

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations Group

May 26, 2020

Our Reference: CA Package 76- GMC Approval Letter

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 the MCO Medicaid-only amendments to your CA Package 76- Geographic Managed Care (GMC) Model. This approval is effective for the rating period of January 1, 2017 through June 30, 2017. The amendments were submitted to CMS on September 28, 2018 and include rates that are revised to include HQAF for the period of January 1, 2017 through June 30, 2017. The following contract amendments are approved:

GMC Sacramento:

Contractor

Contract # Amendment

- | | | |
|--|----------|------|
| • Anthem Blue Cross | 07-65845 | CO20 |
| • Health Net Community Solutions Inc. | 07-65847 | CO19 |
| • KP Cal LLC | 07-65849 | CO20 |
| • Molina Healthcare of California Partner Plan, Inc. | 07-65851 | CO19 |

GMC San Diego:

Contractor

Contract # Amendment

- | | | |
|--|----------|------|
| • Care 1 st Partner Plan, LLC. | 09-86153 | CO19 |
| • Community Health Group | 09-86155 | CO18 |
| • Health Net Community Solutions Inc. | 09-86157 | CO19 |
| • Molina Healthcare of California Partner Plan, Inc. | 09-86161 | CO21 |
| • KP Cal LLC | 09-86159 | CO18 |

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 Geographic Managed Care (GMC) Classic 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 GMC 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 K. 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,



Bill Brooks
Director

Division of Managed Care Operations

cc: Stephanie Sale, DMCO
Rick Dawson, DMCO

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations Group

May 26, 2020

Our Reference: CA Package 76- Regional Approval Letter

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 the MCO Medicaid-only amendments to your CA Package 76- Regional Model. This approval is effective for the rating period of January 1, 2017 through June 30, 2017. The amendments were submitted to CMS on September 28, 2018 and include rates that are revised to include HQAF for the period of January 1, 2017 through June 30, 2017. The following contract amendments are approved:

Contractor	Contract #	Amendment
• Anthem Blue Cross	13-90159	CO14
• Anthem Blue Cross	13-90163	CO13
• California Health and Wellness Plan	13-90161	CO14
• California Health and Wellness Plan	13-90157	CO14
• Molina Healthcare of California Partner Plan, Inc.	13-90285	CO14

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 Regional Model Capitation Rate Ranges Amendment for January 1, 2017 through June 30, 2017.
- California Affordable Care Act (ACA) Expansion population covered under the Regional 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 K. 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.

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Centers for Medicare & Medicaid Services
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Medicaid and CHIP Operations Group

May 26, 2020

Our Reference: CA Package 76- Two-Plan Approval Letter

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 the MCO Medicaid-only amendments to your CA Package 76- Two-Plan Model. This approval is effective for the rating period of January 1, 2017 through June 30, 2017. The amendments were submitted to CMS on September 28, 2018 and include rates that are revised to include HQAF for the period of January 1, 2017 through June 30, 2017. The following contract amendments are approved:

Two-Plan Commercial:

Contractor	Contract #	Amendment
• Health Net Community Solutions Inc.	03-76182	CO38
• Health Net Community Solutions Inc.	12-89334	CO19
• Molina Healthcare of California Partner Plan, Inc.	06-55498	CO32
• Anthem Blue Cross –Tri County	10-87049	CO20
• Anthem Blue Cross – Central Valley	03-76184	CO36

Two-Plan Local Initiative:

Contractor	Contract #	Amendment
• Alameda Alliance for Health	04-35399	CO36
• Contra Costa Health Plan	04-36067	CO33
• LA Care Health Plan	04-36069	CO32
• Inland Empire Health Plan	04-35765	CO32
• Health Plan of San Joaquin	04-35401	CO34
• Kern Family Health Care	03-76165	CO34
• Calviva Health	10-87050	CO19
• Santa Clara Family Health Plan	04-35398	CO35
• San Francisco Health Plan	04-35400	CO33
• Anthem Blue Cross -Tulare	04-36068	CO31

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 Two-Plan 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 Two-Plan 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 K. 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.

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