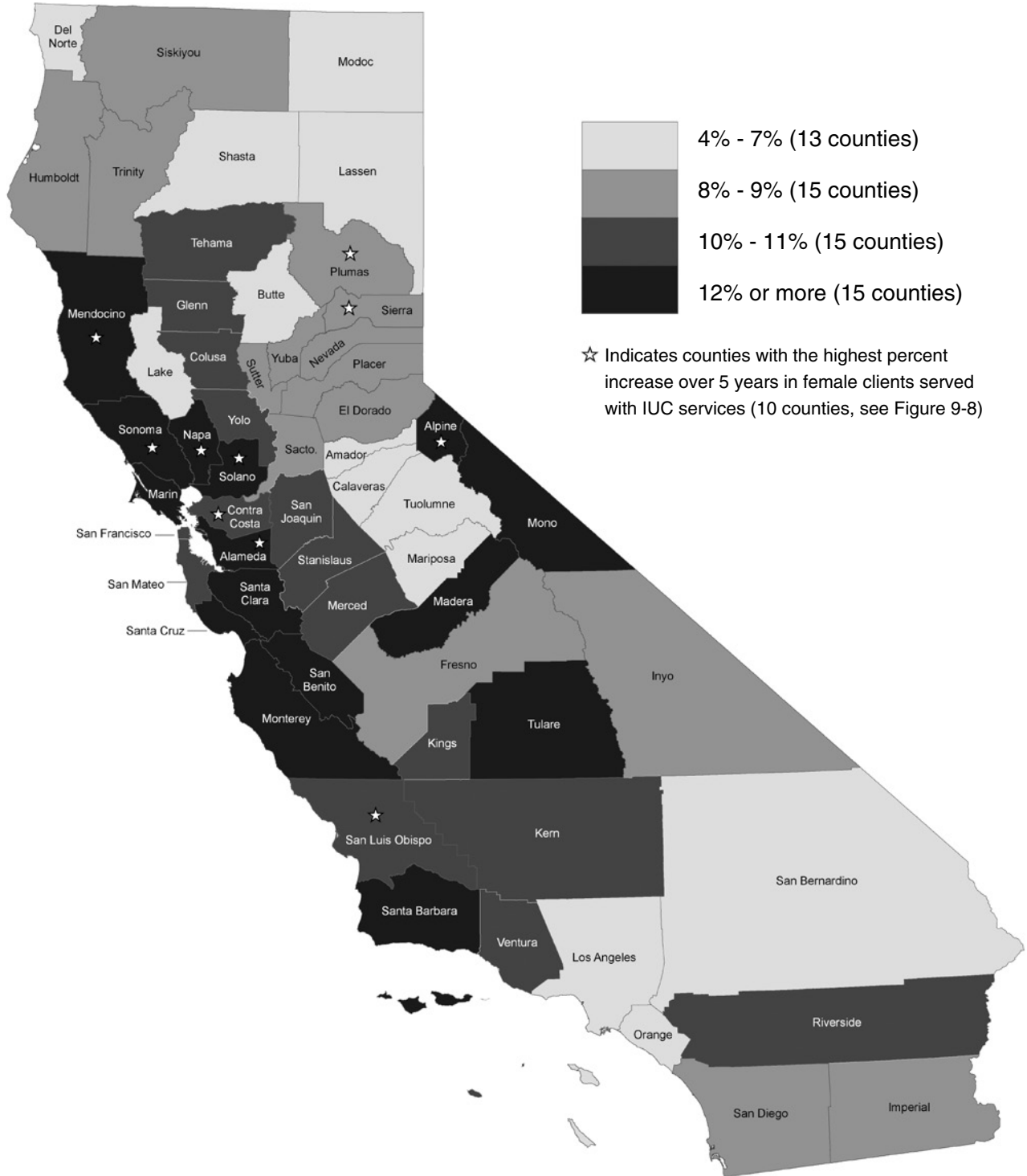
c Enrolled and non-enrolled clinician providers.

d Includes providers paid for any IUC related procedure code (excluding removals only).

e Includes all providers who successfully billed for the procedure.

f Counties with no clinician providers reimbursed for ECPs, only pharmacies.

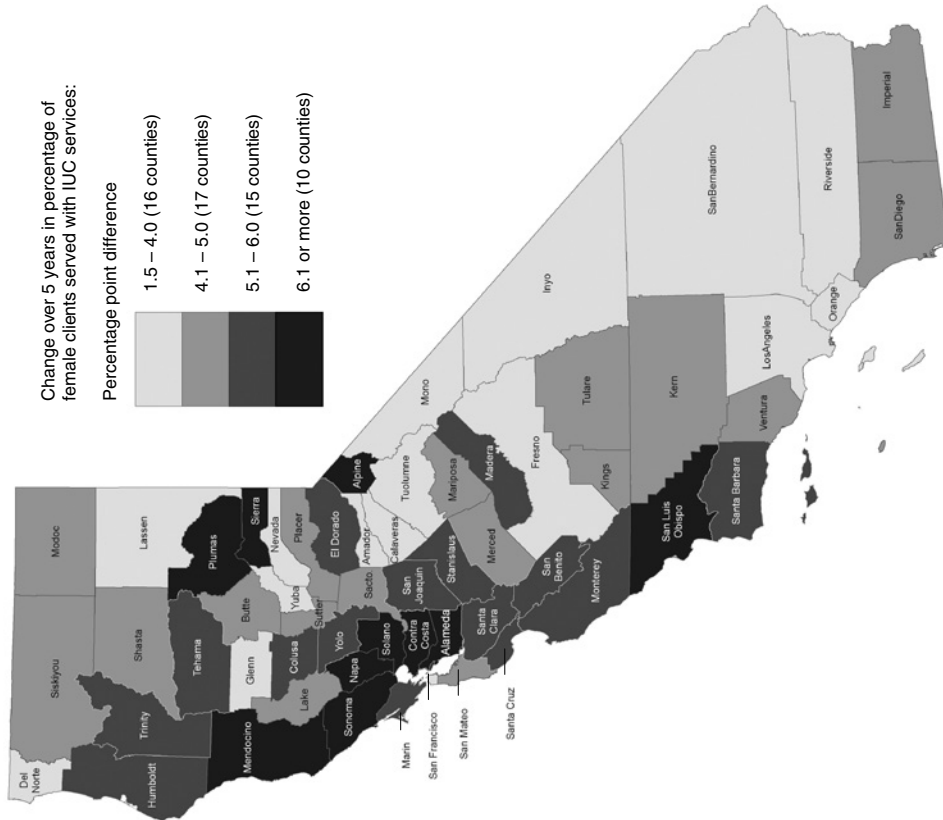
Figure 9-7
Percent of Female Clients Served with IUC Services through Family PACT,
FY 08/09



Note: The percent is based on the number of female clients served by a clinician provider under the diagnosis code for IUCs (S40) divided by all females served in the county.

Source: Family PACT Enrollment and Claims Data

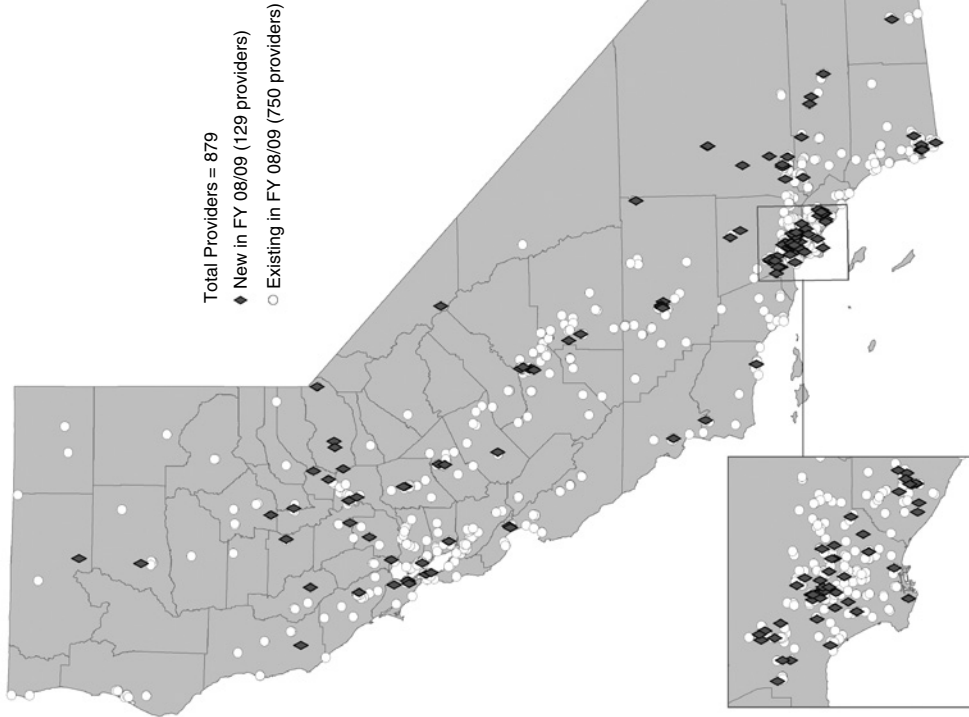
Figure 9-8
Increase in Clients Receiving IUC Services through Family PACT,
FY 04/05 to FY 08/09



Note: The percentage point difference is the number of female clients served by a clinician provider under the primary diagnosis code for IUCs (S40) divided by all the females served in the county for FY 08/09 minus that proportion in FY 04/05, e.g. Plumas County showed a 7 percentage point change because 8.2% of women were served under S40 in FY 08/09 vs. 1.2% in FY 04/05.

Source: Family PACT Enrollment and Claims Data

Figure 9-9
Family PACT IUC Insertion Providers, FY 08/09



Note: Providers shown include enrolled and non-enrolled Family PACT providers who successfully billed for an IUC insertion procedure or device (procedures codes 58300, X1522, or X1532) in FY 08/09. A provider is considered new if it did not bill for an IUC insertion or device from FY 04/05 to FY 07/08.

Source: Family PACT Enrollment and Claims Data

Implant

A new contraceptive implant, Implanon, was added to the program benefits in July 2008. Implanon is the first contraceptive implant available since the discontinuation of Norplant distribution in 2002. The new implant was provided to 3,324 women or 0.2% of female clients served this year. The uptake of this method was higher in the San Joaquin/Central Valley and the San Francisco Bay Area regions with 0.6% and 0.4% of female clients provided this method, respectively. The lowest level of implant dispensing was in the Los Angeles/San Diego Corridor (0.1%). See Figure 9-5. A total of 198 providers dispensed the implant with 18 counties lacking a provider who dispensed this method. See Figure 9-6.

Tubal Sterilization Services

This year the numbers for tubal sterilization include both the surgical tubal ligation procedure and the new non-surgical sterilization procedure, Essure, which was added as a Family PACT benefit in July 2008. In FY 08/09 a total of 661 providers showed paid claims for tubal sterilization services, down from 667 in FY 07/08.⁸ As shown in Figure 9-6, there were 15 counties in which no provider had a paid claim for tubal sterilization services: Alpine, Calaveras, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Napa, San Benito, Sierra, Solano, Tehama, Trinity and Tuolumne.

Although there was an increase in the number of tubal sterilizations from 3,391 in FY 07/08 to 3,816 in FY 08/09, the proportion of female clients who received this service remained unchanged from last year, overall and by region. The San Francisco Bay Area remained the lowest at 0.05% of female clients provided sterilization, with the proportions for San Joaquin/Central Valley and LA/San Diego regions being at 0.35% and 0.30%, respectively. See Figure 9-10.

Vasectomy Services

This year there was a 49% increase in the number of male clients provided vasectomies (1,003 in FY 07/08; 1,498 in FY 08/09). However, the number of providers who provided vasectomy services has decreased from 76 in FY 07/08 to 71 in FY 08/09. There were 29 counties in which no provider was reimbursed for a vasectomy. See Figure 9-6. The San Joaquin/Central Valley region showed the highest proportion of male clients provided vasectomies at 0.93%, compared to 0.53% for LA/San Diego Corridor and only 0.27% for the San Francisco Bay Area, a continuation of the trend noted last year. See Figure 9-10.

Figure 9-10
Provision of Family PACT Sterilization Services, by Selected Region, FY 08/09

Selected Region	Female Clients Served ^a		Tubal Sterilization		
	No.	Col%	Providers ^b	Female Clients Served ^a	
			No.	No.	Row%
San Francisco Bay Area	130,561	8.5%	17	62	0.05%
San Joaquin/Central Valley	165,680	10.8%	91	581	0.35%
Los Angeles/San Diego Corridor	837,422	54.4%	411	2,526	0.30%
Remainder of State	404,628	26.3%	142	647	0.16%
Total	1,538,291	100.0%	661	3,816	0.25%

Selected Region	Male Clients Served ^a		Vasectomy		
	No.	Col%	Providers ^b	Male Clients Served ^a	
			No.	No.	Row%
San Francisco Bay Area	16,461	7.2%	2	44	0.27%
San Joaquin/Central Valley	20,263	8.9%	14	188	0.93%
Los Angeles/San Diego Corridor	134,198	59.0%	25	716	0.53%
Remainder of State	56,343	24.8%	30	550	0.98%
Total	227,265	100.0%	71	1,498	0.66%

a Clients are based on assigned county of residence.
b Enrolled and non-enrolled providers who successfully billed for the procedure.

Source: Family PACT Enrollment and Claims Data

⁸ Provider counts are based on only paid claims for any tubal sterilization services. For the FY 06/07 report, denied claims were included.

Conclusion

The Family PACT Program experienced more annual growth in the number of clients and expenditures in FY 08/09 than in the prior five years. These two indicators, along with others, suggest that California's economic recession affected the program. Nearly two million Californians lost their health insurance coverage in 2008 and 2009 as the unemployment rate went from 5.4% to 12.3%.¹ Due to more women falling below the 200% poverty threshold, the percentage of women in need of publicly funded contraceptive services who accessed the program dropped from 62% in FY 07/08 to 57%, the largest drop in more than five years, despite a 5% increase in the number of women served. At the same time that there was increased demand for its services, Family PACT lost 4% of its clinician providers. The net result was that fewer clinician providers served more clients in FY 08/09. In addition, growth in the program did not keep up with the growth in the need for the program.

Growth in the number of clients was not evenly distributed. The number of clients ages 40 and over grew the fastest, outpacing growth among younger clients. Growth in the male client population increased 15%, much more rapidly than growth in the female client population and enough to increase males to 13% of the clients served. Along with this growth, the demand for sterilization increased substantially, reversing the direction for females and accelerating an upward trend among males. The program saw a 49% increase in the number of vasectomies provided and a 13% increase in the number of women receiving tubal sterilizations. The use of non-contraceptive services increased as well. For example, STI test volume increased by 14% and the number of women receiving mammography was up by 36%.

The subcategory of adolescent females ages 17 and under was the only client category that showed a decline in numbers in FY 08/09. This is an important population in the prevention of teen pregnancies and it has been in decline since FY 05/06. In 2008, during the four-year period between FY 05/06 and FY 08/09, statewide outreach funding for adolescents was reduced, which may have had an effect. Specifically, Information and Education programs were reduced by about 50% and the TeenSMART Outreach and Male Involvement Programs were eliminated. The decline may also be partially explained by the decline in the statewide population of females ages 10-17 beginning in 2007.² These factors, however, probably do not fully explain the decline.

There is some evidence of diminishing sexual behavior among teens, which may be contributing to the observed decline in the adolescent female population ages 17 and younger. The 2006-2008 National Survey of Family Growth reports a 19 year gradual but steady decline in the percent of never-married female teens who were sexually experienced between 1988 and 2006-2008.³ A further and possibly related finding was a difference in the percentage of never-married female teens who are sexually experienced between those with mothers who began parenting as an adult and those with mothers who began parenting as a teen. Those with mothers who began parenting as an adult were significantly less likely to be sexually experienced. The population of adolescents ages 10-17 in FY 08/09 was born as the Teen Birth Rate was declining, from about 1991 and 1998,⁴ With each year children were increasingly likely to be born to women who began parenting as an adult. These findings along with other trends in sexual activity, parity and teen birth rates among this group suggest that the State may be experiencing secondary benefits now from its family planning efforts in the 1990s, mostly prior to Family PACT.

In an indication that more Family PACT clients are delaying childbirth until adulthood, among women ages 20-29, who comprise half of all female Family PACT clients, those reporting never having had a live birth continued to rise. The largest change was seen among Latinas. Nearly half of the program's female clients (48%) have never had a live birth, but women ages 20-29 showed the most notable change in parity in FY 08/09. The data for these women indicate that low-income Californians continue to delay childbirth and are using the program to plan their families from the start.

- 1 Lavarreda, SA, Brown, ER, Cabezas, L, Roby, D. Number of Uninsured Jumped to More than Eight Million from 2007 to 2009. UCLA Center for Health Policy Research. March 2010. http://www.healthpolicy.ucla.edu/pubs/files/Uninsured_8-Million_PB_%200310.pdf Accessed, April 2010.
- 2 State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, July 2007.
- 3 Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, National Survey of Family Growth 2006-2008. US Department of Health and Human Services, Maryland, June 2010. http://www.cdc.gov/nchs/data/series/sr_23/sr23_030.pdf Accessed June 2010.
- 4 California's Teen Birth Rate peaked in 1991 and has been largely declining since.

There were also signs that clients are seeking more cost-effective methods.⁵ Two more such methods were introduced as program benefits in FY 08/09, the implant, Implanon, and a sterilization procedure, Essure. Over 3,000 women (0.22%) received Implanon in its first year as a benefit and almost 400 received Essure. The number of clients receiving IUC insertions was up 26% compared to the previous year. The number of women receiving IUCs has grown rapidly in the past five years along with State initiated provider training on insertions and reimbursement rate increases to keep pace with the cost of providing IUCs. Monitoring the proportion of clients receiving these long-acting methods is a challenge because unlike other contraceptives, clients who use them do not necessarily need to return every year, or in the case of sterilization, are no longer eligible for the program. However, 8% of female clients received IUC services indicating an increase in IUC utilization in the Family PACT population. This is consistent with California Women's Health Survey data on statewide IUC use among low-income women.⁶

As new contraceptives have been introduced regional differences in their utilization have been monitored. In FY 08/09 a pattern of low provision of implants and IUCs was observed in the four-county region constituting the Los Angeles/San Diego Corridor. This is also an area of relatively high numbers of private providers compared to public providers. Because 55% of clients live in this region, efforts to increase provision of these methods in this region may ultimately boost the overall effectiveness of the program.

The cost of the program rose 18% in FY 08/09 for a variety of reasons. The program served more people, the costs of some services increased and the number of services per client increased. This increase comes at a time when pressure to reduce government spending is high. Efforts to manage costs should take into account that some of the most effective contraceptives, such as IUCs and Essure, have relatively high upfront costs, but can be the most cost-effective in the long term. When long-acting contraceptives are introduced as benefits they come with a noticeable cost to the program as clients begin to use them. In addition the State legislature increased rates by 91% for Evaluation and Management claims in January 2008. FY 08/09 marked the first full year of the increased costs for these office visit services. While the impact was large, clinician counseling, is an essential service in family planning, where providers help clients evaluate their risk of having an unintended pregnancy, decide on which contraceptive is best for them and learn the potential side effects of the methods. Such counseling facilitates the appropriate use and continuation of contraception, thereby ultimately improving the effectiveness of the program.

Overall, the continuous investment that California has made in establishing a family planning program with easy accessibility served the State well in FY 08/09, helping to mitigate the impact of a deep recession for both the clients who chose to participate and the State, by saving taxpayer funds.⁷ The need for publicly funded family planning is likely to remain high for some time. Family planning provides a lasting benefit not only for the recipients of the services, but for the State and the future generation.

5 Foster, DG, *Cost Savings from the Provision of Specific Methods of Contraception*, San Francisco, CA: Bixby Center for Global Reproductive Health. University of California, San Francisco. 2007.

6 UCSF calculation of the IUC prevalence using the 2008 California Women's Health Survey.

7 Biggs, M.A., Foster, D.G., Hulett, D., and Brindis, C., *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007*. San Francisco, CA. Bixby Center for Global Reproductive Health. Submitted to the California Department of Public Health, Office of Family Planning. April 2010.