

# INTERPRETATION OF PROVIDER PROFILE REPORTS

## **YOUR PERFORMANCE**

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

## **DATA USED FOR THIS REPORT**

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

## **PEER GROUP**

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

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

## **CHLAMYDIA SCREENING RATE FOR SEXUALLY ACTIVE WOMEN AGE 25 OR YOUNGER<sup>1</sup>**

**Purpose:** Quality Measure

This indicator measures the percentage of women in your practice who were age 25 and younger and who have a Family PACT claim (paid or denied) for chlamydia screening within one year of the semi-annual observation period. Detection and

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<sup>1</sup> Age is calculated as the woman’s age midway through the period of interest.

treatment of women with chlamydial cervicitis will reduce rates of Pelvic Inflammatory Disease (PID) by as much as 60 percent, which in the long term will lessen the likelihood of tubal infertility and chronic pelvic pain. Guidelines issued by the Centers for Disease Control, the United States (U.S.) Preventive Services Task Force, the California Department of Public Health Sexually Transmitted Disease Control Branch, and the Family PACT Program, recommend that all sexually active women age 25 and younger should be screened annually for lower genital tract chlamydial infections.

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

**Methodology:** The chlamydia screening rate among sexually active women age 25 and younger is calculated by constructing a cohort of eligible clients<sup>2</sup> served by a Family PACT provider during a six-month period of interest. A client is considered screened if she has had a Family PACT laboratory claim, paid or denied, for a chlamydia test<sup>3</sup> within 12 months prior to her last date of service within the period.<sup>4</sup> The number of clients screened for chlamydia is divided by the total number of clients in the cohort. The result is multiplied by 100 to produce the percentage of clients age 25 and younger who were screened for chlamydia. Note that your practice is credited with the screening even if the screening is performed by a different provider, as long as it is billed to Family PACT.

## **CHLAMYDIA SCREENING RATE FOR SEXUALLY ACTIVE WOMEN OVER AGE 25<sup>5</sup>**

**Purpose:** Quality and Utilization Measure

This indicator measures the percentage of women in your practice over age 25 who have a Family PACT claim (paid or denied) for a chlamydia test within one year of the semi-annual observation period. Guidelines issued by the Centers for Disease Control, the U.S. Preventive Services Task Force, the California Department of Public Health Sexually Transmitted Disease Control Branch, and the Family PACT Program all state that chlamydia screening for women in this age group should be targeted based on risk factors, rather than routine screening, if prevalence is less than three percent in your client population. Additionally, routine screening in a low prevalence population increases the risk of false positive results. Analysis of data available from California family planning clinics indicate that specific risk factors for “targeted screening” include a history of chlamydia or gonorrhea in the previous 12 months, more than one sex partner in the previous 12 months, or suspicion that someone they are having sex with

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<sup>2</sup> Prior to 12/30/2013, if primary diagnosis code S60 (Pregnancy Testing) is the only service a woman was seen for during the period of interest, she is excluded from the cohort. After 12/30/2013, this minor exclusion is no longer applicable due to the elimination of S60 primary diagnosis code.

<sup>3</sup> A chlamydia test is defined a paid or denied Family PACT lab claim for Current Procedural Terminology (CPT) code 87491. A list of chlamydia CPT codes billable to Family PACT prior to 2012 is available upon request.

<sup>4</sup> A client whose last date of service is within seven days of the end of the period and was screened within seven days after that visit is counted as having been screened.

<sup>5</sup> Age is calculated as the woman’s age midway through the period of interest.

has more than one partner. Chlamydia diagnostic testing also is indicated in women who have genital tract signs consistent with chlamydia infection (cervicitis, pelvic inflammatory disease signs), those who report contact with a partner diagnosed with a STI, women newly diagnosed with other STIs, and those being retested between three and twelve months after chlamydia treatment. Data from family planning settings indicate that less than half of women over age 25 meet these criteria.

**Interpretation:** Family PACT data in 2006 show that chlamydia positivity in women over age 25 was less than two percent, which is below the minimum level for cost-effective annual screening. If the report for your practice shows that the rate of chlamydia screening in “women over age 25” is over 50 percent, it is likely that this group is being over-screened. An alternative explanation is that certain provider sites attract high risk clients with very high STI rates (e.g., STD clinics) and may be justified in having high rates of chlamydia screening in older (over 25) reproductive-aged women. Your laboratory should be able to provide your overall client positivity rate by the two age groups—clients age 25 and younger and clients over age 25. If your prevalence rate for clients over age 25 is three percent or greater, please institute an annual screening protocol for these clients and advise the Family PACT Program of this data. If your prevalence rate for clients over age 25 is less than three percent, please assure that a protocol for “targeted” screening and diagnostic testing is implemented.

**Methodology:** The chlamydia screening rate among sexually active women over age 25 is calculated by constructing a cohort<sup>6</sup> of eligible clients served by a Family PACT provider during a six-month period of interest. A client is considered screened if she has had a Family PACT laboratory claim, paid or denied, for a chlamydia test<sup>7</sup> within 12 months prior to her last date of service within the period.<sup>8</sup> The number of clients screened for chlamydia is divided by the total number of clients in the cohort. The result is multiplied by 100 to produce the percentage of clients over age 25 who were screened for chlamydia. Note that your practice is ascribed with the screening even if the screening is performed by a different provider, as long as it is billed to Family PACT.

## **AVERAGE ROUTINE CERVICAL CYTOLOGY INTERVAL, FAMILY PACT WOMEN, 21 TO 65**

**Purpose:** Quality and Utilization Measure

In 2013, Family PACT adopted the guidelines of the U.S. Preventive Services Task Force (USPSTF), which state that between the ages of 21 and 65 years, women should receive routine cervical cytology screening every three years if cervical cytology alone is used. Women ages 30 to 65 years may be screened with a combination of cytology and

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<sup>6</sup> Prior to 12/30/2013, if primary diagnosis code S60 (Pregnancy Testing) is the only service a woman was seen for during the period of interest, she is excluded from the cohort. After 12/30/2013, this minor exclusion is no longer applicable due to the elimination of S60 primary diagnosis code.

<sup>7</sup> A chlamydia test is defined a paid or denied Family PACT lab claim for Current Procedural Terminology (CPT) code 87491. A list of chlamydia CPT codes billable to Family PACT prior to 2012 is available upon request.

<sup>8</sup> A client whose last date of service is within seven days of the end of the period and was screened within seven days after that visit is counted as having been screened.

human papillomavirus (HPV) testing every 5 years. Family PACT benefits cover cervical cytology alone for routine screening purposes. Thus, the program endorses a three-year screening interval for Family PACT clients.

The American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology all independently developed similar three-year routine screening interval guidelines. The American College of Obstetricians and Gynecologists most recently published their guidelines that are consistent with a three-year routine screening interval.

This indicator measures the average length of time between cervical cytology tests for women between 21 and 65 years of age who only require routine screening. It captures your clients who received routine cervical cytology services at least twice from your clinical location. Women who had an abnormal cytology test result and who should be followed more frequently are excluded.

This measure is tracked mainly as a quality measure as cervical cytology screening performed too often leads to an excessive number of false-positive results. In addition, the OPF considers this a utilization measure as liquid-based cytology is an expensive test and over-utilization results in unnecessary costs billed to Family PACT.

**Interpretation:** The reporting of this measure is advisory at this time. However, since all national guidelines now are consistent in their recommendations regarding three-year routine cervical cancer screening intervals, the OFP expects that over time the screening intervals measure for your practice will more closely approach the 36-month benchmark. If your interval currently is near 24 months, you likely implemented a protocol to follow the previous Family PACT guidelines (2005) that included age-stratified screening intervals of either two or three years.

If you do not have any data for this indicator, it means that you have fewer than 15 clients during the six-month period of interest for whom you previously submitted a cervical cytology claim for routine screening.

**Methodology:** Women between the ages of 21 and 65 years who were seen by you<sup>9</sup> during the six-month period of interest are included when they had a cervical cytology lab claim associated with their encounter. To associate the cytology claim with your encounter, claims must be within 7 days of the encounter. Because the cervical cytology claims are from laboratories and beyond your control, both paid and denied claims are included to give you credit for the service even if the lab had billing difficulties.

This initial group of women is then filtered to show only the women who had a previous encounter at your practice with an associated cervical cytology claim within the previous

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<sup>9</sup> A clinician encounter, in general, is defined as one or more paid claims on a date of service for an in-office visit or in-office procedure that may coincide with a sample for a cervical cytology lab -e.g. office visit, IUD removal) , The complete list of Current Procedural Terminology (CPT) is available upon request.

42 months. Cytology claims associated with encounters with other providers are not included in this measure.

Clients who required more frequent cervical cytology testing were then removed from this cohort if they have had a colposcopy procedure or HPV test within 18 months prior to the end of the observation period, or who ever had LEEP or cryotherapy procedures. This provides greater confidence that the clients in the cohort should only receive routine screening.

The resulting final cohort is women seen twice in your practice for routine cervical cytology screening within a 42 month period. The number of days between the two most recent screenings is calculated and then converted into months. The intervals are then totaled and divided by the number of women in the cohort to arrive at the average routine cervical cytology screening interval

## **INTERPRETATION OF CLIENT DEMOGRAPHIC PROVIDER PROFILE**

### **INTRODUCTION**

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

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

- Pie Charts** {
- Percent of Clients Served by Sex and Age
  - Percent of Clients Served by Primary Language
  - Percent of Clients Served by Race/Ethnicity
  - Percent of Clients Served by ZIP Code\*

- Bar Charts** {
- Trend in Number of Clients Served
  - Trend in Number of Teen Clients Served
  - Trend in Number of Male Clients Served
  - Trend in Number of New Client Enrollments

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

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

## **DATA USED FOR THE CLIENT DEMOGRAPHIC PROVIDER PROFILE**

The information in your Client Demographic Profile metrics is based on the same data as the [Provider Profile indicators](#). The key difference is the time frame; the demographic profile is aggregated based on full FYs. For example, FY 2014-15 includes paid claims and enrollment data from July 1, 2014 through June 30, 2015. Final paid claims data are reported six months after the last day of the FY to allow for claim submission lag time. Fiscal year data less than six months complete is considered preliminary. All metrics, except New Client Enrollment, are based on claims submitted with the unique combination of NPI and practice location for clients receiving direct clinical services. The New Client Enrollment metric is based on NPI (not location specific) and HAP Card activation date.

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

## **PIE CHART OF PERCENT OF CLIENTS SERVED BY SEX AND AGE**

**Purpose:** Demographic Reporting

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

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

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

**Purpose:** Demographic Reporting

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

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

**Interpretation:** The demographic distribution of your Family PACT clients may differ notably from that of your entire practice base. Patients seeking family planning and reproductive health may be a unique. Sometimes, however, if the distribution is not as expected then data entry inaccuracies may be occurring during client enrollment for the field “Primary Language.” For example, “Armenian” may be mistaken for the word “American” by some clients that speak “English.” Client information can be corrected/updated in the HAP system at any time.

**PIE CHART OF PERCENT OF CLIENTS SERVED BY ZIP CODE**

**Purpose:** Demographic Reporting

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

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

**Interpretation:** If the distribution of your client’s ZIP Codes shows unexpected findings, then your demographic distribution of Family PACT clients may differ notably from that of your entire practice. Patients seeking family planning may be unique to patients seeking other types of services. Alternatively, data entry inaccuracies may be occurring during client enrollment/certification process. The provider that enrolled/certified the client is not always the same as the one who billed for their services.

## **PIE CHART OF PERCENT OF CLIENTS SERVED BY RACE/ETHNICITY**

**Purpose:** Demographic Reporting

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

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

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

## **BAR CHART OF NUMBER OF CLIENTS SERVED TREND**

**Purpose:** Demographic Reporting

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

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

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

### **BAR CHART OF TEEN CLIENTS SERVED TREND**

**Purpose:** Demographic Reporting

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

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

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

### **BAR CHART OF MALE CLIENTS SERVED TREND**

**Purpose:** Demographic Reporting

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

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

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

## **BAR CHART OF NEW CLIENT ENROLLMENT TREND BY NPI**

**Purpose:** Demographic Reporting

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

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

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