



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE June 8, 2007	EFFECTIVE DATE December 1, 2006	NUMBER 99-07-09
SUBJECT Revised Citizenship and Identity Information Form	 By Michael Nardone, Acting Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to inform Medical Assistance (MA) enrolled providers that the Department of Public Welfare (Department) has revised the Citizenship and Identity Information Form, PA 1809. The PA 1809 was originally provided as Attachment B to Medical Assistance Bulletin (MAB) 99-06-07 issued September 2, 2006 and revised as Attachment A to MAB 99-06-08.

Note: All other provisions and attachments of MAB 99-06-07 otherwise remain in effect. MAB 99-06-08 is obsolete with the issuance of this bulletin.

SCOPE:

This bulletin applies to all MA enrolled providers who apply for Medicaid coverage on behalf of or assist individuals applying for Medicaid coverage in completing MA applications.

BACKGROUND:

On July 24, 2006, the Department issued MAB 99-06-07 informing MA enrolled providers of new federal Medicaid citizenship and identity eligibility requirements for MA applicants and recipients, as set forth by the Deficit Reduction Act of 2005 (DRA) (P.L. 109-171). For those applicants and recipients who do not have the necessary documents or who have difficulty obtaining these documents, the Department developed a Citizenship and Identity Information Form, PA 1809, to capture the information necessary for the Department to assist applicants and recipients in obtaining the recognized documents.

DISCUSSION:

The Department has updated the Citizenship and Identity Information Form,

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap

PA 1809. The form now includes fields to identify the individual's gender and State Identification Card number. The updated form, dated 12/06, is available in English and Spanish, and both versions are included as an Attachment to this bulletin.

PROCEDURES:

MA enrolled providers who apply for Medicaid coverage on behalf of or assist individuals applying for Medicaid are urged to work with the applicant to gather the information requested on the revised Citizenship and Identity Information Form when the applicant cannot produce the necessary documents as described in Attachment A of MAB 99-06-07. The completed form shall be submitted with the application for MA to the County Assistance Office.

Providers may make photocopies of the revised Citizenship and Identity Information form for continued use until the Department has updated all applications and the on-line COMPASS application.

Attachment