



BlueCross BlueShield  
of Texas

# Children of Migrant Farm Workers

Revised 11012020

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Objectives



After this quick course, you will be able to:

- Describe the migrant farmworker population.
- Define how providers can assist in Identifying children of migrant workers
- List several of the issues confronted by migrant farmworkers and their children.
- Explain how the Frew Lawsuit helped to change the underutilization of preventive health care services.
- Describe what “accelerated services” mean to migrant farmworkers and their family.
- Explain how migrant farmworkers and their children are being helped with BCBSTX-Managed Care.
- Questions

# Definition of Traveling Farmers

- Migrant Farm Worker is defined as “a migratory agricultural worker, whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who establishes for the purposes of such employment a temporary abode.”
- WC is a child 17 and under who is the child of a Migrant Farm Worker (MFW).
- **Migrant Farm Worker** means a migratory agricultural worker, generally defined as an individual:
  - (1) whose principal employment is in agriculture on a seasonal basis;
  - (2) who has been so employed within the last twenty-four months;
  - (3) who performs any activity directly related to the production or processing of crops, dairy products, poultry, or livestock for initial commercial sale or as a principal means of personal subsistence; and
  - (4) who establishes for the purposes of such employment a temporary abode.



# Identifying Children of Migrant Workers

- Families who travel for farm work encounter numerous barriers obtaining health care services to their children on a daily basis. Here are a few obstacles faced by this population:
  - High mobility
  - Lack of transportation
  - Language and cultural barriers
  - Inaccessibility to health care services
  - Socioeconomic status
  - Lack of health insurance coverage
  - Exposure to chemicals used in the fields
  - Children used to work in fields and limit access to education and healthcare
- BCBSTX providers should cooperate with the state, outreach programs, Texas Health Steps (THSteps) regional programs staff.
- BCBSTX providers can use the tool provided to assist in assessing migrant worker status and can refer to the plan for identification and follow up.
- BCBSTX providers to identify children of traveling farm workers and provide accelerated services to them. Notify the plan if child needs these services to ensure claims are paid – we need to know and report to HHSC.



# Question to Ask Members



- Does your family move to another area (establish a temporary home) in order to work in agriculture/farming? For example:
  - preparing, irrigating or spraying the fields, nurseries, orchards,
  - planting, picking, sorting, packing, or transporting fruits, vegetables, grains, nuts, plants, tobacco, hops, flowers, grass, alfalfa, hay, or other agricultural products,
  - planting trees; working with Christmas trees; picking pine needles or Spanish moss,
  - taking care of chickens, ducks, turkeys, cows, goats, sheep, fish, clams, etc.
- Do your child/children travel with you? If yes, where do you travel to?
- Would you like for us to help you/your children schedule an appointment with your/their doctor before you leave and identify a health care provider in the area where you are traveling to?

# Risk of Farmworkers and Families

- **Dangerous work:** Agriculture is consistently ranked as one of the three most dangerous occupations in the US.
- **Pesticide risks:** Farmworkers suffer from the highest rate of toxic chemical injuries and skin disorders of any workers in the country, as well as significant rates of eye injuries.
- **Health concerns:** Farmworkers face higher incidences than other wage-earners of heat stress, dermatitis, urinary tract infections, parasitic infections, and tuberculosis.
- **Poor health of children:** Children of migrant farmworkers have higher rates of pesticide exposure, malnutrition and dental disease than the general population. Children of migrant farmworkers are also less likely to be fully immunized than other children.
- **Housing effects:** Poor migrant housing conditions lead to increased prevalence of lead poisoning, respiratory illnesses, ear infections and diarrhea.
- **Limited insurance:** Only ten percent of farmworkers report having employer-provided health insurance.
- **Obstacles to health care:** Barriers to receiving health care include lack of transportation, limited hours of clinic service, cost of health care, limited or no interpreter service, and frequent relocation in search of farm work. Farmworkers are not protected by sick leave and risk losing their jobs if they miss work.





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# Barriers to Health Care

# Healthcare Challenges



- Although most migrant farmworkers are eligible for Medicaid, few are able to take advantage of such benefits.
- The constant movement associated with migration prevents enrollment in State-administered public health insurance programs.
- Most migrant and seasonal farmworker children have no health insurance.
- Cultural difference, language, health care practices and beliefs, dietary practices
- Limited literacy, medical knowledge
- Social support absent because of social isolation and separation from family
- Access to healthy foods that are important to weight maintenance and disease control/prevention.
- Limited financial resources, including lack of insurance, inability to buy services and supplies, unreliable transportation and substandard housing.



# Barriers to Service

Continuity of care is the most challenging issue in the provision of quality of care for farmworkers because:

- Farmworkers may seek care only when it is necessary
- Once treatment begins, farmworkers may move
- If they see care when they arrive in the next community, they may not remember the name of dose of the medication they are taking
- May take records with them, but often lose them
- Communication between providers is difficult

Proper case management may help prevent:

- Disruption of chronic disease management
- Misdiagnosis
- Overmedication

Organizational Access Barriers:

- Limited bilingual staff available
- Phone answering services in English only
- Clinical schedule advertising in English only
- Unavailability of interpreters
- Patient education & prescription available in English only
- Overbooked appointment schedules
- Long waiting time for appointments
- Lack of public transportation systems

# Frew Lawsuit:

The following addresses the highlights of changes that were made due to the outcome of the Frew Lawsuit:



This case changed the way the STAR program providers checkups and other services to the state of Texas, especially dealing with migrant children.



Focus on migrant farm children access to care wherever the family relocated for work. The migrant farm children now have the option to receive accelerated services before they move.



New members are to receive automated reminder calls and welcome calls



Existing members; Migrant Farmworker Identification and Outreach, Community outreach, CRC outreach and Migrant Farmworker Outreach activities.



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# Texas Health Steps (THSteps) Services



# Texas Health Steps (THSteps) Services

Children of traveling farm workers due for a Texas Health Steps medical checkup can receive their periodic checkup on an accelerated basis prior to leaving the area.

## Accelerated Service

Medical periodic checkup received prior to leaving the area.

Billed as a checkup

## Late Checkup

A make-up exam for a late THSteps medical checkup previously missed under the periodicity schedule is not considered an exception periodicity nor accelerated service.

## Flexibility “Due” Date

Members over the age of 3 years old (extending to 364 days from their birthday) allows for children of traveling workers to be scheduled for checkups at their convenience.

# Texas Health Steps (THSteps) Services (cont.)

## Texas Health Steps

- Texas Health steps checkups help your child stay healthy. Checkups are for children from birth through age 20 who have Medicaid (STAR). These checkups help the child healthy. The child should have a checkup even if he or she is not sick.

## Texas Health Steps Give Children

- Medical Checkups
- Vaccines
- Dental checkups
- Eye screening and glasses
- Hearing tests and hearing aids

## Results of Checkups

- Help make sure children are growing right.
- Help make sure children's teeth are healthy.
- Help find problems early, if there are nay.
- Tell parents what to expect as their child gets older.



# 6 Primary Check up Components for THSteps

THSteps medical checkups indicate that records were most commonly missing documents of appropriate laboratory tests and immunizations.

1. Comprehensive Health and Developmental history

2. Comprehensive unclothed physical examination

3. Appropriate immunizations

4. Appropriate laboratory test

5. Health education

6. Dental referral

For reimbursement for THSteps checkups, each of the six components and their individual elements must be completed and documented in the medical records.

# Stay Current with THSteps



Policy and available resources:

- Visit THSteps website for information and policy updates.
- Information on checkup documentations is also available with THSteps Online Education Modules. Modules are free and offer continuing education for healthcare professions.
- [www.txhealthsteps.com](http://www.txhealthsteps.com)



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# BCBSTX Concepts



# BCBSTX will....



- Blue Cross and Blue Shield of Texas (BCBSTX) will ensure that continuity of care and acceleration of services will be provided to all children of Texas migrant farmworkers, BCBSTX will assist with coordination of care even to the area where the family is going to for migrant work.
- This includes children already undergoing an active course of treatment for an acute medical or behavioral health condition and/or those whose health could be placed in jeopardy if medically necessary covered services were disrupted or interrupted.
- The need for accelerated services will be determined on a case-by-case basis and according to the farmworker child member's age, periodicity schedule and health care needs. Services will be authorized earlier than per periodicity if the family is about to migrate.

# Tying It All Together



So why are migrant farmworkers and their family and children such a focus for Blue Cross Blue Shield?

Because migrant farmworkers, their family, and children are a valued population of members. It is important for Care Coordinators to be mindful of the amount of barriers migrant farmworkers face to getting adequate healthcare. Care Coordinators can play a vital role in ensuring we at HCSC are complying not only with the law but continuing our commitment to stand with our members in sickness and health.





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## Questions

If you have question about identifying Children of Migrant Farmworkers or Texas Health Steps please call our Provider Services at 1-855-212-1615





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Thank you for your  
commitment to providing  
our patients with the  
highest quality  
healthcare

