

Primary Health Care Program Annual Report Form 325 Instructions

INTRODUCTION

Purpose

The Health and Human Services Commission (HHSC) is required by legislative mandate to report on the performance of Primary Health Care Services. The Form PHC 325 Annual Report is used to describe the demographic characteristics of Primary Health Care (PHC) clients, monitor access to program services provided to diverse populations, and assess the way the PHC programs interact with other funding sources.

Procedure

Form PHC 325 must be completed and submitted to HHSC within 60 days of the end of the state fiscal year (SFY), unless otherwise instructed.

Agencies should email the completed Form 325 to PHCReports@hhsc.state.tx.us and HDS.ADS@hhsc.state.tx.us.

TERMS AND DEFINITIONS

PHC Contract

HHSC contracts with providers to facilitate the efficient and economical provision of PHC Services. HHSC reimburses contractor for expenses incurred through a cost reimbursement method.

PHC Client

An individual who has been screened, determined to be eligible for services, and has received one or more PHC services at a HHSC PHC clinic is considered a PHC client. The same PHC client may be counted only once during the program's fiscal year, regardless of the number of visits, encounters, or services they receive (e.g., one client seen four times during the year is counted as one unduplicated client.)

PHC Clinic

A site where agency staff provides PHC services to PHC clients.

PHC Service

Any client encounter at a PHC clinic that results in the PHC client having a medical or health-related need met. *Unless otherwise specified, report only services provided to PHC clients using PHC funding, and do not report services funded through another source of coverage.* Per the Primary Health Care Services Act, PHC services include:

- (A) diagnosis and treatment;
- (B) emergency services;
- (C) family planning services;
- (D) preventive health services, including immunizations;
- (E) health education;
- (F) laboratory, X-ray, nuclear medicine, or other appropriate diagnostic services;
- (G) nutrition services;
- (H) health screening;

- (I) home health care;
- (J) dental care;
- (K) transportation;
- (L) prescription drugs and devices and durable supplies;
- (M) environmental health services;
- (N) podiatry services; and
- (O) social services.

Reporting Period

The reporting period is the SFY, September 1– August 31.

DETAILED INSTRUCTIONS

Header Information

Instructions

Report the following information from the agency's PHC contracts:

- **Report Type** – Select whether this report is an initial or revised submission.
- **Vendor ID (VID)** – Enter the 11-digit Vendor Identification Number assigned by the State Comptroller's Office. The VID is an 11-digit number composed of a one-digit prefix number (1, 2 or 3) that indicates whether the VID is based on a Social Security Number (SSN), Employer Identification Number (EIN), or a Comptroller-assigned number; a nine-digit SSN, EIN or Comptroller-assigned number; and a self-check digit, calculated from the preceding digits.
- **Contract numbers by contract type** – Enter the number assigned to each contract.
- **Purchase order numbers by contract type** – Enter the 10-digit purchase order number as stated in each PHC contract.
- **Contractor Name** – Enter the agency's legal name.
- **City** – Enter the city of the agency's physical address.
- **Name of Contact and Phone** – Enter the name and phone number for the agency representative with primary responsibility for preparing the PHC 325 Annual Report.

Table 1 – Clients by Race/Ethnicity

Definitions

Race/Ethnicity – The race/ethnicity categories conform to the methodology determined by the Texas State Data Center. These are a Non-Hispanic White (Anglo), Non-Hispanic Black, Hispanic (of all races), and a Non-Hispanic Other population group. *These consist of the census categories: Non-Hispanic White alone, Non-Hispanic Black or African American alone, Hispanics of all races, and persons in all other non-Hispanic racial groups referred to as the Other population group. This latter (Other population) group also includes all persons listing two or more races.*

Instructions

This Table Must Be Completed.

Report the unduplicated number of PHC clients provided a PHC service in the fiscal year by race/ethnicity.

Table 2 – Clients by Income Level

Definitions

Income Level as a Percentage of the HHS Poverty Guidelines – The set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States this level is determined by the Department of Health and Human Services. The percent of the Federal Poverty Level (FPL) varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL.

Instructions

This Table Must Be Completed.

Report the unduplicated number of PHC clients provided a PHC service in the fiscal year by income level as a percentage of the HHS poverty guidelines.

Note: The total number of clients in Table 1 should equal the total number of clients in Table 2.

Table 3 – Clients by Other Source of Coverage

Definitions

Source of Coverage – Public or private health insurance plans that provide primary medical care benefits to enrolled individuals. Report a source of coverage if it was available to the PHC client while they received PHC services, even if they did not use that source of coverage to pay for services at that time.

Supplemental Service – A PHC service provided to a HHSC PHC client while they were eligible for another source of coverage. A PHC client may only receive a supplemental PHC service if their other source of coverage would not pay for all or part of the service. For example, a PHC client had coverage under CHIP Perinatal, but CHIP

Perinatal would not cover treatment of her asthma. If PHC funds are used to cover this PHC client's asthma treatment, then the asthma treatment would be considered a supplemental PHC service.

Instructions

Report the following information on PHC clients with another source of coverage:

- Unduplicated number of PHC clients who received a supplemental PHC service while they had coverage under *Medicaid*.
- Unduplicated number of PHC clients who received a supplemental PHC service while they had coverage under *CHIP Perinatal*.

Table 4 – Behavioral Health Services

Definitions

Funding Source – Benefit that paid for all or part of the service.

Behavioral Health Service – Services used to treat a mental, emotional, or chemical dependency disorder.

Instructions

Report the following information on behavioral health services:

- Unduplicated number of PHC clients who received a behavioral health service through the PHC Program.
- Unduplicated number of PHC clients who received a behavioral health service through another funding source.

Questions

1. **Question** – What if a client received behavioral health services from both PHC and another funding source during the year?

Answer – Agencies should report clients under each funding source through which they received behavioral health services during the year. If a client received behavioral health services through both PHC and another funding source, the agency may count the client once under the PHC category and once under another funding source category.

Table 5 – PHC Encouraged Optional Staff

Definitions

Lactation Consultant – Health care professional who specializes in the clinical management of breastfeeding and who is certified as an International Board Certified Lactation Consultant (IBCLC) by the International Board of Lactation Consultant Examiners Inc. (IBLCE), under the direction of the US National Commission for Certifying Agencies.

Community Health Worker – A person who, with or without compensation, is a liaison and provides cultural mediation between health care and social services, and the community. A Community Health Worker (CHW) is a trusted member of the community who: has a close understanding of the ethnicity, language, socio-economic status, and life experiences of the community served; assists people to gain access to needed services; and increases health knowledge and self-sufficiency through a range of activities such as outreach, patient navigation and follow-up to community health education and information, informal counseling, social support, advocacy, and participation in clinical research. A Certified CHW is an individual with current certification as a community health worker issued by the Department of State Health Services.

Instructions

Report the following staffing data:

- Number of full-time equivalent (FTE) CHWs by compensation type
- Number of FTE Lactation Consultants (LCs)
- Unduplicated number of PHC clients who received a Lactation Consultant service through the PHC Program

Table 6 – Cost of PHC Services

Definitions

Direct Care – PHC services provided to HHSC PHC clients. Enter costs associated with providing services related to direct patient care (e.g., salaries of individuals providing healthcare services, medical supplies, contractor costs) as detailed in the agency's PHC contracts and budgets.

Health Education – The process of educating or teaching individuals about lifestyles and daily activities that promote physical, mental, and social well-being. This process may be provided on an individual, one-to-one basis, or to a group of individuals. Enter costs associated with health

education services, such as, educational materials and pamphlets

Other Direct Medical Service – Diagnosis & treatment, emergency services, family planning, preventive health, laboratory and x-ray, health screening, prenatal medical services, dental services, and all medications dispensed to clients (this includes Rx vouchers).

Non-Medical Service – Transportation, nutrition, case management, social services, and other optional PHC services.

Administrative – Administrative costs may include costs not associated with direct patient care. (e.g., salaries for non-healthcare individuals, administrative supplies, screening and eligibility)

Instructions

This Table Must Be Completed.

Report the cost of PHC Program-funded services, by cost category and program type.

Questions

1. **Question** – Are Health Education, Other Direct Medical Services, and Non-Medical Services part of direct care?

Answer – Yes. Reported costs for these three categories should add up to the total costs for direct care services

Table 7 – Clinics where PHC clients were provided PHC Services

Definitions

Instructions

Report the following information on PHC clinics:

- Clinic name
- County of the clinic physical address
- Zip code of the clinic physical address

Questions

1. **Question** – What if the clinic started providing PHC services to HHSC PHC clients after the reporting period began? What if the clinic stopped providing PHC services to PHC clients before the reporting period ended?

Answer – Report all clinics that provided PHC services to PHC clients at any point during the reporting period. Report all clinics, even if the clinic started providing services after the reporting period began or if the clinic stopped providing services before the reporting period ended.