

DMA ADMINISTRATIVE LETTER NO: 05-11, CITIZENSHIP/IDENTITY RETROACTIVE REVIEW REQUIREMENTS

DATE: August 15, 2011

SUBJECT: Citizenship/Identity Retroactive Review Requirements

DISTRIBUTION: County Directors of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

As previously notified in ABD Change 04-10, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA or Public Law 111-3) modifies the Deficit Reduction Act of 2005 (DRA or P.L. 109-171) which mandated that all Medicaid applicants and recipients claiming to be citizens of the United States must provide documentation of citizenship. Under the new provisions, tribal enrollment or membership documents issued from a federally recognized tribe must be accepted as verification of citizenship and identity. Additionally, babies born in the United States whose mother was covered by Medicaid for the birth are now exempt from having to provide further verification of citizenship and identity.

The effective date of the CHIPRA provisions noted above is July 1, 2006. However North Carolina did not implement citizenship/identity requirements until September 1, 2006. An individual previously determined ineligible for Medicaid must be authorized for eligibility:

- 1) if the individual was determined ineligible solely due to the requirements for documentation of citizenship or nationality based on policy at the time the determination of ineligibility was made; AND
- 2) the individual presented documentation at that time that would now be acceptable; OR
- 3) the individual was a baby born in the United States and the mother was covered by Medicaid for the birth.

II. IMPLEMENTATION

Begin review of these cases upon receipt of this letter and complete all actions no later than October 31, 2011. **This provision only applies if the applicant previously met all requirements except for the citizenship documentation and provided documentation at that time that would now be acceptable.** If the individual did not previously provide documentation, the case does not need to be reopened.

Two XPTR reports were created which identify individuals who were denied, terminated, or deleted for not providing documentation of citizenship between September 2006 and January 2010, when Change #04-10 was effective. The reports include all individuals in any Aid Program Category with the exception of NCHC (MIC J, K, L, A, S), MQB, RRF, MRF, IAS, and HSF.

| DHRWDB C/I DENIAL Report | DHRWDB C/I TERM/CHANGE Report |
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| 1. Lists individuals denied during the dates of September 01, 2006 through December 31, 2009. | 1. Lists all individuals who were terminated or deleted during the dates of September 1, 2006 through January 31, 2010. |
| 2. Includes Medicaid applications for both ongoing and retroactive coverage: <ul style="list-style-type: none"> a. Denied using code "H9", "You have not provided necessary information to document citizenship and/or identity"; or code "G1", "You have not provided the information needed to establish eligibility", and b. Race code "I" (American Indian) or "U" (Unreported). | 2. Includes individuals: <ul style="list-style-type: none"> a. With termination codes "2Q" and "6Q", individual deletion codes of "3Z" and "6Z", and race code "I" (American Indian) or "U" (Unreported). b. Children who were terminated or deleted and under the age of 2 at the time of termination or deletion. This would include children who were potentially eligible for auto newborn coverage. |
| 3. Is sorted by county and district number, with page breaks after each county and district number. | 3. Is sorted by county and district number, with page breaks after each county. |

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II.

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| <p>4. Includes the following:</p> <ul style="list-style-type: none">a. Application Numberb. District Numberc. Worker Numberd. County Case Numbere. Aid Program Categoryf. Denial Reason Codeg. Disposition Dateh. Individual ID Numberi. Individual Name | <p>4. Includes the following:</p> <ul style="list-style-type: none">a. Case ID Numberb. District Numberc. Worker Numberd. County Case Numbere. Aid Program Categoryf. Termination/Change Reasong. Termination/Deletion Dateh. Individual ID Numberi. Individual Name |
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III. EVALUATION PROCEDURES

A. Evaluate all application denials and case terminations/deletions on the XPTR reports to determine if the case had citizenship/identity documentation that would now be acceptable.

1. For each individual listed on the report, review the case record to determine if the individual:
 - a. provided documentation of citizenship that would now be acceptable, or
 - b. was a child born in the United States whose mother was covered by Medicaid for the birth, AND
 - c. application processing procedures were followed per MA-2304/MA-3215, Processing the Application, including pending the application for 6 months to provide citizenship documentation if applicable, AND
 - d. the individual was denied solely due to lack of Citizenship/identity documentation, or
 - e. the individual failed to provide required information other than citizenship/identity.
2. **No** further action is needed when the individual:
 - a. did not provide documentation of citizenship at that time that would now be acceptable, or
 - b. was a child born in the United States whose mother was not covered by Medicaid for the birth, or
 - c. failed to provide documentation of citizenship during the application 6 month pending period, or

d. failed to provide required information/documentation other than citizenship/identity,

AND

e. all processing requirements were followed.

3. **Further** action is required when:

a. the individual provided documentation of citizenship that would now be acceptable, or

b. the individual was a child born in the United States whose mother was covered by Medicaid for the birth, or

c. the individual provided acceptable documentation of citizenship during the application 6 month pending period, or

d. application processing procedures were not applied correctly per MA-2304/3215. (e.g. 2 requests for any information were not made; the application was not pending 6 months if required, etc.)

B. Document action taken for each individual listed on the county reports no later than October 31, 2011.

1. Complete a Citizenship/Identity Documentation Case Evaluation form ([Attachment 1](#)); file original in the Medicaid record; keep a copy with the XPTR lists; update the CID sub-folder.

2. Document the action taken, reason/explanation, and effective date of the action on the Citizenship/Identity Evaluation Documentation Report ([Attachment 2](#)). Keep a copy of the report with the XPTR lists.

3. **The Medicaid Program Representatives will follow-up and read a sampling of these cases. Keep the evaluation forms, documentation report, and the XPTR lists until asked by your MPR to provide them.**

IV. REOPEN PROCESSING PROCEDURES

A. Reopen the case if the individual was denied or terminated/deleted solely due to lack of Citizenship/Identity documentation and the individual provided documentation of citizenship at that time that would now be acceptable or the individual was a child born in the United States whose mother was covered by Medicaid for the birth.

| DENIALS | TERMINATIONS/DELETIONS |
|--|---|
| <p>1. Reopen according to instructions for incorrect denial in MA-2304/MA-3215, Processing the Application.</p> <p>Note: See B below for procedures to follow when application processing requirements were NOT followed correctly.</p> | <p>1. Reopen the case as an “administrative” application. The date of the application is the first workday of the month following termination/deletion.</p> <p>a. If the case was terminated, approve from the date of termination forward.</p> <p>b. If the individual was deleted, approve from date of deletion forward.</p> |
| <p>2. Enter appropriate citizenship/identity hierarchy code in EIS for the individual.</p> | |
| <p>3. For inactive or no case in EIS, enter the appropriate program/category certification date according to instructions in MA-2350/MA-3425, Certification and Authorizations.</p> | |
| <p>4. For active case in EIS, process the approval as an open/shut for the appropriate certification period(s). The beginning certification date is the effective date of the application.</p> | |
| <p>5. Send a manual DMA-5002/5003, Notice of Benefits. Note on the letter the reason for the change is “There was a change in Citizenship and Identity law.” Indicate that the State rules supporting this action are found in Section MA-2506/MA-3332, US Citizenship Requirements.</p> | |
| <p>6. Complete the eligibility information on the Citizenship/Identity Documentation Case Evaluation form (Attachment 1), the Citizenship/Identity Evaluation Documentation report (Attachment 2), and update CID sub-folder.</p> | |
| <p>7. Contact the case head to verify any changes to determine eligibility beyond the original certification period. A complete redetermination/review of eligibility is required for each certification period beyond the original certification period. Follow procedures in MA-2320, Redetermination of Eligibility/MA-3420, Re-Enrollment.</p> | |

| DENIALS | TERMINATIONS/DELETIONS |
|---|------------------------|
| <p>8. Override the Claims Filing Time Limit, if applicable.</p> <ul style="list-style-type: none">a. Request an override if the date of disposition is within 60 days of the 365 day time limit for filing claims. Follow instructions in MA-2395/MA-3530, Corrective Actions and Responsibility for Errors, for requesting an override.b. Use “Change in Citizenship and Identity Law” as the reason for the override request.c. Send override request within 5 days of disposition. | |

B. If an application was denied and all application processing requirements were not followed correctly:

1. Reopen according to instructions for improper denials in MA-2304/MA-3215, Processing the Application.
2. Complete the Citizenship/Identity Documentation Case Evaluation form ([Attachment 1](#)), the Citizenship/Identity Evaluation Documentation report ([Attachment 2](#)), and update CID sub-folder, if applicable.
3. Contact the case head to verify any changes to determine eligibility beyond the original certification period. Request any needed information on the DMA-5097. A complete redetermination/review of eligibility is required for each certification period beyond the original certification period. Refer to MA-2320, Redetermination of Eligibility/MA-3420, Re-Enrollment.
4. Authorize and enter the appropriate program/category certification date according to instructions in MA-2350/MA-3425, Certification and Authorizations, for the period that was denied.
5. Send a manual DMA-5002/5003, Notice of Benefits. If application requirements were not followed, use the appropriate reason for reopening the case, as you would for any improper denial.
6. Request an override for the claims filing time limit, if applicable. Follow instructions in MA-2395/MA-3530, Corrective Actions and Responsibility for Errors. Use “Improper Denial” as the reason for the override request.

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If you have any questions, please contact your Medicaid Program Representative.

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CLG/jb

Attachments

(This material was researched and written by John Benske, Policy Consultant, Medicaid Eligibility Unit.)