Medicaid and CHIP Enrollment for Migrant Workers - Issues and Options

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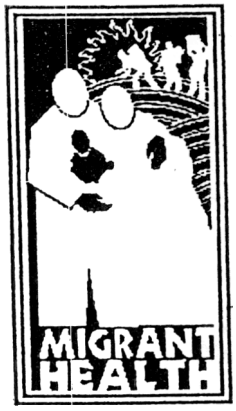

BACKGROUND

Migrant and seasonal farmworkers experience multiple barriers with regard to enrollment in Medicaid and CHIP. The barriers of transportation, limited provider availability, language and culture make it difficult for farmworkers to enroll in Medicaid or CHIP even in their home State. In addition, farmworkers who become eligible for Medicaid in their home state generally are not eligible for services when they temporarily relocate to another State. Since at least 50 percent of the State-approved CHIP plans are Medicaid expansions, Medicaid issues and CHIP issues are intertwined. It is particularly important for both Medicaid and CHIP to address both enrollment and portability.

Based on their incomes, many migrant and seasonal farmworkers and their children are Medicaid eligible. For these workers, we need to focus our efforts on strategies for enrolling farmworkers in Medicaid, and keeping them on Medicaid as they cross state lines and travel the migrant stream. There is, of course, a segment of migrant workers and their children who are not Medicaid eligible, either because their incomes are too high, or because of other eligibility requirements. Efforts to enroll and maintain families of migrant workers in CHIP must be aggressively pursued.

In 1994, staff of the Bureau of Primary Health Care and the Health Care Financing Administration (HCFA) began discussing the concern that migrant farmworkers and their families have a difficult time accessing coverage under Medicaid, because of their mobility. As a result, HCFA, under contract with Mathematica Policy Research Inc. (MPR), conducted a feasibility study on interstate reciprocity (Making Medicaid Work for Migrant Families). From that study, an interstate enrollment transfer model was recommended, in which participating states would recognize one another's Medicaid eligibility determination for farmworkers and their families. This would eliminate time consuming enrollment procedures required by each State. Unfortunately, the recommended five year demonstration project was never pursued by HCFA, apparently due to competing priorities. The Executive Summary for the feasibility study is attached.

There are no simple solutions to the problem of enrollment in Medicaid and CHIP for migrant and seasonal farmworkers. The Medicaid program has not functioned well for farmworkers since its inception, and implementation of CHIP will be frought with the same insurmountable barriers if we do not successfully address these issues. A multi-tiered strategy is required, that involves interventions at the community, State, as well as Federal levels. Strategies relate both to eliminating enrollment barriers and to increasing portability between States.

- HCFA should engage more with States on policies that are barriers. For example, some States are inappropriately requiring evidence of the immigration status of parents as part of the CHIP application. This is clearly contrary to the September 10 letter of clarification from Sally Richardson to State Health Officers.

The bottom line is that for migrant and seasonal workers, if there is no outreach, there is no access If there is no access, there will be no enrollment, even if portability procedures are in place.

INCREASING PORTABILITY BETWEEN STATES

Barriers - Migrant and seasonal workers who receive Medicaid or CHIP eligibility in one State are often unable to receive care when they travel to other States to work. Applying for and receiving Medicaid or CHIP eligibility in multiple States is made more difficult by State policies and procedures that are not friendly to transitory farmworkers. These include:

- Lengthy application processes, so that by the time eligibility is granted, the worker may have moved on to another State.

- Incompatibility of State billing systems.

- State residency requirements – Federal regulations state that migrant farmworkers must be included in States' definitions of residents. However, despite that, most States have residency requirements for both Medicaid and CHIP, making it difficult for temporary workers to be eligible for Medicaid. There are some exceptions. New York and Michigan count someone as a resident if they move to the State to work. Colorado has made special arrangements in their CHIP program for migrants.

Generally, States are reluctant and therefore need prodding, education, and pressure from the Federal level.

Ongoing Initiatives/Models

- Reciprocity - Wisconsin is the only State that currently gives automatic Medicaid eligibility to migrant families if the family has a valid Medicaid card from another State. Such reciprocity of course requires approval at the State level, and also from HCFA. In addition, it is important to note that the reciprocal Medicaid eligibility in Wisconsin lasts only as long as it would have in the home State. This means that for continued coverage, farmworkers will have to reapply for Wisconsin eligibility while they are working in Wisconsin. Then, when they return to their home State (most often Texas), they must reapply for Texas eligibility. Unfortunately, there is no reciprocal eligibility in Texas. So, although the burden is lessened, it is far from eliminated for migratory workers.

  In many ways the Wisconsin program is viewed by others as a model. However,

Washington. As a result, the bills are frequently denied. Although this is not currently a problem in Texas, it could become one, since the Texas Medicaid program is converting to automated billing next year. In addition, in all cases noted above, when the farmworker's Medicaid eligibility in their home State expires, they are left either uncovered, or must apply for eligibility in the State in which they are working, provided the State considers them a resident.

- Interstate Networks - There are currently two networks being developed to address interstate mobility issues for farmworkers:

  - The Texas Association of CHCs (TACHC) is currently working with the Robert Wood Johnson Foundation's "Cover Kids Initiative." TACHC's proposal under this initiative would develop a migrant care network across five States, where providers in each State will have a Texas Medicaid Provider number, and will provide care to farmworkers who are enrolled in Texas Medicaid but are working out of State. TACHC would negotiate an arrangement with each of the participating States and implement an Internet based system where providers can access billing forms, and submit claims through the Internet. In addition, providers who see migrant workers would call a 1-800 number and receive a Texas Medicaid provider number instantly. One problem encountered in conducting this demonstration relates to the availability of State Medicaid resources to establish the system. The Texas Medicaid program is currently devoting all available funds to resolving issues to around the "Year 2000" computer problem.

  - 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 migrant health center network. 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 from which they migrate. The network would attempt to facilitate reciprocity agreements between the New York Medicaid program and those States, with the idea that the eligibility determination would be accepted back in the home-base States.

Action Steps -

- The ideal solution for the migrant population, given the barriers previously mentioned, would be a federally administered program incorporated into the current Medicare program for the elderly and the disabled. Benefits would then be completely portable. The danger with piecemeal solutions is that we could spend years focusing on interstate provider enrollment and out of State billing, and still make only minimal progress. An alternative to this mega-solution would be to fund a Medicare demonstration that would federally administer health insurance for

- Consider offering financial as well as technical support for the development of required infrastructure for inter-State networks (e.g., the TACHC/RWJ and Peekskill/NACHC/Kellogg Initiatives) in each of the migrant streams.

- Run focus groups throughout the country, in conjunction with Medicaid as well as Governor's offices.

➢ Pressure and education should by applied to States. Specifically:

- The National Governors' Association should be used to attain involvement and commitment from the Governor's.

- Primary Care Associations should be encouraged to educate legislatures.

- State Medicaid directors should be encouraged to sponsor migrant conferences to better understand these issues.