Transitioning members with unsatisfactory immigration status to the Medi-Cal fee-for-service delivery system

The Department of Health Care Services has requested that Blue Shield of California Promise Health Plan share the following message with our network providers. Updates from versions 2.0 and 3.0 are included.

Effective **January 1, 2027**, Medi-Cal managed care plan (MCP) members with unsatisfactory immigration status (UIS) will transition to the Medi-Cal Fee-for-Service (FFS) delivery system.

To support a smooth transition for you and your patients, the Department of Health Care Services (DHCS) is providing the following important information regarding provider enrollment, billing, and ongoing care responsibilities.

1. Medi-Cal FFS Enrollment Requirements
To continue to serve Medi-Cal Members transitioning to Medi-Cal FFS, providers must be enrolled in Medi-Cal FFS. To enroll, providers must complete a provider enrollment application with the DHCS Provider Enrollment Division (PED). Although Members will no longer be assigned a Primary Care Provider under Medi-Cal FFS, you may continue to see your patients if you are enrolled in Medi-Cal FFS.

If you are already enrolled in Medi-Cal through PED via Provider Application and Validation for Enrollment (PAVE), you may continue to provide services to your members that have transitioned to Medi-Cal FFS and be eligible for reimbursement under Medi-Cal FFS.

If you are **not currently enrolled** through PAVE, you must submit an application and be approved for enrollment by **January 1, 2027,** to receive reimbursement at Medi-Cal FFS rates in order to begin providing services on January 1, 2027. For more information on PAVE enrollment, please visit https://www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment/.

2. Not Continuing to Serve a Member Who Transitions to Medi-Cal FFS
If you are not planning to continue to care for a member who transitions to Medi-Cal FFS, please ensure that a hand off with appropriate records is shared with your colleague who will continue to care for these patients. Alternative providers available to members post-transition within the Medi-Cal FFS delivery system can be identified using tools including, but not limited to, the DHCS Medi-Cal Fee-for-Service Provider Finder App.

3. Preparing for Medi-Cal FFS Billing
DHCS strongly encourages all providers to familiarize themselves with Medi-Cal FFS billing processes to prepare for billing Medi-Cal FFS after January 1, 2027.

This includes:

- Understanding FFS billing requirements (https://www.dhcs.ca.gov/providers-partners/tar-billing/)
- Reviewing FFS rates (https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?page=1&tab=rates)
- Accessing the Medi-Cal Provider Manual and Provider Bulletins (https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications)

Medi-Cal providers have access to billing and claims assistance through DHCS' California Medicaid Management Information System (CA-MMIS) and its contracted Fiscal Intermediary (FI). CA-MMIS and FI staff can assist providers with questions about paper claim submissions, electronic claim submission, and Treatment Authorization Requests (TARs and electronic-TARs, or eTARs).

Medi-Cal providers can also contact the Telephone Service Center (TSC) by phone at (800) 541-5555 (outside of California, (916) 636-1980), Monday through Friday, except holidays, from 8:00 a.m. to 5:00 p.m. For faster access to TSC resources, Medi-Cal providers can refer to the TSC Main Menu Prompt Options Guide (https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/82E2E926-5998-44E3-A478-965E0B59FFE8/provrelfrm1ref.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO)

4. Support for Transition of Care
While certain care management services, such as Enhanced Care Management and Community Supports, are not covered under Medi-Cal FFS, certain care management, care coordination, or case management services; as well as Community Health Worker (CHW) services are available for coverage and reimbursement when billed in accordance with Medi-Cal coverage policy by eligible providers. Specifically, providers enrolled in Medi-Cal FFS may bill for eligible care management, case management, or care coordination activities using existing Medi-Cal FFS billing codes to receive reimbursement for case management and care management functions. Claims for CHW services must be submitted by an enrolled Medi-Cal supervising provider.

Please reference the Provider Billing Guidance section [below] to find more information on DHCS-identified Medi-Cal FFS alternative services to support transition of care.

Providers are encouraged to **remind members to refill prescriptions before January 1, 2027,** to avoid disruptions.

5. Questions & Support
Blue Shield of California Promise Health Plan will provide additional information as DHCS finalizes transition updates, including:

- Care management applicable billing codes in Medi-Cal FFS
- Member support pathways
- Contact information for DHCS or MCP support channels

FOR PRIMARY CARE PHYSICIANS
Blue Shield Promise will continue to accept referrals and authorize covered services [for members with UIS] through December 31, 2026. For services that are expected to (1) start after October 1, 2026, and continue after January 1, 2027, or (2) start January 1, 2027, DHCS requests that the referrals made by primary care physicians from October 1, 2026, to December 31, 2026, be made to Blue Shield Promise providers who are also enrolled in Medi-Cal FFS, when possible, to minimize disruptions to member care and promote continuity of provider access.

If you have any questions about providing services or submitting claims for members with UIS, please contact Blue Shield Promise Provider Services by telephone at (800) 468-9935, 6 a.m. to 6:30 p.m. PT, Monday through Friday.

RESOURCES

General Medi-Cal FFS Provider Resources

- General information about enrolling as a Provider in Medi-Cal FFS can be found on the For Medi-Cal Providers page.
- Providers that are enrolled in Medi-Cal FFS may access various resources via the Provider Portal. For Providers not yet enrolled in Medi-Cal FFS, there are publicly available resources available on the Provider Portal References Page.
- A Frequently Asked Questions (FAQ) document on completing transition TARs will be published here Medi-Cal Managed Care to Fee-for-Service Transition in the upcoming weeks.
- A Provider Toolkit is available on the Medi-Cal Managed Care to Fee-for-Service Transition webpage and will be updated as new chapters are released.

Medi-Cal FFS Enrollment

- MCPs, Providers and Members can check to see if a Provider is enrolled to bill Medi-Cal FFS: Profile of Enrolled Medi-Cal Fee-for-Service (FFS) Providers
- Medi-Cal FFS Provider types are available here: Provider Enrollment Options
- Requirements for enrollment by specific provider type: Application Information by Provider Type
- New Providers enroll in Medi-Cal FFS by submitting a PAVE application. Tutorials on how to complete the application process are available here: Provider Application and Validation for Enrollment
- Questions about Provider Enrollment can be submitted using the Provider Inquiry form.

Medi-Cal FFS Provider Trainings

Providers can sign up for trainings on Medi-Cal FFS by visiting the Medi-Cal Learning Portal. DHCS will be adding trainings as they are developed so encourages Providers to check regularly for updates. The following trainings are currently planned to support the transition:

Date	Course Title	Start Time	Duration
Tuesday, December 1, 2026	Introduction to Medi-Cal 101	1 p.m.	1 hr. 30 mins
Thursday, December 3, 2026	Medi-Cal Provider Resources 102	10 a.m.	1 hr. 30 mins
Tuesday, December 8, 2026	eTAR Basics	1 p.m.	1 hr. 30 mins
Thursday, December 10, 2026	Medi-Cal Claims Overview and Electronic Methods Live Webinar	10 a.m.	1 hr. 30 mins

PROVIDER BILLING GUIDANCE
[*Excerpted from the DHCS policy guide.]*

Care Management and Supportive Service Billing Guidance
DHCS recognizes the significance of care management and supportive services. Where possible, DHCS hopes that transitioning members currently receiving care management services can continue receiving services with minimal disruption, preferably from the same providers. In this version of the Policy Guide, DHCS provides preliminary guidance on potential billing code options for Medi-Cal FFS providers to use when offering care management services. DHCS will issue additional implementation guidance in a future release regarding which Medi-Cal FFS provider types may submit charges for these codes. **The information and billing codes identified in this section do not guarantee Medi-Cal FFS payment for any provider types.**

Care Management Billing Codes in the FFS Delivery System
In addition to the codes in the following section, DHCS is actively working to identify additional care management billing codes available in Medi-Cal FFS to allow ECM, Community Supports, CCM, and TCS Providers to continue providing care management services to FFS members. Additional details and billing guidance will be issued in a future update to the UIS Transition Policy Guide or a Population Health Management Information Notice. In this effort, DHCS aims to identify options that allow current care management Providers to continue services using similar care teams while also capturing sustainable revenue.

Care Management and Supportive Services Available in Both Managed Care and FFS Delivery Systems
The following benefits and services are available to members in both the Medi-Cal managed care and FFS delivery systems, meaning that current service providers may continue, if enrolled and eligible, to provide services while shifting claim submissions to the Medi-Cal FFS delivery system. These benefits and services may partially or fully meet care management needs for members. Providers should reference all relevant guidance materials to ensure compliance with existing billing requirements, including DHCS billing manuals, the CPT codebook, and relevant CMS guidance.

» **Community Health Worker (CHW) Services**: CHW services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and Substance Use Disorders; the need for preventive services; maternal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic or interpersonal violence by CHWs with the appropriate training; and community violence prevention. CHW services may also be used to support members in meeting redetermination needs to receive public benefits. Refer to Community Health Worker (CHW) Preventive Services for additional program and billing guidance.

» **Psychiatric Collaborative Care Management**: Psychiatric collaborative care management services are reimbursable when billed by the treating physician or other qualified health professional for treatment of a member's mental health or Substance Use Disorder. Refer to Evaluation & Management (E&M) for billing guidance.

» **Comprehensive Perinatal Service Program**: Comprehensive psychosocial services and health education services are reimbursable under program guidance. Refer to Pregnancy: Comprehensive Perinatal Services (CPSP) List of Billing Codes for billing guidance.

» **Doula Services**: Doulas provide members with person-centered, culturally competent care that supports the racial, ethnic, linguistic and cultural diversity of the members while adhering to evidence-based best practices. Refer to Doula Services for billing guidance.

» **Dyadic Services**: Dyadic Services are a unique model of care that are comprised of dyadic behavioral health visits, access to Community Supports services, psychoeducational services, and family training and counseling for child development. Refer to Dyadic Services for billing guidance.

» **Asthma Preventive Services**: Medi-Cal Asthma Preventive Services (APS) includes clinic-based and home-based asthma self-management education, as well as in-home environmental trigger assessments for eligible members of any age, as Medically Necessary. Refer to Asthma Preventive Services (APS) for billing guidance.

Providers interested in continuing to serve transitioning members are responsible for ensuring they are enrolled in Medi-Cal FFS and eligible to provide the services listed above, including reviewing all relevant guidance materials to ensure their compliance with existing Medi-Cal FFS billing requirements.

Care Management Services Not Available in Medi-Cal FFS and with No Identified Alternatives
For members currently receiving care management services that are not covered in Medi-Cal FFS, such as many Community Supports, MCPs must contact these members' current care management providers and direct them to provide transition support no later than November 15, 2026. This support includes coordinating with and making referrals to community-based organizations and other external resources to address member needs and help mitigate the impacts of this transition.