

December 26, 2023

CERTIFICATION POSTED ON WWW.DHCS.CA.GOV

Certification of Federal Approval for AB 119 Managed Care Organization Tax – Effective April 1, 2023

The California Department of Health Care Services (DHCS) issues this certification of federal approval pursuant to Welfare and Institutions Code section 14199.80 et seq.

On December 15, 2023, the federal Centers for Medicare and Medicaid Services (CMS) approved the Managed Care Organization (MCO) tax authorized by Assembly Bill 119 (Chapter 13, Statutes of 2023) and submitted by DHCS on June 29, 2023 (available [here](#)). The MCO tax was approved with an effective date of April 1, 2023, as provided in AB 119 and requested by DHCS. A copy of the December 15, 2023, approval letter from CMS is available [here](#).

Pursuant to Welfare and Institutions Code section 14199.84(d)(2), DHCS will soon issue notice to each health plan subject to the AB 119 MCO tax approved by CMS. For the first nine months of the proposed model (April 1, 2023, through December 31, 2023), each applicable health plan's MCO tax amount is calculated for the full calendar year and then reduced by one-fourth for the applicable nine-month period.

Accordingly, as Director of DHCS, and pursuant to Welfare and Institutions Code section 14199.84(d)(1), I hereby certify the receipt of federal approval necessary to claim federal financial participation in conjunction with the modified MCO tax pursuant to AB 119. This approval is effective beginning April 1, 2023, and is applicable through December 31, 2026, subject to any future changes to the federal requirements concerning health care-related taxes that may require California to modify its tax structure to come into compliance. Copies of this certification are being sent via email to the Secretary of State, the Secretary of the Senate, the Chief Clerk of the Assembly, and the Legislative Counsel.

Sincerely,

Originally Signed by

Michelle Baass
Director and Interim State Medicaid Director



Michelle Baass, Director & Interim State Medicaid Director
Department of Health Care Services
1501 Capitol Ave
MS 0000
Sacramento, CA 95899-7413

Dear Director Baass:

This is in response to your request for a waiver of the broad-based and uniformity requirements related to the state of California's managed care organization (MCO) tax. California is requesting this waiver as an update to its previously approved MCO tax. Upon review and consideration of the information formally provided to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2023, I am writing to inform you that your request for a waiver of the broad-based and uniformity provisions of sections 1903(w)(3)(B) and (C) of the Social Security Act (the Act) is approved.

The tax structure for which California requested a waiver would be imposed as follows:

1. Cumulative Medi-Cal member months from 0 to 1,250,000, inclusive, are excluded from the tax for April 1 to December 31, 2023, Calendar Year (CY) 2024, CY 2025, and CY 2026;
2. Cumulative Medi-Cal member months from 1,250,001 to 4,000,000, inclusive, are taxed \$182.50 per member month for April 1 to December 31, 2023, and CY 2024, \$187.50 in CY 2025 and \$192.50 in CY 2026;
3. Cumulative Medi-Cal member months in excess of 4,000,000 are excluded from the tax for April 1 to December 31, 2023, CY 2024, CY 2025, and CY 2026;
4. Cumulative other member months from 0 to 1,250,000, inclusive, are excluded from the tax for April 1 to December 31, 2023, CY 2024, CY 2025, and CY 2026;
5. Cumulative other member months from 1,250,001 to 4,000,000, inclusive, are taxed \$1.75 per member month for April 1 to December 31, 2023, and CY 2024, \$2.00 per member month in CY 2025, and \$2.25 per member month in CY 2026; and
6. Cumulative other member months in excess of 4,000,000 are excluded from the tax for April 1 to December 31, 2023, CY 2024, CY 2025, and CY 2026.

Section 1903(w)(3)(E) of the Act specifies that the Secretary shall approve broad-based and uniformity waiver applications if the net impact of the tax is generally redistributive, and the amount of the tax is not directly correlated to Medicaid payments.

Federal regulations at 42 CFR 433.68(e)(2) describe the statistical test necessary for a state to demonstrate that the proposed structure is generally redistributive. California's statistical demonstration is addressed below. Moreover, federal regulations at 42 CFR 433.68(f) describe the circumstances in which a direct correlation would exist. Upon review of the California statute implementing the proposed MCO tax and review of California's proposed methodology for increasing Medicaid reimbursement to managed care organizations, it appears that no direct correlation exists between the tax and any associated increases in Medicaid reimbursement.

Analysis

To determine the generally redistributive nature of the proposed member month tax, California calculated the slope (expressed as B1) of a linear regression for a broad-based and uniform tax in which the dependent variable was each MCO's percentage share of the total tax paid, if the tax was

uniformly imposed on all member months in the state and the independent variable was each MCO's number of Medicaid member months. California then calculated the slope (expressed as B2) of a linear regression for the State's actual proposed tax program in which the dependent variable was each MCO's percentage share of the total tax paid and the independent variable was the number of Medicaid member months for each MCO.

Using the patient day and tax rate data you provided, CMS also performed the calculations required in the regulations for the proposed tax. CMS finds that the result of the generally redistributive calculation for the California MCO tax to be **1.1367** for calendar year 2023, **1.4324** for calendar year 2024, **1.4325** for calendar year 2025, and **1.4327** for calendar year 2026.

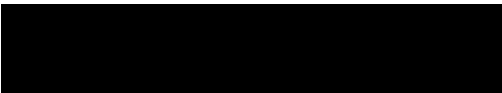
Therefore, we are able to approve your request for a waiver of the broad-based and uniformity provisions of section 1903(w)(3)(B) and (C) of the Act for the proposed MCO tax. Please be advised that any future changes to the taxing structure, including a non-uniform change to the approved tax rates, may require the State of California to submit a new broad-based and/or uniformity waiver request.

Federal regulations at 42 CFR 433.72(c)(2) specify that a waiver will be effective for tax programs commencing on or after August 13, 1993, on the first day of the calendar quarter in which the waiver is received by CMS. CMS received the State of California's request for a waiver of the broad-based and uniformity requirements on June 29, 2023, with a requested effective date of April 1, 2023. Therefore, the effective date of California's request for a waiver of the broad-based and uniformity requirements is April 1, 2023. Please be advised that any changes to the federal requirements concerning health care-related taxes may require the State to come into compliance by modifying its tax structure.

CMS is also providing a companion letter to this tax waiver approval letter. Please be advised that any changes to the federal requirements concerning health care-related taxes may require the state to come into compliance by modifying its tax structure. CMS reserves the right to perform a financial management review at any time to ensure that the state operation of the tax on managed care organizations continues to meet the requirements of section 1903(w) of the Act.

I hope this information addresses all of your concerns. If you have further questions or need additional information, please contact Jonathan Endelman at (410) 786-4738.

Sincerely,



Rory Howe
Director
Financial Management Group

Michelle Baass, Director & Interim State Medicaid Director
Department of Health Care Services
1501 Capitol Ave
MS 0000
Sacramento, CA 95899-7413

RE: California Managed Care Organization Tax Waiver Approval

Dear Director Baass:

This letter is being sent as a companion to our approval of California's request for a waiver of the broad-based and uniformity requirements under section 1903(w)(3)(B) and (C) of the Social Security Act (the Act) for the state's Managed Care Organization tax.

During our review of California's waiver request, the Centers for Medicare & Medicaid Services (CMS) determined that the state's tax would impose a much higher tax burden on Medicaid member months compared to non-Medicaid member months. Specifically, Medicaid member months comprise about 50% of all member months but experience over 99% of the total tax burden for April 1 to December 1, 2023. Section 1903(w)(3)(E) of the Act provides, as relevant here, that the Secretary shall approve a health care-related tax waiver for the broad-based and/or uniformity requirements if the net impact of the tax and associated Medicaid expenditures is "generally redistributive in nature." Implementing regulations in 42 C.F.R. § 433.72(b) require that, "for CMS to approve a waiver request ... the State must demonstrate, to CMS's satisfaction," that "[t]he net impact of the tax and any payments made to the provider by the State under the Medicaid program is generally redistributive, as described in § 433.68(e)[.]" In turn, 42 C.F.R. § 433.68(e) specifies two statistical tests for determining whether a given tax waiver request would result in a tax program that is "generally redistributive," with the applicable test depending on whether the state is requesting a waiver of the broad-based requirement only or is requesting a waiver of the uniformity requirement (whether or not the state also is seeking a waiver of the broad-based requirement). Because California requested a waiver of the broad-based and uniformity requirements, the applicable statistical test is specified in 42 C.F.R. § 433.68(e)(2) and is referred to as the "B1/B2 test."

CMS, then known as the Health Care Financing Administration, implemented the statistical test approach in a 1992 interim final rule with comment period, 57 *Fed. Reg.* 55118 (Nov. 24, 1992) (1992 IFC). In preamble to the 1992 IFC, we explained that we intended this approach "to balance our desire to give States some degree of flexibility in designing tax programs with our need to preclude use of revenue derived from taxes imposed primarily on Medicaid providers and activities." *Id.* at 55128. "For purposes of these regulations," we explained, "we have interpreted the term 'redistributive', as used in the statute, to mean the tendency of a State's tax and payment program to derive revenues from taxes imposed on non-Medicaid services in a class of items or services (or providers of these services), and to use these revenues as the State's share of Medicaid payments. To the extent that a tax is imposed more heavily on providers with low Medicaid utilization than high Medicaid providers, the tax would be considered redistributive." *Id.*

We finalized the statistical tests in a 1993 final rule, 58 *Fed. Reg.* 43156 (Aug. 13, 1993). In the preamble to the final rule, we confirmed the interpretation of the concept of "generally redistributive" described in the 1992

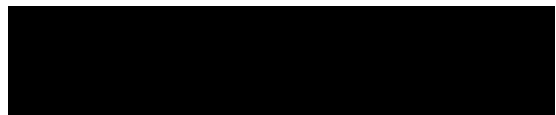
IFC. Specifically, we stated that “our definition of ‘generally redistributive’ is the tendency of a State's tax and payment program to derive revenues from taxes imposed on non-Medicaid services in a class and to use these revenues as the State's share of Medicaid payments.” *Id.* at 43164.

California’s tax on managed care organizations, due to its tendency to derive revenues from Medicaid, does not appear consistent with the definition of “generally redistributive” as defined in the preambles to the 1992 IFC and the August 1993 final rule. California’s tax derives revenues mainly from Medicaid services (instead of non-Medicaid services) and uses these revenues as the state’s share of Medicaid payments. Accordingly, we are concerned that this tax program fails to be “generally redistributive in nature.” However, CMS is approving California’s request for a waiver of the broad-based and uniformity requirements because the state’s proposal meets the applicable statistical test specified in 42 C.F.R. § 433.68(e)(2), with a B1/B2 value of at least 1. As specified in 42 C.F.R. § 433.68(e)(2)(ii), where the state demonstrates to the Secretary’s satisfaction that the value of B1/B2 is at least 1, “CMS will automatically approve the waiver request.”

For the reasons described above, the result of the statistical tests, in these instances, do not appear consistent with either the definition of generally redistributive or reflective of the expected results based on the intended design of the statistical test. Therefore, CMS intends to develop and propose new regulatory requirements through the notice-and-comment rulemaking process to address this issue. As with any notice-and-comment rulemaking process, the public at large, including the State of California, would have the opportunity to provide any comments or input on any proposed changes to current regulations. Please be advised that any future changes to the federal requirements concerning health care-related taxes may require the state of California to come into compliance by modifying its tax structure.

If you have any additional questions or need further assistance, please contact Jonathan Endelman at (410) 786-4738.

Sincerely,

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Rory Howe
Director
Financial Management Group