Prepare Now: Medi-Cal Fee-for-Service Transition Begins January 1, 2027

Effective January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status (UIS) will transition from CenCal Health managed care to state Medi-Cal Fee-for-Service (FFS), as directed by the California Department of Health Care Services (DHCS). Members who remain eligible and enrolled will continue to receive full-scope Medi-Cal benefits at no cost; however, Enhanced Care Management and Community Supports are not available through Medi-Cal FFS.

What's Changing

- UIS Members' Medi-Cal enrollment will transition from CenCal Health to Medi-Cal Fee-for-Service (FFS) effective January 1, 2027.
- UIS Members may receive care from any doctor, clinic, or hospital that accepts Medi-Cal Fee-for-Service.
- Enhanced Care Management and Community Supports services and benefits are not available through Medi-Cal Fee-for-Service.

What's Not Changing

UIS members will continue to receive Medi-Cal covered services and benefits at no cost, provided they remain eligible and enrolled in Medi-Cal. To maintain full-scope Medi-Cal coverage, members must complete all Medi-Cal renewal requirements on time.

What Providers Need to Do

- **Verify eligibility before every visit.** Continue using the CenCal Health Provider Portal to identify affected members and support continuity of care.
- **Confirm Medi-Cal FFS enrollment.** Providers who want to continue serving affected members after January 1, 2027, must be enrolled through the DHCS Provider Application and Validation for Enrollment (PAVE) system and keep their enrollment information current.
- **Prepare for FFS billing.** Services provided on or after January 1, 2027, must follow DHCS FFS authorization, billing, and claims requirements and should no longer be submitted to CenCal Health.
- **Help patients prepare.** Encourage affected members to complete Medi-Cal renewals on time, keep scheduled appointments, and present their Medi-Cal Benefits Identification Card after the transition.

Member Eligibility

Verify eligibility prior to each visit to identify members who may be transitioning to Medi-Cal Fee-for-Service (FFS). Early identification allows providers to educate patients, connect them with appropriate resources, and support continuity of care.



CenCal Health Medi-Cal ID Card



State Medi-Cal Benefits Identification Card (BIC)

Following the transition, members should present their Medi-Cal Benefits Identification Card (BIC) when accessing medical, dental, and pharmacy services. The CenCal Health member ID card will no longer be used once the transition to Fee-for-Service is complete.

Verify member eligibility by logging into the CenCal Health Provider Portal and navigate to the Check Eligibility screen. Details regarding identification of these members is available online resource CenCal Health's Provider Portal Tool at www.cencalhealth.org/wp-content/uploads/2026/10/CenCal-Health-Provider-Portal-FFS-Member-Eligibility

Authorizations and Continuity of Care

CenCal Health will continue to process covered services and authorizations for affected members through December 31, 2026. Beginning January 1, 2027, members may continue seeing their current provider if the provider participates in Medi-Cal FFS and elects to continue serving them. DHCS will provide additional guidance about the special Treatment Authorization Request process intended to reduce disruptions when an existing CenCal Health authorization is on file.

Learn More

DHCS Medi-Cal Fee-for-Service Transition website
www.dhcs.ca.gov/providers-partners/medi-cal-fee-for-service-transition/

DHCS Medi-Cal Help Line: 1-800-541-5555

CenCal Health's Upcoming Medi-Cal Changes website
www.cencalhealth.org/providers/upcoming-medi-cal-changes/ for current guidance and resources.