



DATE: October 27, 2026

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:26-22
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: NEW MEDS MEDICARE STATUS VALUE FOR NOT LAWFULLY PRESENT MEMBERS

Purpose

The purpose of this All-County Welfare Director Letter (ACWDL) is to inform counties of the implementation of the new Medicare status indicator value "8" for individuals who have been identified by Social Security as having a Medicare status that is Not Lawfully Present (NLP) in the Medi-Cal Eligibility Data System (MEDS).

Background

Within MEDS, the Medicare Status Value identifies an individual's Medicare enrollment or eligibility category and the type of Medicare coverage they hold. This status supports accurate determination of coverage responsibility and ensures proper coordination of benefits between Medicare and Medi-Cal.

The Centers for Medicare & Medicaid Services (CMS) Manual for State Payment of Medicare Premiums establishes that only individuals who meet federal Medicare eligibility criteria are entitled to Buy-In enrollment. This requirement excludes state-only funded populations and limits participation strictly to beneficiaries who qualify under federal law to maintain compliance with current CMS guidance regarding federal eligibility standards.

To align with federal requirements, the Department of Health Care Services (DHCS) is implementing a new Medicare status value "8" for individuals whom CMS has identified as NLP for Medicare eligibility purposes only, based on their immigration status reported by the Social Security Administration (SSA). Individuals with a value of "8" in the Medicare status line are not entitled to Medicare coverage, since they are not federally eligible and will be excluded from Buy-In accretion requests.

Implementation

This change was implemented on March 27, 2026, included in Change Cycle (CC) 527, and went live in the April Month of Eligibility 2026 (MOE).

Description of Change

The new value "8" will be displayed in the Medicare Status Line (Part A, B and D) of the MEDS INQM (Primary Medi-Cal/CMSP Information) screen. For example: Medicare 888 or Medicare 880 will appear.

Medicare status fields will be updated for the pending, current, and previous 12 months, regardless of the individuals' age, for all records of those who are considered NLP for Medicare purposes for that month. This change will only be visible on the INQM screen and will not change the current information displayed on the INQB screen.

Medicare status for Part A, B, and D will all be set to "8" in MEDS, if the NLP start date is received through the Medicare Modernization Act response file.

Medicare Part D may reflect "0" instead of "8" in MEDS, if the NLP start date is received through the Territory Beneficiary Query (TBQ) response file, since the TBQ process only updates the Part A & B status.

Impact:

There is no negative impact on the individual when updating Medicare status for previous months. Although the State may have paid Medicare premium(s) on the individual's behalf through its Buy-In program, the individual was not Medicare-eligible

during that period. As a result, there will be no overpayment of premiums owed by the individual.

The update is operational only and will not result in any modifications to Medi-Cal aid code enrollment or eligibility process.

Effective March 27, 2026, individuals with a pending or current ineligible Medicare status value "8" will no longer qualify for State Buy-In, as they are not eligible for Medicare.

County Responsibility

Counties must continue to follow the existing eligibility determination process. Following implementation of the NLP Medicare Status value "8", County Eligibility Workers (CEWs) are required to review the Medicare Status Line on the MEDS INQM screen at Application, Change in Circumstance (CIC), and Redetermination to verify that the Medicare status information is accurate and consistent with case documentation.

Additionally, counties will no longer be required to refer or instruct individuals with NLP status to apply for Medicare. Individuals who state they are incorrectly reported as NLP should be directed to SSA.

Counties should continue to follow the current process when verifying citizenship status. The newly introduced Medicare Status value "8" is not to be used for determining citizenship under any circumstances

Reminder

The purpose for the implementation of the NLP Medicare value "8" was designed to aid and guide the DHCS Buy-In program to identify NLP individuals/applicants and not enroll them in the Buy-In and pay for their Medicare premiums.

Letter No.:26-22
Page 4
October 27, 2026

Medicare status is maintained internally within MEDS. SSA transmits NLP information to CMS, and CMS provides this data to DHCS through the monthly exchange. Upon receipt, MEDS updates the Medicare indicator to "8" for individuals identified by CMS as NLP and removes them from Medicare Buy-In. When Medicare Buy-In is terminated, SSA is responsible for notifying the affected beneficiaries. The CalSAWS Notice of Action process for all other Medi-Cal programs will continue to operate as currently designed and will not be impacted by this update.

If you have any questions or need further information, please contact the Medi-Cal Eligibility Division (MCED) Policy inbox at MCED-Policy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division
Department of Health Care Services