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October 13, 2026

Dear Provider,

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We have an important update we want 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.

As further outlined in this document, primary care providers (PCPs), including Federally Qualified Health Centers (FQHCs), that have agreements with the Alliance (or its affiliated Dual Eligible Special Needs Plan [Alameda Alliance Wellness (HMO 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 California Department of Health Care Services (DHCS) is providing the following important information regarding provider enrollment, billing, and requirements for ongoing care responsibilities.

PCP Services

The Alliance will continue to accept referrals and authorize covered services through Thursday, December 31, 2026.

Please note: For services that are expected to:

1) Start after Thursday, October 1, 2026, and continue after Friday, January 1, 2027, or
2) Start Friday, January 1, 2027

DHCS requests that the referrals made by PCPs from Thursday, October 1, 2026, to Thursday, December 31, 2026, be made to Alliance providers who are also enrolled in Medi-Cal FFS, when possible, to minimize disruptions to member care and promote continuity of provider access. This includes referrals to specialists, behavioral health providers, durable medical equipment (DME) providers, home health agencies, and other providers that may be involved in a member's ongoing course of treatment.

Steps PCPs 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 Friday, 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 **www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment**.

Medi-Cal FFS Billing

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

This includes:

- Understanding Medi-Cal FFS billing requirements – **www.dhcs.ca.gov/providers-partners/tar-billing**
- Reviewing Medi-Cal 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 submissions, and Treatment Authorization Requests (TARs) and electronic TARs (eTARs).

Medi-Cal providers can also contact the Telephone Service Center (TSC) toll-free at **1.800.541.5555** (outside of California, **1.916.636.1980**), Monday through Friday, except holidays, from 8 am – 5 pm. For faster access to TSC resources, Medi-Cal providers can refer to the TSC Main Menu Prompt Options Guide at **https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/82E2E926-5998-44E3-A478-965E0B59FFE8/provrelfrm1ref.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO**.

While certain care management services, such as Enhanced Care Management (ECM) and Community Supports (CS), are not covered under Medi-Cal FFS, certain care management, care coordination, or case management services, as well as Community Health Worker (CHW) 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.

Claims for CHW services must be submitted by an enrolled Medi-Cal supervising provider.

DHCS plans to provide links and/or a resource document that includes the available codes for billing purposes under Medi-Cal FFS. The resource will include lists of potential codes, such as the ones listed in this letter, with links to the appropriate Provider Manual that includes details on billing guidance.

Requirements for PCP Care Coordination with Transitioning Members Prior to Friday, January 1, 2027

PCPs who have agreements with the Alliance, including Network Provider Agreements, Subcontractor Agreements, or Downstream Subcontractor Agreements, must conduct transition planning and care coordination for members with UIS prior to Friday, January 1, 2027.

Required activities include, but are not limited to:

- PCPs must 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.
- PCPs must 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 by visiting **www.dhcs.ca.gov/medi-cal/find-care**.
- PCPs must also 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.
- PCPs are encouraged to remind members to maintain established appointments and obtain medication refills before Friday, January 1, 2027, to avoid disruptions.
- PCPs should encourage transitioning members to access more information on the DHCS website at **www.dhcs.ca.gov/medi-cal/updates/fee-for-service-transition**.

Once new providers who will be receiving transitioning members are identified, current PCPs 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, PCPs must complete that handoff as soon as possible, but no later than Thursday, 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 Friday, January 1, 2027, when those members have been transitioned to the Medi-Cal FFS delivery system.

Not Continuing to Serve a Member Who Transitions to Medi-Cal FFS

If you are not planning to continue to care for a member who transitions to Medi-Cal FFS, 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**.

Questions & Support

DHCS has provided the resources below for more information:

- Stakeholder Transition - **www.dhcs.ca.gov/providers-partners/medi-cal-fee-for-service-transition**
- Provider FAQs – **www.dhcs.ca.gov/providers-partners/medi-cal-fee-for-service-transition**
- Member FAQs – **www.dhcs.ca.gov/wp-content/uploads/2026/08/Fee-for-Service-Transition-Member-FAQ.pdf**

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

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

Sincerely,
Alameda Alliance for Health