



SUBJECT: State Obligations for Verifying Citizenship and Immigration Status of Medicaid and Children’s Health Insurance Program (CHIP) Beneficiaries

August 19, 2025

Background

The Centers for Medicare & Medicaid Services (CMS) would like to remind states of their obligation under federal law and regulations to verify the citizenship and immigration status of Medicaid and Children’s Health Insurance Program (CHIP) enrollees and to ensure the accuracy of this information. Federal Financial Participation (FFP) is not permitted for individuals who do not have a satisfactory immigration status for full Medicaid coverage or CHIP benefits and these individuals should not be enrolled in Medicaid or CHIP or receive services, with the limited exceptions outlined in sections 1137(d), 1902(ee), 1903(v)(2), 1903(x) of the Social Security Act (the Act).

To be eligible for full Medicaid coverage or CHIP benefits, individuals must declare to be a U.S. citizen, U.S. national, or have satisfactory immigration status under section 1137(d) of the Act. Further, Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that, with respect to individuals who are not U.S. citizens or U.S. nationals, only qualified aliens are eligible for federal, state and local public benefits. Pub. L. 104–193, 8 U.S.C. § 1611. According to Section 401 of PRWORA, 8 U.S.C. § 1611(a), aliens who are not “qualified aliens” (defined at 8 U.S.C. § 1641) are not eligible for any “Federal public benefit” as defined in 8 U.S.C. § 1611(c), with limited exceptions listed at 8 U.S.C. § 1611(b) (including care and services necessary for treatment of an emergency medical condition defined at section 1903(v)(3) of the Act (referred to as “emergency Medicaid”)). States must verify, using an automated system administered by the Department of Homeland Security, an individual’s immigration status for all individuals who have declared to have a satisfactory immigration status in order to determine an individual eligible for full Medicaid coverage or CHIP benefits.¹ We note that the requirement to verify U.S. citizenship and immigration status described in section 1137(d) of the Act does not apply to individuals who are receiving Medicaid limited to emergency Medicaid services under section 1903(v)(2) of the Act, in accordance with section 1137(f) of the Act.

Verification of US citizenship in Medicaid and CHIP is required by a number of other federal statutes. Sections 1902(a)(46)(B), 1902(ee), 1903(x) and 2105(c)(9) of the Act establish the requirement to verify U.S. citizenship in Medicaid and CHIP, with few narrow exemptions set forth in the statute.

Methodology

In order to assist State Medicaid and CHIP agencies in ensuring that they are in full compliance

¹ Section 1137(d)(3) of the Act directs states to “to verify with the Immigration and Naturalization Service the individual’s immigration status through an automated or other system (designated by the Service for use with States).” DHS’s U.S. Citizenship and Immigration Services (USCIS) now performs this function. For more information about USCIS and the SAVE program, visit <https://www.uscis.gov/save/about-save/save-governing-laws>.

with the requirements listed above, CMS will assist states by sharing a list of a sample size of individual Medicaid and CHIP enrollees for whom CMS was not able to successfully verify citizenship with Social Security Administration (SSA) data or immigration status using the Systematic Alien Verification for Entitlements (SAVE) program operated by United States Citizenship and Immigration Services (USCIS) database. This list will be a sample size and shared with each individual state on a monthly basis. Specifically, CMS will run T-MSIS Medicaid and CHIP data by SAVE (Initial Verification Process²) to attempt to verify the citizenship and immigration status of each individual enrollee from T-MSIS. The enrollment data from T-MSIS will be delayed two-three months from the most active enrollment list from the state. CMS will then share a monthly report with states containing a sample size of Medicaid and CHIP enrollees who CMS was not able to successfully verify citizenship or immigration status. This list will exclude individuals who were confirmed by SAVE to be US citizens or qualified aliens eligible for Medicaid or CHIP, but may also include individuals who are receiving limited emergency Medicaid services only. CMS will share a weekly report with 25% states so that over the course of one month all 50 states and the District of Columbia will receive an enrollment file of individuals whose citizenship or immigration were not verified successfully via the SAVE database. This process will occur on an ongoing basis going forward. In this first distribution for the week of August 18, 2025, CMS will share enrollment files with the following 13 states: Louisiana, Arkansas, Arizona, Florida, West Virginia, Indiana, Alabama, New Mexico, Nevada, Georgia, Wisconsin, Tennessee, and South Carolina.

Next Steps

CMS has established a secure method for sharing enrollment files with your state. We will initially share all files with each State Medicaid Director. If there are additional individuals within your Medicaid team who should have access to the enrollment file, the State Medicaid Director can forward them the link to the enrollment file and the password to access the folder containing the file. The link and password will be sent in two different emails.

It is CMS' expectation that states will utilize this data contained in the enrollment file to independently verify the citizenship status or immigration status of individuals who receive full Medicaid or CHIP coverage. If an individual listed in the enrollment file is receiving limited emergency Medicaid services in the state, states should not submit the individual's information to SAVE or independently verify such individual's U.S. citizenship or satisfactory immigration status in accordance with section 1137(f) of the Act. For individuals receiving full Medicaid or CHIP benefits for whom states cannot verify citizenship or satisfactory immigration status consistent with 42 CFR 435.956 and 457.380(b), states should take appropriate action to redetermine eligibility based on the change, including providing the individual with an opportunity to furnish additional documentation to verify their status and considering eligibility on other bases before determining the individual is ineligible, consistent with 42 CFR 435.916(d) and (f), 435.952 (in effect as of June 1, 2024) and 457.343. Note that individuals who are not in a satisfactory immigration status for purposes of full Medicaid benefits may be eligible for limited emergency Medicaid services, consistent with sections 1903(v)(2) and (v)(3) of the Act. Depending on how the state has operationalized emergency Medicaid, the state would either disenroll any individuals determined not eligible for full Medicaid benefits due to immigration status or limit the services for which FFP is claimed to care and provide services necessary to treat an emergency medical condition. If determined ineligible, states must take appropriate action to disenroll the individual, including provision of advanced notice and fair hearing rights per 42 CFR Part 431 Subpart E.

² For more information about SAVE's initial verification process, visit: <https://www.uscis.gov/save/about-save/save-verification-process>

CMS will request of each state a report of procedures used and outcomes associated with conducting eligibility redeterminations for individuals in which CMS has not been able to verify citizenship or satisfactory immigration status. CMS will share more specifics regarding this reporting process and timelines with states at a future date. CMS will also share a reporting template document that states can use to report information back to CMS on the results of the state's independent verification of citizenship or immigration status for these individuals and any results from conducting eligibility redeterminations for these individuals if the state is unable to verify citizenship or immigration status with existing information. After the states complete their review and eligibility redeterminations where applicable, states will then inform CMS as to the results of their independent verification efforts and redeterminations via a reporting template. Again, this process will be announced and shared with states at a future date. Once this reporting process and structure are established and shared with states, CMS intends to request data on outcomes of independent state verification efforts and eligibility redeterminations of individuals where applicable from prior months, including this initial enrollment file and any other subsequent enrollment files that are shared with states prior to the reporting process being in place.

CMS reserves the right to share de-identified data publicly on a monthly basis for the number of individuals from each state in which CMS could not confirm citizenship or satisfactory immigration status.

Section 1903(u) of the Act is the statutory authority through the PERM process for disallowing or deferring funds for enrollment related errors, and 42 CFR 457.628 is the authority for CHIP. However, CMS has and will continue to review CMS-64 quarterly expenditures and issue disallowances and deferrals as appropriate when states inaccurately claim FFP for services paid for individuals who the state's eligibility determination found do not have a satisfactory immigration status or inaccurate administrative expenses in Medicaid that support coverage of such individuals.