



# RESOLUTION No. 25-548

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### **RESOLUTION APPROVING AMENDMENT NO. 1 TO THE AGREEMENT BETWEEN PARTNERSHIP HEALTHPLAN OF CALIFORNIA (“PLAN”) AND THE COUNTY OF NEVADA FOR ENHANCED CARE MANAGEMENT, AS PART OF NEVADA COUNTY’S PARTICIPATION IN A RATE RANGE INTERGOVERNMENTAL TRANSFER (“IGT”): A REVENUE AGREEMENT WHEREBY NEVADA COUNTY RETROACTIVELY RECEIVES FEDERAL FINANCIAL PARTICIPATION MEDI-CAL FUNDS TO COVER UNREIMBURSED COSTS FOR PREVIOUSLY PROVIDED, MANDATED SERVICES (RES. 23-564)**

WHEREAS, Nevada County is one of the twenty-eight Managed Care Rural Expansion Counties, and Medi-Cal Managed Care was administered in Nevada County in the period of January 2024 through December 2024; and

WHEREAS, Partnership HealthPlan is the Medi-Cal Managed Care Plan for Nevada County; and

WHEREAS, Nevada County provides health services to Medi-Cal members that constitute Medi-Cal Managed Care Plan service responsibilities; and

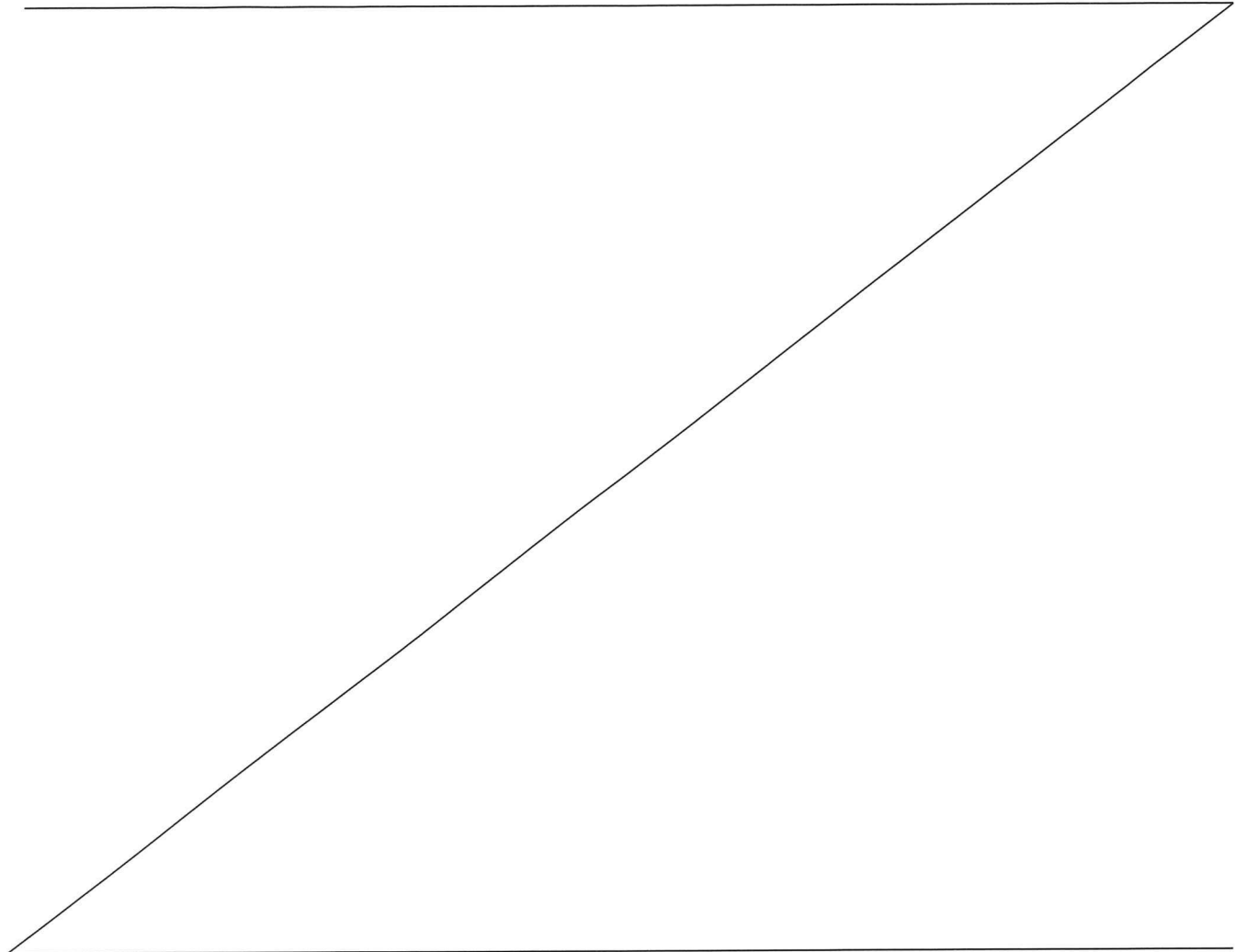
WHEREAS, Nevada County incurred (or will incur) unreimbursed costs for health services that constitute Medi-Cal Managed Care Plan service responsibilities the period of January 2024 through December 2024; and

WHEREAS, Nevada County is eligible per California Welfare and Institutions Code Sections 14164 and 14301.4 to participate in an Intergovernmental Transfer (IGT) for the purpose of providing support for the nonfederal share of risk-based payments to managed care health plans to enable the plans to compensate providers designated by the transferring entity for Medi-Cal health care services and for the support of the Medi-Cal Program; and

WHEREAS, the Department of Health Care Services approval for Nevada County’s participation in a Rate Range Intergovernmental Transfer for the period of January 2024 through December 2024 requires execution of an Amendment to Nevada County’s Medi-Cal Managed Care Plan Agreement to reflect this change.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that Amendment No. 1 to the Agreement by and between the County and Partnership HealthPlan for Enhanced Care Management services, as a requirement to implement the County’s participation in a Rate Range Intergovernmental Transfer to, be and is hereby approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors be and is hereby authorized to execute the Amendment on behalf of the County of Nevada.

Funds to be deposited to account 1589-50101-491-1000/446000



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 16th day of December 2025, by the following vote of said Board:

- Ayes: Supervisors Heidi Hall, Robb Tucker, Lisa Swarthout, Susan Hoek, and Hardy Bullock.
- Noes: None.
- Absent: None.
- Abstain: None.
- Recuse: None.

ATTEST:

TINE MATHIASSEN  
Chief Deputy Clerk of the Board of Supervisors

By: 

  
Heidi Hall, Chair

## HEALTH PLAN-PROVIDER AGREEMENT

Partnership HealthPlan of California and County of Nevada

### AMENDMENT

This Amendment is made this 1<sup>st</sup> day of January 2024, by and between Partnership HealthPlan of California, a County Organized Health System hereinafter referred to as "PLAN", and County of Nevada, hereinafter referred to as "PROVIDER".

#### RECITALS:

WHEREAS, PLAN and PROVIDER have previously entered into an Agreement effective January 1, 2024.

WHEREAS Section 9.2 of such Agreement provides for amending such Agreement.

WHEREAS, PLAN has been created by its Boards of Supervisors to negotiate exclusive contracts with the California Department of Health Care Services and to arrange for the provision of PLAN covered health care services to PLAN beneficiaries in Nevada County and PLAN is a public entity, created pursuant to Welfare and Institutions Code 14087.54 and County Code Chapters 7.2, County Code Chapters 34, County Code Chapters 2.40, County Code Chapters 2.0, 8.69, and County Code Chapters 2.0.

WHEREAS PROVIDER is a governmental entity providing covered Medi-Cal services to Partnership Medi-Cal beneficiaries in accordance with the State DHCS Voluntary Rate Range program requirements.

WHEREAS, PLAN and PROVIDER desire to amend the Agreement to provide for Medi-Cal managed care capitation rate increases to PLAN as a result of intergovernmental transfers ("IGTs") from PROVIDER to the California Department of Health Care Services ("State DHCS") to maintain the availability of PLAN covered health care services to PLAN beneficiaries.

NOW, THEREFORE, PLAN and PROVIDER hereby agree as follows:

Attachment E of the Agreement is added to amend the agreement as follows:

### **ATTACHMENT E**

#### **IGT MEDI-CAL MANAGED CARE CAPITATION INCREASES**

##### **1. IGT Capitation Increases to PLAN**

###### **A. Payment**

Should PLAN receive any Medi-Cal managed care capitation rate increases from State DHCS where the nonfederal share is funded by the PROVIDER who is a GOVERNMENTAL FUNDING ENTITY effective January 1, 2024 for Intergovernmental Transfer Medi-Cal Managed Care Increases (“IGT MMCIs”), PLAN shall pay to PROVIDER the amount of the IGT MMCIs received from State DHCS, in accordance with paragraph 1.E below regarding the form and timing of Local Medi-Cal Managed Care (“LMMC”) IGT Payments. LMMC IGT Payments paid to PROVIDER shall not replace or supplant any other amounts paid or payable to PROVIDER by PLAN.

**B. Health Plan Retention**

(1) Medi-Cal Managed Care Seller’s Tax

The PLAN shall be responsible to pay the applicable State Agency pursuant to the Revenue and Taxation Code Section 6175 relating to any IGT MMCIs.

(2) The PLAN shall retain up to ten percent (10%) administrative fee based on the total amount of the IGT MMCIs received from DHCS for PLAN’S administrative costs. Each provider’s share of the 10% fee shall be calculated based on that provider’s proportionate share of the LMMC IGT payments made by Plan in the PROVIDER’S County. The participating entities would be notified whether an administrative fee applies to a given program year at the time of IGT solicitation.

**C. Form and Timing of Payments**

PLAN agrees to pay LMMC IGT Payments to PROVIDER in the following form and according to the following schedule:

(1) PLAN agrees to pay the LMMC IGT Payments to PROVIDER using the same mechanism through which compensation and payments are normally paid to PROVIDER (e.g., electronic transfer).

(2) PLAN will pay the LMMC IGT Payments to PROVIDER no later than thirty (30) calendar days after receipt of the IGT MMCIs from State DHCS.

**D. Consideration**

(1) As consideration for the LMMC IGT Payments, PROVIDER shall use the LMMC IGT Payments for the following purposes and shall treat the LMMC IGT Payments in the following manner:

(a) The LMMC IGT Payments shall represent compensation for Medi-Cal PLAN services rendered to Medi-Cal PLAN members by PROVIDER during the State fiscal year to which the LMMC IGT Payments apply.

(2) If the retained LMMC IGT Payments, if any, are not used by PROVIDER in the State fiscal year received, retention of funds by PROVIDER will be established by demonstrating that the retained earnings account of PROVIDER at the end of any State fiscal

year in which it received payments based on LMMC IGT Payments funded pursuant to the Intergovernmental Agreement, has increased over the unspent portion of the prior State fiscal year's balance by the amount of LMMC IGT Payments received, but not used.

(3) Both parties agree that none of these funds, either from the GOVERNMENTAL FUNDING ENTITY or federal matching funds, will be recycled back to the GOVERNMENTAL FUNDING ENTITY general fund, the State, or any other intermediary organization. Payments made by the health plan to providers under the terms of this Amendment constitute patient care revenues.

**E. Cooperation Among Parties**

Should disputes or disagreements arise regarding the ultimate computation or appropriateness of any aspect of the LMMC IGT Payments, PROVIDER and PLAN agree to work together in all respects to support and preserve the LMMC IGT Payments to the full extent possible on behalf of the safety net in Nevada County.

**F. Reconciliation**

Within one hundred twenty (120) calendar days after the end of each of PLAN's fiscal years in which LMMC IGT Payments were made to PROVIDER, PLAN shall perform a reconciliation of the LMMC IGT Payments transmitted to the PROVIDER during the preceding fiscal year to ensure that the supporting amount of IGT MMCI's were received by PLAN from State DHCS. PROVIDER agrees to return to PLAN any overpayment of LMMC IGT Payments made in error to PROVIDER within thirty (30) calendar days after receipt from PLAN of a written notice of the overpayment error, unless PROVIDER submits a written objection to PLAN. Any such objection shall be resolved in accordance with the dispute resolution processes set forth in Section 10.3 of the Agreement. The reconciliation processes established under this paragraph are distinct from the indemnification provisions set forth in Section J below. PLAN agrees to transmit to the PROVIDER any underpayment of LMMC IGT Payments within thirty (30) calendar days of PLAN's identification of such underpayment.

**G. Indemnification**

PROVIDER shall indemnify PLAN in the event DHCS or any other federal or state agency recoups, offsets, or otherwise withholds any monies from or fails to provide any monies to PLAN, or PLAN is denied any monies to which it otherwise would have been entitled, as a direct result of the LMMC IGT arising from the Intergovernmental Agreement. Recovery by PLAN pursuant to this section shall include, but not be limited to, reduction in future LMMC IGTs paid to PROVIDER in an amount equal to the amount of MMCI payments withheld or recovered from PLAN, or by an offset of any other amounts owed by PLAN to PROVIDER, including but not limited to payments for direct service rendered.

Remittance Information

The IGT-funded payments made by the PLAN pursuant to this Amendment only shall be mailed to the PROVIDER at the address set forth below:

Heidi Hall, Chair Board of Supervisors  
County of Nevada  
500 Crown Point Circle  
Alta Hill, CA 95945

2. **Term**

The term of this Amendment shall commence on January 1, 2024, through December 31, 2029. PHC reserves the right to immediately terminate this IGT Amendment prior to December 31, 2029, if DHCS suspends or discontinues the IGT funding described in this Amendment. PHC will promptly provide formal notice to the provider upon said suspension or discontinuation.

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged; provided, however, if there is any conflict between the terms of this Amendment and the Agreement, then the terms of this Amendment shall govern.

**SIGNATURES**

HEALTH PLAN: Signed by:  
*Sonja Bjork*  
10A81AB5333C440... Date: 1/6/2026 | 10:45 AM PST

By: Sonja Bjork, CEO, Partnership HealthPlan of California

PROVIDER: *HL* Date: 12/29/2025  
Heidi Hall (12/29/2025 17:08:12 PST)

By: Heidi Hall, Chair Board of Supervisors, County of Nevada