

## NEW YORK FAMILY PLANNING ENCOUNTER FORM

**COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM**

CLINIC NO. \_\_\_\_\_

CLIENT # | | | | | | | | DATE OF BIRTH | - | | - | | | | ATTENDING PHYSICIAN NPI \_\_\_\_\_

NAME \_\_\_\_\_  
Last Name First Name Middle Initial

ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_ FAMILY SIZE \_\_\_\_\_

PREGNANCIES \_\_\_\_\_ BIRTHS \_\_\_\_\_ ANOTHER HEALTHCARE SOURCE  Y  N BILINGUAL STAFF/INTERPRETER NEEDED  Y  N

RACE (check all applicable)  1. White  2. Black/Afr. American  3. American Indian  4. Alaskan Native  5. Asian  6. Other  7. Pacific Islander/Hawaiian Native

SMOKING STATUS  1. Current Everyday  2. Current Some Day  3. Former Smoker  4. Never  5. Unknown

HISPANIC  Yes  No/Unknown HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SYSTOLIC BP \_\_\_\_\_ DIASTOLIC BP \_\_\_\_\_

STUDENT STATUS  FT  PT  No Highest Grade Completed \_\_\_\_\_

SEX ASSIGNED AT BIRTH  F  M GENDER IDENTITY  01. Male  02. Female  03. Female to Male/Trans Male  04. Male to Female/Trans Female  05. Other  06. Neither M/F Exclusively  07. Declined to Disclose  08. Unknown

SEXUAL ORIENTATION  1. Bisexual  2. Lesbian/Gay/Homosexual  3. Straight/Heterosexual  4. Other/Something Else  5. Unknown  6. Declined to Answer

**COMPLETE AT EACH VISIT**

3. VISIT DATE 

MO	MO	DAY	DAY	2	0	YR	YR
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8. PURPOSE OF VISIT (Check One)  
 1-Initial Medical Exam  2-Annual Medical Exam  3-Method Check/Maintenance  4-Counseling  5-Pregnancy Test  6-Medical Problem/Follow-up

15. TELEHEALTH VISIT?  Yes  No

5. ASSIGNED CHARGE CATEGORY (Check One)  
 01-No Charge  02-Title XIX (Medicaid) FFS  03-Method Check/Maintenance  04-Private Insurance/Medigap  05-Full Fee (100% of Scale)  06-Partial Fee  07-Other  08-Title XIX (Medicaid Managed Care)  09-Title XIX (Medicaid 24 Mo. Ext.) & Last Preg. Ended MO / YR  10-Family Planning Benefit Program  11-FPBP Presumptive Eligibility  12-Medicare FFS  13-Medicare (Managed Care)  14-Private (Managed Care)  15-Other Govt. (e.g. Tricare, VA)

5A. IF PRIVATE INSURANCE, IS PRIMARY CARE COVERED?  Yes  No

9. CONTRACEPTIVE METHODS (Two May Be Coded)  
 02-Oral 17-Contraceptive Patch 22-LAM  
 07-Oral - Progestin Only 18-Vaginal Ring 19-Sponge  
 21-Oral - Extend. Cycle 04-Diaphragm 20-Abstinence  
 14-Hormonal Inj. - 3 mo. 13-Cervical Cap 15-Female Condom  
 11-Implant 05-Condom 01-Sterilization  
 03-IUD - Unspecified 06-Spermicide 09-Withdrawal/Other  
 23 IUD - Progestin 08 NFP/FAM 10 Nonc  
 24-IUD - Copper

A. Prior to This Visit | | | | B. After This Visit | | | |

9C. IF NONE, GIVE REASON:  
 1-Pregnancy  2-Infertility  3-Seeking Pregnancy  4-Other Medical Reasons  5-Relying on Female Method  6-Other  7-Not Sexually Active  8-Vasectomy  9-Condom  0-Same Sex Partner Relying on Male Method:  
 A. Prior to This Visit | | | | B. After This Visit | | | |

13. HOW CONTRACEPTIVE METHOD WAS PROVIDED  
 1-On Site  2-Referral  3-Prescription  4-N/A

14. WANT TO TALK ABOUT CONTRACEPTION TODAY  
 1-Yes  2-No, here for something else  3-N/A, prefer not to answer  4-Already using  5-Unsure/No  6-Hoping to become pregnant

**10. REFERRED FOR NON-FAMILY PLANNING SERVICES (Check All Applicable)**

1-Pregnancy  2-Sterilization  3-Infertility  4-Medical Problem/Follow-up  5-CBE F/U  6-Primary Care  9-Other

**11F. PROVIDER OF MEDICAL/COUNSELING SERVICES (Check All Applicable)**

1-Physician  2-Nurse Practitioner  5-Physician Assistant  3-Female  3-RN  4-Other (LPN, MA, etc.)  6-Certified Nurse Midwife

**11A. MEDICAL SERVICES PROVIDED (Check All Applicable)**

<b>Exam Procedures</b>	<b>Lab Services</b>
<input type="checkbox"/> 02-Pap Smear	<input type="checkbox"/> 13-Negative Preg. Test
<input type="checkbox"/> 03-Blood pressure	<input type="checkbox"/> 14-Positive Preg. Test
<input type="checkbox"/> 04-Hgt./Wgt.	<input type="checkbox"/> 31-Hgb/Hct
<input type="checkbox"/> 05-Thyroid Palp.	<input type="checkbox"/> 32-Urine Dipstick
<input type="checkbox"/> 06-Heart/Lung Ausc.	<input type="checkbox"/> 33-Urinalysis
<input type="checkbox"/> 07-Breast Exam	<input type="checkbox"/> 34-Urine Culture
<input type="checkbox"/> 08-Abdominal Pap.	<input type="checkbox"/> 35-Repeat Pap Smear
<input type="checkbox"/> 09-Extremities	<input type="checkbox"/> 38-Wet Mount/Gram Stain
<input type="checkbox"/> 10-Bimanual Pelvic Contraception	<input type="checkbox"/> 40-Rubella Screen
<input type="checkbox"/> 11-Vaginitis Rx	<input type="checkbox"/> 42-Sickle Cell Screen
<input type="checkbox"/> 12-Male Exam	<input type="checkbox"/> 44-Other Lab
<input type="checkbox"/> 21-UTI Treatment	
<input type="checkbox"/> 23-Method Initiation	
<input type="checkbox"/> 46-Method Cessation	
<input type="checkbox"/> 27-Colposcopy	
<input type="checkbox"/> 47-Cryosurgery	
<input type="checkbox"/> 29-Postpartum Check	
<input type="checkbox"/> 30-Other Medical	
<input type="checkbox"/> 48-Emergency	
<input type="checkbox"/> 49-HPV Vaccine	

**12A. COUNSELING SERVICES PROVIDED (Check All Applicable)**

01-Contraceptive  02-Sterilization  03-Infertility  04-Nutrition  05-Pregnancy  06-WIC  09-STD/HIV  10-Pre/Interconception  11-Abstinence/Abstinence Skills  12-Breast Self-Exam  07-Other  13-Family Engagement  14-Coercion  15-Alcohol/Substance Abuse

**11B. PREGNANCY STATUS**

1-Not Pregnant  2-Pregnant  3-Unknown

**PREGNANCY INTENTION**

1-Desired Now  2-Desired Sooner  3-Desired Later  4-Not Desired  5-Unsure  6-Okay Either Way

**11C. STD SERVICES (Check All Applicable)**

01-Gonorrhea Test  02-Gonorrhea Treatment  03-Syphilis Test  04-Syphilis Treatment  05-Herpes Diagnosis/Test  06-Herpes Treatment  07-HPV Diagnosis/Test  08-HPV Treatment  09-Chlamydia Test  10-Chlamydia Treatment

**11E. HIV COUNSELING AND TESTING**

1. Pretest Counseling  1 - Yes  2 - No  
 2. HIV Test  1 - Yes  2 - No  
 3. HIV Test Result  1 - Yes  2 - No  
 4. Post Test Counseling  1 - Yes  2 - No

**New York CVR Specifications and Field Values, 3/1/2023**

Field Description	Format	Justify	Length	Record Position	Valid Codes for Each Field
Site/Clinic Number	Numeric	Right	7	001-007	Unique Clinic ID Number
Client Number	Numeric	Right	9	008-016	Nine-Digit Number used to identify the Client
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024	Self-Explanatory
Purpose of Visit	Alphameric	Left	1	025-025	Values 1, 2, 3, 4, 5 or 6
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033	Self-Explanatory
Medical Services Provided	Alphameric	Left	40	034-073	See Attachment A
Provider of Medical Services	Alphameric	Left	4	074-077	Values of 1, 2, 3, 4, 5, or 6
Counseling Services Provided	Alphameric	Left	20	078-097	Values of 01,02,03,04,05,06,07,09,10,11,12,13,14,15
Gender Identity	Alphameric	Left	2	098-099	Values of 01,02,03,04,05,06,07 or 08
Sexual Orientation	Alphameric	Left	1	100-100	Values of 1, 2, 3, 4, 5 or 6
Smoking Status	Alphameric	Left	1	101-101	Values of 1, 2, 3, 4 or 5
Beginning Contraceptive Methods	Alphameric	Left	4	102-105	Values 01,02,03, 04,05,06,07,08,09,10,11,13,14,15,17,18,19, 20,21,22,23 or 24
Ending Contraceptive Methods	Alphameric	Left	4	106-109	Values 01,02,03, 04,05,06,07,08,09,10,11,13,14,15,17,18,19, 20,21,22,23 or 24
Reason for No Method After Visit	Alphameric	Left	1	110-110	Values 0,1, 2, 3, 4, 5, 6, 7, 8, 9 or Blank
Pregnancy Status	Alphameric	Left	1	111-111	Values 1, 2 or 3
Pregnancy Intention	Alphameric	Left	1	112-112	Values 1,2,3,4,5 or 6
Referred Elsewhere	Alphameric	Left	10	113-122	Values 01, 02, 03, 04, 05, 06, 09, or Blank
Interpreter Needed	Alphameric	Left	1	123-123	Values 1 or 2 1=YES 2=NO
STD Services	Alphameric	Left	20	124-143	Values 01, 02, 03, 04,05, 06, 07, 08, 09, 10 or Blank
Race	Alphameric	Left	7	144-150	Values 1, 2, 3, 4, 5, 6, 7
Insurance Coverage	Alphameric	Left	1	151-151	Values 1, 2 or Blank 1=YES 2=NO
Systolic Blood Pressure	Alphameric	Left	3	152-154	Self-Explanatory or Blank
Diastolic Blood Pressure	Alphameric	Left	3	155-157	Self-Explanatory or Blank
HIV Pretest Counseling	Alphameric	Left	1	158-158	Values 1, 2, or Blank
HIV Test	Alphameric	Left	1	159-159	Values 1, 2, or Blank
HIV Test Result (CVR Box 11)	Alphameric	Left	1	160-160	Values 1, 2, or Blank
HIV Post Test Counseling	Alphameric	Left	1	161-161	Values 1, 2, or Blank
Number of Times Pregnant	Numeric	Right	2	162-163	Number of Times or Zero Fill
Number of Births	Numeric	Right	2	164-165	Number of Times or Zero Fill
Monthly Family Income	Numeric	Right	6	166-171	Self-Explanatory
Number Supported b/Income	Numeric	Right	2	172-173	Self-Explanatory
Zip Code	Numeric	Right	5	174-178	Self-Explanatory
Reason for No Method Before Visit	Alphameric	Left	1	179-179	Values 0,1, 2, 3, 4, 5, 6, 7, 8, 9 or Blank
Ethnicity	Alphameric	Left	1	180-180	Values 1 or 2 1=YES 2=NO/UNKNOWN
Sex Assigned at Birth	Alphameric	Left	1	181-181	Values 1 or 2 1=Female 2=Male
Highest Grade Completed	Numeric	Right	2	182-183	00-16
Student Status	Alphameric	Left	1	184-184	Values 1, 2, 3, or Blank
County of Residence	Numeric	Right	2	185-186	Values of 01-62 and 80-89
Attending NPI	Alphameric	Left	10	187-196	Self-Explanatory or Blank
Chlamydia Results	Alphameric	Left	10	197-206	See Attachment B
Gonorrhea Results	Alphameric	Left	10	207-216	See Attachment B
Syphilis Results	Alphameric	Left	10	217-226	See Attachment B
HIV Results	Alphameric	Left	10	227-236	See Attachment B
HPV Results	Alphameric	Left	10	237-246	See Attachment B
PAP Results	Alphameric	Left	10	247-256	See Attachment B
Telehealth Visit	Alphameric	Left	1	257-257	Values 1 or 2 1=YES 2=NO
Height	Alphameric	Right	2	258-259	Inches or Blank
Weight	Alphameric	Right	4	260-263	Pounds or Blank
Other Source of Healthcare	Numeric	Right	1	264-264	Values 1, 2, or Zero
Ahlers Internal Use	Alphameric	Left	11	265-275	Blank
Ahlers Internal Use	Alphameric	Right	5	276-280	Blank
How Method Provided	Alphameric	Left	1	281-281	Values 1,2,3 or 4
Talk About Contraception	Alphameric	Left	1	282-282	Values 1,2,3,4,5 or 6
FPEP Last PG Ended,CYM	Numeric	Right	6	283-288	Date or Zero Fill
Version Code	Alphameric	Left	8	289-296	Value 20230301
Ahlers Internal Use	Alphameric	Left	2	297-298	Blank
Assigned Charge Category	Alphameric	Left	2	299-300	01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, or 15

**All Alphameric Fields are Left-Justified and Blank Filled Unless Otherwise Specified**

**All Numeric Fields are Right-Justified and Zero-Filled Unless Otherwise Specified**

**All Fields Must be Completed on each record, according to Format**

**Please See Attachment A for Submitting CVR Items 11A and 11C**

**Attachment A:**

**Medical Services Provided: Please Use These Codes for Medical Services/ DO NOT USE CVR Codes**

01 - Pap Smear	28 - Postpartum Check
02 - Blood Pressure	29 - Other Medical
03 - Height/Weight	30 - Hgb/Hct
04 - Thyroid Palp	31 - Urine Dipstick
05 - Heart/Lung Aus	32 - Urinalysis
06 - Breast Exam	33 - Urine Culture
07 - Abdominal Palp	34 - Repeat Pap Smear
08 - Extremities	37 - Wet Mount/Gram Stain
09 - Bimanual Pelvic	39 - Rubella Screening
10 - Vaginitis Rx	41 - Sickle Cell Screening
11 - Male Exam Male only	43 - Other Lab
12 - Neg Preg Test	45 - Method Cessation
13 - Pos Preg Test	46 - Cryosurgery
20 - UTI Treatment	47 - Emergency Contraceptive
22 - Method Initiation	48 - HPV Vaccine
26 - Colposcopy	

<b>Female Only Medical Services:</b>	
01 - Pap Smear	26 - Colposcopy
09 - Bimanual Pelvic	28 - Postpartum Check
12 - Neg Preg Test	34 - Repeat Pap Smear
13 - Pos Preg Test	

**RED NOTES DESCRIPTION CHANGES OR ADDITIONS**

<b>Valid Female Contraceptive Methods:</b>
All Methods Allowed

<b>Valid Male Contraceptive Method</b>	
01-Sterilization	05-Condoms
08-NFP/FAM	09-Other
10-None	20-Abstinence

<b>Assigned Charge Category:</b>	
01 - No Charge	09 - Title XIX - FPEP
02 - Title XIX-Medicaid FFS	10 - F/P Benefit Program
04 - Private Insurance/Medigap	11 - FPBP Presumptive Eligibility
05 - Full Fee (100% of Scale)	12 - Medicare FFS
06 - Partial Fee	13 - Medicare (Managed Care)
07 - Other	14 - Private (Managed Care)
08 - Title XIX (Managed Care)	15 - Other Govt (Tricare, VA)

<b>STD Services:</b>	
01 - Gonorrhea Test	02 - Gonorrhea Treatment
03 - Syphilis Test	04 - Syphilis Treatment
05 - Herpes Diagnosis/Test	06 - Herpes Treatment
07- HPV Diagnosis/Test	08 - HPV Treatment
09 -Chlamydia Test	10 - Chlamydia Treatment

<b>Counseling Services:</b>	
01 - Contraceptive	02 - Sterilization
03 - Infertility	04 - Nutrition
05 - Pregnancy	06 - WIC
07- Other	09 - STD-HIV
10 - Pre/Interconception	11 - Abstinence/Abstinence Skills
12 - Breast Self Exam	13 -Family Engagement
14-Coercion	15-Alcohol/Substance Abuse

<b>Hispanic:</b>	
1-Yes	2-No or Unknown

**Attachment B:**

Test	Result	Result Code	**OR**	SNOMED Result Code
Chlamydia	Negative	1		260385009
Chlamydia	Positive	2		10828004
Chlamydia	Indeterminate	3		82334004
Gonorrhea	Negative	1		260385009
Gonorrhea	Positive	2		10828004
Gonorrhea	Indeterminate	3		82334004
Syphilis	Negative	1		260385009
Syphilis	Positive	2		10828004
Syphilis	Indeterminate	3		82334004
HIV	Negative	1		260385009
HIV	Positive	2		10828004
HIV	Indeterminate	3		82334004
HPV	Negative	1		260385009
HPV	Positive	2		10828004
HPV	Indeterminate	3		82334004
PAP	Normal	1		373887005
PAP	ASC-US	2		103637006
PAP	ASC-H	3		373878001
PAP	Low Grade SIL	4		112662005
PAP	High Grade SIL	5		22725004
PAP	Squamous Cell Carcinoma	7		28899001
PAP	AGC - NOS	9		441219009
PAP	AGC - Favor Neoplasia	10		373883009
PAP	Adenocarcinoma in-situ	11		51642000
PAP	Specimen Unsatisfactory	13		125154007

\*\*\*\*Result Codes must be submitted as part of a complete CVR record, **not as a separate file.**\*\*\*\*

\*\*\*\*Submit EITHER the Result Code OR the SNOMED Result Code for each test.\*\*\*\*

\*\*\*\*DO NOT SUBMIT BOTH RESULT CODES on the same test.\*\*\*\*

ERROR ID	ERROR DESCRIPTION
1100	REJECT: VERSION NBR IS MISSING OR INVALID
1101	REJECT: CLINIC NUMBER MISSING OR INVALID
1102	REJECT: PROJECT IS INVALID FOR THIS CLINIC
1103	REJECT: PATIENT NUMBER MISSING/INVALID
1104	REJECT: DATE OF BIRTH IS MISSING/INVALID
1105	REJECT: DATE OF BIRTH IS A FUTURE DATE
1106	REJECT: DATE OF BIRTH IS EQ TO DATE OF VISIT
1107	REJECT: CLIENT'S AGE IS LESS THAN 10 YEARS
1108	REJECT: CLIENT'S AGE IS GREATER THAN 59 YEARS
1109	REJECT: ATTENDING PHYSICIAN CONTAINS INVALID DATA
1150	WARNING: ATTENDING PHYSICIAN NPI MISSING
1201	REJECT: ZIP CODE IS REQUIRED
1202	REJECT: ZIP CODE CONTAINS INVALID DATA
1203	REJECT: COUNTY CODE IS REQUIRED
1204	REJECT: COUNTY CODE CONTAINS INVALID DATA
1205	REJECT: INCOME IS REQUIRED
1206	REJECT: INCOME CONTAINS INVALID DATA
1207	REJECT: FAMILY SIZE IS REQUIRED
1208	REJECT: FAMILY SIZE CONTAINS INVALID DATA
1301	REJECT: NUMBER OF PREGNANCIES ANSWERED BY MALE
1302	REJECT: NUMBER OF BIRTHS ANSWERED BY MALE
1303	REJECT: ANOTHER HEALTHCARE SOURCE CONTAINS INVALID DATA
1304	REJECT: INTERPRETER CONTAINS INVALID DATA
1401	REJECT: RACE REQUIRED FOR EACH VISIT
1402	REJECT: RACE CONTAINS INVALID DATA
1403	REJECT: SMOKING STATUS IS REQUIRED
1404	REJECT: SMOKING STATUS CONTAINS INVALID DATA
1501	REJECT: HISPANIC FIELD IS REQUIRED
1502	REJECT: HISPANIC FIELD CONTAINS INVALID DATA
1550	WARNING: HEIGHT UNDER 54 OR OVER 86 INCHES
1551	WARNING: HEIGHT HAS NOT BEEN ANSWERED
1552	WARNING: WEIGHT BELOW 70 OR OVER 400 POUNDS
1553	WARNING: WEIGHT HAS NOT BEEN ANSWERED
1554	WARNING: SYSTOLIC LOWER THAN 40
1555	WARNING: DIASTOLIC HIGHER THAN 250
1556	WARNING: BLOOD PRESSURE NOT CODED PROPERLY
1601	REJECT: STUDENT STATUS CONTAINS INVALID DATA
1602	REJECT: HIGHEST GRADE MISSING
1603	REJECT: HIGHEST GRADE CONTAINS INVALID DATA
1701	REJECT: SEX ASSIGNED AT BIRTH IS REQUIRED
1702	REJECT: SEX ASSIGNED AT BIRTH CONTAINS INVALID DATA
1801	REJECT: SEXUAL ORIENTATION IS REQUIRED
1802	REJECT: SEXUAL ORIENTATION CONTAINS INVALID DATA
1803	REJECT: GENDER IDENTITY IS REQUIRED
1804	REJECT: GENDER IDENTITY CONTAINS INVALID DATA
3101	REJECT: DATE OF VISIT MISSING OR INVALID
3102	REJECT: DATE OF VISIT IS A FUTURE DATE
3105	REJECT: MAINTENANCE DOESN'T MATCH PRIOR VISIT
5101	REJECT: SOURCE OF PAY MISSING
5102	REJECT: SOURCE OF PAY CONTAINS INVALID DATA
5104	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO
5105	REJECT: SOP EQUALS '9' BUT DATE IS BLANK OR INVALID
5106	REJECT: DATE IS NOT BLANK BUT SOP IS NOT 9

ERROR ID	ERROR DESCRIPTION
5107	REJECT: SOP 9 PREG DATE IS GREATER THAN THE VISIT DATE
5108	REJECT: SOP 9 AND GENDER IS A MALE
5109	REJECT: COUNTY CODE NOT 01-62 FOR SOP '09'
5201	REJECT: PRIVATE INSURANCE MISSING
5202	REJECT: PRIVATE INSURANCE CONTAINS INVALID DATA
8101	REJECT: PURPOSE OF VISIT MISSING
8102	REJECT: PURPOSE OF VISIT CONTAINS INVALID DATA
9101	REJECT: BEGINNING METHOD MISSING
9102	REJECT: BEGINNING METHOD CONTAINS INVALID DATA
9103	REJECT: ENDING METHOD MISSING
9104	REJECT: ENDING METHOD CONTAINS INVALID DATA
9105	REJECT: MALE CLIENT HAS FEMALE CONTRACEPTIVE
9106	REJECT: FEMALE CLIENT HAS MALE CONTRACEPTIVE
9107	REJECT: STERILIZATION FOR PATIENT UNDER 21
9150	WARNING: STERILIZATION FOR PATIENT UNDER 21 - AND GENDER ID 03,04
9201	REJECT: REASON FOR NO METHOD BEFORE VISIT MISSING
9202	REJECT: REASON FOR NO METHOD BEFORE VISIT CONTAINS INVALID DATA
9203	REJECT: REASON FOR NO METHOD AFTER VISIT MISSING
9204	REJECT: REASON FOR NO METHOD AFTER VISIT CONTAINS INVALID DATA
10101	REJECT: REFERRED ELSEWHERE CONTAINS INVALID DATA
11101	REJECT: MEDICAL SERVICES CONTAINS INVALID DATA
11102	REJECT: MALE CLIENT HAS FEMALE MEDICAL SERVICES CODED
11103	REJECT: FEMALE CLIENT HAS MALE MEDICAL SERVICES CODED
11201	REJECT: PREGNANCY STATUS MISSING
11202	REJECT: PREGNANCY STATUS CONTAINS INVALID DATA
11203	REJECT: PREGNANCY INTENTION MISSING
11204	REJECT: PREGNANCY INTENTION CONTAINS INVALID DATA
11301	REJECT: STD SERVICES CONTAINS INVALID DATA
11302	REJECT: MALE CLIENT HAS FEMALE STD SERVICES CODED
11401	REJECT: HIV SERVICES CONTAINS INVALID DATA
11501	REJECT: MEDICAL PROVIDER MISSING
11502	REJECT: MEDICAL PROVIDER CONTAINS INVALID DATA
12101	REJECT: COUNSELING SERVICES CONTAINS INVALID DATA
13101	REJECT: CONTRACEPTIVE METHOD PROVIDED IS REQUIRED
13102	REJECT: CONTRACEPTIVE METHOD PROVIDED CONTAINS INVALID DATA
14101	REJECT: TALK ABOUT CONTRACEPTION IS REQUIRED
14102	REJECT: TALK ABOUT CONTRACEPTION CONTAINS INVALID DATA
15101	REJECT: TELEHEALTH VISIT IS REQUIRED
15102	REJECT: TELEHEALTH VISIT CONTAINS INVALID DATA
16101	REJECT: ASIAN SUBGROUP CONTAINS INVALID DATA
17101	REJECT: PACIFIC ISLANDER SUBGROUP CONTAINS INVALID DATA
18101	REJECT: PREFERRED LANGUAGE IS MISSING
18102	REJECT: PREFERRED LANGUAGE CONTAINS INVALID DATA
20101	REJECT: PAP RESULTS CONTAINS INVALID DATA
20102	REJECT: PAP RESULTS CODED AND MED SVC(02,35) NOT CODED
21101	REJECT: GONORRHEA RESULTS CONTAINS INVALID DATA
21102	REJECT: GONORRHEA RESULTS CODED AND STD SVC(01) NOT CODED
22101	REJECT: SYPHILIS RESULTS CONTAINS INVALID DATA
22102	REJECT: SYPHILIS RESULTS CODED AND STD SVC(03) NOT CODED
23101	REJECT: HPV RESULTS CONTAINS INVALID DATA
23102	REJECT: HPV RESULTS CODED AND STD SVC(07) NOT CODED
24101	REJECT: CHLAMYDIA RESULTS CONTAINS INVALID DATA
24102	REJECT: CHLAMYDIA RESULTS CODED AND STD SVC(09) NOT CODED

ERROR ID

ERROR DESCRIPTION

25101

REJECT: HIV RESULTS CONTAINS INVALID DATA

25102

REJECT: HIV RESULTS CODED AND HIV TEST= YES NOT CODED

# Emailed Data Receipt Confirmation Report

## New York Restored Report to NYTRANPC

Page: 1

PROJECT	FILE DATE	FILE TIME	FILE SIZE	CLINIC	BATCH	RECORDS	DATE SPAN
106	10/05/2010	1:29 AM	212.46 K	10601	176	763	08/01/2010 - 10/05/2010



1270  
855

CLINIC  
CLINIC

NEW YORK FAMILY PLANNING DATA SYSTEM  
CVR ERROR LISTING  
MAY, 2011

RUN DATE 6/20/2011  
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P/C

PATIENT NO.	*** VISIT DATE ***		TYPE	*** BIRTH DATE ***		BATCH	SEQ.	ERROR	ERROR DESCRIPTION	CORRECTED	
	CVR	LAST		CVR	MASTER					BY	AHLERS
35	5/16/2011	1/11/2011	5	10/26/1977	10/26/1977	10	30	05052	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO	YES	NO
32	5/25/2011		5	9/27/1988		38	61	09150	REJECT: CONTRACEPTIVE METHOD MISSING/INVALID	YES	NO
76	5/26/2011	2/25/2010	6	2/02/1989	2/02/1989	38	84	05052	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO	YES	NO
12	6/01/2011	12/21/2009	2	2/14/1978	2/14/1978	129	1	05050	REJECT: SOURCE OF PAY MISSING OR INVALID	YES	NO
45	6/01/2011	12/20/2010	3	2/02/1982	2/02/1982	129	23	09150	REJECT: CONTRACEPTIVE METHOD MISSING/INVALID	YES	NO
42	6/06/2011	10/25/2010	5	7/05/1986	7/05/1986	204	5	09150	REJECT: CONTRACEPTIVE METHOD MISSING/INVALID	YES	NO
25	6/06/2011	3/14/2011	3	9/16/1986	9/16/1986	204	10	05052	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO	YES	NO
12	6/06/2011	3/14/2011	3	2/20/1982	2/20/1982	204	12	05052	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO	YES	NO
42	6/06/2011		6	4/08/1983		204	16	09150	REJECT: CONTRACEPTIVE METHOD MISSING/INVALID	YES	NO

		(6)	NEW YORK FAMILY PLANNING DATA SYSTEM SUMMARY OF CVR ERRORS JUNE, 2010		
1120			CVRS PROCESSED	771	
2451			CVRS REJECTED	18	2.33
	TYPE	ERROR	ERROR MESSAGE		NUMBER %
	REJECT	05050	REJECT: SOURCE OF PAY MISSING OR INVALID	8	1.04
	REJECT	08054	REJECT: PURPOSE OF VISIT MISSING/INVALID	8	1.04
	REJECT	09250	REJECT: REASON FOR NO METHOD MISSING OR INVALID	1	.13
	REJECT	12151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED	1	.13
1120			(6)	NEW YORK FAMILY PLANNING DATA SYSTEM	
8888				SUMMARY OF CVR ERRORS JUNE, 2010	
			CVRS PROCESSED	541	
			CVRS REJECTED	11	2.03
	TYPE	ERROR	ERROR MESSAGE		NUMBER %
	REJECT	05050	REJECT: SOURCE OF PAY MISSING OR INVALID	2	.37
	REJECT	08054	REJECT: PURPOSE OF VISIT MISSING/INVALID	8	1.48
	REJECT	12151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED	1	.18
1120			(6)	NEW YORK FAMILY PLANNING DATA SYSTEM	
8889				SUMMARY OF CVR ERRORS JUNE, 2010	
			CVRS PROCESSED	136	
			CVRS REJECTED		.00
	TYPE	ERROR	ERROR MESSAGE		NUMBER %
1120			P R O J E C T T O T A L		
				NEW YORK FAMILY PLANNING DATA SYSTEM	
				SUMMARY OF CVR ERRORS JUNE, 2010	
			CVRS PROCESSED	1448	
			CVRS REJECTED	29	2.00
	TYPE	ERROR	ERROR MESSAGE		NUMBER %
	REJECT	05050	REJECT: SOURCE OF PAY MISSING OR INVALID	10	.69
	REJECT	08054	REJECT: PURPOSE OF VISIT MISSING/INVALID	16	1.10
	REJECT	09250	REJECT: REASON FOR NO METHOD MISSING OR INVALID	1	.07
	REJECT	12151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED	2	.14

8/20/2010

NEW YORK DISTRIBUTION OF CLINIC VISIT RECORDS BY MONTH OF RECEIPT AND MONTH OF VISIT FOR JULY, 2010

PAGE 1

PROJECT NAME	CURRENT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
4	2,053							2,050					
222													
224	11,291	609	707	989	846	756	776	2,753	775	844	770	730	611
225	274							155	119				
226	1,644	2		4	6	5	19	1,610				1	
227	435	35	21	31	54	17	19	206	7	3	9	15	17
620													
628													
648	701	1						701	1				
650													
904	2,822	441	406	375	428	393	384	397					
1100													
1115	195	1			1	1	4	133	55				
1120	1,287				1	2	6	1,278					
1122													
1123	343	2	1		1	2	22	207	31			4	8
1124	3,722	16	27	37	38	82	154	2,187	1,060	13	21	23	36
1125	24						9	15					
1126													
1128	3,546							3,546					
1130	247	2	1	1	4	10	24	137	65	1	1		
1131	23							12	11				
1134													
1136													
1140	398				1		3	254	140				
1170	4,701							4,701					
1170	461			1		1	2	575	382				
1200	330						134	196					

FE 10/25/2004

NEW YORK

PAGE

## FAMILY PLANNING PATIENT LIST

OBJECT:

CLINIC:

IE #	D.O.B.	D.O.V.	TV	SEX	PATIENT #	D.O.B.	D.O.V.	TV	SEX
		3/19/2004	6	1			6/27/2002	3	1
		8/05/2002	2	1			4/14/2004	2	1
		9/18/2002	2	1			4/05/2002	1	1
		7/11/2002	6	1			4/04/2002	1	1
		6/11/2002	6	1			4/05/2002	1	1
		5/13/2003	2	1			4/03/2002	1	1
		4/05/2004	3	1			2/27/2004	3	1
		8/05/2004	6	1			8/16/2004	3	1
	11/21/2003	1	1				4/01/2002	1	1
	8/25/2004	3	1				4/22/2002	6	1
	8/23/2004	2	1				4/12/2002	4	2
	12/18/2003	6	1				3/29/2002	1	1
	8/02/2002	1	1				4/12/2002	1	1
	3/13/2002	2	1				4/12/2002	1	1
	6/28/2002	3	1				4/12/2002	1	1
	8/05/2002	2	1				4/17/2002	1	1
	7/12/2004	1	1				11/14/2002	6	2
	1/22/2002	2	1				8/30/2004	3	1
	10/22/2003	2	1				4/15/2004	2	1
	7/23/2003	2	1				2/14/2003	6	1
	8/23/2002	2	1				4/17/2002	1	1
	10/02/2003	2	1				5/13/2002	4	1
	7/11/2002	6	1				2/20/2004	6	1
	9/03/2003	6	1				4/16/2002	1	2
	7/15/2004	6	1				4/16/2002	1	1
	9/26/2003	6	1				5/06/2002	4	1
	6/25/2002	2	1				5/02/2002	4	1
	1/23/2002	6	1				4/15/2002	5	1
	4/09/2002	2	1				7/25/2003	6	1
	12/16/2003	6	1				6/05/2002	6	2
	8/16/2004	6	1				7/08/2002	6	1
	4/02/2004	2	1				6/28/2004	3	1
	7/07/2004	2	1				4/15/2002	6	1
	7/24/2003	3	1				12/30/2003	6	1
	1/22/2004	2	1				4/09/2002	1	2
	11/25/2003	6	1				4/12/2002	1	1
	11/26/2002	6	1				7/14/2004	2	1
	12/04/2001	6	1				3/12/2004	2	1
	5/15/2002	3	1				4/04/2002	6	1
	2/08/2002	2	1				8/17/2004	2	1
	12/03/2001	2	1				7/15/2004	2	1
	2/06/2002	2	1				3/19/2002	1	1
	9/30/2002	6	1				11/06/2002	6	1
	10/25/2002	3	1				4/05/2004	2	1
	11/01/2002	6	1				1/09/2003	6	1
	7/23/2004	6	1				12/20/2002	6	1
	5/01/2002	4	1				2/24/2004	3	1
	5/08/2002	1	1				7/09/2003	6	1
	4/25/2002	6	1				3/20/2002	1	1
	2/12/2002	6	1				3/20/2002	1	1
	4/29/2002	6	1				5/17/2002	3	1
	7/15/2002	6	2				8/23/2004	3	1
	5/23/2002	1	1				7/01/2002	4	1
	8/04/2004	2	1				3/20/2002	1	2

CLIENT	D.O.B.	PROJECT:	SITE:	CLIENT	D.O.B.	VISIT
						8/17/2001
						8/24/2001
						8/24/2001
						7/10/2001
						8/17/2001
						9/28/2001
						8/17/2001
						9/07/2001
						9/07/2001
						9/14/2001
						7/17/2001
						7/27/2001
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						9/07/2001
						7/03/2001
						7/20/2001
						8/31/2001
						8/31/2001
						8/31/2001
						7/17/2001
						7/13/2001
						9/21/2001
						9/21/2001
						9/28/2001
						7/17/2001

NEW YORK DATA SYSTEM										
TABLE SL-1 UNDUPLICATED CLIENT COUNTS BY NEW OR CONTINUING AND SEX										
TOTAL FOR NEW YORK										
	TOTAL	PCNT	NEW	PCNT	CONT	PCNT	MALE	PCNT	FEMALE	PCNT
CLIENTS THIS QUARTER	116,640	100.0	42,401	36.4	74,239	63.6	5,792	5.0	110,848	95.0
CLIENTS YTD - CALENDAR	340,079	100.0	185,514	54.6	154,565	45.4	20,166	5.9	319,913	94.1
CLIENTS YTD - FISCAL	275,785	100.0	135,375	49.1	140,410	50.9	15,804	5.7	259,981	94.3
CLIENTS ACTIVE - ALL	734,497	100.0	594,315	80.9	140,182	19.1	51,976	7.1	682,521	92.9
SOURCE OF PAYMENT (CVR ITEM 5)										
1 NO CHARGE	72,040	21.2	43,135	23.3	28,905	18.7	6,806	33.7	65,234	20.4
2 TITLE XIX (MEDICAID)	48,445	14.2	25,499	13.7	22,946	14.8	1,602	7.9	46,843	14.6
4 PRIVATE INSURANCE	54,871	16.1	26,541	14.3	28,330	18.3	3,027	15.0	51,844	16.2
5 FULL FEE (100% OF SCALE)	16,615	4.9	13,223	7.1	3,392	2.2	1,919	9.5	14,696	4.6
6 PART FEE	55,056	16.2	31,652	17.1	23,404	15.1	4,097	20.3	50,959	15.9
7 OTHER	10,400	3.1	6,379	3.4	4,021	2.6	1,290	6.4	9,110	2.8
8 TITLE XIX (MANAGED CARE)	46,141	13.6	23,858	12.9	22,283	14.4	1,133	5.6	45,008	14.1
9 TITLE XIX EXTENDED	11,075	3.3	4,117	2.2	6,958	4.5			11,075	3.5
10 P/P BENEFIT PROGRAM	25,436	7.5	11,110	6.0	14,326	9.3	292	1.4	25,144	7.9
TOTAL	340,079	100.0	185,514	100.0	154,565	100.0	20,166	100.0	319,913	100.0
POVERTY LEVEL: FEDERAL (CVR ITEM 18)										
100% OR LESS	226,424	66.6	126,606	68.2	99,818	64.6	12,188	60.4	214,236	67.0
101% - 125%	42,678	12.5	21,624	11.7	21,054	13.6	2,642	13.1	40,036	12.5
126% - 150%	20,698	6.1	10,192	5.5	10,496	6.8	1,077	5.3	19,611	6.1
151% - 175%	15,307	4.5	7,809	4.2	7,498	4.9	743	3.7	14,564	4.6
176% - 200%	8,636	2.5	4,485	2.4	4,151	2.7	608	3.0	8,028	2.5
201% - 250%	8,532	2.5	4,248	2.3	4,284	2.8	654	3.2	7,878	2.5
> 250%	15,705	4.6	8,589	4.6	7,116	4.6	1,842	9.1	13,863	4.3
UNKNOWN	2,109	.6	1,961	1.1	148	.1	412	2.0	1,697	.5
TOTAL	340,079	100.0	185,514	100.0	154,565	100.0	20,166	100.0	319,913	100.0
AGE										
< 15	4,079	1.2	3,374	1.8	705	.5	504	2.5	3,575	1.1
15 - 17	32,354	9.5	21,566	11.6	10,788	7.0	2,026	10.0	30,328	9.5
18 - 19	40,143	11.8	23,175	12.5	16,968	11.0	2,623	13.0	37,520	11.7
20 - 24	104,444	30.7	55,827	30.1	48,617	31.5	6,863	34.0	97,581	30.5
25 - 29	70,976	20.9	36,696	19.8	34,280	22.2	4,002	19.8	66,974	20.9
30 - 34	39,290	11.6	19,724	10.6	19,566	12.7	1,814	9.0	37,476	11.7
35 - 39	23,445	6.9	11,855	6.4	11,590	7.5	920	4.6	22,525	7.0
40 +	25,348	7.5	13,297	7.2	12,051	7.8	1,414	7.0	23,934	7.5
TOTAL	340,079	100.0	185,514	100.0	154,565	100.0	20,166	100.0	319,913	100.0
RACE (CVR ITEM 14)										
1 WHITE	145,881	42.9	74,310	40.1	71,571	46.3	8,631	42.8	137,250	42.9
2 BLACK/AFR. AMERICAN	80,651	23.7	45,274	24.4	35,377	22.9	5,340	26.5	75,311	23.5
3 AMERICAN INDIAN	1,110	.3	641	.3	469	.3	55	.3	1,055	.3
4 ALASKAN NATIVE	96		68		28		5		91	
5 ASIAN	7,521	2.2	4,814	2.6	2,707	1.8	307	1.5	7,214	2.3
6 OTHER/UNKNOWN	99,936	29.4	58,111	31.3	41,825	27.1	5,565	27.6	94,371	29.5
7 PACIFIC ISLANDER/HI NATIVE	525	.2	307	.2	218	.1	24	.1	501	.2
MULTI-RACIAL	4,359	1.3	1,989	1.1	2,370	1.5	239	1.2	4,120	1.3
TOTAL	340,079	100.0	185,514	100.0	154,565	100.0	20,166	100.0	319,913	100.0
HISPANIC ORIGIN (CVR ITEM 15)										
WHITE	12,924	3.8	5,565	3.0	7,359	4.8	460	2.3	12,464	3.9
BLACK	4,677	1.4	2,799	1.5	1,878	1.2	198	1.0	4,479	1.4
OTHER	73,065	21.5	37,346	20.1	35,719	23.1	4,080	20.2	68,985	21.6

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TABLE SL-1A UNDUPLICATED CLIENT COUNTS BY NEW OR CONTINUING AND PERIOD  
TOTAL FOR NEW YORK

	THIS QUARTER	%	YTD CALENDAR	%	YTD FISCAL	%	ACTIVE ALL	%
CLIENTS - TOTAL	116,640	100.0	340,079	100.0	275,785	100.0	734,497	100.0
CLIENTS - NEW TO PROGRAM	42,401	36.4	185,514	54.6	135,375	49.1	594,315	80.9
CLIENTS - CONTINUING CYTD	74,239	63.6	154,565	45.4	140,410	50.9	140,182	19.1
AGE								
< 15	1,175	1.0	4,079	1.2	3,207	1.2	11,108	1.5
15 - 17	10,591	9.1	32,354	9.5	25,673	9.3	84,972	11.6
18 - 19	13,483	11.6	40,143	11.8	32,256	11.7	92,860	12.6
20 - 24	36,385	31.2	104,444	30.7	85,234	30.9	226,212	30.8
25 - 29	24,743	21.2	70,976	20.9	57,855	21.0	144,372	19.7
30 - 34	13,827	11.9	39,290	11.6	32,167	11.7	77,461	10.5
35 - 39	8,108	7.0	23,445	6.9	19,004	6.9	47,069	6.4
40 +	8,328	7.1	25,348	7.5	20,389	7.4	50,444	6.9
TOTAL	116,640	100.0	340,079	100.0	275,785	100.0	734,497	100.0
VISIT TYPE (CVR ITEM 8)								
1 INITIAL MEDICAL	9,554	8.2	32,037	9.4	25,249	9.2	75,047	10.2
2 ANNUAL MEDICAL	19,344	16.6	62,772	18.5	50,069	18.2	117,323	16.0
3 METHOD CHECK	28,206	24.2	66,723	19.6	56,400	20.5	126,956	17.3
6 MEDICAL PROBLEM	42,590	36.5	119,443	35.1	97,917	35.5	259,679	35.4
4 COUNSELING	3,742	3.2	11,629	3.4	9,451	3.4	32,297	4.4
5 PREGNANCY TEST	13,204	11.3	47,475	14.0	36,699	13.3	123,195	16.8
TOTAL	116,640	100.0	340,079	100.0	275,785	100.0	734,497	100.0
RACE (CVR ITEM 14)								
1 WHITE	49,881	42.8	145,881	42.9	118,274	42.9	323,977	44.1
2 BLACK/AFR. AMERICAN	29,138	25.0	80,651	23.7	66,892	24.3	174,826	23.8
3 AMERICAN INDIAN	386	.3	1,110	.3	915	.3	2,327	.3
4 ALASKAN NATIVE	31		96		88		218	
5 ASIAN	2,338	2.0	7,521	2.2	6,023	2.2	16,375	2.2
6 OTHER/UNKNOWN	33,103	28.4	99,936	29.4	79,618	28.9	207,267	28.2
7 PACIFIC ISLANDER/HI NATIVE	162	.1	525	.2	407	.1	1,169	.2
MULTI-RACIAL	1,601	1.4	4,359	1.3	3,568	1.3	8,338	1.1
TOTAL	116,640	100.0	340,079	100.0	275,785	100.0	734,497	100.0
HISPANIC ORIGIN (CVR ITEM 15)								
WHITE	32,573	27.9	90,666	26.7	74,190	26.9	188,857	25.7
BLACK	5,385	4.6	12,924	3.8	10,760	3.9	28,660	3.9
OTHER	1,746	1.5	4,677	1.4	4,015	1.5	9,348	1.3
TOTAL	25,444	21.8	73,065	21.5	59,415	21.5	150,849	20.5
GENDER (CVR ITEM 13)								
1 FEMALE	110,848	95.0	319,913	94.1	259,981	94.3	682,521	92.9
2 MALE	5,792	5.0	20,166	5.9	15,804	5.7	51,976	7.1

TABLE SL-18 CLIENT VISIT COUNTS BY PERIOD

VISIT TYPE (CVR ITEM #)	THIS		YTD		YTD	%	ACTIVE	%
	QUARTER	%	CALENDAR	%	FISCAL		ALL	
1 INITIAL MEDICAL	12,668	8.8	54,914	9.1	40,622	9.0	162,827	9.0
2 ANNUAL MEDICAL	23,267	16.2	102,269	17.0	75,724	16.9	302,678	16.8
3 METHOD CHECK	32,592	22.7	140,715	23.3	103,977	23.1	416,096	23.1
6 MEDICAL PROBLEM	53,893	37.6	217,445	36.0	163,934	36.5	637,066	35.3
4 COUNSELING	4,424	3.1	18,949	3.1	14,386	3.2	63,872	3.5
5 PREGNANCY TEST	16,472	11.5	69,021	11.4	50,692	11.3	221,420	12.3
TOTAL	143,316	100.0	603,313	100.0	445,335	100.0	1,803,959	100.0

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NEW YORK DATA SYSTEM													PAGE 3		
TABLE SL-2 UNDUPLICATED CLIENT COUNTS BY AGE													1/01/2009 - 12/31/2009		
TOTAL FOR NEW YORK															
	TOTAL	< 15	16-17	18-19	20-24	25-29	30-34	35-39	40 +						
CLIENTS THIS QUARTER	116,640	1,175	10,591	13,483	36,385	24,743	13,827	8,108	8,328						
CLIENTS YTD - CALENDAR	340,079	4,079	32,354	40,143	104,444	70,976	39,290	23,445	25,348						
CLIENTS YTD - FISCAL	275,765	3,207	25,673	32,256	85,234	57,855	32,167	19,004	20,389						
CLIENTS ACTIVE ALL	734,457	11,108	84,972	92,860	226,212	144,372	77,461	47,068	50,444						
CLIENTS - NEW TO PROGRAM	185,514	3,374	21,566	23,175	55,827	36,636	19,724	11,855	13,297						
CLIENTS - CONTINUING CYTD	154,865	705	10,788	16,968	48,617	34,280	19,566	11,590	12,051						
SOURCE OF PAYMENT (CVR ITEM 5)															
1 NO CHARGE	72,040	21	1,600	13,205	11,441	28	19,616	16	7,066	19	4,006	17	3,541	14	
2 TITLE XIX (MEDICAID)	48,445	14	669	4,818	6,153	15	15,273	14	10,003	14	5,424	13	2,969	12	3,136
4 PRIVATE INSURANCE	54,871	16	574	4,702	5,939	14	16,262	15	11,707	16	6,150	15	4,039	17	5,498
5 FULL FEE (100% OF SCALE)	16,615	4	34	384	369	2	5,397	5	5,199	7	2,382	6	1,208	5	1,042
6 PART FEE	55,056	16	179	2,004	5,275	13	18,633	17	12,808	18	7,127	19	4,578	19	4,546
7 OTHER	10,400	3	126	730	907	2	2,559	2	1,950	2	1,354	3	1,035	4	1,739
8 TITLE XIX (MANAGED CARE)	46,141	13	758	3,966	4,468	11	12,254	11	9,639	13	6,186	15	4,038	17	4,833
9 TITLE XIX EXTENDED	11,075	3	14	321	775	1	3,554	3	3,375	4	2,009	5	778	3	249
10 P/P BENEFIT PROGRAM	25,434	7	125	2,224	4,216	10	10,990	10	4,750	6	1,573	4	794	3	764
TOTAL	340,079	100	4,079	32,354	40,143	100	104,444	100	70,976	100	39,290	100	23,445	100	25,348
POVERTY LEVEL: FEDERAL (CVR ITEM 18)															
100% OR LESS	226,424	66	3,579	27,244	28,636	71	64,883	62	43,742	61	25,933	66	15,677	66	16,730
101% - 133%	42,678	12	161	2,173	5,470	13	15,791	15	9,052	12	4,622	11	2,687	11	2,722
134% - 150%	20,688	6	91	950	2,071	5	7,375	7	4,839	6	2,469	6	1,425	6	1,408
151% - 185%	15,307	4	71	616	1,623	4	5,672	5	3,656	5	1,729	4	1,012	4	1,028
186% - 200%	8,636	2	36	327	692	1	3,145	3	2,327	3	1,001	2	529	2	579
201% - 250%	8,532	2	29	240	515	1	2,837	2	2,535	3	1,034	2	597	2	745
250% UNKNOWN	15,705	4	73	531	875	2	4,228	4	4,321	6	2,200	5	1,407	6	2,070
TOTAL	340,079	100	4,079	32,354	40,143	100	104,444	100	70,976	100	39,290	100	23,445	100	25,348
RACE (CVR ITEM 14)															
1 WHITE	145,891	42	1,574	14,393	18,305	45	49,819	47	29,747	41	13,436	34	8,103	34	10,505
2 BLACK/AFR. AMERICAN	80,651	23	1,201	9,136	10,566	26	23,393	22	16,104	21	9,185	23	5,888	25	6,178
3 AMERICAN INDIAN	1,110		12	85	126		340		242		135		76		94
4 ALASKAN NATIVE	96		1	11	7		40		21		11		2		3
5 ASIAN	7,521	2	71	336	517	1	1,777	1	1,870	2	1,276	3	782	3	892
6 OTHER/UNKNOWN	99,936	29	1,147	7,892	10,091	25	27,632	26	22,980	32	14,612	37	8,228	35	7,354
7 PACIFIC ISLANDER/HI NATIVE	525		3	26	51		178		111		62		36		59
MULTI-RACIAL	4,359	1	70	475	480	1	1,265	1	901	1	574	1	331	1	263
TOTAL	340,079	100	4,079	32,354	40,143	100	104,444	100	70,976	100	39,290	100	23,445	100	25,348
HISPANIC ORIGIN (CVR ITEM 15)															
WHITE	12,924	3	73	794	1,031	2	3,459	3	3,109	4	2,207	5	1,277	5	974
BLACK	4,677	1	58	434	633	1	1,430	1	974	1	487	1	333	1	268
OTHER	73,065	21	880	5,923	7,442	18	19,226	18	16,265	22	11,159	28	6,478	27	5,693
GENDER (CVR ITEM 13)															
1 FEMALE	319,913	94	3,575	30,328	37,520	93	97,581	93	66,974	94	37,476	95	22,525	96	23,934
2 MALE	20,166	5	504	2,026	2,623	6	6,863	6	4,002	5	1,814	4	920	3	1,414

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NEW YORK DATA SYSTEM  
TABLE SL-3 ALL VISITS BY TYPE OF VISIT

TOTAL FOR NEW YORK										1/01/2009 - 12/31/2009	
	TOTAL	INITIAL MEDICAL	% ANNUAL MEDICAL	% METHOD CHECK	% MEDICAL PROBLEM	% COUNSELLING ONLY				FREQUENCY	%
VISITS THIS QUARTER	143,316	12,668	8.8	23,267	16.2	32,592	22.7	53,893	37.6		
VISITS YTD - CALENDAR	603,313	54,914	9.1	102,269	17.0	140,715	23.3	217,445	36.0	4,424	3.1
VISITS YTD - FISCAL	449,335	40,622	9.0	75,724	16.9	103,577	23.1	163,934	36.5	19,949	3.1
VISITS ACTIVE - ALL	1,903,959	162,827	8.5	302,678	15.9	416,096	21.9	647,066	34.0	14,386	3.2
SOURCE OF PAYMENT (CVR ITEM 5)											
1 NO CHARGE	132,719	11,416	20.8	13,911	13.6	28,124	20.0	46,257	21.3	7,578	42.1
2 TITLE XIX (MEDICAID)	89,158	7,164	13.0	12,165	11.9	19,013	13.9	32,815	15.1	1,675	8.8
4 PRIVATE INSURANCE	33,287	3,840	16.1	21,006	20.5	19,841	14.1	35,011	16.1	1,609	8.5
5 FULL FEE (100% OF SCALE)	22,749	3,767	6.9	4,073	4.0	4,541	3.2	7,675	3.5	1,305	6.9
6 PART FEE	86,749	9,624	17.5	16,570	16.2	15,383	10.9	32,734	15.1	2,294	12.1
7 OTHER	17,141	1,225	2.1	2,394	2.3	3,797	2.7	7,971	3.7	588	3.1
8 TITLE XIX (MANAGED CARE)	85,220	6,678	12.2	14,975	14.6	23,614	16.8	32,181	14.8	2,172	11.5
9 TITLE XIX EXTENDED	24,527	1,233	2.2	4,555	4.5	9,860	7.0	7,076	3.3	718	3.8
10 F/P BENEFIT PROGRAM	51,703	4,977	9.1	12,620	12.3	16,542	11.8	15,717	7.2	610	3.2
TOTAL	603,313	54,914	100.0	102,269	100.0	140,715	100.0	217,445	100.0	18,949	100.0
POVERTY LEVEL: FEDERAL (CVR ITEM 18)											
100% OR LESS	411,837	38,173	69.5	65,386	63.9	100,346	71.3	145,437	66.9	14,164	74.7
101% - 125%	73,767	5,762	10.5	13,738	13.4	15,660	11.1	28,844	13.3	1,793	9.5
126% - 150%	36,101	3,142	5.8	6,959	6.8	8,099	5.8	12,913	5.9	894	4.7
151% - 175%	26,044	2,325	4.2	4,965	4.9	5,881	4.2	9,239	4.2	469	2.5
176% - 200%	14,374	1,437	2.6	2,893	2.8	3,322	2.4	5,148	2.4	291	1.5
201% - 250%	14,038	1,302	2.4	3,043	3.0	2,914	2.1	5,206	2.4	305	1.6
> 250%	23,780	2,333	4.2	5,169	5.1	3,669	2.6	9,688	4.5	937	4.9
UNKNOWN	3,372	420	.8	116	.1	824	.6	970	.4	96	.5
TOTAL	603,313	54,914	100.0	102,269	100.0	140,715	100.0	217,445	100.0	18,949	100.0
AGE											
< 15	6,938	1,289	2.3	656	.6	1,614	1.1	2,362	1.1	464	2.4
15 - 17	61,745	7,665	14.0	5,949	5.8	14,890	10.6	22,442	10.3	2,989	15.8
18 - 19	74,180	7,380	13.4	9,131	8.9	16,745	11.9	27,967	12.9	2,841	15.0
20 - 24	188,461	16,095	29.3	30,166	29.5	42,393	30.1	71,439	32.9	5,037	26.8
25 - 29	123,352	10,099	18.4	23,854	23.3	29,611	21.0	42,706	19.6	3,201	16.9
30 - 34	87,756	5,194	5.5	13,686	13.4	17,132	12.2	22,532	10.4	1,794	9.5
35 - 39	40,451	3,218	5.9	8,543	8.4	10,107	7.2	13,677	6.3	1,116	5.9
40 +	40,300	3,974	7.2	10,284	10.1	8,323	5.9	14,320	6.6	1,455	7.7
TOTAL	603,313	54,914	100.0	102,269	100.0	140,715	100.0	217,445	100.0	18,949	100.0
RACE (CVR ITEM 14)											
1 WHITE	254,397	24,786	45.1	49,331	48.8	60,657	43.1	87,947	40.4	6,937	36.9
2 BLACK/AFR. AMERICAN	150,113	12,765	23.2	20,673	20.2	30,214	21.5	61,046	28.1	5,006	26.4
3 AMERICAN INDIAN	1,913	200	.4	301	.3	438	.3	635	.3	80	.4
4 ALASKAN NATIVE	162	21	.0	14	.0	34	.0	68	.0	2	.0
5 ASIAN	11,760	1,551	2.8	2,254	2.2	2,243	1.6	3,310	1.8	459	2.4
6 OTHER/UNKNOWN	175,204	14,801	27.0	27,524	26.9	44,200	31.4	60,605	27.9	6,208	32.8
7 PACIFIC ISLANDER/HI NATIVE	860	90	.2	131	.1	151	.1	368	.2	13	.1
MULTI-RACIAL	8,904	700	1.3	1,441	1.4	2,773	2.0	2,866	1.3	194	1.0
TOTAL	603,313	54,914	100.0	102,269	100.0	140,715	100.0	217,445	100.0	18,949	100.0
HISPANIC ORIGIN (CVR ITEM 15)											
WHITE	171,363	11,920	21.7	27,889	27.3	46,648	33.2	60,156	27.7	5,516	29.1
BLACK	26,447	1,769	3.2	5,329	5.2	8,574	6.1	8,463	3.9	396	2.1
BLACK	8,866	663	1.2	1,413	1.4	2,092	1.5	3,465	1.6	229	1.2
OTHER	136,050	9,498	17.3	21,147	20.7	35,982	25.6	48,228	22.2	4,891	25.8

NEW YORK DATA SYSTEM  
TABLE SL-3A NEW CLIENTS BY TYPE OF FIRST VISIT  
TOTAL FOR NEW YORK

	TOTAL	INITIAL MEDICAL	% ANNUAL MEDICAL	% MEDICAL CHECK	% MEDICAL PROBLEM	COUNSELING ONLY	1/01/2009 - PREGNANCY TEST	12/31/2009
CLIENTS THIS QUARTER	32,401	7,772	18.3	3,702	9.2	5,894	14.1	15,451
CLIENTS YTD - CALENDAR	185,514	28,685	15.5	13,440	10.5	31,167	16.8	66,776
CLIENTS YTD - FISCAL	136,375	22,131	16.3	13,251	9.8	21,976	16.2	48,675
CLIENTS ACTIVE - ALL	594,315	72,260	12.2	74,441	12.6	93,731	16.8	213,792
SOURCE OF PAYMENT (CVR ITEM 5)								
1 NO CHARGE	43,135	5,423	18.9	2,323	11.9	5,406	17.3	12,893
2 TITLE XIX (MEDICAID)	25,499	3,385	11.8	2,033	10.6	3,944	12.7	9,220
4 PRIVATE INSURANCE	26,541	5,013	17.5	3,104	16.0	4,186	13.4	11,154
5 FULL FEE (100% OF SCALE)	13,223	2,329	9.9	2,193	11.2	2,228	7.1	4,302
6 PART FEE	31,652	5,608	19.6	3,319	17.1	3,811	12.2	12,695
7 OTHER	6,379	656	2.3	592	3.0	1,315	4.2	3,015
8 TITLE XIX (MANAGED CARE)	23,858	3,252	11.3	3,456	17.8	5,666	19.2	8,696
9 TITLE XIX EXTENDED	4,117	458	1.6	519	2.7	1,347	4.3	1,313
10 P/S BENEFIT PROGRAM	11,110	2,061	7.2	1,912	9.8	3,264	10.5	3,488
TOTAL	185,514	28,685	100.0	13,440	100.0	31,167	100.0	66,776
POVERTY LEVEL: FEDERAL (CVR ITEM 18)								
100% OR LESS	116,606	13,658	68.5	14,383	74.0	22,415	71.9	41,704
101% - 125%	21,624	2,951	10.3	1,991	10.2	3,375	10.8	3,340
126% - 150%	10,192	1,654	9.8	944	4.9	1,527	4.9	4,079
151% - 175%	7,809	1,230	4.3	664	3.4	1,317	4.2	3,131
176% - 200%	4,485	799	2.8	402	2.1	712	2.3	1,875
201% - 250%	4,248	726	2.5	394	2.0	577	1.9	1,878
> 250%	8,589	1,489	5.2	610	3.1	658	2.8	4,210
UNKNOWN	1,961	180	.6	52	.3	386	1.2	556
TOTAL	185,514	28,685	100.0	13,440	100.0	31,167	100.0	66,776
AGE								
< 15	3,374	705	2.5	919	1.6	662	2.1	1,112
15 - 17	21,566	3,592	12.5	1,252	6.4	4,134	13.5	7,560
18 - 19	23,175	3,531	12.3	1,495	7.7	4,069	13.1	8,414
20 - 24	55,827	8,280	28.9	5,379	27.7	9,472	30.4	20,535
25 - 29	36,636	5,516	19.2	4,656	24.2	6,074	19.5	12,891
30 - 34	19,724	2,757	9.6	2,507	12.9	3,287	10.5	6,852
35 - 39	11,855	1,803	6.3	1,519	7.8	1,872	6.0	4,253
40 +	13,297	2,501	8.7	2,273	11.7	1,538	4.9	5,113
TOTAL	185,514	28,685	100.0	13,440	100.0	31,167	100.0	66,776
RACE (CVR ITEM 14)								
1 WHITE	74,310	13,000	45.3	7,107	36.6	12,977	41.6	28,957
2 BLACK/AFR. AMERICAN	45,274	6,222	21.7	4,008	20.6	6,561	21.1	16,658
3 AMERICAN INDIAN	641	109	.4	71	.4	107	.3	208
4 ALASKAN NATIVE	69	14	.1	2	.1	13	.1	27
5 ASIAN	4,814	930	3.2	710	3.7	697	2.2	1,532
6 OTHER/UNKNOWN	58,111	8,030	28.0	7,333	37.7	10,427	33.5	18,554
7 PACIFIC ISLANDER/HI NATIVE	307	43	.1	30	.2	36	.1	141
MULTI-RACIAL	1,989	337	1.2	179	.9	344	1.1	699
TOTAL	185,514	28,685	100.0	13,440	100.0	31,167	100.0	66,776
HISPANIC ORIGIN (CVR ITEM 15)								
WHITE	5,565	797	2.8	626	3.2	1,135	3.7	2,062
BLACK	2,799	288	1.0	371	1.9	518	1.7	1,006
OTHER	37,946	4,312	15.0	3,973	19.9	7,023	22.5	12,760

NEW YORK DATA SYSTEM  
 TABLE SL-3B INITIAL & ANNUAL CLIENT POVERTY LEVEL BY ASSIGNED CHARGE CATEGORY  
 TOTAL FOR NEW YORK

SOURCE OF PAYMENT (CVR ITEM 5)	TOTAL	POVERTY LEVEL												
		PCNT 100% <	PCNT 101%-150%	PCNT 151%-200%	PCNT 201%-250%	PCNT > 250%	PCNT UNDERMINN	PCNT						
1 NO CHARGE	23,892	14.5	21,025	14.5	2,070	1.1	412	.5	136	.1	123	.1	316	.2
2 TITLE XIX (MEDICAID)	19,848	12.3	13,130	8.6	3,776	2.5	1,046	.7	301	.2	458	.3	137	.1
4 PRIVATE INSURANCE	29,070	19.0	12,803	8.4	5,656	3.7	3,863	2.5	1,948	1.3	4,760	3.1		
5 FULL FEE (100% OF SCALE)	7,502	4.9	5,513	3.6	376	.2	193	.1	126	.1	1,218	.8		
6 PART FEE	24,669	16.1	10,870	7.1	9,328	6.1	3,079	2.0	1,133	.7	232	.2	26	
7 OTHER	3,483	2.3	2,546	1.7	627	.4	171	.1	61	.0	80	.1	8	
8 TITLE XIX (MANAGED CARE)	21,422	14.0	19,627	12.2	1,949	1.3	566	.4	104	.1	176	.1		
9 TITLE XIX EXTENDED	5,236	3.4	4,048	2.6	902	.6	186	.1	36	.0	52	.0	12	
10 F/F BENEFIT PROGRAM	17,001	11.1	9,363	6.1	4,704	3.1	2,192	1.4	387	.3	354	.2	1	
TOTAL	153,112	100.0	99,731	65.1	29,428	19.2	11,708	7.6	4,292	2.8	7,453	4.9	500	.3

TABLE SL-3C STUDENT STATUS AND EDUCATION LEVEL  
 HIGHEST GRADE COMPLETED

STUDENT STATUS (CVR ITEM 7)	TOTAL	HIGHEST GRADE COMPLETED					
		< 6	6-9	10-11	12	13-16	17+
FULL TIME	78,737	1,126	12,724	23,961	21,849	18,162	915
PART TIME	9,815	321	582	1,513	4,248	2,995	166
NO	188,695	11,712	20,800	23,906	99,941	30,030	2,236
TOTAL	340,079	33,187	40,651	54,033	150,469	67,144	4,555

NEW YORK DATA SYSTEM  
 TABLE SL-4 CONTRACEPTIVE CLIENTS BY MALE OR FEMALE AND AGE  
 TOTAL FOR NEW YORK

CONTRACEPTIVE METHOD (CVR ITEM 88) (AT END OF PERIOD)	AGE																	
	TOTAL	%	MALE	%	FEMALE	%	< 15	%	15-17	%	18-19	%	20-24	%	25-29	%	30 +	%
01 STERILIZATION	6,169	1	16		6,153	1							122		684		5,363	1
02 ORAL	99,192	29			99,192	29	1,178		10,578	3	13,844	4	34,877	10	21,447	6	17,571	5
21 ORAL-EXTEND CYCLE	1,339				1,339		9		149		170		486		280		245	
03 I.U.D.	18,201	5			18,201	5	16		328		727		4,469	1	5,264	1	7,397	2
04 DIAPHRAGM	367				367				7		15		83		78		214	
05 CONDOM	16,221	4	16,221	4			137		1,387		2,126		5,839	1	3,396	1	3,346	1
06 SPERMICIDE	320				320		1		21		18		59		71		180	
08 NFP/FAM	337		17		320		3		17		14		57		80		166	
09 OTHER	11,651	3	379		11,272	3	154		1,079		1,256		2,934		2,132		4,056	1
11 IMPLANT	1,039				1,039		13		117		132		373		200		204	
13 CERVICAL CAP	59				59		1		6		6		16		13		17	
14 HORMONAL INJ.- 3 MO.	30,046	8			30,046	8	427		3,392	1	3,443	1	8,753	2	6,238	1	7,793	2
16 HORMONAL INJ.- 1 MO.	88				88		1		13		11		21		19		23	
15 FEMALE CONDOM	363				363		2		47		69		90		55		100	
17 HORMONAL PATCH	6,185	1			6,185	1	127		824		854		1,947		1,343		1,090	
18 VAGINAL RING	13,178	3			13,178	3	70		1,364		2,028		5,332	1	2,796		1,588	
19 SPONGE	37				37				2		1		8		8		18	
20 ABSTINENCE	3,050		376		2,674		273		453		296		597		443		988	
10 NONE	132,237	38	3,157		129,080	38	1,670		12,570	3	15,433	4	38,411	11	26,439	7	37,714	11
UNKNOWN																		
TOTAL	340,079	100	20,166	5	319,913	94	4,079	1	32,354	9	40,143	11	104,444	30	70,976	20	89,083	25
REASON FOR NO METHOD (CVR ITEM 90)																		
1 PREGNANT	40,750	30	15		40,735	30	211		3,087	2	5,954	4	14,251	10	9,214	7	8,633	6
2 INFERTILITY	745		7		738		7		7		18		102		111		507	
3 SEEKING PREGNANCY	4,807	3	7		4,800	3	6		108		371		1,338	1	1,277	1	1,707	1
4 OTHER MEDICAL REASON	1,173		18		1,155		4		48		78		189		165		690	
5 RELYING ON FEMALE METHOD	792		504		288		1		33		67		241		195		255	
6 OTHER	16,940	12	1,079		15,861	12	178		1,555	1	1,884	1	4,211	3	3,055	2	6,257	4
7 NOT SEXUALLY ACTIVE	5,620	4	617		5,003	3	639		936		502		852		635		2,056	1
PELVING ON MALE METHOD:																		
8 VASECTOMY	460		15		445		1		2		6		35		61		355	
9 CONDOM	60,950	46	895		60,055	45	630		6,794	5	7,353	5	17,193	13	11,726	8	17,254	13
UNKNOWN																		
TOTAL	132,237	100	3,157	2	129,080	97	1,670	1	12,570	9	15,433	11	38,411	29	26,439	20	37,714	28

TABLE SL-4A CLIENT PREGNANCY HISTORY

PREGNANCY HISTORY	TOTAL FEMALE CLIENTS	INCIDENCE						
		0	1	2	3	4	5+	UNK/NOSES
A NUMBER OF TIMES PREG	319,913	178,311	52,352	37,154	22,888	14,341	13,790	1,077
B NUMBER OF BIRTHS	319,913	210,011	49,134	34,901	15,422	6,239	3,130	1,076

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NEW YORK DATA SYSTEM  
 TABLE SL-5A CLIENT COUNTY CODES BY NEW OR CONTINUING & AGE  
 TOTAL FOR NEW YORK

COUNTY CODE	TOTAL	NEW	CONT	< 19	19 - 19	20 >
1 ALBANY	10,673	7,026	3,647	836	1,044	8,793
2 ALLEGANY	1,025	537	488	130	199	696
3 BROOME	4,293	1,704	2,589	571	577	3,145
4 CATTARAUGUS	1,440	623	817	281	216	943
5 CAYUGA	2,119	799	1,320	311	262	1,546
6 CHAUTAUQUA	2,909	1,269	1,640	598	552	1,759
7 CHEMUNG	2,630	1,144	1,486	398	434	1,798
8 CHENANGO	1,441	575	866	255	209	977
9 CLINTON	2,907	1,283	1,624	301	458	2,148
10 COLUMBIA	1,002	546	456	164	123	715
11 CORTLAND	2,045	766	1,279	297	346	1,402
12 DELAWARE	1,243	467	776	207	153	883
13 DUTCHESS	6,021	3,412	2,609	461	602	4,958
14 ERIE	12,750	6,969	5,781	1,561	1,498	9,691
15 ESSEX	992	448	544	105	119	768
16 FRANKLIN	1,220	552	668	160	164	896
17 FULTON	1,534	756	778	286	254	994
18 GENESEE	1,079	397	682	148	168	763
19 GREENE	1,417	660	757	200	226	991
20 HAMILTON	61	30	31	7	12	42
21 HERKIMER	1,503	662	841	237	263	1,003
22 JEFFERSON	4,740	1,901	2,839	641	713	3,386
23 KINGS	38,324	25,110	13,214	3,265	3,964	31,095
24 LEWIS	869	332	537	140	127	602
25 LIVINGSTON	1,691	902	789	123	331	1,237
26 MADISON	1,292	558	734	215	215	862
27 MONROE	10,373	5,609	4,764	1,323	1,465	7,585
28 MONTGOMERY	1,273	767	506	176	206	891
29 NASSAU	20,531	11,999	8,532	929	1,733	17,869
30 MANHATTAN	31,161	18,162	12,999	3,742	3,747	23,672
31 NIAGARA	2,767	1,553	1,214	415	380	1,972
32 ONEIDA	5,533	2,395	3,138	764	789	3,980
33 ONONDAGA	9,974	4,644	5,330	1,257	1,299	7,418
34 ONTARIO	1,664	774	890	241	250	1,173
35 ORANGE	6,564	3,433	3,131	568	787	5,209
36 ORLEANS	518	286	232	79	72	367
37 OSWEGO	3,418	1,516	1,902	594	560	2,264
38 OTSEGO	1,879	824	1,055	181	264	1,434
39 PUTNAM	723	446	277	74	74	575
40 QUEENS	16,629	9,204	7,425	1,451	1,640	13,538
41 RENSSELAER	2,943	1,590	1,353	337	369	2,237
42 RICHMOND	3,051	1,419	1,632	688	421	1,942
43 ROCKLAND	4,434	2,116	2,318	207	324	3,903
44 ST. LAWRENCE	2,954	1,270	1,684	466	487	2,001
45 SARATOGA	3,985	1,989	1,996	492	486	3,007
46 SCHENECTADY	3,259	1,559	1,700	369	402	2,488
47 SCHCHARIE	822	333	489	81	115	626
48 SCHUYLER	504	234	270	78	79	347
49 SENECA	601	288	313	109	100	392
50 STEUBEN	2,715	1,117	1,598	419	454	1,842
51 SUFFOLK	26,913	14,791	12,122	2,232	2,434	22,247
52 SULLIVAN	1,222	602	620	136	152	934

ZIP CODE	TOTAL	NEW	CONT	< 20	20 - 30	WHITE	BLACK	HISP	1/01/2016 - 12/31/2016 100% < MEDICAID	NO CHARGE	PAGE
00109	33	13	20	33	10	31	30	8			
01095	9	6	7	9	8	9	8	6			
01097	19	23	13	18	28	18	18	6			
01965	81	6	38	80	28	76	70	23			
10901	20	6	14	20	9	17	17	6			
10913	72	24	48	72	29	71	68	28			6
10920	34	10	24	32	12	33	31	15			
10923	45	15	30	42	19	44	41	17			
10927	16	7	9	13	7	14	12				
10931	20	7	13	20	10	19	16	9			
10952	6	9	21	6	15	6	27	13			
10954	30	9	21	30	15	29	27	13			
10956	6	6	6	6	6	6	6	6			
10960	20	7	13	20	10	19	16	9			
10962	6	6	6	6	6	6	6	6			
10964	30	9	21	30	15	29	27	13			
10965	6	6	6	6	6	6	6	6			
10966	20	7	13	20	10	19	16	9			
10970	6	6	6	6	6	6	6	6			
10974	30	9	21	30	15	29	27	13			
10976	7	7	6	7	7	7	7	7			
10977	701	222	479	13	688	252	19	687	652	216	35
10980	11	8	8	11	7	11	11	7			
10981	11	8	8	11	7	11	11	7			
10983	8	8	8	8	7	8	7	7			
10989	11	11	10	11	7	11	11	7			
10991	11	11	10	11	7	11	11	7			
10993	14	14	10	14	7	14	11	11			
10994	14	14	10	14	7	14	11	11			
19001	1,163	370	793	24	1,139	438	19	1,128	1,064	366	58

NEW YORK DATA SYSTEM

2/18/2010 5814      TABLE SL-6 MEDICAL SERVICES BY VISIT TYPE      PAGE 80

TOTAL FOR NEW YORK

	TOTAL	INITIAL MEDICAL	% ANNUAL MEDICAL	% METHOD CHECK	% MEDICAL PROBLEM	% COUNSELING ONLY	% PREGNANCY TEST
VISITS THIS QUARTER	143,316	12,668	8.8	23,267	16.2	32,592	22.7
VISITS YTD - CALENDAR	603,313	54,914	9.1	102,269	17.0	140,715	23.3
VISITS YTD - FISCAL	449,335	40,622	9.0	75,724	16.9	103,977	23.1
MEDICAL SERVICE(CVR ITEM 11A)							
02 PAP SMEAR	132,344	29,169	53.1	83,591	81.7	5,877	4.2
03 BLOOD PFEASURE	476,106	53,440	57.3	100,985	58.4	131,649	59.6
04 HGT./WGT.	437,346	52,436	55.5	100,065	57.8	121,666	56.5
05 THYROID PALP.	142,146	37,771	68.8	89,789	87.8	3,655	2.6
06 HEART/LUNG AUS.	148,846	37,965	69.1	89,444	87.5	4,068	2.9
07 BREAST EXAM	147,374	37,119	67.6	91,112	89.1	6,398	4.5
08 ABDOMINAL PALP.	173,248	39,470	71.9	91,836	89.8	7,818	5.6
09 EXTREMITIES	149,621	37,987	69.2	89,679	87.7	4,948	3.5
10 BIRMANUAL PELVIC	217,550	37,650	68.6	89,964	88.0	15,647	11.1
11 VAGINITIS PX	53,099	5,908	10.8	10,950	10.7	2,822	2.0
21 UTI TREATMENT	9,299	631	1.1	1,099	1.1	628	.4
23 METHOD INITIATION	70,992	14,488	26.4	10,317	10.1	25,495	18.1
27 COLPOSCOPY	5,074	83	.2	44	.1	139	.1
29 POSTPARTUM CHECK	2,751	753	1.4	136	.1	477	.3
30 OTHER MEDICAL	159,517	15,104	27.5	26,955	26.4	38,606	27.4
31 HGB / HCT	77,857	18,714	34.1	32,668	31.9	5,616	4.0
32 URINE DIPSTICK	70,180	13,688	24.9	24,749	24.2	5,436	3.9
33 URINALYSIS	15,210	2,534	4.6	3,309	3.2	3,056	2.2
34 URINE CULTURE	8,717	821	1.5	1,417	1.4	619	.6
35 REPEAT PAP SMEAR	3,559	57	.1	341	.3	494	.4
38 WET MOUNT/GRAM STAIN	72,307	7,817	14.2	16,492	16.1	2,675	1.9
40 RUBEOLA TITER	2,109	732	1.3	804	.8	228	.2
42 SICKLE CELL SCREENING	258	67	.1	58	.1	27	.2
44 OTHER LAB	123,250	12,691	23.1	24,547	24.0	12,794	9.1
46 METHOD CESSATION	7,540	405	.7	1,236	1.2	3,524	2.5
47 CRYOSURGERY	174	6	.0	6	.0	9	.0
48 EMERGENCY CONTRACEPTION	26,042	3,298	6.0	4,625	4.5	5,625	4.0
49 HPV VACCINE	9,708	800	1.5	1,520	1.5	2,301	1.6

NEW YORK DATA SYSTEM

2/18/2010 5815      TABLE SL-6 MEDICAL SERVICES BY VISIT TYPE      PAGE 81

TOTAL FOR NEW YORK

	TOTAL	INITIAL MEDICAL	% ANNUAL MEDICAL	% METHOD CHECK	% MEDICAL PROBLEM	% COUNSELING ONLY	% PREGNANCY TEST
COUNSELING SERVICE (CVR ITEM 12A)							
1 CONTRACEPTIVE	479,811	47,704	86.9	92,557	90.5	126,991	90.2
2 STERILIZATION	2,560	377	.7	514	.5	548	.4
3 INFERTILITY	2,740	498	.9	370	.4	398	.3
4 NUTRITION	124,631	18,417	33.5	34,326	34.2	34,035	24.2
5 PREGNANCY	98,034	7,210	13.1	8,396	8.2	9,327	6.6
6 WIC	7,775	282	.5	235	.2	180	.1
7 OTHER	334,811	32,186	58.6	63,008	61.6	64,793	46.0
9 STD	362,734	41,327	75.3	77,730	76.0	68,364	48.6
10 PRECONCEPTION	19,891	3,229	5.9	4,991	4.9	3,272	2.3
11 ABSTINENCE/ABSTINENCESKILLS	51,117	7,256	13.2	11,743	11.5	7,550	5.4
12 BREAST SELF EXAM	135,233	29,384	53.5	68,104	66.6	18,543	13.2
REFERRED ELSEWHERE (CVR ITEM 10)							
1 PREGNANCY	17,706	1,075	2.0	288	.3	141	.1
2 STERILIZATION	187	26	.0	37	.0	54	.0
3 INFERTILITY	325	47	.1	109	.1	42	.0
4 MEDICAL PROBLEM/FOLLOW-UP	7,132	487	.9	1,216	1.2	800	.6
5 CBE F/U	1,323	179	.3	554	.6	162	.1
6 PRIMARY CARE	1,420	183	.3	401	.4	345	.2
9 OTHER	43,261	4,731	8.6	7,110	7.0	12,735	9.1
UNDUPLICATED REFERRAL VISITS	70,464	6,581	12.0	9,537	9.3	14,215	10.1

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NEW YORK DATA SYSTEM  
 TABLE SL-7 PREGNANCY TEST RESULTS VISITS BY AGE  
 TOTAL FOR NEW YORK

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 1/01/2009 - 12/31/2009

PREGNANCY TEST RESULT (CVR ITEM 11B)	TOTAL		1/01/2009 - 12/31/2009															
	%		< 15	%	15-17	%	18-19	%	20-24	%	25-29	%	30-34	%	35-39	%	40 +	%
POSITIVE	60,317	32	337		4,956	2	8,157	4	21,016	11	13,614	7	7,302	3	3,654	1	1,281	
NEGATIVE	127,175	67	1,747		16,500	8	18,018	9	40,157	21	25,344	13	12,818	6	6,980	3	5,611	3
TOTAL	187,492	100	2,084	1	21,456	11	26,175	14	61,173	32	38,958	20	20,120	10	10,634	5	6,892	3
DESIREDNES																		
NOW	18,190	30	57	16	1,027	20	2,071	25	6,099	29	4,546	33	2,698	36	1,289	35	413	32
SOONER	243				13		27		32		60		28		21		2	
LATER	1,554	2	6	1	184	3	236	3	610	2	236	2	118	1	36	1	8	
NOT DESIRED	26,809	44	202	59	2,612	52	4,080	50	9,751	46	5,503	40	2,677	36	1,454	39	530	41
UNKNOWN	3,639	16	60	17	322	18	1,387	17	3,332	15	1,999	14	1,154	15	598	16	187	14

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TABLE SL-9 HIV TEST RESULTS VISITS BY AGE 1/01/2009 - 12/31/2009

TOTAL FOR NEW YORK

	TOTAL	%	< 15	%	15-17	%	18-19	%	20-24	%	25-29	%	30-34	%	35-39	%	40 +	%
HIV COUNSELING & TESTING (CVR ITEM 11E)																		
PRETEST COUNSELING	209,274	100	2,154	1	21,148	10	26,311	12	67,371	32	43,224	20	22,752	10	13,224	6	13,090	6
HIV TEST - YES	103,964	100	989	1	10,269	9	13,628	13	33,488	32	21,836	21	11,529	11	6,350	6	5,875	5
POSITIVE	275	100	3	1	27	9	40	14	93	33	51	18	25	9	14	5	22	8
NEG./INCONCLUSIVE	73,232	100	630		6,566	9	8,903	12	24,053	32	16,031	21	8,396	11	4,579	6	4,074	5
POSTTEST COUNSELING	84,776	100	733		8,014	9	10,971	12	27,789	32	18,102	21	9,352	11	5,116	6	4,698	5

TABLE SL-9A HIV TEST RESULTS BY VISIT TYPE

	TOTAL	INITIAL MEDICAL	%	ANNUAL MEDICAL	%	METHOD CHECK	%	MEDICAL PROBLEM	%	COUNSELING ONLY	%	PREGNANCY TEST	%
HIV COUNSELING & TESTING (CVR ITEM 11E)													
PRETEST COUNSELING	209,274	33,247	15.9	67,380	32.2	22,370	10.7	52,477	25.1	7,857	3.8	25,943	12.4
HIV TEST - YES	103,964	18,771	18.1	35,119	33.8	6,817	6.6	28,689	27.6	5,676	5.5	8,332	8.6
POSITIVE	275	50	18.2	47	17.1	26	9.5	113	41.1	14	5.1	25	9.1
NEG./INCONCLUSIVE	73,232	13,027	17.9	25,081	34.2	5,827	8.0	19,480	26.6	2,634	3.6	7,123	9.7
POSTTEST COUNSELING	84,776	15,540	18.3	27,848	32.8	5,956	7.0	22,955	27.1	5,310	6.3	7,166	8.5

TABLE SL-10 STD SERVICES BY VISIT TYPE

STD SERVICES (CVR ITEM 11C)	TOTAL	INITIAL MEDICAL	% ANNUAL MEDICAL	% METHOD CHECK	% MEDICAL PROBLEM	% COUNSELING ONLY	% PREGNANCY TEST	%					
GONORRHEA TEST	189,720	33,275	17.5	68,460	36.1	11,806	6.2	64,501	34.0	2,501	1.3	9,177	4.8
GONORRHEA TREATMENT	2,015	179	8.9	124	6.2	73	3.6	1,571	78.0	44	2.2	24	1.2
SYPHILIS TEST	48,363	10,432	21.6	19,483	40.3	3,252	6.7	13,162	27.2	1,058	2.2	976	2.0
SYPHILIS TREATMENT	544	53	9.7	199	36.6	40	7.4	234	43.0	13	2.4	5	.9
HERPES DIAGNOSIS	1,668	161	9.7	170	10.2	121	7.3	1,172	70.3	33	2.0	11	.7
HERPES TREATMENT	2,060	138	6.7	247	12.0	179	8.7	1,450	70.4	28	1.4	18	.9
HPV DIAGNOSIS	3,318	602	18.4	876	22.4	146	3.7	2,250	57.4	21	.5	23	.6
HPV TREATMENT	4,834	331	6.8	405	8.4	145	3.0	3,908	80.8	21	.4	24	.5
CHLAMYDIA TEST	207,628	36,526	17.8	74,685	36.0	12,589	6.1	71,013	34.2	2,676	1.3	9,739	4.7
CHLAMYDIA TREATMENT	10,741	907	8.4	897	5.6	504	4.7	8,079	75.2	369	3.4	285	2.7

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NEW YORK DATA SYSTEM  
TABLE SL-11 UNDUPLICATED CLIENT COUNTS BY PREGNANCY TEST RESULTS  
TOTAL FOR NEW YORK

PAGE 84  
1/01/2009 - 12/31/2009

	TOTAL		PREGNANCY TEST RESULT				DESIREDDNESS OF PREGNANCY				LATER		NOT		UNKNOWN	
	COUNT	%	NEG	%	POS	%	NOW	%	SOONER	%	COUNT	%	COUNT	%	COUNT	%
CLIENTS THIS QUARTER	41,994	100.0	28,014	66.8	13,920	33.2	4,041	9.6	57	.1	332	.8	6,277	15.0	2,208	5.3
CLIENTS YTD - CALENDAR	147,224	100.0	94,024	63.9	53,200	36.1	16,377	11.1	213	.1	1,366	.9	24,460	16.6	8,333	5.7
CLIENTS YTD - FISCAL	114,609	100.0	74,431	64.9	40,178	35.1	12,122	10.6	173	.2	1,043	.9	18,373	16.0	6,120	5.3
CLIENTS ACTIVE - ALL	346,814	100.0	211,668	61.1	134,846	38.9	45,594	13.2	1,020	.3	4,623	1.3	55,704	16.1	24,993	7.2
SOURCE OF PAYMENT (CVR ITEM 5)																
1 NO CHARGE	36,666	24.9	21,980	23.4	14,686	27.6	5,621	34.3	40	18.6	313	22.9	4,918	20.1	2,717	32.6
2 TITLE XIX (MEDICAID)	29,325	19.9	14,432	15.3	14,893	28.0	4,568	27.9	52	24.4	336	24.6	7,958	32.5	1,835	22.0
4 PRIVATE INSURANCE	19,449	13.2	13,013	13.8	6,430	12.1	860	5.3	23	10.8	157	11.5	4,427	18.1	876	10.5
5 FULL FEE (100% OF SCALE)	5,997	3.7	3,869	4.1	1,528	2.9	322	2.0	20	9.4	43	3.1	897	3.7	245	2.9
6 PART FEE	19,586	13.3	11,916	12.7	7,670	14.4	2,596	15.8	45	21.1	291	20.6	3,380	13.8	1,121	13.5
7 OTHER	3,234	2.2	2,333	2.5	501	1.7	413	2.5	2	.9	12	.9	313	1.3	157	1.9
8 TITLE XIX (MANAGED CARE)	19,822	13.5	14,969	15.9	4,853	9.1	1,418	8.7	25	11.7	164	12.0	1,911	7.8	1,011	12.1
9 TITLE XIX EXTENDED	5,029	3.4	3,356	3.6	1,673	3.1	472	2.9	2	.9	36	2.6	338	1.4	283	3.4
10 F/P BENEFIT PROGRAM	8,716	5.9	8,150	8.7	566	1.1	117	.7	4	1.9	24	1.8	318	1.3	88	1.1
TOTAL	147,224	100.0	94,024	100.0	53,200	100.0	16,377	100.0	213	100.0	1,366	100.0	24,460	100.0	8,333	100.0
POVERTY LEVEL: FEDERAL (CVR ITEM 18)																
100% OR LESS	103,713	70.4	68,819	73.0	35,094	66.0	11,487	70.1	120	56.3	816	59.7	14,871	60.8	6,194	74.3
101% - 125%	16,923	11.5	10,326	11.0	6,597	12.4	1,723	10.5	44	20.7	226	16.5	3,355	13.7	903	10.8
126% - 150%	8,279	5.6	4,900	5.2	3,379	6.4	1,006	6.1	19	8.9	118	8.6	1,622	6.6	372	4.5
151% - 175%	6,328	4.3	3,627	3.9	2,701	5.1	600	3.7	3	1.4	89	6.5	1,629	6.7	272	3.3
176% - 200%	3,215	2.2	1,925	2.0	1,290	2.4	347	2.1	8	3.8	39	2.9	662	2.7	165	2.0
201% - 250%	2,793	1.9	1,575	1.7	1,218	2.3	323	2.0	6	2.8	38	2.8	671	2.7	126	1.5
> 250%	4,529	3.1	2,347	2.5	2,182	4.1	406	2.5	13	6.1	40	2.9	1,494	6.1	205	2.5
UNKNOWN	1,444	1.0	705	.7	739	1.4	485	3.0					157	.6	56	1.2
TOTAL	147,224	100.0	94,024	100.0	53,200	100.0	16,377	100.0	213	100.0	1,366	100.0	24,460	100.0	8,333	100.0
AGE																
< 15	1,599	1.1	1,300	1.4	299	.6	49	.3			6	.4	179	.7	54	.6
15 - 17	15,750	10.7	11,564	12.3	4,186	7.9	859	5.2	8	3.8	143	10.5	2,299	9.4	753	9.0
18 - 19	19,303	13.1	12,763	13.6	7,140	13.4	1,808	11.0	23	10.8	263	19.3	3,689	15.1	1,174	14.1
20 - 24	47,957	32.6	29,526	31.4	19,431	34.6	5,397	33.0	80	37.6	594	43.1	8,870	36.3	2,848	34.2
25 - 29	31,174	21.2	19,107	20.3	12,067	22.7	4,178	25.5	53	24.9	269	19.7	5,063	20.7	1,756	21.1
30 - 34	16,314	11.1	9,734	10.4	6,580	12.4	2,496	15.2	28	13.1	110	8.1	2,499	10.2	1,035	12.4
35 - 39	8,700	5.9	5,380	5.7	3,320	6.2	1,199	7.3	15	6.9	33	2.4	1,352	5.5	543	6.5
40 +	5,827	4.0	4,650	4.9	1,177	2.2	391	2.4	2	.9	8	.6	503	2.1	170	2.0
TOTAL	147,224	100.0	94,024	100.0	53,200	100.0	16,377	100.0	213	100.0	1,366	100.0	24,460	100.0	8,333	100.0
RACE (CVR ITEM 14)																
1 WHITE	54,126	36.8	34,944	37.2	19,182	36.1	4,744	29.0	91	42.7	849	62.2	10,781	43.9	2,494	29.9
2 BLACK/AFR. AMERICAN	40,699	27.6	26,098	27.8	14,601	27.4	4,948	29.6	48	22.5	226	16.5	6,673	27.3	2,495	29.9
3 AMERICAN INDIAN	575	.4	369	.4	206	.4	30	.2			8	.6	146	.6	19	.2
4 ALASKAN NATIVE	48		16		32	.1	7				1	.1	22	.1	1	
5 ASIAN	2,808	1.9	1,659	1.8	1,149	2.2	324	2.0	3	1.4	13	1.0	377	1.5	414	5.0
6 OTHER/UNKNOWN	46,963	31.9	29,725	31.6	17,238	32.4	6,221	38.0	69	32.4	246	18.0	6,220	25.4	2,637	31.6
7 PACIFIC ISLANDER/HI NATIVE	229	.2	146	.2	83	.2	29	.2			2	.1	38	.2	14	.2
MULTI-RACIAL	1,776	1.2	1,067	1.1	709	1.3	174	1.1	2	.9	21	1.5	253	1.0	253	3.1
TOTAL	147,224	100.0	94,024	100.0	53,200	100.0	16,377	100.0	213	100.0	1,366	100.0	24,460	100.0	8,333	100.0
HISPANIC ORIGIN (CVR ITEM 15)																
WHITE	4,181	2.8	2,778	3.0	1,403	2.6	487	3.0	7	3.3	62	4.5	505	2.1	325	3.9
BLACK	2,186	1.5	1,566	1.7	620	1.2	148	.9	1	.5	10	.7	355	1.5	102	1.2
OTHER	34,852	23.7	21,843	23.2	13,009	24.5	5,099	31.1	57	26.8	194	14.2	3,899	15.9	2,069	24.8

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NEW YORK DATA SYSTEM  
TABLE SL-13 UNDUPLICATED CLIENT COUNTS BY HIV COUNSELING & TESTING CLIENTS  
TOTAL FOR NEW YORK

	TOTAL	%	PRETEST COUNSELED	%	HIV TEST YES	%	POSITIVE	%	NEG/INC.	%	POSTTEST COUNSELED	%
CLIENTS THIS QUARTER	49,598	100	46,802	94	23,902	48	54	17,827	35	19,316	38	
CLIENTS YTD - CALENDAR	188,771	100	179,448	95	97,877	51	248	69,461	36	80,385	42	
CLIENTS YTD - FISCAL	142,958	100	135,422	94	73,568	51	200	52,609	36	60,393	42	
CLIENTS ACTIVE - ALL	460,438	100	439,377	95	232,091	50	712	194,563	42	205,241	44	
SOURCE OF PAYMENT (CVR ITEM 5)												
1 NO CHARGE	38,504	20	35,698	19	24,777	25	58	23	16,977	24	19,386	24
2 TITLE XIX (MEDICAID)	31,017	16	29,899	16	14,654	15	20	8	11,139	16	12,879	16
4 PRIVATE INSURANCE	34,031	18	32,596	18	14,149	14	22	8	10,126	14	12,216	15
5 FULL FEE (100% OF SCALE)	8,836	4	8,523	4	5,046	5	7	2	4,331	6	4,971	6
6 PART FEE	26,763	14	25,656	14	12,085	12	53	21	7,084	10	8,730	10
7 OTHER	4,762	2	4,627	2	3,094	3	11	4	2,335	3	2,401	3
8 TITLE XIX (MANAGED CARE)	22,092	11	20,933	11	13,404	13	61	24	9,948	14	10,438	13
9 TITLE XIX EXTENDED	5,188	2	4,643	2	2,714	2	4	1	1,682	2	2,078	2
10 F/P BENEFIT PROGRAM	17,578	9	16,873	9	7,954	8	12	4	5,839	8	7,286	9
TOTAL	188,771	100	179,448	100	97,877	100	248	100	69,461	100	80,385	100
POVERTY LEVEL: FEDERAL (CVR ITEM 18)												
100% OR LESS	118,066	62	112,040	62	68,564	70	211	85	51,084	73	57,029	70
101% - 125%	26,253	13	25,392	14	11,151	11	16	6	6,767	9	8,240	10
126% - 150%	12,284	6	11,700	6	5,042	5	7	2	2,968	4	3,880	4
151% - 175%	10,165	5	9,029	5	4,080	4	2		2,819	4	3,519	4
176% - 200%	5,363	2	5,121	2	2,317	2			1,447	2	2,018	2
201% - 250%	5,293	2	5,120	2	2,060	2	7	2	1,190	1	1,732	2
> 250%	9,395	5	9,114	5	3,402	3	4	1	1,926	2	2,994	3
UNKNOWN	1,952	1	1,932	1	1,261	1	1		1,260	1	973	1
TOTAL	188,771	100	179,448	100	97,877	100	248	100	69,461	100	80,385	100
AGE												
< 15	1,931	1	1,852	1	928		3	1	531		691	
15 - 17	18,471	9	17,701	9	9,470	9	24	9	6,110	8	7,476	9
18 - 19	23,439	12	22,348	12	12,632	12	35	14	8,349	12	10,299	12
20 - 24	60,101	31	57,157	31	31,379	32	84	33	22,663	32	26,231	32
25 - 29	39,479	20	37,289	20	20,695	21	45	18	15,272	22	17,216	21
30 - 34	20,924	11	19,755	11	10,979	11	22	8	8,081	11	8,965	11
35 - 39	12,120	6	11,527	6	6,084	6	14	5	4,428	6	4,936	6
40 +	12,306	6	11,819	6	5,710	5	21	8	3,967	5	4,571	5
TOTAL	188,771	100	179,448	100	97,877	100	248	100	69,461	100	80,385	100
RACE (CVR ITEM 14)												
1 WHITE	89,251	47	86,193	48	37,509	38	64	25	26,336	37	32,911	40
2 BLACK/AFR. AMERICAN	42,043	22	39,741	22	24,993	25	123	49	17,796	25	20,161	25
3 AMERICAN INDIAN	558		524		293		1		220		282	
4 ALASKAN NATIVE	44		42		14				8		18	
5 ASIAN	3,254	1	3,146	1	2,112	2	5	2	1,266	1	1,551	1
6 OTHER/UNKNOWN	51,042	27	47,358	26	31,490	32	50	20	22,849	32	24,362	30
7 PACIFIC ISLANDER/HI NATIVE	238		229		99				65		71	
MULTI-RACIAL	2,341	1	2,215	1	1,367	1	5	2	921	1	1,029	1
TOTAL	188,771	100	179,448	100	97,877	100	248	100	69,461	100	80,385	100
HISPANIC ORIGIN (CVR ITEM 15)												
WHITE	7,686	4	7,520	4	4,996	5	11	4	4,177	6	4,269	5
BLACK	2,543	1	2,489	1	1,888	1	3	1	1,634	2	1,710	2
OTHER	37,482	19	34,335	19	23,460	24	39	15	16,246	23	17,073	21

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NEW YORK DATA SYSTEM  
 TABLE SL-14 ALL VISITS BY STD SERVICES  
 TOTAL FOR NEW YORK

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 1/01/2009 - 12/31/2009

	TOTAL			GONORRHEA			SYPHILIS			HERPES			HPV		
	TEST	%	TX	TEST	%	TX	TEST	%	TX	TEST	%	TX	TEST	%	TX
VISITS THIS QUARTER	44,098	100	52,586	83	516	1	10,390	20	128	370	486	852	1	1,087	2
VISITS YTD - CALENDAR	189,720	100	227,336	83	2,015	14	48,363	21	544	1,668	2,060	3,918	1	4,834	2
VISITS YTD - FISCAL	140,745	100	168,730	83	1,510	11	35,751	21	445	1,241	1,562	2,917	1	3,605	2
VISITS ACTIVE - ALL	526,059	100	650,591	80	5,791	8	140,892	21	1,222	6,180	5,511	12,506	1	14,228	2
SOURCE OF PAYMENT (CVR ITEM 5)															
1 NO CHARGE	37,203	20	46,305	19	688	34	14,851	30	235	373	22	437	21	903	22
2 TITLE XIX (MEDICAID)	29,063	15	34,816	15	284	14	5,141	10	27	256	15	367	17	496	12
4 PRIVATE INSURANCE	29,953	16	36,556	15	193	9	5,036	10	26	267	16	362	17	627	16
6 FULL FEE (100% OF SCALE)	8,542	4	9,575	4	56	2	1,470	3	8	84	5	83	4	229	5
6 PART FEE	29,880	15	34,074	15	264	13	7,121	14	65	218	13	251	12	531	13
7 OTHER	6,193	3	7,161	3	78	3	2,412	5	24	78	4	69	3	115	2
8 TITLE XIX (MANAGED CARE)	26,715	13	30,693	13	318	15	7,752	16	42	274	16	232	14	513	13
9 TITLE XIX EXTENDED	6,260	3	7,137	3	30	1	2,951	6	45	38	2	37	1	93	2
10 P/P BENEFIT PROGRAM	15,911	8	21,013	9	104	5	1,623	3	12	80	4	156	7	411	10
TOTAL	189,720	100	227,336	100	2,015	100	48,363	100	544	1,668	100	2,060	100	3,918	100
POVERTY LEVEL: FEDERAL (CVR ITEM 18)															
100% OR LESS	131,138	69	156,728	63	1,641	81	36,643	75	396	1,207	72	1,475	71	2,643	67
101% - 125%	23,739	12	27,875	12	162	8	4,513	10	41	134	8	204	9	366	9
126% - 150%	10,573	5	12,835	5	61	3	2,009	4	39	90	5	102	5	191	4
151% - 175%	7,433	3	9,157	3	44	2	1,414	2	13	57	3	66	3	171	4
176% - 200%	4,230	2	5,459	2	40	2	771	1	11	41	2	61	3	145	3
201% - 250%	3,964	2	5,017	2	15	0	736	1	12	44	2	33	1	115	2
> 250%	7,012	3	8,580	3	42	2	1,143	2	18	70	4	86	4	217	5
UNKNOWN	1,591	0	1,685	0	10	0	734	1	14	25	1	27	1	64	1
TOTAL	189,720	100	227,336	100	2,015	100	48,363	100	544	1,668	100	2,060	100	3,918	100
AGE															
< 15	1,609	0	1,959	0	27	1	348	0	1	15	0	15	0	16	0
15 - 17	19,162	10	23,172	10	317	15	4,266	8	32	109	6	117	5	164	4
18 - 19	25,136	13	30,477	13	407	20	5,835	12	40	216	12	282	13	362	9
20 - 24	62,004	32	75,595	33	758	37	13,445	27	106	566	33	655	31	1,467	37
25 - 29	38,648	20	45,570	20	276	13	10,193	21	105	355	21	420	20	389	25
30 - 34	20,227	10	23,657	10	101	5	6,477	13	97	170	10	251	12	449	11
35 - 39	11,699	6	13,623	6	79	3	3,317	8	37	119	7	152	7	228	5
40 +	11,235	5	13,283	5	50	2	3,822	7	123	119	7	149	9	243	6
TOTAL	189,720	100	227,336	100	2,015	100	48,363	100	544	1,668	100	2,060	100	3,918	100
RACE (CVR ITEM 14)															
1 WHITE	73,135	38	91,238	40	374	18	13,219	27	134	619	37	797	38	1,810	46
2 BLACK/AFR. AMERICAN	50,303	26	61,203	26	1,138	56	12,845	26	125	460	27	669	32	818	15
3 AMERICAN INDIAN	578	0	741	0	5	0	113	0	1	3	0	7	0	12	0
4 ALASKAN NATIVE	42	0	50	0	1	0	4	0	1	1	0	1	0	2	0
5 ASIAN	4,046	2	4,883	2	10	0	1,131	2	10	15	0	19	0	74	1
6 OTHER/UNKNOWN	58,811	31	66,254	29	452	22	19,810	41	256	539	32	530	25	1,333	34
7 PACIFIC ISLANDER/HI NATIVE	238	0	305	0	1	0	63	0	2	2	0	6	0	8	0
MULTI-RACIAL	2,867	1	2,959	1	35	1	1,106	2	14	29	1	37	1	63	1
TOTAL	189,720	100	227,336	100	2,015	100	48,363	100	544	1,668	100	2,060	100	3,918	100
HISPANIC ORIGIN (CVR ITEM 15)															
WHITE	6,130	3	8,033	3	39	1	4,083	8	65	74	4	81	3	214	5
BLACK	2,876	1	3,311	1	34	1	958	2	9	29	1	28	1	23	0
OTHER	45,071	23	50,687	22	338	16	17,476	36	239	445	26	410	19	900	23

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NEW YORK DATA SYSTEM  
 TABLE SL-14 ALL VISITS BY STD SERVICES  
 TOTAL FOR NEW YORK

	TOTAL	%	TEST	%	TX	%
VISITS THIS QUARTER	52,556	100	47,910	91	2,616	5
VISITS YTD - CALENDAR	227,336	100	207,628	91	10,741	4
VISITS YTD - FISCAL	168,730	100	153,997	91	7,922	4
VISITS ACTIVE - ALL	650,591	100	591,646	90	26,925	4
SOURCE OF PAYMENT (CVR ITEM 5)						
1 NO CHARGE	46,305	20	40,473	19	3,668	34
2 TITLE XIX (MEDICAID)	34,816	15	32,502	15	1,611	15
4 PRIVATE INSURANCE	36,556	16	33,864	16	1,195	11
5 FULL FEE (100% OF SCALE)	9,575	4	8,769	4	419	3
6 PART FEE	34,074	15	31,594	15	1,355	12
7 OTHER	7,161	3	6,575	3	365	3
8 TITLE XIX (MANAGED CARE)	30,699	13	27,793	13	1,298	12
9 TITLE XIX EXTENDED	7,137	3	6,479	3	169	1
10 F/P BENEFIT PROGRAM	21,013	9	19,579	9	661	6
TOTAL	227,336	100	207,628	100	10,741	100
POVERTY LEVEL: FEDERAL (CVR ITEM 18)						
100% OR LESS	156,728	68	142,486	68	8,161	76
101% - 125%	27,875	12	25,850	12	963	9
126% - 150%	12,835	5	11,913	5	452	4
151% - 175%	9,157	4	8,344	4	347	3
176% - 200%	5,459	2	5,003	2	218	2
201% - 250%	5,017	2	4,607	2	169	1
> 250%	8,580	3	7,834	3	263	2
UNKNOWN	1,685		1,591		168	1
TOTAL	227,336	100	207,628	100	10,741	100
AGE						
< 15	1,959		1,805		117	1
15 - 17	23,172	10	21,123	10	1,882	17
18 - 19	30,477	13	27,712	13	2,293	21
20 - 24	75,595	33	69,161	33	3,969	37
25 - 29	45,570	20	41,702	20	1,508	14
30 - 34	23,657	10	21,578	10	579	5
35 - 39	13,623	6	12,441	6	224	2
40 +	13,283	5	12,106	5	169	1
TOTAL	227,336	100	207,628	100	10,741	100
RACE (CVR ITEM 14)						
1 WHITE	91,238	40	83,727	40	3,027	28
2 BLACK/AFR. AMERICAN	61,203	26	54,946	26	4,449	41
3 AMERICAN INDIAN	741		681		30	
4 ALASKAN NATIVE	50		47			
5 ASIAN	4,583	2	4,190	2	88	
6 OTHER/UNKNOWN	66,254	29	61,051	29	3,000	27
7 PACIFIC ISLANDER/HI NATIVE	309		281		14	
MULTI-RACIAL	2,958	1	2,705	1	133	1
TOTAL	227,336	100	207,628	100	10,741	100
HISPANIC ORIGIN (CVR ITEM 15)						
WHITE	8,033	3	6,350	3	359	3
BLACK	3,311	1	2,802	1	230	2
OTHER	50,687	22	46,759	22	2,296	21



7/12/04

TABLE AL-16 UNDUPLICATED CLIENT COUNTS BY DATA SUMMARY, FEMALE CLIENTS  
PROJECT

	ALL CLIENTS		CLIENTS < 20		CLIENTS 20 +		ALL WHITES	WHITE < 20		WHITE 20 +		ALL BLACKS	BLACK < 20		BLACK 20 +		ALL HISP	HISP < 20		HISP 20 +				
CLIENTS THIS PERIOD	4,018	100	795	19	3,222	80	26		21		529	13	170	4	359	8	3,188	79	572	14	2,616	65		
CLIENTS YTD - CALENDAR	4,018	100	795	19	3,222	80	26		21		529	13	170	4	359	8	3,188	79	572	14	2,616	65		
CLIENTS YTD - FISCAL	3,517	100	678	19	2,839	80	24		20		475	13	152	4	323	9	2,773	78	477	13	2,295	65		
CLIENTS ACTIVE - ALL	7,306	100	1,643	22	5,663	77	44		12		1,076	14	358	4	718	9	5,777	79	1,200	16	4,577	62		
POVERTY LEVEL: FEDERAL (CVR ITEM 18)																								
100% OR LESS	3,797	94	783	99	3,014	93	17			12	57	495	93	169	99	326	90	3,030	95	562	98	2,468	94	
SOURCE OF PAYMENT (CVR ITEM 3)																								
NO CHARGE	1,367	34	548	68	819	25	15				11	52	201	38	139	81	62	17	1,074	33	368	64	706	27
MEDICATED	1,429	35	193	24	1,227	38			7	33	195	36	27	15	163	46	1,079	33	155	27	924	35		
CONTRACEPTIVE METHOD (CVR ITEM 9B)																								
ORAL (PILL)	1,066	26	145	18	921	28	10					143	27	32	18	111	30	844	26	99	17	745	28	
INJECTION	1,025	25	169	21	856	26						127	24	23	13	104	29	833	26	142	24	691	26	
IMPLANT																								
HORMONAL METHODS/CONDOM	340		43		292							33			27	7	279	8	39	6	240	9		
CONDOM	652	16	205	25	447	13						112	21	58		54	15	477	15	126	22	351	13	
NONE	256		139		117							45	8	32		13	3	189	5	100	17	89	3	
REASON FOR NO METHOD (CVR ITEM 9C)																								
PREGNANT/SEEKING PREGNANCY	89				5							14		9			66		24		42			
INFERTILITY/OTHER MEDICAL																								
RELYING ON PARTNER/OTHER	55				16							12		8			40		29		11			
PREGNANCY TEST RESULT (CVR ITEM 11B)																								
POSITIVE	89		40									13		11			50		27		23			
DESIRED-LATER/NOT-DESIRED	23		16														15		10					
CHLAMYDIA																								
CHLAMYDIA TEST	1,626	40	382	45	1,244	38	8	30				239	45	99	53	140	39	1,277	40	256	44	1,021	39	
POSITIVE/SUSPICIOUS	35		26									14		12	7		18		11		7			
TREATED	54		33		21							14		11			36		19		17			
HIV COUNSELING & TESTING (CVR ITEM 11C)																								
PRETEST COUNSELED	2,221	55	440	55	1,781	55						255	48	79	46	176	49	1,807	56	326	57	1,481	56	
TESTED	518	12	172	21	346	10								42	24	22	6	424	13	111	19	313	12	
POSITIVE																								
POSTTEST COUNSELED	332	8	78	9	254	7						34		18	10	16	4	291	9	56	9	235	9	
STD SERVICES (CVR ITEM 11C)																								
CONDYLOMA TREATMENT																								
SYPHILIS TREATMENT																								
HERPES TREATMENT																								
HPV TREATMENT																								
MEDICAL SERVICE (CVR ITEM 11A)																								
PAP SMEAR	1,895		449		1,446		7		20			276	52	113	66	163	45	1,503	47	306	53	1,197	45	
REPEAT PAP SMEAR	17																	14				13		
BREAST EXAM	2,920		584		2,336		14		20	13		374	70	130	76	244	65	2,330	73	417	72	1,913	73	
VAGINITIS-PI	282		85		197							42		27	15	15		223		50		173		
VII TREATMENT	63		19		44							7						51		16		35		

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NEW YORK DATA SYSTEM  
 TABLE SL-17 PREGNANCIES AVERTED --  
 TOTAL FOR NEW YORK

1/01/2

CONTRACEPTIVE METHOD (BEGINNING OF FIRST FP VISIT)	EXPECTED PREG. PER 1000 PATIENTS *	ADOLESCENTS (13 AND UNDER)			ADULTS (20 AND OVER)			TOTAL FAMILY PLANNING CLIENTS		
		PATIENTS	PERCENT	PREGS.	PATIENTS	PERCENT	PREGS.	PATIENTS	PERCENT	PREGS.
01 STERILIZATION	5	1			4,073	1.6	20	4,074	1.3	20
02 ORAL (PILL)	80	5,170	7.2	414	35,178	14.2	2,814	40,348	12.6	3,228
21 ORAL- EXTEND CYCLE	80	57	.1	5	257	.1	21	314	.1	26
03 I.U.D.	8	178	.2	1	5,256	2.1	42	5,434	1.7	43
04 DIAPHRAGM	200	6		1	218	.1	44	224	.1	45
05 CONDOM	150	11,372	15.9	1,706	36,011	14.5	5,402	47,383	14.8	7,108
06 SPERMICIDE	290	15		4	274	.1	79	289	.1	83
08 NFP/FAM	250	128	.2	32	865	.3	216	953	.3	248
09 OTHER		3,103	4.3		11,811	4.8		14,914	4.7	
10 NONE	850	47,571	66.6	40,438	136,938	55.1	116,446	184,566	57.7	156,881
11 IMPLANTS	1	45	.1		309	.1		354	.1	
13 CERVICAL CAP	200	4		1	29		6	33		7
14 HORMONAL INJ - 3 MO.	30	1,755	2.5	53	11,049	4.4	331	12,804	4.0	384
15 FEMALE CONDOM	210	122	.2	26	272	.1	57	394	.1	83
16 HORMONAL INJ - 1 MO.	30	14			139	.1	4	153	.1	4
17 HORMONAL PATCH	80	293	.4	23	1,531	.6	122	1,824	.6	145
18 VAGINAL RING	80	433	.6	35	2,145	.9	172	2,578	.8	207
19 SPONGE	240	6		1	32		8	38		9
20 ABSTINENCE		1,150	1.6		2,046	.8		3,196	1.0	
TOTAL		71,423	100.0	42,737	248,490	100.0	125,784	319,913	100.0	168,521
CONTRACEPTIVE METHOD (END OF LAST FP VISIT)										
01 STERILIZATION	5				6,153	2.5	31	6,153	1.9	31
02 ORAL (PILL)	80	25,297	35.4	2,024	73,835	29.7	5,912	99,132	31.0	7,936
21 ORAL- EXTEND CYCLE	80	328	.5	26	1,011	.4	81	1,339	.4	107
03 I.U.D.	8	1,071	1.5	9	17,130	6.9	137	18,201	5.7	146
04 DIAPHRAGM	200	22		4	345	.1	69	367	.1	73
05 CONDOM	150	14,483	20.3	2,172	45,572	18.3	6,836	60,055	18.8	9,008
06 SPERMICIDE	290	40	.1	12	280	.1	81	320	.1	93
08 NFP/FAM	250	28		7	292	.1	73	320	.1	80
09 OTHER		2,360	3.3		8,912	3.6		11,272	3.5	
10 NONE	850	14,067	19.7	11,957	54,958	22.1	46,714	69,025	21.6	58,671
11 IMPLANTS	1	262	.4		777	.3	1	1,039	.3	1
13 CERVICAL CAP	200	13		3	46		9	59		12
14 HORMONAL INJ - 3 MO.	30	7,262	10.2	218	22,784	9.2	684	30,046	9.4	902
15 FEMALE CONDOM	210	118	.2	25	245	.1	51	363	.1	76
16 HORMONAL INJ - 1 MO.	30	25		1	63		2	88		3
17 HORMONAL PATCH	80	1,805	2.5	144	4,380	1.8	350	6,165	1.9	494
18 VAGINAL RING	80	3,462	4.9	277	9,716	3.9	777	13,178	4.1	1,054
19 SPONGE	240	3		1	34		8	37		9
20 ABSTINENCE		777	1.1		1,897	.8		2,674	.8	
TOTAL		71,423	100.0	16,880	248,490	100.0	61,816	319,913	100.0	78,696
ESTIMATED PREGNANCIES AVERTED -----				25,857			63,968			89,825

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NEW YORK DATA SYSTEM  
TABLE SL-17A PREGNANCIES AVERTED  
TOTAL FOR NEW YORK

		* DISTRIBUTION OF UNINTENDED PREGNANCIES BY OUTCOME			ESTIMATED BIRTHS, ABORTIONS, AND MISCARRIAGES AVERTED		
		BIRTHS	ABORTIONS	MISCARRS.	BIRTHS	ABORTIONS	MISCARRS.
19 AND UNDER	25,887	42.5	44.6	12.9	10,989	11,532	3,336
20 AND OVER	63,968	43.4	43.5	13.1	27,762	27,826	8,380
TOTAL	89,825				38,751	39,358	11,716

\* BASED ON THE AMERICAN JOURNAL OF PUBLIC HEALTH

\*\* BASED ON THEORETICAL RESEARCH ESTIMATES

12/18/2009 638 NEW YORK DATA SYSTEM FPAR TABLE 1: UNDUPLICATED USERS BY AGE AND GENDER PAGE 1  
 NEW YORK S T A T E T O T A L S  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009

AGE GROUP	FEMALES	MALES	TOTAL
UNDER 15	3,429	496	3,925
15 - 17	27,875	1,921	29,796
18 - 19	34,262	2,375	36,637
20 - 24	90,270	6,597	96,867
25 - 29	61,027	3,842	64,869
30 - 34	33,230	1,740	34,970
35 - 39	19,901	863	20,764
40 - 44	11,232	560	11,792
OVER 44	10,181	783	10,964
TOTAL	291,407	19,177	310,584

12/18/2009 639 NEW YORK DATA SYSTEM FPAR TABLE 2: UNDUPLICATED FEMALES BY ETHNICITY AND RACE PAGE 2  
 NEW YORK S T A T E T O T A L S  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009

RACE	NOT UNKNOWN		TOTAL
	HISPANIC OR LATINO	HISPANIC OR LATINO	FEMALE USERS
AMERICAN INDIAN OR ALASKA NATIVE	62	1,006	1,068
ASIAN	108	6,145	6,253
BLACK OR AFRICAN AMERICAN	1,892	61,909	63,801
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	105	386	491
WHITE	6,512	126,295	132,807
MORE THAN ONE RACE	2,156	1,784	3,940
UNKNOWN/NOT REPORTED	59,028	24,019	83,047
TOTAL FEMALE USERS	69,863	221,544	291,407

12/18/2009 640 NEW YORK DATA SYSTEM FPAR TABLE 3: UNDUPLICATED MALES BY ETHNICITY AND RACE PAGE 3  
 NEW YORK S T A T E T O T A L S  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009

RACE	NOT UNKNOWN		TOTAL
	HISPANIC OR LATINO	HISPANIC OR LATINO	MALE USERS
AMERICAN INDIAN OR ALASKA NATIVE	5	52	57
ASIAN	5	202	207
BLACK OR AFRICAN AMERICAN	115	4,727	4,842
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	4	22	26
WHITE	314	8,380	8,694
MORE THAN ONE RACE	112	119	231
UNKNOWN/NOT REPORTED	3,750	1,370	5,120
TOTAL MALE USERS	4,305	14,872	19,177



## NEW YORK DATA SYSTEM

FPAR TABLE 7: UNDUPLICATED FEMALES BY PRIMARY METHOD AND AGE

NEW YORK PRIMARY METHOD	NEW YORK STATE TOTALS									TOTAL FEMALES
	UNDUPLICATED NUMBER OF FEMALE USERS BY AGE									
	FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009									
	< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	> 44	
FEMALE SURGICAL STERILIZATION				112	608	1,046	1,202	1,104	1,265	5,337
INTRAUTERINE DEVICE (IUD)	12	276	628	3,877	4,395	2,970	1,900	853	349	15,260
HORMONAL IMPLANT	12	97	125	336	177	86	61	29	6	929
1-MONTH HORMONAL INJECTION	1	15	7	20	12	12	3	2	1	73
3-MONTH HORMONAL INJECTION	406	3,130	3,181	7,960	5,654	3,224	2,076	1,187	599	27,417
ORAL CONTRACEPTIVE	1,154	10,213	12,962	33,447	20,225	8,688	4,182	2,114	1,134	94,119
HORMONAL/CONTRACEPTICE PATCH	119	769	788	1,839	1,237	630	254	76	22	5,734
VAGINAL RING	75	1,260	1,816	5,057	2,676	1,003	335	124	49	12,395
CERVICAL CAP/DIAPHRAGM		10	22	68	82	69	44	34	69	398
CONTRACEPTIVE SPONGE			2	8	3	3	3	4	4	27
FEMALE CONDOM	1	29	46	60	40	27	15	18	11	247
SPERMICIDE (USED ALONE)	1	21	17	62	60	46	39	20	33	299
FERTILITY AWARENESS METHOD (FAM)	2	14	14	48	73	60	39	22	20	292
ABSTINENCE	175	331	226	513	367	232	173	161	283	2,461
OTHER METHOD	102	694	807	2,144	1,569	1,034	738	562	839	8,489
METHOD UNKNOWN										
NO METHOD										
PREGNANT OR SEEKING PREGNANCY	212	2,972	5,379	14,627	9,901	5,569	2,833	931	189	42,613
OTHER MEDICAL	569	2,031	1,781	4,267	3,119	2,040	1,640	1,201	2,782	19,430
RELY ON MALE METHOD										
VASECTOMY	1	3	7	46	67	47	85	71	120	447
MALE CONDOM	587	6,010	6,454	15,779	10,762	6,444	4,279	2,719	2,406	55,440
TOTAL FEMALE USERS	3,429	27,875	34,262	90,270	61,027	33,230	19,901	11,232	10,181	291,407

## NEW YORK DATA SYSTEM

FPAR TABLE 8: UNDUPLICATED MALES BY PRIMARY METHOD AND AGE

NEW YORK PRIMARY METHOD	NEW YORK STATE TOTALS									TOTAL MALES
	UNDUPLICATED NUMBER OF MALE USERS BY AGE									
	FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009									
	< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	> 44	
VASECTOMY				1	3	3	5	4	6	22
MALE CONDOM	137	1,308	1,931	5,640	3,259	1,467	704	437	578	15,461
FERTILITY AWARENESS METHOD	1	4	3	2	6		2		1	19
ABSTINENCE	99	118	32	45	31	16	8	5	17	371
OTHER METHOD	20	50	55	127	43	31	14	9	18	367
METHOD UNKNOWN										
NO METHOD										
PREGNANT OR SEEKING PREGNANCY		2		5	3	1	1	1		13
OTHER MEDICAL	238	413	309	626	375	167	99	82	132	2,441
RELYING ON FEMALE METHOD	1	26	45	151	122	55	30	22	31	483
TOTAL	496	1,921	2,375	6,597	3,842	1,740	863	560	783	19,177

12/18/2009 646 NEW YORK DATA SYSTEM FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES PAGE 9  
 NEW YORK STATE TOTALS  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009  
 UNDUPLICATED NUMBER OF  
 SCREENING ACTIVITY USERS OR NUMBER OF TESTS  
 UNDUP. USERS WITH PAP TEST 117,122  
 PAP TEST PERFORMED 123,000

12/18/2009 647 NEW YORK DATA SYSTEM FPAR TABLE 10: CLINICAL BREAST EXAMS AND REFERRALS PAGE 10  
 NEW YORK STATE TOTALS  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009  
 NUMBER  
 OF USERS  
 UNDUP. USERS RECEIVING A CLINICAL BREAST EXAM (CBE) 128,209  
 UNDUP. USERS REFERRED FOR FUTHER EVAL BASED ON (CBE) 948

12/18/2009 648 NEW YORK DATA SYSTEM FPAR TABLE 11: UNDUPLICATED USERS TESTED FOR CHLAMYDIA BY AGE AND GENDER PAGE 11  
 NEW YORK STATE TOTALS  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009  
 NUMBERS OF USERS  
 AGE GROUP FEMALES MALES  
 UNDER 15 1,410 74  
 15 - 17 14,436 1,097  
 18 - 19 18,923 1,650  
 20 - 24 50,269 4,740  
 25 + 66,363 5,081  
 TOTAL 151,401 12,642

12/18/2009 649 NEW YORK DATA SYSTEM FPAR TABLE 12: NUMBER OF GONORRHEA, SYPHILIS, AND HIV TESTS PAGE 12  
 NEW YORK STATE TOTALS  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009  
 NUMBER OF TESTS TOTAL  
 TEST TYPE FEMALE MALE TESTS  
 GONORRHEA 159,792 13,163 172,955  
 SYPHILIS 32,720 6,872 39,592  
 HIV - ALL CONFIDENTIAL TESTS 77,944 10,839 88,783  
 HIV - POSITIVE CONFIDENTIAL TESTS 222 78 300  
 HIV - ANONYMOUS TESTS

NEW YORK DATA SYSTEM

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FPAR TABLE 13: NUMBER OF FAMILY PLANNING ENCOUNTERS BY TYPE OF PROVIDER  
 NEW YORK STATE TOTALS  
 FOR PERIOD BEGINNING 12/01/2008 ENDING 11/30/2009

PAGE 13

PROVIDER TYPE

CLINICAL SERVICE PROVIDERS

PHYSICIAN

PHYSICIANS ASSISTANTS/NURSE PRACTITIONERS/CERTIFIED NURSE MIDWIFES

OTHER CLINICAL SERVICES PROVIDERS (E.G. NURSES)

NON-CLINICAL SERVICES PROVIDERS

TOTAL FAMILY PLANNING ENCOUNTERS

NUMBER OF

ENCOUNTERS

515,582

87,220

366,272

62,090

29,964

545,546

REGION REGION 1

(3) PROJECT

1/01/2016 - 12/31/2016

PERFORMANCE MEASURE DESCRIPTION COUNT/PERCENT

+++NOTE: ALL STATISTICS ARE BASED ON UNDUPLICATED CLIENTS+++

OUTREACH AND ACCESS

PM-1	TOTAL NUMBER OF CLIENTS SERVED	493
PM-2	NUMBER OF CLIENTS WITH MEDICAID COVERAGE	366
PM-3	NUMBER OF CLIENTS COVERED BY EXPANDED MEDICAID PROGRAMS	
	1. FAMILY PLANNING BENEFIT PROGRAM	10
	2. FAMILY PLANNING BENEFIT PROGRAM PRESUMPTIVE ELIGIBILITY	46
	3. FAMILY PLANNING EXTENSION PROGRAM	
PM-4	NUMBER OF CLIENTS RESIDING IN HIGH RISK ZIP CODES	480
PM-5	NUMBER OF ADOLESCENT (AGE 19 AND UNDER) CLIENTS SERVED	100
PM-6	NUMBER OF RACIAL AND ETHNIC MINORITY CLIENTS SERVED	
	1. NUMBER OF HISPANIC	42
	2. NUMBER OF AFRICAN AMERICAN/BLACK NON-HISPANIC	336
	3. NUMBER OF OTHER NON-HISPANIC RACES*	28

EFFECTIVE CONTRACEPTIVES

PM-7	PERCENT OF FEMALE CLIENTS LEAVING WITH EFFECTIVE** CONTRACEPTIVES ^	
	1. % TOTAL	63.0
	2. % HISPANIC	61.8
	3. % WHITE NON-HISPANIC	64.8
	4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	62.4
PM-8	PERCENT OF ALL NEGATIVE PREGNANCY TEST CLIENTS LEAVING WITH ANY^^ CONTRACEPTIVE METHOD ^	
	1. % TOTAL	97.5
	2. % HISPANIC	100.0
	3. % WHITE NON-HISPANIC	100.0
	4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	97.1
PM-9	TOTAL NUMBER OF FEMALE CLIENTS LEAVING WITH EMERGENCY CONTRACEPTION	114

STI SCREENING/TESTING

PM-10	PERCENT OF CLIENTS AGE 25 AND UNDER RECEIVING CHLAMYDIA TESTING	
	1. % TOTAL	77.0
	2. % HISPANIC	87.0
	3. % WHITE NON-HISPANIC	77.8
	4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	76.0
PM-11	PERCENT OF CLIENTS RECEIVING HIV COUNSELING AND/OR TESTING (HIV C &/OR T)	
	1. % TOTAL	65.5
	2. % HISPANIC	61.9
	3. % WHITE NON-HISPANIC	59.8
	4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	68.8
PM-12	PERCENT OF CLIENTS RECEIVING STI SCREENING***	
	1. % TOTAL	79.7
	2. % HISPANIC	85.7
	3. % WHITE NON-HISPANIC	70.1
	4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	81.8
PM-13	PERCENT OF PREGNANCY TEST CLIENTS RECEIVING HIV C &/OR T OR STI SCREENING***	
	1. % TOTAL	88.0
	2. % HISPANIC	86.4
	3. % WHITE NON-HISPANIC	80.6
	4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	89.8

\* AMERICAN INDIAN, ALASKAN NATIVE, ASIAN, PACIFIC ISLANDER/HAWAIIAN NATIVE, OTHER, MULTI-RACIAL

\*\* ORAL, HORMONAL INJECTION, IMPLANT, IUD, HORMONAL PATCH, VAGINAL RING OR STERILIZATION

\*\*\* GONORRHEA, SYPHILIS, HERPES, HPV, OR CHLAMYDIA

^ CLIENTS USING NO CONTRACEPTIVE METHOD DUE TO INFERTILITY, PREGNANCY, OR SEEKING PREGNANCY ARE EXCLUDED FROM PERCENTAGE DENOMINATORS

^^ ANY CLIENT OR PARTNER METHOD EXCEPT NFP/FAM/LAM, ABSTINENCE, OR OTHER/WITHDRAWAL

## NEW YORK STATE FAMILY PLANNING DATA SYSTEM

6/01/2017 2 TABLE AL-1 FAMILY PLANNING PROGRAM PERFORMANCE MEASURES  
 REGION 1

PAGE 2

1/01/2016 - 12/31/2016

\* PROJECT

PERFORMANCE MEASURE DESCRIPTION	COUNT/PERCENT
+++NOTE: ALL STATISTICS ARE BASED ON UNDUPLICATED CLIENTS+++	
CANCER SERVICES	
PM-14 PERCENT OF FEMALE CLIENTS RECEIVING CLINICAL BREAST EXAM (CBE)	
1. % TOTAL	25.7
2. % HISPANIC	26.3
3. % WHITE NON-HISPANIC	20.3
4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	26.9
PM-15 PERCENT OF FEMALE CLIENTS RECEIVING CERVICAL CANCER SCREENING	
1. % TOTAL	27.7
2. % HISPANIC	36.8
3. % WHITE NON-HISPANIC	27.0
4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	26.3
PM-16 NUMBER OF FEMALE CLIENTS WITH CBE FOLLOW-UP	14
PM-18 TOTAL NUMBER OF FEMALE CLIENTS (AGES 11-26) RECEIVING	
HPV VACCINATION	
ADOLESCENT (AGE 19 AND UNDER) SEXUAL HEALTH	
PM-19 PERCENT OF ADOLESCENT CLIENTS LEAVING WITH ANY^^ CONTRACEPTIVE METHOD^	
1. % TOTAL	93.5
2. % HISPANIC	100.0
3. % WHITE NON-HISPANIC	92.3
4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	92.5
PM-20 PERCENT OF ADOLESCENT CLIENTS RECEIVING CHLAMYDIA TESTING	
1. % TOTAL	72.0
2. % HISPANIC	87.5
3. % WHITE NON-HISPANIC	76.9
4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	70.3
PM-21 PERCENT OF ADOLESCENT CLIENTS RECEIVING HIV COUNSELING AND/OR TESTING	
1. % TOTAL	59.0
2. % HISPANIC	50.0
3. % WHITE NON-HISPANIC	69.2
4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	60.8
PM-22 PERCENT OF ADOLESCENT RECEIVING STI SCREENING***	
1. % TOTAL	75.0
2. % HISPANIC	87.5
3. % WHITE NON-HISPANIC	76.9
4. % AFRICAN AMERICAN/BLACK NON-HISPANIC	74.3
PROGRAM ACCESSIBILITY	
PM-23 PERCENT OF CLIENTS WITH INCOMES <=100% FPL	77.3
PM-24 PERCENT OF CLIENTS WITH INCOMES 101-250% FPL	18.7
PM-25 PERCENT OF CLIENTS WITH INCOMES >250% FPL	4.1

\* AMERICAN INDIAN, ALASKAN NATIVE, ASIAN, PACIFIC ISLANDER/HAWAIIAN NATIVE, OTHER, MULTI-RACIAL

\*\* ORAL, HORMONAL INJECTION, IMPLANT, IUD, HORMONAL PATCH, VAGINAL RING OR STERILIZATION

\*\*\* GONORRHEA, SYPHILIS, HERPES, HPV, OR CHLAMYDIA

^ CLIENTS USING NO CONTRACEPTIVE METHOD DUE TO INFERTILITY, PREGNANCY, OR SEEKING PREGNANCY ARE

EXCLUDED FROM PERCENTAGE DENOMINATORS

^^ ANY CLIENT OR PARTNER METHOD EXCEPT NFP/FAM/LAM, ABSTINENCE, OR OTHER/WITHDRAWAL

+++NOTE: ALL STATISTICS ARE BASED ON UNDUPLICATED CLIENTS+++

PERFORMANCE MEASURE DESCRIPTION	TOTAL FOR AGENCY		TOTAL FOR NEW YORK	
	COUNT	PERCENT	COUNT	PERCENT
OUTREACH AND ACCESS (SEE ALSO ANNUAL REPORT TABLES AL-1 AND AL-5B)				
PM-1 TOTAL NUMBER OF CLIENTS SERVED	8,021	100.0%	301,362	100.0%
PM-2 CLIENTS WITH MEDICAID COVERAGE	3,928	49.0%	161,058	53.4%
PM-3 NUMBER OF CLIENTS COVERED BY EXPANDED MEDICAID PROGRAMS				
1. FAMILY PLANNING BENEFIT PROGRAM	1,924	24.0%	8,729	2.9%
2. FAMILY PLANNING BENEFIT PROGRAM PRESUMPTIVE ELIG	159	2.0%	14,786	4.9%
3. FAMILY PLANNING EXTENSION PROGRAM		%	1,219	.4%
PM-4 RESIDENTS OF HIGH RISK ZIP CODES	5,690	70.9%	251,559	83.5%
PM-5 ADOLESCENTS 19 OR YOUNGER SERVED				
1. TOTAL	1,690	21.1%	49,506	16.4%
2. LESS THAN 15	118	7.0%	3,275	6.6%
3. 15-17	709	42.0%	19,570	39.5%
4. 18-19	863	51.1%	26,661	53.9%
PM-6 NUMBER OF RACIAL AND ETHNIC MINORITY CLIENTS SERVED				
1. TOTAL	930	11.6%	203,194	67.4%
2. HISPANIC	316	3.9%	105,298	34.9%
3. AFRICAN AMERICAN/BLACK NON-HISPANIC	339	4.2%	69,681	23.1%
4. OTHER NON-HISPANIC RACES*	275	3.4%	28,215	9.4%
PM-23 CLIENTS WITH INCOMES <=100% FPL	1,696	21.1%	180,874	60.0%
PM-24 PERCENT OF CLIENTS WITH INCOMES 101-250% FPL	3,499	43.6%	71,368	23.7%
PM-25 CLIENTS WITH INCOMES > 250% FPL	2,826	35.2%	40,886	13.6%

USE OF EFFECTIVE CONTRACEPTIVE METHODS (SEE ALSO ANNUAL REPORT TABLES AL-4, 11 & 17 AND FPAR TABLE 7)

PM-7A FEMALE CLIENTS LEAVING WITH AN EFFECTIVE CONTRACEPTIVE METHOD** BY RACE/ETHNICITY^				
1. TOTAL	5,278	81.3%	164,707	68.4%
2. HISPANIC	195	80.2%	55,734	66.8%
3. WHITE NON-HISPANIC	4,772	82.2%	60,703	75.8%
4. AFRICAN AMERICAN/BLACK NON-HISPANIC	159	67.7%	33,578	61.8%
PM-7B FEMALE CLIENTS LEAVING WITH AN EFFECTIVE CONTRACEPTIVE METHOD** BY AGE^				
1. LESS THAN 15	109	97.3%	1,139	49.2%
2. 15-17	622	92.7%	11,876	72.4%
3. 18-19	648	86.9%	16,272	74.1%
4. 20-24	1,501	82.3%	44,273	71.8%
5. 25-29	978	81.8%	38,579	71.1%
6. 30 AND OVER	1,420	72.9%	52,568	62.5%
PM-7C FEMALE CLIENTS LEAVING WITH A HIGHLY EFFECTIVE CONTRACEPTIVE METHOD (IUD/IMPLANT) BY RACE/ETHNICITY^				
1. TOTAL	1,163	17.9%	48,848	20.3%
2. HISPANIC	59	24.3%	19,376	23.2%
3. WHITE NON-HISPANIC	1,035	17.8%	16,047	20.0%
4. AFRICAN AMERICAN/BLACK NON-HISPANIC	35	14.9%	8,687	16.0%
PM-7D FEMALE CLIENTS LEAVING WITH A HIGHLY EFFECTIVE CONTRACEPTIVE METHOD (IUD/IMPLANT) BY AGE^				
1. LESS THAN 15	17	15.2%	247	10.7%
2. 15-17	121	18.0%	2,805	17.1%
3. 18-19	155	20.8%	4,050	18.5%
4. 20-24	346	19.0%	12,747	20.7%
5. 25-29	239	20.0%	12,332	22.7%
6. 30 AND OVER	285	14.6%	16,667	19.8%
PM-8 NEGATIVE PREGNANCY TEST CLIENTS LEAVING WITH ANY^^ CONTRACEPTIVE METHOD^				
1. TOTAL	2,510	82.2%	90,203	79.0%
2. HISPANIC	121	81.8%	34,713	79.4%
3. WHITE NON-HISPANIC	2,194	82.9%	27,882	84.3%
4. AFRICAN AMERICAN/BLACK NON-HISPANIC	106	73.6%	19,659	73.2%

\* AMERICAN INDIAN, ALASKAN NATIVE, ASIAN, PACIFIC ISLANDER/HAWAIIAN NATIVE, OTHER, MULTI-RACIAL

\*\* ORAL, HORMONAL INJECTION, IMPLANT, IUD, HORMONAL PATCH, VAGINAL RING OR STERILIZATION

\*\*\* GONORRHEA, SYPHILIS, HERPES, HPV, OR CHLAMYDIA

^ CLIENTS USING NO CONTRACEPTIVE METHOD DUE TO INFERTILITY, PREGNANCY, OR SEEKING PREGNANCY ARE EXCLUDED FROM PERCENTAGE DENOMINATORS

^^ ANY CLIENT OR PARTNERMETHOD EXCEPT NFP/FAM/LAM, ABSTINENCE, OR OTHER/WITHDRAWAL

+++NOTE: ALL STATISTICS ARE BASED ON UNDUPLICATED CLIENTS+++

PERFORMANCE MEASURE DESCRIPTION	TOTAL FOR AGENCY		TOTAL FOR NEW YORK	
	COUNT	PERCENT	COUNT	PERCENT
CHLAMYDIA SCREENING (SEE ALSO ANNUAL REPORT TABLE AL-14)				
PM-10A FEMALE CLIENTS UNDER AGE 26 SCREENED FOR CHLAMYDIA AT ANY VISIT BY RACE/ETHNICITY				
1. TOTAL	2,344	56.5%	78,116	61.2%
2. HISPANIC	111	63.1%	24,697	59.2%
3. WHITE NON-HISPANIC	1,982	55.0%	26,168	61.5%
4. AFRICAN AMERICAN/BLACK NON-HISPANIC	146	69.2%	20,255	65.3%
PM-10B FEMALE CLIENTS UNDER AGE 26 SCREENED FOR CHLAMYDIA AT ANY VISIT BY AGE				
1. LESS THAN 15	40	40.0%	684	31.8%
2. 15-17	335	51.6%	9,884	60.6%
3. 18-19	478	58.4%	15,160	63.9%
4. 20-24	1,266	58.2%	43,447	62.0%
5. 25-<26	199	55.4%	8,025	58.8%
STI SCREENING AND TREATMENT (SEE ALSO ANNUAL REPORT TABLES AL-9 AND AL-10)				
PM-13A PREGNANCY TEST CLIENTS RECEIVING HIV C &/OR T OR STI SCREENING AT ANY VISIT BY RACE/ETHNICITY				
1. TOTAL	4,080	100.0%	108,272	74.7%
2. HISPANIC	198	100.0%	37,783	67.8%
3. WHITE NON-HISPANIC	3,511	100.0%	34,380	83.7%
4. AFRICAN AMERICAN/BLACK NON-HISPANIC	200	100.0%	26,724	76.9%
PM-13B PREGNANCY TEST CLIENTS RECEIVING HIV C &/OR T OR STI SCREENING AT ANY VISIT BY AGE				
1. LESS THAN 15	70	100.0%	685	77.6%
2. 15-17	404	100.0%	8,232	79.8%
3. 18-19	507	100.0%	11,812	79.4%
4. 20-24	1,275	100.0%	30,867	77.1%
5. 25-29	875	100.0%	24,881	73.2%
6. 30 AND OVER	949	100.0%	31,795	71.0%
ADOLESCENT SEXUAL HEALTH (SEE ALSO ANNUAL REPORT TABLE AL-4 AND FPAR TABLE 7)				
PM-19 ADOLESCENT CLIENTS 19 OR YOUNGER LEAVING WITH A CONTRACEPTIVE METHOD BY RACE/ETHNICITY^				
1. TOTAL	1,460	91.4%	34,510	74.8%
2. HISPANIC	57	83.8%	10,884	70.5%
3. WHITE NON-HISPANIC	1,293	92.5%	12,400	85.8%
4. AFRICAN AMERICAN/BLACK NON-HISPANIC	58	81.7%	8,178	68.6%

\* AMERICAN INDIAN, ALASKAN NATIVE, ASIAN, PACIFIC ISLANDER/HAWAIIAN NATIVE, OTHER, MULTI-RACIAL

\*\* ORAL, HORMONAL INJECTION, IMPLANT, IUD, HORMONAL PATCH, VAGINAL RING OR STERILIZATION

\*\*\* GONORRHEA, SYPHILIS, HERPES, HPV, OR CHLAMYDIA

^ CLIENTS USING NO CONTRACEPTIVE METHOD DUE TO INFERTILITY, PREGNANCY, OR SEEKING PREGNANCY ARE EXCLUDED FROM PERCENTAGE DENOMINATORS

^^ ANY CLIENT OR PARTNERMETHOD EXCEPT NFP/FAM/LAM, ABSTINENCE, OR OTHER/WITHDRAWAL

PROJECT

+++NOTE: ALL STATISTICS ARE BASED ON UNDUPLICATED CLIENTS+++  
 NUMBER AND PERCENT OF FEMALE CLIENTS LEAVING WITH AN EFFECTIVE\* CONTRACEPTIVE METHOD^

DEMOGRAPHIC CATEGORY	2015 TOTAL		TOTAL FOR AGENCY		2016 TOTAL		2015 TOTAL		TOTAL FOR NEW YORK STATE		2016 TOTAL	
	COUNT	PERCENT	MID 2016 COUNT	PERCENT	COUNT	PERCENT	COUNT	PERCENT	MID 2016 COUNT	PERCENT	COUNT	PERCENT
TOTAL	2,396	81.2%	1,635	85.6%	1,910	81.8%	164,101	69.5%	101,899	70.5%	158,448	68.4%
HISPANIC	1,957	83.6%	1,355	87.6%	1,546	85.5%	54,754	68.8%	35,555	69.4%	54,234	66.6%
WHITE NON-HISPANIC	23	69.7%	22	84.6%	26	71.4%	60,397	76.2%	36,562	77.7%	59,855	75.5%
AFRICAN AMERICAN/BLACK NON-HISPANIC	246	75.5%	156	76.5%	204	68.3%	33,291	63.2%	21,018	64.5%	30,550	61.7%
OTHER NON-HISPANIC^^	170	67.7%	102	76.1%	134	67.7%	15,659	63.6%	8,764	64.6%	13,809	64.3%
LESS THAN 15	10	47.6%			11	23.1%	1,238	54.6%	661	53.0%	1,120	48.9%
15-17	71	44.7%	38	53.5%	71	43.2%	12,338	74.2%	7,464	75.4%	11,562	72.3%
18-19	100	72.5%	53	70.7%	75	64.9%	16,124	74.3%	9,913	75.5%	15,728	74.1%
20-24	379	85.4%	258	87.5%	295	84.2%	44,734	73.1%	27,334	73.3%	42,449	71.8%
25-29	566	85.1%	379	86.9%	436	84.5%	38,082	71.7%	23,491	72.7%	36,883	71.1%
30 AND OVER	1,270	83.3%	904	88.5%	1,022	85.2%	51,585	63.5%	33,036	65.3%	50,706	62.4%

NUMBER AND PERCENT OF FEMALE CLIENTS LEAVING WITH A HIGHLY EFFECTIVE\*\* CONTRACEPTIVE METHOD^

TOTAL	889	30.1%	666	34.9%	1,910	38.0%	45,104	19.1%	27,635	19.1%	47,015	20.3%
HISPANIC	761	32.5%	575	37.2%	1,546	41.0%	17,980	22.6%	11,231	21.9%	18,831	23.1%
WHITE NON-HISPANIC	7	21.2%	7	26.9%	26	23.8%	14,046	17.7%	8,590	18.2%	15,686	19.8%
AFRICAN AMERICAN/BLACK NON-HISPANIC	58	17.8%	39	19.1%	204	24.6%	8,235	15.6%	5,098	15.6%	7,996	16.2%
OTHER NON-HISPANIC^^	63	25.1%	45	33.6%	134	32.3%	4,843	19.7%	2,716	20.0%	4,502	21.0%
LESS THAN 15		.0%		.0%	11	.0%	227	10.0%	134	10.8%	248	10.8%
15-17	19	11.9%	7	9.9%	71	9.8%	2,672	16.1%	1,615	16.3%	2,735	17.1%
18-19	27	19.6%	25	33.3%	75	35.9%	3,571	16.5%	2,259	17.2%	3,902	18.4%
20-24	128	28.8%	109	36.9%	295	37.4%	11,914	19.5%	7,208	19.3%	12,206	20.6%
25-29	218	32.8%	160	36.7%	436	41.0%	11,297	21.3%	6,922	21.4%	11,837	22.8%
30 AND OVER	497	32.6%	365	35.7%	1,022	39.9%	15,423	19.0%	9,497	18.8%	16,087	19.8%

\* ORAL, HORMONAL INJECTION, IMPLANT, IUD, HORMONAL PATCH, VAGINAL RING OR STERILIZATION

\*\* IUD OR IMPLANT

^ DENOMINATORS USED IN PERCENT CALCULATIONS INCLUDE ALL FEMALE CLIENTS IN THE DEMOGRAPHIC CATEGORY, EXCLUDING THOSE USING NO CONTRACEPTIVE METHOD DUE TO INFERTILITY, PREGNANCY, OR SEEKING PREGNANCY.

^^ AMERICAN INDIAN, ALASKAN NATIVE, ASIAN, PACIFIC ISLANDER/HAWAIIAN NATIVE, OTHER, MULTI-RACIAL

NEW YORK STATE FAMILY PLANNING DATA SYSTEM

6/01/2017

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TABLE AL-5 FAMILY PLANNING PROGRAM CONTRACEPTIVE METHOD PERFORMANCE MEASURE REPORT

PAGE 1

1/01/2016 12/31/2016

+++NOTE: ALL STATISTICS ARE BASED ON UNDUPLICATED CLIENTS+++  
 NUMBER AND PERCENT OF FEMALE CLIENTS LEAVING WITH AN EFFECTIVE CONTRACEPTIVE METHOD\*      NUMBER AND PERCENT OF FEMALE CLIENTS LEAVING WITH A HIGHLY EFFECTIVE\*\* CONTRACEPTIVE METHOD^

	2015 TOTAL		MID 2016		2016 TOTAL		2015 TOTAL		MID 2016		2016 TOTAL	
	COUNT	PERCENT	COUNT	PERCENT	COUNT	PERCENT	COUNT	PERCENT	COUNT	PERCENT	COUNT	PERCENT
STATEWIDE TOTAL	164,101	69.5%	101,899	70.5%	158,448	68.4%	45,104	19.1%	27,635	19.1%	47,015	20.3%
	5,040	80.8%	3,169	81.4%	4,987	81.7%	942	15.1%	588	15.1%	1,078	17.7%
	211	65.7%	157	64.3%	230	58.1%	55	17.1%	39	16.0%	74	18.7%
	5,692	75.4%	3,466	77.3%	5,519	75.1%	1,635	21.7%	952	21.2%	1,657	22.5%
	374	92.6%	254	94.8%	402	93.5%	123	30.4%	69	25.7%	127	29.5%
	1,743	79.0%	1,137	78.4%	1,608	73.6%	500	22.7%	310	21.4%	481	22.0%
	2,396	81.2%	1,635	85.6%	2,357	81.8%	889	30.1%	666	34.9%	1,095	38.0%
	825	74.5%	560	78.7%	778	76.5%	197	17.8%	124	17.4%	179	17.6%
	555	67.4%	359	71.5%	627	68.7%	223	27.1%	132	26.3%	267	29.2%
	3,836	73.0%	2,524	69.2%	4,130	67.9%	1,083	20.6%	691	19.0%	1,233	20.3%
	6,526	74.9%	3,717	76.0%	6,252	74.1%	1,503	17.3%	852	17.4%	1,596	18.9%
	528	55.3%	146	64.0%	257	63.0%	163	17.1%	28	12.3%	57	14.0%
	11,587	81.1%	7,272	79.3%	11,040	78.3%	2,671	18.7%	1,546	16.9%	2,631	18.7%
	1,164	89.2%	559	90.6%	712	87.4%	30	2.3%	26	4.2%	30	3.7%
	13,454	80.2%	7,694	82.1%	12,664	81.3%	3,472	20.7%	2,069	22.1%	3,731	23.9%
	1,113	61.2%	506	62.9%	734	61.1%	441	24.3%	202	25.1%	271	22.6%
	1,128	75.9%	882	72.1%	1,192	69.6%	316	21.3%	256	20.9%	371	21.7%
	14,867	64.3%	9,235	69.5%	14,857	66.8%	4,043	17.5%	2,546	19.2%	4,358	19.6%
	2,104	67.9%	1,311	73.4%	1,930	74.5%	749	24.3%	487	27.3%	767	29.6%
	719	85.8%	432	83.1%	691	82.8%	116	13.8%	64	12.3%	120	14.4%
	1,412	88.4%		.0%		.0%	255	16.0%		.0%		.0%
	1,310	79.5%	785	79.9%	948	72.1%	247	15.0%	112	11.4%	166	12.6%
	9,898	59.7%	6,646	58.9%	9,681	53.5%	2,738	16.5%	1,827	16.2%	2,837	15.7%
	269	53.9%	123	58.8%	205	53.9%	118	23.6%	51	22.6%	70	19.4%
	1,382	68.3%	611	59.5%	1,024	61.9%	509	25.2%	224	21.8%	443	26.8%
	3,469	97.8%	2,103	96.3%	3,084	97.6%	748	21.1%	431	19.7%	765	24.2%
	2,341	79.2%	1,438	80.2%	1,934	77.4%	418	14.2%	241	13.4%	413	16.5%
	5,466	74.7%	3,285	78.1%	4,938	75.9%	2,133	29.0%	1,156	27.5%	1,878	28.9%
	2,966	73.2%	2,085	75.2%	2,991	74.9%	655	16.2%	527	19.0%	803	20.1%
	5,739	49.1%	4,896	54.6%	6,847	50.6%	1,466	12.5%	1,190	13.3%	1,837	13.6%
	819	74.3%	623	71.5%	816	67.9%	133	12.1%	89	10.2%	125	10.4%
	23,980	68.6%	15,239	67.7%	25,550	67.1%	8,241	23.6%	5,204	23.1%	9,379	24.6%
	671	77.8%	496	85.5%	664	77.8%	185	21.4%	90	15.5%	148	17.4%
	230	73.7%	129	72.5%	208	71.7%	13	4.2%	7	3.9%	14	4.8%
	2,553	54.3%	1,409	53.0%	2,440	52.7%	1,070	22.8%	647	24.3%	1,104	23.9%
	845	84.9%	104	94.5%	156	87.2%	259	26.0%	31	28.2%	51	28.5%
	489	83.7%	238	85.0%	401	83.4%	52	8.9%	20	7.1%	43	8.9%
	735	80.7%	397	82.5%	638	81.8%	125	13.7%	52	10.8%	105	13.5%
	882	83.6%	594	85.2%	898	83.5%	461	43.7%	271	38.9%	421	39.1%
	3,517	55.6%	2,358	62.5%	3,374	59.7%	1,097	17.3%	623	16.5%	1,060	18.8%
	409	73.7%	263	78.0%	344	70.3%	30	5.4%	18	5.3%	30	6.1%
	1,533	84.5%	1,096	84.4%	1,605	83.0%	327	18.0%	304	23.4%	418	21.6%
	1,725	62.3%	1,132	64.4%	1,541	58.8%	518	18.7%	327	18.6%	472	18.0%
	3,835	79.0%	2,469	80.5%	3,755	79.4%	679	14.0%	381	12.4%	644	13.6%
	4,179	61.2%	2,134	54.0%	3,445	51.8%	1,234	18.1%	628	15.9%	1,060	15.9%
	718	72.7%	484	78.6%	678	73.9%	224	22.7%	150	24.4%	221	24.1%
	5,268	56.2%	3,359	63.7%	5,813	64.4%	1,220	13.0%	803	15.2%	1,396	15.5%
	1,010	63.0%	746	68.7%	1,052	64.7%	176	11.0%	187	17.2%	293	18.0%
	1,038	70.2%	634	74.9%	862	73.0%	270	18.3%	158	18.7%	233	19.7%
	606	61.8%	380	60.0%	577	58.0%	103	10.5%	63	10.0%	115	11.6%
	925	49.3%	618	57.6%	1,012	53.0%	249	13.3%	176	16.4%	348	18.2%

\* ORAL, HORMONAL INJECTION, IMPLANT, IUD, HORMONAL PATCH, VAGINAL RING OR STERILIZATION  
 \*\* IUD OR IMPLANT  
 ^ DENOMINATORS USED IN PERCENT CALCULATIONS INCLUDE ALL FEMALE CLIENTS IN THE DEMOGRAPHIC CATEGORY, EXCLUDING THOSE USING NO CONTRACEPTIVE METHOD DUE TO INFERTILITY, PREGNANCY, OR SEEKING PREGNANCY.  
 ^^ AMERICAN INDIAN, ALASKAN NATIVE, ASIAN, PACIFIC ISLANDER/HAWAIIAN NATIVE, OTHER, MULTI-RACIAL

PROJECT

INDICATORS	PATIENT DEMOGRAPHICS BY YEAR				TOTAL FOR NYS	
	TOTAL FOR AGENCY		2014		2014	
	2013		2014		2014	
	COUNT	PCNT	COUNT	PCNT	COUNT	PCNT
TOTAL PATIENTS	8,569	100.0%	8,302	100.0%	282,133	100.0%
RACE						
WHITE	7,965	93.0%	7,699	92.7%	106,460	37.7%
BLACK/AFR AMERICAN	238	2.8%	254	3.1%	76,412	27.1%
AMERICAN INDIAN	24	.3%	14	.2%	609	.2%
ALASKAN NATIVE		%		%	18	%
ASIAN	32	.4%	32	.4%	7,018	2.5%
OTHER/UNKNOWN	217	2.5%	254	3.1%	87,441	31.0%
PACIFIC ISLANDER/HI NATIVE	93	1.1%	49	.6%	1,207	.4%
MULTI-RACIAL		%		%	2,968	1.1%
RACE/ETHNICITY						
HISPANIC	106	1.2%	292	3.5%	93,012	33.0%
WHITE NON-HISPANIC	3,473	40.5%	7,518	90.6%	90,948	32.2%
AFRICAN AMERICAN/BLACK NON-HISPANIC	87	1.0%	243	2.9%	67,333	23.9%
OTHER NON-HISPANIC	81	.9%	249	3.0%	30,840	10.9%
AGE						
LESS THAN 15	106	1.2%	133	1.6%	2,473	.9%
15-17	811	9.5%	738	8.9%	19,350	6.9%
18-19	1,062	12.4%	957	11.5%	26,309	9.3%
20-24	2,748	32.1%	2,625	31.6%	75,411	26.7%
25-29	1,740	20.3%	1,665	20.1%	65,383	23.2%
30 AND OVER	2,102	24.5%	2,184	26.3%	93,207	33.0%
SOURCE OF PAYMENT						
PRIVATE INSURANCE	3,756	43.8%	3,440	41.4%	52,101	18.5%
FULL FEE	111	1.3%	119	1.4%	7,867	2.8%
PART FEE	632	7.4%	473	5.7%	23,827	8.4%
MEDICARE		%	134	1.6%	573	.2%
TITLE XIX MEDICAID						
FEE FOR SERVICE	2,397	28.0%	2,122	25.6%	35,851	12.7%
MANAGED CARE	113	1.3%	939	11.3%	88,083	31.2%
FAMILY PLANNING EXTENSION(FPEP)	24	.3%		%	3,075	1.1%
FAMILY PLANNING BENEFIT(FPPB)	826	9.6%	600	7.2%	13,749	4.9%
FPPB PRESUMPTIVE ELIGIBILITY	36	.4%	26	.3%	10,673	3.8%
NO CHARGE	526	6.1%	356	4.3%	42,638	15.1%
POVERTY LEVELS						
100% OR LESS	3,069	35.8%	2,395	28.8%	177,487	62.9%
101%-125%	936	10.9%	765	9.2%	25,592	9.1%
126%-150%	1,414	16.5%	1,246	15.0%	11,710	4.2%
151%-200%	1,460	17.0%	1,781	21.5%	20,608	7.3%
201%-250%	462	5.4%	493	5.9%	10,854	3.8%
>250%	1,228	14.3%	1,622	19.5%	24,324	8.6%
UNKNOWN		%		%		%
HIGHEST GRADE COMPLETED						
<6TH GRADE	17	.2%	12	.1%	30,823	10.9%
6TH - 9TH GRADE	560	6.5%	586	7.1%	25,646	9.1%
10TH - 11TH GRADE	1,277	14.9%	1,224	14.7%	32,857	11.6%
12TH GRADE	3,967	46.3%	3,979	47.9%	134,335	47.6%
13TH - 16TH GRADE	2,748	32.1%	2,501	30.1%	55,640	19.7%
17TH GRADE+		%		%	2,832	1.0%
CLIENTS RESIDING IN HIGH RISK ZIP CODES	5,953	69.5%	5,830	70.2%	235,797	83.6%

PROJECT

INDICATORS	PATIENT DEMOGRAPHICS BY YEAR				TOTAL FOR NYS	
	TOTAL FOR AGENCY		2016		2016	
	2015		2016		COUNT	PCNT
	COUNT	PCNT	COUNT	PCNT		
TOTAL PATIENTS	381	100.0%	356	100.0%	16,117	100.0%
RACE						
WHITE	338	88.7%	310	87.1%	6,131	38.0%
BLACK/AFR AMERICAN	33	8.7%	34	9.6%	4,440	27.5%
AMERICAN INDIAN		%		%	36	.2%
ALASKAN NATIVE		%		%		%
ASIAN		%		%	397	2.5%
OTHER/UNKNOWN	10	2.6%	12	3.4%	4,882	30.3%
PACIFIC ISLANDER/HI NATIVE		%		%	141	.9%
MULTI-RACIAL		%		%	88	.5%
RACE/ETHNICITY						
HISPANIC		%	12	3.4%	5,231	32.5%
WHITE NON-HISPANIC	21	5.5%	303	85.1%	5,266	32.7%
AFRICAN AMERICAN/BLACK NON-HISPANIC		%	33	9.3%	3,982	24.7%
OTHER NON-HISPANIC		%	8	2.2%	1,638	10.2%
AGE						
LESS THAN 15		%		.3%	386	2.4%
15-17	13	3.4%	9	2.5%	1,040	6.5%
18-19	19	5.0%	24	6.7%	1,337	8.3%
20-24	131	34.4%	119	33.4%	4,597	28.5%
25-29	107	28.1%	107	30.1%	3,823	23.7%
30 AND OVER	111	29.1%	96	27.0%	4,934	30.6%
SOURCE OF PAYMENT						
PRIVATE INSURANCE	154	40.4%	145	40.7%	4,383	27.2%
FULL FEE	10	2.6%	8	2.2%	1,056	6.6%
PART FEE	33	8.7%	14	3.9%	776	4.8%
MEDICARE		1.6%		2.0%	67	.4%
TITLE XIX MEDICAID						
FEE FOR SERVICE	78	20.5%	32	9.0%	1,426	8.8%
MANAGED CARE	29	7.6%	31	8.7%	3,851	23.9%
FAMILY PLANNING EXTENSION (FPEP)		%		%		%
FAMILY PLANNING BENEFIT (FPBP)			67	18.8%	406	2.5%
FPBP PRESUMPTIVE ELIGIBILITY			17	4.8%	1,021	6.3%
NO CHARGE	22	5.8%			2,800	17.4%
POVERTY LEVELS						
100% OR LESS	120	31.5%	43	12.1%	9,003	55.9%
101%-125%	29	7.6%	20	5.6%	1,131	7.0%
126%-150%	36	9.4%	22	6.2%	613	3.8%
151%-200%	74	19.4%	98	27.5%	1,246	7.7%
201%-250%	15	3.9%	26	7.3%	766	4.8%
>250%	107	28.1%	147	41.3%	2,847	17.7%
UNKNOWN		%		%		%
HIGHEST GRADE COMPLETED						
<6TH GRADE		%		%	2,814	17.5%
6TH - 9TH GRADE	10	2.6%	12	3.4%	643	4.0%
10TH - 11TH GRADE	34	8.9%	30	8.4%	1,065	6.6%
12TH GRADE	230	60.4%	241	67.7%	7,606	47.2%
13TH - 16TH GRADE	107	28.1%	73	20.5%	3,681	22.8%
17TH GRADE+		%		%	308	1.9%
CLIENTS RESIDING IN HIGH RISK ZIP CODES	276	72.4%	273	76.7%	13,010	80.7%

^ DENOMINATORS USED IN PERCENT CALCULATIONS INCLUDE ALL FEMALE CLIENTS BY DEMOGRAPHIC CATEGORY

UNDUPLICATED CLIENT COMPARISON REPORT FROM CLIENT HISTORY DATA

AGENCY ID	AGENCY NAME	01/01/2016 - 12/31/2016	01/01/2015 - 12/31/2015	01/01/2014 - 12/31/2014
		8021	7969	9058
		601	464	444
		9465	9838	9505
		454	418	337
		3417	3506	3818
		3059	3137	3344
		1160	1206	1139
		1287	1292	1411
		7866	6560	5932
		10690	10900	12220
		20430	20314	19949
		992	1481	1264
		19233	20684	20789
		1321	2016	2581
		2340	1958	1945
		27415	29780	30713
		2751	3388	4047
		1063	1030	1264
		1508	1821	2190
		22312	20678	22511
		481	596	630
		2413	2900	4643
		4659	5261	5356
		3384	3909	4233
		14280	15084	14668
		5516	5459	6408
		15627	13649	8462
		1361	1231	1315
		48337	42374	39245
		965	977	970
		426	456	513
		4640	4790	3620
		197	1162	1577
		645	737	818
		866	1052	1284
		1344	1312	1127
		7081	8204	8317
		589	682	729
		2563	2367	2579
		3330	3541	3742
		5640	5858	5982
		9513	9581	10352
		1163	1210	1429
		12118	12616	12149
		2244	2164	1936
		1613	1973	1952
		1209	1180	1339
		3271	3111	3316

NEW YORK DATA SYSTEM  
 DATA QUALITY REPORT  
 2008 - 2010

	TOTAL FOR NEW YORK	2008	2009	2010
INDICATORS				
# OF CLIENTS		340,446	342,755	349,506
# OF VISITS		603,925	608,832	610,989
MEDICAL SERVICES				
# PROCEDURES 2-10		114,970	108,741	101,748
# OF PAPS		134,824	133,389	125,225
# OF REPEAT PAPS		4,257	3,572	2,434
# OF BREAST EXAMS		158,498	148,581	139,777
STD SERVICES				
# OF CHLAMYDIA TESTS		199,096	208,779	219,233
# OF CHLAMYDIA TREATMENTS		8,643	10,828	11,842
# OF GONORRHEA TESTS		177,022	190,818	206,769
# OF GONORRHEA TREATMENTS		1,842	2,022	2,257
# OF SYPHILIS TESTS		48,714	49,103	46,767
# OF SYPHILIS TREATMENTS		346	552	502
# OF HERPES TESTS		2,332	1,703	1,625
# OF HERPES TREATMENTS		1,715	2,077	2,170
# OF HPV DIAGNOSIS		4,279	3,997	4,214
# OF HPV TREATMENTS		4,562	4,842	4,575
# OF HIV PRETEST COUNSELING		230,637	210,854	221,866
# OF HIV TESTS		95,608	105,105	114,129
# OF HIV POSTTEST COUNSELING		83,093	85,813	87,766
REFERRALS				
PREGNANCY		16,644	17,800	18,330
STERILIZATION		338	191	217
INFERTILITY		254	334	372
MEDICAL PROBLEM/FOLLOW-UP		7,344	7,213	6,826
CBE F/U		1,239	1,345	1,236
PRIMARY CARE		2	1,472	2,444
OTHER		84,571	45,634	45,738
COUNSELING SERVICES				
CONTRACEPTIVE		471,427	483,447	484,600
STERILIZATION		1,726	2,605	1,960
INFERTILITY		2,513	2,761	2,070
NUTRITION		117,833	126,553	136,058
PREGNANCY		99,465	99,010	95,495
WIC		8,416	7,853	8,085
STD		340,126	366,229	378,213
PRECONCEPTION		31,890	19,963	6,173
ABSTINENCE		51,318	51,593	44,364
BREAST SELF EXAM		141,750	137,352	126,110
OTHER		319,501	337,852	340,071

This Period : 01/01/2017 - 12/30/2017

Last Period : 01/01/2016 - 12/30/2016

Agency :

Complete Quality Improvement Report (QIR)

Description Indicators	Agency	Agency	Agency	Agency	State	State	State	State
	Total This Period	This Period %	Total Last Period	Last Period %	Total This Period	State This Period %	Total Last Period	State Last Period %
<b>Client Visit Report</b>								
Total Clients	989	100%	1287	100%	299341	100%	301913	100%
New Clients	501	50.66%	807	62.70%	171195	57.19%	167911	55.62%
Continuing Clients	488	49.34%	480	37.30%	128146	42.81%	134002	44.38%
Clients 15-19	130	13.14%	278	21.60%	44848	14.98%	44632	14.78%
Total Visits	1586 %		1924 %		466448 %		490692 %	
Visits per Client	1.6 %		1.49 %		1.56 %		1.63 %	
<b>Age Report</b>								
< 15	*	*	24	1.86%	3523	1.18%	3021	1.00%
15 - 19	130	13.14%	278	21.60%	44848	14.98%	44632	14.78%
20 - 24	197	19.92%	250	19.43%	76318	25.50%	78439	25.98%
25 - 29	218	22.04%	275	21.37%	68050	22.73%	70280	23.28%
30 - 34	185	18.71%	226	17.56%	46363	15.49%	47155	15.62%
35 - 44	218	22.04%	206	16.01%	44935	15.01%	44136	14.62%
45 +	38	3.84%	28	2.18%	15304	5.11%	14250	4.72%
<b>Race Report</b>								
White	192	19.41%	266	20.67%	126271	42.18%	124270	41.16%
Black	295	29.83%	375	29.14%	81881	27.35%	81143	26.88%
American Indian	*	*	*	0.31%	2875	0.96%	2157	0.71%
Alaskan Native	0	0%	0	0%	19	0.01%	16	0.01%
Asian	191	19.31%	265	20.59%	9353	3.12%	8469	2.81%
Other	305	30.84%	369	28.67%	74873	25.01%	80902	26.80%
Pacific Isle/Hawaiian	*	*	*	0.08%	1023	0.34%	1682	0.56%
Multiracial	*	*	*	0.54%	3046	1.02%	3274	1.08%
Hispanic	51	5.16%	53	4.12%	101836	34.02%	104824	34.72%
<b>Assigned Charge Report</b>								
No Charge	92	9.30%	92	7.15%	40107	13.40%	41466	13.73%
Title XIX (Medicaid)	*	*	*	0.31%	39482	13.19%	37607	12.46%
Private Insurance	35	3.54%	167	12.98%	75969	25.38%	70140	23.23%
Full Fee	*	*	58	4.51%	9421	3.15%	9141	3.03%
Partial Fee	29	2.93%	39	3.03%	12309	4.11%	14865	4.92%
Other	*	*	0	0%	3051	1.02%	3328	1.10%
Medicaid Managed	806	81.50%	907	70.47%	94954	31.72%	98919	32.76%
Medicaid 24mos	*	*	*	0.31%	846	0.28%	1219	0.40%
Family Planning Benefit	*	*	0	0%	7120	2.38%	8764	2.90%
<b>Assigned Charge 15-19 Report</b>								
No Charge	29	22.31%	39	14.03%	6563	14.63%	7409	16.60%
Title XIX (Medicaid)	*	*	*	0.72%	7055	15.73%	6356	14.24%
Private Insurance	20	15.38%	83	29.86%	9339	20.82%	8399	18.82%
Full Fee	0	0%	0	0%	585	1.30%	493	1.10%
Partial Fee	0	0%	0	0%	575	1.28%	744	1.67%
Other	0	0%	0	0%	336	0.75%	346	0.78%
Medicaid Managed	74	56.92%	148	53.24%	14825	33.06%	15125	33.89%
Medicaid 24mos	0	0%	0	0%	26	0.06%	80	0.18%
Family Planning Benefit	0	0%	0	0%	1783	3.98%	1911	4.28%

This Period : 01/01/2017 - 12/30/2017  
 Last Period : 01/01/2016 - 12/30/2016  
 Agency :  
 Complete Quality Improvement Report (QIR)

Description Indicators	Agency	Agency	Agency	Agency	State		State	
	Total This Period	This Period %	Total Last Period	Last Period %	Total This Period	State This Period %	Total Last Period	State Last Period %
<b>Poverty Report</b>								
< 100%	987	99.80%	1286	99.92%	201942	67.46%	184014	60.95%
101% - 150%	*	*	*	0.08%	32595	10.89%	35846	11.87%
151% - 200%	0	0%	0	0%	22401	7.48%	22992	7.62%
201% +	0	0%	0	0%	42403	14.17%	59061	19.56%
<b>Poverty 100% and less Report</b>								
No Charge	92	9.32%	92	7.15%	37316	18.48%	35313	19.19%
Title XIX (Medicaid)	*	*	*	0.31%	26959	13.35%	23475	12.76%
Private Insurance	35	3.55%	167	12.99%	32531	16.11%	23765	12.91%
Full Fee	*	*	58	4.51%	3798	1.88%	2200	1.20%
Partial Fee	29	2.94%	39	3.03%	6781	3.36%	7926	4.31%
Other	*	*	0	0%	1909	0.95%	1925	1.05%
Medicaid Managed	804	81.46%	906	70.45%	76875	38.07%	74559	40.52%
Medicaid 24mos	*	*	*	0.31%	786	0.39%	1075	0.58%
Family Planning Benefit	*	*	0	0%	4167	2.06%	4282	2.33%
<b>Poverty 101% - 150% Report</b>								
No Charge	0	0%	0	0%	1253	3.84%	1535	4.28%
Title XIX (Medicaid)	0	0%	0	0%	6123	18.79%	6265	17.48%
Private Insurance	0	0%	0	0%	9074	27.84%	8959	24.99%
Full Fee	0	0%	0	0%	551	1.69%	561	1.57%
Partial Fee	0	0%	0	0%	2819	8.65%	3783	10.55%
Other	0	0%	0	0%	358	1.10%	407	1.14%
Medicaid Managed	*	*	*	100%	8722	26.76%	9837	27.44%
Medicaid 24mos	0	0%	0	0%	49	0.15%	82	0.23%
Family Planning Benefit	0	0%	0	0%	1213	3.72%	1575	4.39%
<b>Poverty 151% - 200% Report</b>								
No Charge	0	0%	0	0%	618	2.76%	537	2.34%
Title XIX (Medicaid)	0	0%	0	0%	3376	15.07%	3943	17.15%
Private Insurance	0	0%	0	0%	9155	40.87%	8797	38.26%
Full Fee	0	0%	0	0%	697	3.11%	386	1.68%
Partial Fee	0	0%	0	0%	1478	6.60%	1688	7.34%
Other	0	0%	0	0%	285	1.27%	303	1.32%
Medicaid Managed	0	0%	0	0%	4003	17.87%	4071	17.71%
Medicaid 24mos	0	0%	0	0%	7	0.03%	24	0.10%
Family Planning Benefit	0	0%	0	0%	1069	4.77%	1352	5.88%
<b>Poverty 201% + Report</b>								
No Charge	0	0%	0	0%	920	2.17%	4081	6.91%
Title XIX (Medicaid)	0	0%	0	0%	3024	7.13%	3924	6.64%
Private Insurance	0	0%	0	0%	25209	59.45%	28619	48.46%
Full Fee	0	0%	0	0%	4375	10.32%	5994	10.15%
Partial Fee	0	0%	0	0%	1231	2.90%	1468	2.49%
Other	0	0%	0	0%	499	1.18%	693	1.17%
Medicaid Managed	0	0%	0	0%	5354	12.63%	10452	17.70%
Medicaid 24mos	0	0%	0	0%	4	0.01%	38	0.06%
Family Planning Benefit	0	0%	0	0%	671	1.58%	1555	2.63%

\* Small cell values deleted for illustrative purposes only

This Period : 01/01/2017 - 12/30/2017

Last Period : 01/01/2016 - 12/30/2016

Agency :

Complete Quality Improvement Report (QIR)

Description Indicators	Agency	Agency	Agency	Agency	State		State	
	Total This Period	This Period %	Total Last Period	Last Period %	Total This Period	State This Period %	Total Last Period	State Last Period %
<b>Contraceptive Method Report</b>								
Sterilization	19	1.92%	10	0.78%	6053	2.02%	6143	2.03%
Orals	197	19.92%	225	17.48%	62513	20.88%	67187	22.25%
IUD	223	22.55%	225	17.48%	34126	11.40%	33312	11.03%
Diaphragm	0	0%	*	0.16%	132	0.04%	166	0.05%
Condom	188	19.01%	182	14.14%	41526	13.87%	36723	12.16%
Spermicide	0	0%	0	0%	44	0.01%	62	0.02%
NFP/FAM	*	*	0	0%	425	0.14%	325	0.11%
Other	*	*	*	0.16%	7316	2.44%	7757	2.57%
None	203	20.53%	455	35.35%	81860	27.35%	84992	28.15%
Implant	45	4.55%	48	3.73%	17265	5.77%	16081	5.33%
Cervical Cap	0	0%	0	0%	7	0.00%	12	0.00%
Hormone Inj-3mos	98	9.91%	123	9.56%	29368	9.81%	29991	9.93%
Female Condom	0	0%	*	0.08%	111	0.04%	103	0.03%
Hormone Inj-1mo	0	0%	0	0%	0	0%	0	0%
Hormonal Patch	*	*	0	0%	4613	1.54%	5166	1.71%
Vaginal Ring	10	1.01%	14	1.09%	6519	2.18%	7194	2.38%
Sponge	0	0%	0	0%	14	0.00%	14	0.00%
Abstinence	*	*	0	0%	6125	2.05%	5561	1.84%
Oral-Extend Cycle	0	0%	0	0%	1297	0.43%	1092	0.36%
<b>Reason No Method Report</b>								
Pregnancy	92	45.32%	252	55.38%	21857	26.70%	22868	26.91%
Infertility	*	*	0	0%	498	0.61%	567	0.67%
Seeking Pregnancy	39	19.21%	41	9.01%	6897	8.43%	6645	7.82%
Other Medical Reason	*	*	*	0.44%	1498	1.83%	1660	1.95%
Relying on Female Method	*	*	*	0.22%	1325	1.62%	1402	1.65%
Other	26	12.81%	29	6.37%	18998	23.21%	19822	23.32%
Not Sexually Active	36	17.73%	125	27.47%	4796	5.86%	4679	5.51%
Relying on Male Vasectomy	0	0%	*	0.22%	404	0.49%	420	0.49%
Relying on Male Condom	0	0%	*	0.22%	22804	27.86%	24960	29.37%
<b>HIV Test and Counseling Report</b>								
Initials and Annuals	441	100%	504	100%	87742	100%	95593	100%
PreTest Counseling (Initials and Annuals)	327	74.15%	397	78.77%	50831	57.93%	58832	61.54%
Tested (Initials and Annuals)	298	67.57%	256	50.79%	32245	36.75%	36000	37.66%
Post Test Counseling (Tested)	*	*	0	0%	23201	71.95%	27906	77.52%
<b>Chlamydia Report</b>								
Initials and Annuals	441	100%	504	100%	87742	100%	95593	100%
Chlamydia Test	587	133.11%	565	112.10%	199588	227.47%	212270	222.06%
Chlamydia Treatments (Tested)	14	2.39%	16	2.83%	10951	5.49%	11600	5.46%
Chlamydia Test @ Initial Exam (Age<25)	50		61		8007		8996	
Chlamydia Test @ Annual Exam (Age<25)	48		46		12662		14573	
<b>Gonorrhea Report</b>								
Gonorrhea Test	588	100%	564	100%	199198	100%	212068	100%
Gonorrhea Treatment	*	*	*	0.18%	3314	1.66%	2762	1.30%
<b>Syphilis Report</b>								
Syphilis Tests	362	100%	330	100%	34147	100%	34183	100%
Syphilis Treatment	*	*	0	0%	919	2.69%	631	1.85%
<b>Herpes Report</b>								
Herpes Tests	0	0%	0	0%	3613	100%	3716	100%
Herpes Treatment	0	0%	0	0%	2382	65.93%	2904	78.15%
<b>HPV Report</b>								
HPV Tests	0	0%	0	0%	4352	100%	5443	100%
HPV Treatment	0	0%	0	0%	1854	42.60%	2122	38.99%

\* Small cell values deleted for illustrative purposes only

TABLE AL-6 CHLAMYDIA TESTING AND TREATMENT BY CLIENT ZIP CODE PROJECT SITE

ZIP CODE	UNDUPLICATED CLIENTS TOTAL (A)	UNDUPLICATED CLIENTS TESTED (B)	% OF CLIENTS (B/A)	UNDUPLICATED CLIENTS TREATED (C)	% OF CLIENTS (C/A)	% OF TESTED CLIENTS (C/B)
13681			100.0 %		.0 %	.0 %
13682	16	9	56.3 %		12.5 %	22.2 %
13684			100.0 %		.0 %	.0 %
13685	37	20	54.1 %		8.1 %	15.0 %
13687			100.0 %		.0 %	.0 %
* 13691	89	51	57.3 %		3.4 %	5.9 %
13692			100.0 %		.0 %	.0 %
13693	9		33.3 %		.0 %	.0 %
* 13760			100.0 %		.0 %	.0 %
* 14607			100.0 %		.0 %	.0 %
* 14620			100.0 %		.0 %	.0 %
14851			100.0 %		.0 %	.0 %
17872			.0 %		.0 %	.0 %
20762			100.0 %		.0 %	.0 %
21075			.0 %		.0 %	.0 %
22101			100.0 %		.0 %	.0 %
24701			100.0 %		.0 %	.0 %
27248			100.0 %		.0 %	.0 %
28273			.0 %		.0 %	.0 %
29579			.0 %		.0 %	.0 %
30571			.0 %		.0 %	.0 %
31901			.0 %		.0 %	.0 %
36870			100.0 %		.0 %	.0 %
48335			.0 %		.0 %	.0 %
52361			.0 %		.0 %	.0 %
53916			100.0 %		.0 %	.0 %
56072			100.0 %		.0 %	.0 %
73505			100.0 %		100.0 %	100.0 %
76544			.0 %		.0 %	.0 %
77071			100.0 %		100.0 %	100.0 %
79908			.0 %		.0 %	.0 %
80817			100.0 %		.0 %	.0 %
80905			.0 %		.0 %	.0 %
92127			.0 %		.0 %	.0 %
97405			100.0 %		.0 %	.0 %
98405			100.0 %		.0 %	.0 %
98433			.0 %		.0 %	.0 %
99705			100.0 %		.0 %	.0 %
TOTAL	3,099	1,623	52.4 %	167	5.4 %	10.3 %

\* INDICATES HIGH RISK ZIP CODE

FPDMIS Ad Hoc Programming Example

AGE BREAKDOWN> MEDICAL SERVICES	Visit/Services Totals	<15	15- 17	18- 19	20-24	25-29	30- 34	35- 39	40- 44	45+	Chart	Chart
Pap Smear	61577	38	371	720	14255	16380	12284	8001	4954	4574	BAR	PIE
Blood Pressure	459214	3860	31631	42541	123272	104296	69441	41627	23574	18972	BAR	PIE
Hgt/Wgt	452541	3850	31305	42024	121362	102637	68285	41097	23288	18693	BAR	PIE
Thyroid Palp	85106	1367	5095	5818	19381	18679	13954	9009	5896	5907	BAR	PIE
Heart/Lung Ausc	99601	1658	7256	8537	24411	20275	15051	9683	6380	6350	BAR	PIE
Breast Exam	86692	869	3029	3724	19229	20753	15677	10239	6743	6429	BAR	PIE
Abdominal Palp	118954	1574	7023	8789	28875	26501	19317	12089	7623	7163	BAR	PIE
Extremities	97904	1472	6257	7210	23449	21503	15635	9826	6372	6180	BAR	PIE
Bimanual Pelvic	158309	618	5947	10100	40706	39157	27278	16718	9643	8142	BAR	PIE
Vaginitis Rx	46648	102	2346	4078	13684	11181	7142	4204	2166	1745	BAR	PIE
MALE EXAM	4487	78	273	370	1454	1104	574	276	146	212	BAR	PIE
UTI Treatment	6874	27	456	630	1870	1577	986	636	357	335	BAR	PIE
Method Initiation	79743	975	8765	10049	24050	17845	10021	4897	2177	964	BAR	PIE
Colposcopy	3142	*	14	*	296	1137	846	409	212	219	BAR	PIE
Postpartum Check	4130	*	93	172	925	1127	999	571	214	23	BAR	PIE
Other Medical	161982	1293	12778	16417	46431	36554	23355	12488	6941	5725	BAR	PIE
Hgb/Hct	36723	474	2605	3340	9507	7908	5820	3632	2086	1351	BAR	PIE
Urine Dipstick	38676	269	2613	3588	10113	8670	5805	3546	2081	1991	BAR	PIE
Urinalysis	9472	184	552	662	2139	2178	1564	1033	616	544	BAR	PIE
Urine Culture	12719	61	698	1099	3207	2846	2031	1305	790	682	BAR	PIE
Repeat Pap Smear	884	*	*	25	241	231	168	105	54	51	BAR	PIE
Wet Mount/Gram Stain	49485	127	2632	4536	14888	11826	7308	4140	2209	1819	BAR	PIE
Rubella Screen	1979	11	64	136	507	472	345	225	141	78	BAR	PIE
Sickle Cell Screen	339	29	61	50	141	22	20	*	*	*	BAR	PIE
Other Lab	111880	793	7140	10221	30792	26590	17028	9605	5307	4404	BAR	PIE
Method Cessation	22920	82	1239	2051	6633	5802	3657	1831	814	811	BAR	PIE
Cryosurgery	199	*	12	*	43	52	44	21	*	11	BAR	PIE
Emergency Contraception	23891	240	3218	3922	8015	4142	2272	1174	557	351	BAR	PIE
HPV VACCINE	6005	482	629	570	2320	1259	293	195	133	124	BAR	PIE

\*Small cell values suppressed for illustrative purposes only

FPDMIS Ad Hoc Programming Example

AGE BREAKDOWN	New/Continue Totals	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Chart	Chart
New Clients	172762	2583	13790	17130	46229	38694	24108	14279	7829	8120	BAR	PIE
Continuing Clients	133146	523	6312	10186	34809	32320	22461	13330	7590	5615	BAR	PIE
Total New/Cont	305908	3106	20102	27316	81038	71014	46569	27609	15419	13735	BAR	PIE

AGE BREAKDOWN> MEDICAL SERVICES	Unduplicated Totals	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Chart	Chart
Pap Smear	60672	38	361	709	14038	16133	12122	7870	4879	4522	BAR	PIE
Blood Pressure	285353	2919	18806	25307	74999	66264	43530	25889	14666	12973	BAR	PIE
Hgt/Wgt	282367	2939	18654	25061	74071	65545	43054	25632	14561	12850	BAR	PIE
Thyroid Palp	81516	1297	4830	5545	18606	18165	13511	8583	5535	5444	BAR	PIE
Heart/Lung Ausc	90182	1493	6248	7323	21512	18946	14120	8966	5847	5727	BAR	PIE
Breast Exam	83876	824	2881	3588	18677	20218	15230	9870	6448	6140	BAR	PIE
Abdominal Palp	107080	1442	6173	7612	25424	24311	17707	11059	6876	6476	BAR	PIE
Extremities	90568	1368	5508	6416	21383	20331	14832	9230	5876	5624	BAR	PIE
Bimanual Pelvic	130781	583	4892	8143	32812	32229	22655	14084	8190	7193	BAR	PIE
Vaginitis Rx	37888	96	1884	3244	10822	9169	5869	3495	1815	1494	BAR	PIE
MALE EXAM	4135	77	261	346	1307	1032	529	257	129	197	BAR	PIE
UTI Treatment	6368	27	416	578	1718	1475	929	595	322	308	BAR	PIE
Method Initiation	71600	900	7663	8869	21523	16225	9131	4423	1987	879	BAR	PIE
Colposcopy	3050	*	14	*	285	1094	827	400	209	212	BAR	PIE
Postpartum Check	4035	*	92	171	900	1099	979	555	211	22	BAR	PIE
Other Medical	107272	942	8058	10694	30763	24770	15461	8225	4442	3917	BAR	PIE
Hgb/Hct	35104	470	2504	3190	9048	7539	5573	3461	1995	1324	BAR	PIE
Urine Dipstick	32942	236	2203	3050	8620	7342	4889	3019	1790	1793	BAR	PIE
Urinalysis	8893	182	518	631	2010	2041	1454	970	570	517	BAR	PIE
Urine Culture	11729	57	638	1006	2942	2629	1882	1211	732	632	BAR	PIE
Repeat Pap Smear	874	*	*	25	238	227	167	104	53	51	BAR	PIE
Wet Mount/Gram Stain	38993	116	2117	3528	11486	9418	5789	3296	1736	1507	BAR	PIE
Rubella Screen	1964	11	63	136	501	468	343	223	141	78	BAR	PIE
Sickle Cell Screen	337	29	61	50	139	22	20	*	*	*	BAR	PIE
Other Lab	90880	701	5710	8147	24494	21580	14010	8015	4412	3811	BAR	PIE
Method Cessation	21267	80	1172	1913	6113	5411	3389	1696	771	722	BAR	PIE
Cryosurgery	199	*	12	9	43	52	44	21	*	11	BAR	PIE
Emergency Contraception	20797	223	2695	3356	6891	3746	2051	1024	497	314	BAR	PIE
HPV VACCINE	5093	446	568	499	1908	970	267	180	132	123	BAR	PIE

\*Small cell values suppressed for illustrative purposes only

FPDMIS Ad Hoc Programming Example

