



May 12, 2006

Mark McClellan, MD, Ph.D.
Administrator, Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Washington, DC 20101

Dear Dr. McClellan:

On behalf of the National Association of Community Health Centers (NACHC), an organization representing over 1,000 health centers serving more than 15 million patients across the country, we are requesting that your agency move quickly to send out a clear guidance to the State Medicaid Directors regarding implementation of the Medicaid Documentation of Citizenship provision (Section 6036) of the Deficit Reduction Act. During discussions with Primary Care Associations across the country, it is clear that the vast majority of states are nowhere near ready to implement the new DRA documentation requirement, despite the fact that it takes effect in less than two months. It is equally clear that states are in desperate need of guidance from CMS at this time.

We remain deeply concerned that, without timely and clear instruction from CMS, the new documentation requirements could result in a substantial, and possibly overwhelming, new burden to Medicaid eligible individuals, and further complicate states' implementation of the Medicaid program.

For Federally-Qualified Health Centers (FQHC), the potential confusion and consequent loss of Medicaid benefits for individuals who are clearly eligible for the program is particularly problematic. Since our centers — due both to their mission and the requirements of their federal Health Center grants — must serve anyone regardless of their ability to pay, they will continue to provide primary and preventive care services to their current patients who may be denied Medicaid coverage because they were unable to readily access the necessary documentation to prove citizenship. No doubt, many centers also will be inundated with new patients who may be similarly denied Medicaid coverage due to the new documentation requirements, and who, as a result, can no longer receive care from their current non-FQHC providers. As health centers serve these Medicaid-eligible but uninsured patients, they will be less able to serve the already increasing numbers of uninsured who are not categorically eligible for Medicaid, and for whom their grant dollars were intended to help.

We believe it is critical not just that CMS issue guidance on the new documentation requirements as soon as possible, but that this guidance provide instructions to the states allowing the flexibility to minimize associated administrative burdens as well as the burden on Medicaid-eligible persons. In short, we believe it is vital that states be allowed the necessary

flexibility to implement the documentation requirements in a manner that minimizes the likelihood of Medicaid-eligible persons being denied coverage at the time of application or reapplication. Toward this end, we urge CMS to consider including the following in any upcoming guidance to the states:

1. The DRA provides the Secretary with authority to specify documents other than those listed in the statute that would constitute satisfactory documentary evidence of citizenship or identity. In fact, the Department of Justice (DOJ) and the Social Security Administration (SSA) both accept several documents as acceptable proof of citizenship which are not specified in the DRA. We urge the Secretary to review DOJ and SSA guidelines and regulations relating to such documents, and to include those documents as acceptable proof of citizenship under the DRA documentation requirement.
2. On the issue of proof of identity, the DRA specifies that any identity document described in section 274A(b)(1)(D) of the Immigration and Nationality Act is satisfactory evidence of identity documentation. DOJ's final regulations implementing section 274A lists 12 different documents that would serve as sufficient identification, including, for example, a school identification card with a photograph, voter registration card, U.S. military card or draft record, military dependent's identification card, school records or report card, clinic doctor or hospital record, Native American tribal documents, etc. Again, we urge the Secretary to review these DOJ regulations (8 CFR 274a.2), and to specifically add those documents to the list as sufficient to prove identity.
3. On the issue of proof of citizenship and/or identity, CMS should encourage states to accept **copies** of the documents they are seeking from eligibles rather than **original** documents with embossed seals, etc. This approach would facilitate mail-in applications and the use of existing data for purposes of verification. States should be encouraged to obtain necessary documents from existing state data such as SSI State Data Exchange files and SSA NUMIDENT files or to look to other sources such as food stamp and TANF records.
4. We also request that CMS encourage states — in establishing acceptable documentation — to consider the particular barriers faced by special populations such as the homeless, the frail elderly, long-term care patients, and children.
5. States should also be encouraged to provide individuals a reasonable opportunity to obtain the documents they need to meet the documentation requirement. Once an individual has been determined to meet eligibility requirements, states should be expected to provide benefits while the individual is obtaining necessary documents; recipients should be provided an opportunity for a fair hearing if they are initially determined not to be eligible; and states should not be penalized for providing benefits during this time period.
6. NACHC is especially supportive of a policy that would require states to conduct outreach to potential enrollee constituencies, especially to those individuals scheduled for re-determination. As health center serve a large number of Medicaid eligible individuals,

and since states are already required to contract with FQHCs for out-stationed eligibility workers (42 USC 1396a(a)(55) and 42 CFR 435.904) within health center locations, we would encourage CMS to coordinate such outreach and education activities on the new documentations requirements with current out-stationed eligibility workers.

Thank you for considering these important issues during your work to effectively and efficiently implement the DRA. We look forward to working with you to ensure proper implementation with the best outcome possible for the vulnerable populations served by Health Centers. Please let us know if there is anything we can do to be of assistance in this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel R. Hawkins, Jr.", written in a cursive style.

Daniel R. Hawkins, Jr.
Vice-President, Federal, State and Public Affairs
National Association of Community Health Centers, Inc.

cc: Dennis Smith, Director
Center for Medicaid and State Operations

Jean Sheil, Director,
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