Primary Health Care Services

Annual Report

Fiscal Year 2005

Community Health Services Section
Division for Family and Community Health

Table of Contents

Executive Summary 1
Primary Health Care Overview 2
Primary Health Care Contractors 4
Contractor Accomplishments 9
Special Project Overview 13
Primary Health Care Population Served 14
Future Directions 18

Tables
Table 1 – PHC Contractors by DSHS Health Service Regions 5
Table 2 – PHC Contractors by Organization Type 5
Table 3 – DSHS Cost for PHC Program 6
Table 4 – Contractor Cost for PHC Program 6
Table 5 – PHC Medical Services Provided and Average Cost Per Service 7
Table 6 – PHC Non-Medical Services Provided and Average Cost Per Service 8
Table 7 – PHC Clients Served by Poverty Level 15
Table 8 – PHC Clients Served by Race 16
Table 9 – PHC Clients Served by Ethnicity 16
Table 10 – PHC Clients Served by Education Level 17
Table 11 – PHC Clients Served by Age and Gender 17

Appendices 19
Appendix A – Texas Map – Health Service Regions
Appendix B – Highlights of Primary Health Care Program 1995-2005

EXECUTIVE SUMMARY

The Primary Health Care Services program (PHC), administered by the Division for Family and Community Health at the Texas Department of State Health Services (DSHS), began in 1987 in accordance with House Bill (HB) 1844, the Primary Health Care Services Act, enacted by the 69th Texas Legislature. PHC provides 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 150 percent of the Federal Poverty Level (FPL) and who do not qualify for any other programs or benefits that provide the same services, such as Medicaid. Services are provided by contracted entities such as local health departments, community action programs, private non-profit organizations, Federally Qualified Health Centers (FQHCs), hospitals, and hospital districts.

In FY 2005, 58 contracted providers expended $12,023,052 in state-allocated PHC funds. Approximately 80,000 unduplicated clients in 134 counties received primary health care services ranging from classes on improving health status to direct care services for a one-time problem or a chronic condition. Including DSHS funding, local funds, and program income, PHC contractors incurred a total cost of $17,808,436 to administer the program. Of this total, contractors reported a cost of $14,255,604 for direct medical care services and a cost of $3,552,832 to provide non-medical services such as transportation, case management, and administration. Local funding and program income (client fees) amounted to $5,785,384 of the total amount expended. The FY 2005 average cost per PHC client in state-expended funds was $150.

Meeting the needs of the target population is and will continue to be a challenge for PHC contractors. A growing population-in-need, the increased costs of medical services, and issues with staff recruitment are only a few of the challenges that face PHC providers. As a result, these contractors strive to determine the most effective use of available resources to support the health care safety net within their communities.

PRIMARY HEALTH CARE OVERVIEW

Program History

In the early 1980s, 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. A gubernatorial and legislative task force identified the provision of primary health care to the medically indigent as a major priority. The task force recommended that:

- A range of primary health care services should be made available to the medically indigent 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. 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 medically indigent population. Preventive services should be marketed and made accessible to reduce the utilization of more expensive emergency room services.

These recommendations became the basis of the indigent health care legislative package enacted by the 69th Texas Legislature in 1985. The Primary Health Care Services Act, H.B. 1844, was a part of this package and is the statutory authority for the Primary Health Care program. The Act defines the target population, eligibility, reporting and coordination elements required for program implementation. Further direction is provided in the Texas Administrative Code (TAC), Title 25 Health Services, Chapter 39 Primary Health Care Services Program.

Description of Services

Due to fiscal constraints, TAC §39.3 directs contractors to focus on the provision of six priority services out of 15 primary care services defined in the Primary Health Care Services Act. The six priority services are:

- Diagnosis and Treatment
- Emergency Services
- Family Planning
- Preventive Services and Immunizations
- Health Education
- Laboratory and X-ray

Additional supplemental services may also be provided:

- Nutrition Services
- Health Screening
- Home Health Care
- Dental Care
- Transportation
- Prescription Drugs, Devices, and Durable Supplies
- Environmental Health
- Podiatry Services
- Social Services

Community Participation Features

PHC requires each contractor to perform a community assessment and develop a Community Advisory Committee (CAC). These requirements are important tools in guiding each community's program development and implementation.

Contractors must conduct a community assessment to evaluate, plan, and implement appropriate health care services to the target population to meet the community's health care needs. Contractors are encouraged to seek technical assistance from DSHS staff or other sources regarding community assessment methodology, as well as to work with other entities within their communities. This comprehensive approach provides an opportunity for the community to develop integrated planning processes and to avoid both duplication and gaps in services.

The CAC should be representative of the community, and should reflect the cultural, racial/ethnic, gender, economic, and linguistic diversities found within each community. The CAC membership should include PHC clients as well as other community members selected for their areas of expertise. Contractor staff may serve as ex officio members and support staff to the committee, but they may not serve in an official capacity. The CAC works with the contractor to identify and prioritize the specific health care needs of the population, assist with conducting a needs and capacities assessment, identify gaps in services, and identify and/or design specific interventions to address these issues.

PRIMARY HEALTH CARE CONTRACTORS

Services and Clients

A total of 58 PHC contactors were selected as a result of a competitive Request for Proposal (RFP) process. FY 2005 was the first year of a three-year funding cycle for these contractors. Additionally, funds continued to be authorized by the Texas Legislature for FY 2005 to support the Parkland Senior Care Grant in Dallas County.

PHC contractors provide services based on their community assessment and prioritization of needs as well as an assessment of available community resources that can be used to help meet those needs. Often, a community's existing health care delivery system includes resources that can be augmented and/or networked in order to expand that system and, as a result, more efficiently serve the target population.

There are three categories of clients eligible for PHC services. Full-service PHC clients include those clients who meet the PHC screening and eligibility requirements for income and residency and who are not eligible for other benefits providing the same services. Supplemental PHC clients are individuals that receive benefits from other programs such as Medicaid and Medicare, but are eligible for partial PHC coverage. This coverage is limited to services provided by PHC and are not covered by other programs. In addition, clients must meet PHC residency and income eligibility requirements to qualify for supplemental benefits. Presumptively eligible clients are those who present themselves to a contractor in immediate need of medical services, but who have not fully completed the eligibility process or who 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.

In addition to these eligible clients, PHC contractors impact the lives of many other Texans by providing a variety of population-based services, including appropriate referrals to other local and state programs, and education and outreach services such as health fairs and health risk screenings.

Fiscal Year 2005 Operations

The FY 2005 Annual Program Reports submitted by each contractor yielded information on the number of individuals served by the program, the number of medical and non-medical services performed, and the amount of expenditures incurred. Contractors provided services to 79,932 individuals in a 134 county service area (Table 1). A total of 251,896 individuals were provided screening and eligibility services and referrals to PHC and other health and human service programs. The FY 2005 average cost per PHC client in state-expended funds was $150.

Table 1. FY 2005 PHC Contractors by DSHS Health Service Region

Region*	PHC Contractors	Number Served	Counties Served
Region 1	5	9,883	15
Region 2/3	11	8,700	30
Region 4/5N	10	12,586	27
Region 6/5S	3	7,247	5
Region 7	6	8,047	18
Region 8	8	10,732	11
Region 9/10	9	12,778	20
Region 11	6	9,959	8
Total	**58**	**79,932**	**134**

*Map of DSHS Health Service Regions is included in Appendix A

PHC contractors are local health departments, hospitals or hospital districts, community health centers, community action agencies and other private, non-profit health and human service providers (Table 2).

Table 2. FY 2005 PHC Contractors by Organization Type

PHC Organization Types	Number of Contractors
City and/or County Health Departments	11
Community Action Programs	2
Federally Qualified Health Centers	22
Hospitals or Hospital Districts	12
Health Service Region (Administrative Unit of DSHS)	1
Private Nonprofit Organizations	10
Total	**58**

The cost to DSHS for implementing PHC in FY 2005 is listed in Table 3. PHC contractors were reimbursed a total of $12,023,052 by DSHS for the provision of contracted services. DSHS spent $592,401 on administrative costs to support the program's efforts such as policy and procedure development, contract management, quality assurance activities, technical assistance and training, and data collection and reporting. DSHS' administrative support costs are less than 5% of the total amount of funding allocated.

Table 3. FY 2005 DSHS Cost for PHC Program

Type of Cost	Amount
State General Revenue Reimbursement to Contractors	$12,023,052
Administrative Cost	$592,401
Total DSHS Cost	**$12,615,453**

For FY 2005, contractors reported a total cost of $17,808,435 to deliver PHC services (Table 4). Since DSHS allocated funds do not cover all expenses associated with providing primary health care to this population, state funds were supplemented by at least $5,785,384 in local funding and program income (client fees).

Table 4. FY 2005 Contractor Cost for PHC Program

Type of Cost	Amount
State General Revenue	$12,023,052
Program Income	$2,902,792
Other Local Funds	$2,882,592
Total Contractor Cost	**$17,808,436**

Contractors report operating costs to DSHS by service type and the number of services delivered to PHC clients as required by statute. A total of 704,672 medical services were provided at a cost of $14,255,604 (Table 5). The most frequent service provided was diagnosis and treatment either for the provision of medical services to minimize complications of chronic illness or for a one-time acute illness needing immediate care.

Table 5. FY 2005 PHC Medical Services Provided and Average Cost Per Service

Medical Services Type	Contractor Cost	Number of Medical Services Provided	Average Cost Per Service
Diagnosis & Treatment	$6,807,170	195,171	$34.88
Emergency Services	60,471	13	4,651.59
Family Planning	56,466	1,087	51.95
Preventive Health	815,676	41,241	19.78
Health Education			
# one-to-one sessions	675,331	48,172	14.02
# group sessions	142,083	9,899	14.35
Pharmacy	2,545,258	176,451	14.42
Laboratory	1,539,240	159,871	9.63
Dental Services	488,083	10,481	46.57
SDI Contractors*	1,125,826	62,286	18.08
Grand Total	**$14,255,604**	**704,672**	**$20.23**

* Data management system – SDI contractors use SIEBRS (SDI Integrated Eligibility Billing and Reporting System) which reports information by CPT code, therefore the total number of medical services cannot be separated by category and are listed separately.

PHC contractors also provided a total of 321,125 non-medical services at a cost of $3,552,832 (Table 6). Of these costs, $733,492 was expended on administrative activities, other than screening and eligibility services, to implement the program locally. The preceding information is summarized to reflect the average costs of services provided to PHC clients, although this representation is a composite of averages and does not reflect an accurate cost of providing a specific service or service type.

Table 6. FY 2005 PHC Non-Medical Services Provided and Average Cost Per Service

Non-Medical Services Type	Contractor Cost	Number of Non-Medical Services Provided	Average Cost Per Service
Program Screening and Eligibility	$2,293,488	251,896	$9.10
Transportation	103,556	3,904	26.53
Counseling/Case Management	422,296	60,087	7.03
Contractor Administration	733,492	5,238	140.03
Grand Total	$**3,552,832**	**321,125**	$**11.06**

CONTRACTOR ACCOMPLISHMENTS

Many areas of Texas have limited medical and social service resources available, which often results in a local PHC contractor being the single provider of health care services to the low-income population within a community and/or its surrounding areas. These agencies are pivotal in the identification, treatment and referral of indigent clients' health issues. The following excerpts, organized by Health Service Region (HSR), are from annual reports submitted by PHC contractors to DSHS expressing their accomplishments during FY 2005. Despite high demand for services and limited resources, these contractors consistently make a difference in the lives of their clients.

The Community Health Center of Lubbock (CHCL) (HSR 1) has focused on providing services to diabetic clients by supplying them with Accu-Strips and glucose monitoring machines in addition to offering cooking classes, nutrition counseling, and health education. To ensure diabetic clients have access to medications to treat their disease, CHCL provides vouchers that enable clients to obtain medications at a discounted rate and assists clients in applying for patient assistance programs sponsored by pharmaceutical companies.

South Plains Public Health District (SPPHD) (HSR 1) serves clients in Terry, Yoakum, Dawson and Gaines counties. Due to the increasing costs of care for diabetes, SPPHD made the difficult decision to discontinue services to diabetic patients in favor of providing acute care to adults and children and care for chronic illnesses such as hypertension, thyroid disorder and asthma. Incorporating the skills of a German-speaking health district employee, services are also provided to a large population of Mennonites residing in Gaines County who would otherwise not have access to health care.

Coalition of Health Services (HSR 1) provided services to an 18 county area in the Texas Panhandle never before served by PHC. Clinics were operated in Perryton, Pampa, Childress, and Hereford in order to meet the needs of the rural populations in this part of the state.

Abilene-Taylor County Public Health District (HSR 2) subcontracts with the Medical Care Mission Clinic to serve clients with comprehensive physical exams, assessments, and referrals to appropriate specialty providers in Taylor County. Clients are urged to use the clinic as their medical home versus the trauma center. PHC funds have served as the catalyst for the establishment of an array of services available directly from the Medical Care Mission Clinic. Resources are still needed to provide dental care for children and adults.

North Central Texas Community Health Care Center, Inc. (HSR 2) promotes health and wellness by providing access to an array of affordable medical and dental services for the uninsured, underinsured, and medically underserved clients living in the city of Wichita Falls, Wichita County, and the surrounding 13 counties in North Central Texas. Collaborations and working agreements with private medical specialists, area hospitals,

and other service agencies are well established and continue to be important components in the Center's ability to provide vital diagnostic services, to promote continuity of care, and to coordinate additional social service support for PHC clients. The Center participates in the National Diabetes Health Disparities Collaborative to help patients improve their ability to manage their chronic disease with the support of laboratory services, appropriate medications, and the establishment of self-management goals.

Cross Timbers Community Health Center (HSR 2) serves clients in Comanche, Eastland, and Hamilton counties. The Center has a successful diabetes project that provides monthly visits, diabetic supplies, and glucometers. The clients are educated on proper diet, exercise, and appropriate life style changes. The Center subcontracts with specialists such as podiatrists, dentists, dietitians, and optometrists to provide specialized care to PHC clients. The PHC program offers both health promotion and preventive services to a population whose health care need would otherwise not be met.

Community Health Service Agency, Inc. (CHSA) (HSR 3) serves clients residing in Fannin and surrounding counties in North Central Texas. CHSA is a member of the Fannin County Health Partnership that submitted a grant to the federal Health Resources and Services Administration to secure funding for further planning and development of this partnership. CHSA continues to use PHC funding to offer comprehensive medical care as well as chronic and preventive care.

Northeast Texas Public Health District (NTPHD) (HSR 4) operates as one of the first DSHS Service Delivery Integration pilot projects and serves as a medical home to thousands of low-income East Texas residents. During FY 2005, PHC funding equipped the agency to provide services at their Tyler location, as well as eight faith-based sites in surrounding rural counties using their mobile health care unit. NTPHD is continuing to work toward increasing capacity and improving access to services through obtaining a DSHS FQHC Incubator Grant in their endeavor to achieve FQHC status.

Longview Wellness Center (HSR 4) is a primary provider of health care services to the uninsured populations in Gregg, Harrison, Rusk, Panola, Upshur, and Marion counties in Northeast Texas. Coronary heart disease and diabetes are the two areas of primary concern for this service area. Through services provided by PHC funding, the Center is able to address nine of the 17 objectives for diabetes risk reduction identified by the Healthy People 2010 Objectives. Through effective partnerships and agreements with local hospitals, pathology labs, and surgeons, the Center is able to provide referrals for specialty care. The agency continues to pursue avenues that will allow them to expand capacity and improve effectiveness such as implementing a medical practice management program, establishing electronic medical records, and pursing FQHC designation.

Angelina County and Cities Health District (HSR 5N) is the source for public health services for Angelina County and serves as the medical home for hundreds of uninsured, low-income county residents. Due to effective partnerships, the agency is an integral part of the comprehensive health and human services referral network for the area. To help support the PHC program, the agency has utilized partnerships to foster an agreement with UTMB to place Physician Assistant students for clinical rotations at agency facilities

and to obtain discounted specialty care and free medical services from the local medical community.

Fort Bend Family Health Center (FBFHC) (HSR 6) provides services through health centers in Richmond, Stafford, Prairie View, and a mobile clinic in Southeast Texas. During FY 2005, FBFHC completed a project that assigned clients to provider teams in order to improve quality of care and create efficiencies in the provision of services. The project resulted in improved provider and client satisfaction, improved waiting times for appointments, and same day access for clients newly determined eligible for services. A permanent dental clinic opened in February 2005 using local funds. In addition to permanent staff, rotational dental and dental hygiene students from the local area operate this clinic. PHC clients are eligible for services from the dental clinic on a sliding fee scale basis.

Williamson County and Cities Health District (WCCHD) (HSR 7) provides services to eligible diabetic clients in conjunction with an area FQHC, Lone Star Circle of Care. WCCHD provides eligibility, case management, and diabetic education classes and Lone Star Circle of Care provides medical care, no-cost diabetic supplies, low-cost medications, and laboratory services at a capitated rate per client. WCCHD also partnered with the Williamson County Extension Agency to present two series of eight diabetic classes in English and Spanish focusing on controlling the disease through proper diet, exercise, and self-monitoring through the use of glucometers and medication.

Brazos Valley Community Action, Inc. (BVCA) (HSR 7) provides primary and preventive care services to adults and children in Brazos County. BVCA offers an array of services that include primary and preventive medical and dental services, case management, health education, family planning, and mental health counseling. A Class A Pharmacy is located on-site as well as a family dental clinic. BVCA is a designated FQHC and has satellite clinics in Madisonville, Hearne, and Navasota in South Central Texas.

Community Health Development, Inc. (CHD) (HSR 8) serves Uvalde County and parts of Zavala County in South Texas. Focusing on a reduction of the morbidity and mortality from undiagnosed Type II diabetes, heart disease, and breast, lung, and colon cancer, CHD strives to increase access to preventive health care for the high-risk, uninsured population. Primary medical care is provided and focuses on prevention, early intervention, and follow-up treatment. Clients in need of specialty care are referred to local area partners.

United Medical Centers (HSR 8) serves Maverick and Val Verde counties, located on the Texas-Mexico border. The Community Health Centers located in Eagle Pass and Del Rio offer a comprehensive scope of services that include Obstetrics, Gynecology, Internal Medicine, Pediatrics, and General/Family Medicine. Diagnostic lab and X-ray, WIC, family planning, podiatry, outreach, pharmacy, dental, and social services are also available. The agency provides on-site specialty clinics and referrals as needed. PHC funding allows the agency to focus on reducing the incidence of cardiovascular disease,

decreasing the incidence of vaccine preventable diseases, and reducing the incidence of diabetic complications.

Community Health Centers of South Central Texas, Inc. (CHCSCT) (HSR 8) operates clinics in Gonzales and Caldwell Counties and serves surrounding counties in South Texas. CHCSCT provides comprehensive primary care and laboratory services as well as targeted preventive services to address diabetes and hypertension. PHC funds have allowed CHCSCT to integrate clients into the entire agency's delivery system to ensure access to prenatal care and delivery, dysplasia care, emergency care, dental care, and pharmacy services. If necessary, referral to specialty care services is provided to clients as well.

Andrews County Health Department (HSR 9) offers comprehensive primary health care services in Andrews County. PHC funds are used to expand linkages and cooperative efforts between existing health and human services providers and to enhance the providers' ability to meet locally determined needs. Specialty care, dental, optometry, laboratory, X-ray, diagnostic tests, and pharmacy services are referred to area partners.

Lower Rio Grande Valley Community Health Management Corporation, Inc. "El Milagro Clinic" (HSR 11) provides primary health care to the medically indigent residents of Hidalgo, Cameron, Starr, and Willacy counties. The services include diagnosis and treatment, preventive health care, health education, lab, X-ray and other diagnostic services, nutritional services, health screening, prescription drugs, and social services. The service delivery plan goals for this agency are to increase access to health care; reduce the incidence of diabetes and related diseases; and reduce the incidence of obesity among the target population. The Milagro Clinic is in an area of unprecedented population growth with substantial poverty (located in Hidalgo County). The counties served also have the greatest number of colonias (unincorporated settlements often lacking basic water and sewer systems, electricity, paved roads, and safe and sanitary housing) and the largest migrant population on the border with Mexico.

SPECIAL PROJECT OVERVIEW

Parkland Health and Hospital System Senior Outreach Services

The Parkland Foundation, an agent for Parkland Memorial Hospital, has a geriatric program that was initiated in 1982 and has continued to expand since inception. The project was designed to provide services to senior citizens age 65 years or older residing in low-socioeconomic areas of Dallas County to improve and maintain health, quality of life and independence through timely access and delivery of health care and the coordination of health and social services.

During FY 2005, program services included:

- Case management
- Education programs and outreach
- Senior Care Days
- Community involvement/outreach with health organizations, civic entities, and human service providers
- Van transportation
- Senior home safety evaluations and safety item distribution
- Increased outreach to faith-based organizations and Hispanic seniors

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 168 clients received case management services. Parkland assisted in the identification of these individuals through area churches, senior centers, and other senior agencies such as Access Center for the Elderly, Senior Citizens of Greater Dallas, and City of Dallas Senior Affairs Office.

More than 20 specific outreach efforts were completed during the year including health fairs, faith-based events and "Senior Care Day," an activity that allows an organization to sponsor a senior education event, including health screenings and a brief case management assessment for participants. Close to 50 home safety evaluations were performed along with home health safety item distribution helping to empower seniors to make proactive decisions regarding their safety within the home environment. The van transportation service provided 2,811 one-way transports to a total of 153 unduplicated clients.

PRIMARY HEALTH CARE POPULATION SERVED

Demographic Information

Program enrollment begins with the application process for the entire household or a family unit within a household. Often, the application includes additional persons within the household who will be determined eligible for PHC services but who never present for a medical service from the contractor. Program reporting requirements are defined to include the enrollment process as a funded PHC service, although it is acknowledged that some portion of the enrolled clients will not choose to access services during the period of enrollment. Since demographic information is generally collected at the time medical services are provided, those clients who do not receive a medical service will not be reflected in the various categories of demographic information and description. That portion of the population counted for enrollment only is defined where possible within each category.

Service Delivery Integration (SDI) is a legislatively authorized DSHS program to streamline direct health care delivery for programs, contractors and clients. This program has been accomplished through the integration of policies and the development of the automated business system that screens and refers, determines eligibility, uses single data entry, and has real time billing and reporting with weekly reimbursement. Clients have a single enrollment and eligibility process for numerous programs subject to the availability of in-scope funding sources, such as Title V and PHC. Due to integrated policies, a client is not determined eligible for a single funding source but for all in-scope funding sources the contractor has available. Demographics are collected on all clients served by the SDI contractors.

Poverty Level

The majority of PHC clients served in FY 2005 live at or below 100% of the federal poverty income limits (Table 7).

Table 7. FY 2005 PHC Clients Served by Poverty Level

Percent of Poverty	Number of Clients Served	Percent
151% - 185%+	743	0.9
150% - 126%	9,813	12.3
125% - 101%	11,912	14.9
100% - 76%	18,929	23.7
75% - 51%	12,506	15.7
50% - 26%	7,426	9.3
25% - 0%	9,164	11.5
Missing Data *	9,439	11.7
Total	**79,932**	**100.0**

+ While the majority of PHC clients are at or below 150% FPL, policy allows SDI contractors to serve clients up to 185% FPL.

* Data collected by each contractor may not be reflected in consistent terms or may not show every type of information for all clients served.

Race and Ethnicity Data

Race and ethnicity data are collected when medical services are provided. While all races are represented among the PHC clients served (Tables 8 and 9), the majority of clients (64%) reported themselves as Hispanic.

Table 8. FY 2005 PHC Clients Served by Race

Race	Number of Clients	Percent
White	65,692	82.2
Black or African American	6,484	8.1
American Indian or Alaskan Native	84	0.1
Asian	937	1.2
Native Hawaiian or other Pacific Islander	94	0.1
Unknown/Missing	6,641	8.3
Total	**79,932**	**100.0**

Table 9. FY 2005 PHC Clients Served by Ethnicity

Ethnicity	Number of Clients	Percent
Hispanic	50,946	63.7
Non Hispanic	19,957	25.0
Unknown/Missing	9,029	11.3
Total	**79,932**	**100.0**

Educational Level and Employment Status

Education level and employment status information is only collected from clients aged 18 years or older who receive a medical service. In FY 2005, the majority of PHC clients reported having a high school education or less (53%). A 10% decrease in unemployment was reported in PHC clients aged 18 or older from 53% in FY 2003 to 41% in FY 2005 (Appendix B).

Table 10. FY 2005 PHC Clients Served by Education Level

Education Level	Percent
Clients with less than a High School Diploma	29.8
Clients a High School Diploma or equivalency	22.9
Clients with more than a High School Diploma	4.3
Clients did not specify an education level	13.7
Unknown/Missing	29.3
Total	**100**

Age and Gender

The majority of PHC clients served in FY 2005 were female (Table 11). Beginning with clients less than 1 year old, gender was distributed evenly until age 13 when the numbers of females served increased proportionately.

Table 11. FY 2005 PHC Clients Served by Age and Gender

Age	Male	Female	Total	Percent Male	Percent Female
Less than one year old	72	64	136	53	47
Ages 1 – 4	556	502	1,058	53	47
Ages 5 – 12	1,984	1,943	3,927	51	49
Ages 13 –19	1,508	2,322	3,830	39	61
Ages 20 – 64	18,971	47,633	66,604	29	71
Ages 65 and older	1,753	2,624	4,377	40	60
Total	**24,844**	**55,088**	**79,932**	**31**	**69**

FUTURE DIRECTIONS

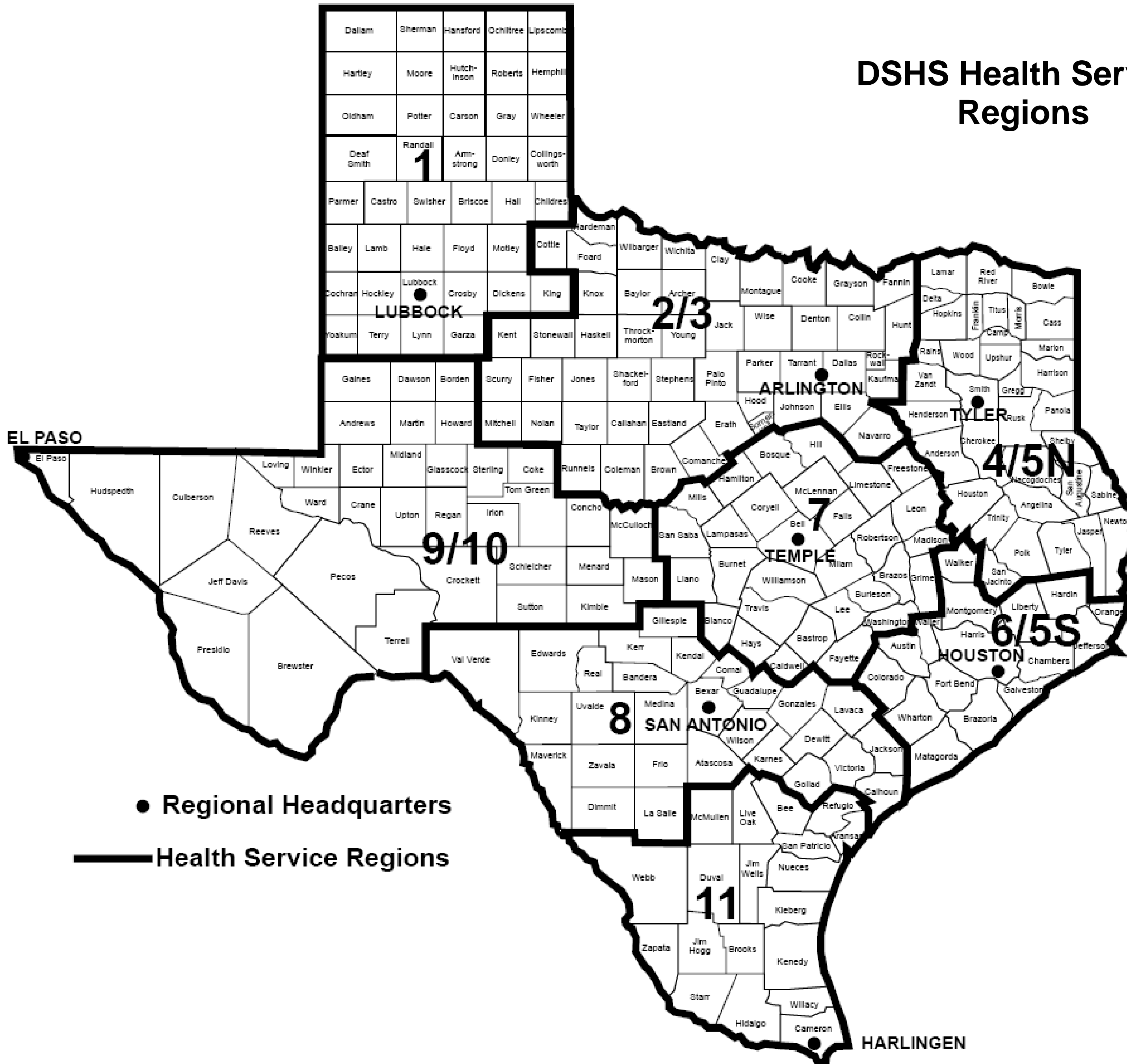
Medicare Prescription Drug Coverage

On January 1, 2006, the new Medicare Prescription Drug Plan, Medicare Part D, was implemented, providing prescription drug coverage for 42 million elderly and disabled Medicare beneficiaries. Beneficiaries pay monthly premiums, deductibles, and co-payments as part of program participation. Medicare provides various premium and cost-sharing subsidies ("extra help") to assist beneficiaries below 150% FPL with limited assets. The enabling legislation for PHC mandates that the program can only provide services that a client is not eligible for through another resource; therefore, Medicare-eligible PHC clients were required to access their prescription drugs through a Medicare Prescription Drug Plan beginning January 1, 2006. In an effort to coordinate Medicare Prescription Drug Plan benefits with PHC benefits, Texas Administrative Code rules were revised during FY 2005. The rules revision, effective September 15, 2005, mandated that all PHC contractors, regardless of whether or not they provide supplemental prescription drug benefits, must screen clients for Medicare Part D eligibility and that upon the availability of funds, PHC may reimburse clients for the cost of co-payments incurred through participation in the Medicare Prescription Drug Plan.

Appendix

Appendix A

DSHS Health Service Regions



Appendix B

Highlights of Primary Health Care Program Data for Fiscal Year 1995-2005

CATEGORY	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03	FY04	FY05
Total clients served	100,563	109,059	107,308	87,719	85,858	89,443	85,247	85,999	91,565	77,586	79,932
Cost per client (including all types of service)	$123.62	$118.76	$128.47	$150.19	$150.33	$178.56	$194.79	$163.99	$154.61	$145.00	$150.00
Cost per Diagnosis &Treatment service only	$24.10	$24.03	$26.54	$21.80	$21.44	$22.18	$21.17	$21.09	$25.61	$28.50	$34.88
Cost per medical service	$15.08	$14.94	$17.99	$16.80	$17.98	$26.47	$18.19	$17.39	$18.58	$18.18	$20.23
Total services provided	705,682	773,359	670,915	784,060	810,298	603,339	643,069	712,764	993,173	1,004,171	1,025,797
Number of clients screened and referred to all programs	173,347	158,197	161,580	157,026	165,799	156,581	131,564	105,167	193,088+	209,304	251,896
Number referred to Medicaid	42,048	60,093	64,568	67,574	68,078	63,123	60,288	w	w	w	w
Number referred to CIHCP	17,386	16,116	16,553	19,401	13,204	12,584	13,817	w	w	w	w
Percentage of clients at or below 100% FPL	77%	75%	72%	70%	73%	67%	56%	54%	59%	67%	60%
Percentage of unemployed clients (age adjusted)	57%	54%	51%	45%	47%	48%	51%	39%	53%	44%	41%
Percent of Clients Served:											
Less than 1 year old	1	1	1	1	1	1	2	1	1	< 1	< 1
Age 1 – 4	3	4	5	5	5	4	4	3	2	2	1
Age 5 – 12	11	12	11	12	11	10	9	7	7	5	5
Age 13 – 19	28	28	18	18	12	12	9	7	7	6	5
Age 20 – 64	51	50	59	58	65	66	69	73	76	79	83
Age 65 and older	6	5	6	6	6	7	7	8	7	8	6
Ethnicity (FY94-02):											
Hispanic	60	64	70	67	74	74	62	57	w	w	w
White, not-Hispanic	21	19	18	19	17	17	15	16	w	w	w
African American	16	15	10	11	7	8	6	5	w	w	w
All other/Missing Data	3	2	2	3	1	1	17	22	w	w	w
Race (FY03-05): White	w	w	w	w	w	w	w	w	78	77	82
African American	w	w	w	w	w	w	w	w	7	8	8
Asian	w	w	w	w	w	w	w	w	1	1	1
Other/Unknown/Missing	w	w	w	w	w	w	w	w	14	14	9
Ethnicity (FY03-05): Hispanic	w	w	w	w	w	w	w	w	69	66	64
Non-Hispanic	w	w	w	w	w	w	w	w	26	27	25
Not Available/Missing	w	w	w	w	w	w	w	w	5	7	11

The age categories were changed in FY 95 to those listed above. The previous categories included Children aged 0-6, Children aged 7-17, Women aged 18-64, and all others.

w Information not available or not collected