Supporting members with unsatisfactory immigration status

The Department of Health Care Services has requested that Blue Shield of California Promise Health Plan share the following message with our network ECM, CICM, Community Supports, CCM, TCS, and CHW providers.

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.

As further outlined in this document, Enhanced Care Management (ECM), California Integrated Care Management (CICM), Community Supports, Complex Care Management (CCM), Transitional Care Services (TCS), and Community Health Worker (CHW) services providers that have agreements with the MCP (or its affiliated Dual Eligible Special Needs Plan [D-SNP], as applicable), including Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements, are required to actively support transitioning members to facilitate a smooth transition for providers and their patients. The Department of Health Care Services (DHCS) is providing the following important information regarding provider enrollment, billing, and requirements for ongoing care responsibilities.

ECM, CICM, Community Supports, CCM, TCS, and CHW services:
MCPs (or in the case of CICM, their affiliated D-SNPs) are required to continue authorizing, providing, and paying for ECM, CICM, Community Supports, CCM, TCS and CHW services for all eligible members with UIS through December 31, 2026. While ECM, CICM, Community Supports, CCM, and TCS services will no longer be available to transitioned members in Medi-Cal FFS, **CHW services will continue to remain available to transitioned members after January 1, 2027.** [*Emphasis added.*] There are also several care management services covered under Medi-Cal FFS. Since transitioned members in Medi-Cal FFS will no longer have access to ECM, CICM, Community Supports, CCM, and TCS services, there may be increased needs for CHW services.

Steps providers of ECM, CICM, Community Supports, CCM, TCS, and CHW services can take to start or continue serving transitioning members:
This transition creates a significant opportunity for providers to begin serving Medi-Cal FFS members or to expand their existing participation.

Enrolling in Medi-Cal FFS
Interested providers must be enrolled in Medi-Cal FFS by January 1, 2027, to begin or continue serving Medi-Cal members transitioned to Medi-Cal FFS. In order to receive reimbursement at Medi-Cal FFS rates for services provided, unenrolled providers must complete an enrollment application with the DHCS Provider Enrollment Division (PED) through the Provider Application and Validation for Enrollment (PAVE) portal. For more information on PAVE enrollment, please visit https://www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment/.

Providing Medi-Cal FFS care management services
DHCS is actively working to identify additional care management billing codes available in Medi-Cal FFS to allow ECM, CICM, Community Supports, CCM, and TCS Providers to continue providing care management services to FFS members. Further details and billing guidance will be issued in a future update to the UIS Transition Policy Guide or a Population Health Management Information Notice. In this effort, DHCS aims to identify options that allow current care management providers to continue services using similar care teams while also capturing sustainable revenue.

Providers who wish to continue providing care management and supportive services to Medi-Cal FFS members on or after January 1, 2027, must be enrolled in Medi-Cal FFS and meet all applicable requirements to submit claims for such services to Medi-Cal FFS. The following benefits and services are available to members in both the Medi-Cal managed care and FFS delivery systems, meaning that current service providers may continue, if enrolled and eligible, to provide services while shifting claim submissions from managed care to the Medi-Cal FFS delivery system. These benefits and services may partially or fully meet care management needs for members. Providers should reference all relevant guidance materials to ensure compliance with existing billing requirements, including DHCS billing manuals, the CPT codebook, and relevant CMS guidance.

Care Management and Supportive Services That Will Remain Available:

- **Community Health Worker (CHW) Services:** CHW services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and Substance Use Disorders; the need for preventive services; maternal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic or interpersonal violence by CHWs with the appropriate training; and community violence prevention. CHW services may also be used to support members in meeting redetermination needs to receive public benefits. Refer to Community Health Worker (CHW) Preventive Services for additional program and billing guidance.

- **Psychiatric Collaborative Care Management:** Psychiatric collaborative care management services are reimbursable when billed by the treating physician or other qualified health professional for treatment of a member's mental health or Substance Use Disorder. Refer to Evaluation & Management (E&M) for billing guidance.

- **Comprehensive Perinatal Service Program:** Comprehensive psychosocial services and health education services are reimbursable under program guidance. Refer to Pregnancy: Comprehensive Perinatal Services (CPSP) List of Billing Codes for billing guidance.

- **Doula Services:** Doulas provide members with person-centered, culturally competent care that supports the racial, ethnic, linguistic and cultural diversity of the members while adhering to evidence-based best practices. Refer to Doula Services for billing guidance.

- **Dyadic Services:** Dyadic Services are a unique model of care that are comprised of dyadic behavioral health visits, access to Community Supports services, psychoeducational services, and family training and counseling for child development. Refer to Dyadic Services for billing guidance.

- **Asthma Preventive Services:** Medi-Cal Asthma Preventive Services (APS) includes clinic-based and home-based asthma self-management education, as well as in-home environmental trigger assessments for eligible members of any age, as Medically Necessary. Refer to Asthma Preventive Services (APS) for billing guidance.

Some care management and supportive services available in Medi-Cal managed care have no clear alternatives in the Medi-Cal FFS delivery system. Providers assisting Members transitioning from managed care to the Medi-Cal FFS delivery system should coordinate and make referrals to community-based organizations and other external resources to address Member needs and help mitigate the impacts of this transition.

Becoming CHW service providers (for providers of ECM, CICM, Community Supports, CCM, and TCS)
CHW services remain available in Medi-Cal FFS and providers who meet all Medi-Cal provider requirements for an allowable supervising provider type, as outlined in Medi-Cal policy, may enroll to supervise and bill on behalf of CHWs for Medi-Cal FFS CHW services.

A supervising provider can only be a licensed provider; a hospital; an outpatient clinic as defined in 42 Code of Federal Regulations (CFR) section 440.90, which includes an Indian Health Services (IHS) Memorandum of Agreement (MOA) 638 Clinic and Tribal federally qualified health center (FQHC); a pharmacy; a community-based organization (CBO); or a local health jurisdiction (LHJ). However, non-tribal FQHCs and Rural Health Clinics (RHC) cannot serve as supervising providers in Medi-Cal FFS.

Please refer to the DHCS CHW website at https://www.dhcs.ca.gov/providers-partners/community-health-workers/ for more information on becoming a CHW provider. Questions may be sent to CHWBenefit@dhcs.ca.gov.

Requirements for ECM, CICM, CCM, TCS, and CHW provider care coordination with transitioning members prior to January 1, 2027:
ECM, CICM, CCM, TCS, and CHW providers that have agreements with the MCP (or its affiliated D-SNP, as applicable), including Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements, must conduct transition planning and care coordination for members with UIS prior to January 1, 2027. ECM, CICM, TCS, and CHW providers are required to offer the following transitional support, t minimum::

- Coordinate with members' PCPs, other care management service providers, behavioral health providers, county agencies, social service agencies, and community-based organizations to minimize disruptions in services prior to the transition.
- Verify whether members' current providers can and are willing to continue to provide services in the Medi-Cal FFS delivery system. In instances that provider transition is needed, care management providers must identify alternative providers available to members post-transition within the Medi-Cal FFS delivery system using tools including, but not limited to, the DHCS Medi-Cal Fee-for-Service Provider Finder App.
- Assess whether members may qualify for other available Medi-Cal FFS services, including Chronic Care Management, behavioral health services, home and community-based services, county-based programs, or other supports available under Medi-Cal FFS or local delivery systems.

Once new providers who will be receiving transitioning members are identified, current ECM, CICM, CCM, TCS, and CHW providers must transmit member assessments and care management plans, ensuring compliance with all required data privacy and confidentiality safeguards, to the appropriate Medi-Cal FFS delivery system providers. If the receiving Medi-Cal FFS provider is able to accept a warm handoff, current and future care management providers must complete that handoff as soon as possible, but no later than December 31, 2026. The receiving provider will not be able to receive reimbursement for the warm handoff. Receiving providers may start providing services and submit bills and claims to Medi-Cal FFS starting January 1, 2027, when those members have been transitioned to the Medi-Cal FFS delivery system.

Questions & support:
Blue Shield of California Promise Health Plan will provide additional information as DHCS finalizes transition updates, including:

- Updated billing codes for Medi-Cal FFS care management services
- Member support pathways
- Contact information for DHCS or MCP support channels

If you have any questions about providing services or submitting claims for members with UIS, please contact Blue Shield Promise Provider Services by telephone at (800) 468-9935, 6 a.m. to 6:30 p.m. PT, Monday through Friday.

RESOURCES

General Medi-Cal FFS Provider Resources

- General information about enrolling as a Provider in Medi-Cal FFS can be found on the For Medi-Cal Providers page.
- Providers that are enrolled in Medi-Cal FFS may access various resources via the Provider Portal. For Providers not yet enrolled in Medi-Cal FFS, there are publicly available resources available on the Provider Portal References Page.
- A Frequently Asked Questions (FAQ) document on completing transition TARs will be published here Medi-Cal Managed Care to Fee-for-Service Transition in the upcoming weeks.
- A Provider Toolkit is available on the Medi-Cal Managed Care to Fee-for-Service Transition webpage and will be updated as new chapters are released.

Medi-Cal FFS Enrollment

- MCPs, Providers and Members can check to see if a Provider is enrolled to bill Medi-Cal FFS: Profile of Enrolled Medi-Cal Fee-for-Service (FFS) Providers
- Medi-Cal FFS Provider types are available here: Provider Enrollment Options
- Requirements for enrollment by specific provider type: Application Information by Provider Type

- New Providers enroll in Medi-Cal FFS by submitting a PAVE application. Tutorials on how to complete the application process are available here: Provider Application and Validation for Enrollment
- Questions about Provider Enrollment can be submitted using the Provider Inquiry form.

Medi-Cal FFS Provider Trainings

Providers can sign up for trainings on Medi-Cal FFS by visiting the Medi-Cal Learning Portal. DHCS will be adding trainings as they are developed so encourages Providers to check regularly for updates. The following trainings are currently planned to support the transition:

Date	Course Title	Start Time	Duration
Tuesday, December 1, 2026	Introduction to Medi-Cal 101	1 p.m.	1 hr. 30 mins
Thursday, December 3, 2026	Medi-Cal Provider Resources 102	10 a.m.	1 hr. 30 mins
Tuesday, December 8, 2026	eTAR Basics	1 p.m.	1 hr. 30 mins
Thursday, December 10, 2026	Medi-Cal Claims Overview and Electronic Methods Live Webinar	10 a.m.	1 hr. 30 mins