Concept Paper
On
Medicaid Reciprocity

Submitted By

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Brief Background

Health problems faced by the Western Stream migrant farmworkers present an urgent policy challenge. They result from unique barriers, as well as risk factors common to other poor and rural groups. Like other poor residents of the state, migrant farm workers suffer from:

- extremely low incomes;
- poor housing;
- unsanitary and unsafe living conditions;
- insufficient income to attract and keep medical practitioners;
- lack of knowledge of available programs;
- confusion and fear in the face of complex access procedures (eligibility; applications);
- language and cultural competency problems of providers;

However, migrant farmworkers also face unique barriers related to non-portability of coverage when moving from county to county. Addressing the tremendous barriers to access to continuity of care for Medicaid-eligible migrant farmworkers has been a topic of continued discussion. In this discourse, Medicaid Reciprocity has been identified as one strategy for addressing continuity of care issues that relate to interstate portability of Medicaid coverage.

Based upon the 1992 recommendation of the National Advisory Council of the Migrant Health Program, a HCFA research grant was given to Mathematica Policy Research, Inc to research the feasibility of Medicaid Reciprocity in primarily the Eastern migrant stream. The Washington Association of Migrant and Community Health Centers, the Oregon Primary Care Association, the California Primary Care Association and the Northwest Regional Primary Care Association are interested in using the framework developed by the Mathematica Policy Research, Inc to determine the feasibility of establishing Medicaid Reciprocity between all or some of our states.

Steps Identified in the Mathematica Report
YEAR 1

STEP 1: Thorough Analysis of Similarities and Differences Among Oregon, Washington, and California's Medicaid Programs in order to Determine Technical Feasibility

The Mathematica Report makes clear that feasibility of interstate agreements related to Medicaid Reciprocity will depend on the level of conformity that currently exists among Medicaid programs and the level of conformity that must be achieved to reconcile relevant differences. As the Mathematica Report indicates three Medicaid programs are the most relevant to the migrant farmworker population: the 1931(B) (the program that replaced the AFDC linked Medicaid program), the medically needy, and the poverty-related programs.

A thorough analysis of these three programs will be done for each state in order to identify the following:

- **Benefits Offered (basic package and optional coverage)**

Information on federal mandates related to the basic benefit package that must be offered in each state will be collected.
Information on Washington, Oregon, and California's benefits will be collected by using the mandatory scope of services information and compiling a list of optional coverage in each state. The information will be collected and analyzed for similarities and differences. Differences that may impact the migrant farmworker population will be reviewed.

- **Groups Covered**

Information on federal mandatory eligibility requirements, including immigrant eligibility requirements will be collected, and information on Oregon, Washington and California will also be compiled looking at mandatory eligibility requirements and optional eligibility in each state, including immigrant eligibility provided by state-only programs.
The information will be collected and analyzed for similarities and differences. Differences that may impact the migrant farmworker population will be reviewed.

- **Income Eligibility Thresholds**

Information on federal income eligibility thresholds will be collected and information on Oregon, Washington and California's thresholds and optional coverage in each state will also be compiled.
Information on variations from each state will include types of income counted in determining eligibility, the accounting period used, and the budgeting approach.
The information will be collected and analyzed for similarities and differences. Differences that may impact the migrant farmworker population will be reviewed.

- **Significant Issues**

Other issues that will be reviewed on California, Oregon and Washington's Medicaid programs including the following list:
Review residency requirements and remainder of Medicaid plan for definition(s) of migrant farmworkers
Processing schedules - by federal law, states have 45 days to complete processing
Assets Test
Recertification
Presumptive Eligibility
Mail-In Applications
Face-to-face Interview
Other Streamlined Application Processes

- **Provider Reimbursement Levels**

PCAs will also review any possible provider reimbursement issues that may develop including significant differences between states and managed care plan restrictions.

This information will form the basis of a report analyzing the compatibility of Oregon, Washington, and California's Medicaid programs. The report will identify differences that may present a barrier for Medicaid Reciprocity and analyze how these differences may be overcome. This report will answer whether Medicaid Reciprocity is technically feasible among these states.

STEP 2: Initial Recommendations Regarding Coverage

The PCAs involved in this demonstration project and interested PCOs will meet and establish initial recommendations related to coverage such as who should be covered in a demonstration project and what services should be included. In each instance a background paper will be produced in preparation for the meeting.

- **Definition of Migrants Covered**

With the many definitions that exist, a demonstration must use one uniform definition. In addressing this issue the background document will include the information collected in Step 1 related to the existing definitions for migrant farmworkers in state Medicaid plans. In addition recommendations related to the following key areas will be included: the "look-back period" since the last move for agricultural work, how recently an individual must have moved across state borders, the proportion of income or work hours connected with agricultural labor, and what documentation would be required.

- **Standards for Eligibility and Scope of Services**

The same eligibility standards must be adopted by all states interested in participating in Medicaid Reciprocity. The research conducted in Step 1 will guide the creation of a recommendation for uniform eligibility standards.

As mentioned in Step 1, the analyze will include whether differences in Scope of Services are relevant for a migrant farmworker population. Building on this information, background documents will also explore recommendations on providing a consistent scope of services. According to the Mathematica study only a few scope of service issues were relevant to the migrant population and therefore a consistent scope of service may or may not be necessary between states. However, since uniformity would improve the consistency of care as migrants move from state to state, deciding upon a single set of standards is worth exploring but will definitely be difficult to implement because of administrative costs. Moreover, it would again leave some states with different rules for different classes of beneficiaries. Background documents should also explore whether differences place providers at risk of claim denials.

STEP 3: Initial Cost-Benefit Analysis

- **Benefits of a Demonstration**

Do the benefits of a demonstration justify the associated effort and expense?
The feasibility analysis will include independent research to assist in identifying the costs of a Medicaid Reciprocity demonstration model and the potential benefits. Using the recommendations from Step 2, the research will look at how many migrants will be eligible, the current health status of the migrant population and the benefits associated with portable services. The research should also attempt to explore in-patient and out-patient utilization patterns that may be positively impacted. The analysis will not only look at interstate migrants but also potential benefits to intra-state or "shuttle migrants". For example, all of California's eligible Medicaid migrant population will benefit from a portable Medicaid product because California currently administers a county-based program. California has limited portability within its own

state boundaries. If possible, the analysis will include initial estimates on costs of training eligibility workers.

STEP 4: Report for State and Federal Health Officials

All information from Steps 1-3 will be compiled into a report for state and federal health officials. The intent of this report is to offer solid information that will help convince state and federal officials of the importance of implementing Medicaid Reciprocity. The report will include an introduction to the demonstration strategies identified in the Mathematica Study. PCAs will request a meeting with their own state and federal officials to further the dialogue on Medicaid Reciprocity and to gage interest from state officials regarding a demonstration project.

YEAR 2

STEP 5: Identification of Appropriate Medicaid Reciprocity Model

The strategies for a demonstration project identified in the Mathematica Study will be circulated to all interested states for review and comment. States and PCAs will identify all possible strategies of interest for a demonstration project. Full descriptions regarding program organization based on the strategies identified by the stakeholder group will be drafted. The descriptions will include a full analysis of the proposed demonstration and identification of key issues.

For example, the Mathematica Study recommended the implementation of Cross-State Agreements on Eligibility in which states participating in the interstate reciprocity agreement or compact, would fully or partially recognize one another's eligibility determinations; migrants would be expected to complete the full eligibility determination process in only one state and each state would continue to reimburse its own providers under its own regulations. The Mathematica Study favored the approach in which participating states would agree to accept one another's verification of such items as income, assets, date of birth, and legal status, thereby simplifying enrollment process. This will be one of the descriptions that will be fully developed.

Once the descriptions are fully developed, they will be distributed to all stakeholders for review. All stakeholders interested in pursuing Medicaid Reciprocity will be convened for a series of meetings throughout the year. The intent of the meetings will be to identify one model to pursue and the creation of a workplan to implement Medicaid Reciprocity.

The meetings will address the following issues:
How should a Medicaid Reciprocity agreement be administered, and who should be responsible for eligibility determination and payment?
Different state Medicaid programs and administrative procedures will have to be coordinated in a system of interstate agreements.
Will special enrollment cards or portable certificates as those used in WIC be necessary?
Which state will be responsible for recertification of migrants in this program?
Will providers be responsible for verifying the eligibility of migrants and if so, with which state?

For states with mandatory managed care and/or case management provisions, what will be the exceptions process for migrants staying only a brief while?
How will utilization limits or prior authorization be handled?
Will providers be paid according to their own state's standards or some other set? Co-pay collection?
If either claims or administrative costs are disproportionately shared among states, is a financing pool required? If so, how should it be organized?
How will differences in Claims Processing Procedure be addressed?
Is Presumptive Eligibility possible?
Should a demonstration impose additional conditions of participation such as outreach programs to enroll migrants?

Meeting records will be kept and distributed on a timely basis in order to assist in preparation for follow-up meetings. Again the intent of the meetings is to identify one model to pursue and the creation of a work plan to implement Medicaid Reciprocity.

For the final session, a draft work plan, which reflects the input from stakeholders, will be circulated for comment and will be finalized. Once the stakeholders finalize the work plan, they will be asked to make a commitment to pursue it and seek the implementation of Medicaid Reciprocity.

End of Year 2 or Year 3
Step 6: Implementation by Participating States

Step 5 will result in a plan for implementation of Medicaid Reciprocity in participating states. Each state will then take the plan and adopt it to meet the challenges in their individual state.