



# **The Medicaid Proof of Citizenship Requirement:**

**Lessons for California from the Experience of Other States**

**Presentation by  
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# **“A Solution in Search of a Problem”**

**— Gov Christine Gregoire (WA)**

- Pushed by proponents as necessary to stem the problem of undocumented immigrants falsely claiming U.S. citizenship to obtain Medicaid.**
- OIG study of self-declaration procedures (7/2005) did not recommend additional documentation requirements; In its comments on the report, CMS said it is not aware of such problems.**

# Who is Affected?

- Requirement affects low-income *U.S. citizens*, mainly:
  - Newborns (at one year)
  - Children
  - Parents
  - Pregnant women
  - Native Americans
- Citizens receiving Medicare, SSI, SSDI and foster care are exempt
- Nothing changed for eligible immigrants; always had to document their immigration status and still do (but requirement has caused confusion and fear)

# Substantial Barriers Persist

- **States hampered by stringent implementation rules:**
  - **Restrictive list of acceptable documents (“hierarchy of reliability”)**
  - **Only originals acceptable**
    - **States can use electronic matches if capacity exists**
  - **No benefits for citizen applicants until requirement is met; not the case for immigrants**

# Studies Show Requirement Has Had a Serious Impact

- Medicaid enrollment down
- Administrative costs up
- Operation of community health centers compromised
- Access to health care at risk
- Requirement reverses the course states have pursued on simplification:
  - now requiring *more* documentation, not *less*
  - making enrollment and renewal *more complicated*, rather than *easier*

# GAO Findings – July 2007

- **Cit Doc requirement leading to enrollment declines for eligible US citizens**
  - Half the states reporting (22 of 44) cited declines; 17 states expected downward trend to continue
  - Majority of states cite loss of coverage by eligible US citizens
  - All 44 states reported administrative burdens and costs
  - For ex: For FY 2007, 10 states appropriated \$28m to cover additional administrative costs
- **Fiscal benefits to federal and state govts dubious:**
  - Only one state reported savings due to discouraging undocumented individuals
  - “Savings” are largely from placing procedural obstacles in the way of eligible people

# Findings of Committee on Oversight and Government Reform — July 2007

- **Six states (CO, KS, LA, MN, WA, WI) provided data on admin coats and # of ineligible people found:**
  - Additional cost to taxpayers to administer requirement: \$16.6m (\$8.3m federal)
  - Number of undocumented immigrants found: 8
  - Federal savings: \$11,048
- **For every \$100 spent by federal taxpayers to administer cit doc requirement, the federal government saved 14 cents.**
  - As compared to: for every \$100 spent by feds to investigate fraud and abuse, yields nearly \$1,300 in federal savings
- **Limitations of study: # of undocs deterred is unknown, BUT “lopsided ratio of high adm costs to minimal savings... indicates cit doc requirements are likely to cost federal taxpayers significantly more than they generate in savings.”**

# CBPP is Tracking State Implementation Strategies

- **Conduct Outreach**
- **Train Staff and CBOs**
- **Conduct Vital Records Matching; Other Data Searches**
- **Allow Affidavits for Children's ID**
- **Give Time; Deliver Benefits**
- **Provide Financial Assistance**
- **Track and Document Consequences**

# Conduct Outreach

- **Messages**
  - **Cit doc applies to U.S. citizens; doesn't change rules for immigrants**
  - **Cit doc applies to Medicaid – not fs, TANF, separate SCHIP programs**
  - **Does not apply to exempt groups or to family members not seeking Medicaid coverage**
  - **Provide links to help**

# Train Staff and CBOs

- **Train eligibility staff and “front office” on messages, policy, procedures**
- **Providers, staff of CBOs need similar training**
- **Involve 3<sup>rd</sup> parties in viewing documents**

# Conduct Vital Records and Other Data Searches

- **Vital Records**
  - **Best if done “up front” for all; Ask for docs only if match not possible**
  - **May need to amend app to get key data (ie mother’s maiden name)**
  - **Out-of-state docs still challenging**
    - **Help with costs and logistics needed**
- **Other data searches for ID**
  - **Food stamps, child care, DMV (for example)**
  - **E-Find System (Utah); allows all eligibility workers to have access to 18 sources of information at once; has reduced searches from 17 minutes to 3 minutes**

# Allow Affidavits for Children's ID

- **Make automatic**
- **Amend application language so form doubles as affidavit**
- **Will work for children under age 16; under 18 if necessary**

# **Give Time; Deliver Benefits; Provide Financial Assistance**

- **Reasonable Opportunity**
  - Length of time
  - What constitutes “good faith effort”?
- **PE for children and pregnant women**
  - a way to provide benefits while families gather documents
- **Financial assistance and logistical help needed to obtain out-of-state documents**

# Track and Document Consequences

- **Specific codes to track lack of citizenship and ID docs**
- **Track timely processing**
- **Surveys to document consequences during periods of uninsurance**
- **Report and publicize findings**

# Cit Doc on the Federal Agenda ?

- **SCHIP reauthorization legislation — passed and vetoed (twice):**
  - **New option for states**
    - **SSN match for some individuals would suffice**
  - **Would apply cit doc to separate SCHIP programs**
- **Heightened sensitivity and rhetoric on issues related to immigrants persist**

# **Will a New Administration Offer a Different Perspective?**

## **Some Parting Thoughts ...**

# Concerns Already Have Surfaced About Cit Doc

- **What current leaders have said:**
  - “ .... policy used a shotgun where a scalpel was necessary ... it is beyond question that the DRA policy has caused a bureaucratic nightmare for some states that is keeping Americans from getting coverage.” (Sen Grassley, R-IA)
  - “...the ridiculous policy where CMS required citizenship documentation for kids born in American hospitals where Medicaid paid for the delivery.” (Sen Grassley, R-IA)
  - “States should be able to decide for themselves whether the costs of the current one-size-fits-all documentation policy are in the best interests of their citizens.” (Rep Waxman, D-CA)

- Assuming new leaders keep a focus on insuring low-income children and parents:
  - Enrolling eligible but uninsured children will need to remain a high priority
  - Preserving and expanding simplification efforts will be key

# For More Information

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