Health Care on the Move: Medicaid Portability, Farmworker Health and Continuity of Care

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Session Overview

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Introductions

Welcome, Bienvenidos, Zoo Siab Txais Tos, Dobro Došli, добро пожаловать, ‘So Dhowaada’, Benvenuto, Welkom, Bienvenue, Boa Vinda, ترحيب, Willkommen, Huan Ying

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Quick Farmworker Facts

• There are approximately 3-5 million farmworkers in the U.S.
• In 2000, the median annual income for farmworker families stood at $6250, one seventh the median annual income for all families.
• Majority of farmworkers are Mexican, Spanish-speaking, foreign-born, and have an average age of close to 30 years old.
• Half of farmworkers in the U.S. are “migrant”
• Approximately 250,000 children migrate with their parents each year.
• Note that the Department of Education (Migrant Ed), Health and Human Services (Migrant Health, Migrant and Seasonal Head Start), and Department of Labor have slightly different definitions of activities that qualify as “farm work”.

Farmworker Health Background/Overview

- Few farmworkers able to take advantage of Medicaid and other benefits (constant movement/migration prevents enrollment in State-administered public health insurance programs)
- More than 90% of migrant and seasonal farmworker children are without any health insurance coverage (compared with 22% of children nationwide)
- Cost and time are most common barriers to receiving proper oral health services
- Migrant and seasonal farmworkers experience dental decay and periodontal disease twice as often as the general population
- Farmworker children’s exposure to pesticides, infectious disease, sub-standard living make them susceptible to poor health and malnutrition
- Studies have shown that migrant school children have significantly higher rates of decay and lower rates of treatment compared to the general U.S. school population.
Medicaid Overview

• Public health insurance for low-income people
  – Entitlement (i.e. anyone who needs it and meets eligibility can receive it)
  – State funded with a Federal match
  – State administered

• Eligibility:
  – Varies from state-to-state
  – State residency IS required (Medicaid law changed in 1979 to accommodate farmworkers!)

• Enrollment:
  – Individual/family enrolls, receives a card, and visits participating providers
  – Process: proof of eligibility, complete forms
  – 46 states allow enrollment WITHOUT a face-to-face interview

• Coverage/benefits:
  – Vary from state-to-state
  – Children (ages 0-21) enrolled in Medicaid are entitled to basic, standard benefits under Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) standards
What is Medicaid Portability

• Medicaid portability would enable farmworkers to move from state-to-state without a gap in Medicaid coverage

• Once portability is established (we’re not there yet – this is still a pilot program):
  – Farmworkers will NOT need to disenroll from Medicaid in the sending state
  – Farmworker will NOT need to reenroll in the receiving state
  – Farmworker can use their CURRENT Medicaid coverage to be seen in the state they travel to
  – Their “home” state will pay for the visit!
Current Medicaid Portability Efforts

• For over 30 years, people have been tackling how to make Medicaid portable, especially for farmworkers

• Maternal and Child Health Bureau (MCHB) sponsored 2008 Medicaid portability meeting (more on next slide)

• National Association of Community Health Centers (NACHC) also has a Medicaid Portability Work Group and a Farmworker Health Committee and continues to work on Medicaid portability

• Assorted other efforts
March 2008 Medicaid Portability Meeting

• Federal Maternal and Child Health Bureau (MCHB) sponsored expert meeting in March 2008

• Funded by MCHB, in partnership with National Migrant and Seasonal Head Start Collaboration Office

• Initial focus is on:
  – Oral health (high-risk population)
  – Migrant and Seasonal Head Start (start with a small, specific population and aim for oral health services as young as possible)

• Know there will be a great “ripple effect” to medical care services (not just oral health) and to other farmworker family member
Medicaid Portability Meeting - Continued

30-40 experts from Migrant and Seasonal Head Start, Medicaid, Oral Health, Migrant Health attended:

• Michigan, Texas, Wisconsin, New York, California Migrant/Community Health Centers and/or Migrant and Seasonal Head Start Programs Represented

• There had never been a meeting like this bringing together these agencies and states around Medicaid portability (with such broad-based support)
Who Are Some Key “Players” (Stakeholders)?

- Medicaid
- Farmworker-specific (already have established relationships with farmworker community)
  - Migrant and Community Health Centers
  - Migrant and Seasonal Head Start
- Other:
  - Federal and state government agencies
  - Other oral health providers
  - Additional?
Migrant and Community Health Centers

Migrant/Community Health Centers (also known as “Federally Qualified Health Centers,” (FQHC) or M/CHC)

- Approximately 154 Migrant/Community Health Centers nationwide
- Provide care to underserved populations
- Approximately 35% of M/CHC patients have Medicaid
- Approximately 35-40% are uninsured

Migrant and Community Health Centers - Continued

• Farmworker” criteria for migrant health: principle employment (at least 51% of the time) is in agriculture on a seasonal basis within the past 24 months (and, for migrant farmworker, establishes a “temporary abode” for work purposes)

• Served just over 750,000 migrant and seasonal farmworkers and their families in 2006 (approximately 20-25% of total farmworkers)

• M/CHCs provide “culturally appropriate” care

• Offer a range of services (sometimes have oral health, sometimes do not)

• Have outreach programs and often do outreach to farmworkers

• Some have formal/informal agreements with Migrant and Seasonal Head Start and/or Migrant Education

Migrant and Seasonal Head Start

- There are 26 grantees that operate 475 centers in a total of 38 states.
- MSHS grantees provide **free** services to approximately 36,000 children.
- Approximately 97 percent of families are migrant.
- **Eligibility Criteria:**
  - **Income:** Falls within poverty guidelines (100–130 percent Federal poverty guidelines) and 50 percent of annual family income must come from agricultural work.
  - **Farmworker status:** Must work with field crops.
    - **Migrant farmworkers:** move within 2 years.
    - **Seasonal farmworkers:** have stayed to work in the same location for more than 2 years.
  - **Age:** MSHS serves children from birth until mandatory school age.
Current Medicaid Portability Models

• Interstate Provider Network
• Multistate Medicaid Card

NOTE:
• While both models require collaboration and partnership, they both build upon existing Medicaid laws!
Interstate Provider Network Model

- Providers in a “receiving state” enroll in another state’s (sending state) Medicaid program
- Receiving state provider agrees to see children with out-of-state Medicaid
- Receiving state bills the other state’s Medicaid program
Provider Network Model - Considerations

- Requires collaboration among Medicaid, Migrant Health, and other farmworker-serving programs (Migrant/Seasonal Head Start and/or Migrant Education)

- Out-of-state Medicaid enrollment process requires some work (by providers)!

- May take a little more work with non-migrant health providers (i.e. private oral health providers)

- Message to/communication with farmworker families needs to be consistent

- Work within harvest schedules (i.e. getting things done in time)
Multistate Medicaid Card

• Portable, universal card usable in collaborating states
• Children would use the same card as they travel throughout those participating states
• Two payment options (participating states would decide)
  – Receiving state treats child as “one of their own” and pays for the services
  – Receiving state pays provider for service, but gets reimbursed by state where child originally enrolled
Multistate Medicaid Card – Considerations

• Not yet in pilot stage
• Will require strategic planning and partnership building across a few states
• Could be a little less work for providers themselves (especially if they bill their own state’s Medicaid)
• Could be “easier” for farmworker families
• Will require more collaboration (possibly “compacts”) among participating states
Texas/Michigan Pilot

- Michigan providers (Migrant/Community Health Centers) enrolling in Texas Medicaid
- Texas farmworker families being encouraged NOT to disenroll from Texas Medicaid before leaving the state
- Upon arrival in Michigan, Texas children can be seen for oral or medical health services at Migrant/Community Health Centers who are enrolled as Texas Medicaid providers
- Texas Medicaid will pay for the services!
- See Texas Migrant Care Network flyer!
How Can You Help?

• Find out if you receive children from Texas
• Find out where your nearest Migrant/Community Health Center is (see next slide)
• Work with your program to develop a partnership with:
  – Your state’s Primary Care Association
  – Area Migrant and Seasonal Head Start Associations
• Find out what message to deliver to farmworker families so that we do not confuse them!
How to Find a Migrant/Community Health Center

- Migrant and Community HC list
  http://ask.hrsa.gov/pc/

- The Clinicians Migrant Health Directory: order at MCN 512-327-2017

- Migrant Health Referral Directory: Order it by calling NCFH, Inc. at 1-800-531-5120
Additional Useful Links (Oral Health and Medicaid)

- Association of State and Territorial Dental Directors: www.ASTDD.org
- Medicaid/SCHIP Dental Association: www.medicaiddental.org
Questions?