



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

DEC 16 2011

Toby Douglas
Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Thank you for your submission of the Low Income Health Program prepaid inpatient health plan (PIHP) managed care contract (No. 11-15909-SB-15) for San Bernardino County to the Centers for Medicare & Medicaid Services (CMS) for prior approval.

This contract fulfills the requirements in the California 1115 Demonstration Waiver special terms and conditions. Our approval of all PIHP contracts and their subsequent amendments is required in 42CFR Section 438.6(a). We have reviewed this contract to ensure that it meets the requirements established by the Balanced Budget Act (BBA) of 1997 and 42 CFR Part 438 except where specific provisions of the California Section 1115 Demonstration waive these requirements. Approval of this contract does not extend Federal financial participation for costs associated with activities not meeting Federal requirements.

We appreciate the assistance your staff has provided during the approval process. If you have any questions, please contact Carolyn Kenline at (415) 744-3591 or carolyn.kenline@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations