

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>PHP</b>										
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733		10/01/09	03/31/10	FAMILY	\$115.40	734/ 723	\$147,838	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$457.37					
				BLIND/DISABLED	\$457.37					
				ADULT	\$115.40					
				REFUGEES FAMILY	\$115.40					
				BCCTP	\$912.48					
				AIDS	\$1,574.79					
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733		10/01/09	03/31/10	<b>MEDICARE PART D</b>		734/ 150	\$15,348	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$115.40					
				AGED	\$104.41					
				BLIND/DISABLED	\$101.27					
				ADULT	\$115.40					
				REFUGEES FAMILY	\$115.40					
				BCCTP	\$912.48					
AIDS	\$303.53									
<b>MARIN COUNTY</b>				<b>SUBTOTAL</b>		1,468/ 873	\$163,186			
<b>SONOMA COUNTY (49)</b>										
<b>KP CAL LLC (NorCal)</b> #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955  Plan Deactivated 10/01/09) Rolled over to COHS (Partnership of CA HCP #513)		10/01/08	09/30/09	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					
<b>SONOMA COUNTY (49)</b>										
<b>KP CAL LLC (NorCal)</b> #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)		10/01/08	09/30/09	<b>MEDICARE PART D</b>		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									
<b>SONOMA COUNTY</b>				<b>SUBTOTAL</b>		2,848/ 0	\$0			
<b>TOTAL PHP</b>						4,316/ 873	\$163,186			

<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>										
<b>Access Dental Plan, Inc.</b> (05-45001), A6 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 129,314	\$1,359,090	Los Angeles	Reza Abbaszadeh	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Terri Abbaszadeh (916) 563-6020										
<b>American Health Guard Corp.</b> (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 13,303	\$139,815	Los Angeles	David Kutner	Abigail Aban (916) 464-0390	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
<b>Safeguard Health Plans Inc.</b> (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 20,281	\$213,153	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518										

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<b>LOS ANGELES COUNTY (19)</b>																		
<b>Health Net Community Solutions, Inc.</b> (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/09	06/30/11	Public Assistance	unlimited/ 38,716	\$406,905	Los Angeles	David Meadows	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				CONTACT: Eileen McGee-Davidson (909) 890-4129														
				<b>Care 1st Health Plan</b> (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755						#403	01/01/09	06/30/11	Public Assistance	unlimited/ 17,048	\$179,174	Los Angeles	Dr. George Weingarten Medical Director	Abigail Aban (916) 464-0390
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
CONTACT: Walter Gray (323) 889-6638																		
<b>Western Dental Services</b> (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863	#413	01/01/09	06/30/11		Public Assistance	unlimited/ 55,001	\$578,061	Los Angeles	Samuel H. Gruenbaum President/CEO				Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy	\$10.51													
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				CONTACT: Kelley Duniven (714) 571-3488														
				<b>Liberty Dental Plan of CA, Inc.</b> (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#416					01/01/09	06/30/11	Public Assistance		Unlimited/ 7,666	\$80,570	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																		
<b>Community Dental Services, Inc.</b> #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707		01/01/09	06/30/11			Public Assistance	Unlimited/ 4,031	\$42,366	Los Angeles			Joseph Sivori President	Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy														
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				CONTACT: Thuy Pham (714) 263-3410														
				<b>LOS ANGELES</b>						<b>SUBTOTAL</b>	unlimited/ 285,360			2,999,134				

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<b>RIVERSIDE COUNTY (33)</b>																		
<b>Western Dental Services, Inc.</b> (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/09	06/30/11	Public Assistance	unlimited/ 144	\$1,513	Riverside	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				<b>RIVERSIDE COUNTY</b>														
										<b>SUBTOTAL</b>	unlimited/ 200	\$2,102						

**Safeguard Health Plans, Inc.**  
 (05-45701), A4  
 95 Enterprise, Suite 100  
 Aliso Viejo, CA 92656-2605  
  
 CONTACT: Paula Lopez, Director State Gov Programs  
 (949) 425-4518

Public Assistance  
 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

Paula Lopez  
 Director State Gov  
 Lenatte Blouin  
 (916) 464-0379

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MANAGED CARE CAPITATION REPORT

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<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Western Dental Services, Inc.</b> #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488		01/01/09	06/30/11	Public Assistance	unlimited/ 254	\$2,670	San Bernardino	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				<b>Care 1st Health Plan</b> #404 (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Walter Gray (323) 889-6638						
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
Medically Needy										
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
MI CHILD	\$10.51									
MI ADULT	\$10.51									
% OF POV	\$10.51									
BCCTP	\$10.51									
<b>Safeguard Health Plans, Inc.</b> #408 (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605  CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518  **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11		Public Assistance	unlimited/ 408	\$4,288	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					
				<b>SAN BERNARDINO COUNTY</b>						<b>SUBTOTAL</b>
<b>TOTAL PHP (DENTAL)</b>					unlimited/ 286,321	\$3,009,234				

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<b>COUNTY COHS</b>									
<b><u>MERCED COUNTY (24)</u></b>									
<b>Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A4 ADDRESS ??</b>	<b>#514</b>	10/01/09	12/31/13	FAMILY/MI CHILD \$144.77 AGED \$480.66 DISABLED/BLIND \$753.15 LTC \$7,824.65 MI ADULT \$144.77 REFUGEEES/% POV \$144.77 BCCTP \$1,520.21	N/A/ 72,839		Merced		Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$266.38 DISABLED/BLIND \$179.28 LTC \$4,516.08					
CONTACT:									
<b><u>MONTEREY COUNTY (27)</u></b>									
<b>Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A4 1600 Green Hills Road ADDRESS ??</b>	<b>#508</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$138.82 AGED \$601.45 DISABLED/BLIND \$969.29 LTC \$6,797.27 MI ADULT \$138.82 REFUGEEES/% POV \$138.82 BCCTP \$1,390.01	N/A/ 73,012		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$204.57 DISABLED/BLIND \$205.77 LTC \$5,114.32					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<b><u>NAPA COUNTY (28)</u></b>									
<b>Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036</b>	<b>#507</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$184.80 AGED \$489.69 DISABLED/BLIND \$914.61 LTC \$4,911.91 MI ADULT \$184.80 REFUGEEES/% POV \$184.80 BCCTP \$1,551.57 OBRA \$296.31	N/A/ 13,587		Napa	Jack Horn	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$191.66 DISABLED/BLIND \$239.91 LTC \$3,860.90 OBRA \$296.31					
CONTACT: Jack Horn (707) 863-4261									
<b><u>ORANGE COUNTY (30)</u></b>									
<b>Orange County Organized Health System dba CalOptima (08-85214) A3 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220</b>	<b>#506</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$116.54 AGED \$414.78 DISABLED/BLIND \$854.16 LTC \$6,134.63 MI ADULT \$116.54 REFUGEEES/% POV \$116.54 BCCTP \$1,327.02	N/A/ 358,862		Orange	Richard Chambers	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$171.66 DISABLED/BLIND \$243.51 LTC \$4,066.74					
CONTACT: Richard Chambers (714) 246-8458									

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<b>COUNTY COHS</b>									
<b><u>SAN LUIS OBISPO COUNTY (40)</u></b>									
<b>SBSLORHA/SLO</b> Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A3 110 Castillian Dr. Goleta, CA 93117	<b>#501</b>	07/01/09	12/31/11	FAMILY/MI CHILD \$131.24 AGED \$438.75 DISABLED/BLIND \$710.67 LTC \$5,614.82 MI ADULT \$131.24 REFUGEES/% POV \$131.24 BCCTP \$1,420.61 AIDS \$2,256.98	N/A/ 27,972		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$154.87 DISABLED/BLIND \$135.35 LTC \$3,513.96 AIDS \$366.41					
CONTACT: Bob Freeman (805) 685-9525									
<b><u>SAN MATEO COUNTY (41)</u></b>									
<b>San Mateo Health Commission</b> dba Health Plan of San Mateo (08-85213) A4 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	<b>#503</b>	02/01/10	12/31/13	FAMILY/MI CHILD \$155.01 AGED \$622.71 DISABLED/BLIND \$1,058.63 LTC \$6,863.11 MI ADULT \$155.01 REFUGEES/% POV \$155.01 BCCTP \$1,340.55 AIDS \$2,645.06	N/A/ 58,115		San Mateo	Maya Altman	Chrissy Corbin (916) 449-5094
				<b><u>MEDICARE PART B</u></b>					
				AGED \$331.81 DISABLED/BLIND \$329.92 LTC \$7,108.95 AIDS \$567.78 AGNEWS \$4,919.00					
CONTACT: Maya Altman (650) 616-2145									
<b><u>SANTA BARBARA COUNTY (42)</u></b>									
<b>SBSLORHA</b> Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A3 110 Castillian Dr. Goleta, CA 93117-3028	<b>#502</b>	07/01/09	12/31/11	FAMILY/MI CHILD \$135.13 AGED \$536.46 DISABLED/BLIND \$788.55 LTC \$8,334.22 MI ADULT \$135.13 REFUGEES/% POV \$135.13 BCCTP \$1,281.63 AIDS \$2,481.35	N/A/ 62,971		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$200.05 DISABLED/BLIND \$172.05 LTC \$5,568.36 AIDS \$401.73					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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<b>COUNTY COHS</b>									
<b><u>SANTA CRUZ COUNTY (44)</u></b>									
<b>Santa Cruz-Monterey</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A4 1600 Green Hills Road Scotts Valley, CA 95066-9998	<b>#505</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$136.28 AGED \$538.67 DISABELED/BLIND \$857.67 LTC \$6,452.57 MI ADULT \$136.28 REFUGEEES/% POV \$136.28 BCCTP \$1,240.25	N/A/ 35,539		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$212.21 DISABLED/BLIND \$191.82 LTC \$4,717.40					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<b><u>SOLANO COUNTY (48)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#504</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$167.32 AGED \$572.17 DISABELED/BLIND \$890.47 LTC \$5,926.79 MI ADULT \$167.32 REFUGEEES/% POV \$167.32 BCCTP \$1,348.66 OBRA \$285.82	N/A/ 61,350		Solano	Jack Horn	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$215.88 DISABLED/BLIND \$236.88 LTC \$4,689.72 OBRA \$285.82					
CONTACT: Jack Horn (707) 863-4261									
<b><u>SONOMA COUNTY (49)</u></b>									
<b>Sonoma County</b> Partnership Health Plan of CA dba: (08-85215, A4 ADDRESS ??	<b>#513</b>	10/01/09	12/31/13	FAMILY/MI CHILD \$117.94 AGED \$642.16 DISABELED/BLIND \$888.28 LTC \$6,321.84 MI ADULT \$117.94 REFUGEEES/% POV \$117.94 BCCTP \$1,202.99 OBRA \$0.00	N/A/ 51,511		Sonoma	Lyle Luman	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$265.33 DISABLED/BLIND \$172.70 LTC \$3,429.00 OBRA \$0.00					
Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.									
CONTACT:									
<b><u>YOLO COUNTY (57)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#509</b>	07/01/09	12/31/13	FAMILY/MICHILD \$139.63 AGED \$612.76 DISABELED/BLIND \$929.42 LTC \$6,386.83 MI ADULT \$139.63 REFUGEEES/FAMILY \$139.63 BCCTP \$1,215.47 OBRA \$255.09	N/A/ 26,890		Yolo	Jack Horn	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED 211.34 DISABLED/BLIND 229.91 LTC 4318.64 OBRA 255.09					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 842,648



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SPECIAL PROJECTS</b>										
<b>ALAMEDA COUNTY (01)</b>										
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		04/01/08	12/31/12	<b>MEDICAL ONLY</b>		1,600/ 1	\$5,511	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		04/01/08	12/31/12	<b>MEDICARE PART D</b>		1,600/ 81	\$342,020	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
<b>Center for Elders #51</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	<b>MEDICAL ONLY</b>		560/ 20	\$115,565	Oakland	Peter Szutu	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,778.23					
<b>Center for Elders #51</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	<b>MEDICARE PART D</b>		560/ 375	\$1,621,035	Oakland	Peter Szutu	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$4,322.76					
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		<b>4,320/ 477</b>	<b>\$2,084,131</b>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>CONTRA COSTA COUNTY (07)</b>										
<b>MEDICAL ONLY</b>										
<b>Center for Elders</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 7	\$40,448	Berkeley	Peter Szutu	Joseph Billingsley (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
CONTACT: Peter Szutu (510) 433-1150										
<b>MEDICARE PART D</b>										
<b>Center for Elders</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 26	\$112,392	Berkeley	Peter Szutu	Joseph Billingsley (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
CONTACT: Peter Szutu (510) 433-1150										
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		<u>1,120/ 33</u>	<u>\$152,840</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>LOS ANGELES COUNTY (19)</b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#200</b>	01/01/09	12/31/12	AGED \$77.88 BLIND/DISABLED \$77.88	5,000/ 2,902	\$226,008	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#201</b>	01/01/09	12/31/12	LTC \$935.31	5,000/ 1,856	\$1,735,935	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICAL ONLY</b>									
<b>Altamed Hlth Services Corp.</b> dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 154	\$910,118	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
<b>MEDICARE PART D</b>									
<b>Altamed Hlth Services Corp.</b> dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 573	\$1,944,756	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	11,650/ 5,485	\$4,816,817			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b><u>RIVERSIDE COUNTY (33)</u></b>										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#204</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 923	\$65,551	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$71.02					
CONTACT: Becky Learner (562) 989-5143										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#205</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 629	\$576,831	San Bernardino	David Schmidt	Joseph Billingsley (916) 440-7532
				LTC	\$917.06					
CONTACT: Becky Learner (562) 989-5143										
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		10,000/ 1,552	<b>\$642,382</b>			
<b><u>SACRAMENTO COUNTY (34)</u></b>										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICAL ONLY</u></b>		280/ 5	\$24,602	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,920.49					
CONTACT: Carol Hubbard (916) 677-3888										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICARE PART D</u></b>		280/ 204	\$726,856	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,563.02					
CONTACT: Carol Hubbard (916) 677-3888										
<b>SACRAMENTO COUNTY</b>				<b>SUBTOTAL</b>		560/ 209	<b>\$751,458</b>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b><u>SAN BERNARDINO COUNTY (36)</u></b>										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#206</b>	01/01/09	12/31/12	<b>MEDICARE PART D</b>		5,000/ 544	\$44,390	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$81.60					
CONTACT: Becky Learner (562) 989-5143										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#207</b>	01/01/09	12/31/12	<b>MEDICARE PART D</b>		5,000/ 327	\$291,386	San Bernardino	David Schmidt	Joseph Billingsley. (916) 440-7532
				LTC	\$891.09					
CONTACT: Becky Learner (562) 989-5143										
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		10,000/ 871	\$335,776			
<b><u>SAN DIEGO COUNTY (37)</u></b>										
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	<b>MEDICAL ONLY</b>		200/ 15	\$71,421	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,761.40					
CONTACT: Carol Hubbard (619) 677-3888										
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	<b>MEDICARE PART D</b>		200/ 93	\$331,979	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,569.67					
CONTACT: Carol Hubbard (619) 677-3888										
<b>SAN DIEGO COUNTY</b>				<b>SUBTOTAL</b>		400/ 108	\$403,400			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>MEDICAL ONLY</b>									
<b>OnLok Senior Health</b> Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1600/ 28	\$170,174	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICARE PART D</b>									
<b>OnLok Senior Health</b> Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 840	\$3,695,840	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICAL ONLY</b>									
<b>San Francisco City &amp; County Dept. of Public Health</b> dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124	<b>#601</b>	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 123	\$227,396	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	3700/ 991	\$4,093,410			
<b>SANTA CLARA COUNTY (43)</b>									
<b>MEDICAL ONLY</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 2	\$10,292	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICARE PART D</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 37	\$149,057	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	3,200/ 39	\$159,349			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>YOLO COUNTY (57)</b>										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#53</b>	04/01/08	12/31/12	<b>MEDICAL ONLY</b>				Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	4,920.49 4,920.49					
CONTACT: William Clearwater (916) 424-8412										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#53</b>	04/01/08	12/31/12	<b>MEDICARE PART D</b>				Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	3,563.02 3,563.02					
CONTACT: William Clearwater (916) 424-8412										
<b>YOLO COUNTY</b>				<b>SUBTOTAL</b>		<u>280/ 2</u>				<u>\$7,126</u>
<b>TOTAL SPECIAL PROJECT</b>					<u>45,230/ 9,767</u>					<u>\$13,446,689</u>

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>				
<b>PCCM</b>													
<b><u>LOS ANGELES COUNTY (19)</u></b>													
<b>AIDS Healthcare Foundation</b> (01-16349) A-12 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/10	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096	
				FAMILY	\$103.27	2,000/ 437	\$266,510						
				AGED	\$466.85								
				DISABLED	\$622.09								
				MI CHILD	\$103.27								
				MI ADULT	\$265.28								
				REFUGEES	\$103.27								
				AIDS	\$1,767.86								
				BCCTP	\$517.08								
				CONTACT: Donna Stidham (323) 860-5231									
<b>AIDS Healthcare Foundation</b> (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	<b>#915</b>	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/ 319	\$106,870						
				AGED	\$243.89								
				DISABLED	\$339.33								
				MI CHILD	\$103.27								
				MI ADULT	\$265.28								
				REFUGEES	\$103.27								
				AIDS	\$230.19								
				BCCTP	\$517.08								
				CONTACT: Donna Stidham (323) 860-5231									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>						<u>4,000/ 756</u>		<u>\$373,380</u>	
<b>TOTAL PCCM</b>						<u>4,000/ 756</u>		<u>\$373,380</u>					



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<b>2-PLAN</b>										
<b>ALAMEDA COUNTY (01)</b>										
<b>Alameda Alliance for Health</b> (04-35399), A8, C9 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	<b>#300</b>	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 91,297	\$13,168,859	Alameda	David Kears	Mary Cobb (916) 341-7035
				AGED	\$491.99					
				DISABLED	\$491.99					
				MI ADULT	\$111.12					
				REFUGEES	\$111.12					
				AIDS	\$1,007.69					
				BCCTP	\$814.52					
AGNEWS	\$4,919.00									
<b>MEDICARE PART D</b>										
<b>Alameda Alliance for Health</b> (04-35399), A8, C9 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	<b>#300</b>	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 5,348	\$749,737	Alameda	David Kears	Mary Cobb (916) 341-7035
				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									
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A11, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	<b>#340</b>	10/01/09	03/31/12	FAMILY	\$118.99	unlimited/ 26,802	\$4,024,444	California		Mark Lewis (916) 449-5061
				AGED	\$546.76					
				DISABLED	\$546.76					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$1,025.21					
				BCCTP	\$813.63					
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A11, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	<b>#340</b>	10/01/09	03/31/12	FAMILY	\$118.99	unlimited/ 804	\$114,339	California		Mark Lewis (916) 449-5061
				AGED	\$132.80					
				DISABLED	\$152.02					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$226.96					
				BCCTP	\$813.63					
MATERNITY	\$6,042.63									
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		360,000/ 124,251	\$18,057,379			

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<b>CONTRA COSTA COUNTY (07)</b>										
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A6, C9, 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/ 56,193	\$8,370,104			
				AGED	\$490.75					
				DISABLED	\$490.75					
				MI ADULT	\$120.45					
				REFUGEES/FAMILY	\$120.45					
				AIDS	\$1,043.53					
				BCCTP	\$832.10					
				<b>MEDICARE PART D</b>						
				FAMILY	\$120.45					
				AGED	\$134.69					
DISABLED	\$148.13									
MI ADULT	\$120.45									
REFUGEES/FAMILY	\$120.45									
AIDS	\$231.06									
BCCTP	\$832.10									
MATERNITY	\$5,753.70									
<b>Anthem Blue Cross Partnership #344</b> Plan (03-76184), A11, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	03/31/12	FAMILY	\$109.43	unlimited/ 11,043	\$1,400,692	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					
				<b>MEDICARE PART D</b>						
				FAMILY	\$109.43					
				AGED	\$125.23					
DISABLED	\$156.34									
MI ADULT	\$109.43									
REFUGEES/FAMILY	\$109.43									
AIDS	\$223.59									
BCCTP	\$824.06									
MATERNITY	\$5,753.70									
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 69,808	\$10,132,245			

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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>	
<b>FRESNO COUNTY (10)</b>										
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184), A11 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$97.44	unlimited/ 89,603	\$10,694,028	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					
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184,) A11 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$97.44	unlimited/ 2,360	\$318,081	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									
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A10, 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/ 109,875	\$10,948,781	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					
<b>MEDICARE PART D</b>										
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A10, 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/ 1,137	\$138,471	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									
<b>FRESNO COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 202,975	\$22,099,361			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>KERN COUNTY (15)</u></b>									
<b>Health Net Community</b> Solutions, Inc. (03-76182) A10, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 30,288	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				
<b><u>MEDICARE PART D</u></b>									
<b>Health Net Community</b> Solutions, Inc. (03-76182) A10, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 624	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								
<b><u>MEDICARE PART D</u></b>									
<b>Kern Health Systems</b> dba Kern Family Health Care 03-76165, A8, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 101,958	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$396.51				
				DISABLED	\$396.51				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$1,027.71				
				BCCTP	\$811.56				
<b><u>MEDICARE PART D</u></b>									
<b>Kern Health Systems</b> dba Kern Family Health Care 03-76165, A8, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 1,876	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$129.07				
				DISABLED	\$151.16				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$212.23				
				BCCTP	\$811.56				
MATERNITY	\$5,408.53								
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>	230,000/ 134,746	\$14,834,759			

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>
<b>LOS ANGELES COUNTY (19)</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A10, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	03/31/12	FAMILY	\$83.94	unlimited/ 433,685	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				
<b>MEDICARE PART D</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A10, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	03/31/12	FAMILY	\$83.94	unlimited/ 5,577	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				
<b>MATERNITY</b>									
<b>LA Care Health Plan</b> (04-36069), A5, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 807,047	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				
<b>MEDICARE PART D</b>									
<b>LA Care Health Plan</b> (04-36069), A5, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 12,018	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				
<b>MATERNITY</b>									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 1,258,327		\$130,203,865	

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MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>RIVERSIDE COUNTY (33)</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), 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/ 178,878	\$19,854,613	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					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #305</b> (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/ 3,144	\$403,742	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					
<b>MATERNITY</b>										
					\$5,319.64					
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A6a, 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/ 38,905	\$4,348,295	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$452.39					
				DISABLED	\$452.39					
				MI ADULT	\$102.79					
				REFUGEES/FAMILY	\$102.79					
				AIDS	\$983.96					
				BCCTP	\$827.10					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A6a, 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	\$44,140	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$127.80					
				DISABLED	\$145.60					
				MI ADULT	\$102.79					
				REFUGEES/FAMILY	\$102.79					
				AIDS	\$222.88					
				BCCTP	\$827.10					
<b>MATERNITY</b>										
					\$5,319.64					
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		166,076/ 221,264	\$24,650,790			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Inland Empire Health Plan #306</b> (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/ 202,229	\$22,853,820	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					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #306</b> (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/ 3,437	\$489,779	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					
<b>MATERNITY \$5,097.25</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A6, 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/ 54,761	\$6,277,009	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D. (916) 319-8517	
				AGED	\$423.71					
				DISABLED	\$423.71					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$984.81					
				BCCTP	\$826.53					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A6, 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/ 514	\$67,557	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D. (916) 319-8517	
				AGED	\$124.75					
				DISABLED	\$149.10					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$222.75					
				BCCTP	\$826.53					
<b>MATERNITY \$5,097.25</b>										
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		272,664/ 260,941	\$29,688,165			

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MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A11 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY \$97.33 AGED \$451.60 DISABLED \$451.60 MI ADULT \$97.33 REFUGEEES/FAMILY \$97.33 AIDS \$1,088.86 BCCTP \$822.13	unlimited/ 11,360	\$1,374,930	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A11 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY \$97.33 AGED \$109.13 DISABLED \$146.68 MI ADULT \$97.33 REFUGEEES/FAMILY \$97.33 AIDS \$224.23 BCCTP \$822.13 MATERNITY \$5,842.73	unlimited/ 450	\$57,470	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), 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 REFUGEEES/FAMILY \$129.89 AIDS \$1,115.74 BCCTP \$841.23	55,000/ 36,567	\$5,523,070	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
<b>MEDICARE PART D</b>									
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), 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 REFUGEEES/FAMILY \$129.89 AIDS \$222.63 BCCTP \$841.23 MATERNITY \$5,842.73	55,000/ 1,580	\$239,724	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	110,000/ 49,957	\$7,195,194			



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MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN JOAQUIN COUNTY (39)</b>									
<b>Health Plan of San Joaquin</b> (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 72,764	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				
<b>MEDICARE PART D</b>									
<b>Health Plan of San Joaquin</b> (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 1,686	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	\$5,938.46								
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A11 ,C8 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 27,127	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				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A11 ,C8 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 568	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	\$5,938.46								
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 102,145	\$12,064,488		

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MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>								
<b>SANTA CLARA COUNTY (43)</b>																	
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A11, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$103.84	unlimited/ 32,582	\$4,016,787	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061							
				AGED	\$458.30												
				DISABLED	\$458.30												
				MI ADULT	\$103.84												
				REFUGEES/FAMILY	\$103.84												
				AIDS	\$1,091.67												
				BCCTP	\$830.08												
				<b>MEDICARE PART D</b>													
				FAMILY	\$103.84						unlimited/ 894	\$112,206	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061		
				AGED	\$113.19												
DISABLED	\$149.88																
MI ADULT	\$103.84																
REFUGEES/FAMILY	\$103.84																
AIDS	\$223.76																
BCCTP	\$830.08																
MATERNITY	\$5,719.42																
<b>MEDICARE PART D</b>																	
<b>Santa Clara Family Health #309</b> Plan (04-35398), A8, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/10	FAMILY	\$117.77	123,000/ 93,370	\$12,782,359	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092							
				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												
				<b>MEDICARE PART D</b>													
				<b>Santa Clara Family Health #309</b> Plan (04-35398), A8, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901							10/01/09	12/31/10	FAMILY	\$117.77	123,000/ 5,598	\$736,732	Santa Clara
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																
<b>MEDICARE PART D</b>																	
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>		246,000/ 132,444	\$17,648,084										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>STANISLAUS COUNTY (50)</b>									
<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A8, C7 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/10	FAMILY	\$110.61	unlimited/ 47,752	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				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A8, C7 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/10	FAMILY	\$110.61	unlimited/ 1,294	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$133.20				
				DISABLED	\$155.04				
				MI ADULT	\$110.61				
				REFUGEES/FAMILY	\$110.61				
				AIDS	\$224.38				
				BCCTP	\$859.66				
MATERNITY	\$6,114.14								
<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A10, 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/ 20,546	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				
<b>MEDICARE PART D</b>									
<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A10, 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/ 272	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				AGED	\$125.47				
				DISABLED	\$162.78				
				MI ADULT	\$109.98				
				REFUGEES/FAMILY	\$109.98				
				AIDS	\$231.25				
				BCCTP	\$845.24				
MATERNITY	\$6,114.14								
<b>STANISLAUS COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 69,864			<b>\$9,319,769</b>

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>TULARE COUNTY (54)</b>										
<b>Health Net Community #353</b> Solutions, Inc. (03-76182), A10 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/ 28,200	\$2,806,196	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					
<b>MEDICARE PART D</b>										
<b>Health Net Community #353</b> Solutions, Inc. (03-76182), A10, 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/ 295	\$35,690	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	\$5,719.97									
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership #311</b> 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/ 75,022	\$8,426,049	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					
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership #311</b> 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/ 1,494	\$196,234	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	\$5,719.97									
<b>TULARE COUNTY</b>					<b>SUBTOTAL</b>					
					unlimited/ 105,011	\$11,464,169				
<b>TOTAL 2-PLAN</b>					<u>1,384,740/ 2,731,733</u>	<u>\$307,358,268</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Molina Healthcare of CA</b> Partner Plan, Inc. (07-65851) A1a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	<b>#130</b>	01/01/09	12/31/12		160,000/ 26,741		Sacramento		Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
<b>Western Health Advantage</b> Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 <b>(Deactivated 12/31/2009)</b>	<b>#140</b>	01/01/09	12/31/12		15,750/ 0		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
<b>Health Net Community</b> Solutions, Inc. (07-65847) A2-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	<b>#150</b>	01/01/09	12/31/12		168,600/ 48,783		Sacramento		Peter Thomas (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (NorCal)</b> (07-65849) A1 1800 Harrison Street, 25th Floor Oakland, CA 94512	<b>#170</b>	07/01/08	12/31/12		20,000/ 26,591		Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
<b>Anthem Blue Cross</b> Partnership Plan (07-65845) A3 5151 - A Camino Ruiz	<b>#190</b>	01/01/10	12/31/12		168,600/ 91,174		Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5105
CONTACT: Cindy Metcho (805) 384-7662									
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<b><u><u>532,950/ 193,289</u></u></b>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>Community Health Group Partnership Plan, Inc.</b> (05-46127), A6 740 Bay Blvd Chula Vista, CA 91910	<b>#29</b>	01/01/09	06/30/10		207,000/ 96,609		San Diego	Ann Warren Chief Member& Govt Relations Officer	Philip Jimenez (916) 449-5105
CONTACT: Francisca Chavez (619) 498-6589									
<b>Health Net Community Solutions, Inc.</b> (05-46128), A8 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	<b>#68</b>	01/01/10	06/30/10		180,000/ 29,581		San Diego	David Friedman	Peter Thomas (916) 324-0278
<b>HOLD-HCP# 68 Contract Ended 02/28/10</b>									
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (SoCal)</b> (05-46129), A8a 393 East Walnut Street, 7th Floor Pasadena, CA 91188	<b>#79</b>	01/01/09	06/30/10		10,000/ 13,431		San Diego	William Caswell	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955									
<b>Molina Healthcare of California Partner Plan, Inc.</b> (05-46130) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	<b>#131</b>	01/01/09	06/30/10		100,000/ 61,493		San Diego	Stephen T. O'Dell President & CEO	Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
<b>Care 1st Health Plan, LLC</b> (05-46131), A7a 601 Potrero Grande Drive Monterey Park, CA 91755	<b>#167</b>	01/01/09	06/30/10		207,000/ 11,826		San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 324-0278
CONTACT: Kimberly Fritz (619) 528-4817									
(Blue Cross #48 Deactivated 12/31/07)									
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>					<u><u>704,000/ 212,940</u></u>				
<b>TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))</b>					<u><u>2,675,236/ 4,278,327</u></u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>GEOGRAPHIC MANAGED CARE (GMC-DENTAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Western Dental Svcs., Inc.</b> (07-65806) A1 530 South Main Street Orange, CA 92863	<b>#424</b>	01/01/09	12/31/12		160,000/ 88,101		Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
<b>Access Dental Plan, Inc.</b> (07-65802) A1 8890 Cal Center Drive Sacramento, CA 95826	<b>#421</b>	01/01/09	12/31/12		100,000/ 52,023		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Terri Abbaszadeh (916) 563-6020									
<b>Liberty Dental Plan</b> (07-65805) A1 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#425</b>	01/01/09	12/31/12		100,000/ 27,605		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
<b>Community Dental Services</b> (07-65803) A1 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	<b>#426</b>	01/01/09	12/31/12		90,000/ 12,055		Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
CONTACT: Thuy Pham (714) 263-3410									
<b>Health Net of CA</b> dba: CA Children Svcs. (07-65804) A1 address unknown	<b>#427</b>	01/01/09	12/31/12		0/ 21,523		Sacramento	?	Brian Nanoo (916) 464-3784
CONTACT: Eileen McGee-Davidson (909) 890-4129									
<b>TOTAL GMC-DENTAL</b>					<b><u>450,000/ 201,307</u></b>				

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