



October 3, 2025

Eric McCoy  
Fire Chief  
City of Huntington Beach  
2000 Main Street  
Huntington Beach, CA 92648

Dear Eric McCoy:

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

1. Rating Period CY 2024 Voluntary Rate Range Program (service period of January 1, 2024, through December 31, 2024) payment transfer amounts for the Intergovernmental Agreement Regarding Transfer of Public Funds (Agreement), **No. IGT-24-0013**. 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 December 31, 2024.
2. Rating Period CY 2023 Voluntary Rate Range Program (service period of January 1, 2023, through December 31, 2023) payment transfer amounts for the reconciliation to Intergovernmental Agreement Regarding Transfer of Public Funds (Agreement), **No. IGT-23-0008**. 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 December 31, 2023.

Based on the above calculations, and as provided in the above referenced Agreements, DHCS is requesting that City of Huntington Beach transfer funds in the amount of **\$722,804** to DHCS by no later than **Friday, November 21, 2025**. Detailed invoices are attached to the email communications. Please transfer the above Total Amount to the following:



**New Bank Information:**

U.S. Bank  
1 California Street, Suite 100  
San Francisco, CA 94111

For Credit: Department of Health Care Services  
Account Number:  
Routing Number:

For Further Credit to: Department of Health Care Services  
Reference: CY 2024 Voluntary Rate Range Program Invoice

We require Governmental Funding Entity provide a **48-hour advance notice** via e-mail prior to wiring any funds **over 5 million dollars**. As requested by the State Treasurer's Office (STO), all ACH/wires must be **transmitted prior to 10:00 a.m.** on the date of payment. **Please note: DHCS would prefer Automated Clearing House (ACH) payments, instead of wires.** Once the Governmental Funding Entity has transferred funds to the specified account above, please email Vivian Beeck at [Vivian.Beeck@dhcs.ca.gov](mailto:Vivian.Beeck@dhcs.ca.gov); and Scott Gale at [Scott.Gale@dhcs.ca.gov](mailto:Scott.Gale@dhcs.ca.gov) with the completed transaction information.

If you have any questions regarding the Intergovernmental Transfer Agreement, please contact Vivian Beeck via email shown above.

Sincerely,

DocuSigned by:  
  
641B9785907E40F...

Michael Jordan  
Staff Services Manager III  
Capitated Rates Development Division  
Department of Health Care Services  
P.O. Box 997413, MS 4413  
Sacramento, CA 95899-7413

Enclosures

cc: Vivian Beeck  
Staff Services Manager I  
Capitated Rates Development Division  
Department of Health Care Services  
P.O. Box 997413, MS 4413  
Sacramento, CA 95899-7413

City of Huntington Beach  
 Agreement:

IGT-24-0013

Health Plan	Rating Region	Category of Aid	SIS/UIS	Contribution PMPM	Estimated Member Months*	Estimated Contribution (Non-Federal Share)
CalOptima	Orange	Child	SIS	\$ 0.04	3,094,165	\$ 123,767
CalOptima	Orange	Child	UIS	\$ -	180,246	\$ -
CalOptima	Orange	Adult	SIS	\$ 0.08	1,001,505	\$ 80,120
CalOptima	Orange	Adult	UIS	\$ 0.06	612,203	\$ 36,732
CalOptima	Orange	Adult Expansion	SIS	\$ 0.02	3,265,522	\$ 65,310
CalOptima	Orange	Adult Expansion	UIS	\$ 0.01	741,574	\$ 7,416
CalOptima	Orange	SPD	SIS	\$ 0.27	405,714	\$ 109,543
CalOptima	Orange	SPD	UIS	\$ 0.17	114,957	\$ 19,543
CalOptima	Orange	SPD Dual	SIS	\$ 0.10	1,244,631	\$ 124,463
CalOptima	Orange	SPD Dual	UIS	\$ 0.03	11,002	\$ 330
CalOptima	Orange	LTC	SIS	\$ 0.27	1,976	\$ 534
CalOptima	Orange	LTC	UIS	\$ 0.17	1,419	\$ 241
CalOptima	Orange	LTC Dual	SIS	\$ 0.11	26,872	\$ 2,956
CalOptima	Orange	LTC Dual	UIS	\$ 0.03	309	\$ 9
CalOptima	Orange	WCM	SIS	\$ 0.34	112,547	\$ 38,266
CalOptima	Orange	WCM	UIS	\$ 0.12	4,114	\$ 494
<b>CalOptima</b>	<b>Orange</b>	<b>Est. FE Total</b>			<b>10,818,756</b>	<b>\$ 609,724</b>

Total CY 2024 (January 2024 - December 2024) Section 1 Amount \$ 609,724

CY 2024 (January 2024 - December 2024) Section 3 Amount under the Agreement:

Total CY 2024 (January 2024-December 2024) Section 1 Amount (above)	\$ 609,724
Less amount not subject to fee (Section 3.2)	\$ -
Basis for 20% Assessment Fee	\$ 609,724
20% Assessment Fee (Basis * 20%)	\$ 121,945
Total CY 2024 Amount (January 2024 - December 2024) as of 09/2025 Estimated Member Months	\$ 731,669
Balance remaining from CY 2023 January 2023 - December 2023 (+/-)	\$ (8,865)
<b>Total Payment Transfer Amount</b>	<b>\$ 722,804</b>

