

# Instructions for the PHC 225 Form

## ***Reporting Instructions for Contractors with a Primary Health Care (PHC) contract***

HHSC is required by legislative mandate to report on the performance of the Primary Health Care Program (PHC). Tracking the number of clients receiving PHC services allows us to better understand the scope of the medical needs of this population and helps to tailor future programs to their needs. Tracking the number of clients provided key services helps us to show the purpose and the value of the program to stakeholders and sustain funding. As a contractor, you are a vital part of this documentation process.

This document provides step-by-step instructions on how to fill out and submit the revised PHC 225 form, which documents the number of clients receiving various services through PHC. This form must be submitted monthly with your agency's Purchase Voucher Form 4116. Your agency cannot be reimbursed until this form has been filed with the Health and Human Services Commission (HHSC).

The PHC 225 form will be submitted via email with your Form 4116. The PHC 225 and Form 4116 are enterable PDF and Excel documents. You can enter your information into the form directly into the appropriate fields. Data can be entered and saved using Adobe Acrobat Reader. Also, by clicking on "Submit Form," an automatic email will be generated and this form will be attached to that email. Scanned or photocopied versions of this form will not be accepted and will be returned to the agency.

### **Header Information:**

The screenshot shows the header information section of the PHC 225 form. It includes the following fields:

- Reporting Period: Aug-16 (dropdown menu)
- Contract Number: [Redacted]
- Vendor ID: [Redacted]
- Purchase Order: [Redacted]
- Contractor Name: [Redacted]
- Name of Contact: [Redacted]
- Quarter 4
- City: [Redacted]
- Phone: [Redacted]

The form is divided into two main sections: "PHC" and "Senior Project".

1. Click on the Voucher Type and select the type of voucher that is being submitted with the PHC 225 form. The voucher type can be Initial Submissions, Revised, or Supplemental.
2. The Reporting Period should cover the same period as indicated on the Form 4116 that is submitted with it. Make sure to double check that you selected the correct month. Special information may need to be collected depending on the selected month.
3. Enter in your Contract Numbers [2016-(6-digit Contract ID)-(Attachment Number)] and Purchase Order for the appropriate PHC program.

Enter in the Purchase Order number for your contract. If your agency receives additional PHC funding through the Senior Project, please enter that contract number and Purchase Order number.

4. Enter your agency's 14-Digit HHSC Vendor ID and Contractor Name. Contractor Name is the official name used by your agency to contract with HHSC.
5. Enter in the Name of Contact. This contact should be the person submitting the forms or be the person that we can contact if there are questions. Enter the city where the agency is located and the phone number of the contact submitting the PHC 225 and the Form 4116.

**Section A Instructions:**

PLEASE ONLY INCLUDE INFORMATION FOR PHC CONTRACTS			
PHC Section A: CONTRACT YEAR TO DATE total client count	Female 18 and older	Male 18 and older	Younger than 18
PHC Unduplicated Clients (YEAR TO DATE)			

1. Enter the year to date (YTD) total Unduplicated Client Count for all contracts and for each group. The Unduplicated Client Count is the number of new clients seen under PHC. **A new client is any client that has not been previously served in the contracting period (even if they are an established client).** The unduplicated client count can be thought of as the total number of individuals that have been served through the PHC program. This client count should be YTD total. That is, from the beginning of the contract period until the end of this reporting period, how many individuals were served in the PHC program?

For clients that are first seen when they are 17, then are seen again when they are 18: If that client's visit and services are paid for by PHC, for total client count in Section A, the client should be counted in the "Younger than 18" column. The client *should not* be counted again in Section A even if he or she is seen again after turning 18.

HOWEVER, it is important to note that while the unduplicated client count in Section A is age at first service, the client count for each service category (below) is the age at which that service type was first delivered.

**Section B Instructions: Contract YTD number of clients (individuals) seen for each service**

PHC Section B: CONTRACT YEAR TODATE number of clients (individuals) seen for each Service Category	Service Category	Female 18 and older (T)	Male 18 and older	Younger than 18

**Overall Notes:**

This section only needs to be completed for the following service periods: November 2016, February 2017, May 2017, and August 2017. These categories will appear in the reporting form after you have selected the correct reporting period.

This section is divided into Service Groups and Service Categories. The Service Groups are identified in the grey box on the far left of the form. The Service Categories are each row of the form. The Service

Categories represent services that map directly onto a Healthy People 2020 goal, are directly related to state-level public health goals, or allows us to show legislators and others how the PHC program is saving money in the whole health care system.

It is important to understand that Section B is asking 33 independent questions. We are not asking about all of the Service Categories together and expecting a patient to be classified into only one. It is also important to understand that we are not asking how many of the services were delivered (encounters). Rather, we are asking about each Service Category separately and asking how many patients (individuals) received this service. We really want to know: *of your PHC clients, how many individuals received X service.*

We are also not asking you to track clients, but rather track services and how many individuals were provided each service. We are asking for the data in this way because knowing the number of individuals served gives us a better understanding of the scope of the needs in the PHC population and how the PHC program is helping treat disease and treat chronic conditions, thus decreasing the burden on the hospital ER system. Encounter data provides an important insight into expense, but it does not help us understand how many women will be protected from cervical cancer because of screening, for example.

The client counts for each Service Category are independent. Within a Service Group they *do not* add together and across categories they *do not* add together to get the total client count. The only relation between the client counts reported in each Service Category and the total client count in Section A is that no single Service Category should exceed the total number of clients reported in Section A. It is also important to understand that the Services Categories are not related to each other. It is possible to have 100 total clients served and also report 100 new office visits and 100 established office visits. The Service Categories are independent and we are asking how many individuals were seen for that single service.

The client count should be Year to Date (YTD). The reporting should include the time period from the beginning of the contract to the last day of the current reporting period. The following instructions provide specific details about the definition of each Service Category, including the corresponding CPT codes when appropriate. These CPT codes are provided as a guide only. These codes are those that would have been used *if* the client was being billed to Medicaid. The CPT codes **do not** represent all of the services provided by PHC. They are also **not** meant to limit the services that can be provided by PHC. Rather they are a snapshot of a few key services that PHC provides.

**Office Visit Service Section: CPT Code Definitions**

<b>Office Visits</b>	Office Visit – Postpartum			
	Office Visit - New Patient			
	Office Visit - Established Patient			
	<i>Well-Woman Visit</i>			

Office Visit – Postpartum:	<u>59430</u>
Office Visit - New Patient:	<u>99201, 99202, 99203, 99204, 99205</u>
Office Visit - Established Patient:	<u>99211, 99212, 99213, 99214, 99215</u>
Well-Woman Visit:	<u>99384-99387, 99394-99397</u>

**Family Planning Service Section: CPT Code Definitions**

<b>Family Planning</b>	Natural Family Planning Counseling			
	Contraceptive Clients			
	Contraceptive Clients receiving LARCs			
	Sterilization			
	Pregnancy Test			

Natural Family Planning Counseling	<u>H1010</u>
Contraceptive Clients	<u>A4261, A4266, 57170, A4267, A4268, A4269, S4993, J7300, J7302, 58300, J1050, J7303, J7304, J7307, 11981, 58600, 58565</u>
Contraceptive Clients receiving LARCs	<u>J7300, J7301, J7302, 58300, J7307, 11981</u>
Sterilization	<u>58600, 58565</u>
Pregnancy Test	<u>84702, 84703, 81025</u>

### Cervical Cancer Screening Service Section: CPT Code Definitions

Cervical Cancer Screening	Pap tests and/or HPV Hi Risk DNA testing			
	Colposcopy, Biopsy, LEEP			

Pap tests and/or HPV Hi Risk DNA testing	87621 <sub>3,4</sub> , 88141 <sub>3</sub> , 88142 <sub>3,4</sub> , 88143 <sub>3</sub> , 88150 <sub>3</sub> , 88164 <sub>3,4</sub> , 8 81 74 <sub>3</sub> , 8 817 5 <sub>3</sub>
Colposcopy, Biopsy, LEEP	57452 <sub>3,4</sub> , 57454 <sub>3,4</sub> , 57455 <sub>3</sub> , 57456 <sub>3,4</sub> , 57461 <sub>3,4</sub> , 57500 <sub>3</sub> , 5 75 05 <sub>3,4</sub> , 57 511 <sub>5</sub> , 57 51 3 <sub>5</sub> , 57 52 0 <sub>3,4</sub> , 5 75 22 <sub>3,4</sub> , 5

### Hypertension & Diabetes Screening Service Section: Definitions

Hypertension & Diabetes Screening	Hypertension Screening			
	Clients being treated or managed for hypertension			
	Diabetes Screening			
	Clients being treated or managed for diabetes			

Hypertension screening	Enter the total number of individuals who have had at least one hypertension screen. If one individual has had multiple screenings, only count that individual once. It is expected that <u>almost all clients will be counted in this Service Category</u>
Clients being treated or managed for hypertension	Enter the number of individuals with hypertension that are <u>currently being managed or treated.</u>
Diabetes Screening	Enter the number of individuals who have had at least one diabetes screening. This screening is necessary for the initial diagnosis of diabetes.
Clients being treated or managed for diabetes	Enter the number of individuals that have been diagnosed with diabetes and whose diabetes is being managed or treated through the PHC program.

### Mammography and Radiology Service Section: CPT Code Definitions

Radiology & Mammography	Mammograms & Other Breast Exams			
	X-rays & Biophysical Tests			
	Ultrasound			

Mammograms & Other Breast Exams	77057 <sub>1</sub> , G0202 <sub>1</sub> , 77055 <sub>1</sub> , G0206 <sub>1</sub> , 77056 <sub>1</sub> , G0204 <sub>1</sub> , , 76641, 76642
X-rays & Biophysical Tests	7 40 10 <sub>1</sub> , 74 00 0 <sub>1</sub> , 7 68 18 <sub>1</sub> , 590 25
Ultrasound	76805 <sub>1</sub> , 76830 <sub>1</sub> , 76856 <sub>1</sub> , 76857 <sub>1</sub> , 76881 <sub>1</sub> , 76882 <sub>1</sub>

**Laboratory & STI Testing Service Section: CPT Code Definitions**

<b>Laboratory &amp; STI Testing</b>	Sexually Transmitted Infections Testing			
	HIV Testing			
	Other Infectious Agents			
	All Other Labs			

Sexually Transmitted Infections Testing	<u>86592, 86695, 86696, 87110, 87252, 87490, 87491, 87510, 87590, 87591, 87624, 87660, 87810, 87850, CD624?</u>
HIV Testing	<u>86689, 86701, 86703</u>
Other Infectious Agents	<u>86580, 86762, 86777, 86778, 86803, 87210, 87220, 87340, 87480, 87800</u>
All Other Labs	<u>Any other labs not included in the codes above</u>

**Immunizations Service Section: CPT Code Definitions**

<b>Immunizations</b>	Influenza only			
	Diphtheria, Tetanus, Pertussis, and other in single vaccine			
	All other Immunizations			

Influenza only	<u>90470, 90654, 90656, 90658, 90659, 90660, 90662, 90663, 90664, 90666, 90668, 90672, 90686, 90724 &amp; 90655, 90657, 90685</u>
Diphtheria, Tetanus, Pertussis, and other (in a single vaccine)	<u>90698, 90701, 90720, 90721, 90723 &amp; 90696, 90700</u>
All other Immunizations	<u>Any immunization not covered in the codes above</u>

**Prescriptions: Definitions**

<b>Prescriptions</b>	All non-contraceptive prescriptions provided			
	Contraceptive prescriptions provided			

<u>All non-contraceptive prescriptions provided</u>	<u>Any prescription not covered under contraceptive prescriptions provided</u>
<u>Contraceptive prescriptions provided</u>	<u>Any prescription provided to prevent pregnancy</u>

**Emergency Medical Services Service Section: Definitions**

<b>Emergency Medical Services</b>	Please see the PHC policy manual for a description of qualifying emergency medical services			
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Qualifying emergency medical services and the definition of emergency medical service is provided in the PHC Policy Manuals. Emergency medical services should include clients that were provided services under “presumptive eligibility”.

All emergency medical services should be counted here **EXCEPT** family planning and prenatal care services. Those services reported in other areas on the PHC 225 form.

**Therapeutic Dental Service Section: CDT Code Definitions**

<b>Dental Services</b>	Therapeutic dental services (Excluding prenatal clients)			
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The dental services reported here should focus on *therapeutic dental services* that can be provided to all clients Do not include dental services provided to pregnant women, those will be reported in another section of this report.

**Submitting the Form**

You should save a copy of the completed form for your records. If you are pulling numbers from your system monthly instead of YTD, keeping a copy of this form will help you with reporting in the next month; simply add your numbers of *new* clients for the current month to what you reported in the previous month. Also, if we have a question, you will be able to answer it quickly if you have a saved copy of the form.

Once the form is completed and saved, you can click on “Submit Form” button and an email will automatically be generated with the PHC 225 attached. In order for the automatic email to be generated, you must have a designated default email program identified on your computer\*. You will also need to attach the Form 4116 to this email.

The automatic email will be sent to HHSC Health and Developmental Services (H&DS). Do not forget to attach the Form 4116 as well. If you prefer to compose the email and attach the forms, the email should be sent to the H&DS Inbox (WHSFinance@HHSC.state.tx.us).

\*Please contact your IT support for setting the default email program on your computer. The PHC office cannot provide technical assistance in this regard. Not all email clients support this format. If you are unable to use the Submit Button feature, please attach the 225 and the Form 4116 to the same message and mail to the inbox address above.

If you have any questions about the data that should be entered on the forms or general questions about reporting, please do not hesitate to contact your contract manager.