

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), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #81 | 10/01/09 | 03/31/10 | FAMILY | \$115.40 | 734/ 674 | \$138,308 | 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 | | | | | |
| MARIN COUNTY (21) | | | | | | | | | | |
| KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #81 | 10/01/09 | 03/31/10 | MEDICARE PART D | | 734/ 146 | \$14,920 | 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 | | | | | | | | | |
| MARIN COUNTY | | | | SUBTOTAL | | 1,468/ 820 | \$153,228 | | | |
| SONOMA COUNTY (49) | | | | | | | | | | |
| KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #87 | 01/01/09 | 12/31/09 | FAMILY | \$100.94 | 1,424/ 0 | \$0 | Sonoma | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | AGED | \$354.08 | | | | | |
| | | | | DISABLED | \$456.70 | | | | | |
| | | | | ADULT | \$450.31 | | | | | |
| | | | | REFUGEES FAMILY | \$100.94 | | | | | |
| | | | | BCCTP | \$797.15 | | | | | |
| | | | | AIDS | \$1,598.44 | | | | | |
| SONOMA COUNTY (49) | | | | | | | | | | |
| KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 (Note: HCP #87, Rolled over to COHS (Partnership of CA HCP #513) became effective in Sonoma Co. 49) Plan Deactivated 10/01/09 | #87 | 01/01/09 | 12/31/09 | MEDICARE PART D | | 1,424/ 0 | \$0 | Sonoma | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | FAMILY | \$100.94 | | | | | |
| | | | | AGED | \$100.36 | | | | | |
| | | | | DISABLED | \$92.15 | | | | | |
| | | | | ADULT | \$450.31 | | | | | |
| | | | | REFUGEES FAMILY | \$100.94 | | | | | |
| | | | | BCCTP | \$797.15 | | | | | |
| AIDS | \$303.53 | | | | | | | | | |
| SONOMA COUNTY | | | | SUBTOTAL | | 2,848/ 0 | \$0 | | | |
| TOTAL PHP | | | | | | 4,316/ 820 | \$153,228 | | | |

| <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 (DENTAL) | | | | | | | | | | |
| <u>LOS ANGELES COUNTY (19)</u> | | | | | | | | | | |
| Access Dental Plan, Inc. (05-45001), A6 8890 Cal Center Drive Sacramento, CA 95826 | #409 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 116,917 | \$1,228,798 | 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 Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006 | #410 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 15,068 | \$158,365 | Los Angeles | David Kutner | 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: Rod Zalunardo (626) 821-5500 | | | | | | | | | | |
| Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 | #406 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 20,738 | \$217,956 | 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 | | | | | | | | | | |

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> | | | | | | | | | |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|------------------|-------------------|------------------------------------|-----------------|--------------------|--------------------------------------|-------------------------------|-------------------|-----------|-------------|-----------------------------------|----------------------------------|
| LOS ANGELES COUNTY (19) | | | | | | | | | | | | | | | | | | |
| Health Net Community Solutions, Inc. (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502 | #405 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 35,038 | \$368,249 | 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: David Meadows 916-935-1435 | | | | | | | | | | | | | | |
| | | | | Care 1st Health Plan (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 | | | | | | #403 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 17,309 | \$181,918 | Los Angeles | Dr. Reginal Moore | 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 | | | | | | | | | | | | | | | | | |
| CONTACT: Dr. Jorge Weingarten 626-299-5275 | | | | | | | | | | | | | | | | | | |
| Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 | #413 | 01/01/09 | 06/30/11 | | Public Assistance | unlimited/ 55,168 | \$579,816 | Los Angeles | Stan Andrakowicz Vice President | | | | 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 | | | | | | | | | | | | | | |
| | | | | Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602 | #416 | | | | | 01/01/09 | 06/30/11 | Public Assistance | | Unlimited/ 7,515 | \$78,983 | Los Angeles | Amir Neshat, DDS President/CEO | 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 | | | | | | | | | | | | | | | | | |
| CONTACT: Amir Neshat, DDS, 949-223-8929 | | | | | | | | | | | | | | | | | | |
| Community Dental Services, Inc. #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707 | #417 | 01/01/09 | 06/30/11 | | | Public Assistance | Unlimited/ 4,196 | \$44,100 | Los Angeles | | | Susan Klarner Senior Executive/VP | 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: Carolyn Miller, 714-708-5360 | | | | | | | | | | | | | | |
| | | | | LOS ANGELES | | | | | | SUBTOTAL | unlimited/ 271,949 | | | 2,858,185 | | | | |

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) | | | | | | | | | | | | | | | | | | |
| Western Dental Services, Inc. #414 (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/ 147 | \$1,545 | Riverside | Stan Andrakowicz Vice 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 | | | | | | | | |
| | | | | Safeguard Health Plans, Inc. #407 | | | | | | | | | | | | | | |
| | | | | (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177 | | | | | | #407 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 63 | \$662 | 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 | | | | | | | | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | | SUBTOTAL | unlimited/ 210 | \$2,207 | | | | | | | | | | | |

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) | | | | | | | | | | |
| Western Dental Services, Inc. #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/ 271 | \$2,848 | San Bernardino | Stan Andrakowicz Vice 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 |
| | | | | Care 1st Health Plan #404 (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Dr. Jorge Weingarten 626-299-5275 | | | | | | |
| 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 | | | | | | | | | |
| Safeguard Health Plans, Inc. #408 (05-45701), A4 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 | | 01/01/09 | 06/30/11 | | Public Assistance | unlimited/ 448 | \$4,708 | San Bernardino | Paula Lopez | |
| | | | | 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 | | | | | |
| | | | | SAN BERNARDINO COUNTY | | | | | | SUBTOTAL |
| TOTAL PHP (DENTAL) | | | | | unlimited/ 272,989 | \$2,869,115 | | | | |

| <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>MERCED COUNTY (24)</u> | | | | | | | | | |
| Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3 | 514 | 10/01/09 | 12/31/13 | FAMILY/MI CHILD \$141.37 AGED \$469.37 DISABLED/BLIND \$735.45 LTC \$7,640.77 MI ADULT \$141.37 REFUGEES/% POV \$141.37 BCCTP \$1,484.49 | N/A/ 69,844 | | Merced | | |
| | | | | <u>MEDICARE PART B</u> AGED \$260.12 DISABLED/BLIND \$175.07 LTC \$4,409.95 | | | | | |
| CONTACT: | | | | | | | | | |
| <u>MONTEREY COUNTY (27)</u> | | | | | | | | | |
| Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3 1600 Green Hills Road | #508 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$134.64 AGED \$587.31 DISABLED/BLIND \$946.51 LTC \$6,637.54 MI ADULT \$134.64 REFUGEES/% POV \$134.64 BCCTP \$1,357.34 | N/A/ 67,301 | | Monterey | Allan McKay | Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> AGED \$199.76 DISABLED/BLIND \$200.93 LTC \$4,994.13 | | | | | |
| 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) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #507 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$180.46 AGED \$478.19 DISABLED/BLIND \$893.11 LTC \$4,796.48 MI ADULT \$180.46 REFUGEES/% POV \$180.46 BCCTP \$1,515.11 OBRA \$289.34 | N/A/ 13,027 | | Napa | Jack Horn | Louie Sanchez (916) 449-5115 |
| | | | | <u>MEDICARE PART B</u> AGED \$187.16 DISABLED/BLIND \$234.27 LTC \$3,770.17 OBRA \$289.34 | | | | | |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | |
| <u>ORANGE COUNTY (30)</u> | | | | | | | | | |
| Orange County Organized Health System dba CalOptima (08-85214) A2 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220 | #506 | 01/01/09 | 12/31/13 | FAMILY/MI CHILD \$117.67 AGED \$462.73 DISABLED/BLIND \$686.10 LTC \$6,532.38 MI ADULT \$586.90 REFUGEES/% POV \$117.67 BCCTP \$1,346.21 | N/A/ 351,669 | | Orange | Richard Chambers | Rachael Arruda-deCell (916) 449-5094 |
| | | | | <u>MEDICARE PART B</u> AGED \$191.50 DISABLED/BLIND \$195.60 LTC \$4,330.42 | | | | | |
| CONTACT: Richard Chambers (714) 246-8458 | | | | | | | | | |

| <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>SAN LUIS OBISPO COUNTY (40)</u> | | | | | | | | | |
| SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A2 110 Castillian Dr. Goleta, CA 93117 | #501 | 01/01/09 | 12/31/11 | FAMILY/MI CHILD \$106.70 AGED \$483.15 DISABLED/BLIND \$736.80 LTC \$5,688.31 MI ADULT \$609.37 REFUGEES/% POV \$106.70 BCCTP \$1,159.77 AIDS \$2,072.77 | N/A/ 27,755 | | Santa Luis Obispo | Lyle Lyman | O.Z. Kamara (916) 449-5084 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$170.55 DISABLED/BLIND \$140.33 LTC \$3,559.95 AIDS \$340.13 | | | | | |
| CONTACT: Bob Freeman (805) 685-9525 | | | | | | | | | |
| <u>SAN MATEO COUNTY (41)</u> | | | | | | | | | |
| San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A2 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080 | #503 | 01/01/09 | 12/31/13 | FAMILY/MI CHILD \$164.88 AGED \$566.74 DISABLED/BLIND \$861.41 LTC \$1,726.83 MI ADULT \$851.40 REFUGEES/% POV \$164.88 BCCTP \$1,461.58 AIDS \$3,168.36 | N/A/ 57,881 | | Sacramento | Maya Altman | Gerlinda Hightower (916) 449-5093 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$163.15 DISABLED/BLIND \$173.28 LTC \$217.25 AIDS \$340.67 AGNEWS \$4,919.00 | | | | | |
| CONTACT: Maya Altman (650) 616-2145 | | | | | | | | | |
| <u>SANTA BARBARA COUNTY (42)</u> | | | | | | | | | |
| SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A2 110 Castillian Dr. Goleta, CA 93117-3028 | #502 | 01/01/09 | 12/31/11 | FAMILY/MI CHILD \$123.54 AGED \$477.17 DISABLED/BLIND \$747.56 LTC \$7,233.71 MI ADULT \$620.63 REFUGEES/% POV \$123.54 BCCTP \$1,174.34 AIDS \$2,037.60 | N/A/ 61,600 | | Santa Barbara | Lyle Lyman | O. Z. Kamara (916) 449-5084 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$177.95 DISABLED/BLIND \$163.10 LTC \$4,833.08 AIDS \$332.16 | | | | | |
| CONTACT: Bob Freeman (805) 685-9525 ext 1011 | | | | | | | | | |

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> |
|---|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|-------------|-------------------|---------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>SANTA CRUZ COUNTY (44)</u> | | | | | | | | | |
| Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3 1600 Green Hills Road Scotts Valley, CA 95066-9998 | #505 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$131.68 AGED \$526.01 DISABELED/BLIND \$837.52 LTC \$6,300.94 MI ADULT \$131.68 REFUGEES/% POV \$131.68 BCCTP \$1,211.10 | N/A/ 34,816 | | Santa Cruz | Alan McKay | Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$207.22 DISABLED/BLIND \$187.32 LTC \$4,606.54 | | | | | |
| 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) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #504 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$163.29 AGED \$558.72 DISABELED/BLIND \$869.54 LTC \$5,787.51 MI ADULT \$163.29 REFUGEES/% POV \$163.29 BCCTP \$1,316.97 OBRA \$279.10 | N/A/ 60,753 | | Solano | Jack Horn | Louie Sanchez (916) 449-5115 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$210.80 DISABLED/BLIND \$231.32 LTC \$4,579.51 | | | | | |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | |
| <u>SONOMA COUNTY (49)</u> | | | | | | | | | |
| Sonoma County Partnership Health Plan of CA dba: (08-85215, A3 | #513 | 10/01/09 | 12/31/13 | FAMILY/MI CHILD \$115.18 AGED \$627.12 DISABELED/BLIND \$867.47 LTC \$6,173.42 MI ADULT \$115.18 REFUGEES/% POV \$115.18 BCCTP \$1,174.81 OBRA \$0.00 | N/A/ 49,854 | | Sonoma | | |
| Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009. | | | | | | | | | |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$259.12 DISABLED/BLIND \$168.66 LTC \$3,348.50 OBRA \$0.00 | | | | | |
| CONTACT: | | | | | | | | | |
| <u>YOLO COUNTY (57)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #509 | 07/01/09 | 12/31/13 | FAMILY/MICHILD \$136.35 AGED \$598.36 DISABELED/BLIND \$907.58 LTC \$6,236.74 MI ADULT \$136.35 REFUGEES/FAMILY \$136.35 BCCTP \$1,186.91 OBRA \$249.10 | N/A/ 26,348 | | Yolo | Jack Horn | Louie Sanchez (916) 449-5115 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED 206.38 DISABLED/BLIND 224.51 LTC 4217.15 | | | | | |
| CONTACT: Jack Horn (707) 863-4100 | | | | | | | | | |

TOTAL COUNTY COHS

N/A/ 820,848

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> | |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|--------------------|-------------------|-------------------------|---------------------------------|
| SPECIAL PROJECTS | | | | | | | | | | |
| ALAMEDA COUNTY (01) | | | | | | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883 | | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 1,600/ 3 | \$16,533 | Alameda | Robert Edmondson | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$5,511.03 | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883 | | 04/01/08 | 12/31/12 | MEDICARE PART D | | 1,600/ 81 | \$342,020 | Alameda | Robert Edmondson | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$4,222.47 | | | | | |
| Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #51 | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 560/ 42 | \$242,686 | Alameda | Peter Szutu | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$5,778.23 | | | | | |
| Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #51 | 04/01/08 | 12/31/12 | MEDICARE PART D | | 560/ 360 | \$1,556,194 | Alameda | Peter Szutu | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$4,322.76 | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 4,320/ 486 | \$2,157,433 | | | |

| <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) | | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | | |
| Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 | #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 | | | | | |
| CONTACT: Peter Szutu (510) 433-1150 | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 | #54 | 04/01/08 | 12/31/12 | FAMILY/AGED/REF. | \$4,322.76 | 560/ 29 | \$125,360 | Contra Costa | Peter Szutu | Della Cabrera (916) 440-7532 |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| CONTACT: Peter Szutu (510) 433-1150 | | | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | | <u>1,120/ 35</u> | <u>\$160,029</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> |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|----------------------------------|--|
| LOS ANGELES COUNTY (19) | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #200 | 01/01/09 | 12/31/12 | AGED \$77.88 BLIND/DISABLED \$77.88 | 5,000/ 3,021 | \$235,275 | Los Angeles | David Schmidt | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #201 | 01/01/09 | 12/31/12 | LTC \$935.31 | 5,000/ 1,914 | \$1,790,183 | Los Angeles | David Schmidt | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (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 | 825/ 141 | \$833,290 | Los Angeles | Castulo de la Rocha President | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (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 | 825/ 552 | \$1,873,482 | Los Angeles | Castulo de la Rocha President | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| (SCAN on HOLD) | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | 11,650/ 5,628 | \$4,732,230 | | | |

| <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) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #204 | 01/01/09 | 12/31/12 | <u>MEDICARE PART D</u> | | 5,000/ 944 | \$67,043 | Riverside | David Schmidt |
| | | | | AGED | \$71.02 | | | | |
| | | | | BLIND/DISABLED | \$71.02 | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #205 | 01/01/09 | 12/31/12 | <u>MEDICARE PART D</u> | | 5,000/ 623 | \$571,328 | San Bernardino | David Schmidt |
| | | | | LTC | \$917.06 | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 10,000/ 1,567 | \$638,371 | | |
| <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/ 6 | \$29,523 | 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 | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #50 | 04/01/08 | 12/31/12 | <u>MEDICARE PART D</u> | | 280/ 209 | \$744,671 | 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 | | | | | | | | | |
| (SCAN on HOLD) | | | | | | | | | |
| SACRAMENTO COUNTY | | | | SUBTOTAL | | 560/ 215 | \$774,194 | | |

| <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> | | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #206 | 01/01/09 | 12/31/12 | MEDICARE PART D | | 5,000/ 520 | \$42,432 | Riverside | David Schmidt | |
| | | | | AGED | \$81.60 | | | | | |
| | | | | BLIND/DISABLED | \$81.60 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #207 | 01/01/09 | 12/31/12 | MEDICARE PART D | | 5,000/ 312 | \$278,020 | San Bernardino | David Schmidt | |
| | | | | LTC | \$891.09 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | 10,000/ 832 | \$320,452 | | | |
| (SCAN on HOLD) | | | | | | | | | | |
| <u>SAN DIEGO COUNTY (37)</u> | | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | MEDICAL ONLY | | 200/ 18 | \$85,705 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$4,761.40 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,761.40 | | | | | |
| CONTACT: Alan Allgood (619) 677-3800 | | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | MEDICARE PART D | | 200/ 82 | \$292,713 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$3,569.67 | | | | | |
| | | | | DISA/LTC/AIDS | \$3,569.67 | | | | | |
| CONTACT: Alan Allgood (619) 677-3800 | | | | | | | | | | |
| (SCAN on HOLD) | | | | | | | | | | |
| SAN DIEGO COUNTY | | | | SUBTOTAL | | 400/ 100 | \$378,418 | | | |

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 On Lok Lifeways (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 | 1600/ 30 | \$182,330 | San Francisco | Robert Edmondson | DellaCabrera (916) 440-7532 |
| CONTACT: Robert Edmondson (209) 292-8883 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| OnLok Senior Health Services, dba On Lok Lifeways (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 | 1600/ 846 | \$3,722,239 | San Francisco | Robert Edmondson | DellaCabrera (916) 440-7532 |
| CONTACT: Robert Edmondson (209) 292-8883 | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A1 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/ 131 | \$242,186 | San Francisco | Miriam Martinez, DHI Director | Sunita Kapoor (916) 449-5104 |
| CONTACT: Gary Zombalt (415) 206-7600 | | | | | | | | | |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | 3700/ 1,007 | \$4,146,755 | | | |
| 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/ 2 | \$10,292 | 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/ 22 | \$88,629 | San Jose | Robert Edmondson | DellaCabrera (916) 440-7532 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | | |
| SANTA CLARA COUNTY | | | | SUBTOTAL | 3,200/ 24 | \$98,921 | | | |

| <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) | | | | | | | | | |
| 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 | William Clearwater | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | |

YOLO COUNTY

SUBTOTAL

280/ 2

\$7,126

TOTAL SPECIAL PROJECT

45,230/ 9,896

\$13,413,929

| <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> | | | |
|--|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|-------------|-------------------|-------------------------|------------------|-------------------|---------------------------------|
| PCCM | | | | | | | | | | | | |
| <u>LOS ANGELES COUNTY (19)</u> | | | | | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/10 | <u>Public Assistance</u> | | | | | | Los Angeles | Michael Weinstein | Sunita Kapoor (916) 449-5096 |
| | | | | FAMILY | \$103.27 | 2,000/ 425 | \$259,045 | | | | | |
| | | | | AGED | \$466.85 | | | | | | | |
| | | | | DISABLED | \$622.09 | | | | | | | |
| | | | | MI CHILD | \$103.27 | | | | | | | |
| | | | | MI ADULT | \$265.28 | | | | | | | |
| | | | | REFUGEES | \$103.27 | | | | | | | |
| | | | | AIDS | \$1,473.85 | | | | | | | |
| | | | | BCCTP | \$517.08 | | | | | | | |
| | | | | CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/10 | <u>MEDICARE PART D</u> <u>Public Assistance</u> | | | | | | Los Angeles | Michael Weinstein | Sunita Kapoor (916) 449-5096 |
| | | | | FAMILY | \$103.27 | 2,000/ 301 | \$100,858 | | | | | |
| | | | | AGED | \$243.89 | | | | | | | |
| | | | | DISABLED | \$339.33 | | | | | | | |
| | | | | MI CHILD | \$103.27 | | | | | | | |
| | | | | MI ADULT | \$265.28 | | | | | | | |
| | | | | REFUGEES | \$103.27 | | | | | | | |
| | | | | AIDS | \$206.24 | | | | | | | |
| | | | | BCCTP | \$517.08 | | | | | | | |
| | | | | CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | | | | <u>4,000/ 726</u> | | <u>\$359,903</u> | | |
| TOTAL PCCM | | | | | | <u>4,000/ 726</u> | | <u>\$359,903</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> | | | | | | | | | |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|--------------|-------------------|-------------------------|--------------------------------------|----------------|-----------|------------|-------------|--------------------------------------|--|--|--|
| 2-PLAN | | | | | | | | | | | | | | | | | | |
| ALAMEDA COUNTY (01) | | | | | | | | | | | | | | | | | | |
| Alameda Alliance for Health (04-35399), A8, C8 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500 | #300 | 10/01/09 | 12/31/10 | FAMILY | \$111.12 | 180,000/ 88,276 | \$12,751,659 | Alameda | David Kears | Mary Cobb, Interim (916) 449-5103 | | | | | | | | |
| | | | | AGED | \$491.99 | | | | | | | | | | | | | |
| | | | | DISABLED | \$491.99 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$111.12 | | | | | | | | | | | | | |
| | | | | REFUGEES | \$111.12 | | | | | | | | | | | | | |
| | | | | AIDS | \$1,007.69 | | | | | | | | | | | | | |
| | | | | BCCTP | \$814.52 | | | | | | | | | | | | | |
| | | | | AGNEWS | \$4,919.00 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$111.12 | | | | | | 180,000/ 4,541 | \$636,271 | Alameda | David Kears | Mary Cobb, Interim (916) 449-5103 | | | |
| AGED | \$127.23 | | | | | | | | | | | | | | | | | |
| DISABLED | \$155.05 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$111.12 | | | | | | | | | | | | | | | | | |
| REFUGEES | \$111.12 | | | | | | | | | | | | | | | | | |
| AIDS | \$239.43 | | | | | | | | | | | | | | | | | |
| BCCTP | \$814.52 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,042.63 | | | | | | | | | | | | | | | | | |
| AGNEWS | \$4,919.00 | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996 | #340 | 10/01/09 | 06/30/10 | FAMILY | \$118.99 | unlimited/ 26,082 | \$3,949,038 | California | | | | | | | | | | |
| | | | | AGED | \$546.76 | | | | | | | | | | | | | |
| | | | | DISABLED | \$546.76 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$118.99 | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$118.99 | | | | | | | | | | | | | |
| | | | | AIDS | \$1,025.21 | | | | | | | | | | | | | |
| | | | | BCCTP | \$813.63 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$118.99 | | | | | | unlimited/ 786 | \$112,029 | California | | | | | |
| | | | | AGED | \$132.80 | | | | | | | | | | | | | |
| DISABLED | \$152.02 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$118.99 | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$118.99 | | | | | | | | | | | | | | | | | |
| AIDS | \$226.96 | | | | | | | | | | | | | | | | | |
| BCCTP | \$813.63 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,042.63 | | | | | | | | | | | | | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 360,000/ 119,685 | \$17,448,997 | | | | | | | | | | | |

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), A6, C8, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004 | #301 | 10/01/09 | 12/31/10 | FAMILY | \$120.45 | unlimited/ 53,412 | \$7,991,154 | County of Contra Costa | Lin McCaul (916) 449-5104 | | | | | | | | | | |
| | | | | AGED | \$490.75 | | | | | | | | | | | | | | |
| | | | | DISABLED | \$490.75 | | | | | | | | | | | | | | |
| | | | | MI ADULT | \$120.45 | | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$120.45 | | | | | | | | | | | | | | |
| | | | | AIDS | \$1,043.53 | | | | | | | | | | | | | | |
| | | | | BCCTP | \$832.10 | | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | FAMILY | \$120.45 | unlimited/ 2,211 | \$311,965 | County of Contra Costa | Lin McCaul (916) 449-5104 | | | | |
| | | | | AGED | \$134.69 | | | | | | | | | | | | | | |
| | | | | DISABLED | \$148.13 | | | | | | | | | | | | | | |
| MI ADULT | \$120.45 | | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$120.45 | | | | | | | | | | | | | | | | | | |
| AIDS | \$231.06 | | | | | | | | | | | | | | | | | | |
| BCCTP | \$832.10 | | | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,753.70 | | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership #344 Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876 | #344 | 10/01/09 | 06/30/10 | FAMILY | \$109.43 | unlimited/ 10,870 | \$1,379,511 | Contra Costa | Blue Cross of California | Marc Lewis (916) 449-5061 | | | | | | | | | |
| | | | | AGED | \$430.93 | | | | | | | | | | | | | | |
| | | | | DISABLED | \$430.93 | | | | | | | | | | | | | | |
| | | | | MI ADULT | \$109.43 | | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$109.43 | | | | | | | | | | | | | | |
| | | | | AIDS | \$1,055.94 | | | | | | | | | | | | | | |
| | | | | BCCTP | \$824.06 | | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | FAMILY | \$109.43 | unlimited/ 195 | \$26,912 | Contra Costa | Blue Cross of California | Marc Lewis (916) 449-5061 | | |
| | | | | AGED | \$125.23 | | | | | | | | | | | | | | |
| | | | | DISABLED | \$156.34 | | | | | | | | | | | | | | |
| MI ADULT | \$109.43 | | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$109.43 | | | | | | | | | | | | | | | | | | |
| AIDS | \$223.59 | | | | | | | | | | | | | | | | | | |
| BCCTP | \$824.06 | | | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,753.70 | | | | | | | | | | | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | | unlimited/ 66,688 | \$9,709,542 | | | | | | | | | | | | |

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> |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|--------------------------|--------------------------------|
| FRESNO COUNTY (10) | | | | | | | | | |
| Anthem Blue Cross Partnership #341 Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY | \$97.44 | unlimited/ 98,176 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$527.26 | | | | |
| | | | | DISABLED | \$527.26 | | | | |
| | | | | MI ADULT | \$97.44 | | | | |
| | | | | REFUGEES/FAMILY | \$97.44 | | | | |
| | | | | AIDS | \$1,064.14 | | | | |
| | | | | BCCTP | \$809.80 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership #341 Plan (03-76184,) A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY | \$97.44 | unlimited/ 2,423 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$108.62 | | | | |
| | | | | DISABLED | \$151.13 | | | | |
| | | | | MI ADULT | \$97.44 | | | | |
| | | | | REFUGEES/FAMILY | \$97.44 | | | | |
| | | | | AIDS | \$216.75 | | | | |
| | | | | BCCTP | \$809.80 | | | | |
| MATERNITY | \$5,616.08 | | | | | | | | |
| Health Net Community #351 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/10 | FAMILY | \$86.67 | unlimited/ 97,303 | Fresno | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$425.97 | | | | |
| | | | | DISABLED | \$425.97 | | | | |
| | | | | MI ADULT | \$86.67 | | | | |
| | | | | REFUGEES/FAMILY | \$86.67 | | | | |
| | | | | AIDS | \$1,032.37 | | | | |
| | | | | BCCTP | \$829.65 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community #351 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/10 | FAMILY | \$86.67 | unlimited/ 919 | Fresno | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$115.61 | | | | |
| | | | | DISABLED | \$134.54 | | | | |
| | | | | MI ADULT | \$86.67 | | | | |
| | | | | REFUGEES/FAMILY | \$86.67 | | | | |
| | | | | AIDS | \$220.88 | | | | |
| | | | | BCCTP | \$829.65 | | | | |
| MATERNITY | \$5,616.08 | | | | | | | | |
| FRESNO COUNTY | | | | SUBTOTAL | | unlimited/ 198,821 | | \$21,830,787 | |

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> |
|--|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|---------------------|--------------------------------|
| <u>KERN COUNTY (15)</u> | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #360 | 10/01/09 | 06/30/10 | FAMILY | \$98.65 | unlimited/ 29,120 | Kern | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$442.73 | | | | |
| | | | | DISABLED | \$442.73 | | | | |
| | | | | MI ADULT | \$98.65 | | | | |
| | | | | REFUGEES/FAMILY | \$98.65 | | | | |
| | | | | AIDS | \$1,069.32 | | | | |
| | | | | BCCTP | \$809.45 | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #360 | 10/01/09 | 06/30/10 | FAMILY | \$98.65 | unlimited/ 652 | Kern | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$113.33 | | | | |
| | | | | DISABLED | \$142.24 | | | | |
| | | | | MI ADULT | \$98.65 | | | | |
| | | | | REFUGEES/FAMILY | \$98.65 | | | | |
| | | | | AIDS | \$218.56 | | | | |
| | | | | BCCTP | \$809.45 | | | | |
| MATERNITY | \$5,408.53 | | | | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A7, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006 | #303 | 10/01/09 | 12/31/10 | FAMILY | \$92.09 | 115,000/ 98,978 | Kern | Kern Health Systems | Bob Davidson (916) 449-5092 |
| | | | | AGED | \$396.51 | | | | |
| | | | | DISABLED | \$396.51 | | | | |
| | | | | MI ADULT | \$92.09 | | | | |
| | | | | REFUGEES/FAMILY | \$92.09 | | | | |
| | | | | AIDS | \$1,027.71 | | | | |
| | | | | BCCTP | \$811.56 | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A7, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006 | #303 | 10/01/09 | 12/31/10 | FAMILY | \$92.09 | 115,000/ 1,863 | Kern | Kern Health Systems | Bob Davidson (916) 449-5092 |
| | | | | AGED | \$129.07 | | | | |
| | | | | DISABLED | \$151.16 | | | | |
| | | | | MI ADULT | \$92.09 | | | | |
| | | | | REFUGEES/FAMILY | \$92.09 | | | | |
| | | | | AIDS | \$212.23 | | | | |
| | | | | BCCTP | \$811.56 | | | | |
| MATERNITY | \$5,408.53 | | | | | | | | |
| KERN COUNTY | | | | SUBTOTAL | | 230,000/ 130,613 | | \$14,426,997 | |

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> |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|----------------------|---------------------|--------------------------------|
| LOS ANGELES COUNTY (19) | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 10/01/09 | 06/30/10 | FAMILY | \$83.94 | unlimited/ 436,177 | Los Angeles | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$396.78 | | | | |
| | | | | DISABLED | \$396.78 | | | | |
| | | | | MI ADULT | \$83.94 | | | | |
| | | | | REFUGEES/FAMILY | \$83.94 | | | | |
| | | | | AIDS | \$1,016.33 | | | | |
| | | | | BCCTP | \$800.22 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 10/01/09 | 06/30/10 | FAMILY | \$83.94 | unlimited/ 5,543 | Los Angeles | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$111.19 | | | | |
| | | | | DISABLED | \$137.98 | | | | |
| | | | | MI ADULT | \$83.94 | | | | |
| | | | | REFUGEES/FAMILY | \$83.94 | | | | |
| | | | | AIDS | \$230.77 | | | | |
| | | | | BCCTP | \$800.22 | | | | |
| MATERNITY | | | | | | | | | |
| LA Care Health Plan (04-36069), A4, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250 | #304 | 10/01/09 | 12/31/10 | FAMILY | \$94.42 | unlimited/ 781,172 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 341-7035 |
| | | | | AGED | \$441.08 | | | | |
| | | | | DISABLED | \$441.08 | | | | |
| | | | | MI ADULT | \$94.42 | | | | |
| | | | | REFUGEES/FAMILY | \$94.42 | | | | |
| | | | | AIDS | \$1,037.35 | | | | |
| | | | | BCCTP | \$856.41 | | | | |
| MEDICARE PART D | | | | | | | | | |
| LA Care Health Plan (04-36069), A4, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250 | #304 | 10/01/09 | 12/31/10 | FAMILY | \$94.42 | unlimited/ 11,463 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 341-7035 |
| | | | | AGED | \$115.39 | | | | |
| | | | | DISABLED | \$135.06 | | | | |
| | | | | MI ADULT | \$94.42 | | | | |
| | | | | REFUGEES/FAMILY | \$94.42 | | | | |
| | | | | AIDS | \$225.72 | | | | |
| | | | | BCCTP | \$856.41 | | | | |
| MATERNITY | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | | unlimited/ 1,234,355 | \$127,725,775 | | |

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), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #305 | 10/01/09 | 12/31/10 | FAMILY | \$95.40 | unlimited/ 171,928 | \$19,011,521 | Riverside | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$444.20 | | | | | |
| | | | | DISABLED | \$444.20 | | | | | |
| | | | | MI ADULT | \$95.40 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.40 | | | | | |
| | | | | AIDS | \$1,047.21 | | | | | |
| | | | | BCCTP | \$833.43 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Inland Empire Health Plan #305 (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #305 | 10/01/09 | 12/31/10 | FAMILY | \$95.40 | unlimited/ 2,972 | \$380,649 | Riverside | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$115.21 | | | | | |
| | | | | DISABLED | \$143.53 | | | | | |
| | | | | MI ADULT | \$95.40 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.40 | | | | | |
| | | | | AIDS | \$218.28 | | | | | |
| | | | | BCCTP | \$833.43 | | | | | |
| MATERNITY | | | | | | | | | | |
| | | | | \$5,319.64 | | | | | | |
| Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028 | #355 | 10/01/09 | 03/31/11 | FAMILY | \$102.79 | 83,038/ 38,749 | \$4,310,935 | Riverside | Stephen T. O'Dell Molina, M.D. | Mike Dutra (916) 449-5057 |
| | | | | AGED | \$452.39 | | | | | |
| | | | | DISABLED | \$452.39 | | | | | |
| | | | | MI ADULT | \$102.79 | | | | | |
| | | | | REFUGEES/FAMILY | \$102.79 | | | | | |
| | | | | AIDS | \$983.96 | | | | | |
| | | | | BCCTP | \$827.10 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028 | #355 | 10/01/09 | 03/31/11 | FAMILY | \$102.79 | 83,038/ 337 | \$44,215 | Riverside | Stephen T. O'Dell Molina, M.D. | Mike Dutra (916) 449-5057 |
| | | | | AGED | \$127.80 | | | | | |
| | | | | DISABLED | \$145.60 | | | | | |
| | | | | MI ADULT | \$102.79 | | | | | |
| | | | | REFUGEES/FAMILY | \$102.79 | | | | | |
| | | | | AIDS | \$222.88 | | | | | |
| | | | | BCCTP | \$827.10 | | | | | |
| MATERNITY | | | | | | | | | | |
| | | | | \$5,319.64 | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 166,076/ 213,986 | \$23,747,320 | | | |

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), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #306 | 10/01/09 | 12/31/10 | FAMILY | \$97.77 | unlimited/ 191,505 | \$21,586,485 | San Bernardino | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$444.59 | | | | | |
| | | | | DISABLED | \$444.59 | | | | | |
| | | | | MI ADULT | \$97.77 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.77 | | | | | |
| | | | | AIDS | \$970.44 | | | | | |
| | | | | BCCTP | \$794.41 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Inland Empire Health Plan #306 (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #306 | 10/01/09 | 12/31/10 | FAMILY | \$97.77 | unlimited/ 3,170 | \$451,449 | San Bernardino | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$124.44 | | | | | |
| | | | | DISABLED | \$161.48 | | | | | |
| | | | | MI ADULT | \$97.77 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.77 | | | | | |
| | | | | AIDS | \$217.11 | | | | | |
| | | | | BCCTP | \$794.41 | | | | | |
| MATERNITY | \$5,097.25 | | | | | | | | | |
| Molina Healthcare of California #356 | | | | | | | | | | |
| Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666 | #356 | 10/01/09 | 03/31/11 | FAMILY | \$104.22 | 136,332/ 53,762 | \$6,143,500 | San Bernardino | Joann Zarza-Garrido Mike Dutra Molina, M.D. | (916) 449-5057 |
| | | | | AGED | \$423.71 | | | | | |
| | | | | DISABLED | \$423.71 | | | | | |
| | | | | MI ADULT | \$104.22 | | | | | |
| | | | | REFUGEES/FAMILY | \$104.22 | | | | | |
| | | | | AIDS | \$984.81 | | | | | |
| | | | | BCCTP | \$826.53 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666 | #356 | 10/01/09 | 03/31/11 | FAMILY | \$104.22 | 136,332/ 433 | \$56,736 | San Bernardino | Joann Zarza-Garrido Mike Dutra Molina, M.D. | (916) 449-5057 |
| | | | | AGED | \$124.75 | | | | | |
| | | | | DISABLED | \$149.10 | | | | | |
| | | | | MI ADULT | \$104.22 | | | | | |
| | | | | REFUGEES/FAMILY | \$104.22 | | | | | |
| | | | | AIDS | \$222.75 | | | | | |
| | | | | BCCTP | \$826.53 | | | | | |
| MATERNITY | \$5,097.25 | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | 272,664/ 248,870 | \$28,238,170 | | | |

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), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY \$97.33 AGED \$451.60 DISABLED \$451.60 MI ADULT \$97.33 REFUGEES/FAMILY \$97.33 AIDS \$1,088.86 BCCTP \$822.13 | unlimited/ 11,600 | \$1,396,148 | San Francisco | Blue Cross of California | Mark Lewis (916) 449-5061 |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership #343 Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY \$97.33 AGED \$109.13 DISABLED \$146.68 MI ADULT \$97.33 REFUGEES/FAMILY \$97.33 AIDS \$224.23 BCCTP \$822.13 MATERNITY \$5,842.73 | unlimited/ 450 | \$57,867 | San Francisco | Blue Cross of California | Mark Lewis (916) 449-5061 |
| San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A7, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202 | | 10/01/09 | 12/31/10 | FAMILY \$129.89 AGED \$520.70 DISABLED \$520.70 MI ADULT \$129.89 REFUGEES/FAMILY \$129.89 AIDS \$1,115.74 BCCTP \$841.23 | 55,000/ 34,834 | \$5,269,832 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Mary Cobb (916) 449-5103 |
| MEDICARE PART D | | | | | | | | | |
| San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A7, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202 | | 10/01/09 | 12/31/10 | FAMILY \$129.89 AGED \$142.72 DISABLED \$163.14 MI ADULT \$129.89 REFUGEES/FAMILY \$129.89 AIDS \$222.63 BCCTP \$841.23 MATERNITY \$5,842.73 | 55,000/ 1,540 | \$233,436 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Mary Cobb (916) 449-5103 |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | 110,000/ 48,424 | \$6,957,283 | | | |

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), A7, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 10/01/09 | 12/31/10 | FAMILY | \$99.09 | unlimited/ 70,283 | San Joaquin | | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$452.27 | | | | |
| | | | | DISABLED | \$452.27 | | | | |
| | | | | MI ADULT | \$99.09 | | | | |
| | | | | REFUGEES/FAMILY | \$99.09 | | | | |
| | | | | AIDS | \$1,044.32 | | | | |
| | | | | BCCTP | \$832.94 | | | | |
| | | | | MEDICARE PART D | | | | | |
| Health Plan of San Joaquin (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 10/01/09 | 12/31/10 | FAMILY | \$99.09 | unlimited/ 1,581 | San Joaquin | | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$115.72 | | | | |
| | | | | DISABLED | \$158.67 | | | | |
| | | | | MI ADULT | \$99.09 | | | | |
| | | | | REFUGEES/FAMILY | \$99.09 | | | | |
| | | | | AIDS | \$220.04 | | | | |
| | | | | BCCTP | \$832.94 | | | | |
| | | | | MATERNITY | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A9 ,C8 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #358 | 10/01/09 | 06/30/10 | FAMILY | \$90.84 | unlimited/ 27,866 | San Joaquin | Blue Cross of California | Mark Lewis (916) 449-5061 |
| | | | | AGED | \$412.90 | | | | |
| | | | | DISABLED | \$412.90 | | | | |
| | | | | MI ADULT | \$90.84 | | | | |
| | | | | REFUGEES/FAMILY | \$90.84 | | | | |
| | | | | AIDS | \$1,020.79 | | | | |
| | | | | BCCTP | \$811.76 | | | | |
| | | | | MEDICARE PART D | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A9 ,C8 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #358 | 10/01/09 | 06/30/10 | FAMILY | \$90.84 | unlimited/ 554 | San Joaquin | Blue Cross of California | Mark Lewis (916) 449-5061 |
| | | | | AGED | \$110.29 | | | | |
| | | | | DISABLED | \$146.70 | | | | |
| | | | | MI ADULT | \$90.84 | | | | |
| | | | | REFUGEES/FAMILY | \$90.84 | | | | |
| | | | | AIDS | \$224.99 | | | | |
| | | | | BCCTP | \$811.76 | | | | |
| | | | | MATERNITY | | | | | |
| SAN JOAQUIN COUNTY | | | | SUBTOTAL | | unlimited/ 100,284 | \$11,816,759 | | |

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), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY \$103.84 AGED \$458.30 DISABLED \$458.30 MI ADULT \$103.84 REFUGEES/FAMILY \$103.84 AIDS \$1,091.67 BCCTP \$830.08 | unlimited/ 32,909 | \$4,055,688 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5061 |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership #345 Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY \$103.84 AGED \$113.19 DISABLED \$149.88 MI ADULT \$103.84 REFUGEES/FAMILY \$103.84 AIDS \$223.76 BCCTP \$830.08 MATERNITY \$5,719.42 | unlimited/ 844 | \$107,071 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5061 |
| Santa Clara Family Health #309 Plan (04-35398), A7, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901 | | 10/01/09 | 12/31/10 | FAMILY \$117.77 AGED \$482.01 DISABLED \$482.01 MI ADULT \$117.77 REFUGEES/FAMILY \$117.77 AIDS \$1,067.96 BCCTP \$826.53 AGNEWS \$4,919.00 | 123,000/ 89,210 | \$12,240,251 | Santa Clara | Santa Clara Family Health Plan | Mary Cobb (916) 341-7035 |
| MEDICARE PART D | | | | | | | | | |
| Santa Clara Family Health #309 Plan (04-35398), A7, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901 | | 10/01/09 | 12/31/10 | FAMILY \$117.77 AGED \$115.39 DISABLED \$155.10 MI ADULT \$117.77 REFUGEES/FAMILY \$117.77 AIDS \$219.25 BCCTP \$826.53 MATERNITY \$5,719.42 AGNEWS \$4,919.00 | 123,000/ 5,718 | \$752,624 | Santa Clara | Santa Clara Family Health Plan | Mary Cobb (916) 341-7035 |
| SANTA CLARA COUNTY | | | | SUBTOTAL | 246,000/ 128,681 | \$17,155,634 | | | |

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> |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|-------------|--------------------------|--------------------------------|
| STANISLAUS COUNTY (50) | | | | | | | | | |
| Anthem Blue Cross Partnership #310 Plan (04-35797), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 12/31/10 | FAMILY | \$110.61 | unlimited/ 47,341 | Stanislaus | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$569.96 | | | | |
| | | | | DISABLED | \$569.96 | | | | |
| | | | | MI ADULT | \$110.61 | | | | |
| | | | | REFUGEES/FAMILY | \$110.61 | | | | |
| | | | | AIDS | \$1,047.89 | | | | |
| | | | | BCCTP | \$859.66 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | FAMILY | \$110.61 | | | | |
| | | | | AGED | \$133.20 | | | | |
| DISABLED | \$155.04 | | | | | | | | |
| MI ADULT | \$110.61 | | | | | | | | |
| REFUGEES/FAMILY | \$110.61 | | | | | | | | |
| AIDS | \$224.38 | | | | | | | | |
| BCCTP | \$859.66 | | | | | | | | |
| MATERNITY | \$6,114.14 | | | | | | | | |
| Health Net Community #361 Solutions, Inc. (03-76182), A9, C10 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/10 | FAMILY | \$109.98 | unlimited/ 19,037 | Stanislaus | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$542.19 | | | | |
| | | | | DISABLED | \$542.19 | | | | |
| | | | | MI ADULT | \$109.98 | | | | |
| | | | | REFUGEES/FAMILY | \$109.98 | | | | |
| | | | | AIDS | \$1,075.13 | | | | |
| | | | | BCCTP | \$845.24 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | FAMILY | \$109.98 | | | | |
| | | | | AGED | \$125.47 | | | | |
| DISABLED | \$162.78 | | | | | | | | |
| MI ADULT | \$109.98 | | | | | | | | |
| REFUGEES/FAMILY | \$109.98 | | | | | | | | |
| AIDS | \$231.25 | | | | | | | | |
| BCCTP | \$845.24 | | | | | | | | |
| MATERNITY | \$6,114.14 | | | | | | | | |
| STANISLAUS COUNTY | | | | SUBTOTAL | | unlimited/ 67,915 | \$9,059,699 | | |

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> | |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------------|----------------------|-------------------|--------------------------|--------------------------------|
| TULARE COUNTY (54) | | | | | | | | | | |
| Health Net Community #353 Solutions, Inc. (03-76182), A9 C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #353 | 10/01/09 | 06/30/10 | FAMILY | \$89.70 | unlimited/ 24,835 | \$2,469,116 | Tulare | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$442.09 | | | | | |
| | | | | DISABLED | \$442.09 | | | | | |
| | | | | MI ADULT | \$89.70 | | | | | |
| | | | | REFUGEES/FAMILY | \$89.70 | | | | | |
| | | | | AIDS | \$984.77 | | | | | |
| | | | | BCCTP | \$809.20 | | | | | |
| | | | | MEDICARE PART D | | | | | | |
| Health Net Community #353 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #353 | 10/01/09 | 06/30/10 | FAMILY | \$89.70 | unlimited/ 253 | \$30,662 | Tulare | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$112.56 | | | | | |
| | | | | DISABLED | \$141.75 | | | | | |
| | | | | MI ADULT | \$89.70 | | | | | |
| | | | | REFUGEES/FAMILY | \$89.70 | | | | | |
| | | | | AIDS | \$225.49 | | | | | |
| | | | | BCCTP | \$809.20 | | | | | |
| | | | | MATERNITY | | | | | | |
| Anthem Blue Cross Partnership #311 Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #311 | 10/01/09 | 12/31/10 | FAMILY | \$95.54 | unlimited/ 76,090 | \$8,537,939 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$543.40 | | | | | |
| | | | | DISABLED | \$543.40 | | | | | |
| | | | | MI ADULT | \$95.54 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.54 | | | | | |
| | | | | AIDS | \$995.42 | | | | | |
| | | | | BCCTP | \$804.26 | | | | | |
| | | | | MEDICARE PART D | | | | | | |
| Anthem Blue Cross Partnership #311 Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #311 | 10/01/09 | 12/31/10 | FAMILY | \$95.54 | unlimited/ 1,480 | \$195,023 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$112.36 | | | | | |
| | | | | DISABLED | \$150.26 | | | | | |
| | | | | MI ADULT | \$95.54 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.54 | | | | | |
| | | | | AIDS | \$230.53 | | | | | |
| | | | | BCCTP | \$804.26 | | | | | |
| | | | | MATERNITY | | | | | | |
| TULARE COUNTY | | | | SUBTOTAL | | unlimited/ 102,658 | \$11,232,740 | | | |
| TOTAL 2-PLAN | | | | | | <u>1,384,740/ 2,660,980</u> | <u>\$299,349,703</u> | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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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> |
|--|---------------------|---------------------------|------------------|--------------|--|---------------------------|-------------|---|------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Molina Healthcare of CA Partner Plan, Inc. (07-65851) A1 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 | #130 | 01/01/09 | 12/31/12 | | 160,000/ 26,587 | | Sacramento | | Nathan Nau (916) 341-7031 |
| CONTACT: Lisa Rubino, President, (562) 491-7044 | | | | | | | | | |
| Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 | #140 | 01/01/09 | 12/31/12 | | 15,750/ 182 | | Sacramento | | Nathan Nau (916) 341-7031 |
| CONTACT: Rhonda West-Peters (916) 614-6002 | | | | | | | | | |
| Health Net Community Solutions, Inc. (07-65847) A2 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 | #150 | 01/01/09 | 12/31/12 | | 168,600/ 44,239 | | Sacramento | | Nathan Nau (916) 341-7031 |
| 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/ 25,949 | | Sacramento | Charles S. Koch | Nathan Nau (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/ 90,286 | | Sacramento | Jeff Flick Regional Manager, SSB West | Nathan Nau (916) 341-7031 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| TOTAL GMC-MEDICAL (Sacramento) | | | | | <u>532,950/ 187,243</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), A6 740 Bay Blvd Chula Vista, CA 91910 | #29 | 01/01/09 | 06/30/10 | | 207,000/ 91,228 | | San Diego | Ann Warren Chief Member& Govt Relations Officer | Nathan Nau (916) 341-7031 |
| CONTACT: Francisca Chavez (619) 498-6589 | | | | | | | | | |
| Health Net Community Solutions, Inc. (05-46128), A6 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 | #68 | 01/01/09 | 06/30/10 | | 180,000/ 31,116 | | San Diego | David Friedman | Nathan Nau (916) 341-7031 |
| CONTACT: Lori Hill (916) 935-1447 | | | | | | | | | |
| KP CAL, LLC (SoCal) (05-46129), A8 393 East Walnut Street, 7th Floor Pasadena, CA 91188 | #79 | 01/01/09 | 06/30/10 | | 10,000/ 13,453 | | San Diego | William Caswell | Nathan Nau (916) 341-7031 |
| CONTACT: Cathy Lurty (818) 557-7955 | | | | | | | | | |
| Molina Healthcare of California Partner Plan, Inc. (05-46130) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 | #131 | 01/01/09 | 06/30/10 | | 100,000/ 57,750 | | San Diego | Stephen T. O'Dell President & CEO | Nathan Nau (916) 341-7031 |
| CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028 | | | | | | | | | |
| Care 1st Health Plan, LLC (05-46131), A7 601 Potrero Grande Drive Monterey Park, CA 91755 | #167 | 01/01/09 | 06/30/10 | | 207,000/ 10,320 | | San Diego | Anna Tran Chief Operating Officer | Raquel Kravitz (916) 449-5105 |
| CONTACT: Sabra Matovsky (619) 528-4817 | | | | | | | | | |
| (Blue Cross #48 Deactivated 12/31/07) | | | | | | | | | |
| TOTAL GMC-MEDICAL (SAN DIEGO) | | | | | <u><u>704,000/ 203,867</u></u> | | | | |
| TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD)) | | | | | <u><u>2,675,236/ 4,157,369</u></u> | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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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> |
|---|---------------------|---------------------------|------------------|--------------|--|---------------------------|-------------|---|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-DENTAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Western Dental Svcs., Inc. (07-65806) A1 530 South Main Street Orange, CA 92863 | #424 | 05/01/08 | 12/31/12 | | 160,000/ 86,021 | | 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/ 52,146 | | 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/ 27,777 | | 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/ 12,425 | | 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/ 17,311 | | Sacramento | | Brian Nanoo (916) 464-3784 |
| CONTACT: unknown | | | | | | | | | |
| TOTAL GMC-DENTAL | | | | | <u>450,000/ 195,680</u> | | | | |

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