

OVERVIEW

The Administration's May Revise proposal to transition 1.8 million UIS Medi-Cal members out of managed care and into the antiquated Fee-For-Service (FFS) delivery system significantly diminishes access to health care and will result in this population delaying or forgoing care altogether.

This loss of services is accounted for in the Administration's budget proposal, scoring over \$700 million annually in savings for reduced medical visits while conversely assuming a 16% increase in emergency and inpatient care.

Local plans, providing coverage to over 85% of all Medi-Cal's UIS members, along with a coalition of safety net providers, have a **plan that maintains compliance with federal guidance while preserving access to critical services and avoiding the devastating impacts of individuals losing access to care**. The data below is derived from local plans' UIS population.

Total UIS Members Enrolled in Local Plans	1,594,499
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UIS Medi-Cal members receiving services (2025)		Description
Specialty Care Access	689,000 ~44% of all UIS Medi-Cal members	A very large percentage of UIS members are accessing specialists for acute and chronic illnesses, diagnoses for conditions, surgery and other services. Losing the connection to their specialists due to specialists not participating with Medi-Cal FFS could significantly impact their treatment and health status, and result in delays for needed tests or procedures.
Cancer Diagnosis	34,000	Most cancer diagnoses require on-going timely and accessible treatment and services. Interrupting their current care or active treatments due to the loss of their provider would be devastating and potentially result in premature death.
Behavioral Health Services <i>Mental health treatments: outpatient therapy, psychiatric services, etc.</i>	70,000	Plans' coverage of services for mild to moderate mental health conditions created broad networks of providers with profoundly improved access compared to FFS Medi-Cal. Going back to very poor access with FFS would seriously impact UIS members' mental health, with a corresponding negative impact on their overall health, families and their ability to work.
Dialysis	16,000	Kidney dialysis is a lifesaving procedure that must be done every week, multiple times a week. Any significant interruption of this critical service can result in serious health impacts to the individual, often resulting in ED or acute inpatient visits/admissions. Transitioning people receiving dialysis requires timely and comprehensive care coordination, which does not exist in the Medi-Cal FFS system.

UIS Medi-Cal members receiving services (2025)		Description
Well-Child Visits	106,000	Children need regular well child visits with vaccinations, assessment of their development and physical well-being. Interrupting their regular well-child visits due to access difficulties could set them behind in their immunizations and delay diagnoses of early childhood developmental delay or other conditions.
Hospice	7,000	Hospice care is compassionate and comprehensive care for people facing a short time to live. Interrupting the care with their hospice provider would have a major impact on the person's quality of life, including their level of pain and suffering from their illness. Hospice care is very personal, so continuity with the hospice staff is critical.
Major Organ Transplants <i>Received transplant or on a list</i>	780	The care coordination, treatment planning and transplant process for major organs is very complex and involves multiple specialists and facilities. Any interruption of this complicated and critical pathway due to specialists or facilities not participating in Medi-Cal FFS could result in restarting or ending the persons pathway to the transplant. That would have serious impacts on their health and even eventual ability to get the transplant needed.
California Children's Services (CCS)	11,000	Children in the CCS program have serious chronic illnesses, cancer and other significant diagnoses. The Whole Child Model (WCM) program creates organized and comprehensive care coordination for all of the child's health and other needs. Moving these children back into Medi-Cal FFS for their CCS services will significantly disrupt their care coordination and result in duplication and potentially missing services that are needed.