

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: Cathy Lurty (818) 557-7955	#81	10/01/09	03/31/10	FAMILY	\$115.40	734/ 703	\$143,023	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													
				BCCTP	\$912.48													
											<b>MEDICARE PART D</b>							
FAMILY	\$115.40	734/ 139	\$14,207	Marin	Charles S. Koch	Nathan Nau (916) 341-7031												
AGED	\$104.41																	
BLIND/DISABLED	\$101.27																	
ADULT	\$115.40																	
REFUGEES FAMILY	\$115.40																	
BCCTP	\$912.48																	
AIDS	\$303.53																	
							<b>SUBTOTAL</b>											
<b>MARIN COUNTY</b>							1,468/ 842		\$157,230									
<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	#87	01/01/09	12/31/09	FAMILY	\$100.94	1,424/ 0	\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031								
				AGED	\$354.08													
				DISABLED	\$456.70													
				ADULT	\$450.31													
				REFUGEES FAMILY	\$100.94													
				BCCTP	\$797.15													
				AIDS	\$1,598.44													
											<b>MEDICARE PART D</b>							
				FAMILY	\$100.94						1,424/ 0	\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031			
AGED	\$100.36																	
DISABLED	\$92.15																	
ADULT	\$450.31																	
REFUGEES FAMILY	\$100.94																	
BCCTP	\$797.15																	
AIDS	\$303.53																	
				<b>SUBTOTAL</b>														
<b>SONOMA COUNTY</b>				2,848/ 0		\$0												
<b>TOTAL PHP</b>				4,316/ 842		\$157,230												

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

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PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
<b>Access Dental Plan, Inc.</b> (05-45001), A6 8890 Cal Center Drive Sacramento, CA 95826	<b>#409</b>	01/01/09	06/30/11	Public Assistance	unlimited/ 121,059	\$1,272,330	Los Angeles	Mike Betker,CEO	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Corina Lena (916) 563-6044										
<b>American Health Guard Corp.</b> (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	<b>#410</b>	01/01/09	06/30/11	Public Assistance	unlimited/ 14,246	\$149,725	Los Angeles	David Kutner	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
<b>Safeguard Health Plans Inc.</b> (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	<b>#406</b>	01/01/09	06/30/11	Public Assistance	unlimited/ 20,766	\$218,251	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										

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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>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/ 36,664	\$385,339	Los Angeles	David Meadows	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				CONTACT: David Meadows 916-935-1435														
				<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/ 17,394	\$182,811	Los Angeles	Dr. Reginal Moore	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
CONTACT: Dr. Jorge Weingarten 626-299-5275																		
<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/ 55,587	\$584,219	Los Angeles	Stan Andrakowicz Vice President				Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy	\$10.51													
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				CONTACT: Kelley Duniven (714) 571-3488														
				<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/ 7,592	\$79,792	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	#417	01/01/09	06/30/11			Public Assistance	Unlimited/ 4,189	\$44,027	Los Angeles			Susan Klarner Senior Executive/VP	Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy														
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				CONTACT: Carolyn Miller, 714-708-5360														
				<b>LOS ANGELES</b>						<b>SUBTOTAL</b>	unlimited/ 277,497			2,916,494				

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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/ 145	\$1,524	Riverside	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				<b>RIVERSIDE COUNTY</b>						
<b>SUBTOTAL</b>					unlimited/ 203	\$2,134				

**Safeguard Health Plans, Inc.**  
 (05-45701), A4  
 95 Enterprise, Suite 100  
 Aliso Viejo, CA 92656-2605  
  
 CONTACT: Paula Lopez, Director State Gov Programs  
 (949) 425-4177

DEPARTMENT OF HEALTH SERVICES

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/ 259	\$2,722	San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				<b>Care 1st Health Plan</b> #404						
(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Dr. Jorge Weingarten 626-299-5275		01/01/09	06/30/11	Public Assistance	unlimited/ 108	\$1,135	San Bernardino	Dr. Reginal Moore	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				<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 949-425-4177  **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11	Public Assistance	unlimited/ 431	\$4,530	San Bernardino	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				<b>SAN BERNARDINO COUNTY</b>						<b>SUBTOTAL</b>
<b>TOTAL PHP (DENTAL)</b>					unlimited/ 278,498	\$2,927,015				

## DEPARTMENT OF HEALTH SERVICES

## MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 6 of 31

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>COUNTY COHS</b>									
<b><u>MERCED COUNTY (24)</u></b>									
<b>Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A4</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 REFUGEES/% POV \$144.77 BCCTP \$1,520.21	N/A/ 69,821		Merced		
				<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</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 REFUGEES/% POV \$138.82 BCCTP \$1,390.01	N/A/ 70,352		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 REFUGEES/% POV \$184.80 BCCTP \$1,551.57 OBRA \$296.31	N/A/ 13,412		Napa	Jack Horn	Louie Sanchez (916) 449-5115
				<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) A2 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220</b>	<b>#506</b>	01/01/09	12/31/13	FAMILY/MI CHILD \$117.67 AGED \$462.73 DISABLED/BLIND \$686.10 LTC \$6,532.38 MI ADULT \$586.90 REFUGEES/% POV \$117.67 BCCTP \$1,346.21	N/A/ 352,298		Orange	Richard Chambers	Rachael Arruda-deCell (916) 449-5094
				<b><u>MEDICARE PART B</u></b>					
				AGED \$191.50 DISABLED/BLIND \$195.60 LTC \$4,330.42					
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/ 27,790		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 \$2,439.32	N/A/ 57,735		Sacramento	Maya Altman	Gerlinda Hightower (916) 449-5093
				<b><u>MEDICARE PART B</u></b>					
				AGED \$331.81 DISABLED/BLIND \$329.92 LTC \$108.95 AIDS \$345.70 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/ 62,111		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/ 35,051		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 \$279.10	N/A/ 60,540		Solano	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED \$215.88 DISABLED/BLIND \$236.88 LTC \$4,689.72					
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	<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/ 50,346		Sonoma		
				<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/ 26,802		Yolo	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED 211.34 DISABLED/BLIND 229.91 LTC 4318.64					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 826,258



<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: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	<b>MEDICAL ONLY</b>		1,600/ (7)	\$38,577	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
				DISA/LTC/AIDS	\$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: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	<b>MEDICARE PART D</b>		1,600/ 91	\$384,245	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
				DISA/LTC/AIDS	\$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/ 58	\$335,137	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,778.23					
				DISA/LTC/AIDS	\$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/ 349	\$1,508,643	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		<u>4,320/ 491</u>	<u>\$2,266,602</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>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	Contra Costa	Peter Szutu	Della Cabrera (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/ 27	\$116,715	Contra Costa	Peter Szutu	Della Cabrera (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/ 34</u>	<u>\$157,163</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>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/ 3,079	\$239,793	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
(SCAN on HOLD)									
<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/ 1,883	\$1,761,189	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<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/ 138	\$815,561	Los Angeles	Castulo de la Rocha President	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/ 554	\$1,880,270	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
(SCAN on HOLD)									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	11,650/ 5,654	\$4,696,813			

<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/ 996	\$70,736	Riverside	David Schmidt
				AGED	\$71.02				
				BLIND/DISABLED	\$71.02				
CONTACT: David Schmidt (562) 989-5100									
(SCAN on HOLD)									
<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/ 633	\$580,499	San Bernardino	David Schmidt
				LTC	\$917.06				
CONTACT: David Schmidt (562) 989-5100									
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		10,000/ 1,629	<b>\$651,235</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				
				DISA/LTC/AIDS	\$4,920.49				
CONTACT: William Clearwater (916) 424-8412									
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICARE PART D</u></b>		280/ 205	\$730,419	Sacramento	William Clearwater Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,563.02				
				DISA/LTC/AIDS	\$3,563.02				
CONTACT: William Clearwater (916) 424-8412									
(SCAN on HOLD)									
<b>SACRAMENTO COUNTY</b>				<b>SUBTOTAL</b>		560/ 210	<b>\$755,021</b>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>SAN BERNARDINO COUNTY (36)</u></b>									
<b>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>#206</b>	01/01/09	12/31/12	AGED \$81.60 BLIND/DISABLED \$81.60	5,000/ 581	\$47,410	Riverside	David Schmidt	
CONTACT: David Schmidt (562) 989-5100 (SCAN on HOLD)									
<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>#207</b>	01/01/09	12/31/12	LTC \$891.09	5,000/ 329	\$293,169	San Bernardino	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>	10,000/ 910	\$340,579			
(SCAN on HOLD)									
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>MEDICAL ONLY</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	FAMILY/AGED/REF. \$4,761.40 DISA/LTC/AIDS \$4,761.40	200/ 2	\$9,523	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Alan Allgood (619) 677-3800									
<b>MEDICARE PART D</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	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	200/ 101	\$360,537	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Alan Allgood (619) 677-3800									
(SCAN on HOLD)									
<b>SAN DIEGO COUNTY</b>				<b>SUBTOTAL</b>	400/ 103	\$370,060			

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/ 29	\$176,252	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<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/ 843	\$3,709,040	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<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/ 96	\$177,480	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/ 968	\$4,062,772			
<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	DellaCabrera (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/ 28	\$112,800	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	3,200/ 30	\$123,092			

<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 YOLO COUNTY										
<b>SUBTOTAL</b>					<u>280/ 2</u>	<u>\$7,126</u>				
<b>TOTAL SPECIAL PROJECT</b>					<u>45,230/ 10,031</u>	<u>\$13,430,463</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/ 422	\$256,660						
				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/ 296	\$99,256						
				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/ 718</u>		<u>\$355,916</u>	
				<b>TOTAL PCCM</b>		<u>4,000/ 718</u>		<u>\$355,916</u>					



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
<b>2-PLAN</b>																		
<b>ALAMEDA COUNTY (01)</b>																		
<b>Alameda Alliance for Health</b> (04-35399), A8, C8 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 89,819	\$12,994,282	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103								
				AGED	\$491.99													
				DISABLED	\$491.99													
				MI ADULT	\$111.12													
				REFUGEES	\$111.12													
				AIDS	\$1,007.69													
				BCCTP	\$814.52													
				AGNEWS	\$4,919.00													
				<b>MEDICARE PART D</b>														
				FAMILY	\$111.12						180,000/ 4,672	\$655,497	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103			
AGED	\$127.23																	
DISABLED	\$155.05																	
MI ADULT	\$111.12																	
REFUGEES	\$111.12																	
AIDS	\$239.43																	
BCCTP	\$814.52																	
MATERNITY	\$6,042.63																	
AGNEWS	\$4,919.00																	
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	06/30/10	FAMILY	\$118.99	unlimited/ 26,411	\$3,980,913	California										
				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>																		
FAMILY	\$118.99	unlimited/ 802	\$114,209	California														
AGED	\$132.80																	
DISABLED	\$152.02																	
MI ADULT	\$118.99																	
REFUGEES/FAMILY	\$118.99																	
AIDS	\$226.96																	
BCCTP	\$813.63																	
MATERNITY	\$6,042.63																	
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		360,000/ 121,704	\$17,744,901											

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>CONTRA COSTA COUNTY (07)</b>									
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A6, C8, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	#301	10/01/09	12/31/10	FAMILY	\$120.45	unlimited/ 54,412	\$8,119,010	County of Contra Costa	Lin McCaul (916) 449-5104
				AGED	\$490.75				
				DISABLED	\$490.75				
				MI ADULT	\$120.45				
				REFUGEES/FAMILY	\$120.45				
				AIDS	\$1,043.53				
				BCCTP	\$832.10				
<b>MEDICARE PART D</b>									
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A6, C8, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	#301	10/01/09	12/31/10	FAMILY	\$120.45	unlimited/ 2,295	\$322,727	County of Contra Costa	Lin McCaul (916) 449-5104
				AGED	\$134.69				
				DISABLED	\$148.13				
				MI ADULT	\$120.45				
				REFUGEES/FAMILY	\$120.45				
				AIDS	\$231.06				
				BCCTP	\$832.10				
MATERNITY	\$5,753.70								
<b>Anthem Blue Cross Partnership</b> Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	06/30/10	FAMILY	\$109.43	unlimited/ 11,107	\$1,404,803	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>									
<b>Anthem Blue Cross Partnership</b> Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	06/30/10	FAMILY	\$109.43	unlimited/ 206	\$28,507	Contra Costa	Blue Cross of California  Marc Lewis (916) 449-5061
				AGED	\$125.23				
				DISABLED	\$156.34				
				MI ADULT	\$109.43				
				REFUGEES/FAMILY	\$109.43				
				AIDS	\$223.59				
				BCCTP	\$824.06				
MATERNITY	\$5,753.70								
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 68,020	\$9,875,047		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>FRESNO COUNTY (10)</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 93,988	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,) A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 2,414	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), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$86.67	unlimited/ 103,155	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), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$86.67	unlimited/ 1,013	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/ 200,570		\$21,934,900	

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) A9, 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/ 29,909	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) A9, 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/ 635	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/ 100,427	Kern	Kern Health Systems	Bob Davidson (916) 449-5092
				AGED	\$396.51				
				DISABLED	\$396.51				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$1,027.71				
				BCCTP	\$811.56				
<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/ 1,857	Kern	Kern Health Systems	Bob Davidson (916) 449-5092
				AGED	\$129.07				
				DISABLED	\$151.16				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$212.23				
				BCCTP	\$811.56				
MATERNITY	\$5,408.53								
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>	230,000/ 132,828	\$14,644,974			

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), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 437,887	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), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 5,566	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 \$5,758.58</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/ 793,076	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/ 11,694	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 \$5,758.58</b>									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 1,248,223	<b>\$129,150,587</b>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>RIVERSIDE COUNTY (33)</b>									
<b>Inland Empire Health Plan #305</b> (04-35765), 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/ 175,202	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/ 2,980	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), A6, 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/ 39,020	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$452.39				
				DISABLED	\$452.39				
				MI ADULT	\$102.79				
				REFUGEES/FAMILY	\$102.79				
				AIDS	\$983.96				
				BCCTP	\$827.10				
<b>MEDICARE PART D</b>									
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A6, 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/ 334	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$127.80				
				DISABLED	\$145.60				
				MI ADULT	\$102.79				
				REFUGEES/FAMILY	\$102.79				
				AIDS	\$222.88				
				BCCTP	\$827.10				
<b>MATERNITY</b>									
					\$5,319.64				
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		166,076/ 217,536		\$24,155,792	

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/ 195,527	\$22,083,415	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/ 3,239	\$461,101	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/ 54,207	\$6,207,450	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D.	(916) 449-5057
				AGED	\$423.71					
				DISABLED	\$423.71					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$984.81					
				BCCTP	\$826.53					
<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/ 433	\$56,906	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D.	(916) 449-5057
				AGED	\$124.75					
				DISABLED	\$149.10					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$222.75					
				BCCTP	\$826.53					
<b>MATERNITY \$5,097.25</b>										
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		272,664/ 253,406	\$28,808,872			

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>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.33	unlimited/ 11,371	\$1,378,819	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$451.60					
				DISABLED	\$451.60					
				MI ADULT	\$97.33					
				REFUGEES/FAMILY	\$97.33					
				AIDS	\$1,088.86					
				BCCTP	\$822.13					
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.33	unlimited/ 446	\$56,943	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$109.13					
				DISABLED	\$146.68					
				MI ADULT	\$97.33					
				REFUGEES/FAMILY	\$97.33					
				AIDS	\$224.23					
				BCCTP	\$822.13					
MATERNITY	\$5,842.73									
<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	55,000/ 35,558	\$5,373,322	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
				AGED	\$520.70					
				DISABLED	\$520.70					
				MI ADULT	\$129.89					
				REFUGEES/FAMILY	\$129.89					
				AIDS	\$1,115.74					
				BCCTP	\$841.23					
<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	55,000/ 1,534	\$232,896	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
				AGED	\$142.72					
				DISABLED	\$163.14					
				MI ADULT	\$129.89					
				REFUGEES/FAMILY	\$129.89					
				AIDS	\$222.63					
				BCCTP	\$841.23					
MATERNITY	\$5,842.73									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>		110,000/ 48,909	\$7,041,980			



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 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/ 71,935	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/ 1,609	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				
				<b>MEDICARE PART D</b>					
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A10 ,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/ 27,763	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), A10 ,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/ 579	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				
				<b>MEDICARE PART D</b>					
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 101,886	\$11,993,080		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
<b>SANTA CLARA COUNTY (43)</b>																		
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$103.84	unlimited/ 33,067	\$4,070,357	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/ 867	\$109,370	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>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/ 91,797	\$12,584,968	Santa Clara	Santa Clara Family Health Plan	Mary Cobb (916) 341-7035								
				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>														
				FAMILY	\$117.77						123,000/ 5,670	\$746,322	Santa Clara	Santa Clara Family Health Plan	Mary Cobb (916) 341-7035			
				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>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>		246,000/ 131,401	\$17,511,017											

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/ 47,568	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/ 1,249	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				
<b>MEDICARE PART D</b>									
<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A9, C10 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$109.98	unlimited/ 19,826	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), A9, C10 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$109.98	unlimited/ 274	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				
<b>MEDICARE PART D</b>									
<b>STANISLAUS COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 68,917		\$9,186,461	

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), A9 C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/10	FAMILY	\$89.70	unlimited/ 26,050	\$2,591,140	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), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/10	FAMILY	\$89.70	unlimited/ 268	\$32,428	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					
				<b>MATERNITY</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/ 75,887	\$8,523,471	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/ 1,462	\$192,832	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					
				<b>MATERNITY</b>						
<b>TULARE COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 103,667	\$11,339,871			
<b>TOTAL 2-PLAN</b>						<u>1,384,740/ 2,697,067</u>	<u>\$303,387,482</u>			

## DEPARTMENT OF HEALTH SERVICES

## MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 29 of 31

<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/ 26,426		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Lisa Rubino, President, (562) 491-7044									
<b>Western Health Advantage</b> Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009)	<b>#140</b>	01/01/09	12/31/12		15,750/ -6		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
<b>Health Net Community</b> Solutions, Inc. (07-65847) A2 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	<b>#150</b>	01/01/09	12/31/12		168,600/ 46,347		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (NorCal)</b> (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	<b>#170</b>	01/01/08	12/31/12		20,000/ 26,250		Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
<b>Anthem Blue Cross</b> Partnership Plan (07-65845) A2 5151 - A Camino Ruiz	<b>#190</b>	01/01/09	12/31/12		168,600/ 90,583		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau (916) 341-7031
CONTACT: Cindy Metcho (805) 384-7662									
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<b><u>532,950/ 189,600</u></b>				

## DEPARTMENT OF HEALTH SERVICES

## MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 30 of 31

<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/ 92,909		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau (916) 341-7031
CONTACT: Francisca Chavez (619) 498-6589									
<b>Health Net Community Solutions, Inc.</b> (05-46128), A7 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	<b>#68</b>	01/01/09	06/30/10		180,000/ 29,183		San Diego	David Friedman	Nathan Nau (916) 341-7031
<b>HOLD-HCP# 68 Contract Ended 02/28/10</b>									
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (SoCal)</b> (05-46129), A8 393 East Walnut Street, 7th Floor Pasadena, CA 91188	<b>#79</b>	01/01/09	06/30/10		10,000/ 13,365		San Diego	William Caswell	Nathan Nau (916) 341-7031
CONTACT: 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/ 59,379		San Diego	Stephen T. O'Dell President & CEO	Nathan Nau (916) 341-7031
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
<b>Care 1st Health Plan, LLC</b> (05-46131), A7 601 Potrero Grande Drive Monterey Park, CA 91755	<b>#167</b>	01/01/09	06/30/10		207,000/ 10,933		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz (916) 449-5105
CONTACT: Sabra Matovsky (619) 528-4817									
(Blue Cross #48 Deactivated 12/31/07)									
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>					<u><u>704,000/ 205,769</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/ 4,208,783</u></u>				

## DEPARTMENT OF HEALTH SERVICES

## MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 31 of 31

<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/ 86,711		Sacramento	Charles S. Koch Vice President	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
<b>Access Dental Plan, Inc.</b> (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	<b>#421</b>	05/01/08	12/31/12		100,000/ 52,171		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Corina Lena (916) 563-6044									
<b>Liberty Dental Plan</b> (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#425</b>	05/01/08	12/31/12		100,000/ 27,723		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) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	<b>#426</b>	05/01/08	12/31/12		90,000/ 12,233		Sacramento	Susan Klamer	Brian Nanoo (916) 464-3784
CONTACT: Carolyn Miller (714)-708-5360									
<b>Health Net of CA</b> dba: CA Children Svcs. (07-65804) address unknown	<b>#427</b>	07/01/08	12/31/12		0/ 18,963		Sacramento		Brian Nanoo (916) 464-3784
CONTACT: unknown									
<b>TOTAL GMC-DENTAL</b>					<b><u>450,000/ 197,801</u></b>				

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