



FOIA Requests <foia@democracyforward.org>

[Records Center] Public Records Request :: R006347-080125

California Department of Health Care Services <californiadhcs@govqa.us>
To: "foia@democracyforward.org" <foia@democracyforward.org>

Mon, Aug 25, 2025 at 3:42 PM

--- Please respond above this line ---

RE: Public Records Request of August 01, 2025, Reference # R006347-080125

Dear Skye Perryman,

The California Department of Health Care Services (DHCS) received your request for records under the Public Records Act.

DHCS has reviewed its files and has located responsive records to your request. Please log in to the Public Records Center [HERE](#) to retrieve the appropriate responsive documents. Using your Request Number provided when you made your request, you can view your responsive documents under the View My Request tab located in the PRA Records Center.

Records will only be made available for download in GovQA. Results will NOT be emailed, mailed, or uploaded to any other portal.

Sincerely,

DHCS PRA Coordinator
OLS-Office of Legal Services
California Department of Health Care Services (DHCS)

To monitor the progress or update this request please log into the [Public Records Center](#).



From: Harrington, Lindy@DHCS
Sent: Thu, 12 Jun 2025 22:30:52 +0000
To: drew.snyder@cms.hhs.gov
Cc: Sadwith, Tyler@DHCS; Costello, Anne Marie (CMS/CMCS)
Subject: Question

Hi Drew,

Normally I would reach out to Anne Marie but with her on vacation and I'm covering for Tyler as he'll be out coming to you. We received an inquiry from the Associated Press informing us that personally identifying Medicaid information had been disclosed by CMS to another federal agency or agencies, potentially for immigration enforcement. Can you confirm whether such a disclosure occurred, and if so, can you share more information about the disclosure, including what information was shared, to which agencies, and the reason? This information will be helpful in responding to additional questions we anticipate receiving. Thank you.

Lindy Harrington

Assistant State Medicaid Director
California Department of Health Care Services

Lindy.Harrington@dhcs.ca.gov

Preferred Pronouns – she, her, hers



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CMS is requesting the data listed below in relation to claims for Federal Financial Participation (FFP) on California's CMS-64 submission for the quarter ended March 31, 2025. Please provide all requested data no later than April 30, 2025.

1. Please provide by agency/bureau/division/office/governmental entity for all state / governmental agency staff(s) allocated to any handling of recipients with an Undocumented Immigration Status (UIS) for Medicaid and or non-Medicaid services; to include but not limited to: Eligibility determination, enrollment, payment and monitoring for recipients with an UIS for all Medicaid and or non-Medicaid services, in MS Excel format by:
 - Employee name or Employee number
 - Agency name
 - Agency department
 - Position title,
 - Role / Function (i.e. eligibility, compliance, payment, etc)
 - Full Cost Allocation Plans, Memorandum of Understandings, Interagency Agreements, and or like document(s) for each non-Single State Medicaid Agency list above.

2. Please provide the following information in MS EXCEL format for all claims, regardless of Federal Category of Service (FCOS) attributed for individuals that have UIS as reported in Quarter 2 of Federal Fiscal Year (FFY) 2025. If the size of the files exceed MS EXCEL limits, please place in a flat .txt.file, tab delimited not to exceed 1 gigabyte per file and include a data field cross walk. From this information, CMS will request claims samples at a future date:
 - Medicaid / Recipient ID
 - Enrollment Month
 - Date of Application
 - Category or Eligibility, e.g.:
 - Aged, Blind, Disabled
 - Adult Group (at or below 133% with 5% disregard aged 19-64)
 - Parent Caretaker, Relative
 - Pregnant
 - SSI
 - Citizenship and/or immigration Status (Flag / Indicator)
 - Qualified non citizens subject to the five-year waiting period (e.g. Lawful Permanent Residents (LPRs), parolees for more than 1 year, and certain

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battered non citizens and their spouses and children under Violence Against Women Act (VAWA);

- Non-qualified non citizens (e.g. lawfully present non citizens, including individuals with Temporary Protected Status, work visas, and individuals who are undocumented) who are not eligible for State Only Health Plan (SOHP) in the state under the state's CHIPRA 214 election to cover lawfully residing children under 21 or pregnant women.

- Flagged for Presumptive Eligibility (yes/no)
 - Whether individual is receiving coverage pursuant to a Reasonable Opportunity Period (ROP): (If yes)
 - Start Date of ROP
 - End Date of ROP
 - Eligibility Begin Date
 - Eligibility End Date
 - Date of Birth
 - Delivery and Authority of treatment for an Emergency Medical Condition indicator (If yes)
 - Start Date of Emergency Service eligibility if different from above
 - End date of Emergency service eligibility
3. For each recipient listed in Item 2, please provide a table in MS Excel format for each program the individual participates in regardless of source of funding or federal matching (as applicable):
- Medicaid / Recipient ID (using same taxonomy in Item 2)
 - Emergency Medicaid
 - State Only Health Plan (SOHP) by name
 - Mental Health Services Program(s) by name
 - Dental FFS and Managed Care programs(s) by name
 - Pharmacy program(s) by name
 - Any Medicaid eligible programs, including the 1915(c) waiver, 1915(i) SPA, and Behavioral Health Services, etc.
4. State's electronic catalogue/listing of approved ICD-DSM codes for services for an emergency medical condition in MS EXCEL format. (If the state does not have an electronic catalogue of emergent codes, please provide a description as how the Single-State Medicaid Agency determines an emergent condition that would be eligible for federal match.
- ICD-DSM Code Alpha-Numeric taxonomy
 - Code Short Description

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5. Fee-For-Service (FFS) Claims Data Request - In MS Excel, please provide the following information for all claims (excluding Pregnant Women and children that may be requested at a later time), at the header level, paid during Quarter 2 of FFY 2025 regardless of Federal Category of Service, but including Emergency Services for Undocumented Aliens (Line 27) on the respective CMS-64 Medicaid Expenditure Report. (Note: CMS is requesting a separate data file for pharmacy services – see item 8 below.)

If the size of the files exceed MS EXCEL limits, please place in a flat txt.file, tab delimited not to exceed 1 gigabyte per file and include a data field cross walk by column)

- Medicaid / Recipient ID Number (same as item 2 above)
 - Provider Name
 - Provider NPI
 - Begin Date of Service
 - End Date of Service
 - Primary Diagnosis ICD/DSM Code
 - Secondary Diagnosis ICD/DSM Code
 - CPT / DRG / HCPCS Codes
 - CPT / DRG / HCPC Modifier(s)
 - Date of Payment
 - Amount Paid
 - Emergency Medical Services Certification/Attestation Obtained (or equivalent form)
 - Federal Category of Service Line Claimed on the CMS-64
6. Managed Care/PIHP/PAHP (MCO) Claims Data Request - In MS Excel, please provide the following information for all MCO enrollees that a capitation payment was made during Quarter 2 FFY 2025 of the respective CMS-64 Medicaid Expenditure Report.
- Medicaid / Recipient ID Number (Same as number 2 and 3 above)
 - MCO Enrollee Identification Number
 - MCO Enrollment Date
 - Name of Managed Care Plan
 - Total amount of capitation or other payment made
 - Federal Category of Service Line Claimed on the CMS-64
7. Pharmacy Claims Data Request - In MS Excel, please provide the following information for all encounters (excluding Pregnant Women and children that may be requested at a later time), at the detail level, paid during Quarter 2 of FFY 2025 regardless of Federal Category of Service, but including Emergency Services for Undocumented Aliens (Line 27) on the respective CMS-64 Medicaid Expenditure Report.

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- Medicaid / Recipient ID Number (Same as number 2 above)
 - MCO Enrollee Identification Number (if applicable)
 - Provider Name
 - Provider NPI
 - Dispense Date of Service
 - National Drug Classification (NDC) Number
 - Determination of Emergent Condition for Rx authorization flag
 - Total amount of capitation carve out or payment made
 - Federal Category of Service Line Claimed on the CMS-64
 - Mark for FFS or MCO carve out
8. Administrative Claims Data Request – In MS Excel, please identify each administrative claiming program or contract that had costs reported on the Q2 FFY 2025 CMS-64 submission. For each administrative claiming program or contract, please describe how the UIS population is treated within the cost identification or allocation process.
9. Copies of any other pertinent documentation that the state believes would assist CMS in preparation for the review.

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CMS is requesting narrative responses from the state for the questions below. All responses should be in relation to the policies and procedure in place during the quarter ended March 31, 2025.

1. Explanation as to whether or not treatment for emergency medical conditions for the Unsatisfactory Immigration Status (UIS) populations is paid through managed care capitation. If so, what Medicaid and State Only Health Plan (SOHP) UIS populations are covered under managed care versus under FFS for treatment of emergency services?
 - a. If treatment for emergency medical conditions is paid through managed care, provide copies of managed care contracts establishing the payment terms for treatment of Emergency Medical Conditions for non-citizens.
 - If MCO SOHP program has emergency services, how does the state allocate and fund for XIX?
 - b. If treatment for emergency medical conditions is paid through managed care, provide an explanation of how claims for CMS-64 reporting purposes are identified and where those amounts are reported on the CMS-64 submissions.
2. Explanation as to how all pharmacy costs for UIS recipients are invoiced and collected and rebates processed.
3. Any and all information about the state's process for evaluating and verifying citizenship and immigration status. Please include information about how the state verifies satisfactory immigration status using the HUB or a separate connection with SAVE.
 - Describe how the state integrates the information that is obtained after eligibility verification and how the information is integrated in eligibility and claiming processes/systems and/or, enrolled into a SOHP.
4. Information about the state's process for evaluating and verifying all other financial and non-financial eligibility criteria.
5. Explanation of what services constitute "the treatment of an emergency medical condition", how that determination is made, and if the same criteria is applied to all eligibility groups.
 - Please explain how the process built into / connected / linked into the claiming process.

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6. All Medicaid eligibility categories (mandatory and optional) and eligibility standards (income and resource levels) covered in Medicaid / SOHP and any codes used to identify as such in the state eligibility system and any other descriptive scope material for the SOHP program to include population definitions such as adult, age, etc.
 - Please include a crosswalk of code nomenclature and description.
7. A description of the state's financial oversight and internal control system as it relates to excluding unallowable claims from CMS-64 submissions related to individuals with immigration statuses not eligible for full scope Medicaid benefits.
8. Supporting documentation for all adjustments to remove unallowable claims for state-only populations on the March 31, 2025, CMS-64 submission. These amounts must reconcile to the period of the review.
9. Copies of any other pertinent documentation that the state believes would assist CMS in preparation for the review.
10. Copies of State Agency's policies, procedures and/or manuals on non-citizen eligibility policies, including payment for treatment of emergency medical conditions for certain noncitizens, and Reasonable Opportunity Period policies. Include but not limit to the following:
 - Medicaid and SOHP Provider Manual(s)
 - All codes (and data dictionaries) related to an individual's citizenship or immigration status in the state's data warehouses, eligibility system and the MMIS or claims payment system(s).
 - All Eligibility Code cross-walks to approved Medicaid and or SOHP state plan eligibility categories.
11. Copies of internal (state) and external (HHS OIG, GAO, Single State Audits, State Inspector General etc.) audits performed on state-only funded eligibility categories or on Medicaid funded treatment for an emergency medical condition for non-citizens within the past 3 years.
12. Please explain the state's process for collecting and reporting drug rebates associated with allowable pharmacy claims for UIS recipients.
13. Either in narrative, or diagram, the flow of information related to services for emergency medical conditions for UIS recipients to from application to eligibility determination (such as immigration status, aid category) to MMIS claims processing system that shows how the state identifies populations and services that are not eligible for FFP, then

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separates and tracks these from Medicaid populations and services eligible for FFP claiming purposes.

14. Systems Inquiry: Please describe how the State Medicaid Agency is invoiced by the MMIS and Eligibility System contractor(s) for the operational costs. For instance, is it the invoice created based on transaction volume, etc?
15. Copies of any other pertinent documentation that the state believes would assist CMS in preparation for the review.