

# Virtual Meeting Tips



Use either a computer or phone for audio connection.



Mute your line when not speaking.



Members are encouraged to turn on their cameras during the meeting.



For questions or comments, email [voicesandvisioncouncil@dhcs.ca.gov](mailto:voicesandvisioncouncil@dhcs.ca.gov).

# Medi-Cal Voices and Vision Council Meeting

Tuesday, June 23, 2026

# Welcome and Opening

# Language Justice

- » One person speaks at a time
- » Speak slowly and clearly
- » Pause when asked by meeting facilitators
- » Avoid acronyms
- » Ask questions if you need clarification

# Community Norms

- » Embrace an honest, brave, and kind space.
- » Choose collaboration.
- » **Everyone participates, no one dominates.**
- » Acknowledge and respect differing views, opinions, and experiences.
- » **Practice active listening. Don't interrupt or assume; ask for clarification.**
- » **Avoid acronyms, and if we have acronyms and program names, we will explain the acronym or program before having a conversation as a group.**
- » There are no "stupid questions." We all have different levels of understanding and different perspectives.
- » Speak your truth, without blame or judgement.
- » Attack the problem, not the person – no blame game.
- » **Be intrigued by the differences you hear.**
- » Check egos and titles at the door.
- » Please share what you need in order to feel comfortable and welcomed here.
- » Support each other and learn together as we go.
- » Stay on task, no side conversations.
- » What happens here, stays here. What's learned here leaves here.
- » **Identify pending issues and agreements at the end of the meeting.**
- » Identify actions that result from decisions.

# Agenda

<b>5:30 – 6:00</b>	Welcome and Opening
<b>5:55 – 6:05</b>	Chairperson Interest Statements
<b>6:05 – 6:30</b>	Transition of Unsatisfactory Immigration Status Medi-Cal Members to Fee-for-Service Briefing
<b>6:30 – 7:20</b>	Group Discussion and Member Feedback
<b>7:20 - 7:25</b>	Public Comment
<b>7:25 – 7:30</b>	Closing Remarks

# Disclose Conflict of Interest

- » What is a conflict of interest?
  - When someone has a personal, professional, or financial interest that makes it hard to participate in a fair way.
- » If you have a conflict of interest, we will provide the space for you to state your situation, and we will move forward.

# Recommendations Voting

# Chairperson Interest Statements

# Chairperson Election Process

**The Chairperson shall be selected from among the Voices and Vision Council members by a majority vote, in accordance with the process outlined below:**

1. Before the meeting, when the election will take place, DHCS notified committee members and invited those interested in running for Chairperson to express their interest.
2. During this Voices and Vision Council meeting, each candidate will be given 1-2 minutes to briefly share why they are interested in serving as Chairperson.
3. Following today's meeting, Voices and Vision Council members will cast their votes confidentially by a specified deadline via an anonymous online form. Voting will not take place during the meeting. Votes must be submitted within two (2) days of the meeting.
4. Each committee member can vote once, and the nominee who has the most votes shall be elected as chairperson. If there is a tie vote, voting will continue until majority wins.
5. DHCS will notify all Voices and Vision Council members of the election results and confirm the new Chairperson within five (5) days of the election period's end.

# Transition of Unsatisfactory Immigration Status Medi-Cal Members to Fee-For-Service

Yingjia Huang, Deputy Director, Health Care Benefits & Eligibility

# What We'll Cover

1. Federal Guidance
2. Fee-for-Service
3. What this Means for some Medi-Cal Members
4. Breakout Room Discussion

# Federal Guidance



Approximately  
2 million Medi-Cal  
members will be  
impacted.

- » This change is required by new federal guidance issued by the Centers for Medicare and Medicaid Services and is outlined in the [State Medicaid Director Letter](#).
- » On January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status will be moved from Medi-Cal Managed Care to Fee-For-Service.

# What is Fee-for-Service and How Do Members Get Health Care?



- » Benefits are not coordinated by a health plan; there is no assigned care team or “medical home.”
- » Members will need to find and verify Medi-Cal providers who are currently accepting new patients.
- » Members will need to take with them their Medi-Cal Beneficiary Identification Card also known as “BIC card.”

# Who Are The Medi-Cal Members Being Impacted By This Guidance?

## **Impacted Populations:**

Medi-Cal members with Unsatisfactory Immigration Status:

- » All undocumented immigrants—including children and pregnant people
- » Lawful Permanent Residents (Green Card Holders) who have been in the U.S. for less than five years.
- » Permanently Residing Under Color of Law (PRUCOL), non-citizens living in the U.S. with the knowledge and permission of immigrations authorities (such as those with pending asylum or stay of deportation) while they wait for a final status.

## **Not Impacted Populations:**

- » U.S. Citizens
- » Other immigrants:
  - Lawful Permanent Residents (Green Card Holders) who have been in the U.S. for five (5) years or more

# What This Means for Medi-Cal Members



Members are **not** losing coverage.  
The way they get care is changing.

- » Members who are not impacted will continue to receive full scope medical services, mostly through Medi-Cal managed care plans.
- » Impacted members will automatically transition to Medi-Cal Fee-For-Service starting January 1, 2027.
- » Impacted members will lose access to some services that are only available through managed care, including Community Supports and Enhanced Care Management.

# What Won't Change for UIS Members

» Members with full-scope Medi-Cal will keep their medical, mental health, and substance use disorder coverage.

» Pharmacy benefits will continue to be provided through Medi-Cal Rx.

» Dental services will continue for children and pregnant women, former foster youth, and foster care children.

# Steps DHCS is Taking

- » DHCS is committed to working closely with Medi-Cal members, managed care plans, providers, and community partners to support members throughout this transition.
  - DHCS is drafting a UIS Transition Policy Guide which is intended to be a "one stop shop" to help guide MCPs during this transition. The first version will be released in July and updated on a flow basis as additional guidance is finalized.
- » DHCS will be responsible for formal member noticing
- » DHCS will help members understand what this change means for their care by ensuring they know how to:
  - Continue getting services, and
  - Find Fee-For-Service providers

# What This Means for Plans and Providers

## Managed Care Plans (MCPs)

- » MCPs to prepare their internal operations such as their member and provider call centers to assist callers in understanding this change and resources available to them.
- » MCPs to assist with provider communication and outreach through provider portal postings and other provider-facing communication channels as appropriate.
- » MCPs to work with DHCS to share data to support transitions of care and help minimize care disruption (especially for special/vulnerable populations) to the extent possible.
- » MCPs to support continued provider access by leveraging DHCS draft communication templates to network providers.

## Providers

- » Providers who do not regularly use FFS billing systems will need to reacquaint themselves with FFS billing steps and update their office systems.
- » Federally Qualified Health Centers (FQHCs) will shift to FFS billing for medical care and begin using California Dental Medicaid Management Information System (CD-MMIS) for dental claims.
- » In areas with fewer FFS providers, existing FFS clinics may see an increase in appointment requests as members transition.
- » Transportation companies will begin billing through the FFS billing system for these members.



## Clarification Questions

# MMAC Meeting Key Takeaways

# Group Discussion and Member Feedback

# Public Comment

# Public Comment Guidelines

- » During public comment, we do not answer questions but simply listen to public comments.
- » All public comments are recorded in the meeting minutes.
- » Please state your name and organization.
- » Please keep your comments concise and limited to 1 minute.
- » If you would like to make a public comment, use the “raise hand” feature in Teams.

# Closing Remarks

# Upcoming Meeting Dates

## **MMAC:**

- » Wednesday, September 16, 2026, from 5:30 - 7:30 p.m.
- » Virtual via Teams
- » Closed to the public

## **Medi-Cal Voices and Vision Council:**

- » Wednesday, September 30, 2026, from 5:30 - 7:30 p.m.
- » Virtual via Teams
- » Closed to the public

# 2026 Voices and Vision Council Meeting Dates



- » March 18, 2026 – *Open to the public*
- » June 23, 2026 – *Open to the public*
- » September 30, 2026
- » December 16, 2026

Thank you!



# Appendix

The image features the word "Appendix" centered in a dark blue, sans-serif font. Below the text, there are two thick, wavy lines that span the width of the page. The top line is a medium teal color, and the bottom line is a darker navy blue. Both lines have a smooth, undulating path, creating a decorative border at the bottom of the page.

# Glossary

- » Centers for Medicare and Medicaid Services (CMS)
- » Enhanced Care Management (ECM)
- » Fee-For-Service (FFS)
- » Federal Financial Participation (FFP)
- » Medi-Cal Managed Care (MC)
- » Managed Care Plans (MCPs)
- » Permanently Residing Under Color of Law (PRUCOL)
- » Primary Care Provider (PCP)
- » Unsatisfactory Immigration Status (UIS)

# Fee-For-Service versus Managed Care

Features	Fee-For-Service	Managed Care Plans
<b>Who is in charge?</b>	DHCS pays doctors/providers directly for each visit.	A Health Plan (county or private) is paid a flat monthly fee to manage care.
<b>Provider Network</b>	Any doctor/provider in California who bills Medi-Cal.	Doctors/providers within the plan's specific network.
<b>Primary Care</b>	No main doctor required. Members can visit different doctors as needed.	One main doctor. Members have one "Primary Care Provider" (PCP) who handles basic care.
<b>Choosing a Primary Care Doctor</b>	Independent Search. Members find a doctor and ask if they take FFS.	Members pick a PCP from the plan's list. If they don't, the plan picks for them.
<b>Seeing a Specialist</b>	Direct Access. Members can book appointments themselves.	Members generally need a referral from their primary doctor.
<b>How Care is Managed</b>	Self-Managed. Members manage their own appointments and records.	Care Manager/ Team. Plans offer staff to help coordinate care and find resources.

# Managed Care Plans

- » Managed care plans (MCPs) organize care, provide a network of providers, and offer additional benefits not available in fee-for-service, such as Enhanced Care Management (ECM) and Community Supports.
  - ECM provides intensive care coordination for members with complex needs.
  - Community Supports address health-related social needs like housing navigation support for individual who are experiencing homelessness and medically supportive foods for people with clinical needs
- » Today, about 95 percent of Medi-Cal members receive care through managed care plans

# Medi-Cal Member Resources

- » Complaints and Appeals in Fee-For-Service
  - [How to File a Complaint](#)
  - [How to File an Appeal](#)
- » [What Medi-Cal Member Need to Know](#)