

WHFPT

WOMEN'S HEALTH AND
FAMILY PLANNING
ASSOCIATION OF TEXAS



Title X Data Reporting Q&A

February 28, 2020
10:00 am-11:00 am

Presenters:

Andrea Guerra, WHFPT

Mandi Edwards
South Texas Family Planning and Health Corporation

Mindy A. Garcia
Bexar County Hospital District/University Health System



Questions from November 2019 meeting

Scenario

A client has private insurance but is requesting confidential services.

PREVIOUS guidance:

Insurance Status = Private
Source of Pay = Uninsured

REVISED guidance:

Insurance Status = Uninsured
Source of Pay = Uninsured



Demographic data elements

- Unique client ID
- Date of service
- Date of Birth
- Sex
- Zip code
- County
- Monthly income
- Family size
- Race
- Ethnicity
- Limited English Proficiency Status (LEP)
- Insurance Status
- Source of payment
- # of live births
- Date of last live birth



Services data elements

- Beginning Contraceptive Method
- Ending Contraceptive Method
- Reason for No Contraceptive Method
- Tests & Services
- Body Mass Index (BMI)
- Referrals Clinical breast exam referral
- Type of visit (Purpose of Visit)
- Services by (provider type)



Insurance Status and Source of Payment

INSURANCE STATUS

1	Public
2	Private
3	Uninsured
4	Unknown

SOURCE OF PAYMENT

1	No Fee
2	Medicaid (XIX)
3	Primary Health Care (PHC)
4	State Family Planning
5	Full Fee
6	Part Fee
7	Medicaid Managed Care
8	Other
9	Healthy Texas Women (HTW)
0	Private Insurance



Beginning/Ending Method

BEGINNING/ENDING CONTRACEPTIVE METHOD			
01	Oral contraceptives	12	IUD/IUC
02	Depo Provera/medroxy progesterone	13	Natural Family Planning (Fertility Awareness or Lactational Amenorrhea Method)
03	Diaphragm	14	Sterilization
04	Cervical Cap	15	Withdrawal or Other
05	Abstinence	16	DO NOT USE
06	Hormone Implant	17	DO NOT USE
07	Male Condom	18	None
08	DO NOT USE	19	Lunelle
09	Female Condom	20	Hormonal Patch
10	Spermicide	21	Vaginal Ring
11	DO NOT USE	22	Sponge



Reason for No Method

REASON FOR NONE	
1	Refused
2	Pregnant
3	Inconclusive Pregnancy Test
4	Seeking Pregnancy
5	Infertile
6	Relying on Partner's Method
7	Medical Reason



Tests & Services

TESTS AND SERVICES	
01	Pregnancy Test – Negative
02	Chlamydia Test
03	Gonorrhea Test
04	Syphilis Test
05	Pap Smear
06	HIV test
07	Clinical Breast Exam
08	Flu Vaccination
09	Nutrition Counseling
10	Emergency Contraception Given
11	Condoms Given
12	Non-family planning services provided
13	Reproductive Life Plan
14	Pregnancy Test – Positive



Purpose of Visit

Purpose of Visit	
01	Initial Medical Visit
02	Annual Medical
03	Other Medical
04	Counseling Only
05	Pregnancy Test Only
06	Supply with Medical Services
07	DO NOT USE
08	Non-Traditional Setting



Aggregate data – FPAR Survey

All subrecipients will receive an **annual** request in January of each year to submit aggregate data for the FPAR report that asks for:

- Number of abnormal pap smear results
- Number of HIV positive test results
- Number of FTEs for physicians and mid-levels

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Ahlers Web-based application

TEXAS DATA CLINIC VISIT RECORD

CLINIC NO. <input type="text"/>	CLIENT NUMBER <input type="text"/> <input type="button" value="Search"/>
DATE OF BIRTH <input type="text"/>	SEX: <input type="radio"/> F <input type="radio"/> M CONTACT STATUS <input type="text"/>
LAST NAME <input type="text"/>	FIRST NAME <input type="text"/> MI. <input type="text"/> PHONE () - <input type="text"/>
ADDRESS <input type="text"/>	CITY <input type="text"/> ST <input type="text" value="TX - Texas"/> ZIP <input type="text"/>
MONTHLY INCOME <input type="text"/>	FAMILY SIZE <input type="text"/> COUNTY <input type="text"/>
BMI <input type="radio"/> 1. Below 18.5 <input type="radio"/> 2. 18.5 - 24.9 <input type="radio"/> 3. 25 - 29.9 <input type="radio"/> 4. 30.0 and Above <input type="radio"/> 5. Unknown <input type="button" value="Clear"/>	
LIVE BIRTHS NO./PARITY <input type="text"/>	DATE OF LAST LIVE BIRTH <input type="text"/> MO. <input type="text"/> YR. <input type="text"/>
COMPLETE AT FIRST VISIT ONLY	
10. RACE (Choose one) <input type="button" value="Clear"/> <input type="radio"/> 1. White <input type="radio"/> 6. Unknown/Not Reported <input type="radio"/> 2. Black <input type="radio"/> 7. Pacific Islander <input type="radio"/> 3. Asian <input type="radio"/> 8. More Than One Race <input type="radio"/> 4. American Indian	11. ETHNICITY HISPANIC <input type="button" value="Clear"/> <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown
12. LIMITED ENGLISH/ INTERPRETER NEEDED <input type="button" value="Clear"/> <input type="radio"/> 1. Yes <input type="radio"/> 2. No	
COMPLETE AT EACH VISIT	
VISIT DATE <input type="text"/>	19. CLIENT INSURANCE STATUS (Choose one) <input type="button" value="Clear"/> <input type="radio"/> 1. Public <input type="radio"/> 2. Private <input type="radio"/> 3. Uninsured <input type="radio"/> 4. Unknown
14. PURPOSE OF VISIT (Choose one) <input type="button" value="Clear"/> <input type="radio"/> 1. Initial Med. <input type="radio"/> 5. Preg. Test Only <input type="radio"/> 2. Annual Med. <input type="radio"/> 6. Supply w/Med. Services <input type="radio"/> 3. Other Medical <input type="radio"/> 8. Non-Traditional Setting <input type="radio"/> 4. Counseling Only	20. SOURCE OF PAYMENT (Choose one) <input type="button" value="Clear"/> <input type="radio"/> 1. No Fee (Title X) <input type="radio"/> 2. Medicaid (XIX) <input type="radio"/> 3. Primary Health Care <input type="radio"/> 4. State FP <input type="radio"/> 5. Full Fee (Title X) <input type="radio"/> 6. Part Fee (Title X) <input type="radio"/> 7. Medicaid Managed Care <input type="radio"/> 8. Other <input type="radio"/> 9. HTW <input type="radio"/> 0. Private Insurance
15. SERVICES BY (Choose one) <input type="button" value="Clear"/> <input type="radio"/> 1. Physician <input type="radio"/> 3. PA/NP/CNM <input type="radio"/> 2. RN/LPN <input type="radio"/> 4. Other	21. TESTS AND SERVICES (Check all that apply) <input type="checkbox"/> 01. Negative Pregnancy Test (81025,84702,84703) <input type="checkbox"/> 14. Positive Pregnancy Test <input type="checkbox"/> 02. Chlamydia Test (87490,87491,87110,87480,87810,87797) <input type="checkbox"/> 03. Gonorrhea Test (87590,87591,87850,87797) <input type="checkbox"/> 04. Syphilis Test (86592) <input type="checkbox"/> 05. Pap Smear (88142,88150,88164,88175) <input type="checkbox"/> 06. HIV Test (86703,86701,86689,87389,87535) <input type="checkbox"/> 07. Clinical Breast Exam <input type="checkbox"/> 08. Flu Vaccination <input type="checkbox"/> 09. Nutrition Counseling (incl. weight mgmt. couns.) <input type="checkbox"/> 10. Emergency Contraception Given <input type="checkbox"/> 11. Condoms Given (A4267) <input type="checkbox"/> 12. Non FP Services Provided <input type="checkbox"/> 13. Reproductive Life Plan
16. CONTRACEPTIVE METHOD (Beginning and Ending) 01. Orals 13. FAM 02. Depo Provera 14. Sterilization 03. Diaphragm 15. Withdrawal or Other 04. Cervical Cap 18. None 05. Abstinence 19. Lunelle 06. Hormone Implant 20. Hormonal Patch 07. Male Condom 21. Vaginal Ring 09. Female Condom 22. Sponge 10. Spermicide 12. IUD BEGINNING <input type="text"/> ENDING <input type="text"/>	22. REFERRALS (Check all that apply)
17. REASON FOR NONE (Choose one) <input type="button" value="Clear"/> <input type="radio"/> 1. Refused <input type="radio"/> 2. Pregnant <input type="radio"/> 3. Inconclusive Pregnancy Test <input type="radio"/> 4. Seeking Pregnancy <input type="radio"/> 5. Infertile <input type="radio"/> 6. Relying on Partner's Method <input type="radio"/> 7. Medical Reason	
18. CBE REFERRAL MADE <input type="button" value="Clear"/>	



4. WHO you report data to – Ahlers & Associates, www.ahlerssoftware.com

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SELECT AN AGENCY:

SELECT TIME PERIOD: FROM DATE: To DATE:


SELECT A SPECIFIC TIME PERIOD:

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<p>AGENCY INFORMATION STATE OF TEXAS</p> <p>VISITS THIS PERIOD -</p> <p>CLIENTS SEEN THIS PERIOD -</p> <p>NEW CLIENTS THIS PERIOD -</p> <p>CONTINUING CLIENTS THIS PERIOD -</p> <p>VISITS LAST PERIOD -</p> <p>CLIENTS SEEN LAST PERIOD -</p> <p>NEW CLIENTS LAST PERIOD -</p> <p>CONTINUING CLIENTS LAST PERIOD -</p>	<p>CLIENT VISIT INFORMATION</p> <p>REPORTING PERIOD - 04/01/2017 To 03/31/2018</p> <p>304296</p> <p>196219</p> <p>124606</p> <p>71613</p> <p>REPORTING PERIOD - 04/01/2016 To 03/31/2017</p> <p>298126</p> <p>184928</p> <p>125057</p> <p>59871</p>
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4. Client/Visit Report Demo



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4. Build A Report

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BUILD A REPORT

CLIENT/VISIT REPORT

STATE CLIENT REPORT

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STATE OF TEXAS FPAR
SELECT AN AGENCY:

SELECT TIME PERIOD: FROM DATE: To DATE:

SELECT A SPECIFIC TIME PERIOD:

SELECT OPTION DOWN:

SELECT OPTION ACROSS:

Continue to Build A Report

- CONTRACEPTIVE E-METHOD
- AGE BREAKDOWN
- BMI
- CBE REFERRAL
- CONTRACEPTIVE E-METHOD
- FAMILY SIZE
- GENDER
- HISPANIC
- INITIAL METHOD
- INTERPRETER NEEDED
- MEDICAL SERVICES
- POVERTY LEVELS
- PURPOSE OF VISIT
- RACE
- REASON NO METHOD
- REFERRALS
- SOURCE OF PAY




Build A Report - Metrics and Definitions

- **Unduplicated Client Count** – Number of unique client records within the report date range defaults to the **last visit** date of the reporting period. **Can change to first visit.**
- **Unduplicated New Clients** – Client records **with no visit** records prior to the beginning of the report date range based on site number and patient number.
- **Unduplicated Continuing Clients** – Client records with **at least 1 visit** record prior to the beginning of the report date range based on site number and patient number.
- **Unduplicated Client Age Calculation** – Comparison between **Date of Birth and first visit date** of the period. A button exists at the top right of the screen to change the calculation to last visit date if desired.



4. Extracting data & download



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