



U.S. MIGRATION METRICS

CMS Review of Medicaid and CHIP Immigration Status

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Main Takeaways

- CMS announced a new initiative requiring states to review Medicaid and CHIP enrollees whose citizenship or immigration status cannot be verified through federal databases.
- States already verify eligibility using the DHS SAVE system, but the new plan would increase the frequency and scope of these checks.
- Critics warn the initiative could raise administration burdens, increase churn, and cause some eligible individuals to lose coverage due to paperwork issues.
- Immigrant families may face greater barriers as fear and confusion discourage participation in public health programs.

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CMS Citizenship Verification Push

On August 19, 2025, the Centers for Medicare and Medicaid Services (CMS) announced a new initiative aimed at ensuring Medicaid and CHIP enrollees are U.S. citizens, U.S. nationals, or have satisfactory immigration status. Under the policy, states will receive monthly reports identifying individuals whose status could not be confirmed through federal databases. States will then be responsible for reviewing these cases, verifying eligibility, and taking appropriate action, which may include adjusting coverage or enforcing non-citizen eligibility rules.

Existing Citizenship Verification Process

Medicaid and CHIP already have a process in place to verify the citizenship or immigration status of applicants, since eligibility is limited to U.S. citizens and certain "qualified" non-citizens. U.S. citizen applicants generally provide a Social Security Number or proof of citizenship, while non-citizens must submit documentation of their immigration status. States verify this information through the Department of Homeland Security's [Systematic Alien Verification for Entitlements](#) (SAVE) system, which allows agencies to confirm immigration status for benefit eligibility. In most cases, states do not need to re-verify immigration status after enrollment, though some do during annual renewals.

Critiques of the New Initiative

Critical responses to this new initiative focus on the added burden on states to investigate enrollees whose immigration status has already been verified, as well as the potential chilling effects on non-citizen enrollees and their access to health care. Administrative hurdles, including more frequent verification requirements, are a [leading factor behind low enrollment](#) in public benefit programs. Once enrolled, individuals receiving Medicaid/CHIP may also face requests for additional documentation or risk losing coverage if they cannot verify their status. More burdensome eligibility verification and redetermination processes tend to increase "churn," where enrollees lose and regain coverage throughout the year. Churn is already common in Medicaid, and many disenrollments occur among still-eligible individuals who lose coverage because of administrative or procedural barriers, such as missing renewal notices, misunderstanding the process, or failing to respond in time.

Impact of Increased Churn

This increase in churn is concerning in itself as it results in [access barriers as well as additional administrative costs](#). Individuals experience gaps in coverage that limit access to care and lead to delays in receiving care. Enrollees who experience fluctuations in coverage are more likely to report difficulties receiving medical care and are more likely to end up in the hospital with a preventable condition. Additionally, there are administrative costs associated with disenrolling an enrollee then subsequently processing a new application, which may increase health costs in the long run.

Effects on Immigrant Families

For immigrant families, these difficulties are intensified. Similar immigration policies have had a noticeable chilling effect on the [participation of even eligible individuals](#). These policies have resulted in increased fear and confusion as many immigrant families remain [uncertain of their eligibility status under the numerous recent immigration policies](#) that have been proposed or implemented. Thus, many immigrant families avoid public benefits or health care altogether, worsening long-standing [gaps in access to care](#).