



**Medicaid and CHIP Operations Group**

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June 23, 2022

Jacey Cooper  
Chief Deputy Director and State Medicaid 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 County Organization Health System (COHS) managed care organization contract action(s) submitted on March 18, 2019 that adds the 2018 Final Rule requirements, updates to behavioral health treatment benefits, new aid codes, various technical corrections, and State Fiscal Year (SFY) 18/19 rate certification. Additionally, COHS plan amendments include the addition of the Whole Child Model (WCM) benefits and accompanying SFY 18/19 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 CHIIP.


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
<i>CalOptima</i>	<i>08-85214</i>	<i>Amendment 45</i>	<i>7/1/2018-6/30/2019</i>
<i>CenCal Health</i>	<i>08-85212</i>	<i>Amendment 41</i>	<i>7/1/2018-6/30/2019</i>
<i>Central California Alliance for Health</i>	<i>08-85216</i>	<i>Amendment 42</i>	<i>7/1/2018-6/30/2019</i>
<i>Gold Coast Health Plan</i>	<i>10-87128</i>	<i>Amendment 34</i>	<i>7/1/2018-6/30/2019</i>
<i>Health Plan of San Mateo</i>	<i>08-85213</i>	<i>Amendment 48</i>	<i>7/1/2018-6/30/2019</i>
<i>Partnership HealthPlan of California</i>	<i>08-85215</i>	<i>Amendment 45</i>	<i>7/1/2018-6/30/2019</i>

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, 2018 – June 30, 2019. 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).

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks  
Director  
Division of Managed Care Operations

cc: Rachel Arrunda-de Cell, DHCS  
Beau Bouchard, DHCS  
Lynn DelVecchio, DMCO



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Chief Deputy Director and State Medicaid 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 Geographic Managed Care (GMC) model managed care organization contract action(s) submitted on March 18, 2019 that adds the 2018 Final Rule requirements, updates to behavioral health treatment benefits, new aid codes, various technical corrections, and the State Fiscal Year (SFY) 18/19 rate certification.

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.

**GMC Sacramento**

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
<i>Anthem Blue Cross</i>	<i>07-65845</i>	<i>Amendment 22</i>	<i>7/1/2018-6/30/2019</i>
<i>Health Net Community Solutions Inc.</i>	<i>07-65847</i>	<i>Amendment 22</i>	<i>7/1/2018-6/30/2019</i>
<i>KP Cal LLC</i>	<i>07-65849</i>	<i>Amendment 23</i>	<i>7/1/2018-6/30/2019</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>07-65851</i>	<i>Amendment 20</i>	<i>7/1/2018-6/30/2019</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94600</i>	<i>Amendment 3</i>	<i>7/1/2018-6/30/2019</i>

<i>United Health Community Plan of CA Inc.</i>	<i>17-94402</i>	<i>Amendment 3</i>	<i>7/1/2018-6/30/2019</i>
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**GMC San Diego**

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
<i>Blue Shield of California Promise Health Plan</i>	<i>09-86153</i>	<i>Amendment 22</i>	<i>7/1/2018-6/30/2019</i>
<i>Community Health Group</i>	<i>09-86155</i>	<i>Amendment 20</i>	<i>7/1/2018-6/30/2019</i>
<i>Health Net Community Solutions Inc.</i>	<i>09-86157</i>	<i>Amendment 19</i>	<i>7/1/2018-6/30/2019</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>09-86159</i>	<i>Amendment 18</i>	<i>7/1/2018-6/30/2019</i>
<i>KP Cal LLC</i>	<i>09-86159</i>	<i>Amendment 20</i>	<i>7/1/2018-6/30/2019</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94602</i>	<i>Amendment 3</i>	<i>7/1/2018-6/30/2019</i>
<i>United Health Community Plan of CA Inc.</i>	<i>17-94404</i>	<i>Amendment 3</i>	<i>7/1/2018-6/30/2019</i>

CMS approval for Medicaid 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, 2018 – June 30, 2019. 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.

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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).

Sincerely,

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Bill Brooks  
Director  
Division of Managed Care Operations

cc: Rachel Arrunda-de Cell, DHCS  
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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 Regional Model managed care organization contract action(s) submitted on March 18, 2019 that adds the 2018 Final Rule requirements, updates to behavioral health treatment benefits, new aid codes, various technical corrections, and State Fiscal Year (SFY) 18/19 rate certification.

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.

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
<i>Anthem Blue Cross (18 Counties)</i>	<i>13-90159</i>	<i>Amendment 11</i>	<i>7/1/2018-6/30/2019</i>
<i>Anthem Blue Cross (San Benito)</i>	<i>13-90163</i>	<i>Amendment 11</i>	<i>7/1/2018-6/30/2019</i>
<i>California Health and Wellness Plan (18 Counties)</i>	<i>13-90161</i>	<i>Amendment 11</i>	<i>7/1/2018-6/30/2019</i>
<i>California Health and Wellness Plan (Imperial)</i>	<i>13-90157</i>	<i>Amendment 11</i>	<i>7/1/2018-6/30/2019</i>
<i>Molina Healthcare of California Partner Plan, Inc. (Imperial)</i>	<i>13-90285</i>	<i>Amendment 11</i>	<i>7/1/2018-6/30/2019</i>

Cooper letter


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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).

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Bill Brooks

Director

Division of Managed Care Operations

cc: Rachel Arrunda-de Cell, DHCS

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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 Two-Plan Model managed care organization contract action(s) submitted on March 18, 2019 that adds the 2018 Final Rule requirements, updates to Behavioral Health Treatment benefits, new aid codes, and various technical corrections. Additionally, this amendment contains rate certifications for State Fiscal Year (SFY) 18/19, Affordable Care Act Optional Expansion (ACA OE) group, and the CCI MLTSS Non-Full Duals population.

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.

**Two-Plan Commercial**

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
<i>Health Net Community Solutions Inc.</i>	<i>03-76182</i>	<i>Amendment 35</i>	<i>7/1/2018-6/30/2019</i>
<i>Health Net Community Solutions Inc.</i>	<i>12-89334</i>	<i>Amendment 11</i>	<i>7/1/2018-6/30/2019</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>06-55498</i>	<i>Amendment 29</i>	<i>7/1/2018-6/30/2019</i>



<i>Anthem Blue Cross-Tri County</i>	<i>10-87049</i>	<i>Amendment 16</i>	<i>7/1/2018-6/30/2019</i>
<i>Anthem Blue Cross-Central Valley</i>	<i>03-76184</i>	<i>Amendment 34</i>	<i>7/1/2018-6/30/2019</i>

**Two-Plan Local Initiative**

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
<i>Alameda Alliance for Health</i>	<i>04-35399</i>	<i>Amendment 29</i>	<i>7/1/2018-6/30/2019</i>
<i>Contra Costa Health Plan</i>	<i>04-36067</i>	<i>Amendment 26</i>	<i>7/1/2018-6/30/2019</i>
<i>LA Care Health Plan</i>	<i>04-36069</i>	<i>Amendment 28</i>	<i>7/1/2018-6/30/2019</i>
<i>Inland Empire Health Plan</i>	<i>04-35765</i>	<i>Amendment 31</i>	<i>7/1/2018-6/30/2019</i>
<i>Health Plan of San Joaquin</i>	<i>04-35401</i>	<i>Amendment 26</i>	<i>7/1/2018-6/30/2019</i>
<i>Kern Family Health Care</i>	<i>03-76165</i>	<i>Amendment 28</i>	<i>7/1/2018-6/30/2019</i>
<i>Calviva Health</i>	<i>10-87050</i>	<i>Amendment 15</i>	<i>7/1/2018-6/30/2019</i>
<i>Santa Clara Family Health Plan</i>	<i>04-35395</i>	<i>Amendment 30</i>	<i>7/1/2018-6/30/2019</i>
<i>San Francisco Health Plan</i>	<i>04-35400</i>	<i>Amendment 28</i>	<i>7/1/2018-6/30/2019</i>
<i>Anthem Blue Cross-Tulare</i>	<i>04-36068</i>	<i>Amendment 27</i>	<i>7/1/2018-6/30/2019</i>

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Cooper letter  
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