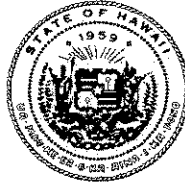


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STATE OF HAWAII  
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Med-QUEST Division  
Health Coverage Management Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

August 15, 2007

MEMORANDUM

QUEST MEMO  
BEN-0703

TO: QUEST Health Plans *LB*  
FROM: *for* Lois Lee, Acting Med-QUEST Division Administrator  
SUBJECT: MAY-JUNE 2007 CITIZENSHIP TERMINATIONS

This memorandum provides information to the QUEST Health Plans regarding the termination of benefits to recipients in compliance with the citizenship documentation requirements of the Deficit Reduction Act of 2005 (DRA). As agreed upon in the Citizenship Task Force meeting on August 7, 2007, the Health Plans will receive information (CD) on August 15, 2007, identifying plan members with outstanding DRA documentation requirements subjecting them (members) to possible termination effective November 1, 2007. The Health Plans will submit drafts of letters to members to the Health Coverage Management Branch for review and approval prior to plan mail out on September 10, 2007. Shown below is a listing of documents which may be submitted as examples of acceptable documentation. The plans may also use the attached, DHS 8000K, Statement of Parent or Guardian for Children Under 16 Years Old (Attachment 1) affidavit for children without photo identification for inclusion in the mail out. All letters, forms, enclosures, etc., including substitutes for the DHS approved affidavit that will be sent in this mailout must be submitted for review and approved by the Med-QUEST Division.

Following receipt of member information, the Health Plans should deliver required citizenship documentation on a daily basis to the Med-QUEST Division's Customer Service Branch (CSB) at the following address no later than September 24, 2007. Receipt of the required information by September 24, 2007, will enable processing and input by the eligibility worker (EW) into the HAWI system to update eligibility information, allowing continued QUEST program eligibility, as appropriate. Receipt of the required documentation after September 24, 2007, may not allow sufficient time to assure continued program eligibility and enrollment without interruption.

CSB Mailing address:

Customer Service Branch,  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

It is strongly suggested that the documentation forwarded to CSB by September 24, 2007, contain information identifying the specific member's Eligibility Section and Unit numbers as a means of facilitating routing of the received documentation to the appropriate Eligibility Worker. Without such identifying information, the routing and processing of the documentation will take additional time. The members' Eligibility Section and Unit numbers are contained on the distributed CDs. On the CD file, under the 'SEC' title, there are 5 numbers. The first 3 numbers designates the Eligibility Section/Unit and the second 2 numbers identifies the Eligibility Worker code. A detailed timetable of Plan/MQD actions is attached for your information (Attachment 2).

If there are questions regarding this transmittal, please contact your respective plan liaison. Thank you for your cooperation and assistance on this important matter.

### **Examples of Documents**

#### **PHOTO IDENTIFICATION**

Please send a **copy** of ONE ITEM ONLY for each person marked (X) under photo identification:

- Driver License or Permit with Photo
- Employee Photo Identification
- School Photo Identification
- Bus Pass with Photo
- State Identification Card with Photo
- Permanent Resident Card
- Bank Card with Photo
- Store Card with Photo
- Other Official Photo Identification
- Affidavit (Children Under 16 Years Old Only)

#### **U. S. CITIZENSHIP**

Please send a **copy** of ONE ITEM ONLY for each U.S. citizen marked (X) under U. S. Citizenship/Alien Status:

- Certified U.S. Birth Certificate
- Current Hawaii State Identification Card
- U.S. Passport
- Northern Mariana Identification Card (I-873)
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)
- Certificate or Report of Birth Abroad (DS-1350, FS-240, or FS-545)
- American Indian KIC Card (I-872)
- U.S. Military Record (DD-214)
- U.S. Final Adoption Decree
- U.S. Civil Service Employment Before June 1, 1976
- U.S. Citizen ID Card (I-179 or I-197)

#### **ALIEN STATUS**

Please send a **copy** of ONE ITEM ONLY for each alien marked (X) under U. S. Citizenship/Alien Status:

- Permanent Resident Card (I-551)
- Arrival/Departure Record (I-94)
- Recent Arrivals Only: Foreign Passport or I-94 with I-551 Stamp
- Employment Authorization Card (I-688B)
- Refugee Travel Document (I-571)
- U.S. Veteran Discharge Papers (DD-214)
- Active Duty Orders

Attachment

**MAY-JUNE DRA CITIZENSHIP COMPLIANCE TIMETABLE**

The following reflects the timetable agreed upon at the last Citizenship Task Force meeting.

8/15/07	DHS to provide Health Plans with the CDs identifying members with outstanding requirements. Health Plans to send letters (no callouts) to their members requesting submission of documents.
8/15/07-9/10/07	Health Plans to submit draft letter to HCMB for approval prior to mailing.
9/10/07	Projected date for Health Plans to mail letters to members
9/20/07	Suspense date for members to submit documents to Health Plans
9/24/07	Suspense date for Health Plans to submit documents to CSB
10/4/07	Last day for EWs to input information into HAWI
10/5/07	Termination notices to be printed
10/6/07-10/24/07	EWs will terminate coverage for those recipients who failed to submit the required documentation.
10/17/07	Hawaii PreSort to mail termination notices.
11/1/07	Effective date of termination

**Statement of Parent or Guardian for Children Under 16 Years Old**  
 Identity Affidavit for Medicaid Programs (Deficit Reduction Act of 2005)

**This form meets the photo identity requirement for children under 16 years old.** If the children are not living with a parent, the guardian may complete it. Please print clearly. If there are more than ten children in the household, attach another affidavit form.

I, \_\_\_\_\_, am the parent or guardian of the children listed below.  
 (Print Name of Parent or Guardian)

Child's Legal Name (First Name and Last Name)	Birth Date (Month, Day, and Year)	Where Child Was Born (City and Country)	OFFICIAL USE ONLY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I certify under penalty of perjury that the information I have provided in this affidavit is true to the best of my knowledge.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date