

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
1301 Young Street, Suite 900
Dallas, Texas 75202



Medicaid and CHIP Operations Group

May 18, 2020

Our Reference: CA Package 76- COHS Approval Letter- Revised

Jacey Cooper, Chief Deputy Director and State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) has completed review of your CA Package 76- County Organized Health Systems (COHS) Model contract amendments effective for the rating period of January 1, 2017 through June 30, 2017. This HIO Medicaid-only action is approved by CMS on May 18, 2020. The current contractors for this amendment are:

- CalOptima 08-85214 A43
- CenCal Health 08-85212 A40
- Central California Alliance for Health 08-85216 A41
- Gold Coast Health Plan 10-87128 A33
- Health Plan of San Mateo 08-85213 A46
- Partnership Health Plan of California 08-85215 A44

The following reviews were completed using the *2017 Medicaid Managed Care Rate Development Guide*, which provided the states with CMS' expectations and guidance on developing capitation rates in accordance with 42 Code of Federal Regulations (CFR) 438.4. The capitation rates and the State's response to questions regarding the rate setting documentation were reviewed by the CMS Office of the Actuary (OACT):

- California's County Organized Health System (COHS) Model Capitation Rate Ranges Amendment for January 1, 2017 through June 30, 2017.
- California's Coordinated Care Initiative (CCI) program for Medi-Cal Only and Partial Dual-Eligibles for January 1, 2017 through June 30, 2017.
- California Affordable Care Act (ACA) Expansion population covered under the COHS model for January 1, 2017 through June 30, 2017.


CMS approval/validation pertains to the contract action(s) identified in this letter and does not apply to other contract actions currently under CMS review or not yet submitted to CMS. This approval letter confirms state compliance with provisions of the May 6, 2016 managed care final

rule only to the extent that final rule provisions are specifically articulated in the contract action(s) identified in this letter.

This contract is subject to the managed care requirements in 42 Code of Federal Regulations (CFR) 438 Subpart A through J. It is CMS' expectation that any subsequent versions of this contract submitted for review will be reflective of benefits and services currently approved by CMS. Contract versions submitted for reviews that are not reflective of current benefits and services will not be approved.

We always appreciate your staff's assistance and we look forward to working with you again. If you have any questions, please contact Stephanie Sale at (214) 767-4419.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Director
Division of Managed Care Operations

cc: Stephanie Sale, DMCO
Rick Dawson, DMCO