TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS,
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENT STAFF

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, DHR, FIA
CHARLES E. LEHMAN, EXECUTIVE DIRECTOR, DHMH/OOEP

RE: MMIS CODES for MEDICAID CITIZENSHIP and IDENTITY

PROGRAM AFFECTED: MEDICAL ASSISTANCE (MA)
ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY: Effective July 1, 2006, due to federal regulatory changes based on the Deficit Reduction Act of 2005, all persons declaring to be U.S. citizens must provide documentation of their citizenship and identity at the time of the initial application or annual redetermination for Medicaid. In Maryland, this federal change applies to Medical Assistance (MA), Maryland Children's Health Program (MCHP), Long-Term Care, Primary Adult Care (PAC), HealthChoice, Women's Breast and Cervical Cancer Health Program (WBCCHP), and all Waiver Programs. It does not apply to Medicare beneficiaries, presumptively eligible newborns, and SSI recipients.

DHMH will no longer be sending the DRA letter files to DSS or the LHD since the information will now be available on MMIS. The letters will continue to be mailed to the recipients. DHMH has created a new field on MMIS to display citizenship and identity codes. This new field is on Screen 1 and is the "CITZ-IDEN" field.

This new field will contain a total of 4 characters. The first 2 characters will be a 2 digit alpha code to indicate citizenship verification by DHMH through various sources including data matches and the DHMH Central Repository. The second 2 characters will be a 2 digit numeric code to indicate identity verification by DHMH through the same sources.

ACTION REQUIRED:

Caseworkers **must** now check Screen 1 on MMIS to determine if the necessary proofs for citizenship and/or identity have already been obtained by DHMH. If the codes on Screen 1 indicate that the proof for citizenship has been obtained by DHMH, then the worker should not be requesting additional proof. Likewise, if the codes on Screen 1 indicate that the acceptable proof for identity has been obtained, no further proof of identity is needed.

There **are** codes that indicate "**Not Verified**". If there is a "ZZ" in the citizenship field it indicates that DHMH has no acceptable proof for citizenship. Likewise, if there is a "00" in the identity field it indicates that DHMH has no acceptable proof for identity.
In such cases, the caseworker must request the necessary proof from the applicant or recipient. If the caseworker later receives the proof of citizenship and/or identity, they must send a copy of the proof to DHMH Medicaid Verifications, P.O. Box 2075, Baltimore, Md.21203-2075, so that MMIS Screen 1 can be re-coded correctly.

The new codes for MMIS are attached to this Information Memo.

A copy of MMIS Screen 1 is attached with the new **CITZ-IDEN** field enlarged and in bold. The citizenship code is **VS** for Vital Statistic Record Match, and the identity code is **00** meaning **Not Verified**.

INQUIRIES:

For policy questions, contact the DHMH Division of Eligibility Policy and MCHP at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463). For CARES questions contact Cathy Sturgill at 410-238-1247

cc: DHR Executive Staff   Constituent Services
       FIA Management Staff   DHR Help Desk
       DHMH Management Staff

Citizenship Codes for MMIS

Exempt:
MC   Medicare
SI   SSI

Tier One:
PP   Passport
CN   Certificate of Naturalization
CC   Certificate of Citizenship

Tier Two:
VS   Vital Statistic Record Match

Tier Three:
BC   U.S. Birth Certificate
MR   Military Record (official military record of birth)
CS   Civil service employment by U.S. government
AD   Final Adoption Decree for a child born in the U.S.
CA   Certificate of citizen born abroad
CI   U.S. Citizenship identification card
AI   American Indian card
NM   Northern Mariana card

Tier Four:
HR   Hospital Record
IR   Insurance Record (must show place of birth)

Tier Five:
FC   Federal Census record for 1900-1950
DR   Doctor, hospital, clinic or other medical record showing a place of birth
OR   Other Records showing a U.S. place of birth and created at least 5 years before the initial application date for MA or MCHP:
- An amended U.S. birth certificate
- A U.S. State Vital Statistics official notification of birth registration
- Signed statement by a physician or mid-wife who attended the birth
- Institutional admission papers (e.g. nursing facility)
- Seneca Indian tribal census record
- Bureau of Indian Affairs tribal census records of the Navajo Indians

Affidavits:
AF   All affidavits for citizenship

Not Verified:
HN   Hospital newborn, categorically eligible, valid for 15 months from DOB (P03, P12)
ZZ   Nothing on file

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Identity Codes for MMIS

Valid for ALL ages:

01   Medicare/SSI data match

02   Government Identification with photograph and/or identifying information included on drivers license---name, age, sex, race, height, weight or eye color (includes PP, CN, CC, MVA ID card)

03   Food Stamp data match

04   TCA data match (F01, 02 and 03)

05   Driver's License

06   U.S. military ID card or draft record or U.S. Coast Guard Merchant Mariner Card

07   U.S. Passport with limitation (can only be used for identity, not citizenship)

08   Certificate of Indian blood or other U.S. Tribal document

09   School ID Card /nursery or day care card with photograph

10 to 19   For future use

Valid ONLY for children younger than 16:

20   School record/nursery or day care record

21   Written affidavits signed by the child's parent or guardian

22   Newborns made eligible through the 1184 process (good until age 16)

Not Verified:

00   Identity not verified

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11/03/06              RECIPIENT ELIGIBILITY DISPLAY SCREEN 1           INQUIRY
REISSUE:                                    LAST TRANS: 051005    USER: 111
RECIP-ID: 12345678901    HOH/CASE-NUM: 123456789    BATCH-UP: 062206
 ORIG-ID: 12345678901    CARES-IRN: 123456789    PREV-UP: 061406
 CURR-ID: 12345678901         SSN: 123456789  MEDICARE-NUM:
    NAME: ABCDEF   GHIJKLM    N    A/P Y              ELIG: 001   (PF1)
     HOH: ABCDEFG H IJKL    APPL-DT: 80198        HMO:       (PF2)
    ADDR: 1234 ABCDEF       INSR: V9 TPL:          MEDICARE:      (PF3)
    ADDR:                 DEC-DT: 051005              LTC:       (PF4)
    CITY: BALTIMORE       BIRTH: 1234 5678     WAIVER:     (PF5)
   STATE: MD ZIP: 12345    RACE: C SEX: F        MANAG-CARE:      (PF6)
   PHONE: 555-555-5555   HOSP-NUM:              NEW-IDS: 015   (PF7)
RES-CNTY: 03 BALT COUNT   DT-OF-ENTRY:          SPECIAL PROGRAM  (PF8)
```
CITZ-IDEN: VS 00   `DIST-OFF: 999 UNIT:     DEATH:    MCO: M (PF9)`
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  INCOME: 00000  ASSETS: 00001 ORIGIN: Z        CARES-DT: 121400
SCREEN-DT:        EPSDT: N    RETURN-CD:  VCN: 0    ISSUE-DT: 062206
---------------------------- ELIGIBILITY SPANS ----------------------------
NO BEGIN   END    COV  TYP  CAT SCP SPLIT-AMT CIT SRC CN-RSN EVS-DT LST-TRAN G
01 030105 999999  S09   N   56   8   0.00      C   D                  051005
02
03
04
05
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                                     5