



**Regional Operations Group**

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March 18, 2019

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 | CO34 |
| • Anthem Blue Cross Partnership Plan                 | 10-87049 | CO18 |
| • Health Net Community Solutions, Inc.               | 03-76182 | CO36 |
| • Health Net Community Solutions, Inc.               | 12-89334 | CO17 |
| • Molina Healthcare of California Partner Plan, Inc. | 06-55498 | CO30 |

**Two-Plan – Local Initiative:**

- |   |          |      |
|---|----------|------|
| • Alameda Alliance for Health                 | 04-35399 | CO34 |
| • Anthem Blue Cross Partnership Plan (Tulare) | 04-36068 | CO29 |
| • CalViva Health                              | 10-87050 | CO17 |
| • Contra Costa Health Plan                    | 04-36067 | CO31 |
| • Health Plan of San Joaquin                  | 04-35401 | CO32 |
| • Inland Empire Health Plan                   | 04-35765 | CO30 |
| • Kern Family Health Care                     | 03-76165 | CO32 |
| • L.A. Care Health Plan                       | 04-36069 | CO30 |
| • San Francisco Health Plan                   | 04-35400 | CO31 |
| • Santa Clara Family Health Plan              | 04-35398 | CO33 |

The Centers for Medicare and Medicaid Services (CMS) is approving the request to amend the above listed contracts effective for the rate period covering July 1, 2015 through June 30, 2016.

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](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Richard C. Allen", enclosed in a thin black rectangular border.

Richard C. Allen  
Director  
Centers for Medicaid and CHIP Services  
Regional Operations Group

cc: Sarah Brooks, DHCS  
Lindy Harrington, DHCS  
Jennifer Lopez, DHCS  
Michelle Retke, DHCS

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



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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:

- |  |          |     |
|--|----------|-----|
| • Cal Optima                             | 08-85214 | A36 |
| • Central California Alliance for Health | 08-85216 | A36 |
| • CenCal Health                          | 08-85212 | A35 |
| • Gold Coast Health Plan                 | 10-87128 | A28 |
| • Health Plan of San Mateo               | 08-85213 | A39 |
| • Partnership Health Plan of California  | 08-85215 | A39 |

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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 | CO18 |
| • Health Net Community Solutions Inc.                | 07-65847 | CO17 |
| • KP Cal LLC   | 07-65849 | CO18 |
| • Molina Healthcare of California Partner Plan, Inc. | 07-65851 | CO17 |

**GMC-San Diego:**

- |  |          |      |
|--|----------|------|
| • Care 1st Partner Plan, LLC.                        | 09-86153 | CO17 |
| • Community Health Group                             | 09-86155 | CO16 |
| • Health Net Community Solutions Inc.                | 09-86157 | CO17 |
| • Molina Healthcare of California Partner Plan, Inc. | 09-86161 | CO19 |
| • KP Cal LLC   | 09-86159 | CO16 |

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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 CO12
- Anthem Blue Cross Partnership Plan 13-90163 CO11
- California Health and Wellness Plan 13-90161 CO12
- California Health and Wellness Plan 13-90157 CO12
- Molina Healthcare of California Partner Plan, Inc. 13-90285 CO12

The Centers for Medicare and Medicaid Services (CMS) is approving the request to amend the above listed contracts effective for the rate period covered July 1, 2015 through June 30, 2016.

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