

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
PHP									
MARIN COUNTY (21)									
KP CAL LLC (NorCal) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	FAMILY	\$115.40	734/ 901	Marin	Charles S. Koch	(916) 449-5000
				AGED	\$457.37				
				BLIND/DISABLED	\$457.37				
				ADULT	\$115.40				
				REFUGEES FAMILY	\$115.40				
				BCCTP	\$912.48				
				AIDS	\$1,574.79				
MARIN COUNTY (21)									
KP CAL LLC (NorCal) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	MEDICARE PART D		734/ 182	Marin	Charles S. Koch	(916) 449-5000
				FAMILY	\$115.40				
				AGED	\$104.41				
				BLIND/DISABLED	\$101.27				
				ADULT	\$115.40				
				REFUGEES FAMILY	\$115.40				
				BCCTP	\$912.48				
AIDS	\$303.53								
MARIN COUNTY				SUBTOTAL		1,468/ 1083	\$189,944.19		

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

(Note: Terminate HCP 081, KP Cal LLC Kaiser in Marin County effective 07/01/2011. will roll over to Marin Plan Partnership Health Plan of CA, HCP 510.

TOTAL PHP

4,316/ 1,083

\$189,944.19

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 (DENTAL)															
LOS ANGELES COUNTY (19)															
Access Dental Plan, Inc. (05-45001), A9 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/10	06/30/11	Over 21 years old						Reza Abbaszadeh	Lenatte Blouin (916) 464-0379				
				FAMILY	\$10.51	unlimited/ 18,961	\$48,919.38	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				Under 21 years old								129,659	\$1,446,994.44		
				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															
American Health Guard Corp. (05-45698), A5 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/10	06/30/11	Over 21 years old						David Kutner	Abigail Aban (916) 464-0390				
				FAMILY	\$10.51	unlimited/ 2,471	\$6,375.18	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				Under 21 years old								6,491	\$72,439.56		
				FAMILY	\$10.51										
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				MI CHILD	\$10.51										
				MI ADULT	\$10.51										
% OF POV	\$10.51														
BCCTP	\$10.51														
CONTACT: Rod Zalunardo (626) 821-5500															
Safeguard Health Plans Inc. (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/10	06/30/11	Over 21 years old						Paula Lopez	Lenatte Blouin (916) 464-0379				
				FAMILY	\$10.51	unlimited/ 8,217	\$21,199.86	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				Under 21 years old								10,762	\$120,103.92		
				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															
Health Net Community Solutions, Inc. (05-45703), A6 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/10	06/30/11	Over 21 years old						David Meadows	Brian Nanoo (916) 464-3784				
				FAMILY	\$10.51	unlimited/ 19,436	\$50,144.88	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				Under 21 years old								26,608	\$296,945.28		
				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															

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)														
Care 1st Health Plan (05-45702), A6 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638	#403	01/01/10	06/30/11	Over 21 years old						unlimited/ 5,989	\$15,451.62	Los Angeles	Dr. George Weingarter Medical Director	Abbigail Aban (916) 464-0390
				FAMILY	\$10.51									
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				Under 21 years old										
				FAMILY	\$10.51	10,409	\$116,164.44							
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				MI CHILD	\$10.51									
				MI ADULT	\$10.51									
				% OF POV	\$10.51									
				BCCTP	\$10.51									
				Western Dental Services (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#413	01/01/10	06/30/11	Over 21 years old						
FAMILY	\$10.51													
AGED	\$10.51													
BLIND/DISABLED	\$10.51													
Under 21 years old														
FAMILY	\$10.51	31,276	\$349,040.16											
AGED	\$10.51													
BLIND/DISABLED	\$10.51													
MI CHILD	\$10.51													
MI ADULT	\$10.51													
% OF POV	\$10.51													
BCCTP	\$10.51													
Liberty Dental Plan of CA, Inc. (05-45700), A6 3200 El Camino Real, Ste. 290 Irvine, CA 92602 CONTACT: Amir Neshat, DDS, 949-223-8929	#416	01/01/10	06/30/11					Over 21 years old						Unlimited/ 3,615
				FAMILY	\$10.51									
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				Under 21 years old										
				FAMILY	\$10.51	4,456	\$49,728.96							
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				MI CHILD	\$10.51									
				MI ADULT	\$10.51									
				% OF POV	\$10.51									
				BCCTP	\$10.51									
				Community Dental Services, Inc. #417 (05-45699), A5 2 Mac Arthur Place, Suite 700 Santa Ana, CA 92707 CONTACT: Thuy Pham (714) 263-3410	#417	01/01/10	06/30/11	Over 21 years old						
FAMILY	\$10.51													
AGED	\$10.51													
BLIND/DISABLED	\$10.51													
Under 21 years old														
FAMILY	\$10.51	1,958	\$21,851.28											
AGED	\$10.51													
BLIND/DISABLED	\$10.51													
MI CHILD	\$10.51													
MI ADULT	\$10.51													
% OF POV	\$10.51													
BCCTP	\$10.51													
LOS ANGELES								SUBTOTAL	Over 21 yrs. old	80,342	207,282.36			
				SUBTOTAL	Under 21 yrs. old	221,619	2,473,268.04							

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>				
RIVERSIDE COUNTY (33)													
Western Dental Services, Inc. #414 (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488		01/01/10	06/30/11	Over 21 years old						Riverside	Samuel H. Gruenbaum Brian Nanoo President/CEO (916) 464-3784		
				FAMILY	\$10.51	unlimited/ 75	\$193.50						
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				Under 21 years old								39	\$435.24
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
RIVERSIDE COUNTY													
Safeguard Health Plans, Inc. #407 (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518		01/01/10	06/30/11	Over 21 years old						Riverside	Paula Lopez Lenatte Blouin Director State Gov (916) 464-0379		
				FAMILY	\$10.51	unlimited/ 26	\$67.08						
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				Under 21 years old								29	\$323.64
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
RIVERSIDE COUNTY				SUBTOTAL	Over 21 yrs. old	101	\$260.58						
				SUBTOTAL	Under 21 yrs. old	68	\$758.88						

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>						
SAN BERNARDINO COUNTY (36)															
Western Dental Services, Inc. (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#415	01/01/10	06/30/11	Over 21 years old						Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784				
				FAMILY	\$10.51	unlimited/ 127	\$327.66	San Bernardino							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				Under 21 years old								80	\$892.80		
				FAMILY	\$10.51										
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				MI CHILD	\$10.51										
				MI ADULT	\$10.51										
				% OF POV	\$10.51										
				BCCTP	\$10.51										
				Care 1st Health Plan											
				(05-45702), A6 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638	#404	01/01/10	06/30/11	Over 21 years old						Dr. Gorge Weingarten Medical Director	F Abbigail Aban (916) 464-0390
FAMILY	\$10.51	unlimited/ 54	\$139.32					San Bernardino							
AGED	\$10.51														
BLIND/DISABLED	\$10.51														
Under 21 years old								30	\$334.80						
FAMILY	\$10.51														
AGED	\$10.51														
BLIND/DISABLED	\$10.51														
MI CHILD	\$10.51														
MI ADULT	\$10.51														
% OF POV	\$10.51														
BCCTP	\$10.51														
Safeguard Health Plans, Inc.															
(05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518	#408	01/01/10	06/30/11					Over 21 years old							
				FAMILY	\$10.51	unlimited/ 173	\$446.34	San Bernardino							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				Under 21 years old						152	\$1,696.32				
				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										
				**Rates do not reflect Hyde abortion rates effective August 2003											
				SAN BERNARDINO COUNTY				SUBTOTAL	OVER 21	Under 21 yrs. old	354	\$913.32			
				SUBTOTAL	UNDER 21	Under 21 yrs. old	262	\$2,923.92							
				TOTAL PHP (DENTAL)	OVER 21		80,797	\$208,456.26							
				TOTAL PHP (DENTAL)	UNDER 21		221,949	\$2,476,950.84							
				TC TOTAL PHP (DENTAL)			302,746	\$2,685,407.10							

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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COUNTY COHS									
MARIN COUNTY (21)	#510	07/01/11	?		N/A/ 0	\$0.00	Marin		Chrissy Corbin (916) 449-5000
dba Partnership Health Plan of CA Central California Alliance for Health				FAMILY/MI CHILD	\$0.00				
				AGED	\$0.00				
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
ADDRESS ??				MI ADULT	\$0.00				
				REFUGEES/% POV	\$0.00				
				BCCTP	\$0.00				
				MEDICARE PART D					
				AGED	\$0.00	NA/ 0	\$0.00		
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
(Note): HCP # 081 will roll over to HCP# 510 07/01/11									
CONTACT:									
MENDOCINO COUNTY (23)	#512	07/01/11	?		N/A/ 0	\$0.00	Mendocino		Chrissy Corbin (916) 449-5000
dba Partnership Health Plan of CA				FAMILY/MI CHILD	\$0.00				
				AGED	\$0.00				
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
ADDRESS ??				MI ADULT	\$0.00				
				REFUGEES/% POV	\$0.00				
				BCCTP	\$0.00				
				MEDICARE PART D					
				AGED	\$0.00	NA/ 0	\$0.00		
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
CONTACT:									
MERCED COUNTY (24)	#514	01/01/11	12/31/13		N/A/ 66,556	\$14,428,209.85	Merced		Jane Marine (916) 449-5000
Santa Cruz-Monterey-Merced , Managed Medical Care Commission				FAMILY/MI CHILD	\$149.87				
dba Central California Alliance for Health				AGED	\$486.68				
(08-85216) A6				DISABLED/BLIND	\$761.12				
ADDRESS ??				LTC	\$7,721.99				
				MI ADULT	\$149.87				
				REFUGEES/% POV	\$149.87				
				BCCTP	\$1,296.40				
				MEDICARE PART D					
				AGED	\$268.57	NA/ 8,905	\$3,871,117.54		
				DISABLED/BLIND	\$181.15				
				LTC	\$4,987.51				
CONTACT:									
MONTEREY COUNTY (27)	#508	01/01/11	12/31/13		N/A/ 65,180	\$13,497,609.26	Monterey	Allan McKay	Jane Marine (916) 449-5000
Santa Cruz-Monterey				FAMILY/MI CHILD	\$139.02				
Managed Medical Care Commission				AGED	\$592.63				
dba Central California Alliance for Health				DISABLED/BLIND	\$893.41				
(08-85216) A6				LTC	\$6,924.94				
1600 Green Hills Road				MI ADULT	\$139.02				
ADDRESS ??				REFUGEES/% POV	\$139.02				
				BCCTP	\$1,392.52				
				MEDICARE PART D					
				AGED	\$201.57	NA/ 9,909	\$4,300,011.84		
				DISABLED/BLIND	\$189.66				
				LTC	\$5,210.38				
CONTACT: Alan McKay (831) 457-3850 ext 4330									

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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COUNTY COHS																			
<u>NAPA COUNTY (28)</u>																			
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	01/01/11	12/31/13	FAMILY/MI CHILD	\$190.05	N/A/ 11,798	\$3,450,440.42	Solano-Napa	Jack Horn	Chrissy Corbin (916) 449-4499 (916) 449-5000									
				AGED	\$478.54														
				DISABLED/BLIND	\$893.60														
				LTC	\$4,801.23														
				MI ADULT	\$190.05														
				REFUGEES/% POV	\$190.05														
				BCCTP	\$1,595.64														
				OBRA	\$304.72														
				<u>MEDICARE PART D</u>															
				AGED	\$187.30						NA/ 3,029	\$1,454,499.20							
				DISABLED/BLIND	\$234.40														
				LTC	\$3,773.91														
				OBRA	\$304.72														
				CONTACT: Jack Horn (707) 863-4261															
				<u>ORANGE COUNTY (30)</u>															
Orange County Organized Health System dba CalOptima (08-85214) A5 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/11	12/31/13	FAMILY/MI CHILD	\$124.45	N/A/ 305,577	\$66,603,161.98	Orange	Richard Chambers	Sunita Kapoor (916) 449-5000									
				AGED	\$420.88														
				DISABLED/BLIND	\$873.86														
				LTC	\$6,418.41														
				MI ADULT	\$124.45														
				REFUGEES/% POV	\$124.45														
				BCCTP	\$1,417.71														
				<u>MEDICARE PART D</u>															
				AGED	\$174.18						NA/ 73,410	\$29,905,818.60							
				DISABLED/BLIND	\$249.12														
				LTC	\$4,254.86														
				CONTACT: Richard Chambers (714) 246-8458															
				<u>SAN LUIS OBISPO COUNTY (40)</u>															
				SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A5 110 Castillian Dr. Goleta, CA 93117	#501						01/01/11	12/31/11	FAMILY/MI CHILD	\$123.15	N/A/ 23,943	\$5,581,097.53	Santa Luis Obispo	Lyle Lyman	Sheila Kirchner (916) 449-5000
													AGED	\$497.19					
DISABLED/BLIND	\$764.70																		
LTC	\$6,811.85																		
MI ADULT	\$123.15																		
REFUGEES/% POV	\$123.15																		
BCCTP	\$1,333.04																		
AIDS	\$2,977.94																		
<u>MEDICARE PART D</u>																			
AGED	\$175.50	NA/ 5,832	\$2,757,986.13																
DISABLED/BLIND	\$145.64																		
LTC	\$4,263.10																		
AIDS	\$314.01																		
CONTACT: Bob Freeman (805) 685-9525																			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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COUNTY COHS									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A7 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/11	12/31/13	FAMILY/MI CHILD \$178.58 AGED \$645.48 DISABLED/BLIND \$1,233.71 LTC \$6,353.90 MI ADULT \$178.58 REFUGEES/% POV \$178.58 BCCTP \$1,544.40 AIDS \$3,842.06 AGNEWS \$3,148.87	N/A/ 44,567	\$15,612,497.98	San Mateo	Maya Altman	Dory Kramer (916) 449-5000
				<u>MEDICARE PART D</u>					
				AGED \$343.94 DISABLED/BLIND \$384.48 LTC \$6,581.50 AIDS \$355.84 AGNEWS \$1,004.78	NA/ 15,888	\$12,014,961.14			
CONTACT: Maya Altman (650) 616-2145									
<u>SANTA BARBARA COUNTY (42)</u>									
SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A5 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/11	12/31/11	FAMILY/MI CHILD \$143.90 AGED \$533.95 DISABELED/BLIND \$855.66 LTC \$8,100.86 MI ADULT \$143.90 REFUGEES/% POV \$143.90 BCCTP \$1,365.49 AIDS \$2,943.11	N/A/ 55,122	\$12,052,587.20	Santa Barbara	Lyle Lyman	Sheila Kirchner (916) 449-5000
				<u>MEDICARE PART D</u>					
				AGED \$199.11 DISABLED/BLIND \$186.69 LTC \$5,412.45 AIDS \$310.68	NA/ 10,016	\$5,246,220.01			
CONTACT: Bob Freeman (805) 685-9525 ext 1011									
<u>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	01/01/11	12/31/13	FAMILY/MI CHILD \$151.54 AGED \$549.96 DISABELED/BLIND \$888.70 LTC \$6,258.60 MI ADULT \$151.54 REFUGEES/% POV \$151.54 BCCTP \$1,380.81	N/A/ 30,023	\$7,687,335.31	Santa Cruz-Monterey	Alan McKay	Jane Marine (916) 449-5000
				<u>MEDICARE PART D</u>					
				AGED \$216.66 DISABLED/BLIND \$198.76 LTC \$4,575.59	NA/ 6,265	\$2,861,250.94			
CONTACT: Alan McKay (831) 457-3850 ext. 4330									

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
COUNTY COHS									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	1/1/2011	12/31/13	FAMILY/MI CHILD \$174.94 AGED \$551.97 DISABELED/BLIND \$862.18 LTC \$5,898.38 MI ADULT \$174.94 REFUGEES/% POV \$174.94 BCCTP \$1,410.12 OBRA \$298.85	NA/ 52,631	\$15,120,460.76	Solano-Napa	Jack Horn	Chrissy Corbin (916) 449-5000
				<u>MEDICARE PART D</u> AGED \$208.26 DISABLED/BLIND \$229.36 LTC \$4,667.25 OBRA \$298.85	NA/ 10,420	\$3,939,642.78			
CONTACT: Jack Horn (707) 863-4261									
<u>SONOMA COUNTY (49)</u>									
Sonoma County Partnership Health Plan of CA dba: (08-85215, A6 ADDRESS ??	#513	01/01/11	12/31/13	FAMILY/MI CHILD \$119.21 AGED \$671.07 DISABELED/BLIND \$893.72 LTC \$5,118.71 MI ADULT \$119.21 REFUGEES/% POV \$119.21 BCCTP \$940.23 OBRA \$0.00	N/A/ 43,141	\$10,424,209.67	Sonoma	Lyle Luman	Chrissy Corbin (916) 449-5000
				<u>MEDICARE PART D</u> AGED \$272.06 DISABLED/BLIND \$181.50 LTC \$3,847.43 OBRA \$0.00	NA/ 11,308	\$7,231,415.21			
Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.									
CONTACT:									
<u>VENTURA COUNTY (56)</u>									
Ventura County Gold Coast Health Plan dba: (contract ? 220 Gonzales Road, Suite 200 Oxnard, CA 93035 Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.	#515	07/01/11	00/00/00	FAMILY/MI CHILD \$0.00 AGED \$0.00 DISABELED/BLIND \$0.00 LTC \$0.00 MI ADULT \$0.00 REFUGEES/% POV \$0.00 BCCTP \$0.00 OBRA \$0.00	N/A/ 0	\$0.00	Ventura		O.Z. Kamara (916) 449-5000
				<u>MEDICARE PART D</u> AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00 OBRA \$0.00	NA/ 0	\$0.00			
CONTACT:									

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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COUNTY COHS									
<u>YOLO COUNTY (57)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#509	01/01/11	12/31/13	FAMILY/MICHILD \$149.10 AGED \$581.08 DISABELED/BLIND \$1,003.56 LTC \$6,313.03 MI ADULT \$149.10 REFUGEES/FAMIL' \$149.10 BCCTP \$1,297.90 OBRA \$272.39	N/A/ 22,774	\$6,639,412.45	Yolo	Jack Horn	Chrissy Corbin (916) 449-5000
				<u>MEDICARE PART D</u> AGED 200.41 DISABLED/BLIND 248.25 LTC 4268.74 OBRA 272.39	NA/ 4,955	\$2,387,022.06			
CONTACT: Jack Horn (707) 863-4100									
TOTAL COUNTY COHS					<hr/>	<hr/>			
					N/A/ 881,249	\$247,066,967.86			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	MEDICAL ONLY		1,600/ (5)	(\$28,885.90)	Fremont	Robert Edmondson	Joseph Billingsley (916) 449-5000
				FAMILY/AGED/REF.	\$5,777.18					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	MEDICARE PART D		1,600/ 94	\$396,912.18	Fremont	Robert Edmondson	Joseph Billingsley (916) 449-5000
				FAMILY/AGED/REF.	\$4,222.47					
Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150		01/01/09	12/31/12	MEDICAL ONLY		560/ 40	\$235,676.00	Oakland	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$5,891.90					
Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150		01/01/09	12/31/12	MEDICARE PART D		560/ 404	\$1,746,395.04	Oakland	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$4,322.76					
ALAMEDA COUNTY				SUBTOTAL		4,320/ 533	\$2,350,097.32			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
CONTRA COSTA COUNTY (07)										
MEDICAL ONLY										
Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$5,891.90	560/ 6	\$35,351.40	Berkeley	Peter Szutu	Joel Weeden (916) 449-5000
				DISA/LTC/AIDS	\$5,891.90					
MEDICARE PART D										
Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 27	\$116,714.52	Berkeley	Peter Szutu	Joel Weeden (916) 449-5000
				DISA/LTC/AIDS	\$4,322.76					
CONTRA COSTA COUNTY				SUBTOTAL	1,120/ 33	\$152,065.92				

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)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/09	12/31/12	AGED \$79.84 BLIND/DISABLED \$79.84	5,000/ 3,140	\$250,697.60	Los Angeles	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/09	12/31/12	LTC \$958.81	5,000/ 1,851	\$1,774,757.31	Los Angeles	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
MEDICAL ONLY									
Altamed Hlth Services Corp. dba: AltaMed Senior BuenaCare (07-65709) A2 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	#052	01/01/09	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 141	\$833,290.26	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Jennifer Spalding (323) 728-0411									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A2 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	#052	01/01/09	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 660	\$2,240,033.40	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Jennifer Spalding (323) 728-0411									
LOS ANGELES COUNTY				SUBTOTAL	11,650/ 5,792	\$5,098,778.57			

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>RIVERSIDE COUNTY (33)</u>									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/09	12/31/12	AGED \$72.80 BLIND/DISABLED \$72.80	5,000/ 998	\$72,654.40	Riverside	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/09	12/31/12	LTC \$940.10	5,000/ 672	\$631,747.20	San Bernardino	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
RIVERSIDE COUNTY				SUBTOTAL	10,000/ 1,670	\$704,401.60			
<u>SACRAMENTO COUNTY (34)</u>									
MEDICAL ONLY									
Sutter SeniorCare (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	#50	01/01/09	12/31/12	FAMILY/AGED/REF. \$5,217.42 DISA/LTC/AIDS \$5,217.42	280/ 6	\$31,304.52	Sacramento	John W. Boyd	Delmira Rosas-Pettit (916) 449-5000
CONTACT: John W. Boyd (916) 386-3013									
MEDICARE PART D									
Sutter SeniorCare (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	#50	01/01/09	12/31/12	FAMILY/AGED/REF. \$3,608.80 DISA/LTC/AIDS \$3,608.80	280/ 216	\$779,500.80	Sacramento	John W. Boyd	Delmira Rosas-Pettit (916) 449-5000
CONTACT: John W. Boyd (916) 386-3013									
SACRAMENTO COUNTY				SUBTOTAL	560/ 222	\$810,805.32			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SAN BERNARDINO COUNTY (36)</u>									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/09	12/31/12	AGED \$83.65 BLIND/DISABLED \$83.65	5,000/ 630	\$52,699.50	Riverside	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/09	12/31/12	LTC \$913.48	5,000/ 339	\$309,669.72	San Bernardino	David Schmidt	Joseph Billingsley. (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
SAN BERNARDINO COUNTY				SUBTOTAL	10,000/ 969	\$362,369.22			
<u>SAN DIEGO COUNTY (37)</u>									
MEDICAL ONLY									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103	#57	01/01/09	12/31/12	FAMILY/AGED/REF. \$5,059.84 DISA/LTC/AIDS \$5,059.84	200/ 18	\$91,077.12	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Carol Hubbard (619) 677-3888									
MEDICARE PART D									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103	#57	01/01/09	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	200/ 127	\$453,348.09	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Carol Hubbard (619) 677-3888									
SAN DIEGO COUNTY				SUBTOTAL	400/ 145	\$544,425.21			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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SAN FRANCISCO COUNTY (38)									
MEDICAL ONLY									
OnLok Senior Health Services dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	#55	01/01/09	12/31/12	FAMILY/AGED/REF. \$6,113.52 DISA/LTC/AIDS \$6,113.52	1600/ 2	\$12,227.04	San Francisco	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
MEDICARE PART D									
OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	#55	01/01/09	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 887	\$3,902,631.47	San Francisco	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
MEDICAL ONLY									
San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 117	\$216,303.75	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5000
MEDICARE PART D									
				FAMILY/AGED/REF. \$1,848.75 DISA/LTC/AIDS \$1,848.75	500/ 1	\$1,848.75			
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3700/ 1,007	\$4,133,011.01			
SANTA CLARA COUNTY (43)									
MEDICAL ONLY									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	#58	01/01/09	12/31/12	FAMILY/AGED/REF. 5,334.20 DISA/LTC/AIDS 5,334.20	1600/ -7	(\$37,339.40)	San Jose	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
MEDICARE PART D									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	#58	01/01/09	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 83	\$334,372.14	San Jose	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	3,200/ 76	\$297,032.74			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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YOLO COUNTY (57)									
MEDICAL ONLY									
Sutter SeniorCare (07-65710) A1 1234 U Street Sacramento, CA 95818	#53	01/01/09	12/31/12	FAMILY/AGED/REF. DISA/LTC/AIDS	5,217.42 5,217.42	280/ 0	\$0.00	Sacramento	William Clearwater Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
Sutter SeniorCare (07-65710) A1 1234 U Street Sacramento, CA 95818 (Deactive 03/01/2011)	#53	01/01/09	12/31/12	MEDICARE PART D FAMILY/AGED/REF. DISA/LTC/AIDS	3,608.80 3,608.80	280/ 0	\$0.00	Sacramento	William Clearwater Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
YOLO COUNTY				SUBTOTAL		<u>280/ 0</u>	<u>\$0.00</u>		
TOTAL SPECIAL PROJECT						<u>45,230/ 10,447</u>	<u>\$14,452,986.91</u>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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PCCM												
<u>LOS ANGELES COUNTY (19)</u>												
AIDS Healthcare Foundation (01-16349) A-14 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/11	<u>Public Assistance</u>						Michael Weinstein	Sunita Kapoor (916) 449-5000	
				FAMILY	\$103.27	2,000/ 455	\$274,075.77	Los Angeles				
				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								
<u>MEDICARE PART D</u>												
AIDS Healthcare Foundation (01-16349) A-14 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/11	<u>Public Assistance</u>						Michael Weinstein	Sunita Kapoor (916) 449-5000	
				FAMILY	\$103.27	2,000/ 351	\$117,582.87	Los Angeles				
				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								
LOS ANGELES COUNTY				SUBTOTAL	<u>4,000/ 806</u>				<u>\$391,658.64</u>			
TOTAL PCCM					<u>4,000/ 806</u>	<u>\$391,658.64</u>						

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2-PLAN																		
ALAMEDA COUNTY (01)																		
Alameda Alliance for Health (04-35399), A11, C12 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	06/01/11	12/31/11	FAMILY	\$124.37	180,000/ 102,630	\$16,978,174.36	Alameda	David Kears	Mary Cobb (916) 449-5000								
				AGED	\$531.10													
				DISABLED	\$531.10													
				MI ADULT	\$124.37													
				REFUGEES	\$124.37													
				AIDS	\$825.52													
				BCCTP	\$807.71													
				AGNEWS	\$2,930.25													
				MEDICARE PART D														
				FAMILY	\$124.37						180,000/ 6,311	\$859,898.79	Alameda	David Kears	Mary Cobb (916) 449-5000			
AGED	\$134.31																	
DISABLED	\$139.61																	
MI ADULT	\$124.37																	
REFUGEES	\$124.37																	
AIDS	\$208.03																	
BCCTP	\$807.71																	
MATERNITY	\$6,345.81																	
AGNEWS	\$977.28																	
Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	06/01/11	03/31/12	FAMILY	\$120.72	unlimited/ 29,074	\$4,580,271.21	California	Mark Lewis (916) 449-5000									
				AGED	\$560.44													
				DISABLED	\$560.44													
				MI ADULT	\$120.72													
				REFUGEES/FAMILY	\$120.72													
				AIDS	\$853.97													
				BCCTP	\$739.89													
				MEDICARE PART D														
				FAMILY	\$120.72					unlimited/ 802	\$98,813.22	California	Mark Lewis (916) 449-5000					
				AGED	\$108.63													
DISABLED	\$130.95																	
MI ADULT	\$120.72																	
REFUGEES/FAMILY	\$120.72																	
AIDS	\$198.25																	
BCCTP	\$739.89																	
MATERNITY	\$6,345.81																	
ALAMEDA COUNTY					SUBTOTAL		360,000/ 138,817	\$22,517,157.58										

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CONTRA COSTA COUNTY (07)																
County of Contra Costa Contra Costa Hlth Plan (04-36067), A9, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	06/01/11	12/31/11	FAMILY	\$130.13	unlimited/ 63,602	\$10,363,737.55	County of Contra Costa	Jonathan Prince (916) 449-5000							
				AGED	\$508.81											
				DISABLED	\$508.81											
				MI ADULT	\$130.13											
				REFUGEES/FAMILY	\$130.13											
				AIDS	\$879.66											
				BCCTP	\$768.60											
				MEDICARE PART D												
				FAMILY	\$130.13					unlimited/ 2,642	\$381,828.60	County of Contra Costa	Jonathan Prince (916) 449-5000			
				AGED	\$130.59											
				DISABLED	\$154.21											
				MI ADULT	\$130.13											
REFUGEES/FAMILY	\$130.13															
AIDS	\$202.06															
BCCTP	\$768.60															
MATERNITY	\$5,795.09															
CONTRA COSTA COUNTY																
Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	06/01/11	03/31/12	FAMILY	\$109.83	unlimited/ 11,601	\$1,519,031.42	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5000							
				AGED	\$435.92											
				DISABLED	\$435.92											
				MI ADULT	\$109.83											
				REFUGEES/FAMILY	\$109.83											
				AIDS	\$899.06											
				BCCTP	\$777.44											
				MEDICARE PART D												
				FAMILY	\$109.83					unlimited/ 230	\$29,218.48	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5000			
				AGED	\$111.49											
				DISABLED	\$139.66											
				MI ADULT	\$109.83											
REFUGEES/FAMILY	\$109.83															
AIDS	\$198.29															
BCCTP	\$777.44															
MATERNITY	\$5,795.09															
CONTRA COSTA COUNTY																
SUBTOTAL					unlimited/ 78,075	\$12,293,816.05										

<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 of CA Partnership Plan, Inc. (03-76184), A16 ,C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	06/01/11	06/30/11	FAMILY	\$99.41	unlimited/ -5	(\$58.98)	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000								
				AGED	\$537.48													
				DISABLED	\$537.48													
				MI ADULT	\$99.41													
				REFUGEES/FAMILY	\$99.41													
				AIDS	\$946.19													
				BCCTP	\$779.03													
				MEDICARE PART D														
				FAMILY	\$99.41						unlimited/ 2	\$158.11	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000			
				AGED	\$118.12													
				DISABLED	\$140.12													
MI ADULT	\$99.41																	
REFUGEES/FAMILY	\$99.41																	
AIDS	\$197.45																	
BCCTP	\$779.03																	
MATERNITY	\$5,819.44																	
(Note: Deactive HCP #341 03/01/11, roll over to 362 Contract (10-87049) CONTACT: Cindy Metcho (805) 384-7662																		
Anthem Blue Cross of CA Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT:	#362	06/01/11	02/29/16	FAMILY	\$102.66	unlimited/ 78,233	\$9,939,197.61	Fresno	Blue Cross of California	(916) 449-5000								
				AGED	\$531.13													
				DISABLED	\$531.13													
				MI ADULT	\$102.66													
				REFUGEES/FAMILY	\$102.66													
				AIDS	\$758.62													
				BCCTP	\$722.98													
				MEDICARE PART D														
				FAMILY	\$102.66						unlimited/ 2,318	\$309,488.76	Fresno	Blue Cross of California	(916) 449-5000			
				AGED	\$119.79													
				DISABLED	\$144.06													
MI ADULT	\$102.66																	
REFUGEES/FAMILY	\$102.66																	
AIDS	\$196.13																	
BCCTP	\$722.98																	
MATERNITY	\$6,514.28																	
(Note: Deactive HCP #341 rolls over 10/01/10, to 362 Contract (10-87049) CONTACT:																		
Fresno-Kings-Madera Regional # #315 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		06/01/11	02/29/16	FAMILY	\$121.93	unlimited/ 133,680	\$18,876,585.54	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000								
				AGED	\$534.73													
				DISABLED	\$534.73													
				MI ADULT	\$121.93													
				REFUGEES/FAMILY	\$121.93													
				AIDS	\$767.29													
				BCCTP	\$732.04													
				MEDICARE PART D														
				FAMILY	\$121.93						unlimited/ 1,728	\$212,003.24	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000			
				AGED	\$109.43													
				DISABLED	\$128.26													
MI ADULT	\$121.93																	
REFUGEES/FAMILY	\$121.93																	
AIDS	\$208.96																	
BCCTP	\$732.04																	
MATERNITY	\$6,514.28																	
CONTACT: (559) 445-3461																		

<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)																	
Health Net Community Solutions, Inc. (03-76182), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	01/01/11	06/30/11	FAMILY	\$97.84	unlimited/ -56	Fresno	Health Net	(916) 449-5000								
				AGED	\$424.15												
				DISABLED	\$424.15												
				MI ADULT	\$97.84												
				REFUGEES/FAMILY	\$97.84												
				AIDS	\$891.32												
				BCCTP	\$737.83												
				MEDICARE PART D													
				FAMILY	\$97.84					unlimited/ 1	Fresno	Health Net	(916) 449-5000				
				AGED	\$112.54												
DISABLED	\$109.72																
MI ADULT	\$97.84																
REFUGEES/FAMILY	\$97.84																
AIDS	\$198.73																
BCCTP	\$737.83																
MATERNITY	\$5,819.44																
FRESNO COUNTY					unlimited/ 215,901	\$29,329,703.27											

(Note: Deactive HCP# 351, 03/01/11, rolls over to HCP#363 (contract #10-87049) Blue Cross of CA, dba: Partnership Plan, Inc. Eff 03/01/11, Term 02/29/16, address: 5151-A Camino Ruiz, Camarillo, CA 93012, telephone (805) 384-3511

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>KERN COUNTY (15)</u>									
Health Net Community Solutions, Inc. (03-76182) A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	06/01/11	06/30/12	FAMILY \$107.24 AGED \$486.96 DISABLED \$486.96 MI ADULT \$107.24 REFUGEES/FAMILY \$107.24 AIDS \$887.18 BCCTP \$750.33	unlimited/ 34,352	\$4,475,655.35	Kern	Health Net	(916) 449-5000
<u>MEDICARE PART D</u>									
Health Net Community Solutions, Inc. (03-76182) A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	06/01/11	06/30/12	FAMILY \$107.24 AGED \$108.94 DISABLED \$128.08 MI ADULT \$107.24 REFUGEES/FAMILY \$107.24 AIDS \$195.52 BCCTP \$750.33 MATERNITY \$5,648.68	unlimited/ 678	\$81,862.02	Kern	Health Net	(916) 449-5000
Kern Health Systems dba Kern Family Health Care 03-76165, A11, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	06/01/11	12/31/11	FAMILY \$94.24 AGED \$462.89 DISABLED \$462.89 MI ADULT \$94.24 REFUGEES/FAMILY \$94.24 AIDS \$876.44 BCCTP \$748.11	115,000/ 110,406	\$12,629,617.48	Kern	Kern Health Systems	Jonathan Prince (916) 449-5000
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A11, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	06/01/11	12/31/11	FAMILY \$94.24 AGED \$128.70 DISABLED \$134.90 MI ADULT \$94.24 REFUGEES/FAMILY \$94.24 AIDS \$195.91 BCCTP \$748.11 MATERNITY \$5,648.68	115,000/ 2,074	\$262,184.58	Kern	Kern Health Systems	Jonathan Prince (916) 449-5000
KERN COUNTY				SUBTOTAL	230,000/ 147,510	\$17,449,319.43			

<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>
KINGS COUNTY (16)									
Kings-Fresno-Madera Regional #316 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$101.04	unlimited/ 12,914	Kings		(916) 449-5000
	AGED			\$495.60					
	DISABLED			\$495.60					
	MI ADULT			\$101.04					
	REFUGEES/FAMILY			\$101.04					
	AIDS			\$913.99					
	BCCTP			\$783.98					
	MEDICARE PART D								
Kings -Fresno-Madera Regional #316 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$101.04	unlimited/ 176	Kings		(916) 449-5000
	AGED			\$114.59					
	DISABLED			\$132.28					
	MI ADULT			\$101.04					
	REFUGEES/FAMILY			\$101.04					
	AIDS			\$200.51					
	BCCTP			\$783.98					
	MATERNITY			\$6,468.86					
Anthen Blue Cross of CA #363 dba: Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704 (Note: HCP #351 rools over to HCP# 363)		03/01/11	02/29/16	FAMILY	\$101.04	unlimited/ 9,555	Kings		(916) 449-5000
	AGED			\$495.60					
	DISABLED			\$495.60					
	MI ADULT			\$101.04					
	REFUGEES/FAMILY			\$101.04					
	AIDS			\$913.99					
	BCCTP			\$783.98					
	MEDICARE PART D								
Anthen Blue Cross of CA #363 dba: Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704		03/01/11	02/29/16	FAMILY	\$101.04	unlimited/ 154	Kings		(916) 449-5000
	AGED			\$114.59					
	DISABLED			\$132.28					
	MI ADULT			\$101.04					
	REFUGEES/FAMILY			\$101.04					
	AIDS			\$200.51					
	BCCTP			\$783.98					
	MATERNITY			\$6,468.86					
KINGS COUNTY				SUBTOTAL		0/ 22,799		\$2,527,430.10	

<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), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	06/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 445,215	\$45,673,023.12	Los Angeles	Health Net	(916) 449-5000
				AGED	\$445.55					
				DISABLED	\$445.55					
				MI ADULT	\$85.76					
				REFUGEES/FAMILY	\$85.76					
				AIDS	\$927.12					
				BCCTP	\$750.20					
MEDICARE PART D										
Health Net Community Solutions, Inc. (03-76182), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	06/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 6,377	\$684,510.47	Los Angeles	Health Net	(916) 449-5000
				AGED	\$99.90					
				DISABLED	\$119.25					
				MI ADULT	\$85.76					
				REFUGEES/FAMILY	\$85.76					
				AIDS	\$186.55					
				BCCTP	\$750.20					
MATERNITY	\$5,656.38									
MEDICARE PART D										
LA Care Health Plan (04-36069), A8, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	06/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 874,378	\$105,114,654.62	Los Angeles	LA Care Health Plan	Mary Cobb (916) 449-5000
				AGED	\$467.27					
				DISABLED	\$467.27					
				MI ADULT	\$102.13					
				REFUGEES/FAMILY	\$102.13					
				AIDS	\$843.46					
				BCCTP	\$823.84					
MEDICARE PART D										
LA Care Health Plan (04-36069), A8, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	06/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 13,955	\$1,622,922.40	Los Angeles	LA Care Health Plan	Mary Cobb (916) 449-5000
				AGED	\$116.28					
				DISABLED	\$121.18					
				MI ADULT	\$102.13					
				REFUGEES/FAMILY	\$102.13					
				AIDS	\$201.61					
				BCCTP	\$823.84					
MATERNITY	\$5,656.38									
MEDICARE PART D										
LOS ANGELES COUNTY				SUBTOTAL		unlimited/ 1,339,925	\$153,095,110.61			

<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>								
MADERA COUNTY (20)																	
Madera-Fresno-Kings Regional I #317 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$97.07	unlimited/ 16,519	\$1,741,754.53	Madera	(916) 449-5000								
				AGED	\$518.23												
				DISABLED	\$518.23												
				MI ADULT	\$97.07												
				REFUGEES/FAMILY	\$97.07												
				AIDS	\$898.59												
				BCCTP	\$786.17												
				MEDICARE PART D													
				FAMILY	\$97.07					unlimited/ 179	\$19,902.85	Madera	(916) 449-5000				
				AGED	\$114.83												
DISABLED	\$123.35																
MI ADULT	\$97.07																
REFUGEES/FAMILY	\$97.07																
AIDS	\$200.57																
BCCTP	\$786.17																
MATERNITY	\$6,259.84																
MEDICARE PART D																	
Anthen Blue Cross of CA #364 dba: Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704	#364	03/01/11	02/29/16	FAMILY	\$97.07	unlimited/ 10,521	\$1,105,620.19	Madera	(916) 449-5000								
				AGED	\$518.23												
				DISABLED	\$518.23												
				MI ADULT	\$97.07												
				REFUGEES/FAMILY	\$97.07												
				AIDS	\$898.59												
				BCCTP	\$786.17												
				MEDICARE PART D													
				FAMILY	\$97.07					unlimited/ 93	\$10,170.39	Madera	(916) 449-5000				
				AGED	\$114.83												
DISABLED	\$123.35																
MI ADULT	\$97.07																
REFUGEES/FAMILY	\$97.07																
AIDS	\$200.57																
BCCTP	\$786.17																
MATERNITY	\$6,259.84																
MEDICARE PART D																	
MADERA COUNTY				SUBTOTAL		unlimited/ 27,312	\$2,877,447.96										

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
RIVERSIDE COUNTY (33)									
Inland Empire Health Plan #305 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	06/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 203,257	\$25,384,001.69	Riverside	Inland Empire Health Plan (916) 449-5000
				AGED	\$483.83				
				DISABLED	\$483.83				
				MI ADULT	\$105.47				
				REFUGEES/FAMILY	\$105.47				
				AIDS	\$866.01				
				BCCTP	\$745.17				
MEDICARE PART D									
Inland Empire Health Plan #305 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	06/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 3,771	\$458,185.12	Riverside	Inland Empire Health Plan (916) 449-5000
				AGED	\$102.12				
				DISABLED	\$133.27				
				MI ADULT	\$105.47				
				REFUGEES/FAMILY	\$105.47				
				AIDS	\$195.70				
				BCCTP	\$745.17				
MATERNITY	\$5,096.19								
Molina Healthcare of California #355									
Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	06/01/11	03/31/13	FAMILY	\$109.09	83,038/ 41,268	\$5,018,895.38	Riverside	Stephen T. O'Dell Molina, M.D. (916) 449-5000
				AGED	\$441.86				
				DISABLED	\$441.86				
				MI ADULT	\$109.09				
				REFUGEES/FAMILY	\$109.09				
				AIDS	\$864.62				
				BCCTP	\$735.80				
MEDICARE PART D									
Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	06/01/11	03/31/13	FAMILY	\$109.09	83,038/ 495	\$60,706.87	Riverside	Stephen T. O'Dell Molina, M.D. (916) 449-5000
				AGED	\$108.77				
				DISABLED	\$136.76				
				MI ADULT	\$109.09				
				REFUGEES/FAMILY	\$109.09				
				AIDS	\$197.21				
				BCCTP	\$735.80				
MATERNITY	\$5,096.19								
RIVERSIDE COUNTY				SUBTOTAL		166,076/ 248,791	\$30,921,789.06		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN BERNARDINO COUNTY (36)									
Inland Empire Health Plan #306 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	06/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 230,237	\$29,005,272.12	San Bernardino	Inland Empire Health Plan (916) 449-5000
				AGED	\$477.74				
				DISABLED	\$477.74				
				MI ADULT	\$107.05				
				REFUGEES/FAMILY	\$107.05				
				AIDS	\$814.74				
				BCCTP	\$747.17				
MEDICARE PART D									
Inland Empire Health Plan #306 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	06/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 4,087	\$521,583.58	San Bernardino	Inland Empire Health Plan (916) 449-5000
				AGED	\$112.49				
				DISABLED	\$138.74				
				MI ADULT	\$107.05				
				REFUGEES/FAMILY	\$107.05				
				AIDS	\$198.74				
				BCCTP	\$747.17				
MATERNITY	\$5,506.98								
Molina Healthcare of California #356									
Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	06/01/11	03/31/13	FAMILY	\$106.71	136,332/ 57,148	\$6,883,690.96	San Bernardino	Joann Zarza-Garrido Molina, M.D. (916) 449-5000
				AGED	\$446.15				
				DISABLED	\$446.15				
				MI ADULT	\$106.71				
				REFUGEES/FAMILY	\$106.71				
				AIDS	\$863.23				
				BCCTP	\$767.45				
MEDICARE PART D									
Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	06/01/11	03/31/13	FAMILY	\$106.71	136,332/ 722	\$92,103.46	San Bernardino	Joann Zarza-Garrido Molina, M.D. (916) 449-5000
				AGED	\$132.04				
				DISABLED	\$133.17				
				MI ADULT	\$106.71				
				REFUGEES/FAMILY	\$106.71				
				AIDS	\$197.15				
				BCCTP	\$767.45				
MATERNITY	\$5,506.98								
SAN BERNARDINO COUNTY				SUBTOTAL		272,664/ 292,194	\$36,502,650.12		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
SAN FRANCISCO COUNTY (38)																		
Anthem Blue Cross Partnership #343 Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#343	06/01/11	03/31/12	FAMILY	\$90.21	unlimited/ 11,593	\$1,552,006.29	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5000								
				AGED	\$531.32													
				DISABLED	\$531.32													
				MI ADULT	\$90.21													
				REFUGEES/FAMILY	\$90.21													
				AIDS	\$900.32													
				BCCTP	\$779.91													
				MEDICARE PART D														
				FAMILY	\$90.21						unlimited/ 480	\$51,485.01	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5000			
				AGED	\$96.55													
DISABLED	\$116.34																	
MI ADULT	\$90.21																	
REFUGEES/FAMILY	\$90.21																	
AIDS	\$197.69																	
BCCTP	\$779.91																	
MATERNITY	\$6,252.12																	
SAN FRANCISCO COUNTY																		
				SUBTOTAL	110,000/ 55,434	\$8,899,792.79												

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN JOAQUIN COUNTY (39)									
Health Plan of San Joaquin (04-35401), A10, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	06/01/11	12/31/11	<u>FAMILY</u> \$108.21 AGED \$438.34 DISABLED \$438.34 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$921.09 BCCTP \$798.68	unlimited/ 84,374	\$11,102,309.34	San Joaquin	?	(916) 449-5000
MEDICARE PART D									
Health Plan of San Joaquin (04-35401), A10, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	06/01/11	12/31/11	<u>FAMILY</u> \$108.21 AGED \$126.86 DISABLED \$142.01 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$204.57 BCCTP \$798.68 MATERNITY \$5,978.59	unlimited/ 2,087	\$276,423.12	San Joaquin	?	(916) 449-5000
Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	06/01/11	06/30/12	<u>FAMILY</u> \$94.36 AGED \$394.67 DISABLED \$394.67 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$850.37 BCCTP \$743.56	unlimited/ 27,580	\$3,113,121.54	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5000
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	06/01/11	06/30/12	<u>FAMILY</u> \$94.36 AGED \$92.64 DISABLED \$123.23 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$198.34 BCCTP \$743.56 MATERNITY \$5,978.59	unlimited/ 576	\$63,731.89	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5000
SAN JOAQUIN COUNTY				SUBTOTAL	unlimited/ 114,617	\$14,555,585.89			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
SANTA CLARA COUNTY (43)																		
Anthem Blue Cross Partnership #345 Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		06/01/11	03/31/12	FAMILY	\$101.41	unlimited/ 33,260	\$4,080,292.88	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5000								
				AGED	\$424.93													
				DISABLED	\$424.93													
				MI ADULT	\$101.41													
				REFUGEES/FAMILY	\$101.41													
				AIDS	\$896.01													
				BCCTP	\$793.84													
				MEDICARE PART D														
				FAMILY	\$101.41						unlimited/ 1,025	\$117,028.41	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5000			
				AGED	\$107.28													
DISABLED	\$126.38																	
MI ADULT	\$101.41																	
REFUGEES/FAMILY	\$101.41																	
AIDS	\$200.70																	
BCCTP	\$793.84																	
MATERNITY	\$6,127.31																	
Santa Clara Family Health #309																		
Plan (04-35398), A11, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		06/01/11	12/31/11	FAMILY	\$125.45	123,000/ 101,750	\$15,161,306.66	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5000								
				AGED	\$484.24													
				DISABLED	\$484.24													
				MI ADULT	\$125.45													
				REFUGEES/FAMILY	\$125.45													
				AIDS	\$841.08													
				BCCTP	\$744.23													
				AGNEWS	\$3,070.16													
				MEDICARE PART D														
				Plan (04-35398), A11, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901							06/01/11	12/31/11	FAMILY	\$125.45	123,000/ 5,643	\$860,415.71	Santa Clara	Santa Clara Family Health Plan
AGED	\$145.56																	
DISABLED	\$165.82																	
MI ADULT	\$125.45																	
REFUGEES/FAMILY	\$125.45																	
AIDS	\$200.92																	
BCCTP	\$744.23																	
MATERNITY	\$6,127.31																	
AGNEWS	\$1,215.33																	
SANTA CLARA COUNTY						SUBTOTAL		246,000/ 141,678	\$20,219,043.66									

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>								
STANISLAUS COUNTY (50)																	
Anthem Blue Cross Partnership #310 Plan (04-35797), A11, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#310	06/01/11	12/31/11	FAMILY	\$110.41	unlimited/ 51,203	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5000								
				AGED	\$550.74												
				DISABLED	\$550.74												
				MI ADULT	\$110.41												
				REFUGEES/FAMILY	\$110.41												
				AIDS	\$878.44												
				BCCTP	\$804.01												
				MEDICARE PART D													
				FAMILY	\$110.41					unlimited/ 1,404	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5000				
				AGED	\$118.05												
				DISABLED	\$120.91												
MI ADULT	\$110.41																
REFUGEES/FAMILY	\$110.41																
AIDS	\$200.01																
BCCTP	\$804.01																
MATERNITY	\$5,734.13																
MEDICARE PART D																	
Health Net Community #361 Solutions, Inc. (03-76182), A14, C14 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#361	06/01/11	06/30/12	FAMILY	\$107.74	unlimited/ 24,584	Stanislaus	Health Net	(916) 449-5000								
				AGED	\$499.46												
				DISABLED	\$499.46												
				MI ADULT	\$107.74												
				REFUGEES/FAMILY	\$107.74												
				AIDS	\$936.48												
				BCCTP	\$775.44												
				MEDICARE PART D													
				Health Net Community #361 Solutions, Inc. (03-76182), A14, C14 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#361					06/01/11	06/30/12	FAMILY	\$107.74	unlimited/ 343	Stanislaus	Health Net	(916) 449-5000
												AGED	\$103.25				
												DISABLED	\$128.75				
MI ADULT	\$107.74																
REFUGEES/FAMILY	\$107.74																
AIDS	\$202.38																
BCCTP	\$775.44																
MATERNITY	\$5,734.13																
MEDICARE PART D																	
STANISLAUS COUNTY						SUBTOTAL		unlimited/ 77,534				\$10,337,213.97					

<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), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	06/01/11	06/30/12	FAMILY	\$89.94	unlimited/ 38,185	\$4,009,579.79	Tulare	Health Net	(916) 449-5000								
				AGED	\$492.85													
				DISABLED	\$492.85													
				MI ADULT	\$89.94													
				REFUGEES/FAMILY	\$89.94													
				AIDS	\$915.71													
				BCCTP	\$761.17													
				MEDICARE PART D														
				FAMILY	\$89.94						unlimited/ 432	\$48,708.86	Tulare	Health Net	(916) 449-5000			
				AGED	\$105.41													
				DISABLED	\$126.47													
MI ADULT	\$89.94																	
REFUGEES/FAMILY	\$89.94																	
AIDS	\$199.14																	
BCCTP	\$761.17																	
MATERNITY	\$5,864.01																	
MEDICARE PART D																		
Anthem Blue Cross Partnership Plan (04-36068), A10, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	06/01/11	12/31/11	FAMILY	\$92.47	unlimited/ 71,780	\$8,120,185.64	Tulare	Blue Cross of California	Marc Lewis (916) 449-5000								
				AGED	\$576.95													
				DISABLED	\$576.95													
				MI ADULT	\$92.47													
				REFUGEES/FAMILY	\$92.47													
				AIDS	\$871.85													
				BCCTP	\$781.16													
				MEDICARE PART D														
				FAMILY	\$92.47						unlimited/ 1,564	\$177,185.46	Tulare	Blue Cross of California	Marc Lewis (916) 449-5000			
				AGED	\$106.57													
				DISABLED	\$121.73													
MI ADULT	\$92.47																	
REFUGEES/FAMILY	\$92.47																	
AIDS	\$198.21																	
BCCTP	\$781.16																	
MATERNITY	\$5,864.01																	
TULARE COUNTY																		
				SUBTOTAL		unlimited/ 111,961	\$12,355,659.75											
				TOTAL 2-PLAN		<u>1,384,740/ 3,012,548</u>	<u>\$373,881,720.24</u>											

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
SACRAMENTO COUNTY (34)									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	06/01/11	12/31/12	FAMILY/MI CHILD	\$118.86	160,000/ 29,501	Sacramento		Cheryl Bates (916) 449-5000
				AGED/DISABLED/B	\$476.76				
				ADULT/REFUGEE/:	\$118.86				
				BCCTP	\$766.47				
				MEDICARE PART D					
AGED	\$119.27	1,096	\$135,780.43						
DISABLED/BLIND	\$126.86								
MATURNITY	\$7,755.44								
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009)	#140	01/01/09	12/30/09	FAMILY/MI CHILD	\$0.00	15,750/ 0	Sacramento		(916) 449-5000
				AGED/DISABLED/B	\$0.00				
				ADULT/REFUGEE/:	\$0.00				
				BCCTP	\$0.00				
				MEDICARE PART D					
AGED	\$0.00	0	\$0.00						
DISABLED/BLIND	\$0.00								
MATURNITY	\$0.00								
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A6 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	06/01/11	12/31/12	FAMILY/MI CHILD	\$99.58	168,600/ 53,403	Sacramento		(916) 449-5000
				AGED/DISABLED/BI	\$468.79				
				ADULT/REFUGEE/:	\$99.58				
				BCCTP	\$776.37				
				MEDICARE PART D					
AGED	\$114.93	1,393	\$170,770.53						
DISABLED/BLIND	\$132.40								
MATURNITY	\$7,755.44								
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A5 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	06/01/10	12/31/12	FAMILY/MI CHILD	\$116.36	20,000/ 25,964	Sacramento	Charles S. Koch	Nathan Nau (916) 449-5000
				AGED/DISABLED/B	\$523.58				
				ADULT/REFUGEE/:	\$116.36				
				BCCTP	\$836.60				
				MEDICARE PART D					
AGED	\$107.92	2,079	\$243,656.84						
DISABLED/BLIND	\$120.40								
MATURNITY	\$7,755.44								
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A6 5151 - A Camino Ruiz	#190	06/01/10	12/31/12	FAMILY/MI CHILD	\$101.73	168,600/ 90,307	Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5000
				AGED/DISABLED/B	\$512.64				
				ADULT/REFUGEE/:	\$101.73				
				BCCTP	\$749.67				
				MEDICARE PART D					
AGED	\$110.71	2,333	\$275,065.56						
DISABLED/BLIND	\$124.18								
MATURNITY	\$7,755.44								
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u>532,950/ 206,076</u>	<u>\$27,931,862.89</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)										
SAN DIEGO COUNTY (37)										
Community Health Group #29 Partnership Plan, Inc. Calif. Children Svcs. (09-86155) A3 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589		06/01/11	06/30/15	FAMILY/MI CHILD	\$119.57	207,000/ 107,479	\$14,908,421.79	San Diego	Ann Warren Chief Member & Govt Relations Officer	Philip Jimenez (916) 449-5000
				AGED/DISABLED/B	\$539.90					
				MI ADULT/REFUGE	\$119.57					
				BCCTP	\$720.58					
				MEDICARE PART D						
AGED	\$113.22	2,585	\$311,994.39							
DISABLED/BLIND	\$126.16									
MATURNITY	\$6,876.10									
Health Net Community #68 Solutions, Inc. (09-86157) A3 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447		06/01/11	06/30/15	FAMILY/MI CHILD	\$127.11	180,000/ 32,859	\$4,806,141.76	San Diego	David Friedman	(916) 449-5000
				AGED/DISABLED/B	\$549.88					
				MI ADULT/REFUGE	\$127.11					
				BCCTP	\$743.70					
				MEDICARE PART D						
AGED	\$109.78	476	\$57,399.48							
DISABLED/BLIND	\$122.64									
MATURNITY	\$6,876.10									
KP CAL, LLC (SoCal) #79 (09-86159), A3 393 East Walnut Street, 7th Floor Pasadena, CA 91188 CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955		06/01/11	06/30/15	FAMILY/MI CHILD/F	\$138.01	10,000/ 12,789	\$2,318,356.72	San Diego	William Caswell	Nathan Nau (916) 449-5000
				AGED	\$537.84					
				BLIND/DISABLED	\$537.84					
				MI ADULT	\$138.01					
				BCCTP	\$868.05					
MEDICARE PART D										
AGED	\$118.11	1,208	\$156,210.10							
DISABLED/BLIND	\$131.51									
MATURNITY	\$6,876.10									
Molina Healthcare #131 of California Partner Plan, Inc. (09-86161) A3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 (Confidential negotiated rates through December 2011) CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520		06/01/11	06/30/15	FAMILY/MI CHILD/F	\$0.00	100,000/ 64,435	\$8,762,378.28	San Diego	Stephen T. O'Dell Cheryl Bates President & CEO (916) 449-5000	
				AGED	\$0.00					
				DISABLED/BLIND	\$0.00					
				MI ADULT	\$0.00					
				BCCTP	\$0.00					
MEDICARE PART D										
AGED	\$0.00	1,066	\$129,460.97							
DISABLED/BLIND	\$0.00									
MATURNITY	\$0.00									
Care 1st Health Plan, LLC #167 (09-86153) A3 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Kimberly Fritz (619) 528-4817 (Blue Cross #48 Deactivated 12/31/07)		06/01/11	06/30/15	FAMILY/MI CHILD	\$119.71	207,000/ 19,128	\$2,775,830.94	San Diego	Anna Tran Chief Operating Officer	(916) 449-5000
				AGED/DISABLED/B	\$557.71					
				MI ADULT/REFUGE	\$119.71					
				BCCTP	\$745.65					
				MEDICARE PART D						
AGED	\$111.29	311	\$38,963.55							
DISABLED/BLIND	\$136.66									
MATURNITY	\$6,876.10									
TOTAL GMC-MEDICAL (SAN DIEGO)						<u>704,000/ 242,336</u>	<u>\$34,265,157.98</u>			
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))						<u>2,675,236/ 4,657,291</u>	<u>\$700,865,705.81</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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GEOGRAPHIC MANAGED CARE (GMC-DENTAL)										
SACRAMENTO COUNTY (34)										
Western Dental Svcs., Inc. (07-65806) A2a 530 South Main Street Orange, CA 92863	#424	01/01/10	12/31/12	\$10.51	Over 21	160,000/ 32,926	\$81,551.12	Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	57,455	\$615,549.89			
CONTACT: Kelly Duniven (714) 571-3488										
Access Dental Plan, Inc. (07-65802) A2 8890 Cal Center Drive Sacramento, CA 95826	#421	01/01/10	12/31/12	\$10.51	Over 21	100,000/ 18,981	\$47,012.14	Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
				\$10.51	Under 21	33,442	\$358,284.21			
CONTACT: Terri Abbaszadeh (916) 563-6020										
Liberty Dental Plan (07-65805) A2 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	01/01/10	12/31/12	\$10.51	Over 21	100,000/ 9,925	\$24,582.24	Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
				\$10.51	Under 21	18,052	\$193,401.91			
CONTACT: Dr. Amir Nehat (949)-223-8929										
Community Dental Services (07-65803) A2 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	01/01/10	12/31/12	\$10.51	Over 21	90,000/ 3,847	\$9,528.25	Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	7,910	\$84,744.58			
CONTACT: Thuy Pham (714) 263-3410										
Health Net of CA dba: CA Children Svcs. (07-65804) A2 address unknown	#427	01/01/10	12/31/12	\$10.51	Over 21	0/ 10,837	\$26,841.08	Sacramento	David Meadows	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	17,126	\$183,481.11			
CONTACT: Eileen McGee-Davidson (909) 890-4129										
TOTAL GMC-DENTAL						<u>450,000/ 210,501</u>	<u>\$1,624,976.53</u>			

(Capitation Due is Less 4%)
 Capitation report updated by Susan Carey-Myers (916) 449-5045.
 Please notify her if there are any corrections.