



**Sunset Advisory Commission Staff Report
Health and Human Services Commission and System Issues
Texas Association of Community Health Centers (TACHC) Comments
October 17, 2014**

The Texas Association of Community Health Centers represents community health centers (CHCs or federally qualified health centers, FQHCs) throughout the state. The 73 health centers have over 350 delivery sites and are located in 118 counties across Texas. These CHCs served over 1.1 million Texans and provided more than 4.23 million patient visits in 2013.

CHCs are active providers in numerous programs across the state providing primary care services, including the Expanded Primary Care Program and Family Planning Programs housed at DSHS and in the Texas Women's Health Care Program housed at the HHSC.

In the 2014 EPHC initial awards, CHCs represented 62 percent of the contractors funded by DSHS to provide comprehensive women's health services. In the 2014 family planning initial awards, CHCs represented 72 percent of the contractors funded to provide family planning services across Texas.

CHCs also provide women's health services funded through the Title V Program, the Breast and Cervical Cancer Services Program, and the Primary Care Program at DSHS, as well as the CHIP Perinate program funded through the HHSC.

As a significant participating provider in the three programs assessed by the Sunset Commission under Issue 8, "Administration of Multiple Women's Health Programs Wastes Resources and Is Unnecessarily Complicated for Provider and Clients," TACHC offers the following recommendations to the proposal to consolidate the administration, operations, and funding of the three state funded women's health programs in Texas:

Change in Statute (8.1)

1) Client Eligibility

- a. **Income:** Raise the client eligibility to 250 percent of the federal poverty level, as in DSHS's Family Planning program currently. This will result in greater cost savings to the state by preventing unwanted pregnancies for more women.
- b. **Age and fertility:** Expand eligibility to include women above 44 years of age and women who have been sterilized. CHCs have found that women in these categories not only need women's healthcare services, such as clinical breast exams and screening for sexually transmitted infections, but also benefit from access to care for their multiple chronic health care conditions. Providing primary health care services to these women has been demonstrated to result in cost savings.
- c. **Gender:** Include services for men, as is currently done in DSHS's Family Planning



program.

- d. **Covered Services:** Include comprehensive health care services for eligible patients, as currently included in the Expanded Primary Care Program, including prenatal, medical, and dental services. CHCs cannot accept patients for only family planning services. If a woman comes into a CHC for another preventive health care service first, the CHC may not be reimbursed by HHSC for the family planning services provided and may discourage CHCs from participating in a single service program. The Sunset Commission's report indicated other funding sources exist for other health care services. However, the title V funds for pregnant women have declined from about \$72 million in 2009 to a budgeted amount of \$35.9 million in 2014. In addition, pregnant women may not start receiving services through Texas Medicaid until month 4 or 5 of their pregnancy depending on when they find out they are pregnant and/or are enrolled in a Medicaid HMO.

2) *Eligibility Determination and Enrollment Process*

- a. **Point-of-service eligibility:** CHCs need the authority to determine a patient's eligibility when that patient arrives, in order to provide immediate care to address their preventive health care needs. CHCs currently face a potential 70 percent reduction in federal funding that could impact the number of clients they are able to serve in 2016 given this additional financial risk.

3) *Billing Procedures and Funding Distribution*

- a. **Fee-for-service model:** CHCs' successful health care delivery model includes services not traditionally covered by a fee for service system such as care coordination and community health worker (CHW)/ promotora services to follow-up with high risk patients. Reduced cost reimbursement funding may limit implementation of best practice health care delivery models in a primary care setting. Long-acting reversible contraceptives (LARCs) should be reimbursed at cost, not with a fee-for-service model.
- b. **Payment structure:** CHCs are currently reimbursed on a cost based system referred to as prospective payment system (PPS). Continue with using a PPS at a per visit rate at CHCs which has contributed to the successful participation of CHCs in the Texas Women's Health Program.

Thank you for your consideration of these recommendations, and for your strong support for comprehensive women's healthcare. If you have any questions or if we can provide further information, please contact me at jcamacho@tachc.org or Olga Rodriguez, Deputy Director, at orodriguez@tachc.org. You can reach us at 512 329-5959 if you would like to discuss further.

Respectfully submitted,

A handwritten signature in black ink that reads 'José E. Camacho'.

José E. Camacho
Executive Director
Texas Association of Community Health Centers, Inc.

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: Comments from the Texas Association of Community Health Centers on the Sunset Commission's Staff Report for HHSC and System Issues
Date: Friday, October 17, 2014 3:43:43 PM
Attachments: [Sunset Rec 8 Women's Health TACHC comments 10 17 14.pdf](#)

From: Olga Rodriguez [mailto:orodriguez@tachc.org]
Sent: Friday, October 17, 2014 3:12 PM
To: Sunset Advisory Commission
Cc: Jose E. Camacho; Olga Rodriguez
Subject: Comments from the Texas Association of Community Health Centers on the Sunset Commission's Staff Report for HHSC and System Issues

Sunset Staff:

Please find attached the comments and recommendations from the Texas Association of Community Health Centers (TACHC) specific to Issue 8 of the HHSC and System Issues Staff Report.

The 73 health centers statewide have over 350 delivery sites and are located in 118 counties across Texas. These CHCs served over 1.1 million Texans and provided over 4.23 million patient visits in 2013. CHCs have historically been a participating provider in numerous state safety net programs and a particularly significant participating provider in women's health services in Texas, currently making up well over half of the contracted providers for the DSHS Expanded Primary Health Care and Family Planning Programs.

Please do not hesitate to contact me if you have any specific questions.

Thank you,

Olga Rodriguez

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