

PROVIDER Bulletin



August 20, 2026

This Provider Bulletin applies to the lines of business and provider types checked below:

☐ PHP (Medicare) ☒ Primary Care Physicians ☒ Specialists
☒ PHC (Medicaid) ☒ Hospitals ☐ Ancillary ☐ AHF Grants

Purpose of This Bulletin

The California Department of Health Care Services (DHCS) has announced that effective January 1, 2027, Medi-Cal Members with Unsatisfactory Immigration Status (UIS) will transition from Medi-Cal Managed Care to the Medi-Cal Fee-for-Service (FFS) delivery system. Affected Members will receive mail notifications from DHCS by early December 2026.

To support our providers and ensure continuity of care for affected Medi-Cal Members, PHC California issues the following information regarding FFS enrollment, billing requirements, and transition-of-care responsibilities.

Medi-Cal FFS Enrollment Requirements

Providers who wish to continue serving affected Medi-Cal Members must be enrolled in Medi-Cal FFS through the DHCS Provider Enrollment Division (PED). Members will no longer be assigned a Primary Care Provider under Medi-Cal FFS; however, Medi-Cal FFS-enrolled providers may continue providing care and receive reimbursement for covered services.

Already Enrolled Through PAVE?

If you are currently enrolled in Medi-Cal through the **Provider Application and Validation for Enrollment (PAVE)** system, no additional enrollment action is required to continue serving these members under Medi-Cal FFS.

Not Yet Enrolled?

Providers not currently enrolled through PAVE must submit an enrollment application and receive approval by **January 1, 2027**, to be eligible for reimbursement under Medi-Cal FFS.

PAVE Enrollment:

<https://www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment/>

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Providers who do not intend to enroll in Medi-Cal FFS should coordinate appropriate transition-of-care activities and transfer of medical records to ensure uninterrupted care for affected members.

Directory of Enrolled Medi-Cal FFS Providers:

<https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers>

Preparing for Medi-Cal FFS Billing

PHC California encourages all providers to familiarize themselves with Medi-Cal FFS billing processes before the January 1, 2027, transition date.

- Understanding [FFS billing requirements](https://www.dhcs.ca.gov/providers-partners/tar-billing/) (<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) (<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) (<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications>)

Billing Support Available

Providers may receive assistance through DHCS' California Medicaid Management Information System (CA-MMIS) and Fiscal Intermediary (FI) for:

- Paper claims submissions
- Electronic claims submissions
- Treatment Authorization Requests (TARs)
- Electronic Treatment Authorization Requests (eTARs)

Telephone Service Center (TSC)

Phone: (800) 541-5555

Outside California: (916) 636-1980

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding holidays.

Support for Transition of Care

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Although **Enhanced Care Management (ECM)** and **Community Supports** are not covered benefits under Medi-Cal FFS, providers may continue to receive reimbursement for certain care management, care coordination, case management, and community health worker services when billed in accordance with Medi-Cal coverage policy.

DHCS has indicated that additional billing guidance and resources will be released. Examples of currently identified billing codes include:

Community Health Workers (CHWs)

- CPT: 98960, 98961, 98962
- HCPCS: G0019, G0022

Doula Services

- CPT: 59409, 59612, 59620, 59840
- HCPCS: Z1032, Z1034, T1033, T1032, Z1038

Principal Care Management / Chronic Care Management

- CPT: 99424, 99425, 99426, 99427, 99490, 99491, 99437, 99439
- HCPCS: G0506

Case Management

- CPT: 99366, 99368
- HCPCS: G9012 (HCBS/JI only)

Behavioral Health Integration Care Management

- CPT: 99484 (JI only)

Transitional Care Management

- CPT: 99439 (JI only)

Targeted Case Management

- HCPCS: T1017

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Psychiatric Collaborative Care Management

- CPT: 99492, 99493, 99494

Comprehensive Perinatal Services Program (CPSP)

- HCPCS: Z1032, Z6500, Z6200, Z6202, Z6204, Z6206, Z6208, S0197, Z6300, Z6302, Z6304, Z6306, Z6308, Z6400, Z6402, Z6404, Z6406, Z6408, Z6410, Z6412, Z6414

Pharmacy and Medication Continuity

Medi-Cal Members transitioning to the FFS delivery system will continue to receive coverage for pharmacy-dispensed prescription medications through Medi-Cal Rx. Please encourage your affected patients to **refill prescription medications before January 1, 2027**, as a precaution to avoid disruptions during the transition.

Additional Information Forthcoming

As DHCS finalizes transition activities, additional information will be made available regarding:

- Care management billing codes available under Medi-Cal FFS
- Member assistance and support pathways
- DHCS and health plan support resources
- Additional provider education and guidance

Questions?

Please contact your Provider Relations Representative with any questions regarding this transition or visit the DHCS provider resources website for the latest information at CAPR@aidshhealth.org

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