UIS Transition – Medi-Cal Eligibility

Starting January 1, 2027, some Medi-Cal members with Unsatisfactory Immigration Status (UIS) will get their care through Medi-Cal Fee-for-Service instead of a Medi-Cal Managed Care Plans because of new federal guidance.

This change affects how members get care, not whether they stay covered. Members who renew Medi-Cal on time will keep full-scope Medi-Cal Fee for Service.

Who This Applies To

This change applies to Medi-Cal members with Unsatisfactory Immigration Status, including:

- Undocumented members living in the U.S. without legal immigration status.
- Green Card holders who are still in the five-year waiting period before they can get federally funded Medicaid.
- Members who are PRUCOL (Permanently Residing Under Color of Law) meaning they are allowed to live in the U.S. with permission from immigration officials, even though they do not have legal status.

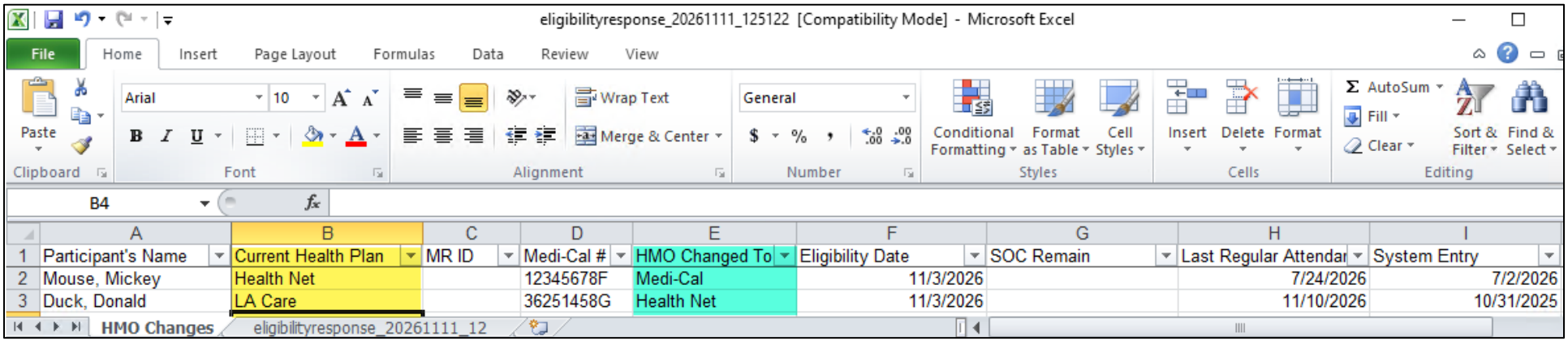
What's Changing

- Members will not be in a Medi-Cal health plan anymore.
- Providers will need to get authorizations from Medi-Cal Fee for Service via the Medi-Cal Provider portal via an eTAR
- Providers will need to bill Medi-Cal for CBAS services.

How do I know which of my Participants are affected?

- Health Plans already know which members will have UIS status on January 1, 2027.
  - Some Health Plans will reach out to you to let you know in advance, some will not.

- Providers will need to check eligibility on January 1, 2027, to know if their participants are Medi-Cal Fee for Service with no managed care plan.
  - If you use TurboADHC software, we already do this for you – it's in your software under the TARs Tab → Eligibility subtab.
  - You can run the 'Prior Eligibility Report' on the screen and it will tell you which participants changed Health Plans, lost Medi-Cal Eligibility, went to Fee for Service Medi-Cal or have a share of cost.



	A	B	C	D	E	F	G	H	I
1	Participant's Name	Current Health Plan	MR ID	Medi-Cal #	HMO Changed To	Eligibility Date	SOC Remain	Last Regular Attendar	System Entry
2	Mouse, Mickey	Health Net		12345678F	Medi-Cal	11/3/2026		7/24/2026	7/2/2026
3	Duck, Donald	LA Care		36251458G	Health Net	11/3/2026		11/10/2026	10/31/2025

IMPORTANT:

- You may have participants who lose their managed care plan BUT ARE NOT EXEMPT from enrolling in managed care.
- You also may have participants who lose their managed care plan BUT ARE EXEMPT from enrolling in managed care if they are in UIS.

Exempt or Not Exempt from Managed Care Enrollment?

BAD NEWS: You will not know which one it is by looking at the Medi-Cal Provider Portal Eligibility Message.

GOOD NEWS: There are two ways to find out.

1. You can have the participant/social worker/ family, call Health Care Options to find out if they are UIS and exempt from enrolling in Managed Care.

   a) **Medi-Cal Health Care Options (HCO)** - To learn about health plans and providers (doctor, clinic) choices (800) 430-4263
   b) **DHCS Medi-Cal Helpline** - To learn about Medi-Cal and what services you can get through Medi-Cal (800) 541-5555
   c) Medi-Cal Ombudsman Office- Help with Medi-Cal benefits and understanding your rights and responsibilities. (888) 452-8609 Ombudsman@dhcs.ca.gov

2. You can email DHCS to ask if they are exempted from enrolling in Managed Care.

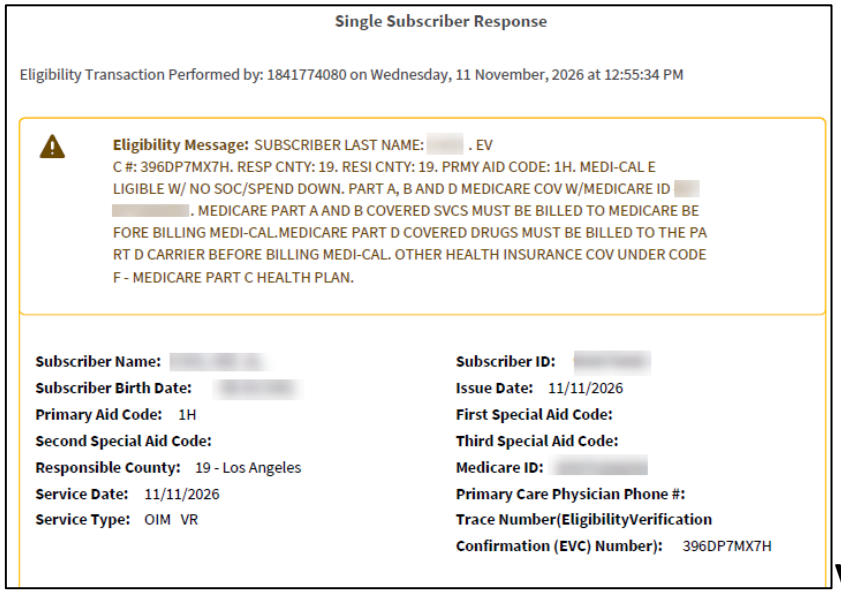
   Submits CBAS eligibility inquiry request to Clinical Review Section -C (CRS-C) *formerly* Los Angeles Medi-Cal Field Office (LAMFO) via RightFax: **CBASRightFax@dhcs.ca.gov**

   There is no specific form required, but each request must include the following information:
   – Center Name
   – Center NPI
   – Center Contact Name
   – Contact Telephone Number
   – Center Fax Number
   – Beneficiary Name
   – Beneficiary Medi-Cal ID Number (CIN)
   – Beneficiary Birthdate

What could a Medi-Cal Eligibility message look like when someone is Fee-for-Service?

Examples:

Medi-Cal FFS



Single Subscriber Response

Eligibility Transaction Performed by: 1841774080 on Wednesday, 11 November, 2026 at 12:55:34 PM

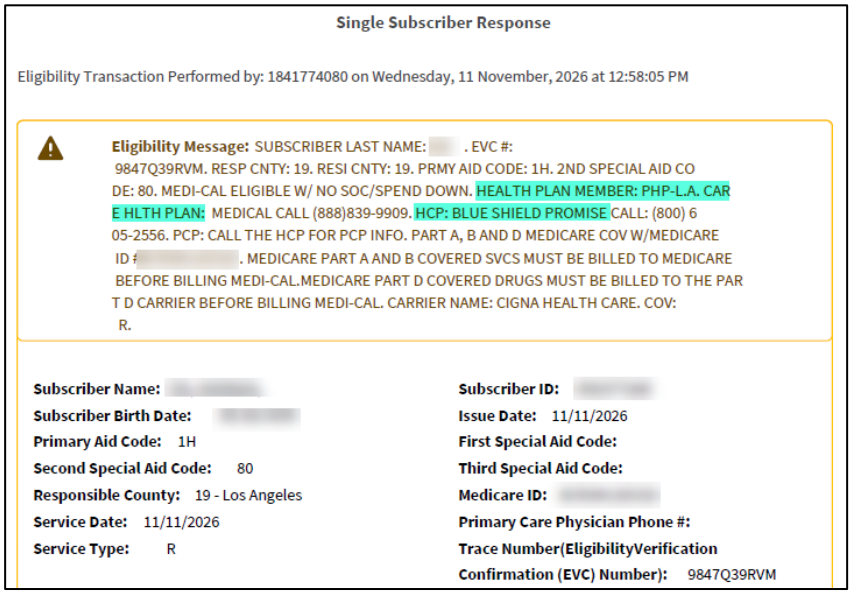
Eligibility Message: SUBSCRIBER LAST NAME: [redacted] . EV C #: 396DP7MX7H. RESP CNTY: 19. RESI CNTY: 19. PRMY AID CODE: 1H. MEDI-CAL E LIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/MEDICARE ID [redacted] . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BE FORE BILLING MEDI-CAL.MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PA RT D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN.

Subscriber Name: [redacted]
Subscriber Birth Date: [redacted]
Primary Aid Code: 1H
Second Special Aid Code:
Responsible County: 19 - Los Angeles
Service Date: 11/11/2026
Service Type: OIM VR

Subscriber ID: [redacted]
Issue Date: 11/11/2026
First Special Aid Code:
Third Special Aid Code:
Medicare ID: [redacted]
Primary Care Physician Phone #:
Trace Number(EligibilityVerification Confirmation (EVC) Number): 396DP7MX7H

VS

Health Plan: Blue Shield Promise



Single Subscriber Response

Eligibility Transaction Performed by: 1841774080 on Wednesday, 11 November, 2026 at 12:58:05 PM

Eligibility Message: SUBSCRIBER LAST NAME: [redacted] . EVC #: 9847Q39RVM. RESP CNTY: 19. RESI CNTY: 19. PRMY AID CODE: 1H. 2ND SPECIAL AID CO DE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CAR E HLTH PLAN: MEDICAL CALL (888)839-9909. HCP: BLUE SHIELD PROMISE CALL: (800) 6 05-2556. PCP: CALL THE HCP FOR PCP INFO. PART A, B AND D MEDICARE COV W/MEDICARE ID # [redacted] . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PAR T D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: CIGNA HEALTH CARE. COV: R.

Subscriber Name: [redacted]
Subscriber Birth Date: [redacted]
Primary Aid Code: 1H
Second Special Aid Code: 80
Responsible County: 19 - Los Angeles
Service Date: 11/11/2026
Service Type: R

Subscriber ID: [redacted]
Issue Date: 11/11/2026
First Special Aid Code:
Third Special Aid Code:
Medicare ID: [redacted]
Primary Care Physician Phone #:
Trace Number(EligibilityVerification Confirmation (EVC) Number): 9847Q39RVM

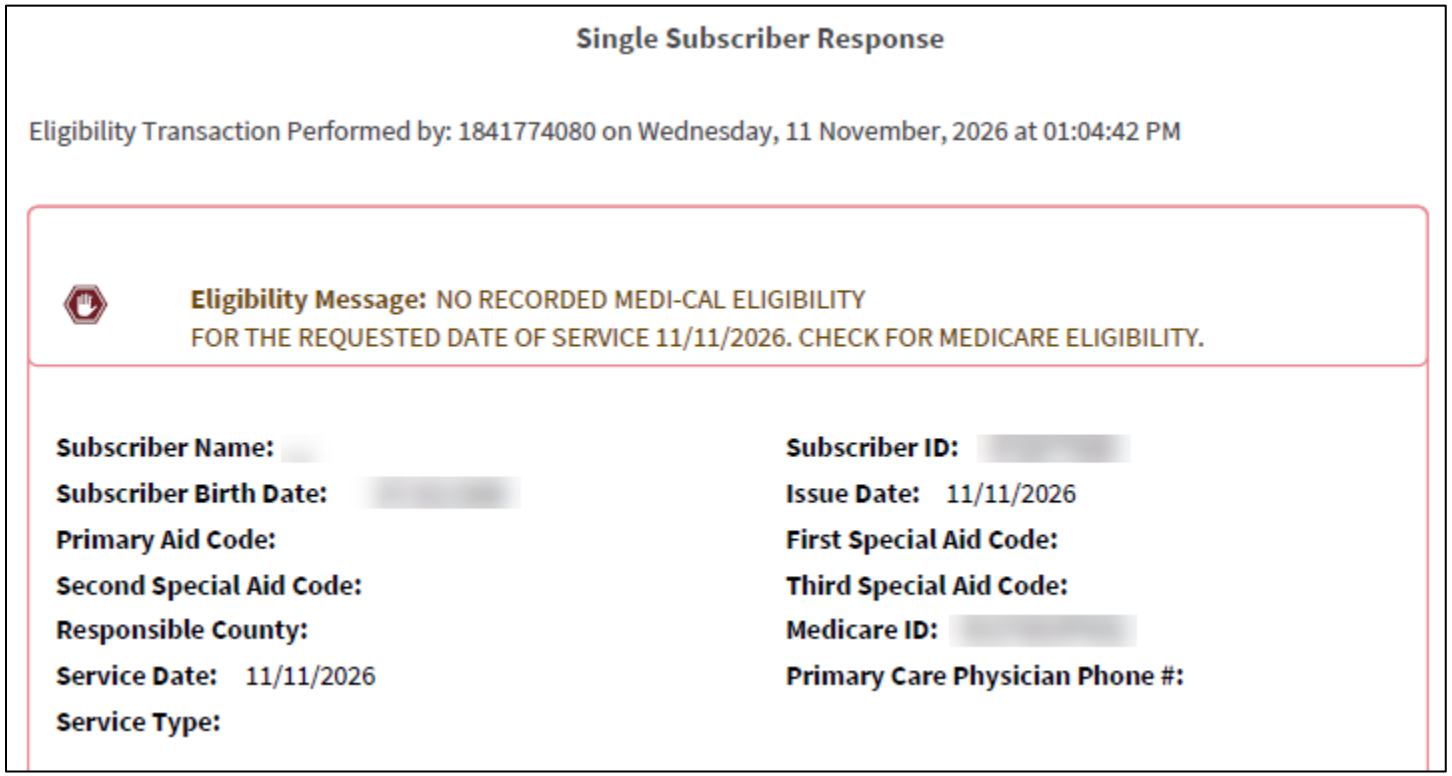
The difference? There is no ‘Health Plan Member’ if the Participant is Medi-Cal FFS.

What is NOT considered Medi-Cal FFS?

When there is **NO Medi-Cal Eligibility**.

Do not get confused – you **cannot** submit an eTAR or bill for services when there is no Eligibility.

It may look like this:



Single Subscriber Response

Eligibility Transaction Performed by: 1841774080 on Wednesday, 11 November, 2026 at 01:04:42 PM

Eligibility Message: NO RECORDED MEDI-CAL ELIGIBILITY
FOR THE REQUESTED DATE OF SERVICE 11/11/2026. CHECK FOR MEDICARE ELIGIBILITY.

Subscriber Name:
Subscriber Birth Date:
Primary Aid Code:
Second Special Aid Code:
Responsible County:
Service Date: 11/11/2026
Service Type:

Subscriber ID:
Issue Date: 11/11/2026
First Special Aid Code:
Third Special Aid Code:
Medicare ID:
Primary Care Physician Phone #: