



**U.S. Customs and
Border Protection**

Deputy Commissioner

AUG 25 2025

Jamieson Greer
Acting Special Counsel
U.S. Office of Special Counsel
1730 M Street NW, Suite 218
Washington, DC 20036

Re: OSC File No. DI-25-000063

Dear Mr. Greer:

By letter dated October 31, 2024, you referred for investigation by U.S. Customs and Border Protection (CBP) a confidential whistleblower's allegation that the San Diego Border Patrol Sector (SDC) was improperly providing 24-hour Medical Payment Authorization Request (MedPAR) coverage to "migrants" immediately prior to releasing them from CBP custody, thereby allowing them to receive medical care at U.S. Government expense while no longer in custody. Pursuant to the authority delegated to the CBP Commissioner from the Secretary of Homeland Security, delegated to me by the CBP Commissioner, pursuant to CBP Delegation Order 25-010, I am the designated official responsible for providing CBP's report under 5 U.S.C. § 1213(e)(5).

You asked the agency to investigate whether SDC was issuing unauthorized 24-hour MedPARs to migrants not in the agency's custody, and any additional or related allegations of wrongdoing discovered during the investigations of the foregoing allegation. On November 7, 2024, the agency referred your request to its Office of Professional Responsibility (OPR) to investigate the allegation. On January 3, February 28, and April 17, 2025, the agency received written extensions of time for OPR to complete its investigation, with the final extension of time until July 7, 2025.

As outlined in OPR's Case Closing Report, OPR concluded that SDC followed all applicable policies and procedures when it issued MedPARs for migrants on the day they were being released from CBP custody. Prior to reaching these conclusions, OPR interviewed CBP's MedPAR Program Manager, within the Office of the Chief Medical Officer (OCMO), to obtain a better understanding of the 24-hour MedPAR process. OPR also obtained guidance from Immigration and Customs Enforcement's (ICE's) Health Services Corps (IHSC), which oversees CBP's MedPAR program. Additionally, it reviewed applicable OCMO and SDC guidance and correspondence relating to CBP's use of the 24-hour MedPAR process, and it interviewed the OCMO and SDC managers who were involved with, or otherwise oversaw SDC's issuance of MedPARs.

During OPR's interviews of CBP's MedPAR Program Manager and SDC's MedPAR Coordinator, they explained that since approximately 2018, and increasing in frequency beginning in 2021, SDC stations had followed a practice of obtaining a MedPAR for a migrant while they were in custody at the station, transporting the migrant to the medical facility, and then informing the medical facility that it was releasing the migrant from CBP custody. As a MedPAR expires at the end of the day when a migrant is released from custody, this resulted in migrants receiving U.S Government-covered care until 23:59 that same day, with any remaining necessary care being the responsibility of the migrant or the medical facility. This approach was agreed upon by SDC and the medical facilities treating the migrants to allow SDC to fulfill its legal obligation to provide adequate medical care for all migrants within SDC custody during an unprecedented surge in migration, when migrants primarily were being released from CBP custody into the public, subject to Notices to Appear (NTAs) at a future immigration proceeding. During this time period, SDC was expending significant resources in processing migrants for release, and it did not have sufficient resources to also assign agents to monitor detained migrants requiring hospital stays and not subject to mandatory detention.

Under the MedPAR Guide for IHSC Managed Facilities, financial coverage under an approved MedPAR terminates on the date the agency releases a noncitizen from custody. *See* MedPAR Guide for IHSC Managed Facilities, 01-36 G-03 (12/15/22), Section IV, ¶ B. Additionally, the agency should advise the medical facility when a detained noncitizen is being released from custody, and notify it that the agency has no financial responsibility for health care services after the release date. *See id.* This Guide further provides that, if the agency releases a noncitizen from custody during a hospital stay, "payment coverage will cease at 23:59 on the date of release," and "[p]rior to approving the MedPAR, the FMC [field medical coordinator] ensures the final MedPAR issued uses the noncitizen's release from ICE custody date as the discharge date." *See id.* at Section V, ¶ K. Similarly, Section III of CBP OCMO Detainee Medical Payment Authorization Guidance provides that "[w]hen a detainee is released from custody while still at the hospital, hospital staff must be notified that the individual is no longer in CBP custody."

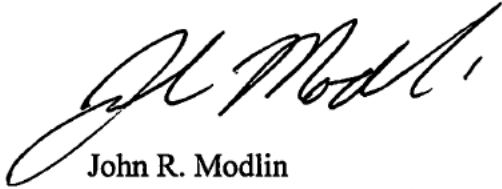
OSC has advised the agency that SDC Standard Operating Procedure (SOP) 4000-010a, MedPAR and Pharmacy Benefits (03/20/24) is the SOP the whistleblower referenced in their complaint. This SOP does not provide specific guidance relating to issuing MedPARs to migrants on the same day they are being released from custody. However, it specifies that DHS Non-Immigration and Customs Enforcement Health Services Corp (IHSC) serves as the medical authority for health care provided to migrants in both Immigration and Customs Enforcement (ICE) and CBP custody. CBP's MedPAR Program Manager and the Deputy Assistant Director of IHSC also advised OPR that CBP detention facilities are governed by IHSC policies and guidance, including that if an agency releases a noncitizen from custody during a hospital stay, payment coverage ceases at 23:59 on the date of release.

Thus, the agency's investigation did not reveal that SDC was issuing unauthorized MedPARs to migrants not in the agency's custody, or any other policy violations. The MedPARs were issued for migrants in CBP custody, and notifications were provided to the medical facilities that the migrants were being released from CBP custody that same day. Furthermore, the issuance of the Securing Our Borders Presidential Executive Order, on January 20, 2025, primarily has

eliminated the release of migrants subject to NTAs, and this practice is no longer used by SDC. That said, payment of an individual's reasonable medical costs by Homeland Security requires that the individual be in custody. *See* 18 § U.S.C. 4006. Thus, I am recommending that SDC and other CBP locations that issue MedPARs coordinate with ICE IHSE and amend relevant SOPs, including SDC's SOP 4000-010a, which currently is under review, to specify that MedPARs should not be obtained for migrants whom the agency intends to release from custody immediately upon transport to a medical facility.

We appreciate the opportunity to review this important matter. If you have any questions or require further information regarding this matter, please contact [REDACTED] in the Office of Chief Counsel at [REDACTED].

Sincerely,

A handwritten signature in black ink, appearing to read "J. Modlin", is written over the typed name.

John R. Modlin
Acting Deputy Commissioner
U.S. Customs and Border Protection

Cc: Secretary, Department of Homeland Security
Deputy Secretary, Department of Homeland Security
Chief Human Capital Officer, Department of Homeland Security
General Counsel, Department of Homeland Security



CASE CLOSING REPORT

Case Number	[REDACTED]
Field Office	San Diego, CA
Case Agent	[REDACTED]
Case Title	UNKNOWN EMPLOYEE, 1401 Mismanagement-Gross Financial, SAN DIEGO
Subject Name & Title	, Primary Subject
Date of Alleged Activity	09/28/2024

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	05/05/2025
Reviewed by	[REDACTED]	05/09/2025
Approved by	[REDACTED]	05/09/2025

ALLEGATION

On November 7, 2024, U.S. Customs and Border Protection (CBP) Intake, Washington, DC, received a U.S. Office of Special Counsel (OSC) whistleblower case referral alleging CBP employees in San Diego, CA, are engaging in conduct that may constitute a violation of law, rule, or regulation, and a gross waste of funds. The whistleblower, who chose to remain confidential, disclosed that United States Border Patrol (USBP) San Diego Sector's (SDC) Centralized Processing Center (CPC) and stations were improperly providing 24-hour Medical Payment Authorization Requests (MedPARs) to illegal aliens (IAs) just prior to being released from CBP custody, thereby allowing the IAs to receive medical care at CBP's expense while no longer in custody (Exhibit 1).

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On November 15, 2024, CBP Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, initiated this investigation and assigned this case to Special Agent (SA) [REDACTED], San Diego FO.



EXECUTIVE SUMMARY

The San Diego FO interviewed the CBP Office of the Chief Medical Officer (OCMO) National MedPAR Program Manager (PM) [REDACTED] San Diego, to obtain a better understanding and background of the 24-hour MedPAR process. The San Diego FO also obtained guidance from the Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE), Health Service Corps (IHSC) related to the 24-hour MedPAR process since they oversee CBP's MedPAR program.

The San Diego FO then reviewed applicable OCMO and SDC guidance and correspondence related to the use of the 24-hour MedPAR process. San Diego FO also conducted OCMO and SDC witness interviews of all management personnel involved with the SDC MedPAR decision making process.

Ultimately, it was determined the 24-hour MedPAR process was per policy and properly approved by all key participants and agencies. It was determined to be the best available process to handle the large increase of IA detainees issued Notice To Appear (NTA) immigration hearing dates, USBP manpower issues, CBP medical liability concerns, and medical facility concerns of receiving payment for their services. The San Diego FO also determined the 24-hour MedPAR process was no longer required after the issuance of the January 20, 2025, Securing Our Borders Presidential Executive Order. Section Five of this Order no longer allowed the NTA immigration hearing process for IAs except in rare situations.

POTENTIAL VIOLATIONS AND INVESTIGATIVE FINDINGS

Potential Criminal Violation(s) of Law
- 18 USC 1031 - Intentional misuse of MedPARs would be defrauding the U.S. government.

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PROSECUTORIAL ACTION(S)

A thorough review of all the evidence obtained during the investigation did not reveal a criminal violation that would warrant prosecutorial consideration.

Potential Administrative Violation(s) of Policy, Rule, or Regulation	Investigative Findings
CBP Standards of Conduct, Section 7.1 Conduct Prejudicial to the Government states, "Employees will not engage, on or off-duty, in criminal, infamous, dishonest, or notoriously disgraceful conduct, or any other conduct prejudicial to the government."	Exonerated
CBP Standards of Conduct, Section 7.2 Prohibited Actions states, "Employees will avoid any action, whether or not specifically prohibited by these Standards of Conduct, which might result in, or reasonably create the appearance of: using public service for private gain; giving preferential treatment to a private organization or individual in connection with official government duties and/or responsibilities; impeding government efficiency or economy; or engaging in activities which conflict with official government duties and/or responsibilities, or adversely interfere with the accomplishment of the mission of CBP"	Exonerated

EMPLOYEE DUTY STATUS

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This investigation did not identify a CBP employee specifically involved in the allegations identified.

DETAILS OF INVESTIGATION

On January 10, 2025, SA [REDACTED] and SA [REDACTED] San Diego FO, conducted a witness interview of OCMO National MedPAR PM [REDACTED]. PM [REDACTED] is also the CBP Office of Field Operations (OFO), San Diego FO, Medical Liaison (Exhibit 4).

PM [REDACTED] stated he has officially been the OCMO National MedPAR PM for approximately two years and is the liaison between CBP and the Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE), Health Service Corps (IHSC). PM [REDACTED] stated CBP detention facilities are considered non-IHSC managed facilities, but they are still governed by IHSC policies and guidance. PM [REDACTED] stated IHSC owns and oversees CBP's MedPAR system.

PM [REDACTED] stated Border Patrol Agent – Programs (BPA-P) [REDACTED], SDC, is SDC's MedPAR Coordinator and BPA-P [REDACTED] is who he normally coordinates with if there is a SDC MedPAR question or issue (Exhibit 4, Timestamp 08:16:00 Pacific Standard Time (PST)).

PM [REDACTED] stated a MedPAR is the process used to provide payment to civilian medical facilities for care provided to individuals in CBP custody and confirmed a MedPAR can only be issued to someone within CBP custody (Exhibit 4, Timestamp 08:17:00 PST).

PM [REDACTED] stated he was familiar with the term of 24-hour MedPAR but that it was an inaccurate name for what it actually was. PM [REDACTED] recalled SDC having situations where [REDACTED] medical service contract staff at SDC stations wanted to refer IAs to the hospital for medical care, but the station wanted to release the IAs from custody. The solution

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was SDC stations would receive a MedPAR for the IA while still in custody at the station, transport the IA to the hospital, and then release the IA to the medical facility. PM [REDACTED] stated this followed MedPAR policy as an issued MedPAR is good until 11:59 p.m. the day an IA is released from CBP custody so the IA could receive CBP covered medical treatment for whatever time remained the day the MedPAR was issued. At 12:00 a.m., the MedPAR would no longer cover the IA's medical care (Exhibit 4, Timestamp 08:47:40 PST).

PM [REDACTED] stated he would provide a copy of the IHSC guidance that specifies how long a MedPAR is good for after the conclusion of the interview.

On January 21, 2025, SA [REDACTED] reviewed the MedPAR Guide for non-IHSC Managed Facilities 01-36 G-03, dated December 15, 2022. Since IHSC owns and oversees the DHS MedPAR system, CBP follows IHSC policies and guidance (Exhibit 5).

In Section IV, Paragraph B, Item #2 (Page 12) states "Coverage terminates on the date ICE releases the noncitizen from custody." Item #3 states, "IHSC approves the MedPAR through the last day of custody, for hospitalized noncitizens ICE releases from custody. ERO (Enforcement and Removal Operations) staff notifies hospital staff of the detained noncitizen's release from custody and advises ICE has no financial responsibility for health care services after the release date." (Exhibit 5, Attachment 1).

In Section V, Paragraph K (Release from ICE Custody), Item #1 (Page 17) states, "If ICE releases a noncitizen from custody during a hospital stay, payment coverage will cease at 23:59 on the date of release." Item #3 states, "Prior to approving the MedPAR, the field medical coordinator (FMC) ensures the final MedPAR issued uses the noncitizen's release from ICE custody date as the discharge date." (Exhibit 5, Attachment 2).

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On February 11, 2025, SA [REDACTED] reviewed an email from ICE ERO Taskings, dated February 10, 2025 (Exhibit 6, Attachment 1). The email contained a memorandum from Rear Admiral (RADM) [REDACTED] Deputy Assistant Director of IHSC, Washington, DC, dated February 10, 2025 (Exhibit 6, Attachment 2). The memorandum provided answers to SA [REDACTED] questions regarding MedPAR guidance for USBP.

SA [REDACTED] inquired with RADM [REDACTED] as to the best guidance for USBP to follow regarding MedPAR administration. RADM [REDACTED] explained that the MedPAR Guide for non-IHSC Managed Facilities 01-36 G-03, dated December 15, 2022, specifically applied to IHSC staff and “CBP is responsible for creating their own guidance for their staff based on process IHSC follows related to MedPAR, authorization, and payment of claim processes.”

[Agent’s note: During the witness interview of PM [REDACTED] he previously stated the development of a CBP MedPAR guidance document was in process, so the MedPAR guide for non-IHSC Managed Facilities 01-36 G-03 was currently the best guidance available.]

SA [REDACTED] further asked if the guidance given in the MedPAR Guide for non-IHSC Managed Facilities 01-36 G-03, Section V, Paragraph K (Release from ICE Custody), Item #1 (Exhibit 6, Attachment 3), applied to USBP denoting “if ICE releases a noncitizen from custody during a hospital stay, payment coverage will cease at 23:59 hours on the date of release.” RADM [REDACTED] stated that this section does apply to CBP MedPAR administration.

On February 24, 2025, SA [REDACTED] reviewed SDC Standard Operating Procedure (SOP) 4000-010a, MedPAR and Pharmacy Benefits, dated March 20, 2024 (Exhibit 7, Attachment 1). Attorney Advisor [REDACTED] OSC, Washington, D.C., emailed confirmation that this was the SOP that the anonymous complainant referred to in OSC File No. [REDACTED] (Exhibit 7, Attachment 2).

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SOP 4000-010a provided no guidance related to the complainant's 24-hour MedPAR concern. This SOP specified that IHSC serves as ICE's medical authority related to health care provided to those in ICE or CBP custody.

On February 24, 2025, SA [REDACTED] reviewed OCMO Detainee Medical Payment Authorization Guidance, no date (Exhibit 8). Section III, Release of Detainee from CBP Custody, Part a., stated, "When a detainee is released from custody while still at the hospital, hospital staff must be notified that the individual is no longer in CBP custody."

On February 25, 2025, SA [REDACTED] reviewed an email from Acting (A) Division Chief (DC) [REDACTED], OCMO, Washington, DC, to SDC MedPAR management, dated October 11, 2024 (Exhibit 9). The subject line is titled, "MedPAR for same day release from custody."

(A) DC [REDACTED] stated, "The MedPAR authorization ends at 2359 on the day the subject is released from custody. A good practice would be to give the authorization when you drop them off at a hospital, even if released in the system. They are still our responsibility during transport. They will be covered for the rest of the day while being assessed and getting immediate medical care."

On February 25, 2025, SA [REDACTED] and SA [REDACTED] San Diego FO, conducted a witness interview of BPA-P [REDACTED], SDC MedPAR Coordinator (Exhibit 10).

BPA-P [REDACTED] stated he is the SDC Medical and MedPAR Coordinator and his direct supervisor is Assistant Chief Patrol Agent (ACPA) [REDACTED] SDC, and ACPA [REDACTED] SDC, is overall in charge of the SDC MedPAR program. BPA-P [REDACTED] stated SDC takes directions from the OCMO chain of command for MedPAR guidance and his two main contacts there are PM [REDACTED] and (A) DC [REDACTED]. BPA-P [REDACTED] stated he is not familiar with DDC [REDACTED] SDC.

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BPA-P [REDACTED] stated he is vaguely familiar with SDC SOP 4000-010a, and he does not use it for MedPAR operations since it has very limited MedPAR guidance. BPA-P [REDACTED] stated there is not one standard SOP he or stations use for MedPAR guidance, and he normally contacts OCMO with any questions or concerns (Exhibit 10, Timestamp 12:09:40 PST).

BPA-P [REDACTED] stated the 24-hour MedPAR was a misnomer as they are only good until the end of the day it is issued, and this process has been used since at least 2018 for IAs issued NTA immigration hearing dates. BPA-P [REDACTED] stated these types of situations were less common prior to 2021. BPA-P [REDACTED] stated the 24-hour MedPAR process started being used more frequently in 2021 after former President Joseph Biden reimplemented the “catch and release” policy and a larger percentage of IAs were receiving NTAs. BPA-P [REDACTED] stated the 24-hour MedPAR process was used to ensure IAs received proper medical treatment after being evaluated by [REDACTED] medical service contractors at USBP stations. BPA-P [REDACTED] confirmed after the MedPAR expired, the IA would continue to receive medical treatment via Medical if necessary.

BPA-P [REDACTED] stated the 24-hour MedPAR was used to avoid U.S. government medical liability issues, and to address manpower issues due to the large quantity of IA entries the last couple years (Exhibit 10, Timestamp 12:31:20 PST).

BPA-P [REDACTED] stated ACPA [REDACTED] and ACPA [REDACTED] are working on a MedPAR SOP update, but they need to first receive OCMO’s update to their national “OCMO Detainee MedPAR Guidance”, no date (Exhibit 10, Attachment 2). BPA-P [REDACTED] confirmed that for day-to-day operations, he mainly uses the OCMO’s MedPAR guidance document as well as training he has received. BPA-P [REDACTED] also confirmed IHSC is the highest level MedPAR authority for CBP (Exhibit 10, Timestamp 12:28:00 PST).

BPA-P [REDACTED] stated it became a “political issue” around the middle of 2024 and some first line SDC Supervisory BPAs (SBPAs) aggressively opposed the 24-Hour MedPAR process so he emailed (A) DC [REDACTED] for confirmation that it was appropriate to issue a 24-hour MedPAR

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knowing the IA would be released from USBP custody and turned over to a medical facility. BPA-P [REDACTED] stated (A) DC [REDACTED] provided an email response on October 11, 2024, confirming that this process was being addressed per CBP policy (Exhibit 10, Attachment 3) (Exhibit 10, Timestamp 12:43:35 PST).

BPA-P [REDACTED] stated there is no paperwork signed by the medical facility acknowledging the proper turnover of the IA to the medical facility took place since medical facilities have refused to cooperate and sign any paperwork provided by BPAs. BPA-P [REDACTED] stated he confirms the proper turnover occurred once he receives a request for medical payment from the medical facility (Exhibit 10, Timestamp 13:01:55 PST).

BPA-P [REDACTED] stated the 24-Hour MedPAR process has been rarely used since the “catch and release” policy was revoked on January 20, 2025, and the NTA process is no longer used (Exhibit 10, Timestamp 13:05:30 PST).

On March 20, 2025, SA [REDACTED] and SA [REDACTED] San Diego FO, conducted a witness interview of (A) ACPA [REDACTED] (Exhibit 11).

(A) ACPA [REDACTED] stated he oversees SDC’s medical program and BPA-P [REDACTED] manages the day-to-day operations as SDC’s MedPAR Coordinator. (A) ACPA [REDACTED] stated Deputy Division Chief (DDC) [REDACTED] SDC, is overall in charge of SDC’s CPC and the MedPAR program. (A) ACPA [REDACTED] stated if he needs MedPAR guidance he or BPA-P [REDACTED] normally correspond with (A) DC [REDACTED] or PM [REDACTED]. (A) ACPA [REDACTED] stated DDC [REDACTED] has no direct involvement with the MedPAR program and is involved with SDC station operations.

(A) ACPA [REDACTED] stated the 24-hour MedPAR process was in place prior to him assuming his current position in May 2024 and most likely originated around 2022. (A) ACPA [REDACTED] stated the 24-hour MedPAR process was a necessity for SDC the last couple years to deal with the large

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volume of detainees being issued NTAs for their immigration removal process while still allowing the detainees to receive proper medical care and for the hospitals to be paid for these services. (A) ACPA ██████ stated the MedPAR process was a compromise negotiated with USBP, OCMO, and local hospital key players. (A) ACPA ██████ stated the 24-hour MedPAR allowed better management of USBP personnel and financial resources and avoided USBP medical liability. (A) ACPA ██████ confirmed that all decision makers knew these detainees issued MedPARs would then be quickly released to the hospital (Exhibit 11, Timestamp 09:08:17 Pacific Daylight Time (PDT)).

(A) ACPA ██████ stated DDC ██████ and BPA-P ██████ are working on better operational guidance for the MedPAR program as the current USBP SOP is not very helpful (Exhibit 11, Timestamp 09:20:05 PDT).

(A) ACPA ██████ stated that on September 28, 2024, he sent an email to all management from the SDC Temporary Staging Area (TSA) to continue issuing MedPARs for IAs receiving NTAs and needing additional medical care (Exhibit 11, Attachment 2). The email further stated these MedPARs would cover medical expenses for the IAs for the remainder of the day that they are released to the medical facility. (A) ACPA ██████ stated he sent this email to provide clarification for the MedPAR process as some SBPAs and BPAs involved were questioning the process. (A) ACPA ██████ stated he recalled DDC ██████ sending out similar guidance to all SDC stations at a later date (Exhibit 11, Timestamp 09:21:10 PDT).

[Agent's note: SDC TSA managed the CPC which handled the vast majority of IA processing during this time period. The SDC stations handled the remainder of IA processing.]

(A) ACPA ██████ stated 24-hour MedPARs were no longer being issued since "catch and release" formally ended on January 20, 2025. (A) ACPA ██████ added the need for 24-hour MedPARs reduced around June 2024 when immigration policy was revised (Exhibit 11, Timestamp 09:26:58 PDT).

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On March 25, 2025, SA [REDACTED] and SA [REDACTED] conducted a witness interview of DDC [REDACTED] (Exhibit 12).

DDC [REDACTED] stated he oversees SDC's TSA and CPC Division which includes the MedPAR program. DDC [REDACTED] stated he is rarely involved with the MedPAR program despite his name being the point of contact on the current SDC SOP 4000-010a cover page (Exhibit 12, Attachment 2). DDC [REDACTED] stated he was familiar with DDC [REDACTED] and she was SDC's main point of contact for MedPAR related questions. DDC [REDACTED] stated DDC [REDACTED] was not involved with the MedPAR program and worked in SDC's Operations Division which oversees station activity.

DDC [REDACTED] stated he believed the 24-hour MedPAR process originated around 2022 after discussions with SDC command staff, OCMO, and local hospitals regarding how to deal with the large amount of IA detainees receiving NTAs that needed additional medical care (Exhibit 12, Timestamp 13:14:40 PDT).

DDC [REDACTED] stated OCMO and his MedPAR staff were working on a more detailed SOP that would include a better explanation of the 24-hour MedPAR process. DDC [REDACTED] stated he was not aware when this SOP would be completed (Exhibit 12, Timestamp 13:16:45 PDT).

DDC [REDACTED] stated all key players were aware the IAs would be quickly released to the hospital after being issued NTA immigration processing documents. DDC [REDACTED] stated the 24-hour MedPAR process worked well as USBP manpower and financial impact were reduced, IAs received required medical care, and hospitals received appropriate payments from IHSC (Exhibit 12, Timestamp 13:24:05 PDT).

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On April 3, 2025, SA [REDACTED] and SA [REDACTED] conducted a witness interview of (A) DC [REDACTED] (Exhibit 13).

(A) DC [REDACTED] stated she oversees CBP's medical services contract program for the entire nation and works with PM [REDACTED]. (A) DC [REDACTED] stated she does not oversee the CBP MedPAR program and PM [REDACTED] would be considered CBP's MedPAR subject matter expert.

(A) DC [REDACTED] stated she believed the complaints involving 24-hour MedPARs originated after OCMO added a "Did Not Send" classification for Emergency Medical Records (EMRs) in August 2024. The "Did Not Send" classification was added to better monitor SDC stations that went against [REDACTED] medical recommendations, when detainees who were soon to be released from custody, needed additional medical care. (A) DC [REDACTED] stated if a station selected the "Did Not Send" option, they needed to provide justification as well. (A) DC [REDACTED] stated they added this selection to the EMR process after OCMO became aware of incidents where detainees with significant medical needs would be given their NTA paperwork and then released from USBP custody outside of medical facilities or non-government organizations (NGOs). (A) DC [REDACTED] stated these actions created potential liability concerns for CBP as CBP was legally liable to provide medical care for detainees in their custody. (A) DC [REDACTED] stated OCMO added the "Did Not Send" selection on EMR paperwork so that station SBPAs would have to put their name and provide justification for the decision to ignore [REDACTED] medical recommendations prior to releasing the detainee. (A) DC [REDACTED] stated OCMO leadership received notification any time a station selected the "Did Not Send" option (Exhibit 13, Timestamp 10:41:00 PDT).

(A) DC [REDACTED] stated she received an email from BPA-P [REDACTED] in October 2024, asking for reassurance that the 24-hour MedPAR was the best process to deal with IAs who were soon to be released from USBP custody but still needed medical attention. (A) DC [REDACTED] stated she and PM [REDACTED] discussed it and confirmed the 24-hour MedPAR was CBP's approved process in these situations. (A) DC [REDACTED] stated she would provide SA [REDACTED] with her email conversation with

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PM [REDACTED] regarding this topic after the completion of the interview (Exhibit 13, Attachment 2) (Exhibit 13, Timestamp 10:52:15 PDT).

(A) DC [REDACTED] stated the 24-hour MedPAR was determined to be the best solution for this type of detainee after discussions involving OCMO, USBP, and hospitals were had on how best to handle the large increase of IAs, USBP manpower issues, CBP medical liability concerns, and medical facility concerns of receiving payment for their services. (A) DC [REDACTED] stated all parties involved were aware the IAs receiving MedPARs would soon be released to hospital custody and the MedPARs would only provide medical payment until 11:59 p.m., the same day as the IA's release (Exhibit 13, Timestamp 10:55:00 PDT).

(A) DC [REDACTED] stated there is no good CBP MedPAR guidance currently available, so they have deferred to IHSC guidance when needed as IHSC oversees the entire MedPAR program. (A) DC [REDACTED] stated PM [REDACTED] and his team are working on specific CBP MedPAR guidance, but she was not certain when it will be completed (Exhibit 13, Timestamp 11:02:15 PDT).

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EXHIBITS

Exhibit	Description
1	Source Document - OSC File No. [REDACTED] Referral Letter.pdf
2	CBP SOC Section 7.1 (Conduct Prejudicial to the Government).pdf
3	CBP SOC Section 7.2 (Prohibited Actions).pdf
4	IAR regarding the witness interview of PM [REDACTED] with attachments, dated January 22, 2025..pdf
5	IAR regarding the review of MedPAR Guide for non-IHSC Managed Facilities 01-36 G-03 with attachments, dated January 22, 2025..pdf
6	IAR regarding the review of a memorandum from RADM [REDACTED] IHSC, with attachments, dated February 12, 2025..pdf
7	IAR regarding the review of SDC SOP 4000-010a with attachments, dated February 28, 2025..pdf
8	IAR regarding the review of OCMO Detainee MedPAR Guidance with attachment, dated February 28, 2025..pdf
9	IAR regarding the review of MedPAR Guidance Email from (A) DC [REDACTED] with attachment, dated February 28, 2025..pdf
10	IAR regarding the witness interview of BPA-P [REDACTED] with attachments, dated March 7, 2025..pdf
11	IAR regarding the witness interview of (A) ACPA [REDACTED] with attachments, dated April 1, 2025..pdf
12	IAR regarding the witness interview of DDC [REDACTED] with attachments, dated April 1, 2025..pdf
13	IAR regarding the witness interview of (A) DC [REDACTED] with attachments, dated April 9, 2025..pdf

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U.S. OFFICE OF SPECIAL COUNSEL
1730 M Street, N.W., Suite 300
Washington, D.C. 20036-4505

October 31, 2024

The Honorable Alejandro N. Mayorkas
Secretary
U.S. Department of Homeland Security
245 Murray Lane, S.W.
Building 410, Mail Stop 0525
Washington, D.C. 20528-0410

Re: OSC File No. [REDACTED]
Referral for Investigation—5 U.S.C. § 1213(c)

Dear Secretary Mayorkas:

I am referring to you for investigation a whistleblower disclosure alleging employees at the U.S. Department of Homeland Security, Customs and Border Protection (CPB), San Diego, California, are engaging in conduct that may constitute a violation of law, rule, or regulation and a gross waste of funds. A report of your investigation into these allegations and any related matters is due to the Office of Special Counsel (OSC) on January 3, 2025.

The whistleblower, who chose to remain confidential, disclosed that CBP's San Diego Centralized Processing Center (CPC) is improperly providing Medical Payment Authorization Requests (MedPARs) to migrants after they have been discharged from CBP custody, thereby allowing them to receive medical care at CBP's expense. The allegations to be investigated include:

- The agency's issuance of unauthorized 24-hour MedPARs to non-custodial migrants; and
- Any additional or related allegations of wrongdoing discovered during the investigation of the foregoing allegation.

Specifically, on September 28, 2024, [REDACTED], San Diego Sector Assistant Chief Patrol Agent-Acting, directed Border Patrol Agents to issue 24-hour MedPARs to migrants served with a Notice to Appear (NTA) and transported to the hospital after release, i.e., migrants who are no longer in CBP's custody. These 24-hour MedPARs allow the non-custodial

migrants to receive medical care at CBP's expense for 24 hours following their custodial release. The CBP Standard Operating Procedure (SOP) for Medical Payment Authorization Request and Pharmacy Benefits, which all employees are required to adhere to, states that "if a person in agency custody requires medical treatment, a supervisor will ... [s]ubmit a completed hardcopy of the MedPAR Worksheet to the treating medical facility..." While the SOP requires CBP to provide medical care to custodial migrants, it does not authorize CBP to expend agency funds on medical care for migrants after their release from CBP custody. In the last four months, the San Diego CPC has issued 55 24-hour MedPars to non-custodial migrants. Moreover, although this practice has been exclusive to the CPC for the last several months, on October 21, 2024, [REDACTED], Acting Deputy Division Chief for the San Diego Sector, directed this practice to extend to the other seven stations within the San Diego sector, thereby further increasing the agency funds spent on medical care for migrants released from CBP custody.

Pursuant to my authority under 5 U.S.C. § 1213(c), I have concluded that there is a substantial likelihood that the information provided to OSC discloses a violation of law, rule, or regulation and a gross waste of funds. Please note that specific allegations and references to specific violations of law, rule, or regulation are not intended to be exclusive. If, in the course of your investigation, you discover additional violations, please include your findings on these additional matters in the report to OSC. As previously noted, your agency must conduct an investigation of these matters and produce a report, which must be reviewed and signed by you. Per statutory requirements, I will review the report for sufficiency and reasonableness before sending copies of the agency report, along with the whistleblower's comments and any comments or recommendations I may have, to the President and congressional oversight committees and making these documents publicly available.

Additional important requirements and guidance on the agency report are included in the attached Appendix, which can also be accessed at <https://osc.gov/Pages/DOW.aspx>. If your investigators have questions regarding the statutory process or the report required under 5 U.S.C. § 1213, please contact [REDACTED], Chief, Disclosure Unit, at [REDACTED]. I am also available for any questions you may have.

Sincerely,

[REDACTED]
[REDACTED]

[REDACTED]

Special Counsel

Enclosure

APPENDIX

AGENCY REPORTS UNDER 5 U.S.C. § 1213

GUIDANCE ON 1213 REPORT

- OSC requires that your investigators interview the whistleblower at the beginning of the agency investigation when the whistleblower consents to the disclosure of his or her name.
- OSC will consider extension requests in 60-day increments when an agency evidences that it is conducting a good faith investigation that will require more time to complete.
- The statute provides that the agency report shall be reviewed and signed by the agency head. 5 U.S.C. § 1213(d). Agencies should fulfill this Congressional mandate.
- Identify agency employees by position title in the report and attach a key identifying the employees by both name and position. The key identifying employees will be used by OSC in its review and evaluation of the report. OSC will place the report without the employee identification key in its public file.
- Do not include in the report personally identifiable information, such as social security numbers, home addresses and telephone numbers, personal e-mails, dates and places of birth, and personal financial information.
- Include information about actual or projected financial savings as a result of the investigation as well as any policy changes related to the financial savings.
- Reports previously provided to OSC may be reviewed through OSC's public file, which is available here: <https://osc.gov/Pages/Resources-PublicFiles.aspx>. Please refer to our file number in any correspondence on this matter.

RETALIATION AGAINST WHISTLEBLOWERS

In some cases, whistleblowers who have made disclosures to OSC that are referred for investigation pursuant to 5 U.S.C. § 1213 also allege retaliation for whistleblowing once the agency is on notice of their allegations. The Special Counsel strongly recommends the agency take all appropriate measures to protect individuals from retaliation and other prohibited personnel practices.

EXCEPTIONS TO PUBLIC FILE REQUIREMENT

OSC will place a copy of the agency report in its public file unless it is classified or prohibited from release by law or by Executive Order requiring that information be kept secret in the interest of national defense or the conduct of foreign affairs. 5 U.S.C. § 1219(a).

EVIDENCE OF CRIMINAL CONDUCT

If the agency discovers evidence of a criminal violation during the course of its investigation and refers the evidence to the Attorney General, the agency must notify the Office of Personnel Management and the Office of Management and Budget. 5 U.S.C. § 1213(f). In such cases, the agency must still submit its report to OSC, but OSC must not share the report with the whistleblower or make it publicly available. 5 U.S.C. §§ 1213(f), 1219(a)(1).



DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION
CBP DIRECTIVE

- Notifying his or her immediate supervisor or other management official within his or her chain of command.

7 STANDARDS OF CONDUCT

7.1 CONDUCT PREJUDICIAL TO THE GOVERNMENT. Employees will not engage, on or off-duty, in criminal, infamous, dishonest, or notoriously disgraceful conduct, or any other conduct prejudicial to the government.

7.2 PROHIBITED ACTIONS. Employees will avoid any action, whether or not specifically prohibited by these Standards of Conduct, which might result in, or reasonably create the appearance of:

- Using public service for private gain;
- Giving preferential treatment to a private organization or individual in connection with official government duties and/or responsibilities;
- Impeding government efficiency or economy; or
- Engaging in activities which conflict with official government duties and/or responsibilities, or adversely interfere with the accomplishment of the mission of CBP.

7.3 INTEGRITY-RELATED MISCONDUCT. Integrity is one of CBP's Core Values, and is essential to the effective functioning of CBP. As an Agency charged with law enforcement activities, it is imperative that CBP employees demonstrate high standards of integrity. Only by each and every employee maintaining the highest standards of integrity and professionalism can CBP keep the public trust and confidence that are critical to the accomplishment of law enforcement, homeland security, and other missions. The list of integrity-related misconduct identified below is not intended to be a comprehensive list, but provides frequently addressed integrity-related misconduct. All CBP employees are encouraged to consult the CBP Table of Offenses and Penalties for additional guidance.

7.3.1 Employees will not directly or indirectly solicit or accept gifts, money, or anything of value for the performance of an official act or duty or for the failure to perform an official act or duty.

7.3.2 In addition to other requirements to report misconduct, employees will promptly report any offer of a gift, money, or anything of value, when the offer concerns, or is affected by, the performance of an official act or duty or the failure to perform an official act or duty.

7.3.3 Employees will not take any official act, or fail to do so, for personal benefit or gain to the employee, or any other individual or group.

7.3.4 Employees will not use the authority of their position in any way that might adversely affect public confidence in the integrity of CBP or the government.



DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION
CBP DIRECTIVE

- Notifying his or her immediate supervisor or other management official within his or her chain of command.

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U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE



INVESTIGATIVE ACTIVITY REPORT

CASE NUMBER:	██████████	FIELD OFFICE:	San Diego Field Office
CASE AGENT:	SA ██████████		
CASE TITLE:	OSC, ██████████ alleges violation of law, rule, or regulation & gross waste of funds, San Diego, CA.		
SUBJECT NAME AND TITLE:	Unknown San Diego Sector Employee		
ACTIVITY CONDUCTED:	Witness Interview of OCMO National MedPARS Program Manager ██████████ San Diego, CA.		

DETAILS OF ACTIVITY

On January 10, 2025, Special Agent (SA) ██████████ U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, and SA ██████████ San Diego FO, conducted a witness interview of CBP Office of the Chief Medical Officer (OCMO) National Medicare Provider Analysis and Review System (MedPARS) Program Manager (PM) ██████████ San Diego, CA. PM ██████████ is also the Office of Field Operations (OFO) San Diego FO Medical Liaison.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: ██████████ (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

PM ██████████ stated he has officially been the OCMO National MedPARS PM for approximately two years and is the liaison between CBP and the Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC). PM ██████████ stated CBP detention facilities are considered Non-IHSC-Managed Facilities, but they are still governed by IHSC policies and guidance. PM ██████████ stated IHSC owns and oversees the entire MedPARS system.

PM ██████████ stated Border Patrol Agent – Programs (BPA-P) ██████████, San Diego

I affirm that my statements in this report are true and correct to the best of my knowledge and belief.

Prepared by:	██	Date:	██████████
Approved by:	██	Date:	██████████

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**U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE**



Sector (SDC) is SDC's MedPAR Coordinator and BPA-P [REDACTED] is who he normally coordinates with if there is a SDC MedPAR question or issue (Time Stamp 08:16:00 Pacific Standard Time (PST)).

PM [REDACTED] stated a MedPAR is the process used to provide payments to civilian medical facilities for care provided to individuals in CBP custody and confirmed a MedPAR can only be issued to someone within CBP custody (Time Stamp 08:17:00 PST).

PM [REDACTED] stated he was familiar with the term of "24-hour MedPAR" but that it was an inaccurate name for it. PM [REDACTED] recalled SDC having situations where [REDACTED] medical staff at the BP stations wanted to refer UDNs to the hospital for medical care, but the BP station wanted to release the UDNs from custody. The solution was BP stations would receive a MedPAR for the UDN while still in custody at the station, transport the UDN to the hospital, and then release the UDN from CBP custody. PM [REDACTED] stated this follows MedPAR policy as an issued MedPAR is good until 11:59 p.m. the day a UDN is released from CBP custody so the UDN could receive CBP covered medical treatment for whatever time remained the day the MedPAR was issued. At 12:00 a.m., the MedPAR would no longer cover the UDN's medical care (Time Stamp 08:47:40 PST).

PM [REDACTED] stated he would provide a copy of the IHSC guidance that specifies how long a MedPAR is good for after the conclusion of the interview.

ATTACHMENTS

ATTACHMENTS	DESCRIPTION
1	Data Disk of OCMO PM [REDACTED] witness interview, dated January 10, 2025.

Administrative Warning Acknowledgment for Non-Bargaining Unit Employees

Department of Homeland Security
U.S. Customs and Border Protection

I, Program Manager [REDACTED], the undersigned employee of U.S. Customs and Border Protection, hereby acknowledge receipt of the Administrative Warning. I understand:

That Special Agent [REDACTED] has been charged with conducting an official investigation/inquiry. I have been informed this inquiry is solely administrative in nature.

Pursuant to the Code of Federal Regulations, (31 CFR 0.207): "Employees shall respond to questions truthfully and under oath when required, whether orally or in writing, and must provide documents and other materials concerning matters of official interest when directed to do so by competent authority."

I have been informed that I may be subject to disciplinary action, up to and including removal (termination of employment) for my failure or refusal to answer proper questions relating to the performance of my duties as an employee of U.S. Customs and Border Protection. I have been informed that I may also be subject to criminal prosecution and/or administrative disciplinary action for any false answer that I give to any questions.

Employee Name (Print): [REDACTED]

Signature of Employee: [REDACTED]

Date: 01/06/2025 Time: 1300

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility
[REDACTED]

Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility



**U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE**



INVESTIGATIVE ACTIVITY REPORT

CASE NUMBER:	██████████	FIELD OFFICE:	San Diego Field Office
CASE AGENT:	SA ██████████		
CASE TITLE:	OSC, ██████████, alleges violation of law, rule, or regulation & gross waste of funds, San Diego, CA.		
SUBJECT NAME AND TITLE:	Unknown San Diego Sector Employee		
ACTIVITY CONDUCTED:	Review of MedPAR Guide for Non-IHSC Managed Facilities 01-36 G-03, dated December 15, 2022.		

DETAILS OF ACTIVITY

On January 21, 2025, Special Agent (SA) ██████████ U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, reviewed the Medical Payment Authorization Request (MedPAR) Guide for Department of Homeland Security (DHS) non - Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Managed Facilities 01-36 G-03, dated December 15, 2022. Since IHSC owns and oversees the entire MedPAR system, CBP follows IHSC policies and guidance.

In Section IV, Paragraph B, Item #2 (Page 12) states "Coverage terminates on the date ICE releases the noncitizen from custody." Item #3 states, "IHSC approves the MedPAR through the last day of custody, for hospitalized noncitizens ICE releases from custody. ERO (Enforcement and Removal Operations) staff notifies hospital staff of the detained noncitizen's release from custody and advises ICE has no financial responsibility for health care services after the release date." (Attachment 1).

In Section V, Paragraph K (Release from ICE Custody), Item #1 (Page 17) states, "If ICE releases a noncitizen from custody during a hospital stay, payment coverage will cease at 23:59 on the date of release." Item #3 states, "Prior to approving the MedPAR, the field medical coordinator (FMC) ensures the final MedPAR issued uses the noncitizen's release from ICE custody date as the discharge date." (Attachment 2).

I affirm that my statements in this report are true and correct to the best of my knowledge and belief.

Prepared by:	██████████	Date:	██████████
Approved by:	██████████	Date:	██████████

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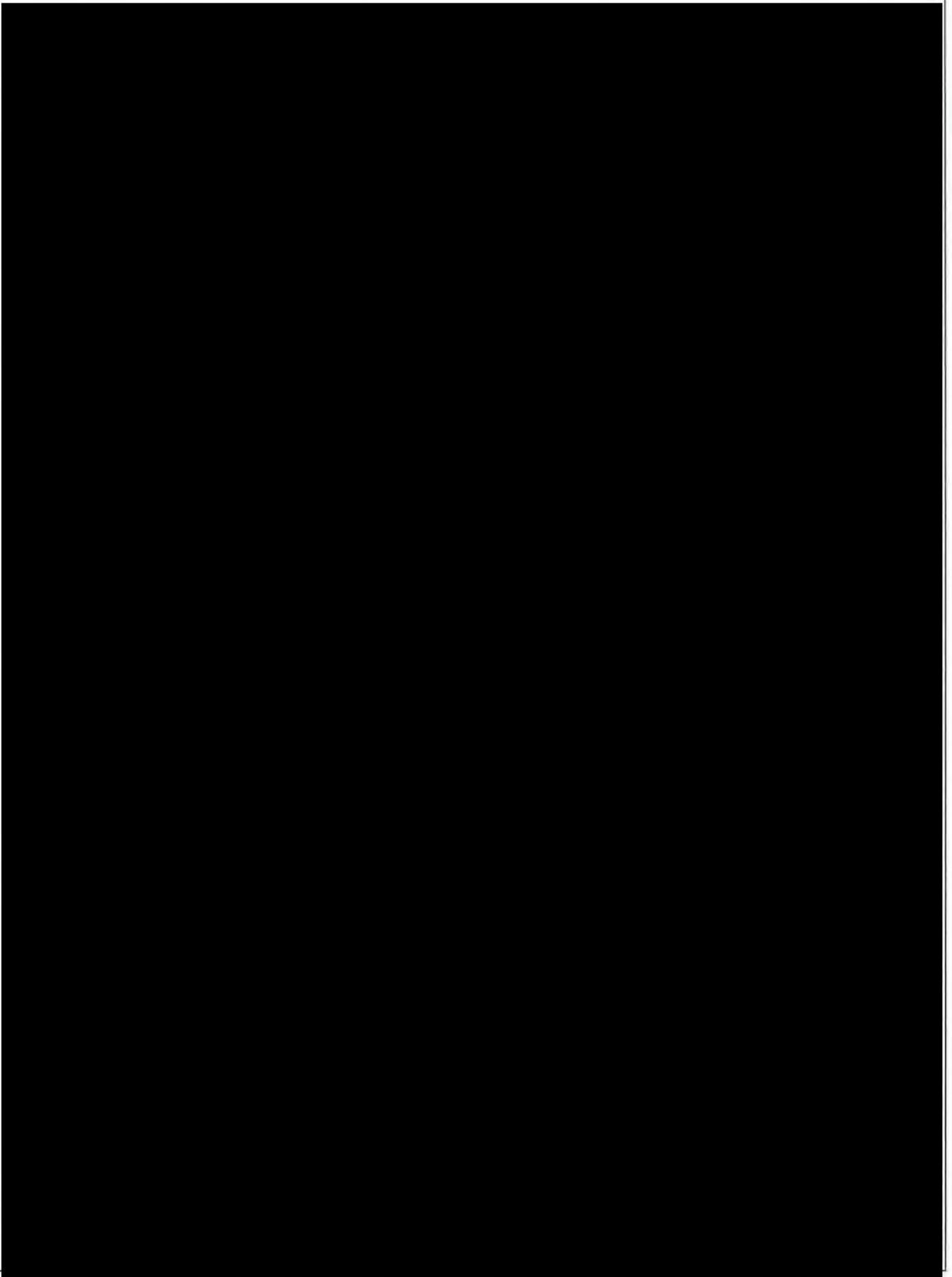


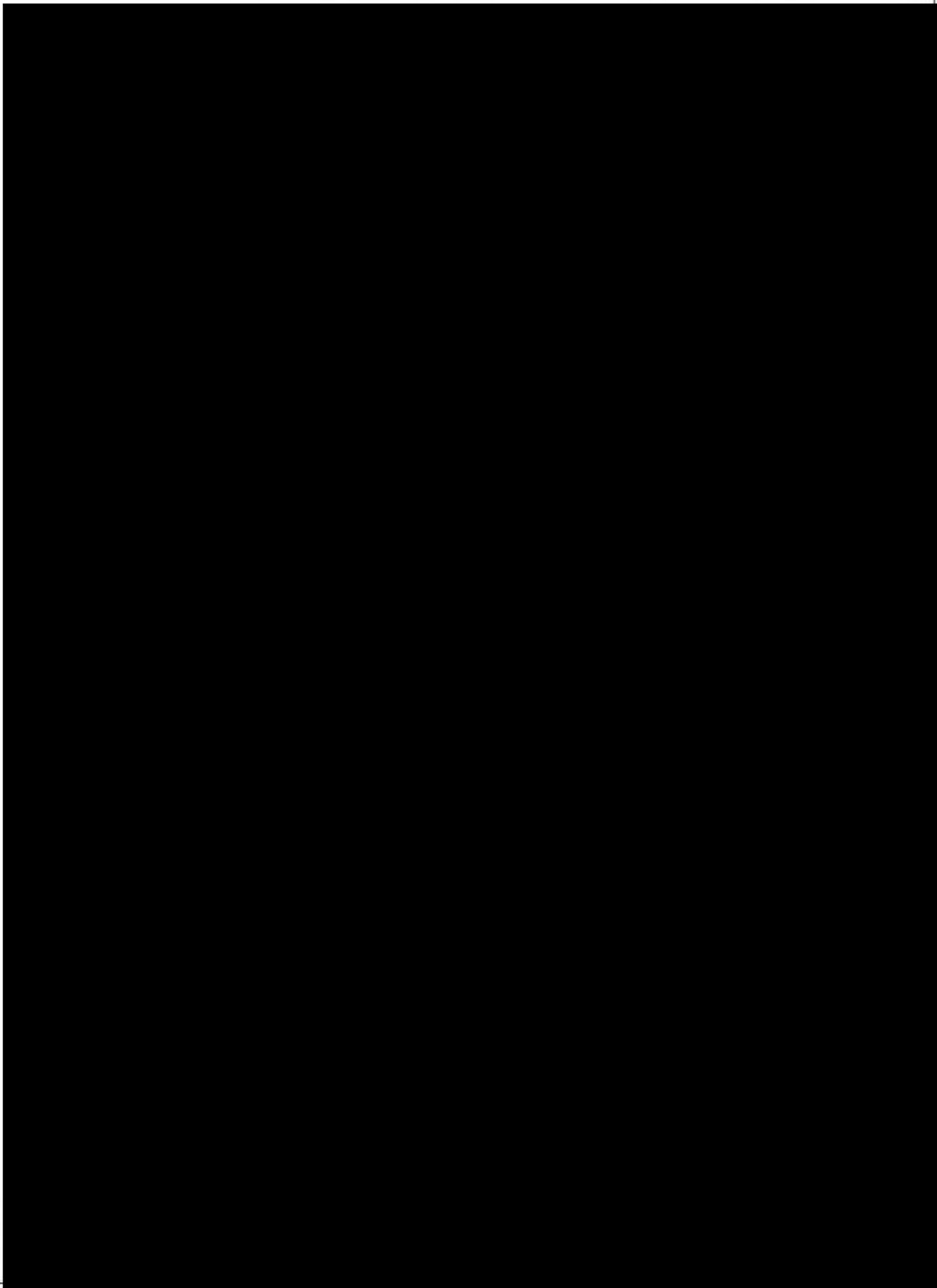
**U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE**



ATTACHMENTS

ATTACHMENTS	DESCRIPTION
1	MedPAR Guide for Non-IHSC Managed Facilities 01-36 G-03, dated December 15, 2022, Section IV, Paragraph B (Page 12).
2	MedPAR Guide for Non-IHSC Managed Facilities 01-36 G-03, dated December 15, 2022, Section V, Paragraph K (Page 17).







U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE



INVESTIGATIVE ACTIVITY REPORT

CASE NUMBER:	[REDACTED]	FIELD OFFICE:	San Diego Field Office
CASE AGENT:	SA [REDACTED]		
CASE TITLE:	OSC, [REDACTED] alleges violation of law, rule, or regulation & gross waste of funds, San Diego, CA.		
SUBJECT NAME AND TITLE:	Unknown San Diego Sector Employee		
ACTIVITY CONDUCTED:	Review of Memorandum from RADM Jennifer Moon, IHSC		

DETAILS OF ACTIVITY

On February 11, 2025, Special Agent (SA) [REDACTED] U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, reviewed an email from U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) Taskings, dated February 10, 2025 (Attachment 1). The email contained a memorandum from Rear Admiral (RADM) [REDACTED] Deputy Assistant Director of ICE Health Service Corps (IHSC), Washington, D.C., dated February 10, 2025 (Attachment 2). The memorandum provided answers to SA [REDACTED]'s questions regarding Medical Payment Authorization Request (MedPAR) guidance for U.S. Border Patrol (USBP).

SA [REDACTED] inquired with RADM [REDACTED] as to the best guidance for the United States Border Patrol (USBP) to follow regarding MedPAR administration. RADM [REDACTED] explained that the MedPAR Guide for Department of Homeland Security (DHS) non-IHSC Managed Facilities 01-36 G-03, dated December 15, 2022 guide, specifically applied to IHSC staff and "CBP is responsible for creating their own guidance for their staff based on process IHSC follows related to MedPAR, authorization, and payment of claim processes."

[Agent's Note: During the witness interview of CBP Office of the Chief Medical Officer (OCMO) National MedPAR Program Manager (PM) [REDACTED] previously stated the development of a CBP MedPAR guidance document was in process, so the MedPAR guide for non-IHSC Managed Facilities 01-36 G-03 was currently the best guidance available.]

SA [REDACTED] further asked if the guidance given in the MedPAR Guide for DHS non-IHSC

I affirm that my statements in this report are true and correct to the best of my knowledge and belief.

Prepared by:	[REDACTED]	Date:	
Approved by:	[REDACTED]	Date:	

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Managed Facilities 01-36 G-03, Section V, Paragraph K (Release from ICE Custody), Item #1 (Attachment 3) applied to USBP denoting that, "if ICE releases a noncitizen from custody during a hospital stay, payment coverage will cease at 23:59 hours on the date of release." RADM [REDACTED] explained that this section does apply to CBP MedPAR administration.

ATTACHMENTS

ATTACHMENTS	DESCRIPTION
1	ICE ERO Taskings Email, dated February 10, 2025.
2	Memorandum from IHSC RADM [REDACTED] dated February 10, 2025.
3	MedPAR Guide for Non-IHSC Managed Facilities 01-36 G-03, dated December 15, 2022, Section V, Paragraph K (Page 17).

From: [ERO Taskings](#)
To: [REDACTED] (OPR)
Cc: [ERO Taskings](#); [#ERO CHIEFS OF STAFF](#); [REDACTED]
Subject: 25023013 | IHSC MedPAR Guidance for USBP
Date: Monday, February 10, 2025 11:40:31 AM
Attachments: [image001.png](#)
[Custom and Border Protection.docx](#)

You don't often get email from ero-taskings@ice.dhs.gov. [Learn why this is important](#)

Good afternoon,

ERO has reviewed and provides the attached response, cleared by RDML [REDACTED] Deputy Assistant Director Health Care Compliance.

Thank you,

[REDACTED]
Detention and Deportation Officer
Office of the Executive Associate Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
[REDACTED]

NOTICE: This communication is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this communication should be furnished to the media, either in written or verbal form.

From: [REDACTED]
Sent: Wednesday, February 5, 2025 6:52 PM
To: ERO Taskings [REDACTED]
Subject: [REDACTED] | IHSC MedPAR Guidance for USBP

Good afternoon,

I'm investigating a CBP OPR case related to the proper use of MedPARs by U.S. Border Patrol. I was told by IHSC CDR [REDACTED] to forward the questions below to this email.

1. Is the Medical Payment Authorization Request (MedPAR) Guide for Department of Homeland Security (DHS) non - Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Managed Facilities 01-36 G-03, dated December 15, 2022, the MedPAR instruction that USBP is required to follow even though it only refers to ICE and ERO?

If the above guide is the best governing document for USBP MedPARs:

2. In Section V, Paragraph K (Release from ICE Custody), Item #1 (Page 17) states, "If ICE releases a noncitizen from custody during a hospital stay, payment coverage will cease at 23:59 on the date of release." Please confirm this guidance applies to USBP MedPAR medical coverage in addition to ICE.

Please give me a call if you have any questions.

Respectfully,

[REDACTED]

Special Agent

Investigative Operations Directorate

Office of Professional Responsibility

U.S. Customs and Border Protection

[REDACTED]



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U.S. Immigration
and Customs
Enforcement

February 10, 2025

MEMORANDUM FOR: Office of Professional Responsibility
Customs and Border Protection
U.S. Department of Homeland Security

FROM: RDML [REDACTED] DNP, MPH, MSN, FNP-BC
Deputy Assistant Director of Healthcare Compliance
ICE Health Service Corps

SUBJECT: [REDACTED] | IHSC MedPAR Guidance for USBP

ISSUE

1. Is the Medical Payment Authorization Request (MedPAR) Guide for Department of Homeland Security (DHS) non - Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Managed Facilities 01-36 G-03, dated December 15, 2022, the MedPAR instruction that USBP is required to follow even though it only refers to ICE and ERO?

If the above guide is the best governing document for USBP MedPARs:

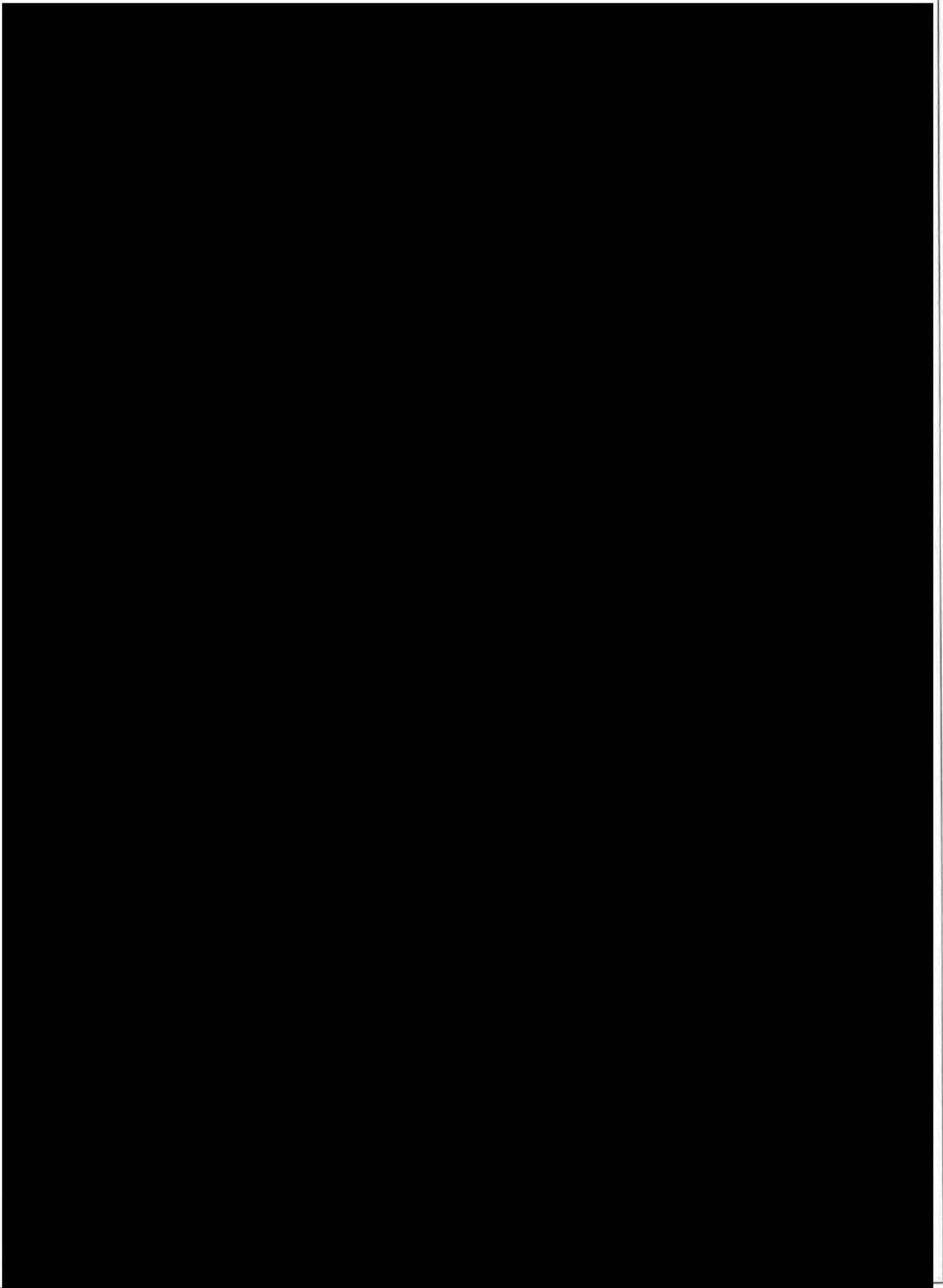
2. In Section V, Paragraph K (Release from ICE Custody), Item #1 (Page 17) states, "If ICE releases a noncitizen from custody during a hospital stay, payment coverage will cease at 23:59 on the date of release." Please confirm this guidance applies to USBP MedPAR medical coverage in addition to ICE.

IHSC Response

3. The Medical Payment Authorization Request (MedPAR) Guide for Department of Homeland Security (DHS) non - Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Managed Facilities 01-36 G-03, dated December 15, 2022, and "applies to the HPMU and IHSC staff with the authority to adjudicate MedPARs. These staff include field medical coordinators (FMCs), regional FMCs (RFMCs), regional clinical directors (RCDs), and regional dental consultants (RDCs)" as stated on page 2 of the guide. U.S Customs and Border Protection (CBP) are responsible for creating their own guidance for their staff based on process IHSC follows related to the MedPAR, authorization, and payment of claim processes.
4. According to [U.S. Code Title 18, Part III Chapter 301, section US Code § 4006](#) – "Subsistence for prisoners (a) IN GENERAL.—The Attorney General or the Secretary of Homeland Security, as applicable, shall allow and pay only the reasonable and actual cost of the subsistence of prisoners in the custody of any marshal of the United States, and shall

prescribe such regulations for the government of the marshals as will enable him to determine the actual and reasonable expenses incurred. (b) HEALTH CARE ITEMS AND SERVICES.— (1) IN GENERAL.—Payment for costs incurred for the provision of health care items and services for individuals in the custody of the United States Marshals Service, the Federal Bureau of Investigation and the Department of Homeland Security shall be the amount billed, not to exceed the amount that would be paid for the provision of similar health care items and services under the Medicare program under title XVIII of the Social Security Act. (2) FULL AND FINAL PAYMENT.— Any payment for a health care item or service made pursuant to this subsection, shall be deemed to be full and final payment.(June 25, 1948, ch. 645, 62 Stat. 848 ; Pub. L. 106–113, div. B, §1000(a)(1) [title I, §114], Nov. 29, 1999, 113 Stat. 1535 , 1501A-20; Pub. L. 106–553, §1(a)(2) [title VI, §626], Dec. 21, 2000, 114 Stat. 2762 , 2762A-108; Pub. L. 109–162, title XI, §1157, Jan. 5, 2006, 119 Stat. 3114 .)

Per Title 18, persons must be in custody for payment of a health care item or service made. If they are released from custody, there is no obligation for payment. Because hospital billing is based on days or length of stay that accrue from midnight to midnight (beyond the first 23 hours), guidance related to payment for a hospital day would run up to 23:59 on the date of release. Under this context, this does apply to U.S Customs and Border Protection.





U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE



INVESTIGATIVE ACTIVITY REPORT

CASE NUMBER:	██████████	FIELD OFFICE:	San Diego Field Office
CASE AGENT:	██████████		
CASE TITLE:	OSC, ██████████ alleges violation of law, rule, or regulation & gross waste of funds, San Diego, CA.		
SUBJECT NAME AND TITLE:	Unknown San Diego Sector Employee		
ACTIVITY CONDUCTED:	Review of SDC SOP 4000-010a		

DETAILS OF ACTIVITY

On February 24, 2025, Special Agent (SA) ██████████, U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, reviewed United States Border Patrol (USBP) San Diego Sector (SDC) Standard Operating Procedure (SOP) 4000-010a, Medical Payment Authorization Request (MedPAR) and Pharmacy Benefits, dated March 20, 2024 (Attachment 1). Attorney Advisor ██████████, U.S. Office of Special Counsel (OSC), emailed confirmation that this was the SOP the anonymous complainant referred to in OSC File No. DI-25-00063 (Attachment 2).

SOP 4000-010a provided no guidance related to the complainant's "24 hour" MedPAR concern. It did specify that Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) serves as ICE's medical authority relating to health care provided to those in ICE or CBP custody.

ATTACHMENTS

ATTACHMENTS	DESCRIPTION
1	SDC SOP 4000-010a, dated February 10, 2025.
2	Email from OSC Attorney Advisor ██████████ dated February 24, 2025.

I affirm that my statements in this report are true and correct to the best of my knowledge and belief.

Prepared by:	██████████	Date:	
Approved by:	██████████	Date:	

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SDC 50/10-C

MAR 20 2024



**U.S. Customs and
Border Protection**

MEMORANDUM FOR: Command Staff
Patrol Agents in Charge
Department Heads
San Diego Sector

FROM: *FW* [REDACTED]
Chief Patrol Agent
San Diego Sector

SUBJECT: Medical Payment Authorization Request and Pharmacy Benefits

Attached is San Diego Sector (SDC) Standard Operating Procedure (SOP) 4000-010a, *Medical Payment Authorization Request and Pharmacy Benefits*. It supersedes SDC SOP 4000-010 and implements updated guidelines and procedures set forth by U.S. Border Patrol (USBP) Headquarters and U.S. Immigration and Customs Enforcement for obtaining approval for medical treatment and pharmacy benefits for persons in USBP custody.

Questions may be directed to the Assistant Chief Patrol Agent of Transit Staging Area at
[REDACTED]

Attachments

**SAN DIEGO SECTOR
STANDARD OPERATING PROCEDURE
MEDICAL PAYMENT AUTHORIZATION REQUEST AND PHARMACY BENEFITS**

SHORT TITLE: SDC SOP 4000-0010a

EFFECTIVE DATE:

RESPONSIBLE OFFICE: San Diego Sector, Transit Staging Area/San Diego Area Detention

SUPERSEDES: *SDC SOP 4000-010, dated November 16, 2018*

1. PURPOSE.

1.1. This directive updates San Diego Sector's (SDC) Standard Operating Procedures (SOP) for submitting information into the Medical Payment Authorization Request (MedPAR) system and obtaining prescription medications by using the Pharmacy Benefits Letter. See [Attachment 1](#) for a list of references, acronyms and terms that are relevant to this SOP. See [Attachment 2](#), the U.S. Border Patrol Headquarters memorandum, *MedPAR and Pharmacy Benefits for (Persons) in Border Patrol Custody*, dated January 29, 2014. See [Attachment 3](#), the U.S. Immigration and Customs Enforcement (ICE) memorandum, *Authorizations for Health Care Services for Persons in Custody of U.S. Customs and Border Protection and U.S. Border Patrol*, dated September 12, 2013.

1.2. This publication applies to all SDC divisions, stations, departments, programs, and personnel permanently assigned or temporarily detailed into these locations.

2. SUMMARY OF CHANGES.

2.1. This SOP converts the current Medical Payment Authorization Requests and Pharmacy Benefits SOP in accordance with San Diego Sector's SOP formatting and processing. It updates nomenclature, titles, procedures for pharmacy benefits, and some roles and responsibilities for SOP processing and regulating.

3. ROLES AND RESPONSIBILITIES.

3.1. Chief Patrol Agent (CPA).

3.1.1. Is the approving official for guidance issued in SDC.

3.1.2. Has final approval authority of SOPs within SDC.

3.2. Deputy Chief Patrol Agent.

3.2.1. Is the alternate designated approving official.

3.3. Division Chief of Mission Readiness Operations Division (MROD).

3.3.1. Is the Executive Administrator for SOPs within SDC.

3.4. Director of Operations Support Branch.

3.4.1. Processes new and updated SOPs for review and approval in accordance with SDC SOP 2110-001c, *Formatting and Processing Standard Operating Procedures*.

3.4.2. Serves as the repository for all approved SOPs and conducts life-cycle reviews, as appropriate.

3.5. Assistant Chief Patrol Agent of Professional Standards Branch.

3.5.1. Is the responsible recipient and administrator on behalf of the MROD Division Chief in regulating SDC's overall guidance, development, and implementation of policies or directives to ensure regulatory compliance.

3.6. Patrol Agents in Charge.

3.6.1. Shall adhere to the protocols established and ensure personnel under their responsibility comply.

3.6.2. Shall designate a supervisor as the Local MedPAR Coordinator for their station.

3.7. Watch Commanders, Special Operations Supervisors, Supervisory Border Patrol Agents.

3.7.1. Shall adhere to the protocols established and ensure personnel under their responsibility comply.

3.8. SDC MedPAR Coordinators and SDC Medical Coordinator.

3.8.1. Are centralized within sector and are primary points of contact for the SDC Detainee Medical Program Coordinator.

3.8.1.1. There is no station level MedPAR coordinator.

3.9. Transit Staging Area/San Diego Area Detention Program Manager.

3.9.1. Is responsible for ensuring all data submitted into the MedPAR system corresponds with that entered into e3.

3.9.2. Is responsible for ensuring that all other procedures are carried out per the authority identified in [Attachment 2](#) and [Attachment 3](#).

3.10. SDC Detainee Medical Program Coordinator (DMPC).

3.10.1. Shall ensure that Local MedPAR Coordinators are updated with the most recent versions of the MedPAR Worksheet, Pharmacy Benefits Letter, and list of participating pharmacies.

3.10.2. Shall provide notification of any changes in protocol.

3.10.3. Shall post all relevant policies, forms, and guides to the [detainee medical page](#) of the SDC [Operations Support Reference Site](#).

4. PROCEDURES.

4.1. MedPAR.

4.1.1. If a person in agency custody requires medical treatment, a supervisor will:

4.1.1.1. Submit a completed hardcopy of the MedPAR Worksheet to the treating medical facility via fax or have the custodial agent hand-deliver it at the time of intake at the medical facility.

4.1.1.2. Submit the completed MedPAR Worksheet to the DMPC via agency email to [REDACTED] or fax to the number indicated on the worksheet.

4.1.1.3. Follow up with information per the instructions located at the bottom of the MedPAR Worksheet.

4.2. Pharmacy Benefits.

4.2.1. To get controlled medicine prescribed by the treating physician, a supervisor will:

4.2.1.1. Fill out the Pharmacy Benefits Letter per the instructions on the letter (detainee name, date of birth, event number, and current date).

4.2.1.2. Designate an agent to present the letter to a pharmacist on the participating pharmacies list that is provided by the local MedPAR Coordinator.

4.2.1.3. Be advised that over the counter (OTC) medications are not covered even if they are prescribed by the treating physician.

4.2.1.3.1. There is no mechanism in place for purchasing OTC medication.

4.2.1.3.2. Agency personnel are not permitted to purchase OTC medication using their personal funds or any other means.


4.3. All other actions required by ICE Health Service Corps (IHSC) and directed by the Chief, U.S. Border Patrol, will be completed by the DMPC.

5. CANCELLATION.

5.1. This SOP remains in effect until publication of an updated version or cancellation or rescission by SDC CPA or higher authority.

6. LIFE CYCLE REVIEW.

6.1. This SOP shall be reviewed for compliance with higher level guidance as it occurs. If higher level guidance has not been issued, this SOP shall be reviewed every three years for updates.


Chief Patrol Agent
San Diego Sector

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Authorizations for Health Care Services for Persons in Custody of U.S. Customs and Border Protection and U.S. Border Patrol memorandum, September 12, 2013.

MedPAR and Pharmacy Benefits for (Persons) in Border Patrol Custody memorandum, January 29, 2014.

Acronyms

CPA - Chief Patrol Agent

DMPC - Detainee Medical Program Coordinator

ICE - Immigration and Customs Enforcement

IHSC - ICE Health Service Corps

MedPAR - Medical Payment Authorization Request

MROD - Mission Readiness Operations Division

OTC - Over the Counter

SDC - San Diego Sector

SOP - Standard Operating Procedure

Terms

E3. United States Border Patrol's system of record that is used to process events and adverse actions of subjects encountered by USBP agents.

Division. Law Operations Division, Law Operational Programs Division, Targeting & Intelligence Division, Central Processing Center Division, and Mission Readiness Operations Division.

ICE Health Services Corp. The IHSC serves as ICE's medical authority relating to health care provided to those in ICE or CBP custody.

MedPAR system. The Medical Payment Authorization Request system is a web-based application designed to issue payment authorization for billable medical, mental health, dental, specialty services and durable medical equipment and supplies in the treatment and provision of health care to individuals in ICE or CBP custody.

MedPAR Worksheet. A local document used by supervisors to notate pertinent data required for entry into the MedPAR system.

National Level. Recognized as U.S. Border Patrol, U.S. Customs and Border Protection and the Department of Homeland Security.

Standard Operating Procedure. Procedures that do not constitute the issuance of a new policy but rather, clarifies and defines roles and responsibilities within SDC.

Station. Boulevard Station, Brown Field Station, Campo Station, Chula Vista Station, Imperial Beach Station, Newton-Azrak Station, San Clemente Station, and the Transit Staging Area (TSA) / San Diego Area Detention (SAD).

Attachment 2

1300 Pennsylvania Avenue NW
Washington, DC 20229

OBP 50/10-C

JAN 29 2014



**U.S. Customs and
Border Protection**

MEMORANDUM FOR:

All Chief Patrol Agents
All Division Chiefs

FROM:

Chief
U.S. Border Patrol

SUBJECT:

MedPAR and Pharmacy Benefits for Aliens in Border Patrol Custody

All U.S. Border Patrol personnel need to be aware of the attached ICE Health Service Corps (IHSC) guidance regarding Medical Payment Authorization Requests (MedPAR) and pharmacy benefits approvals. This memorandum and its attachments, supersede the February 2, 2009 memorandum, *Revised Division of Immigration Health Services (DIHS) Pharmacy Benefit Procedures*, and any previous ICE DIHS guidance on Treatment Authorization Requests (TARweb).

MedPAR: Personnel with access to the MedPAR system are responsible for completing the MedPAR and ensuring all required information is provided for IHSC approval only when aliens in U.S. Border Patrol custody require medical treatment. Incomplete MedPARs will be canceled, or placed in pending more information status, by IHSC. Responsible personnel must revise, resubmit or both for IHSC approval. Separate MedPARs are required for emergency-room visits, ambulance service, hospital admissions, childbirth and hospital transfers. Exceptions may apply, for example, a single MedPAR may be generated for emergency room and hospital admission, if properly documented. It is important that only copies of IHSC approved MedPARs be given to the medical service provider as services rendered may not be paid without it. Technical assistance is available from the IHSC help desk at [REDACTED] or your local IHSC Field Medical Coordinator.

[REDACTED] To get prescriptions filled for aliens in U.S. Border Patrol custody, the attached Border Patrol specific IHSC Pharmacy Benefits Letter must be completed and provided to the network pharmacy, along with the physician's prescription. Do not enter "BP" before the event number, it is no longer required. Questions regarding pharmacy benefits may be directed to the [REDACTED]

Only the e3 processing event number is to be used to identify U.S. Border Patrol detainees. Multiple detainees of a single e3 event requiring treatment will be distinguished by adding an alphabetic character to the end. When transferring aliens to ICE, copies of medical documents must be provided.

Staff may direct policy questions to Assistant Chief [REDACTED] of the Policy Branch of the Strategic Planning, Policy and Analysis Division at U.S. Border Patrol Headquarters, [REDACTED]

Attachments

Attachment 3



**U.S. Immigration
and Customs
Enforcement**

Office of Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536

DATE: September 12, 2013

MEMORANDUM FOR: US Customs Border Protection/Border Patrol Agents and Staff

FROM: Dr. [REDACTED]
Assistant Director, ICE Health Service Corps

SUBJECT: Authorizations for Health Care Services for Persons in Custody of
U.S. Customs and Border Protection and U.S. Border Patrol

ICE Health Service Corps (IHSC) is responsible for facilitating the reimbursement of authorized health care services for individuals in the custody of ICE Enforcement Removal Operations (ERO), U.S. Border Patrol (BP), Customs and Border Protection (CBP) and Homeland Security Investigations (HSI).

Through the IHSC Medical Payment Authorization Request (MedPAR) system, IHSC authorizes the payment for health care services rendered to CBP/BP detainees. In order to receive access to the IHSC MedPAR system, please visit the website at [REDACTED] and click on the MedPAR link to access the MedPAR Account form and follow the directions provided. User accounts are specific to one person and should not be shared with other staff members. Once access to the MedPAR system is received, MedPARs may be entered for detainees for whom you are responsible. An IHSC MedPAR Quick Reference Guide regarding the use of the MedPAR system is attached to this memo. A more detailed Power Point training regarding the use of the MedPAR system is available from the IHSC Help Desk or your local Field Medical Coordinator. For technical assistance, including password resets, please contact the IHSC Help Desk at [REDACTED].

Some important items to remember regarding authorizations:

1. MedPARs for urgent or emergency care must be submitted within the next business day and include the date of service (DOS), the Border Patrol/Event number, the name of the facility or provider, and the reason the detainee was referred to the emergency department (ED) or required an ambulance (including diseases, symptoms, injury, etc.).
2. Separate MedPARs must be submitted for separate providers, unless services were provided during an inpatient hospital stay. For example, a detainee sent to the emergency department via an ambulance would require one MedPAR for the hospital and one for the ambulance service.

3. A MedPAR must be submitted for hospital admissions, to include the date of admission and the date of discharge, if known. CBP/BP hospital admission MedPARs will be approved for up to 7 days from the date of admission. If the detainee was hospitalized greater than 7 days, a new MedPAR is required for the full admission timeframe. If the detainee was admitted through the ED, the ED and admission requests may be on the same MedPAR. All services conducted during the admission are covered under the one admission MedPAR. Separate MedPARs are not required for different services or providers for care that is rendered at the hospital during an inpatient stay. If the detainee is transferred to another hospital for care, a new MedPAR must be created for the receiving hospital (hospital to which the detainee was transferred).
4. The CBP/BP Station must provide the approved MedPAR to the community provider.
5. Detainees shall not be charged a co-payment for medical services.
6. Coverage through IHSC is effective on the first day that the individual is placed in CBP/BP custody and ends on the day that the CBP/BP detainee is released from custody.
7. The MedPAR system is not used for medications. IHSC utilizes an independent pharmacy benefits manager for medications. Refer to the the Medications Section on page 3 of this memo for more information.
8. The CBP/BP Station is responsible for submitting the MedPAR and responding to requests for more information regarding a MedPAR.
9. Community providers have one year from the date of service to submit their claims to the VA Financial Services Center.

Reimbursement and Claims Processes

Authorized health care services will be reimbursed in accordance with Title 18, Part III, Chapter 301, Section 4006 of the U.S. Code and shall not exceed the Medicare reimbursement rate unless explicitly authorized. Requests for reimbursement above this rate must be negotiated and approved prior to the services being rendered.

IHSC will make payments for authorized services directly to the health care provider of those services. Payment for authorized health services is subject to custody verification. The health care provider shall submit claims using the appropriate form (CMS 1500, CMS 1450, UB92, UB04, or ADA forms), indicating the MedPAR authorization number on the claim form, along with a copy of the approved MedPAR to the address listed below. Questions regarding the status of claims or denials for payment should also be addressed to the below entity:

ICE Health Service Corps
VA Financial Services Center



Medications

IHSC provides limited prescription drug coverage for individuals in BP/CBP custody. Prescriptions are filled at local pharmacies or through mail order pharmacies, which are part of the [REDACTED]. A copy of the IHSC Detention Facility Formulary is available at [REDACTED]

IHSC does not provide reimbursement for over the counter medications, except for Vitamin B when a detainee is being treated for tuberculosis. IHSC does not provide reimbursement for any vaccines, to include the influenza vaccine.

The BP/CBP staff may call their local IHSC Field Medical Coordinator for information about the process for ordering prescriptions for those persons in custody of BP/CBP. Upon request, detention facilities housing detainees will be issued an IHSC group number which should be provided to their pharmacy in conjunction with the detainee's Border Patrol/Event #. [REDACTED] and Processor Control [REDACTED]. The IHSC group number specifically for BP is [REDACTED]; The IHSC group number specifically for CBP is [REDACTED]. The detention facility or the BP/CBP representative should fax, transmit or take a copy of the prescription to the local participating pharmacy and indicate that this is an BP/CBP detainee. The pharmacy will run the prescription through the [REDACTED] for processing and receive notification of a paid claim. Formulary prescriptions will be dispensed. BP/CBP detainees will not be charged a copayment for dispensed medications. The pharmacy will receive payment directly from [REDACTED]

Non-Formulary prescriptions will follow the same procedure as formulary prescriptions; however, because non-formulary medications require prior authorization, the pharmacy must run the prescription through the [REDACTED] and receive a rejection indicating "prior authorization is required". At that point, the BP/CBP representative will fax the Drug Prior Authorization Request Form to [REDACTED]. Urgent non-formulary requests must be submitted in the above manner, except an "X" should be placed on the form in the space for URGENT REQUEST. The BP/CBP representative should submit the prior authorization as soon as it is known that a detainee requires a non-formulary medication; however, [REDACTED] cannot enter an authorization in the system until the pharmacy has processed a claim through the system which will be denied (indicating prior authorization required). Authorization will be loaded into the Script Care Network, and the pharmacy will receive a call indicating the prescription has been approved or denied.

If you have any further questions or concerns, please contact the IHSC Field Medical Coordinator in your area or visit the website listed below for more information.

h [REDACTED]

From: [REDACTED]
To: [REDACTED]
Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]
Date: Monday, February 24, 2025 11:50:18 AM
Attachments: [image001.png](#)
[image002.png](#)

Hi [REDACTED] – confirmed, this is the SOP the whistleblower was referring to.

Thank you,

[REDACTED]

[REDACTED]
Attorney Advisor
Disclosure Unit
U.S. Office of Special Counsel

[REDACTED]

www.osc.gov



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From: [REDACTED]
Sent: Thursday, February 20, 2025 9:10 PM
To: [REDACTED]
Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]

Hi [REDACTED]

I misspoke. I forgot they called it a SOP. I just want to confirm that this is the SOP the complainant is referring to.

Respectfully,

[REDACTED]
Special Agent
CBP/OPR/IOD
San Diego Field Office
[REDACTED]
[REDACTED]
[REDACTED]



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From: [REDACTED]
Sent: Wednesday, February 19, 2025 7:00 AM

To: [REDACTED]
[REDACTED]
[REDACTED]

Cc: [REDACTED]
Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]

Some people who received this message don't often get email from [REDACTED] [Learn why this is important](#)

Hi [REDACTED]

Thank you for letting us know. Attached are the documents we received from [REDACTED]
Please let us know if there is anything else we can provide to you. As always, we're happy to discuss this matter with you and your team if helpful.

Thank you,

[REDACTED]
Attorney Advisor
Disclosure Unit
U.S. Office of Special Counsel

[REDACTED]
www.osc.gov



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From: [REDACTED]
Sent: Wednesday, February 19, 2025 9:51 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]

[REDACTED]

Thanks,
[REDACTED]

[REDACTED]
Senior Attorney-Advisor
Labor & Employment Law Office

General Law Division
Office of the General Counsel
U.S. Department of Homeland Security
Office: [REDACTED]
Mobile: [REDACTED]

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From: [REDACTED]

Sent: Wednesday, February 19, 2025 9:00 AM

To: [REDACTED]

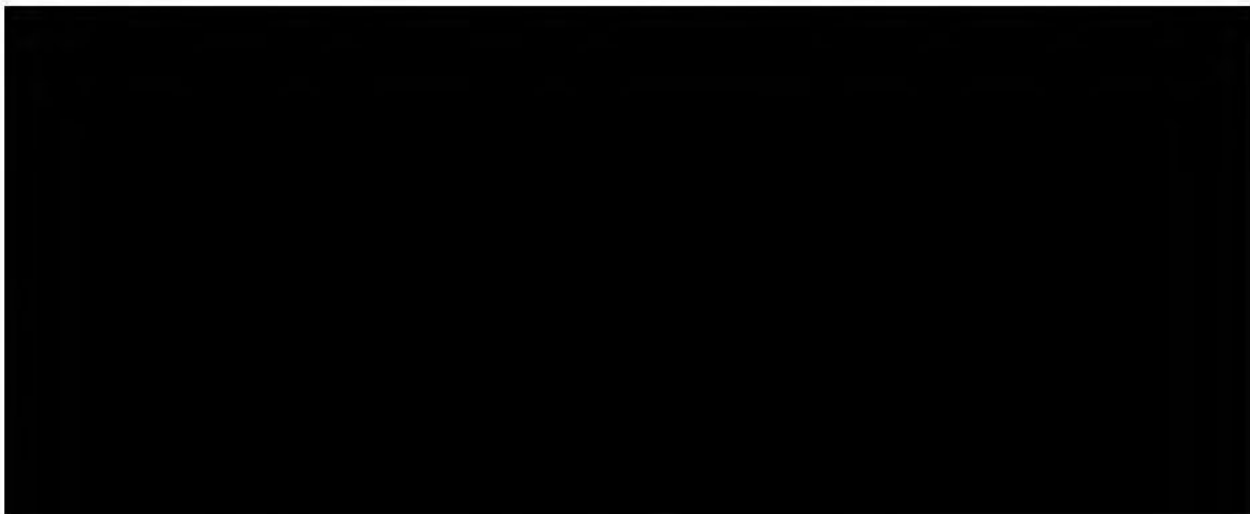
Cc: [REDACTED]

Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]

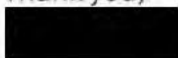
Hi [REDACTED],

I hope you had a great long weekend. I am writing to confirm the whistleblower's understanding of a 24-hour MedPAR – it is consistent with the practice that was summarized in the interview with [REDACTED] (p. 2).

[REDACTED]



Thank you,



Attorney Advisor
Disclosure Unit
U.S. Office of Special Counsel



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From: [Redacted]

Sent: Thursday, February 13, 2025 10:19 AM

To: [Redacted]

Cc: [Redacted]

Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [Redacted]

Hi [REDACTED]

Confirming receipt – thank you very much. We will confirm with the whistleblower that he was referring to a 24-hour MedPAR. We will also let you know if we have any follow-ups after reviewing the report.

Thank you,
[REDACTED]

[REDACTED]
Disclosure Unit
U.S. Office of Special Counsel

[REDACTED]
www.osc.gov



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From: [REDACTED]
Sent: Wednesday, February 12, 2025 12:56 PM
To: [REDACTED]
Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]

Good morning [REDACTED]

I've attached my reported findings to date and relevant attachments. At this point, it appears the complainant was mistaken and USBP followed policy with the drop off/custody release of detainees at medical facilities with the previous detainee receiving medical care covered by the MedPAR until 11:59 pm the same day of release.

Can you please confirm with the complainant that is the situation he was referring to as a 24-

hour MedPAR? If that is the case, please let me know if this sufficiently completes the case and I'll complete my case closing report.

Respectfully,

[REDACTED]
Special Agent
CBP/OPR/IOD
San Diego Field Office
[REDACTED]



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From: [REDACTED]
Sent: Tuesday, January 7, 2025 7:58 AM
To: [REDACTED]
Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]

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Hi [REDACTED]

Hope you're having a great week! Do you have availability for about a 5 minute check-in on this case? I'm available now for the next half hour, or any time Friday besides 10:15 – 12:15 p.m. ET.

Thank you,

[REDACTED]

[REDACTED]

Attorney Advisor

Disclosure Unit

U.S. Office of Special Counsel

[REDACTED]

www.osc.gov



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From:

[REDACTED]

Sent: Friday, January 3, 2025 11:44 AM

To:

[REDACTED]

Cc:

[REDACTED]

Subject: RE: NEW OSC Disclosure – Medical Payments OSC File No. [REDACTED]

Good morning [REDACTED]

I received an extension of 3/3/25 from [REDACTED]

Respectfully,

[REDACTED]

Special Agent

Investigative Operations Directorate

Office of Professional Responsibility
U.S. Customs and Border Protection



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From: [REDACTED]
Sent: Friday, January 3, 2025 8:39 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: NEW OSC Disclosure - Medical Payments OSC File No. [REDACTED]

Good morning. I understand that SA [REDACTED] was requesting an extension to complete this investigation. I'm following up to determine if that was granted, and, if so, when it is now due. Thank you, and I hope that you both had a good holiday.

[REDACTED] Senior Attorney
Office of the Assistant Chief Counsel, San Diego
U.S. Customs and Border Protection



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U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE



INVESTIGATIVE ACTIVITY REPORT

CASE NUMBER:	[REDACTED]	FIELD OFFICE:	San Diego Field Office
CASE AGENT:	SA [REDACTED]		
CASE TITLE:	OSC, [REDACTED], alleges violation of law, rule, or regulation & gross waste of funds, San Diego, CA.		
SUBJECT NAME AND TITLE:	Unknown San Diego Sector Employee		
ACTIVITY CONDUCTED:	Review of OCMO Detainee MedPAR Guidance		

DETAILS OF ACTIVITY

On February 24, 2025, Special Agent (SA) [REDACTED] U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, reviewed CBP Office of Chief Medical Officer (OCMO) Detainee Medical Payment Authorization Guidance, no date (Attachment 1).

Section III, Release of Detainee from CBP Custody, Part a., states, "When a detainee is released from custody while still at the hospital, hospital staff must be notified that the individual is no longer in CBP custody."

ATTACHMENTS

ATTACHMENTS	DESCRIPTION
1	OCMO Detainee MedPAR Guidance, no date.

I affirm that my statements in this report are true and correct to the best of my knowledge and belief.

Prepared by:	[REDACTED]	Date:	
Approved by:	[REDACTED]	Date:	

WARNING: This document, along with any attachment(s), is loaned to you for official use only and remains the property of U.S. Customs and Border Protection Office of Professional Responsibility Investigative Operations Directorate (IOD). You are prohibited from copying, releasing, retransmitting, disseminating, disclosing, or otherwise sharing the document or its attachments within or outside CBP without prior, written approval from IOD. The contents of this document and its attachment(s) may contain information, which is unclassified, law enforcement sensitive, proprietary, privileged, or confidential, and may be legally protected or otherwise exempt from public disclosure under the Freedom of Information Act, 5 U.S.C. § 552 and Privacy Act of 1974.



MEDICAL PAYMENT AUTHORIZATION GUIDANCE



**CUSTOMS AND BORDER PROTECTION
OPERATIONS SUPPORT
OFFICE OF THE CHIEF MEDICAL OFFICER**



Detainee Medical Authorization (MedPAR) Guidance

I. COMPLETING A MEDPAR WORKSHEET

When completing a MedPAR worksheet, the following sections need to be completed:

- a. MedPAR POC Information**
- b. Originating Sector/Field Office**
- c. Originating Station/Port/Site**
- d. Detainee Full name**
 - i. If name initially provided to hospital is not valid/accurate, the hospital needs to receive updated information as soon as possible. Preferably prior to discharge from the hospital or release from custody.
- e. Detainee Date of Birth**
 - i. If the DOB initially provided to hospital is not valid/accurate, the hospital needs to receive updated information as soon as possible. Preferably prior to discharge from the hospital or release from custody.
- f. Detainee Date of Apprehension**
- g. Detainee Chief Complaint/Reason for referral to hospital**
- h. Date Transported to Hospital**
- i. Detainee Subject ID (Placed in the “Miscellaneous Identification Numbers” Box)**
 - i. If the Subject ID is not available at the time the detainee is taken to the hospital, it is expected that CBP will provide the hospital with the subject ID within 24 hours or prior to hospital discharge, whichever comes first.
- j. Hospital/Medical Provider Name**
- k. Attestation of Custody (Our promise to pay the bill)**
 - i. Dates of Service
 - 1. The Payment Authorization can only cover dates of service that are within CBP custody.
 - 2. When possible, this should be included in the attestation.

II. DELIVERY OF MEDPAR WORKSHEET

- a.** The MEDPAR worksheet must be delivered to the hospital, whenever operationally feasible, at the time the detainee arrives at the hospital.
- b.** When the situation does not allow for the worksheet to be delivered with the patient, then the MedPAR worksheet must be delivered to the hospital in a timely manner.
 - i. Optimally, within 2-3 hours of the patient’s arrival.
 - ii. Alternatively, no later than when the patient is discharged from the hospital.
 - 1. This includes if the patient is released from CBP custody while still at the hospital.



**CUSTOMS AND BORDER PROTECTION
OPERATIONS SUPPORT
OFFICE OF THE CHIEF MEDICAL OFFICER**



III. RELEASE OF DETAINEE FROM CBP CUSTODY

- a. When a detainee is released from custody while still at the hospital, hospital staff **must** be notified that the individual is no longer in CBP custody.
- b. Depending on the hospital, this notification will be made to the designated staff which may include, but is not limited to:
 - i. The charge nurse (request it be annotated in the patient's record).
 - ii. A central location at the hospital (e.g., intake/registration/patient services).
 - iii. Emailed to a specific point of contact.
- c. If a detainee is being transferred to another agency, notification to the hospital shall include which agency is taking over custody and care of the detainee.

IV. RETURNING TO CBP FACILITY FROM THE HOSPITAL

- a. When a detainee is returned to a CBP facility from the hospital, notify the on-site medical staff and provide them with a copy of the hospital discharge paperwork along with any medications that were provided to the detainee.
- b. Refer to Enhanced Medical Directive and Medical Process Guidance for further information.

V. ELECTRONIC DOCUMENTATION OF MEDICAL CARE

- a. The enforcement database must be updated whenever one of the following occurs:
 - i. Detainee is transported to the hospital.
 - ii. Detainee is released from custody while still receiving care at the hospital.
 - iii. Detainee is transferred to another agency while still receiving care at the hospital.
 - iv. Detainee is returned to CBP facility after receiving care.
- b. This documentation is crucial for the accurate payment of medical care provided to a detainee while in CBP custody.
 - i. Enforcement databases are the primary source of information when conducting custody verifications during the MedPAR Authorization and Payment Process.
 - ii. Without accurate information in the enforcement database, claims are:
 - 1. Not paid at all
 - 2. Over-Paid (no longer in custody but still paying)
 - 3. Under-Paid (still in custody when payment stops)
- c. **PERSONNEL PROCESSING CLAIMS DO NOT HAVE ACCESS TO SWAP OR THE CBP ENFORCEMENT DATABASES.**
 - i. It is CBP's responsibility, at the holding facility, to ensure the information in the enforcement database accurately represents the true duration of custody for every detainee.
 - ii. Remarks in the I-213 must reflect the accurate dates (apprehension and release).
 - iii. Dates on the I-862, when issued, must match the date of release from custody.

NOTE The hospitals have been informed that they can (and should) request a MedPAR worksheet if one is not provided and that they should inquire when it appears a patient has been released from custody (e.g. hospital watch is departing).



**CUSTOMS AND BORDER PROTECTION
OPERATIONS SUPPORT
OFFICE OF THE CHIEF MEDICAL OFFICER**



**MEDICAL PAYMENT AUTHORIZATION REQUEST
(MedPAR) WORKSHEET**

MEDPAR POC

CBP LOCATION INFORMATION

Field Office:	Phone:	Fax:
Site:	Phone:	Fax:

DETAINEE INFORMATION

Last Name:		First:	
DOB:	Country of Origin:	Male <input type="checkbox"/>	Female <input type="checkbox"/> X-Undisclosed <input type="checkbox"/>
Event Number:		Date of Apprehension:	

REASON FOR REFERRAL REQUEST

Reason / Chief Complaint:				
Transported By:	EMS <input type="checkbox"/>	Air EMS <input type="checkbox"/>	CBP <input type="checkbox"/>	Date Transported to Hospital:
Rejected by Detention Facility (MCC, ICE, etc.):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Miscellaneous Identification Numbers: Subject ID Number:

PROVIDER OF MEDICAL CARE AND OTHER SERVICES

Provider:	Provider Phone:
Provider City:	Provider State:

ATTESTATION OF DETAINEE CUSTODY

Supervisor's Name:	Date:
I attest that the detainee identified on this form is correct to the best of my knowledge and that the individual is currently in the custody of the U.S. Customs and Border Protection.	
<hr/> Digitally Acquired Signature (SIGNATURE)	<hr/> (TITLE)
<hr/> (PHONE NUMBER)	



U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE



INVESTIGATIVE ACTIVITY REPORT

CASE NUMBER:	[REDACTED]	FIELD OFFICE:	San Diego Field Office
CASE AGENT:	SA [REDACTED]		
CASE TITLE:	OSC, [REDACTED] alleges violation of law, rule, or regulation & gross waste of funds, San Diego, CA.		
SUBJECT NAME AND TITLE:	Unknown San Diego Sector Employee		
ACTIVITY CONDUCTED:	Review of MedPAR Guidance Email from OCMO (A) Division Chief [REDACTED]		

DETAILS OF ACTIVITY

On February 25, 2025, Special Agent (SA) [REDACTED] U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, reviewed Acting (A) Division Chief (DC) [REDACTED] CBP Office of Chief Medical Officer (OCMO), Washington D.C., email to United States Border Patrol (USBP) San Diego Sector (SDC) Medical Payment (MedPAR) management, dated October 11, 2024 (Attachment 1). The subject was titled, "MedPAR for same day release from custody."

(A) DC [REDACTED] stated, "The MedPAR authorization ends at 2359 on the day the subject is released from custody. A good practice would be to give the authorization when you drop them off at a hospital, even if released in the system. They are still our responsibility during transport. They will be covered for the rest of the day while being assessed and getting immediate medical care."

ATTACHMENTS

ATTACHMENTS	DESCRIPTION
1	Email from OCMO (A) [REDACTED] dated October 11, 2024.

I affirm that my statements in this report are true and correct to the best of my knowledge and belief.

Prepared by:	[REDACTED]	Date:	
Approved by:	[REDACTED]	Date:	

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[REDACTED]

From: [REDACTED]
Sent: Friday, October 11, 2024 8:40 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: MedPAR for same day release from custody

[REDACTED]

[REDACTED] gave some clarification on MedPAR that I think will help your Sector. I have also relayed the info to ACPA [REDACTED] during a chat we had yesterday.

The MedPAR authorization ends at 2359 on the day the subject is released from custody. A good practice would be to give the authorization when you drop them off at a hospital, even if released in the system. They are still our responsibility during transport. They will be covered for the rest of the day while being assessed and getting immediate medical care.

Let me know if you want to discuss or have further questions. Hope this helps.

[REDACTED]

(A) Division Chief
Medical Service Contract/EMR/APIP
Office of the Chief Medical Officer
CBP Headquarters

[REDACTED]



From: [REDACTED]
Sent: Monday, October 7, 2024 7:57 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: MedPAR for same day release from custody

ALCON

Good evening, Ma'am and [REDACTED]

I appreciate your time in discussing the matter earlier regarding individuals being released from custody and requiring transportation to the hospital for medical care in the San Diego Sector Border Patrol. We are seeking clarification on whether a one-day MedPAR is necessary in these cases.

I strongly believe that implementing this guidance nationwide would be greatly benefit the Border Patrol, particularly in San Diego where a significant number of noncitizens have medical needs and are often released on the same day. Many cases are finished before the patient gets transported to the hospital and in many situations right before departing the station.

Example: Noncitizen claims arm hurts and [REDACTED] recommends that the pt be transported to the hospital for a potential broken arm. In the meantime, the file is being worked on and finished.

- Should a MedPAR be created and transport the pt to the ER, considering the NTA was just finished.
- Should the pt be transported to the ER with no MedPAR and released
- Should EMS be called and transport the pt to the hospital with no MedPAR.

All notifications are made to the hospital's same day pt gets released from custody.

Thank you

Respectfully,

[REDACTED]
U.S. Border Patrol | San Diego Sector
San Diego Sector Juvenile Coordinator
San Diego Sector Medical Coordinator
Task Order Monitor – [REDACTED]
SDC CPC
[REDACTED]



U.S. Customs and
Border Protection



U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE



INVESTIGATIVE ACTIVITY REPORT

CASE NUMBER:	[REDACTED]	FIELD OFFICE:	San Diego Field Office
CASE AGENT:	SA [REDACTED]		
CASE TITLE:	OSC, [REDACTED], alleges violation of law, rule, or regulation & gross waste of funds, San Diego, CA.		
SUBJECT NAME AND TITLE:	Unknown San Diego Sector Employee		
ACTIVITY CONDUCTED:	Witness Interview of BPA-P [REDACTED] SDC MedPAR Coordinator.		

DETAILS OF ACTIVITY

On February 25, 2025, Special Agent (SA) [REDACTED] U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, and SA [REDACTED] San Diego FO, conducted a witness interview of Border Patrol Agent – Programs (BPA-P) [REDACTED] United States Border Patrol (USBP) San Diego Sector (SDC) Medicare Provider Analysis and Review (MedPAR) Coordinator.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

BPA-P [REDACTED] stated he is the SDC Medical and MedPAR Coordinator and his direct supervisor is Assistant Chief Patrol Agent (ACPA) [REDACTED] SDC, and ACPA [REDACTED] SDC, is overall in charge of the SDC MedPAR program. BPA-P [REDACTED] stated SDC takes direction from the CBP Office of Chief Medical Officer (OCMO) chain of command for MedPAR guidance and his two main contacts there are OCMO National MedPAR Program Manager [REDACTED] San Diego and OCMO Deputy Division Chief (DDC) [REDACTED] Washington D.C. BPA-P [REDACTED] stated he is not familiar with DDC [REDACTED] SDC.

BPA-P [REDACTED] stated he is vaguely familiar with SDC Standard Operating Procedure (SOP) 4000-010a, and he does not use it for MedPAR operations since it has very limited MedPAR

I affirm that my statements in this report are true and correct to the best of my knowledge and belief.

Prepared by:	[REDACTED]	Date:	
Approved by:	[REDACTED]	Date:	

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**U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE**



guidance. BPA-P [REDACTED] stated there is not one standard SOP he or stations use for MedPAR guidance, and he normally contacts OCMO with any questions or concerns. (Time Stamp 12:09:40 Pacific Standard Time (PST)).

BPA-P [REDACTED] stated the 24-hour MedPAR was a misnomer as they are only good until the end of the day it was issued, and this process has been used since at least 2018 for illegal aliens (IAs) issued Notice To Appear (NTA) immigration hearing dates. BPA-P [REDACTED] stated these types of situations were less common prior to 2021. BPA-P [REDACTED] stated the 24-hour MedPAR process started being used more frequently in 2021 after former President Biden reimplemented the "catch and release" policy and a larger percentage of IAs were receiving NTAs. BPA-P [REDACTED] stated the 24-hour MedPAR process was used to ensure IAs received proper medical treatment after being evaluated by [REDACTED] contractors at USBP stations. BPA-P [REDACTED] confirmed after the MedPAR expired, the IA would continue to receive medical treatment via Medical if necessary. BPA-P [REDACTED] stated the 24-hour MedPAR was used to avoid U.S. government medical liability issues as well as address manpower issues due to the large quantity of IA entries the last couple years (Time Stamp 12:31:20 PST).

BPA-P [REDACTED] stated ACPA [REDACTED] and ACPA [REDACTED] are working on a MedPAR SOP update, but they need to first receive OCMO's update to their national "OCMO Detainee Medical Authorization (MedPAR) Guidance", no date (Attachment 2). BPA-P [REDACTED] confirmed he mainly uses OCMO's MedPAR guidance document as well as trainings he has received for day-to-day operations. BPA-P [REDACTED] also confirmed Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) is the final MedPAR authority for CBP (Time Stamp 12:28:00 PST).

BPA-P [REDACTED] stated it became a "political issue" around the middle of 2024 and some first line SDC Supervisory BPAs (SBPAs) aggressively opposed the 24-Hour MedPAR process so he emailed DDC [REDACTED] for confirmation that it was appropriate to issue a 24-hour MedPAR knowing the IA would be released from USBP custody and turned over to a medical facility. BPA-P [REDACTED] stated DDC [REDACTED] provided an email response on October 11, 2024, confirming it was per CBP policy (Attachment 3) (Time Stamp 12:43:35 PST).

BPA-P [REDACTED] stated there is no paperwork signed by the medical facility acknowledging the proper turnover of the IA to the medical facility took place since medical facilities have refused to cooperate and sign any paperwork provided by BPAs. BPA-P [REDACTED] stated he confirms the proper turnover occurred once he receives a request for medical payment from the medical facility (Time Stamp 13:01:55 PST).

BPA-P [REDACTED] stated the 24-Hour MedPAR process has been rarely used since the "catch and release" policy was revoked on January 20, 2025 (Time Stamp 13:05:30 PST).

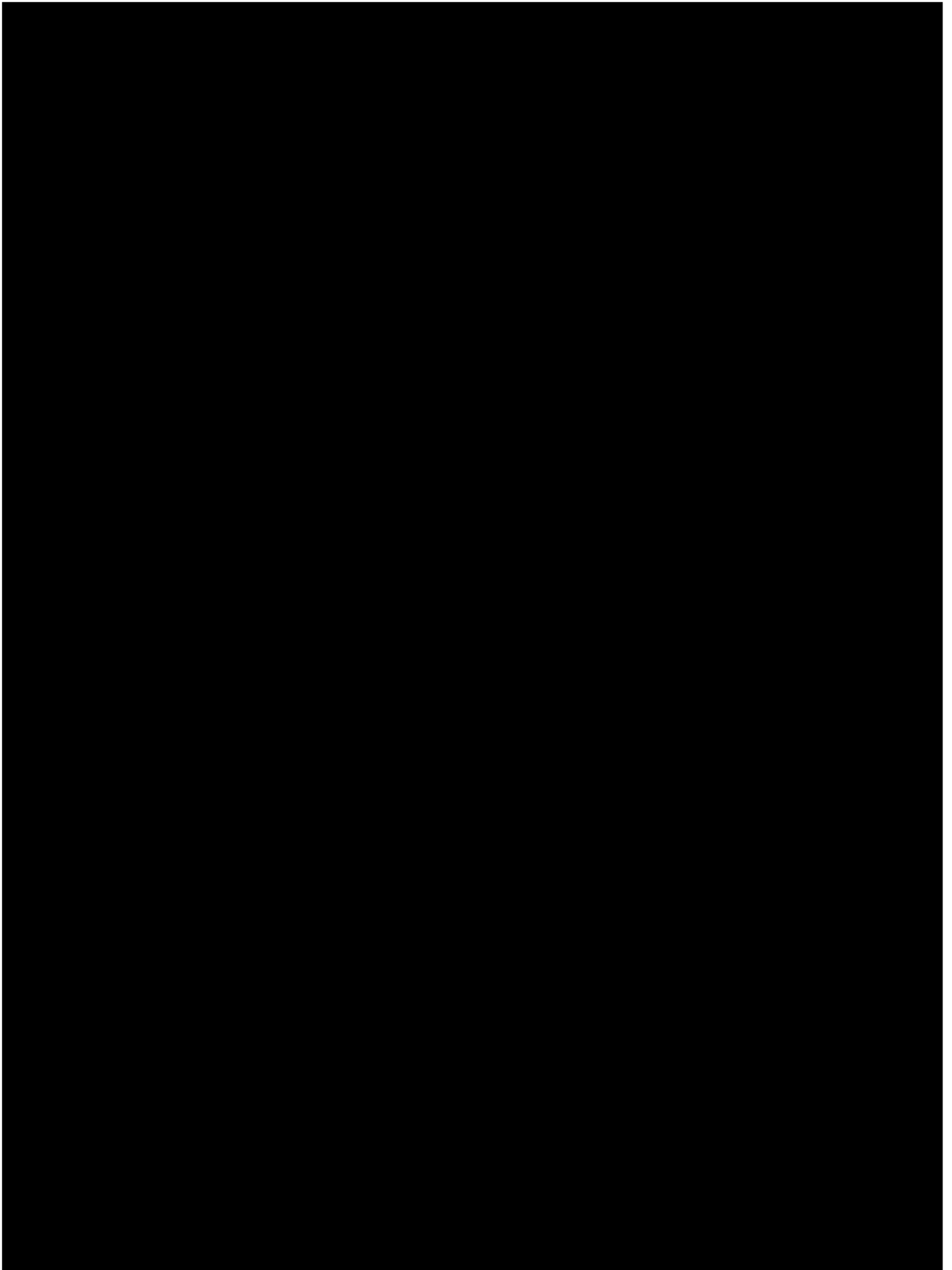


**U.S. CUSTOMS AND BORDER PROTECTION
OFFICE OF PROFESSIONAL RESPONSIBILITY
INVESTIGATIVE OPERATIONS DIRECTORATE**



ATTACHMENTS

ATTACHMENTS	DESCRIPTION
1	Data Disk of SDC BPA-P [REDACTED] witness interview, dated February 25, 2025.
2	OCMO Detainee MedPAR Guidance, no date.
3	Email from OCMO (A) DC [REDACTED] dated October 11, 2024.



Administrative Warning Acknowledgment for Non-Bargaining Unit Employees

Department of Homeland Security
U.S. Customs and Border Protection

I, [REDACTED], the undersigned employee of U.S. Customs and Border Protection, hereby acknowledge receipt of the Administrative Warning. I understand:

That Special Agent [REDACTED] has been charged with conducting an official investigation/inquiry. I have been informed this inquiry is solely administrative in nature.

Pursuant to the Code of Federal Regulations, (31 CFR 0.207): "Employees shall respond to questions truthfully and under oath when required, whether orally or in writing, and must provide documents and other materials concerning matters of official interest when directed to do so by competent authority."

I have been informed that I may be subject to disciplinary action, up to and including removal (termination of employment) for my failure or refusal to answer proper questions relating to the performance of my duties as an employee of U.S. Customs and Border Protection. I have been informed that I may also be subject to criminal prosecution and/or administrative disciplinary action for any false answer that I give to any questions.

Employee Name (Print): [REDACTED]

Signature of Employee: [REDACTED]

Date: 1/13/25 Time: 0714

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility
[REDACTED]

Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: MedPAR for same day release from custody
Date: Friday, October 11, 2024 8:39:54 AM
Attachments: [image002.png](#)
[image003.png](#)

[REDACTED]
[REDACTED] gave some clarification on MedPAR that I think will help your Sector. I have also relayed the info to ACPA [REDACTED] during a chat we had yesterday.

The MedPAR authorization ends at 2359 on the day the subject is released from custody. A good practice would be to give the authorization when you drop them off at a hospital, even if released in the system. They are still our responsibility during transport. They will be covered for the rest of the day while being assessed and getting immediate medical care.

Let me know if you want to discuss or have further questions. Hope this helps.

[REDACTED]
(A) Division Chief
Medical Service Contract/EMR/APIP
Office of the Chief Medical Officer
CBP Headquarters
[REDACTED]



From: [REDACTED]
Sent: Monday, October 7, 2024 7:57 PM
To: [REDACTED]
Cc: [REDACTED]
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ALCON

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I strongly believe that implementing this guidance nationwide would greatly benefit the Border Patrol, particularly in San Diego where a significant number of noncitizens have medical needs and are often released on the same day. Many cases are finished before the patient gets transported to the hospital and in many situations right before departing the station.

Example: Noncitizen claims arm hurts and [REDACTED] recommends that the pt be transported to the hospital for a potential broken arm. In the meantime, the file is being worked on and finished.

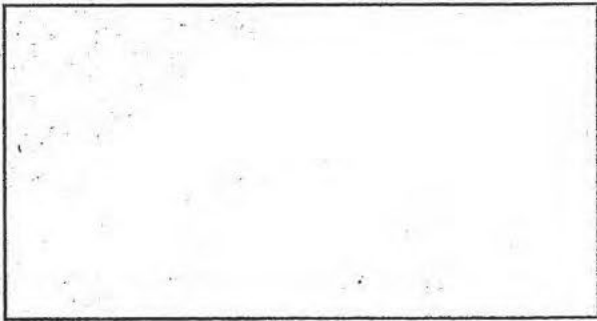
- Should a MedPAR be created and transport the pt to the ER, considering the NTA was just finished.
- Should the pt be transported to the ER with no MedPAR and released
- Should EMS be called and transport the pt to the hospital with no MedPAR.

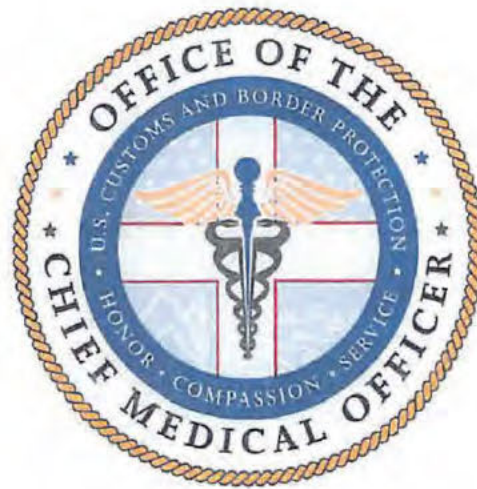
All notifications are made to the hospital's same day pt gets released from custody.

Thank you

Respectfully,

BPA-P [REDACTED]
U.S. Border Patrol | San Diego Sector
San Diego Sector Juvenile Coordinator
San Diego Sector Medical Coordinator
Task Order Monitor – [REDACTED]
SDC CPC
[REDACTED]





MEDICAL PAYMENT AUTHORIZATION GUIDANCE



**CUSTOMS AND BORDER PROTECTION
OPERATIONS SUPPORT
OFFICE OF THE CHIEF MEDICAL OFFICER**



Detainee Medical Authorization (MedPAR) Guidance

I. COMPLETING A MEDPAR WORKSHEET

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- a. MedPAR POC Information
- b. Originating Sector/Field Office
- c. Originating Station/Port/Site
- d. Detainee Full name
 - i. If name initially provided to hospital is not valid/accurate, the hospital needs to receive updated information as soon as possible. Preferably prior to discharge from the hospital or release from custody.
- e. Detainee Date of Birth
 - i. If the DOB initially provided to hospital is not valid/accurate, the hospital needs to receive updated information as soon as possible. Preferably prior to discharge from the hospital or release from custody.
- f. Detainee Date of Apprehension
- g. Detainee Chief Complaint/Reason for referral to hospital
- h. Date Transported to Hospital
- i. Detainee Subject ID (Placed in the "Miscellaneous Identification Numbers" Box)
 - i. If the Subject ID is not available at the time the detainee is taken to the hospital, it is expected that CBP will provide the hospital with the subject ID within 24 hours or prior to hospital discharge, whichever comes first.
- j. Hospital/Medical Provider Name
- k. Attestation of Custody (Our promise to pay the bill)
 - i. Dates of Service
 - 1. The Payment Authorization can only cover dates of service that are within CBP custody.
 - 2. When possible, this should be included in the attestation.

II. DELIVERY OF MEDPAR WORKSHEET

- a. The MEDPAR worksheet must be delivered to the hospital, whenever operationally feasible, at the time the detainee arrives at the hospital.
- b. When the situation does not allow for the worksheet to be delivered with the patient, then the MedPAR worksheet must be delivered to the hospital in a timely manner.
 - i. Optimally, within 2-3 hours of the patient's arrival.
 - ii. Alternatively, no later than when the patient is discharged from the hospital.
 - 1. This includes if the patient is released from CBP custody while still at the hospital.



**CUSTOMS AND BORDER PROTECTION
OPERATIONS SUPPORT
OFFICE OF THE CHIEF MEDICAL OFFICER**



III. RELEASE OF DETAINEE FROM CBP CUSTODY

- a. When a detainee is released from custody while still at the hospital, hospital staff **must** be notified that the individual is no longer in CBP custody.
- b. Depending on the hospital, this notification will be made to the designated staff which may include, but is not limited to:
 - i. The charge nurse (request it be annotated in the patient's record).
 - ii. A central location at the hospital (e.g., intake/registration/patient services).
 - iii. Emailed to a specific point of contact.
- c. If a detainee is being transferred to another agency, notification to the hospital shall include which agency is taking over custody and care of the detainee.

IV. RETURNING TO CBP FACILITY FROM THE HOSPITAL

- a. When a detainee is returned to a CBP facility from the hospital, notify the on-site medical staff and provide them with a copy of the hospital discharge paperwork along with any medications that were provided to the detainee.
- b. Refer to Enhanced Medical Directive and Medical Process Guidance for further information.

V. ELECTRONIC DOCUMENTATION OF MEDICAL CARE

- a. The enforcement database must be updated whenever one of the following occurs:
 - i. Detainee is transported to the hospital.
 - ii. Detainee is released from custody while still receiving care at the hospital.
 - iii. Detainee is transferred to another agency while still receiving care at the hospital.
 - iv. Detainee is returned to CBP facility after receiving care.
- b. This documentation is crucial for the accurate payment of medical care provided to a detainee while in CBP custody.
 - i. Enforcement databases are the primary source of information when conducting custody verifications during the MedPAR Authorization and Payment Process.
 - ii. Without accurate information in the enforcement database, claims are:
 - 1. Not paid at all
 - 2. Over-Paid (no longer in custody but still paying)
 - 3. Under-Paid (still in custody when payment stops)
- c. **PERSONNEL PROCESSING CLAIMS DO NOT HAVE ACCESS TO SWAP OR THE CBP ENFORCEMENT DATABASES.**
 - i. It is CBP's responsibility, at the holding facility, to ensure the information in the enforcement database accurately represents the true duration of custody for every detainee.
 - ii. Remarks in the I-213 must reflect the accurate dates (apprehension and release).
 - iii. Dates on the I-862, when issued, must match the date of release from custody.

NOTE The hospitals have been informed that they can (and should) request a MedPAR worksheet if one is not provided and that they should inquire when it appears a patient has been released from custody (e.g. hospital watch is departing).



CUSTOMS AND BORDER PROTECTION
OPERATIONS SUPPORT
OFFICE OF THE CHIEF MEDICAL OFFICER



MEDICAL PAYMENT AUTHORIZATION REQUEST
(MedPAR) WORKSHEET

MEDPAR POC

CBP LOCATION INFORMATION		
Field Office:	Phone:	Fax:
Site:	Phone:	Fax:

DETAINEE INFORMATION			
Last Name:		First:	
DOB:	Country of Origin:	Male <input type="checkbox"/>	Female <input type="checkbox"/> X-Undisclosed <input type="checkbox"/>
Event Number:		Date of Apprehension:	

REASON FOR REFERRAL REQUEST				
Reason / Chief Complaint:				
Transported By:	EMS <input type="checkbox"/>	Air EMS <input type="checkbox"/>	CBP <input type="checkbox"/>	Date Transported to Hospital:
Rejected by Detention Facility (MCC, ICE, etc.):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Miscellaneous Identification Numbers: Subject ID Number:

PROVIDER OF MEDICAL CARE AND OTHER SERVICES	
Provider:	Provider Phone:
Provider City:	Provider State:

ATTESTATION OF DETAINEE CUSTODY	
Supervisor's Name:	Date:
I attest that the detainee identified on this form is correct to the best of my knowledge and that the individual is currently in the custody of the U.S. Customs and Border Protection.	
Digitally Acquired Signature (SIGNATURE)	(TITLE) (PHONE NUMBER)



INVESTIGATIVE ACTIVITY REPORT

Case Number	[REDACTED]
Field Office	San Diego, CA
Case Agent	[REDACTED]
Case Title	UNKNOWN EMPLOYEE, 1401 Mismanagement-Gross Financial, SAN DIEGO
Subject Name & Title	SUPV BPA (WATCH COMMANDER) [REDACTED]
Date of Activity	03/20/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/01/2025
Approved by	[REDACTED]	04/01/2025

ATTACHMENTS

1	[REDACTED].mp4
2	Admin Warning - (A) ACPA J [REDACTED] SDC.pdf



DETAILS OF ACTIVITY

On March 20, 2025, Special Agent (SA) [REDACTED] U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, and SA [REDACTED] San Diego FO, conducted a witness interview of Acting Assistant Chief Patrol Agent ((A) ACPA) [REDACTED] United States Border Patrol (USBP) San Diego Sector (SDC).

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

(A) ACPA [REDACTED] stated he oversees SDC's medical program and Border Patrol – Programs (BPA-P) [REDACTED] manages the day-to-day operations as SDC's Medicare Provider Analysis and Review (MedPAR) Coordinator. (A) ACPA [REDACTED] stated Deputy Division Chief (DDC) [REDACTED], SDC, is overall in charge of SDC's Centralized Processing Center (CPC) and the MedPAR program. (A) ACPA [REDACTED] stated if he needs MedPAR guidance he or BPA-P [REDACTED] normally correspond with CBP Office of Chief Medical Officer (OCMO) DDC [REDACTED] Washington D.C. or OCMO National MedPAR Program Manager [REDACTED] San Diego. (A) ACPA [REDACTED] stated DDC [REDACTED] SDC, has no direct involvement with the MedPAR program and is involved with SDC station operations.

(A) ACPA [REDACTED] stated the 24-hour MedPAR process was in place prior to him assuming his current position in May 2024 and most likely originated around 2022. (A) ACPA [REDACTED] stated the 24-hour MedPAR process was a necessity for SDC the last couple years to deal with the large volume of detainees being issued Notice To Appear's (NTAs) for their immigration removal process while still allowing the detainees to receive proper medical care and for the hospitals to be paid for these services. (A) ACPA [REDACTED] stated the MedPAR process was a compromise negotiated with USBP, OCMO, and local hospitals key players. (A) ACPA [REDACTED] stated the 24-

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



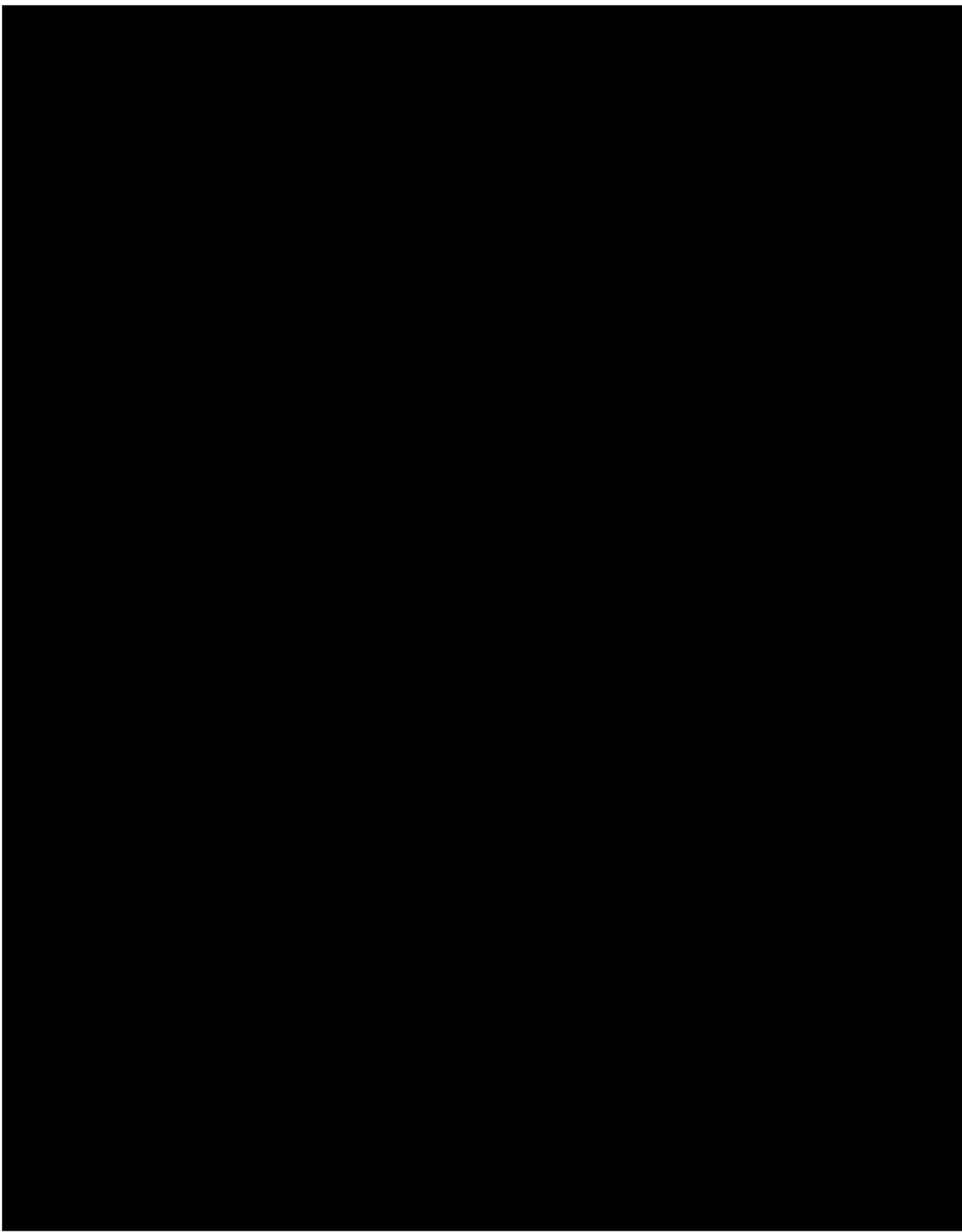
hour MedPAR allowed better management of USBP personnel and financial resources and avoided USBP medical liability. (A) ACPA [REDACTED] confirmed all decision makers knew these detainees issued MedPARs would then be immediately released to the hospital (Time Stamp 09:08:17 Pacific Daylight Time (PDT)).

(A) ACPA [REDACTED] stated OCMO DDC [REDACTED] and BPA-P [REDACTED] are working on better operational guidance for the MedPAR program as the current USBP standard operating procedure (SOP) is not very helpful (Time Stamp 09:20:05 PDT).

(A) ACPA [REDACTED] stated he sent an email on September 28, 2024, to all SDC Temporary Staging Area (TSA) management to continue issuing MedPARs for detainees receiving NTAs and needing additional medical care (Attachment 2). The email further stated these MedPARs would cover medical expenses for the remainder of the day they are released to the medical facility. (A) ACPA [REDACTED] stated he sent this email to provide clarification for the MedPAR process as some supervisors and agents involved were questioning the process. (A) ACPA [REDACTED] stated he recalled DDC [REDACTED] sending out similar guidance to all SDC stations at a later date (Time Stamp 09:21:10 PDT).

[Agent's Note: SDC TSA managed the CPC which handled the vast majority of undocumented alien (UDA) processing during this time period. The SDC stations handled the remainder of UDA processing.]

(A) ACPA [REDACTED] stated 24-hour MedPARs were no longer being issued since "Catch and Release" was formally ended on January 20, 2025. (A) ACPA [REDACTED] added the need for 24-hour MedPARs started being reduced around June 2024 when immigration policy was revised (Time Stamp 09:26:58 PDT).



Administrative Warning Acknowledgment for Non-Bargaining Unit Employees

Department of Homeland Security
U.S. Customs and Border Protection

I, [REDACTED], the undersigned employee of U.S. Customs and Border Protection, hereby acknowledge receipt of the Administrative Warning. I understand:

That Special Agent [REDACTED] has been charged with conducting an official investigation/inquiry. I have been informed this inquiry is solely administrative in nature.

Pursuant to the Code of Federal Regulations, (31 CFR 0.207): "Employees shall respond to questions truthfully and under oath when required, whether orally or in writing, and must provide documents and other materials concerning matters of official interest when directed to do so by competent authority."

I have been informed that I may be subject to disciplinary action, up to and including removal (termination of employment) for my failure or refusal to answer proper questions relating to the performance of my duties as an employee of U.S. Customs and Border Protection. I have been informed that I may also be subject to criminal prosecution and/or administrative disciplinary action for any false answer that I give to any questions.

Employee Name (Print): [REDACTED]

Signature of Employee: [REDACTED]

Date: 03/19/2025 Time: 1:48 p.m.

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility

From: [REDACTED]
To: [SDC TSA Supervisors](#)
Cc: [SDC TSA WC-SOS](#); [REDACTED]
Subject: One Day MedPar
Date: Saturday, September 28, 2024 7:58:00 AM
Attachments: [image001.png](#)

Good morning all,

Please continue to complete a MedPar for those being served an NTA and then transported to the hospital for release. In most of these cases, the MedPar will cover expenses for services provided only on that day.

Also, make sure to include the Medical Coordinator, BPA-P [REDACTED], in any email communication so he can make appropriate notifications to the medical facilities.

Please feel free to reach out with any questions.

Respectfully,

[REDACTED]
Assistant Chief Patrol Agent-Acting
SDC/CPC

From: [REDACTED]
Sent: Friday, September 27, 2024 2:32 PM
To: "_MedPar Notification Group <[REDACTED]>"
Subject: Pt released from Border Patrol custody
Importance: High

ALCON

Pt has been released from Border Patrol custody effect 9/27/24
MedPAR will reflect
Admit 09/27/24 to 09/27
One day MedPAR

[REDACTED]

COC: RUSSIA

e3 Event: [REDACTED]

Respectfully,

BPA-P [REDACTED]

U.S. Border Patrol | San Diego Sector

San Diego Sector Juvenile Coordinator

San Diego Sector Medical Coordinator

Task Order Monitor – [REDACTED]

SDC CPC

C [REDACTED]





INVESTIGATIVE ACTIVITY REPORT

Case Number	[REDACTED]
Field Office	San Diego, CA
Case Agent	[REDACTED]
Case Title	UNKNOWN EMPLOYEE, 1401 Mismanagement-Gross Financial, SAN DIEGO
Subject Name & Title	SUPVY BPA (CENTRAL PROCESSING) [REDACTED]
Date of Activity	03/25/2025
Activity Type	Interview
Report Status	Approved

APPROVALS

Digitally Signed

Prepared by	[REDACTED]	04/01/2025
Approved by	[REDACTED]	04/01/2025

ATTACHMENTS

1	[REDACTED].mp4
2	Admin Warning - [REDACTED]



DETAILS OF ACTIVITY

On March 25, 2025, Special Agent (SA) [REDACTED] U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, and SA [REDACTED] San Diego FO, conducted a witness interview of Deputy Division Chief (DDC) [REDACTED] United States Border Patrol (USBP) San Diego Sector (SDC).

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

DDC [REDACTED] stated he oversees SDC's Transit Staging Area (TSA) and Centralized Processing Center (CPC) Division which includes the Medicare Provider Analysis and Review (MedPAR) program. DDC [REDACTED] stated he is rarely involved with the MedPAR program despite his name being the point of contact on the current SDC Standard Operation Procedure (SOP) 4000-010a cover page (Attachment 2). DDC [REDACTED] stated he was familiar with DDC [REDACTED] CBP Office of Chief Medical Officer (OCMO), Washington, D.C., and she was SDC's main point of contact for MedPAR related questions. DDC [REDACTED] stated DDC [REDACTED], SDC, was not involved with the MedPAR program and worked in SDC's Operations Division which oversees station activity.

DDC [REDACTED] stated he believed the 24-hour MedPAR process originated around 2022 after discussions with SDC command staff, CBP Office of Chief Medical Officer (OCMO), and local hospitals regarding how to deal with the large amount of undocumented alien (UDA) detainees that needed medical care (Time Stamp 13:14:40 Pacific Daylight Time (PDT)).

DDC [REDACTED] stated OCMO and his MedPAR staff were working on a more detailed SOP that would include a better explanation of the 24-hour MedPAR process. DDC [REDACTED] stated he was

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



not aware when this SOP would be completed (Time Stamp 13:16:45 PDT).

DDC [REDACTED] stated all key players were aware these UDAs would be immediately released to the hospital after being issued Notice To Appear (NTA) immigration processing documents. DDC [REDACTED] stated the 24-hour MedPAR process worked well as USBP manpower and financial impact were reduced, UDAs received required medical care, and hospitals received appropriate payments from the Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) (Time Stamp 13:24:05 PDT).

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Administrative Warning Acknowledgment for Non-Bargaining Unit Employees

Department of Homeland Security
U.S. Customs and Border Protection

I, [REDACTED], the undersigned employee of U.S. Customs and Border Protection, hereby acknowledge receipt of the Administrative Warning. I understand:

That Special Agent [REDACTED] has been charged with conducting an official investigation/inquiry. I have been informed this inquiry is solely administrative in nature.

Pursuant to the Code of Federal Regulations, (31 CFR 0.207): "Employees shall respond to questions truthfully and under oath when required, whether orally or in writing, and must provide documents and other materials concerning matters of official interest when directed to do so by competent authority."

I have been informed that I may be subject to disciplinary action, up to and including removal (termination of employment) for my failure or refusal to answer proper questions relating to the performance of my duties as an employee of U.S. Customs and Border Protection. I have been informed that I may also be subject to criminal prosecution and/or administrative disciplinary action for any false answer that I give to any questions.

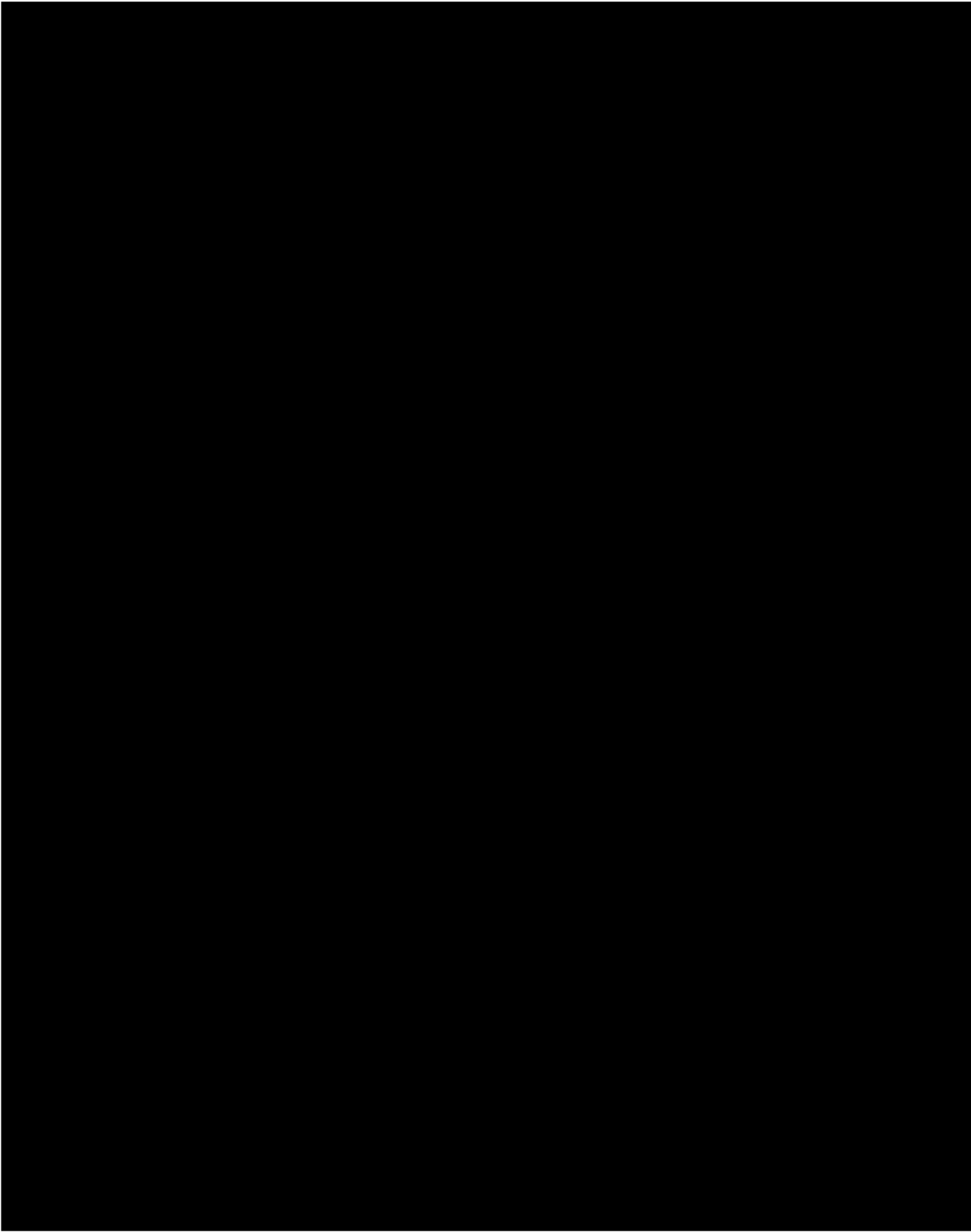
Employee Name (Print): [REDACTED]

Signature of Employee: [REDACTED]

Date: 3/20/25 Time: 1:42 PM

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility



8
1
1

Administrative Warning Acknowledgment for Non-Bargaining Unit Employees

Department of Homeland Security
U.S. Customs and Border Protection

I, [REDACTED], the undersigned employee of U.S. Customs and Border Protection, hereby acknowledge receipt of the Administrative Warning. I understand:

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Employee Name (Print): [REDACTED]

Signature of Employee: [REDACTED]

Date: 3/20/25 Time: 1:42 PM

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility



DETAILS OF ACTIVITY

On April 3, 2025, Special Agent (SA) [REDACTED] U.S. Customs and Border Protection (CBP), Office of Professional Responsibility (OPR), San Diego Field Office (FO), San Diego, CA, and SA [REDACTED] San Diego FO, conducted a witness interview of Acting Division Chief ((A) DC) [REDACTED] CBP Office of Chief Medical Officer (OCMO), Washington, D.C.

The interview was audio and video recorded using StarWitness equipment and uniquely identified by Authentication Code: [REDACTED] (Attachment 1).

This report does not provide a verbatim account of the interview. Instead, it provides a summary of statements made. Refer to the recording for an exact account.

(A) DC [REDACTED] stated she oversees CBP's medical services contract (MSC) program for the entire nation and works with OCMO National Medicare Provider Analysis and Review (MedPAR) Program Manager (PM) [REDACTED] San Diego. (A) DC [REDACTED] stated she does not oversee the CBP MedPAR program and PM [REDACTED] would be considered CBP's MedPAR subject matter expert.

(A) DC [REDACTED] stated she believed the complaints involving 24-hour MedPARs originated after OCMO added a "Did Not Send" classification for Emergency Medical Records (EMRs) in August 2024 to better monitor when United States Border Patrol (USBP) San Diego Sector (SDC) stations went against their medical services contractor, [REDACTED], medical recommendations when detainees soon to be released from custody needed additional medical care. (A) DC [REDACTED] stated if a station selected the "Did Not Send" option they needed to provide justification as well. (A) DC [REDACTED] stated they added this selection to the EMR process after OCMO became aware of incidents where detainees with significant medical needs would be released from USBP custody, given their Notice To Appear (NTA) paperwork, and then released from custody outside of medical facilities or non-government organizations (NGOs). (A) DC [REDACTED] stated these actions created potential liability concerns for CBP as CBP was legally liable to provide medical care for detainees in their custody. (A) DC [REDACTED] stated OCMO added the "Did

U.S. Customs and Border Protection
Office of Professional Responsibility
Investigative Operations Directorate



Not Send" selection on EMR paperwork so station supervisors would have to put their name and provide justification for the decision to ignore LSGS's medical recommendations prior to releasing the detainee. (A) DC [REDACTED] stated OCMO leadership received notification any time a station selected the "Did Not Sent" option (Time Stamp 10:41:00 Pacific Daylight Time (PDT)).

(A) DC [REDACTED] stated she received an email from Border Patrol Agent – Programs (BPA-P) [REDACTED] SDC MedPAR Coordinator, in October 2024, asking for reassurance the 24-hour MedPAR was the best process to deal with UDAs who were soon to be released from USBP custody but still needed medical attention. (A) DC [REDACTED] stated she and PM [REDACTED] discussed it and confirmed the 24-hour MedPAR was CBP's approved process in these situations. (A) DC [REDACTED] stated she would provide her email conversation with PM [REDACTED] regarding this topic after the completion of the interview (Attachment 2) (Time Stamp 10:52:15 PDT).

(A) DC [REDACTED] stated the 24-hour MedPAR was determined to be the best solution for this type of detainee after discussions involving OCMO, USBP, and hospitals were had on how best to handle the large increase of undocumented aliens (UDAs). USBP manpower issues, CBP medical liability concerns, and medical facility concerns of receiving payment for their services. (A) DC [REDACTED] stated all parties involved were aware these detainees receiving MedPARs would be released to hospital custody and the MedPARs would only provide medical payment until 11:59 pm the same day as the UDA's release. (A) DC [REDACTED] stated she was not aware of this same type of discussion related to 24-hour MedPARs occurring in 2022 (Time Stamp 10:55:00 PDT).

(A) DC [REDACTED] stated there is no good CBP MedPAR guidance currently available, so they have deferred to Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) guidance when needed as IHSC oversees the entire MedPAR program. (A) DC [REDACTED] stated PM [REDACTED] and his team are working on specific CBP MedPAR guidance but she was not certain when it will be completed (Time Stamp 11:02:15 PDT).

From: [REDACTED]
To: [REDACTED]
Subject: FW: MedPAR for same day release from custody
Date: Thursday, April 3, 2025 10:59:40 AM
Attachments: [image001.png](#)
[image004.png](#)

[REDACTED]
(A) Division Chief
Border Health System Division
Office of the Chief Medical Officer
U.S. Customs and Border Protection
[REDACTED]



From: [REDACTED]
Sent: Thursday, October 10, 2024 2:39 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: MedPAR for same day release from custody

We go by the date of release. Time is irrelevant as the MedPar is good until 2359 on that date.

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: [REDACTED]
Sent: Thursday, October 10, 2024 12:27:23 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: MedPAR for same day release from custody

(A) Division Chief
Medical Service Contract/EMR/APIP
Office of the Chief Medical Officer
CBP Headquarters



OFO Medical Liaison

National MedPAR Coordinator
Office of the Chief Medical Officer



"A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent." **Douglas MacArthur**

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From: [REDACTED]
Sent: Tuesday, October 8, 2024 9:51 AM
To: [REDACTED]
Subject: RE: MedPAR for same day release from custody

This goes along with what we are trying to work with the "did not send" function in the EMR. There are stations that are not sending patients to the hospital when recommended by LSGS. If they are lucky, the patient gets dropped off at the hospital instead of the shelter but are released from custody at the time. We have asked OCC on some guidance on how this should work. Eddie is concerned that if someone dies right after drop off, it could look back for the agency. And rightfully so.

I asked him to copy you for the MedPar piece as I was not aware that the authorization was for 24 hours only.

I am just back from my vacation, so I need to catch up on the OCC guidance before we answer. We can also chat later once I am caught up.

Thanks!

[REDACTED]
(A) Division Chief
Medical Service Contract/EMR/APIP
Office of the Chief Medical Officer
CBP Headquarters
[REDACTED]



From: [REDACTED]
Sent: Tuesday, October 8, 2024 7:38 AM
To: [REDACTED]
Subject: RE: MedPAR for same day release from custody

What guidance is he talking about? That conversation took place in June or July (if I remember correctly). Was there another conversation that I am not recalling.

I am not sure we can provide that type of guidance either. But, if they send someone to the hospital on the same day they release them from custody, we are still responsible for that one day of medical bills. We cannot drop the migrant off and not provide a MedPAR, by law, because the MedPAR covers the entire 24-hour period of the day. It doesn't end at a specific time during the day.

Not really sure how to answer [REDACTED] on this one.

Thank you,

[REDACTED]
*OFO Medical Liaison
National MedPAR Coordinator
Office of the Chief Medical Officer*



"A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent." **Douglas MacArthur**

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retransmission, dissemination, or use by anyone other than the intended recipient. If you received this communication in error, please immediately notify the sender and delete or destroy this communication and all attachments.

From: [REDACTED]

Sent: Monday, October 7, 2024 8:57 PM

To: [REDACTED]
[REDACTED]

Cc: [REDACTED]

Subject: MedPAR for same day release from custody

ALCON

Good evening, Ma'am and [REDACTED]

I appreciate your time in discussing the matter earlier regarding individuals being released from custody and requiring transportation to the hospital for medical care in the San Diego Sector Border Patrol. We are seeking clarification on whether a one-day MedPAR is necessary in these cases.

I strongly believe that implementing this guidance nationwide would be greatly benefit the Border Patrol, particularly in San Diego where a significant number of noncitizens have medical needs and are often released on the same day. Many cases are finished before the patient gets transported to the hospital and in many situations right before departing the station.

Example: Noncitizen claims arm hurts and [REDACTED] recommends that the pt be transported to the hospital for a potential broken arm. In the meantime, the file is being worked on and finished.

- Should a MedPAR be created and transport the pt to the ER, considering the NTA was just finished.
- Should the pt be transported to the ER with no MedPAR and released
- Should EMS be called and transport the pt to the hospital with no MedPAR.

All notifications are made to the hospital's same day pt gets released from custody.

Thank you

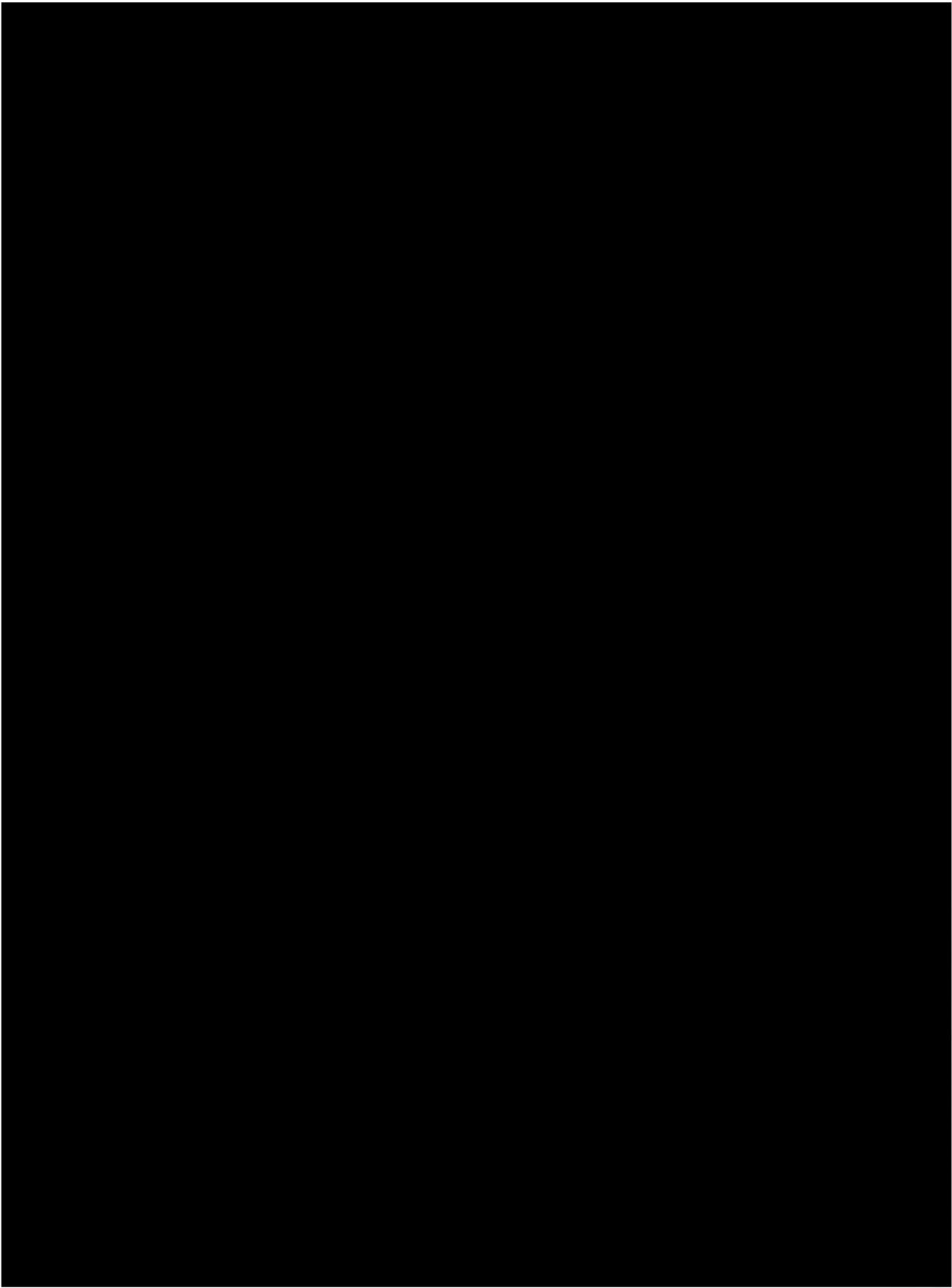
Respectfully,

BPA-P [REDACTED]

U.S. Border Patrol | San Diego Sector
San Diego Sector Juvenile Coordinator
San Diego Sector Medical Coordinator
Task Order Monitor – [REDACTED]
SDC CPC
C [REDACTED]



**U.S. Customs and
Border Protection**



Administrative Warning Acknowledgment for Non-Bargaining Unit Employees

Department of Homeland Security
U.S. Customs and Border Protection

I, [REDACTED], the undersigned employee of U.S. Customs and Border Protection, hereby acknowledge receipt of the Administrative Warning. I understand:

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Employee Name (Print): [REDACTED]

Signature of Employee: [REDACTED]

Date: 4/3/25 Time: [REDACTED]

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility

[REDACTED]
Special Agent
U.S. Customs and Border Protection
Office of Professional Responsibility