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**MCHB/EMSC  
March 2009**

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**Medicaid Portability: Eliminating gaps in  
health care, optimizing oral health, for  
migrant children and their families**

**March 18, 2009**

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**Moderator:**

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**Pamella Vodicka**

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**Health Care on the Move:**

**Medicaid Portability,  
Farmworker Health  
& Continuity of Care**

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**SPEAKERS**

- **John Rossetti, DDS, MPH**, Lead Oral Health Consultant, MCHB Oral Health Program, Rockville, MD
- **Jana Blasi, MPAff**, Deputy Director, *Texas Association of Community Health Centers, Inc.*, Austin, TX
- **Lynda Meade, MPA**, Program Manager, Michigan Primary Care Association, Lansing, MI
- **Christine Farrell, RDH, MPA**, Medicaid Dental Policy Specialist, Michigan Department of Community Health, Lansing, MI

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**Session overview**

- Introductions
- What is Medicaid Portability?
- Current Medicaid Portability Efforts
- Medicaid Portability Models
  - Interstate Provider Network
  - Multistate Medicaid Card
- Texas/Michigan Partnership

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## What is Medicaid Portability

- **Medicaid portability would enable farmworkers to move from state-to-state without a gap in Medicaid coverage**
- **As portability is established:**
  - 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!

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## Medicaid Portability – Current Efforts

1. For over 30 years, people have been tackling how to make Medicaid portable, especially for farmworkers
2. National Association of Community Health Centers (NACHC) has a Medicaid Portability Work Group and a Farmworker Health Committee and continues to work on Medicaid portability
3. Current CHIPRA legislation requires report to Congress on model development of Interstate Coordinated Enrollment and Coverage

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## 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)

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## Medicaid Portability Meeting -

- Know there will be a great “ripple effect” to medical care services (not just oral health) and to other farmworker family member
- 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, along with State and Federal programs around Medicaid portability (with such broad-based support)

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## Medicaid Portability – Current Models

- Interstate Provider Network
- Multistate Medicaid Card

**NOTE:**

- While both models require collaboration and partnership, they both build upon existing Medicaid laws!

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## Texas-Michigan Partnership

- **Speakers from these two states will provide information on their initiatives on the Interstate Provider Network**
  - **Jana Blasi, MPA**, Deputy Director, *Texas* Association of Community Health Centers, Inc., Austin, TX
  - **Lynda Meade, MPAff**, Program Manager, Michigan Primary Care Association, Lansing, MI
  - **Christine Farrell, RDH, MPA**, Medicaid Dental Policy Specialist, Michigan Department of Community Health, Lansing, MI

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## Background – Texas

**Jana Blasi, MPAff**, Deputy Director, Texas Association of Community Health Centers, Inc., Austin, TX

- **High costs of health care and lack of insurance coverage are major barriers that impede many migrant families ability to access health care services.**
- **Too difficult for families to attempt to enroll in various state Medicaid programs while they are temporarily out-of-state for work.**
- **Past strategies to address these challenges have been problematic for Texas.**

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## Background - Texas

- Texas began to explore Medicaid portability model, Texas Migrant Care Network (TMCN), in 1998.
- Focus on building networks of out-of-state providers who provide care to Texas migrants.
- Out-of-State providers in the network could then bill Texas Medicaid.

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## Background - Texas

- **In late March 2008, Texas Medicaid contacted TACHC to identify out-of-state providers, especially FQHCs, interested in enrolling in Texas Medicaid to create Texas MCN.**
- **Goal is to facilitate access to medical, dental and behavioral health services by providing continuous coverage to migrant children while in or out-of-the state.**

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## Texas Migrant Care Network

- Texas Medicaid Agency is willing to facilitate the enrollment of out-of-state providers who traditionally serve Texas migrant families.
- Focus of project is on migrant children who are currently enrolled in Texas Children's Medicaid.
- An estimated 200,000 to 300,000 MSFWs reside in Texas (at least 100,000 are children 0 – 19 years of age).

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## Texas Medicaid Eligibility Levels and Groups

### Texas Children's Medicaid Include:

- Ages 0 to 1 up to 185 % of FPL
- Ages 1 to 5 up to 133 % of FPL
- Ages 6 to 18 up to 100 % of FPL

### And:

- Pregnant Women up to 185 % of FPL
- Women's Health Program eligibility includes Women between the ages of 18 to 44 up to 185 % of FPL

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## Texas Migrant Care Network

- Currently, this program is limited to Medicaid and CHIP is NOT included
- This is not an expansion of Texas Medicaid and this program does not create a new eligibility category in Texas Medicaid.
- TMCN is only for Medicaid recipients, including migrant family members, who are enrolled in Texas Medicaid prior to leaving Texas for out-of-state work.

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## Texas Migrant Care Network

- Targeting FQHCs to participate in the out-of-state network being developed but other types of primary care providers, specialists, and hospitals are also welcome to participate.
- State will pay FQHCs their PPS rate and other provider types will receive Fee-For-Service Texas Medicaid Rates.

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## Challenges to Implementation

- Determining where our TX migrant families are going for work
- Identifying out-of-state providers that serve TX migrant families and encouraging them to enroll in TX Medicaid
- Changing misperception that migrants must drop their Texas Medicaid coverage when they leave the state and linking them to health care services when out-of-state.

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## What TACHC is Doing

- TACHC has developed a statewide outreach plan to educate migrant families and enroll out-of-state providers.
- Developed outreach materials in English and Spanish targeting providers and migrant families.
- Recruiting out-of-state FQHCs to participate in the TMCN

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## What TACHC is Doing

- **Conducting trainings and informational sessions targeting out-of-state FQHCs who currently serve Texas migrants on provider enrollment, billing and consistent messaging to migrant families**
- **Working with Texas Medicaid Agency to identify policy barriers that potentially could negatively impact providers and Medicaid clients**

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## What TACHC is Doing

- **Acting as a liaison between the TX Medicaid Program and PCAs and their members to facilitate the development of the out-of-state networks and to answer questions regarding:**

- **Provider Reimbursement**
- **Billing**
- **Provider Enrollment**

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## Background - Michigan

**Lynda Meade, MPA**, Program Manager, Michigan Primary Care Association, Lansing, MI

- **Migrant/Seasonal Farmworkers Health**
  - 6 designated Migrant Health Centers
  - Number of Migrant/Season Farmworkers in MI >90,716/45,800 \*
    - 41,038 migrant children ages of 0 – 20
    - 28,000 migrant children ages 0 - 12 years
  - Michigan season is primarily May - Oct
  - 20,229 served in CHC in 2007
    - 15,092 in Migrant Health Centers
    - 5,137 in Community Health Centers

\* Michigan Migrant and Seasonal Farmworker Enumeration Profiles Study, 2006

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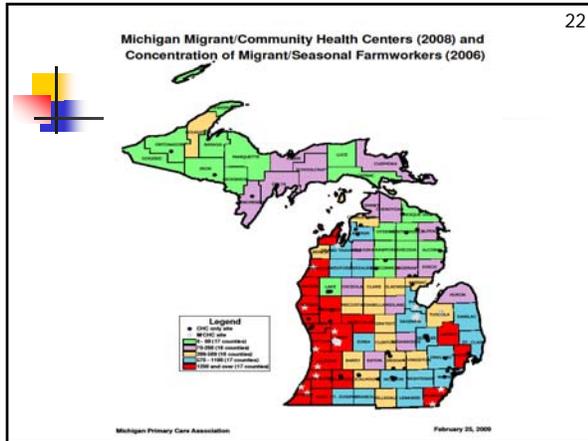
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- ### Michigan Medicaid Portability Workgroup
- Formed after March 2008 meeting
  - Committed to charge of national workgroup
  - Purpose
  - Big picture and current opportunities
  - Members
    - Primary Care Association
    - Migrant Head Start
    - Medicaid
    - M/CHC Executive Directors
    - Migrant Health Promotion
    - Human Services

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- ### Key Partners
- |                                          |                             |
|------------------------------------------|-----------------------------|
| ■ Human services                         | ■ Universities              |
| ■ Agriculture                            | ■ Health                    |
| ■ Legal assistance                       | ■ Public health             |
| ■ MIOSHA                                 | ■ Head start                |
| ■ Housing                                | ■ Labor and economic growth |
| ■ Education                              | ■ Growers                   |
| ■ Commission on Spanish Speaking Affairs | ■ US Dept of Labor          |
- Medicaid Policy and Enrollment Staff!**

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## Communication and Outreach

- Postcards
- Mailing stuffers
- Posters (English & Spanish)
  - Providers



### Distribution:

- Health Centers
- Migrant Head Start
- Migrant Resource Councils
- Legal services
- Migrant Education
- Growers

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## Challenges for a Receiving State

- Communication with MSFW
- Determining the best plan for coverage
- Changing the routine of dropping home state coverage
- Confusion - Not all M/CHC are enrolled
- Training of M/CHC staff (billing, enrollment)
- CHANGE.....

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## We're enrolled, now what.....

### Preparation of Health Centers:

- Frequently asked questions
- A pre-season call with Texas
- Key contacts in Texas
- Information to enrollment and outreach staff
- Head Start contracts
- *Patience and understanding in year one*
- *Gather data on usage and challenges to resolve*

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## Future Plans

- Work out challenges
- Document process and lessons learned to replication
- Encourage other sending and receiving states to participate
- Provide technical assistance and encouragement as needed

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## Michigan Medicaid Overview

Christine Farrell, RDH, MPA, Medicaid Dental Policy Specialist,  
Michigan Department of Community Health, Lansing, MI




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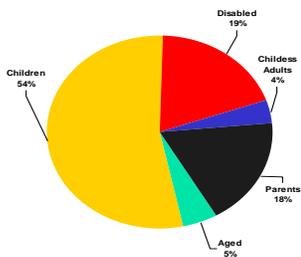
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## Michigan Medicaid Eligibles




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## Michigan Medicaid Overview

### Two different departments involved in administration of Medicaid

- Dept of Human Services (DHS)—determines eligibility (beneficiaries)
- Dept of Community Health (DCH)—administers the medical benefits (coverage and providers)
- Work collaboratively across agencies on issues, including this one
- Michigan role is “Receiving” State
- Migrants are primarily from TX and FL
  - Season lasts from April thru October
- Both DHS & DCH Representatives attended Expert meeting in March 2008

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## Michigan Medicaid & Medicaid Portability

- Have worked on this issue previously
- Michigan Interagency Migrant Services Committee
- DCH and DHS Major Participants in the Migrant Task Force along with MPCA
- DHS—Special Populations Section
- Office of Migrant Affairs
  - Position vacant for almost year
  - Recent hire of new director
  - Data collection and migration patterns a challenge

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## Communication Main Topic

- Communication and Outreach Main Topic
- Develop One Consistent Message for participation
  - Theme is Access to Healthcare by
  - Providing Seamless Coordination of Medicaid Eligibility
- DCH and DHS & MPCA staff met to discuss issues and responsibilities
  - Overarching issues are outreach & eligibility
  - Develop Strategies
    - Both DHS workers and Migrant families
    - How to get the information out
      - Select counties
      - Select workers

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## Medicaid Portability Resources

- Other tools & resources discussed
  - Question & Answer document for both Staff and Migrant families
  - List of M/CHC in Michigan
  - Contact info for TX Medicaid for both DHS workers and TX families

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## Michigan Medicaid Challenges

- DHS challenges
  - Disseminating information in a timely manner
  - Competing with other priorities and initiatives currently going on
  - Coordinating and reviewing TX and MI Medicaid coverage so that DHS can assist migrant family in making informed decision
  - Reviewing impact on other programs such as Food Assistance Program (FAP) and Financial Income Program (FIP)

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## Michigan Medicaid Opportunities

- Opportunities
  - Willing to partner with Texas
  - Expect the momentum to be slow for the first year
  - Capitalize on lessons learned with one state so can be replicated
  - Partner with other states, especially those who are a "Sender" State to Michigan's "Receiving" role
  - Develop seamless coordination of Medicaid portability
  - Continue to partner and collaborate with MPCA on this and other migrant issues

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## Contact Information

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- Christine Farrell, RDH, MPA  
[farrellc@michigan.gov](mailto:farrellc@michigan.gov)

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## Questions & Answers

Thank you for joining us for this webcast.

Archives of this event and many others are available at, [www.mchcom.com](http://www.mchcom.com)

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