

**Primary Health Care and
Expanded Primary Health Care Services
FY 2015 Annual Report**

**As Required By
Texas Health and Safety Code, Section 31.015**



**Department of State Health Services
June 2016**

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Primary Health Care and
Expanded Programme on Immunization
Annual Report

Ministry of Health
Government of the State of

State of

Department of Health
Lagos State

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Table of Contents

Executive Summary	1
Introduction	2
Statutory Requirement	2
Background	2
EPHC Exceptional Item	3
Services	3
Funding Award Process	3
PHC	3
EPHC	3
Parkland Senior Care Project	4
Clients Served	4
Demographic Information	4
Race/Ethnicity	4
Client Income Level	5
Program Costs	5
Medical Costs	6
Non-Medical and Administrative Services Costs	7
Contractors by Health Service Regions	7
Type of Entity	8
Conclusion	8
Appendix A	9
Appendix B	10
Appendix C	11
.....	11

Executive Summary

The Primary Health Care (PHC) Program began in 1987, in accordance with H.B. 1844, 69th Legislature, Regular Session, 1985, the Texas Primary Health Care Services Act (Health and Safety Code, Chapter 31). In 2013, the 83rd Legislature, Regular Session, granted the Texas Department of State Health Services' (DSHS) request for Exceptional Item funds to expand primary health care services to women 18 years of age and above. The Primary Health Care strategy was appropriated \$100 million to create the Expanded Primary Health Care (EPHC) Program. In fiscal year 2015, the Division for Family and Community Health Services (FCHS) at DSHS administered the PHC and the EPHC Programs.

The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 merged the women's health strategies including EPHC into a single strategy within the Health and Human Services (HHSC) Budget. All program staff transferred to HHSC on September 1, 2015. This also aligned with the HHSC transformation as mandated by S.B. 200 and as codified in Tex. Gov't Code Sec. 531.0201(a)(2)(C).

This report is prepared in accordance with the State PHC rules governing the activities of DSHS and contracted providers for the PHC Program. Program rules can be found in Title 25 of the Texas Administrative Code (TAC), Chapter 39, Subchapter A.

The PHC and the EPHC Programs provide primary health care, including preventive health services and education, to Texas residents who could not otherwise receive such care. Eligibility is limited to Texas residents whose gross family income is at or below 200 percent of the Federal Poverty Level (FPL) and who do not qualify for any other non-DSHS programs or benefits that provide the same services, such as Medicaid. Qualified recipients receive services through contracts with local health departments, universities, hospitals and hospital districts, Federally Qualified Health Centers (FQHCs), and private non-profit organizations.

Through fiscal year 2015, both the PHC and the EPHC Programs are directed by the same statute and funding strategy. As such, budget information and client data are reported in aggregate. In fiscal year 2015, 83 unduplicated contracted providers expended \$51,120,529 in state-allocated funds. Of the total expenditure amount reported, contractors reported expending \$43,748,152 for direct medical care services, and \$7,372,377 to provide non-medical services, such as transportation, case management, and program administration. PHC- and EPHC-funded contractors provided primary health care and women's health services to 269,278 unduplicated clients in approximately 372 clinic sites in 124 counties.

Introduction

In Texas, PHC- and EPHC-funded clinic sites provide prevention and treatment services for primary health care. Both programs provide services through contracts with local health departments, universities, private non-profit organizations, FQHCs, hospitals, and hospital districts. The traditional PHC Program provides primary care services for women, men, and children. The EPHC Program provides primary and women's health services exclusively to women 18 years of age and above.

Statutory Requirement

Section 31.015(d) of the Health and Safety Code contains the statutory requirements for the report, which must include the following:

- The number of individuals receiving care under this chapter;
- The total cost of the program, including a delineation of the total administrative costs and the total cost for each service authorized under Section 31.003(e)
- The average cost per recipient of services;
- The number of individuals who received services in each public health region; and
- Any other information required by the board.

Background

To counter the economic recession in the early 1980s, employers and government agencies instituted cost containment measures, which resulted in decreased availability and accessibility of health care services for many Texans. A gubernatorial and legislative task force was assembled to secure primary health care for people who are medically indigent. The task force recommended the following:

- A range of primary health care services should be made available to medically indigent people in Texas.
- The Texas Department of Health, now known as DSHS, should provide or contract to provide primary health care services to the medically indigent that would complement existing services and/or areas where services were scarce.
- Health education should become an integral component of all primary care services delivered to the medically indigent population.
- Preventive services should be marketed and made accessible to this population to reduce costly emergency room services.

These recommendations became the basis of the indigent health care legislative action enacted by the 69th Texas Legislature in 1985 through H.B. 1844, which became known as "The Texas Primary Health Care Services Act." This law defined the target population, eligibility, reporting, and coordination elements required for program implementation. Chapter 31 of the Health and Safety Code is the statutory authority for the PHC Program.

EPHC Exceptional Item

In 2013, the 83rd Legislature, Regular Session, granted the Texas Department of State Health Services' (DSHS) request for Exceptional Item funds to expand primary health care services to women 18 years of age and above. The Primary Health Care budget strategy was appropriated \$100 million in state general revenue funds over the 2014-15 biennium to expand the PHC program to increase the number of women receiving primary and preventive care services; avert unintended pregnancies and subsequent births paid for by Medicaid; increase early detection of breast and cervical cancers; reduce the number of preterm births; and reduce the number of cases of potentially preventable hospitalizations related to hypertension and diabetes.

Services

The PHC and the EPHC Programs provide primary health care, including preventive health services and education, to Texas residents who could not otherwise receive such care. Eligibility is limited to Texas residents whose gross family income is at or below 200 percent of the FPL and who do not qualify for any other non-DSHS programs or benefits that provide the same services, such as Medicaid. Both programs provide services through contracts with local health departments, universities, hospitals, hospital districts, FQHCs, and private non-profit organizations.

Under 25 Tex. Admin. Code Section 39.3, contractors must provide six priority primary care services: diagnosis and treatment; emergency medical services; family planning services; preventive health services; health education; and laboratory, X-rays, nuclear medicine, or other appropriate diagnostic services. Nine additional services may also be provided: nutrition services; health screening; home health care; transportation; environmental health; dental care; prescription drugs, devices, and durable supplies; podiatry services; and social services. Because the EPHC Program was created to integrate family planning services with comprehensive primary care, it is expected that approximately 60 percent of the total number of unduplicated EPHC clients receive contraceptive services.

Funding Award Process

DSHS uses a competitive Request for Proposals (RFP) process to distribute funds for both the PHC and the EPHC Programs.

PHC

Fiscal year 2015 was the final year of a five-year funding cycle for traditional PHC contractors. In fiscal year 2015, DSHS awarded \$10.9 million to 54 PHC contractors throughout the state.

EPHC

Fiscal year 2015 was the second year that funds were awarded to EPHC contractors under the DSHS Fiscal Year 2014 Competitive RFP. In fiscal year 2015, DSHS awarded \$47.4 million to 58 EPHC contractors.

Parkland Senior Care Project

The Texas Legislature reauthorized the biennial funding in the amount of \$302,100 to support the Parkland Senior Care Project, which is administered by the Parkland Health and Hospital System in Dallas County. See Appendix A for a description of this project.

Clients Served

In fiscal year 2015, of the total 112 PHC and EPHC contractors, 83 of them were unduplicated contractors. These 83 distinct contractors provided services to 269,278 unduplicated clients in 124 counties throughout Texas. See Appendices B and C for maps of clinic sites.

Demographic Information

PHC and EPHC contractors report demographic information for unduplicated clients served on an annual basis. This includes race/ethnicity and income level based on a percentage of the Federal Poverty Guidelines (Tables 1 and 2).

Race/Ethnicity

PHC and EPHC contractors collect race and ethnicity information from clients when medical services are provided. The majority of the clients, 71 percent, reported their race as Hispanic (Table 1).

Table 1. Fiscal Year 2015 Number of PHC and EPHC Clients by Race/Ethnicity

Race/Ethnicity	Clients	Percentage
Anglo	29,502	13
Black	22,795	10
Hispanic	168,511	71
Other	8,160	3
Unknown/Not Reported	8,028	3
HIV/Sexual Transmitted Infection (STI) test kits ¹	32,282	NA
Total	269,278	100

¹ HIV/STI test kits were provided to 32,282 clients throughout the state. Screenings were conducted by DSHS HIV/STD program contractors who provided client data in aggregate form to the EPHC program for clients that received these screenings. As a result, no client level demographic data is available for clients that received these services.

Client Income Level

The majority of clients (64 percent) served in fiscal year 2015 live at or below 100 percent of the federal poverty income limits (Table 2).

Table 2. Fiscal Year 2015 Number of PHC and EPHC Clients by Federal Poverty Level

Federal Poverty Level	Clients	Percentage
100% and below	150,846	64
101% to 133%	35,317	15
134% to 200%	29,093	12
Unknown ²	21,740	9
HIV/STI test kits	32,282	NA
Total	269,278	100

Program Costs

Including state general revenue funds, non-DSHS funds, and program income (client fees), PHC and EPHC contractors reported spending a total of \$73,946,508 to administer the programs. Non-DSHS funding and program income comprised 29 percent of total program costs (Table 3).

Table 3. Fiscal Year 2015 PHC and EPHC Contractor Costs Reported by Type of Funds

Type of Funds	Amount
Contractor Reimbursements with State General Revenue Funds	\$51,120,529
Contractor Reported Program Income and Non-DSHS Funds	\$22,973,254
Total Program Costs	\$74,093,783

² Per PHC and EPHC Policy Manuals, when determining eligibility, contractors must verify income. If the methods used for income verification jeopardize the client's right to confidentiality or impose a barrier to receipt of services, the contractor must waive this requirement and document the reason in the client record. FPL is documented as "unknown" for these clients.

Medical Costs

Contracted agencies must report the costs associated with the type of PHC- and EPHC-funded services provided each month. In fiscal year 2015, contractors reported that they provided medical services at a total cost of \$43,748,152 (Table 4).

Table 4. Fiscal Year 2015 Contractor Costs Reported for Medical Services

Type of Medical Service	Costs ³	Sub-Costs
Diagnosis & Treatment ⁴	\$8,336,143	
Emergency Medical Services	\$222,498	
Family Planning ⁵	\$11,265,713	
Prenatal Care ⁶		\$348,507
Preventive Health ⁷	\$3,876,002	
Health Education ⁸	\$2,140,757	
Laboratory ⁹	\$9,460,193	
HIV/STI Test Kits		\$409,852
Office Visits ¹⁰	\$8,446,846	
Total	\$43,748,152	

³ Expenditure calculations were estimates based on contractor-reported expenditures and client counts and proposed (or estimated) service fees and estimated service frequencies. Expenditures were calculated in four steps:

- a) Calculating per service costs for reported service categories in the PHC 250 and the EPHC 250E client reporting forms;
- b) Using reported client counts to calculate relative expenditures for these categories;
- c) Proportionally adjusting relative expenditures to contractor-reported expenditures for direct medical services; and
- d) Totalling smaller categories to provide estimated expenditures for priority services.

⁴ Includes hypertension and diabetes screening, prescriptions, therapeutic dental services, and prenatal dental services.

⁵ Clients receive contraceptives (including traditional methods and Long Acting Reversible Contraceptive (LARC)), counseling, sterilization pregnancy test, and prenatal care.

⁶ Prenatal Care is a subcategory of Family Planning. This amount is included in the Family Planning category total.

⁷ Includes services provided during office visits, cervical cancer screening, immunizations, and dental services.

⁸ Includes instruction to individuals, groups, and communities.

⁹ Includes radiology and mammography; laboratory and Sexual Transmitted Infection (STI) testing, and HIV/STI testing kits (broken out as a subcategory).

¹⁰ Office Visits can be related to either Diagnosis & Treatment or Preventive Health for new and established patients.

Non-Medical and Administrative Services Costs

For fiscal year 2015, PHC and EPHC contractors provided non-medical services (e.g. transportation and social services) to clients at a total cost of \$1,117,977, and expended \$6,254,401 in administrative activities¹¹ other than screening and eligibility (Table 5).

The cost of all services (medical and non-medical) provided to PHC and EPHC clients with DSHS state funds was \$51,120,529 at an average cost of \$190 for a total number of 269,278 unduplicated DSHS PHC and EPHC clients served by contracted providers.

Table 5. Fiscal Year 2015 Contractor Costs Reported for Non-Medical and Administrative Services Provided

Type of Non-Medical Services Provided	Contractor Costs
Non-Medical Services	\$1,117,977
Administrative	\$6,254,401
Total¹²	\$7,372,378

Contractors by Health Service Regions

In fiscal year 2015, contractors provided services to 269,278 unduplicated clients in 124 counties (Table 6).

Table 6. Fiscal Year 2015 PHC and EPHC Contractors by DSHS Health Service Region (HSR)

Health Service Region	Number of PHC & EPHC Contractors	Number of Clients Served	Number of Counties Served
1	9	14,002	17
2/3	11	67,491	16
4/5N	10	11,395	15
6/5S	19	64,471	12
7	6	27,210	13
8	7	21,926	17
9/10	9	11,250	20
11	12	19,251	14
HIV/STI test kits	--	32,282	--
Total	83	269,278	124

¹¹ Local administrative activities may include billing and ancillary services.

¹² Total Contractor Costs by Type of Non-Medical Services Provided as reported by DSHS PHC/EPHC Contractors (via PHC350 Annual Report).

Type of Entity

PHC and EPHC contractors include public entities (such as local health departments, universities, hospitals or hospital districts), FQHCs, and private non-profit organizations (Table 7). The table below shows the types of entities in both programs. The unduplicated contractor count is 83.

Table 7. Fiscal Year 2015 PHC and EPHC Contractors by Type

Entity Type	Number of	Number of
	Contractors	Contractors
	PHC	EPHC
Public	20	19
Federally Qualified Health Centers (FQHC)	27	30
Other (non-profit)	7	9
Total	54	58

Conclusion

During fiscal year 2015, DSHS successfully continued the implementation and management of the EPHC Program. Combined with the traditional PHC Program, DSHS awarded funds to 83 distinct contractors, and provided primary and women's health care services to 269,278 unduplicated clients in approximately 372 clinic sites in 124 counties.

Appendix A

SPECIAL PROJECT OVERVIEW

Dallas County Hospital District - Parkland Health and Hospital System Senior Outreach Services

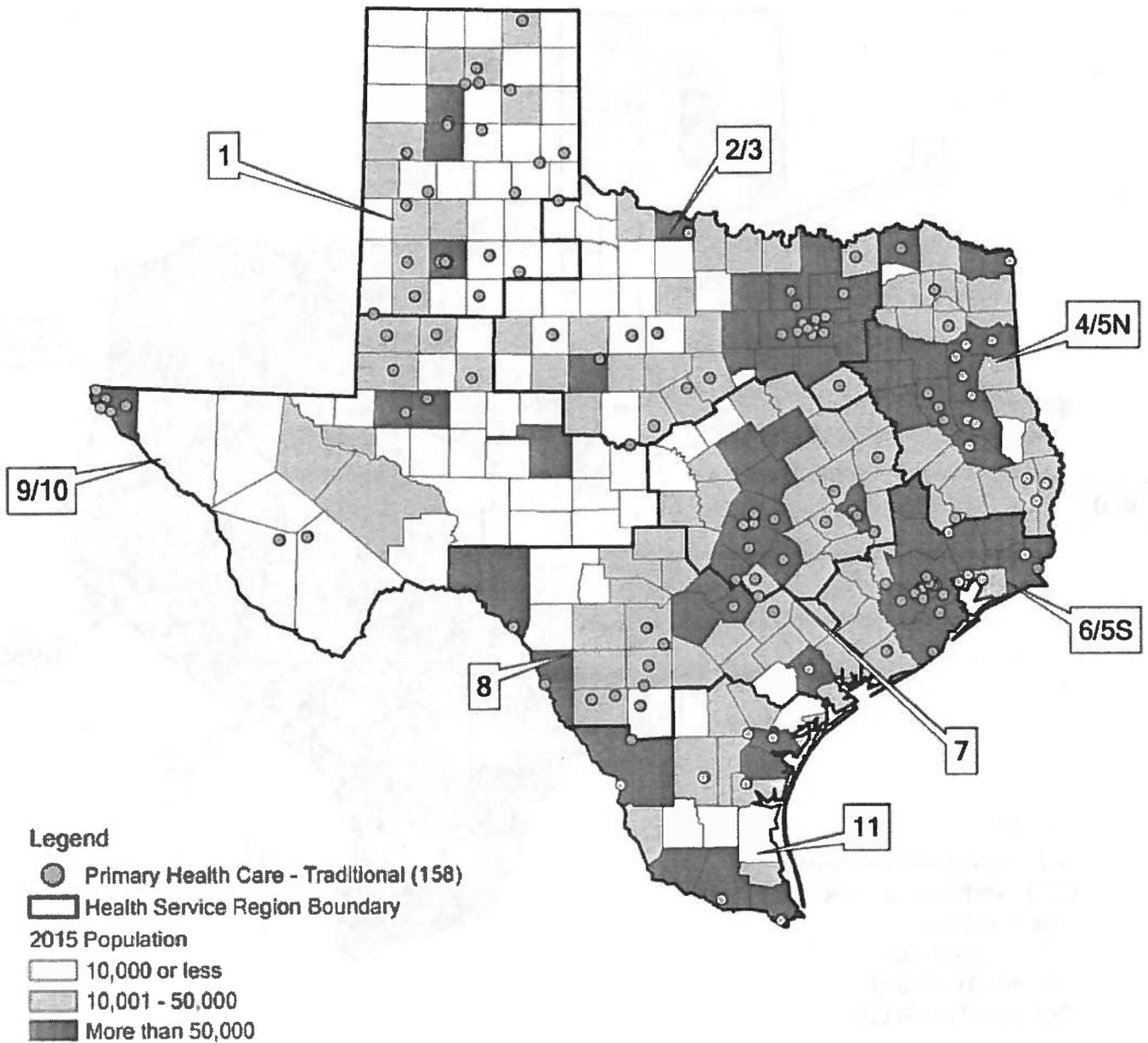
The Parkland Foundation, an agent for Parkland Memorial Hospital, initiated a geriatric program in 1982, serving the Dallas County area. As a result of the ongoing need in this area, the 2014-15 General Appropriations Act, H.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 62), allocated \$302,100 in DSHS general revenue funds exclusively for the Parkland Senior Project for the 2014-2015 biennium. Half of the total allocation, \$151,050, was designated for primary health care services in fiscal year 2015. The project is designed to provide services to senior citizens age 65 years or older residing in low-income areas of Dallas County. The goal of the project is to improve and maintain senior citizens' health, quality of life, and independence through timely access and delivery of health care and coordination of health and social services. In fiscal year 2015, program services included: case management; health screening and outreach; health education programs; transportation; and community involvement/outreach with health care organizations, civic entities, and human service providers.

In a survey of the Parkland Foundation's geriatric program, seniors identified the lack of access to transportation as their greatest need, and service providers for older adults identified transportation as the second greatest need in Dallas County. To assist seniors in the designated service area, in fiscal year 2015 the Parkland Senior Project provided van transportation to 98 unduplicated clients, to allow seniors better access to health care services, grocery stores, etc. These clients received a total of 713 transports. Case management services ranged from project staff meeting individually with clients to determine their health and social service needs to conducting outreach efforts that target individuals in need of the project's services. A total of 165 unduplicated clients within the targeted service area received case management services. These services were provided to seniors over age 65, with an emphasis on outreach to clients with low literacy levels. The project provided 255 home visits.

During fiscal year 2015, program staff provided health screening and outreach events to individuals in senior housing units and senior citizen centers. Screenings focused on conditions prevalent in older populations, such as fall risk assessments, blood pressure checks, and screenings for depression.

Appendix B

Map of SFY 2015 Traditional Primary Health Care Services Clinic Sites

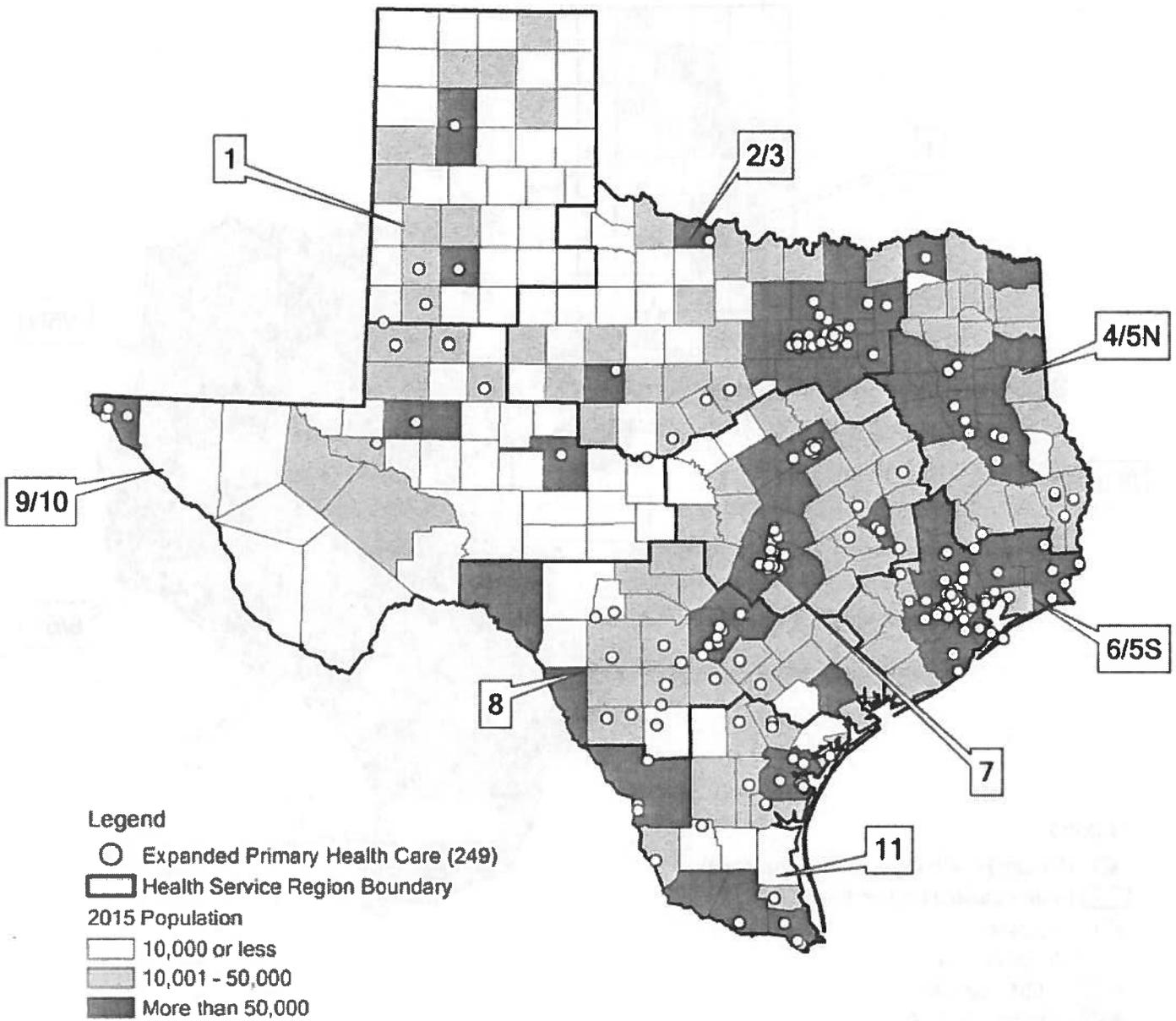


Data Sources:
- CHSS Contract Database, SFY 2015
- Texas State Data Center 2014 Population Projections

Prepared by: Office of Program Decision Support, 1/27/2016 (mk)

Appendix C

Map of SFY 2015 Expanded Primary Health Care Services Clinic Sites



Data Sources:
- CHSS Contract Database, SFY 2015
- Texas State Data Center 2014 Population Projections

Prepared by: Office of Program Decision Support, 2/4/2015 (mk)