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To: Provider Network
From: IEHP – Provider Communication
Date: October 15, 2026
Subject: **Unsatisfactory Immigration Status (UIS): IEHP Coverage Ending and Transition to Medi-Cal Fee-for-Service**

Effective January 1, 2027, Inland Empire Health Plan (IEHP) members with unsatisfactory immigration status (UIS) will transition to the Medi-Cal Fee-for-Service (FFS) delivery system. This change is due to changes in Medi-Cal eligibility requirements.

Many IEHP members and their families will be impacted by this change. As a Medi-Cal provider, IEHP wants to make sure you have the information you need to minimize harm to IEHP members and their families and help avoid disruptions in their care. Here are three important ways you can support IEHP members:

1. **Encourage members to check their mail and voicemail regularly and respond to communications promptly.** Members affected by this change may already have been contacted by mail and automated phone calls with critical information about their health benefits. If they have not been contacted yet, encourage them to continue checking.
2. **Support your patients with any necessary referrals.** IEHP members transitioning to FFS Medi-Cal will need transitional care plans. Schedule needed specialty care visits before January 1, 2027. Members with complex specialty needs, members currently using the Enhanced Care Management benefit, or those using Community Supports will be impacted by this transition.
3. **Refill prescriptions ahead of January 1.** IEHP members transitioning to FFS Medi-Cal may not have access to a provider who can prescribe their medications. IEHP recommends providers write 90-day prescriptions with four refills, which will last a member one year, when clinically appropriate. **Members transitioning to Medi-Cal FFS will continue to have Medi-Cal Rx for medication coverage.**

Primary Care Providers: Contact IEHP if you have specific questions about your assigned members and how best to support them. You may reach us at ProviderServices@iehp.org.

To learn more about immigration status and changes to eligibility please visit the Department of Health Care Services' (DHCS') website here: <https://www.dhcs.ca.gov/immigration-status-and-changes-to-medi-cal-eligibility/>.

Additional information from DHCS regarding provider enrollment, billing, and ongoing care responsibilities is provided below:

1. Medi-Cal FFS Enrollment Requirements

Providers must be enrolled in Medi-Cal FFS to continue to serve Medi-Cal members transitioning to 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 who 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 apply and be approved to enroll by **January 1, 2027**, to receive reimbursement at FFS rates. For more information on PAVE enrollment, please visit <https://www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment/>

Please ensure that a handoff, including appropriate records, is shared with any providers who will continue to care for these patients. A list of providers who are enrolled in Medi-Cal FFS can be found here: <https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers>

2. Preparing for 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

3. Benefit Changes and Support for Transition of Care

Enhanced Care Management and Community Supports are not covered under Medi-Cal FFS. However, certain related services are covered and reimbursable when billed in accordance with the 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 when provided in accordance with Medi-Cal FFS coverage and billing requirements.

DHCS plans to provide links and/or a resource document that includes the available billing codes under FFS. The resource will include lists of potential codes with links to the appropriate provider manual that includes details on billing guidance.

CCS Members

For IEHP Members who receive services through California Children's Services (CCS), please note that CCS authorizations will not be impacted by this transition; CCS will continue to serve these members as usual.

4. Checking Member Eligibility

To check an IEHP member's eligibility, visit the provider portal: <https://providers.iehp.org/account/login>

Under the Eligibility tab in the provider portal, you may search by member last name, IEHP Member ID, Social Security Number, Medicaid ID, or Medicare ID (if applicable) to check eligibility.

5. 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