ALAMEDA Alliance FOR HEALTH

Phone Number: **1.510.747.4500**
www.alamedaalliance.org

1240 South Loop Road
Alameda, CA 94502

August 17, 2026

Dear Provider Network,

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We have an important announcement that we would like to share with you.

Effective **Friday, January 1, 2027**, Medi-Cal managed care plan (MCP) members with unsatisfactory immigration status (UIS) will transition to the Medi-Cal fee-for-service (FFS) delivery system.

The UIS transition will not take away eligibility for Medi-Cal from current members with UIS; however, it will change how these affected members navigate their health care beginning **Friday, January 1, 2027**. Instead of having a Medi-Cal MCP that helps coordinate care, these members can see any provider, including doctors, clinics, or hospitals, that accept Medi-Cal FFS. The State will pay providers directly for each service.

After Friday, January 1, 2027, members with UIS will lose access to some services, such as Community Supports (CS) and Enhanced Care Management (ECM), that are only available through managed care. County Behavioral Health Plans (BHPs) are not impacted by the new federal guidance. Members with UIS will continue to receive behavioral health care services through BHPs. In addition, specific services that have been carved out of Medi-Cal MCPs (such as the Alliance), such as pharmacy benefits that members received through Medi-Cal Rx, will not be affected.

To support a smooth transition for you and your patients, the California Department of Health Care Services (DHCS) is asking us to provide important information regarding provider enrollment, billing, and ongoing care responsibilities. Enclosed are Medi-Cal UIS Transition Frequently Asked Questions (FAQ) with details on provider, enrollment, and billing.

The Alliance will provide additional information as DHCS finalizes transition updates, including:

- Care management applicable billing codes in Medi-Cal FFS
- Contact information for DHCS or Medi-Cal Plan support channels
- Member support pathways

The Alliance will continue to provide updates, reminders, and information about the UIS transition as we receive updates.

Sincerely,
Alameda Alliance for Health

Enclosures:

- Medi-Cal Unsatisfactory Immigration Status (UIS) Transition – Frequently Asked Questions (FAQs)

Medi-Cal Unsatisfactory Immigration Status (UIS) Transition – Frequently Asked Questions (FAQs)

Q: Who is a member with unsatisfactory immigration status (UIS)?

A: Members who have been identified by the California Department of Health Care Services (DHCS) as having unsatisfactory immigration status (UIS). These members identified with UIS will transition from a Medi-Cal managed care plan (MCP), such as the Alliance, to the Medi-Cal fee-for-service (FFS) delivery system.

Q: How will impacted members be notified of this transition?

A: DHCS will mail one (1) notice to impacted members to inform them of their UIS transition. The notice will have a link to a Notice of Additional Information (NOAI) that will be posted on the DHCS website and accessible through a Quick Reference (QR) code included on the notices. Members are expected to receive the notice by Tuesday, December 1, 2026.

Q: How can members report address changes promptly to ensure the notice goes to the right mailing address?

A: Please remind members that their mailing address needs to be current and accurate with the county Medi-Cal office. To find their local Medi-Cal office, members can visit **www.dhcs.ca.gov/services/medi-cal-resources/county-offices**.

Q: How can a provider determine if they can continue to see a member once they have been transitioned to Medi-Cal FFS?

A: 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). Although members will no longer be assigned a primary care provider (PCP) 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 do not need to take any additional action and may continue to provide services to your members who 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 apply and be approved and enrolled in Medi-Cal FFS by Friday, January 1, 2027, to receive reimbursement at FFS rates.

For more information on PAVE enrollment, please visit **www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment**.

Please ensure that a handoff with appropriate records is shared with your colleague who will continue to care for these patients. A list of providers who are enrolled in Medi-Cal FFS can be found at **https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers**.

Q: Where can I find more information about FFS billing or prepare for FFS billing:

A: DHCS strongly encourages all providers to familiarize themselves with the Medi-Cal FFS billing processes to prepare for Medi-Cal FFS billing after Friday, January 1, 2027.

This includes:

- Accessing the Medi-Cal Provider Manual and Provider Bulletins – **https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications**
- Reviewing FFS rates – Understanding FFS billing requirements – **https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?page=1&tab=rates**
- Understanding FFS billing requirements –
    - **www.dhcs.ca.gov/providers-partners/provider-directory-requirements-for-medi-cal-fee-for-service-providers**
    - **www.dhcs.ca.gov/providers-partners/tar-billing**

Q: Are there services that are NOT covered under Medi-Cal FFS?

A: Yes, Enhanced Care Management (ECM) and Community Supports (CS) are not covered under Medi-Cal FFS. However, DHCS has confirmed that certain care management, care coordination, or case management services, as well as community health worker 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.

Q: What billing codes are reimbursable for case management and care management Functions that are covered under Medi-Cal FFS?

A: DHCS plans to provide additional information, such as links and/or a resource document that includes the available codes for billing purposes under FFS.

The resource will include lists of potential codes, such as the ones listed below, with links to the appropriate provider manual that includes details on billing guidance:

- Case Management:
    - CPT codes 99366, 99368, G9012 (HCBS/JI only)
- Community Health Workers (CHWs):
    - CPT codes 98960, 98961, and 98962
    - HCPCS codes G0019 and G0022
- CPSP:
    - HCPCS codes Z1032, Z6500, Z6200, Z6202, Z6204, Z6206, Z6208, S0197, Z6300, Z6302, Z6304, Z6306, Z6308, Z6400, Z6402, Z6404, Z6406, Z6408, Z6410, Z6412, and Z6414
- Doula:
    - CPT codes 59409, 59612, 59620, and 59840
    - HCPCS codes Z1032, Z1034, T1033, T1032, and Z1038
- General Behavioral Health Integration Care Management:
    - CPT code 99484 (JI only)
- Principal Care Management/Chronic Care Management:
    - CPT codes 99424, 99425, 99426,99427, 99490, 99491, 99437, and 99439
    - HCPCS code G0506
- Psychiatric Collaborative CM services:
    - CPT code 99492, 99493, and 99494
- Targeted CM:
    - HCPCS code T1017

- Transitional Care Management Services:
    - CPT code 99439 (JI only)

Q: How will this impact prescription medications?

A: Members will continue to receive pharmacy services from the broader Medi-Cal FFS pharmacy network under the Medi-Cal Rx program. However, providers are encouraged to remind members to **refill prescriptions before Friday, January 1, 2027**, to avoid disruptions during the transition period.

Q: Are there any services provided through Medi-Cal that are not changing with this transition?

A: DHCS has informed us that the following services will not change:

1. **Pharmacy benefits through Medi-Cal Rx:** Medi-Cal Rx refers to the collective pharmacy benefits and services that are administered through the Medi-Cal FFS delivery system for all Medi-Cal members, including those enrolled in Medi-Cal MCPs. Members will continue to receive pharmacy services from the broader Medi-Cal FFS pharmacy network under the Medi-Cal Rx program.
2. **Behavioral Health Services:** Members receiving Specialty Mental Health Services (SMHS) or Substance Use Disorder (SUD) treatment through a county behavioral health provider will continue to receive care through the same provider(s). For Alameda County, this includes Alameda County Behavioral Health (ACBH).

    - ACBH – **https://health.alamedacountyca.gov/department/behavioral-health-department**
    - ACBH Crisis Services Line: **1.510.891.5600**
    - ACBH Mental Health Referral Line: **1.800.491.9099**

3. **California Children's Services (CCS) Program – Excluding Whole Child Model (WCM):**

    - Members enrolled in CCS will remain in the program and may continue to receive care through the same CCS-paneled provider(s). Any care or services received outside of CCS may transition to Medi-Cal FFS providers.
    - Members enrolled in CCS through WCM will have medical case management functions for CCS-eligible conditions transitioned to the county CCS Programs.

    Members with UIS enrolled in a WCM MCP will remain enrolled in the CCS Program. Case management services and adjudications of service authorization requests will shift to the County CCS Program. Members' care will transition from their WCM MCP to a Medi-Cal FFS provider. To support the transition, DHCS is partnering with WCM counties and MCPs to shift care management functions of members with UIS to the County CCS Program.

Q: How will the Alliance support the UIS transition?

A: The Alliance and other Medi-Cal Plans will be working closely with FFS Medi-Cal to support the transition of members with UIS to Medi-Cal FFS by providing timely and accurate member information, care management data, authorization information, and other records necessary to facilitate continued access to services.

Medi-Cal Unsatisfactory Immigration Status (UIS) Transition – Frequently Asked Questions (FAQs)

Q: How can we get more information about the UIS transition?

A: DHCS has provided some resources with more details:

General Medi-Cal FFS Provider Resources:

- General information about enrolling as a Provider in Medi-Cal FFS – **dhcs.ca.gov/services/medi-cal-resources/for-medi-cal-providers-for-medi-cal-providers**
- Providers who are enrolled in Medi-Cal FFS may access various resources via the Provider Portal. Resources for providers who have not yet enrolled in Medi-Cal FFS – **https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references**.

Medi-Cal FFS Enrollment:

- DHCS form to submit questions about provider enrollment – **https://cadhcs-gov.workflowcloud.com/forms/85836a2f-9c23-4bce-9394-f47bf6a6c5d6**
- MCPs, providers, and members can check to see if a Provider is enrolled to bill Medi-Cal FFS – **https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers**
- Medi-Cal FFS provider types – **www.dhcs.ca.gov/providers-partners/provider-enrollment-options**
- New providers can enroll in Medi-Cal FFS by submitting a PAVE application. Tutorials on how to complete the application process – **www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment**
- Requirements for enrollment by specific provider type – **www.dhcs.ca.gov/providers-partners/application-information-by-provider-type**