

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 12, 2018

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 Two Plan model:

Two-Plan – Commercial:

- | | | |
|--|----------|------|
| • Anthem Blue Cross Partnership Plan | 03-76184 | CO33 |
| • Anthem Blue Cross Partnership Plan | 10-87049 | CO17 |
| • Health Net Community Solutions, Inc. | 03-76182 | CO35 |
| • Health Net Community Solutions, Inc. | 12-89334 | CO16 |
| • Molina Healthcare of California Partner Plan, Inc. | 06-55498 | CO29 |

Two-Plan – Local Initiative:

- | | | |
|---|----------|------|
| • Alameda Alliance for Health | 04-35399 | CO33 |
| • Anthem Blue Cross Partnership Plan (Tulare) | 04-36068 | CO28 |
| • CalViva Health | 10-87050 | CO16 |
| • Contra Costa Health Plan | 04-36067 | CO30 |
| • Health Plan of San Joaquin | 04-35401 | CO31 |
| • Inland Empire Health Plan | 04-35765 | CO29 |
| • Kern Family Health Care | 03-76165 | CO31 |
| • L.A. Care Health Plan | 04-36069 | CO29 |
| • San Francisco Health Plan | 04-35400 | CO30 |
| • Santa Clara Family Health Plan | 04-35398 | CO32 |

The amendments revise the optional expansion rates to include the impact of the Hospital Quality Assurance Fee (HQAF) and, for those plans subject to the Health Insurance Providers Fee (HIPF), the amendments add the HIPF to Optional Expansion, Non-Optional Expansion, HEP C, and Behavioral Health Treatment (BHT) rates for the period of January 1, 2015 through June 30, 2015. The Centers for Medicaid and Medicaid Services (CMS) approves these contract amendments.

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.

We appreciate the assistance your staff has provided during the approval process. If you have any questions, please contact Peter Banks at (415) 744-3782 or Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Dzung Hoang
Acting, Associate Regional Administrator
Division of Medicaid & Children's Health Operations

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

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Dear Ms. Cantwell:

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

- | | | |
|--|-----------|-----|
| • CalOptima | 08-85214 | A34 |
| • Central California Alliance for Health | 08 -85216 | A35 |
| • CenCal Health | 08-85212 | A34 |
| • Gold Coast Health Plan | 10-87128 | A27 |
| • Health Plan of San Mateo | 08-85213 | A38 |
| • Partnership Health Plan of California | 08-85215 | A38 |

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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:

GMC Sacramento:

- | | | |
|--|----------|------|
| • Anthem Blue Cross | 07-65845 | CO17 |
| • Health Net Community Solutions Inc. | 07-65847 | CO16 |
| • KP Cal LLC | 07-65849 | CO17 |
| • Molina Healthcare of California Partner Plan, Inc. | 07-65851 | CO16 |

GMC-San Diego:

- | | | |
|--|----------|------|
| • Care 1st Partner Plan, LLC. | 09-86153 | CO16 |
| • Community Health Group | 09-86155 | CO15 |
| • Health Net Community Solutions Inc. | 09-86157 | CO16 |
| • Molina Healthcare of California Partner Plan, Inc. | 09-86161 | CO18 |
| • KP Cal LLC | 09-86159 | CO15 |

The amendments revise the optional expansion rates to include the impact of the Hospital Quality Assurance Fee (HQAF) and, for those plans subject to the Health Insurance Providers Fee (HIPF), the amendments add the HIPF to Optional Expansion, Non-Optional Expansion, HEP C, and Behavioral Health Treatment (BHT) rates for the period of January 1, 2015 through June 30, 2015. The Centers for Medicaid and Medicaid Services (CMS) approves these contract amendments.

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Dear Ms. Cantwell:

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

- Anthem Blue Cross Partnership Plan 13-90159 CO11
- Anthem Blue Cross Partnership Plan 13-90163 CO10
- California Health and Wellness Plan 13-90161 CO11
- California Health and Wellness Plan 13-90157 CO11
- Molina Healthcare of California Partner Plan, Inc. 13-90285 CO11

The amendments revise the optional expansion rates to include the impact of the Hospital Quality Assurance Fee (HQAF) and, for those plans subject to the Health Insurance Providers Fee (HIPF), the amendments add the HIPF to Optional Expansion, Non-Optional Expansion, HEP C, and Behavioral Health Treatment (BHT) rates for the period of January 1, 2015 through June 30, 2015. The Centers for Medicaid and Medicaid Services (CMS) approves these contract amendments.

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