



Medicaid and CHIP Operations Group

February 28, 2023

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 June 30, 2020 that amends the contracts to include language applicable to the “Bridge” period. Additionally, this submission includes the 18-month “bridge period” rates to bridge rating periods from a State Fiscal Year to Calendar Year cycle, effective July 1, 2019- 12/31/2020.

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 48</i>	<i>7/1/2019-12/31/2020</i>
<i>Central California Alliance for Health</i>	<i>08-85216</i>	<i>Amendment 43</i>	<i>7/1/2019-12/31/2020</i>
<i>CenCal Health</i>	<i>08-85212</i>	<i>Amendment 42</i>	<i>7/1/2019-12/31/2020</i>
<i>Gold Coast Health Plan</i>	<i>10-87128</i>	<i>Amendment 35</i>	<i>7/1/2019-12/31/2020</i>
<i>Health Plan of San Mateo</i>	<i>08-85213</i>	<i>Amendment 51</i>	<i>7/1/2019-12/31/2020</i>
<i>Partnership HealthPlan of California</i>	<i>08-85215</i>	<i>Amendment 46</i>	<i>7/1/2019-12/31/2020</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 Medicaid rates, effective July 1, 2019 to December 31, 2020 to be actuarially sound in accordance with 42 CFR 438.4(b). The capitation rates appear to have been set consistently with generally accepted actuarial practices and principles and can be reasonably expected to cover all reasonable, appropriate, and attainable costs for the California Medi-Cal Program acknowledging the uncertainty of the COVID-19 pandemic. 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).

The risk-sharing mechanism(s) implemented by this contract action is approved based on CMS' time-limited approval of the state's Managed Care Risk Mitigation COVID-19 Public Health Emergency (PHE) section 1115 demonstration, which was issued on January 28, 2022.

California is currently operating under a Corrective Action Plan for applicable Medicaid managed care rate development and non-citizen population with unsatisfactory immigration status (UIS) for this program. The CAP was issued to the state on February 14, 2022, the state acknowledged receipt of the CAP and provided an assurance that it will comply with the terms of the CAP on February 16, 2022. Failure to comply with the CAP may jeopardize approval for FFP.

If you have questions regarding this letter please contact, Stephanie Sale at 214-767-4419 and Stephanie.Sale@cms.hhs.gov.

Sincerely,



Bill Brooks

Director

Division of Managed Care Operations

cc: Rachel Arrunda-de Cell, DHCS
Beau Bouchard, DHCS



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February 28, 2023

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 Geographic Managed Care (GMC) managed care organization contract action(s) submitted on June 30, 2020 that amends the contracts to include language applicable to the “Bridge” period. Additionally, this submission includes the 18-month “bridge period” rates to bridge rating periods from a State Fiscal Year to Calendar Year cycle, effective July 1, 2019-12/31/2020.

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.

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 Partnership Plan</i>	<i>07-65845</i>	<i>Amendment 23</i>	<i>7/1/2019-12/31/2020</i>
<i>Aetna Better Health of California, Inc.</i>	<i>17-94600</i>	<i>Amendment 04</i>	<i>7/1/2019-12/31/2020</i>
<i>Health Net Community Solutions, Inc.</i>	<i>07-65847</i>	<i>Amendment 23</i>	<i>7/1/2019-12/31/2020</i>
<i>KP Cal, LLC.</i>	<i>07-65849</i>	<i>Amendment 25</i>	<i>7/1/2019-12/31/2020</i>
<i>Molina Healthcare of California</i>	<i>07-65851</i>	<i>Amendment 22</i>	<i>7/1/2019-12/31/2020</i>

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>Aetna Better Health of California, Inc.</i>	<i>17-94602</i>	<i>Amendment 05</i>	<i>7/1/2019-12/31/2020</i>
<i>Blue Shield of California Promise Health Plan</i>	<i>09-86153</i>	<i>Amendment 24</i>	<i>7/1/2019-12/31/2020</i>
<i>Community Health Group Partnership Plan</i>	<i>09-86155</i>	<i>Amendment 22</i>	<i>7/1/2019-12/31/2020</i>
<i>Health Net Community Solutions, Inc.</i>	<i>09-86157</i>	<i>Amendment 22</i>	<i>7/1/2019-12/31/2020</i>
<i>KP Cal, LLC</i>	<i>09-86159</i>	<i>Amendment 22</i>	<i>7/1/2019-12/31/2020</i>
<i>Molina Healthcare of California</i>	<i>09-86161</i>	<i>Amendment 21</i>	<i>7/1/2019-12/31/2020</i>
<i>United Healthcare Community Plan of California, Inc.</i>	<i>17-94404</i>	<i>Amendment 05</i>	<i>7/1/2019-12/31/2020</i>

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CMS has determined Medicaid rates, effective July 1, 2019 to December 31, 2020 to be actuarially sound in accordance with 42 CFR 438.4(b). The capitation rates appear to have been set consistently with generally accepted actuarial practices and principles and can be reasonably expected to cover all reasonable, appropriate, and attainable costs for the California Medi-Cal Program acknowledging the uncertainty of the COVID-19 pandemic. 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).

The risk-sharing mechanism(s) implemented by this contract action is approved based on CMS' time-limited approval of the state's Managed Care Risk Mitigation COVID-19 Public Health Emergency (PHE) section 1115 demonstration, which was issued on January 28, 2022.


Cooper letter

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California is currently operating under a Corrective Action Plan for applicable Medicaid managed care rate development and non-citizen population with unsatisfactory immigration status (UIS) for this program. The CAP was issued to the state on February 14, 2022, the state acknowledged receipt of the CAP and provided an assurance that it will comply with the terms of the CAP on February 16, 2022. Failure to comply with the CAP may jeopardize approval for FFP.

If you have questions regarding this letter please contact, Stephanie Sale at 214-767-4419 and Stephanie.Sale@cms.hhs.gov.

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



Medicaid and CHIP Operations Group

February 28, 2023

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 Regional Model managed care organization contract action(s) submitted on June 30, 2020 that amends the contracts to include language applicable to the "Bridge" period. Additionally, this submission includes the 18-month "bridge period" rates to bridge rating periods from a State Fiscal Year to Calendar Year cycle, effective July 1, 2019- 12/31/2020.

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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 Partnership Plan</i>	<i>13-90163</i>	<i>Amendment 15</i>	<i>7/1/2019-12/31/2020</i>
<i>Anthem Blue Cross Partnership Plan</i>	<i>13-90159</i>	<i>Amendment 15</i>	<i>7/1/2019-12/31/2020</i>
<i>California Health and Wellness Plan</i>	<i>13-90157</i>	<i>Amendment 12</i>	<i>7/1/2019-12/31/2020</i>
<i>California Health and Wellness Plan</i>	<i>13-90161</i>	<i>Amendment 15</i>	<i>7/1/2019-12/31/2020</i>
<i>Molina Healthcare of California</i>	<i>13-90285</i>	<i>Amendment 15</i>	<i>7/1/2019-12/31/2020</i>

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Sincerely,



Bill Brooks
Director
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P.O. Box 997413, MS 0000
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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 Model managed care organization contract action(s) submitted on June 30, 2020 that amends the contracts to include language applicable to the “Bridge” period. Additionally, this submission includes the 18-month “bridge period” rates to bridge rating periods from a State Fiscal Year to Calendar Year cycle, effective July 1, 2019- 12/31/2020.

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.

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>Anthem Blue Cross Partnership Plan</i>	<i>03-76184</i>	<i>Amendment 36</i>	<i>7/1/2019-12/31/2020</i>
<i>Anthem Blue Cross Partnership Plan</i>	<i>10-87049</i>	<i>Amendment 17</i>	<i>7/1/2019-12/31/2020</i>
<i>Health Net Community Solutions, Inc.</i>	<i>03-76182</i>	<i>Amendment 37</i>	<i>7/1/2019-12/31/2020</i>
<i>Health Net Community Solutions, Inc.</i>	<i>12-89334</i>	<i>Amendment 12</i>	<i>7/1/2019-12/31/2020</i>
<i>Molina Healthcare of California</i>	<i>06-55498</i>	<i>Amendment 32</i>	<i>7/1/2019-12/31/2020</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 30</i>	<i>7/1/2019-12/31/2020</i>
<i>Anthem Blue Cross Partnership Plan</i>	<i>04-36068</i>	<i>Amendment 31</i>	<i>7/1/2019-12/31/2020</i>
<i>CalViva Health</i>	<i>10-87050</i>	<i>Amendment 16</i>	<i>7/1/2019-12/31/2020</i>
<i>Contra Costa Health Plan</i>	<i>04-36067</i>	<i>Amendment 27</i>	<i>7/1/2019-12/31/2020</i>
<i>Health Plan of San Joaquin</i>	<i>04-35401</i>	<i>Amendment 27</i>	<i>7/1/2019-12/31/2020</i>
<i>Inland Empire Health Plan</i>	<i>04-35765</i>	<i>Amendment 33</i>	<i>7/1/2019-12/31/2020</i>
<i>Kern Family Health Care</i>	<i>03-76165</i>	<i>Amendment 29</i>	<i>7/1/2019-12/31/2020</i>
<i>L.A. Care Health Plan</i>	<i>04-36069</i>	<i>Amendment 30</i>	<i>7/1/2019-12/31/2020</i>
<i>Santa Clara Family Health Plan</i>	<i>04-35398</i>	<i>Amendment 32</i>	<i>7/1/2019-12/31/2020</i>
<i>San Francisco Health Plan</i>	<i>04-35400</i>	<i>Amendment 29</i>	<i>7/1/2019-12/31/2020</i>

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California is currently operating under a Corrective Action Plan for applicable Medicaid managed care rate development and non-citizen population with unsatisfactory immigration status (UIS) for this program. The CAP was issued to the state on February 14, 2022, the state acknowledged receipt of the CAP and provided an assurance that it will comply with the terms of the CAP on February 16, 2022. Failure to comply with the CAP may jeopardize approval for FFP.

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Sincerely,

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Director
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