
*Established in 1983*

# TIMELINE

## Community Health Centers:
## *Caring for Texas Families for More than 35 Years*

Through the work of Texas Association of Community Health Centers (TACHC) staff and community health centers (CHCs), patients, CHC boards of directors, partners throughout Texas and the nation, and bipartisan support at all levels of government, Texas CHCs have moved from essential safety nets to health homes for Texans of all ages, backgrounds, and pursuits. However, to quote a founder of the CHC movement, H. Jack Geiger, MD, in the 2008 book, Faces of Hope, "The task of ending poverty and inequity in health is so obviously unfinished."

There are an estimated 4.5 million[1] uninsured and more than 4.2 million[2] Texans living below the federal poverty level. Texas communities continue to confront an environment of inadequate access to primary health care services, chronic illness, natural disasters, and ongoing policy challenges – the health center model needs to continue to expand its reach across Texas to meet these challenges. CHCs must continue to combine strengths and lift up each unique voice into one, and passionately address the roots of disease through the daily care for patients and each other as a community.

The history of TACHC is a tale of striving to support the CHCs that bring health services to all people, no matter where they live, what language they speak, or how much money they have. It is the story of inventive problem solving, working together to find solutions, and thinking ahead to blaze a trail for the next generation.

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# 1970 – 1989

### 1970-71: First Community Health Centers Funded in Texas

In 1965, as part of President Lyndon Johnson's War on Poverty, the first "Neighborhood Health Centers" were funded under a demonstration by the federal Office of Economic Opportunity (OEO). The founders of the program argued for a CHC movement to strengthen communities and build community action upon a foundation of health care. By definition, CHC boards of directors consist of a patient majority of local residents, and must ensure the provision of medical, dental, behavioral health and enabling services such as enrollment, translation and care coordination to all ages and patients who seek services, regardless of their ability to pay.

In 1963, the Laredo-Web County Migrant Program was the first health center in Texas funded by the Health, Education and Welfare program (later to become Gateway Community Health Center). Others would follow in the early 1970s under what would become the Migrant and Community Health Center Programs in the mid-1970s and continue to provide a wide variety of quality services to patients. Throughout that decade, the founding CHC members of TACHC were funded. The National Health Service Corps (NHSC) legislation passed, and Medicare and Medicaid programs were also developing after being founded in the late 1960s.

### 1982: CHCs Band Together to Form the Texas Association of Community Health Centers, Inc.

As a threat to cap CHC funding through block grants loomed, CHCs in Texas came together in San Antonio to form TACHC, which was incorporated in 1983. As Brownsville Community Health Center Executive Paula Gomez said, "We were going to be the champions!" TACHC received the Primary Care Association (PCA) contract to provide training and technical assistance to Texas CHCs, and held its first Annual Conference in 1983 to discuss policy and operational initiatives.

### 1980s: Building Capacity Through Numbers

By banding together under TACHC, Texas CHCs were able to build strength and capacity through their numbers. As Texas positioned itself to opt-in to the Primary Care block grant under recent federal legislation, TACHC worked with Lloyd Doggett (State Senator at the time) to amend the Texas Omnibus Block Grant bill to have an advisory committee required to approve the opt-in. José E. Camacho, who lobbied for TACHC at the time, sat in the relevant House committee hearing where the CHCs had submitted an amendment; as the committee chair from Greenville prepared to adjourn a key committee meeting without hearing the amendment, Mr. Camacho ran out to a payphone in the Capitol extension hall to call Judy Houchins, Executive Director of Community Health Service Agency in Greenville and Board Chair of TACHC. Giving a lobbyist standing nearby quarters to hold the phone handle, Camacho ran back in to quietly let the chairman know that Ms. Houchins was waiting to speak with him after the meeting. The committee chair brought up the amendment after all, which passed. Afterward, the advisory committee required by the legislation never met, so the opt-in that had threatened to cap CHC funding was not implemented in Texas.

During the 1980s, TACHC also began its group purchasing to achieve savings for members through volume and efficiencies in lab services, pharmaceuticals through what later became TACHC's 340B*etter* program, and malpractice insurance through TACHC Purchasing Group, Inc. (PG), all of which continue today. In order to get malpractice coverage – which was no longer otherwise available to CHCs after all but one medical liability insurer left Texas – the CHCs worked first with the Joint Underwriting Association to cover CHCs and then set up their own malpractice insurance company to cover everything over $100,000. Under the deal, CHCs had to agree to a set of policies and procedures related to credentialing, professional staff bylaws and quality assurance. These policies were the foundation for what is today the TACHC Optimizing Comprehensive Clinical Care (OC$^3$) Compliance and Performance Improvement (CPI) Manual of template policies and tools. Later, these policies became the first policies approved by the U. S. Department of Health and Human Services (USDHHS) as meeting the requirements for coverage under the Federal Tort Claims Act (FTCA) when that later passed.

Critically, at the end of the decade, TACHC worked with the National Association of Community Health Centers (NACHC) and US Senator Lloyd Bentsen (TX) and US Representative J.J. Pickle (TX), who introduced Federally Qualified Health Center (FQHC) as a new provider type in Medicaid and subsequently Medicare legislation. Meanwhile in Texas, TACHC worked with the Texas Medical Association and the Texas Trial Lawyers Association to pass the Texas Rural Healthcare Act for employment of physicians, charitable immunity in malpractice, and establishment of nurse practitioner and physician assistant prescribing. CEOs from two of TACHC member CHCs, Paula Gomez and Francisco Gonzalez participated in a governor-appointed task force, and worked with TACHC to pass the County Indigent Healthcare Act, the Primary Care Act and the Maternal Health Improvement Act (MHIA).

# 1990s

### 1990s: CHCs Gain Essential Federal Legislation; Texas Rolls Out Medicaid Managed Care

The 1990s saw a boom in support for CHCs. In 1992 TACHC worked with NACHC, Texas CHCs and US Representative Jack Brooks (TX), who introduced the legislation that extended the Federal Tort Claims Act (FTCA) to include malpractice coverage protections to CHCs. That year, federal legislation also passed to establish Section 340B of the Public Health Services Act (PHSA), bringing down the cost of drugs for CHCs. Both the Vaccines for Children Program and the Children's Health Insurance Program (CHIP) expanded health services for children nationally during this decade. Additionally, new quality and cost reporting under the Uniform Data System (UDS), patient health information privacy protections, and national standards for electronic health care transactions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) were implemented during the 1990s. The first Texas managed care program (STAR) was piloted in 1994[3] in Travis County and the Tri-County area of Chambers, Jefferson, and Galveston counties, and the Texas Multi-Employer Welfare Arrangement (MEWA) law passed.

[1]2016 American Community Survey, HI-05 https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html

[2]https://talkpoverty.org/state-year-report/texas-2017-report/

[3]https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/medicaid-chip-perspective-11th-edition/11th-edition-appendix-d.pdf

Each set of new laws came with new requirements for CHCs. TACHC responded by providing training and technical assistance in all of these new programs. TACHC built on its pharmaceutical group purchasing program to create 340B*etter* and offered it to CHCs nationwide in 1999 – growing to 873 CHCs in 29 states participating as of 2018. In 1993, TACHC created its Recruitment and Retention (R&R) program to address new FTCA credentialing requirements and offer technical assistance regarding National Health Service Corps participation; this was the foundation of today's TACHC R&R program. TACHC applied for, and received, the first of two Robert Wood Johnson Foundation (RWJF) grants to design, pilot and train on outreach to patients and process simplification in order to promote Medicaid and CHIP enrollment; this "Project Alberto" formed the basis for TACHC's current Outreach and Enrollment support for CHCs. This work was built on the first Texas CHC migrant outreach and enrollment project at Gateway Community Health Center, which partnered with Blue Cross Blue Shield for coverage of migrant patients. Further, TACHC received the federal Health Disparities Collaborative grant for USDHHS Regions 6 and 8 (representing 11 states). This served as the foundation for TACHC's current OC$^3$ Program, focused on improving access to care through appropriate patient empanelment, efficient office workflows and other quality improvement initiatives.

In 1995, the Texas Legislature established the Telecommunications Infrastructure Fund Board (TIFB). Between 1999 and 2003, TACHC applied for and received funding to connect CHCs for voice, video and data. Today, TACHC members continue their group purchasing of telecommunications services for CHCs.

In 1998, TACHC joined the online community, creating its first website.

In 1999, TACHC established its General Partner (GP) and formed Superior HealthPlan, the Texas Medicaid Managed Care Organization (which it sold to Centene in 2003). That same year, TACHC established the Employee Benefit Group (EBG) as a self-funded MEWA, which operated through February 2009 and was officially dissolved in 2015. And as TACHC closed out the millennium, the Association bought its first building.

# 2000 – 2005

### 2000-2005: Texas FQHC Incubator Program and Increased Federal Support Help CHC Network Nearly Double in Texas

The beginning of the new century brought significant new funding for Texas CHCs as well as the implementation of the Medicaid Prospective Payment System (PPS) for FQHCs. TACHC worked with President George W. Bush, even helping draft the speech then-candidate Bush gave announcing his initiative to double the number of CHCs nationally. In Texas, this led to the establishment of 24 New Access Points (NAPs), including 18 newly funded CHC organizations, through new PHSA 330 funding. TACHC also worked with Governor Rick Perry and State Representative Arlene Wohlgemuth to utilize a supplemental Medicaid drug rebate program to provide funds that could support a Texas FQHC Incubator Program to set up CHCs that could draw down NAP funds. TACHC supported CHCs through development NAP site visits, a precursor to current Operational Site Visits. Meanwhile, HRSA expected CHCs to achieve accreditation by Joint Commission on Accreditation of Healthcare Organizations (JCAHO), now known as The Joint Commission. In response, TACHC provided training and technical assistance to get 85% of CHCs accredited at the highest point.

TACHC established its internal compliance program, which exists today, including a board-level Compliance Committee and its first Compliance Officer. In 2000 TACHC also received supplemental HRSA funding to create the Executive Leadership Program, including the first use of videoconferencing technology for some of its meetings; this program was the basis for TACHC's current Executive Leadership Initiative.

In 2001, TACHC founded its affiliate Corporation for the Development of Community Health Centers (CDCHC) in order to be recognized as a Community Development Financial Institution (CDFI), partnering with a bank to receive a $12 million allocation of New Markets Tax Credits (NMTC) to provide below-market rate loans for facilities development and equipment. In 2003, TACHC established its subsidiary, Community Health Insurance Agency (CHIA), to write and review Property & Casualty Insurance, Life & Health Insurance in addition to PG's Gap Malpractice Insurance. TACHC also added dental supplies and equipment to its group purchasing program.

In 2005, TACHC coordinated emergency response to Hurricane Katrina in Texas, laying the groundwork for its assistance to CHCs related to weather disasters, including the devastating Hurricane Harvey in 2017. Additionally, TACHC advocated successfully for an expedited licensing process with the Texas Medical Board for providers volunteering in Texas to assist with the influx of patients from surrounding states, and for obtaining a distributor license from the Texas Pharmacy Board to receive and distribute drugs donated for hurricane relief to CHCs throughout the state.

# 2006 – 2009

### 2006-2009: Data Transparency and Accountability Become a Focus as CHC Network Grows

Much of the UDS data became publicly available for the first time during this period. In 2006, TACHC began holding monthly OC$^3$ Compliance and Performance Improvement (CPI) webcast trainings for CHCs as well as periodic CHC board of directors trainings and operational assessments to support CHCs. To inform CHCs and help develop TACHC trainings, TACHC and Brandeis University, in conjunction with The Commonwealth Fund, published a study entitled "High Performing Community Health Centers: What it Takes in Texas," showing CHCs as low cost options in the health care system. During the 81st Texas Legislative session in 2009, TACHC worked with the legislature to establish funding for the current Texas Physician Education Loan Repayment Program (PELRP) for physicians practicing in underserved communities.

To further enhance communications between TACHC and its member CHCs, TACHC began producing a weekly e-newsletter in 2008 called "TACHC Weekly Wrap-Up" that is still going strong.

The American Recovery and Reinvestment Act (ARRA) passed in 2009, funding 6 new CHCs in Texas and expanding funding for the Health Center Controlled Networks (HCCN). TACHC received the funding in 2010, and it continues today to help CHCs regularly analyze quality data.

TACHC convened a workgroup to propose a Medicaid cost report system that added Medicaid allowed costs to Medicare cost report data – also called a report "cross-walk." This was done in part to relieve the administrative burden of CHCs to report costs to the two separate payers. TACHC trained CHC staff on the use of the cross-walk, and Texas Medicaid reevaluated and rebased CHC PPS rates.

TACHC joined the social media wave in 2009, creating its first Facebook page.

# 2010 – Today

## 2010-2018: Accountable Care Leads to Innovation and Sharing Among Texas CHCs

The passage of the Patient Protection and Affordable Care Act (ACA) in March of 2010 brought significant changes to the healthcare landscape, especially for CHCs throughout the country and in Texas. In addition to key Medicaid expansions and payment protections, the ACA provided for $11 billion in increased CHC funding over five years, enabling CHCs to double capacity. Those funds included $9.5 billion to support ongoing CHC operations, create new CHC sites in medically underserved areas, and expand preventive and primary health care services, including oral health, behavioral health, pharmacy and enabling services at existing CHC sites. $1.5 billion supported major construction and renovation projects at CHCs nationwide. Additionally, $1.5 billion was added for the National Health Service Corps over five years to substantially expand the number of clinicians in underserved areas. The ACA added 9 new CHCs in Texas.

With the new funding, HRSA began holding CHCs to a higher standard with the FTCA annual reapplication process, and operational site visits at least every three years under a new compliance guide and protocol, and expected CHCs to achieve National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) certification. At this time CMS began the Meaningful Use electronic health record incentive program, CHIP incentive-based payments, the Medicare Shared Savings Program (MSSP), and changed Medicare payments to CHCs from straight cost based to a PPS model. Healthcare.gov was rolled out for private individual insurance coverage through the Health Insurance Marketplace, and coding was converted to ICD-10. Separately, in 2010, the Teaching Health Center Graduate Medical Education (THCGME) program was established (initially for 5 years, renewed in 2015 for 2 more years), creating CHC residency programs.

TACHC doubled down on compliance and performance improvement efforts, and added a priority of championing the transition to value-based care. The OC3 CPI Manual was made available as one complete online resource and the OC3 CPI Webcast Series was revamped into a two-part structure to help ensure return on investment (ROI). TACHC implemented mock surveys for centers in preparation for Operational Site Visits (OSV) with HRSA, and continued investment in training and technical assistance for members including readiness training for ICD-10 coding and CFO training in anticipation of Medicare PPS. TACHC's IT department began conducting security risk assessments for health centers in January of 2014.

TACHC's Compensation and Benefits Survey of Texas CHC clinical and administrative exempt and nonexempt staff and the Annual Financial Trend Analysis (FTA) report and training have enabled health centers to have a more complete picture of their financial health and market place competitiveness.

NACHC Community Health Ventures (CHV) was secured as a partner to endorse the Value in Purchasing (ViP) program in Texas and endorsed 340B*etter* pharmacy and lab programs at national level. TACHC begins a partnership with 340Basics.

CHIP reauthorized funding supported application assistance and enrollment activities funding 15.2 full-time employees (FTEs) in outreach staff at three CHCs, and the Community Partner Program grant was used to train Certified Application Counselors and other Marketplace outreach staff. TACHC launched the My Texas, My Health, My Vote campaign to support enrollment outreach, assistance, and voter registration.

During this time, TACHC formed Essential Care Partners (ECP), a Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO). ECP formed with an initial 14 CHCs (ultimately working with 24 health centers at its largest) and a partner through 2018, to save money for Medicare and learn lessons for future work in value-based care models.

## Texas CHCs Thrive Using One Voice to Promote and Protect Local Communities

Just as health centers faced rising standards in quality and compliance, PCAs also began to be held to higher standards. In 2017, for the first time, HRSA initiated PCA site visits. Tracking across the Association of technical assistance, CHC visits, and conferences attended was formalized to analyze ROI. In response to member needs TACHC developed a customer service training program based off the Disney model of customer service, secured a group purchase program for an after-hours Nurse Advice Line, and began conducting on-site strategic planning sessions for boards of directors.

NCQA revamped their standards for PCMH certification. TACHC developed the PCMH Bootcamp and strategy sessions to assist CHCs in either obtaining for the first time or maintaining their PCMH certification.

When Hurricane Harvey hit the Texas Gulf Coast in August of 2017, dozens of CHCs in the area were affected. TACHC coordinated a far-reaching response to the hurricane with many partners, especially Direct Relief, setting up mobile clinics, mobile pharmacies, disaster response, behavioral health training, and a staff support fund.

Throughout 2017 TACHC worked with a CHC work group and Texas Medicaid to establish appropriate PPS Wrap Methodology, worked with BKD to update Medicare to Medicaid crosswalk for cost reporting at CHCs, and worked with managed care organizations and the state to transition from claim form UB-04 to CMS 1500. Using this form, the rendering provider must be listed, and creates space for detailed claims billing – paving the way for health centers to engage in value-based care in Medicaid in the future.

*Texas health centers have faced challenges and we have had victories. We achieve successes when we focus on our mission of patient-center care, and when we take action with one voice united in strength. As we face what lies before us in the next generation we must use that united voice to continue as we always have* – ***championing healthy futures!***