POLICY OPTIONS FOR SERVING MIGRANT CHILDREN AND FAMILIES UNDER MEDICAID AND SCHIP

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Policy Options for Serving Migrant Children and Families Under Medicaid and SCHIP

Observations based on discussion June 14, 2000
National Health Policy Forum

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Introduction/Note: At the request of several interested parties, the National Health Policy Forum sponsored a meeting on June 14 to bring together a group who could discuss how to better serve children and families of migrant and seasonal farmworkers. The meeting invitation, agenda, participant roster, and list of resources is appended to this paper.

Forty-six participants with broad expertise in health care delivery and financing programs for needy families heard brief presentations describing problems in providing coverage to migrant children and families through Medicaid and the State Children's Health Insurance Program (SCHIP). These speakers described issues and concerns from a variety of perspectives, and the group as a whole discussed an assortment of potential approaches to better health coverage for this group through Medicaid and SCHIP.

This paper attempts to summarize the June 14 discussion. It is solely the work of the author and not a formal product of the National Health Policy Forum. The summary attempts to provide a neutral and unbiased view of the policy options discussed for assuring additional coverage and health care services to needy migrant children and families, as discussed at the meeting. After a brief description of the important issues that raise concern, it briefly describes the most salient potential policy options to deal with those issues. No recommendations are stated, nor are conclusions drawn. It is hoped that the paper, by articulating the problem and potential solutions, will help to move the policy development process toward steps that can be taken in both the short and long term to better serve the health needs of this very vulnerable population group.

NATURE OF THE PROBLEM(S)

While the enactment in 1997 of the State Children's Health Insurance Program (SCHIP) signaled a national commitment to covering and serving children's health needs, children of migrant farmworkers often remain uncovered. Although most of these children would meet the tests of low income, citizenship, and health need generally agreed to be emblematic of children targeted by Medicaid and SCHIP, the state-based nature of the two programs and the fact that local jurisdictions may also be involved in administration make coverage of and services to a mobile population difficult and extremely problematic.

As state-administered programs under the Social Security Act, Medicaid and SCHIP have state-defined and directed eligibility rules and standards. Thus, even a well-intentioned state faces difficult problems when potential beneficiaries move, reside in one state and need access to health services in another, or change locations within a state. These issues, while critical to migrant farmworker families who move frequently to find work, present an excellent example of

portability problems in state-based eligibility programs generally. Managed care programs that are often geographically defined further complicate Medicaid and SCHIP programs .

Several sources of information are available to document the specific problems confronting migrant families who might seek coverage under Medicaid or SCHIP. Those seeking further details should contact the National Center for Farmworker Health, Inc., the Migrant Health Program in the Health Resources and Services Administration at the Department of Health and Human Services, or one of the other sources listed in the attached resource list.

POLICY OPTIONS FOR POTENTIAL SOLUTIONS

There are several types of approaches to the challenge of covering mobile migrant farmworker families under Medicaid and SCHIP. A limited approach would work creatively within the current Medicaid and SCHIP systems to mitigate structural program barriers that relate primarily to the state-based nature of the program. Intermediate-level approaches would facilitate enrollment through special, likely broader policies. Major reform would provide more universal entitlement, either to all members of a particular group or to subgroups with identified special needs or in special circumstances.

Limited Solutions

In some states, policies have been implemented to facilitate limited solutions to problems faced by migrant farmworker families by working entirely within the existing structure of Medicaid and SCHIP. These types of special arrangements could be expanded, encouraged, or facilitated through assistance by HCFA and HRSA or national associations representing SCHIP, Medicaid, and farmworkers. Techniques currently in use include:

Special arrangements for reimbursement for out-of-state providers - A state makes arrangements with out-of-state providers such as clinics or physicians to provide services to the first state's beneficiaries. Texas, for example, has provider agreements with clinics in many bordering states, as well as in states as far away as Nebraska and Michigan. The Michigan or Nebraska provider bills the Texas Medicaid program for health services rendered to Texas Medicaid beneficiaries were are temporarily working in the other state.

Reciprocity agreements between states to serve eligibles - Two or more states can agree to recognize each others' Medicaid eligibility determinations in providing services to migrant workers. Although it is reported that such agreements have existed in the past, none are known to be active at this time.

Interstate compacts - In the mid-1990s, HCFA and HRSA worked together with states in the eastern migrant stream to facilitate coverage of migrant workers and families through interstate compacts. A variety of techniques can be used under this approach; in this earlier attempt, a Section 1115 research and demonstration waiver was contemplated to ease the differing eligibility levels and requirements between the states. Although the earlier effort failed, an approach using Section 1115 to assist in minimizing the complex differences in eligibility is a viable policy option

for interested states.

Simplification - Since the enactment of welfare reform and SCHIP, a variety of policies are available and have been adopted by states to simplify and streamline the Medicaid and SCHIP eligibility and enrollment process. Using practices such as annualizing income, limiting verification requirements, presumptive eligibility, and simplified applications seems to particularly assist migrant families seeking Medicaid and SCHIP coverage.

Outreach - A commitment to policies that allow and encourage outreach to potentially eligible beneficiaries of SCHIP and Medicaid assists in the enrollment of migrant families. Targeted, one-on-one outreach programs were reported to have been particularly helpful, especially for migrant families who travel within one state, or travel for limited amounts of time. Outreach programs sensitive to cultural and language barriers might especially be utilized.

Special activities within states - States or advocacy groups can develop activities and programs tailored to meet their particular needs. An example offered at the June 14 meeting involved cooperation among a variety of organizations, including the Immigration and Naturalization Service, to provide information and education in New Mexico about public charge policies of that agency.

Intermediate approaches

Unilateral action to serve all farmworkers - Wisconsin began a unique program in 1998 to serve any migrant worker with a Medicaid card from any state. Such policies could certainly be considered by other states.

Regional or national migrant clinic ties - A unified approach to states through some sort of networking of the migrant health clinics could be pursued. Such a strategy might take many forms, including models that might look like the out-of-state billing practices already underway in many states (although facilitated for all clinics through assistance from HRSA or an association) or through some sort of prepayment approach that one or many states could use in their managed care environments.

Major Comprehensive Reform

National eligibility for certain groups - A new program to provide Medicaid and SCHIP eligibility through Federal processes, standards, and rules would provide the most extensive commitment to this group of needy children. A single Federal eligibility standard would be developed under such a program, and some sort of funding arrangement would be necessary, potentially including pooling of existing SCHIP and/or Medicaid funds to cover costs. The use of the Medicare model was suggested by some participants at the June 14 meeting.

CONSTRAINTS

As with any significant change in public policy, all of the possible policy approaches to address

portability issues in serving migrant children face potential technical, administrative, and financial constraints.

The lack of information and understanding among Medicaid and SCHIP administrators about the needs and problems associated with migrant families is a very basic and significant constraint to developing new policies in this area. The nature of the migrant population and the work that they do, which has changed considerably over the past decade, is not well known or understood by administrators of financing programs. The difficult questions of mobility, very uneven income, language and cultural barriers, and significant health need requires full understanding of the many facets of the problems facing this group.

Under Medicaid and SCHIP statutes, each state program has its own rules and standards, and is often subject to careful oversight by a variety of legislative, executive, and budget controls. In states where counties provide administrative direction of eligibility, an additional complexity is introduced. And in the case of families who move between and among states, the potential need to work with other states adds a special level of complexity.

National approaches to serving migrant families would have to rely on either new federal mandates and law or on cooperative approaches developed by voluntary efforts of states or other organizations. Either would take time, money, and careful consideration. While the economic environment at both the Federal and State levels of government is more positive than at any time in recent memory, the high cost of any health program -- new or old -- makes policymakers cautious about undertaking new or continuing commitments. The debate leading to the enactment of the SCHIP legislation, and indeed its final form, indicates the strong aversion held by many elected officials to additional entitlement programs. Any new policies to provide guaranteed national eligibility to migrant children or any other group would surely be met with debate and significant opposition.

FURTHER POLICY DEVELOPMENT

Education of relevant state, local, and voluntary organization staff about the nature of the health problems facing migrant families is necessary and should continue. Agencies with financing expertise or responsibilities particularly need to know more about migrant health problems.

HCFA and HRSA certainly have a leadership role in further education and policy development discussions. Associations representing groups of states or state officials will also be critical to such undertakings. The Reforming States Group is one organization that has taken an interest in this issue and will likely pursue additional educational and policy development programs. The national Covering Kids program likewise has the expertise and opportunity to help provide ideas and information about potential changes to aid migrant families.

Mobility and portability issues as generic concerns are not going to disappear and it is timely and appropriate to try to solve problems for groups like migrant families that reflect these portability problems. Other health insurance programs have solved this problem for children and families away from their homes for a variety of reasons, and the commitment to children in SCHIP

suggests that now is the time to extend those protections to migrant families.