



Medicaid Issues for Migrant and Seasonal Farmworkers A Factsheet for Migrant Clinicians

What is Medicaid?

Medicaid is a federal government-provided health insurance program for certain low-income individuals and families. Each state has its own Medicaid State Plan, with different eligibility requirements, coverage, and procedures. Each state plan must meet certain federal requirements in order to receive federal funding.

Who is eligible for Medicaid?

Applicants for Medicaid must meet several criteria, including the following:

- **categorical requirements** - Applicants must fall within one of the different eligibility groups recognized by federal and state law. States must cover some groups, such as pregnant women; the disabled, blind, and aged; and members of families with dependent children. States can also provide Medicaid to additional groups.
- **income and resource limits** - Applicants cannot have income above a certain level and cannot have resources valued above a certain level. Rules for how to calculate income and what counts as resources vary by state and are different for each eligibility category.
- **immigration status**¹ - Applicants are not eligible for Medicaid unless they are U.S. citizens or fall within another eligible immigrant category, such as certain lawful permanent residents (LPR), asylees/refugees, and certain victims of trafficking or domestic violence who have approved or pending applications for immigration status, among others. Further, to be eligible for Medicaid, many “qualified immigrants” must have held their “qualified” status for five years unless they entered the country before August 22, 1996. The five-year bar does not apply to some categories of immigrants, such as refugees/asylees and those serving in the military. Also, states have the option of providing Medicaid to children under 21 and to pregnant women without the 5 year bar, and may also provide pregnant women prenatal care without regard to their immigration status. All applicants for regular Medicaid who claim to be U.S. citizens must furnish proof of citizenship and identity. Emergency Medicaid is available to all persons regardless of immigration status or length of residency, as long as they meet the other regular eligibility requirements.
- **state residency** – Applicants must be “residents” of the state in which they are applying for Medicaid. State residency is defined by where one is living with the intention to remain there permanently or for an indefinite period.

When does Medicaid coverage begin?

Coverage can begin retroactively up to three months prior to application if one would have been eligible during that time. Presumptive coverage is also available for pregnant women, children, and some breast or cervical cancer patients.

When does Medicaid coverage end?

¹ Please visit the National Immigration Law Center’s webpage for more information about immigrant eligibility for Medicaid and other federal benefits: http://www.nilc.org/pubs/guideupdates/tb11_ovrvw-fed-pgms-rev-2010-04-08.pdf and for state specific immigration eligibility for Medicaid and CHIP: <http://www.nilc.org/pubs/guideupdates/med-services-for-imms-in-states-2010-02-24.pdf>.

Medicaid coverage generally concludes at the end of the month in which a person's circumstances changed (such as a move to a different state, income increase, or a change that takes one out of an eligibility group).

What counts as an emergency medical condition for Medicaid coverage?

The federal definition of an "emergency medical condition" requires a sudden onset of a medical condition (including emergency labor and delivery) manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

States vary on what constitutes an emergency condition for purposes of emergency Medicaid coverage, especially when a condition persists for a long period of time or when acute symptoms recur. Sometimes, states use the length of illness/injury and/or site of the treatment to determine when payment for emergency coverage stops. Courts also vary in their interpretation of when an emergency medical condition ends. More information on state emergency Medicaid is available at http://www.legalmomentum.org/assets/pdfs/4_emergency_medicaid_chart.doc. (current as of September 2007).

What services are covered under Medicaid?

Coverage varies by state. Generally, hospital inpatient and outpatient services, as well as emergency care, health and dental care, psychiatric services, clinic services, family planning, medical transportation and medication are covered.

What are some barriers to Medicaid coverage for migrant farmworkers?

- Lack of portability is an obstacle for many migrant farmworkers as Medicaid coverage ceases when they move away from a state. Farmworkers may face challenges completing applications and receiving coverage in the short time they are living and working in a state. Two states have implemented creative solutions to this problem: the Texas Migrant Care Network provides portable coverage for farmworkers, and Wisconsin offers Medicaid reciprocity for migrant farmworkers who are already covered in other states.
- Many farmworkers are single men with no dependents who do not meet categorical requirements. Some states may have programs providing care to a wider range of limited income populations who are not covered under regular Medicaid.
- Income and asset eligibility requirements may also create barriers, as a state's income and asset calculation may not account for fluctuating income, such as is found in agriculture, or it may count assets required for work.
- The application process itself poses many barriers for farmworkers, including language access issues, lack of transportation and time off from work to complete the application; and fears concerning confidentiality and immigration status of family members.

Will health care reform affect migrant farmworkers?

The Patient Protection and Affordable Care Act of 2010 establishes a new eligibility group of low-income individuals that will include many non-disabled, childless adults (they must have incomes below 133% of the poverty line, be under the age of 65, not enrolled in Medicare, and not eligible under any other mandatory Medicaid coverage group). Mandatory coverage of this group will begin on January 2014. Currently, states have the option to cover a portion or the entire group starting April 1, 2010, and Connecticut and D.C. have submitted such plans for approval.