



**Managed Care Group**

---

February 21, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California’s Medi-Cal COHS HIO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

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 57</i>	<i>1/1/2022-12/31/2022</i>
<i>CenCal Health</i>	<i>08-85212</i>	<i>Amendment 49</i>	<i>1/1/2022-12/31/2022</i>
<i>Central California Alliance for Health</i>	<i>08-85216</i>	<i>Amendment 50</i>	<i>1/1/2022-12/31/2022</i>
<i>Gold Cost Health Plan</i>	<i>10-87128</i>	<i>Amendment 42</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Plan of San Mateo</i>	<i>08-85213</i>	<i>Amendment 60</i>	<i>1/1/2022-12/31/2022</i>
<i>Partnership HealthPlan of California</i>	<i>08-85215</i>	<i>Amendment 53</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 - December 31, 2022. These contract actions also include state directed payments, which CMS reviewed in accordance with 42 CFR 438.6(c).

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 - December 31, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

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  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 22, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California’s Medi-Cal COHS HIO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

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 65</i>	<i>1/1/2022-12/31/2022</i>
<i>CenCal Health</i>	<i>08-85212</i>	<i>Amendment 56</i>	<i>1/1/2022-12/31/2022</i>
<i>Central California Alliance for Health</i>	<i>08-85216</i>	<i>Amendment 57</i>	<i>1/1/2022-12/31/2022</i>
<i>Gold Cost Health Plan</i>	<i>10-87128</i>	<i>Amendment 49</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Plan of San Mateo</i>	<i>08-85213</i>	<i>Amendment 69</i>	<i>1/1/2022-12/31/2022</i>
<i>Partnership HealthPlan of California</i>	<i>08-85215</i>	<i>Amendment 61</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter,

states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

If you have questions regarding this letter, please contact Stephanie Sale at 214-767-4419 and [Stephanie.Sale@cms.hhs.gov](mailto: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  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 23, 2024

Michelle Baass  
Director & Interim 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 Actions Approval for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California’s Medi-Cal COHS HIO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

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 66</i>	<i>1/1/2022-12/31/2022</i>
<i>CenCal Health</i>	<i>08-85212</i>	<i>Amendment 57</i>	<i>1/1/2022-12/31/2022</i>
<i>Central California Alliance for Health</i>	<i>08-85216</i>	<i>Amendment 58</i>	<i>1/1/2022-12/31/2022</i>
<i>Gold Cost Health Plan</i>	<i>10-87128</i>	<i>Amendment 50</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Plan of San Mateo</i>	<i>08-85213</i>	<i>Amendment 70</i>	<i>1/1/2022-12/31/2022</i>
<i>Partnership HealthPlan of California</i>	<i>08-85215</i>	<i>Amendment 62</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

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  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 21, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California’s Medi-Cal GMC MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

**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 31</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>07-65847</i>	<i>Amendment 31</i>	<i>1/1/2022-12/31/2022</i>
<i>KP Cal LLC</i>	<i>07-65849</i>	<i>Amendment 31</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>07-65851</i>	<i>Amendment 28</i>	<i>1/1/2022-12/31/2022</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94600</i>	<i>Amendment 8</i>	<i>1/1/2022-12/31/2022</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 30</i>	<i>1/1/2022-12/31/2022</i>

<i>Community Health Group</i>	<i>09-86155</i>	<i>Amendment 28</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>09-86157</i>	<i>Amendment 28</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>09-86161</i>	<i>Amendment 27</i>	<i>1/1/2022-12/31/2022</i>
<i>KP Cal LLC</i>	<i>09-86159</i>	<i>Amendment 28</i>	<i>1/1/2022-12/31/2022</i>
<i>Aetna Better Health of California Inc</i>	<i>17-94602</i>	<i>Amendment 9</i>	<i>1/1/2022-12/31/2022</i>
<i>United Health Community Plan of CA. Inc.</i>	<i>17-94404</i>	<i>Amendment 10</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via this/these contract action(s) to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 - December 31, 2022. These contract actions also include state directed payments, which CMS reviewed in accordance with 42 CFR 438.6(c).

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 - December 31, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.



Baass 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

Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 22, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Medi-Cal GMC MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

**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>Change Order 24</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>07-65847</i>	<i>Change Order 23</i>	<i>1/1/2022-12/31/2022</i>
<i>KP Cal LLC</i>	<i>07-65849</i>	<i>Change Order 24</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>07-65851</i>	<i>Change Order 23</i>	<i>1/1/2022-12/31/2022</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94600</i>	<i>Change Order 3</i>	<i>1/1/2022-12/31/2022</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>Change Order 27</i>	<i>1/1/2022-12/31/2022</i>
<i>Community Health Group</i>	<i>09-86155</i>	<i>Change Order 26</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>09-86157</i>	<i>Change Order 30</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>09-86161</i>	<i>Change Order 32</i>	<i>1/1/2022-12/31/2022</i>
<i>KP Cal LLC</i>	<i>09-86159</i>	<i>Change Order 29</i>	<i>1/1/2022-12/31/2022</i>
<i>Aetna Better Health of California Inc</i>	<i>17-94602</i>	<i>Change Order 7</i>	<i>1/1/2022-12/31/2022</i>
<i>United Health Community Plan of CA. Inc.</i>	<i>17-94404</i>	<i>Change Order 9</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

Baass 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  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 23, 2024

Michelle Baass  
Director & Interim 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 Actions Approval for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Medi-Cal GMC MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

**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 39</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>07-65847</i>	<i>Amendment 39</i>	<i>1/1/2022-12/31/2022</i>
<i>KP Cal LLC</i>	<i>07-65849</i>	<i>Amendment 40</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>07-65851</i>	<i>Amendment 36</i>	<i>1/1/2022-12/31/2022</i>
<i>Aetna Better Health of California Inc.</i>	<i>17-94600</i>	<i>Amendment 16</i>	<i>1/1/2022-12/31/2022</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 38</i>	<i>1/1/2022-12/31/2022</i>
<i>Community Health Group</i>	<i>09-86155</i>	<i>Amendment 36</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>09-86157</i>	<i>Amendment 36</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>09-86161</i>	<i>Amendment 35</i>	<i>1/1/2022-12/31/2022</i>
<i>KP Cal LLC</i>	<i>09-86159</i>	<i>Amendment 36</i>	<i>1/1/2022-12/31/2022</i>
<i>Aetna Better Health of California Inc</i>	<i>17-94602</i>	<i>Amendment 17</i>	<i>1/1/2022-12/31/2022</i>
<i>United Health Community Plan of CA. Inc.</i>	<i>17-94404</i>	<i>Amendment 16</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

Baass 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  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 21, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California’s Medi-Cal Regional MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

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 21</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross (San Benito)</i>	<i>13-90163</i>	<i>Amendment 21</i>	<i>1/1/2022-12/31/2022</i>
<i>California Health and Wellness Plan (18 Counties)</i>	<i>13-90161</i>	<i>Amendment 21</i>	<i>1/1/2022-12/31/2022</i>
<i>California Health and Wellness Plan (Imperial)</i>	<i>13-90157</i>	<i>Amendment 20</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc. (Imperial)</i>	<i>13-90285</i>	<i>Amendment 21</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 - December 31, 2022. These contract actions also include state directed payments, which CMS reviewed in accordance with 42 CFR 438.6(c).



These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 - December 31, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

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

Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 22, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Medi-Cal Regional MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

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>Change Order 18</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross (San Benito)</i>	<i>13-90163</i>	<i>Change Order 17</i>	<i>1/1/2022-12/31/2022</i>
<i>California Health and Wellness Plan (18 Counties)</i>	<i>13-90161</i>	<i>Change Order 18</i>	<i>1/1/2022-12/31/2022</i>
<i>California Health and Wellness Plan (Imperial)</i>	<i>13-90157</i>	<i>Change Order 18</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc. (Imperial)</i>	<i>13-90285</i>	<i>Change Order 18</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

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  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 23, 2024

Michelle Baass  
Director & Interim 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 Actions Approval for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Medi-Cal Regional MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

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 29</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross (San Benito)</i>	<i>13-90163</i>	<i>Amendment 29</i>	<i>1/1/2022-12/31/2022</i>
<i>California Health and Wellness Plan (18 Counties)</i>	<i>13-90161</i>	<i>Amendment 29</i>	<i>1/1/2022-12/31/2022</i>
<i>California Health and Wellness Plan (Imperial)</i>	<i>13-90157</i>	<i>Amendment 28</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc. (Imperial)</i>	<i>13-90285</i>	<i>Amendment 29</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

If you have questions regarding this letter, please contact Stephanie Sale at 214-767-4419 and [Stephanie.Sale@cms.hhs.gov](mailto:Stephanie.Sale@cms.hhs.gov).

Sincerely,



Bill Brooks

Director

Division of Managed Care Operations

cc: Rachel Arrunda-De Cell, DHCS  
Beau Bouchard, DHCS  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 21, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Medi-Cal Two-Plan MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

**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 45</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>12-89334</i>	<i>Amendment 16</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>06-55498</i>	<i>Amendment 38</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Tri County</i>	<i>10-87049</i>	<i>Amendment 25</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Central Valley</i>	<i>03-76184</i>	<i>Amendment 44</i>	<i>1/1/2022-12/31/2022</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 36</i>	<i>1/1/2022-12/31/2022</i>
<i>Contra Costa Health Plan</i>	<i>04-36067</i>	<i>Amendment 33</i>	<i>1/1/2022-12/31/2022</i>
<i>LA Care Health Plan</i>	<i>04-36069</i>	<i>Amendment 36</i>	<i>1/1/2022-12/31/2022</i>
<i>Inland Empire Health Plan</i>	<i>04-35765</i>	<i>Amendment 39</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Plan of San Joaquin</i>	<i>04-35401</i>	<i>Amendment 33</i>	<i>1/1/2022-12/31/2022</i>
<i>Kern Family Health Care</i>	<i>03-76165</i>	<i>Amendment 35</i>	<i>1/1/2022-12/31/2022</i>
<i>Calviva Health</i>	<i>10-87050</i>	<i>Amendment 22</i>	<i>1/1/2022-12/31/2022</i>
<i>Santa Clara Family Health Plan</i>	<i>04-35398</i>	<i>Amendment 38</i>	<i>1/1/2022-12/31/2022</i>
<i>San Francisco Health Plan</i>	<i>04-35400</i>	<i>Amendment 35</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Tulare</i>	<i>04-36068</i>	<i>Amendment 37</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 - December 31, 2022. These contract actions also include state directed payments, which CMS reviewed in accordance with 42 CFR 438.6(c).

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 - December 31, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

Baass letter

Page 3

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

If you have questions regarding this letter, please contact Stephanie Sale at 214-767-4419 and [Stephanie.Sale@cms.hhs.gov](mailto: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  
Matthew Rodriguez, DMCO





**Managed Care Group**

---

February 22, 2024

Michelle Baass  
Director & Interim 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 for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Medi-Cal Two-Plan MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

**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>Change Order 49</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>12-89334</i>	<i>Change Order 23</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>06-55498</i>	<i>Change Order 43</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Tri County</i>	<i>10-87049</i>	<i>Change Order 24</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Central Valley</i>	<i>03-76184</i>	<i>Change Order 47</i>	<i>1/1/2022-12/31/2022</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>Change Order 37</i>	<i>1/1/2022-12/31/2022</i>
<i>Contra Costa Health Plan</i>	<i>04-36067</i>	<i>Change Order 34</i>	<i>1/1/2022-12/31/2022</i>
<i>LA Care Health Plan</i>	<i>04-36069</i>	<i>Change Order 40</i>	<i>1/1/2022-12/31/2022</i>
<i>Inland Empire Health Plan</i>	<i>04-35765</i>	<i>Change Order 40</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Plan of San Joaquin</i>	<i>04-35401</i>	<i>Change Order 36</i>	<i>1/1/2022-12/31/2022</i>
<i>Kern Family Health Care</i>	<i>03-76165</i>	<i>Change Order 35</i>	<i>1/1/2022-12/31/2022</i>
<i>Calviva Health</i>	<i>10-87050</i>	<i>Change Order 21</i>	<i>1/1/2022-12/31/2022</i>
<i>Santa Clara Family Health Plan</i>	<i>04-35398</i>	<i>Change Order 43</i>	<i>1/1/2022-12/31/2022</i>
<i>San Francisco Health Plan</i>	<i>04-35400</i>	<i>Change Order 34</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Tulare</i>	<i>04-36068</i>	<i>Change Order 35</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming

Baass letter

Page 3

methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

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  
Matthew Rodriguez, DMCO



**Managed Care Group**

---

February 23, 2024

Michelle Baass  
Director & Interim 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 Actions Approval for Medicaid

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed review of California's Medi-Cal Two-Plan MCO contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

**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 53</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Net Community Solutions Inc.</i>	<i>12-89334</i>	<i>Amendment 24</i>	<i>1/1/2022-12/31/2022</i>
<i>Molina Healthcare of California Partner Plan, Inc.</i>	<i>06-55498</i>	<i>Amendment 46</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Tri County</i>	<i>10-87049</i>	<i>Amendment 33</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Central Valley</i>	<i>03-76184</i>	<i>Amendment 52</i>	<i>1/1/2022-12/31/2022</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 44</i>	<i>1/1/2022-12/31/2022</i>
<i>Contra Costa Health Plan</i>	<i>04-36067</i>	<i>Amendment 41</i>	<i>1/1/2022-12/31/2022</i>
<i>LA Care Health Plan</i>	<i>04-36069</i>	<i>Amendment 44</i>	<i>1/1/2022-12/31/2022</i>
<i>Inland Empire Health Plan</i>	<i>04-35765</i>	<i>Amendment 47</i>	<i>1/1/2022-12/31/2022</i>
<i>Health Plan of San Joaquin</i>	<i>04-35401</i>	<i>Amendment 41</i>	<i>1/1/2022-12/31/2022</i>
<i>Kern Family Health Care</i>	<i>03-76165</i>	<i>Amendment 43</i>	<i>1/1/2022-12/31/2022</i>
<i>Calviva Health</i>	<i>10-87050</i>	<i>Amendment 30</i>	<i>1/1/2022-12/31/2022</i>
<i>Santa Clara Family Health Plan</i>	<i>04-35398</i>	<i>Amendment 46</i>	<i>1/1/2022-12/31/2022</i>
<i>San Francisco Health Plan</i>	<i>04-35400</i>	<i>Amendment 43</i>	<i>1/1/2022-12/31/2022</i>
<i>Anthem Blue Cross-Tulare</i>	<i>04-36068</i>	<i>Amendment 45</i>	<i>1/1/2022-12/31/2022</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period January 1, 2022 – December 31, 2022.

These contract actions also include the provision of in lieu of services and settings (ILOSs) which are existing as of the publication of SMD 23-001 on January 4, 2023. Per the SMD letter, states will have until the contract rating period beginning on or after January 1, 2024 to comply with this guidance for existing non-IMD ILOSs, which is January 1, 2024 for this contract. Should the state decide to add any new ILOSs, the state must conform with the guidance in the SMD letter as of January 4, 2023 for any new ILOSs.

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.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming

Baass letter

Page 3

methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

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  
Matthew Rodriguez, DMCO