We heal and inspire the human spirit.

To: Primary Care Physicians (PCPs), Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) & IPAs

From: IEHP-Provider Communication

Date: November 12, 2026

Subject: **Impacted Members Will Transition from IEHP Coverage to DHCS Medi-Cal Fee-for-Service (FFS)**

Effective **January 1, 2027**, IEHP Members with unsatisfactory immigration status (UIS) will lose their IEHP coverage and will transition to the DHCS 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). A**lthough 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 caring for a Member who transitions to Medi-Cal FFS, please ensure that a handoff with appropriate records is shared with your DHCS Medi-Cal Fee-for-Service-enrolled 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**: https://gis.dhcs.ca.gov/apps/CADHCS::fee-for-service-provider-finder-app/explore.

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:

- TAR Billing - Understanding Medi-Cal FFS billing requirements: https://www.dhcs.ca.gov/providers-partners/tar-billing/
- Reviewing Medi-Cal FFS rates: https://mcweb.apps.prd.cammis.medical.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 submissions, and Treatment Authorization Requests (TARs) and electronic TARs (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 (ECM) 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 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. Please assist these impacted members with any necessary referrals, appointment scheduling for specialty care visits, and prescriptions before January 1, 2027, to support continuity of care.

IEHP and our delegated IPAs will continue to process and authorize service requests received through December 31, 2026. For services rendered on or after January 1, 2027, providers should submit a Treatment Authorization Request (TAR) through the DHCS Medi-Cal Fee-for-Service (FFS) TAR process.

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

Additional IEHP resources related to the DHCS Medi-Cal Fee-for-Service (FFS) member transition are available for providers at: www.providerservices.iehp.org > Resources > Resources for Providers > Medi-Cal Renewal Process

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