



Oregon Department of Human Services

Fast Facts _____

Questions and Answers about the new federal Medicaid citizenship documentation requirements

August 2, 2006

What are the new Medicaid citizenship eligibility requirements?

The Deficit Reduction Act (DRA) passed earlier this year by the U.S. Congress included a requirement that, beginning July 1, 2006, all individuals applying or recertifying for certain Medicaid programs -- who claim to be U.S. citizens -- will have to prove citizenship by presenting specified documentation.

When do the new Medicaid citizenship eligibility rules go into effect?

Oregon will begin implementing the new federal requirements Sept. 1, 2006, for all individuals applying or recertifying for Medicaid programs covered under the DRA.

Do the new rules change who is eligible to receive Medicaid benefits?

No. The new federal citizenship identification requirements do not change who is eligible to receive services; most Medicaid-funded programs have always required beneficiaries to be U.S. citizens or have legal immigration status. What has changed are the processes and documentation required to prove citizenship.

Do the new rules affect non-citizens?

No. Only citizens are affected; non-citizens will be treated as they always have been. If an applicant for Medicaid services is not a citizen, then he or she is asked for proof of legal immigration status provided by the U.S. Citizenship and Immigration Services (CAWEM applicants are not asked to show proof of immigration status).

What about people who are not citizens and do not have legal immigration status?

The new law does not affect the Citizen/Alien Waived Emergency Medical program, or CAWEM, which is the federally required medical program that delivers emergency-only medical services to certain non-citizens.

Are there any exemptions to the requirement to prove citizenship?

People already eligible for Medicare or Supplemental Security Income have already documented their citizenship and will not be asked for further proof.

Which Medicaid programs are and are not covered by the DRA?

Only those Medicaid programs that require recipients to be citizens are affected. Other Medicaid programs are not affected by the DRA.

If the DRA required a starting date of July 1, 2006, why is Oregon waiting until Sept. 1, 2006, to implement these new requirements?

Federal officials told state Medicaid directors that they recognized implementation might be delayed beyond July 1, since the Centers for Medicaid and Medicare Services (CMS) did not issue draft and interim implementation rules until June 9 and July 12. DHS began developing procedures for implementing the new requirements as soon as it received the draft rules. In addition, CMS has invited comments on its rules until Aug. 11, and Oregon is recommending modifications.

How is DHS implementing this new law?

DHS will fully comply with this new federal law, and has developed procedures to implement this law in a manner that 1) does not harm individuals who are eligible for Medicaid-funded services, but who cannot readily provide proof of citizenship, and 2) does not provide benefits to ineligible individuals.

What is Medicaid?

Medicaid is a joint federal-state health insurance program that is available to help individuals who meet income and certain other eligibility criteria. The new federal requirements apply only to those Medicaid-funded programs that require beneficiaries to be citizens; other programs are not affected.

How many Oregonians receive Medicaid services?

More than 500,000 Oregonians receive assistance through Medicaid-funded programs. The largest categories of Medicaid recipients are:

- Persons on the Oregon Health Plan;
- Seniors and people with disabilities in long-term care; and

- Persons using family planning services available from county health departments and other providers.

Approximately 43,000 individuals apply for Oregon Health Plan assistance each year.

How many people in Oregon may not be able to prove their citizenship?

DHS estimates that as many as 3,000 Medicaid-eligible recipients in Oregon may not be in a position to find and provide proof of citizenship. This includes:

- People who are homeless or physically disabled;
- Those who experience mental illness;
- Infants and children in foster care whose families are unwilling or unable to provide information to DHS; and
- Others who may simply lack the \$15-\$20 needed to obtain embossed copies of their birth certificates from other states.

Will DHS help these people find proof of citizenship?

DHS will conduct one-on-one checks against Oregon's vital records for individuals when they apply or recertify. Oregon's birth records, which go back to 1903, are available electronically from 1920. So, if an Oregon-born applicant or recipient provides a photo I.D., an electronic records check should provide sufficient documentation of citizenship under the new federal law.

For persons born outside Oregon, DHS will provide information about how to order birth certificates from other states. Under specified hardship criteria, DHS may pay for needed documents.

Do people have any kind of grace period for proving their citizenship?

People applying for Medicaid for the first time will be expected to produce satisfactory documentation before receiving benefits. People who are re-enrolling will be given what the federal government terms "a reasonable opportunity," usually 45 to 90 days, to produce documents before losing benefits.

What documents will be accepted?

The federal government has specified a range of documents in "tiers" of acceptability. Passport, certificate of citizenship and certificate of naturalization are in the highest tier because they document both citizenship

and identity. Other documents, which require the applicant to prove identity as well, include a birth certificate, hospital records, official U.S. military records and certain medical, insurance and nursing-facility admission records that are at least five years old. In rare circumstances, an affidavit signed by two persons familiar with the applicant's circumstances, one of whom cannot be a family member, may be accepted. Those persons must first be able to prove their citizenship through documents in the higher tiers of acceptability.

What documents are acceptable for documenting an applicant's identity?

These include a driver license or DMV-issued identification card, school I.D. card and U.S. military or draft card.

Will DHS require original documents?

The federal government requires original documents, although it does permit state eligibility workers to look up and document births in a state's own vital records. Many Oregon Health Plan enrollees send their applications through the mail; if an applicant does not want to part with an original document, he or she may take it to a local DHS office to be recorded and forwarded to eligibility workers.

Can someone who claims to be a citizen but cannot prove it be enrolled in CAWEM?

No. CAWEM covers certain non-citizens, is required by federal law and is only for emergencies – predominantly childbirth but also life-threatening conditions declared by a physician. Otherwise, it has the same eligibility requirements as other Medicaid programs.

What about family planning services?

Family Planning Expansion Project (FPEP) services are available to low-income persons whose incomes are below 185 percent of the federal poverty level. The federal government pays 90 percent of FPEP costs. Services are limited to contraceptive management and include an annual exam, contraceptive counseling and medically necessary follow-up support associated with the contraceptive method; birth control is dispensed with refills available. Services are delivered by county health departments, Planned Parenthood offices, some university student health centers and many federally qualified health centers.

How many ineligible non-citizens are receiving Medicaid benefits in Oregon?

Based on federal estimates at the national level, as many as 350 people in Oregon could be receiving benefits illegally.

How much will it cost Oregon to implement this new law?

Although it is too early for DHS to accurately estimate its implementation costs, DHS will track those costs to determine both the start-up and on-going expenses of implementing this latest federal mandate. The states expect the federal government to provide 50 percent match for administrative expenses associated with complying with the federal law.

Where may we refer a client with questions?

People with questions are encouraged either to talk with their caseworker or call the Client Advisory Services Unit toll-free at 1-800-273-0557.

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