

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
PHP										
MARIN COUNTY (21)										
KP CAL LLC (NorCal) #81 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	FAMILY	\$106.04	734/ 652	\$123,380	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031
				AGED	\$371.06					
				BLIND/DISABLED	\$450.88					
				ADULT	\$409.74					
				REFUGEES FAMILY	\$106.04					
				BCCTP	\$731.24					
				AIDS	\$1,537.78					
MARIN COUNTY (21)										
KP CAL LLC (NorCal) #81 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	MEDICARE PART D		734/ 140	\$13,258	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031
				FAMILY	\$106.04					
				AGED	\$108.45					
				BLIND/DISABLED	\$89.60					
				ADULT	\$409.74					
				REFUGEES FAMILY	\$106.04					
				BCCTP	\$731.24					
AIDS	\$296.40									
MARIN COUNTY				SUBTOTAL		1,468/ 792	\$136,638			
SONOMA COUNTY (49)										
KP CAL LLC (NorCal) #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	FAMILY	\$98.57	1,424/ 1,362	\$240,828	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031
				AGED	\$345.76					
				DISABLED	\$445.96					
				ADULT	\$439.72					
				REFUGEES FAMILY	\$98.57					
				BCCTP	\$778.42					
				AIDS	\$1,560.88					
SONOMA COUNTY (49)										
KP CAL LLC (NorCal) #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	MEDICARE PART D		1,424/ 226	\$20,731	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031
				FAMILY	\$98.57					
				AGED	\$98.00					
				DISABLED	\$89.99					
				ADULT	\$439.72					
				REFUGEES FAMILY	\$98.57					
				BCCTP	\$778.42					
AIDS	\$296.40									
SONOMA COUNTY				SUBTOTAL		2,848/ 1,588	\$261,559			
TOTAL PHP						4,316/ 2,380	\$398,197			

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PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Access Dental Plan, Inc. (05-45001), A5 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	50,000/ 108,550	\$1,140,861	Los Angeles	Mike Betker,CEO	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Corina Lena (916) 563-6044										
American Health Guard (05-45698), A2 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/07	06/30/09	Public Assistance	50,000/ 16,579	\$164,298	Los Angeles	David Kutner	Wayne Medley (916) 464-0393	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						\$9.91
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
% OF POV	\$9.91									
BCCTP	\$9.91									
CONTACT: Rod Zalunardo (626) 821-5500										
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/07	06/30/09	Public Assistance	90,000/ 20,841	\$206,534	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						\$9.91
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
% OF POV	\$9.91									
BCCTP	\$9.91									
CONTACT: Paula Lopez, Director State Gov Programs										

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LOS ANGELES COUNTY (19)																		
Health Net Community Solutions, Inc. (05-45703), A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/07	06/30/09	Public Assistance	60,000/ 32,165	\$318,755	Los Angeles	David Meadows	Wayne Medley (916) 464-0393									
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				Medically Needy														
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				MI CHILD						\$9.91								
				MI ADULT						\$9.91								
				% OF POV						\$9.91								
				BCCTP						\$9.91								
				CONTACT: David Meadows 916-935-1435														
				Care 1st Health Plan (05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755						#403	01/01/07	06/30/09	Public Assistance	50,000/ 17,346	\$171,899	Los Angeles	Dr. Reginal Moore	Wayne Medley (916) 464-0393
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
CONTACT: Dr. Jorge Weingarten 626-299-5275																		
Western Dental Services (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#413	01/01/07	06/30/09		Public Assistance	50,000/ 55,258	\$547,607	Los Angeles	Stan Andrakowicz Vice President				Brian Nanoo (916) 464-3784					
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				Medically Needy														
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				MI CHILD	\$9.91													
				MI ADULT	\$9.91													
				% OF POV	\$9.91													
				BCCTP	\$9.91													
				CONTACT: Kelley Duniven (714) 571-3488														
				Liberty Dental Plan (05-45700), A3 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#416					01/01/07	06/30/09	Public Assistance		Unlimited/ 7,163	\$70,985	Los Angeles	Amir Neshat, DDS President/CEO	Lenatte Blouin (916) 464-0379
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
CONTACT: Amir Neshat, DDS, 949-223-8929																		
Community Dental Services (05-45699), A2 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707	#417	01/01/07	06/30/09			Public Assistance	Unlimited/ 4,590	\$45,487	Los Angeles			Susan Klarner Senior Executive/VP	Brian Nanoo (916) 464-3784					
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				Medically Needy														
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				MI CHILD	\$9.91													
				MI ADULT	\$9.91													
				% OF POV	\$9.91													
				BCCTP	\$9.91													
				CONTACT: Carolyn Miller, 714-708-5360														
				LOS ANGELES						SUBTOTAL	350,000/ 262,492			2,666,426				

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RIVERSIDE COUNTY (33)									
Western Dental Services. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#414	01/01/07	06/30/09	Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91	100,000/ 168	\$1,665	Riverside	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784
CONTACT: Kelley Duniven (714) 571-3488									
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#407	01/01/07	06/30/09	Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91	90,000/ 70	\$694	Riverside	Paula Lopez Director State Gov	Lenatte Blouin (916) 464-0379
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177									
RIVERSIDE COUNTY				SUBTOTAL	190,000/ 238	\$2,359			

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SAN BERNARDINO COUNTY (36)																		
Western Dental Services. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#415	01/01/07	06/30/09	Public Assistance	100,000/ 293	\$2,904	San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784									
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				Medically Needy														
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				MI CHILD						\$9.91								
				MI ADULT						\$9.91								
				% OF POV						\$9.91								
				BCCTP						\$9.91								
				Care 1st Health Plan														
				(05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Dr. Jorge Weingarten 626-299-5275						#404	01/01/07	06/30/09	Public Assistance	50,000/ 117	\$1,159	San Bernardino	Dr. Reginal Moore	Wayne Medley (916) 464-0393
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
Safeguard																		
(05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177 **Rates do not reflect Hyde abortion rates effective August 2003	#408	01/01/07	06/30/09		Public Assistance	90,000/ 463	\$4,588	San Bernardino	Paula Lopez				Lenatte Blouin (916) 464-0379					
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				Medically Needy														
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				MI CHILD	\$9.91													
				MI ADULT	\$9.91													
				% OF POV	\$9.91													
				BCCTP	\$9.91													
				SAN BERNARDINO COUNTY						SUBTOTAL	240,000/ 873	\$8,651						
				TOTAL PHP (DENTAL)							780,000/ 263,603	\$2,677,436						

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
COUNTY COHS									
<u>MONTEREY COUNTY (27)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) 1600 Green Hills Road	#508	01/01/09	12/31/13	FAMILY/MI CHILD AGED DISABLED/BLIND LTC MI ADULT REFUGEES/% POV BCCTP	\$137.91 \$580.36 \$876.08 \$6,303.86 \$685.39 \$137.91 \$1,404.18	N/A/ 64,530	Monterey	Allan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED	\$197.40				
				DISABLED/BLIND	\$185.98				
				LTC	\$4,743.07				
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<u>NAPA COUNTY (28)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	01/01/009	12/31/13	FAMILY/MI CHILD AGED DISABLED/BLIND LTC MI ADULT REFUGEES/% POV BCCTP OBRA	\$163.87 \$567.80 \$791.28 \$5,905.07 \$693.26 \$163.87 \$1,386.91 \$264.86	N/A/ 12,662	Napa	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED	\$222.23				
				DISABLED/BLIND	\$207.56				
				LTC	\$4,641.56				
CONTACT: Jack Horn (707) 863-4261									
<u>ORANGE COUNTY (30)</u>									
Orange County Organized Health System dba CalOptima (08-85214) 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/09	12/31/13	FAMILY/MI CHILD AGED DISABLED/BLIND LTC MI ADULT REFUGEES/% POV BCCTP	\$114.60 \$451.86 \$669.98 \$6,378.87 \$573.11 \$114.60 \$1,314.57	N/A/ 338,143	Orange	Richard Chambers	Rachael Arruda-deCell (916) 449-5094
				<u>MEDICARE PART B</u>					
				AGED	\$187.00				
				DISABLED/BLIND	\$191.00				
				LTC	\$4,228.65				
CONTACT: Richard Chambers (714) 246-8458									

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COUNTY COHS									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/09	12/31/13	FAMILY/MI CHILD \$160.78 AGED \$552.64 DISABLED/BLIND \$839.99 LTC \$1,683.89 MI ADULT \$830.23 REFUGEES/% POV \$160.78 BCCTP \$1,425.23 AIDS \$3,089.57	N/A/ 55,586		Sacramento	Maya Altman	Gerlinda Hightower (916) 449-5093
				<u>MEDICARE PART B</u>					
				AGED \$159.09 DISABLED/BLIND \$168.97 LTC \$211.84 AIDS \$332.20					
CONTACT: Maya Altman (650) 616-2145									
<u>SAN LUIS OBISPO COUNTY (40)</u>									
SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) 110 Castillian Dr. Goleta, CA 93117	#501	1/1/2009	12/31/2011	FAMILY/MI CHILD \$104.19 AGED \$471.80 DISABELED/BLIND \$719.49 LTC \$5,554.63 MI ADULT \$595.05 REFUGEES/% POV \$104.19 BCCTP \$1,132.52 AIDS \$2,024.06	N/A/ 26,278		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$166.54 DISABLED/BLIND \$137.03 LTC \$3,476.29 AIDS \$332.14					
CONTACT: Bob Freeman (805) 685-9525									
<u>SANTA BARBARA COUNTY (42)</u>									
SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/09	12/31/11	FAMILY/MI CHILD \$120.15 AGED \$465.96 DISABELED/BLIND \$729.99 LTC \$7,063.72 MI ADULT \$606.05 REFUGEES/% POV \$120.15 BCCTP \$1,146.74 AIDS \$1,989.71	N/A/ 59,620		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$173.76 DISABLED/BLIND \$159.27 LTC \$4,719.50 AIDS \$324.35					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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COUNTY COHS									
<u>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	01/01/09	12/31/13	FAMILY/MI CHILD \$139.79 AGED \$562.99 DISABELED/BLIND \$892.17 LTC \$6,352.02 MI ADULT \$635.38 REFUGEES/% POV \$139.79 BCCTP \$1,288.43	N/A/ 33,718		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$221.79 DISABLED/BLIND \$199.54 LTC \$4,643.89					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	01/01/09	12/31/13	FAMILY/MI CHILD \$153.17 AGED \$554.52 DISABELED/BLIND \$785.65 LTC \$5,861.07 MI ADULT \$710.42 REFUGEES/% POV \$153.17 BCCTP \$1,237.02 OBRA \$262.16	N/A/ 58,819		Solano	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED \$209.22 DISABLED/BLIND \$209.00 LTC \$4,637.72					
CONTACT: Jack Horn (707) 863-4261									
<u>YOLO COUNTY (57)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#509	01/01/09	12/31/13	FAMILY/MICHILD \$144.34 AGED \$555.35 DISABELED/BLIND \$817.55 LTC \$6,098.31 MI ADULT \$696.93 REFUGEES/FAMIL' \$144.34 BCCTP \$1,259.91 OBRA 264.42	N/A/ 26,185		Yolo	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED 191.54 DISABLED/BLIND 202.24 LTC 4123.55					
CONTACT: Jack Horn (707) 863-4100									
TOTAL COUNTY COHS					<hr/> N/A/ 675,541				

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SPECIAL PROJECTS									
ALAMEDA COUNTY (01)									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	MEDICAL ONLY FAMILY/AGED/REF. \$5,511.03 DISA/LTC/AIDS \$5,511.03	1,200/ 4	22,044	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	MEDICARE PART D FAMILY/AGED/REF. \$4,222.47 DISA/LTC/AIDS \$4,222.47	1,200/ 92	\$388,467	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	MEDICAL ONLY FAMILY/AGED/REF. \$5,778.23 DISA/LTC/AIDS \$5,778.23	560/ 51	\$294,690	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
CONTACT: Peter Szutu (510) 433-1150									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	MEDICARE PART D FAMILY/AGED/REF. \$4,322.76 DISA/LTC/AIDS \$4,322.76	560/ 334	\$1,443,802	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
CONTACT: Peter Szutu (510) 433-1150									
ALAMEDA COUNTY				SUBTOTAL	3,520/ 481	\$2,149,003			

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CONTRA COSTA COUNTY (07)										
MEDICAL ONLY										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 6	\$34,669	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
MEDICARE PART D										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 21	\$90,778	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
CONTRA COSTA COUNTY				SUBTOTAL	1,120/ 27	\$125,447				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/08	12/31/12	AGED \$99.89 BLIND/DISABLED \$115.26	5,000/ 2,748	\$280,246	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/08	12/31/12	LTC \$3,214.37	5,000/ 1,837	\$5,904,798	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICAL ONLY									
Altamed Hlth Services Corp. (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	300/ 132	\$780,102	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
MEDICARE PART D									
Altamed Hlth Services Corp. (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	300/ 503	\$1,707,177	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
LOS ANGELES COUNTY				SUBTOTAL	20,600/ 5,220	\$8,672,323			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<u>RIVERSIDE COUNTY (33)</u>										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/08	12/31/12	<u>MEDICARE PART D</u>		5,000/ 872	\$85,810	Riverside	David Schmidt	
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/08	12/31/12	<u>MEDICARE PART D</u>		5,000/ 619	\$2,035,637	San Bernardino	David Schmidt	
				LTC	\$3,288.59					
CONTACT: David Schmidt (562) 989-5100										
RIVERSIDE COUNTY				SUBTOTAL		20,000/ 1,491	\$2,121,447			
<u>SACRAMENTO COUNTY (34)</u>										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICAL ONLY</u>		280/ 8	\$39,364	Sacramento	Diane Stewart	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,920.49					
				DISA/LTC/AIDS	\$4,920.49					
CONTACT: Janet Tedesco (916) 446-3100										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICARE PART D</u>		280/ 205	\$730,419	Sacramento	Diane Stewart	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,563.02					
				DISA/LTC/AIDS	\$3,563.02					
CONTACT: Janet Tedesco (916) 446-3100										
SACRAMENTO COUNTY				SUBTOTAL		560/ 213	\$769,783			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SAN BERNARDINO COUNTY (36)</u>									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/08	12/31/12	AGED \$89.80 BLIND/DISABLED \$108.16	5,000/ 457	\$42,067	Riverside	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/08	12/31/12	LTC \$3,326.65	5,000/ 328	\$1,091,141	San Bernardino	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
SAN BERNARDINO COUNTY				SUBTOTAL	20,000/ 785	\$1,133,208			
<u>SAN DIEGO COUNTY (37)</u>									
MEDICAL ONLY									
Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$4,761.40 DISA/LTC/AIDS \$4,761.40	000/ 15	\$71,421	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
MEDICARE PART D									
Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	000/ 55	\$196,332	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
<u>SAN DIEGO COUNTY</u>				SUBTOTAL	000/ 70	\$267,753			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
MEDICAL ONLY									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1,200/ 34	\$206,640	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
MEDICARE PART D									
OnLok Senior Health Services, dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1,200/ 866	\$3,810,235	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
MEDICAL ONLY									
San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 143	\$264,371	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3,400/ 1,043	\$4,281,246			
SANTA CLARA COUNTY (43)									
MEDICAL ONLY									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 1	\$5,146	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
MEDICARE PART D									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 15	\$60,429	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	/ 16	\$65,575			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
YOLO COUNTY (57)									
MEDICAL ONLY									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	FAMILY/AGED/REF. 4,920.49 DISA/LTC/AIDS 4,920.49	280/ 0	\$0	Sacramento		Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	MEDICARE PART D FAMILY/AGED/REF. \$3,563.02 DISA/LTC/AIDS \$3,563.02	280/ 2	\$7,126	Sacramento		Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
YOLO COUNTY				SUBTOTAL	<u>560/ 2</u>	<u>\$7,126</u>			
TOTAL SPECIAL PROJECT					<u>69,760/ 9,348</u>	<u>\$19,592,911</u>			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
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PCCM

LOS ANGELES COUNTY (19)

AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	Public Assistance						
				FAMILY	\$103.27	2,000/ 384	\$234,213	Los Angeles	Michael Weinstein	Sunita Kapoor
				AGED	\$466.85					(916) 449-5096
				DISABLED	\$622.09					
				MI CHILD	\$103.27					
				MI ADULT	\$265.28					
				REFUGEES	\$103.27					
				AIDS	\$1,473.85					

CONTACT: Donna Stidham (323) 860-5231

MEDICARE PART D

AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	Public Assistance						
				FAMILY	\$103.27	2,000/ 266	\$89,312	Los Angeles	Michael Weinstein	Sunita Kapoor
				AGED	\$243.89					(916) 449-5096
				DISABLED	\$339.33					
				MI CHILD	\$103.27					
				MI ADULT	\$265.28					
				REFUGEES	\$103.27					
				AIDS	\$206.24					

CONTACT: Donna Stidham (323) 860-5231

LOS ANGELES COUNTY

SUBTOTAL

4,000/ 650

\$323,525

TOTAL PCCM

4,000/ 650

\$323,525

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
2-PLAN										
ALAMEDA COUNTY (01)										
Alameda Alliance for Health (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/08	12/31/09	FAMILY	\$127.58	180,000/ 85,759	\$13,825,072	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$490.28					
				DISABLED	\$525.12					
				MI ADULT	\$574.71					
				REFUGEES/FAMILY	\$127.58					
				AIDS	\$1,147.45					
				BCCTP	\$902.12					
AGNEWS	\$4,919.00									
MEDICARE PART D										
Alameda Alliance for Health (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/08	12/31/09	FAMILY	\$127.58	180,000/ 4,123	\$623,532	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$124.02					
				DISABLED	\$175.98					
				MI ADULT	\$574.71					
				REFUGEES/FAMILY	\$127.58					
				AIDS	\$278.54					
				BCCTP	\$902.12					
AGNEWS	\$4,919.00									
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/08	06/30/10	FAMILY	\$122.47	109,000/ 25,581	\$3,911,938	California		
				AGED	\$483.83					
				DISABLED	\$525.70					
				MI ADULT	\$569.71					
				REFUGEES/FAMILY	\$122.47					
				AIDS	\$1,185.49					
				BCCTP	\$867.24					
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/08	06/30/10	FAMILY	\$122.47	109,000/ 767	\$115,490	California		
				AGED	\$120.93					
				DISABLED	\$170.74					
				MI ADULT	\$569.71					
				REFUGEES/FAMILY	\$122.47					
				AIDS	\$264.35					
				BCCTP	\$867.24					
ALAMEDA COUNTY				SUBTOTAL		578,000/ 116,230	\$18,476,032			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	10/01/08	12/31/09	FAMILY	\$125.28	3,516/ 51,586	\$8,074,109	County of Contra Costa	
				AGED	\$514.37				
				DISABLED	\$525.72				
				MI ADULT	\$624.12				
				REFUGEES/FAMILY	\$125.28				
				AIDS	\$1,145.27				
				BCCTP	\$877.74				
				MEDICARE PART D					
				FAMILY	\$125.28				
				AGED	\$131.20				
DISABLED	\$174.74								
MI ADULT	\$624.12								
REFUGEES/FAMILY	\$125.28								
AIDS	\$272.49								
BCCTP	\$877.74								
Anthem Blue Cross Partnership #344 Plan (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	10/01/08	06/30/10	FAMILY	\$114.29	41,000/ 10,710	\$1,412,608	Contra Costa	Blue Cross of California
				AGED	\$496.38				
				DISABLED	\$464.54				
				MI ADULT	\$575.69				
				REFUGEES/FAMILY	\$114.29				
				AIDS	\$1,194.63				
				BCCTP	\$864.54				
				MEDICARE PART D					
				FAMILY	\$114.29				
				AGED	\$124.57				
DISABLED	\$167.91								
MI ADULT	\$575.69								
REFUGEES/FAMILY	\$114.29								
AIDS	\$262.07								
BCCTP	\$864.54								
CONTRA COSTA COUNTY				SUBTOTAL	144,946/ 64,629	\$9,851,164			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
FRESNO COUNTY (10)									
Anthem Blue Cross Partnership #341 Plan (03-76184), A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$111.95	180,000/ 107,408	\$14,184,990	Fresno	Blue Cross of California
				AGED	\$525.98				
				DISABLED	\$515.72				
				MI ADULT	\$619.91				
				REFUGEES/FAMILY	\$111.95				
				AIDS	\$1,177.24				
				BCCTP	\$828.40				
MEDICARE PART D									
Anthem Blue Cross Partnership #341 Plan (03-76184,) A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$111.95	180,000/ 2,499	\$367,324	Fresno	Blue Cross of California
				AGED	\$114.98				
				DISABLED	\$163.42				
				MI ADULT	\$619.91				
				REFUGEES/FAMILY	\$111.95				
				AIDS	\$255.19				
				BCCTP	\$828.40				
MEDICARE PART D									
Health Net Community #351 Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$102.89	180,000/ 84,206	\$9,732,773	Fresno	Health Net
				AGED	\$467.39				
				DISABLED	\$439.80				
				MI ADULT	\$571.07				
				REFUGEES/FAMILY	\$102.89				
				AIDS	\$1,152.86				
				BCCTP	\$860.99				
MEDICARE PART D									
Health Net Community #351 Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$102.89	180,000/ 764	\$101,796	Fresno	Health Net
				AGED	\$122.69				
				DISABLED	\$146.43				
				MI ADULT	\$571.07				
				REFUGEES/FAMILY	\$102.89				
				AIDS	\$257.13				
				BCCTP	\$860.99				
FRESNO COUNTY				SUBTOTAL		720,000/ 194,877	\$24,386,883		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>KERN COUNTY (15)</u>									
Health Net Community Solutions, Inc. (03-76182) A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/08	06/30/10	FAMILY	\$108.28	73,000/ 28,543	\$3,654,997	Kern	Health Net
				AGED	\$483.07				
				DISABLED	\$453.45				
				MI ADULT	\$578.32				
				REFUGEES/FAMILY	\$108.28				
				AIDS	\$1,184.34				
				BCCTP	\$856.72				
<u>MEDICARE PART D</u>									
Health Net Community Solutions, Inc. (03-76182) A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/08	06/30/10	FAMILY	\$108.28	73,000/ 643	\$90,396	Kern	Health Net
				AGED	\$123.08				
				DISABLED	\$153.39				
				MI ADULT	\$578.32				
				REFUGEES/FAMILY	\$108.28				
				AIDS	\$250.36				
				BCCTP	\$856.72				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A7, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/08	12/31/09	FAMILY	\$102.06	115,000/ 99,468	\$11,848,806	Kern	Kern Health Systems
				AGED	\$475.69				
				DISABLED	\$431.61				
				MI ADULT	\$573.62				
				REFUGEES/FAMILY	\$102.06				
				AIDS	\$1,144.23				
				BCCTP	\$818.85				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A7, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/08	12/31/09	FAMILY	\$102.06	115,000/ 1,783	\$254,562	Kern	Kern Health Systems
				AGED	\$120.43				
				DISABLED	\$159.46				
				MI ADULT	\$573.62				
				REFUGEES/FAMILY	\$102.06				
				AIDS	\$247.14				
				BCCTP	\$818.85				
KERN COUNTY				SUBTOTAL		376,000/ 130,437	\$15,848,761		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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LOS ANGELES COUNTY (19)									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/08	06/30/10	FAMILY	\$92.50	710,000/ 428,509	Los Angeles	Health Net	
				AGED	\$460.43				
				DISABLED	\$416.20				
				MI ADULT	\$550.39				
				REFUGEES/FAMILY	\$92.50				
				AIDS	\$1,095.99				
				BCCTP	\$859.95				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/08	06/30/10	FAMILY	\$92.50	710,000/ 5,408	Los Angeles	Health Net	
				AGED	\$117.68				
				DISABLED	\$146.07				
				MI ADULT	\$550.39				
				REFUGEES/FAMILY	\$92.50				
				AIDS	\$267.79				
				BCCTP	\$859.95				
MEDICARE PART D									
LA Care Health Plan (04-36069), A3, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/08	12/31/09	FAMILY	\$107.82	1,150,000/ 755,384	Los Angeles	LA Care Health Plan	Darnielle Chin (916) 449-5097
				AGED	\$483.01				
				DISABLED	\$478.24				
				MI ADULT	\$541.03				
				REFUGEES/FAMILY	\$107.82				
				AIDS	\$1,104.40				
				BCCTP	\$879.46				
MEDICARE PART D									
LA Care Health Plan (04-36069), A3, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/08	12/31/09	FAMILY	\$107.82	1,150,000/ 11,014	Los Angeles	LA Care Health Plan	Darnielle Chin (916) 449-5097
				AGED	\$113.00				
				DISABLED	\$148.78				
				MI ADULT	\$541.03				
				REFUGEES/FAMILY	\$107.82				
				AIDS	\$269.02				
				BCCTP	\$879.46				
LOS ANGELES COUNTY				SUBTOTAL		3,720,000/ 1,200,315	\$138,855,744		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
RIVERSIDE COUNTY (33)										
Inland Empire Health Plan #305 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/08	12/31/09	FAMILY	\$105.56	272,000/ 163,499	\$19,804,830	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$469.36					
				DISABLED	\$465.74					
				MI ADULT	\$575.05					
				REFUGEES/FAMILY	\$105.56					
				AIDS	\$1,106.89					
				BCCTP	\$899.31					
MEDICARE PART D										
Inland Empire Health Plan #305 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/08	12/31/09	FAMILY	\$105.56	272,000/ 2,819	\$386,727	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$124.27					
				DISABLED	\$151.66					
				MI ADULT	\$575.05					
				REFUGEES/FAMILY	\$105.56					
				AIDS	\$269.02					
				BCCTP	\$899.31					
Molina Healthcare of California #355										
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/08	03/31/11	FAMILY	\$106.28	83,038/ 36,983	\$4,266,240	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$481.14					
				DISABLED	\$461.35					
				MI ADULT	\$563.55					
				REFUGEES/FAMILY	\$106.28					
				AIDS	\$1,050.72					
				BCCTP	\$874.92					
MEDICARE PART D										
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CF (562) 435-3666 ext. 127028	#355	10/01/08	03/31/11	FAMILY	\$106.28	83,038/ 300	\$41,223	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$123.72					
				DISABLED	\$155.98					
				MI ADULT	\$563.55					
				REFUGEES/FAMILY	\$106.28					
				AIDS	\$261.09					
				BCCTP	\$874.92					
RIVERSIDE COUNTY										
				SUBTOTAL		710,076/ 203,601	\$24,499,020			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SAN BERNARDINO COUNTY (36)										
Inland Empire Health Plan #306 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/08	12/31/09	FAMILY	\$107.61	272,000/ 180,959	\$22,222,829	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$493.26					
				DISABLED	\$458.20					
				MI ADULT	\$591.48					
				REFUGEES/FAMILY	\$107.61					
				AIDS	\$1,081.90					
				BCCTP	\$826.67					
MEDICARE PART D										
Inland Empire Health Plan #306 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/08	12/31/09	FAMILY	\$107.61	272,000/ 2,990	\$448,056	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$129.26					
				DISABLED	\$169.13					
				MI ADULT	\$591.48					
				REFUGEES/FAMILY	\$107.61					
				AIDS	\$255.51					
				BCCTP	\$826.67					
MEDICARE PART D										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/08	03/31/11	FAMILY	\$106.47	136,332/ 53,099	\$6,214,417	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D. (916) 449-5057	
				AGED	\$487.08					
				DISABLED	\$452.49					
				MI ADULT	\$569.67					
				REFUGEES/FAMILY	\$106.47					
				AIDS	\$1,073.06					
				BCCTP	\$842.54					
MEDICARE PART D										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/08	03/31/11	FAMILY	\$106.47	136,332/ 423	\$57,423	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D. (916) 449-5057	
				AGED	\$127.82					
				DISABLED	\$153.18					
				MI ADULT	\$569.67					
				REFUGEES/FAMILY	\$106.47					
				AIDS	\$260.55					
				BCCTP	\$842.54					
SAN BERNARDINO COUNTY				SUBTOTAL		816,664/ 237,471	\$28,942,725			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
Anthem Blue Cross Partnership #343 Plan (03-76184), A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$99.41	63,000/ 11,547	\$1,432,554	San Francisco	Blue Cross of California
				AGED	\$499.97				
				DISABLED	\$463.36				
				MI ADULT	\$589.35				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$1,204.71				
				BCCTP	\$841.61				
MEDICARE PART D									
Anthem Blue Cross Partnership #343 Plan (03-76184), A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$99.41	63,000/ 420	\$57,143	San Francisco	Blue Cross of California
				AGED	\$109.60				
				DISABLED	\$160.79				
				MI ADULT	\$589.35				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$264.16				
				BCCTP	\$841.61				
MEDICARE PART D									
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A5, C6 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/08	12/31/09	FAMILY	\$131.61	55,000/ 33,630	\$5,202,086	San Francisco	San Francisco Health Authority dba San Francisco Health Plan
				AGED	\$487.61				
				DISABLED	\$545.08				
				MI ADULT	\$600.11				
				REFUGEES/FAMILY	\$131.61				
				AIDS	\$1,167.27				
				BCCTP	\$878.38				
MEDICARE PART D									
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A5, C6 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/08	12/31/09	FAMILY	\$131.61	55,000/ 1,459	\$226,204	San Francisco	San Francisco Health Authority dba San Francisco Health Plan
				AGED	\$136.97				
				DISABLED	\$175.78				
				MI ADULT	\$600.11				
				REFUGEES/FAMILY	\$131.61				
				AIDS	\$257.80				
				BCCTP	\$878.38				
SAN FRANCISCO COUNTY				SUBTOTAL		236,000/ 47,056	\$6,917,987		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN JOAQUIN COUNTY (39)									
Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/08	12/31/09	FAMILY	\$118.70	87,000/ 67,079	\$9,543,787	San Joaquin	
				AGED	\$474.78				
				DISABLED	\$476.11				
				MI ADULT	\$551.80				
				REFUGEES/FAMILY	\$118.70				
				AIDS	\$1,110.21				
				BCCTP	\$870.95				
MEDICARE PART D									
Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/08	12/31/09	FAMILY	\$118.70	87,000/ 1,493	\$223,488	San Joaquin	
				AGED	\$122.72				
				DISABLED	\$166.79				
				MI ADULT	\$551.80				
				REFUGEES/FAMILY	\$118.70				
				AIDS	\$249.78				
				BCCTP	\$870.95				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A8 ,C6 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/08	06/30/10	FAMILY	\$104.47	87,000/ 27,331	\$3,294,733	San Joaquin	Blue Cross of California
				AGED	\$494.00				
				DISABLED	\$429.81				
				MI ADULT	\$613.67				
				REFUGEES/FAMILY	\$104.47				
				AIDS	\$1,129.76				
				BCCTP	\$840.34				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A8 ,C6 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/08	06/30/10	FAMILY	\$104.47	87,000/ 556	\$81,319	San Joaquin	Blue Cross of California
				AGED	\$116.68				
				DISABLED	\$166.89				
				MI ADULT	\$613.67				
				REFUGEES/FAMILY	\$104.47				
				AIDS	\$261.22				
				BCCTP	\$840.34				
SAN JOAQUIN COUNTY				SUBTOTAL		348,000/ 96,459	\$13,143,327		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SANTA CLARA COUNTY (43)									
Anthem Blue Cross Partnership #345 Plan (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$107.46	95,000/ 32,863	\$4,201,603	Santa Clara	Blue Cross of California
				AGED	\$512.15				
				DISABLED	\$478.00				
				MI ADULT	\$572.03				
				REFUGEES/FAMILY	\$107.46				
				AIDS	\$1,226.35				
				BCCTP	\$833.62				
MEDICARE PART D									
Anthem Blue Cross Partnership #345 Plan (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$107.46	95,000/ 832	\$113,098	Santa Clara	Blue Cross of California
				AGED	\$121.68				
				DISABLED	\$162.08				
				MI ADULT	\$572.03				
				REFUGEES/FAMILY	\$107.46				
				AIDS	\$262.30				
				BCCTP	\$833.62				
MEDICARE PART D									
Santa Clara Family Health #309 Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/08	12/31/09	FAMILY	\$136.51	123,000/ 85,904	\$13,480,461	Santa Clara	Santa Clara Family Health Plan
				AGED	\$494.67				
				DISABLED	\$526.39				
				MI ADULT	\$621.38				
				REFUGEES/FAMILY	\$136.51				
				AIDS	\$1,172.80				
				BCCTP	\$864.29				
MEDICARE PART D									
Santa Clara Family Health #309 Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/08	12/31/09	FAMILY	\$136.51	123,000/ 5,601	\$815,166	Santa Clara	Santa Clara Family Health Plan
				AGED	\$126.93				
				DISABLED	\$171.05				
				MI ADULT	\$621.38				
				REFUGEES/FAMILY	\$136.51				
				AIDS	\$257.66				
				BCCTP	\$864.29				
MEDICARE PART D									
SANTA CLARA COUNTY				SUBTOTAL		436,000/ 125,200	\$18,610,328		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
STANISLAUS COUNTY (50)									
Anthem Blue Cross Partnership #310 Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	12/31/09	FAMILY	\$122.71	48,100/ 47,250	\$6,898,847	Stanislaus	Blue Cross of California
				AGED	\$515.82				
				DISABLED	\$536.85				
				MI ADULT	\$637.64				
				REFUGEES/FAMILY	\$122.71				
				AIDS	\$1,147.08				
				BCCTP	\$893.39				
				MEDICARE PART D					
Anthem Blue Cross Partnership #310 Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	12/31/09	FAMILY	\$122.71	48,100/ 1,218	\$184,084	Stanislaus	Blue Cross of California
				AGED	\$122.62				
				DISABLED	\$168.18				
				MI ADULT	\$637.64				
				REFUGEES/FAMILY	\$122.71				
				AIDS	\$263.11				
				BCCTP	\$893.39				
				MEDICARE PART D					
Health Net Community #361 Solutions, Inc. (03-76182), A7, C8 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$134.00	Unlimited/ 18,339	\$2,715,069	Stanislaus	Health Net
				AGED	\$548.74				
				DISABLED	\$560.51				
				MI ADULT	\$617.90				
				REFUGEES/FAMILY	\$134.00				
				AIDS	\$1,199.04				
				BCCTP	\$912.73				
				MEDICARE PART D					
Health Net Community #361 Solutions, Inc. (03-76182), A7, C8 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$134.00	Unlimited/ 245	\$38,639	Stanislaus	Health Net
				AGED	\$132.18				
				DISABLED	\$177.54				
				MI ADULT	\$617.90				
				REFUGEES/FAMILY	\$134.00				
				AIDS	\$280.66				
				BCCTP	\$912.73				
STANISLAUS COUNTY				SUBTOTAL		96,200/ 67,052	\$9,836,639		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
TULARE COUNTY (54)									
Health Net Community Solutions, Inc. (03-76182), A7 C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/08	06/30/10	FAMILY	\$98.84	42,000/ 23,304	\$2,516,879	Tulare	Health Net
				AGED	\$472.42				
				DISABLED	\$436.82				
				MI ADULT	\$565.37				
				REFUGEES/FAMILY	\$98.84				
				AIDS	\$1,064.33				
				BCCTP	\$838.74				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/08	06/30/10	FAMILY	\$98.84	42,000/ 247	\$32,210	Tulare	Health Net
				AGED	\$120.35				
				DISABLED	\$149.48				
				MI ADULT	\$565.37				
				REFUGEES/FAMILY	\$98.84				
				AIDS	\$267.90				
				BCCTP	\$838.74				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/08	12/31/09	FAMILY	\$111.38	90,000/ 75,570	\$9,540,166	Tulare	Blue Cross of California
				AGED	\$507.92				
				DISABLED	\$514.39				
				MI ADULT	\$573.77				
				REFUGEES/FAMILY	\$111.38				
				AIDS	\$1,064.98				
				BCCTP	\$841.21				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/08	12/31/09	FAMILY	\$111.38	90,000/ 1,456	\$207,085	Tulare	Blue Cross of California
				AGED	\$119.99				
				DISABLED	\$160.73				
				MI ADULT	\$573.77				
				REFUGEES/FAMILY	\$111.38				
				AIDS	\$262.30				
				BCCTP	\$841.21				
TULARE COUNTY				SUBTOTAL		<u>264,000/ 100,577</u>	<u>\$12,296,340</u>		
TOTAL 2-PLAN					<u>8,445,886/ 2,583,904</u>		<u>\$321,664,950</u>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A0-a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/08	12/31/12		160,000/ 22,949		Sacramento		Nate Nelson (916) 449-5112
CONTACT: Lisa Rubino, President, (562) 491-7044									
Western Health Advantage Community Health Plan (07-65853) A2 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754	#140	01/01/08	12/31/12		15,750/ 16,441		Sacramento		
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A1-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	04/01/08	12/31/12		168,600/ 35,299		Sacramento		
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	01/01/08	12/31/12		20,000/ 25,370		Sacramento	Charles S. Koch	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012	#190	01/01/08	12/31/12		168,600/ 86,607		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau (916) 558-1797
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u><u>710,150/ 186,666</u></u>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SAN DIEGO COUNTY (37)</u>									
Community Health Group Partnership Plan, Inc. (05-46127), A5 740 Bay Blvd Chula Vista, CA 91910	#29	07/01/08	12/31/09		207,000/ 87,700		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau (916) 558-1797
CONTACT: Francisca Chavez (619) 498-6589									
Health Net Community Solutions, Inc. (05-46128), A5-a 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	#68	07/01/08	12/31/09		180,000/ 32,642		San Diego	David Friedman	Leanne O'Dell (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (SoCal) (05-46129), A7-a 393 East Walnut Street, 7th Floor Pasadena, CA 91188	#79	07/01/08	12/31/09		10,000/ 13,730		San Diego	William Caswell	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Molina Healthcare of California Partner Plan, Inc. (05-46130) A4 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#131	07/01/08	12/31/09		100,000/ 54,490		San Diego	Stephen T. O'Dell President & CEO	Nate Nelson (916) 449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
Care 1st Health Plan, LLC (05-46131), A5-a 601 Potrero Grande Drive Monterey Park, CA 91755	#167	07/01/07	12/31/09		207,000/ 9,525		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz (916) 449-5105
CONTACT: Sabra Matovsky (619) 528-4817									
TOTAL GMC-MEDICAL (SAN DIEGO)					<u><u>906,000/ 198,087</u></u>				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u><u>10,920,179/ 3,920,179</u></u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A1a 530 South Main Street Orange, CA 92863	#424	05/01/08	12/31/12		160,000/ 84,983		Sacramento	Charles S. Koch Vice President	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	#421	05/01/08	12/31/12		100,000/ 52,059		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Corina Lena (916) 563-6044									
Liberty Dental Plan (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	05/01/08	12/31/12		100,000/ 27,636		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	05/01/08	12/31/12		90,000/ 12,723		Sacramento	Susan Klamer	Brian Nanoo (916) 464-3784
CONTACT: Carolyn Miller (714)-708-5360									
Health Net of CA dba: CA Children Svcs. (07-65804) address unknown	#427	07/01/08	12/31/12		0/ 13,083		Sacramento		Wayne Medley (916) 464-0393
CONTACT: unknown									
TOTAL GMC-DENTAL					<u>450,000/ 190,484</u>				

Capitation report updated by Susan Carey-Myers (916) 449-5045.
Please notify her if there are any corrections.