

Migrant Farmworker Access to CHIP and Medicaid

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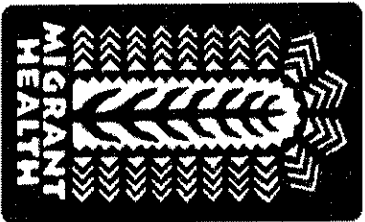


 National Center for Farmworker Health, Inc.

S. Elizabeth Kapeller, MAHHS

**Changing Faces of Our Community:
*Improving the Health Care of Migrant and
Seasonal Farm Workers***

Natural Bridge, VA – November 12, 2003



Resource Id # 5524

**Migrant Farmworker Access to CHIP and Medicaid:
Changing the Faces of Our Community, Improving
the Health Care of Migrant And Seasonal Farm
Workers**

Migrant Farmworker Access to CHIP and Medicaid

- **Background**
- **Defining the Language**
- **Current Efforts**
- **Lessons Learned**
- **Resources**

Background

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Background

The Migrant Farmworker Population

- Mobile, high risk, poor population
- Worst overall health status in the nation¹
- Annual income of most farmworker families falls below 100% federal poverty level¹
- Enrollment screening for SCHIP defaults to Medicaid
- Under utilization of SCHIP, Medicaid and other social programs.

¹Dever, G.E. (1991). Migrant health status: Profile of a Population with Complex Health Problems. MCN Monograph Series. NMIRP, Austin, TX

Background

Under-Utilization of Social Programs

- About 15% of an estimated 1.6 million crop workers received Food Stamps & Medicaid; of those 47% were foreign born.²
- About 35% of eligible immigrant farmworker families received Medicaid.²
- 7% of families associated with unauthorized workers (eligible under some circumstances) used Medicaid, WIC or Food Stamps.²

²U.S. Department of Labor. Findings from the NAWS 1997-1998: A Demographic and Employment Profile of United States Farmworkers. Office of the Assistant Secretary for Policy and Aguirre International, San Diego, CA.

Background

Medicaid Eligibility

Eligible migrant farmworkers have been affected by:

- Inter-state eligibility policy differences
- State residency requirements
- Citizenship and Immigration

Background – Medicaid Eligibility

Inter-State Eligibility Policy Differences

- Differences in eligibility policies
 - Annual income limits vary among states.
- Income computation
 - Calculation using peak season monthly income vs. real annual income.
- Eligibility documentation
 - Lack of social security number from non-applicant family members can delay income verification in determining SCHIP eligibility.³

³Kenesson, M.S. (September, 2000). Improving Health Service Access for Medicaid-Eligible Migrant Farmworkers. Center for Health Care Strategies, Inc., Princeton, NJ

Background – Medicaid Eligibility

State Residency Requirements

Durational residency requirements are applied although contrary to federal policies and guidelines (section 1902(b)(2) of the Social Security Act, regulations at 42CFR 431.52, and State Medicaid Manual Section 4230) which state that:

Medicaid is available to persons living in a state with intention to live there or remain for an indefinite period of time, or for those entering a state with a job commitment or seeking employment.³

³Kenesson, M.S. (September, 2000). Improving Health Service Access for Medicaid-Eligible Migrant Farmworkers. Center for Health Care Strategies, Inc., Princeton, NJ

Background – Medicaid Eligibility State Residency Requirements

Options for migrant farmworkers and other transient populations:

- Apply in each state they are working or seeking work in; or
- Apply in home base state only [and forgo insurance coverage when they travel]

³Kenesson, M.S. (September, 2000). Improving Health Service Access for Medicaid-Eligible Migrant Farmworkers. Center for Health Care Strategies, Inc., Princeton, NJ

Background – Medicaid Eligibility Citizenship and Immigration

- Confusion regarding migrant farmworker eligibility status for Medicaid and/or SCHIP
 - “Immigration Reform Control Act of 1986 increased the number of migrant farmworkers with legal PRUCOL status, under the Special Agricultural Worker (SAW) provision.”³
 - Changes in immigration laws and enactment of the PRWORA welfare reform in 1996 barring coverage for immigrants legally entering the US after August of 1996 for 5 years. When eligible (August 22, 2001) sponsor’s income and resources may be taken into account when determining eligibility.³

³Kenesson, M.S. (September, 2000). Improving Health Service Access for Medicaid-Eligible Migrant Farmworkers. Center for Health Care Strategies, Inc., Princeton, NJ

Background – Medicaid Eligibility Citizenship and Immigration

- Confusion regarding migrant farmworker eligibility status for Medicaid and/or SCHIP (continued)

– Providers are not sure who is eligible for what, or assume only citizens remain eligible for Medicaid due to complexity of welfare reform. ³

³Kenesson, M.S. (September, 2000). Improving Health Service Access for Medicaid-Eligible Migrant Farmworkers. Center for Health Care Strategies, Inc., Princeton, NJ

Background – Medicaid Eligibility Citizenship and Immigration

- Eligible non-citizens fear jeopardizing immigration status by applying
 - Fear of being considered a “public charge.” The May 26, 1999 Federal Register INS defined “public charge” and although receipt of food stamps, Medicaid or SCHIP do not constitute “public charge” there is confusion among legal residents applying for citizenship.

³Kenesson, M.S. (September, 2000). Improving Health Service Access for Medicaid-Eligible Migrant Farmworkers. Center for Health Care Strategies, Inc., Princeton, NJ

Background

The Advent of CHIP

State Options in Implementation

- Created as a program separate from Medicaid
- Created as a Medicaid Expansion
- Created as a hybrid – part Medicaid Expansion/part separate program

DEFINING THE LANGUAGE

Terms Often Used – And Confused

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DEFINING THE LANGUAGE

Terms Often Used – And Confused

- **State Resident**
- **Presumptive Eligibility**
- **Portability**
- **Reciprocity**

DEFINING THE LANGUAGE

State Resident

- For purposes of Medicaid/CHIP eligibility, a state resident is:
 - one who is living in the state with the intention to remain there permanently, *or*
 - who entered with a job commitment or seeking employment.
- States may not impose durational residency requirements nor require applicants to have a fixed address.

DEFINING THE LANGUAGE

Presumptive Eligibility

- A Medicaid and/or CHIP state plan option, for:
 - Children under age 19
 - Pregnant women (for ambulatory prenatal care only) and/or
 - Women diagnosed with breast or cervical cancer
- An expedited Medicaid/CHIP eligibility determination, with less rigorous documentation requirements
- Immediate coverage for up to two months or, if a formal application is filed, until full eligibility is authorized

DEFINING THE LANGUAGE

Portability

- At state option, a Medicaid/CHIP-eligible person can access care in another state.
- State that issued the card pays for out-of-state care.
- Inter-state agreements define coverage and payment.
- All states must pay for out-of-state care:
 - in medical emergencies, or
 - if return travel would endanger health, or
 - when services are more readily available in another state, or
 - when it is general practice in a locality to use out-of-state services.

Only for services covered under the eligible's state plan.

The other state must facilitate access to care.



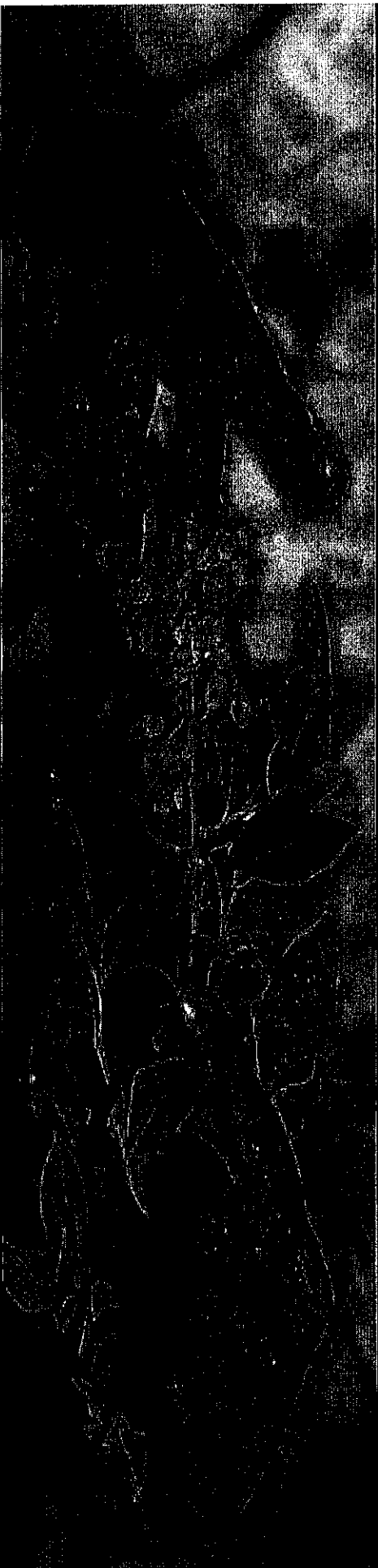
DEFINING THE LANGUAGE

Reciprocity

- An individual state’s policy to accept Medicaid/CHIP eligibility determinations made by another state, in whole (full, “automatic” eligibility) or in part (limited to specific eligibility requirements)
 - Unilateral reciprocity: A single state’s policy, not requiring cooperation from other states
 - Inter-state reciprocity: Two or more states agree to accept each others’ eligibility determinations.
- Intra-state reciprocity (e.g., across counties) is required by federal “statewideness” law.

Current Efforts

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Current Efforts

Recommendations from Past Efforts

- Single-state administrative program enhancements
- Single-state initiatives for reciprocity or portability
- Models requiring cooperation among states
- Systemic reforms requiring federal legislation

Current Efforts

National Policy and Research Efforts

- NCFH/Kennesson paper on state models
- Health Care Safety Net Amendments Act of 2002 – Report to Congress on barriers, with recommendations for legislative and administrative actions

Current Efforts

Efforts Underway Among the States

- **Wisconsin**: Presumptive eligibility based on unilateral reciprocity
- **California**: Simplified enrollment, intra-state portability and presumptive eligibility for children; groundwork toward inter-state reciprocity
- **Texas**: inter-state portability through a public/private partnership
- **Michigan**: A multifaceted in-state action plan and collaboration in the Texas inter-state portability initiative

Current Efforts Wisconsin

- In place since 1996
- For migrant farmworkers in WI for 10 months or less, with at least 2 months “live” eligibility from another state
- Any other state’s Medicaid card accepted as financial eligibility in WI
- Full re-determination as scheduled by originating state
- Then, financial eligibility based on estimated prospective annual income

Current Efforts

California

- Intra-state portability
 - Medicaid – inter-county transfers for statewide seamless coverage
 - CHIP – a statewide plan
- Presumptive eligibility & simplified enrollment for low-income children
- Groundwork for inter-state reciprocity
 - Migrant farmworker healthcare needs & cost:benefit analysis
 - CA, OR & WA Medicaid program comparisons
 - Policy options for reform & reciprocity models

Current Efforts Texas

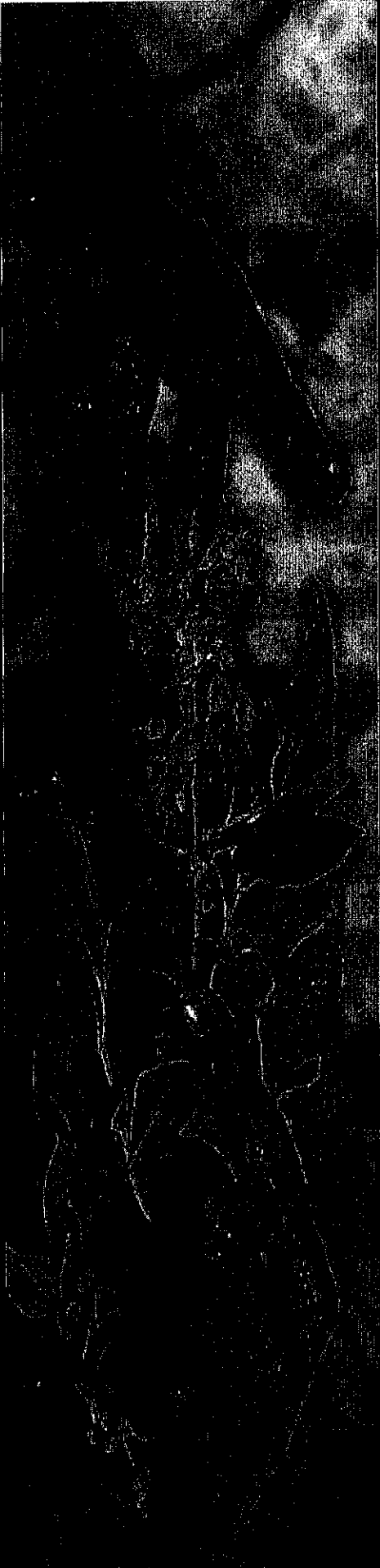
- A “Migrant Care Network” public-private partnership model
 - State legislative mandate
 - Portability across state lines for Texas eligibles
 - A multi-state provider network
 - Partnership with a network administrator

Current Efforts Michigan

- A multifaceted “Plan of Action” includes:
 - Encouraging MI providers to participate in the Texas portability network
 - Advocating for presumptive eligibility within MI
 - Promoting migrant farmworker Medicaid/CHIP enrollment
 - Advocating for migrant farmworker managed care carve-out

Lessons Learned

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Lessons Learned

- Do your homework! Have compelling facts & messages about:
 - Basic info on migrant & seasonal farmworkers
 - Numbers
 - Demographics
 - Income
 - Health status
 - Medicaid/CHIP enrollment & service use
 - Cost: benefit and public health value of improving migrant farmworker health access
 - Comparative analysis of other stream states' eligibility & coverage rules

Lessons Learned (Continued...)

- Talk to a broad audience – Get the message out!
- Be persistent – take advantage of every opportunity!
- Collaborate – build alliances with other agencies, programs and advocacy groups within your state
- Start early – Bring potential partners into new initiatives from the beginning

Resources

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Resources

National Policy and Research Efforts – The Past Ten Years

- 1992: National Advisory Council on Migrant Health recommendation
- 1994: Mathematica Policy Research demonstration feasibility study
- 1997: State/Children's Health Insurance Program expansion
- 2000: National Health Policy Forum session
- 2000: NACCHC/Rosenbaum options paper
- 2000: Center for Health Care Strategies/ Kenesson paper
- 2001: National Advisory Council on Migrant Health Monograph/NCFH

Resources

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