

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>
<b>PHP</b>									
<b>MARIN COUNTY (21)</b>									
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	FAMILY	\$115.40	734/ 844	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$457.37				
				BLIND/DISABLED	\$457.37				
				ADULT	\$115.40				
				REFUGEES FAMILY	\$115.40				
				BCCTP	\$912.48				
				AIDS	\$1,574.79				
<b>MARIN COUNTY (21)</b>									
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	<b>MEDICARE PART D</b>		734/ 175	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$115.40				
				AGED	\$104.41				
				BLIND/DISABLED	\$101.27				
				ADULT	\$115.40				
				REFUGEES FAMILY	\$115.40				
				BCCTP	\$912.48				
AIDS	\$303.53								
<b>MARIN COUNTY</b>				<b>SUBTOTAL</b>		1,468/ 1019		\$181,993.97	

(Note: HCP #87, Rolled over to COHS (Partnership of CA HCP #513) became effective in Sonoma Co. 49)  
 Plan Deactivated 10/01/09)

	2,848/ 0	\$0
<b>TOTAL PHP</b>	<b>4,316/ 1,019</b>	<b>\$181,993.97</b>

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PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
<b>Access Dental Plan, Inc.</b> (05-45001), A8 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 149,381	\$1,569,994.31	Los Angeles	Reza Abbaszadeh	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: Terri Abbaszadeh (916) 563-6020										
<b>American Health Guard Corp.</b> (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 10,138	\$106,550.38	Los Angeles	David Kutner	Abbigail Aban (916) 464-0390	
				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: Rod Zalunardo (626) 821-5500										
<b>Safeguard Health Plans Inc.</b> (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 19,300	\$202,843.00	Los Angeles	Paula Lopez	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: Paula Lopez, Director State Gov Programs (949) 425-4518										

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<b>LOS ANGELES COUNTY (19)</b>																		
<b>Health Net Community Solutions, Inc.</b> (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	<b>#405</b>	01/01/09	06/30/11	Public Assistance	unlimited/ 43,337	\$455,471.87	Los Angeles	David Meadows	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				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: Eileen McGee-Davidson (909) 890-4129														
				<b>Care 1st Health Plan</b> (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755						<b>#403</b>	01/01/09	06/30/11	Public Assistance	unlimited/ 16,204	\$170,304.04	Los Angeles	Dr. George Weingarten Medical Director	Abigail Aban (916) 464-0390
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
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: Walter Gray (323) 889-6638																		
<b>Western Dental Services</b> (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863	<b>#413</b>	01/01/09	06/30/11		Public Assistance	unlimited/ 53,051	\$557,566.01	Los Angeles	Samuel H. Gruenbaum President/CEO				Brian Nanoo (916) 464-3784					
				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: Kelley Duniven (714) 571-3488														
				<b>Liberty Dental Plan</b> of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#416</b>					01/01/09	06/30/11	Public Assistance		Unlimited/ 7,687	\$80,790.37	Los Angeles	Amir Neshat, DDS President/CEO	Lenette Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
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: Amir Neshat, DDS, 949-223-8929																		
<b>Community Dental Services, Inc.</b> (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707	<b>#417</b>	01/01/09	06/30/11			Public Assistance	Unlimited/ 3,527	\$37,068.77	Los Angeles			Joseph Sivori President	Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy														
				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: Thuy Pham (714) 263-3410														
				<b>LOS ANGELES</b>						<b>SUBTOTAL</b>	unlimited/ 302,625			3,180,588.75				

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<b>RIVERSIDE COUNTY (33)</b>																		
<b>Western Dental Services, Inc.</b> (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/09	06/30/11	Public Assistance	unlimited/ 129	\$1,355.79	Riverside	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				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								
				<b>RIVERSIDE COUNTY (33)</b>														
				<b>Safeguard Health Plans, Inc.</b> (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605  CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518						#407	01/01/09	06/30/11	Public Assistance	unlimited/ 57	\$599.07	Riverside	Paula Lopez Director State Gov	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
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																	
<b>RIVERSIDE COUNTY</b>					<b>SUBTOTAL</b>	unlimited/ 186	\$1,954.86											

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<b>SAN BERNARDINO COUNTY (36)</b>																		
<b>Western Dental Services, Inc.</b> #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488		01/01/09	06/30/11	Public Assistance	unlimited/ 228	\$2,396.28	San Bernardino	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				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								
				<b>Care 1st Health Plan</b> #404														
				(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Walter Gray (323) 889-6638							01/01/09	06/30/11	Public Assistance	unlimited/ 91	\$956.41	San Bernardino	Dr. Gorge Weingarten Medical Director	RAbbigail Aban (916) 464-0390
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
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																	
<b>Safeguard Health Plans, Inc.</b> #408																		
(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605  CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518  **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11		Public Assistance	unlimited/ 354	\$3,720.54	San Bernardino	Paula Lopez				Lenatte Blouin (916) 464-0379					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy														
				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													
				<b>SAN BERNARDINO COUNTY</b>						<b>SUBTOTAL</b>	unlimited/ 673	\$7,073.23						
				<b>TOTAL PHP (DENTAL)</b>							unlimited/ 303,484	\$3,189,616.84						

<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>								
<b>COUNTY COHS</b>																	
<b><u>MERCED COUNTY (24)</u></b>																	
<b>Santa Cruz-Monterey-Merced</b> , Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A6 ADDRESS ??	514	01/01/11	12/31/13	FAMILY/MI CHILD	\$149.87	N/A/ 63,561	\$13,756,969.98	Merced	Jane Marine (916) 449-5113								
				AGED	\$486.68												
				DISABLED/BLIND	\$761.12												
				LTC	\$7,721.99												
				MI ADULT	\$149.87												
				REFUGEES/% POV	\$149.87												
				BCCTP	\$1,296.40												
				<b><u>MEDICARE PART D</u></b>													
				AGED	\$268.57					NA/ 8,834	\$4,033,538.26						
				DISABLED/BLIND	\$181.15												
				LTC	\$4,987.51												
				CONTACT:													
				<b><u>MONTEREY COUNTY (27)</u></b>													
				<b>Santa Cruz-Monterey</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road ADDRESS ??	#508					01/01/11	12/31/13	FAMILY/MI CHILD	\$139.02	N/A/ 62,974	\$12,825,491.72	Monterey	Allan McKay Jane Marine (916) 449-5113
AGED	\$592.63																
DISABLED/BLIND	\$893.41																
LTC	\$6,924.94																
MI ADULT	\$139.02																
REFUGEES/% POV	\$139.02																
BCCTP	\$1,392.52																
<b><u>MEDICARE PART D</u></b>																	
AGED	\$201.57	NA/ 9,712	\$4,306,200.95														
DISABLED/BLIND	\$189.66																
LTC	\$5,210.38																
CONTACT: Alan McKay (831) 457-3850 ext 4330																	
<b><u>NAPA COUNTY (28)</u></b>																	
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	01/01/11	12/31/13			FAMILY/MI CHILD	\$190.05	N/A/ 11,271	\$3,473,242.21			Napa	Jack Horn Acting: Jane Marine (916) 449-5113				
				AGED	\$478.54												
				DISABLED/BLIND	\$893.60												
				LTC	\$4,801.23												
				MI ADULT	\$190.05												
				REFUGEES/% POV	\$190.05												
				BCCTP	\$1,595.64												
				OBRA	\$304.72												
				<b><u>MEDICARE PART D</u></b>													
				AGED	\$187.30	NA/ 2,967	\$1,362,697.61										
				DISABLED/BLIND	\$234.40												
				LTC	\$3,773.91												
				OBRA	\$304.72												
				CONTACT: Jack Horn (707) 863-4261													
<b><u>ORANGE COUNTY (30)</u></b>																	
<b>Orange County Organized Health System</b> dba CalOptima (08-85214) A5 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/11	12/31/13	FAMILY/MI CHILD	\$124.45	N/A/ 298,482	\$64,889,787.49	Orange	Richard Chambers Acting: Jane Marine (916) 449-5113								
				AGED	\$420.88												
				DISABLED/BLIND	\$873.86												
				LTC	\$6,418.41												
				MI ADULT	\$124.45												
				REFUGEES/% POV	\$124.45												
				BCCTP	\$1,417.71												
				<b><u>MEDICARE PART D</u></b>													
				AGED	\$174.18					NA/ 71,809	\$29,627,744.19						
				DISABLED/BLIND	\$249.12												
				LTC	\$4,254.86												
				CONTACT: Richard Chambers (714) 246-8458													

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<b>COUNTY COHS</b>																		
<b><u>SAN LUIS OBISPO COUNTY (40)</u></b>																		
<b>SBSLORHA/SLO</b> #501 Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A5 110 Castillian Dr. Goleta, CA 93117	#501	01/01/11	12/31/11	FAMILY/MI CHILD	\$123.15	N/A/ 23,110	\$5,206,512.65	Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084								
				AGED	\$497.19													
				DISABLED/BLIND	\$764.70													
				LTC	\$6,811.85													
				MI ADULT	\$123.15													
				REFUGEES/% POV	\$123.15													
				BCCTP	\$1,333.04													
				AIDS	\$2,977.94													
				<b><u>MEDICARE PART D</u></b>														
				AGED	\$175.50													
				DISABLED/BLIND	\$145.64													
				LTC	\$4,263.10													
				AIDS	\$314.01													
				CONTACT: Bob Freeman (805) 685-9525														
				<b><u>SAN MATEO COUNTY (41)</u></b>														
<b>San Mateo Health Commission</b> #503 dba Health Plan of San Mateo (08-85213) A7 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/11	12/31/13	FAMILY/MI CHILD	\$178.58	N/A/ 43,365	\$15,636,643.68	San Mateo	Maya Altman	Chrissy Corbin (916) 449-5094								
				AGED	\$645.48													
				DISABLED/BLIND	\$1,233.71													
				LTC	\$6,353.90													
				MI ADULT	\$178.58													
				REFUGEES/% POV	\$178.58													
				BCCTP	\$1,544.40													
				AIDS	\$3,842.06													
				AGNEWS	\$3,148.87													
				<b><u>MEDICARE PART D</u></b>														
				AGED	\$343.94													
				DISABLED/BLIND	\$384.48													
				LTC	\$6,581.50													
				AIDS	\$355.84													
				AGNEWS	\$1,004.78													
CONTACT: Maya Altman (650) 616-2145																		
<b><u>SANTA BARBARA COUNTY (42)</u></b>																		
<b>SBSLORHA</b> <b>Santa Barbara Regional Health Authority</b> #502 dba CenCal Health Initiative (08-85212) A5 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/11	12/31/11	FAMILY/MI CHILD	\$143.90	N/A/ 53,730	\$11,620,200.95	Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084								
				AGED	\$533.95													
				DISABLED/BLIND	\$855.66													
				LTC	\$8,100.86													
				MI ADULT	\$143.90													
				REFUGEES/% POV	\$143.90													
				BCCTP	\$1,365.49													
				AIDS	\$2,943.11													
				<b><u>MEDICARE PART D</u></b>														
				AGED	\$199.11													
				DISABLED/BLIND	\$186.69													
				LTC	\$5,412.45													
				AIDS	\$310.68													
				CONTACT: Bob Freeman (805) 685-9525 ext 1011														

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<b>COUNTY COHS</b>																		
<b><u>SANTA CRUZ COUNTY (44)</u></b>																		
<b>Santa Cruz-Monterey #505</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road Scotts Valley, CA 95066-9998		01/01/11	12/31/13	FAMILY/MI CHILD	\$151.54	N/A/ 28,440	\$7,445,908.73	Santa Cruz	Alan McKay	Jane Marine (916) 449-5113								
				AGED	\$549.96													
				DISABLED/BLIND	\$888.70													
				LTC	\$6,258.60													
				MI ADULT	\$151.54													
				REFUGEES/% POV	\$151.54													
				BCCTP	\$1,380.81													
				<b><u>MEDICARE PART D</u></b>														
				AGED	\$216.66								NA/ 6,187	\$2,798,990.16				
				DISABLED/BLIND	\$198.76													
LTC	\$4,575.59																	
CONTACT: Alan McKay (831) 457-3850 ext. 4330																		
<b><u>SOLANO COUNTY (48)</u></b>																		
<b>Solano-Napa County #504</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036		01/01/11	12/31/13	FAMILY/MI CHILD	\$174.94	N/A/ 51,246	\$14,576,039.41	Solano	Jack Horn	Acting: Jane Marine (916) 449-5113								
				AGED	\$551.97													
				DISABLED/BLIND	\$862.18													
				LTC	\$5,898.38													
				MI ADULT	\$174.94													
				REFUGEES/% POV	\$174.94													
				BCCTP	\$1,410.12													
				OBRA	\$298.85													
				<b><u>MEDICARE PART D</u></b>														
				AGED	\$208.26								NA/ 10,257	\$4,212,785.25				
DISABLED/BLIND	\$229.36																	
LTC	\$4,667.25																	
OBRA	\$298.85																	
CONTACT: Jack Horn (707) 863-4261																		
<b><u>SONOMA COUNTY (49)</u></b>																		
<b>Sonoma County #513</b> Partnership Health Plan of CA dba: (08-85215, A6 ADDRESS ??		01/01/11	12/31/13	FAMILY/MI CHILD	\$119.21	N/A/ 41,022	\$10,104,188.36	Sonoma	Lyle Luman	Acting: Jane Marine (916) 449-5113								
				AGED	\$671.07													
				DISABLED/BLIND	\$893.72													
				LTC	\$5,118.71													
				MI ADULT	\$119.21													
				REFUGEES/% POV	\$119.21													
				BCCTP	\$940.23													
				OBRA	\$0.00													
				<b><u>MEDICARE PART D</u></b>														
				AGED	\$272.06								NA/ 11,001	\$7,015,370.17				
DISABLED/BLIND	\$181.50																	
LTC	\$3,847.43																	
OBRA	\$0.00																	
Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.																		
CONTACT:																		
<b><u>YOLO COUNTY (57)</u></b>																		
<b>Solano-Napa County #509</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036		01/01/11	12/31/13	FAMILY/MICHILD	\$149.10	N/A/ 22,459	\$6,313,940.18	Yolo	Jack Horn	Acting: Jane Marine (916) 449-5113								
				AGED	\$581.08													
				DISABLED/BLIND	\$1,003.56													
				LTC	\$6,313.03													
				MI ADULT	\$149.10													
				REFUGEES/FAMILY	\$149.10													
				BCCTP	\$1,297.90													
				OBRA	\$272.39													
				<b><u>MEDICARE PART D</u></b>														
				AGED	200.41								NA/ 4,927	\$2,478,856.41				
DISABLED/BLIND	248.25																	
LTC	4268.74																	
OBRA	272.39																	
CONTACT: Jack Horn (707) 863-4100																		

TOTAL COUNTY COHS

N/A/ 856,475

\$241,582,148.90



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>	
<b>SPECIAL PROJECTS</b>										
<b>ALAMEDA COUNTY (01)</b>										
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	<b>MEDICAL ONLY</b>		1,600/ 5	\$28,885.90	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,777.18					
				DISA/LTC/AIDS	\$5,777.18					
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	<b>MEDICARE PART D</b>		1,600/ 83	\$350,465.01	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
				DISA/LTC/AIDS	\$4,222.47					
<b>Center for Elders #51</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	01/01/09	12/31/12	<b>MEDICAL ONLY</b>		560/ 50	\$294,595.00	Oakland	Peter Szutu	Joel Weeden (916) 440-7545
				FAMILY/AGED/REF.	\$5,891.90					
				DISA/LTC/AIDS	\$5,891.90					
<b>Center for Elders #51</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	01/01/09	12/31/12	<b>MEDICARE PART D</b>		560/ 400	\$1,729,104.00	Oakland	Peter Szutu	Joel Weeden (916) 440-7545
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		4,320/ 538	\$2,403,049.91			

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>
<b>CONTRA COSTA COUNTY (07)</b>									
<b>MEDICAL ONLY</b>									
<b>Center for Elders</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$5,891.90	560/ 9	Berkeley	Peter Szutu	Joel Weeden (916) 440-7545
				DISA/LTC/AIDS	\$5,891.90				
CONTACT: Peter Szutu (510) 433-1150									
<b>MEDICARE PART D</b>									
<b>Center for Elders</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 27	Berkeley	Peter Szutu	Joel Weeden (916) 440-7545
				DISA/LTC/AIDS	\$4,322.76				
CONTACT: Peter Szutu (510) 433-1150									
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		<u>1,120/ 36</u>		<u>\$169,741.62</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>
<b>LOS ANGELES COUNTY (19)</b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#200</b>	01/01/09	12/31/12	AGED \$79.84 BLIND/DISABLED \$79.84	5,000/ 3,041	\$242,793.44	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#201</b>	01/01/09	12/31/12	LTC \$958.81	5,000/ 1,844	\$1,768,045.64	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICAL ONLY</b>									
<b>Altamed Hlth Services Corp.</b> dba: AltaMed Senior BuenaCare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 100	\$590,986.00	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
<b>MEDICARE PART D</b>									
<b>Altamed Hlth Services Corp.</b> dba: Altamed Senior Buenacare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 686	\$2,328,277.14	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	11,650/ 5,671	\$4,930,102.22			

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>
<b><u>RIVERSIDE COUNTY (33)</u></b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#204</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b> AGED \$72.80 BLIND/DISABLED \$72.80	5,000/ 968	\$70,470.40	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#205</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b> LTC \$940.10	5,000/ 656	\$616,705.60	San Bernardino	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>	10,000/ 1,624	<b>\$687,176.00</b>			
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Sutter Senior Care</b> (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICAL ONLY</u></b> FAMILY/AGED/REF. \$4,920.49 DISA/LTC/AIDS \$4,920.49	280/ 5	\$24,602.45	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
CONTACT: William Clearwater (916) 424-8412									
<b>Sutter Senior Care</b> (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICARE PART D</u></b> FAMILY/AGED/REF. \$3,563.02 DISA/LTC/AIDS \$3,563.02	280/ 213	\$758,923.26	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
CONTACT: William Clearwater (916) 424-8412									
<b>SACRAMENTO COUNTY</b>				<b>SUBTOTAL</b>	560/ 218	<b>\$783,525.71</b>			

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>	
<b><u>SAN BERNARDINO COUNTY (36)</u></b>										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#206</b>	01/01/09	12/31/12	<b>MEDICARE PART D</b>		5,000/ 608	\$50,859.20	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$83.65					
CONTACT: Becky Learner (562) 989-5143										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#207</b>	01/01/09	12/31/12	<b>MEDICARE PART D</b>		5,000/ 328	\$299,621.44	San Bernardino	David Schmidt	Joseph Billingsley. (916) 440-7532
				LTC	\$913.48					
CONTACT: Becky Learner (562) 989-5143										
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		10,000/ 936	<b>\$350,480.64</b>			
<b><u>SAN DIEGO COUNTY (37)</u></b>										
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	<b>MEDICAL ONLY</b>		200/ 19	\$90,466.60	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,761.40					
CONTACT: Carol Hubbard (619) 677-3888										
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	<b>MEDICARE PART D</b>		200/ 119	\$424,790.73	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,569.67					
CONTACT: Carol Hubbard (619) 677-3888										
<b>SAN DIEGO COUNTY</b>				<b>SUBTOTAL</b>		400/ 138	<b>\$515,257.33</b>			

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>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>MEDICAL ONLY</b>									
<b>OnLok Senior Health</b> Services dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wong (415) 292-8720	<b>#55</b>	01/01/09	12/31/12	<u>FAMILY/AGED/REF.</u> \$6,113.52 <u>DISA/LTC/AIDS</u> \$6,113.52	1600/ 31	\$189,519.12	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
<b>MEDICARE PART D</b>									
<b>OnLok Senior Health</b> Services, dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wong (415) 292-8720	<b>#55</b>	01/01/09	12/31/12	<u>FAMILY/AGED/REF.</u> \$4,399.81 <u>DISA/LTC/AIDS</u> \$4,399.81	1600/ 866	\$3,810,235.46	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
<b>MEDICAL ONLY</b>									
<b>San Francisco City &amp; County Dept. of Public Health</b> dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124  CONTACT: Gary Zombalt (415) 206-7600	<b>#601</b>	01/01/08	12/31/12	<u>FAMILY/BLIND</u> \$1,848.75 <u>DISA/CHILD/REF</u> \$1,848.75	500/ 98	\$181,177.50	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
<b>SAN FRANCISCO COUNTY</b>					<b>SUBTOTAL</b>	3700/ 995	\$4,180,932.08		
<b>SANTA CLARA COUNTY (43)</b>									
<b>MEDICAL ONLY</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611  CONTACT: Sue Wong (415) 292-8720	<b>#58</b>	01/01/09	12/31/12	<u>FAMILY/AGED/REF.</u> 5,334.20 <u>DISA/LTC/AIDS</u> 5,334.20	1600/ 3	\$16,002.60	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
<b>MEDICARE PART D</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611  CONTACT: Sue Wong (415) 292-8720	<b>#58</b>	01/01/09	12/31/12	<u>FAMILY/AGED/REF.</u> 4028.58 <u>DISA/LTC/AIDS</u> 4028.58	1600/ 68	\$273,943.44	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
<b>SANTA CLARA COUNTY</b>					<b>SUBTOTAL</b>	3,200/ 71	\$289,946.04		

<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>	
<b>YOLO COUNTY (57)</b>										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	<b>MEDICAL ONLY</b>		280/ 0	\$0.00	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	4,920.49					
				DISA/LTC/AIDS	4,920.49					
CONTACT: William Clearwater (916) 424-8412										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	<b>MEDICARE PART D</b>		280/ 0	\$0.00	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	3,563.02					
				DISA/LTC/AIDS	3,563.02					
CONTACT: William Clearwater (916) 424-8412										
<b>YOLO COUNTY</b>				<b>SUBTOTAL</b>		<u>280/ 0</u>	<u>\$0.00</u>			
<b>TOTAL SPECIAL PROJECT</b>					<u>45,230/ 10,227</u>	<u>\$14,310,211.55</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>				
<b>PCCM</b>													
<b><u>LOS ANGELES COUNTY (19)</u></b>													
<b>AIDS Healthcare Foundation</b> (01-16349) A-14 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/11	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096	
				FAMILY	\$103.27	2,000/ 423	\$254,168.89						
				AGED	\$466.85								
				DISABLED	\$622.09								
				MI CHILD	\$103.27								
				MI ADULT	\$265.28								
				REFUGEES	\$103.27								
				AIDS	\$1,767.86								
				BCCTP	\$517.08								
				CONTACT: Donna Stidham (323) 860-5231									
<b>AIDS Healthcare Foundation</b> (01-16349) A-14 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/11	<u>MEDICARE PART D</u> <u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096	
				FAMILY	\$103.27	2,000/ 363	\$121,514.21						
				AGED	\$243.89								
				DISABLED	\$339.33								
				MI CHILD	\$103.27								
				MI ADULT	\$265.28								
				REFUGEES	\$103.27								
				AIDS	\$230.19								
				BCCTP	\$517.08								
				CONTACT: Donna Stidham (323) 860-5231									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>						<u>4,000/ 786</u>		<u>\$375,683.10</u>	
				<b>TOTAL PCCM</b>		<u>4,000/ 786</u>		<u>\$375,683.10</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>									
<b>2-PLAN</b>																		
<b>ALAMEDA COUNTY (01)</b>																		
<b>Alameda Alliance for Health</b> (04-35399), A10a, C12 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	<b>#300</b>	01/01/11	12/31/11	FAMILY	\$124.37	180,000/ 97,557	\$15,618,773.43	Alameda	David Kears	Mary Cobb (916) 341-7035								
				AGED	\$525.14													
				DISABLED	\$525.14													
				MI ADULT	\$124.37													
				REFUGEES	\$124.37													
				AIDS	\$825.52													
				BCCTP	\$807.71													
				AGNEWS	\$2,930.25													
											<b>MEDICARE PART D</b>							
				FAMILY	\$124.37						180,000/ 5,870	\$801,369.72	Alameda	David Kears	Mary Cobb (916) 341-7035			
AGED	\$134.31																	
DISABLED	\$139.61																	
MI ADULT	\$124.37																	
REFUGEES	\$124.37																	
AIDS	\$208.03																	
BCCTP	\$807.71																	
MATERNITY	\$6,345.81																	
AGNEWS	\$977.28																	
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	<b>#340</b>	01/01/11	03/31/12	FAMILY	\$120.72	unlimited/ 27,925	\$4,224,498.85	California	Mark Lewis (916) 449-5061									
				AGED	\$563.03													
				DISABLED	\$563.03													
				MI ADULT	\$120.72													
				REFUGEES/FAMILY	\$120.72													
				AIDS	\$853.97													
				BCCTP	\$739.89													
										<b>MEDICARE PART D</b>								
				FAMILY	\$120.72					unlimited/ 747	\$92,366.13	California	Mark Lewis (916) 449-5061					
				AGED	\$108.63													
DISABLED	\$130.95																	
MI ADULT	\$120.72																	
REFUGEES/FAMILY	\$120.72																	
AIDS	\$198.25																	
BCCTP	\$739.89																	
MATERNITY	\$6,345.81																	
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		360,000/ 132,099	\$20,737,008.13											

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>
<b>CONTRA COSTA COUNTY (07)</b>									
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A8a, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	#301	01/01/11	12/31/11	FAMILY	\$130.13	unlimited/ 60,961	\$9,699,627.33	County of Contra Costa	Jonathan Prince (916) 449-3589
				AGED	\$519.08				
				DISABLED	\$519.08				
				MI ADULT	\$130.13				
				REFUGEES/FAMILY	\$130.13				
				AIDS	\$1,043.53				
				BCCTP	\$768.60				
<b>MEDICARE PART D</b>									
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A8a, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	#301	01/01/11	12/31/11	FAMILY	\$130.13	unlimited/ 2,508	\$362,752.52	County of Contra Costa	Jonathan Prince (916) 449-3589
				AGED	\$130.59				
				DISABLED	\$154.21				
				MI ADULT	\$130.13				
				REFUGEES/FAMILY	\$130.13				
				AIDS	\$231.06				
				BCCTP	\$768.60				
MATERNITY	\$5,753.70								
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #344</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	01/01/11	03/31/12	FAMILY	\$109.83	unlimited/ 11,616	\$1,470,516.18	Contra Costa	Blue Cross of California  Marc Lewis (916) 449-5061
				AGED	\$415.53				
				DISABLED	\$415.53				
				MI ADULT	\$109.83				
				REFUGEES/FAMILY	\$109.83				
				AIDS	\$899.06				
				BCCTP	\$777.44				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #344</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	01/01/11	03/31/12	FAMILY	\$109.83	unlimited/ 240	\$30,263.76	Contra Costa	Blue Cross of California  Marc Lewis (916) 449-5061
				AGED	\$111.49				
				DISABLED	\$139.66				
				MI ADULT	\$109.83				
				REFUGEES/FAMILY	\$109.83				
				AIDS	\$198.29				
				BCCTP	\$777.44				
MATERNITY	\$5,795.09								
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 75,325	\$11,563,159.79		

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>
<b>FRESNO COUNTY (10)</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184), A14a ,C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	06/30/11	FAMILY	\$99.41	unlimited/ 80,650	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$537.48				
				DISABLED	\$537.48				
				MI ADULT	\$99.41				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$946.19				
				BCCTP	\$779.03				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184,) A14a ,C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	06/30/11	FAMILY	\$99.41	unlimited/ 2,301	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$118.12				
				DISABLED	\$140.12				
				MI ADULT	\$99.41				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$197.45				
				BCCTP	\$779.03				
MATERNITY	\$5,819.44								
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A12, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY	\$97.84	unlimited/ 124,245	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$424.15				
				DISABLED	\$424.15				
				MI ADULT	\$97.84				
				REFUGEES/FAMILY	\$97.84				
				AIDS	\$891.32				
				BCCTP	\$737.83				
<b>MEDICARE PART D</b>									
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A12, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY	\$97.84	unlimited/ 1,489	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$112.54				
				DISABLED	\$109.72				
				MI ADULT	\$97.84				
				REFUGEES/FAMILY	\$97.84				
				AIDS	\$198.73				
				BCCTP	\$737.83				
MATERNITY	\$5,819.44								
<b>FRESNO COUNTY</b>					<b>SUBTOTAL</b>				
					unlimited/ 208,685	\$24,085,799.23			

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>	
<b><u>KERN COUNTY (15)</u></b>										
<b>Health Net Community</b> Solutions, Inc. (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 32,740	\$4,078,837.10	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$470.21					
				DISABLED	\$470.21					
				MI ADULT	\$107.24					
				REFUGEES/FAMILY	\$107.24					
				AIDS	\$887.18					
				BCCTP	\$750.33					
<b><u>MEDICARE PART D</u></b>										
<b>Health Net Community</b> Solutions, Inc. (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 677	\$81,754.78	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$108.94					
				DISABLED	\$128.08					
				MI ADULT	\$107.24					
				REFUGEES/FAMILY	\$107.24					
				AIDS	\$195.52					
				BCCTP	\$750.33					
MATERNITY	\$5,648.68									
<b><u>MEDICARE PART D</u></b>										
<b>Kern Health Systems</b> dba Kern Family Health Care 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 107,894	\$12,039,889.53	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$443.84					
				DISABLED	\$443.84					
				MI ADULT	\$94.24					
				REFUGEES/FAMILY	\$94.24					
				AIDS	\$876.44					
				BCCTP	\$748.11					
<b><u>MEDICARE PART D</u></b>										
<b>Kern Health Systems</b> dba Kern Family Health Care 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 2,009	\$253,296.12	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$128.70					
				DISABLED	\$134.90					
				MI ADULT	\$94.24					
				REFUGEES/FAMILY	\$94.24					
				AIDS	\$195.91					
				BCCTP	\$748.11					
MATERNITY	\$5,648.68									
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>		230,000/ 143,320	\$16,453,777.53			

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>
<b>LOS ANGELES COUNTY (19)</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 438,527	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$404.78				
				DISABLED	\$404.78				
				MI ADULT	\$85.76				
				REFUGEES/FAMILY	\$85.76				
				AIDS	\$927.12				
				BCCTP	\$750.20				
<b>MEDICARE PART D</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 5,923	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$99.90				
				DISABLED	\$119.25				
				MI ADULT	\$85.76				
				REFUGEES/FAMILY	\$85.76				
				AIDS	\$186.55				
				BCCTP	\$750.20				
<b>MATERNITY \$5,656.38</b>									
<b>LA Care Health Plan</b> (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 847,954	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$437.50				
				DISABLED	\$437.50				
				MI ADULT	\$102.13				
				REFUGEES/FAMILY	\$102.13				
				AIDS	\$843.46				
				BCCTP	\$823.84				
<b>MEDICARE PART D</b>									
<b>LA Care Health Plan</b> (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 13,062	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$116.28				
				DISABLED	\$121.18				
				MI ADULT	\$102.13				
				REFUGEES/FAMILY	\$102.13				
				AIDS	\$201.61				
				BCCTP	\$823.84				
<b>MATERNITY \$5,656.38</b>									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 1,305,466	<b>\$142,065,672.41</b>		

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>	
<b>RIVERSIDE COUNTY (33)</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 192,127	\$23,462,841.73	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$478.25					
				DISABLED	\$478.25					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$866.01					
				BCCTP	\$745.17					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 3,529	\$427,753.88	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$102.12					
				DISABLED	\$133.27					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$195.70					
				BCCTP	\$745.17					
<b>MATERNITY</b>										
					\$5,096.19					
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 41,345	\$4,837,041.23	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$426.63					
				DISABLED	\$426.63					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$864.62					
				BCCTP	\$735.80					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 469	\$57,402.06	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$108.77					
				DISABLED	\$136.76					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$197.21					
				BCCTP	\$735.80					
<b>MATERNITY</b>										
					\$5,096.19					
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		166,076/ 237,470	\$28,785,038.90			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 219,370	\$27,035,657.94	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$471.09					
				DISABLED	\$471.09					
				MI ADULT	\$107.05					
				REFUGEES/FAMILY	\$107.05					
				AIDS	\$814.74					
				BCCTP	\$747.17					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 3,809	\$486,120.34	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$112.49					
				DISABLED	\$138.74					
				MI ADULT	\$107.05					
				REFUGEES/FAMILY	\$107.05					
				AIDS	\$198.74					
				BCCTP	\$747.17					
MATERNITY	\$5,506.98									
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 57,700	\$6,754,922.34	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D. (916) 319-8517	
				AGED	\$433.34					
				DISABLED	\$433.34					
				MI ADULT	\$106.71					
				REFUGEES/FAMILY	\$106.71					
				AIDS	\$863.23					
				BCCTP	\$767.45					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 709	\$89,900.49	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D. (916) 319-8517	
				AGED	\$132.04					
				DISABLED	\$133.17					
				MI ADULT	\$106.71					
				REFUGEES/FAMILY	\$106.71					
				AIDS	\$197.15					
				BCCTP	\$767.45					
MATERNITY	\$5,506.98									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		272,664/ 281,588	\$34,366,601.11			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>SAN FRANCISCO COUNTY (38)</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$90.21 AGED \$460.30 DISABLED \$460.30 MI ADULT \$90.21 REFUGEEES/FAMILY \$90.21 AIDS \$900.32 BCCTP \$779.91	unlimited/ 11,210	\$1,292,472.02	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$90.21 AGED \$96.55 DISABLED \$116.34 MI ADULT \$90.21 REFUGEEES/FAMILY \$90.21 AIDS \$197.69 BCCTP \$779.91 MATERNITY \$6,252.12	unlimited/ 456	\$48,596.21	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A9a, C11 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		01/01/11	12/31/11	FAMILY \$134.84 AGED \$519.04 DISABLED \$519.04 MI ADULT \$134.84 REFUGEEES/FAMILY \$134.84 AIDS \$1,014.53 BCCTP \$780.02	55,000/ 39,051	\$6,078,524.44	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
<b>MEDICARE PART D</b>									
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A9a, C11 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		01/01/11	12/31/11	FAMILY \$134.84 AGED \$131.71 DISABLED \$159.18 MI ADULT \$134.84 REFUGEEES/FAMILY \$134.84 AIDS \$213.17 BCCTP \$780.02 MATERNITY \$6,252.12	55,000/ 1,633	\$237,903.12	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	110,000/ 52,350	\$7,657,495.79			



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>SAN JOAQUIN COUNTY (39)</b>										
<b>Health Plan of San Joaquin</b> (04-35401), A9a, C11 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	01/01/11	12/31/11	FAMILY	\$108.21	unlimited/ 79,116	\$10,183,086.09	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$434.62					
				DISABLED	\$434.62					
				MI ADULT	\$108.21					
				REFUGEES/FAMILY	\$108.21					
				AIDS	\$921.09					
				BCCTP	\$798.68					
				<b>MEDICARE PART D</b>						
<b>Health Plan of San Joaquin</b> (04-35401), A9a, C11 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	01/01/11	12/31/11	FAMILY	\$108.21	unlimited/ 1,943	\$258,540.08	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$126.86					
				DISABLED	\$142.01					
				MI ADULT	\$108.21					
				REFUGEES/FAMILY	\$108.21					
				AIDS	\$204.57					
				BCCTP	\$798.68					
				<b>MEDICARE PART D</b>						
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	01/01/11	06/30/11	FAMILY	\$94.36	unlimited/ 26,771	\$2,903,896.28	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$376.52					
				DISABLED	\$376.52					
				MI ADULT	\$94.36					
				REFUGEES/FAMILY	\$94.36					
				AIDS	\$850.37					
				BCCTP	\$743.56					
				<b>MEDICARE PART D</b>						
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	01/01/11	06/30/11	FAMILY	\$94.36	unlimited/ 568	\$62,987.33	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$92.64					
				DISABLED	\$123.23					
				MI ADULT	\$94.36					
				REFUGEES/FAMILY	\$94.36					
				AIDS	\$198.34					
				BCCTP	\$743.56					
				<b>MEDICARE PART D</b>						
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 108,398	\$13,408,509.78			

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>
<b>SANTA CLARA COUNTY (43)</b>									
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$101.41 AGED \$407.82 DISABLED \$407.82 MI ADULT \$104.41 REFUGEES/FAMILY \$101.41 AIDS \$896.01 BCCTP \$793.84	unlimited/ 33,064	\$3,907,101.16	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$101.41 AGED \$107.28 DISABLED \$126.38 MI ADULT \$101.41 REFUGEES/FAMILY \$101.41 AIDS \$200.70 BCCTP \$793.84 MATERNITY \$6,127.31	unlimited/ 960	\$109,677.59	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
<b>Santa Clara Family Health #309</b> Plan (04-35398), A10a, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		01/01/11	12/31/11	FAMILY \$125.45 AGED \$497.71 DISABLED \$497.71 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$841.08 BCCTP \$744.23 AGNEWS \$3,070.16	123,000/ 97,900	\$14,210,833.00	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
<b>MEDICARE PART D</b>									
<b>Santa Clara Family Health #309</b> Plan (04-35398), A10a, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		01/01/11	12/31/11	FAMILY \$125.45 AGED \$145.56 DISABLED \$165.82 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$200.92 BCCTP \$744.23 MATERNITY \$6,127.31 AGNEWS \$1,215.33	123,000/ 5,572	\$850,057.69	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	246,000/ 137,496	\$19,077,669.44			

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>			
<b>STANISLAUS COUNTY (50)</b>												
<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A10a, C10 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	12/31/11	FAMILY \$110.41 AGED \$552.07 DISABLED \$552.07 MI ADULT \$110.41 REFUGEES/FAMILY \$110.41 AIDS \$878.44 BCCTP \$804.01	unlimited/ 48,938	\$6,654,150.14	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061			
	<b>MEDICARE PART D</b>											
	<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A10a, C10 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	12/31/11	FAMILY \$110.41 AGED \$118.05 DISABLED \$120.91 MI ADULT \$110.41 REFUGEES/FAMILY \$110.41 AIDS \$200.01 BCCTP \$804.01 MATERNITY \$5,734.13	unlimited/ 1,328	\$157,280.94	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061		
		<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A12a, C14 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY \$107.74 AGED \$477.69 DISABLED \$477.69 MI ADULT \$107.74 REFUGEES/FAMILY \$107.74 AIDS \$936.48 BCCTP \$775.44	unlimited/ 23,561	\$2,802,236.49	Stanislaus	Health Net	Myreca Singh (916) 449-5057	
			<b>MEDICARE PART D</b>									
			<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A12a, C14 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY \$107.74 AGED \$103.25 DISABLED \$128.75 MI ADULT \$107.74 REFUGEES/FAMILY \$107.74 AIDS \$202.38 BCCTP \$775.44 MATERNITY \$5,734.13	unlimited/ 319	\$37,984.73	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				<b>STANISLAUS COUNTY SUBTOTAL</b>								
					unlimited/ 74,146	\$9,651,652.30						

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>	
<b>TULARE COUNTY (54)</b>										
<b>Health Net Community #353</b> Solutions, Inc. (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	01/01/11	06/30/11	FAMILY	\$89.94	unlimited/ 33,865	Tulare	Health Net	Myreca Singh (916) 449-5057	
				AGED	\$461.16					
				DISABLED	\$461.16					
				MI ADULT	\$89.94					
				REFUGEES/FAMILY	\$89.94					
				AIDS	\$915.71					
				BCCTP	\$761.17					
				<b>MEDICARE PART D</b>						
<b>Health Net Community #353</b> Solutions, Inc. (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	01/01/11	06/30/11	FAMILY	\$89.94	unlimited/ 364	Tulare	Health Net	Myreca Singh (916) 449-5057	
				AGED	\$105.41					
				DISABLED	\$126.47					
				MI ADULT	\$89.94					
				REFUGEES/FAMILY	\$89.94					
				AIDS	\$199.14					
				BCCTP	\$761.17					
				<b>MATERNITY</b>						
<b>Anthem Blue Cross Partnership #311</b> Plan (04-36068), A9, C10 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	#311	01/01/11	12/31/11	FAMILY	\$92.47	unlimited/ 73,415	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061	
				AGED	\$576.12					
				DISABLED	\$576.12					
				MI ADULT	\$92.47					
				REFUGEES/FAMILY	\$92.47					
				AIDS	\$871.85					
				BCCTP	\$781.16					
				<b>MEDICARE PART D</b>						
<b>Anthem Blue Cross Partnership #311</b> Plan (04-36068), A9, C10 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	#311	01/01/11	12/31/11	FAMILY	\$92.41	unlimited/ 1,479	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061	
				AGED	\$106.57					
				DISABLED	\$121.73					
				MI ADULT	\$92.47					
				REFUGEES/FAMILY	\$92.47					
				AIDS	\$198.21					
				BCCTP	\$781.16					
				<b>MATERNITY</b>						
<b>TULARE COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 109,123	\$11,750,988.36			
<b>TOTAL 2-PLAN</b>					<u>1,384,740/ 2,865,466</u>	<u>\$339,603,372.77</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b>SACRAMENTO COUNTY (34)</b>									
<b>Molina Healthcare of CA</b> Partner Plan, Inc. (07-65851) A3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	<b>#130</b>	01/01/10	12/31/12	FAMILY/MI CHILD \$130.36 AGED/DISABLED/B \$592.76 ADULT/REFUGEE/¢ \$130.36 BCCTP \$1,110.33 <b>MEDICARE PART D</b> AGED \$129.96 DISABLED/BLIND \$148.12 MATURNITY \$8,143.50	160,000/ 27,912	\$4,384,217.80	Sacramento		Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
<b>Western Health Advantage</b> Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 <b>(Deactivated 12/31/2009)</b>	<b>#140</b>	01/01/09	12/30/09	FAMILY/MI CHILD \$0.00 AGED/DISABLED/B \$0.00 ADULT/REFUGEE/¢ \$0.00 BCCTP \$0.00 <b>MEDICARE PART D</b> AGED \$0.00 DISABLED/BLIND \$0.00 MATURNITY \$0.00	15,750/ 0	\$0.00	Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
<b>Health Net Community</b> Solutions, Inc. (07-65847) A4 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	<b>#150</b>	01/01/10	12/31/12	FAMILY/MI CHILD \$107.32 AGED/DISABLED/BI \$558.87 ADULT/REFUGEE/¢ \$107.32 BCCTP \$1,091.97 <b>MEDICARE PART D</b> AGED \$134.56 DISABLED/BLIND \$154.07 MATURNITY \$8,416.52	168,600/ 51,273	\$6,805,503.21	Sacramento		Peter Thomas (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (NorCal)</b> (07-65849) A3 1800 Harrison Street, 25th Floor Oakland, CA 94512	<b>#170</b>	01/01/10	12/31/12	FAMILY/MI CHILD \$134.60 AGED/DISABLED/B \$616.78 ADULT/REFUGEE/¢ \$134.60 BCCTP \$1,027.52 <b>MEDICARE PART D</b> AGED \$124.72 DISABLED/BLIND \$146.12 MATURNITY \$8,150.52	20,000/ 25,300	\$4,872,564.40	Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
<b>Anthem Blue Cross</b> Partnership Plan (07-65845) A4 5151 - A Camino Ruiz	<b>#190</b>	01/01/10	12/31/12	FAMILY/MI CHILD \$131.21 AGED/DISABLED/B \$593.16 ADULT/REFUGEE/¢ \$131.21 BCCTP \$1,026.44 <b>MEDICARE PART D</b> AGED \$130.83 DISABLED/BLIND \$142.77 MATURNITY \$7,971.87	168,600/ 88,919	\$14,137,398.57	Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5105
CONTACT: Cindy Metcho (805) 384-7662									
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<u>532,950/ 200,122</u>	<u>\$31,140,477.66</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>Community Health Group #29</b> Partnership Plan, Inc. Calif. Children Svcs. (09-86155) A1 740 Bay Blvd Chula Vista, CA 91910  CONTACT: Francisca Chavez (619) 498-6589		07/01/10	06/30/15	FAMILY/MI CHILD	\$140.62	207,000/ 102,978	San Diego	Ann Warren Chief Member & Govt Relations Officer	Philip Jimenez (916) 449-5105
				AGED/DISABLED/B	\$532.54				
				MI ADULT/REFUGE	\$140.62				
				BCCTP	\$997.00				
				<b><u>MEDICARE PART D</u></b>					
AGED	\$127.10	2522	\$348,990.98						
DISABLED/BLIND	\$145.50								
MATURNITY	\$8,015.42								
<b>Health Net Community #68</b> Solutions, Inc. (09-86157) 11971 Foundation Place Bldg D Rancho Cordova, CA 95670  CONTACT: Lori Hill (916) 935-1447		07/01/10	06/30/15	FAMILY/MI CHILD	\$135.27	180,000/ 32,209	San Diego	David Friedman	Peter Thomas (916) 324-0278
				AGED/DISABLED/B	\$580.32				
				MI ADULT/REFUGE	\$135.27				
				BCCTP	\$1,056.50				
				<b><u>MEDICARE PART D</u></b>					
AGED	\$120.63	485	\$66,418.23						
DISABLED/BLIND	\$146.11								
MATURNITY	\$8,230.39								
<b>KP CAL, LLC (SoCal) #79</b> (09-86159), A1 393 East Walnut Street, 7th Floor Pasadena, CA 91188  CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955		10/01/10	06/30/15	FAMILY/MI CHILD/F	\$132.29	10,000/ 12,385	San Diego	William Caswell	Nathan Nau (916) 341-7031
				AGED	\$540.65				
				BLIND/DISABLED	\$540.65				
				MI ADULT	\$132.29				
				BCCTP	\$1,019.46				
<b><u>MEDICARE PART D</u></b>									
AGED	\$123.25	1202	\$169,177.00						
DISABLED/BLIND	\$148.65								
MATURNITY	\$7,775.00								
<b>Molina Healthcare #131</b> of California Partner Plan, Inc. (09-86161) A1 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 (Confidential negotiated rates through December 2011)  CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520		01/01/11	06/30/15	FAMILY/MI CHILD/F	\$0.00	100,000/ 61,821	San Diego	Stephen T. O'Dell President & CEO	Cheryl Bates (916) 558-1797
				AGED	\$0.00				
				DISABLED/BLIND	\$0.00				
				MI ADULT	\$0.00				
				BCCTP	\$0.00				
<b><u>MEDICARE PART D</u></b>									
AGED	\$0.00	1018	\$123,661.31						
DISABLED/BLIND	\$0.00								
MATURNITY	\$0.00								
<b>Care 1st Health Plan, LLC #167</b> (09-86153) 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Kimberly Fritz (619) 528-4817  (Blue Cross #48 Deactivated 12/31/07)		07/01/10	06/30/15	FAMILY/MI CHILD	\$137.48	207,000/ 16,652	San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 324-0278
				AGED/DISABLED/B	\$584.13				
				MI ADULT/REFUGE	\$137.48				
				BCCTP	\$1,026.90				
				<b><u>MEDICARE PART D</u></b>					
AGED	\$125.98	290	\$42,011.41						
DISABLED/BLIND	\$160.85								
MATURNITY	\$7,850.00								
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>						<u>704,000/ 231,562</u>		<u>\$34,334,937.72</u>	
<b>TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))</b>						<u>2,675,236/ 4,469,141</u>		<u>\$664,718,442.51</u>	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>GEOGRAPHIC MANAGED CARE (GMC-DENTAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Western Dental Svcs., Inc.</b> (07-65806) A2a 530 South Main Street Orange, CA 92863	<b>#424</b>	01/01/09	12/31/12	\$10.51	160,000/ 89,100	\$898,983.36	Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
<b>Access Dental Plan, Inc.</b> (07-65802) A1 8890 Cal Center Drive Sacramento, CA 95826	<b>#421</b>	01/01/09	12/31/12	\$10.51	100,000/ 52,013	\$524,790.36	Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Terri Abbaszadeh (916) 563-6020									
<b>Liberty Dental Plan</b> (07-65805) A1 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#425</b>	01/01/09	12/31/12	\$10.51	100,000/ 27,674	\$279,219.59	Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
<b>Community Dental Services</b> (07-65803) A1 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	<b>#426</b>	01/01/09	12/31/12	\$10.51	90,000/ 11,777	\$118,825.22	Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
CONTACT: Thuy Pham (714) 263-3410									
<b>Health Net of CA</b> dba: CA Children Svcs. (07-65804) A1 address unknown	<b>#427</b>	01/01/09	12/31/12	\$10.51	0/ 26,060	\$262,934.98	Sacramento	David Meadows	Brian Nanoo (916) 464-3784
CONTACT: Eileen McGee-Davidson (909) 890-4129									
<b>TOTAL GMC-DENTAL</b>					<b>450,000/ 206,624</b>	<b>#####</b>			

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