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To: DualChoice Provider Network & IPAs

From: IEHP – Provider Communication

Date: November 25, 2026

Subject: **DHCS Medi-Cal Fee-for-Service (FFS) Transition - Medicare Impact**

In accordance with the Department of Health Care Services (DHCS) policy guidance and Centers for Medicare & Medicaid Services (CMS) requirements under 42 CFR § 422.74(b)(2)(iv) **effective January 1, 2027**, impacted Members will lose their IEHP coverage and transition to DHCS Medi-Cal Fee-for-Service (FFS).

Important
As part of this transition, **impacted members enrolled in a Medi-Medi | D-SNP Plan will be disenrolled**, as they will no longer meet the plan's enrollment eligibility requirements.

How Medi-Medi | Dual-Eligible Coverage Is Affected

- D-SNP plans that coordinate Medicare and Medi-Cal benefits will be administered separately, with Medi-Cal coverage continuing through DHCS Medi-Cal Fee-for-Service (FFS).
- Transitioning members will automatically move to Original Medicare unless they actively choose a different Medicare plan.

What Providers Need to Know

- **Medicare Eligibility Changes:** Certain members may also lose Medicare eligibility as early as **February 1, 2027**, due to federal eligibility changes, subject to final federal rulemaking.

- **Coverage Options:** Impacted members may qualify for a Special Enrollment Period to select another Medicare Advantage plan, if eligible.

- **Continuity of Care:** Providers and IPAs are required to continue rendering covered services through December 31, 2026, support IEHP's transition efforts, and assist impacted members with ongoing care coordination. Providers should:
    - Ensure that relevant medical records are available to support care transitions and review medication needs with members in advance of January 1, 2027.
    - Facilitate medically appropriate prescription refills as needed to help avoid interruptions in care during the transition.
    - PCPs and IPAs may access the Secure Provider Portal > Assigned Roster tab to identify D-SNP members impacted by the DHCS Medi-Cal Fee-for-Service (FFS) transition. This information may be used to support transition planning, care coordination, and continuity-of-care efforts for

affected members.

Transition of Care Requirement

As part of DHCS Transition of Care requirements, **providers and IPAs must, upon request, provide transition-of-care information** necessary to support a member's transition from Medi-Cal Managed Care to Medi-Cal Fee-for-Service (FFS). This may include active care plans, treatment plans, open authorizations, and other care coordination information necessary to ensure continuity of care throughout the transition.

Member Assistance and Resources
Providers may refer members seeking assistance with Medicare coverage options to:

- **Health Insurance Counseling and Advocacy Program (HICAP):** 1-800-434-0222
- **Medicare and Medi-Cal Ombudsperson Program (MMOP):** 1-855-501-3077

Visit the **DHCS Fee-For-Service Transition: Information For People With Medicare and Medi-Cal** webpage for more information: https://www.dhcs.ca.gov/medi-cal/updates/fee-for-service-transition/information-for-people-with-medicare-and-medi-cal/

Additional 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