Resource ID# 4938

A New Opportunity for Texas Migrant Farmworker Children: Providing Portable Children's Health Coverage

A New O
Providing Portable Children's Health Coverage

On June 15, 2001, the Texas State Governor signed House Bill 1537, legislation designed to study and pilot portable Medicaid and CHIP coverage for Texas Migrant Farmworker Children. The bill is effective beginning Sept. 1, 2001.

Background. For a number of years, providing portable children's health insurance through Medicaid has been practically impossible because of systems and administrative program barriers. However, implementation of the State Children's Health Insurance Program (CHIP), the shift toward managed care, and new partnerships between the states and private health insurance enterprises, have helped create an environment where addressing the health needs of migrant children appears imminently possible.

It is well-known that migrant farmworker travel well established routes or "streams" seeking agricultural employment. The migration cycle for these workers begins at their residence for the majority of the year, or their "homebase." Figures by the National Center for Farmworker Health from 2000 estimated that Texas was the homebase to more than 500,000 migrant and seasonal farmworkers. Additionally, the Texas Education Agency and HeadStart estimated that of this population, more than 115,000 were between the ages of 0 to 21, and that approximately 50 percent of those children were Medicaid-eligible. A large number of the remaining children were estimated eligible for CHIP. It was further estimated that the majority of this Medicaid- and CHIP-eligible population works in stream every year.

Barriers. For migrant children who are actually enrolled in the Texas Medicaid program, the coverage becomes moot as soon as they leave the state with their parents to harvest crops in stream. It is expected that children enrolled in CHIP will experience the same problem. There are a number of reasons for this, but it is especially critical because the overwhelming health needs of these children are well-documented. Following are barriers that have been identified as preventing migrant children from obtaining needed health care while in stream:

- Providers in other states are not registered with the Texas Medicaid or CHIP program and thus cannot bill for their services.
- Patients are not aware that they may receive services while in stream, nor are they aware of which providers in a particular area are registered to provide services. As a result, migrants often do not know where to access health care services.
- Because only emergency or urgent care services are mandated, both providers and patients may be confused as to what services are actually covered.

Past Efforts. For many years, advocates have sought ways to ensure Medicaid health coverage for migrant children who are working in stream. These efforts have included: 1) Redefining the term "resident" to allow any person seeking work in another state to be considered a resident of that state for Medicaid purposes, therefore allowing eligibility for services in that state; and 2) Permitting reciprocity of eligibility in another state, thus

allowing a resident of Texas who has Medicaid to be automatically eligible for another state's Medicaid program. However, these approaches have not won widespread acceptance because they fail to recognize two fundamental issues: First, migrants are not going to another state to seek health services, they are migrating to work. This work is most often conducted in isolated, rural areas. As a result, most migrants are not able to access health services, much less negotiate an eligibility system which is considered burdensome even under the best of circumstances. Second, other states are not inclined to spend money on what they may view as another's state residents. It is no wonder, then, that only Wisconsin has adopted an informal reciprocity agreement allowing for presumptive eligibility for migrant farmworkers.

A New Approach: "The Migrant Care Network." HB 1537 provides for the study and piloting of a new approach which has a substantial precedent in law, is operationally possible and may not require any state plan amendments. HB 1537 will study and pilot the contracting of an existing national health care network as a Medicaid provider with care sites both in and out of state. While some care sites would be located out-of-state, the billing provider could be an in-state network or insurance company. Essentially, this means that migrant farmworker children already enrolled in Texas Medicaid or CHIP before they leave the state, will be able to access services in-stream, and not be "out-of-network."

This "migrant care network" approach is no different than a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) that covers out-of-state care under certain circumstances, as enumerated in its member agreement. Essentially, all out-of-state services furnished to farmworker members signed up with the Migrant Care Network would be classified as in-state services.

However, unlike challenges presented under an HMO model, such as the issue of assigning a primary care physician to a child who is spending much of his time outside of the assigned service area, a Migrant Care Network would be able to provide continuity of care under a fee-for-service (FFS) or preferred provider organization (PPO) model. Continuity of care is a challenge under the best of circumstances. Migrant children, when at their homebase, are able to have some continuity of care when they receive Medicaid services through FFS or a PPO. However, providing continuity of care to children in-stream is almost impossible under the current system.

Next Steps. Currently, the Texas Association of Community Health Centers is working closely with the Texas Health and Human Services Commission to study and pilot HB 1537. As the study develops, the Commission will examine four primary areas: 1) Financing of the Migrant Care Network; 2) Building the provider network; 3) Examining eligibility issues; and 4) Conducting targeted outreach to the migrant farmworker population in Texas. This is a very complex and challenging issue, that is well worth the effort. We look forward to providing additional information on the Migrant Care Network as it becomes available. For more information, please contact José E. Camacho, or Marisa de la Garza, at 512.329.5959.

Senate- HHS
House- Public Health

Migrant Care Network (MCN)

TACHC

Policy Request

- **Support HB 1537.**
- **Establish a Migrant Care Network (MCN) by directing the Texas Health and Human Services Commission (HHSC) to develop a delivery system to provide portable children's health insurance coverage for migrant children traveling in-stream.**

Rationale

For a number of years, providing portable children's health insurance through Medicaid has been practically impossible because of systems and administrative program barriers. However, implementation of the State Children's Health Insurance Program (CHIP), the shift toward managed care, and new partnerships between the states and private health insurance enterprises, have helped create an environment where addressing the health needs of migrant children appears imminently possible.

- Currently, there are an estimated 1.4 million uninsured children in Texas, of which more than 600,000 may be eligible for Medicaid, and more than 400,000 may be eligible for CHIP.

- Recent figures from the Texas Education Agency (TEA) estimate that there are just under 127,000 migrant children between the ages of 0-21 who are enrolled in school. An overwhelming number of these students are believed to be Medicaid-eligible.

- Additionally, as of March 27, 2000, TEA classified 37,884 children as "currently migratory." This does not include children who are not of school age, but who are in need of health coverage while in-stream.

- Additionally, many migrant farmworkers have less than an eighth grade education; the average migrant farmworker family's income is less than $7,500 per year; and most migrant and seasonal farmworkers are citizens or legal residents of the United States.

For migrant children who are actually enrolled in the Texas Medicaid program, or CHIP, the coverage becomes moot as soon as they leave the state with their parents to harvest crops in-stream. There are a number of reasons for this, but it is especially critical because the overwhelming health needs of these children are well documented.

To address the barriers preventing migrant families from maintaining health coverage while in-stream, an approach has been conceived that has substantial precedent in law, and is operationally possible. It includes contracting with an existing health care network with sites both in- and out-of-state. This Migrant Care Network approach is no different than an HMO that covers out-of-state care under certain circumstances, as enumerated in its member agreement. Essentially, all out-of-state services furnished to farmworker members signed up with the MCN would be classified as in-state services, and would save considerable money by assuring that children are provided services while in-stream.

HBA-NRS H.B. 1537 77(R) BILL ANALYSIS

Office of House Bill Analysis H.B. 1537
By: Coleman
Public Health
3/1/2001
Introduced

BACKGROUND AND PURPOSE

The Texas Association of Community Health Centers, Inc., examined methods for obtaining portability of Medicaid and Children's Health Insurance Program coverage for migrant children. Based on preliminary research, it is believed that a migrant care network model can be developed to improve health coverage access and continuity of care, and to promote outreach and education for migrant children. House Bill 1537 requires the Health and Human Services Commission to contract with existing networks of health care providers located in Texas and in other states to establish a migrant care network.

RULEMAKING AUTHORITY

It is the opinion of the Office of House Bill Analysis that this bill does not expressly delegate any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

House Bill 1537 amends the Government Code to require the Health and Human Services Commission (commission) to contract with one or more existing networks of health care providers located in this state and in other states to establish a migrant care network to provide health care services to children of migrant or seasonal agricultural workers who are recipients of medical assistance. In establishing the migrant care network, the bill requires the commission to consider migrant work patterns to determine in which states the network is most needed to adequately provide the medical assistance. The bill requires the commission to ensure that medical assistance provided outside of this state through the migrant care network is provided in the same manner and to the same extent as that assistance would be provided in this state. The bill requires the commission to establish the migrant care network not later than January 1, 2002.

EFFECTIVE DATE

September 1, 2001.

By Coleman

H.B. No. 1537

A BILL TO BE ENTITLED

AN ACT

relating to the provision of medical assistance for children of migrant or seasonal agricultural workers.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.055 to read as follows:

Sec. 531.055. MIGRANT CARE NETWORK. (a) In this section, "migrant or seasonal agricultural worker" means an individual who:

(1) is working or available for work seasonally or temporarily in primarily an agricultural or agriculture-related industry; and

(2) moves one or more times from one place to another to perform seasonal or temporary employment or to be available for seasonal or temporary employment.

(b) The commission shall contract with one or more existing networks of health care providers located in this state and in other states to establish a migrant care network to provide health care services to children of migrant or seasonal agricultural workers who are recipients of medical assistance under Chapter 32, Human Resources Code.

(c) In establishing the migrant care network, the commission shall consider migrant work patterns to determine in which states the network is most needed to adequately provide the medical assistance.

(d) The commission shall ensure that medical assistance provided outside of this state through the migrant care network is provided in the same manner and to the same extent as that assistance would be provided in this state.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. Not later than January 1, 2002, the Health and Human Services Commission shall establish the migrant care network required by Section 531.055, Government Code, as added by this Act.

SECTION 4. This Act takes effect September 1, 2001.

Migrant Care Network

Talking Points

In Support of House Bill 1537

Good afternoon, Madam Chair, Members of the Committee. My name is Adolfo Valdez, and I am a migrant farmworker, born and raised in Eagle Pass, Texas; and I serve as the chairman of the National Advisory Council on Migrant Health.

My wife and I have eight children, who travel and work with us as we follow the crops up north.

I also am a decorated, disabled Vietnam veteran, who was wounded three times during the war, and earned a purple heart during my tour of duty.

Today, I am here to talk to you about the importance of supporting House Bill 1537.

As a father, I worry a lot about my children's health – especially when we go to work out-of-state.

When we are in Eagle Pass, my children have insurance through Medicaid, so I know that they can get the help they need for regular check-ups, and also in emergencies.

But, when we leave the state, I worry about what will happen to my children if they get sick, or when they need to go in for regular care that's not an emergency – like to get their immunization shots.

When we leave Texas, my children can no longer depend on getting the care they need to stay healthy because they lose their insurance, and we cannot afford to pay for their care except through Medicaid.

Also, when we travel to other states, if the children need health insurance, we have to apply in those states. This can take a long time, and we may leave the state before the kids can get their Medicaid.

For example, if I'm certified for Medicaid in Texas, and I go to Montana, I have to reapply. A lot of times you have to be in the state 30 days before you can reapply for Medicaid. The rules change. The regulations change. This is a problem.

Also, what happens if my children need health care while we are driving to our destination? We cannot get Medicaid, if we are just passing through a state. This also is a problem.

I served my country with honor, and am proud to be an American. Now, my family and I work very hard to put food on the table for all Americans.

By supporting House Bill 1537, you will help many families and children like mine. Passing this bill means that my children will be able to access Medicaid services on the drive to our destination, or in the state where we end up working.

Passing this bill means that we won't have to worry anymore about if one of our child's cough is a simple problem, or if it's more serious, because we will have the insurance to take them to a regular doctor's office, instead of to an emergency room.

Having health insurance for my children, like Medicaid, that goes with us as we travel to work in other states, will be a relief.

Please support House Bill 1537, so my children will have insurance when we go to work in other states.

Thank you. I am happy to answer any questions.

In Preparation for:

HOUSE OF REPRESENTATIVES PUBLIC HEARING COMMITTEE:

HB 1537

March 28, 2001

Hello, My name is Sylvia Partida and I am the Director of Program Services for the National Center for Farmworker Health. Our organization, in its mission to serve the farmworker population and the providers that serve them, manage a program named The Call For Health. The Call For Health Program is a national toll free health information and referral service, which assists farmworkers in accessing affordable healthcare. It has been in the administration of this program that we have had the unique opportunity to document the problems farmworkers face in accessing healthcare while migrating. I would like to share three stories taken from actual case histories from the Call For Health that help illustrate the problems inherent in the current MEDICAID/CHIP program.

On September 20 of last year the Call For Health received a call from a Texas resident who had recently returned from picking apples in Virginia. While in Virginia, her ten-year-old daughter became seriously ill with pneumonia requiring hospitalization. The child had a Texas Medicaid card and her parents had applied

for the Virginia Medicaid program at the time of their arrival. Unfortunately the child became ill before her application had been processed and approved. Although she received the medical care needed, back in Texas, her parents received a hospital bill and a letter of denial from Medicaid. The letter from Medicaid indicated that her request for Medicaid had been denied because her permanent address was Texas, not Virginia. In order to appeal the decision, the parents would have to travel back to Virginia for a face-to-face interview. Unable to do this, they called us for assistance.

In a similar case, a mother of an 8-year-old child called us when she too was denied Medicaid coverage while working in Michigan. Her young son had fallen down the stairs and taken to the emergency room. Later, the family learned that their application for Medicaid had been denied because the family's income for the last three months prior to the accident had been above the minimum poverty level for Michigan. The three-month income did not reflect the family's annual income of $14,000 a year for a family of five. Like the previous story, the family could not travel back to Michigan to appeal the decision.

In February of this year, we received a request for financial assistance from a 19-year-old boy whose family was working in Michigan. As a senior in high school,

the boy did not travel with his family this year so as to complete his graduation requirements. Needing ankle surgery for a recent injury, he applied for CHIP and was denied. His application was denied on the basis that he was not currently living with his parents and thus not considered a qualifying dependent. The Call For Health provided financial assistance for the surgery and is helping him appeal the decision.

These are only a small sample of cases taken from our recent calls and are, as the expression goes, only the tip of the iceberg. The Call For Health Program receives over 9000 calls a year and over a third of the calls are from Texas residents. Whether its residency requirements, income level or portability of benefits, as illustrated through these stories, the current Medicaid/ CHIP system does not work for farmworker children. House Bill 1537 provides a solution to these problems. When approved, HB 1537 will make it possible for farmworker children in Texas to be afforded the same health care benefits provided to all other qualifying children.

I want to thank you for providing me the opportunity to share this information with you and for your consideration of HB 1537, which when approved, will dramatically improve access to health care for many Texas children.