



Primary Health Care Services Annual Report

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



**Department of State Health Services
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Table of Contents

Executive Summary1

Introduction.....1

Background2

Services and Clients2

 Clients Served Fiscal Year 20133

 Cost of the Program.....4

Special Project Overview6

Executive Summary

The Primary Health Care Services Program (PHC) is administered by the Division for Family and Community Health Services at the Texas Department of State Health Services (DSHS) and 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). This report is prepared in accordance with the State PHC rules governing the activities of the 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.

PHC provides primary health care, including preventive health services and education, to Texas residents who could not otherwise receive such care. In 2013, eligibility was limited to Texas residents whose gross family incomes were at or below 150 percent of the Federal Poverty Level (FPL) and who did not qualify for any other programs or benefits that provided the same services, such as Medicaid. Services were provided through contracts with local health departments, community action programs, private non-profit organizations, Federally Qualified Health Centers (FQHCs), hospitals, and hospital districts.

In fiscal year 2013, 57 contracted providers expended \$11,857,919 in state-allocated PHC funds. Of this total, contractors reported \$9,925,779 expended for direct medical care services and \$1,932,140 to provide non-medical services, such as transportation, case management, and administration. There were 70,810 unduplicated clients in 166 counties who received PHC services, ranging from classes on improving health status to direct care services for a one-time problem or a chronic condition.

Introduction

DSHS helps fund nearly 150 clinic sites across the state that provide prevention and early intervention of health problems. The PHC Program serves women, children, and men whose income is at or below 150 percent of the FPL and who are unable to access the same care through insurance or other programs.

The statutory requirements for this report are in Health and Safety Code §31.015. RECORDS AND REVIEW:

- (a) The department shall require each provider receiving reimbursement under this chapter to maintain records and information for each applicant or recipient of services.
- (b) The board shall adopt rules relating to the information a provider is required to report to the department and shall adopt procedures to prevent unnecessary and duplicative reporting of data.
- (c) The department shall review records, information, and reports prepared by program providers and shall annually prepare a report for submission to the governor and the legislature relating to the status of the program. The department shall make the report available to the public.
- (d) The report required under Subsection (c) must include:
 - (1) Number of individuals receiving care under this chapter;
 - (2) 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);
 - (3) Average cost per recipient of services;

- (4) Number of individuals who received services in each public health region; and
 - (5) Any other information required by the board.
- (e) In computing the number of individuals to be reported under Subsection (d)(1), the department shall ensure that no individual is counted more than once.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Background

The economic recession and cost containment measures on the part of employers and government agencies led to a decrease in the availability and accessibility of health care services for many Texans in the early 1980s. A gubernatorial and legislative task force identified the provision of primary health care to people who are medically indigent as a major priority. The task force recommended:

- A range of primary health care services should be made available to people who are medically indigent in Texas.
- The Texas Department of Health, now known as DSHS, should provide or contract to provide primary health care services to people who are medically indigent. These services should complement existing services and/or should be provided where there is a scarcity of services.
- Health education should be an integral component of all primary care services delivered to the population that is medically indigent. Preventive services should be marketed and made accessible to reduce costly emergency room services.

These recommendations became the basis of the indigent health care legislative package enacted by the 69th Texas Legislature in 1985. The Texas Primary Health Care Services Act, H.B. 1844, 69th Legislature, Regular Session, 1985, which was part of this package, defines 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.

The TAC §39.3 requires that contractors must provide six priority primary care services. The six priority services are 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 optional services may also be provided. Optional services include nutrition services; health screening; home health care; transportation; environmental health; dental care; prescription drugs, devices, and durable supplies; podiatry services; and social services.

Services and Clients

Following a competitive Request for Proposals (RFP) process completed in 2010, fiscal year 2013 was the third year of a five-year funding cycle for 57 contractors. Additionally, biennial funding in the amount of \$302,100 continues to be authorized by the Texas Legislature to support the Parkland Senior Care Project, administered by the Parkland Health and Hospital System in Dallas County.

Clients Served Fiscal Year 2013

Each fiscal year, PHC contractors must submit an annual program report that includes the number of individuals served by the program, the number of medical and non-medical services performed, and the amount of expenditures incurred. In fiscal year 2013, contractors provided services to 70,810 individuals in a 166 county service area.

There are three categories of clients eligible for PHC services: full-service, supplemental, and presumptive. Full-service PHC clients are clients who meet the PHC screening and eligibility requirements for income and residency and who are not eligible for other programs or benefits providing the same services. Supplemental PHC clients receive benefits from other programs but are eligible for partial PHC coverage. This coverage is limited to services provided by PHC and not covered by other programs. Presumptive PHC clients are individuals who are in immediate need of medical services, but who have not fully completed the eligibility process or are awaiting an eligibility determination from another program. Presumptively eligible clients may receive PHC services for up to 90 days from the date first seen by the contractor and can only be enrolled on a presumptive basis once in a 12-month period. A breakdown of PHC clients by eligibility for services follows in Table 1.

Table 1: Fiscal Year 2013 PHC Clients by Category of Service

Type of Service	Number of Clients	Percentage
Full Service	63,297	90%
Presumptive Service Only	5,246	7%
Supplemental Service	2,267	3%
Total	70,810	100%

A breakdown of clients served by DSHS Health Service Regions follows in Table 2.

Table 2: Fiscal Year 2013 PHC Contractors by DSHS Health Service Region (HSR)

Health Service Region	Number of PHC Contractors	Number of Clients Served	Number of Counties Served
HSR 1	7	7,141	42
HSR 2/3	11	10,429	32
HSR 4/5N	11	10,463	28
HSR 6/5S	10	19,174	14
HSR 7	4	2,492	14
HSR 8	3	4,874	7
HSR 9/10	7	8,753	20
HSR 11	4	7,484	9
Total	57	70,810	166

PHC contractors include local health departments, community action agencies, private non-profit organizations, Federally Qualified Health Centers (FQHCs), hospitals and hospital districts (Table 3).

Table 3: Fiscal Year 2013 PHC Contractors by Entity Type

Entity Type	Number of Contractors
City and/or County Local Health Departments/Health Districts	12
FQHC/FQHC Look-Alikes	31
Hospitals or Hospital Districts	5
Health Service Region (Administrative Unit of DSHS)	1
Private Non-profit Organizations	7
Parkland Senior Project	1
Total	57

Cost of the Program

Including DSHS funding, non-DSHS funding, and program income (client fees), PHC contractors reported spending a total of \$19,864,887 to administer the program. Non-DSHS funding and program income comprised \$8,006,968.

Table 4: Fiscal Year 2013 PHC Contractor Costs Reported by Type of Funds

Type of Funds	Amount
Contractor Reimbursements with State General Revenue Funds	\$11,857,919
Contractor Reported Program Income and Non-DSHS Funds	\$8,006,968
Total Program Costs	\$19,864,887

On a monthly basis, contracted agencies report the costs associated with the type of PHC-funded services provided. Contractors reported that they provided medical services at a total cost of \$9,925,779 (Table 5). The most frequent service provided was diagnosis and treatment. This service was either for providing medical services to minimize complications of chronic illness or for a one-time acute illness needing immediate care.

Table 5: Fiscal Year 2013 Contractor Costs Reported for Medical Services

Type of Medical Services	Contractor Reported Costs
Diagnosis & Treatment	\$5,826,486
Emergency Services	\$189
Family Planning	\$131,766
Preventive Health	\$597,317
Health Education	\$530,390
Laboratory	\$1,788,768
Prescription Drugs	\$472,192
Health Screening	\$91,409
Dental Services	\$487,262
Total	\$9,925,779

PHC contractors also reported non-medical services for PHC clients at a total cost of \$1,932,140 (Table 6). Of these costs, contractors expended \$1,489,238 for local implementation administrative activities other than screening and eligibility services.

Table 6: Fiscal Year 2013 Contractor Costs Reported for Non-Medical Services

Type of Non-Medical Services	Contractor Reported Costs
Transportation	\$91,061
Nutrition	\$22,372
Social Services	\$307,485
Other Optional Services	\$21,984
Administrative Cost	\$1,489,238
Total	\$1,932,140

For fiscal year 2013, the cost of all services (medical and non-medical) provided to PHC clients with DSHS state funds was \$11,857,919; the total number of unduplicated DSHS PHC clients served by contracted providers was 70,810; and the average cost per PHC client in state-expended funds was \$167.

SPECIAL PROJECT OVERVIEW

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

DSHS Rider 62 allocated \$302,100 for the Parkland Senior Project during the 2012-2013 biennium, and \$151,050 was allocated for services in fiscal year 2013. The Parkland Foundation, an agent for Parkland Memorial Hospital, initiated a geriatric program in 1982. The project is designed to provide services to senior citizens age 65 years or older residing in low-income areas of Dallas County to improve and maintain health, quality of life, and independence through timely access and delivery of health care and coordination of health and social services. During 2013, 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.

Case management services ranged from low-intensity services, such as meeting individually to determine client needs, to high-intensity services, such as special outreach efforts. A total of 157 unduplicated clients within the targeted service area received case management services. These services are provided to seniors over age 65, with an emphasis on outreach to Hispanic and Anglo clients with low literacy levels. The program provided 225 home visits.

Seniors in Dallas County 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 catchment area, the Project provided van transportation to 122 unduplicated clients. These clients received a total of 1,126 transports.

During fiscal year 2013, 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.