



Primary Health Care Services Program

Instructions for Monthly Reporting Form 225

Purpose

The Texas Health and Human Services Commission (HHSC) is required by legislative mandate to report on the performance of the Primary Health Care (PHC) Services Program.

Tracking the number of clients receiving PHC services allows HHSC to better understand the scope of the medical needs of this population and helps to tailor future programs to their needs. Additionally, tracking the number of clients that are provided key services helps HHSC show the purpose and value of the program to stakeholders and is useful to sustain funding. Contractors are a vital part of this documentation process.

PHC Contractors are required to complete and submit the PHC Monthly Reporting *Form 225* and the *Voucher Form 4116*.

Submission Deadline

Within 30 days after the end of a month of service, submit *Form 225* and *Voucher Form 4116* to HHSC. HHSC will not reimburse contractors until these forms have been completed and submitted correctly.

Completing Form 225

Form 225 and *Voucher Form 4116* are fillable PDF and Excel documents, respectively. Enter and save the information directly into the appropriate fields using Adobe Acrobat Reader.

The following instructions outline how to fill in *Form 225* section by section.

Header Section

Voucher Type

Select the type of voucher (Initial Submission, Revised, or Supplemental) that is being submitted with Form 225.

Reporting Period

Select the Month-Year for which data is being reported. The same (Month-Year should be included on the accompanying Voucher Form 4116.)

Vendor ID

Include your 14-Digit HHSC Vendor ID, assigned to the agency/facility by the Texas Comptroller's office.

Contractor Name

Include the contractor name used by the agency/facility to contract with HHSC.

Contract Number

Enter your contract number for the PHC Services Program. This number can be located on the executed contract provided to the agency/facility by HHSC.

Purchase Order

Include your Purchase Order (PO) number for the PHC Services Program, as provided to the agency/facility by the PHC contract manager.

Name of Contact, City and Phone

Include the contact information for the person submitting the forms or the person that HHSC can contact if there are questions related to the data on the forms.

Section A**PHC Unduplicated Clients (Year to Date)**

Include the year to date (YTD) total Unduplicated Client Count for each group indicated in this section. The unduplicated client count is the total number of individual clients that have been served through the PHC Services Program for the contracting period. It is important to note that the unduplicated client count in Section A is age at first service.

Section B

This section is only required for certain months in the fiscal year. Dependent upon what service period is selected from the drop down menu in the Header Section, Section B will (or will not) be visible for reporting purposes.

Section B reflects the number of times the contractor provided a service to individuals on the PHC Services Program, and what was the cost to provide the service. For example, a PHC patient may be seen for several different services during the service period on the reporting form.

In Section A, this person would be counted as "1" individual PHC client. However, in Section B, each service this patient received would need to be counted individually within the service categories provided.

Service Group

Service group reflects the groups of services that HHSC is required by legislative mandate to report annually for PHC.

Service Category

When reporting on the quantity and cost for each service category, please remember that for "screening" categories you must enter the total number of screening services provided during the fiscal year. For example, it is expected that almost all clients will have a hypertension screening (blood pressure check). However, for "treated or managed" categories, the contractor would only include the number of times they provided a service for management or treatment for that particular category.

Quantity (Qty)

Enter the number of times a service in that particular service category was provided to PHC patients.

Cost

Enter the total cost to provide the services within that service category to PHC patients. In other words, include the number of times that service was provided to PHC patients, multiplied by the cost to provide that service a single time.

The PHC Services Program uses *Form 225* to capture a contractor's true costs, including administrative costs. *Form 225* does not need to reconcile with the amount of requested reimbursement and the Cost amount on the *Form 225* will not be used for auditing purposes.

Submitting Form 225

We advise all contractors to save a copy of completed forms for your records.

Scanned or photocopied submissions **will not** be accepted and will be returned to the agency/facility.

You have the option to click on the "Submit Form" button at the top of the form. A draft email will automatically generate* with completed *Form 225* as an attachment and populated with email addresses for submission. Do not forget to manually attach the corresponding and completed *Voucher Form 4116* before sending your email.

If you prefer to forgo the "Submit Form" button, compose an email and attach both forms manually. Send your email both to HDS.ADS@hhsc.state.tx.us and PHCReports@hhsc.state.tx.us.

** In order for the automatic draft email to be generated, the contractor must have a designated default email program identified on the computer. Please contact your facility's IT support for setting the default email program on your computer. We cannot provide technical assistance in this regard. Not all email clients support this format. If unable to use the Submit Button feature, please attach the Form 225 and the Voucher Form 4116 to the same message and mail to the email addresses above.*

Questions?

For any questions about the required data on either form or general questions about reporting, call the PHC Services Program at **512-776-5922** or email primaryhealthcare@hhsc.state.tx.us.