

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 15, 2022

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

Re: California Managed Care Plan Contract Action(s) Approval

Dear Director Cooper:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's MCO contract action(s) submitted on August 21, 2020 that adjusts SFY 2018 rates and incorporates updated Mental Health Parity documentation, Pass-Through Payment and Directed Payment languages.

We conducted our review of this contract action(s) according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that the managed care plan contract action(s) shown in the table below are APPROVED FOR MEDICAID AND VALIDATED FOR CHIP.

Contract Name/Contractor	State Contract Identifier	State Contract Action Identifier for Approved/Validated Contract Action	Effective Start and End Dates for Approved/Validated Contract Action
Anthem Blue Cross Partnership Plan	13-90159	A09	July 1, 2017-June 30, 2018
Anthem Blue Cross Partnership Plan	13-90163	A09	July 1, 2017-June 30, 2018
California Health and Wellness Plan	13-90157	A09	July 1, 2017-June 30, 2018
California Health and Wellness Plan	13-90161	A09	July 1, 2017-June 30, 2018
Molina Healthcare of California Partner Plan, Inc	13-90285	A09	July 1, 2017-June 30, 2018

CMS APPROVAL FOR MEDICAID AND VALIDATION FOR CHIP pertains to the contract action(s) identified in this letter and does not apply to other contract actions currently under

CMS review or not yet submitted to CMS. This letter confirms state compliance with provisions of the May 6, 2016 managed care final rule only to the extent that final rule provisions are specifically articulated in the contract action(s) identified in this letter.

CMS has determined the capitation rates implemented via this contract action(s) to be actuarially sound per 42 Code of Federal Regulations (CFR) 438.4(b) for the period July 1, 2017- June 30, 2018. In order to help expedite the review of future actuarial rate certifications, please consider addressing the questions asked by the Office of the Actuary within the rate certification, particularly those where additional documentation or information provided in a different manner would facilitate future reviews.

The 42 CFR 438.6(c) delivery system and provider payment initiative(s) implemented by this contract action is approved for the managed care contract rating period specified in the related Section 438.6(c) Preprint approved by CMS per 42 CFR 438.6(c)(2).

CMS approved the state's September 27, 2019 request for a good cause waiver of the two-year timely filing limit related to the state fiscal year (SFY) 2017-18 capitation rates related to the managed care rate package 69 for the time period July 1, 2017 to June 30, 2018. This approval is only applicable to the changes being made to the contracts through managed care rate package 69. This approval does not cover any additional claims related to the SFY 2017-2018 base rates that were approved in May 2020 through rate package 60.

If you have questions regarding this letter please contact, Kitaho Kato at (714) 744-3639 or Kitaho.kato@cms.hhs.gov.

Sincerely,



Bill Brooks

Director

Division of Managed Care Operations

cc:

Bambi.Cisneros@dhcs.ca.gov

Lindy.Harrington@dhcs.ca.gov

Jacob.Lam@dhcs.ca.gov

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Re: California Managed Care Plan Contract Action(s) Approval

Dear Director Cooper:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Geographic Managed Care MCO contract action(s) submitted on August 21, 2020 that adjusts SFY 2018 rates and incorporates updated Mental Health Parity documentation, Pass-Through Payment and Directed Payment languages.

We conducted our review of this contract action(s) according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that the managed care plan contract action(s) shown in the table below are APPROVED FOR MEDICAID AND VALIDATED FOR CHIP.

Contract Name/Contractor	State Contract Identifier	State Contract Action Identifier for Approved/Validated Contract Action	Effective Start and End Dates for Approved/Validated Contract Action
Aetna Better Health Of California, Inc.	17-94600	A02	July 1, 2017-June 30, 2018
United Health Care Community Plan of CA, Inc.	17-94402	A02	July 1, 2017-June 30, 2018
Anthem Blue Cross Partnership Plan	07-65845	A20	July 1, 2017-June 30, 2018
Health Net Community Solutions, Inc.	07-65847	A20	July 1, 2017-June 30, 2018
KP Cal LLC	07-65849	A22	July 1, 2017-June 30, 2018

Molina Healthcare of California Partner Plan, Inc.	07-65851	A19	July 1, 2017-June 30, 2018
Aetna Better Health Of California, Inc.	17-94602	A02	July 1, 2017-June 30, 2018
United Health Care Community Plan of CA, Inc.	17-94404	A02	July 1, 2017-June 30, 2018
Blue Shield	09-86153	A21	July 1, 2017-June 30, 2018
Community Health Group Partnership Plan	09-86155	A19	July 1, 2017-June 30, 2018
Health Net Community Solutions, Inc.	09-86157	A18	July 1, 2017-June 30, 2018
KP Cal LLC	09-86159	A19	July 1, 2017-June 30, 2018
Molina Healthcare of California Partner Plan, Inc.	09-86161	A17	July 1, 2017-June 30, 2018

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Sincerely,

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Bill Brooks
Director
Division of Managed Care Operations

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Re: California Managed Care Plan Contract Action(s) Approval

Dear Director Cooper:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Two Plan MCO contract action(s) submitted on August 21, 2020 which incorporates updated Mental Health Parity documentation, Pass-Through Payment and Directed Payment languages. This amendment contains rate certifications for the adjusted State Fiscal Year (SFY) 18, Affordable Care Act Optional Expansion (ACA OE) group, and the CCI MLTSS Non-Full Duals population base and adjusted SFY18 rates.

We conducted our review of this contract action(s) according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that the managed care plan contract action(s) shown in the table below are APPROVED FOR MEDICAID AND VALIDATED FOR CHIP.

Contract Name/Contractor	State Contract Identifier	State Contract Action Identifier for Approved/Validated Contract Action	Effective Start and End Dates for Approved/Validated Contract Action
Anthem Blue Cross Partnership Plan	03-76184	A32	July 1, 2017-June 30, 2018
Anthem Blue Cross Partnership Plan	10-87049	A14	July 1, 2017-June 30, 2018
Health Net Community Solutions, Inc.	03-76182	A33	July 1, 2017-June 30, 2018
Health Net Community Solutions, Inc.	12-89334	A10	July 1, 2017-June 30, 2018
Molina Healthcare of California Partner Plan, Inc.	06-55498	A27	July 1, 2017-June 30, 2018

Alameda Alliance for Health	04-35399	A28	July 1, 2017-June 30, 2018
Anthem Blue Cross Partnership Plan	04-36068	A25	July 1, 2017-June 30, 2018
CalViva Health	10-87050	A14	July 1, 2017-June 30, 2018
Contra Costa Health Plan	04-36067	A25	July 1, 2017-June 30, 2018
Health Plan of San Joaquin	04-35401	A25	July 1, 2017-June 30, 2018
Inland Empire Health Plan	04-35765	A29	July 1, 2017-June 30, 2018
Kern Family Health Care	03-76165	A27	July 1, 2017-June 30, 2018
L.A. Care Health Plan	04-36069	A27	July 1, 2017-June 30, 2018
San Francisco Health Plan	04-35400	A27	July 1, 2017-June 30, 2018
Santa Clara Family Health Plan	04-35398	A29	July 1, 2017-June 30, 2018

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Jacey Cooper letter

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CalOptima	08-85214	A42	July 1, 2017-June 30, 2018
CenCal Health	08-85212	A39	July 1, 2017-June 30, 2018
Central California Alliance for Health	08-85216	A40	July 1, 2017-June 30, 2018
Gold Coast Health Plan	10-87128	A32	July 1, 2017-June 30, 2018
Health Plan of San Mateo	08-85213	A45	July 1, 2017-June 30, 2018
Partnership Health Plan of California	08-85215	A43	July 1, 2017-June 30, 2018

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