

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 29, 2016

Mari Cantwell, Chief Deputy Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Thank you for your submission of the following California Medicaid managed care contract amendment for the COHS Managed Care model:

- CalOptima 08-85214 A27
- Central California Alliance for Health 08-85216 A28
- Gold Coast Health Plan 10-87128 A20
- Health Plan of San Mateo 08-85213 A31
- Partnership Health Plan of California 08-85215 A31
- Cen Cal Health 08-85212 A27

This letter is to inform you that the Centers for Medicare and Medicaid Services is granting California approval of the request to amend the above listed contracts for the period of January 1, 2014 through June 30, 2014. These contract amendments adjust rates for the ACA Optional Expansion category of aid to account for the Hospital Quality Assurance Fee (HQAF).

Our approval of all MCO contracts and their subsequent amendments is required under Title XIX of the Social Security Act, section 1903(m). We have previously reviewed these contracts for compliance with 42 CFR Part 438. Approval of contract changes does not extend federal financial participation for costs associated with activities not meeting federal requirements.

We appreciate the assistance your staff has provided during the approval process. If you have any questions, please contact Beverly Hogaboom at (415) 744-3580 or Beverly.Hogaboom@cms.hhs.gov.

Sincerely,

/s/

Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Sarah Brooks, DHCS
Javier Portela, DHCS
Lindy Harrington, DHCS

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CA Department of Health Care Services
Director's Office, MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Thank you for your submission of the following California Medicaid managed care contract change orders for the Geographic Managed Care model:

- | | |
|--|--------------|
| • Community Health Group | 09-86155 C12 |
| • Health Net Community Solutions Inc. | 09-86157 C12 |
| • Molina Healthcare of California Partner Plan, Inc. | 09-86161 C14 |
| • Care 1 st | 09-86153 C12 |
| • KP Cal LLC | 09-86159 C12 |
| • Health Net Community Solutions Inc. | 07-65847 C13 |
| • KP Cal LLC | 07-65849 C14 |
| • Molina Healthcare of California Partner Plan, Inc. | 07-65851 C13 |
| • Anthem Blue Cross Partnership Plan | 07-65845 C13 |

This letter is to inform you that the Centers for Medicare and Medicaid Services is granting California approval of the request to change the above listed contracts for the period January 1, 2014 through June 30, 2014.

These changes reflect the requirements of the Affordable Care Act Section (ACA) 9010, the Health Insurers Providers Fee, and the Hospital Quality Assurance Fee for the ACA Optional Expansion category of aid.

Our approval of all managed care organization contracts and their subsequent amendments is required under Title XIX of the Social Security Act, section 1903(m). We have previously reviewed these contracts for compliance with 42 CFR Part 438. Approval of contract changes does not extend federal financial participation for costs associated with activities not meeting federal requirements.

We appreciate the assistance your staff has provided during the approval process. If you have any questions, please contact Zachery Weaver at (415) 744-3553 or zachery.weaver@cms.hhs.gov.

Sincerely,

/s/

Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Javier Portela, DHCS
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Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Thank you for your submission of the following California Medicaid managed care contract change orders for the Regional Managed Care model:

- Anthem Blue Cross Partnership Plan 13-90159 C08
- Anthem Blue Cross Partnership Plan 13-90163 C07
- California Health and Wellness Plan 13-90161 C08
- California Health and Wellness Plan 13-90157 C08
- Molina Healthcare of California Partner Plan, Inc. 13-90285 C08

This letter is to inform you that the Centers for Medicare and Medicaid Services is granting California approval of the request to change the above listed contracts for the period January 1, 2014 through June 30, 2014.

These changes reflect the requirements of the Affordable Care Act Section (ACA) 9010, the Health Insurers Providers Fee, and the Hospital Quality Assurance Fee for the ACA Optional Expansion category of aid.

Our approval of all managed care organization contracts and their subsequent amendments is required under Title XIX of the Social Security Act, section 1903(m). We have previously reviewed these contracts for compliance with 42 CFR Part 438. Approval of contract changes does not extend federal financial participation for costs associated with activities not meeting federal requirements.

We appreciate the assistance your staff has provided during the approval process. If you have any questions, please contact Zachery Weaver at (415) 744-3553 or zachery.weaver@cms.hhs.gov.

Sincerely,

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Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Thank you for your submission of the following California Medicaid managed care contract change orders for the Two Plan model:

Two-Plan Commercial:

- Health Net Community Solutions Inc. - LA 03-76182 CO31
- Health Net Community Solutions Inc. 12-89334 CO13
- Molina Healthcare of California Partner Plan, Inc. 06-55498 CO25
- Anthem Blue Cross Partnership Plan –Tri County 10-87049 CO14
- Anthem Blue Cross Partnership Plan- Central Valley 03-76184 CO29
- Anthem Blue Cross Partnership-Tulare 04-36068 CO25

Two-Plan Local Initiative:

- Alameda Alliance for Health 04-35399 CO30
- Contra Costa Health Plan 04-36067 CO27
- LA Care Health Plan 04-36069 CO26
- Inland Empire Health Plan 04-35765 CO26
- Health Plan of San Joaquin 04-35401 CO28
- Kern Family Health Care 03-76165 CO28
- CalViva Health 10-87050 CO13
- Santa Clara Family Health Plan 04-35398 CO29
- San Francisco Health Plan 04-35400 CO27

This letter is to inform you that the Centers for Medicare and Medicaid Services (CMS) is granting California approval of the request to change the above listed contracts for the period from January 1, 2014 through June 30, 2014.

These changes reflect the requirements of the Affordable Care Act Section (ACA) 9010, the Health Insurers Providers Fee (HIPF), and the Hospital Quality Assurance Fee (HQAF) for the ACA Optional Expansion category of aid. The HIPF only pertains to the Commercial Plans.

Our approval of all MCO contracts and their subsequent amendments is required under Title XIX of the Social Security Act, section 1903(m). We have previously reviewed these contracts for compliance with 42 CFR Part 438. Approval of contract changes does not extend federal financial participation (FFP) for costs associated with activities not meeting federal requirements.

We appreciate the assistance your staff has provided during the approval process. If you have any questions, please contact Beverly Hogaboom at (415) 744-3580 or Beverly.Hogaboom@cms.hhs.gov.

Sincerely,

/s/

Kristin Dillon
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Division of Medicaid & Children's Health Operations

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