

Memorandum

To: Gold Coast Health Plan Providers

From: Vicki Wrighster, Senior Director, Provider Network Operations

Re: **Unsatisfactory Immigration Status (UIS) Medi-Cal Enrollment Requirements and Medi-Cal Fee-for-Service Billing**

Date: Sept. 30, 2026

Effective **Jan. 1, 2027**, adult Gold Coast Health Plan (GCHP) members with **Unsatisfactory Immigration Status (UIS)** who remain enrolled in full-scope Medi-Cal will transition enrollment to the **Medi-Cal Fee-for-Service (FFS) delivery system**.

These changes will impact member eligibility, covered benefits, and the delivery of services. Providers are encouraged to be aware of these upcoming changes to help members understand the transition and Medi-Cal enrollment requirements, and Medi-Cal fee-for-service billing.

Medi-Cal FFS Enrollment Requirements

Providers who wish to continue serving GCHP members who transition to Medi-Cal FFS must be enrolled in the Medi-Cal Fee-for-Service program through the state Department of Health Care Services (**DHCS) Provider Enrollment Division (PED)**.

Although members transitioning to Medi-Cal FFS will no longer be assigned to a primary care provider through GCHP, providers enrolled in Medi-Cal FFS may continue to render covered services to these members and receive reimbursement under the Medi-Cal FFS program.

If you are currently enrolled in Medi-Cal through the **Provider Application and Validation for Enrollment (PAVE) FFS** process, no additional enrollment action is required.

If you are **not currently enrolled through PAVE**, you must submit a provider enrollment application to DHCS and receive approval **before Jan. 1, 2027**, to receive reimbursement for services provided under Medi-Cal FFS.

For additional information regarding provider enrollment, visit the [**DHCS Provider Application and Validation for Enrollment \(PAVE\)**](#) webpage.

If you are unable to continue caring for transitioning members, please ensure an appropriate

transfer of care is completed, including the timely exchange of medical records with the receiving provider, to support continuity of care.

A list of providers enrolled in Medi-Cal FFS is available on the California Health & Human Services (CalHHS) webpage > [Profile of Enrolled Medi-Cal Fee-for-Service \(FFS\) Providers](#).

Preparing for Medi-Cal Fee-for-Service Billing

DHCS encourages providers to review and become familiar with Medi-Cal FFS billing requirements to prepare for submitting Medi-Cal FFS claims beginning Jan. 1, 2027.

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 provide information about paper and electronic claim submissions, as well as treatment authorization requests (TARs) and electronic TARs (eTARs).

Please review the following resources:

- Medi-Cal Fee-for-Service billing requirements: [electronic Treatment Authorization Request \(eTAR\)](#)
- Medi-Cal Fee-for-Service reimbursement rates: [Medi-Cal Rates](#)
- The Medi-Cal Provider Manual and Provider Bulletins: [Publications](#)
- Treatment Authorization Request (TAR) requirements, when applicable [electronic Treatment Authorization Request \(eTAR\)](#)
-

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