

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

December 30, 2016

Mari Cantwell
Chief Deputy Director, Health Care Programs
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 amendments for the COHS model:

- | | | |
|------------------------------------------|----------|------------|
| • CalOptima | 08-85214 | A30 |
| • CenCal Health | 08-85212 | A30 |
| • Central California Alliance for Health | 08-85216 | A31 |
| • Gold Coast Health Plan | 10-87128 | A23 |
| • Health Plan of San Mateo | 08-85213 | A34 |
| • Partnership Health Plan of California | 08-85215 | A34 |

The Centers for Medicare and Medicaid Services (CMS) is approving the request to amend the above listed contracts effective July 1, 2014, which include rate adjustments for the period from July 1, 2014 through June 30, 2015.

Rates for this period include rate range updates and the impact of both the Hospital Quality Assurance Fee (HQAF) and SB 208 increases.

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

Cantwell – page 2

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/

Henrietta Sam Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

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

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Dear Ms. Cantwell:

Thank you for your submission of the following California Medicaid managed care contract amendments for the GMC model:

Sacramento:

- | | | |
|------------------------------------------------------|----------|------------|
| • Anthem Blue Cross Partnership Plan | 07-65845 | A16 |
| • Health Net Community Solutions, Inc. | 07-65847 | A16 |
| • KP Cal LLC | 07-65849 | A16 |
| • Molina Healthcare of California Partner Plan, Inc. | 07-65851 | A15 |

San Diego:

- | | | |
|------------------------------------------------------|----------|------------|
| • Care 1st Partner Plan, LLC | 09-86153 | A15 |
| • Community Health Group Partnership Plan | 09-86155 | A13 |
| • Health Net Community Solutions, Inc. | 09-86157 | A14 |
| • KP Cal LLC | 09-86159 | A13 |
| • Molina Healthcare of California Partner Plan, Inc. | 09-86161 | A13 |

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Cantwell – page 2

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Dear Ms. Cantwell:

Thank you for your submission of the following California Medicaid managed care contract amendments for the Regional model:

- Anthem Blue Cross Partnership Plan 13-90159 **A05**
- Anthem Blue Cross Partnership Plan 13-90163 **A05**
- California Health and Wellness Plan 13-90161 **A05**
- California Health and Wellness Plan 13-90157 **A05**
- Molina Healthcare of California Partner Plan, Inc. 13-90285 **A05**

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Dear Ms. Cantwell:

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

Two-Plan – Commercial:

- | | | |
|------------------------------------------------------|----------|-----|
| • Anthem Blue Cross Partnership Plan | 03-76184 | A27 |
| • Anthem Blue Cross Partnership Plan | 10-87049 | A09 |
| • Health Net Community Solutions, Inc. | 03-76182 | A28 |
| • Health Net Community Solutions, Inc. | 12-89334 | A05 |
| • Molina Healthcare of California Partner Plan, Inc. | 06-55498 | A22 |

Two-Plan – Local Initiative:

- | | | |
|-----------------------------------------------|----------|-----|
| • Alameda Alliance for Health | 04-35399 | A23 |
| • Anthem Blue Cross Partnership Plan (Tulare) | 04-36068 | A21 |
| • CalViva Health | 10-87050 | A09 |
| • Contra Costa Health Plan | 04-36067 | A20 |
| • Health Plan of San Joaquin | 04-35401 | A20 |
| • Inland Empire Health Plan | 04-35765 | A24 |
| • Kern Family Health Care | 03-76165 | A22 |
| • L.A. Care Health Plan | 04-36069 | A22 |
| • San Francisco Health Plan | 04-35400 | A21 |
| • Santa Clara Family Health Plan | 04-35398 | A24 |

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