

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 | | | | | | | | | |
| <u>MARIN COUNTY (21)</u> | | | | | | | | | |
| KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #81 | 10/01/07 | 06/30/09 | FAMILY \$104.10 AGED \$378.84 BLIND/DISABLED \$460.58 ADULT \$420.59 REFUGEEES FAMILY \$104.10 BCCTP \$743.70 AIDS \$1,576.66 | 734/ 648 | \$123,297 | Marin | Charles S. Koch | Brad Bittinger 916/341-7031 |
| MEDICARE PART D | | | | | | | | | |
| KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #81 | 10/01/07 | 06/30/09 | FAMILY \$104.10 AGED \$110.82 BLIND/DISABLED \$91.19 ADULT \$420.59 REFUGEEES FAMILY \$104.10 BCCTP \$743.70 AIDS \$1,576.66 | 734/ 140 | \$13,479 | Marin | Charles S. Koch | Brad Bittinger 916/341-7031 |
| MARIN COUNTY | | | | SUBTOTAL | 1,468/ 788 | \$136,776 | | | |
| <u>SONOMA COUNTY (49)</u> | | | | | | | | | |
| KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #87 | 10/01/07 | 06/30/09 | FAMILY \$96.77 AGED \$353.01 DISABLED \$455.59 ADULT \$451.37 REFUGEEES FAMILY \$96.77 BCCTP \$791.68 AIDS \$1,600.34 | 1,424/ 1,312 | \$237,935 | Sonoma | Charles S. Koch | Brad Bittinger 916/341-7031 |
| MEDICARE PART D | | | | | | | | | |
| KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #87 | 10/01/07 | 06/30/09 | FAMILY \$96.77 AGED \$100.14 DISABLED \$91.58 ADULT \$451.37 REFUGEEES FAMILY \$96.77 BCCTP \$791.68 AIDS \$1,600.34 | 1,424/ 221 | \$20,645 | Sonoma | Charles S. Koch | Brad Bittinger 916/341-7031 |
| SONOMA COUNTY | | | | SUBTOTAL | 2,848/ 1,533 | \$258,580 | | | |
| TOTAL PHP | | | | | 4,316/ 2,321 | \$395,356 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

| <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), A4 8890 Cal Center Drive Sacramento, CA 95826 | #409 | 01/01/08 | 06/30/09 | Public Assistance | 50,000/ 104,753 | \$1,059,053 | Los Angeles | Mike Betker,CEO | Lenatte Blouin 916-464-0379 | |
| | | | | FAMILY | | | | | | \$10.11 |
| | | | | AGED | | | | | | \$10.11 |
| | | | | BLIND/DISABLED | | | | | | \$10.11 |
| | | | | Medically Needy | | | | | | |
| | | | | FAMILY | | | | | | \$10.11 |
| | | | | AGED | | | | | | \$10.11 |
| | | | | BLIND/DISABLED | | | | | | \$10.11 |
| | | | | MI CHILD | | | | | | \$10.11 |
| | | | | MI ADULT | | | | | | \$10.11 |
| % OF POV | \$10.11 | | | | | | | | | |
| BCCTP | \$10.11 | | | | | | | | | |
| CONTACT: Corina Lena (916) 563-6044 | | | | | | | | | | |
| American Health Guard (05-45698), A2 30 East Santa Clara, Suite D Arcadia, CA 91006 | #410 | 01/01/07 | 06/30/09 | Public Assistance | 50,000/ 16,950 | \$167,975 | Los Angeles | David Kutner | Wayne Medley | |
| | | | | FAMILY | | | | | | \$9.91 |
| | | | | AGED | | | | | | \$9.91 |
| | | | | BLIND/DISABLED | | | | | | \$9.91 |
| | | | | Medically Needy | | | | | | |
| | | | | FAMILY | | | | | | \$9.91 |
| | | | | AGED | | | | | | \$9.91 |
| | | | | BLIND/DISABLED | | | | | | \$9.91 |
| | | | | MI CHILD | | | | | | \$9.91 |
| | | | | MI ADULT | | | | | | \$9.91 |
| % OF POV | \$9.91 | | | | | | | | | |
| BCCTP | \$9.91 | | | | | | | | | |
| CONTACT: Rod Zalunardo (626) 821-5500 | | | | | | | | | | |
| Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 | #406 | 01/01/07 | 06/30/09 | Public Assistance | 90,000/ 21,274 | \$210,825 | Los Angeles | Paula Lopez | Lenatte Blouin 916-464-0379 | |
| | | | | FAMILY | | | | | | \$9.91 |
| | | | | AGED | | | | | | \$9.91 |
| | | | | BLIND/DISABLED | | | | | | \$9.91 |
| | | | | Medically Needy | | | | | | |
| | | | | FAMILY | | | | | | \$9.91 |
| | | | | AGED | | | | | | \$9.91 |
| | | | | BLIND/DISABLED | | | | | | \$9.91 |
| | | | | MI CHILD | | | | | | \$9.91 |
| | | | | MI ADULT | | | | | | \$9.91 |
| % OF POV | \$9.91 | | | | | | | | | |
| BCCTP | \$9.91 | | | | | | | | | |
| CONTACT: Paula Lopez, Director State Gov Programs | | | | | | | | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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> | | | | | | | | | |
|--|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|------------------|-------------------|------------------------------------|----------|----------|--------------------------------------|-----------------------------|------------------|-----------|-------------|-----------------------------------|--------------------------------|
| Health Net Community Solutions, Inc. (05-45703), A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502 | #405 | 01/01/07 | 06/30/09 | Public Assistance | 60,000/ 31,237 | \$309,559 | Los Angeles | David Meadows | Wayne Medley 916/464-0393 | | | | | | | | | |
| | | | | FAMILY | | | | | | \$9.91 | | | | | | | | |
| | | | | AGED | | | | | | \$9.91 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$9.91 | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | | | | | | \$9.91 | | | | | | | | |
| | | | | AGED | | | | | | \$9.91 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$9.91 | | | | | | | | |
| | | | | MI CHILD | | | | | | \$9.91 | | | | | | | | |
| | | | | MI ADULT | | | | | | \$9.91 | | | | | | | | |
| | | | | % OF POV | | | | | | \$9.91 | | | | | | | | |
| | | | | BCCTP | | | | | | \$9.91 | | | | | | | | |
| | | | | CONTACT: David Meadows 916-935-1435 | | | | | | | | | | | | | | |
| | | | | Care 1st Health Plan (05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755 | | | | | | #403 | 01/01/07 | 06/30/09 | Public Assistance | 50,000/ 17,554 | \$173,960 | Los Angeles | Dr. Reginal Moore | Wayne Medley 916/464-0393 |
| FAMILY | \$9.91 | | | | | | | | | | | | | | | | | |
| AGED | \$9.91 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | | | | | |
| Medically Needy | | | | | | | | | | | | | | | | | | |
| FAMILY | \$9.91 | | | | | | | | | | | | | | | | | |
| AGED | \$9.91 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | | | | | |
| MI CHILD | \$9.91 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$9.91 | | | | | | | | | | | | | | | | | |
| % OF POV | \$9.91 | | | | | | | | | | | | | | | | | |
| BCCTP | \$9.91 | | | | | | | | | | | | | | | | | |
| CONTACT: Dr. Jorge Weingarten 626-299-5275 | | | | | | | | | | | | | | | | | | |
| Western Dental Services (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863 | #413 | 01/01/07 | 06/30/09 | | Public Assistance | 50,000/ 55,532 | \$550,322 | Los Angeles | Stan Andrakowicz Vice President | | | | Brian Nanoo 916-464-3784 | | | | | |
| | | | | FAMILY | \$9.91 | | | | | | | | | | | | | |
| | | | | AGED | \$9.91 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | \$9.91 | | | | | | | | | | | | | |
| | | | | AGED | \$9.91 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | |
| | | | | MI CHILD | \$9.91 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$9.91 | | | | | | | | | | | | | |
| | | | | % OF POV | \$9.91 | | | | | | | | | | | | | |
| | | | | BCCTP | \$9.91 | | | | | | | | | | | | | |
| | | | | CONTACT: Kelley Duniven (714) 571-3488 | | | | | | | | | | | | | | |
| | | | | Liberty Dental Plan (05-45700), A3 3200 El Camino Real, Ste. 290 Irvine, CA 92602 | #416 | | | | | 01/01/07 | 06/30/09 | Public Assistance | | Unlimited/ 7,105 | \$70,411 | Los Angeles | Amir Neshat, DDS President/CEO | Lenette Blouin 916-464-0379 |
| FAMILY | \$9.91 | | | | | | | | | | | | | | | | | |
| AGED | \$9.91 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | | | | | |
| Medically Needy | | | | | | | | | | | | | | | | | | |
| FAMILY | \$9.91 | | | | | | | | | | | | | | | | | |
| AGED | \$9.91 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | | | | | |
| MI CHILD | \$9.91 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$9.91 | | | | | | | | | | | | | | | | | |
| % OF POV | \$9.91 | | | | | | | | | | | | | | | | | |
| BCCTP | \$9.91 | | | | | | | | | | | | | | | | | |
| CONTACT: Amir Neshat, DDS, 949-223-8929 | | | | | | | | | | | | | | | | | | |
| Community Dental Services (05-45699), A2 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707 | #417 | 01/01/07 | 06/30/09 | | | Public Assistance | Unlimited/ 4,911 | \$48,668 | Los Angeles | | | Susan Klarnar Senior Executive/VP | Brian Nanoo 916-464-3784 | | | | | |
| | | | | FAMILY | \$9.91 | | | | | | | | | | | | | |
| | | | | AGED | \$9.91 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | \$9.91 | | | | | | | | | | | | | |
| | | | | AGED | \$9.91 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | | | | | | | |
| | | | | MI CHILD | \$9.91 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$9.91 | | | | | | | | | | | | | |
| | | | | % OF POV | \$9.91 | | | | | | | | | | | | | |
| | | | | BCCTP | \$9.91 | | | | | | | | | | | | | |
| | | | | CONTACT: Carolyn Miller, 714-708-5360 | | | | | | | | | | | | | | |
| | | | | Total County Public Assistance Eligible, March 2001: 1,020,545 | | | | | | | | | | | | | | |
| Total County Medically Needy Eligible, March 2001: 655,175 | | | | | | | | | | | | | | | | | | |
| **Rates do not reflect | | | | | | | | | | | | | | | | | | |
| **Rates do not reflect portion | | | | | | | | | | | | | | | | | | |
| Effective August 2003 | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | 350,000/ 259,316 | 2,590,773 | | | | | | | | | | | | |

LOS ANGELES

rates effective August 2003

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863 | #414 | 01/01/07 | 06/30/09 | Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91 | 100,000/ 171 | \$1,695 | Riverside | Stan Andrakowicz Vice President | Brian Nanoo 916-464-3784 |
| CONTACT: Kelley Duniven (714) 571-3488 | | | | | | | | | |
| Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 | #407 | 01/01/07 | 06/30/09 | Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91 | 90,000/ 72 | \$714 | Riverside | Paula Lopez Director State Gov | Lenatte Blouin 916-464-0379 |
| CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 114,189 Total County Medically Needy Eligible, March 2001: 63,115 | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | 190,000/ 243 | \$2,409 | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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>SAN BERNARDINO COUNTY (36)</u> | | | | | | | | | | | | |
| Western Dental Services. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863 | #415 | 01/01/07 | 06/30/09 | <u>Public Assistance</u> | | | | | | San Bernardino | Stan Andrakowicz Vice President | Brian Nanoo 916-464-3784 |
| | | | | FAMILY | \$9.91 | 100,000/ 309 | \$3,062 | | | | | |
| | | | | AGED | \$9.91 | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | |
| | | | | <u>Medically Needy</u> | | | | | | | | |
| | | | | FAMILY | \$9.91 | | | | | | | |
| | | | | AGED | \$9.91 | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | |
| | | | | MI CHILD | \$9.91 | | | | | | | |
| | | | | MI ADULT | \$9.91 | | | | | | | |
| % OF POV | \$9.91 | | | | | | | | | | | |
| BCCTP | \$9.91 | | | | | | | | | | | |
| CONTACT: Kelley Duniven (714) 571-3488 | | | | | | | | | | | | |
| Care 1st Health Plan (05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755 | #404 | 01/01/07 | 06/30/09 | <u>Public Assistance</u> | | | | | | San Bernardino | Dr. Reginal Moore | Wayne Medley 916/464-0393 |
| | | | | FAMILY | \$9.91 | 50,000/ 120 | \$1,189 | | | | | |
| | | | | AGED | \$9.91 | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | |
| | | | | <u>Medically Needy</u> | | | | | | | | |
| | | | | FAMILY | \$9.91 | | | | | | | |
| | | | | AGED | \$9.91 | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | |
| | | | | MI CHILD | \$9.91 | | | | | | | |
| | | | | MI ADULT | \$9.91 | | | | | | | |
| % OF POV | \$9.91 | | | | | | | | | | | |
| BCCTP | \$9.91 | | | | | | | | | | | |
| CONTACT: Dr. Jorge Weingarten 626-299-5275 | | | | | | | | | | | | |
| Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 | #408 | 01/01/07 | 06/30/09 | <u>Public Assistance</u> | | | | | | San Bernardino | Paula Lopez | Lenatte Blouin 916-464-0379 |
| | | | | FAMILY | \$9.91 | 90,000/ 473 | \$4,687 | | | | | |
| | | | | AGED | \$9.91 | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | |
| | | | | <u>Medically Needy</u> | | | | | | | | |
| | | | | FAMILY | \$9.91 | | | | | | | |
| | | | | AGED | \$9.91 | | | | | | | |
| | | | | BLIND/DISABLED | \$9.91 | | | | | | | |
| | | | | MI CHILD | \$9.91 | | | | | | | |
| | | | | MI ADULT | \$9.91 | | | | | | | |
| % OF POV | \$9.91 | | | | | | | | | | | |
| BCCTP | \$9.91 | | | | | | | | | | | |
| CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177 | | | | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 176,035 | | | | | | | | | | | | |
| Total County Medically Needy Eligible, March 2001: 83,003 | | | | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | <u>240,000/ 902</u> | <u>\$8,938</u> | | | | | |
| TOTAL PHP (DENTAL) | | | | | | <u>780,000/ 260,461</u> | <u>\$2,602,120</u> | | | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

JUNE 2009, Page 7 of 35

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|---------------------|---------------------------|------------------|--------------|--|-----------------------|--------------------|-------------------|---------------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>MONTEREY COUNTY (27)</u> | | | | | | | | | |
| Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (08-85216) 1600 Green Hills Road | #508 | 01/01/09 | 12/31/13 | | / 65,404 | | Monterey County | Allan McKay | Jane Marine 916/449-5113 |
| CONTACT: Alan McKay (831) 457-3850 ext 4330 | | | | | | | | | |
| <u>NAPA COUNTY (28)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #507 | 01/01/009 | 12/31/13 | | / 12,479 | | Napa County | Jack Horn | Louie Sanchez 916/449-5115 |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | |
| <u>ORANGE COUNTY (30)</u> | | | | | | | | | |
| Orange County Organized Health System dba CalOptima (08-85214) 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220 | #506 | 01/01/09 | 12/31/13 | | / 334,485 | | | Richard Chambers | Rachael Arruda-deCell 916/449-5094 |
| CONTACT: Richard Chambers (714) 246-8458 | | | | | | | | | |
| <u>SAN MATEO COUNTY (41)</u> | | | | | | | | | |
| San Mateo Health Commission dba Health Plan of San Mateo (08-85213) 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080 | #503 | 01/01/09 | 12/31/13 | | / 54,925 | | | Maya Altman | Gerlinda Hightower 916/449-5093 |
| CONTACT: Maya Altman (650) 616-2145 | | | | | | | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

JUNE 2009, Page 8 of 35

| <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 LUIS OBISPO COUNTY (40)</u> | | | | | | | | | |
| SBSLORHA/SLO Santa Barbara Health Regional Health Authority dba CenCal Health (08-85212) 110 Castilian Drive Goleta, CA 93117 | #501 | 01/01/09 | 12/31/11 | | / 25,677 | | Santa Luis Obispo County | Lyle Lyman | O. Z. Kamara 916/449-5084 |
| CONTACT: Bob Freeman (805) 685-952 1011 | | | | | | | | | |
| <u>SANTA BARBARA COUNTY (42)</u> | | | | | | | | | |
| SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) 110 Castilian Dr. Goleta, CA 93117-3028 | #502 | 01/01/09 | 12/31/11 | | / 58,822 | | Santa Barbara County | Lyle Lyman | O. Z. Kamara 916/449-5084 |
| CONTACT: Bob Freeman (805) 685-9525 ext 1011 | | | | | | | | | |
| <u>SANTA CRUZ COUNTY (44)</u> | | | | | | | | | |
| Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (08-85216) 1600 Green Hills Road Scotts Valley, CA 95066-9998 | #505 | 01/01/09 | 12/31/13 | | / 33,887 | | Santa Cruz County | Alan McKay | Jane Marine 916/449-5113 |
| CONTACT: Alan McKay (831) 457-3850 ext. 4330 | | | | | | | | | |
| <u>SOLANO COUNTY (48)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #504 | 01/01/09 | 12/31/13 | | / 58,551 | | Solano County | Jack Horn | Loyie Sanchez 916/449-5115 |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

YOLO COUNTY (48)

Solano-Napa County #509 01/01/09 12/31/13
Commission on Medical Care
dba Partnership HealthPlan
of California
(08-85215)
360 Campus Lane, Suite 100
Fairfield, CA 94534-4036

/ 25,899

Yolo County

Jack Horn

Louie Sanchez
916/449-5115

CONTACT: Jack Horn (707) 863-4100

TOTAL COUNTY COHS

/ 670,129

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 | | | | | | | | | |
| <u>ALAMEDA COUNTY (01)</u> | | | | | | | | | |
| OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109 | #56 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$5,511.03 \$5,511.03 \$5,511.03 | 1,200/ 6 | 33,066 | Alameda | Robert Edmondson Della Cabrera 916/440-7532 |
| CONTACT: Robert Edmondson (209) 292-8883 | | | | | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109 | #56 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$4,222.47 \$4,222.47 \$4,222.47 | 1,200/ 94 | \$396,912 | Alameda | Robert Edmondson Della Cabrera 916/440-7532 |
| CONTACT: Robert Edmondson (209) 292-8883 | | | | | | | | | |
| Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 | #51 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$5,778.23 \$5,778.23 \$5,778.23 | 560/ 33 | \$190,682 | Alameda | Peter Szutu Della Cabrera 916/440-7532 |
| CONTACT: Peter Szutu (510) 433-1150 | | | | | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 | #51 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$4,322.76 \$4,322.76 \$4,322.76 | 560/ 352 | \$1,521,612 | Alameda | Peter Szutu Della Cabrera 916/440-7532 |
| CONTACT: Peter Szutu (510) 433-1150 | | | | | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 3,520/ 485 | \$2,142,272 | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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) | | | | | | | | | | |
| Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 | #54 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$5,778.23 \$5,778.23 \$5,778.23 | 560/ 7 | \$40,448 | Contra Costa | Peter Szutu | Della Cabrera 916/440-7532 |
| 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 | PA-LTC MN-LTC AIDS | \$4,322.76 \$4,322.76 \$4,322.76 | 560/ 20 | \$86,455 | Contra Costa | Peter Szutu | Della Cabrera 916/440-7532 |
| CONTACT: Peter Szutu (510) 433-1150 | | | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | | 1,120/ 27 | \$126,903 | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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) | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #204 | 01/01/08 | 12/31/12 | <u>Public Assistance</u> | | 5,000/ 0 | \$0 | Riverside | David Schmidt | Mary Allard 916/440-7545 |
| | | | | AGED | \$96.94 | | | | | |
| | | | | BLIND/DISABLED | \$109.00 | | | | | |
| | | | | <u>Medically Needy</u> | | | | | | |
| | | | | AGED | \$96.94 | | | | | |
| | | | | BLIND/DISABLED | \$109.00 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #204 | 01/01/08 | 12/31/12 | MEDICARE PART D <u>Public Assistance</u> | | 5,000/ 876 | \$86,258 | Riverside | David Schmidt | Mary Allard 916/440-7545 |
| | | | | AGED | \$96.94 | | | | | |
| | | | | BLIND/DISABLED | \$109.00 | | | | | |
| | | | | <u>Medically Needy</u> | | | | | | |
| | | | | AGED | \$96.94 | | | | | |
| | | | | BLIND/DISABLED | \$109.00 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #205 | 01/01/08 | 12/31/12 | <u>Public Assistance</u> | | 5,000/ 0 | \$0 | San Bernardino | David Schmidt | Mary Allard 916/440-7545 |
| | | | | LTC AGED | \$3,288.59 | | | | | |
| | | | | LTC BLIND/DISA | \$3,288.59 | | | | | |
| | | | | <u>Medically Needy</u> | | | | | | |
| | | | | LTC AGED | \$3,288.59 | | | | | |
| | | | | LTC BLIND/DISA | \$3,288.59 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #205 | 01/01/08 | 12/31/12 | MEDICARE PART D <u>Public Assistance</u> | | 5,000/ 603 | \$1,983,020 | San Bernardino | David Schmidt | Mary Allard 916/440-7545 |
| | | | | LTC AGED | \$3,288.59 | | | | | |
| | | | | LTC BLIND/DISA | \$3,288.59 | | | | | |
| | | | | <u>Medically Needy</u> | | | | | | |
| | | | | LTC AGED | \$3,288.59 | | | | | |
| | | | | LTC BLIND/DISA | \$3,288.59 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 20,000/ 1,479 | \$2,069,278 | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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> | |
|---|-----------------|-----------------------|------------------|--------------------------|--|-----------------------|------------------|-------------------|-------------------------|--------------------------------------|
| SACRAMENTO COUNTY (34) | | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #50 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$4,920.49 \$4,920.49 \$4,920.49 | 280/ 6 | \$29,523 | Sacramento | Diane Stewart | Delmira Rosas-Pettit 916/440-7543 |
| CONTACT: Janet Tedesco (916) 446-3100 | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #50 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$3,563.02 \$3,563.02 \$3,563.02 | 280/ 213 | \$758,923 | Sacramento | Diane Stewart | Delmira Rosas-Pettit 916/440-7543 |
| CONTACT: Janet Tedesco (916) 446-3100 | | | | | | | | | | |
| SACRAMENTO COUNTY | | | | SUBTOTAL | | <u>560/ 219</u> | <u>\$788,446</u> | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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 BERNADINO COUNTY (36) | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #206 | 01/01/08 | 12/31/12 | Public Assistance | | | | | | |
| | | | | AGED | \$89.80 | 5,000/ 0 | \$0 | Riverside | David Schmidt | Mary Allard |
| | | | | BLIND/DISABLED | \$108.16 | | | | | 916/440-7545 |
| | | | | Medically Needy | | | | | | |
| | | | | AGED | \$89.80 | | | | | |
| | | | | BLIND/DISABLED | \$108.16 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #206 | 01/01/08 | 12/31/12 | MEDICARE PART D | | | | | | |
| | | | | Public Assistance | | | | | | |
| | | | | AGED | \$89.80 | 5,000/ 476 | \$44,085 | Riverside | David Schmidt | Mary Allard |
| | | | | BLIND/DISABLED | \$108.16 | | | | | 916/440-7545 |
| | | | | Medically Needy | | | | | | |
| | | | | AGED | \$89.80 | | | | | |
| | | | | BLIND/DISABLED | \$108.16 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #207 | 01/01/08 | 12/31/12 | Public Assistance | | | | | | |
| | | | | LTC AGED | \$3,326.65 | 5,000/ 0 | \$0 | San Bernardino | David Schmidt | Mary Allard |
| | | | | LTC BLIND/DISA | \$3,326.65 | | | | | 916/440-7545 |
| | | | | Medically Needy | | | | | | |
| | | | | LTC AGED | \$3,326.65 | | | | | |
| | | | | LTC BLIND/DISA | \$3,326.65 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #207 | 01/01/08 | 12/31/12 | MEDICARE PART D | | | | | | |
| | | | | Public Assistance | | | | | | |
| | | | | LTC AGED | \$3,326.65 | 5,000/ 314 | \$1,044,568 | San Bernardino | David Schmidt | Mary Allard |
| | | | | LTC BLIND/DISA | \$3,326.65 | | | | | 916/440-7545 |
| | | | | Medically Needy | | | | | | |
| | | | | LTC AGED | \$3,326.65 | | | | | |
| | | | | LTC BLIND/DISA | \$3,326.65 | | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | | |
| SAN BERNADINO COUNTY | | | | SUBTOTAL | | 20,000/ 790 | \$1,088,653 | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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>SAN DIEGO COUNTY (37)</u> | | | | | | | | | |
| Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | Public Assistance AGED \$4,761.40 BLIND/DISABLED \$4,761.40 AIDS \$4,761.40 | 000/ 13 | \$61,898 | San Diego | | |
| CONTACT: Valerie Conner (619) 239-6900 | | | | | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | Public Assistance AGED \$3,569.67 BLIND/DISABLED \$3,569.67 AIDS \$3,569.67 | 000/ 67 | \$239,168 | San Diego | | Public Assistance AGED BLIND/DISABLED AIDS |
| CONTACT: Valerie Conner (619) 239-6900 | | | | | | | | | |
| <u>SAN DIEGO COUNTY</u> | | | | SUBTOTAL | 000/ 80 | <u>\$301,066</u> | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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) | | | | | | | | | |
| OnLok Senior Health Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109 | #55 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$6,077.65 \$6,077.65 \$6,077.65 | 1,200/ 32 | \$194,485 | San Francisco | Robert Edmondson DellaCabrera 916/440-7532 |
| CONTACT: Robert Edmondson (209) 292-8883 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| OnLok Senior Health Services, dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109 | #55 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$4,399.81 \$4,399.81 \$4,399.81 | 1,200/ 877 | \$3,858,633 | San Francisco | Robert Edmondson DellaCabrera 916/440-7532 |
| CONTACT: Robert Edmondson (209) 292-8883 | | | | | | | | | |
| San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124 | #601 | 01/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$1,848.75 \$1,848.75 \$1,848.75 | 500/ 159 | \$293,951 | San Francisco | Miriam Martinez, DHI Sunita Kapoor Director 916/449-5104 |
| CONTACT: Gary Zombalt (415) 206-7600 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124 | #601 | 01/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | \$1,848.75 \$1,848.75 \$1,848.75 | 500/ 0 | \$0 | San Francisco | Miriam Martinez, DHI Sunita Kapoor Director 916/449-5104 |
| CONTACT: Gary Zombalt (415) 206-7600 | | | | | | | | | |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | | 3,400/ 1,068 | <u>\$4,347,069</u> | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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) | | | | | | | | | |
| 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 | <u>Public Assistance</u> AGED BLIND/DISABLED AIDS | 5145.76 5145.76 5145.76 | 1600/ 0 | \$0 | San Jose | Robert Edmondson DellaCabrera 916/440-7532 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | Robert Edmondson | DellaCabrera 916/440-7532 |
| 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 | <u>Public Assistance</u> AGED BLIND/DISABLED AIDS | 4028.58 4028.58 4028.58 | 1600/ 10 | \$40,286 | San Jose | Robert Edmondson DellaCabrera 916/440-7532 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | | |
| SANTA CLARA COUNTY | | | | SUBTOTAL | | <u> </u> / 10 | <u> </u> \$40,286 | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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> |
|---|-----------------|-----------------------|------------------|---|--|-----------------------|---------------------|-------------------|--------------------------------------|
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #53 | 04/01/08 | 12/31/12 | PA-LTC MN-LTC AIDS | 4,920.49 4,920.49 4,920.49 | 280/ 0 | \$0 | Sacramento | Delmira Rosas-Pettit 916/440-7543 |
| CONTACT: Janet Tedesco (916) 446-3100 | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #53 | 04/01/08 | 12/31/12 | <u>MEDICARE PART D</u> PA-LTC MN-LTC AIDS | \$3,563.02 \$3,563.02 \$3,563.02 | 280/ 2 | \$7,126 | Sacramento | Delmira Rosas-Pettit 916/440-7543 |
| CONTACT: Janet Tedesco (916) 446-3100 | | | | | | | | | |
| YOLO COUNTY | | | | SUBTOTAL | | <u>560/ 2</u> | <u>\$7,126</u> | | |
| TOTAL SPECIAL PROJECT | | | | | | <u>69,760/ 9,377</u> | <u>\$19,487,189</u> | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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> |
|---|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|-------------------|-------------------------------|
| PCCM | | | | | | | | | |
| <u>LOS ANGELES COUNTY (19)</u> | | | | | | | | | |
| | | | | <u>Public Assistance</u> | | | | | |
| AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403 | #915 | 04/01/09 | 12/31/09 | FAMILY \$103.27 AGED \$466.85 DISABLED \$622.09 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$1,666.97 | 2,000/ 334 | \$203,628 | Los Angeles | Michael Weinstein | Sunita Kapoor 916/449-5104 |
| CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | | |
| | | | | <u>MEDICARE PART D</u> | | | | | |
| | | | | <u>Public Assistance</u> | | | | | |
| AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403 | #915 | 04/01/09 | 12/31/09 | FAMILY \$103.27 AGED \$243.89 DISABLED \$339.33 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$241.34 | 2,000/ 254 | \$85,527 | Los Angeles | Michael Weinstein | Sunita Kapoor 916/449-5104 |
| CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 1,020,545 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | <u>4,000/ 588</u> | <u>\$289,155</u> | | | |
| TOTAL PCCM | | | | | <u>4,000/ 588</u> | <u>\$289,155</u> | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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 | | | | | | | | | |
| <u>ALAMEDA COUNTY (01)</u> | | | | | | | | | |
| Alameda Alliance for Health (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502 | #300 | 10/01/08 | 12/31/09 | FAMILY \$127.58 AGED \$490.28 DISABLED \$525.12 MI ADULT \$574.71 REFUGEES/FAMILY \$127.58 AIDS \$1,147.45 BCCTP \$902.12 AGNEWS \$4,919.00 | 180,000/ 85,060 | \$13,649,681 | Alameda | David Kears | Mary Cobb, Interim (916) 449-5103 |
| CONTACT: Ingrid Lamirault (510) 747-4500 | | | | | | | | | |
| <u>ALAMEDA COUNTY (01)</u> | | | | | | | | | |
| Alameda Alliance for Health (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502 | #300 | 10/01/08 | 12/31/09 | MEDICARE PART D FAMILY \$127.58 AGED \$124.02 DISABLED \$175.98 MI ADULT \$574.71 REFUGEES/FAMILY \$127.58 AIDS \$278.54 BCCTP \$902.12 AGNEWS \$4,919.00 | 180,000/ 4,030 | \$608,789 | Alameda | David Kears | Mary Cobb, Interim (916) 449-5103 |
| CONTACT: Ingrid Lamirault (510) 747-4500 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012 | #340 | 10/01/08 | 03/31/10 | FAMILY \$122.47 AGED \$483.83 DISABLED \$525.70 MI ADULT \$569.71 REFUGEES/FAMILY \$122.47 AIDS \$1,185.49 BCCTP \$867.24 | 109,000/ 25,842 | \$3,937,288 | California | | Suchinda Noybua 916/449-5081 |
| CONTACT: Daniel Barzman (626) 405-6996 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012 | #340 | 10/01/08 | 03/31/10 | MEDICARD PART D FAMILY \$122.47 AGED \$120.93 DISABLED \$170.74 MI ADULT \$569.71 REFUGEES/FAMILY \$122.47 AIDS \$264.35 BCCTP \$867.24 | 109,000/ 761 | \$115,004 | California | | Suchinda Noybua 916/449-5081 |
| CONTACT: Daniel Barzman (626) 405-6996 | | | | | | | | | |
| Total County Medically Needy Eligible, March 2001: 33,363 | | | | | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | 578,000/ 115,693 | \$18,310,762 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|--------------|--------------------------|----------------------------------|
| CONTRA COSTA COUNTY (07) | | | | | | | | | |
| County of Contra Costa Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553 | #301 | 10/01/08 | 12/31/09 | FAMILY \$125.28 AGED \$514.37 DISABLED \$525.72 MI ADULT \$624.12 REFUGEES/FAMILY \$125.28 AIDS \$1,145.27 BCCTP \$877.74 | 3,516/ 51,140 | \$7,999,583 | | County of Contra Costa | Jeanne Ireland (916) 449-5110 |
| CONTACT: Milton Camhi (925) 313-6004 | | | | | | | | | |
| County of Contra Costa Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553 | #301 | 10/01/08 | 12/31/09 | MEDICARE PART D FAMILY \$125.28 AGED \$131.20 DISABLED \$174.74 MI ADULT \$624.12 REFUGEES/FAMILY \$125.28 AIDS \$272.49 BCCTP \$877.74 | 59,430/ 2,134 | \$335,756 | | County of Contra Costa | Jeanne Ireland (916) 449-5110 |
| CONTACT: Milton Camhi (925) 313-6004 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012 | #344 | 10/01/08 | 03/31/10 | FAMILY \$114.29 AGED \$496.38 DISABLED \$464.54 MI ADULT \$575.69 REFUGEES/FAMILY \$114.29 AIDS \$1,194.63 BCCTP \$864.54 | 41,000/ 10,631 | \$1,399,503 | Contra Costa | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012 | #344 | 10/01/08 | 03/31/10 | MEDICARE PART D FAMILY \$114.29 AGED \$124.57 DISABLED \$167.91 MI ADULT \$575.69 REFUGEES/FAMILY \$114.29 AIDS \$262.07 BCCTP \$864.54 | 41,000/ 193 | \$27,992 | Contra Costa | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Laura Linebach (805) 384-7876 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 51,066 Total County Medically Needy Eligible, March 2001: 25,799 | | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | 144,946/ 64,098 | \$9,762,834 | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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 Plan (03-76184), A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #341 | 10/01/08 | 03/31/10 | FAMILY \$111.95 AGED \$525.98 DISABLED \$515.72 MI ADULT \$619.91 REFUGEES/FAMILY \$111.95 AIDS \$1,177.24 BCCTP \$828.40 | 180,000/ 112,895 | \$14,909,239 | Fresno | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184,) A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #341 | 10/01/08 | 03/31/10 | FAMILY \$111.95 AGED \$114.98 DISABLED \$163.42 MI ADULT \$619.91 REFUGEES/FAMILY \$111.95 AIDS \$255.19 BCCTP \$828.40 | 180,000/ 2,548 | \$374,478 | Fresno | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A5, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #351 | 10/01/08 | 03/31/10 | FAMILY \$102.89 AGED \$467.39 DISABLED \$439.80 MI ADULT \$571.07 REFUGEES/FAMILY \$102.89 AIDS \$1,152.86 BCCTP \$860.99 | 180,000/ 78,743 | \$9,026,780 | Fresno | Health Net | Ann Silvia 916/449-5195 |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A5, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #351 | 10/01/08 | 03/31/10 | FAMILY \$102.89 AGED \$122.69 DISABLED \$146.43 MI ADULT \$571.07 REFUGEES/FAMILY \$102.89 AIDS \$257.13 BCCTP \$860.99 | 180,000/ 676 | \$90,367 | Fresno | Health Net | Ann Silvia 916/449-5195 |
| Total County Public Assistance Eligible, March 2001: 132,504 Total County Medically Needy Eligible, March 2001: 70,961 | | | | | | | | | |
| FRESNO COUNTY | | | | SUBTOTAL | | 720,000/ 194,862 | \$24,400,864 | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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> |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|---------------------|------------------------------|
| KERN COUNTY (15) | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A5, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 | #360 | 10/01/08 | 03/31/10 | FAMILY \$108.28 AGED \$483.07 DISABLED \$453.45 MI ADULT \$578.32 REFUGEES/FAMILY \$108.28 AIDS \$1,184.34 BCCTP \$856.72 | 73,000/ 28,096 | \$3,583,571 | Kern | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community Soutlions, Inc. (03-76182) A5, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 | #360 | 10/01/08 | 03/31/10 | FAMILY \$108.28 AGED \$123.08 DISABLED \$153.39 MI ADULT \$578.32 REFUGEES/FAMILY \$108.28 AIDS \$250.36 BCCTP \$856.72 | 73,000/ 644 | \$90,549 | Kern | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A6, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617 | #303 | 10/01/08 | 12/31/09 | FAMILY \$102.06 AGED \$475.69 DISABLED \$431.61 MI ADULT \$573.62 REFUGEES/FAMILY \$102.06 AIDS \$1,144.23 BCCTP \$818.85 | 115,000/ 99,162 | \$11,807,978 | Kern | Kern Health Systems | Sandra Woods 916/449-5092 |
| CONTACT: Carol Sorrell (661) 391-4006 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A6, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617 | #303 | 10/01/08 | 12/31/09 | FAMILY \$102.06 AGED \$120.43 DISABLED \$159.46 MI ADULT \$573.62 REFUGEES/FAMILY \$102.06 AIDS \$247.14 BCCTP \$818.85 | 115,000/ 1,772 | \$254,442 | Kern | Kern Health Systems | Sandra Woods 916/449-5092 |
| CONTACT: Carol Sorrell (661) 391-4006 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 79,101 Total County Medically Needy Eligible, March 2001: 51,622 | | | | | | | | | |
| KERN COUNTY | | | | SUBTOTAL | 376,000/ 129,674 | \$15,736,540 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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), A5, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 | #352 | 10/01/08 | 03/31/10 | FAMILY \$92.50 AGED \$460.43 DISABLED \$416.20 MI ADULT \$550.39 REFUGEES/FAMILY \$92.50 AIDS \$1,095.99 BCCTP \$859.95 | 710,000/ 429,120 | \$44,639,223 | Los Angeles | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A5, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 | #352 | 10/01/08 | 03/31/10 | FAMILY \$92.50 AGED \$117.68 DISABLED \$146.07 MI ADULT \$550.39 REFUGEES/FAMILY \$92.50 AIDS \$267.79 BCCTP \$859.95 | 710,000/ 5,417 | \$693,880 | Los Angeles | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| LA Care Health Plan (04-36069), A2, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 | #304 | 10/01/08 | 12/31/09 | FAMILY \$107.82 AGED \$483.01 DISABLED \$478.24 MI ADULT \$541.03 REFUGEES/FAMILY \$107.82 AIDS \$1,104.40 BCCTP \$879.46 | 1,150,000/ 754,053 | \$91,698,617 | Los Angeles | LA Care Health Plan | Darnielle Chin 916/449-5097 |
| CONTACT: Howard Kahn (213) 694 -1250 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| LA Care Health Plan (04-36069), A2, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 | #304 | 10/01/08 | 12/31/09 | FAMILY \$107.82 AGED \$113.00 DISABLED \$148.78 MI ADULT \$541.03 REFUGEES/FAMILY \$107.82 AIDS \$269.02 BCCTP \$879.46 | 1,150,000/ 10,932 | \$1,427,872 | Los Angeles | LA Care Health Plan | Darnielle Chin 916/449-5097 |
| CONTACT: Howard Kahn (213) 694 -1250 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 1,020,545 | | | | | | | | | |
| Total County Medically Needy Eligible, March 2001: 655,175 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | 3,720,000/ 1,199,522 | \$138,459,592 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 | #305 | 10/01/08 | 12/31/09 | FAMILY \$105.56 AGED \$469.36 DISABLED \$465.74 MI ADULT \$575.05 REFUGEES/FAMILY \$105.56 AIDS \$1,106.89 BCCTP \$899.31 | 272,000/ 160,424 | \$19,411,286 | Riverside | Inland Empire Health Plan | Linda McCaul (916) 449-5104 |
| CONTACT: Richard Bruno, CEO (909) 890-2000 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Inland Empire Health Plan (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 | #305 | 10/01/08 | 12/31/09 | FAMILY \$105.56 AGED \$124.27 DISABLED \$151.66 MI ADULT \$575.05 REFUGEES/FAMILY \$105.56 AIDS \$269.02 BCCTP \$899.31 | 272,000/ 2,735 | \$375,684 | Riverside | Inland Empire Health Plan | Linda McCaul (916) 449-5104 |
| CONTACT: Richard Bruno, CEO (909) 890-2000 | | | | | | | | | |
| Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 | #355 | 10/01/08 | 03/31/11 | FAMILY \$106.28 AGED \$481.14 DISABLED \$461.35 MI ADULT \$563.55 REFUGEES/FAMILY \$106.28 AIDS \$1,050.72 BCCTP \$874.92 | 83,038/ 36,436 | \$4,207,614 | Riverside | Stephen T. O'Dell Molina, M.D. | Mike Dutra 916/449-5057 |
| CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 | #355 | 10/01/08 | 03/31/11 | FAMILY \$106.28 AGED \$123.72 DISABLED \$155.98 MI ADULT \$563.55 REFUGEES/FAMILY \$106.28 AIDS \$261.09 BCCTP \$874.92 | 83,038/ 275 | \$37,719 | Riverside | Stephen T. O'Dell Molina, M.D. | Mike Dutra 916/449-5057 |
| CONTACT: Greg Hamblin, CF (562) 435-3666 ext. 127028 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 114,189 Total County Medically Needy Eligible, March 2001: 63,115 | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | 710,076/ 199,870 | \$24,032,303 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>SAN BERNARDINO COUNTY (36)</u> | | | | | | | | | |
| Inland Empire Health Plan (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 | #306 | 10/01/08 | 12/31/09 | FAMILY \$107.61 AGED \$493.26 DISABLED \$458.20 MI ADULT \$591.48 REFUGEES/FAMILY \$107.61 AIDS \$1,081.90 BCCTP \$826.67 | 272,000/ 178,343 | \$21,860,176 | San Bernardino | Inland Empire Health Plan | Linda McCaul (916) 449-5104 |
| CONTACT: Richard Bruno, CEO (909) 890-2000 | | | | | | | | | |
| Inland Empire Health Plan (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 | #306 | 10/01/08 | 12/31/09 | MEDICARE PART D FAMILY \$107.61 AGED \$129.26 DISABLED \$169.13 MI ADULT \$591.48 REFUGEES/FAMILY \$107.61 AIDS \$255.51 BCCTP \$826.67 | 272,000/ 2,959 | \$443,227 | San Bernardino | Inland Empire Health Plan | Linda McCaul (916) 449-5104 |
| CONTACT: Richard Bruno, CEO (909) 890-2000 | | | | | | | | | |
| Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 | #356 | 10/01/08 | 03/31/11 | FAMILY \$106.47 AGED \$487.08 DISABLED \$452.49 MI ADULT \$569.67 REFUGEES/FAMILY \$106.47 AIDS \$1,073.06 BCCTP \$842.54 | 136,332/ 52,835 | \$6,174,748 | San Bernardino | Joann Zarza-Garrido Molina, M.D. | Mike Dutra 916/449-5057 |
| CONTACT: George Goldstein (562) 435-3666 | | | | | | | | | |
| Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 | #356 | 10/01/08 | 03/31/11 | MEDICARE PART D FAMILY \$106.47 AGED \$127.82 DISABLED \$153.18 MI ADULT \$569.67 REFUGEES/FAMILY \$106.47 AIDS \$260.55 BCCTP \$842.54 | 136,332/ 386 | \$52,709 | San Bernardino | Joann Zarza-Garrido Molina, M.D. | Mike Dutra 916/449-5057 |
| CONTACT: George Goldstein (562) 435-3666 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 176,035 Total County Medically Needy Eligible, March 2001: 71,935 | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | 816,664/ 234,523 | \$28,530,860 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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 Plan (03-76184), A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 | #343 | 10/01/08 | 03/31/10 | FAMILY \$99.41 AGED \$499.97 DISABLED \$463.36 MI ADULT \$589.35 REFUGEES/FAMILY \$99.41 AIDS \$1,204.71 BCCTP \$841.61 | 63,000/ 11,393 | \$1,414,296 | San Francisco | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 | #343 | 10/01/08 | 03/31/10 | FAMILY \$99.41 AGED \$109.60 DISABLED \$160.79 MI ADULT \$589.35 REFUGEES/FAMILY \$99.41 AIDS \$264.16 BCCTP \$841.61 | 63,000/ 421 | \$57,478 | San Francisco | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C6 201 Third Street, 7th Floor San Francisco, CA 94103 | #307 | 10/01/08 | 12/31/09 | FAMILY \$131.61 AGED \$487.61 DISABLED \$545.08 MI ADULT \$600.11 REFUGEES/FAMILY \$131.61 AIDS \$1,167.27 BCCTP \$878.38 | 55,000/ 33,294 | \$5,160,388 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Mary Cobb (916) 449-5103 |
| CONTACT: Jean S. Fraser (415) 615-4202 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C6 201 Third Street, 7th Floor San Francisco, CA 94103 | #307 | 10/01/08 | 12/31/09 | FAMILY \$131.61 AGED \$136.97 DISABLED \$175.78 MI ADULT \$600.11 REFUGEES/FAMILY \$131.61 AIDS \$257.80 BCCTP \$878.38 | 55,000/ 1,444 | \$224,164 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Mary Cobb (916) 449-5103 |
| CONTACT: Jean S. Fraser (415) 615-4202 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 70,588 Total County Medically Needy Eligible, March 2001: 27,854 | | | | | | | | | |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | | 236,000/ 46,552 | \$6,856,326 | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>SAN JOAQUIN COUNTY (39)</u> | | | | | | | | | |
| Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231 | #308 | 10/01/08 | 12/31/09 | FAMILY \$118.70 AGED \$474.78 DISABLED \$476.11 MI ADULT \$551.80 REFUGEES/FAMILY \$118.70 AIDS \$1,110.21 BCCTP \$870.95 | 87,000/ 66,611 | \$9,449,026 | San Joaquin | | Jeanne Ireland (916) 449-5110 |
| CONTACT: Terry Mack (209) 939-3500 | | | | | | | | | |
| Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231 | #308 | 10/01/08 | 12/31/09 | MEDICARE PART D FAMILY \$118.70 AGED \$122.72 DISABLED \$166.79 MI ADULT \$551.80 REFUGEES/FAMILY \$118.70 AIDS \$249.78 BCCTP \$870.95 | 87,000/ 1,478 | \$221,776 | San Joaquin | | Jeanne Ireland (916) 449-5110 |
| CONTACT: Terry Mack (209) 939-3500 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6 ,C6 5151- A Camino Ruiz Camarillo, CA 93012 | #358 | 10/01/08 | 03/31/10 | FAMILY \$104.47 AGED \$494.00 DISABLED \$429.81 MI ADULT \$613.67 REFUGEES/FAMILY \$104.47 AIDS \$1,129.76 BCCTP \$840.34 | 87,000/ 27,258 | \$3,289,320 | San Joaquin | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6 ,C6 5151- A Camino Ruiz Camarillo, CA 93012 | #358 | 10/01/08 | 03/31/10 | MEDICARE PART D FAMILY \$104.47 AGED \$116.68 DISABLED \$166.89 MI ADULT \$613.67 REFUGEES/FAMILY \$104.47 AIDS \$261.22 BCCTP \$840.34 | 87,000/ 585 | \$85,372 | San Joaquin | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 67,655 | | | | | | | | | |
| Total County Medically Needy Eligible, March 2001: 27,470 | | | | | | | | | |
| SAN JOAQUIN COUNTY | | | | SUBTOTAL | 348,000/ 95,932 | \$13,045,494 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>SANTA CLARA COUNTY (43)</u> | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012 | #345 | 10/01/08 | 03/31/10 | FAMILY \$107.46 AGED \$512.15 DISABLED \$478.00 MI ADULT \$572.03 REFUGEES/FAMILY \$107.46 AIDS \$1,226.35 BCCTP \$833.62 | 95,000/ 32,342 | \$4,140,224 | Santa Clara | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012 | #345 | 10/01/08 | 03/31/10 | MEDICARE PART D FAMILY \$107.46 AGED \$121.68 DISABLED \$162.08 MI ADULT \$572.03 REFUGEES/FAMILY \$107.46 AIDS \$262.30 BCCTP \$833.62 | 95,000/ 809 | \$109,228 | Santa Clara | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Santa Clara Family Health Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617 | #309 | 10/01/08 | 12/31/09 | FAMILY \$136.51 AGED \$494.67 DISABLED \$526.39 MI ADULT \$621.38 REFUGEES/FAMILY \$136.51 AIDS \$1,172.80 BCCTP \$864.29 AGNEWS \$4,919.00 | 123,000/ 84,626 | \$13,245,314 | Santa Clara | Santa Clara Family Health Plan | Jeanne Ireland (916) 449-5110 |
| CONTACT: Leona Butler (408) 874-1901 | | | | | | | | | |
| Santa Clara Family Health Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617 | #309 | 10/01/08 | 12/31/09 | MEDICARE PART D FAMILY \$136.51 AGED \$126.93 DISABLED \$171.05 MI ADULT \$621.38 REFUGEES/FAMILY \$136.51 AIDS \$257.66 BCCTP \$864.29 AGNEWS \$4,919.00 | 123,000/ 5,529 | \$806,015 | Santa Clara | Santa Clara Family Health Plan | Jeanne Ireland (916) 449-5110 |
| CONTACT: Leona Butler (408) 874-1901 Total County Public Assistance Eligible, March 2001: 73,739 Total County Medically Needy Eligible, March 2001: 54,612 | | | | | | | | | |
| SANTA CLARA COUNTY | | | | SUBTOTAL | 436,000/ 123,306 | \$18,300,781 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>STANISLAUS COUNTY (50)</u> | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 | #310 | 10/01/08 | 12/31/09 | FAMILY \$122.71 AGED \$515.82 DISABLED \$536.85 MI ADULT \$637.64 REFUGEES/FAMILY \$122.71 AIDS \$1,147.08 BCCTP \$893.39 | 48,100/ 47,311 | \$6,901,439 | Stanislaus | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 | #310 | 10/01/08 | 12/31/09 | MEDICARE PART D FAMILY \$122.71 AGED \$122.62 DISABLED \$168.18 MI ADULT \$637.64 REFUGEES/FAMILY \$122.71 AIDS \$263.11 BCCTP \$893.39 | 48,100/ 1,167 | \$177,964 | Stanislaus | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A5, C8 11971 Foundation Place Rancho Cordova, CA 95670 | #361 | 10/01/08 | 03/31/10 | FAMILY \$134.00 AGED \$548.74 DISABLED \$560.51 MI ADULT \$617.90 REFUGEES/FAMILY \$134.00 AIDS \$1,199.04 BCCTP \$912.73 | Unlimited/ 18,101 | \$2,673,714 | Stanislaus | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A5, C8 11971 Foundation Place Rancho Cordova, CA 95670 | #361 | 10/01/08 | 03/31/10 | MEDICARE PART D FAMILY \$134.00 AGED \$132.18 DISABLED \$177.54 MI ADULT \$617.90 REFUGEES/FAMILY \$134.00 AIDS \$280.66 BCCTP \$912.73 | Unlimited/ 245 | \$38,860 | Stanislaus | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 45,874 Total County Medically Needy Eligible, March 2001: 33,966 | | | | | | | | | |
| STANISLAUS COUNTY | | | | SUBTOTAL | 96,200/ 66,824 | \$9,791,977 | | | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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 Solutions, Inc. (03-76182), A5 C8 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670 | #353 | 10/01/08 | 03/31/10 | FAMILY \$98.84 AGED \$472.42 DISABLED \$436.82 MI ADULT \$565.37 REFUGEES/FAMILY \$98.84 AIDS \$1,064.33 BCCTP \$838.74 | 42,000/ 22,912 | \$2,473,597 | Tulare | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A5, C8 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670 | #353 | 10/01/08 | 03/31/10 | MEDICARE PART D FAMILY \$98.84 AGED \$120.35 DISABLED \$149.48 MI ADULT \$565.37 REFUGEES/FAMILY \$98.84 AIDS \$267.90 BCCTP \$838.74 | 42,000/ 227 | \$29,707 | Tulare | Health Net | Ann Silvia 916/449-5195 |
| CONTACT: Sean O'Brien (626) 683-6246 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012 | #311 | 10/01/08 | 12/31/09 | FAMILY \$111.38 AGED \$507.92 DISABLED \$514.39 MI ADULT \$573.77 REFUGEES/FAMILY \$111.38 AIDS \$1,064.98 BCCTP \$841.21 | 90,000/ 75,004 | \$9,466,032 | Tulare | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012 | #311 | 10/01/08 | 12/31/09 | MEDICARE PART D FAMILY \$111.38 AGED \$119.99 DISABLED \$160.73 MI ADULT \$573.77 REFUGEES/FAMILY \$111.38 AIDS \$262.30 BCCTP \$841.21 | 90,000/ 1,399 | \$199,564 | Tulare | Blue Cross of California | Suchinda Noybua 916/449-5081 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Total County Public Assistance Eligible, March 2001: 53,768 Total County Medically Needy Eligible, March 2001: 41,351 | | | | | | | | | |
| TULARE COUNTY | | | | SUBTOTAL | | <u>264,000/ 99,542</u> | | <u>\$12,168,900</u> | |
| TOTAL 2-PLAN | | | | | | <u>8,445,886/ 2,570,398</u> | | <u>\$319,397,233</u> | |

**Rates do not reflect Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

JUNE 2009, Page 33 of 35

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|---------------------|---------------------------|------------------|--------------|--|---------------------------|-------------|---|--------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Molina Healthcare of CA Partner Plan, Inc. (07-65851) A0-a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 | #130 | 01/01/08 | 12/31/12 | | 160,000/ 22,891 | | Sacramento | | Nate Nelson 916/449-5112 |
| CONTACT: Lisa Rubino, President, (562) 491-7044 | | | | | | | | | |
| Western Health Advantage Community Health Plan (07-65853) A2 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 CONTACT: Rhonda West-Peters (916) 614-6002 | #140 | 01/01/08 | 12/31/12 | | 15,750/ 16,076 | | Sacramento | | Leanne O'Dell 916/324-0278 |
| Health Net Community Solutions, Inc. (07-65847) A01-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447 | #150 | 04/01/08 | 12/31/12 | | 168,600/ 34,528 | | Sacramento | | Leanne O'Dell 916/324-0278 |
| Molina Healthcare of CA Partner Plan, Inc. (04-36100) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Lisa Rubino, President (562) 491-7044 | #166 | 01/01/07 | 12/31/07 | | 160,000/ 0 | | Sacramento | | Nate Nelson 916/449-5112 |
| KP CAL,LLC (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | #170 | 01/01/08 | 12/31/12 | | 20,000/ 24,461 | | Sacramento | Charles S. Koch | Brad Bittinger 916/341-7031 |
| Anthem Blue Cross Partnership Plan (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #190 | 01/01/08 | 12/31/12 | | 168,600/ 86,411 | | Sacramento | Jeff Flick Regional Manager, SSB West | Nathan Nau 916/558-1797 |
| TOTAL GMC-MEDICAL (Sacramento) | | | | | <u>710,150/ 184,367</u> | | | | |

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|--------------|------------------------------------|-----------------------|-------------|--|--------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | |
| <u>SAN DIEGO COUNTY (37)</u> | | | | | | | | | |
| Blue Cross of California (05-46126), A3 5151-A Camino Ruiz Camarillo, CA 93012 (expired 12/31/07) CONTACT: Cindy Metcho (805) 384-7662 | #48 | 07/01/06 | 12/31/07 | | 202,000/ 0 | | San Diego | John P. Monahan General Manager | Nathan Nau 916/558-1797 |
| Community Health Group (05-46127), A4 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589 | #29 | 07/01/07 | 12/31/09 | | 207,000/ 86,534 | | San Diego | Ann Warren Chief Member & Govt Relations Officer | Nathan Nau 916/558-1797 |
| Health Net Community Solutions, Inc. (05-46128), A5 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447 | #68 | 07/01/08 | 12/31/09 | | 180,000/ 30,668 | | San Diego | David Friedman | Leanne O'Dell 916/324-0278 |
| KP CAL, LLC (05-46129), A6 393 East Walnut Street, 7th Floor Pasadena, CA 91188 CONTACT: Cathy Lurty (818) 557-7955 | #79 | 07/01/06 | 06/30/09 | | 10,000/ 13,189 | | San Diego | William Caswell | Brad Bittinger 916/341-7031 |
| Molina Healthcare of California Partner Plan, Inc. (05-46130) A4 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028 | #131 | 07/01/08 | 12/31/09 | | 100,000/ 53,975 | | San Diego | Stephen T. O'Dell President & CEO | Nate Nelson 916/449-5112 |
| Care 1st Health Plan (05-46131), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Sabra Matovsky (619) 528-4817 | #167 | 07/01/07 | 12/31/09 | | 207,000/ 9,199 | | San Diego | Anna Tran Chief Operating Officer | Raquel Kravitz 916/449-5105 |
| TOTAL GMC-MEDICAL (SAN DIEGO) | | | | | <u>906,000/ 193,565</u> | | | | |
| TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL-(SD)) | | | | | <u>10,920,112/ 3,891,206</u> | | | | |
| <p>PHYSICIAN CONTRACTS (SD) do not reflect Hyde abortion rates. Effective August 2003</p> | | | | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|--------------|------------------------------------|-----------------------|-------------|--|--------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-DENTAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Western Dental Srvs., Inc. (07-65806) A1 530 South Main Street Orange, CA 92863 | #424 | 05/01/08 | 12/31/12 | | 160,000/ 84,134 | | 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/ 52,060 | | 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/ 27,196 | | 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/ 12,839 | | Sacramento | Susan Klarner | Brian Nanoo |
| 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/ 12,095 | | Sacramento | | Wayne Medley (916) 464-0393 |
| CONTACT: unknown | | | | | | | | | |
| TOTAL GMC-DENTAL | | | | | <u>450,000/ 188,324</u> | | | | |

Capitation report updated by Susan Carey-Myers (916) 449-5045.

**Rates do not reflect
Hyde abortion rates.
Effective August 2003