



RICHARD FIGUEROA  
ACTING DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

FEB 03 2020

Sean Grayson, Fire Chief  
City of Rialto, Rialto Fire Department  
131 S. Willow Avenue  
Rialto, CA 92376

Dear Sean Grayson:

The Department of Health Care Services (DHCS) has completed its calculation of the following:

1. 2018-19 Rate Range Program wire transfer amounts for the Intergovernmental Agreement Regarding Transfer of Public Funds (Agreement), No. 18-95610. The executed Agreement is enclosed. As stated in Section 1.3 of the Agreement, the enrollment reconciliations will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment will not be considered final until two years after June 30, 2019.
2. 2017-18 Rate Range Program wire transfer amounts for the Intergovernmental Agreement Regarding Transfer of Public Funds, No. 17-94740. The initial wire, which is shown in Exhibit 1, was made during the first calendar quarter of 2019. As stated in Section 1.3 of the Agreement, the enrollment reconciliations will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment will not be considered final until two years after June 30, 2018.

Based on the above calculations, and as provided in the above referenced Agreements, DHCS is requesting that the City of Rialto transfer funds in the amount of **\$1,927,988** (Total Wire Transfer Amount) to DHCS by no later than March 20, 2020. Exhibit 1 contains the invoice. Please transfer the above Total Wire Transfer Amount to the following:

Bank of America Sacramento Main  
555 Capitol Mall, Suite 1555  
Sacramento, CA 95814

For Credit to State of California Account #01482-80005  
ABA# 0260-0959-3

Sean Grayson  
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For Further Credit to: Department of Health Care Services  
Reference: 2018-19 Rate Range

As requested by the State Treasurer's Office, all wires must be transmitted prior to 10:00 a.m. on the wiring date. Once the Governmental Funding Entity has transferred funds to the specified account, please email Sandra Dixon at [Sandra.Dixon@dhcs.ca.gov](mailto:Sandra.Dixon@dhcs.ca.gov) with the completed transaction information.

If you have any questions regarding the Intergovernmental Transfer Agreement, please contact Sandra Dixon at (916) 345-8269.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Lopez', with a long horizontal flourish extending to the right.

Jennifer Lopez  
Division Chief  
Capitated Rates Development Division

Enclosure

cc: Jessica Brown, Finance Director  
City of Rialto  
150 S. Palm Avenue  
Rialto, CA 92376

Sandra Dixon  
Capitated Rates Development Division  
Department of Health Care Services  
P.O. Box 997413, MS 4413  
Sacramento, CA 95899-7413

**Exhibit 1 - Wire Request Invoice**

City of Rialto  
Agreement No. 18-95610

2018-19 Section 1 Amount under the Agreement:

<b>Health Plan:</b>	<b>Inland Empire Health Plan</b>		
<b>Rating Region:</b>	<b>San Bernardino</b>		
Rate Category	Contribution PMPM	Estimated Member Months as of 12/2019	Estimated Contribution (Non-Federal Share)
Child - non MCHIP	\$ 0.14	2,552,302	\$ 357,322
Child - MCHIP	\$ 0.02	770,886	\$ 15,418
Adult - non MCHIP	\$ 0.34	1,164,370	\$ 395,886
Adult - MCHIP	\$ 0.08	22,182	\$ 1,775
SPD	\$ 0.98	475,682	\$ 466,168
SPD/Full-Dual (age 0-20)	\$ 0.18	18,273	\$ 3,289
BCCTP	\$ 1.39	466	\$ 648
Long Term Care	\$ 8.75	13,750	\$ 120,313
Optional Expansion	\$ 0.04	2,064,973	\$ 82,599
<b>Estimated Total</b>		<b>7,082,884</b>	<b>\$ 1,443,418</b>

<b>Health Plan:</b>	<b>Molina Healthcare</b>		
<b>Rating Region:</b>	<b>San Bernardino</b>		
Rate Category	Contribution PMPM	Estimated Member Months as of 12/2019	Estimated Contribution (Non-Federal Share)
Child - non MCHIP	\$ 0.15	266,691	\$ 40,004
Child - MCHIP	\$ 0.04	97,463	\$ 3,899
Adult - non MCHIP	\$ 0.35	110,901	\$ 38,815
Adult - MCHIP	\$ 0.09	3,650	\$ 329
SPD	\$ 0.98	58,096	\$ 56,934
SPD/Full-Dual (age 0-20)	\$ 0.20	2,006	\$ 401
BCCTP	\$ 1.36	4	\$ 5
Long Term Care	\$ 10.83	862	\$ 9,335
Optional Expansion	\$ 0.06	217,616	\$ 13,057
<b>Estimated Total</b>		<b>757,289</b>	<b>\$ 162,779</b>

Total 2018-19 Section 1 Amount \$ 1,606,197

2018-19 Section 3 Amount under the Agreement:

Total 2018-19 Section 1 Amount (above)	\$ 1,606,197
Less amount not subject to fee (Section 3.2)	\$ -
Basis for 20% Assessment Fee	\$ 1,606,197
20% Assessment Fee (Basis * 20%)	\$ 321,239
Total 2018-19 as of 12/2019 Estimated Member Months	\$ 1,927,436
2017-18 (Contract #17-94740)	\$ 552
<b>Total Wire Transfer Amount</b>	<b>\$ 1,927,988</b>

**Exhibit 1 - Wire Request Invoice**

City of Rialto  
Agreement No. 17-94740

2017-18 Section 1 Amount under the Agreement:

<b>Health Plan:</b>		<b>Inland Empire HP</b>	
<b>Rating Region:</b>		<b>San Bernardino</b>	
Rate Category	Contribution PMPM	Estimated Member Months as of 12/2019	Estimated Contribution (Non-Federal Share)
Child - non MCHIP	\$ 0.08	2,618,087	\$ 209,447
Child - MCHIP	\$ 0.02	767,397	\$ 15,348
Adult - non MCHIP	\$ 0.17	1,224,690	\$ 208,197
Adult - MCHIP	\$ 0.04	24,833	\$ 993
SPD	\$ 0.48	471,102	\$ 226,129
SPD Full Dual	\$ 0.09	18,519	\$ 1,667
BCCTP	\$ 0.86	535	\$ 460
Optional Expansion 7/2017 - 12/2017	\$ 0.02	1,042,665	\$ 20,853
Optional Expansion 1/2018 - 6/2018	\$ 0.02	1,041,893	\$ 20,838
<b>Estimated Total</b>		<b>7,209,721</b>	<b>\$ 703,932</b>

<b>Health Plan:</b>		<b>Molina Healthcare</b>	
<b>Rating Region:</b>		<b>San Bernardino</b>	
Rate Category	Contribution PMPM	Estimated Member Months as of 12/2019	Estimated Contribution (Non-Federal Share)
Child - non MCHIP	\$ 0.23	295,670	\$ 68,004
Child - MCHIP	\$ 0.06	106,366	\$ 6,382
Adult - non MCHIP	\$ 0.50	118,605	\$ 59,303
Adult - MCHIP	\$ 0.12	4,626	\$ 555
SPD	\$ 1.33	64,263	\$ 85,470
SPD Full Dual	\$ 0.28	2,196	\$ 615
BCCTP	\$ 2.25	27	\$ 61
Optional Expansion 7/2017 - 12/2017	\$ 0.07	123,257	\$ 8,628
Optional Expansion 1/2018 - 6/2018	\$ 0.09	116,823	\$ 10,514
<b>Estimated Total</b>		<b>831,833</b>	<b>\$ 239,532</b>

Total 2017-18 Section 1 Amount \$ 943,464

2017-18 Section 3 Amount under the Agreement:

Total 2017-18 Section 1 Amount (above)	\$ 943,464
Less amount not subject to fee (Section 3.2)	\$ -
Basis for 20% Assessment Fee	\$ 943,464
20% Assessment Fee (Basis * 20%)	\$ 188,693
Total 2017-18 as of 12/2019 Estimated Member Months	\$ 1,132,157
Less: Initial Wire Transfer (letter dated 2/26/2019)	\$ 1,131,605
<b>Difference (Included on 2018-19 Invoice)</b>	<b>\$ 552</b>