

SUMMARY REPORT

PHC - Accountability Report for 2015

Prepared by	Contract Number		
Provider Name	Period Ended		
Date	OIG Number		
Item No.	Description	Item No.	Value
	2015 ACCOUNTABILITY REPORT - MULTIPURPOSE (ARM) (Version: 12/31/14)		
	TEXAS PRIMARY HOME CARE - PHC		
	GENERAL INFORMATION		
1	Is this report for an individual contract or for a group of contracts? (0 = Individual, 1 = Group) If for a group, complete Schedule E and list all contracts in the group.	1	
2	DADS 9-digit Contract Number (if report is for an individual contract)	2	
3	Group Number (for Rate Analysis Department use only)	3	
4	Texas County Code in Which Accounting Records are Located ("999" if outside Texas)	4	
5	Reserved for future use.	5	
6	Reserved for future use.	6	
7	Reporting Period - Beginning Date (mm/dd/yy)	7	
8	Reporting Period - Ending Date (mm/dd/yy)	8	
9	Were any owner-employees or other related-party employee costs included in items 21, 23, 41, or 43? (0=No, 1=Yes) If Yes, complete Schedule C and attach organizational chart indicating employee's position and name. Enter the attachment number in the explanation box.	9	
10	Has the preparer of this report attended the 2013, 2014, or 2015 PHC Cost Report Training? (0=No, 1=Yes)	10	
11	Were any expenses reported in items 20 thru 54 the result of the allocation of expenses? (0=No, 1=Yes) If Yes, attach a detailed allocation summary showing allocation of 100% of the shared expenses and enter the attachment number in the explanation box.	11	
12	Does the contracting entity hold any other contracts with the State of Texas that are participants in the Attendant Compensation Rate Enhancement (i.e., PHC, DAHS, RC,)? If Yes, enter the total number of contracts (including this contract) and list the 9-digit contract number(s) in the explanation box.	12	
13	Select the address to which all future correspondence concerning this report is to be mailed. These two choices correspond to the addresses indicated on the cover of this report. (0 = contracted provider, 1 = contracting entity)	13	
	Items 14 thru 19 reserved for future use.		
	PRIORITY ATTENDANTS (excluding STAR+PLUS)		
20	Attendants: Paid Hours in item 20; Salaries & Wages in item 21	20	.
21		21	.
22	Other Staff Delivering Attendant Services Paid Hours in item 22; Salaries & Wages in item 23	22	.
23		23	.
24	Contracted Attendant Paid Hours in item 24; Salaries & Wages in item 25	24	.
25		25	.
26	Payroll Taxes - FICA and Medicare	26	.
27	Does item 24 equal 7.65% of the sum of items 21 and 23? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 21 does not equal 7.65% of the sum of items 21 and/or 23.	27	.
28	State and Federal Unemployment. If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.	28	.
29	Workers' Compensation - Insurance Premiums	29	.
30	Workers' Compensation - Paid Claims	30	.
31	Employee Benefits - Health Insurance	31	.
32	Employee Benefits - Life Insurance	32	.
33	Employee Benefits - Other Benefits. Provide description in explanation box of the types of benefits and the associated costs for each type of benefit.	33	.
34	Mileage Reimbursement	34	.
35	TOTAL PRIORITY ATTENDANT COST (sum items 21, 23, 24, and 26 thru 32)	35	.

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36	STATISTICS (excluding STAR + PLUS) Number of Miles Reimbursed - Priority Attendants (relating to item 34)	36	.
Items 37 thru 39 reserved for future use.			
40	NONPRIORITY ATTENDANTS (excluding STAR+PLUS) Attendants: Paid Hours in item 40, Salaries & Wages in item 41	40	.
41		41	.
42	Other Staff Delivering Attendant Services Paid Hours in item 42; Salaries & Wages in item 43	42	.
43		43	.
44	Contracted Attendants Paid Hours in item 44; Salaries & Wages in item 45	44	.
45		45	.
46	Payroll Taxes - FICA and Medicare	46	.
47	Does item 44 equal 7.65% of the sum of items 41 and 43? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 44 does not equal 7.65% of the sum of items 41 and/or 43.	47	.
48	State and Federal Unemployment If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.	48	.
49	Workers' Compensation - Insurance Premiums	49	.
50	Workers' Compensation - Paid Claims	50	.
51	Employee Benefits - Health Insurance	51	.
52	Employee Benefits - Life Insurance	52	.
53	Employee Benefits - Other Benefits Provide description in explanation box of the types of benefits and the associated costs for each type of benefit.	53	.
54	Mileage Reimbursement	54	.
55	TOTAL NONPRIORITY ATTENDANT COSTS (sum items 41, 43, 44, and 46 thru 52)	55	.
56	STATISTICS (excluding STAR + PLUS) Number of Miles Reimbursed - Nonpriority Attendants (relating to item 54)	56	.
Items 57 thru 80 reserved for future use.			
This report can accommodate a date range of 24 months.			
ONLY COMPLETE THE UNITS OF SERVICE FOR THE REPORTING PERIOD OF THIS REPORT AS ENTERED IN LINE ITEMS 7 AND 8.			
81	UNITS OF SERVICE - PRIORITY ATTENDANTS 01/01/14 thru 8/31/14 Title XIX and XX	81	.
82	Private and Other	82	.
83	TOTAL Units of Service (sum items 81 and 82)	83	.
84	UNITS OF SERVICE - PRIORITY ATTENDANTS 09/01/14 thru 8/31/15 Title XIX and XX	84	.
85	Private and Other	85	.
86	TOTAL Units of Service (sum items 84 and 85)	86	.
87	UNITS OF SERVICE - PRIORITY ATTENDANTS 09/01/15 thru 12/31/15 Title XIX and XX	87	.
88	Private and Other	88	.
89	TOTAL Units of Service (sum items 87 and 88)	89	.

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	UNITS OF SERVICE			
90	Reserved for future use.		90	.
91	Reserved for future use.		91	.
92	Reserved for future use.		92	.
	UNITS OF SERVICE - NONPRIORITY ATTENDANTS 01/01/14 thru 08/31/14			
93	Title XIX and XX		93	.
94	Private and Other		94	.
95	TOTAL Units of Service (sum items 93 and 94)		95	.
	UNITS OF SERVICE - NONPRIORITY ATTENDANTS 09/01/14 thru 08/31/15			
96	Title XIX and XX (include 2 decimals)		96	.
97	Private and Other (include 2 decimals)		97	.
98	TOTAL Units of Service (sum items 96 and 97)		98	.
	UNITS OF SERVICE - NONPRIORITY ATTENDANTS 09/01/15 thru 12/31/15			
99	Title XIX and XX		99	.
100	Private and Other		100	.
101	TOTAL Units of Service (sum items 99 and 100)		101	.
	UNITS OF SERVICE			
102	Reserved for future use.		102	.
103	Reserved for future use.		103	.
104	Reserved for future use.		104	.
105	TOTAL UNITS OF SERVICE -- PRIORITY (sum items 83, 86 and 89)		105	.
106	TOTAL UNITS OF SERVICE -- NONPRIORITY (sum items 95, 98 and 101)		106	.