Texas HHSC CHW Stakeholder Meeting – March 25, 2024

RE: Texas Medicaid Policy and HB 1575 Implementation

With over 200 organizations, Health Equity Collective (HEC) is a systems coalition with a singular focus of strengthening care coordination for non-medical drivers of health in the Greater Houston region. This requires technology connections, shared data standards, shared use agreements and most importantly, enhancements to the human capacities and workflows in care coordination.

Community Health Workers or promotoras (CHWs) are frontline health workers who are a trusted members of the community and/or have a strong understanding of the community they serve and their needs. They are usually lay members of the community who work within health care systems, public health organizations or community organizations to build trusting relationships, conduct outreach and education activities, and provide direct services to patients and community members. They reach patients and community members where they are and evidence shows they often play a critical role in reducing disparities, improving health outcomes, and achieving health equity. The state of Texas ranks third in the United States (U.S.) for the number of CHWs employed. Texas is one of the states that does require certification for a CHW that is authorized by the Texas Department of State Health Services and various training centers around the state offer CHW certification programs. As of 2020, there were 4,139 actively certified CHWs in Texas, a 361% increase since 2010. These data also show that CHWs are not evenly distributed in the state with a majority in the metropolitan areas of the state. Additionally, in socio-demographically in Texas, 63% of the CHWs are Hispanic/Latino, 22% Black/African American, 11% White and 5% other racial/ethnic groups, and a majority of the CHWs are female (90%). While Texas ranks 3rd in the country for most employed CHWs, it ranks among the lowest for CHW wages with a mean hourly wage of $20.34 as compared to states of Rhode Island, District of Columbia, New Mexico, Alaska and North Dakota. The top five paying states with hourly wages ranging between $29-$32. Thus, a systems approach is needed to ensure a more sustainable CHW workforce.

In October 2022, the HEC initiated a regional collaborative effort to strengthen the CHW workforce, with a focus on equity and sustainability. Following the collective impact approach of linking existing community strengths, the HEC launched a CHW Network consisting of organizations training and employing CHWs in the Greater Houston region. This Network consists of approximately 100 individual members representing 43 organizations. The CHW Network also includes leaders representing the region's grassroots CHW groups, including the regional CHW training sites, Texas Gulf Coast CHW/Promotores Association, Texas Association of Promotores & CHWs, TX DSHS CHW committee, NACHW, and the APHA CHW section with linkages to CHW efforts across Texas through TEPHI (Texas Epidemic Public Health Institute). The HEC also invited key member organizations to support this broad CHW Workforce development effort. These partners, Prevention Institute, Nadia Siddiqui Consulting, CCPPI, Texas Health Institute, AlphaChimp, Texas Research to Policy, and TEPHI, came together to build the network of CHW workforce stakeholders. Many HEC CHW Network

members supported the passage of HB 1575 and HB 113. Since these bills have become law, several questions on how these bills will be implemented have emerged.

In this document, we present the input from HEC CHW Network members across the Greater Houston region to support successful implementation of HB 1575 and HB 113, and ensure long-term success and sustainability of the CHW workforce. Our recommendations include:

1. Collaborative Development: establish a working group comprised of HHSC, DSHS, MCOs, CHW associations, and TACHC to co-develop recommendations and operational guidance for HB 1575 and HB 113 implementation plans.
2. Standardization: Create and implement standardized processes across Managed Care Organizations (MCOs) and HHSC, including enrollment, credentialing for Doulas and CHWs, prior authorization, and billing. This ensures consistency, clarity, and efficiency along the entire Medicaid-MCO-CHW/doula-patient pathway. Examples given:
    1. Standardized enrollment process in Managed Care (MCO) and Medicaid
        i. Credentialing for Doulas
        ii. Credentialing for CHWs
    1. Establish timelines and turnaround time for credentialing processes
    2. Standardized prior authorization form and process
    3. Standardized billing process and reimbursement rate for each MCO
    4. Designated point of contact in each MCO
3. For on-going workgroup, these are recommendations for consideration:
    1. Timeliness: Establish clear timelines and turnaround times for credentialing processes to prevent delays and ensure timely access to services for patients.
    2. Transparency: Publicly report data on Case Management Services regularly, ideally quarterly, to provide transparency and accountability. This should include data by roles such as CHWs, Doulas, providers, and by MCO to facilitate quality improvement efforts.
    3. Continuous Learning: Engage CHW Associations and MCOs in ongoing learning and quality improvement efforts to adapt and enhance services based on evolving needs and best practices.
    4. Sustainability: Consider the sustainability of CHW initiatives when setting the care coordination reimbursement rates. Set rate hearing with intentional outreach and engagement of the CHW associations across Texas.
    5. Evidence-Based Reimbursement Rates: Utilize existing evidence, such as the recent study on Financing Thresholds for Sustainability of Community Health Worker Programs, to inform reimbursement payment rates. This includes considering the minimum threshold for Medicaid fee-for-service payment rates for CHW visits and exploring reimbursement models from other states. Examining existing evidence for reimbursement payment rates, such as this recent study: Financing Thresholds for Sustainability of Community Health Worker Programs for Patients Receiving

Medicaid Across the United States
-https://link.springer.com/article/10.1007/s10900-023-01290-w

i. The minimum threshold for Medicaid fee-for-service payment rate for a 30-min CHW visit (Medicaid billing code 98960), after considering the wages and overhead costs for CHWs, was estimated to be a **mean of $53.24 nationwide (**95% CI $24.80, $91.11).

ii. Among states, the minimum varied from $40.44 in South Dakota (95% CI $17.65, $71.09) to $70.89 in Washington D.C. (95% CI $32.08, $120.25) due to the combination of wages and overhead costs (Table 2, Fig. 3, included below).

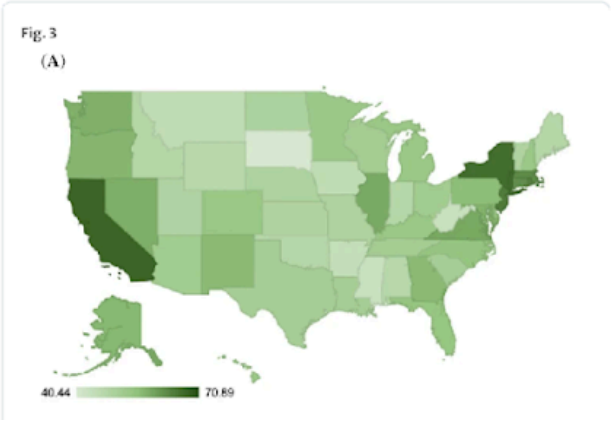
iii. Consider reimbursement for CHW telehealth visits.

1. Leverage resources such as those provided by the National Academy for State Health Policy (NASHP) to explore reimbursement models and policies for community health workers in other. Reimbursement for an episode of care divided up by unit with examples from other states. (NASHP may be able to help) https://nashp.org/state-tracker/state-community-health-worker-policies/

Table 1 - Source: https://link.springer.com/article/10.1007/s10900-023-01290-w/tables/2

State	Minimum fee-for-service (FFS) payment per visit	95% CI (FFS lower)	95% CI (FFS upper)	Minimum capitated payment per month per patient (PMPM)	95% CI (PMPM lower)	95% CI (PMPM upper)
Texas	$51.11	$25.14	$86.68	$135.54	$99.98	$260.18

Table 2 - Source:https://link.springer.com/article/10.1007/s10900-023-01290-w



The Health Equity Collective offers to serve as a resource and partner to HHSC in developing effective processes to invest and support the Texas workforce of CHWs. For more information on our CHW efforts you can go to https://sph.uth.edu/research/centers/che/community-health-workers/ or you can contact us at healthequitycollectiveTX@uth.tmc.edu.

List of Health Equity Collective member organizations involved in the efforts described in this statement:

CCPPI
CHPPR
Cigna
City of Brownsville Department of Health, Wellness, and Animal Services
City of Houston Health Department
Community Care Cooperation
Community Health Choice
Culture of Health Consulting
Greater Houston Partnership
Harris County Public Health
Harris Health
Harris Health System
Health Equity Collective
Houston Food Bank
Houston Immigration Legal Services Collaborative
Houston Recovery Center
Legacy Community Clinics
Legacy Community Health
Lupus Foundation
Lupus Texas
March of Dimes
MD Anderson
MD Anderson Cancer Center
Memorial Hermann
Mental Health America of Greater Houston
Network of Behavioral Health Providers
New Liberty Road Community Development Corporation
Prevention Institute
Pro Salud Houston
Project Echo
Rainbow Health
Rice University
RVM Strategies, LLC
San Jose Clinic
Sankofa Research Institute
Spring Branch Community Health Center
Target Hunger
Texas AHEC East
Texas Children's Hospital
Texas Gulf Coast CHW/Promotores Association

Texas Health Institute
Texas Southern University
The Harris Center for Mental Health & IDD
The Women's Resource
Trust CHW
UH Medical School
University of Houston
University of Texas Health Science Center
UTHealth Houston
UTMB
Vecino Health Centers
Wild Blue Health Solutions

