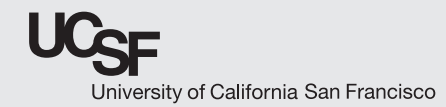
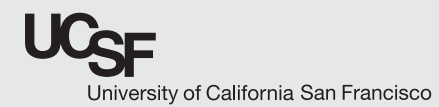


Family PACT

Planning • Access • Care • Treatment

Preliminary Program Report FY 07/08



This report was prepared by the University of California, San Francisco (UCSF), Bixby Center for Global Reproductive Health and was supported by funds from the State of California, Department of Public Health, Office of Family Planning. All analyses, interpretations, or conclusions reached are those of UCSF, not the State of California.

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Summary of Findings:

- Preliminary data for FY 07/08 show that over 2.5 million STI tests were reimbursed under Family PACT. When final data are complete, this number is expected to increase to 3.0 million, which is higher than the 2.8 million STI tests reimbursed in FY 06/07.

The following findings are projections for FY 07/08:¹

- Seventy percent (70.2%) of STI tests will have been for chlamydia and gonorrhea, slightly higher than FY 06/07 (70.1%). Ninety-eight percent (97.6%) of all chlamydia tests will have been nucleic acid amplification tests (NAAT), which have the highest sensitivity and specificity for chlamydia detection. This proportion is higher than the 96.7% in FY 06/07. The use of NAATs has increased steadily over time.

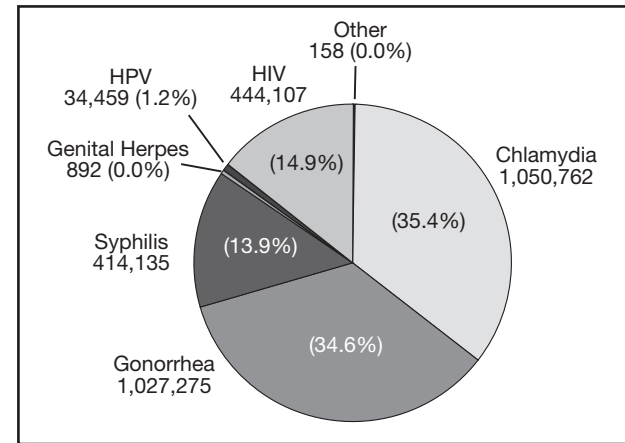
- HIV tests represent 15% (projected) of STI test volume, similar to the previous year.

- Sixty-three percent (63%) of Family PACT clients are projected to have received STI testing, lower than in FY 06/07 (62%). Sixty-two percent (62%) of female clients and 73% of male clients will have received STI testing this year, higher than the previous year (60% females, 71% males in FY 06/07).

- Program guidelines recommend that all sexually active females age 25 and under be screened annually for chlamydia. Women age 26 and over are to be screened only when risk factors are identified. The difference in the proportion of testing among the two age groups is projected to increase in FY 07/08 (63.0% of those 25 and under, 53.1% of those 26 and over).² This will represent a 9.9 percentage point difference compared to a 7.1 percentage point difference in final data for FY 06/07. The trend in screening indicates improvement in adherence to program and national screening guidelines.

- Sixty-two percent (62%) of adolescent female clients and 57% of adult female clients are expected to have received chlamydia testing in FY 07/08, higher than in the previous year (58% adolescent females, 56% adult females).

Number of STI Tests in Family PACT, FY 07/08
N=2,971,966 Tests (projected)



Source: Family PACT Enrollment and Claims Data

Percent of Family PACT Clients Served with STI Tests by Sex, FY 07/08

	Percent of Female Clients Served N=1,333,039 (projected)	Percent of Male Clients Served N=194,607 (projected)	Percent of Total Clients Served N=1,527,647 (projected)
ANY STI Test	61.8%	72.6%	63.2%
Chlamydia ^a	58.2%	65.8%	59.2%
Gonorrhea ^a	55.5%	65.1%	56.7%
Syphilis	21.9%	50.2%	25.5%
HIV	23.7%	52.8%	27.4%
HPV ^b	2.6%	N/A	2.3%
Genital Herpes	0.0%	0.1%	0.1%
Other STI Test	0.0%	0.1%	0.0%

^a Includes 12,371 paid claim lines (tests) for combined test code for gonorrhea & chlamydia (CPT code: 87800). Code 87800 was added to the Family PACT benefits package on February 15, 2003. These claim lines (tests) were counted twice: once under chlamydia tests and once under gonorrhea tests as this test screens for both infection types.

^b Human Papillomavirus

Source: Family PACT Enrollment and Claims Data

¹ In last year's report on STI data, preliminary data was compared to preliminary data for previous years. Prior to FY06/07, reports compared preliminary data to final data, but the preliminary STI data is sufficiently incomplete as to make that a poor comparison, i.e. the percentages in the final data are typically higher than in the preliminary data.

² Data cannot be compared to the annual report because preliminary data are for clients tested within the fiscal year only. Data in the annual report involve more extensive analysis to include clients tested within one year of their date of service as determined by both paid and denied claims. This expanded time frame extends prior to the fiscal year in question and consequently, more women are observed to be tested and adherence to the guidelines is more accurately measured.



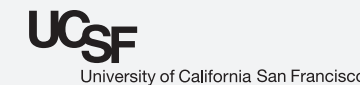
Family PACT Preliminary Program Report FY 07/08

A Report to the State of California
Department of Public Health
Office of Family Planning

December 1, 2008

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Each year the Bixby Center for Global Reproductive Health produces two reports on the Family PACT (Planning, Access, Care, and Treatment) Program, administered by the California Department of Public Health, Office of Family Planning. The Preliminary Program Report summarizes key program data on the most currently ended fiscal year and is based on data estimated to be 90-95% complete. It is made available four months after the end of the fiscal year to allow policymakers an early snapshot of program monitoring measures. The final Family PACT Program Report, based on data estimated to be 99% complete, is made available twelve months after the end of the fiscal year.

This year's preliminary report uses enrollment and paid claims data available as of June 30, 2008, for dates of service in FY 07/08. This year, in most cases, projections have been made to provide a picture of what results will show when all claims for FY 07/08 have been processed. Projections are based on preliminary data combined with experience from past years on how preliminary results change when final data are available. Unless otherwise noted, results are projected numbers.

NOTE: All data contained in this report are confidential, and may not be distributed without written permission from the Office of Family Planning.

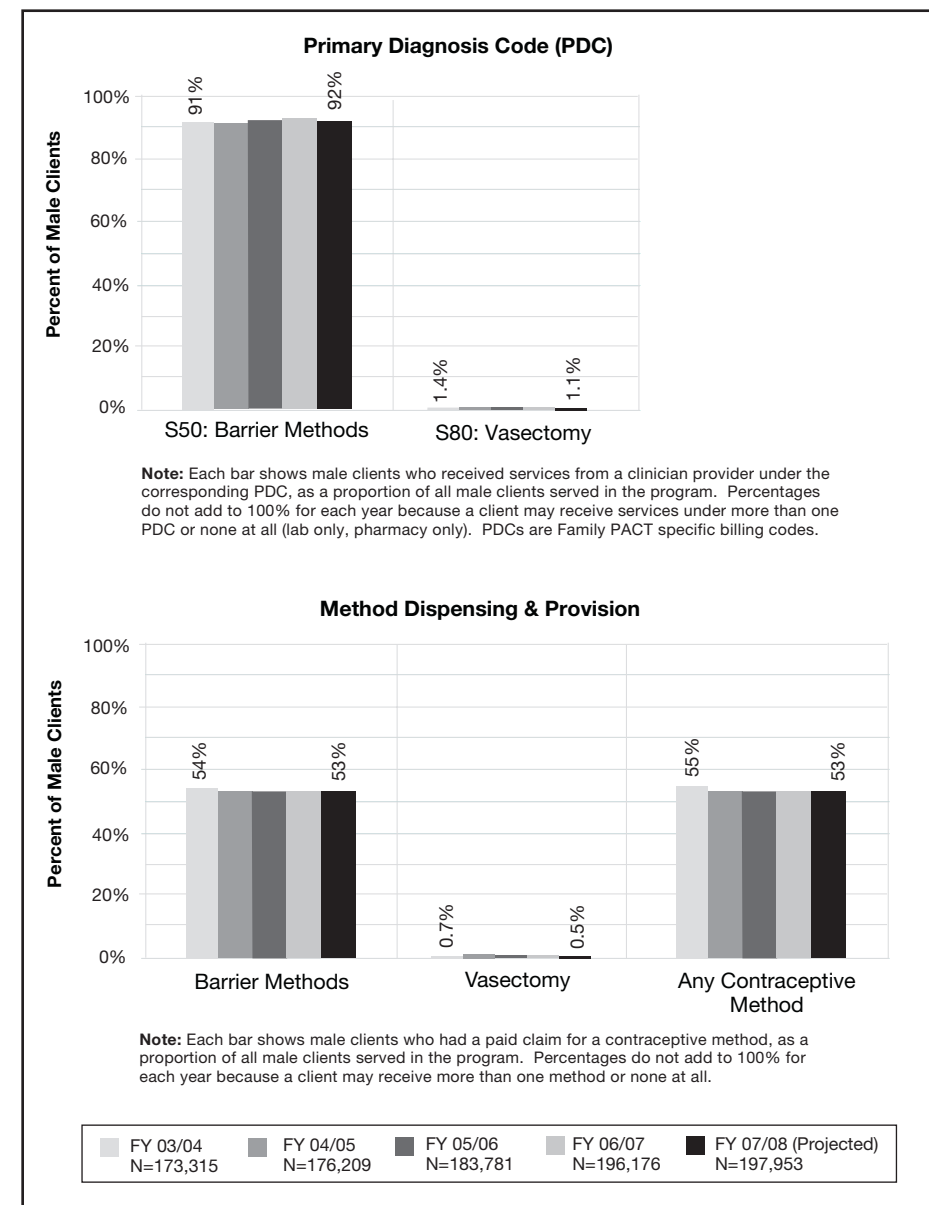
When all data are available upward trends in the dispensing of the vaginal ring, emergency contraceptive pills (ECPs) and IUCs are expected to continue:

- 24% of female clients are expected to have been dispensed ECPs, up from 23% in the previous year.
- 5.1% of female clients are expected to have been dispensed the ring, up from 4.4% last year.

- 2.5% of female clients are projected to have received an IUC this year, up from 1.9% last year. Additionally, the proportion of women with IUC related visits is estimated to be up one percentage point (7% projected, up from 6% last year).

For males, projected service utilization under the Barrier Method PDC (S50) for FY 07/08 remains consistent with prior years: 90% to 93% of male clients were served under this PDC in each of the last four years and the projection for FY 07/08 is 92%. For three of the past four years, 53% of males received barrier method supplies (54% in FY 03/04) and 53% of males are projected to have received barrier method supplies in FY 07/08.

Trends in Male Family PACT Clients Served with Family Planning Methods/Services



Source: Family PACT Client Enrollment and Claims Data

Summary of Findings:¹

Barrier Methods (S50) and Oral Contraception (S10), two of the seven active primary diagnosis codes (PDCs),² which designate the primary purpose of a clinician visit, continue to be the most frequently utilized PDCs among all clients served (46% S50, 42% S10).

Based on projections for this year, 69% of all clients served will have been dispensed a contraceptive method, the same proportion as the previous year. The rates are 71% (projected) among females and 53% (projected) among males. The proportion of female clients dispensed a method within the year has recently shown slight declines. The proportion of males dispensed any method has remained fairly steady in recent years. Both trends are expected to continue in FY 07/08.

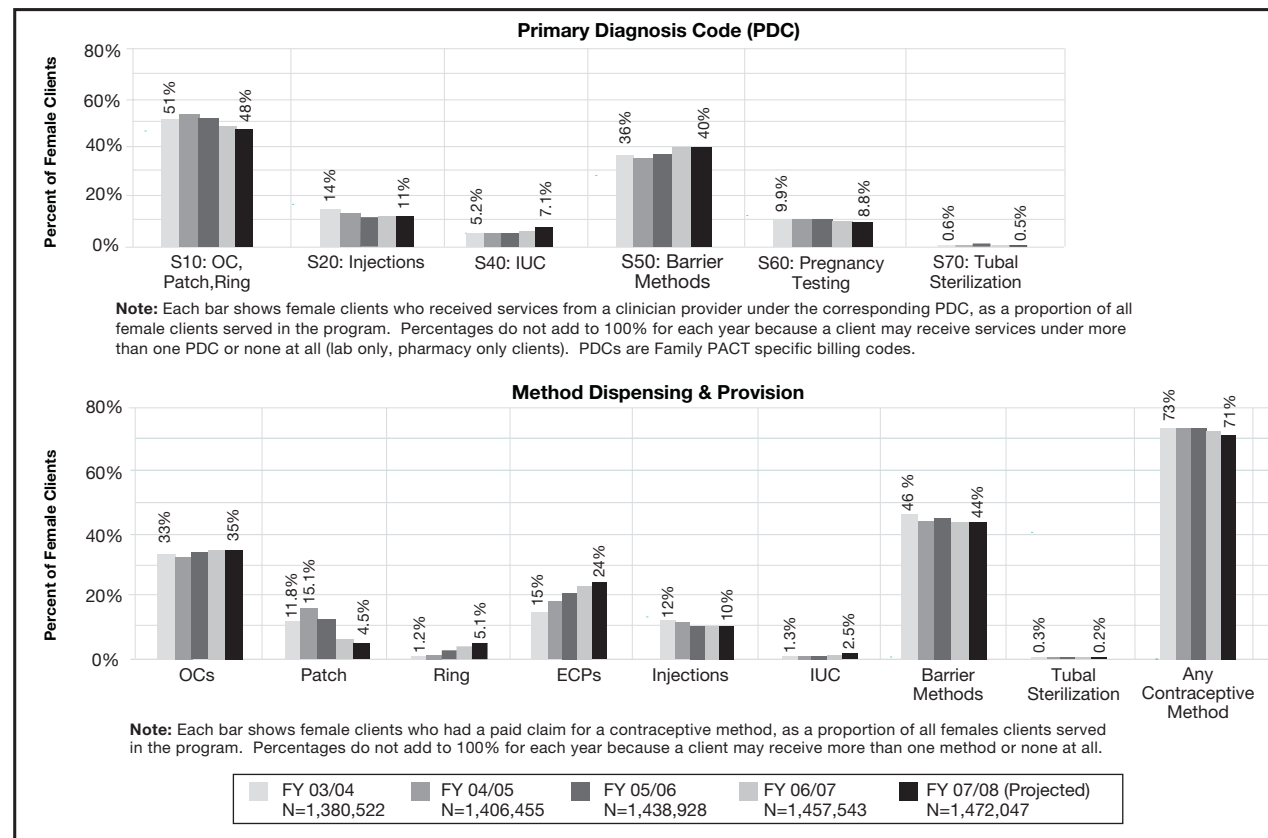
For female clients served, the highest service utilization involves visits under the PDC S10, Oral Contraception/Patch/Ring, followed by services under PDC S50, Barrier Methods (48% S10, 40% S50, projected).

Projections for FY 07/08 suggest 35% of females will have received Oral Contraceptives (OC) this year – the same proportion as last year and two percentage points higher than in FY 03/04.

Forty-four percent (44%) of females are projected to have received barrier method supplies this year, the same proportion as last year. In a similar trend, 10% of women are projected to have received contraceptive injections, the same proportion as last year.

The contraceptive patch was added to the Family PACT benefits package in FY 02/03 and utilization increased notably. The initial increase in the percentage of women dispensed the patch was followed by a marked decline beginning in FY 05/06. This decline has continued and this year 4% of females are projected to have received the patch compared to 6% last year.

Trends in the Percent of Female Family PACT Clients Served with Family Planning Methods/Services



Source: Family PACT Client Enrollment and Claims Data

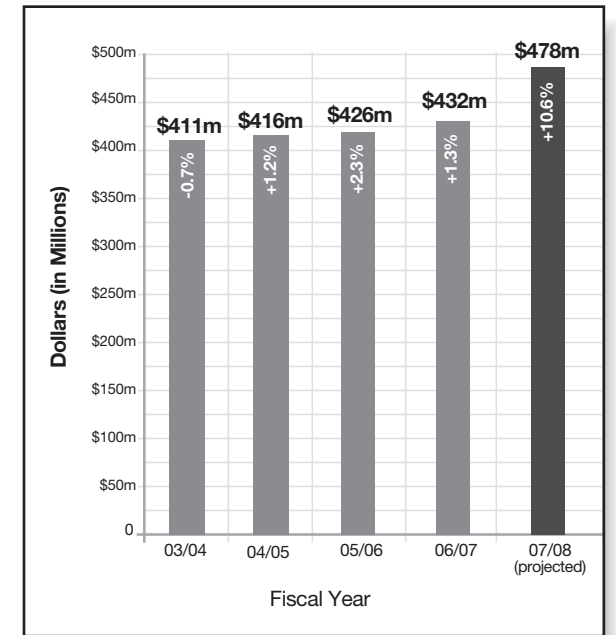
¹ In prior preliminary reports of family planning services, preliminary data for the year was compared to final data for previous year. This year, however, projections were made for FY 07/08 based on preliminary data. Projections are compared to final data for the previous four fiscal years to identify trends.

² Of the nine original PDCs specific to Family PACT, only six are shown on the chart on this page. The PDC for contraceptive Implants (S30) was excluded because for this time frame there was no contraceptive implant available through the program. Vasectomy (S80) applies to males only and is shown on page 7. The PDC for Fertility Evaluation (S90) was eliminated from the program as of August 1, 2006. Monitoring of this PDC ended with the Family PACT Program FY 06/07 report.

Summary of Findings:

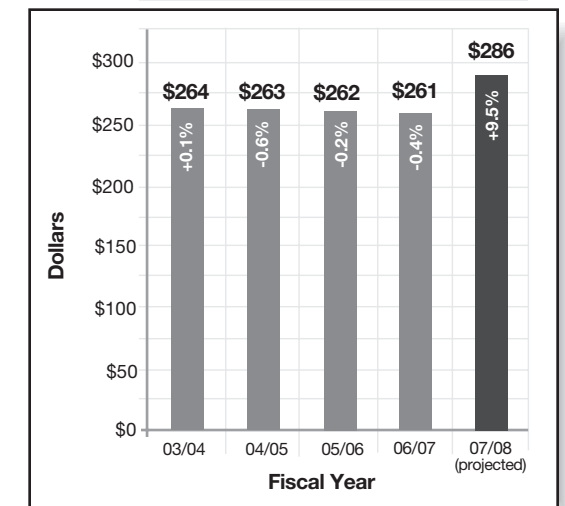
- Preliminary data show that the Family PACT Program served 1.56 million clients in FY 07/08. When all claims have been processed, this number is expected to increase to 1.67 million.
- A 1.0% increase in the number of clients served is projected for FY 07/08, indicating slower growth than in the last three years (1.9% to 2.5%).
- Preliminary data show that total reimbursement to providers was \$412 million for services provided in FY 07/08. When all claims have been processed, this number is expected to increase to about \$478 million. This represents a 10.6% increase from FY 06/07.
- Average reimbursement per client is projected to be \$286, a 9.5% increase from FY 06/07.
- The uncharacteristically large increase in both total and average reimbursement in FY 07/08 is due to the legislatively mandated 90.9% reimbursement rate increase for Evaluation and Management (E&M) codes for comprehensive family planning services. Reimbursement spiked in the second half of the fiscal year following the January 1, 2008 effective date of the rate increase.
- Reimbursement is expected to continue to increase into FY 08/09 when the E&M rate change will have been in effect for a full fiscal year. Barring major programmatic changes, total reimbursement for Family PACT Program will likely reach \$500 million in FY 08/09 and services will cost an average of \$300 per client.

Total Reimbursement (in millions of dollars)



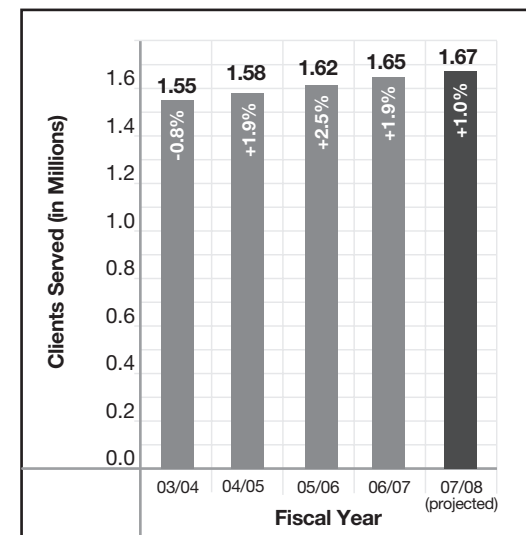
Source: Family PACT Enrollment and Claims Data

Average Reimbursement per Client



Source: Family PACT Enrollment and Claims Data

Growth in the Number of Clients Served (in millions)



Source: Family PACT Enrollment and Claims Data

Family PACT began converting from a legacy Medi-Cal provider numbering system¹ to the National Provider Identifier (NPI) system² starting in December 2007 – six months into the fiscal year. By March 2008, the NPI had become the primary identifier for providers on paid claims and enrollment data, though some exceptions existed. Program data is expected to be completely based on the NPI by the end of 2008.

For the vast majority of providers, the switch to the NPI system was straightforward, resulting in a one-to-one match between provider identifiers in the legacy system and those in the NPI system.³ However, in a few instances the switch was not one-to-one, and in these instances, activity can no longer be monitored over time. The new system does not allow changes from one NPI to another NPI to be tracked. In the early stages of the NPI implementation switching NPIs among providers was fairly common. The two most often seen examples were: 1) a simple change from one NPI to a different NPI; and 2) a change from one NPI with multiple locations to multiple NPIs. NPI changes have decreased over time as errors have been corrected and providers have settled on how they want to be tracked, indicating that the new system is stabilizing.

The total provider count between the two systems is similar this year – a projected 2,196 enrolled clinicians based on the NPI system, compared to a projected 2,188 based on the legacy system. Had both systems been in place for the last five years, the total number of enrolled clinicians active in Family PACT would have differed by fewer than ten each year between the two systems.

When final data are available provider growth in FY 07/08 is expected to follow the same growth pattern seen in the previous two years, with strong growth in the number of public providers offset by a small decline in the number of private providers. The number of public providers is projected to grow by about 10.5% under either identification system, while the number of private providers is projected to decline by 1.0% under the NPI system and 1.5% under the legacy system.

Number of Enrolled Clinician Providers Delivering Family PACT Services, by Provider Type and Provider Identification System, FY 03/04 – FY 07/08

Fiscal Year	Private					Public					Total				
	NPI		Legacy		System Difference	NPI		Legacy		System Difference	NPI		Legacy		System Difference
	No.	Change over previous FY	No.	Change over previous FY	No.	No.	Change over previous FY	No.	Change over previous FY	No.	No.	Change over previous FY	No.	Change over previous FY	No.
FY 03/04	1,411	-3.2%	1,412	-3.2%	-1	674	0.7%	675	0.7%	-1	2,085	-1.9%	2,087	-1.9%	-2
FY 04/05	1,339	-5.1%	1,340	-5.1%	-1	718	6.5%	719	6.5%	-1	2,057	-1.3%	2,059	-1.3%	-2
FY 05/06	1,337	-0.1%	1,338	-0.1%	-1	775	7.9%	778	8.2%	-3	2,112	2.7%	2,116	2.8%	-4
FY 06/07	1,324	-1.0%	1,322	-1.2%	2	800	3.2%	802	3.1%	-2	2,124	0.6%	2,124	0.4%	0
FY 07/08 (Projected)	1,311	-1.0%	1,302	-1.5%	8	885	10.7%	885	10.4%	0	2,196	3.4%	2,188	3.0%	8

Source: Family PACT administrative data including Medi-Cal provider identifier crosswalk to NPI.

¹ California's Medi-Cal program historically assigned unique identifiers to each provider. These identifiers were used to process claims for special programs such as Family PACT. This system is now referred to as the legacy system.
² The NPI system consists of distinct data fields including a unique NPI, an Owner Number, and Location Number. Some organizations may choose unique NPIs for each physical site, rather than use a unique location number within a shared NPI to distinguish individual sites. Unlike the legacy Medi-Cal system, there may be multiple provider types, e.g. 'Community Clinic' or 'Private Family Practice', associated with one NPI.
³ Medi-Cal maintains a crosswalk – a dataset that links a provider's legacy ID to its corresponding NPI – to compare the two systems.

Summary of Findings:

- Preliminary data show that the Family PACT Program had 2.50 million clients enrolled for part or all of FY 07/08. The final number is projected to be 2.55 million clients, up from 2.51 million clients in FY 06/07. Of these enrolled clients 1.56 million are known to have been served. When the final data are complete the number of clients served is projected to be 1.67 million. The demographics of clients served are similar to previous years.
- For the first time since program inception the percentage of clients reporting English as their primary language was higher than the percentage reporting Spanish (49% English, 47% Spanish). The percentage of those reporting Spanish has declined from a high of 55% in FY 99/00.
- The percentage of female clients reporting zero parity at the time of enrollment or re-enrollment has steadily increased over the course of the program, since FY 98/99 when it was 39%. Preliminary data for FY 07/08 show that the upward trend is continuing slowly (48%, up from 47% in FY 06/07).¹
- The following growth patterns among clients served are projected for FY 07/08:
 - All categories of clients are expected to show growth.
 - Both males and females are projected to have increased by approximately one percent.
 - Adolescents are expected to have increased slightly (0.4%).
 - The subgroup Native Americans and Other is expected to show the greatest growth (3.8%). African Americans and Whites are projected to show the next highest growth rates (2.6% African Americans, 2.4% Whites). Latinos are expected to show the slowest growth in contrast to FY 06/07 when they had the highest growth rate of any of the four major racial/ethnic subgroups (0.2% in FY 07/08, 2.3% in FY 06/07).

Demographic Profile of Clients Served

	FY 06/07 No.	%	FY 07/08 (Preliminary) No.	%
Number of clients served	1,653,719		1,557,142	
By sex				
Female	1,457,543	88%	1,380,170	89%
Male	196,176	12%	176,972	11%
By age				
<18	130,845	8%	114,322	7%
18-19	174,399	11%	163,027	10%
20-24	474,500	29%	447,003	29%
25-29	343,288	21%	326,849	21%
30-34	226,907	14%	211,772	14%
35-39	148,270	9%	142,847	9%
40-44	88,427	5%	84,914	5%
45-49	47,480	3%	46,850	3%
50-54	16,518	1%	16,670	1%
55-60 ^a	3,084	0%	2,887	0%
Missing/Unknown	1		1	
By Ethnicity				
Latino	1,071,068	65%	1,005,214	65%
White	329,757	20%	312,747	20%
African American	98,566	6%	93,230	6%
Asian, Filipino and PI ^b	104,880	6%	98,618	6%
Native American/Other	49,447	3%	47,333	3%
Missing/Unknown	1			
By Primary Language				
Spanish	803,329	49%	734,666	47%
English	782,317	47%	762,507	49%
Other	68,072	4%	59,969	4%
Missing/Unknown	1			
By Parity				
No births	681,808	47%	655,838	48%
1 birth	281,167	19%	262,224	19%
2 births	254,509	17%	236,961	17%
3-9 births	238,610	16%	223,935	16%
Missing/Unknown	1,449		1,212	

^a Includes females age 55 and males age 55 to 60.
^b PI = Pacific Islander
 Source: Family PACT Client Enrollment and Claims Data

Change in the Number of Clients Served by Sex, Age and Race/Ethnicity

	FY 03/04		FY 04/05		FY 05/06		FY 06/07		FY 07/08 (projected)	
	No.	change over previous year	No.	change over previous year	No.	change over previous year	No.	change over previous year	No.	change over previous year
Total	1,553,837	-1%	1,582,664	1.9%	1,622,709	2.5%	1,653,719	1.9%	1,670,000	1.0%
Males	173,315	-15%	176,209	1.7%	183,781	4.3%	196,176	6.7%	197,953	0.9%
Females	1,380,522	1%	1,406,455	1.9%	1,438,928	2.3%	1,457,543	1.3%	1,472,047	1.0%
Adolescents ^a	303,142	-1%	306,687	1.2%	307,535	0.3%	305,244	-0.7%	306,452	0.4%
Adults	1,250,687	-1%	1,275,972	2.0%	1,315,174	3.1%	1,348,474	2.5%	1,363,548	1.1%
Latino	1,012,324	-3.3%	1,020,158	0.8%	1,046,764	2.6%	1,071,068	2.3%	1,073,265	0.2%
White	306,306	4.8%	318,711	4.0%	324,587	1.8%	329,757	1.6%	337,653	2.4%
African American	91,908	-0.8%	93,267	1.5%	97,467	4.5%	98,566	1.1%	101,141	2.6%
Asian, Filipino, and PI	96,984	8.9%	103,831	7.1%	105,606	1.7%	104,880	-0.7%	106,615	1.7%
Native American/other	46,310	-0.2%	46,690	0.8%	48,285	3.4%	49,447	2.4%	51,326	3.8%

^a Age 19 and under
 Source: Family PACT Client Enrollment and Claims Data

¹ Projected data show the same, 48%. Demographic data is based on enrollment data, not claims data, which may have different lag times depending on whether the provider is a pharmacy, clinician or laboratory or other factors. Demographic breakdowns are expected to be the same for projected data as for preliminary data.