



Medicaid and CHIP Operations Group

September 11, 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 January 29, 2021 that implements technical corrections, pharmacy carve-out, fee increases, risk adjustments, and CY21 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
<i>CalOptima</i>	<i>08-85214</i>	<i>Amendment 53</i>	<i>1/1/2021- 12/31/2021</i>
<i>CenCal Health</i>	<i>08-85212</i>	<i>Amendment 45</i>	<i>1/1/2021- 12/31/2021</i>
<i>Central California Alliance for Health</i>	<i>08-85216</i>	<i>Amendment 46</i>	<i>1/1/2021- 12/31/2021</i>
<i>Gold Coast Health Plan</i>	<i>10-87128</i>	<i>Amendment 38</i>	<i>1/1/2021- 12/31/2021</i>
<i>Health Plan of San Mateo</i>	<i>08-85213</i>	<i>Amendment 56</i>	<i>1/1/2021- 12/31/2021</i>
<i>Partnership HealthPlan of California</i>	<i>08-85215</i>	<i>Amendment 49</i>	<i>1/1/2021- 12/31/2021</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 January 1, 2021-December 31, 2021. 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).

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



Managed Care Group

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Dear Director Cooper:

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<i>CenCal Health</i>	<i>08-85212</i>	<i>Amendment 55</i>	<i>1/1/2021- 12/31/2021</i>
<i>Central California Alliance for Health</i>	<i>08-85216</i>	<i>Amendment 56</i>	<i>1/1/2021- 12/31/2021</i>
<i>Gold Coast Health Plan</i>	<i>10-87128</i>	<i>Amendment 48</i>	<i>1/1/2021- 12/31/2021</i>
<i>Health Plan of San Mateo</i>	<i>08-85213</i>	<i>Amendment 68</i>	<i>1/1/2021- 12/31/2021</i>
<i>Partnership HealthPlan of California</i>	<i>08-85215</i>	<i>Amendment 60</i>	<i>1/1/2021- 12/31/2021</i>

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CMS has determined Medicaid rates, effective January 1, 2021 to December 31, 2021, 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 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.

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.

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Bill Brooks
Director
Division of Managed Care Operations

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



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Jacey Cooper
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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 January 29, 2021 that implements technical corrections, pharmacy carve-out, revisions to the MAC adjustment for CHG, fee increases, risk adjustments, and CY21 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.

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 29</i>	<i>1/1/21- 12/31/2021</i>
<i>Health Net Community Solutions Inc.</i>	<i>07-65847</i>	<i>Amendment 29</i>	<i>1/1/21- 12/31/2021</i>
<i>KP Cal LLC</i>	<i>07-65849</i>	<i>Amendment 29</i>	<i>1/1/21- 12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>07-65851</i>	<i>Amendment 26</i>	<i>1/1/21- 12/31/2021</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94600</i>	<i>Amendment 6</i>	<i>1/1/21- 12/31/2021</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>Blue Shield- CPS</i>	<i>09-86153</i>	<i>Amendment 28</i>	<i>1/1/21- 12/31/2021</i>
<i>Community Health Group</i>	<i>09-86155</i>	<i>Amendment 26</i>	<i>1/1/21- 12/31/2021</i>
<i>Health Net Community Solutions Inc.</i>	<i>09-86157</i>	<i>Amendment 26</i>	<i>1/1/21- 12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>09-86161</i>	<i>Amendment 25</i>	<i>1/1/21- 12/31/2021</i>
<i>KP Cal LLC</i>	<i>09-86159</i>	<i>Amendment 26</i>	<i>1/1/21- 12/31/2021</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94602</i>	<i>Amendment 7</i>	<i>1/1/21- 12/31/2021</i>
<i>United Health Community Plan of CA. Inc.</i>	<i>17-94404</i>	<i>Amendment 8</i>	<i>1/1/21- 12/31/2021</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.

Cooper letter
Page 3

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



Managed Care Group

September 14, 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:

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<i>KP Cal LLC</i>	<i>07-65849</i>	<i>Amendment 39</i>	<i>1/1/21- 12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>07-65851</i>	<i>Amendment 35</i>	<i>1/1/21- 12/31/2021</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94600</i>	<i>Amendment 15</i>	<i>1/1/21- 12/31/2021</i>

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<i>Community Health Group</i>	<i>09-86155</i>	<i>Amendment 35</i>	<i>1/1/21- 12/31/2021</i>
<i>Health Net Community Solutions Inc.</i>	<i>09-86157</i>	<i>Amendment 35</i>	<i>1/1/21- 12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>09-86161</i>	<i>Amendment 34</i>	<i>1/1/21- 12/31/2021</i>
<i>KP Cal LLC</i>	<i>09-86159</i>	<i>Amendment 35</i>	<i>1/1/21- 12/31/2021</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94602</i>	<i>Amendment 16</i>	<i>1/1/21- 12/31/2021</i>
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Cooper letter
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Director
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Beau Bouchard, DHCS



Managed Care Group

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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 January 29, 2021 that implements the technical corrections, pharmacy carve-out, fee increases, risk adjustments, and CY21 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
<i>Anthem Blue Cross (18 Counties)</i>	<i>13-90159</i>	<i>Amendment 19</i>	<i>1/1/2021-12/31/2021</i>
<i>Anthem Blue Cross (San Benito)</i>	<i>13-90163</i>	<i>Amendment 19</i>	<i>1/1/2021-12/31/2021</i>
<i>California Health and Wellness Plan (18 Counties)</i>	<i>13-90161</i>	<i>Amendment 19</i>	<i>1/1/2021-12/31/2021</i>
<i>California Health and Wellness Plan (Imperial)</i>	<i>13-90157</i>	<i>Amendment 18</i>	<i>1/1/2021-12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc. (Imperial)</i>	<i>13-90285</i>	<i>Amendment 19</i>	<i>1/1/2021-12/31/2021</i>

Cooper letter

Page 2

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Dear Director Cooper:

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<i>Anthem Blue Cross (San Benito)</i>	<i>13-90163</i>	<i>Amendment 28</i>	<i>1/1/2021-12/31/2021</i>
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<i>California Health and Wellness Plan (Imperial)</i>	<i>13-90157</i>	<i>Amendment 27</i>	<i>1/1/2021-12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc. (Imperial)</i>	<i>13-90285</i>	<i>Amendment 28</i>	<i>1/1/2021-12/31/2021</i>

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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 January 29, 2021 that implements technical corrections, pharmacy carve-out, fee increases, risk adjustments, and CY21 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.

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 43</i>	<i>1/1/2021- 12/31/2021</i>
<i>Health Net Community Solutions Inc.</i>	<i>12-89334</i>	<i>Amendment 14</i>	<i>1/1/2021- 12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>06-55498</i>	<i>Amendment 36</i>	<i>1/1/2021- 12/31/2021</i>
<i>Anthem Blue Cross – Tri County</i>	<i>10-87049</i>	<i>Amendment 23</i>	<i>1/1/2021- 12/31/2021</i>
<i>Anthem Blue Cross – Central Valley</i>	<i>03-76184</i>	<i>Amendment 42</i>	<i>1/1/2021- 12/31/2021</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 34</i>	<i>1/1/2021- 12/31/2021</i>
<i>Contra Costa Health Plan</i>	<i>04-36067</i>	<i>Amendment 31</i>	<i>1/1/2021- 12/31/2021</i>
<i>LA Care Health Plan</i>	<i>04-36069</i>	<i>Amendment 34</i>	<i>1/1/2021- 12/31/2021</i>
<i>Inland Empire Health Plan</i>	<i>04-35765</i>	<i>Amendment 37</i>	<i>1/1/2021- 12/31/2021</i>
<i>Health Plan of San Joaquin</i>	<i>04-35401</i>	<i>Amendment 31</i>	<i>1/1/2021- 12/31/2021</i>
<i>Kern Family Health Care</i>	<i>03-76165</i>	<i>Amendment 33</i>	<i>1/1/2021- 12/31/2021</i>
<i>Calviva Health</i>	<i>10-87050</i>	<i>Amendment 20</i>	<i>1/1/2021- 12/31/2021</i>
<i>Santa Clara Family Health Plan</i>	<i>04-35398</i>	<i>Amendment 36</i>	<i>1/1/2021- 12/31/2021</i>
<i>San Francisco Health Plan</i>	<i>04-35400</i>	<i>Amendment 33</i>	<i>1/1/2021- 12/31/2021</i>
<i>Anthem Blue Cross – Tulare</i>	<i>04-36068</i>	<i>Amendment 35</i>	<i>1/1/2021- 12/31/2021</i>

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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 January 1, 2021- December 31, 2021. 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).

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

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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



Managed Care Group

September 14, 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 Two-Plan Model managed care organization contract action(s) submitted on April 10, 2023, that implements the split rates for the Unsatisfactory Immigration Status (UIS) and Satisfactory Immigration Status (SIS) population and the remaining of all Categories of Aid to reflect the UIS or SIS designation.

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.

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 52</i>	<i>1/1/2021- 12/31/2021</i>
<i>Health Net Community Solutions Inc.</i>	<i>12-89334</i>	<i>Amendment 23</i>	<i>1/1/2021- 12/31/2021</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>06-55498</i>	<i>Amendment 45</i>	<i>1/1/2021- 12/31/2021</i>
<i>Anthem Blue Cross – Tri County</i>	<i>10-87049</i>	<i>Amendment 32</i>	<i>1/1/2021- 12/31/2021</i>
<i>Anthem Blue Cross – Central Valley</i>	<i>03-76184</i>	<i>Amendment 51</i>	<i>1/1/2021- 12/31/2021</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 43</i>	<i>1/1/2021- 12/31/2021</i>
<i>Contra Costa Health Plan</i>	<i>04-36067</i>	<i>Amendment 40</i>	<i>1/1/2021- 12/31/2021</i>
<i>LA Care Health Plan</i>	<i>04-36069</i>	<i>Amendment 43</i>	<i>1/1/2021- 12/31/2021</i>
<i>Inland Empire Health Plan</i>	<i>04-35765</i>	<i>Amendment 46</i>	<i>1/1/2021- 12/31/2021</i>
<i>Health Plan of San Joaquin</i>	<i>04-35401</i>	<i>Amendment 40</i>	<i>1/1/2021- 12/31/2021</i>
<i>Kern Family Health Care</i>	<i>03-76165</i>	<i>Amendment 42</i>	<i>1/1/2021- 12/31/2021</i>
<i>Calviva Health</i>	<i>10-87050</i>	<i>Amendment 29</i>	<i>1/1/2021- 12/31/2021</i>
<i>Santa Clara Family Health Plan</i>	<i>04-35398</i>	<i>Amendment 45</i>	<i>1/1/2021- 12/31/2021</i>
<i>San Francisco Health Plan</i>	<i>04-35400</i>	<i>Amendment 42</i>	<i>1/1/2021- 12/31/2021</i>
<i>Anthem Blue Cross – Tulare</i>	<i>04-36068</i>	<i>Amendment 44</i>	<i>1/1/2021- 12/31/2021</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 January 1, 2021 to December 31, 2021, 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 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.

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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