

Community Health Worker and Doula Townhall
Case Management for Children and Pregnant Women/House Bill 1575 Implementation
Notes from November 2024 Meeting/Questions and Answers

Background:

House Bill ([H.B. 1575](#)) from the 88th Legislative Session allows community health workers (CHWs) and doulas to enroll in the [Case Management for Children and Pregnant Women](#) (CPW) program and to provide and then bill for case management services for pregnant women and children in the Medicaid program.

Links:

You can find more about the Medicaid program [here](#).

You can find an overview of the CPW program, enrollment requirements, and credentialing information from the November 2024 community health worker (CHW) and doula training [here](#).

You can find the pre-requisite trainings for case managers [here](#). [Note: Completing the trainings on this page is the first step to meeting all training requirements. After completion, HHSC will provide a link to a more detailed core training course you will be required to complete. That training is also self-paced.]

You can find the Texas Medicaid & Healthcare Partnership (TMHP) CPW Enrollment Quick Start Guide [here](#).

You can find additional Texas Health and Human Services Commission (HHSC) resources for the CPW program [here](#).

You can find instructions for applying for a National Provider Identifier (NPI) [here](#).

Definitions:

- Credentialing Verification Organization (CVO): Texas uses a single CVO to help check the credentials and ensure the legitimacy of each provider seeking to credential and contract with a Medicaid managed care organization. Credentialing takes place after you have enrolled in the Medicaid program. [Verisys](#) is the CVO for Texas.
- Medicaid managed care organization (MCO): A health plan that the state has contracted with to administer the managed care portion of the Medicaid program. MCOs build a provider network, reimburse providers for services provided to their members, and help coordinate care for their members. Providers must credential and contract with an MCO prior to serving their members in managed care or receiving reimbursement.
- Provider Contracting: The process of negotiating a contract with a Medicaid MCO to provide services to their members and receive reimbursement. Once contracted you can bill an MCO using the designated procedure code, modifiers, and amounts outlined in your contract and their MCO policy.
- Provider Credentialing: The process that verifies a health care provider's qualifications and background. All Medicaid providers and health plans in Texas must use the centralized CVO.
- Provider Enrollment: The process where a healthcare provider applies to become a Medicaid provider through the Texas Health and Human Services Commission (HHSC). Federal regulations outline specific enrollment requirements.

- Provider Enrollment and Management System (PEMS): Texas Medicaid & Healthcare Partnership's (TMHP's) provider enrollment system.
- TMHP: HHSC's contracted entity that assists with the administration of the Medicaid program, including Medicaid provider enrollment.

Steps to become a Medicaid provider – (you can find information about these steps [here](#)):

1. You must enroll in the Case Management for Children and Pregnant Women (CPW) program. Contact AskCM@hhs.texas.gov and indicate interest in becoming a CPW provider. A Department of State Health Services Regional Liaison will reach out to you to schedule a pre-planning interview. The purpose of the pre-planning interview is to determine if you meet the eligibility requirements and answer your questions. If you send an email and do not hear back within a week, please feel free to email again.
2. You must complete all [training](#) requirements. Training is self-paced and should take approximately nine and a half hours.
3. You must receive an approval letter from HHSC to begin the official enrollment process to become a Medicaid CPW provider.
4. You must obtain a [National Provider Identifier \(NPI\)](#) from the from the National Plan & Provider Enumeration System. This is a federal process and timing for completion may vary.
5. You must [enroll](#) in the Texas Medicaid Program through TMHP.
6. You must credential and contract with the MCOs in the region or service area where you are serving Medicaid managed care clients. See map of health plans [here](#).

Reimbursement Rules.

Q. How do I know what to bill, the rules around how I provide services, and what services I am allowed to provide?

A. You can find the Medicaid policy [here](#) (starts on page 9). When you credential and contract with an MCO, you will want to identify if their medical policy has any differences than the requirements outlined in this guide – *the Texas Medicaid Provider Procedures Manual (TMPPM)*. In addition, MCOs will furnish new providers with a policy manual that includes their requirements.

Q. What is the billing code and rate?

A. Here are the billing codes and modifiers for all providers in the CPW program:

Procedure Code	Procedure Description	Additional Information
G9012	Comprehensive visit (in-person)	Modifier U2 and U5
G9012	Comprehensive visit (synchronous audiovisual)	Modifier U2, U5 and 95
G9012	Follow-up visit (in-person)	Modifier U5 and TS
G9012	Follow-up visit (synchronous audiovisual)	Modifier U5, TS and 95
G9012	Follow-up visit telephone (audio only)	Modifier TS and 93

Modifier	Description
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
TS	Follow-up service
U2	Comprehensive visit
U5	Face to face visit

MCOs can negotiate their own rates but frequently negotiate rates similar to the Medicaid fee-for-service rates, which are currently:

- \$146.16 for a comprehensive visit conducted face to face or synchronous audio-visual
- \$122.31 for a follow-up service conducted face to face or synchronous audio-visual
- \$29.36 for audio-only telephonic visit

Q. Is there an entity that can help me learn about billing?

A. Each MCO has provider representatives tasked with assisting providers with billing, reimbursement, and other provider issues. Request a provider representative be assigned to you to assist with learning all the billing requirements.

Q. Can doulas provide the full scope of services or just case management?

A. Today in Texas, the Medicaid program can only reimburse doulas for case management services provided under the CPW program. The Texas Legislature directed HHSC to allow doulas and CHWs to provide these services, but today HHSC does not have the authority to allow reimbursement for additional services that doulas provide.

Q. What happens if a Medicaid client moves to a new health plan/MCO?

A. People enrolled in Texas' Medicaid program can change health plans/MCOs at any time. When you are serving Medicaid enrollees, it is very important that you first check their eligibility

to ensure they are still enrolled in Medicaid and to see if you have a contract with the MCO in which they are enrolled. If you treat a patient who is not enrolled in Medicaid or with an MCO with which you are contracted, you will likely not be eligible for reimbursement. When members change MCOs, HHSC requires MCOs to provide transition services to ensure members continue to receive care. If a patient you are currently seeing changes MCOs, then check with the MCO to determine what requirements exist for continuity of care.

Enrollment, Credentialing and Contracting Questions

Q. Is there an age limit on who can be a Medicaid provider?

A. A CPW provider must be 18 years of age.

Q. What is the difference between enrolling as an individual CHW or doula and enrolling with an existing organization/provider?

A. If a CHW or doula enrolls as an individual, that indicates the CHW or doula is practicing alone and is not practicing as part of an organization or group. For an individual to enroll with an existing organization/provider, the CHW or doula should first make sure the organization is enrolled in Medicaid as a group. Then, the CHW or doula would enroll under that group/group NPI as a performing provider using their individual NPI.

Q. Can a CHW or doula working in an FQHC enroll? Are there different rules for enrolling with an FQHC?

A. CHWs and doulas are not required to enroll individually if they work for an FQHC. All billing will flow through the FQHC's NPI. The individuals working for the FQHC will only need to provide proof that they have received the appropriate training. See page 109 of the UMCM 16.1:

<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/16-1.pdf>

Q. Do health plans/MCOs even want to contract with CHWs and doulas?

A. Health plans/MCOs must have providers in their network to provide all the Medicaid covered services; however, MCOs can determine whether to contract with new providers or use existing staff such as Service Coordinators for case management services. HHSC is unaware of any MCOs indicating they would not contract with CHWs and doulas for CPW services.

Q. Are there network adequacy requirements for this program – requirements for how many providers a health plan must credential and contract with?

A. The Medicaid managed care contract states the following:

All Members must have timely access to quality of care through a Network of Providers designed to meet the needs of the population served. The MCO will be held accountable for creating and maintaining a Network capable of delivering all Covered Services to Members.

While there are no specific requirements for the number of doulas and CHWs in an MCO's network, the Medicaid manual requires MCOs to ensure their members have access to at least one provider of case management services within a 75-mile radius. MCOs have flexibility as to

how they meet the contract requirements for network adequacy but have indicated an interest in contracting with CHWs and doulas for CPW services.

Q. Do significant traditional provider requirements apply to these new providers?

A. No, the significant traditional provider requirements are used to require health plans to contract with existing traditional providers of services when a program is transitioning into managed care. These are new provider types so do not have a history of providing services and receiving Medicaid reimbursement.

How do I contact the various entities?

- Technical Assistance – The Episcopal Health Foundation is working with a team to provide technical assistance for CHWs and doulas interesting in enrolling as a Medicaid provider. You will receive more information about how to obtain technical assistance soon.
- TMHP Provider Enrollment: provider.relations@tmhp.com
- MCOs for credentialing and contracting: Contact Verisys at 1-855-743-6161.

Additional Questions:

Q. Are Medicaid enrollees currently receiving CHW or doula services? Do health plans currently work with these entities?

A. Until passage of HB 1575, doula and CHW case management services were not reimbursable by Medicaid. Before passage, many MCOs had individual contracts or programs with doulas and CHWs that were considered value-added services (not reimbursable by Medicaid but a service an MCO decides to offer as an added benefit if you enroll in its plan). Additionally, many MCOs employ CHWs and doulas to help their members that need Service Coordination and other services.

Q. Does enrollment in Medicaid for the CPW program exclude post-partum or end of life doulas?

A. The enrollment criteria for doulas does not exclude post-partum or end of life doulas, but it does require attendance at three (3) births. HHSC does not anticipate changing the enrollment criteria at this time; however, the agency will be performing regular reviews of new provider type enrollments and will determine if adjustments might be warranted as the implementation continues.