FEE-FOR-SERVICE TRANSITION

FREQUENTLY ASKED QUESTIONS FOR PROVIDERS

As California transitions certain Medi-Cal members to Fee-for-Service (FFS) Medi-Cal on January 1, 2027, providers play a key role in supporting their patients. Learn what is changing, what is not, and how to prepare.

Which patients are moving to FFS?

Beginning January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status (UIS) will move from Medi-Cal managed care to Medi-Cal FFS. This applies to people who do not meet federal Medicaid eligibility criteria, including:

- Undocumented individuals
- Some lawful permanent residents (green card holders) who are still in the federal five-year waiting period before they qualify for full-scope federally funded Medicaid
- People considered to be Permanently Residing Under Color of Law (PRUCOL), meaning they are allowed to stay in the U.S. even if they don't have formal immigration status

Will these patients lose their Medi-Cal coverage?

No. Coverage does not end. Members will keep full-scope Medi-Cal if they renew on time. What changes is how they receive care: They will no longer be enrolled in a Medi-Cal managed care plan.

What should providers tell patients?

Providers may tell patients:

- "You are not losing Medi-Cal. How you get care is changing."
- "You will use your Beneficiary Identification Card (BIC) instead of a health plan card."
- "Ask your doctor or clinic if they take Medi-Cal FFS."
- "Renew your Medi-Cal on time to keep your coverage."

- "Medi-Cal will send letters with more information."
- "If you need help finding Medi-Cal FFS providers or understanding this change, call the Medi-Cal Help Line at 1-800-541-5555."
- The Find Doctors and Services online tool will be updated in September with more user-friendly features to make it easier for members to find providers, and it will continue to be improved throughout the transition.

What services will not be offered in FFS?

The following managed care-only benefits are not available in FFS:

- Enhanced Care Management: Comprehensive care management for members with complex needs
- Community Supports: Non-clinical services such as housing navigation and medically tailored meals

What services continue in FFS?

The following services remain available:

- All medically necessary Medi-Cal covered benefits
- Pharmacy benefits through Medi-Cal Rx
- Community Health Worker (CHW) services delivered by enrolled FFS providers
- Other care coordination services such as chronic care management or doula services
- Home- and community-based waiver services, including the Assisted Living Waiver (ALW) and the Home and Community-Based Alternatives (HCBA) Waiver
- Dental care, following county-specific delivery systems:
    - Los Angeles and Sacramento: Dental Managed Care continues
    - San Mateo: Dental Managed Care ends December 31, 2026; members move to Dental FFS on January 1, 2027.
    - All other counties: Dental FFS continues
- People enrolled in the Program of All-Inclusive Care for the Elderly (PACE), which provides coordinated medical and long-term care for eligible older adults, will remain in PACE.
- County Behavioral Health Plans will continue providing specialty mental health and substance use disorder treatment.

- Non-specialty mental health services such as therapy, counseling, medication follow-up, and psychological testing, will continue in Medi-Cal FFS. Members can get these services from any Medi-Cal FFS provider who offers them.

Can providers continue caring for their patients after the transition?

Yes, if they are enrolled as Medi-Cal FFS providers. Patients may see any provider enrolled in and accepting Medi-Cal FFS. The Find Doctors and Services online tool will be updated in September with more user-friendly features to make it easier for members to find providers, and it will continue to be improved throughout the transition.

Providers who only bill through managed care and are not enrolled in Medi-Cal FFS will not be able to care for UIS members after December 31, 2026.

Managed care plans may help identify which existing providers are enrolled in FFS.

What should providers do now to prepare?

Providers should:

- Check their PAVE enrollment and ensure they are enrolled in Medi-Cal FFS
- Confirm all enrollment, screening, and revalidation requirements are current
- Review FFS billing requirements, including Treatment Authorization Requests (TARs)
- Update capacity information to reflect whether they are accepting new FFS patients

How will claims and authorizations change?

- Claims will be billed directly to DHCS, not to managed care plans
- Some services will require TARs under FFS
- Durable medical equipment, supplies, and transportation may require new authorizations.

What about transitions of care?

DHCS aims to minimize disruptions by supporting continuity with existing providers enrolled in FFS, coordinating with MCPs to support members with ongoing or scheduled

treatment needs, and providing clear guidance to members through notices and outreach materials.

DHCS will also establish new care coordination and navigation services. This includes the Medi-Cal Fee-for-Service Nurse Advice Line, beginning in January, supported by clinical and non-clinical staff who can help members understand their care needs and connect with FFS providers. DHCS will also fund clinic- and community-based navigators who provide culturally and linguistically appropriate assistance, including help finding providers, understanding benefits, and accessing services.

Will providers receive DHCS technical assistance?

Yes. DHCS will provide ongoing support, including:

- PAVE enrollment guidance and tutorials
- FFS billing, claims, and TAR training via the Medi-Cal Learning Portal
- Provider bulletins, manuals, and FAQs
- Toolkits summarizing billing requirements, CHW pathways, and transition steps
- Updates through MCP communications, DHCS bulletins, and the Medi-Cal Subscription Service