PARTNERSHIP HEALTHPLAN of CALIFORNIA A Public Agency

4665 Business Center Drive
Fairfield, California 94534

August 21, 2026

Dear Provider:

Effective **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. Partnership UIS members are included in this transition to state administered Medi-Cal FFS.

To support a smooth transition for you and your patients, the Department of Health Care Services (DHCS) is providing the following important information regarding provider enrollment, billing, and ongoing care responsibilities.

1. Medi-Cal FFS Enrollment Requirements

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, known as Provider Application and Validation for Enrollment (PAVE) with the DHCS Provider Enrollment Division (PED). Although members will no longer be assigned a primary care provider 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 FFS through PED via PAVE, you may continue to provide services to your members that 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 submit an application and be approved to enroll by **January 1, 2027,** in order to receive reimbursement at FFS rates. For more information on PAVE enrollment, please visit: https://www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment/.

If you are not enrolled in Medi-Cal FFS by January 1, 2027, please ensure that a hand-off with appropriate records is shared with a colleague who will continue to care for these patients. A list of providers who are enrolled in Medi-Cal FFS can be found here: https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers.

2. Preparing for FFS Billing

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

This includes:

- Understanding FFS billing requirements (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)
- Accessing the Medi-Cal Provider Manual and Provider Bulletins (https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications)

Medi-Cal providers have access to billing and claims assistance through DHCS' California Medicaid Management Information System (CA-MMIS) and its contracted Fiscal Intermediary (FI). CA-MMIS and FI staff can assist providers with questions about paper claim submissions, electronic claim submission, and Treatment Authorization Requests (TARs and electronic-TARs, or eTARs).

Medi-Cal providers can also contact the Telephone Service Center (TSC) by phone at **(800) 541-5555** (outside of California, **(916) 636-1980**), Monday through Friday, except holidays, from 8 a.m. to 5 p.m. For faster access to TSC resources, Medi-Cal providers can refer to the TSC Main Menu Prompt Options Guide: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/82E2E926-5998-44E3-A478-965E0B59FFE8/provrelfrm1ref.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

3. Support for Transition of Care

While Enhanced Care Management and Community Supports are not covered under Medi-Cal FFS, certain care management, care coordination, or case management services, as well as community health worker services (CHWs), 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.

DHCS plans to provide 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.

- CHWs: CPT codes 98960, 98961, and 98962. HCPCS codes G0019 and G0022.
- Doula: CPT codes 59409, 59612, 59620, and 59840. HCPCS codes Z1032, Z1034, T1033, T1032, and Z1038.
- Principle care management/chronic care management: CPT codes 99424, 99425, 99426,99427, 99490, 99491, 99437, 99439; HCPCS code G0506
- Case management: CPT codes 99366, 99368, G9012 (HCBS/JI only)

- General behavioral health integration care management: CPT code 99484 (JI only)
- Transitional care management services: CPT codes 99439 (JI only)
- Targeted case management: HCPCS code T1017
- Psychiatric collaborative case management services: CPT code 99492, 99493, 99494
- Comprehensive Perinatal Services Program: HCPCS codes Z1032, Z6500, Z6200, Z6202, Z6204, Z6206, Z6208, S0197, Z6300, Z6302, Z6304, Z6306, Z6308, Z6400, Z6402, Z6404, Z6406, Z6408, Z6410, Z6412, and Z6414.

Providers are encouraged to **remind members to refill prescriptions before January 1, 2027,** to avoid disruptions.

4. Questions & Support

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

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

Sincerely,

Provider Relations Department
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For more information and updates, visit **PartnershipHP.org/providers** or scan the QR-code: