

September 25, 2020

Honorable Chairman James B. Frank  
House Committee on Human Services

*Via email to Assistant Committee Clerk Courtney DeBower at Courtney.DeBower\_HC@house.texas.gov*

Re: Notice of Formal Request for Information on Health Care Access and Medicaid and Interim Charges 2.2-2.5

Dear Chairman Frank and Members of the Committee:

The Texas Association of Community Health Centers (TACHC) appreciates the opportunity to submit comments in response to the Notice of Formal Request for Information posted on Friday, August 14, 2020. These comments encompass the topics of Health Care Access and Medicaid, and Interim Charges 2.2 and 2.5.

The Texas Association of Community Health Centers represents federally qualified health centers (FQHCs) throughout the state. FQHCs provide a wide array of primary and preventive care services including medical, dental, behavioral health, and vision services. The 72 health centers in Texas operate over 575 clinic sites located in 132 counties across the state.<sup>1</sup> FQHCs served over 1.6 million Texans and provided more than 6 million patient visits in 2019.<sup>2</sup> Individuals without insurance made up 41% of patients, followed by Medicaid 29%, and Medicare 7%. FQHCs employed more than 12,000 FTEs.<sup>3</sup>

FQHCs have been on the front lines of pandemic response in their communities, providing COVID-19 screening, testing, and treatment while their normal operations have been upended. From April 3<sup>rd</sup> to September 4<sup>th</sup> 2020, FQHCs provided more than 380,000 COVID-19 tests.<sup>4</sup> The coronavirus pandemic has only highlighted the need for continued investments in the robust primary and preventive care safety-net that FQHCs provide for Texans across the state.

### **Health Care Access and Medicaid**

TACHC supports efforts to improve healthcare services, enhance quality, and maximize efficiencies to reduce healthcare costs. These comments focus on continuing efforts to promote primary and preventive care as well as consideration for other social services that impact overall health and well-being. TACHC recognizes the solution is not immediate, but further study can provide data to support policy recommendations and actions. TACHC recommends considering the following when developing innovative models to reduce costs and improve care:

#### *Examine Primary Care Innovation Models*

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<sup>1</sup> National Association of Community Health Centers (NACHC). Key Health Center Data by State, 2020. Federally-Funded Health Centers Only. Available at: <https://www.nachc.org/wp-content/uploads/2020/09/2020-Key-Facts-by-State.pdf>

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*

<sup>4</sup> Based on HRSA COVID-19 weekly surveys from the week of April 10 through September 4, 2020. Response rates vary among weeks. Total includes both virus and antigen detection tests.

FQHCs are, in and of themselves, an innovative model to deliver comprehensive primary care to medically underserved populations, with medical, dental, behavioral health, and other support services all provided in a medical home model under one roof. FQHCs' network of primary health care providers offers services to all regardless of ability to pay. Studies show that access to primary care can improve preventive care and chronic disease management while at the same time reducing the need for more costly health care services.<sup>5</sup> TACHC urges the legislature to support further investments in primary care innovation to develop promising practices for health system transformation efforts in Texas.

#### *Continue Flexibilities to Enhance Value-Based Care*

Value-based payments and alternative payment models can shift payment structures from paying for volume to health outcomes. A recent CMS letter to state Medicaid directors highlighted the variety of value-based payment approaches across states.<sup>6</sup> CMS did not provide additional requirements for VBPs in the letter, but did open the door for states to explore options to meet their unique needs and capabilities. Texas Medicaid and CHIP health plans and providers have flexibility to work within their service delivery areas, populations, and providers to develop alternative payment models to meet the needs of their members. TACHC continues to work with key partners in the healthcare landscape to explore models and pilots to extend value-based payments to FQHCs.

Data is key to evaluating any innovative approaches in healthcare such as value-based care initiatives. TACHC encourages further efforts to allow for data sharing between the state, health plans, and providers to track and improve health outcomes.

#### *Integrate Trauma Informed Care into Primary Care Settings*

Serving vulnerable populations uncovers many events and conditions that may have resulted from exposure to trauma (i.e., evacuation/displacement due to disasters, immigration, homelessness, active shooter experience, adverse childhood experiences, etc.). To address and respond to those events, TACHC is now approaching these critical issues through a preventive and early identification strategy by creating training and skills building to support a trauma informed care environment in our health centers. To date, TACHC has initiated two cohorts, with a total of 21 health centers currently participating in the program. TACHC recommends consideration of Trauma Informed Care for additional Medicaid populations.

#### *Focus beyond traditional healthcare services and include Social Determinants of Health*

FQHCs provide enabling services such as case management, translation/interpretation, transportation, and health education. Enabling services at FQHCs can reduce access to care barriers and address social determinants of health to increase utilization of primary and preventive care.<sup>7</sup> National data shows that health center patients who used enabling services had a 12-percentage point higher likelihood of getting

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<sup>5</sup> PwC Health Research Institute. ROI for Primary Care: Building the dream team. October 2016. <https://www.pwc.com/us/en/health-industries/health-research-institute/weekly-regulatory-legislative-news/pdf/pwc-hri-primary-care-roi.pdf>

<sup>6</sup> CMS. Value-Based Care Opportunities in Medicaid. September 15, 2020.

<sup>7</sup> Yue, Dahai et al. Enabling Services Improve Access to Care, Preventive Care, and Satisfaction Among Health Center Patients. Health Affairs. September 2019. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05228>

a routine checkup and a 16 percentage-point higher likelihood of getting a flu shot.<sup>8</sup> Investing in these preventive services can reduce cost in the health care system in the long term. TACHC recommends further study of social determinants of health to improve health outcomes and health equity. TACHC supports continued study on how to integrate efforts to address social determinants of health in Medicaid and CHIP programs.

### **Interim Charge 2.2: The next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver**

Texas's 1115 Waiver will be expiring in 2022, with funds for the Delivery System Reform and Incentive Payment (DSRIP) program expiring in 2021. While FQHCs are not performing providers in DSRIP projects, they are partners in this work and understand waiver funds help provide vital services that benefit the uninsured across Texas. At the end of the current waiver, Texas will have invested \$25 billion in tax payer dollars to expand access to health care services throughout the term of the waiver. Texas should prioritize ensuring the innovative approaches funded by these investments continue. The COVID-19 pandemic has stretched even further an already underfunded safety-net health care delivery system in Texas. TACHC urges legislators to develop a comprehensive plan to continue projects funded through the waiver and consider the most cost-effective and efficient way to expand access to health care services in Texas: drawing down millions in federal funds to expand Medicaid to uninsured, low-income Texans.

### **Interim Charge 2.5: The Healthy Texas Women Section 1115 Demonstration Waiver**

With over 300,000 current enrollees, HTW provides vital women's health services across Texas while also generating significant savings to the state.<sup>9</sup> In the most recent women's health programs report, HHSC estimated that services provided by HTW in 2019 will save the state \$96.8 million in General Revenue funds.

FQHCs are a core provider in the HTW program. In FY2019, Texas FQHCs served more than 16,000 women in the HTW program and provided over 28,000 procedures.<sup>10</sup> As comprehensive primary care providers, FQHCs are well-equipped to participate as providers in the HTW Plus program created by Senate Bill 750 in the 86<sup>th</sup> Legislative Session, though concerns remain about the rollout of this program and whether providers and beneficiaries are aware and able to access program benefits. TACHC urges lawmakers to monitor the implementation of HTW Plus to ensure services are reaching the populations intended to be served under the program.

TACHC was encouraged to see HHSC revise their implementation plan for the 5% budget reductions to not include cuts to direct client services, preserving women's health funding and other critical programs from the reductions. Protecting the HTW and Family Planning budget is critically important, especially during a global pandemic when so many Texans have lost or are at risk of losing healthcare coverage through their employers. However, TACHC does have concerns about the revised plan to reduce enrollment and eligibility workers, which will lead to delays in enrolling pregnant women, HTW

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<sup>8</sup> NACHC. Community Health Center Chartbook 2020. <https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf>

<sup>9</sup> Texas HHS, 2020 Healthy Texas Women Enrollment

<sup>10</sup> Texas HHS. [annual report]. Table 4. Fiscal year 2019 HTW Service Utilization, Medical Claims, by Procedure Code.

applicants, and other applicants for critical social service programs. TACHC urges the legislature to find other solutions to address revenue shortfalls caused by the ongoing pandemic.

Again, thank you for the opportunity to provide information on these topics. Please do not hesitate to contact Shelby Tracy ([stracy@tachc.org](mailto:stracy@tachc.org)) with any questions about these comments.

Sincerely,

Jana Eubank  
Executive Director  
Texas Association of Community Health Centers