

Briefing Paper on Access to Medicaid And CHIP For Farmworker Families

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THE ISSUE:

Since its inception the federally mandated, but state administered, Medicaid program has failed on a national basis to address the needs of farmworkers. This circumstance is the unintentional result of well-intended state and federal actions. The program was not intended to exclude farmworkers. Federal health care financing legislation clearly recognizes the dangers of agricultural labor for migrant and seasonal farmworkers, and their need for health care services. The barriers that prevent them from enrolling and retaining Medicaid are administrative, and thus can be removed by policy modifications. Most problems arise from state policies that do not accommodate the need of low income migrating farmworkers for portable Medicaid benefits, and ignorance at the state and county levels of national policy determinations that have been made to facilitate the provision of Medicaid to farmworkers.

Migrant and seasonal farmworkers who become eligible for Medicaid in their home state lose their eligibility for services when they temporarily relocate to another state. Most farmworkers fit the eligibility profile for Medicaid, even in those states in which it is difficult to qualify. It is necessary to develop and implement strategies for enrolling farmworkers in Medicaid and keeping them on Medicaid as they travel up the migrant stream. ***These policy changes and strategies must also be extended to implementation of CHIP in order to avoid duplication of the same barriers that have prevented farmworkers from participating in Medicaid for the last three decades.***

BARRIERS TO ACCESS TO MEDICAID AND OTHER STATE/ FEDERAL PROGRAMS:

Seasonal Income Variability of Farmworker Families

The seasonal nature of agricultural labor often imposes a nomadic lifestyle on the farmworker family. This requires them to learn about each new community, or state, in which they reside in order to meet their basic survival needs. Parents must continually re-establish working, living and education arrangements. Maintenance of vehicles and attention to immediate needs, such as food, shelter and gasoline, must take priority over other concerns. Seasonal work is unreliable and provides the farmworker family with an unstable income that fluctuates

throughout the year. Most of the annual family income is earned within a particular season, and the bulk of that income may be earned in a different state than the state called home. *Although families have **annual** incomes below 100% of poverty, they are often declared ineligible for Medicaid for their peak work periods.*

Logistic Barriers

In addition to survival priorities, which take precedence over obtaining health care for anything less than an emergency, farmworkers face many other obstacles to obtaining Medicaid. Negotiating the enrollment process may be hindered by ignorance of eligibility, language, literacy level, lack of transportation, complexity of paperwork, and the length of the processing period (farmworkers may have to leave an area before a decision is made on their application). One or more of these lifestyle issues may pose barriers to access to Medicaid for farmworkers.

Other Important Circumstances that Prevent Farmworker Participation

Other issues, completely outside the farmworker's control may also impact their ability to access Medicaid.

- **Varying State Regulations** Each State has its own residency requirements, eligibility structure, reimbursement rates and billing procedures.
- **Lack of Reciprocity** There is no reciprocity of Medicaid between states, although states are not federally restricted from entering into such agreements.
- **Mandatory Medicaid Managed Care and Gatekeeping** Mandatory Medicaid Managed Care programs force migrant and seasonal farmworkers into HMOs, which are not equipped to deal with the clinical, cultural and linguistic needs of this population. Within a single state some counties will have traditional Medicaid, and others will have Medicaid Managed Care. Many states utilize Managed Care gatekeeping systems which are completely disrupted when the farmworker family changes communities. Migration within a single state can present difficulties of the same magnitude for farmworkers as interstate migration when they must contend with different administrative systems.
- **Out of State Billing** Providers are discouraged from attempting to negotiate out of state billing for Medicaid, because the process is so complex, and the cost of processing may be more than they can recoup from reimbursement. This is further complicated by electronic billing procedures. The Migrant Health Branch has identified a few clinics that have succeeded in negotiating out of state billing for Medicaid for farmworkers, they are: Panhandle Community Health Services in Nebraska, Yakima Valley Farmworkers Clinic in Washington, and Plan de Salud del Valle in Colorado (note this is only 3 out of more than 100 grantees). Others, such as La Clinica del Carino in Oregon report making the attempt to arrange out of state billing without success.

- **CAWEM** In addition to these issues, many providers do not understand, and thus do not utilize, the Citizen/Alien Waived Emergency Medicaid for emergency situations (CAWEM).

EXAMPLES THAT WORK

The following examples are imperfect models of how Medicaid can be implemented to include farmworkers. None of these examples demonstrate true portability of Medicaid benefits. However, each of these examples demonstrates how individual components of the recommended solutions are viable, and they provide leads to how a successful system might work.

Wisconsin

Wisconsin is the only state, which currently grants presumptive Medicaid eligibility to migrant farmworker families if the family has a valid Medicaid card from Texas. The state determines Medicaid eligibility for farmworkers based on annualized income. All states may choose to reciprocate Medicaid benefits, but with the exception of Wisconsin, none have elected to do so. Texas does not reciprocate with Wisconsin. The Wisconsin program reports that advocacy, outreach and educating intake workers on farmworker eligibility for Medicaid are necessary to successfully enroll farmworkers.

Michigan

The state of Michigan follows the federal policy determination reached more than 20 years ago, that a farmworker who arrives in a state, and declares their intent to pursue agricultural labor in that state, qualifies as a state resident. During the peak agricultural season Michigan increases the number of bilingual Eligibility Workers from 14 to 96, and steps up outreach efforts to accommodate the seasonal influx of farmworkers. The regularly allowed 45 day processing period for farmworker Medicaid applications is expedited, and determinations are made in a week. The provisions of emergency Medicaid eligibility are understood and implemented in the state.

Pending Proposals

The Texas Association of Community Health Centers (TACHC) has applied under the Robert Wood Johnson Foundation's "Cover Kids Initiative" to develop a five state migrant care network. Providers in participating states would be supplied with a Texas Medicaid Provider number, and would then provide care for Texas farmworkers enrolled in Texas Medicaid, but working out of state. An Internet system would be established to provide access to billing forms and allow claims to be submitted.

Peekskill Area Health Center in New York has submitted a proposal to the National Association of Community Health Centers (NACHC) and to the Kellogg Foundation for the development of a New York integrated health care network for farmworkers. The network would contract with the Medicaid managed care

entities as a provider for farmworker children eligible for Medicaid or CHIP. The proposal also calls for a needs assessment to determine where farmworkers are located within the state and what states they migrate from. The network would attempt to facilitate reciprocity agreements between the New York Medicaid program and states, with the idea that the eligibility determination would be reciprocal.

RECOMMENDED SOLUTIONS:

Farmworkers are an exceptional population, most notably distinguished from the general population by employment that requires them to move across state lines. An exception in policy is necessary to meet their needs. State Medicaid programs are designed to serve non-migrating residents, for whom differing state based programs pose no difficulty. This is not true of farmworkers. When states choose to do so, they can ease the way for farmworkers seeking to obtain Medicaid. If states do not *pro-actively* choose to accommodate farmworkers, they are easily excluded from access to a system for which they are legally eligible. If farmworkers are to be included in Medicaid, and the implementation of CHIP (which many states are modeling on their Medicaid programs) the program must be centrally controlled.

The Ideal Solution

The ideal solution for this population would be a federally administered program incorporated into the current Medicare program for the elderly and the disabled. Medicare benefits are completely portable, and the infrastructure is already in place to administer an expanded Medicare program. This program has extensive, successful experience in meeting the needs of migratory populations, as witnessed by the annual migration from the North to the South by senior citizens, often called Snow Birds. A Medicare look alike model to administer farmworker Medicaid and CHIP benefits could include a formula for state cost sharing to supplement federal resources.

Alternative Recommendations

Barring the ideal solution of incorporating farmworkers into the Medicare system, a combination of other recommendations should be considered.

Caveats:

- The following recommendations should be considered and implemented as a whole, not individually, because individually they will not provide a viable solution.

- We do not recommend a demonstration project, as this would serve to delay nationwide implementation of measures to facilitate farmworker access to Medicaid and CHIP, which are needed on an immediate basis.
- All of these recommendations must be applied to implementation of CHIP as well as Medicaid if those systems are to work as intended for farmworkers.

1. Residency Requirements

Federal policy makers should require state and county Medicaid programs to adhere to established federal policy regarding residency requirements for farmworkers, and grant automatic residency to anyone who meets the PHS migrant or seasonal farmworker definition.

2. Presumptive Eligibility Elimination of Pre-Application Waiting Periods and Expedited Application Processing

States should establish a population based presumptive eligibility for migrant and seasonal farmworkers, especially children, and eliminate waiting periods before farmworkers can apply. Federal policy makers should encourage all states to expedite the application process for farmworkers

3. Annualization of Income

Income for migrant and seasonal farmworkers should be annualized in order to equalize seasonal fluctuations in employment.

4. Guaranteed Eligibility for Farmworker Children

Once qualified, children of migrant and seasonal farmworkers should be provided with not less than 6 months of guaranteed eligibility, preferably 12.

5. Hiring Adequate Numbers of Qualified Eligibility Workers, Outstationing and Outreach

States with high migrant populations should be required to employ additional seasonal, bilingual eligibility workers in sufficient numbers to deal with the seasonal influx of farmworkers. Outstationing agreements with migrant health centers and employment of outreach workers should be a standard practice in high migrant impact states.

6. CAWEM (Citizen/Alien Waived Emergency Medicaid)

Because many providers are unaware of, or misunderstand, the provisions of this program it is not being properly utilized. A campaign should be implemented to educate providers of health care to farmworkers about CAWEM. An information campaign to make farmworkers aware of the protection offered under this program in the case of life threatening emergencies is also needed. CAWEM should be revised to include expanded definitions of what constitutes an emergency (such as pre-natal care).

7. CHIP

CHIP plans in most states are being designed as look alikes of the state Medicaid programs. Plans in applicable states should be required to accommodate and facilitate participation of migrant and seasonal farmworkers in their state before those plans are approved for implementation.

8. Managed Care Exemptions

States and counties with mandatory managed care plans should make arrangements to avoid automatic assignment of migrant farmworkers to HMOs. Strict gatekeeping policies must be waived for farmworkers who in the course of seeking employment may move frequently among Medicaid and Medicaid Managed Care areas within the same state.

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