

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|-------------|-------------------|------------------------------|
| PHP | | | | | | | | | |
| MARIN COUNTY (21) | | | | | | | | | |
| KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733 | | 10/01/09 | 03/31/10 | FAMILY | \$115.40 | 734/ 786 | Marin | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | AGED | \$457.37 | | | | |
| | | | | BLIND/DISABLED | \$457.37 | | | | |
| | | | | ADULT | \$115.40 | | | | |
| | | | | REFUGEES FAMILY | \$115.40 | | | | |
| | | | | BCCTP | \$912.48 | | | | |
| | | | | AIDS | \$1,574.79 | | | | |
| MARIN COUNTY (21) | | | | | | | | | |
| KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733 | | 10/01/09 | 03/31/10 | MEDICARE PART D | | 734/ 158 | Marin | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | FAMILY | \$115.40 | | | | |
| | | | | AGED | \$104.41 | | | | |
| | | | | BLIND/DISABLED | \$101.27 | | | | |
| | | | | ADULT | \$115.40 | | | | |
| | | | | REFUGEES FAMILY | \$115.40 | | | | |
| | | | | BCCTP | \$912.48 | | | | |
| AIDS | \$303.53 | | | | | | | | |
| MARIN COUNTY | | | | SUBTOTAL | | 1,468/ 944 | | \$171,870 | |
| SONOMA COUNTY (49) | | | | | | | | | |
| KP CAL LLC (NorCal) #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 Plan Deactivated 10/01/09) Rolled over to COHS (Partnership of CA HCP #513) | | 10/01/08 | 09/30/09 | FAMILY | \$100.94 | 1,424/ 0 | Sonoma | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | AGED | \$354.08 | | | | |
| | | | | DISABLED | \$456.70 | | | | |
| | | | | ADULT | \$450.31 | | | | |
| | | | | REFUGEES FAMILY | \$100.94 | | | | |
| | | | | BCCTP | \$797.15 | | | | |
| | | | | AIDS | \$1,598.44 | | | | |
| SONOMA COUNTY (49) | | | | | | | | | |
| KP CAL LLC (NorCal) #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 (Note: HCP #87, Rolled over to COHS (Partnership of CA HCP #513) became effective in Sonoma Co. 49) Plan Deactivated 10/01/09) | | 10/01/08 | 09/30/09 | MEDICARE PART D | | 1,424/ 0 | Sonoma | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | FAMILY | \$100.94 | | | | |
| | | | | AGED | \$100.36 | | | | |
| | | | | DISABLED | \$92.15 | | | | |
| | | | | ADULT | \$450.31 | | | | |
| | | | | REFUGEES FAMILY | \$100.94 | | | | |
| | | | | BCCTP | \$797.15 | | | | |
| AIDS | \$303.53 | | | | | | | | |
| SONOMA COUNTY | | | | SUBTOTAL | | 2,848/ 0 | | \$0 | |
| TOTAL PHP | | | | | | 4,316/ 944 | | \$171,870 | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|---------------------|---------------------------|------------------|-------------------|------------------------------------|---------------------------|-------------|-------------------|----------------------------------|---------|
| PHP (DENTAL) | | | | | | | | | | |
| <u>LOS ANGELES COUNTY (19)</u> | | | | | | | | | | |
| Access Dental Plan, Inc. (05-45001), A8 8890 Cal Center Drive Sacramento, CA 95826 | #409 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 148,166 | \$1,557,225 | Los Angeles | Reza Abbaszadeh | Lenatte Blouin (916) 464-0379 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | \$10.51 |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| % OF POV | \$10.51 | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | |
| CONTACT: Terri Abbaszadeh (916) 563-6020 | | | | | | | | | | |
| American Health Guard Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006 | #410 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 11,113 | \$116,798 | Los Angeles | David Kutner | Abigail Aban (916) 464-0390 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | \$10.51 |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| % OF POV | \$10.51 | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | |
| CONTACT: Rod Zalunardo (626) 821-5500 | | | | | | | | | | |
| Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 | #406 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 19,660 | \$206,627 | Los Angeles | Paula Lopez | Lenatte Blouin (916) 464-0379 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | \$10.51 |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| % OF POV | \$10.51 | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | |
| CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 | | | | | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|------------------|-------------------|--------------------------------------|-----------------|
| LOS ANGELES COUNTY (19) | | | | | | | | | | |
| Health Net Community Solutions, Inc. (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502 CONTACT: Eileen McGee-Davidson (909) 890-4129 | #405 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 41,670 | \$437,952 | 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 |
| | | | | Care 1st Health Plan (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638 | | | | | | #403 |
| 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 | | | | | | | | | |
| Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488 | #413 | 01/01/09 | 06/30/11 | | Public Assistance | unlimited/ 53,835 | \$565,806 | Los Angeles | Samuel H. Gruenbaum President/CEO | |
| | | | | 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 | | | | | |
| | | | | Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602 CONTACT: Amir Neshat, DDS, 949-223-8929 | #416 | | | | | 01/01/09 |
| 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 | | | | | | | | | |
| Community Dental Services, Inc. (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707 CONTACT: Thuy Pham (714) 263-3410 | #417 | 01/01/09 | 06/30/11 | | | Public Assistance | Unlimited/ 3,727 | \$39,171 | Los Angeles | |
| | | | | 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 | | | | | |
| | | | | LOS ANGELES | | | | | | SUBTOTAL |

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| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | | | | | | |
|--|-----------------|-----------------------|------------------|-------------------------|------------------------------------|-----------------------|-------------|--------------------------------------|-------------------------------|---------|----------------|---------|--|--|--|--|--|--|
| RIVERSIDE COUNTY (33) | | | | | | | | | | | | | | | | | | |
| Western Dental Services, Inc. (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/ 133 | \$1,398 | Riverside | Samuel H. Gruenbaum President/CEO | Brian Nanoo (916) 464-3784 | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | MI CHILD | | | | | | \$10.51 | | | | | | | | |
| | | | | MI ADULT | | | | | | \$10.51 | | | | | | | | |
| | | | | % OF POV | | | | | | \$10.51 | | | | | | | | |
| | | | | BCCTP | | | | | | \$10.51 | | | | | | | | |
| | | | | RIVERSIDE COUNTY | | | | | | | | | | | | | | |
| | | | | SUBTOTAL | | | | | | | unlimited/ 191 | \$2,008 | | | | | | |

Safeguard Health Plans, Inc.
 (05-45701), A4
 95 Enterprise, Suite 100
 Aliso Viejo, CA 92656-2605

 CONTACT: Paula Lopez, Director State Gov Programs
 (949) 425-4518

Public Assistance
 FAMILY \$10.51
 AGED \$10.51
 BLIND/DISABLED \$10.51
 MI CHILD \$10.51
 MI ADULT \$10.51
 % OF POV \$10.51
 BCCTP \$10.51

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|----------------|--|-----------------------------------|-----------------|
| SAN BERNARDINO COUNTY (36) | | | | | | | | | | |
| Western Dental Services, Inc. #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488 | | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 239 | \$2,512 | San Bernardino | Samuel H. Gruenbaum President/CEO | Brian Nanoo (916) 464-3784 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| | | | | % OF POV | | | | | | \$10.51 |
| | | | | BCCTP | | | | | | \$10.51 |
| | | | | Care 1st Health Plan #404 | | | | | | |
| (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638 | | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 94 | \$988 | San Bernardino | Dr. Gorge Weingarten Medical Director | R Abbigail Aban (916) 464-0390 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| | | | | % OF POV | | | | | | \$10.51 |
| | | | | BCCTP | | | | | | \$10.51 |
| | | | | Safeguard Health Plans, Inc. #408 | | | | | | |
| (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 **Rates do not reflect Hyde abortion rates effective August 2003 | | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 366 | \$3,847 | 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 |
| | | | | SAN BERNARDINO COUNTY | | | | | | SUBTOTAL |
| TOTAL PHP (DENTAL) | | | | | unlimited/ 302,941 | \$3,029,913 | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|-------------|-------------------|---------------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>MERCED COUNTY (24)</u> | | | | | | | | | |
| Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 ADDRESS ?? | 514 | 10/01/09 | 12/31/13 | FAMILY/MI CHILD \$144.77 AGED \$480.66 DISABLED/BLIND \$753.15 LTC \$7,824.65 MI ADULT \$144.77 REFUGEEES/% POV \$144.77 BCCTP \$1,520.21 | N/A/ 72,194 | | Merced | | Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$266.38 DISABLED/BLIND \$179.28 LTC \$4,516.08 | | | | | |
| CONTACT: | | | | | | | | | |
| <u>MONTEREY COUNTY (27)</u> | | | | | | | | | |
| Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 1600 Green Hills Road ADDRESS ?? | #508 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$138.82 AGED \$601.45 DISABLED/BLIND \$969.29 LTC \$6,797.27 MI ADULT \$138.82 REFUGEEES/% POV \$138.82 BCCTP \$1,390.01 | N/A/ 72,714 | | Monterey | Allan McKay | Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$204.57 DISABLED/BLIND \$205.77 LTC \$5,114.32 | | | | | |
| CONTACT: Alan McKay (831) 457-3850 ext 4330 | | | | | | | | | |
| <u>NAPA COUNTY (28)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A5 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #507 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$184.80 AGED \$489.69 DISABLED/BLIND \$914.61 LTC \$4,911.91 MI ADULT \$184.80 REFUGEEES/% POV \$184.80 BCCTP \$1,551.57 OBRA \$296.31 | N/A/ 14,150 | | Napa | Jack Horn | Acting: Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$191.66 DISABLED/BLIND \$239.91 LTC \$3,860.90 OBRA \$296.31 | | | | | |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | |
| <u>ORANGE COUNTY (30)</u> | | | | | | | | | |
| Orange County Organized Health System dba CalOptima (08-85214) A4 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220 | #506 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$116.54 AGED \$414.78 DISABLED/BLIND \$854.16 LTC \$6,134.63 MI ADULT \$116.54 REFUGEEES/% POV \$116.54 BCCTP \$1,327.02 | N/A/ 370,252 | | Orange | Richard Chambers | Acting: Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$171.66 DISABLED/BLIND \$243.51 LTC \$4,066.74 | | | | | |
| CONTACT: Richard Chambers (714) 246-8458 | | | | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------------|-------------------|----------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>SAN LUIS OBISPO COUNTY (40)</u> | | | | | | | | | |
| SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A4 110 Castillian Dr. Goleta, CA 93117 | #501 | 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/ 28,995 | | Santa Luis Obispo | Lyle Lyman | O.Z. Kamara (916) 449-5084 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$154.87 DISABLED/BLIND \$135.35 LTC \$3,513.96 AIDS \$366.41 | | | | | |
| CONTACT: Bob Freeman (805) 685-9525 | | | | | | | | | |
| <u>SAN MATEO COUNTY (41)</u> | | | | | | | | | |
| San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A5 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080 | #503 | 02/01/10 | 12/31/13 | FAMILY/MI CHILD \$155.01 AGED \$622.71 DISABLED/BLIND \$1,058.63 LTC \$6,863.11 MI ADULT \$155.01 REFUGEES/% POV \$155.01 BCCTP \$1,340.55 AIDS \$2,645.06 | N/A/ 60,806 | | San Mateo | Maya Altman | Chrissy Corbin (916) 449-5094 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$331.81 DISABLED/BLIND \$329.92 LTC \$7,108.95 AIDS \$567.78 AGNEWS \$4,919.00 | | | | | |
| CONTACT: Maya Altman (650) 616-2145 | | | | | | | | | |
| <u>SANTA BARBARA COUNTY (42)</u> | | | | | | | | | |
| SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A4 110 Castillian Dr. Goleta, CA 93117-3028 | #502 | 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/ 63,764 | | Santa Barbara | Lyle Lyman | O. Z. Kamara (916) 449-5084 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$200.05 DISABLED/BLIND \$172.05 LTC \$5,568.36 AIDS \$401.73 | | | | | |
| CONTACT: Bob Freeman (805) 685-9525 ext 1011 | | | | | | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|-------------------|---------------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>SANTA CRUZ COUNTY (44)</u> | | | | | | | | | |
| Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 1600 Green Hills Road Scotts Valley, CA 95066-9998 | #505 | 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/ 34,795 | | Santa Cruz | Alan McKay | Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$212.21 DISABLED/BLIND \$191.82 LTC \$4,717.40 | | | | | |
| CONTACT: Alan McKay (831) 457-3850 ext. 4330 | | | | | | | | | |
| <u>SOLANO COUNTY (48)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A5 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #504 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$167.32 AGED \$572.17 DISABELED/BLIND \$890.47 LTC \$5,926.79 MI ADULT \$167.32 REFUGEEES/% POV \$167.32 BCCTP \$1,348.66 OBRA \$285.82 | N/A/ 62,930 | | Solano | Jack Horn | Acting: Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$215.88 DISABLED/BLIND \$236.88 LTC \$4,689.72 OBRA \$285.82 | | | | | |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | |
| <u>SONOMA COUNTY (49)</u> | | | | | | | | | |
| Sonoma County Partnership Health Plan of CA dba: (08-85215, A5 ADDRESS ?? | #513 | 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/ 52,902 | | Sonoma | Lyle Luman | Acting: Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | 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: | | | | | | | | | |
| <u>YOLO COUNTY (57)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A5 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #509 | 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/ 27,164 | | Yolo | Jack Horn | Acting: Jane Marine (916) 449-5113 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED 211.34 DISABLED/BLIND 229.91 LTC 4318.64 OBRA 255.09 | | | | | |
| CONTACT: Jack Horn (707) 863-4100 | | | | | | | | | |

TOTAL COUNTY COHS

N/A/ 860,666

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|--------------------|-------------------|-------------------------|--------------------------------------|
| SPECIAL PROJECTS | | | | | | | | | | |
| ALAMEDA COUNTY (01) | | | | | | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883 | | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 1,600/ 4 | \$22,044 | Fremont | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$5,511.03 | | | | | |
| | | | | DISA/LTC/AIDS | \$5,511.03 | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883 | | 04/01/08 | 12/31/12 | MEDICARE PART D | | 1,600/ 84 | \$354,687 | Fremont | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$4,222.47 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,222.47 | | | | | |
| Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #51 | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 560/ 62 | \$358,250 | Oakland | Peter Szutu | Joel Weeden (916) 440-7545 |
| | | | | FAMILY/AGED/REF. | \$5,778.23 | | | | | |
| | | | | DISA/LTC/AIDS | \$5,778.23 | | | | | |
| Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #51 | 04/01/08 | 12/31/12 | MEDICARE PART D | | 560/ 371 | \$1,603,744 | Oakland | Peter Szutu | Joel Weeden (916) 440-7545 |
| | | | | FAMILY/AGED/REF. | \$4,322.76 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 4,320/ 521 | \$2,338,725 | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|---------------------|---------------------------|------------------|------------------|--|---------------------------|------------------|-------------------|-------------------------|-------------------------------|
| CONTRA COSTA COUNTY (07) | | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | | |
| Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #54 | 04/01/08 | 12/31/12 | FAMILY/AGED/REF. | \$5,778.23 | 560/ 10 | \$57,782 | Berkeley | Peter Szutu | Joel Weeden (916) 440-7545 |
| | | | | DISA/LTC/AIDS | \$5,778.23 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #54 | 04/01/08 | 12/31/12 | FAMILY/AGED/REF. | \$4,322.76 | 560/ 25 | \$108,069 | Berkeley | Peter Szutu | Joel Weeden (916) 440-7545 |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | | <u>1,120/ 35</u> | <u>\$165,851</u> | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|---------------------|--|
| LOS ANGELES COUNTY (19) | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 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/ 2,997 | \$239,280 | Los Angeles | David Schmidt | Joseph Billingsley (916) 440-7532 |
| 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/ 1,879 | \$1,801,604 | Los Angeles | David Schmidt | Joseph Billingsley (916) 440-7532 |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| Altamed Hlth Services Corp. dba: AltaMed Senior BuenaCare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040 | #052 | 07/01/08 | 12/31/12 | FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86 | 825/ 136 | \$803,741 | Los Angeles | Castulo de la Rocha | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040 | #052 | 07/01/08 | 12/31/12 | FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99 | 825/ 631 | \$2,141,608 | Los Angeles | Castulo de la Rocha | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | 11,650/ 5,643 | \$4,986,233 | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|-----------------|-----------------------|------------------|-------------------------------|------------------------------------|-----------------------|------------------|-------------------|-------------------------|--|
| <u>RIVERSIDE COUNTY (33)</u> | | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #204 | 01/01/09 | 12/31/12 | <u>MEDICARE PART D</u> | | 5,000/ 971 | \$70,689 | Riverside | David Schmidt | Joseph Billingsley (916) 440-7532 |
| | | | | AGED | \$72.80 | | | | | |
| | | | | BLIND/DISABLED | \$72.80 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| 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 | <u>MEDICARE PART D</u> | | 5,000/ 642 | \$603,544 | San Bernardino | David Schmidt | Joseph Billingsley (916) 440-7532 |
| | | | | LTC | \$940.10 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 10,000/ 1,613 | \$674,233 | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | | |
| Sutter Senior Care (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823 | #50 | 04/01/08 | 12/31/12 | <u>MEDICAL ONLY</u> | | 280/ 4 | \$19,682 | Sacramento | William Clearwater | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$4,920.49 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,920.49 | | | | | |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | | |
| Sutter Senior Care (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823 | #50 | 04/01/08 | 12/31/12 | <u>MEDICARE PART D</u> | | 280/ 212 | \$755,360 | 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 | | | | | | | | | | |
| SACRAMENTO COUNTY | | | | SUBTOTAL | | 560/ 216 | \$775,042 | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|---------------------|---------------------------|------------------|------------------------|--|---------------------------|-------------|-------------------|-------------------------|--|
| <u>SAN BERNARDINO COUNTY (36)</u> | | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #206 | 01/01/09 | 12/31/12 | MEDICARE PART D | | 5,000/ 574 | \$48,015 | Riverside | David Schmidt | Joseph Billingsley (916) 440-7532 |
| | | | | AGED | \$83.65 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| 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 | MEDICARE PART D | | 5,000/ 333 | \$304,189 | San Bernardino | David Schmidt | Joseph Billingsley. (916) 440-7532 |
| | | | | LTC | \$913.48 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | 10,000/ 907 | \$352,204 | | | |
| <u>SAN DIEGO COUNTY (37)</u> | | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | MEDICAL ONLY | | 200/ 19 | \$90,467 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$4,761.40 | | | | | |
| CONTACT: Carol Hubbard (619) 677-3888 | | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | MEDICARE PART D | | 200/ 104 | \$371,246 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$3,569.67 | | | | | |
| CONTACT: Carol Hubbard (619) 677-3888 | | | | | | | | | | |
| SAN DIEGO COUNTY | | | | SUBTOTAL | | 400/ 123 | \$461,713 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|---------------|-------------------------------|--------------------------------------|
| SAN FRANCISCO COUNTY (38) | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| OnLok Senior Health Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wong (415) 292-8720 | #55 | 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 | Joseph Billingsley (916) 440-7532 |
| MEDICARE PART D | | | | | | | | | |
| OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wong (415) 292-8720 | #55 | 04/01/08 | 12/31/12 | FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81 | 1600/ 864 | \$3,801,436 | San Francisco | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| MEDICAL ONLY | | | | | | | | | |
| San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124 CONTACT: Gary Zombalt (415) 206-7600 | #601 | 01/01/08 | 12/31/12 | FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75 | 500/ 125 | \$231,094 | San Francisco | Miriam Martinez, DHI Director | Sunita Kapoor (916) 449-5104 |
| SAN FRANCISCO COUNTY | | | | | SUBTOTAL | 3700/ 1,018 | \$4,208,782 | | |
| SANTA CLARA COUNTY (43) | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611 CONTACT: Sue Wong (415) 292-8720 | #58 | 11/01/08 | 12/31/12 | FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76 | 1600/ 4 | \$20,583 | San Jose | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| MEDICARE PART D | | | | | | | | | |
| On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611 CONTACT: Sue Wong (415) 292-8720 | #58 | 11/01/08 | 12/31/12 | FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58 | 1600/ 56 | \$225,600 | San Jose | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| SANTA CLARA COUNTY | | | | | SUBTOTAL | 3,200/ 60 | \$246,183 | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|---------------------|---------------------------|------------------|-----------------------------------|--|---------------------------|----------------|-------------------|-------------------------|--|
| YOLO COUNTY (57) | | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #53 | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 280/ 0 | \$0 | 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 | | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #53 | 04/01/08 | 12/31/12 | MEDICARE PART D | | 280/ 1 | \$3,563 | Sacramento | William Clearwater | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. DISA/LTC/AIDS | 3,563.02 3,563.02 | | | | | |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | | |
| YOLO COUNTY | | | | SUBTOTAL | | <u>280/ 1</u> | <u>\$3,563</u> | | | |
| TOTAL SPECIAL PROJECT | | | | | <u>45,230/ 10,137</u> | <u>\$14,212,529</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> | | | |
|---|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|-------------|-------------------|-------------------------|------------------|-------------------|---------------------------------|
| PCCM | | | | | | | | | | | | |
| <u>LOS ANGELES COUNTY (19)</u> | | | | | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-13 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/10 | <u>Public Assistance</u> | | | | | | Los Angeles | Michael Weinstein | Sunita Kapoor (916) 449-5096 |
| | | | | FAMILY | \$103.27 | 2,000/ 436 | \$264,331 | | | | | |
| | | | | 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 | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-13 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/10 | <u>MEDICARE PART D</u> <u>Public Assistance</u> | | | | | | Los Angeles | Michael Weinstein | Sunita Kapoor (916) 449-5096 |
| | | | | FAMILY | \$103.27 | 2,000/ 330 | \$110,698 | | | | | |
| | | | | 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/ 766</u> | | <u>\$375,029</u> | | |
| | | | | TOTAL PCCM | | <u>4,000/ 766</u> | | <u>\$375,029</u> | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | | | | | | |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|--------------|-------------------|------------------------------|-----------------------------|----------------|------------|------------------------------|-------------|-----------------------------|--|--|--|
| 2-PLAN | | | | | | | | | | | | | | | | | | |
| ALAMEDA COUNTY (01) | | | | | | | | | | | | | | | | | | |
| Alameda Alliance for Health (04-35399), A9, C9 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/ 97,038 | \$14,041,092 | Alameda | David Kears | Mary Cobb (916) 341-7035 | | | | | | | | |
| | | | | AGED | \$491.99 | | | | | | | | | | | | | |
| | | | | DISABLED | \$491.99 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$111.12 | | | | | | | | | | | | | |
| | | | | REFUGEES | \$111.12 | | | | | | | | | | | | | |
| | | | | AIDS | \$1,007.69 | | | | | | | | | | | | | |
| | | | | BCCTP | \$814.52 | | | | | | | | | | | | | |
| | | | | AGNEWS | \$4,919.00 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$111.12 | | | | | | 180,000/ 5,617 | \$787,983 | Alameda | David Kears | Mary Cobb (916) 341-7035 | | | |
| AGED | \$127.23 | | | | | | | | | | | | | | | | | |
| DISABLED | \$155.05 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$111.12 | | | | | | | | | | | | | | | | | |
| REFUGEES | \$111.12 | | | | | | | | | | | | | | | | | |
| AIDS | \$239.43 | | | | | | | | | | | | | | | | | |
| BCCTP | \$814.52 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,042.63 | | | | | | | | | | | | | | | | | |
| AGNEWS | \$4,919.00 | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A13, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996 | #340 | 10/01/09 | 03/31/12 | FAMILY | \$118.99 | unlimited/ 27,933 | \$4,134,639 | California | Mark Lewis (916) 449-5061 | | | | | | | | | |
| | | | | AGED | \$546.76 | | | | | | | | | | | | | |
| | | | | DISABLED | \$546.76 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$118.99 | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$118.99 | | | | | | | | | | | | | |
| | | | | AIDS | \$1,025.21 | | | | | | | | | | | | | |
| | | | | BCCTP | \$813.63 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$118.99 | | | | | unlimited/ 775 | \$109,807 | California | Mark Lewis (916) 449-5061 | | | | | |
| | | | | AGED | \$132.80 | | | | | | | | | | | | | |
| DISABLED | \$152.02 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$118.99 | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$118.99 | | | | | | | | | | | | | | | | | |
| AIDS | \$226.96 | | | | | | | | | | | | | | | | | |
| BCCTP | \$813.63 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,042.63 | | | | | | | | | | | | | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 360,000/ 131,363 | \$19,073,521 | | | | | | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|--------------|-------------------|--------------------------|------------------------------|
| CONTRA COSTA COUNTY (07) | | | | | | | | | | |
| County of Contra Costa Contra Costa Hlth Plan (04-36067), A6, C9, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004 | #301 | 10/01/09 | 12/31/10 | FAMILY | \$120.45 | unlimited/ 59,567 | \$8,820,169 | | | |
| | | | | AGED | \$490.75 | | | | | |
| | | | | DISABLED | \$490.75 | | | | | |
| | | | | MI ADULT | \$120.45 | | | | | |
| | | | | REFUGEES/FAMILY | \$120.45 | | | | | |
| | | | | AIDS | \$1,043.53 | | | | | |
| | | | | BCCTP | \$832.10 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| County of Contra Costa Contra Costa Hlth Plan (04-36067), A6, C9, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004 | #301 | 10/01/09 | 12/31/10 | FAMILY | \$120.45 | unlimited/ 2,455 | \$345,319 | | | |
| | | | | AGED | \$134.69 | | | | | |
| | | | | DISABLED | \$148.13 | | | | | |
| | | | | MI ADULT | \$120.45 | | | | | |
| | | | | REFUGEES/FAMILY | \$120.45 | | | | | |
| | | | | AIDS | \$231.06 | | | | | |
| | | | | BCCTP | \$832.10 | | | | | |
| MATERNITY | \$5,753.70 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A13, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876 | #344 | 10/01/09 | 03/31/12 | FAMILY | \$109.43 | unlimited/ 11,539 | \$1,462,364 | Contra Costa | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$430.93 | | | | | |
| | | | | DISABLED | \$430.93 | | | | | |
| | | | | MI ADULT | \$109.43 | | | | | |
| | | | | REFUGEES/FAMILY | \$109.43 | | | | | |
| | | | | AIDS | \$1,055.94 | | | | | |
| | | | | BCCTP | \$824.06 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A13, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876 | #344 | 10/01/09 | 03/31/12 | FAMILY | \$109.43 | unlimited/ 220 | \$30,602 | Contra Costa | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$125.23 | | | | | |
| | | | | DISABLED | \$156.34 | | | | | |
| | | | | MI ADULT | \$109.43 | | | | | |
| | | | | REFUGEES/FAMILY | \$109.43 | | | | | |
| | | | | AIDS | \$223.59 | | | | | |
| | | | | BCCTP | \$824.06 | | | | | |
| MATERNITY | \$5,753.70 | | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | | unlimited/ 73,781 | \$10,658,454 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|--------------------------|--------------------------------|
| FRESNO COUNTY (10) | | | | | | | | | |
| Anthem Blue Cross Partnership #341 Plan (03-76184), A13 ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/11 | FAMILY | \$97.44 | unlimited/ 83,614 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$527.26 | | | | |
| | | | | DISABLED | \$527.26 | | | | |
| | | | | MI ADULT | \$97.44 | | | | |
| | | | | REFUGEES/FAMILY | \$97.44 | | | | |
| | | | | AIDS | \$1,064.14 | | | | |
| | | | | BCCTP | \$809.80 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership #341 Plan (03-76184,) A13 ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/11 | FAMILY | \$97.44 | unlimited/ 2,280 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$108.62 | | | | |
| | | | | DISABLED | \$151.13 | | | | |
| | | | | MI ADULT | \$97.44 | | | | |
| | | | | REFUGEES/FAMILY | \$97.44 | | | | |
| | | | | AIDS | \$216.75 | | | | |
| | | | | BCCTP | \$809.80 | | | | |
| MATERNITY | \$5,616.08 | | | | | | | | |
| Health Net Community #351 Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/11 | FAMILY | \$86.67 | unlimited/ 117,625 | Fresno | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$425.97 | | | | |
| | | | | DISABLED | \$425.97 | | | | |
| | | | | MI ADULT | \$86.67 | | | | |
| | | | | REFUGEES/FAMILY | \$86.67 | | | | |
| | | | | AIDS | \$1,032.37 | | | | |
| | | | | BCCTP | \$829.65 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community #351 Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/11 | FAMILY | \$86.67 | unlimited/ 1,305 | Fresno | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$115.61 | | | | |
| | | | | DISABLED | \$134.54 | | | | |
| | | | | MI ADULT | \$86.67 | | | | |
| | | | | REFUGEES/FAMILY | \$86.67 | | | | |
| | | | | AIDS | \$220.88 | | | | |
| | | | | BCCTP | \$829.65 | | | | |
| MATERNITY | \$5,616.08 | | | | | | | | |
| FRESNO COUNTY | | | | | SUBTOTAL | | | | |
| | | | | | unlimited/ 204,824 | \$22,296,861 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|---------------------|-----------------------------------|
| <u>KERN COUNTY (15)</u> | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #360 | 10/01/09 | 06/30/11 | FAMILY | \$98.65 | unlimited/ 32,192 | Kern | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$442.73 | | | | |
| | | | | DISABLED | \$442.73 | | | | |
| | | | | MI ADULT | \$98.65 | | | | |
| | | | | REFUGEES/FAMILY | \$98.65 | | | | |
| | | | | AIDS | \$1,069.32 | | | | |
| | | | | BCCTP | \$809.45 | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #360 | 10/01/09 | 06/30/11 | FAMILY | \$98.65 | unlimited/ 652 | Kern | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$113.33 | | | | |
| | | | | DISABLED | \$142.24 | | | | |
| | | | | MI ADULT | \$98.65 | | | | |
| | | | | REFUGEES/FAMILY | \$98.65 | | | | |
| | | | | AIDS | \$218.56 | | | | |
| | | | | BCCTP | \$809.45 | | | | |
| MATERNITY | \$5,408.53 | | | | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A9, C10 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006 | #303 | 10/01/09 | 12/31/10 | FAMILY | \$92.09 | 115,000/ 106,042 | Kern | Kern Health Systems | Jonathan Prince (916) 445-3589 |
| | | | | AGED | \$396.51 | | | | |
| | | | | DISABLED | \$396.51 | | | | |
| | | | | MI ADULT | \$92.09 | | | | |
| | | | | REFUGEES/FAMILY | \$92.09 | | | | |
| | | | | AIDS | \$1,027.71 | | | | |
| | | | | BCCTP | \$811.56 | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A9, C10 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006 | #303 | 10/01/09 | 12/31/10 | FAMILY | \$92.09 | 115,000/ 1,961 | Kern | Kern Health Systems | Jonathan Prince (916) 445-3589 |
| | | | | AGED | \$129.07 | | | | |
| | | | | DISABLED | \$151.16 | | | | |
| | | | | MI ADULT | \$92.09 | | | | |
| | | | | REFUGEES/FAMILY | \$92.09 | | | | |
| | | | | AIDS | \$212.23 | | | | |
| | | | | BCCTP | \$811.56 | | | | |
| MATERNITY | \$5,408.53 | | | | | | | | |
| KERN COUNTY | | | | SUBTOTAL | | 230,000/ 140,847 | | \$15,459,839 | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|---------------------|--------------------------------|
| LOS ANGELES COUNTY (19) | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 10/01/09 | 03/31/12 | FAMILY | \$83.94 | unlimited/ 437,249 | Los Angeles | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$396.78 | | | | |
| | | | | DISABLED | \$396.78 | | | | |
| | | | | MI ADULT | \$83.94 | | | | |
| | | | | REFUGEES/FAMILY | \$83.94 | | | | |
| | | | | AIDS | \$1,016.33 | | | | |
| | | | | BCCTP | \$800.22 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 10/01/09 | 03/31/12 | FAMILY | \$83.94 | unlimited/ 5,755 | Los Angeles | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$111.19 | | | | |
| | | | | DISABLED | \$137.98 | | | | |
| | | | | MI ADULT | \$83.94 | | | | |
| | | | | REFUGEES/FAMILY | \$83.94 | | | | |
| | | | | AIDS | \$230.77 | | | | |
| | | | | BCCTP | \$800.22 | | | | |
| MATERNITY | | | | | | | | | |
| LA Care Health Plan (04-36069), A6, C9 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250 | #304 | 10/01/09 | 12/31/10 | FAMILY | \$94.42 | unlimited/ 838,168 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 341-7035 |
| | | | | AGED | \$441.08 | | | | |
| | | | | DISABLED | \$441.08 | | | | |
| | | | | MI ADULT | \$94.42 | | | | |
| | | | | REFUGEES/FAMILY | \$94.42 | | | | |
| | | | | AIDS | \$1,037.35 | | | | |
| | | | | BCCTP | \$856.41 | | | | |
| MEDICARE PART D | | | | | | | | | |
| LA Care Health Plan (04-36069), A6, C9 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250 | #304 | 10/01/09 | 12/31/10 | FAMILY | \$94.42 | unlimited/ 12,594 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 341-7035 |
| | | | | AGED | \$115.39 | | | | |
| | | | | DISABLED | \$135.06 | | | | |
| | | | | MI ADULT | \$94.42 | | | | |
| | | | | REFUGEES/FAMILY | \$94.42 | | | | |
| | | | | AIDS | \$225.72 | | | | |
| | | | | BCCTP | \$856.41 | | | | |
| MATERNITY | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | | unlimited/ 1,293,766 | | \$133,865,905 | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|--------------------------------|----------------------------------|
| RIVERSIDE COUNTY (33) | | | | | | | | | |
| Inland Empire Health Plan #305 (04-35765), A8, C9 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/ 186,316 | Riverside | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$444.20 | | | | |
| | | | | DISABLED | \$444.20 | | | | |
| | | | | MI ADULT | \$95.40 | | | | |
| | | | | REFUGEES/FAMILY | \$95.40 | | | | |
| | | | | AIDS | \$1,047.21 | | | | |
| | | | | BCCTP | \$833.43 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Inland Empire Health Plan #305 (04-35765), A8, C9 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #305 | 10/01/09 | 12/31/10 | FAMILY | \$95.40 | unlimited/ 3,408 | Riverside | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$115.21 | | | | |
| | | | | DISABLED | \$143.53 | | | | |
| | | | | MI ADULT | \$95.40 | | | | |
| | | | | REFUGEES/FAMILY | \$95.40 | | | | |
| | | | | AIDS | \$218.28 | | | | |
| | | | | BCCTP | \$833.43 | | | | |
| MATERNITY | | | | | | | | | |
| | | | | | \$5,319.64 | | | | |
| Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A6b, C6 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/ 41,086 | Riverside | Stephen T. O'Dell Molina, M.D. | Sarah Reed (916) 319-8517 |
| | | | | AGED | \$452.39 | | | | |
| | | | | DISABLED | \$452.39 | | | | |
| | | | | MI ADULT | \$102.79 | | | | |
| | | | | REFUGEES/FAMILY | \$102.79 | | | | |
| | | | | AIDS | \$983.96 | | | | |
| | | | | BCCTP | \$827.10 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A6b, C6 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/ 459 | Riverside | Stephen T. O'Dell Molina, M.D. | Sarah Reed (916) 319-8517 |
| | | | | AGED | \$127.80 | | | | |
| | | | | DISABLED | \$145.60 | | | | |
| | | | | MI ADULT | \$102.79 | | | | |
| | | | | REFUGEES/FAMILY | \$102.79 | | | | |
| | | | | AIDS | \$222.88 | | | | |
| | | | | BCCTP | \$827.10 | | | | |
| MATERNITY | | | | | | | | | |
| | | | | | \$5,319.64 | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 166,076/ 231,269 | | \$25,774,854 | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|--------------|-------------------|--|-------------------------------------|
| SAN BERNARDINO COUNTY (36) | | | | | | | | | | |
| Inland Empire Health Plan #306 (04-35765), A8, C9 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/ 212,840 | \$24,079,581 | San Bernardino | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$444.59 | | | | | |
| | | | | DISABLED | \$444.59 | | | | | |
| | | | | MI ADULT | \$97.77 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.77 | | | | | |
| | | | | AIDS | \$970.44 | | | | | |
| | | | | BCCTP | \$794.41 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Inland Empire Health Plan #306 (04-35765), A8, C9 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/ 3,627 | \$519,897 | San Bernardino | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$124.44 | | | | | |
| | | | | DISABLED | \$161.48 | | | | | |
| | | | | MI ADULT | \$97.77 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.77 | | | | | |
| | | | | AIDS | \$217.11 | | | | | |
| | | | | BCCTP | \$794.41 | | | | | |
| MATERNITY | \$5,097.25 | | | | | | | | | |
| Molina Healthcare of California #356 | | | | | | | | | | |
| Partner Plan, Inc. (06-55498), A6b, C6 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/ 57,421 | \$6,570,695 | San Bernardino | Joann Zarza-Garrido Sarah Reed Molina, M.D. | (916) 319-8517 |
| | | | | AGED | \$423.71 | | | | | |
| | | | | DISABLED | \$423.71 | | | | | |
| | | | | MI ADULT | \$104.22 | | | | | |
| | | | | REFUGEES/FAMILY | \$104.22 | | | | | |
| | | | | AIDS | \$984.81 | | | | | |
| | | | | BCCTP | \$826.53 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A6b, C6 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/ 629 | \$82,661 | San Bernardino | Joann Zarza-Garrido Sarah Reed Molina, M.D. | (916) 319-8517 |
| | | | | AGED | \$124.75 | | | | | |
| | | | | DISABLED | \$149.10 | | | | | |
| | | | | MI ADULT | \$104.22 | | | | | |
| | | | | REFUGEES/FAMILY | \$104.22 | | | | | |
| | | | | AIDS | \$222.75 | | | | | |
| | | | | BCCTP | \$826.53 | | | | | |
| MATERNITY | \$5,097.25 | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | 272,664/ 274,517 | \$31,252,834 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|-------------------|---|------------------------------|
| SAN FRANCISCO COUNTY (38) | | | | | | | | | | |
| Anthem Blue Cross Partnership #343 Plan (03-76184), A13 ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 03/31/12 | FAMILY | \$97.33 | unlimited/ 11,258 | \$1,374,214 | 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 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Anthem Blue Cross Partnership #343 Plan (03-76184), A13 ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 03/31/12 | FAMILY | \$97.33 | unlimited/ 448 | \$57,509 | 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 | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A8, C9 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/ 38,262 | \$5,772,083 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Lin McCaul (916) 449-5104 |
| | | | | AGED | \$520.70 | | | | | |
| | | | | DISABLED | \$520.70 | | | | | |
| | | | | MI ADULT | \$129.89 | | | | | |
| | | | | REFUGEES/FAMILY | \$129.89 | | | | | |
| | | | | AIDS | \$1,115.74 | | | | | |
| | | | | BCCTP | \$841.23 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A8, C9 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/ 1,611 | \$244,083 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Lin McCaul (916) 449-5104 |
| | | | | AGED | \$142.72 | | | | | |
| | | | | DISABLED | \$163.14 | | | | | |
| | | | | MI ADULT | \$129.89 | | | | | |
| | | | | REFUGEES/FAMILY | \$129.89 | | | | | |
| | | | | AIDS | \$222.63 | | | | | |
| | | | | BCCTP | \$841.23 | | | | | |
| | MATERNITY | \$5,842.73 | | | | | | | | |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | | 110,000/ 51,579 | \$7,447,889 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|--------------|--------------------------|-------------------------------------|
| SAN JOAQUIN COUNTY (39) | | | | | | | | | |
| Health Plan of San Joaquin (04-35401), A8, C9 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 10/01/09 | 12/31/10 | FAMILY | \$99.09 | unlimited/ 76,704 | San Joaquin | ? | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$452.27 | | | | |
| | | | | DISABLED | \$452.27 | | | | |
| | | | | MI ADULT | \$99.09 | | | | |
| | | | | REFUGEES/FAMILY | \$99.09 | | | | |
| | | | | AIDS | \$1,044.32 | | | | |
| | | | | BCCTP | \$832.94 | | | | |
| | | | | MEDICARE PART D | | | | | |
| Health Plan of San Joaquin (04-35401), A8, C9 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 10/01/09 | 12/31/10 | FAMILY | \$99.09 | unlimited/ 1,774 | 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 | | | | |
| | | | | MEDICARE PART D | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A13 ,C9 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #358 | 10/01/09 | 06/30/11 | FAMILY | \$90.84 | unlimited/ 26,681 | San Joaquin | Blue Cross of California | Mark Lewis (916) 449-5061 |
| | | | | AGED | \$412.90 | | | | |
| | | | | DISABLED | \$412.90 | | | | |
| | | | | MI ADULT | \$90.84 | | | | |
| | | | | REFUGEES/FAMILY | \$90.84 | | | | |
| | | | | AIDS | \$1,020.79 | | | | |
| | | | | BCCTP | \$811.76 | | | | |
| | | | | MEDICARE PART D | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A13 ,C9 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #358 | 10/01/09 | 06/30/11 | FAMILY | \$90.84 | unlimited/ 589 | 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 | | | | |
| | | | | MEDICARE PART D | | | | | |
| SAN JOAQUIN COUNTY | | | | SUBTOTAL | | unlimited/ 105,748 | \$12,520,958 | | |

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), A13, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 03/31/12 | FAMILY \$103.84 AGED \$458.30 DISABLED \$458.30 MI ADULT \$103.84 REFUGEES/FAMILY \$103.84 AIDS \$1,091.67 BCCTP \$830.08 | unlimited/ 33,050 | \$4,055,122 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5061 |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership #345 Plan (03-76184), A13, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 03/31/12 | FAMILY \$103.84 AGED \$113.19 DISABLED \$149.88 MI ADULT \$103.84 REFUGEES/FAMILY \$103.84 AIDS \$223.76 BCCTP \$830.08 MATERNITY \$5,719.42 | unlimited/ 964 | \$121,025 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5061 |
| Santa Clara Family Health #309 Plan (04-35398), A8a, C9 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901 | | 10/01/09 | 12/31/10 | FAMILY \$117.77 AGED \$482.01 DISABLED \$482.01 MI ADULT \$117.77 REFUGEES/FAMILY \$117.77 AIDS \$1,067.96 BCCTP \$826.53 AGNEWS \$4,919.00 | 123,000/ 97,596 | \$13,356,427 | Santa Clara | Santa Clara Family Health Plan | David Mora (916) 449-5092 |
| MEDICARE PART D | | | | | | | | | |
| Santa Clara Family Health #309 Plan (04-35398), A8a, C9 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901 | | 10/01/09 | 12/31/10 | FAMILY \$117.77 AGED \$115.39 DISABLED \$155.10 MI ADULT \$117.77 REFUGEES/FAMILY \$117.77 AIDS \$219.25 BCCTP \$826.53 MATERNITY \$5,719.42 AGNEWS \$4,919.00 | 123,000/ 5,579 | \$734,814 | Santa Clara | Santa Clara Family Health Plan | David Mora (916) 449-5092 |
| SANTA CLARA COUNTY | | | | SUBTOTAL | 246,000/ 137,189 | \$18,267,388 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | |
|--|--|--|--|---|---|---|---|--------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|
| STANISLAUS COUNTY (50) | | | | | | | | | | | | |
| Anthem Blue Cross Partnership #310 Plan (04-35797), A9, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 12/31/10 | FAMILY \$110.61 AGED \$569.96 DISABLED \$569.96 MI ADULT \$110.61 REFUGEES/FAMILY \$110.61 AIDS \$1,047.89 BCCTP \$859.66 | unlimited/ 49,043 | \$6,722,380 | Stanislaus | Blue Cross of California | Marc Lewis (916) 449-5061 | | | |
| | MEDICARE PART D | | | | | | | | | | | |
| | Anthem Blue Cross Partnership #310 Plan (04-35797), A9, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 12/31/10 | FAMILY \$110.61 AGED \$133.20 DISABLED \$155.04 MI ADULT \$110.61 REFUGEES/FAMILY \$110.61 AIDS \$224.38 BCCTP \$859.66 MATERNITY \$6,114.14 | unlimited/ 1,305 | \$186,445 | Stanislaus | Blue Cross of California | Marc Lewis (916) 449-5061 | | |
| | | Health Net Community #361 Solutions, Inc. (03-76182), A11a, C12 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/11 | FAMILY \$109.98 AGED \$542.19 DISABLED \$542.19 MI ADULT \$109.98 REFUGEES/FAMILY \$109.98 AIDS \$1,075.13 BCCTP \$845.24 | unlimited/ 23,295 | \$2,861,506 | Stanislaus | Health Net | Myreca Singh (916) 449-5057 | |
| | | | MEDICARE PART D | | | | | | | | | |
| | | | Health Net Community #361 Solutions, Inc. (03-76182), A11a, C12 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/11 | FAMILY \$109.98 AGED \$125.47 DISABLED \$162.78 MI ADULT \$109.98 REFUGEES/FAMILY \$109.98 AIDS \$231.25 BCCTP \$845.24 MATERNITY \$6,114.14 | unlimited/ 299 | \$42,359 | Stanislaus | Health Net | Myreca Singh (916) 449-5057 |
| | | | | STANISLAUS COUNTY SUBTOTAL | | | | | | | | |
| | | | | | unlimited/ 73,942 | \$9,812,690 | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|-------------------|--------------------------|--------------------------------|
| TULARE COUNTY (54) | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A11a C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #353 | 10/01/09 | 06/30/11 | FAMILY | \$89.70 | unlimited/ 31,540 | \$3,135,042 | Tulare | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$442.09 | | | | | |
| | | | | DISABLED | \$442.09 | | | | | |
| | | | | MI ADULT | \$89.70 | | | | | |
| | | | | REFUGEES/FAMILY | \$89.70 | | | | | |
| | | | | AIDS | \$984.77 | | | | | |
| | | | | BCCTP | \$809.20 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #353 | 10/01/09 | 06/30/11 | FAMILY | \$89.70 | unlimited/ 355 | \$43,618 | Tulare | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$112.56 | | | | | |
| | | | | DISABLED | \$141.75 | | | | | |
| | | | | MI ADULT | \$89.70 | | | | | |
| | | | | REFUGEES/FAMILY | \$89.70 | | | | | |
| | | | | AIDS | \$225.49 | | | | | |
| | | | | BCCTP | \$809.20 | | | | | |
| MATERNITY | \$5,719.97 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (04-36068), A8, 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/ 74,128 | \$8,341,084 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$543.40 | | | | | |
| | | | | DISABLED | \$543.40 | | | | | |
| | | | | MI ADULT | \$95.54 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.54 | | | | | |
| | | | | AIDS | \$995.42 | | | | | |
| | | | | BCCTP | \$804.26 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (04-36068), A8, 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/ 1,470 | \$193,486 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$112.36 | | | | | |
| | | | | DISABLED | \$150.26 | | | | | |
| | | | | MI ADULT | \$95.54 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.54 | | | | | |
| | | | | AIDS | \$230.53 | | | | | |
| | | | | BCCTP | \$804.26 | | | | | |
| MATERNITY | \$5,719.97 | | | | | | | | | |
| TULARE COUNTY | | | | | SUBTOTAL | | | | | |
| | | | | | unlimited/ 107,493 | \$11,713,230 | | | | |
| TOTAL 2-PLAN | | | | | <u>1,384,740/ 2,826,318</u> | <u>\$318,144,423</u> | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|---------------------|---------------------------|------------------|--------------|--|---------------------------|-------------|---|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Molina Healthcare of CA Partner Plan, Inc. (07-65851) A2 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 | #130 | 01/01/10 | 12/31/12 | | 160,000/ 28,373 | | Sacramento | | Cheryl Bates (916) 558-1797 |
| 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 | | 15,750/ 0 | | Sacramento | | Nathan Nau (916) 341-7031 |
| CONTACT: Rhonda West-Peters (916) 614-6002 | | | | | | | | | |
| Health Net Community Solutions, Inc. (07-65847) A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 | #150 | 01/01/10 | 12/31/12 | | 168,600/ 52,394 | | Sacramento | | Peter Thomas (916) 324-0278 |
| CONTACT: Lori Hill (916) 935-1447 | | | | | | | | | |
| KP CAL, LLC (NorCal) (07-65849) A2 1800 Harrison Street, 25th Floor Oakland, CA 94512 | #170 | 01/01/10 | 12/31/12 | | 20,000/ 27,455 | | Sacramento | Charles S. Koch | Nathan Nau (916) 341-7031 |
| CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (07-65845) A3 5151 - A Camino Ruiz | #190 | 01/01/10 | 12/31/12 | | 168,600/ 92,205 | | Sacramento | Jeff Flick Regional Manager, SSB West | Philip Jimenez (916) 449-5105 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| TOTAL GMC-MEDICAL (Sacramento) | | | | | <u><u>532,950/ 200,427</u></u> | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|---------------------|-----------------------|------------------|--------------|--|---------------------------|-------------|--|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | |
| <u>SAN DIEGO COUNTY (37)</u> | | | | | | | | | |
| Community Health Group #29 Partnership Plan, Inc. Calif. Children Svcs. (09-86155) 740 Bay Blvd Chula Vista, CA 91910 | | 07/01/10 | 06/30/15 | | 207,000/ 103,774 | | San Diego | Ann Warren Chief Member& Govt Relations Officer | Philip Jimenez (916) 449-5105 |
| CONTACT: Francisca Chavez (619) 498-6589 | | | | | | | | | |
| Health Net Community #68 Solutions, Inc. (09-86157) 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 | | 07/01/10 | 06/30/15 | | 180,000/ 32,026 | | San Diego | David Friedman | Peter Thomas (916) 324-0278 |
| CONTACT: Lori Hill (916) 935-1447 | | | | | | | | | |
| KP CAL, LLC (SoCal) #79 (05-46129), A9 393 East Walnut Street, 7th Floor Pasadena, CA 91188 | | 01/01/09 | 09/30/10 | | 10,000/ 13,457 | | San Diego | William Caswell | Nathan Nau (916) 341-7031 |
| CONTRACT HCP 79 EXPIRED/HOLD | | | | | | | | | |
| CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955 | | | | | | | | | |
| Molina Healthcare #131 of California Partner Plan, Inc. (05-46130) A6 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 | | 01/01/09 | 09/30/10 | | 100,000/ 62,497 | | San Diego | Stephen T. O'Dell President & CEO | Cheryl Bates (916) 558-1797 |
| CONTRACT HCP 131 EXPIRED/HOLD | | | | | | | | | |
| CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520 | | | | | | | | | |
| Care 1st Health Plan, LLC #167 (09-86153) 601 Potrero Grande Drive Monterey Park, CA 91755 | | 07/01/10 | 06/30/15 | | 207,000/ 15,371 | | San Diego | Anna Tran Chief Operating Officer | Peter Thomas (916) 324-0278 |
| CONTACT: Kimberly Fritz (619) 528-4817 | | | | | | | | | |
| (Blue Cross #48 Deactivated 12/31/07) | | | | | | | | | |
| TOTAL GMC-MEDICAL (SAN DIEGO) | | | | | <u><u>704,000/ 227,125</u></u> | | | | |
| TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD)) | | | | | <u><u>2,675,236/ 4,429,324</u></u> | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|--------------|------------------------------------|-----------------------|-------------|--|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-DENTAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Western Dental Svcs., Inc. (07-65806) A2a 530 South Main Street Orange, CA 92863 | #424 | 01/01/09 | 12/31/12 | | 160,000/ 89,681 | | Sacramento | Samuel H. Gruenbau President/CEO | Brian Nanoo (916) 464-3784 |
| CONTACT: Kelly Duniven (714) 571-3488 | | | | | | | | | |
| Access Dental Plan, Inc. (07-65802) A1 8890 Cal Center Drive Sacramento, CA 95826 | #421 | 01/01/09 | 12/31/12 | | 100,000/ 52,654 | | Sacramento | Reza Abbaszadeh Chief Executive Officer | Lenatte Blouin (916) 464-0379 |
| CONTACT: Terri Abbaszadeh (916) 563-6020 | | | | | | | | | |
| Liberty Dental Plan (07-65805) A1 3200 El Camino Real, Ste. 290 Irvine, CA 92602 | #425 | 01/01/09 | 12/31/12 | | 100,000/ 28,003 | | Sacramento | Dr. Amir Neshat Chief Executive Officer | Lenatte Blouin (916) 464-0379 |
| CONTACT: Dr. Amir Nehat (949)-223-8929 | | | | | | | | | |
| Community Dental Services (07-65803) A1 2 MacArthur Place, Suite 700 Santa Ana, CA 92707 | #426 | 01/01/09 | 12/31/12 | | 90,000/ 11,963 | | Sacramento | Joseph Sivori President | Brian Nanoo (916) 464-3784 |
| CONTACT: Thuy Pham (714) 263-3410 | | | | | | | | | |
| Health Net of CA dba: CA Children Svcs. (07-65804) A1 address unknown | #427 | 01/01/09 | 12/31/12 | | 0/ 24,966 | | Sacramento | ? | Brian Nanoo (916) 464-3784 |
| CONTACT: Eileen McGee-Davidson (909) 890-4129 | | | | | | | | | |
| TOTAL GMC-DENTAL | | | | | <u>450,000/ 207,267</u> | | | | |

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