MY TEXAS MY HEALTH

Spring 2026

EVALUATION REPORT

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EXECUTIVE SUMMARY

My Texas My Health is a clinically integrated network (CIN) for federally-qualified health centers (FQHCs) established by the Texas Association of Community Health Centers (TACHC) in 2023. Supported by early implementation funding from the Episcopal Health Foundation (EHF), the CIN was created to enhance health centers' capacity to negotiate and participate in value-based care models with payors. The ultimate goal of the network is to advance better care and improve health outcomes for patients.

EHF engaged JSI, a mission-driven public health research and consulting organization, to evaluate the early implementation of My Texas My Health. This report summarizes the progress, early wins, and opportunities as My Texas My Health transitions to its next phase.

Notable Accomplishments and Early Wins

The evaluation demonstrated that My Texas My Health has made significant progress despite a complex healthcare landscape.

Formalized Governance and Structure

- Established the necessary legal, operational, and technical infrastructure to launch the CIN and negotiate significant payor contracts
- Implemented a two-tier membership structure based on clinical quality and services

Rapid Membership Growth

- 62 health centers have joined the network, representing a 78% participation rate among Texas community health centers
- The network now covers approximately one million patients, which is over half of all FQHC patients in the state

Success in Value-Based Contracts

- Established an Accountable Care Organization to enable participation in Medicare Shared Savings Program (MSSP)
- Initiated shared savings contract with UnitedHealthcare
- Initiated pay-for-performance contract with Aetna

Data Infrastructure

- Implemented a population health platform to serve as the unified data integration tool
- Provided intensive technical assistance to support members with adopting the platform
- Facilitated transparent performance tracking and enhanced capacity for documentation of quality clinical care provision

Data Alignment and Operational Improvements

- Supported health centers in aligning data requirements across payor contracts
- Established data reporting priorities (and areas for improvement most likely to align with enhanced contract performance) within those data requirements
- Proposed data alignment approaches that integrate other health center data reporting requirements such as the UDS

Network Strengths

Interviews with health center participants highlighted core strengths driving the network's early success. These include:

Collective power

The CIN offers members a powerful collective voice and the economies of scale necessary to access value-based care contracts that would have been impossible to negotiate independently.

Technical assistance and support

The CIN's provision of tools, training, and resources—particularly the intensive support for integrating and mapping data into the Azara platform—was widely praised by members.

Strong leadership and trust

CIN leadership is communicative, responsive, and respectful of members' unique contexts. Participants value the flexibility to set their own internal priorities.

Peer collaboration

Members cited a culture of connection, facilitating clinics to share best practices, optimize workflows, and rely on peer organizations for practical support.

Building on the Momentum

My Texas My Health has seen substantial growth and momentum as the network continues to expand and mature. Recommendations for moving forward include:

Reimagine support and technical assistance. There is an opportunity to shift away from a one-size-fits-all model to tailored support based on regular readiness assessments. Offerings such as asynchronous training, regional affinity groups, and mentorship matches can further enhance the support available to members.

Strengthen a "data for improvement" culture. It is important to elevate that value-based care activities are not "just another financial interaction" but rather a core activity that aligns with health centers' missions to better serve their communities. Health center staff across functions should understand the role of data and health center finance mechanisms in value-based contracting.

Enhance communications. Participants suggested a centralized platform for questions, more updates between committee meetings, and more detailed communication regarding contracts. A formalized communications strategy will enhance knowledge sharing, strengthen network connections, and advance investment in the ongoing work of My Texas My Health.

Elevate the network's mid-project strategy. There is an opportunity to more clearly articulate the strategic vision for the CIN. As My Texas My Health pursues value-based payment arrangements, it should continue to evaluate its payor mix, the ever-changing national and state policy environment, and opportunities to align with different payors to improve the care and health of patients. A key opportunity is to align near-term strategies with Rural Texas Strong, the state's new $281 million Rural Health Transformation Program that explicitly proposes leveraging CINs to improve rural healthcare infrastructure and telehealth services.

As My Texas My Health transitions to its next phase, it has established a strong foundation for moving into new opportunities. The network's efforts to advance better care, smarter spending, and healthier people are foundational to fortifying health centers and their essential role in the safety net in Texas.

BACKGROUND

My Texas My Health is a clinically integrated network (CIN) for federally-qualified health centers (FQHCs) that was established by the Texas Association of Community Health Centers (TACHC) in 2023. Through grant funding, the Episcopal Health Foundation (EHF) has supported the early implementation of My Texas My Health. As of February 2026, My Texas My Health's network comprises 62 health centers, serving over one million patients.

The launch of My Texas My Health reflects a national movement toward alternative payment models (APMs) in support of the "Triple Aim" of better care, reduced costs, and improved health outcomes.[1] The APM Framework, developed by the Health Care Payment Learning and Action Network (HCP-LAN), categorizes APMs along a value-based care (VBC) continuum based on key components.[2] VBC efforts, like a CIN, seek to move more care to payment arrangements with downside risk for the provider.

TACHC's decision to launch a CIN followed an exploratory process and feasibility study.[3] The analysis underscored that Texas health centers serve a large and diverse patient base and must navigate a complex healthcare landscape. As a whole, Texas health centers provide primary care to 1.9 million patients at 700 sites across 131 counties, representing about 1 in 17 Texans.[4] However, the majority of Texas health centers (62%) have fewer than 20,000 patients, and therefore limited resources with which to participate in APMs such as value-based contracts. Furthermore, Texas has a complex marketplace for Medicaid patients; eighteen Medicaid Managed Care plans (MCOs) operate within thirteen managed care service areas. The feasibility study found that a statewide CIN for FQHCs would "provide multiple benefits including: 1) strength in numbers for negotiating position with health plans, leveraging investments in infrastructure for data aggregation and analysis, and the ability to spread risks in contracts with upside/downside risk; 2) sharing of best practice models to improve process and clinical outcomes; and 3) being poised for growth in Medicaid or other payor plans."[5]

A primary goal of participating in a CIN is to enhance health centers' ability to negotiate and participate in more advanced VBC models with payors. This increases the potential for greater sustainability of value-driven outcomes in health centers. Participating centers commit to performance

transparency, data integration, incentive alignment, and working toward operational improvements which enhance health outcomes.

In 2023, EHF engaged JSI to evaluate My Texas My Health. To lay the groundwork, JSI, along with Lisa Kirsch, Senior Policy Director at Dell Medical School, first conducted an environmental scan. The purpose of this effort was to review the funding landscape and elevate lessons from the implementation of other health center-focused CINs. The environmental scan identified early success factors, including strong governance and legal infrastructure; staffing and expertise; clear communication and buy-in; negotiation power; and data infrastructure and analytics. Findings from the environmental scan provided a basis for the subsequent evaluation of My Texas My Health.

The evaluation assessed the progress of My Texas My Health during its initial implementation. The purpose was to determine the efficacy of My Texas My Health in advancing its goals, to identify supportive factors and barriers to success, and to provide recommendations to support My Texas My Health's work toward increasing quality of care and value-driven services.

Evaluation Approach

The evaluation was informed by the RE-AIM framework (reach, effectiveness, adoption, implementation, and maintenance).[6] JSI used a mixed-methods approach, combining program data, secondary data, and qualitative data collected through interest-holder interviews (Table 1). Appendix A provides a detailed description of methods.

In collaboration with EHF, TACHC, and My Texas My Health leadership, JSI initially identified June 2023 to December 2024 as the timeframe for the evaluation. The start date coincided with the CIN's early formation, when it established itself as an LLC, hired an executive director, and formalized its governance structure. Over the course of the evaluation (mainly implemented in calendar year 2025), My Texas My Health evolved to successfully achieve major milestones relevant to its long-term success. Therefore, the evaluation was adjusted to include activities in 2025 and early 2026.

TABLE 1. Data Collection Overview

Method	Description	Tools/Source of Data
Document Review	Understand the history, structure, operation, and financial state of My Texas My Health	Review of CIN documents and data sources from TACHC/the CIN
Interviews	Explore experiences and perceptions around the implementation and value of My Texas My Health	Semi-structured interviews with TACHC representatives (4) and My Texas My Health members (22)
Environmental Scan	Explore lessons learned, best practices and policy and regulatory opportunities through scan of other health center-focused CINs and an assessment of the Federal and Texas regulatory environments	Semi-structured interviews with field experts (4) and representatives from other state CINs (5), and document review of: • Health center-focused CINs across the country • Federal and Texas value-based payment policy and regulatory environments • Relevant literature

FINDINGS

My Texas My Health seeks to improve health center participation in value-based payment (VBP) contracts with health insurers. Its goal is to harness collective capacity and build the infrastructure needed to improve quality of care and deliver value-driven services that benefit patients, providers, payors, and interest holders across Texas. At its core, these efforts are designed to achieve measurable improvements in patient health outcomes.

The leadership of My Texas My Health identified four priorities for the "Construction Phase" of the CIN: formalizing the CIN, determining its performance focus, defining its governance structure, and initiating the contracting process with payors.

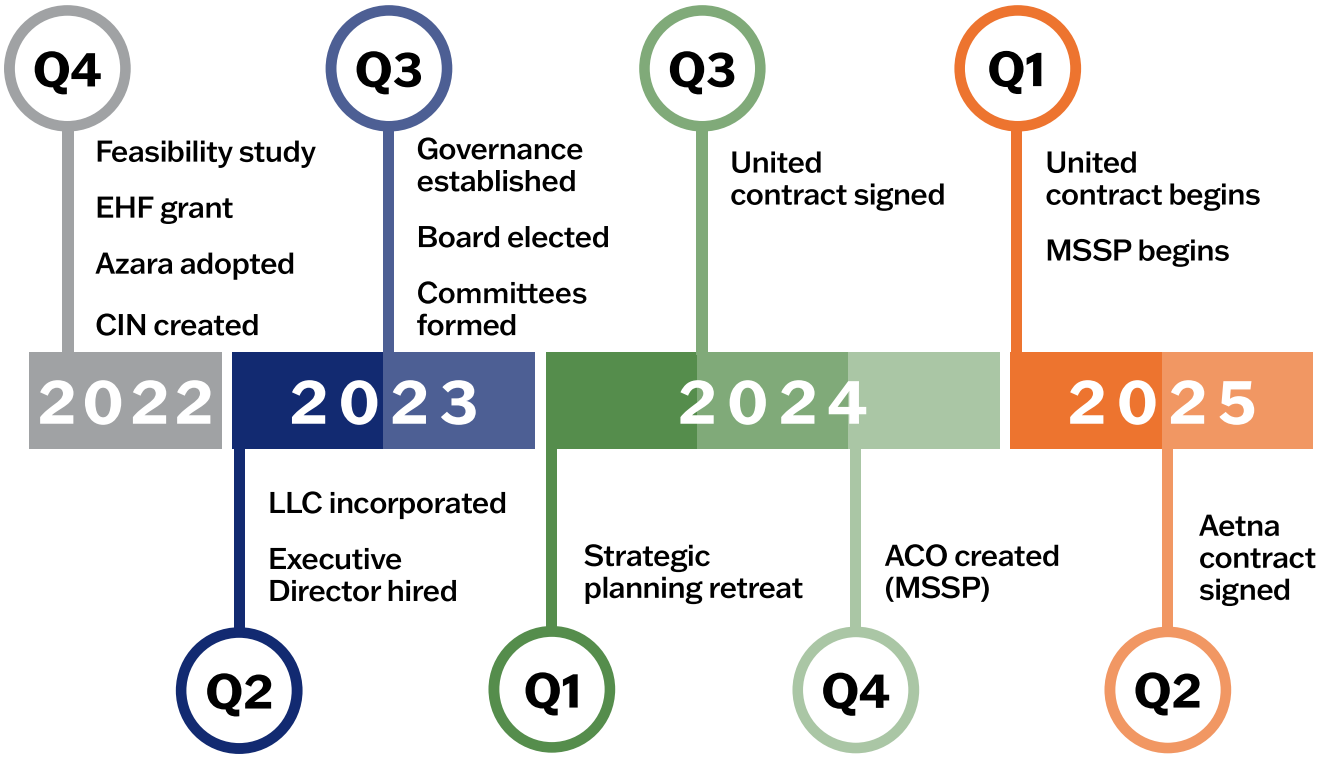
This report describes the network's progress in advancing each of these priorities, along with the near-term outcomes of these efforts. The report also highlights strengths contributing to the success of My Texas My Health and opportunities for moving forward.

Building a Foundation for My Texas My Health

My Texas My Health was first established in early 2023. The TACHC board voted to create the CIN, which was then incorporated as an LLC doing business as My Texas My Health. TACHC hired Franchella Jennett as the Executive Director of My Texas My Health. Ms. Jennett brought direct experience with value-based arrangements, payor negotiations, provider network operations, negotiating with payors, and establishing a Medicaid Accountable Care Organization (ACO).

Figure 1 depicts major milestones in the creation of My Texas My Health.

FIGURE 1. Major Milestones



Formalizing the CIN

CIN governance structures were established in 2023, including a Board of Managers that oversees an Executive Committee. The Executive Committee has nine members and oversees the day-to-day management and business of the CIN. Six members are elected, two are appointed by TACHC, and one is filled by the CIN Executive Director. There are also four standing operations committees that any CIN member can participate in:

- **Clinical Quality Committee:** oversees the clinical management of the health risks of the population attributable to the CIN; evaluates vendors and services participating in the network; establishes clinical guidelines; defines performance measures; and monitors the quality of care provided by the CIN
- **Finance Committee:** advises the Board on financial affairs and payor strategy; serves as audit committee; prepares budgets; and oversees payor contracting strategies and negotiations
- **Network Participation Committee:** manages network development by recommending participation criteria, reviewing membership applications, and enforcing compliance with participation standards

- **Compliance Committee:** ensures adherence to legal and regulatory requirements by identifying risks, implementing the corporate compliance program, and overseeing training and corrective actions

Members of the Executive Committee serve a two-year term. For all four operations committees, the initial members were divided into three groups serving staggered initial terms of one, two, and three years. This system was devised to ensure that approximately one-third of the committee members' terms expire annually.

Determining the performance focus

The Clinical Quality Committee identified a set of potential clinical quality measures, taking into account payor and regulatory considerations, feasibility, and clinical opportunities for improvement. The committee solicited feedback from participants regarding feasibility.

The final list of "high-priority" measures includes Uniform Data System (UDS) measures, which are required reporting for FQHCs, that also align with the Healthcare Effectiveness Data and Information Set (HEDIS) measures used by managed care organizations (see "Clinical Quality Scoring" in Table 2). These measures are primarily used to determine participant tier levels and to monitor ongoing network performance in value-based contracts.

Defining the network structure and accountability

My Texas My Health adopted a two-tier structure for member participation. The intention was to allow for participation from health centers at varying levels of readiness and to encourage improvement in measures and standardization work. The network uses a point system to determine a health center's tier (Table 2). To qualify as a Tier 1 member, a health center must accrue a minimum of 5 points across two categories: clinical quality and services.

TABLE 2. Scoring System for Tier Assignment

Clinical Quality Scoring	Services Scoring
One point for each of 6 high-priority UDS measures where the Health Center's 2021 UDS performance is above the 2021 Texas Medicaid Average: • Controlled hypertension • Diabetes HbA1c control • Prenatal care entry during 1st trimester • Cervical cancer screening • Breast cancer screening • Child and adolescent weight assessment	One point each for: • Active participation in an existing value-based care contract • Utilizing a standardized Social Determinants of Health (SDOH) screening tool • Possessing SDOH data transmission capability • Using or onboarding to the Azara DRVS data reporting platform
Minimum points required: 3 points	Minimum points required: 2 points

Tier 1 members can be selected to serve on the Board of Managers or be part of the elected seats of the Executive Committee. They have more leadership over the CIN and can help steer its future direction and endeavors. Tier 1 participants contract together for total cost of care contracts (HCP- LAN Category 3). Tier 2 may only participate in pay-for-performance or infrastructure support contracts (HCP-LAN Category 2).

CIN leadership also developed a comprehensive set of policies and procedures to ensure regulatory compliance, ethical governance, and effective network operations. These include but are not limited to:

- Governance policy standardizing the creation, approval, and categorization of CIN rules
- Corporate compliance program, policies, and procedures
- Conflicts of interest policy
- Non-retaliation and whistleblower policy
- Exclusion and debarment screening policy
- Records management policy to govern the retention, protection, and destruction of CIN records to ensure compliance with legal obligations

- Protocols for responding to the unauthorized access, use, or disclosure of protected health information
- Value-based care contracting policy defining the process for the CIN to evaluate.

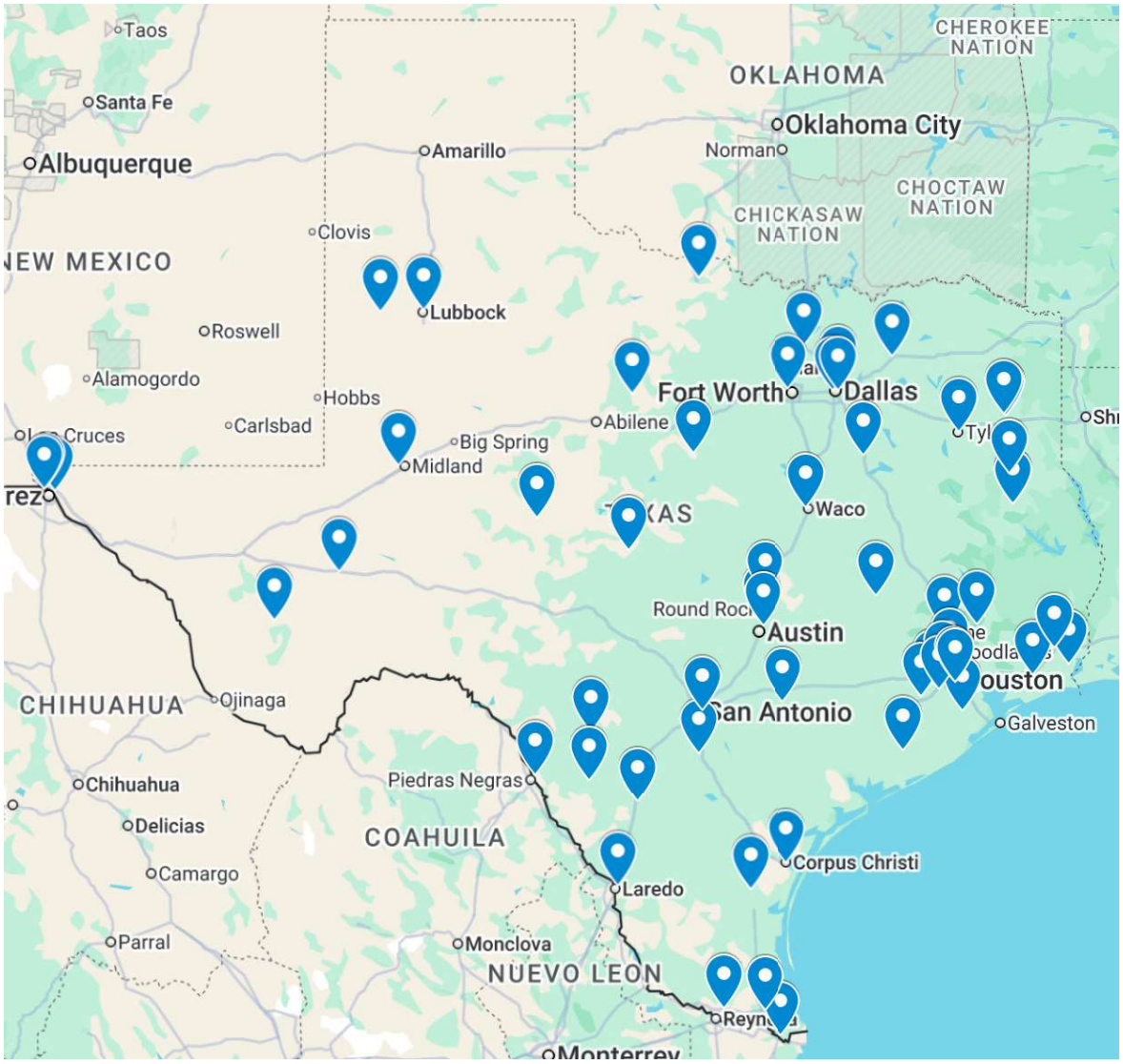
In addition, as a foundation for value-based contracts, the Finance Committee developed a distribution methodology for the allocation of shared savings, which was approved by the Board of Managers in November 2024. The Board of Managers also approved the 2025 budget, which allowed My Texas My Health to begin investing in more infrastructure and training for participating members. The budget included advance investment payments expected from the two Medicaid contracts and from the MSSP starting in 2025.

Building Membership and Member Capacity

During and following the establishment of My Texas My Health, TACHC introduced its members to the network, promoted the benefits of being a part of a CIN, and encouraged participation during a variety of TACHC meetings. They also shared informational materials such as an FAQ for prospective members.

As a result of these efforts, My Texas My Health has grown steadily since its inception. As of February 2026, there were 62 participating members out of a total 79 community health centers in Texas—a 78% participation rate. Approximately two-thirds of the members were Tier 1 and one-third were Tier 2. Nearly all Tier 1 members (92%) are large community health centers with over 10,000 patients. Tier 1 members cover all 13 Medicaid managed care service areas in Texas and include rural, urban, and semi-urban areas (Figure 2). Altogether, My Texas My Health covers an estimated 1 million patients out of a total 1.9 million FQHC patients, which is over half of patients served by health centers in Texas.

FIGURE 2. My Texas My Health Membership



To keep members informed about network opportunities and promote membership, My Texas My Health maintained regular contact with members. This included:

- Email updates from the Executive Director to share important network developments, meeting recaps, training opportunities, and contracting announcements
- Progress updates in the TACHC CEO Quarterly Executive Report (sent to all members)
- Detailed summaries and slide decks following Board of Managers meetings to keep members informed of governance decisions and election results

TACHC newsletters occasionally included My Texas My Health updates to share achievements, highlight benefits of participation, and encourage more health centers to join the network.

In addition, network leadership provided an array of learning opportunities for members. For example, the website for My Texas My Health housed mini training modules to introduce VBC topics. The network offered learning sessions regarding contract development, network participation agreements, and data infrastructure. Finally, as the members transition from onboarding activities, there are opportunities for learning every 4-6 weeks on topics such as quality measure performance, contract updates, and best practice implementation.

Early Wins in Value-Based Contracts with Payors

My Texas My Health succeeded in executing three contracts with health plans to participate in value-based care, including the Medicare Shared Savings Program (MSSP), UnitedHealthcare, and Aetna. As of February 2026, all but three of My Texas My Health members are in a value-based care arrangement.

Medicare Shared Savings Program (MSSP)

My Texas My Health participates in the MSSP ACO model in traditional Medicare. My Texas My Health joined MSSP in 2025 with 27 FQHCs serving 8,500 Medicare beneficiaries across Texas. An additional six FQHCs are joining the model in 2026, for a total of over 10,000 attributed lives. The ACO is eligible for Advanced Investment Payment to help build the infrastructure needed to be successful in the program. MSSP is an attractive option because of such advance payments and because it provides up to a 5-year glide path before the ACO must take some downside risk. It also is a well-established program across the country with good data transparency and more stable enrollment than Medicaid and commercial insurance.

The network's participation in MSSP was a best practice identified by field experts and representatives from other state CINs who were interviewed for the environmental scan. These key informants cited MSSP participation

as a good strategy at the outset for a CIN as there are usually good financial returns early on. As one key informant explained, “MSSP is the single biggest way in which other networks have funded their push into contracts and the infrastructure needed to do it.”

UnitedHealthcare

My Texas My Health established a VBC contract with the Medicaid arm of UnitedHealthcare in 2025. As of February 2026, there were 38 health centers participating under the contract with United, with approximately 26,000 attributed lives. The contract is structured to be upside only, and includes a shared savings arrangement.

Aetna

My Texas My Health established a VBC contract with the Medicaid arm of Aetna in 2025. The Aetna contract is structured to be upside only; however, unlike MSSP and UnitedHealthcare contracts, it is based on a pay-for-performance model. As of February 2026, there were eight health centers participating in the contract with Aetna, covering approximately 2,400 attributed lives.

Looking Ahead

My Texas My Health has achieved these contracts despite working in a state that presents some difficulties. Texas is a large state with 97% of the total 4.1 million Medicaid enrollees served among eighteen Medicaid MCO community and commercial health plans and three dental plans across thirteen service areas (as of February 2025). With so many available health plans, the number of potential lives in each plan remains low, as they are so spread out. It will remain an ongoing area of work for CIN leadership to contract and negotiate with increasing numbers of health plans before the number of enrollees adds up to a substantial number.

While data regarding payouts from the first performance year (2025) is not yet available, My Texas My Health plans to continue its focus on expanding the size of the network and securing additional contracts with payors in 2026. For example, My Texas My Health has explored opportunities with Medicare Advantage plans and begun discussions with insurers who have a large presence in both Texas Medicaid and Medicare Advantage. It has also

expanded its membership to include more rural health centers.

> "One of the biggest benefits resulting from establishing contracts is that the individual health centers don't have to do their own contracting negotiations with health plans. Before the CIN got involved, it was disheartening to see that some health centers didn't fully understand the full financial risks involved in their value-based arrangements."
>
> –My Texas My Health Participant

Establishing Data Infrastructure

The roll-out of data infrastructure was a major focus, facilitator, and outcome of My Texas My Health during its early implementation. Population health management tools assist with the process of combining clinical, health plan, and non-medical drivers of health data from different health centers into a single, unified view, enabling consistent access and analysis across health centers. As stated in My Texas My Health's onboarding materials, "a network must have data infrastructure that promotes transparency of performance and the ability to measure and identify areas for improvement. It must be able to analyze claims data to understand drivers of cost and efficiencies." Findings from the environmental scan similarly highlighted the importance of establishing analytics and data infrastructure as a critical early step.

Leadership from My Texas My Health and TACHC selected Azara as the population health platform to support data integration within the network after a competitive RFP process. When fact-finding in initial talks with other state CINs, they heard frequently about the usefulness of Azara. Given the rapid rate of change in the population health management tool space, and in order to fully explore all options, they released a competitive RFP to which any vendor could apply and they received 5 responses. Azara was selected because it is compatible with numerous EHR types and has two-way data flow and the potential to provide real-time data without lag.

Based on program documentation, 38 participating health centers had adopted Azara as of February 2026. Many of the CIN members interviewed listed data integration as one of the key benefits to their participation, citing

the ability to compare data with their peer organizations, gain visibility into patient populations, and have access to and training on population health tools available in Azara.

To support the use of Azara among network members, My Texas My Health offered intensive training and technical assistance. Training activities included an Azara demonstration and other focused sessions on using Azara to enhance data capabilities, build data infrastructure, and ensure data transparency. Training by an Azara consultant was also integrated into the onboarding process for new members. During this 3–5 week period, the consultant helped new members to map and validate their data to ensure accuracy for dashboards, scorecards, and reporting. My Texas My Health also hosts quarterly user group meetings focused on Azara and offers help desk support for individual questions.

> "One thing that's been amazing has been the Azara implementation...When I see the pace at which the team can answer questions, pull data, get real-time actionable elements, I recognize that to be a transformative tool."
>
> –My Texas My Health Participant

> "The greatest service offered by My Texas My Health: group purchasing allowed us to get a Population Health Management tool through Azara."
>
> –My Texas My Health Participant

Supporting Alignment Across Contracts and Across Reporting Environments

Alignment across VBC payor contracts represents a challenge and an opportunity for My Texas My Health. Health centers and, by extension, the CIN, must work within a complex matrix of data requirements that differ depending on specific contracts. My Texas My Health has routinely supported health centers in aligning data requirements across payor contracts and then communicating data reporting priorities (and areas for improvement most likely to align with enhanced contract performance) within those data requirements. The network's adoption of Azara to ensure consistency in data reporting supports further alignment. By virtue of

being a CIN composed of health centers, housed within TACHC, My Texas My Health understands health centers' realities and, as a result, supports them to participate in value-based contracts in ways that complement their missions and strategic orientations. For example, the CIN supports health center participation in value-based contracts by taking into account the health center data reporting requirements that exist outside of payor contracts, such as the UDS.

Fostering Operational Improvements at Clinics

Qualitative data from health center interviewees suggest that participation in My Texas My Health had direct impacts on operational improvements. Many (but not all) of the operational improvements were related to implementation of the common population health tool and specific strategies surrounding the implementation of the Azara platform. In addition to supporting greater data integration and interoperability, using population health platforms such as Azara can directly impact associated workflows, contributing to increased efficiency and improving institutional capacity for clinical care provision and identifying gaps in care.

Notably, there were six Tier 2 members that advanced to Tier 1 in 2025. This progress indicates that health centers have made operational enhancements and/or improved performance while participating in My Texas My Health.

Leveraging technology beyond data aggregation

Interviewees noted the benefit of having resources and assistance to implement Azara. This support facilitated the integration of Azara with the health centers' EHRs. Much of this work included data validation and mapping. These activities were fundamental to ensure accurate reporting across the CIN, while also improving health center performance through enhanced data quality and reporting capabilities. The aggregation of claims data with clinical data provided by My Texas My Health afforded health centers insight into patient activity that would have been difficult to generate on their own.

Workflow optimization to improve quality of care

Interviewees expressed that My Texas My Health provided actionable data to help close care gaps for specific patient populations. Interviewees also noted that the network helped them to better operationalize Medicare Annual Wellness Visits, a visit type that requires significant screening and documentation but can be associated with enhanced revenue. Specific mentions included providing guidance on using "smart phrases" to streamline documentation, generating reports that identify patients approaching age 65 in advance of Medicare enrollment.

Tangible administrative support for greater financial sustainability

Interviewees noted support from My Texas My Health in areas less closely tied to care provision, but no less important to the viability of health center operations as a whole. More than one interviewee mentioned the benefit of delegated credentialing and the quicker credentialing process for providers. Additionally, My Texas My Health provided tools and training focused on the business side of operations to ensure health center financial sustainability and accurate reporting. For example, My Texas My Health hired an external consultant to provide training on coding. Health centers appreciated assistance in identifying "under-coding" issues associated with lower reimbursements. For smaller health centers, the CIN helped operational teams develop essential policies and procedures including compliance protocols and bylaws.

Leveraging the Strengths of My Texas My Health

Interviewees described multiple strengths demonstrated by My Texas My Health.

Strong leadership and trust-based partnership

My Texas My Health achieved significant growth within a short period of time. This was a testament to the strength of its leadership and chosen approach to partnering with health centers. Interviewees described My Texas My Health as very communicative, responsive, and as a trusted and

engaged collaborator that works hand-in-hand with members. Interviewees expressed that they felt supported and guided, rather than directed, which has strengthened their motivation and engagement. They also described feeling that network leadership respected their unique clinical contexts and challenges. Participants valued the flexibility to set their own internal priorities and tailor implementation approaches to the specific needs of their patient population. This alignment has helped drive internal buy-in and sustain engagement in the network.

> "The Executive Director and the rest of the CIN team are very communicative on an individual level."
>
> –My Texas My Health Participant

> "What attracted us to joining was some of the flexibility in the arrangements, so we were able to evaluate each agreement they were bringing to us, and we can opt in or opt out."
>
> –My Texas My Health Participant

Collective voice and power in numbers

Many interviewees reported joining My Texas My Health to be part of a stronger, collective voice that would enable better negotiation of meaningful and favorable value-based contracts with payors. Participants identified alignment between the priorities of My Texas My Health and their organizational goals to engage in value-based contracting. Some cited being motivated by future incentive payments and diversified revenue streams through shared savings.

> "Joining the CIN network allows us to have a voice within the group, as well as individually."
>
> –My Texas My Health Participant

> "We were very much interested in doing value-based care and outcome-based care. But we did not have the numbers to be able to have good contracts, to be able to be at the table negotiating, and we didn't have the bandwidth to develop all the technology that's needed to do this type of work. So there was no doubt in my mind that we really needed to partner with other FQHCs."
>
> –My Texas My Health Participant

Interviewees, particularly from smaller and rural health centers, described how My Texas My Health offered negotiating power and facilitated access opportunities that would have been difficult otherwise. They viewed the network as a mechanism to support their transition into value-based care models through access to infrastructure, expertise, and economies of scale.

Trusted expert and intermediary with payors

Interviewees described how My Texas My Health provided a bidirectional conduit between health centers and payors—facilitating the exchange of information and translating operational realities, outcomes data, and strategic priorities. Interviewees expressed that the management of payor relationships relieves health centers of needing technical expertise and negotiation skills typically required to engage in larger-scale payor contracting. They stated that My Texas My Health has helped health centers to navigate the complex matrix of data requirements across specific contracts. In addition, interviewees expressed that participation in the CIN enables them to focus on clinical care delivery and overall quality improvement while still ensuring adequate representation in payor discussions.

> "They're doing a good job at reaching out and getting contracts. The process is so tedious that it makes it time-consuming...They get a lot further, faster than we would individually. I don't know if anybody could do a better job."
>
> –My Texas My Health Participant

> "I love working with the CIN because it makes so much sense to have an aggregator of value-based contracts. There was a time when we thought we would do it individually, and that was a very inefficient way to function."
>
> –My Texas My Health Participant

> "The measures that have been selected and negotiated are good, and keep patient outcomes and cost reduction in mind. It is hard to standardize metrics and they have done a very good job."
>
> –My Texas My Health Participant

Technical assistance and support

Participants emphasized the value of the tools, training, and resources provided by My Texas My Health. Interviewees described the tools as practical, relevant, and aligned with health center priorities. Members appreciated that these offerings supported them to overcome challenges related to their size and capacity. Technical assistance with Azara was particularly important for common challenges like extracting metrics from the EHR, ensuring accuracy across systems, and aligning My Texas My Health indicators with internal reporting frameworks.

The network's focus on improved outcomes and workflow efficiency resonated with many interviewees. Some shared that being a CIN member has helped them refine processes around preventive care and team coordination, most commonly in response to the implementation and use of the Azara platform. Participants also valued opportunities to set their own internal priorities and tailor implementation approaches to the specific needs of their patient population. This alignment has helped drive internal buy-in and sustain engagement in the network.

> "We have recommendations, technical assistance and support coming from the CIN to help navigate places where we need to close gaps on performance and patient outcomes."
>
> –My Texas My Health Participant

Structured opportunities for learning and collaboration

Some interviewees described inter-network collaboration as a key strength and mechanism for building shared capacity across clinics. They indicated that My Texas My Health has fostered a culture of connection between health centers. Multiple people noted that for smaller or less experienced health centers, the network facilitated practical support and knowledge sharing among both peer and more experienced organizations. This aspect of My Texas My Health has positioned the network as a resource for collective learning.

In addition, interviewees indicated that the network fostered peer-driven performance improvement. Some interviewees cited participating in My Texas My Health as a catalyst for internal improvement, and that the network fostered structured space for reflection, goal setting, and accountability. One interviewee described using My Texas My Health meetings to measure progress, share learnings, and encourage staff participation. This structure has reinforced internal momentum and strengthened clinic-wide engagement in CIN efforts.

"Better together. If we are sharing experience, information, ideas—we get a lot more done in a short amount of time. We are not reinventing the wheel."

–My Texas My Health Participant

"We're one of the top producers on most of the measures, so I see it as an opportunity for us to help those who aren't succeeding, so that we can make more money."

–My Texas My Health Participant

"It's been helpful, at least for the MSSP part, to have guidance from TACHC… we have recurring meetings [to share] what we are doing…it keeps the pressure on, and it keeps us moving."

–My Texas My Health Participant

"We're moving into the unblinded realm of performance, and so, I think that's the next step in the data sharing perspective that's coming. And I think it will be beneficial and facilitate some of those conversations on best practices and improvement opportunities."

–My Texas My Health Participant

BUILDING ON THE MOMENTUM

Since its launch, My Texas My Health has seen substantial growth and momentum as the network continues to expand and mature. While the initiative holds significant promise and many strengths, operational and contextual factors may hinder long-term sustainability. Tackling these barriers early will strengthen the program and provide opportunities to address existing gaps. The following section includes recommendations and opportunities for continuing to strengthen My Texas My Health.

1. Reimagine support and technical assistance

My Texas My Health's success at member recruitment requires a shift in the existing model of technical assistance (TA) and training. Participating health centers vary in their readiness to implement CIN participation requirements, which directly affects pacing, expectations, and the network's ability to deliver standardized support to different health centers. While some participants join with a clear understanding of the operational shifts required, others are still grappling with how day-to-day workflows and expectations will evolve by nature of their CIN participation. Furthermore, the network encompasses health centers with varied payor mixes, geographical footprints, and sizes. This diversity makes it difficult to establish unified approaches or implement standardized strategies that resonate with and work for every participating center.

Prior to this point, the support for health centers has taken two primary forms: learning sessions on value-based payment and care topics with a general audience, and tailored technical assistance, often in the form of one-on-one interactions between the health center and My Texas My Health. From the CIN perspective, this model is not necessarily sustainable—resources must now spread across 62 health centers. From the health center perspective, this model is not necessarily efficient or appropriate, given the variability in the network.

There is a need to differentiate the amount of time and resources required of health centers to participate in My Texas My Health. Ultimately, high-performing health centers (as measured through data timeliness and quality) should receive lower levels of support while those struggling with data integration and submission should receive greater levels of support. Further, My Texas My Health should separate training and technical assistance from leadership and advisory expectations for

each health center. Learning opportunities should be tailored to specific roles, so members can make the best use of their time and identify the most appropriate staff to participate. Health center staff should be able to balance the amount of time in meetings and trainings related to CIN activities with time needed to implement these activities in their health centers; the former should not outweigh the latter.

Specific considerations for further development of My Texas My Health's approach to member support and technical assistance are outlined below.

Develop a training model for health center staff that accounts for high rates of turnover. Turnover is high within the healthcare sector overall and high within health centers (turnover rates have worsened since the pandemic).[7] Consider developing a training model that works with, rather than against, these realities. Approaches may include providing asynchronous training resources and evergreen materials that are tailored to staff roles and experience with value-based care. Foundational topics for new staff include fundamentals of CIN funding mechanisms, population health basics (including a glossary), and basic quality improvement practices (including project management).

Reassess TA needs at regular intervals. Rather than providing a one-size-fits-all model of technical assistance and support, consider re-assessing health centers for areas of need and confidence within sub-areas. The continuum of needs can be informed by the logic models developed through EHF's sponsored Clinical Pathways Approach and/or the self-assessment tool for value-based care readiness used by TACHC prior to the formation of the CIN.

Solicit member feedback. Survey health center members to get input on the most fruitful/salient training needs and approaches. Integrate these with current TACHC offerings to take advantage of previously scheduled meetings. One health center interviewee offered constructive feedback about the need for greater specificity in onboarding materials to help inform staffing and expectation-setting on the health center side. Another articulated the need for a clear roadmap (based on the experiences of similar health centers) of the process for engaging in the CIN.

Clearly promote available TA. Organize relevant resources/training opportunities and communicate their availability in a centralized place easily accessed by health centers with regular communications to remind health centers of their availability.

Orchestrate peer learning opportunities. Several interviewees stated they would like more interaction between health centers to facilitate information sharing. Such opportunities could include:

- **Affinity groups:** Consider creating affinity groups based on region, clinic size, or EHR platform to share lessons learned and best practices, and allow opportunities for members to develop peer connections.
- **Mentorship matches:** Identify common strength areas and match stronger health centers with weaker ones to facilitate knowledge transfer. Consider matching health centers on dimensions other than the typical ones of size or geography. Matches should be informed by the data submitted to the network as a means of identifying centers that may have better or innovative practices to share**.** Several interviewees expressed a desire to hear from high-performing peers about how they solved specific problems.

Share lessons from other CINs: Member health centers recognize that the experience of My Texas My Health, while specific to Texas, could also benefit from learnings experienced by other CINs. Health centers requested support and technical assistance informed by these out-of-state entities.

2. Strengthen data for improvement culture

In its messaging, My Texas My Health should elevate that value-based care activities are not “just another financial interaction” but rather a core activity that aligns with health centers’ missions to better serve their communities. Fostering a culture of data for improvement must occur alongside the work of data aggregation and reporting.

During the evaluation process, interviewees shared the following:

- My Texas My Health should continue to work towards reporting unblinded data across participating health centers;

- Members would like to see a "quick-access data dashboard" that cuts across payors and enables health centers to quickly view and interpret key indicators at a glance, both for their clinic and for the network as a whole;
- Members would like to see reports on attributed persons, as well as those seen at the health center; and
- My Texas My Health should consider opportunities to expand data reporting to include lives not reported on (or covered within contracts).

In their feedback, interviewees identified a tendency in large networks for resentment to develop between high- and low-performing entities. Intentionally naming these dynamics and promoting a culture of data for improvement can support work in this area. Furthermore, interviewees recognized the value of more closely integrating payor claims data with clinical/actionable data. While such aspirations may not be achievable at this time, this vision is fundamental to effective participation in VBC and merits attention in the future.

Data governance and creating a culture of data for improvement takes time. Consistent value-add approaches to data collection, reporting, and analytics should be a topic of all CIN meetings; members should be encouraged to advance similar discussions within their own organizations.

In addition to the potential for strength in numbers, interviewees noted that CIN participation can facilitate normalizing population health activities and advocating for change with their own teams. Operational or quality improvement staff may face resistance within their health center when requesting changes to support activities such as empanelment or workflow development. By engaging with their health center peers, they can develop a sense of what is possible and thereby reduce resistance to change.

If normalizing activities at the CIN level can support behavior change at the practice level, there is also the opportunity to cultivate a sense of responsibility across and between health centers. For this to be generative rather than punitive, My Texas My Health should work to ensure diverse representation in governance, rather than singularly high-performing health centers. A leadership/advisory model that includes representation from health centers that cut across numerous dimensions—such as large and

small health centers; rural, urban and suburban health centers; varied Texas geographies—can help all types of health centers feel their specific issues are represented.

3. Enhance communications for maintenance of CIN

While communication from My Texas My Health is generally seen as strong, several interviewees emphasized the need for more frequent and detailed information. Participants noted particular areas for more communication including:

- Availability of a central online resources, question board, or FAQ for specific CIN-related questions
- Improved communication channels across committee structures
- More frequent and detailed updates on CIN activities progress with payor contracting
- More detailed information on contract mechanisms and shared savings including greater specificity around how savings will be calculated, timelines for distribution, thresholds or targets, and how care quality interacts with financial performance
- More clarity around how performance expectations and expected data metrics would be structured within the network
- More clarity around how My Texas My Health is using its cut of shared savings to benefit network participants

Improved communication will enhance knowledge sharing, strengthen network connections, and advance investment in the ongoing work of My Texas My Health. To this end, network leadership should articulate a formal communications strategy that includes:

- Goals and objectives that align with the network's strategic direction
- Key audiences and their information needs and preferences (e.g., Chief Financial Officers vs. Chief Medical Officers; frontline staff vs. case managers)
- Key messages for each audience
- Communication channels for each audience and the frequency for each method (e.g., routine updates between CIN meetings)

Across the interviews, a pattern regarding communication surfaced. Those individuals in leadership or closer to My Texas My Health leadership activities described effective communication. For those individuals and organizations farther away from the center of power, the communication was less clear and dependable. Taken as a whole, this trend suggests the need for a more comprehensive (though realistic) communications plan that considers the levels of involvement and roles of the receiving audience.

4. Elevate the network's mid-project strategy

The materials reviewed for the evaluation laid out a strategic plan for My Texas My Health through 2026. Moving forward, interviewees expressed a strong desire for deeper engagement in the network's long-term strategic vision through more transparent committee decision-making and regular updates between meetings. To achieve this, interviewees suggested implementing targeted quarterly executive forums for C-suite leaders and establishing two-way communication channels that actively solicit feedback from network members.

Overall, members requested a clearer long-term vision, at the time intervals of 5 and 10 years, to shift focus from immediate frustrations to long-term sustainability. A strategic vision for My Texas My Health is an opportunity to articulate next steps and re-emphasize the value of the network. Such communication could celebrate the high rate of health center participation over a relatively short time period and ground member expectations in a typical timeline for maturity. The experience of other CINs suggests that it can take three to five years for a CIN to achieve shared savings and greater than five years for the CIN to approach maturity (as defined by the majority of health center contracts being negotiated through the CIN).[8,9] This shared vision and strategy will strengthen a sense of shared purpose and trust necessary for health center satisfaction when returns are realized and shared across the network.

As My Texas My Health pursues value-based payment arrangements, it should continue to evaluate its payor mix, the ever-changing national and state policy environment, and opportunities to align with different payors to improve the care and health of patients. My Texas My Health's initial focus on Medicare (including MSSP) and Medicaid VBP arrangements was a sound strategy, and was identified as a best practice for CINs in many

interviews. These public programs represent a large percentage of the CIN's patients and have an established track record of encouraging VBC. Moving forward, the CIN should continue monitoring the policy and regulatory environment for changes in insurance coverage, financing, and other factors that may hinder or help its success. Interviewees stressed that even highly successful health centers are vulnerable to shifts in the broader political environment, and emphasized the need for continued clarity and guidance to support navigating these evolving conditions. As health centers adapt to policy and regulatory changes under the current federal administration, it will be particularly important for the CIN to continue to foster engagement and emphasize a collective vision among all members.

Given the tumultuous landscape of healthcare funding for health centers at multiple levels, My Texas My Health shoulders the burden of articulating a future plan when there are numerous unknowns. While My Texas My Health is implementing a somewhat tested model of a clinically integrated network, the specific targets and expectations for health centers in Texas remain unclear. As elevated in the environmental scan, considerations include:

- Does the CIN have the tools to be successful in improving on key metrics?
- For what measures does the CIN have confidence that it can move the needle on outcomes? And does this differ between UDS and HEDIS metrics?
- What are the requirements of each payor/model: pay for quality, shared savings, shared savings with downside risk? How many members of the CIN are ready for this type of model?

Despite the future uncertainty, My Texas My Health must articulate a clear roadmap for the future, striking the right degree of specificity to satisfy health centers at a range of maturity in their experience with value-based contracts. While such a plan must be grounded in the current realities of uncertainty in funding, My Texas My Health must highlight opportunities for health centers to gain financial traction in an increasingly constrained insurance marketplace.

The State of Texas recently received a $281 million award for the first of five years of the federal Rural Health Transformation Program. Texas' plan,

called Rural Texas Strong, contains six initiatives to improve health in rural communities. The three initiatives that plan to leverage two or more CINs or similar cooperatives relate to: creating patient-facing healthcare portals that integrate with electronic medical records and health information exchanges; expanding telehealth services related to prevention, behavioral health, or remote monitoring of chronic conditions; and improving cybersecurity. There also are opportunities for rural FQHCs and the CIN in the other three initiatives related to making rural Texans healthy again, healthcare workforce development, and infrastructure and capital improvements. Given the relative energy and attention garnered by Rural Texas Strong and that CINs were named explicitly within the plan, it may benefit My Texas My Health to align near-term strategy with the Rural Health Transformation Program application and funding directions.[10]

CONCLUSION

My Texas My Health has made significant progress since its founding. Under the leadership of its Executive Director, the network has established a governance structure and navigated a complex environment to initiate three value-based contracts. It has grown rapidly in membership, strengthening its power to secure additional contracts. In addition, the widespread use of Azara, coupled with technical assistance provided by My Texas My Health, stands out as a core strength.

As My Texas My Health transitions to its next phase, it has established a strong foundation for moving into new opportunities. The network is already making inroads on core elements for long-term sustainability, such as data sharing and transparency, continuous quality improvement, and payor relationships. Its leadership and members are looking forward to successful payouts as the network approaches the three-year time frame typical for financial generation.

While the realization of successful payouts remains in its infancy, health centers are invested in the collaboration and future success of the network. The network's efforts to advance better care, smarter spending, and healthier people are foundational to fortifying health centers and their essential role in the safety net in Texas.

END NOTES

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APPENDICES

APPENDIX A. Detailed Methods

Evaluation Overview

In 2023, EHF engaged JSI to evaluate My Texas My Health. To lay the groundwork, JSI, along with Lisa Kirsch, Senior Policy Director at Dell Medical School, first conducted an environmental scan. The purpose was to review the funding landscape and elevate lessons from the implementation of other health center-focused CINs. The scan included a literature review, key informant interviews with state clinically integrated networks (CINs) and industry experts, and an analysis of Texas and Federal value-based payment policy and regulatory environments. Findings from the environmental scan provided a basis for the subsequent evaluation of My Texas My Health.

The evaluation assessed the progress of My Texas My Health during its initial implementation. The purpose was to determine the efficacy of My Texas My Health in advancing its goals, to identify supportive factors and barriers to success, and to provide recommendations to support My Texas My Health's work toward increasing quality of care and providing value-driven services.

Grounded in the RE-AIM framework, the evaluation explored questions related to reach, effectiveness, adoption, implementation, and maintenance (Table A1).

TABLE A1. Evaluation Questions

Reach	Who is reached by the CIN?
Effectiveness	How has the CIN resulted in desired outcomes? What are key drivers to the continued success of the CIN? What are barriers that may present challenges to the success of the CIN? What have been some early wins accomplished by the CIN?
Adoption	What health centers are participating in the CIN? What level of engagement do health center staff participating in the CIN have?
Implementation	What adjustments have been made since implementation? What are the resources needed for implementation of the CIN for the health centers?
Maintenance	What are strategies to strengthen and sustain the CIN?

Methods

Using a mixed methods approach, JSI combined quantitative program data with qualitative data that was collected through stakeholder interviews and an environmental scan. The quantitative program data served as a foundation for the analysis, with the qualitative data providing context and important insights from stakeholders. The evaluation team used member-checking and triangulation to strengthen data validity, address limitations of self-reported data, and formulate comprehensive findings.

Key Informant Interviews

JSI conducted a total of 26 semi-structured interviews. A purposive sample was identified inclusive of My Texas My Health staff and participants. The interviews explored motivations for participation in My Texas My Health; implementation activities; early wins accomplished by My Texas My Health; and perceptions around facilitators, barriers, and recommendations to strengthen the network moving forward. One set of interviews included four TACHC and My Texas My Health staff, which was conducted from February to May 2025. A follow-up interview with My Texas My Health staff was conducted in January 2026. The second set of interviews were with representatives from 22 health centers participating in My Texas My Health. These interviews were conducted from August to October 2025.

All interviews were attended by an interview lead and a note taker. The interviews lasted 30-60 minutes and were recorded and transcribed in Zoom. The evaluation team met regularly to review transcripts, discuss emerging insights and synthesize findings in an iterative process. In preparing the report, JSI chose quotes to be representative of findings and provide the reader with additional detail. The selected quotes were edited for clarity and identifying information was removed.

Document Review

JSI reviewed a variety of program documents provided by My Texas My Health and TACHC. The purpose of the review was to understand the network organizational structure, governance and operational models and financial state. The types of documents included:

- Network organizational structure
- Network governance

- Operational policies and procedures
- Communication plans
- Targets, such as revenue and participation targets for first 12 or 18 months
- Number of health centers that have joined the CIN
- Participation agreements
- Number of health centers sharing data/using interoperable systems with CIN
- Number of patients covered
- Financial documentations, including shared savings distribution plans
- Geographic coverage
- Quality of care metrics
- Presentations to payors and CIN members

Limitations

Several limitations to the evaluation should be noted. First, My Texas My Health interviewees were self-selected. Furthermore, the individuals interviewed represented a wide array of roles with the health centers and had varying levels of familiarity with My Texas My Health. Another limitation is that initially the evaluation was designed to cover only the period of June 2023 to December 2024. Over the course of the evaluation (mainly in calendar year 2025), My Texas My Health evolved significantly and the decision was made to expand the timeframe to include more recent developments. Another limitation is that, given the timing of the evaluation, most of the available data reflects process measures and early outcomes as compared to impact metrics. Finally, My Texas My Health activities coincided with other efforts to advance value-based payment and care in Texas health centers (such as the Clinics Pathways Approach initiative). This overlap made it challenging at times to distinguish efforts related to the CIN from similar and concurrent activities.

APPENDIX B. List of My Texas My Health Members

Members (as of February 2026)

1. AMISTAD COMMUNITY HEALTH CENTER INCORPORATED
2. ASIAN AMERICAN HEALTH COALITION DBA HOPE CLINIC
3. ATASCOSA HEALTH CENTER, INC.
4. BEE BUSY WELLNESS CENTER
5. BRAZOS VALLEY COMMUNITY ACTION AGENCY, INC.
6. BROWNSVILLE COMMUNITY HEALTH CENTER
7. BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER, INC.
8. CACTUS HEALTH CENTERS
9. CENTRAL TEXAS COMMUNITY HEALTH CENTERS
10. CENTRO DE SALUD FAMILIAR LA FE
11. CENTRO SAN VICENTE
12. COMMUNITY HEALTH CENTERS OF S. CENTRAL TEXAS, INC.
13. COMMUNITY ACTION CORPORATION OF SOUTH TEXAS
14. COMMUNITY HEALTH CENTER OF LUBBOCK
15. COMMUNITY HEALTH DEVELOPMENT, INC.
16. COASTAL GATEWAY HEALTH CENTER
17. COMMUNITY HEALTH SERVICE AGENCY, INC.
18. CROSS TIMBERS HEALTH CLINIC, INC.
19. EAST TEXAS COMMUNITY CLINIC, INC.
20. EAST TEXAS COMMUNITY HEALTH SERVICE
21. EL CENTRO DE CORAZON
22. FORT BEND FAMILY HEALTH CENTER, INC.
23. FRONTERA HEALTHCARE NETWORK
24. GATEWAY COMMUNITY HEALTH CENTER, INC
25. GULF COAST HEALTH CENTER, INC.
26. HEALING HANDS MINISTRIES, INC

27. HEALTH SERVICES OF NORTH TEXAS, INC.
28. HEALTHCARE FOR THE HOMELESS--HOUSTON
29. HEART OF TEXAS COMMUNITY HEALTH CENTER, INC.
30. HEALTH CENTER OF SOUTHEAST TEXAS
31. HOUSTON AREA COMMUNITY SERVICES, INC.
32. LA ESPERANZA CLINIC, INC.
33. LEGACY COMMUNITY HEALTH SERVICES, INC.
34. LONE STAR CIRCLE OF CARE
35. LONE STAR COMMUNITY HEALTH CENTER, INC.
36. LONGVIEW WELLNESS CENTER
37. LOS BARRIOS UNIDOS COMMUNITY CLINIC
38. MT. ENTERPRISE COMMUNITY HEALTH CLINIC
39. MARTIN LUTHER KING, JR. FAMILY CLINIC, INC.
40. MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM
41. MIDLAND COMMUNITY HEALTHCARE SERVICES
42. NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE
43. NAVARRO COUNTY AMBULATORY CARE ASSOCIATION
44. NUESTRA CLINICA DEL VALLE, INC.
45. NORTH TEXAS AREA COMMUNITY HEALTH CENTER, INC.
46. PEOPLE'S COMMUNITY CLINIC
47. PREVENTATIVE CARE HEALTH SERVICES, INC.
48. PROJECT VIDA HEALTH CENTER
49. SABINE VALLEY REGIONAL MHMR CENTER
50. SAINT HOPE FOUNDATION
51. SHACKELFORD COUNTY COMMUNITY RESOURCE
52. SOUTH TEXAS RURAL HEALTH SERVICES, INC.
53. SPECIAL HEALTH RESOURCES FOR TEXAS, INC.
54. SPRING BRANCH COMMUNITY HEALTH CENTER
55. SOUTH PLAINS RURAL HEALTH SERVICES, INC.
56. STEPHEN F AUSTIN COMMUNITY HEALTH CENTER, INC.

57. SU CLINICA FAMILIAR
58. TRIANGLE AREA NETWORK, INC.
59. TYLER FAMILY CIRCLE OF CARE
60. UNITED MEDICAL CENTERS
61. UNIVERSITY OF HOUSTON HEALTH FAMILY CARE CENTER
62. VIDA Y SALUD HEALTH SYSTEMS, INC.

APPENDIX C. Matrix of Summary Information

Factors Identified in the Environmental Scan and Evaluation Findings

Factors	To What Extent is the Factor Evident in My Texas My Health?
Early Success Factors	
Strong governance and legal infrastructure	The network has formally established its governance and legal framework, including incorporating as an LLC and creating a Board of Managers and several operational committees. They have also developed a comprehensive set of policies covering compliance, conflicts of interest, and value-based care contracting. A two-tier membership structure based on clinical quality and services was implemented to allow for participation from health centers at varying levels of readiness.
Ability to negotiate with payers	The CIN has successfully initiated contracts with the Medicare Shared Savings Program (MSSP), UnitedHealthcare, and Aetna. These represent early milestones in establishing value-based care arrangements. As of February 2026, all but three of My Texas My Health members are in a value-based care arrangement. • MSSP: 33 health center members; 10,000 Medicare attributed lives • UnitedHealthcare (Medicaid arm): 38 health center members; 26,000 attributed lives • Aetna (Medicaid arm): 8 health center members; 2400 attributed lives
Clear communication and buy-in	Communication is generally effective, with leadership providing regular updates and maintaining responsiveness. However, members further from leadership have requested more detailed, centralized communication, indicating that the current strategy does not equally reach all participants.

Factors	To What Extent is the Factor Evident in My Texas My Health?
Staffing and expertise	The CIN hired an Executive Director with specific experience in value-based arrangements and establishing an ACO. Members also reported benefiting from external consultants and technical assistance provided by the CIN for coding and data platform implementation.
Analytics and data infrastructure	The CIN selected Azara as a unified population health platform to support data integration. By February 2026, 38 of the 62 participating centers had adopted the platform, aided by intensive technical assistance from the CIN.
Facilitators of Long-Term Success	
Successful payouts for CIN members	Payouts have not yet been realized because the network is still in its early stages, and data from the first performance year (2025) is not yet available. The experience of other CINs suggests that it can take three to five years for a CIN to achieve shared savings and greater than five years for the CIN to approach maturity (as defined by the majority of health center contracts being negotiated through the CIN).
Continued positive relationships between the CIN and payers	My Texas My Health effectively serves as a trusted intermediary between clinics and payors. The network relieves health centers from complex negotiations, while translating operational realities and clinical outcomes to payers.
Data sharing and transparency between participating health centers	While data integration through Azara allows for basic transparency, the network is still working toward unblinded data sharing across clinics. Members expressed a desire for a quick-access dashboard that cuts across payers to better facilitate peer learning and benchmark performance.

Factors	To What Extent is the Factor Evident in My Texas My Health?
Negotiating power related to covered lives and geographic coverage	The CIN has achieved substantial negotiating power through rapid membership growth. The network encompasses 62 health centers covering all 13 Texas Medicaid managed care service areas, representing approximately one million patients.
Continuous quality improvement efforts from the CIN and among members	The network encourages operational improvement, evidenced by six Tier 2 members advancing to Tier 1 in 2025. It provides actionable data to help centers close care gaps and offers structured peer learning opportunities to share best practices.
Clarity from the CIN on allocation of shared savings	The Board of Managers approved a distribution methodology for shared savings in November 2024. To support a shared understanding within the network, members have requested more specific communication regarding how savings will be calculated and distributed.
Barriers to Success	
Challenges with health center engagement and standardization	Members vary significantly in their readiness, size, location, payer mix, and existing data infrastructure. Up to this point, the CIN adopted a "one-size-fits-all" support model that entailed individualized TA or learning sessions for a general audience. Given the size and heterogeneity of the network, this model may be difficult to sustain. Going forward the CIN would benefit from a differentiated TA approach to better support all health centers in Texas.
Complex legal and administrative environment	Texas has a highly fragmented Medicaid market, with 18 Medicaid Managed Care plans spread across 13 service areas. This requires the CIN to negotiate numerous independent contracts to cover a substantial portion of its patient base.

Factors	To What Extent is the Factor Evident in My Texas My Health?
Medicaid coverage limitations	The massive spread of Texas Medicaid enrollees diffuses the network's immediate impact. With Medicaid enrollees distributed across many plans, the potential covered lives in any single plan remains low.
Misalignment in data requirements	Health centers must navigate differing data requirements across various payer contracts, complicating their reporting efforts. The CIN works to mitigate this by helping centers align these priorities and integrating them with other mandatory reporting, like the UDS.
Attribution challenges	Members have explicitly requested more distinct data reporting regarding attributed patients. They want reports that clearly separate attributed persons from the patients actually seen at the health centers to better manage population health.
Payout delays and sustainability	Because the network is still in its early years, financial payouts have not yet occurred. Maintaining health center engagement requires a clearer long-term vision to shift focus from immediate operational frustrations to future financial sustainability.
Challenges in staying up-to-date with state and federal priorities and incentives	The network remains vulnerable to shifting national and state policies. The CIN must constantly evaluate its strategy to align with changing regulations and new funding opportunities, such as the state'sstate's Rural Health Transformation Program (Rural Texas Strong).