



## Medi-Cal UIS Members Face Major Access and Continuity Risks Under a Fee-for-Service Transition

A transition from managed care to Medi-Cal Fee-for-Service (FFS) would weaken core access and continuity protections for UIS members. Access to care is not just coverage on paper, it is the ability to obtain timely appointments with qualified providers, in a language the member understands, and without transportation or administrative barriers. Medi-Cal managed care plans are contractually and regulatorily required to actively build, monitor, and support that access to quality care. By contrast, FFS largely places the burden on the member to locate participating providers and establish care, creating a two-tiered Medi-Cal program that leaves vulnerable individuals and poor working families without the supports that they deserve. **The comparison below highlights continuity of care in managed care alongside the limited support described in DHCS’ draft Notice to Members for the proposed UIS transition to FFS.**

Issue	Managed Care Plan Member Experience <sup>1</sup>	Fee-for-Service Member Experience (From DHCS Draft Member Notice) <sup>2</sup>
<b>Primary care provider retention</b>	Plans retain at least 90% of transitioning members’ primary care providers through contracted networks or provider continuity-of-care agreements.	DHCS notice instructs members to ask whether their PCP or clinic accepts Medi-Cal FFS. If not, they must find a new provider. Note that finding a new provider will mean Medi-Cal members are on their own to find a provider willing to accept low FFS rates.
<b>Active treatment and existing authorizations</b>	Plans must allow members in an active course of treatment to continue services during the 6-month continuity-of-care period without requiring new prior authorization.	DHCS notice instructs members that they will need new authorization to keep receiving services previously authorized by their plan.
<b>Enhanced continuity for special populations</b>	Plans must proactively contact eligible providers with whom these members have pre-existing relationships and work to preserve	DHCS notice instructs members to ask their current specialists whether they accept Medi-Cal FFS. If not, they must cancel appointments and find new specialists. Note that finding a new

<sup>1</sup> These are the expectations and requirements DHCS placed on Medi-Cal managed care plans newly entering service areas and transitioning membership in 2024

<sup>2</sup> DHCS draft member notices on the UIS transition issued June 4, 2026

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Members in 1915(c) waiver programs, CCS, receiving IHSS, foster youth and former foster youth, and individuals receiving treatment for ESRD, HIV/AIDS, TB, and other serious chronic conditions.	access through network participation or continuity-of-care agreements.	specialist will mean Medi-Cal members are on their own to find a specialist willing to accept low FFS rates.
<b>General continuity of care</b>	All transitioning members may request continuity of care with an eligible out-of-network provider for up to 12 months.	DHCS notice instructs members to ask whether their current providers accept FFS and, if not, to locate new providers. Note that there is no transition period to find and establish care with a new provider. Beginning January 1, 2027 members will only have access to those providers accepting Medi-Cal FFS.
<b>Existing appointments</b>	If an out-of-network specialist appointment is already scheduled after transition, DHCS guidance encourages plans to help members keep that appointment or secure a comparable in-network appointment within the same timeframe.	DHCS notice instructs members to ask whether the provider accepts FFS. If not, they must cancel the appointment and find a new provider.

### Member Impact Story: Antonio

Antonio, a UIS Medi-Cal member with a history of depression, received a therapy referral from his primary care provider. Antonio then called his health plan for help finding the right therapist. The member services representative asked about his needs and quickly connected him with an in-network therapist near his home who offered telehealth and spoke Spanish. Over time, he built a trusting relationship with that provider and made progress managing his depression. But when Antonio learned he would be disenrolled from his managed care plan and shifted to Medi-Cal fee-for-service (FFS), he discovered he could not continue seeing his therapist because the provider did not accept Medi-Cal FFS. Although he called the Medi-Cal Help Line and searched the Open Data Portal with help from a family member, he struggled to find a nearby provider who speaks Spanish and accepts Medi-Cal FFS. After months of delays, he finally located one, only to be told the earliest available appointment was in six months. As Antonio waits for care, his depression worsens, putting his health, relationships, and ability to work at risk.