Assessing Immigration Status and Eligibility for Publicly Funded Medical Care: A Questionnaire for Public Health Professionals

Sana Loue, JD, PhD, and Jonathon Foerstel, JD

Introduction

Noncitizens' eligibility for health care in the United States is under vociferous debate. States have sued the federal government to recoup health care expenditures allegedly attributable to persons illegally present in the United States, and California voters recently passed Proposition 187 to limit the access of illegal US residents to publicly funded health care services.

The debates have often been premised on misconceptions about our immigration laws and the eligibility requirements for publicly funded health care. In fact, the Immigration and Nationality Act distinguishes between citizens and noncitizens. Citizens are individuals who were born in the United States, who derived citizenship from their parents, or who underwent the legal process of naturalization. All citizens are eligible for all services covered by Medicaid and Medicare if they meet all additional eligibility requirements, such as age, disability, or income level.

US immigration law classifies all noncitizens as aliens, whether they are documented or undocumented. Table 1 explains the basis for determining citizenship and alienage in most situations that health professionals might encounter. Being documented is not synonymous with being in the United States legally. It is possible, for instance, for individuals to be documented while a decision regarding the ultimate legality of their presence in the United States is pending (see Table 1). A determination that an individual's presence is legal or illegal may be made only by an immigration judge or a judge of a higher court reviewing the immigration judge's decision.

Categories of persons legally in the United States pursuant to the immigration and Nationality Act are not congruent with categories of persons entitled to services under the Medicaid and Medicare programs of the Social Security Act (see Table 2). Legal or documented presence in the United States does not necessarily entitle an individual to all services provided under the Medicare or Medicaid programs. Conversely, an individual whose presence in the United States is seemingly illegal may be entitled to the full range of services available through Medicaid or Medicare.

Given the requirements for establishing a legal presence in the United States and for obtaining health care services under the Medicaid and Medicare programs, we report here on a questionnaire that we developed for health care professionals and researchers to use in an interview setting to determine patients' documentation status and eligibility for publicly funded medical care. (Copies of the questionnaire are available from the authors.) Patients found eligible for care through the use of this instrument might otherwise be screened out of eligibility for health care services by a less thorough assessment.

Methods

Our Assessment of Immigration Status and Health Benefit Eligibility was developed based on an integration of the relevant provisions of the Immigration and Nationality Act and the Social Security Act. The instrument is designed for use in the context of an interview. The respondent's answer to a question prompts the interviewer to proceed to the next relevant question. The interviewer continues to ask questions until he or she reaches the assessment of the respondent's situation, which is indicated by a

---

Sana Loue is with the Department of Epidemiology and Biostatistics, School of Medicine, Case Western Reserve University, Cleveland, Ohio. Jonathon Foerstel is with the Legal Aid Society of San Diego, Inc, Calif.

Requests for reprints should be sent to Sana Loue, JD, PhD, Case Western Reserve University, School of Medicine, Department of Epidemiology and Biostatistics, 10900 Euclid Ave, Cleveland, OH 44106-4945.

This paper was accepted February 23, 1996.

American Journal of Public Health 1623
TABLE 1—Classification of Individuals as Citizens and as Documented or Undocumented Noncitizens of the United States

<table>
<thead>
<tr>
<th>US Citizens</th>
<th>Noncitizens of the United States</th>
<th>Undocumented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons born in the United States</td>
<td>Lawfully admitted permanent residents (“green card” holders)</td>
<td>Individuals who have entered the United States illegally</td>
</tr>
<tr>
<td>Persons born outside the United States after 12/13/52 and before 11/14/86 to one US citizen parent; second parent may be a citizen or noncitizen; before the birth of the respondent, the US citizen parent resided in the United States for at least 10 years, at least 5 of which were after the parent was 14 years old</td>
<td>Individuals admitted as refugees</td>
<td>Individuals who entered the United States legally but violated the terms of their visa.</td>
</tr>
<tr>
<td>Persons born outside the United States after 11/14/86 to one US citizen parent; second parent may be a citizen or noncitizen; before the birth of the respondent, the US citizen parent resided in the United States for at least 5 years, at least 2 of which were after the parent was 14 years old</td>
<td>Nonimmigrants who have not done anything to violate that status and who entered legally (e.g., tourists, students, journalists)</td>
<td>This can include being employed without authorization,</td>
</tr>
<tr>
<td>Persons born outside the United States and its territories to parents, both of whom are US citizens; one parent resided in the United States prior to the respondent’s birth</td>
<td>Individuals granted an extraordinary administrative immigration remedy (parole, deferred action, extended voluntary departure)*</td>
<td>changing employers without authorization,</td>
</tr>
<tr>
<td>Individuals who obtained US citizenship through the process of naturalization</td>
<td>Individuals who have applied for legal status under the amnesty or special agricultural worker programs, and whose applications are pending*</td>
<td>failing to attend school if admitted as a student, committing a</td>
</tr>
<tr>
<td>Individuals who obtained US citizenship through the naturalization of their parent(s)</td>
<td></td>
<td>crime, or overstaying the length of time granted to stay in the United States</td>
</tr>
</tbody>
</table>

*Individuals in these categories may possess documentation of their status, but a determination regarding the legality of their presence may be pending. They could ultimately be found to be in the United States illegally.

These individuals may appear to be both documented and legally present in the United States, but in fact, their documentation is no longer valid and their presence is no longer legal.

boxed conclusion. The conclusion advises whether the individual is a citizen and, if not, whether the individual is documented or undocumented. The assessment also evaluates the availability of a potential immigration remedy and eligibility for services under the Medicaid and Medicare programs.

The reliability and validity of this assessment were assessed against an intake questionnaire ("Checklist for Initial Interview"), which an immigration attorney (J.F.) developed for use by inexperienced interviewers to assess clients’ immigration status. The checklist had been in use for several years prior to our development and evaluation of the assessment, and it has been proven in legal practice to be an accurate tool for the determination of client immigration status.

Both the checklist and the assessment were administered to 50 individuals by a trained, nonattorney interviewer. Because the interviews were both anonymous and highly sensitive, one interviewer administered both instruments. It was required that the checklist be administered before the assessment because the latter more clearly states a conclusion that is understandable to a nonattorney. The kappa statistic was used to measure agreement between the two instruments.7

Results

The reproducibility of the results between the two surveys ranged from excellent to good. The kappa statistic for the determination of whether an individual was documented or undocumented was 1.00. The kappa statistic for the category of documentation among individuals who were documented was 0.47.

The assessment contains items that encompass most categories of documented individuals and most situations that provide the basis for undocumented status (content validity). As measured against the checklist, the assessment performed well in ascertaining documented status (construct validity).

Discussion

The assessment has a high degree of validity and reliability in determining an individual’s current immigration status and eligibility for health care benefits under existing Medicaid and Medicare alien restrictions. Further, it is relatively fast and easy for a nonattorney to administer and interpret.

We included in our assessment an evaluation of individuals’ potential ability to legalize their status. Individuals who are potentially eligible for a remedy may differ in significant respects from those who are not; such respects might include length of residence in the United States, familiarity with the US health care system, ability to communicate in English, and employment and economic status. These differences may be directly related to health services-seeking behaviors and to
individuals' success in obtaining those services.

The assessment is useful where a determination of an individual's actual immigration status and entitlement to benefits is sought. Based on our experience with this questionnaire, we believe that individuals will respond truthfully to questions when there is no requirement that undocumented individuals be reported to the Immigration and Naturalization Service. Consequently, individuals' beliefs about their immigration status, rather than the reality, may determine their willingness to seek out health care services.\(^5\) Where a reporting requirement does exist, the use of this questionnaire may be both difficult because of the possible inaccuracy of responses and inadvisable because of the potential consequences to the patients. □

References
4. 42 CFR § 435.500 et seq.
5. 42 CFR § 406.20 et seq.