Gold Coast Health Plan℠
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Memorandum

To: Gold Coast Health Plan Network Providers

From: Vicki Wrighster
Senior Director, Provider Network Operations

Re: Transition to Medi-Cal Fee-for-Service for Unsatisfactory Immigration Status Members

Date: Aug. 5, 2026

Effective **Jan. 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.

To support a smooth transition for you and your patients, the state 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 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 through PED via Provider Application and Validation for Enrollment (PAVE), you can 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 submit an application and be approved to enroll by **Jan. 1, 2027,** in order to receive reimbursement at FFS rates. For more information on PAVE enrollment, please click here.

To ensure continuity of care, please share appropriate records with your colleagues who will care for these patients. Click here for a list of providers who are enrolled in Medi-Cal FFS.

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 Jan. 1, 2027.

This includes:

- Understanding FFS billing requirements
- Reviewing FFS rates

- Accessing the Medi-Cal Provider Manual and Provider Bulletins

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 help 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) at (800) 541-5555 (outside of California, (916) 636-1980), Monday through Friday, except holidays, 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

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, 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.

Below are 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.

- Community Health Workers: 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.
- Principal 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 Care Management: HCPCS code T1017
- Psychiatric Collaborative Care 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 Jan. 1, 2027,** to avoid disruptions.

4. Questions and Support

GCHP 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

If you have any questions, please email ProviderRelations@goldchp.org.

Thank you.

Sincerely,

Vicki Wrighster
Senior Director, Provider Network Operations