Family PACT

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Family PACT Program Report

FY 05/06

Bixby Center for Reproductive Health Research & Policy

UCSF University of California San Francisco

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Family PACT Program Report Fiscal Year 05/06

A report to the
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Introduction

The Family PACT (Planning, Access, Care, and Treatment) Program was established by the California legislature in 1996 and implemented in 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, sterilization and limited fertility services 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 Level (FPL) with no other source of coverage for family planning services, it fills a critical gap in health care. 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

Although the Family PACT program began as a state-funded program, since December 1999, the federal government, through a Centers for Medicare and Medicaid Services (CMS) Section 1115 Demonstration Waiver, has provided additional funding for the program.

The University of California San Francisco (UCSF), through its Bixby Center for Reproductive Health Research & Policy (CRHRP), provides the California Department of Health Services, Office of Family Planning (OFP) with program support, monitoring and evaluation data for the Family PACT Program. Each year, the CRHRP produces this report regarding the program to serve as a useful tool in OFP's administration of Family PACT.

This year's program report shows the five-year period between fiscal year (FY) 01/02 and FY 05/06. The goal of this document is to provide an overview of key program metrics in the ninth full fiscal year of the Family PACT program. The report describes provider and client populations, the types of services utilized, fiscal issues, and county profiles.

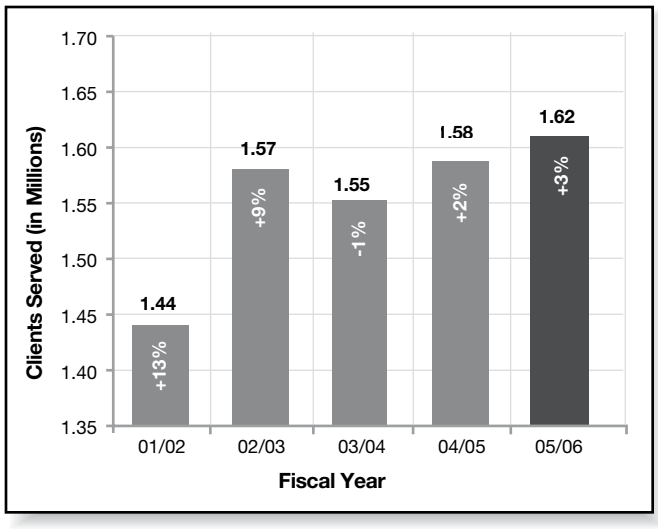
The data sources used in this report include client and provider enrollment data and claims paid for dates of service within FY 05/06. Unless otherwise noted the claims data are based on claims paid as of December 31, 2006, six months after the last month of FY 05/06. These data are estimated to be 99% complete. Data for prior years come from prior reports unless otherwise noted.

Two technical appendices to this report can be found in the report library at OFP and are available upon request. Appendix I includes information on data sources and methodology. Appendix II contains data tables that supplement the main text.

Chapter 1 Program Overview

In its ninth full fiscal year of operation (FY 05/06), the Family PACT Program served 1.62 million women and men, an increase of 3% from the previous year. This is the second consecutive year in which the program has grown after showing a decline in FY 03/04. See Figure 1-1. After rapidly expanding in the early years of the program the growth in clients has leveled off.

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



Source: Family PACT Enrollment and Claims Data

A total of 7,691 providers were reimbursed for services under the Family PACT Program in FY 05/06, up 2% from FY 04/05. This includes 2,810 clinician providers, 4,699 pharmacies, and 182 laboratories. For the first time in several years the number of all three provider categories has increased. See Figure 1-2. Clinician providers served 94% of all clients, pharmacies served 39%, and labs served 57%.

Among the clinician providers, the focus of this report is on those who were both enrolled and delivering of which there were 2,110. The remaining 700 clinician providers delivered services on a referral basis without being enrolled. Of the enrolled and delivering clinician providers, approximately one-third were public providers and two-thirds were private providers. Figure 1-4 shows the distribution of these clinician providers throughout the state as well as the number of clients served by county.

There are three service categories available to Family PACT clients – clinician, laboratory, and drug and supply services. Some clinicians provide all three types of services on-site, while others refer to outside laboratories and pharmacies. Of the three service categories, clinician services were the most heavily utilized. See Figure 1-3. Service utilization rates have remained relatively stable since the program began.

Figure 1-3
Family PACT Service Utilization, FY 05/06

Of the 1.62 million clients served:
92% received Clinician Services
79% received Laboratory Services
76% received Drug and Supply Services

Source: Family PACT Enrollment and Claims Data

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

	Clinician Providers											
	Enrolled		Medi-Cal[b]		Total Clinician Providers		Pharmacies		Laboratories		Total Providers	
Fiscal Year	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
01/02	2,048	6%	657	16%	2,705	8%	4,158	5%	184	-8%	7,047	6%
02/03	2,121	4%	714	9%	2,835	5%	4,318	4%	159	-14%	7,312	4%
03/04	2,080	-2%	754	6%	2,834	0%	4,477	4%	163	3%	7,474	2%
04/05	2,046	-2%	748	-1%	2,794	-1%	4,579	2%	171	5%	7,544	1%
05/06	2,110	3%	700	-6%	2,810	1%	4,699	3%	182	6%	7,691	2%

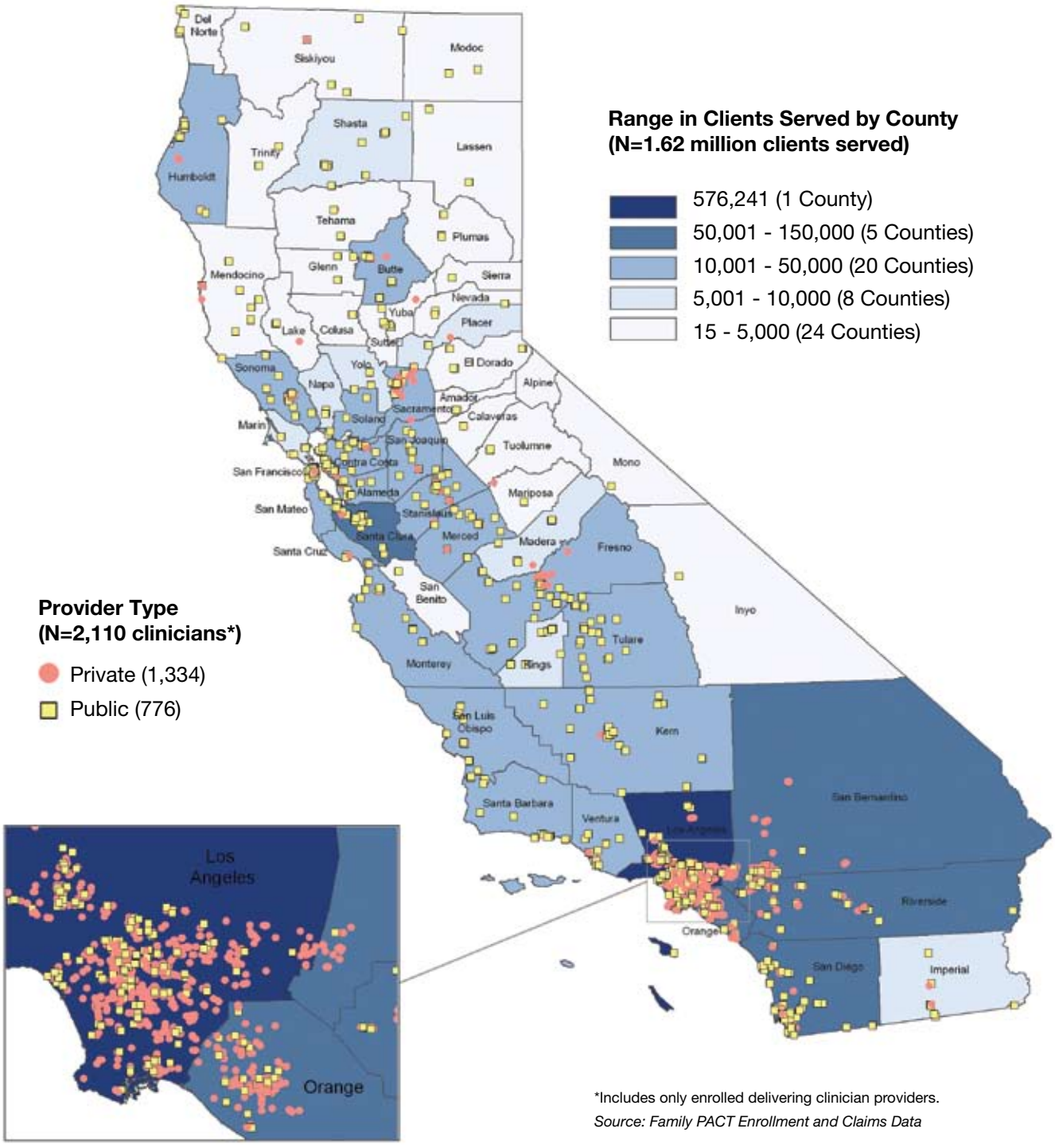
a Providers delivering Family PACT services is defined as having been reimbursed for services through Family PACT during the fiscal year. Providers for whom all Family PACT claims have been denied are not designated as delivering providers.

b Medi-Cal clinician providers who are not enrolled in Family PACT may provide Family PACT services by referral from an enrolled provider.

Source: Family PACT Enrollment and Claims Data

Figure 1-4

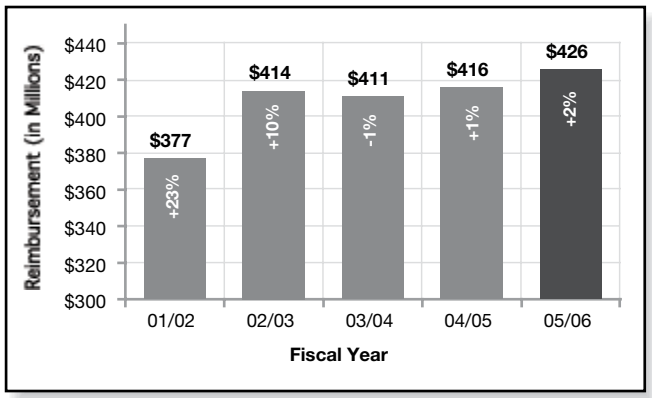
Family PACT, Fiscal Year 2005/2006
Location of Providers by Provider Type and Range in the Number of Clients Served in the 58 California Counties



*Includes only enrolled delivering clinician providers.
Source: Family PACT Enrollment and Claims Data

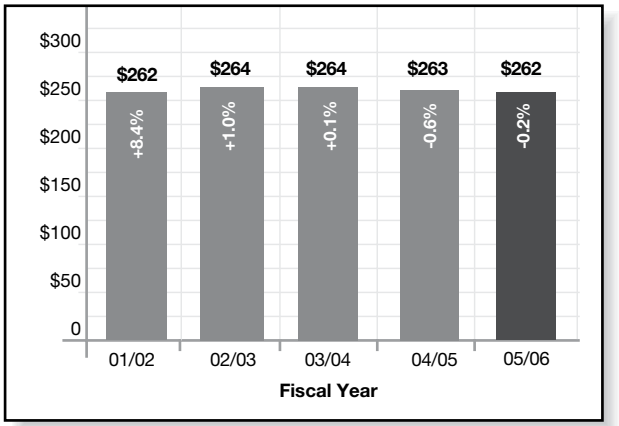
The 7,691 providers received a total reimbursement of $426 million, a 2% increase over the previous fiscal year. See Figure 1-5. Though total reimbursement increased slightly in FY 05/06, average reimbursement per client served declined by 0.2% to $262. Overall, the average reimbursement per client has remained steady over the last five years. See Figure 1-6.

Figure 1-5
Total Provider Reimbursement for Family PACT Services



Source: Family PACT Enrollment and Claims Data

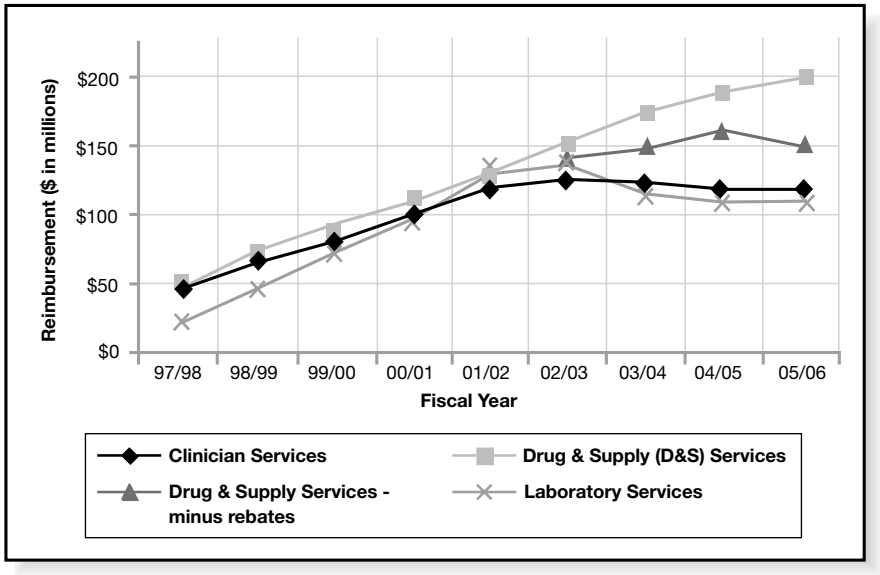
Figure 1-6
Average Reimbursement per Family PACT Client Served



Source: Family PACT Enrollment and Claims Data

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. Estimates of these rebates dating back to FY 02/03 have recently become available and Figure 1-7 shows the trend in reimbursement for the three service categories since the program began and how the drug rebates have lowered the cost of drug and supplies in the more recent years. For FY 05/06, there was an estimated $50 million in drug rebates.

Figure 1-7
Trend in Family PACT Reimbursement by Service Type



Source: Family PACT Enrollment and Claims Data

Chapter 2 Profile of Clinician Providers

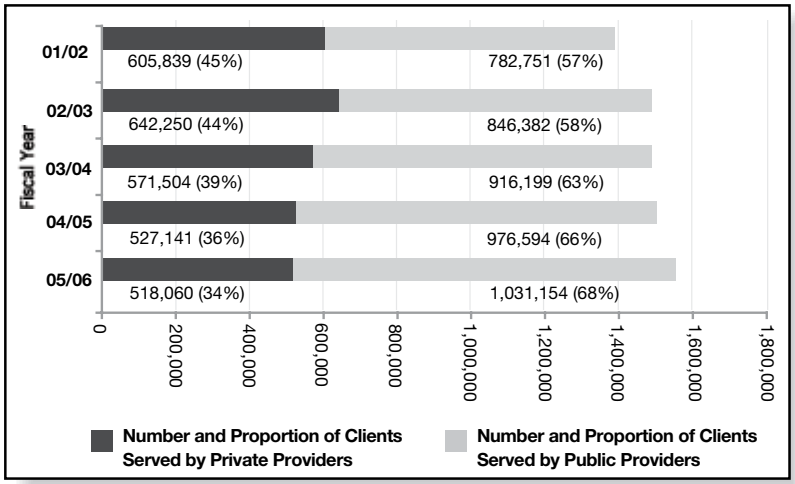
Of the 2,810 clinician providers reimbursed for delivering Family PACT services in FY 05/06, 75% or 2,110 were enrolled in the program during the fiscal year.[1] The number represents an increase of 3% over the previous fiscal year and the first increase since FY 02/03. See Figure 2-1.

Figure 2-1
Trend in the Number of Enrolled Clinician Providers Delivering Family PACT Services

	Provider Sector					
	Private		Public		Total	
Fiscal Year	No.	Increase over Previous Year	No.	Increase over Previous Year	No.	Increase over Previous Year
01/02	1,413	8%	635	2%	2,048	6%
02/03	1,454	3%	667	5%	2,121	4%
03/04	1,408	-3%	672	1%	2,080	-2%
04/05	1,336	-5%	710	6%	2,046	-2%
05/06	1,334	0%	776	9%	2,110	3%

Source: Family PACT Enrollment and Claims Data

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 remaining 700 providers delivering services (25%) 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 a Family PACT provider cannot perform, such as sterilization, and may bill Family PACT even though not enrolled in the program. Since all clinician providers billing Family PACT must be enrolled in Medi-Cal these providers are referred to simply as "Medi-Cal" providers (as opposed to "enrolled" providers). Because these providers typically serve only a small percentage of clients (4% in FY 05/06), provide only occasional service and are not enrolled, further discussion of providers is limited to enrolled Family PACT providers.

The Family PACT Program provider network includes public and private sector clinician providers. Public clinician providers include governmental and non-profit organizations. Private clinician providers include physician groups, solo practitioners, and certified nurse practitioners among other private entities.[2] In FY 05/06, private sector providers comprised 63% of all enrolled Family PACT providers, but served only 34% of Family PACT clients. Public sector providers, on the other hand, served 68% of Family PACT clients, while comprising only 37% of all Family PACT providers.[3] The percentage of clients served by private sector providers has been declining steadily since reaching a high of 45% in FY 01/02. See Figure 2-2.

The profile of clients served differs markedly when comparing private and public 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 slightly lower average parity. See Figure 2-3.

Figure 2-3
Profile of Family PACT Clients Served by Provider Sector FY 05/06

	Provider Sector	
	Private	Public
Average Number of Clients Served per Provider	420	1,575
Female/Male Ratio	88:12	89:11
Average Age	28.6	25.9
Percent Latino	85%	54%
Percent Spanish as Primary Language	74%	37%
Average Parity	1.4	0.8
Average Monthly Income	$947	$741
Average Family Size	2.8	2.1

Source: Family PACT Enrollment and Claims Data

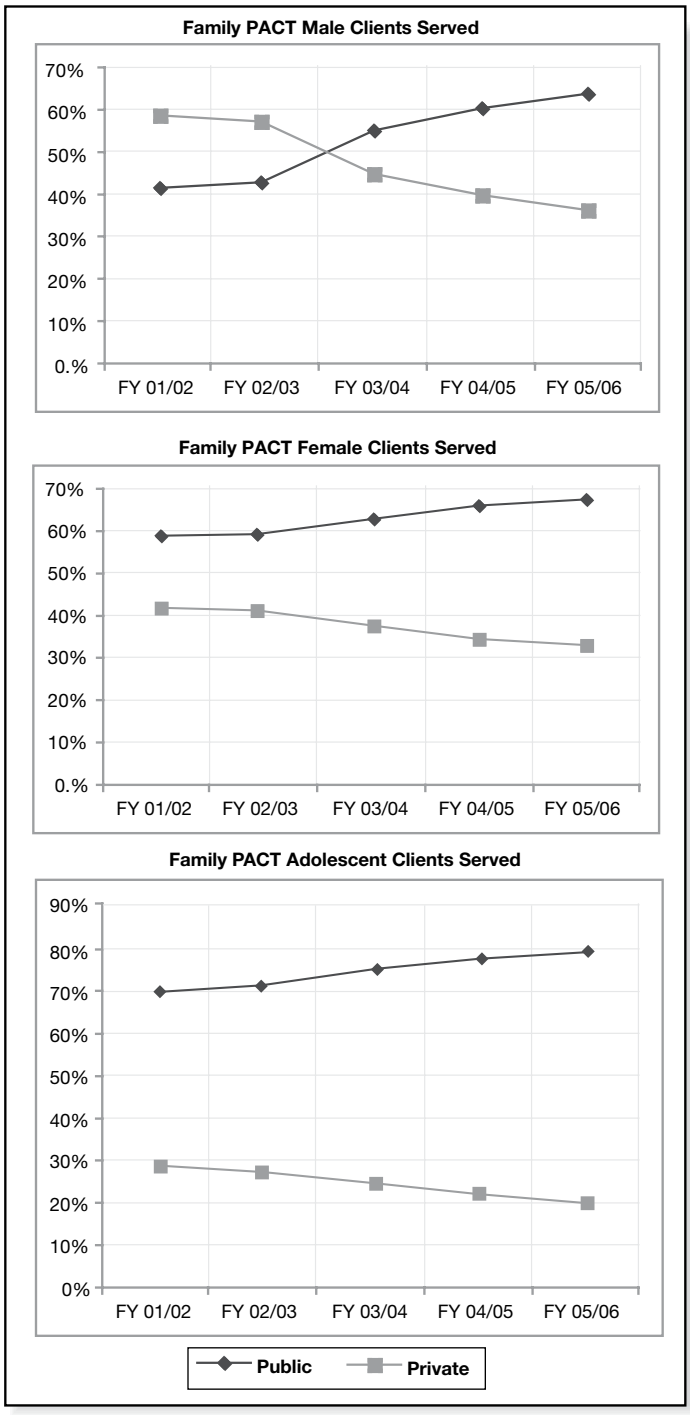
1 An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status for at least one day during the fiscal year as well as a 'category of service 11' that is end-dated after the beginning of the fiscal year, but begin-dated before the fiscal year's end. All references to "providers" in this report refer to entities with one Medi-Cal provider number. Provider numbers are assigned to billing units and may represent a single physician or nurse practicioner or a clinic with multiple physicians. Unless otherwise noted, the numbers of enrolled providers in this report refer to those reimbursed for Family PACT services delivered. Enrolled providers who did not bill or for whom all Family PACT claims were denied are not designated as 'delivering'.

2 See Appendix I for details about provider sector categorization.

3 This includes clients served only by enrolled Family PACT clinician providers. The percentages add to more than 100% because 2% of clients were served by both public and private sector providers.

In the last five years, the trend has been for public providers to serve relatively more clients and private providers to serve relatively fewer. Sixty-four percent (64%) of men saw public providers in FY 05/06 vs. 42% in FY 01/02.[4] The same trend exists for women and adolescents, although it is less pronounced. Sixty-six percent (66%) of women were served by public providers in FY 05/06 vs. 57% in FY 01/02 and 78% of adolescents were served by public providers in FY 05/06 vs. 70% in FY 01/02. See Figure 2-4.

Figure 2-4
Trend in Family PACT Male, Female and Adolescent Clients Served, by Provider Sector

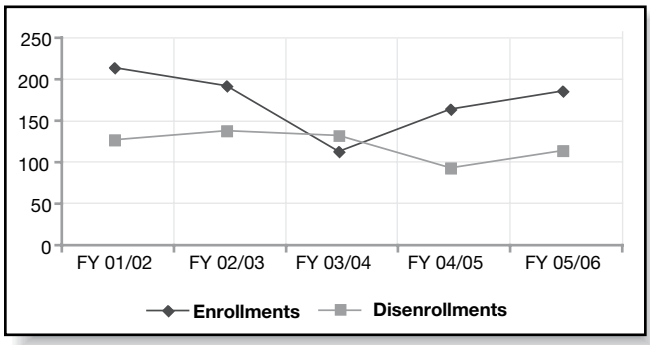


Source: Family PACT Enrollment and Claims Data

Client retention rates also differed between private and public providers. In FY 05/06 the client retention rate among private providers was 41%, compared to 47% among public providers.[5] Since FY 02/03, the client retention rate for private providers has increased from 37% to 41%, whereas the client retention rate for public providers has remained the same.

Trends among provider enrollments and disenrollments have varied over the past five fiscal years. Initially there was a downward enrollment trend while disenrollment was relatively level. In FY 03/04 disenrollments outnumbered enrollments for the first time. Since then, enrollments (185 in FY 05/06) have exceeded disenrollments (113 in FY 05/06) and both trends were upward in FY 05/06. See Figure 2-5.

Figure 2-5
Trend in the Number of Family PACT Provider Enrollments and Disenrollments



Source: Family PACT Enrollment and Claims Data

The most notable observation among providers in FY 05/06 was that the number of private providers enrolled in Family PACT held steady, following two years of significant declines. Clients served by private providers continued to decline, but the rate of decline (-2.8%) was slower than in previous years. This decline in clients served by private providers occurred despite growth in total client enrollment. Growth in both providers and clients in FY 05/06 was confined to the public sector.

4 Two percent or less of clients served were served by both public and private sector providers each year. These clients are not included.
5 The percentage of clients retained is the ratio of clients retained from the previous year, over the total number of clients served in the previous year.

Chapter 3 Profile of Clients

The Family PACT Program had 2.45 million clients enrolled for part or all of FY 05/06 up from 2.39 million in FY 04/05. This number includes over 740,000 newly enrolled clients, as well as about 1.71 million previously enrolled clients whose eligibility continued into FY 05/06. Of the program's 2.45 million enrolled clients, 1.62 million (66%) received Family PACT services during the fiscal year. Clients served per month ranged from 275,000 to 320,000 – about the same as the previous fiscal year.

The number of clients served (1.66 million), upon which data in this report are based, increased by approximately 40,000 clients over FY 04/05, reaching its highest total ever. Of this growth, 89% occurred outside of Los Angeles County and 11% occurred within LA County. About one-third of the total clients served lived in LA County and about two-thirds lived in the rest of the state.

The predominant client demographics were similar to those in previous years. See Figure 3-1.

- The client population remained at 89% female and 11% male with 63% of clients between the ages of 20-34.
- About two-thirds (65%) of the clients identified themselves as Latino and about half (49%) reported Spanish as their primary language.
- About three-quarters (72%) of clients reported a family income below the Federal Poverty Level (FPL)[1] and 47% reported a family size of one.
- Almost one half (47%) of female clients served reported zero parity, or never having had a live birth.

Figure 3-1
Demographic Profile of Clients Served, FY 04/05 and FY 05/06

	FY 04/05		FY 05/06	
Total Number of Clients Served	No. 1,582,664	%	No. 1,622,709	%
By Sex				
Female	1,406,455	89%	1,438,928	89%
Male	176,209	11%	183,781	11%
By Age				
<18	136,603	9%	135,599	8%
18-19	170,084	11%	171,936	11%
20-24	451,867	29%	467,365	29%
25-34	542,832	34%	556,145	34%
35-44	221,176	14%	227,953	14%
45-55	58,558	4%	62,081	4%
56-60 (males only)	1,538	0%	1,628	0%
Missing/Unknown	6		2	
By Ethnicity				
Latino	1,020,158	64%	1,046,764	65%
White	318,711	20%	324,587	20%
African American	93,267	6%	97,467	6%
Asian, Filipino and Pacific Islander	103,831	7%	105,606	7%
Native American and Other	46,690	3%	48,285	3%
Missing/Unknown	7			
By Primary Language				
Spanish	790,595	50%	797,457	49%
English	716,687	45%	752,777	46%
Other	75,374	5%	72,475	4%
Missing/Unknown	8			
By Income				
0-50% of FPL[a]	598,883	38%	619,028	38%
>50-100 of FPL	547,098	35%	555,130	34%
>100-150 of FPL	312,115	20%	331,453	20%
>150-200 of FPL	124,563	8%	117,098	7%
Missing/Unknown	5			
By Family Size				
1 person	724,561	46%	759,072	47%
2 to 4 persons	681,073	43%	684,375	42%
5 or more person	177,025	11%	179,262	11%
Unknown	5			
By Parity[b]				
none	643,359	46%	668,534	47%
1 birth	281,984	20%	282,350	20%
2 births	249,810	18%	252,947	18%
3-9 births	229,370	16%	233,428	16%
Missing/Unknown	1,932		1,669	

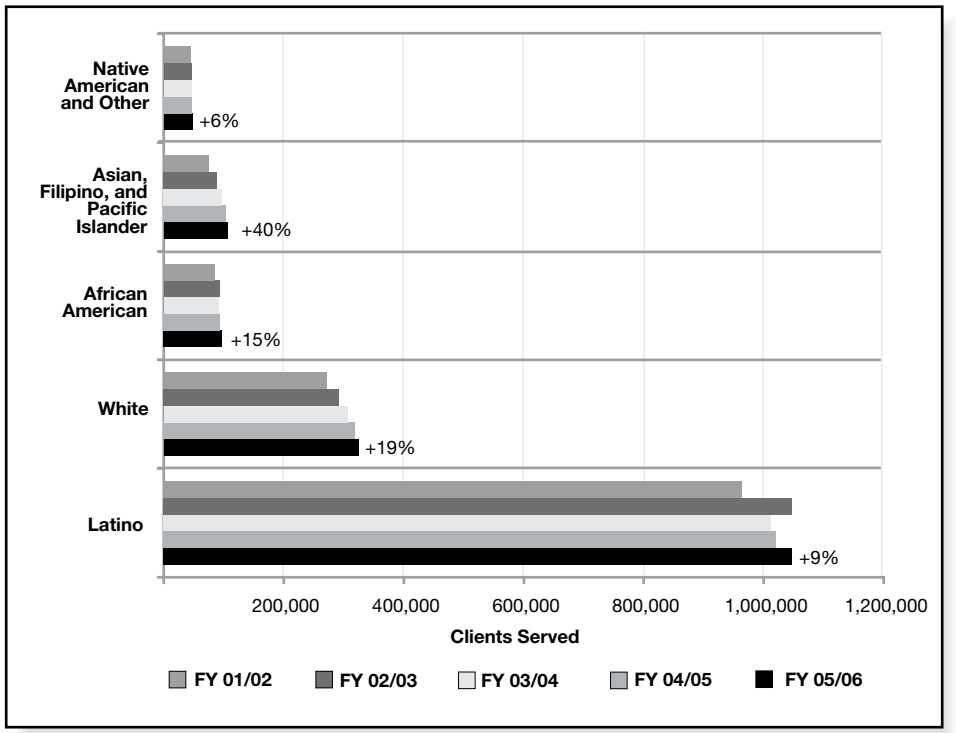
N/A = not applicable
a Federal Poverty Level
b Includes females only.
Source: Family PACT Enrollment and Claims Data

1 Between July 1, 2005 and April 30, 2006 the Family PACT eligibility limit of 200% of the FPL for a family of one was $1,595/month with an additional $544 for each additional family member. The FPL was half that amount, or $798/month for a family of one.

Although the demographic profile of Family PACT clients remained essentially the same as in previous years, certain changes were noted in FY 05/06.

- The number of Asian clients has grown every year often at the highest rate of all the racial/ethnic groups. Over a five-year period, the number of Asians has increased by 40%. In FY 05/06, however, their growth slowed to 2% over the previous year. Whites – the other group that has grown every year – also grew 2% in FY 05/06. Higher growth rates were seen among African Americans at 5%, followed by Latinos and Native American and Others at 3%. In the two years prior to FY 05/06, these three groups have shown either slow growth or declines. See Figure 3-2. Latinos still make up the highest percentage of the Family PACT population, as they do in the California population under 200% of the Federal Poverty level. See Figure 3-3.
- The percentage of clients reporting Spanish as their primary language declined to its lowest level since the program began. After rising from 51% in FY 97/98 to 55% in FY 01/02, it declined to 49% in FY 05/06. As the percentage of clients speaking Spanish has risen and fallen, the percentage speaking English has fluctuated in the opposite direction. The proportion of those speaking other languages declined slightly to 4% in FY 05/06, down from 5% in the previous year.

Figure 3-2
Five Year Growth Rates in the Number of Family PACT Clients Served by Ethnicity



Source: Family PACT Enrollment and Claims Data

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

	Clients Served by Family PACT		Population under 200% of FPL[b] for age groups served by Family PACT		General Population	
	FY 05/06[c]		FY 05/06[d]		FY 05/06[e]	
	No.	%	No.	%	No.	%
Latino[a]	1,046,764	65%	4,582,465	56%	13,411,991	36%
White	324,587	20%	2,030,278	25%	15,809,837	43%
African American[a]	97,467	6%	647,235	8%	2,474,015	7%
Asian, Filipino and Pacific Islander	105,606	7%	779,248	10%	4,347,793	12%
Native American and Other	48,285	3%	153,062	2%	1,050,961	3%

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 Current Population Survey for California.
b Federal Poverty Level
c Family PACT Enrollment and Claims Data.
d UCSF calculation using the combined 2005 and 2006 Annual Social and Economic – Current Population Survey for California.
e Population counts were obtained by averaging the 2005 and 2006. *State of California, Department of Finance, Population Projections by Race/Ethnicity, Gender and Age for California and its counties, 2000-2050, Sacramento, CA, May 2004.*

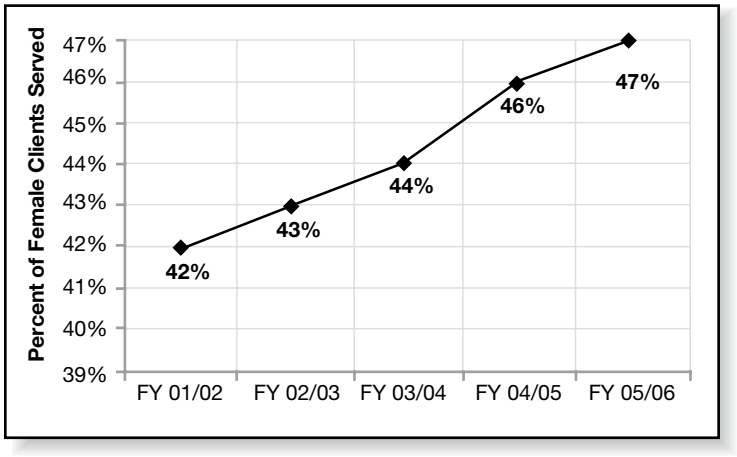
Source: Family PACT Enrollment and Claims Data and 2005 and 2006 Current Population Survey for California

- The percentage of clients reporting a family size of one has increased steadily from 42% in FY 01/02 to 47% in FY 05/06, while percentages of clients reporting family sizes from two to five have decreased. This trend toward serving more clients with a family size of one is seen among both males and females.

- Forty-seven percent (47%) of female clients served had zero parity – meaning they had never had a live birth – 38% had one or two live births, and 16% had three or more live births. The trend since FY 98/99 has been steadily in the direction of serving more females before they have given birth. See Figure 3-4. Between FY 01/02 and FY 05/06, the proportion of females with zero parity increased in every age group and in every ethnic/racial group. The largest increases were seen among those ages 20-24 (nine percentage points) and among Native Americans and Others (seven percentage points).

- The rate of retention for clients served between FY 04/05 and FY 05/06 was 49%, the same as the previous year. Retention rates remain stable. See Figure 3-5.

Figure 3-4
Trend in Percent of Female Clients Served with Zero Parity



Source: Family PACT Enrollment and Claims Data

Figure 3-5
Family PACT Client Retention Rates

	FY 01/02		FY 02/03		FY 03/04		FY 04/05		FY 05/06	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total Clients Served	1,440,894		1,567,037		1,553,837		1,582,664		1,622,709	
Clients Retained from Previous Year[a]	591,163	47%	673,926	47%	716,875	46%	753,759	49%	776,462	49%

a The percentage of clients retained is the ratio of clients, who returned for service in one fiscal year, to the total number of clients served in the previous year.

Source: Family PACT Enrollment and Claims Data

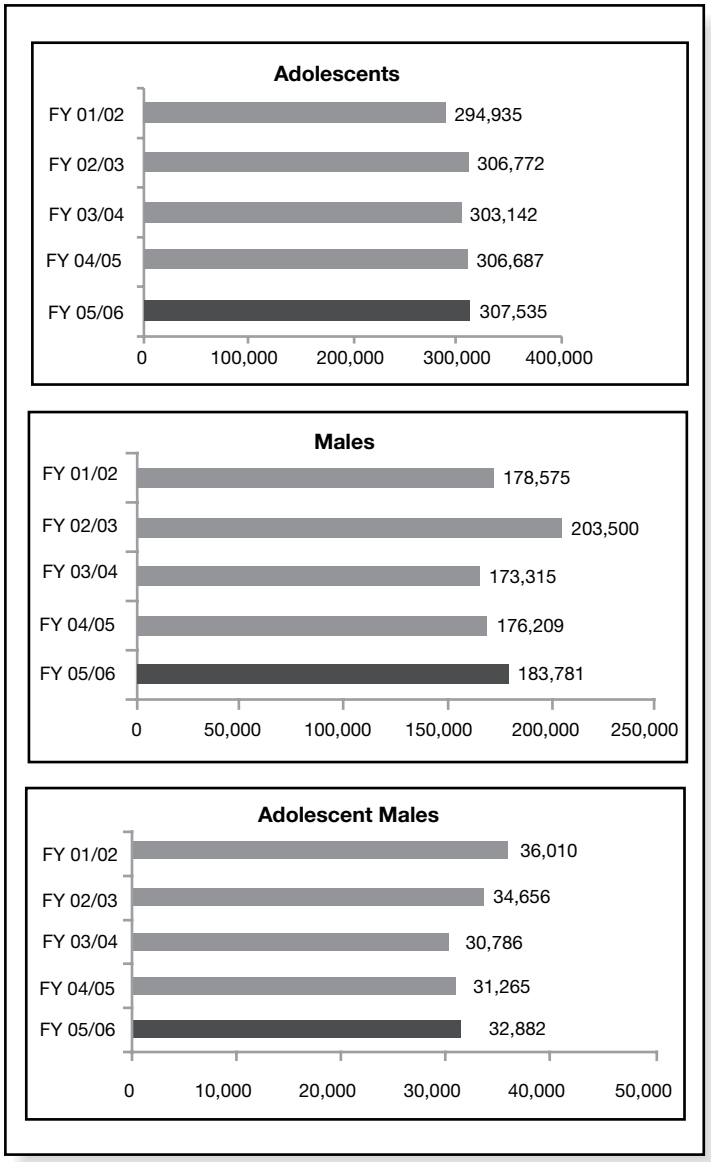
Chapter 4 Profiles of Special Populations

The Family PACT Program works in concert with other publicly-funded programs that serve special populations to ensure potential clients are referred to family planning services when needed. Many of these programs specifically work with male and female youth. Figure 4-1 shows the trend in the number of clients served among adolescents, males, and adolescent males. This chapter focuses on these populations.

Adolescents

During FY 05/06, 19% of Family PACT clients were adolescents ages 19 and under, similar to previous years. About 308,000 adolescents were served during the year, similar to the previous year. The social and demographic characteristics of adolescent clients were somewhat different from those of adult clients. See Figure 4-2.

Figure 4-1
Trend in Family PACT Clients Served Among Special Populations



Source: Family PACT Enrollment and Claims Data

Figure 4-2
Family PACT Client Profile: Adolescents vs. Adults, FY 05/06

Total Number of Clients Served	Adolescents 307,535		Adults 1,315,174	
By Sex				
Female	274,653	89%	1,164,275	89%
Male	32,882	11%	150,899	11%
By Age				
10-14	11,478	4%		NA
15-17	124,121	40%		NA
18-19	171,936	56%		NA
By Ethnicity				
Latino	157,435	51%	889,329	68%
White	92,151	30%	232,436	18%
African American	24,812	8%	72,655	6%
Asian, Filipino & Pacific Islander	22,096	7%	83,510	6%
Native American and Other	11,041	4%	37,244	3%
By Primary Language				
Spanish	73,669	24%	723,788	55%
English	225,394	73%	527,383	40%
Other	8,472	3%	64,003	5%
By Income[a]				
0-50% of FPL[b]	214,050	70%	404,978	31%
51-100% of FPL	57,172	19%	497,958	38%
101-150% of FPL	28,452	9%	303,001	23%
151-200% of FPL	7,861	3%	109,237	8%
By Family Size[a]				
1 person	246,298	80%	512,774	39%
2 - 4 persons	54,304	18%	630,071	48%
>4 persons	6,933	2%	172,329	13%
By Parity				
None	234,262	85%	434,272	37%
1 birth	34,314	13%	248,036	21%
2 births	4,845	2%	248,102	21%
3-9 births	1,061	0%	232,367	20%
By Provider Sector[c]				
Private Practice Only	59,529	20%	425,391	35%
Public/Non-Profit Only	230,818	78%	767,196	63%
Both	3,920	1%	29,220	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 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 (30% vs. 18%); a lower proportion of adolescents were Latino compared to adults (51% vs. 68%).

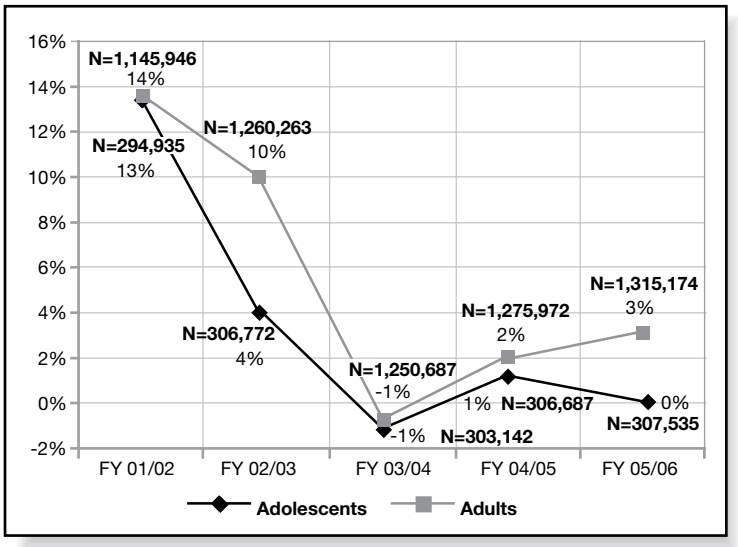
- A considerably higher proportion of adolescents reported English as their primary language than adults (73% vs. 40%).

- 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.

From the previous year, there was no notable increase in the number of adolescent clients served. See Figure 4-3. Trends noted among adolescents included:

- Adolescent clients have increased at a slower pace than among adults over the last five years, 4% compared to 15% among adult clients.

Figure 4-3
Percent Change in Family PACT Clients Served over Previous Year, Adolescents vs. Adults



Source: Family PACT Enrollment and Claims Data

- The shift towards more adolescent clients being served by public providers and fewer being served by private providers continues. Over five years, adolescents served by public providers increased by 17% compared to a 27% decline among private providers.

- Among all major race/ethnic groups, Latinos, who account for 51% of all adolescents, increased by 3% over the previous year. However, all other major groups decreased slightly in number. Whites have decreased two years in a row. Notwithstanding last year's decrease, over five years Asians have increased the most, 14% compared with 3% to 5% among other groups.

- Older adolescent clients (ages 18-19) have increased by 9% over the last five years while younger adolescents (ages 10-14) declined 10%. There has been no notable change among the middle age group (ages 15 to 17) over the last five years.

- Male adolescents increased by 5% over the previous year compared to no change among females. However, over five years, male adolescents have declined by 5% compared to a 6% increase among females. Male adolescent decline is concentrated among Latinos, those under age 18, those in Los Angeles County and those served by private providers. A notable increase was seen among adolescent males being served by public providers. This year 75% were served by public providers, compared to 53% five years ago.

- The retention rate among adolescents has gradually increased over the last five-year period from 47% to 49%. Of the 306,687 adolescent clients served in the prior year, 150,466 returned for services in FY 05/06. See Figure 4-4.

Figure 4-4
Family PACT Adolescent Client Retention Rates[a]

	FY 01/02		FY 02/03		FY 03/04		FY 04/05		FY 05/06	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total Adolescents Served	294,935		306,772		303,142		306,687		307,535	
Adolescents Retained from Previous Year	121,290	47%	137,300	47%	143,485	47%	148,418	49%	150,466	49%

a The percentage of clients retained is the ratio of clients who returned for service in one fiscal year, to the total number of clients served in the previous year. Clients returning at the age of 20 in the following year are considered to be retained adolescents.

Source: Family PACT Enrollment and Claims Data

Males

During FY 05/06, about 180,000 clients were male, or 11% of all clients served in the program. The social and demographic characteristics of male clients served are similar to females with a few exceptions. See Figure 4-5.

A noticeably higher proportion of males were African American; males were more likely to live in Los Angeles; they were more likely to report a smaller family size; and they were slightly more likely to see a private provider than females.

Figure 4-5
Profile of Family PACT Clients Served: Males vs. Females, FY 05/06

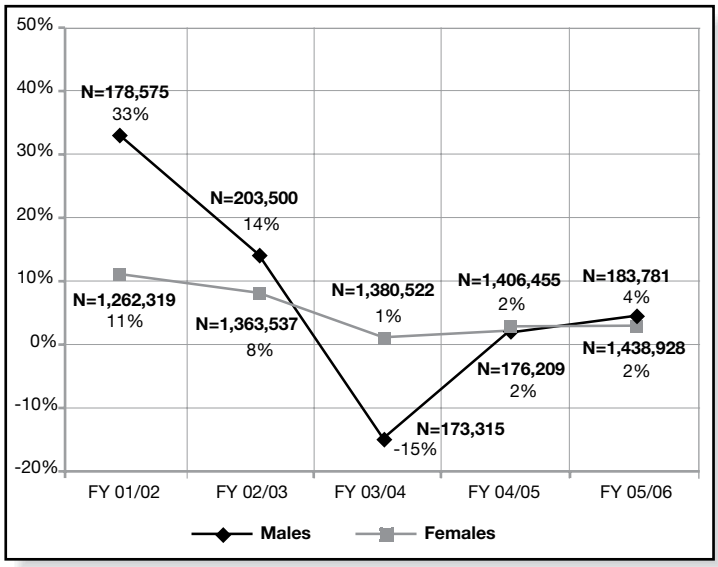
Total Number of Clients Served	Males 183,781		Females 1,438,928	
By Age				
<18	15,037	8%	120,562	8%
18-19	17,845	10%	154,091	11%
20-24	53,162	29%	414,203	29%
25-34	58,429	32%	497,716	35%
35-55	37,679	21%	252,355	18%
56-60 (males only)	1,628	1%		
By Ethnicity				
Latino	113,392	62%	933,372	65%
White	34,598	19%	289,989	20%
African American	20,908	11%	76,559	5%
Asian, Filipino & Pacific Islander	8,773	5%	96,833	7%
Native American and Other	6,110	3%	42,175	3%
By Primary Language				
Spanish	85,094	46%	712,363	50%
English	90,304	49%	662,473	46%
Other	8,383	5%	64,092	4%
By Income[a]				
0-50% of FPL[b]	76,910	42%	542,118	38%
51-100% of FPL[b]	46,333	25%	508,797	35%
101-150% of FPL[b]	41,759	23%	289,694	20%
151-200% of FPL[b]	18,779	10%	98,319	7%
By Family Size[a]				
1 person	128,555	70%	630,517	44%
2-4 persons	43,207	24%	641,168	45%
>4 persons	12,019	7%	167,243	12%
By Region of Client Residence				
LA	80,976	44%	495,265	34%
Other	102,805	56%	943,663	66%
By Provider Sector[c]				
Private Only	62,126	36%	422,794	31%
Public/Non-Profit Only	109,567	64%	888,447	66%
Both	709	0.4%	32,431	2.4%

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 Level
c Includes only clients served by clinicians.

Source: Family PACT Enrollment and Claims Data

The number of males has increased modestly two years in a row. Although the program still has not reached the peak number of male clients served in FY 02/03, there was a 4% increase in the number of male clients served over the last year. See Figure 4-6.

Figure 4-6
Percent Change in Family PACT Clients Served over Previous Year, Males vs. Females



Source: Family PACT Enrollment and Claims Data

Other trends noted among males included:

- Over five years, the proportion of males reporting a family size of one has increased from 62% to 70% in FY 05/06.

- The majority of males (53%) lived in LA County five years ago. Now the majority (56%) lives outside of LA.

- After two years of declines, Latino males have increased by 3% in the last year. Over a five year period, they have decreased by a total of 9%. All other ethnic groups saw double digit increases. The highest increase over the last five years was among Asian males (40%), followed by Whites (37%), and African American males (22%).

- A notable increase was seen among males being served by public providers – a 61% increase over 5 years from 68,000 to nearly 110,000. The majority of males were served by private providers five years ago (58%). Now the majority (64%) are being served by public providers. The decline among clients served at private providers has been more pronounced among males than females – a 36% decline compared to 12% decline among females over the last five years. See Figure 2-4 in Chapter 2.

- Over the last five years, the retention rate among males has fluctuated between 15% and 19%. By comparison, female retention rates have ranged between 50% and 53%. Higher retention rates among females are to be expected as they often require more services and supplies on an ongoing basis. See Figure 4-7.

Figure 4-7
Family PACT Client Retention Rates[a] Male vs. Female

	Total Males Served	Males retained from previous year		Total Females Served	Females retained from previous year	
	No.	No.	%	No.	No.	%
FY 01/02	178,575	24,489	18%	1,262,319	566,674	50%
FY 02/03	203,500	33,227	19%	1,363,537	640,699	51%
FY 03/04	173,315	31,378	15%	1,380,522	685,497	50%
FY 04/05	176,209	30,806	18%	1,406,455	722,953	52%
FY 05/06	183,781	30,326	17%	1,438,928	746,136	53%

a The percentage of clients retained is the ratio of clients retained from the previous year, to the total number of clients served in the previous year.

Source: Family PACT Enrollment and Claims Data

Chapter 5 Service Utilization

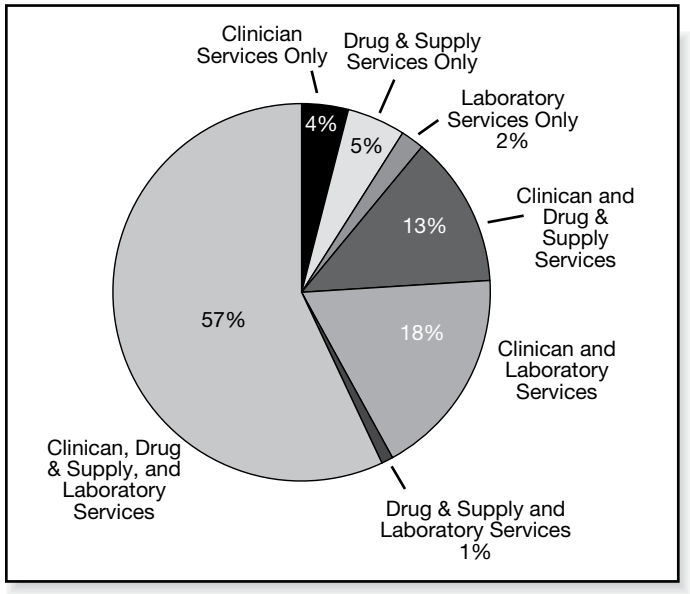
Overview

The State specifically includes in its definition of family planning services a range of services that both limit and protect fertility. Thus, in addition to the provision of contraceptive methods, the diagnosis and treatment of conditions that threaten reproductive capability are included in the Family PACT benefits package. Such conditions may include sexually transmitted infections (STIs), infertility, and cancer.

All services within Family PACT fall into three main categories: clinician services, drug and supply services, and laboratory services. Clinician services are provided by clinicians only 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 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 describes the use of these three service types as well as the utilization of specific reproductive health services beyond those strictly related to contraception or STI services.

Figure 5-1
Family PACT Clients Served by Service Type Combination, FY 05/06
N=1,622,709



Note: Percents add to greater than 100% due to rounding.

Source: Family PACT Enrollment and Claims Data

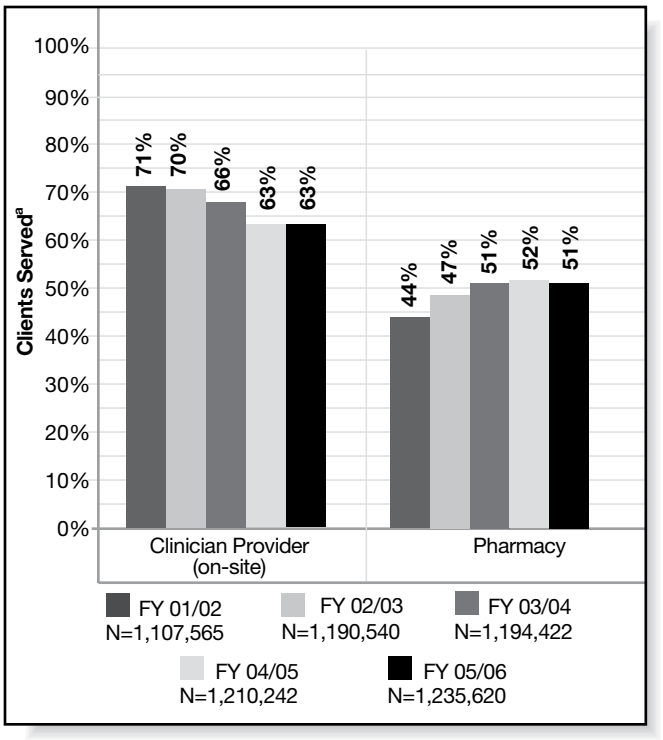
Clinician Services

Clinician services include office visits, education and counseling, method-related procedures, mammography, and other services provided by a clinician. Of the 1.62 million clients served in FY 05/06, 92% received clinician services, similar to previous years. See Figure 5-1. Of all clinician services, the most frequently utilized were for evaluation and management (office visits), followed by education and counseling.

Drug and Supply Services

Similar to previous years, 76% of all clients served received drug and supply services. More women (78%) received these services than men (65%). FY 05/06 reflects a continuing shift in dispensing site from on-site to pharmacies. Sixty-three percent (63%) of clients received drug and supply services on-site, down from 71% in FY 01/02. The proportion of clients who received these services at a pharmacy was 51%, up from 44% in FY 01/02. See Figure 5-2.

Figure 5-2
Family PACT Clients Served with Drug and Supply Services by Distribution Site



a Percents add to more than 100% because a client may receive drug and supply services both on-site from a clinician and at a pharmacy; 10-17% of clients were served at both services sites.

Source: Family PACT Enrollment and Claims Data

Laboratory Services

The most frequently utilized laboratory services were testing for STIs, followed by pregnancy testing, testing related to contraceptive methods, and cervical cancer screening. Overall, 79% of clients served received laboratory services. More women (80%) received these services than men (72%). Independent clinical laboratories handled 63% of all laboratory procedures, up from 61% in the prior year and 57% in FY 03/04. Independent laboratories handled a larger proportion of complicated and expensive tests than on-site laboratories.

Other Reproductive Health Services

As a result of the state legislation that established Family PACT, the services listed in this section are offered by the program. In the event that a client needs treatment or services beyond the scope of Family PACT benefits – such as prenatal care as a result of a positive pregnancy test – referrals for follow up services can be made. Because all Family PACT providers are also Medi- Cal providers, they can, in some cases, provide the referral service themselves under the Medi-Cal program.

Pregnancy Testing Services

The proportion of clients receiving a pregnancy test in the program continues to decline. Forty-three percent (43%) of female clients were tested for pregnancy in FY 05/06, down from 47% in FY 04/05, 52% in FY 03/04 and 55% in FY 02/03. Ten percent (10%) of female clients received services under the specific primary diagnosis code of Pregnancy Testing (PDC S60).[1] However, nearly half of these clients also received other method-related services at some time during the year.

Women ages 20-34 accounted for 64% of clients tested for pregnancy in FY 05/06. Women in this age group received more tests per woman tested. Adolescent women ages 19 and under account for 22% of all clients tested for pregnancy. However, a higher proportion adolescents received a pregnancy test during the year than women of other age groups. Fifty percent (50%) of women ages 19 and under received a test compared to 43% of women ages 20-34 and 33% of women ages 35-55. See Figure 5-3.

Figure 5-3
Clients Served with a Pregnancy Test, by Age, FY 05/06

Age at Mid FY	Clients Served with a Pregnancy Test			Total Female Clients Served	# of Pregnancy Tests	Average Number of Pregnancy Tests per Client Tested
	No.	Col %	Row %	No.	No.	No.
<20	137,029	22%	50%	274,653	199,052	1.45
20-34	395,860	64%	43%	911,919	587,616	1.48
35-55	84,016	14%	33%	252,355	117,995	1.40
Total	616,906	100%	43%	1,438,928	904,664	1.47

Source: Family PACT Enrollment and Claims Data

Fertility Evaluation Services[2]

Family PACT covers limited fertility evaluation services, including specified laboratory tests, counseling, and initiation of fertility awareness methods (FAM), that may be used to improve the chances of conceiving. Fertility evaluation services were provided to 1.95% of all clients, down slightly from 2.1% in the prior year. Among the 1.97% of female clients who received fertility evaluation services, 94% were adults and 83% were Latina. Among the 1.86% of male clients who received fertility evaluation services, 96% were adults and 85% were Latino.

1 Primary diagnosis codes (PDCs) are Family PACT specific billing codes desginated by the letter "S". S60 is the PDC for Pregnancy Test Only. For more information, see Chapter 6.

2 The primary diagnosis code for Fertility Evaluation Services (S90) was eliminated as of August 2006. This is the last full fiscal year in which these services will be billed under their own code.

Cervical Cancer Screening and Dysplasia Services[3]

The rate of cervical cancer screening is reported here as a service utilization measure, as opposed to 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.[4]

In FY 05/06, 51% of female clients received at least one Pap test, down slightly from 53% in the prior year. The likelihood of receiving a Pap test within the year increased with age, a pattern that appeared in all racial/ethnic groups and that was also observed in previous years. Twenty-nine percent (29%) of clients under age 20 received a Pap test, compared to 53% of women ages 20-34, and 65% of those ages 35 and over. See Figure 5-4. The proportion of women receiving a Pap test within the program differed by race/ethnicity. Latina women had the highest proportion of testing charged to the Family Pact Program (56%); white women had the lowest screening rate (40%). See Figure 5-5.

Three percent (3%) of eligible clients underwent diagnostic evaluation (colposcopy with or without biopsies), and fewer than 1% received treatment (LEEP[5] or cryotherapy) for cervical abnormalities. This is consistent with previous years.

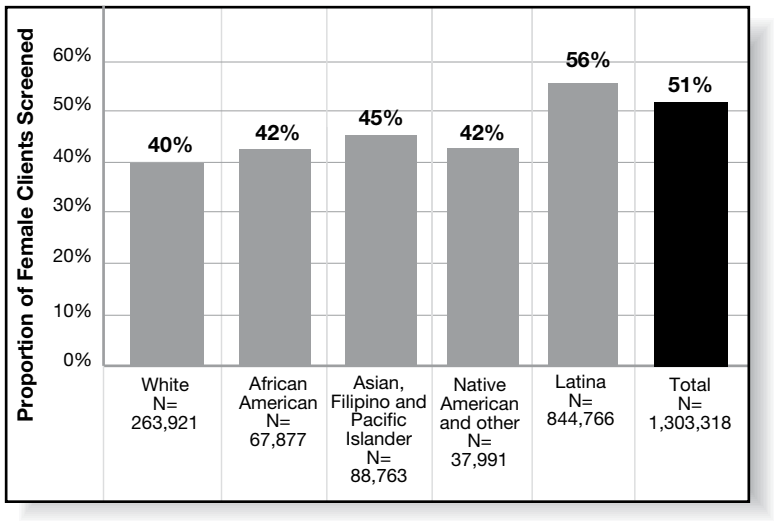
Figure 5-4
Clients Served with a Pap Test by Age, FY 05/06

Age	Clients Served with a Pap Test			Total Female Clients Served[a]
	No.	Col %	Row %	No.
<20	73,044	11%	29%	249,208
20-34	437,964	66%	53%	819,190
35-55	153,238	23%	65%	234,919
Total	**664,246**	**100%**	**51%**	**1,303,318**

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

Figure 5-5
Cervical Cancer Screening Rates by Race, Ethnicity, FY05/06



Source: Family PACT Enrollment and Claims Data

Mammography Services

Screening mammography for women over 40 to 55 years old was added to the Family PACT benefits package in January 2002. FY 05/06 represents the fourth full fiscal year of data on this service and shows continued growth in its utilization. Fifteen percent (15%) of eligible clients received a mammogram through the program in FY 05/06, up from 13% the previous year, 11% in FY 03/04, and 5% in FY 02/03. The percentage of Family PACT clients who received mammography screening may actually be higher, as cancer screening services are also available to this population through other state-funded programs. The majority of clients who received mammography services also received other family planning services; only 5% of clients who received a mammogram had no other reproductive health services this fiscal year.[6]

3 In the calculation of utilization rates for cervical cancer screening, dysplasia treatment, and mammography, clients who received services through a pharmacy only or under the PDC S60 for pregnancy testing were excluded from the denominator because claims for these services are not allowable under the PDC S60 nor through pharmacies. For mammography, this "eligible clients" denominator is further restricted to clients age 40+ because Family PACT benefits cover mammography screening only for clients aged 40 and over.

4 See the Family PACT Clinical Practice Alert "Cervical Cancer Screening" dated August 2005 for current cervical cancer screening guidelines.

5 Loop electro-excisional procedure.

6 These clients could have received other services in the prior year.

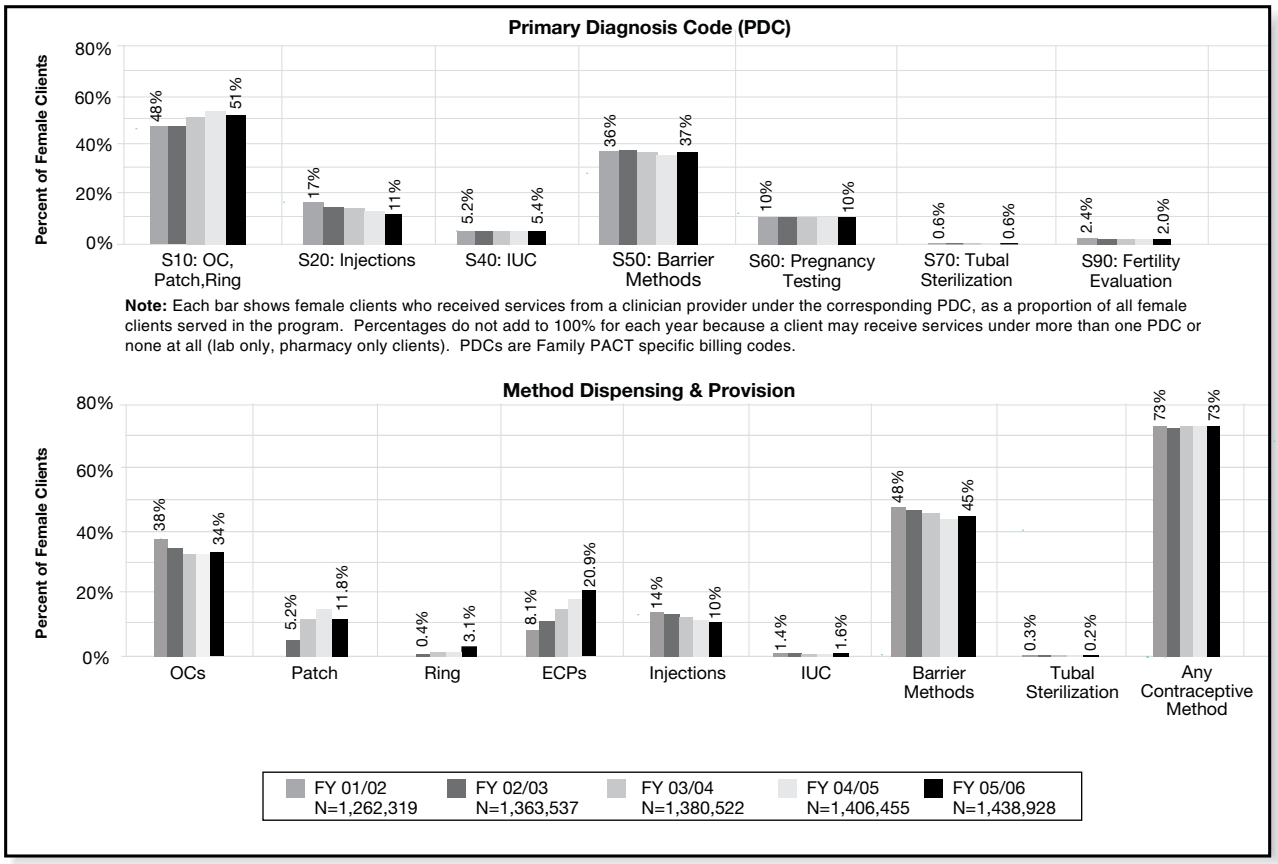
Chapter 6 Contraceptive Services

Overview

The Family PACT Program's core services are designated by primary diagnosis codes (PDC) and are categorized according to nine family planning methods or services.[1] This chapter draws on the PDC and the contraceptive method dispensed for analysis of family planning service utilization patterns. PDC and method dispensing data usually show similar patterns, but not always.

Oral Contraception/Patch/Ring (S10)[2] was the most frequently utilized service among all clients, while Barrier Method services (S50) were the second most utilized. The same pattern has been observed since FY 03/04. Other services, in order of frequency of use, were for Contraceptive Injections (S20), Pregnancy Testing (S60), Intrauterine Contraceptives (S40), Fertility Evaluation (S90)[3], Tubal Sterilization (S70), and Vasectomy (S80). Primary diagnosis code (S30) and dispensing/provision data for contraceptive implants were excluded from analysis due to the discontinuation of Norplant distribution.[4] See Figure 6-1 for services specific to females and Figure 6-2 for services specific to males.

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

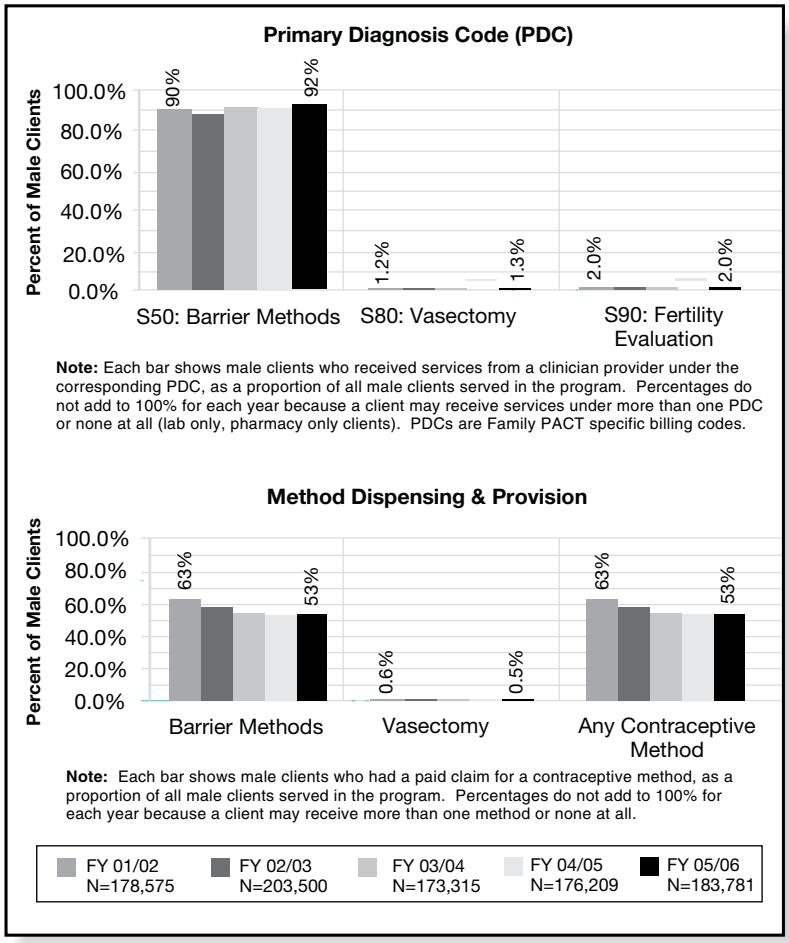
1 PDCs are Family PACT specific billing codes designated by the letter "S" and are as follows: (S10) Oral contraception/contraceptive patch/contraceptive vaginal ring, (S20) Contraceptive injections, (S30) Contraceptive implants, (S40) Intrauterine contraceptives, (S50) Barriers/fertility awareness method (FAM)/lactation amenorrhea method (LAM), (S60) Pregnancy testing, (S70) Tubal sterilization, (S80) Vasectomy, and (S90) Fertility evaluation. Analysis is based on paid claims data and PDCs reported may not completely reflect the services received by the clients. Some services may have been delivered but not billed to Family PACT or may have been denied.

2 Ortho Evra® (the contraceptive patch) and NuvaRing® (the contraceptive vaginal ring) became available through Family PACT on Nov. 1, 2002. Both were added to the S10 PDC (oral contraceptives).

3 The primary diagnosis code for Fertility Evaluation Services (S90) was eliminated as of August 2006. This is the last full fiscal year in which these services will be billed under their own code.

4 After quality assurance concerns arose in 2000, Wyeth Pharmaceuticals announced in July 2002 that it would no longer distribute Norplant, the only contraceptive implant offered by Family PACT. Discussion of implant provision has been moved to a separate report.

Figure 6-2
Trends in Percent of Male Family PACT Clients Served with Family Planning Methods/Services



Source: Family PACT Enrollment and Claims Data

- Dispensing of dedicated emergency contraceptive pill products (ECPs) has increased steadily over time. This year, 21% of female clients received ECPs, up from 18% in FY 04/05, 15% in FY 03/04 and 11% in FY 02/03.[6]

- After increases since FY 03/04, the proportion of female clients served under the S10 PDC (OC/patch/ring) declined from 53% in FY 04/05 to 51% this year.

- The trend in the percentage of clients receiving only barrier methods and supplies appears to have leveled off this year at 16%, after declining from 24% in FY 01/02.

- Over the past five years the percentage of female clients receiving barrier method services has ranged between 35% and 37%. In FY 05/06 it was 37%. Barrier method dispensing has also remained fairly stable between 44% and 48%. This year it was 45%.

- From FY 98/99 through FY 04/05, barrier method dispensing for males had declined. This year it leveled off at 53%.

- Continued slight declines were observed for service utilization and provision of contraceptive injections for females, a trend first noted in FY 02/03.[7]

Notable changes and trends in service utilization (PDC) and/or dispensing were as follows:

- While the proportion of clients dispensed oral contraceptives declined in FY 03/04 and FY 04/05, this year, there was an increase in oral contraceptive dispensing (34% of female clients were dispensed OCs compared to 32% last year).

- While the numbers of clients who received the contraceptive patch had shown steady increases since FY 02/03, this year there was a 20% decline. In FY 05/06, 12% of female clients received the patch, down from 15% the previous year.[5]

- Since its addition to benefits in FY 02/03, dispensing of the contraceptive vaginal ring has notably increased – a trend that continued in FY 05/06. This year, there was a 74% increase in the number of female clients who received the vaginal ring.

- The number of sterilization procedures has declined.[8] For males, declines in the number of vasectomies began in FY 04/05; for females, declines in the number of tubal sterilization procedures began in FY 02/03. The number of clients who underwent a vasectomy dropped from 1,121 in FY 04/05 to 892 in FY 05/06. The number of clients with tubal sterilization procedures dropped from 3,784 in FY 04/05 to 3,415 in FY 05/06.

5 In November 2005 the FDA alerted consumers and health care providers about problems associated with the Ortho Evra patch and required Ortho-McNeil to strengthen the drug's warning label.
6 ECPs do not have a corresponding PDC. Family PACT Program Standards include the provision of emergency contraception in advance of need along with all family planning methods.
7 In November 2004 the FDA required package labeling on Depo Provera regarding bone density.
8 To the extent that claims for sterilizations are denied and never paid, the numbers of clients who receive a sterilization procedure are undercounted. In FY 05/06, over half (56%) of sterilization claim denials were related to incorrect/incomplete sterilization consent form submission compared to 45% in FY 04/05.

- The proportion of male clients dispensed no contraceptive method in FY 05/06 (47%) was similar to last year. This proportion had increased notably over time, from 30% in FY 99/00 to 47% last year.

- Although overall distribution of method related services was similar for public and private providers, some differences were observed. Public providers served a higher proportion of female clients under Pregnancy Testing PDC compared to private providers (13% compared to 5%). Aside from contraceptive injections, private providers do little on-site dispensing of contraceptive drugs in comparison to public providers. Contraceptive drug dispensing can be done either on-site through a clinician or through prescriptions filled at pharmacies.

Contraceptive Method Dispensed

This section examines methods dispensed per client during the fiscal year and whenever possible, identifies a single method per client to create the mutually exclusive categories in the pie chart shown in Figure 6-3. Barrier methods and ECPs are often dispensed in combination with other contraceptive methods and are therefore not included in the analysis unless they are the only method dispensed.[9] Seventy percent (70%) of all Family PACT clients – male and female – were dispensed a contraceptive method that was reimbursed by the program, down from 71% the previous three years. Aside from barriers and ECPs, 7% of clients were dispensed more than one method[10], the same proportion as the previous year. For clients with only one method identified, dispensing (with or without barriers/ECPs) was as follows:

- 28% of clients were dispensed OCs
- 8% were dispensed the patch
- 7% were dispensed injections
- 2% were dispensed the ring
- 1% were dispensed IUCs
- Less than 1% were sterilized (tubal ligation or vasectomy).

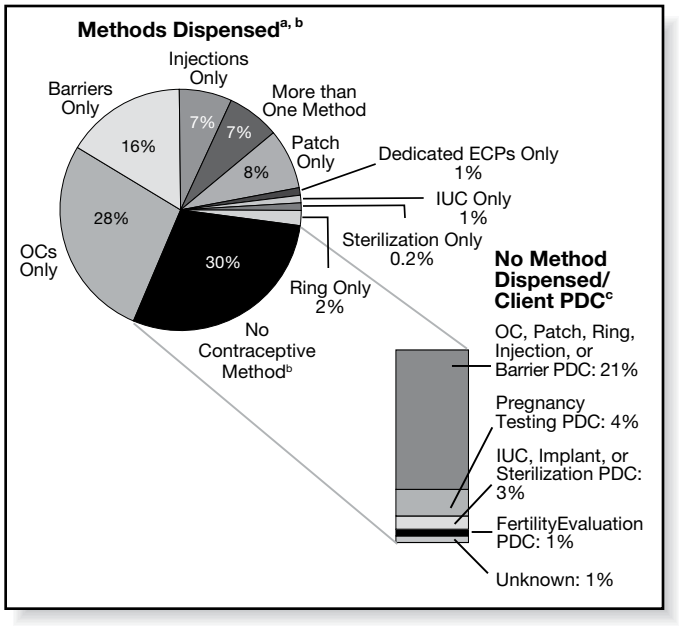
An additional 16% were dispensed barriers only (with or without ECPs) and 1% were dispensed dedicated ECPs only, the same as in the previous year.

9 For example, if a woman receives injections, condoms and ECPs she is counted in the "Injections Only" category in Figure 6-3. If she received condoms and ECPs, then she is counted in the "Barriers Only" category. Finally, if she receives ECPs and no other method, then she is counted in the "Dedicated ECPs Only" category.

10 "More than one method" is defined as any combination of two or more of the following methods dispensed with or without barriers/ECPs: OCs, patch, ring, injection, IUC, and/or sterilization.

Based on analysis of PDCs, for the 30% of clients who did not receive a contraceptive method within the year, 4% had pregnancy testing services, 1% had fertility evaluation services, and 3% had services related to long-acting methods. Of concern may be the 21% of clients who had services under the PDC for OC/patch/ring, barriers, or injections, but who had no paid claim for a method dispensed. Some portion of these clients, however, may be method continuers; they may have already had a supply of the method or received a method not billed to Family PACT; their partner may have received a method; they may be utilizing a natural method; they may have received a prescription, but not filled it; they may have been abstinent, undergoing fertility evaluation or have tested positive for pregnancy. A small proportion of clients may not be counted as receiving a method due to billing lag or denied claims.

Figure 6-3
Provision of Family Planning Methods Among Family PACT Clients, FY 05/06
N=1,622,709



a Grouped, where possible, by only one method type. Barrier methods and/or ECPs were excluded from analysis unless no other method was dispensed.
b Paid claims data understates methods dispensed to the degree that clients received methods not billed to Family PACT.
c Primary Diagnosis Codes (PDC) are Family PACT specific billing codes. Clients are grouped under their most effective method PDC based on failure rates.

Source: Family PACT Enrollment and Claims Data

Note: The pie chart does not add up to 100% due to rounding.

Contraceptive Services for Female Clients

To obtain as complete a picture of contraceptive services as possible, it is important to look at both PDCs and method dispensing data.[11] 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 use of the vaginal ring and 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 05/06.[12]

Figure 6-4
Utilization of Family PACT Services by Female Clients, FY 05/06
N=1,438,928

	Clients Served by a Clinician Under the PDC[a]		Clients Who Were Provided the Method[b]	
	Number	Percent[c]	Number	Percent[c]
OCs/ Patch/Ring (S10)	740,962	51.5%	660,037	45.9%
Oral Contraceptives	NA	NA	491,006	34.1%
Patch	NA	NA	169,187	11.8%
Vaginal Ring	NA	NA	44,324	3.1%
Contraceptive Injections (S20)	160,434	11.1%	139,938	9.7%
IUC (S40)	78,207	5.4%	22,305	1.6%
Barrier Methods/FAM (S50)	539,454	37.5%	640,438	44.5%
Pregnancy Testing (S60)	140,070	9.7%	NA	NA
Tubal Sterilization (S70)	8,018	0.6%	3,415	0.24%
Fertility Evaluation (S90)	28,302	2.0%	NA	NA
Dedicated Emergency Contraceptive Pills	NA	NA	301,150	20.9%
No Clinician Provider Visit	92,231	6.4%	NA	NA
No Method	NA	NA	394,471	27.4%

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

Barrier Methods: Among all female clients served, the most commonly dispensed contraception was barrier methods (45%).[13] The percentage of women receiving barrier method services declined slightly in FY 03/04 and FY 04/05, a trend that reversed direction this year. Thirty-seven percent (37%) of female clients received services under the barrier methods PDC in FY 05/06 – 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 – 28% were from pharmacies.

Oral Contraception: Since program inception and including this year, among all female clients served, the S10 Primary Diagnosis Code (including oral contraception, the patch and the ring) was the most frequently used PDC. In FY 05/06, over half of female clients (52%) received services under S10, down from 53% the previous year. The two newer methods - the patch and the ring – were added to the S10 PDC during FY 02/03 and slight decreases in OC dispensing were observed in FY 03/04 and FY 04/05 – a trend that reversed this year. In FY 05/06, thirty-four percent (34%) of female clients were dispensed OCs, up from 32% last fiscal year.

This year, roughly 3.9 million cycles of OCs were dispensed compared to 3.6 million in FY 04/05 and 3.5 million in FY 03/04. Fifty-nine percent (59%) of OC cycles were dispensed by clinician providers and 41% by pharmacies, compared to 42% by pharmacies last year.

Contraceptive Injections: Eleven percent (11%) of female clients received services related to contraceptive injections and 10% were provided this method. Both dispensing and PDC for contraceptive injections have declined slightly each year since FY 02/03 – a trend that continued in FY 05/06. A higher proportion of female clients under age 35 received contraceptive injections (10%) compared to clients aged 35 and older (7%). Similar to the previous fiscal year, 79% of paid claim lines for injections were from clinician providers and 21% were from pharmacies.

Dedicated Emergency Contraceptive Pill Products (ECPs): ECP dispensing has increased steadily over time.[14] This year, 21% or roughly 300,000 female clients received ECPs, up from 18% in FY 04/05 and up from 8% in FY 01/02. 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 than 300,000. Eighty percent (80%) of ECP dispensing was done on-site through clinician providers and 20% through pharmacies.

11 Only PDCs assigned by clinician providers are included in this analysis. Laboratory PDCs, which may differ from clinician PDCs, were not included. Pharmacy providers do not assign PDCs. Barrier methods and emergency contraception may be dispensed under any PDC (other than PDCs for pregnancy test only S60 and/or fertility evaluation - S90).
12 Figure 6-4 differs from Figure 6-3 in that Figure 6-4 includes only female clients and the categories are not mutually exclusive. Clients served under more than one PDC or method type are counted more than once in Figure 6-4.
13 Clients are counted as being dispensed a "barrier" method if they had a paid claim for any of the following: condom, diaphragm/cervical barrier, basal body thermometer, spermicide, or lubricant.
14 Preven™ became a Family PACT benefit on Nov 1, 1999 but was discontinued by the manufacturer as of May 2004. PlanB® became a Family PACT benefit on February 1, 2001.

Contraceptive Patch: The contraceptive patch was added to Family PACT benefits in FY 02/03 and provision increased steadily through last year.[15] This year, there was a decline in the proportion of women who received the contraceptive patch at 12% for FY 05/06 compared to 15% in FY 04/05. Seventy-two percent (72%) of paid claim lines for patch dispensing were from pharmacies and 28% from clinician providers dispensing on-site.

Contraceptive Vaginal Ring: The vaginal ring, also added to Family PACT benefits during FY 02/03, showed continued increases in rates of provision.[16] Three percent (3%) of female clients – over 44,000 – received the ring this fiscal year (up from 5,000 when the ring was first added in FY 02/03). Fifty-eight percent (58%) of ring dispensing was through pharmacies and 42% was done through clinician providers dispensing on-site – down from 44% on-site last year.

Intrauterine Contraception (IUC): Five percent (5%) of female clients received IUC-related services, and 1.6% had an IUC inserted within the year. The proportion of women who received IUC-related services has been consistent since program inception while the percentage of women provided an IUC increased slightly from 1.3% in FY 04/05 to 1.6% in FY 05/06. Of the 78,207 clients served with IUC-related services, 29% had a paid claim for IUC provision within the year and 16% had a paid claim for IUC removal.

Tubal Sterilization: Fewer than one percent (0.6%) of female clients received services related to tubal sterilization and fewer than half of them (43%) had a paid claim for the procedure. The overall proportion of female clients who received a tubal sterilization has declined since program inception from 0.51% in FY 97/98 to 0.24% in FY 05/06. This year, 3,415 clients received a tubal sterilization (down from 3,784 last year). Ten clients under age 21 received tubal sterilizations in FY 05/06.[17]

Contraceptive Services for Male Clients

Males are eligible for services under the PDCs for Barrier Methods (S50), Vasectomy (S80), and Fertility Evaluation (S90). Figure 6-5 shows the number of male clients served by PDC and the number who were provided contraceptive methods or supplies, comparable to Figure 6-4 for female clients. While the proportion of female clients receiving a contraceptive method each year has been relatively stable over time (between 73% and 72% from FY 99/00 to FY 05/06), a steady decline in the proportion of males receiving a method had been observed until this year. Between FY 99/00 and FY 04/05 the proportion of males receiving a method dropped from 70% to 53%, where it remained in FY 05/06. See Figures 6-2 and 6-5.

Figure 6-5
Utilization of Family PACT Services by Male Clients, FY 05/06

	Clients with Clinician Services Under the PDC[a]		Clients Who Were Provided the Method[b]	
	Number	Percent[c]	Number	Percent[c]
Barrier Methods/FAM (S50)	168,344	91.6%	97,529	53.1%
Vasectomy (S80)	2,300	1.3%	892	0.5%
Fertility Evaluation (S90)	3,419	1.9%	N/A	N/A
No Clinician Provider Visit	11,181	6.1%	N/A	N/A
No Method	N/A	N/A	85,833	46.7%

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 received more than one method type.

Source: Family PACT Enrollment and Claims Data

Barrier Methods: Barrier methods have consistently been the most commonly utilized service by male clients and this trend continued. In FY 05/06, the proportion of males receiving services under S50 in FY 05/06 was 92%, up from 90% last year. The proportion of all male clients dispensed a barrier method steadily declined from 74% in FY 98/99 to 53% in FY 04/05. This year, 53% of males were dispensed barrier methods, the same proportion as last year.

Vasectomy: Just over one percent (1.3%) of male clients received vasectomy-related services, and 0.5% had a vasectomy – slightly lower than the previous fiscal year (0.6%). Over the last five years the percentage of men undergoing a vasectomy has ranged from 0.5% to 0.7%. From program inception through FY 04/05, the number of vasectomy procedures reimbursed each year had been just over 1,000. In FY 05/06, there were 892 male clients with paid claims for a vasectomy procedure compared to 1,121 last year. Eighty-eight percent (88%) of male clients with a vasectomy were served by public providers – similar to previous fiscal years. Five clients, under age 21, received a vasectomy in FY 05/06.[18]

15 Ortho Evra®, the FDA approved birth control patch, became a Family PACT benefit on Nov 1, 2002 and is included under the S10 PDC along with OCs and the ring.
16 NuvaRing®, an FDA approved vaginal contraceptive ring, became a Family PACT benefit on Nov 1, 2002 and is included under the S10 PDC along with OCs and the patch.
17 Family PACT adopted federal regulations for sterilization consent on February 1, 2006. Federal regulations require submission of form PM 330 and that patients be age 21 or older at the time of signing for consent, which must be at least 30 days, but not more than 180 days before the procedure. Prior to adoption of federal regulations, California State regulations for sterilization consent (form PM 284) applied to Family PACT clients. State regulations required that patients be age 18 or older and have signed a consent form 180 days prior to sterilization - a period which could be waived to 72 hours.
18 See footnote 17.

Contraceptive Services for Adolescent Clients

Service utilization patterns showed some variation by client age. See Figures 6-6 and 6-7. 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-six percent (66%) of male adolescents had a method dispensed, compared to 50% of male adults.
- Female adolescents received emergency contraceptives more frequently than adults (38% compared to 17%).
- Both female and male adolescents were more frequently dispensed barrier methods (58% females and 67% males) than adults (41% females and 50% males).
- Female adolescents were dispensed the vaginal ring slightly more frequently than adults (3.6% vs. 3.0%).
- Last year the provision of contraceptive injections declined by 11% for adolescents and 6% for adults. This year, there was 9% decline in the number of adolescents who received injections and a 7% decline for adults.
- Female adolescents were more frequently dispensed oral contraceptives than adults (39% compared to 33%), consistent with previous years.
- Since program inception and including this fiscal year, female adolescent clients have received services related to IUCs less frequently than adults. In FY 05/06 the proportion of clients receiving such services was 1.2% for adolescents vs. 6.4% for adults.
- Female adolescents received services related to pregnancy testing more often than adults (12% and 9% respectively).

Figure 6-6
Utilization of Family PACT Services by Female Clients[a], FY 05/06
N=274,653 Adolescents and 1,164,274 Adults

	Clients Served by a Clinician Under the PDC[b]		Clients Who Were Provided the Method[c]	
	Adolescents[d]	Adults[d]	Adolescents[d]	Adults[d]
OCs/ Patch/Ring (S10)	57.7%	50.0%	50.5%	44.8%
Oral Contraceptives	NA	NA	38.8%	33.0%
Patch	NA	NA	11.5%	11.8%
Vaginal Ring	NA	NA	3.6%	3.0%
Contraceptive Injections (S20)	11.5%	11.1%	10.1%	9.6%
IUC (S40)	1.2%	6.4%	0.5%	1.8%
Barrier Methods/FAM (S50)	38.0%	37.4%	57.5%	41.4%
Pregnancy Testing (S60)	12.4%	9.1%	NA	NA
Tubal Sterilization (S70)	<0.1%	0.7%	<0.1%	0.3%
Fertility Evaluation (S90)	0.6%	2.3%	NA	NA
Dedicated Emergency Contraceptive Pills	NA	NA	37.9%	16.9%
No Clinician Provider Visit	4.2%	6.9%	NA	NA
No Method	NA	NA	20.6%	29.0%

NA = Not Applicable
a Excludes one female client 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

Figure 6-7
Utilization of Family PACT Services by Male Clients[a], FY 05/06
N=32,882 Adolescents and 150,898 Adults

	Clients Served by a Clinician Under the PDC[b]		Clients Who Were Provided the Method[c]	
	Adolescents[d]	Adults[d]	Adolescents[d]	Adults[d]
Barrier Methods/FAM (S50)	95.5%	90.8%	66.5%	50.1%
Vasectomy (S80)	<0.1%	1.5%	<0.1%	0.6%
Fertility Evaluation (S90)	0.4%	2.2%	NA	NA
No Clinician Provider Visit	4.2%	6.5%	NA	NA
No Method	NA	NA	33.5%	49.6%

NA = Not Applicable
a Excludes one male client 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

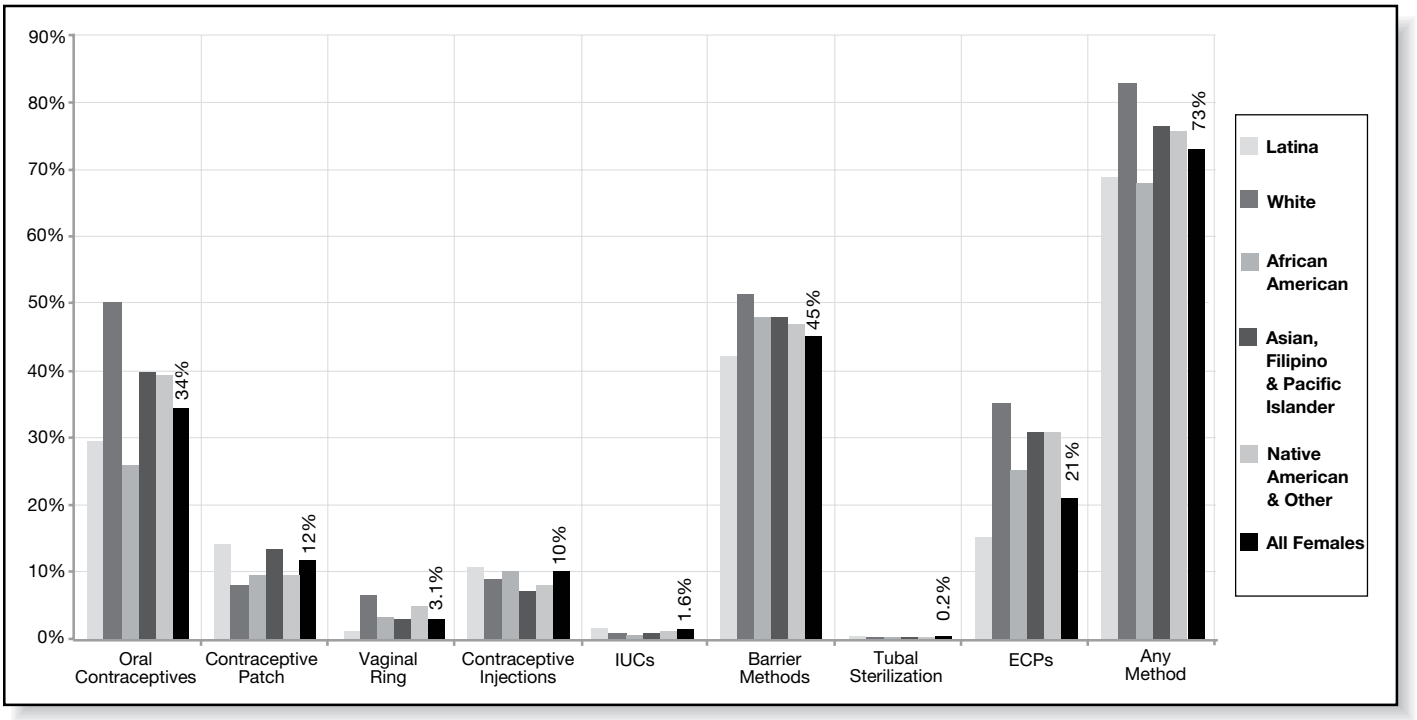
For nearly all racial/ethnic groups, there was a slight decline in the proportion of women provided contraceptive injections and tubal sterilizations and a more marked decline in the proportion provided the patch. At the same time there was a slight increase across all racial/ethnic groups in the proportion of women provided IUCs, OCs, the vaginal ring, and ECPs. The proportion provided barrier methods was about the same as in FY 04/05. Among males, declines were observed in the proportion of vasectomies in each race/ethnic group. However, the proportion of males receiving barrier methods and supplies in FY 05/06 was similar to the previous year. While differences in provision of contraceptive methods by client race/ethnicity are noted in this section, claims data cannot sufficiently explain whether variations are due to client preference or provider behavior.

- Latina women received services related to highly effective, long-acting methods (injection, IUC, and tubal sterilization) slightly more frequently than women of other groups. Thirteen percent (13%) of Latinas were dispensed long-acting methods in the year, compared to 7% - 11% for all other groups. See Figure 6-9.

- While at a higher rate this year than last, a lower proportion of Latinas received ECPs compared to women of other ethnicities (15% vs. 25 - 35%) – a pattern observed since ECPs were added to the program.

- Latina women received the contraceptive patch at the highest rate (14%) and white women at the lowest (7%). Patch utilization declined overall this year and both percentages are down for both groups from last year (18% and 8% respectively in FY 04/05).

Figure 6-9
Percent of Female Clients Served by Contraceptive Method Provided and Client Race/Ethnicity, FY 05/06



Note: Each bar shows female clients who had a paid claim for a contraceptive method within the year, as a proportion of all female clients served by race/ethnicity. Percentages do not add to 100% because a client may receive more than one method or no method within the fiscal year.

Source: Family PACT Enrollment and Claims Data

- White women were dispensed OCs more often than other racial/ethnic groups (50% vs. 26 - 40%) and were dispensed ECPs more frequently than other racial/ethnic groups (35% vs. 15 – 31%). White women also received the vaginal ring at the highest rate (6.3% vs. 1.9 - 4.8%). These patterns are consistent with previous years.

- African American women received OCs less often than any other group (26% vs. 29% - 50%). The same was true for IUCs (0.5% vs. 0.9 - 1.9%).

- As noted in previous years, of all racial/ethnic groups, Latina and African American women received contraceptive injections at the highest rate (11% and 10% respectively) while Asian/Filipino/Pacific Islander women received injections at the lowest rate (6%).

- Latina women received barrier methods at a lower rate than women of other racial/ethnic groups (42% vs. 47% - 51%). White women received barrier methods at the highest rate (51%).

- While lower this year overall, white men underwent a vasectomy more frequently than other racial/ethnic groups (0.8% vs. 0.1 - 0.7%).

- African American men were dispensed barrier methods more frequently than other racial/ethnic groups (63% vs. 49 - 60%) and underwent vasectomy procedures less frequently than other racial/ethnic groups (0.1% vs. 0.4 - 0.8%).

Chapter 7 Sexually Transmitted Infection Services

Overview

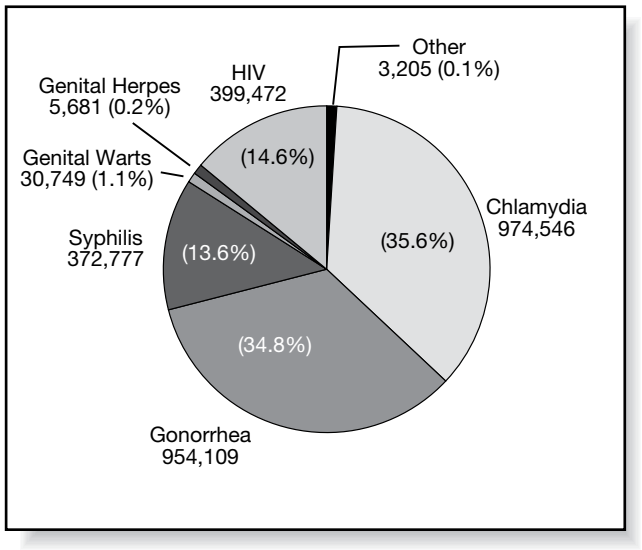
The detection and treatment of sexually transmitted infections (STIs) are critical components of family planning and reproductive health services.[1] With the elimination of hepatitis B tests from Family PACT benefits,[2] there was a marked decline in overall STI test volume beginning two fiscal years ago (from 3.4 million tests in FY 02/03 down to 2.8 million in FY 03/04). However, since FY 04/05, the volume of STI tests has stabilized at over 2.7 million STI tests reimbursed under Family PACT. Two-thirds (70.4%) of the tests were for chlamydia and/or gonorrhea, similar to the previous year (70.5%). See Figure 7-1.

STI testing of clients served has leveled off in recent years of the program. Although the total clients served increased since the previous fiscal year, 61% of Family PACT clients received an STI test[3] in FY 05/06, essentially the same percentage as in the four previous fiscal years. See Figure 7-2.

Of particular note in STI test utilization are the continuing changes in chlamydia and gonorrhea test types which have implications for both quality of care and program reimbursement. Although there are a number of different chlamydia and gonorrhea test types available in Family PACT, nucleic acid amplification tests (NAATs) have the highest sensitivity[4] and specificity[5] and are recommended in the 2002 Centers for Disease Control (CDC) Laboratory Guidelines. NAATs facilitate expanded screening because non-invasive specimens such as urine can be used and cervical or urethral specimens are not required. In FY 05/06, 94% of all chlamydia tests were NAATs (up from 92% in FY 04/05).

Although the continuing shift towards utilization of NAATs is consistent with Family PACT Program Standards as well as CDC guidelines, NAATs are roughly twice as expensive as other, less sensitive test types and therefore increases in NAAT utilization have had a considerable impact upon increases in laboratory reimbursement.

Figure 7-1
Number and Percent of STI Tests in Family PACT, FY 05/06
N=2,740,539



Source: Family PACT Enrollment and Claims Data

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

	Clients Served				
	FY 01/02	FY 02/03[a]	FY 03/04[a]	FY 04/05	FY 05/06
	Percent of Clients Served[a]	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served
STI Test	N= 1,334,653	N= 1,453,790	N= 1,430,717	N= 1,449,791	N= 1,483,703
Any STI Test	62%	62%	62%	62%	61%
Chlamydia	57%	57%	58%	58%	57%
Gonorrhea	55%	56%	55%	55%	53%
Syphilis	30%	30%	25%	25%	24%
Hepatitis B[b]	25%	17%	N/A	N/A	N/A
HIV	29%	30%	27%	26%	26%
HPV[c]	<1%	<1%	2%	2%	2%
Genital Herpes	<1%	<1%	<1%	<1%	<1%
Other STI Test	1%	1%	<1%	<1%	<1%

a For FY 02/03, data includes 8,325 paid claim lines (tests) for combined test code for gonorrhea & chlamydia (CPT code: 87800) added to the Family PACT benefits package on February 15, 2003. As this chapter examines testing practices, these claim lines (tests) were counted twice: once under chlamydia tests and once under gonorrhea tests as this test screens for both infection types. The numbers of claim lines (tests) of this type for each year after it's addition are: FY 03/04: 31,311 claim lines, FY 04/05: 28,790 claim lines, FY 05/06: 19,251 claim lines.
b Hepatitis B testing was removed from Family PACT benefits on February 15, 2003 therefore, there were no claims for Hepatitis B tests from FY 03/04 - FY 05/06.
c Human Papillomavirus

Source: Family PACT Enrollment and Claims Data

1 Monitoring of STI treatment, as in previous fiscal years, is not possible due to the use of group codes for billing of anti-infectives dispensed on-site.
2 Hepatitis B testing was removed from Family PACT benefits effective February 15, 2003.
3 61% = 902,108 clients served with STI tests/1,483,703 clients served. All denominators in this chapter exclude clients served only with pregnancy tests and/or pharmacy services. Males became eligible for STI testing in January 2000.
4 Sensitivity is defined as the percent of true positives detected by test divided by true positives + false negatives.
5 Specificity is defined as the percent of true negatives detected by test divided by true negatives + false positives.

STI Test Utilization among Female Clients

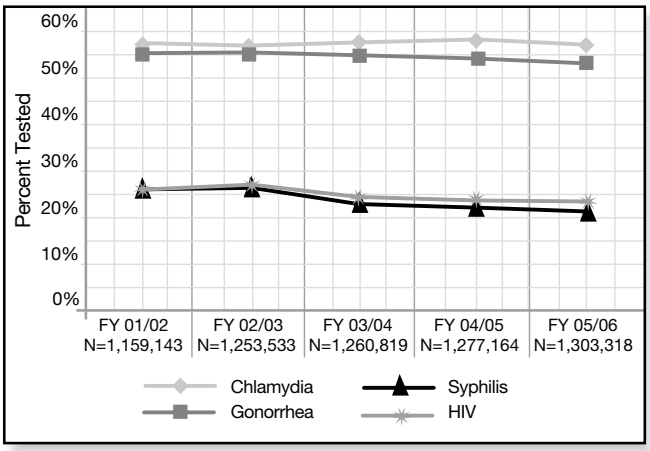
Sixty percent (60%) of female clients received STI testing in FY 05/06, essentially the same percent as in the three previous years. The proportion of females tested for chlamydia (56%), gonorrhea (52%), and HIV (22%) showed a slight decrease from last year and the proportion of female clients tested for syphilis was unchanged (21%). See Figures 7-3 and 7-4.

Figure 7-3
Percent of Family PACT Clients Served with STI Tests by Sex, FY 05/06

STI Test	Female Clients Percent N=1,303,318	Male Clients Percent N=180,385
Any STI test	60.0%	70.0%
Chlamydia	56.0%	64.0%
Gonorrhea	52.0%	62.0%
Syphilis	21.0%	47.0%
HIV	22.0%	49.0%
HPV	2.4%	N/A
Genital herpes	0.3%	0.7%
Other STI Test	0.2%	0.2%

Source: Family PACT Enrollment and Claims Data

Figure 7-4
Percent of Female Family PACT Clients Tested for Selected STIs, FY 01/02 – FY 05/06

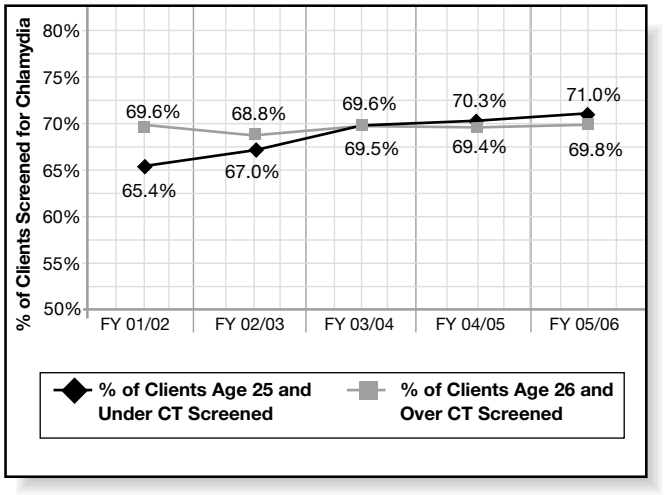


Source: Family PACT Enrollment and Claims Data

Chlamydia: Fifty-six percent (56%) of all female clients were tested for chlamydia in FY 05/06, compared to 57% the previous year. Ninety-four percent (94%) of all chlamydia tests among females were NAATs. Family PACT Program Standards, in accordance with national screening guidelines, recommend that all sexually active females age 25 and under be screened annually for chlamydia and older women with risk factors, such as a new sex partner or multiple sex partners, be screened.[6] The proportion of females tested in the year underestimates adherence to annual CT screening guidelines because it is based solely on paid tests that occur within the fiscal year.

To better estimate quality and chlamydia screening coverage as it relates to current clinical and program recommendations, an expanded window of time was used to assess chlamydia screening by client within the past 12 months for clients served within the fiscal year.[7] See Figure 7-5.

Figure 7-5
Trends in Chlamydia (CT) Screening for Female Clients by Age, FY 01/02 to FY 05/06



Source: Family PACT Enrollment and Paid and Denied Claims Data

6 2002 Centers for Disease Control and Prevention STD Treatment Guidelines; 2001 US Preventive Services Task Force Screening Guidelines; Family PACT Clinical Practice Alert of June 2003.

7 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. It excludes providers who served fewer than 100 female clients.

Using this expanded time frame, the proportion of female clients age 25 and younger screened in FY 05/06 was 69.8% compared to 71.0% for clients age 26 and older. The increasing proportion of young female clients screened for chlamydia over time demonstrates improved adherence to program and national screening guidelines. Based on screening guidelines, one would expect screening for women age 25 and under to be significantly higher than for older women; however for FY 01/02 and FY 02/03 a higher screening rate was actually observed for older females than younger females with a trend toward slightly lower rates during recent years. Based on behavioral data and a sample of laboratory CT prevalence data for older clients (See Figure 7-6.), the observed CT screening rate for women age 26 and older is high – a rate of no more than 50% for this age group would be expected if targeted screening was fully practiced.[8]

Chlamydia screening rates differ by provider sector. In FY 05/06, private providers screened 75% of young females and public providers screened 68% (compared to 74% and 68% respectively the previous year). Trends in increases in screening rates for young females and decreases in screening rates for older females were also observed by provider sector. Private providers also screened a larger proportion of older clients (76%) than public providers (66%). The same was true in FY 04/05 when private providers screened 74% of older clients and public providers screened 65%.[9]

Gonorrhea: The trend in NAATs as the predominant chlamydia test type in Family PACT has impacted gonorrhea test type utilization as well because NAATs have been designed to detect both chlamydia and gonorrhea in a single specimen. Thus, as with chlamydia, the majority of gonorrhea tests are also NAATs. This year, the proportion of female clients tested for gonorrhea declined slightly – down to 52% from 53% in FY 04/05 and 54% in the previous three years. This level of gonorrhea testing may not be cost-effective since gonorrhea prevalence in family planning settings has been consistently less than 1%.[10] See Figure 7-6.

To estimate the prevalence of chlamydia and gonorrhea among female Family PACT clients, test result data were available for clients served by Quest Diagnostics laboratories for FY 05/06 and accounted for approximately 17% of all Family PACT CT testing. Among female clients aged 25 and under, 5% of chlamydia tests and 0.8% of gonorrhea tests were positive. Among females over age 25, 1.7% of chlamydia tests were positive and 0.3% of gonorrhea tests were positive.

Figure 7-6
Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest Diagnostics Laboratories, by Age, FY 05/06[a]

Client Age	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
25 Yrs. & Under	99,466	5.0%	82,409	0.8%
26 Yrs. & Over	74,194	1.7%	68,486	0.3%

a Test result data from July 2005 through May 2006
Source: Quest/Unilab test result data

Syphilis: Twenty-one percent (21%) of female clients were tested for syphilis, the same as last year, but slightly lower than previous years (22% in FY 03/04 and 26% in FY 01/02 and FY 02/03). One percent (1%) of those screened underwent syphilis confirmatory testing, similar to previous years.

HIV: Family PACT covers confidential HIV testing only, as opposed to anonymous HIV testing. Twenty-two percent (22%) of female clients were tested for HIV, down from 23% in FY 04/05, 24% FY 03/04 and 26% in FY 02/03 and FY 01/02. To the extent that clients are tested anonymous using other funding sources, these data underestimate the proportion of Family PACT clients tested for HIV. Fewer than 1% of those tested received a confirmatory HIV test, similar to previous years.

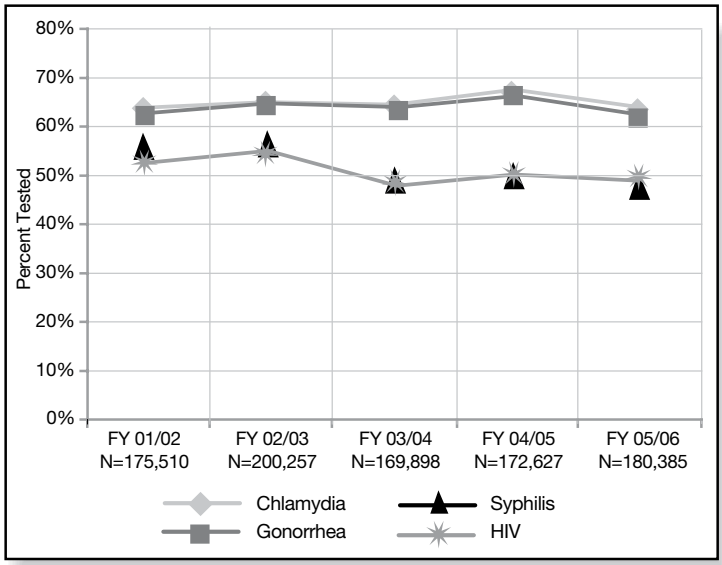
Human papillomavirus (HPV): HPV testing became a benefit of the Family PACT Program as of July 2000. HPV testing is restricted to reflex testing of Pap tests when results indicate atypical squamous cells of undetermined significance (ASC-US) and is not used for HPV screening within the Family PACT Program. Two percent (2%) of female clients served received HPV testing during FY 05/06 – the same percentage as in FY 03/04 and FY 04/05, but up from less than 1% in FY 02/03.

8 Family PACT Clinical Practice Alert, Gonorrhea and Chlamydia Screening, June 2006, STD Control Branch Over 20 Study, 2006 and California Project Area Infertility Prevention Project, 2005.
9 Overall and provider type CT screening rates for all previous years were re-run to include denied claims, according to the methodology in footnote 7. As a result, rates presented in this section differ from previous annual reports.
10 California Infertility Prevention Project sentinel family planning data 1997-2004.

STI Test Utilization among Male Clients

Seventy percent (70%) of male clients received STI testing in FY 05/06, down from 73% in FY 04/05, 70% in FY 03/04 and 72% in FY 01/02 and FY 02/03. While STI testing for males appeared to level off and there were notable declines in syphilis and HIV testing in FY 03/04, the proportion of males tested for STIs showed slight decreases for all test types in FY 05/06. See Figure 7-7.

Figure 7-7
Percent of Male Family PACT Clients Tested for Selected STIs, FY 01/02 to FY 05/06



Source: Family PACT Enrollment and Claims Data

Chlamydia: Sixty-four percent (64%) of male clients were tested for chlamydia in FY 05/06, lower than in the previous year. Currently, there are no program or national chlamydia screening guidelines for males.

Gonorrhea: Sixty-two percent (62%) of male clients were tested for gonorrhea in FY 05/06, down from 66% in the previous fiscal year but similar to the percent for years prior.

Syphilis: The percent of male clients tested for syphilis decreased from 50% in FY 04/05 to 47% this year. One percent (1%) of the total screened received confirmatory syphilis testing.

HIV: In FY 05/06 the percent of male clients who were tested for HIV decreased from 50% to 49% and lower than the high of 55% in FY 02/03. As with females, these data underestimate the proportion of male clients tested for HIV to the extent that those tested anonymously using other funding sources are not included. Fewer than 1% of clients tested received a confirmatory HIV test.

STI Test Utilization among Adolescent Clients

Fifty-seven percent (57%) of female adolescent clients received at least one STI test in FY 05/06, compared to 60% of female adult clients. Sixty-four percent (64%) of male adolescent clients received at least one STI test in FY 05/06 compared to 71% of male adults. 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.[11] However, in FY 05/06 as in previous years, a slightly higher proportion of adult clients were tested for chlamydia and gonorrhea, among both males and females. See Figure 7-8.

Figure 7-8
Percent of Family PACT Clients Served with Chlamydia or Gonorrhea Testing, by Sex and Age, FY 05/06

	Females		Males	
STI Test Type	Adolescents N=249,204	Adults N=1,054,109	Adolescents N=32,542	Adults N=147,842
Chlamydia	55%	56%	59%	65%
Gonorrhea	50%	52%	57%	63%

Source: Family PACT Enrollment and Claims Data

11 Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2005 Supplement, Chlamydia Prevalence Monitoring Project Annual Report 2005. Atlanta, GA: US Department of Health Human Services, Centers for Disease Control, December 2006.

Chapter 8 Reimbursement

Overview[1]

Total reimbursement for Family PACT services increased by 2% in FY 05/06, to reach $426 million. 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 $50 million in FY 05/06, thus lowering the cost of the program to the government to $375 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

Reimbursement ($426 million) has now increased in each of the last two fiscal years after a small decline in FY 03/04. Reimbursement per client, however, has declined over that time, down from $264 in FY 03/04 to $262 in FY 05/06. Reimbursement per client has been remarkably stable since FY 01/02, ranging between $262 to $264. See Figures 1-5, 1-6, and 8-1.

As is the case every year, four service types accounted for over three-quarters of all Family PACT reimbursements: contraceptive drugs (38%), STI testing (18%), Evaluation and Management (E&M) services (17%), and Education and Counseling (E&C) services (7%). The share of reimbursement attributable to contraceptive drugs continued to grow in FY 05/06 and made up 38% of all Family PACT reimbursements, up from 32% in FY 03/04 and 26% in FY 02/03. Over this same period of time, the share of reimbursement attributable to E&M and E&C services has remained fairly steady and the share attributable to STI testing has declined from 22% in FY 02/03, to 19% in FY 03/04, to 18% in FY 05/06. See Figure 8-1.

Figure 8-1
Family PACT Reimbursement by Service Type, FY 05/06

Service	Clients Served[a]	Reimbursement			Average Reimbursement Per Client	
	Number	Amount	% of Total	% Chg from previous year	Amount	% Chg from previous year
Clinician Services						
E&M Codes[b] - New Clients	528,015	$28,646,176	7%	-3%	$54.25	-6%
E&M Codes[b] - Established Clients	940,031	$44,925,469	11%	-1%	$47.79	-4%
E&C Codes[c]	844,933	$27,734,730	7%	-4%	$32.82	-4%
Method Related Procedures	36,750	$3,883,649	1%	-3%	$105.68	-10%
Facility Fees	51,737	$3,286,655	1%	-7%	$63.53	-5%
Dysplasia Services	39,916	$4,678,948	1%	6%	$117.22	1%
Other Surgical Procedures[d]	11,571	$1,252,017	<1%	-3%	$108.20	-3%
Mammography	17,946	$1,206,409	<1%	23%	$67.22	1%
Other Clinical Procedures[d]	646	$51,367	<1%	-35%	$79.52	-9%
Subtotal Clinician Services	**1,498,283**	**$115,665,419**	**27%**	**-2%**	**$77.20**	**-5%**
Drug & Supply Services						
Contraceptive Drugs	876,440	$161,133,756	38%	7%	$183.85	5%
Non-Contraceptive Drugs	397,679	$27,453,472	6%	2%	$69.03	2%
Barrier Supplies	737,885	$10,995,158	3%	1%	$14.90	-2%
Subtotal Drug & Supply Services	**1,235,620**	**$199,582,386**	**47%**	**6%**	**$161.52**	**4%**
Laboratory Services[d]						
STI Tests	902,109	$76,879,223	18%	2%	$85.22	2%
Pap Tests	664,246	$17,904,329	4%	2%	$26.95	5%
Pregnancy Tests	616,906	$3,934,808	1%	-10%	$6.38	-5%
Method Related	348,610	$4,178,804	1%	-10%	$11.99	-1%
Specimen Handling Fees	274,086	$1,071,341	<1%	-3%	$3.91	-1%
Other Lab Tests	455,113	$6,358,225	1%	1%	$13.97	2%
Subtotal Laboratory Services	**1,277,562**	**$110,326,730**	**26%**	**1%**	**$86.36**	**1%**
GRAND TOTAL	**1,622,709**	**$425,574,536**	**100%**	**1%**	**$262.26**	**-1%**

a Clients served do not add to the subtotals because clients may receive more than one service.
b E&M: Evaluation and Management.
c E&C: Education and Counseling.
d Categorization changed in FY 02/03. Surgical Procedures was renamed Method Related Procedures and the one non-method related procedure is now grouped with Other Clinician Services. For more information see Appendix I and II.

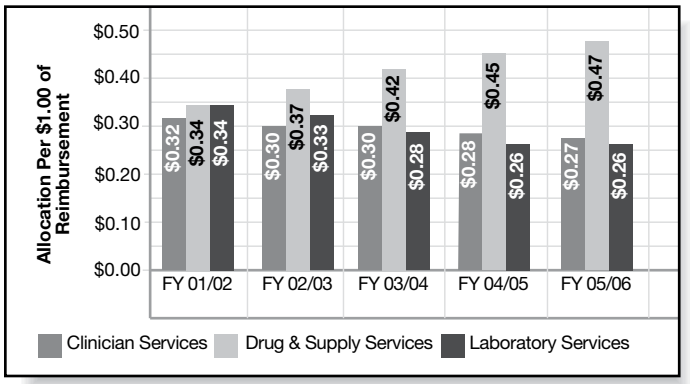
Source: Family PACT Enrollment and Claims Data

1 Only paid claims for dates of service within FY 05/06 were used for this report. Almost 18 million Family PACT claims with dates of service in FY 05/06 were submitted for reimbursement. Twenty-one percent (3.8 million) of them were denied and are not included in 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 05/06 was $426 million, and reimbursement for DOP in FY 05/06 was $421 million. The two numbers are usually within 10% of each other.
2 May 2007 Medi-Cal Estimate, Page 118 of 139. Estimates were provided for fiscal years 02/03 through 05/06.

For every dollar reimbursed:

- Twenty-seven cents were spent for clinician services, 47 cents for drug and supply services, and 26 cents for laboratory services. Drug and supply services continue to take a larger share of each dollar spent than clinician and laboratory services. See Figure 8-2.

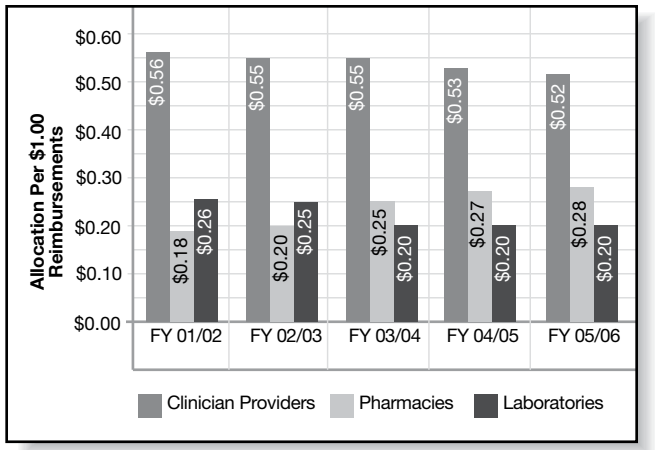
Figure 8-2
Trends in Family PACT Reimbursement by Service Type



Source: Family PACT Enrollment and Claims Data

- Fifty-two cents were paid to clinician providers (who can be reimbursed for all three types of service), 28 cents to pharmacy providers, and 20 cents to laboratory providers. Not surprisingly, the share paid to pharmacies continues to increase as the per dollar share for drug and supply services increases. The 52 cents paid to clinician providers included 27 cents for clinician services, 19 cents for drug and supply services, and 6 cents for laboratory services. See Figure 8-3.

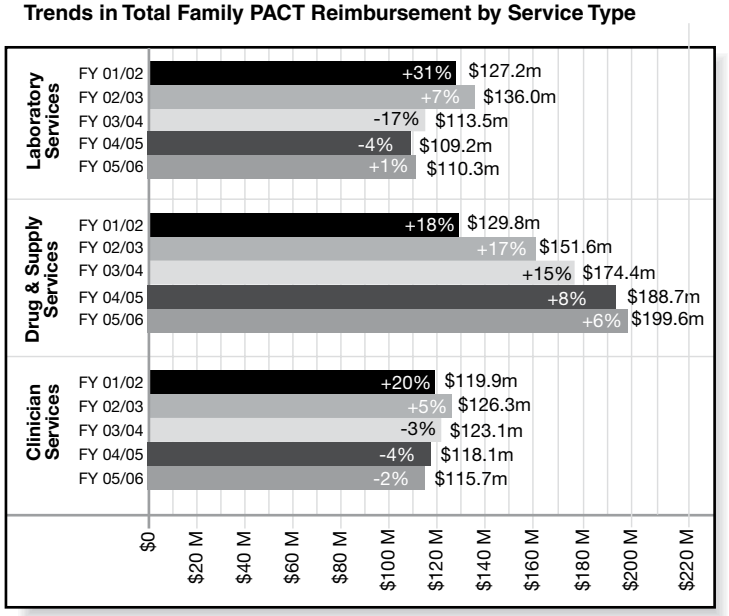
Figure 8-3
Trends in Family PACT Reimbursement by Provider Type



Source: Family PACT Enrollment and Claims Data

Total reimbursement increased by $9.6 million between FY 04/05 and FY 05/06, while changes in reimbursement by service type were mixed. Reimbursement for drug and supply services and laboratory services increased – 6% and 1% respectively – while reimbursement for clinician services decreased 2%. Drug and supply service reimbursement continued to show the largest increase, though growth in this service type slowed compared to previous years. Reimbursement for laboratory services increased for the first time since FY 02/03, while reimbursement for clinician services decreased for the third consecutive year. See Figure 8-4.

Figure 8-4
Trends in Total Family PACT Reimbursement by Service Type



Source: Family PACT Enrollment and Claims Data

3 Medi-Cal is California's Medicaid program and, as such, provides health care and prescription drugs to low-income and disabled residents.

Factors Affecting the Change in Reimbursement

The growth in FY 05/06 reimbursement was primarily driven by a 3% increase in the number of clients served by Family PACT. Changes in cost and utilization were slightly negative in FY 05/06, with decreases for clinician and laboratory services that more than offset increases for drug and supply services, a pattern also seen in FY 04/05. The overall decline in cost and utilization was a result of a decline in utilization (claim lines per client served) offsetting an increase in costs (reimbursement per claim line). This same scenario existed in FY 04/05 but the effect was much greater in that year. The smaller decrease in cost and utilization combined with a stronger figure for the growth in clients served led to the larger increase in total reimbursement for FY 05/06. See Figures 8-5 and 8-6.

Figure 8-5
Change in Family PACT Reimbursement by Service Type

The $10 million increase in reimbursement between FY 04/05 and FY 05/06 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]	**$10,524,039**	**109%**
Changes in Cost & Utilization[b]	**-$882,034**	**-9%**
Clinician Services[c]	*-$5,405,511*	
Drug & Supply Services	*$6,141,603*	
Laboratory Services[d]	*-$1,618,127*	
Total Change in Reimbursement	**$9,642,005**	**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 1,582,664 in FY 04/05 to 1,622,709 in FY 05/06.

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.

c The change in reimbursement due to cost & utilization changes of Clinician Services is negative due to (1) a decrease in claim lines per client, from 2.72 in FY 04/05 to 2.66 in FY 05/06 and (2) a decrease in cost per claim line from $29.86 in FY 04/05 to $29.04 in FY 05/06.

d The change in reimbursement due to cost & utilization changes of Laboratory Services is negative due to a decrease in claim lines per client from 4.83 in FY 04/05 to 4.62 in FY 05/06. This effect is mitigated somewhat by an increase in cost per claim line from $17.69 in FY 04/05 to $18.72 in FY 05/06.

Source: Family PACT Enrollment and Claims Data

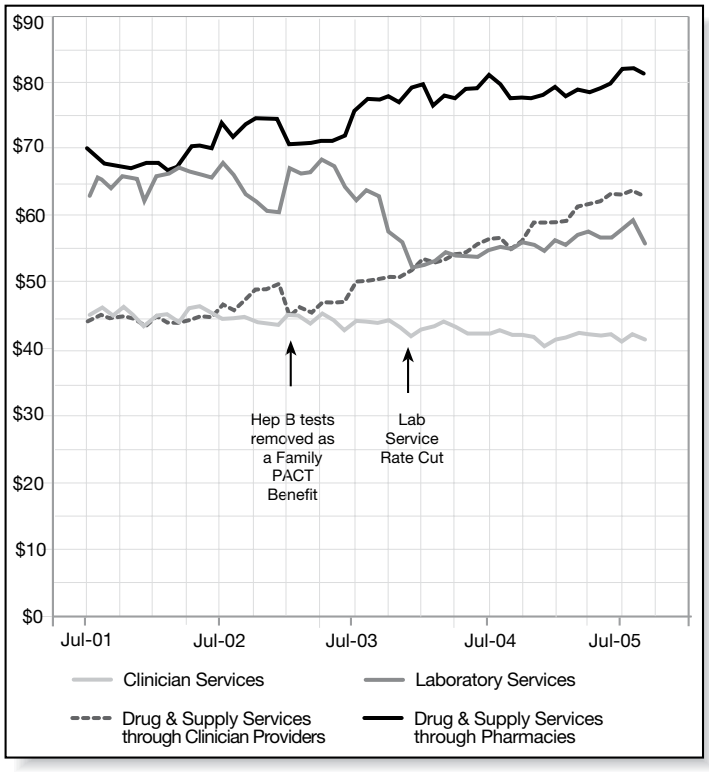
Figure 8-6
Family PACT Cost Factors by Service Type, FY 05/06

Service Type	Clients Served	% Change from previous year	Average Claim Lines/ Client Served (Utilization)	% Change from previous year	Average Reimburse-ment/ Claim Line (Cost)	% Change from previous year
Clinician	1,498,283	3%	2.66	-2%	$29.04	-3%
Laboratory	1,277,562	0%	4.62	-4%	$18.71	6%
Drug & Supply	1,235,620	2%	3.21	-2%	$50.37	5%
Pharmacy	*625,032*	*0%*	*2.99*	*-1%*	*$62.79*	*5%*
Clinician Provider	*772,918*	*2%*	*2.71*	*0%*	*$39.28*	*6%*
Total	**1,622,709**	**3%**	**8.53**	**-4%**	**$30.74**	**4%**

Source: Family PACT Enrollment and Claims Data

Figure 8-7 illustrates monthly changes in the cost factors affecting Family PACT reimbursement patterns. Monthly reimbursement per client for laboratory and clinician services remained relatively stable in FY 05/06 while monthly reimbursement per client for drug and supply services continued to increase, including payments to both clinicians and pharmacies.

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



Source: Family PACT Enrollment and Claims Data

Laboratory Services

Spending for laboratory services increased for the first time since FY 02/03, though the 1% increase was still small. The increase was driven solely by a 6% increase in reimbursement per lab test; the number of tests per client declined 4%. Despite the small increase in FY 05/06, the rate of growth in spending for laboratory services since FY 02/03 is still well below what was seen in the early years of the program.

The breakdown for the type of lab tests reimbursed in FY 05/06 is virtually unchanged from previous fiscal years. Sixty-two percent (62%) of paid laboratory claims were for gonorrhea (GC) and/or chlamydia (CT) tests, the same percentage as last year. HPV tests registered the largest increase among all STI tests with reimbursement increasing by 23% in FY 05/06. STI testing as a whole accounted for 70% of all lab tests, up slightly from 69% last year. Cervical cancer screening was again the second most common type of test, representing 16% of all lab tests. FY 05/06 saw a continued decline in spending for pregnancy tests (-10%) and method related lab tests (-10%). See Figure 8-8.

Figure 8-8
Family PACT Laboratory Services, FY 05/06

Laboratory Test	Reimbursement		
	Amount	% of Total	% Chg from previous year
STI Tests	**$76,879,223**	**70%**	**2%**
CT	$35,655,283	32%	3%
GC	$33,136,768	30%	2%
HIV	$4,626,832	4%	1%
Syphilis	$1,718,246	2%	-1%
HPV	$1,186,009	1%	23%
GC/CT Combined	$421,135	<1%	-37%
HSV	$120,111	<1%	-21%
Other STI Tests	$14,839	<1%	-23%
Pap Tests	**$17,904,329**	**16%**	**2%**
Pregnancy Test	**$3,934,808**	**4%**	**-10%**
Method Related Tests	**$4,178,804**	**4%**	**-10%**
Prolactin	$230,520	<1%	-15%
Urinalysis	$818,913	1%	-16%
FSH	$201,016	<1%	-9%
Liver Function	$952,989	1%	-10%
Other Method Related Tests	$1,975,366	2%	-6%
Speciman Handling Fees	**$1,071,341**	**1%**	**-3%**
Other Laboratory Tests	**$6,358,225**	**4%**	**1%**
Laboratory Services Total	**$110,326,730**	**100%**	**1%**

Source: Family PACT Enrollment and Claims Data

Drug and Supply Services[4]

Drug and supply services continue to be the fastest growing Family PACT service category in terms of program reimbursement, growing by 6% in FY 05/06. This is a little lower than last year's 8% rate of growth and substantially lower than the historical yearly growth rates of 15%-18%. The 6% increase this year was driven by increases in costs (5%) and the number of clients receiving drug and supply services (2%), with utilization (claim lines per client) actually down by 2%.

Reimbursement increases for contraceptive drugs (up by 7% in FY 05/06) account for most of the overall increase in drug and supply spending. However, after decreasing last year, spending for barrier methods and supplies and non-contraceptive drugs increased in FY 05/06 by 1% and 2% respectively. Among contraceptive drugs, three drugs (patches, ECPs, and rings) had been experiencing tremendous growth in the past few fiscal years and this trend continued unabated in FY 05/06 for ECPs (32%) and rings (73%). However, reimbursement for patches suffered a steep drop in FY 05/06, declining by 13%. The decline in patch reimbursement was offset by a 14% increase in spending on OCs. OCs made up 42% of all drug and supply spending, up from 39% in FY 04/05. The increase in the share of reimbursement attributable to OCs came primarily at the expense of the share of reimbursement attributable to patches, which made up 18% of drug and supply spending in FY 05/06, down from 23% in FY 04/05. See Figure 8-9.

Figure 8-9
Family PACT Drug & Supply Services, FY 05/06

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Chg From previous year
Clinician	$82,236,440	41%	8%
Pharmacy	$117,345,946	59%	4%
Total	$199,582,386	100%	6%
Reimbursement by Provider Type	**Reimbursement**		
	Amount	**%**	**% Chg From previous year**
Contraceptive Drugs			
OCs	$83,859,336	42%	14%
Patches	$36,776,907	18%	-13%
Injections	$16,202,841	8%	-8%
IUC	$6,380,822	3%	30%
ECPs	$8,973,822	4%	32%
Rings	$8,937,684	4%	73%
Implants	$2,346	<1%	-60%
Subtotal	$161,133,756	81%	7%
Barrier Methods and Supplies	**$10,995,158**	**6%**	**1%**
Non-Contraceptive Drugs	**$27,453,472**	**14%**	**2%**
Total Reimbursement for Drug & Supply Services	**$199,582,386**	**100%**	**6%**

Source: Family PACT Enrollment and Claims Data

Clinician Services

Reimbursement for clinician services decreased for a third consecutive year in FY 05/06 (-2%), with the decline this year again driven by a drop in both claim lines per client (-2%) and reimbursement per claim line (-3%). The effect of these declines was mitigated by the 3% increase in clients receiving clinician services in FY 05/06. Thus, clinicians saw on average more clients in FY 05/06, but billed fewer claims per client at a lower cost per claim.

Family PACT spending on clinician services continued to become more heavily weighted toward public providers in FY 05/06. Sixty-five percent (65%) of expenditures for clinician services went to public providers, while only 35% went to private providers. This continued the trend toward higher reimbursement for public providers seen over the past several years and represents a stark change from FY 01/02 when private providers received 49% of reimbursement for clinician services. Public providers served 68% of all clients, while private providers served 34% of all clients.[5] These changes are a result of continued declines in the number of clients served by private providers (-2%), coupled with the continued steady growth in the number of clients served by public providers (6%). See Figure 8-10.

Figure 8-10
Family PACT Reimbursement for Clinician Services[a]

FY	Public $	Public %	Private $	Private %	Total $
01/02	$60,662,460	51%	$59,274,770	49%	$119,937,230
02/03	$66,567,815	53%	$59,772,005	47%	$126,339,820
03/04	$72,166,689	59%	$50,887,262	41%	$123,053,951
04/05	$75,635,845	64%	$42,446,832	36%	$118,082,677
05/06	$75,562,606	65%	$40,102,324	35%	$115,664,930

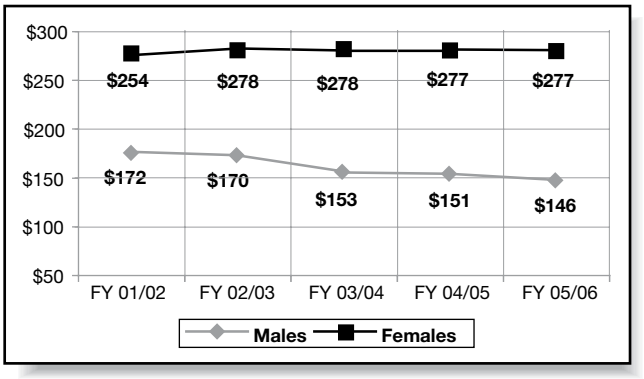
a Excludes drug and supply services and laboratory services paid to clinicians.

Source: Family PACT Enrollment and Claims Data

Reimbursement for Males vs. Females

Reimbursement for males – who are about 11% of the Family PACT population – accounted for 6% of the total reimbursement and reimbursement for female clients accounted for 94%, the same as in the previous year. Average reimbursement per male client declined by 3.4% to $146 in FY 05/06, while average reimbursement per client for females remained unchanged at $277. The number of claim lines per client declined for both males and females.[6] See Figure 8-11.

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

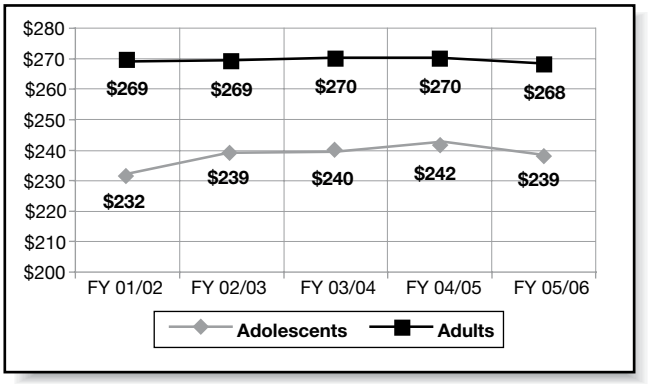


Source: Family PACT Enrollment and Claims Data

Reimbursement for Adolescents vs. Adults

Reimbursement for adolescents – who are 19% of the Family PACT population – declined slightly in FY 05/06, to 17% of the total reimbursement. The average reimbursement per client declined slightly among both adolescents ($242 in FY 04/05 vs. $239 in FY 05/06) and adults ($270 in FY 04/05 vs. $268 in FY 05/06). The average reimbursement for clients aged 18-19 was $255 – unchanged from FY 04/05 – while the average reimbursement for clients less than 18 years of age was $219 (down 1% from FY 04/05). See Figure 8-12.

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



Source: Family PACT Enrollment and Claims Data

4 Detailed data on Family PACT drug rebates were not available for this report. The cost of Drug and Supply Services would be lower if drug rebates were factored in. Due to the absence of data on drug rebates, cost comparisons between dispensing at pharmacies and at clinician providers were not included in this report.

5 This includes clients served by all clinician providers delivering Family PACT services. The percentages add to more than 100% because 2% of clients were served both by public providers and by private providers.

6 Claim lines per male client decreased from 6.3 to 6.1. Claim lines per female client decreased from 9.2 to 8.8.

Reimbursement with Drug Rebates Applied

While the analysis of paid claims gives a clear picture of where the program is spending money and correctly 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 Medicaid[7] 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 for analyses of reimbursement using drug rebate data differs from the previous analyses in the following significant ways:

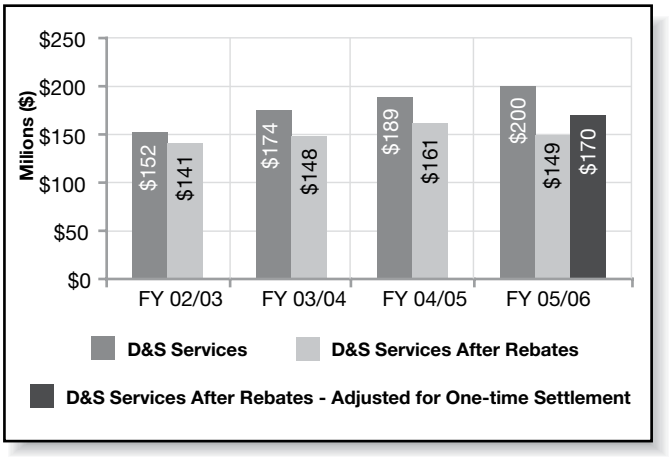
- Total reimbursement in this chapter is based on paid claims for dates of service during the fiscal year, while drug rebate estimates are based on rebates received by the State during the fiscal year – some of which are for dates of service that are several years old.
- Family PACT paid claims are factual, 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 are significantly higher than normal due to a one-time settlement with a drug company.
- At this time, data is not available that would allow for detailed analysis of drug rebates by drug type, therefore only overall estimates are used.

Effect on Total Reimbursement

Medi-Cal estimates the Family PACT portion of the federal rebate for pharmacy dispensed drugs to be $50 million for FY 05/06, up from $28 million in FY 04/05. Much of this large increase can be attributed to a sizeable one-time retroactive rebate settlement received this year that will not appear in future years. The size of the rebate that the State may receive over the next two years is projected to be around $34 million to $35 million per year.[8]

Applying the estimate of $50 million in drug rebates would decrease the total net dollars spent on drug and supply services in FY 05/06 by 25%, from $199.6 million to $149.1 million. After adjusting the rebate amount by subtracting the one-time retroactive rebate settlement, net spending on drug and supply services decreased by 15%, from $199.6 million to $169.6 million. On average, rebates have reduced drug and supply spending by 15% since FY 02/03. See Figure 8-13.

Figure 8-13
Trends in Family FPACT Drug & Supply (D&S) Reimbursement Including Drug Rebates[a]



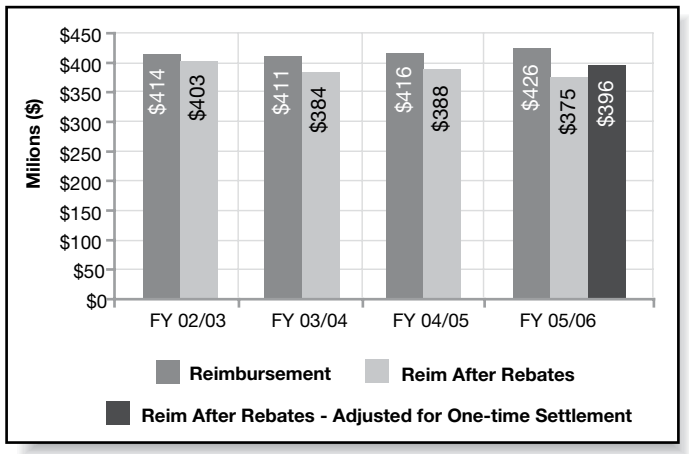
a Rebate figures for FY 05/06 include a one-time retroactive rebate, the adjusted figure represents what the data would look like without the retroactive rebate.

Source: Family PACT Enrollment and Claims Data

7 Medi-Cal is California's Medicaid program and, as such, provides health care and prescription drugs to low-income and disabled residents.
8 Based on the May 2007 Medi-Cal Estimate, PC Page 70.

The lower net reimbursement for drug and supply services after rebate adjustments decreased net total reimbursement for all services by 12% in FY 05/06, from $426 million to $375 million. Excluding the portion of the estimated FY 05/06 rebate attributable to the retroactive settlement, net total reimbursement declined by 7%, from $426 million to $395 million. See Figure 8-14.

Figure 8-14
Family PACT Reimbursement Adjusted for Drug Rebates[a]



a Rebate figures for FY 05/06 include a one-time retroactive rebate, the adjusted figure represents what the data would look like without the retroactive rebate.

Source: Family PACT Enrollment and Claims Data

Drug rebates have lowered spending on drug and supply services by $116 million (16%) since FY 01/02. This has lowered total Family PACT reimbursement by 7% over that same time frame. See Figure 8-15.

Figure 8-15
Cumulative Family PACT Reimbursement Including Drug Rebates

FY	Total Reim. ($M)	Drug Rebate Amt. ($M)	Total Net Reim. ($M)	% Chg in Reim. Due to Rebate
Drug and Supply				
FY 02/03	$151.6	$11.0	$140.7	-7%
FY 03/04	$174.4	$26.8	$147.6	-15%
FY 04/05	$188.7	$27.6	$161.1	-15%
FY 05/06[a]	$199.6	$50.5	$149.1	-25%
Total	$714.2	$115.8	$598.5	-16%
Total Family PACT				
FY 02/03	$414.3	$11.0	$403.4	-3%
FY 03/04	$410.5	$26.8	$383.8	-7%
FY 04/05	$416.3	$27.6	$388.7	-7%
FY 05/06[a]	$426.0	$50.5	$375.5	-12%
Total	$1,667.1	$115.8	$1,551.4	-7%

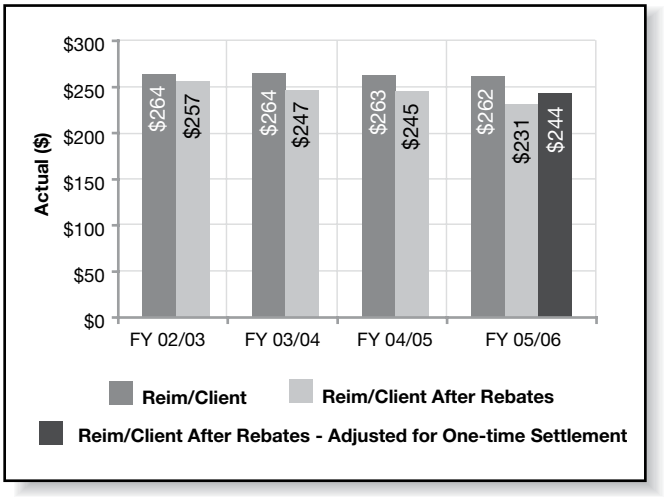
a Rebate figures for FY 05/06 include a one-time retroactive rebate.

Source: Family PACT Enrollment and Claims Data

Effect on Reimbursement per Client and per Claim

Drug rebates have significantly lowered the reimbursement per client served over the last three years, lowering the reimbursement by an average of $18 per client. In FY 05/06, reimbursement per client after rebates was $231; the number increases to $244 when the rebate amount for the one-time settlement is excluded. See Figure 8-16.

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



a Rebate figures for FY 05/06 include a one time retroactive rebate, the adjusted figure represents what the data would look like without the retroactive rebate.

Source: Family PACT Enrollment and Claims Data

Since FY 02/03, rebates have lowered average reimbursement for drug and supply claims dispensed at pharmacies by $15 to $17, the average reimbursement for all drug and supply claims by $7 to $8, and the average reimbursement for Family PACT claims by $1.85 to $2.25. See Figure 8-17. While the reimbursement per claim is still higher for pharmacy dispensing than for on-site dispensing, the difference is greatly reduced when factoring in drug rebates. Without rebates, pharmacy dispensing costs 60% more than on-site dispensing on average each fiscal year; factoring in rebates lowers the difference in costs to around 20%. These differences are not affected by the one-time settlement in FY 05/06. See Figure 8-18.

Summary

Drug rebates significantly lower the costs of the Family PACT program each year for both the state General Fund and the federal Centers for Medicare and Medicaid Services. They also make pharmacy dispensing much less expensive for the program, though pharmacy dispensing costs are still higher than on-site dispensing costs.

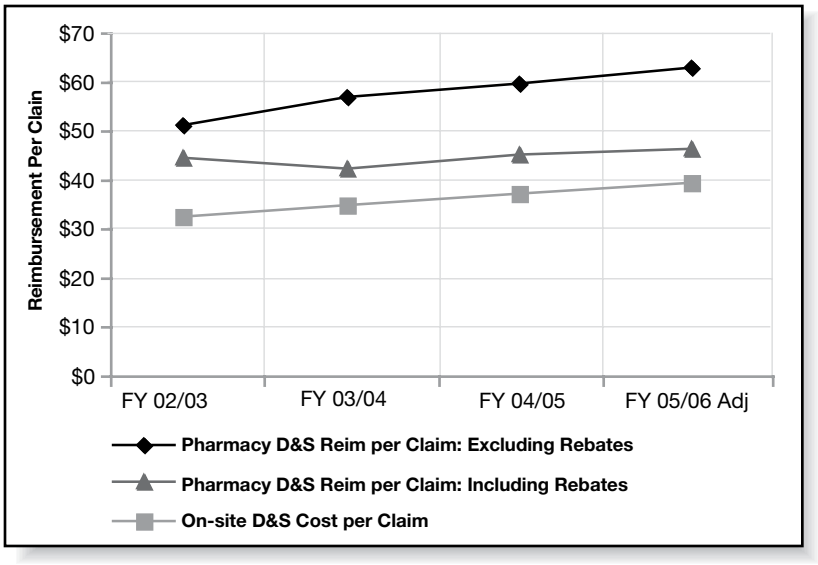
Figure 8-17
Family PACT Reimbursement per Claim Line Including Drug Rebates

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
FY 02/03	$51.07	$44.38	-$6.69	$40.61	$37.68	-$2.93	$26.38	$25.68	-$0.70
FY 03/04	$56.87	$42.23	-$14.64	$45.23	$38.29	-$6.94	$28.38	$26.53	-$1.85
FY 04/05	$59.62	$45.01	-$14.61	$47.87	$40.87	-$7.00	$29.57	$27.61	-$1.96
FY 05/06 Adj[a]	$62.79	$46.21	-$16.59	$50.37	$42.55	-$7.82	$30.74	$28.50	-$2.24
FY 05/06	$62.79	$35.79	-$27.00	$50.37	$37.64	-$12.74	$30.74	$27.10	-$3.65

a Rebate figures for FY 05/06 include a one-time retroactive rebate, the adjusted figures represent what the data would be without the retroactive rebate.

Source: Family PACT Enrollment and Claims Data

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



a Rebate estimates for FY 05/06 include a one time retroactive rebate, the Reimbursement per Claim figure for this year estimates what Reimbursement per Claim would be without that retroactive rebate.

Source: Family PACT Enrollment and Claims Data

Chapter 9 Family PACT Data by County

County Populations[1]

There is considerable geographic variation in Family PACT utilization, reflecting the great diversity of the State. In FY 05/06, county populations varied from 10.2 million in Los Angeles County to 1,339 in Alpine County.[2] Los Angeles County contains 27% of the California population[3] and 34% of the state's population with a family income below the Federal Poverty level.[4] In FY 05/06, Los Angeles County accounted for 36% of all Family PACT clients, 44% of all enrolled providers and 36% of all reimbursements.

On the list of top ten counties for clients served, there have been changes from the previous year. Kern County replaced Contra Costa County as tenth on the list and Contra Costa County moved to twelfth position. Kern County's rise to the top ten was attributable to a 5% increase in clients served in that county. Los Angeles County remains at the top of the list. The top ten counties accounted for 74% of clients served, 77% of enrolled providers and 74% of total reimbursement. See Figure 9-1.

Figure 9-1
Participation in Family PACT: Top Ten Counties
FY 05/06

	Number of Clients Served[a] Number	Clients Served in County as Percentage of Total Clients Served Percentage
California State	1,622,709	
County:		
1 Los Angeles	576,241	35.5%
2 San Diego	135,480	8.3%
3 Orange	121,257	7.5%
4 San Bernardino	76,799	4.7%
5 Riverside	73,760	4.5%
6 Santa Clara	52,996	3.3%
7 Sacramento	46,399	2.9%
8 Alameda	45,688	2.8%
9 Fresno	44,642	2.8%
10 Kern	32,306	2.0%
Top Ten Subtotal:	1,205,568	74.3%

a Based on county of client residence.

Source: Family PACT Enrollment and Claims Data

Five counties had fewer than 500 clients served each: Trinity, Modoc, Mariposa, Sierra, and Alpine. One county – Alpine – had no enrolled provider delivering services and five (Inyo, Mariposa, Mono, San Benito, and Sierra) had only one.

Client Growth Rates

The increase in the number of clients served in FY 05/06 varied widely among the 58 counties. Between FY 04/05 and FY 05/06, the county showing the largest growth in the number of clients was Amador County, which increased its number of clients served by 39%. Over a five-year period, three counties[5] increased by 80% or more in the number of clients served. The most populous of those counties, Lake County, has seen growth in clients served of 91% since FY 01/02. Although Los Angeles County increased between FY 04/05 and FY 05/06, the five-year trend showed a 7% decrease in clients. Los Angeles County was the only county to show a decline in five-year trend analysis. Among the large urban areas – the Los Angeles/San Diego corridor, the San Francisco Bay Area and Sacramento – Sacramento showed the most growth between FY 04/05 and FY 05/06 with a 6% increase in the number of clients served. The San Francisco Bay Area increased by 3% with the largest growth being in Alameda and San Mateo Counties. In the Los Angeles and San Diego area, the overall number of clients increased by 2% with an increase of 1% in the number of clients served in Los Angeles. Elsewhere in that area, the number of clients served also increased. See Figure 9-2. Riverside County showed the highest growth in clients served in FY 05/06 (7%), as it has since FY 02/03.

Figure 9-2
Trend of Family PACT Clients Served in Large Urban Areas, FY 04/05 through FY 05/06

Urban Area	County of Client Residence	FY 04/05	FY 05/06	% change over FY 04/05
San Francisco Bay Area	Alameda	43,527	45,688	5%
	Contra Costa	32,384	31,703	-2%
	Marin	8,585	8,816	3%
	San Francisco	27,257	27,928	2%
	San Mateo	20,319	21,894	8%
	Subtotal	**132,072**	**136,029**	**3%**
Los Angeles/ San Diego Corridor	Los Angeles	573,074	576,241	1%
	Orange	119,104	121,257	2%
	Riverside	69,034	73,760	7%
	San Diego	128,551	135,480	5%
	Subtotal	**889,763**	**906,738**	**2%**
Sacramento	**Sacramento**	**43,783**	**46,399**	**6%**

Source: Family PACT Enrollment and Claims Data

1 Counts by client county are now based on an algorithm created to reassign cases where client self reported zip code and county disagree. Counts by client county for this and previous years have been run under this new methodology and thus will differ from previous annual report counts by client county. A detailed outline of the 'assigned county' methodology now employed can be found in Appendix 1.
2 Based on average population for calendar years 2005 and 2006, Department of Finance population projections.
3 State of California, Department of Finance, Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties, 2000-2050, Sacramento, California. May 2004.
4 American Community Survey, 2005.
5 Amador, Lake, and Mariposa.

Client Demographics

Client demographic characteristics varied across counties. Males as a percentage of all clients ranged from a high of 18% in San Luis Obispo County to a low of 3% in Modoc and Lassen Counties. Males comprised 14% of all clients in Los Angeles County, where the average age of males was among the highest at 30 years. The proportion of adolescent clients ranged from a high of 41% in Amador and Calaveras Counties to a low of 7% in Alpine County. Among large counties – those serving over 20,000 clients – the highest proportion of adolescent clients were observed in San Mateo County (28%), Contra Costa County (27%), Sonoma County (25%), Sacramento County (24%), San Joaquin County (24%), and Alameda County (24%). The proportion of clients who identified themselves as Latino ranged from over 80% in Imperial, Monterey and Tulare Counties to less than 10% in Alpine, Shasta, and Trinity Counties. Seventy-seven percent (77%) of clients in Los Angeles County identified themselves as Latino. See Figure 9-3 on the following page.

Provider Sector

The proportion of private and public providers varied widely across counties. The counties with the highest proportion of active private providers were in southern California: San Bernardino (87%), Orange (86%), Los Angeles (84%) and Riverside (74%). Eleven counties had only one private provider and 15 had no enrolled private provider delivering services in FY 05/06. See Figure 9-4. Thirty counties had 25% or more of their providers in the private sector in FY 05/06, a slight decrease from FY 04/05. The counties with the highest proportion of clients served by private providers were Los Angeles (64%), Orange (58%), San Bernardino (49%), and Riverside (40%).

Reimbursement Patterns

Reimbursement per county was closely related to the number of clients served.[6] See Figure 9-4. Los Angeles County received the highest reimbursement, at $155 million, while Plumas County received the lowest at $295,062. Reimbursement per client ranged from $222 to $345 among counties. The five counties with the highest reimbursement per client were Shasta ($345), Tuolumne ($344), Colusa ($316), San Luis Obispo ($304) and Butte ($302). With reimbursement per client of $268, Los Angeles County rose in reimbursement ranking from twenty-fourth in FY 04/05 to twentieth in FY 05/06. The five counties with the lowest reimbursement per client were Kern ($222), San Benito ($230), San Joaquin ($230), Imperial ($236), and Santa Clara ($236).

6 Reimbursement is based on the county of client residence and does not include drug rebates. Counties with fewer than 1,000 clients were excluded from reimbursement analysis because data are less reliable where client numbers are small.

Figure 9-3
County Data: Family PACT Client Demographics, FY 05/06

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, Filipino, & Pacific Islander		Native American & Other		Spanish		English		Other	
	No.	%		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
California State	1,622,709	100.0%	26.8	307,535	19%	183,781	11%	1,046,764	65%	324,587	20%	97,467	6%	105,606	7%	48,285	3%	797,457	49%	752,777	46%	72,475	4%
Alameda	45,688	2.8%	25.9	10,777	24%	4,645	10%	19,381	42%	8,583	19%	8,917	20%	6,317	14%	2,490	5%	15,008	33%	27,377	60%	3,303	7%
Alpine	14	0.0%	25.9	1	7%	1	7%	1	7%	10	71%	1	7%	0	0%	2	14%	1	7%	12	86%	1	7%
Amador	932	0.1%	22.9	381	41%	65	7%	127	14%	747	80%	10	1%	14	2%	34	4%	73	8%	843	90%	16	2%
Butte	14,572	0.9%	24.2	3,868	27%	1,466	10%	2,278	16%	10,620	73%	355	2%	601	4%	718	5%	1,242	9%	12,892	88%	438	3%
Calaveras	870	0.1%	22.8	357	41%	99	11%	96	11%	728	84%	6	1%	16	2%	24	3%	65	7%	769	88%	36	4%
Colusa	1,236	0.1%	27.8	203	16%	51	4%	967	78%	217	18%	6	0%	17	1%	29	2%	834	67%	381	31%	21	2%
Contra Costa	31,703	2.0%	24.6	8,645	27%	2,992	9%	14,725	46%	8,926	28%	3,757	12%	2,714	9%	1,581	5%	11,134	35%	18,990	60%	1,579	5%
Del Norte	842	0.1%	23.0	322	38%	35	4%	173	21%	527	63%	5	1%	28	3%	109	13%	126	15%	699	83%	17	2%
El Dorado	4,988	0.3%	25.0	1,325	27%	613	12%	1,334	27%	3,373	68%	40	1%	116	2%	125	3%	1,080	22%	3,814	76%	94	2%
Fresno	44,642	2.8%	25.7	9,643	22%	5,767	13%	29,857	67%	8,399	19%	2,742	6%	2,319	5%	1,325	3%	16,462	37%	26,620	60%	1,560	3%
Glenn	1,428	0.1%	26.4	306	21%	74	5%	790	55%	565	40%	12	1%	18	1%	43	3%	608	43%	810	57%	10	1%
Humboldt	10,656	0.7%	25.0	2,469	23%	1,579	15%	1,215	11%	7,957	75%	217	2%	275	3%	992	9%	678	6%	9,741	91%	237	2%
Imperial	5,593	0.3%	25.6	1,338	24%	369	7%	5,065	91%	348	6%	69	1%	61	1%	50	1%	2,855	51%	2,670	48%	68	1%
Inyo	594	0.0%	25.2	184	31%	52	9%	224	38%	337	57%	2	0%	3	1%	28	5%	185	31%	407	69%	2	0%
Kern	32,306	2.0%	26.2	6,940	21%	3,268	10%	21,743	67%	7,561	23%	1,578	5%	842	3%	582	2%	14,252	44%	17,300	54%	754	2%
Kings	6,461	0.4%	25.8	1,695	26%	713	11%	4,571	71%	1,297	20%	253	4%	195	3%	145	2%	2,552	39%	3,796	59%	113	2%
Lake	1,593	0.1%	25.4	456	29%	78	5%	395	25%	1,082	68%	24	2%	36	2%	56	4%	279	18%	1,294	81%	20	1%
Lassen	773	0.0%	23.0	302	39%	27	3%	113	15%	589	76%	11	1%	29	4%	31	4%	71	9%	690	89%	12	2%
Los Angeles	576,241	35.5%	28.5	80,523	14%	80,976	14%	442,919	77%	46,461	8%	39,582	7%	34,607	6%	12,672	2%	360,958	63%	184,333	32%	30,950	5%
Madera	7,003	0.4%	25.5	1,669	24%	580	8%	5,534	79%	1,118	16%	112	2%	110	2%	129	2%	3,459	49%	3,406	49%	138	2%
Marin	8,816	0.5%	26.5	1,834	21%	827	9%	4,645	53%	3,127	35%	262	3%	348	4%	434	5%	4,262	48%	4,121	47%	433	5%
Mariposa	233	0.0%	24.6	59	25%	12	5%	38	16%	177	76%	2	1%	4	2%	12	5%	20	9%	211	91%	2	1%
Mendocino	4,416	0.3%	25.8	1,061	24%	370	8%	1,536	35%	2,544	58%	36	1%	68	2%	232	5%	1,205	27%	3,169	72%	42	1%
Merced	12,343	0.8%	25.2	3,148	26%	1,485	12%	9,049	73%	2,129	17%	451	4%	404	3%	310	3%	5,870	48%	6,220	50%	253	2%
Modoc	259	0.0%	24.1	90	35%	8	3%	37	14%	204	79%	0	0%	3	1%	15	6%	24	9%	231	89%	4	2%
Mono	875	0.1%	26.9	123	14%	41	5%	360	41%	470	54%	4	0%	14	2%	27	3%	330	38%	527	60%	18	2%
Monterey	19,822	1.2%	26.7	3,610	18%	1,321	7%	16,117	81%	2,342	12%	353	2%	624	3%	386	2%	12,784	64%	6,349	32%	689	3%
Napa	5,779	0.4%	25.8	1,296	22%	767	13%	3,649	63%	1,756	30%	74	1%	170	3%	130	2%	3,098	54%	2,547	44%	134	2%
Nevada	2,360	0.1%	23.4	860	36%	195	8%	408	17%	1,850	78%	12	1%	38	2%	52	2%	341	14%	1,975	84%	44	2%
Orange	121,257	7.5%	27.7	18,003	15%	11,581	10%	86,301	71%	20,591	17%	1,462	1%	9,681	8%	3,222	3%	73,756	61%	41,597	34%	5,904	5%
Placer	6,612	0.4%	24.6	1,729	26%	634	10%	1,837	28%	4,245	64%	99	1%	239	4%	192	3%	1,463	22%	4,921	74%	228	3%
Plumas	1,005	0.1%	24.1	334	33%	86	9%	124	12%	814	81%	17	2%	11	1%	39	4%	74	7%	922	92%	9	1%
Riverside	73,760	4.5%	26.2	15,388	21%	5,720	8%	52,193	71%	14,086	19%	3,646	5%	2,398	3%	1,437	2%	36,663	50%	35,355	48%	1,742	2%
Sacramento	46,399	2.9%	24.6	11,319	24%	5,891	13%	15,910	34%	16,393	35%	7,033	15%	4,700	10%	2,363	5%	10,515	23%	32,852	71%	3,032	7%
San Benito	2,228	0.1%	25.6	541	24%	122	5%	1,739	78%	382	17%	10	0%	39	2%	58	3%	1,152	52%	1,053	47%	23	1%
San Bernardino	76,799	4.7%	26.5	15,740	20%	8,014	10%	52,647	69%	13,355	17%	6,727	9%	2,336	3%	1,734	2%	34,629	45%	40,473	53%	1,697	2%
San Diego	135,480	8.3%	25.7	28,644	21%	12,884	10%	74,311	55%	38,932	29%	7,275	5%	9,818	7%	5,144	4%	52,448	39%	78,275	58%	4,757	4%
San Francisco	27,928	1.7%	27.3	4,030	14%	1,760	6%	9,485	34%	7,572	27%	2,477	9%	6,775	24%	1,619	6%	7,296	26%	16,166	58%	4,466	16%
San Joaquin	27,598	1.7%	25.3	6,699	24%	2,618	9%	16,497	60%	5,812	21%	2,088	8%	2,220	8%	981	4%	11,159	40%	15,312	55%	1,127	4%
San Luis Obispo	14,708	0.9%	23.6	4,229	29%	2,591	18%	3,861	26%	9,558	65%	202	1%	545	4%	542	4%	2,436	17%	12,051	82%	221	2%
San Mateo	21,894	1.3%	25.2	6,070	28%	2,328	11%	12,573	57%	4,333	20%	756	3%	3,158	14%	1,074	5%	9,551	44%	11,024	50%	1,319	6%
Santa Barbara	21,195	1.3%	25.8	4,357	21%	1,935	9%	13,418	63%	6,134	29%	327	2%	820	4%	496	2%	10,095	48%	10,639	50%	461	2%
Santa Clara	52,996	3.3%	25.5	12,262	23%	5,202	10%	33,755	64%	8,626	16%	2,295	4%	6,460	12%	1,860	4%	23,738	45%	26,303	50%	2,955	6%
Santa Cruz	16,270	1.0%	26.3	3,242	20%	1,483	9%	9,509	58%	5,496	34%	178	1%	527	3%	560	3%	7,706	47%	8,273	51%	291	2%
Shasta	8,368	0.5%	23.5	2,772	33%	905	11%	733	9%	6,718	80%	107	1%	345	4%	465	6%	331	4%	7,789	93%	248	3%
Sierra	79	0.0%	25.9	23	29%	4	5%	12	15%	65	82%	1	1%	0	0%	1	1%	10	13%	67	85%	2	3%
Siskiyou	1,398	0.1%	24.5	443	32%	121	9%	214	15%	1,039	74%	24	2%	47	3%	74	5%	138	10%	1,233	88%	27	2%
Solano	11,762	0.7%	24.3	3,530	30%	1,242	11%	4,640	39%	3,280	28%	1,862	16%	1,441	12%	539	5%	3,325	28%	7,963	68%	474	4%
Sonoma	22,666	1.4%	25.3	5,736	25%	2,583	11%	10,722	47%	10,006	44%	402	2%	797	4%	739	3%	8,959	40%	13,234	58%	473	2%
Stanislaus	19,903	1.2%	25.2	4,664	23%	1,613	8%	12,765	64%	5,357	27%	539	3%	648	3%	594	3%	8,814	44%	10,635	53%	454	2%
Sutter	4,181	0.3%	24.9	1,098	26%	313	7%	2,041	49%	1,556	37%	76	2%	296	7%	212	5%	1,391	33%	2,563	61%	227	5%
Tehama	2,379	0.1%	25.2	643	27%	194	8%	921	39%	1,367	57%	10	0%	25	1%	56	2%	714	30%	1,643	69%	22	1%
Trinity	422	0.0%	25.2	128	30%	42	10%	27	6%	368	87%	2	0%	5	1%	20	5%	9	2%	405	96%	8	2%
Tulare	19,197	1.2%	26.9	3,332	17%	1,593	8%	15,521	81%	2,726	14%	215	1%	398	2%	337	2%	10,622	55%	8,285	43%	290	2%
Tuolumne	1,407	0.1%	23.6	432	31%	122	9%	159	11%	1,151	82%	8	1%	34	2%	55	4%	83	6%	1,310	93%	14	1%
Ventura	31,769	2.0%	26.7	5,926	19%	2,887	9%	22,830	72%	6,969	22%	435	1%	923	3%	612	2%	17,353	55%	13,825	44%	591	2%
Yolo	7,434	0.5%	24.1	2,065	28%	635	9%	3,517	47%	2,464	33%	209	3%	823	11%	421	6%	2,288	31%	4,806	65%	340	5%
Yuba	2,577	0.2%	25.1	671	26%	202	8%	1,155	45%	1,148	45%	92	4%	106	4%	76	3%	883	34%	1,609	62%	85	3%

a Due to evidence of errors in the recording of client county of residence, data is now reported using the assigned county of residence. Methodology for assigned county can be found in Appendix I.

Source: Family PACT Enrollment and Claims Data

Figure 9-4
County Data: Family PACT Providers, Clients and Reimbursement, FY 05/06

Provider County	Enrolled Clinician Providers and Participating Pharmacies					Clients		Reimbursement by County			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 Reimbursement per Client Served	
	Private Sector No.	Public Sector No.	Total No.	%		No.	%	Amount	%	Amount	
California	*1,334*	*776*	*2,110*	*100.00%*	*4,699*	*1,622,709*	*100.00%*	*$425,574,536*	*100.00%*	*$262*	*25,705,631*
Alameda	12	25	37	1.80%	163	45,688	2.80%	$11,500,863	2.70%	$252	1,107,428
Alpine	0	0	0	0.00%	0	14	0.00%	$3,959	0.00%	$283	920
Amador	1	3	4	0.20%	8	932	0.10%	$205,328	0.00%	$220	24,395
Butte	4	11	15	0.70%	33	14,572	0.90%	$4,402,081	1.00%	$302	145,518
Calaveras	1	1	2	0.10%	6	870	0.10%	$253,741	0.10%	$292	28,175
Colusa	1	2	3	0.10%	4	1,236	0.10%	$390,835	0.10%	$316	14,509
Contra Costa	1	18	19	0.90%	114	31,703	2.00%	$8,264,457	1.90%	$261	719,954
Del Norte	0	5	5	0.20%	5	842	0.10%	$222,653	0.10%	$264	20,107
El Dorado	1	5	6	0.30%	22	4,988	0.30%	$1,196,752	0.30%	$240	120,401
Fresno	32	39	71	3.40%	133	44,642	2.80%	$11,347,399	2.70%	$254	621,803
Glenn	0	3	3	0.10%	5	1,428	0.10%	$416,668	0.10%	$292	18,798
Humboldt	6	13	19	0.90%	26	10,656	0.70%	$2,998,032	0.70%	$281	$90,815
Imperial	3	7	10	0.50%	19	5,593	0.30%	$1,317,222	0.30%	$236	113,786
Inyo	0	1	1	0.00%	4	594	0.00%	$172,163	0.00%	$290	$11,410
Kern	19	29	48	2.30%	98	32,306	2.00%	$7,180,191	1.70%	$222	511,550
Kings	4	18	22	1.00%	16	6,461	0.40%	$1,593,130	0.40%	$247	105,112
Lake	1	2	3	0.10%	13	1,593	0.10%	$400,684	0.10%	$252	40,717
Lassen	0	2	2	0.10%	3	773	0.00%	$175,911	0.00%	$228	27,727
Los Angeles	782	151	933	44.20%	1,407	576,241	35.50%	$154,537,157	36.30%	$268	7,017,633
Madera	6	7	13	0.60%	17	7,003	0.40%	$2,020,089	0.50%	$288	93,589
Marin	0	5	5	0.20%	28	8,816	0.50%	$2,602,266	0.60%	$295	164,052
Mariposa	0	1	1	0.00%	2	233	0.00%	$63,338	0.00%	$272	11,702
Mendocino	3	10	13	0.60%	17	4,416	0.30%	$1,142,135	0.30%	$259	59,991
Merced	5	13	18	0.90%	27	12,343	0.80%	$3,323,108	0.80%	$269	173,328
Modoc	0	2	2	0.10%	3	259	0.00%	$66,199	0.00%	$256	6,071
Mono	0	1	1	0.00%	2	875	0.10%	$291,279	0.10%	$333	10,157
Monterey	5	20	25	1.20%	45	19,822	1.20%	$4,717,212	1.10%	$238	299,053
Napa	1	3	4	0.20%	19	5,779	0.40%	$1,374,462	0.30%	$238	88,730
Nevada	1	3	4	0.20%	13	2,360	0.10%	$620,723	0.10%	$263	66,417
Orange	150	25	175	8.30%	413	121,257	7.50%	$32,867,248	7.70%	$271	2,161,052
Placer	2	2	4	0.20%	54	6,612	0.40%	$1,722,411	0.40%	$260	206,799
Plumas	0	3	3	0.10%	5	1,005	0.10%	$295,062	0.10%	$294	12,915
Riverside	70	25	95	4.50%	239	73,760	4.50%	$18,620,330	4.40%	$252	1,268,358
Sacramento	22	12	34	1.60%	160	46,399	2.90%	$11,775,478	2.80%	$254	981,439
San Benito	0	1	1	0.00%	5	2,228	0.10%	$511,366	0.10%	$230	41,447
San Bernardino	83	12	95	4.50%	219	76,799	4.70%	$19,663,722	4.60%	$256	1,403,618
San Diego	47	62	109	5.20%	329	135,480	8.30%	$33,543,761	7.90%	$248	2,202,036
San Francisco	4	27	31	1.50%	110	27,928	1.70%	$7,290,196	1.70%	$261	561,960
San Joaquin	5	12	17	0.80%	88	27,598	1.70%	$6,353,949	1.50%	$230	466,979
San Luis Obispo	4	13	17	0.80%	47	14,708	0.90%	$4,473,036	1.10%	$304	181,835
San Mateo	0	7	7	0.30%	65	21,894	1.30%	$5,389,264	1.30%	$246	490,119
Santa Barbara	5	20	25	1.20%	53	21,195	1.30%	$6,065,083	1.40%	$286	292,156
Santa Clara	6	28	34	1.60%	185	52,996	3.30%	$12,527,675	2.90%	$236	1,222,776
Santa Cruz	2	7	9	0.40%	34	16,270	1.00%	$4,011,025	0.90%	$247	187,314
Shasta	0	11	11	0.50%	33	8,368	0.50%	$2,884,970	0.70%	$345	116,470
Sierra	0	1	1	0.00%	2	79	0.00%	$26,481	0.00%	$335	2,239
Siskiyou	2	7	9	0.40%	9	1,398	0.10%	$396,277	0.10%	$283	27,993
Solano	0	5	5	0.20%	37	11,762	0.70%	$2,947,029	0.70%	$251	294,988
Sonoma	5	15	20	0.90%	53	22,666	1.40%	$6,310,487	1.50%	$278	331,479
Stanislaus	10	22	32	1.50%	67	19,903	1.20%	$5,458,844	1.30%	$274	356,087
Sutter	1	4	5	0.20%	14	4,181	0.30%	$1,007,691	0.20%	$241	60,248
Tehama	2	2	4	0.20%	13	2,379	0.10%	$682,058	0.20%	$287	38,147
Trinity	1	2	3	0.10%	3	422	0.00%	$105,793	0.00%	$251	8,384
Tulare	6	27	33	1.60%	50	19,197	1.20%	$5,343,170	1.30%	$278	282,790
Tuolumne	1	3	4	0.20%	10	1,407	0.10%	$484,447	0.10%	$344	37,496
Ventura	12	12	24	1.10%	109	31,769	2.00%	$9,485,817	2.20%	$299	564,759
Yolo	3	6	9	0.40%	19	7,434	0.50%	$1,900,018	0.40%	$256	144,994
Yuba	2	3	5	0.20%	7	2,577	0.20%	$631,813	0.10%	$245	44,920
Unknown	0	0	0	0.00%	15	0	–	$0	–	–	N/A

a Client counts and reimbursement are by client's assigned county of residence.

b Average of Department of Finance Projected Population for 2005 and 2006: Females ages 13-55 and males ages 13-60. All residents are included regardless of income.

Source: Family PACT Enrollment and Claims Data and State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, May 2004.

Provision of Selected Contraceptive Services

Analyses of paid claims data indicates that there are some counties in which certain long acting contraceptives have not been reimbursed, specifically IUC, tubal sterilization, and vasectomy services. There were four counties in which no providers were reimbursed for IUC procedures, 14 counties in which no providers were reimbursed for tubal sterilization and 25 counties in which no providers were reimbursed for vasectomies. See Figure 9-5. The lack of services may reflect lack of demand by clients, the absence of providers offering the services and/or billing problems.

In contrast to the long acting methods above, pharmacies as well as clinicians can dispense the newer contraceptive methods – the contraceptive patch, emergency contraceptive pills (ECP), and the vaginal ring.[7] Both the number of clients served and the number of providers dispensing these methods have increased since their introduction, with the exception of the patch, which showed its first decline in both in FY 05/06.[8] Despite the decline, the patch was still provided in all counties except Alpine. Alpine had no provider reimbursed for any of the three methods and Mariposa and Modoc Counties had no provider who dispensed ECPs. Pharmacies comprised the majority of providers dispensing the patch (94%), the ring (95%) and ECPs (89%). The patch and the ring were most commonly dispensed by pharmacies (50% and 64% of claim lines, respectively); ECPs were more commonly dispensed on-site by clinician providers. Eighty-nine percent (89%) of all ECP claim lines were from clinicians dispensing on-site. In eight of the 56 counties where ECPs were dispensed there was no on-site dispensing.[9]

Figure 9-5
Provision of Selected Family PACT Services, FY 05/06

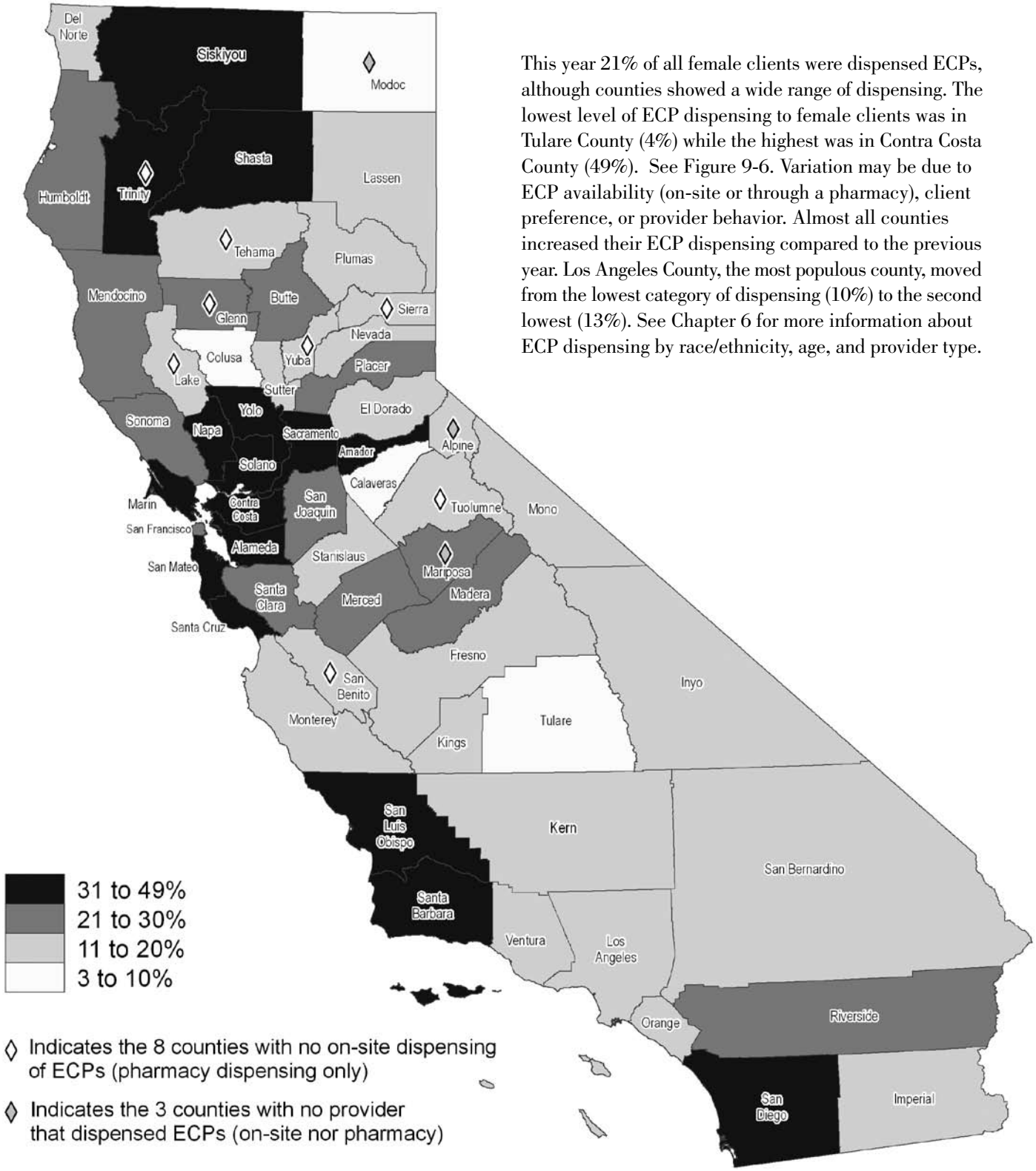
Number of Providers Reimbursed for Service						
Provider County	Vasectomy[a]	Tubal Sterilization[a]	IUC Service[a,b]	Patch[a,c]	ECP[a]	Ring[a,d]
Total California	*72*	*702*	*1,189*	*4,194*	*3,174*	*3,331*
Alameda	1	6	30	147	129	121
Alpine	0	0	0	0	0	0
Amador	0	0	2	8	3	9
Butte	1	2	5	30	21	31
Calaveras	0	0	1	6	3	5
Colusa	0	0	2	4	5	4
Contra Costa	1	3	16	107	65	65
Del Norte	1	2	2	6	6	5
El Dorado	1	3	3	20	12	22
Fresno	2	25	47	126	69	96
Glenn[e]	0	0	2	5	4	4
Humboldt	3	5	10	28	28	29
Imperial	0	6	7	21	20	17
Inyo	0	0	1	4	1	3
Kern	2	19	33	89	49	61
Kings	1	7	9	19	15	17
Lake[e]	0	3	2	14	8	12
Lassen	1	0	2	3	2	4
Los Angeles	24	260	449	1,190	1,003	869
Madera	0	5	9	17	12	14
Marin	1	2	4	26	24	24
Mariposa	0	0	0	2	0	2
Mendocino	1	4	8	19	18	19
Merced	1	8	12	23	15	15
Modoc	0	0	2	3	0	3
Mono	0	1	1	2	3	2
Monterey	1	3	19	42	38	30
Napa	1	3	4	20	19	17
Nevada	0	2	4	15	13	14
Orange	3	97	97	355	244	302
Placer	0	0	3	47	34	40
Plumas	1	1	2	6	2	6
Riverside	1	40	63	212	132	163
Sacramento	2	13	19	138	94	118
San Benito[e]	0	0	1	5	4	5
San Bernardino	2	33	56	185	129	143
San Diego	4	52	66	292	223	232
San Francisco	1	7	16	102	101	86
San Joaquin	0	7	14	78	34	62
San Luis Obispo	1	3	11	45	39	47
San Mateo	0	1	5	65	51	50
Santa Barbara	1	10	23	61	47	52
Santa Clara	1	2	18	165	115	121
Santa Cruz	1	6	8	27	26	25
Shasta	2	4	5	32	15	30
Sierra[e]	0	0	0	2	1	2
Siskiyou	0	3	3	9	9	8
Solano	0	0	5	36	20	29
Sonoma	3	13	19	58	54	54
Stanislaus	3	15	20	72	45	59
Sutter	0	2	3	13	8	10
Tehama[e]	0	0	2	13	7	11
Trinity[e]	0	1	0	3	2	3
Tulare	1	13	23	46	33	45
Tuolumne[e]	1	1	2	9	7	9
Ventura	1	6	11	95	90	83
Yolo	0	2	6	21	18	17
Yuba[e]	0	1	2	6	5	5

a Includes enrolled & Medi-Cal providers. For the contraceptive patch, the vaginal ring & ECP, also includes pharmacy providers.
b For IUC, includes providers paid for ANY IUC related procedure code (including removals).
c Excludes 5 pharmacy providers with unknown county.
d Excludes 1 pharmacy provider with unknown county.
e Counties with no clinician providers reimbursed for ECPs, only pharmacies.

Source: Family PACT Enrollment and Claims Data

7 The pre-packaged emergency contraceptive PlanB® was added in February, 2001.The contraceptive patch and contraceptive vaginal ring were added in November, 2002.
8 See Chapter 6 for information on contraceptive services.
9 Glenn, Lake, San Benito, Sierra, Tehama, Trinity, Tuolumne and Yuba Counties had no on-site dispensing of ECPs.

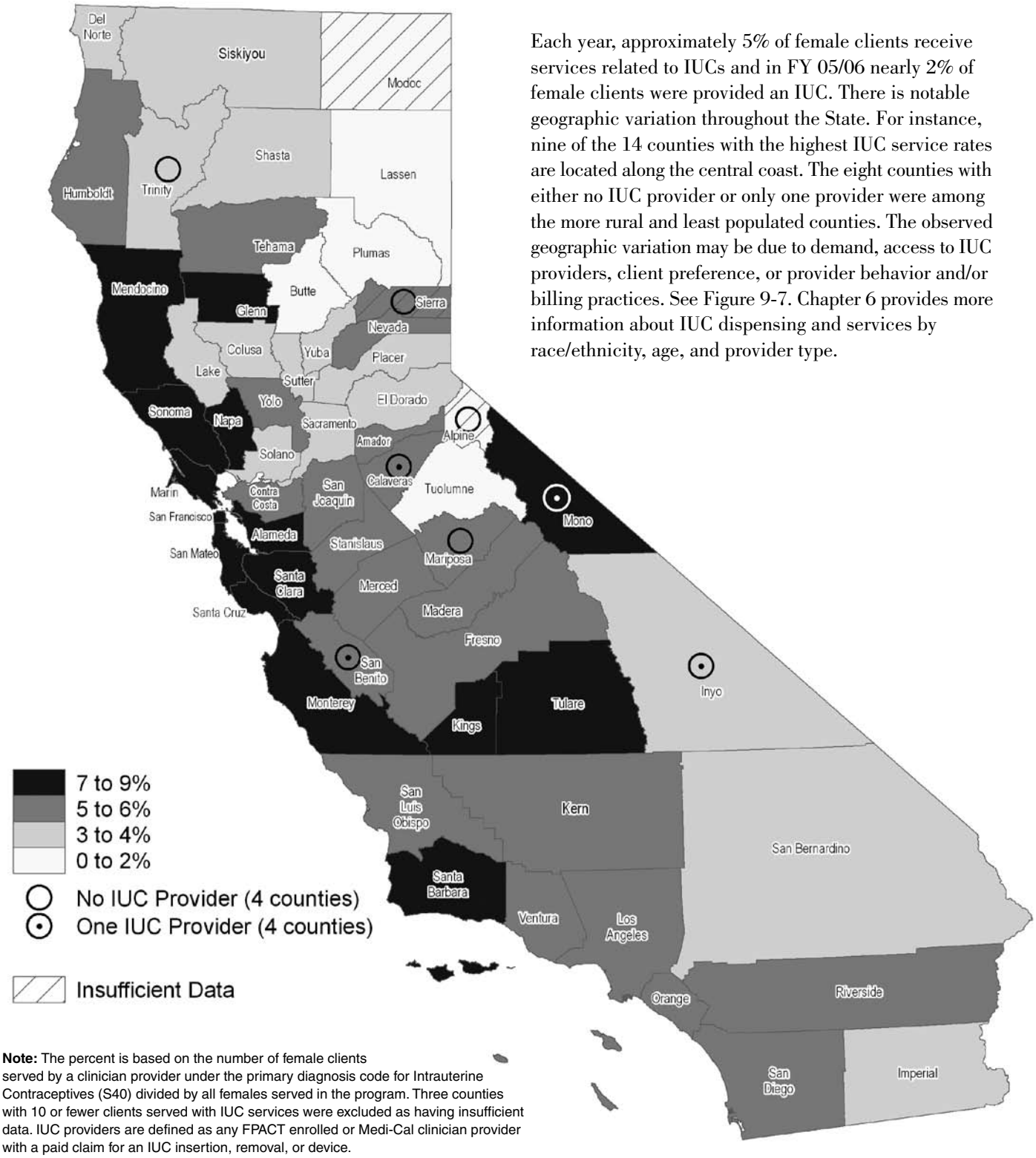
Figure 9-6
Percent of Female Clients Dispensed Emergency Contraceptive Pills (ECPs) through Family PACT, FY 05/06



This year 21% of all female clients were dispensed ECPs, although counties showed a wide range of dispensing. The lowest level of ECP dispensing to female clients was in Tulare County (4%) while the highest was in Contra Costa County (49%). See Figure 9-6. Variation may be due to ECP availability (on-site or through a pharmacy), client preference, or provider behavior. Almost all counties increased their ECP dispensing compared to the previous year. Los Angeles County, the most populous county, moved from the lowest category of dispensing (10%) to the second lowest (13%). See Chapter 6 for more information about ECP dispensing by race/ethnicity, age, and provider type.

Source: Family PACT Enrollment and Claims Data

Figure 9-7
Percent of Female Clients Served with Intrauterine Contraceptive (IUC) Services Family PACT, FY 05/06



Each year, approximately 5% of female clients receive services related to IUCs and in FY 05/06 nearly 2% of female clients were provided an IUC. There is notable geographic variation throughout the State. For instance, nine of the 14 counties with the highest IUC service rates are located along the central coast. The eight counties with either no IUC provider or only one provider were among the more rural and least populated counties. The observed geographic variation may be due to demand, access to IUC providers, client preference, or provider behavior and/or billing practices. See Figure 9-7. Chapter 6 provides more information about IUC dispensing and services by race/ethnicity, age, and provider type.

Note: The percent is based on the number of female clients served by a clinician provider under the primary diagnosis code for Intrauterine Contraceptives (S40) divided by all females served in the program. Three counties with 10 or fewer clients served with IUC services were excluded as having insufficient data. IUC providers are defined as any FPACT enrolled or Medi-Cal clinician provider with a paid claim for an IUC insertion, removal, or device.

Source: Family PACT Enrollment and Claims Data

Conclusion

Since the implementation of the Family PACT Program in 1997, the number of clients served has more than doubled from 0.7 million in FY 97/98 to 1.6 million in FY 05/06. At the same time, fertility rates in California have been declining. In 1996 there were seventy-four births per thousand women ages 15-44, compared to sixty-nine births per thousand in 2005. The reason for the decline in the statewide fertility rate over the past decade is the declining fertility rate among women under 25 years old. For example, the annual fertility rate among adolescents ages 15-19, has declined from sixty births per thousand in 1996 to thirty-eight births in 2005. Yet, for women age 25 and above, the fertility rate has been increasing.[1] Thus, the overall trend in the State is toward delaying childbearing. Evidence gathered from Family PACT data is consistent with this trend; clients' parity when entering the program has been going down.

While California has made progress in family planning, a number of challenges lie ahead. The State is experiencing a rapid expansion in the number of women of reproductive age. The population of all women ages 15-44 is projected to increase through 2015, while the adolescent female population is forecasted to peak at 1.45 million in 2009, or seven percent higher than in 2005. The number of births to California females ages 15-44 has been increasing since 2002. In 2010, 579,000 births are forecasted, up from 548,700 in 2005. Furthermore, a recent analysis showed that the percentage of births to low-income women has been rising. In 1997, 42 percent of all births to women ages 20 and older were to low-income women compared to 46 percent in 2005.[2] These trends create a growing need for Family PACT services.

Among adolescents, births are projected to increase 6.4 percent, between 2005 and 2010 with 54,500 forecasted births in 2010. Projections are based on current fertility rates, which are higher for California adolescents than they are in most western European countries, China, Japan and Canada. In contrast to California, where there are thirty-eight births per thousand adolescent females, adolescent fertility rates are as low as three per thousand in Japan, nine in France, fifteen in Spain and China and twenty-six in Canada.[3] Within California, adolescent fertility rates range from a low of twelve in Marin County to a high of sixty-nine in Kings County.[4] Thus, both international and county data suggest that a lower statewide rate is attainable. At the same time, however, the adolescent population in Family PACT showed no growth in FY 05/06.

The number of clients served in every racial/ethnic group increased at roughly the same rate in FY 05/06, in contrast to the past two years when some groups showed declines and other groups showed relatively large increases. Overall, Family PACT appears to be reaching subpopulations with high fertility rates. The total fertility rate (TFR) in California, or the estimated average number of children each woman is expected to bear in her lifetime is 2.14, but varies by ethnic or racial group. The two groups with the highest TFRs, as estimated by the Department of Finance for 2005, are Latinas at 2.57 and Pacific Islanders at 2.37.[5] A relatively high proportion of Family PACT clients served are Latinas (65 percent) and the fastest growing subpopulation over a five-year period has been Asian, Filipino, and Pacific Islanders (going from 5 percent of Family PACT clients in FY 01/02 to 7 percent in FY 05/06). This rapid growth leveled off in FY 05/06, however. Overall, the program appears to have reached or be expanding notably among the subgroups having the highest number of children per woman.

No major programmatic or policy changes affected Family PACT in FY 05/06. However, dispensing of two of the newer contraceptives - the vaginal ring and emergency contraceptive pill (ECP) - continued to increase, as has been observed each year since they were introduced. Dispensing of the relatively new contraceptive patch declined in FY 05/06. A low level of ECP dispensing in LA County was noted in FY 04/05, and while still lower than the statewide average, LA County showed an increase in ECP dispensing from 10 percent to 13 percent in FY 05/06.

1 State of California, Department of Finance, Demographic Research Unit, Historical and Projected Births by county, 1990-2013, with Births by Age of Mother and Fertility Rates. Sacramento, California, September 2004.
2 UCSF analysis of the Birth Statistical Master Files, Center for Health Statistics, Department of Health Services.
3 US Census Bureau website http://www.census.gov/ipc/prod/ipc95-1/ipc95_1j.pdf Accessed June 6, 2007.
4 Biggs, A,, Chabot, M. et al. A Profile of Teen Births in California, UCSF, 2007 Unpublished report.
5 State of California, Department of Finance, Demographic Research Unit, Historical and Projected Births by County, 2000-2014, http://www.dof.ca.gov/HTML/DEMOGRAP/NetBirth.HTM. Website accessed April 20, 2006.

Among long-acting contraceptives, sterilizations continued to decline. The percent of clients receiving tubal ligations and vasectomies reached their lowest levels in FY 05/06. There is some evidence from denied claims that providers had difficulty shifting to Medi-Cal consent forms, a requirement which became effective in February 2006. The percent of women receiving an IUC, however, showed an increase. While still a relatively small part of the program (1.55 percent of females served received an IUC in FY 05/06), it was the highest rate observed since program inception.

Along with small increases in the numbers of clients and providers, reimbursement also rose slightly to $426 million.[6] The increase in reimbursement this year was primarily driven by the increase in the number of clients. Reimbursement for both drug and supply services and laboratory services increased, while reimbursement for clinician services declined. The increase in reimbursement for drug and supply services is partly attributable to an increase in the dispensing of the ring, ECPs, and IUCs. Reimbursement per client, which includes pregnancy prevention, cervical cancer screening, testing for sexually transmitted infections, and education and counseling, was stable at $262. By comparison, each averted pregnancy saves public costs of $5,431 in medical, welfare, and other social services for a woman and child up to two years after birth and $10,508 up to five years after birth.[7]

The state varies geographically in terms of IUC and ECP dispensing. Counties in the Central Valley region, which extends from Kern County in the south to Tehama county in the north, appeared to have lower proportions of clients being dispensed these two methods than counties along the coast and in more urban areas, such as Sacramento. Interestingly, thirteen of the fifteen counties with the highest teen birth rates, are also in the Central Valley. A more in-depth look at how the Central Valley is being served may help bring some of the highest teen birth rates in the State down.

Overall, the program continued to expand this year, although the growth was small. At the same time, California has both room for improvement on reducing its adolescent fertility rate and challenges ahead in keeping pace with a growing population of women of reproductive age. Due to the forecasted growth in the population of reproductive-aged women and observed increasing proportions of low-income births, maintaining existing outreach and expanding it to reach eligible populations is necessary, particularly to adolescents, where growth in the number of clients was stagnant. The provision of long-acting contraception should remain a priority, with efforts taken to support providers who perform sterilization and IUC services. Accessibility of ECPs should also remain a priority. An increased effort to target specific areas of the state may provide the most benefit for the least cost to the state and federal governments. In general, sustained efforts to expand and improve the program will help reduce both absolute and relative numbers of unplanned births among Californians who have no other source for family planning and reproductive health services.

6 Not including any drug rebates received by the State. Net reimbursement including drug rebates was an estimated $376 million in FY 05/06.

7 Amaral, G., Greene D., et.al., Public Savings from the Prevention of Unintended Pregnancy, A Cost-Benefit Analysis of Family Planning Services in California, Health Research and Educational Trust, Vol 10. 2007.