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To: Provider Network

From: IEHP – Provider Communication

Date: September 17, 2026

Subject: **REMINDER - Unsatisfactory Immigration Status (UIS): Medi-Cal Eligibility and Coverage Changes for Members**

Effective **January 1, 2027**, adult IEHP Members with **Unsatisfactory Immigration Status (UIS)** who remain enrolled in full-scope Medi-Cal will transition enrollment to the **Medi-Cal Fee-for-Service (FFS) delivery system.**

These changes will impact member eligibility, covered benefits, and the delivery of services. Providers are encouraged to be aware of these upcoming changes to assist members in understanding the transition, coordinate care, and support the continuity of medically necessary services throughout the transition.

Provider Responsibility

To support a smooth transition for you and your affected members, Providers are encouraged to:

1. Verify your enrollment in Medi-Cal FFS
2. Review member eligibility prior to rendering services to confirm the member's eligibility status
3. Remind members to complete their annual Medi-Cal renewals on time to avoid interruptions in coverage
4. Continue providing medically necessary covered services for eligible members
5. Direct members with eligibility questions to IEHP, or their local county eligibility office:
    - San Bernardino County –1-877-410-8829
    - Riverside County – 1-877-410-8827
    - IEHP Member Services – 1–800–440-4347 (TTY 1-800-718-4347)

The Department of Health Care Services (DHCS) has provided the following information regarding provider enrollment, billing, continuity of care, and ongoing provider responsibilities.

If you are receiving this communication via fax, please refer to the online version to access all links or visit www.providerservices.iehp.org > Resources > Resources for Providers > Medi-Cal Renewal Process

Medi-Cal FFS Enrollment Requirements

If you wish to continue serving IEHP members who transition to Medi-Cal FFS, providers must be enrolled in the Medi-Cal Fee-for-Service program through the **DHCS Provider Enrollment Division (PED).**

Although members transitioning to Medi-Cal FFS will no longer be assigned to a Primary Care Provider through IEHP, providers enrolled in Medi-Cal FFS may continue to render covered services to these members and receive reimbursement under the Medi-Cal FFS program.

If you are currently enrolled in Medi-Cal through the **Provider Application and Validation for Enrollment (PAVE) FFS** process, no additional enrollment action is required.

If you are **not currently enrolled through PAVE**, you must submit a provider enrollment application to DHCS and receive approval **before January 1, 2027**, to receive reimbursement for services provided under Medi-Cal FFS.

For additional information regarding provider enrollment, visit the **DHCS Provider Application and Validation for Enrollment (PAVE)** webpage.

If you are unable to continue caring for transitioning members, please ensure an appropriate transfer of care is completed, including the timely exchange of medical records with the receiving provider to support continuity of care.

A list of providers enrolled in Medi-Cal FFS is available on the California Health & Human Services (CalHHS) webpage > Profile of Enrolled Medi-Cal Fee-for-Service (FFS) Providers.

Preparing for Medi-Cal Fee-for-Service Billing

DHCS encourages providers to review and become familiar with Medi-Cal FFS billing requirements to prepare for submitting Medi-Cal FFS claims beginning January 1, 2027.

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 and electronic claim submissions, as well as Treatment Authorization Requests (TARs) and electronic TARs (eTARs).

Providers may contact the Medi-Cal Telephone Service Center (TSC) for assistance with billing, claims submission, and Medi-Cal Fee-for-Service processes by phone at (800) 541-5555 and refer to the TSC Main Menu Prompt Options Guide.

Providers should review:

- Medi-Cal Fee-for-Service billing requirements: electronic Treatment Authorization Request (eTAR)
- Medi-Cal Fee-for-Service reimbursement rates: Medi-Cal Rates
- The Medi-Cal Provider Manual and Provider Bulletins: Publications
- Treatment Authorization Request (TAR) requirements, when applicable
- Electronic claims submission requirements

Support Continuity of Care

Providers play an important role in ensuring members experience a smooth transition to Medi-Cal FFS. **Remind members to refill prescriptions before January 1, 2027, to avoid disruptions.**

To support continuity of care, providers should:

- Continue providing medically necessary covered services through **December 31, 2026**, under IEHP.
- Discuss the upcoming transition with impacted members.
- Coordinate care with other providers as needed.
- Transfer medical records when a member changes providers.
- Continue serving transitioned members if enrolled as a Medi-Cal FFS provider.

Enhanced Care Management (ECM) and **Community Supports** are not covered benefits under Medi-Cal FFS. Providers enrolled in Medi-Cal FFS may continue to render certain reimbursable care management, care coordination, case management, and Community Health Worker (CHW) services in accordance with Medi-Cal Coverage Policy.

DHCS shared plans to provide links and/or a resource document that includes the available billing codes under FFS. More information to come as available.

Members Affected

Beginning **January 1, 2027**, adult Medi-Cal Managed Care members with **Unsatisfactory Immigration Status (UIS)** who remain eligible for Medi-Cal will transition to the Medi-Cal Fee-for-Service delivery system.

Following the transition:

- Members will no longer receive services through Inland Empire Health Plan (IEHP).
- Covered medical services will be accessed through Medi-Cal Fee-for-Service.
- Pharmacy services will continue through Medi-Cal Rx.
- Managed Care-specific benefits, including Enhanced Care Management (ECM) and Community Supports, will no longer be available through IEHP.

Questions & Support

IEHP 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

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices