

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
PHP									
MARIN COUNTY (21)									
KP CAL LLC (NorCal) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	FAMILY	\$115.40	734/ 854	Marin	Charles S. Koch	Nathan Nau (916) 449-5000
				AGED	\$457.37				
				BLIND/DISABLED	\$457.37				
				ADULT	\$115.40				
				REFUGEES FAMILY	\$115.40				
				BCCTP	\$912.48				
				AIDS	\$1,574.79				
MARIN COUNTY (21)									
KP CAL LLC (NorCal) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	MEDICARE PART D		734/ 171	Marin	Charles S. Koch	Nathan Nau (916) 449-5000
				FAMILY	\$115.40				
				AGED	\$104.41				
				BLIND/DISABLED	\$101.27				
				ADULT	\$115.40				
				REFUGEES FAMILY	\$115.40				
				BCCTP	\$912.48				
AIDS	\$303.53								
MARIN COUNTY				SUBTOTAL		1,468/ 1025		\$186,474.73	

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

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

TOTAL PHP

4,316/ 1,025

\$186,474.73

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>				
PHP (DENTAL)													
LOS ANGELES COUNTY (19)													
Access Dental Plan, Inc. (05-45001), A8 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/10	06/30/11	Over 21 years old						Reza Abbaszadeh	Lenatte Blouin (916) 464-0379		
				FAMILY	\$10.51	unlimited/ 18,840	\$48,607.20	Los Angeles					
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				Under 21 years old								129,756	\$1,448,076.96
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
CONTACT: Terri Abbaszadeh (916) 563-6020													
American Health Guard Corp. (05-45698), A5 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/10	06/30/11	Over 21 years old						David Kutner	Abbigail Aban (916) 464-0390		
				FAMILY	\$10.51	unlimited/ 2,462	\$6,351.96	Los Angeles					
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				Under 21 years old								7,111	\$79,358.76
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
CONTACT: Rod Zalunardo (626) 821-5500													
Safeguard Health Plans Inc. (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/10	06/30/11	Over 21 years old						Paula Lopez	Lenatte Blouin (916) 464-0379		
				FAMILY	\$10.51	unlimited/ 8,270	\$21,336.60	Los Angeles					
				AGED	\$10.51								
				BLIND/DISABLED	\$10.61								
				Under 21 years old								10,997	\$122,726.52
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518													
Health Net Community Solutions, Inc. (05-45703), A6 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/10	06/30/11	Over 21 years old						David Meadows	Brian Nanoo (916) 464-3784		
				FAMILY	\$10.51	unlimited/ 18,565	\$47,897.70	Los Angeles					
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				Under 21 years old								26,211	\$292,514.76
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
CONTACT: Eileen McGee-Davidson (909) 890-4129													

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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LOS ANGELES COUNTY (19)														
Care 1st Health Plan (05-45702), A6 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638	#403	01/01/10	06/30/11	Over 21 years old						unlimited/ 5,787	\$14,930.46	Los Angeles	Dr. George Weingarter Medical Director	Abigail Aban (916) 464-0390
				FAMILY	\$10.51									
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				Under 21 years old										
				FAMILY	\$10.51	10,502	\$117,202.32							
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				MI CHILD	\$10.51									
				MI ADULT	\$10.51									
% OF POV	\$10.51													
BCCTP	\$10.51													
Western Dental Services (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#413	01/01/10	06/30/11	Over 21 years old						unlimited/ 20,444	\$52,745.52	Los Angeles	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784
				FAMILY	\$10.51									
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				Under 21 years old										
				FAMILY	\$10.51	32,360	\$361,137.60							
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				MI CHILD	\$10.51									
				MI ADULT	\$10.51									
% OF POV	\$10.51													
BCCTP	\$10.51													
Liberty Dental Plan of CA, Inc. (05-45700), A6 3200 El Camino Real, Ste. 290 Irvine, CA 92602 CONTACT: Amir Neshat, DDS, 949-223-8929	#416	01/01/10	06/30/11	Over 21 years old						Unlimited/ 3,419	\$8,821.02	Los Angeles	Amir Neshat, DDS President/CEO	Lenatte Blouin (916) 464-0379
				FAMILY	\$10.51									
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				Under 21 years old										
				FAMILY	\$10.51	4,432	\$49,461.12							
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				MI CHILD	\$10.51									
				MI ADULT	\$10.51									
% OF POV	\$10.51													
BCCTP	\$10.51													
Community Dental Services, Inc. #417 (05-45699), A5 2 Mac Arthur Place, Suite 700 Santa Ana, CA 92707 CONTACT: Thuy Pham (714) 263-3410	#417	01/01/10	06/30/11	Over 21 years old						Unlimited/ 1,392	\$3,591.36	Los Angeles	Joseph Sivori President	Brian Nanoo (916) 464-3784
				FAMILY	\$10.51									
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				Under 21 years old										
				FAMILY	\$10.51	2,063	\$23,023.08							
				AGED	\$10.51									
				BLIND/DISABLED	\$10.51									
				MI CHILD	\$10.51									
				MI ADULT	\$10.51									
% OF POV	\$10.51													
BCCTP	\$10.51													
LOS ANGELES				SUBTOTAL	Over 21 yrs. old	79,179	204,281.82							
				SUBTOTAL	Under 21 yrs. old	223,432	2,493,501.12							

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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RIVERSIDE COUNTY (33)													
Western Dental Services, Inc. #414 (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/10	06/30/11	Over 21 years old						Riverside	Samuel H. Gruenbaum Brian Nanoo President/CEO (916) 464-3784		
				FAMILY	\$10.51	unlimited/ 64	\$165.12						
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				Under 21 years old								59	\$658.44
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
Safeguard Health Plans, Inc. #407 (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518	#407	01/01/10	06/30/11	Over 21 years old						Riverside	Paula Lopez Lenatte Blouin Director State Gov (916) 464-0379		
				FAMILY	\$10.51	unlimited/ 27	\$69.66						
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				Under 21 years old								29	\$323.64
				FAMILY	\$10.51								
				AGED	\$10.51								
				BLIND/DISABLED	\$10.51								
				MI CHILD	\$10.51								
				MI ADULT	\$10.51								
% OF POV	\$10.51												
BCCTP	\$10.51												
RIVERSIDE COUNTY				SUBTOTAL	Over 21 yrs. old	91	\$234.78						
				SUBTOTAL	Under 21 yrs. old	88	\$982.08						

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>										
SAN BERNARDINO COUNTY (36)																			
Western Dental Services, Inc. (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#415	01/01/10	06/30/11	Over 21 years old						unlimited/ 136	\$350.88	San Bernardino	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51														
				AGED	\$10.51														
				BLIND/DISABLED	\$10.51														
				Under 21 years old											90	\$1,004.40			
				FAMILY	\$10.51														
				AGED	\$10.51														
				BLIND/DISABLED	\$10.51														
				MI CHILD	\$10.51														
				MI ADULT	\$10.51														
% OF POV	\$10.51																		
BCCTP	\$10.51																		
Care 1st Health Plan																			
(05-45702), A6 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638	#404	01/01/10	06/30/11	Over 21 years old						unlimited/ 54	\$139.32	San Bernardino	Dr. Gorge Weingarten Medical Director	Abbigail Aban (916) 464-0390					
				FAMILY	\$10.51														
				AGED	\$10.51														
				BLIND/DISABLED	\$10.51														
				Under 21 years old											37	\$412.92			
				FAMILY	\$10.51														
				AGED	\$10.51														
				BLIND/DISABLED	\$10.51														
				MI CHILD	\$10.51														
				MI ADULT	\$10.51														
% OF POV	\$10.51																		
BCCTP	\$10.51																		
Safeguard Health Plans, Inc.																			
(05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 **Rates do not reflect Hyde abortion rates effective August 2003	#408	01/01/10	06/30/11	Over 21 years old						unlimited/ 202	\$521.16	San Bernardino	Paula Lopez	Lenatte Blouin (916) 464-0379					
				FAMILY	\$10.51														
				AGED	\$10.51														
				BLIND/DISABLED	\$10.51														
				Under 21 years old											140	\$1,562.40			
				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	OVER 21	Under 21 yrs. old	392	\$1,011.36											
				SUBTOTAL	UNDER 21	Under 21 yrs. old	267	\$2,979.72											
				TOTAL PHP (DENTAL)	OVER 21		79,662	\$205,527.96											
				TOTAL PHP (DENTAL)	UNDER 21		223,787	\$2,497,462.92											
				TC TOTAL PHP (DENTAL)			303,449	\$2,702,990.88											

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MANAGED CARE CAPITATION REPORT

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COUNTY COHS									
MARIN COUNTY (21)	#510	07/01/11	?		N/A/ 0	\$0.00	Marin		? (916) 449-5000
dba Partnership Health Plan of CA Central California Alliance for Health				FAMILY/MI CHILD \$0.00 AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00 MI ADULT \$0.00 REFUGEES/% POV \$0.00 BCCTP \$0.00					
ADDRESS ??									
				MEDICARE PART D AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00	NA/ 0	\$0.00			
(Note): HCP # 081 will roll over to HCP# 510 07/01/11 CONTACT:									
MENDOCINO COUNTY (23)	#512	07/01/11	?		N/A/ 0	\$0.00	Mendocino		? (916) 449-5000
dba Partnership Health Plan of CA				FAMILY/MI CHILD \$0.00 AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00 MI ADULT \$0.00 REFUGEES/% POV \$0.00 BCCTP \$0.00					
ADDRESS ??									
				MEDICARE PART D AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00	NA/ 0	\$0.00			
CONTACT:									
MERCED COUNTY (24)									
Santa Cruz-Monterey-Merced , Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A6 ADDRESS ??	#514	01/01/11	12/31/13	FAMILY/MI CHILD \$149.87 AGED \$486.68 DISABLED/BLIND \$761.12 LTC \$7,721.99 MI ADULT \$149.87 REFUGEES/% POV \$149.87 BCCTP \$1,296.40	N/A/ 64,995	\$14,245,802.30	Merced		Jane Marine (916) 449-5000
CONTACT:				MEDICARE PART D AGED \$268.57 DISABLED/BLIND \$181.15 LTC \$4,987.51	NA/ 8,874	\$3,879,175.33			
MONTEREY COUNTY (27)									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road ADDRESS ??	#508	01/01/11	12/31/13	FAMILY/MI CHILD \$139.02 AGED \$592.63 DISABLED/BLIND \$893.41 LTC \$6,924.94 MI ADULT \$139.02 REFUGEES/% POV \$139.02 BCCTP \$1,392.52	N/A/ 64,149	\$13,274,894.05	Monterey	Allan McKay	Jane Marine (916) 449-5000
CONTACT: Alan McKay (831) 457-3850 ext 4330				MEDICARE PART D AGED \$201.57 DISABLED/BLIND \$189.66 LTC \$5,210.38	NA/ 9,761	\$4,395,688.98			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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COUNTY COHS																			
<u>NAPA COUNTY (28)</u>																			
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	01/01/11	12/31/13	FAMILY/MI CHILD	\$190.05	N/A/ 11,440	\$3,406,178.94	Solano-Napa	Jack Horn	Acting: Jane Marine (916) 449-5000									
				AGED	\$478.54														
				DISABLED/BLIND	\$893.60														
				LTC	\$4,801.23														
				MI ADULT	\$190.05														
				REFUGEES/% POV	\$190.05														
				BCCTP	\$1,595.64														
				OBRA	\$304.72														
				<u>MEDICARE PART D</u>															
				AGED	\$187.30						NA/ 3,050	\$1,469,831.27							
				DISABLED/BLIND	\$234.40														
				LTC	\$3,773.91														
				OBRA	\$304.72														
				CONTACT: Jack Horn (707) 863-4261															
				<u>ORANGE COUNTY (30)</u>															
Orange County Organized Health System dba CalOptima (08-85214) A5 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/11	12/31/13	FAMILY/MI CHILD	\$124.45	N/A/ 307,640	\$67,383,619.52	Orange	Richard Chambers	Acting: Jane Marine (916) 449-5000									
				AGED	\$420.88														
				DISABLED/BLIND	\$873.86														
				LTC	\$6,418.41														
				MI ADULT	\$124.45														
				REFUGEES/% POV	\$124.45														
				BCCTP	\$1,417.71														
				<u>MEDICARE PART D</u>															
				AGED	\$174.18						NA/ 72,729	\$29,528,425.73							
				DISABLED/BLIND	\$249.12														
				LTC	\$4,254.86														
				CONTACT: Richard Chambers (714) 246-8458															
				<u>SAN LUIS OBISPO COUNTY (40)</u>															
				SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A5 110 Castillian Dr. Goleta, CA 93117	#501						01/01/11	12/31/11	FAMILY/MI CHILD	\$123.15	N/A/ 23,648	\$5,298,068.11	Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5000
													AGED	\$497.19					
DISABELED/BLIND	\$764.70																		
LTC	\$6,811.85																		
MI ADULT	\$123.15																		
REFUGEES/% POV	\$123.15																		
BCCTP	\$1,333.04																		
AIDS	\$2,977.94																		
<u>MEDICARE PART D</u>																			
AGED	\$175.50	NA/ 5,778	\$2,725,043.77																
DISABLED/BLIND	\$145.64																		
LTC	\$4,263.10																		
AIDS	\$314.01																		
CONTACT: Bob Freeman (805) 685-9525																			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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COUNTY COHS											
<u>SAN MATEO COUNTY (41)</u>											
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A7 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/11	12/31/13	FAMILY/MI CHILD	\$178.58	N/A/ 45,800	\$16,298,107.28	San Mateo	Maya Altman	Chrissy Corbin (916) 449-5000	
				AGED	\$645.48						
				DISABLED/BLIND	\$1,233.71						
				LTC	\$6,353.90						
				MI ADULT	\$178.58						
				REFUGEES/% POV	\$178.58						
				BCCTP	\$1,544.40						
	AIDS	\$3,842.06									
	AGNEWS	\$3,148.87									
					<u>MEDICARE PART D</u>						
					AGED	\$343.94	NA/ 15,826	\$11,780,006.76			
					DISABLED/BLIND	\$384.48					
					LTC	\$6,581.50					
					AIDS	\$355.84					
					AGNEWS	\$1,004.78					
	CONTACT: Maya Altman (650) 616-2145										
	<u>SANTA BARBARA COUNTY (42)</u>										
SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A5 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/11	12/31/11	FAMILY/MI CHILD	\$143.90	N/A/ 55,100	\$12,108,020.80	Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5000	
				AGED	\$533.95						
				DISABELED/BLIND	\$855.66						
				LTC	\$8,100.86						
				MI ADULT	\$143.90						
				REFUGEES/% POV	\$143.90						
				BCCTP	\$1,365.49						
	AIDS	\$2,943.11									
					<u>MEDICARE PART D</u>						
					AGED	\$199.11	NA/ 9,965	\$5,210,834.11			
					DISABLED/BLIND	\$186.69					
					LTC	\$5,412.45					
					AIDS	\$310.68					
	CONTACT: Bob Freeman (805) 685-9525 ext 1011										
	<u>SANTA CRUZ COUNTY (44)</u>										
	Santa Cruz-Monterey Managed medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	01/01/11	12/31/13	FAMILY/MI CHILD	\$151.54	N/A/ 29,229	\$7,395,572.78	Santa Cruz-Monterey	Alan McKay	Jane Marine (916) 449-5000
					AGED	\$549.96					
DISABELED/BLIND					\$888.70						
LTC					\$6,258.60						
MI ADULT					\$151.54						
REFUGEES/% POV					\$151.54						
BCCTP					\$1,380.81						
				<u>MEDICARE PART D</u>							
					AGED	\$216.66	NA/ 6,208	\$2,962,500.87			
					DISABLED/BLIND	\$198.76					
					LTC	\$4,575.59					
CONTACT: Alan McKay (831) 457-3850 ext. 4330											

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
COUNTY COHS									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	1/1/2011	12/31/13	FAMILY/MI CHILD \$174.94 AGED \$551.97 DISABELED/BLIND \$862.18 LTC \$5,898.38 MI ADULT \$174.94 REFUGEES/% POV \$174.94 BCCTP \$1,410.12 OBRA \$298.85	NA/ 51,871	\$14,829,880.43	Solano-Napa	Jack Horn	Acting: Jane Marine (916) 449-5000
				<u>MEDICARE PART D</u> AGED \$208.26 DISABLED/BLIND \$229.36 LTC \$4,667.25 OBRA \$298.85	NA/ 10,413	\$4,050,005.35			
CONTACT: Jack Horn (707) 863-4261									
<u>SONOMA COUNTY (49)</u>									
Sonoma County Partnership Health Plan of CA dba: (08-85215, A6 ADDRESS ?? Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.	#513	01/01/11	12/31/13	FAMILY/MI CHILD \$119.21 AGED \$671.07 DISABELED/BLIND \$893.72 LTC \$5,118.71 MI ADULT \$119.21 REFUGEES/% POV \$119.21 BCCTP \$940.23 OBRA \$0.00	N/A/ 42,003	\$10,210,982.42	Sonoma	Lyle Luman	Acting: Jane Marine (916) 449-5000
				<u>MEDICARE PART D</u> AGED \$272.06 DISABLED/BLIND \$181.50 LTC \$3,847.43 OBRA \$0.00	NA/ 11,159	\$7,129,104.12			
CONTACT:									
<u>VENTURA COUNTY (56)</u>									
Ventura County Gold Coast Health Plan dba: (contract ? 220 Gonzales Road, Suite 200 Oxnard, CA 93035 Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.	#515	07/01/11	00/00/00	FAMILY/MI CHILD \$0.00 AGED \$0.00 DISABELED/BLIND \$0.00 LTC \$0.00 MI ADULT \$0.00 REFUGEES/% POV \$0.00 BCCTP \$0.00 OBRA \$0.00	N/A/ 0	\$0.00	Ventura		(916) 449-5000
				<u>MEDICARE PART D</u> AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00 OBRA \$0.00	NA/ 0	\$0.00			
CONTACT:									

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COUNTY COHS										
<u>YOLO COUNTY (57)</u>										
Solano-Napa County	#509	01/01/11	12/31/13	FAMILY/MICHILD	\$149.10	N/A/ 22,339	\$6,283,705.60	Yolo	Jack Horn	Acting: Jane Marine (916) 449-5000
Commission on Medical Care				AGED	\$581.08					
dba Partnership Health Plan				DISABELED/BLIND	\$1,003.56					
of California				LTC	\$6,313.03					
(08-85215) A6				MI ADULT	\$149.10					
360 Campus Lane, Suite 100				REFUGEES/FAMIL'	\$149.10					
Fairfield, CA 94534-4036				BCCTP	\$1,297.90					
				OBRA	\$272.39					
				<u>MEDICARE PART D</u>		NA/ 5,015	\$2,514,637.77			
				AGED	200.41					
				DISABLED/BLIND	248.25					
				LTC	4268.74					
				OBRA	272.39					
CONTACT: Jack Horn (707) 863-4100										
				TOTAL COUNTY COHS		N/A/ 876,992	\$246,380,086.29			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	MEDICAL ONLY		1,600/ 4	\$23,108.72	Fremont	Robert Edmondson	Joseph Billingsley (916) 449-5000
				FAMILY/AGED/REF.	\$5,777.18					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	MEDICARE PART D		1,600/ 85	\$358,909.95	Fremont	Robert Edmondson	Joseph Billingsley (916) 449-5000
				FAMILY/AGED/REF.	\$4,222.47					
Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150		01/01/09	12/31/12	MEDICAL ONLY		560/ 58	\$341,730.20	Oakland	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$5,891.90					
Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150		01/01/09	12/31/12	MEDICARE PART D		560/ 414	\$1,789,622.64	Oakland	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$4,322.76					
ALAMEDA COUNTY				SUBTOTAL		4,320/ 561	\$2,513,371.51			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
CONTRA COSTA COUNTY (07)										
MEDICAL ONLY										
Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$5,891.90	560/ 7	\$41,243.30	Berkeley	Peter Szutu	Joel Weeden (916) 449-5000
				DISA/LTC/AIDS	\$5,891.90					
Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	01/01/09	12/31/12	MEDICARE PART D		560/ 28	\$121,037.28	Berkeley	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
CONTRA COSTA COUNTY				SUBTOTAL		1,120/ 35	\$162,280.58			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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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/ 2,953	\$235,767.52	Los Angeles	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/09	12/31/12	LTC \$958.81	5,000/ 1,801	\$1,726,816.81	Los Angeles	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
MEDICAL ONLY									
Altamed Hlth Services Corp. dba: AltaMed Senior BuenaCare (07-65709) 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/ 144	\$851,019.84	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 449-5000
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/ 637	\$2,161,971.63	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Jennifer Spalding (323) 728-0411									
LOS ANGELES COUNTY				SUBTOTAL	11,650/ 5,535	\$4,975,575.80			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>RIVERSIDE COUNTY (33)</u>									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/09	12/31/12	AGED \$72.80 BLIND/DISABLED \$72.80	5,000/ 961	\$69,960.80	Riverside	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/09	12/31/12	LTC \$940.10	5,000/ 653	\$613,885.30	San Bernardino	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
RIVERSIDE COUNTY					SUBTOTAL	10,000/ 1,614	\$683,846.10		
<u>SACRAMENTO COUNTY (34)</u>									
MEDICAL ONLY									
Sutter Senior Care (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	#50	01/01/09	12/31/12	FAMILY/AGED/REF. \$5,217.42 DISA/LTC/AIDS \$5,217.42	280/ 5	\$26,087.10	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
MEDICARE PART D									
Sutter Senior Care (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	#50	01/01/09	12/31/12	FAMILY/AGED/REF. \$3,608.80 DISA/LTC/AIDS \$3,608.80	280/ 217	\$783,109.60	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
SACRAMENTO COUNTY					SUBTOTAL	560/ 222	\$809,196.70		

<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>									
<u>MEDICARE PART D</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	AGED \$83.65 BLIND/DISABLED \$83.65	5,000/ 592	\$49,520.80	Riverside	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
<u>MEDICARE PART D</u>									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/09	12/31/12	LTC \$913.48	5,000/ 324	\$295,967.52	San Bernardino	David Schmidt	Joseph Billingsley. (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
SAN BERNARDINO COUNTY				SUBTOTAL	10,000/ 916	\$345,488.32			
<u>SAN DIEGO COUNTY (37)</u>									
<u>MEDICAL ONLY</u>									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103	#57	01/01/09	12/31/12	FAMILY/AGED/REF. \$5,059.84 DISA/LTC/AIDS \$5,059.84	200/ 19	\$96,136.96	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Carol Hubbard (619) 677-3888									
<u>MEDICARE PART D</u>									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103	#57	01/01/09	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	200/ 140	\$499,753.80	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Carol Hubbard (619) 677-3888									
SAN DIEGO COUNTY				SUBTOTAL	400/ 159	\$595,890.76			

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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>
<u>SAN FRANCISCO COUNTY (38)</u>									
<u>MEDICAL ONLY</u>									
OnLok Senior Health Services dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	#55	01/01/09	12/31/12	FAMILY/AGED/REF. \$6,113.52 DISA/LTC/AIDS \$6,113.52	1600/ 29	\$177,292.08	San Francisco	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
<u>MEDICARE PART D</u>									
OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	#55	01/01/09	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 848	\$3,731,038.88	San Francisco	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
<u>MEDICAL ONLY</u>									
San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 128	\$236,640.00	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5000
<u>MEDICARE PART D</u>									
				FAMILY/AGED/REF. \$1,848.75 DISA/LTC/AIDS \$1,848.75	500/ 1	\$1,848.75			
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3700/ 1,006	\$4,146,819.71			
<u>SANTA CLARA COUNTY (43)</u>									
<u>MEDICAL ONLY</u>									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	#58	01/01/09	12/31/12	FAMILY/AGED/REF. 5,334.20 DISA/LTC/AIDS 5,334.20	1600/ 3	\$16,002.60	San Jose	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
<u>MEDICARE PART D</u>									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	#58	01/01/09	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 70	\$282,000.60	San Jose	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	3,200/ 73	\$298,003.20			

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YOLO COUNTY (57)									
MEDICAL ONLY									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	01/01/09	12/31/12	FAMILY/AGED/REF. 5,217.42 DISA/LTC/AIDS 5,217.42	280/ 0	\$0.00	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 (Deactive 03/01/2011)	#53	01/01/09	12/31/12	MEDICARE PART D FAMILY/AGED/REF. 3,608.80 DISA/LTC/AIDS 3,608.80	280/ 0	\$0.00	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
YOLO COUNTY				SUBTOTAL		<u>280/ 0</u>	<u>\$0.00</u>		
TOTAL SPECIAL PROJECT						<u>45,230/ 10,121</u>	<u>\$14,530,472.68</u>		

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PCCM									
<u>LOS ANGELES COUNTY (19)</u>									
				<u>Public Assistance</u>					
AIDS Healthcare Foundation (01-16349) A-14 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/11	FAMILY \$103.27 AGED \$466.85 DISABLED \$622.09 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$1,767.86 BCCTP \$517.08	2,000/ 442	\$267,026.24	Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5000
CONTACT: Donna Stidham (323) 860-5231									
				<u>MEDICARE PART D</u>					
				<u>Public Assistance</u>					
AIDS Healthcare Foundation (01-16349) A-14 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/11	FAMILY \$103.27 AGED \$243.89 DISABLED \$339.33 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$230.19 BCCTP \$517.08	2,000/ 347	\$116,225.55	Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5000
CONTACT: Donna Stidham (323) 860-5231									
LOS ANGELES COUNTY				SUBTOTAL	<u>4,000/ 789</u>	<u>\$383,251.79</u>			
TOTAL PCCM					<u>4,000/ 789</u>	<u>\$383,251.79</u>			

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2-PLAN																		
ALAMEDA COUNTY (01)																		
Alameda Alliance for Health (04-35399), A10a, C12 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	01/01/11	12/31/11	FAMILY	\$124.37	180,000/ 99,789	\$15,954,360.72	Alameda	David Kears	Mary Cobb (916) 449-5000								
				AGED	\$525.14													
				DISABLED	\$525.14													
				MI ADULT	\$124.37													
				REFUGEES	\$124.37													
				AIDS	\$825.52													
				BCCTP	\$807.71													
				AGNEWS	\$2,930.25													
				MEDICARE PART D														
				FAMILY	\$124.37						180,000/ 6,119	\$833,640.25	Alameda	David Kears	Mary Cobb (916) 449-5000			
AGED	\$134.31																	
DISABLED	\$139.61																	
MI ADULT	\$124.37																	
REFUGEES	\$124.37																	
AIDS	\$208.03																	
BCCTP	\$807.71																	
MATERNITY	\$6,345.81																	
AGNEWS	\$977.28																	
Anthem Blue Cross Partnership Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	01/01/11	03/31/12	FAMILY	\$120.72	unlimited/ 28,228	\$4,256,653.91	California	Mark Lewis (916) 449-5000									
				AGED	\$563.03													
				DISABLED	\$563.03													
				MI ADULT	\$120.72													
				REFUGEES/FAMILY	\$120.72													
				AIDS	\$853.97													
				BCCTP	\$739.89													
				MEDICARE PART D														
				FAMILY	\$120.72					unlimited/ 770	\$95,364.03	California	Mark Lewis (916) 449-5000					
				AGED	\$108.63													
DISABLED	\$130.95																	
MI ADULT	\$120.72																	
REFUGEES/FAMILY	\$120.72																	
AIDS	\$198.25																	
BCCTP	\$739.89																	
MATERNITY	\$6,345.81																	
ALAMEDA COUNTY					SUBTOTAL		360,000/ 134,906	\$21,140,018.91										

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CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A8a, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	01/01/11	12/31/11	FAMILY	\$130.13	unlimited/ 61,722	\$9,775,987.07	County of Contra Costa	Jonathan Prince (916) 449-5000
				AGED	\$519.08				
				DISABLED	\$519.08				
				MI ADULT	\$130.13				
				REFUGEES/FAMILY	\$130.13				
				AIDS	\$879.66				
				BCCTP	\$768.60				
				MEDICARE PART D					
				FAMILY	\$130.13				
				AGED	\$130.59				
DISABLED	\$154.21								
MI ADULT	\$130.13								
REFUGEES/FAMILY	\$130.13								
AIDS	\$202.06								
BCCTP	\$768.60								
MATERNITY	\$5,795.09								
Anthem Blue Cross Partnership Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	01/01/11	03/31/12	FAMILY	\$109.83	unlimited/ 11,507	\$1,467,104.31	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5000
				AGED	\$415.53				
				DISABLED	\$415.53				
				MI ADULT	\$109.83				
				REFUGEES/FAMILY	\$109.83				
				AIDS	\$899.06				
				BCCTP	\$777.44				
				MEDICARE PART D					
				FAMILY	\$109.83				
				AGED	\$111.49				
DISABLED	\$139.66								
MI ADULT	\$109.83								
REFUGEES/FAMILY	\$109.83								
AIDS	\$198.29								
BCCTP	\$777.44								
MATERNITY	\$5,795.09								
CONTRA COSTA COUNTY				SUBTOTAL	unlimited/ 76,156	\$11,662,564.43			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>								
FRESNO COUNTY (10)																	
Anthem Blue Cross of CA Partnership Plan, Inc. (03-76184), A14a ,C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	01/01/11	06/30/11	FAMILY	\$99.41	unlimited/ 53		Fresno	Blue Cross of California	Marc Lewis (916) 449-5000							
				AGED	\$537.48												
				DISABLED	\$537.48												
				MI ADULT	\$99.41												
				REFUGEES/FAMILY	\$99.41												
				AIDS	\$946.19												
				BCCTP	\$779.03												
				MEDICARE PART D													
				FAMILY	\$99.41						unlimited/ 51		Fresno	Blue Cross of California	Marc Lewis (916) 449-5000		
				AGED	\$118.12												
DISABLED	\$140.12																
MI ADULT	\$99.41																
REFUGEES/FAMILY	\$99.41																
AIDS	\$197.45																
BCCTP	\$779.03																
MATERNITY	\$5,819.44																
(Note: Deactive HCP #341 03/01/11, roll over to 362 Contract (10-87049) CONTACT: Cindy Metcho (805) 384-7662																	
Anthem Blue Cross of CA Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT:	#362	03/01/11	02/29/16	FAMILY	\$99.56	unlimited/ 79,629		Fresno	Blue Cross of California	(916) 449-5000							
				AGED	\$545.56												
				DISABLED	\$545.56												
				MI ADULT	\$99.56												
				REFUGEES/FAMILY	\$99.56												
				AIDS	\$955.14												
				BCCTP	\$786.22												
				MEDICARE PART D													
				FAMILY	\$99.56						unlimited/ 2,326		Fresno	Blue Cross of California	(916) 449-5000		
				AGED	\$118.48												
DISABLED	\$140.46																
MI ADULT	\$99.56																
REFUGEES/FAMILY	\$99.56																
AIDS	\$199.04																
BCCTP	\$786.22																
MATERNITY	\$5,819.44																
(Note: Deactive HCP #341 rolls over 10/01/10, to 362 Contract (10-87049) CONTACT:																	
Fresno-Kings-Madera Regional # 315 dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$97.87	unlimited/ 129,575		Fresno	Blue Cross of California	Marc Lewis (916) 449-5000							
				AGED	\$428.09												
				DISABLED	\$428.09												
				MI ADULT	\$97.87												
				REFUGEES/FAMILY	\$97.87												
				AIDS	\$896.65												
				BCCTP	\$741.05												
				MEDICARE PART D													
				FAMILY	\$97.87						unlimited/ 1,638		Fresno	Blue Cross of California	Marc Lewis (916) 449-5000		
				AGED	\$112.76												
DISABLED	\$110.04																
MI ADULT	\$97.87																
REFUGEES/FAMILY	\$97.87																
AIDS	\$199.74																
BCCTP	\$741.05																
MATERNITY	\$5,819.44																
(Note: (559) 445-3461																	

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>							
FRESNO COUNTY (10)																
Health Net Community Solutions, Inc. (03-76182), A12, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	01/01/11	06/30/11	FAMILY	\$97.84	unlimited/ 107	Fresno	Health Net	Myreca Singh (916) 449-5000							
				AGED	\$424.15											
				DISABLED	\$424.15											
				MI ADULT	\$97.84											
				REFUGEES/FAMILY	\$97.84											
				AIDS	\$891.32											
				BCCTP	\$737.83											
				MEDICARE PART D												
				FAMILY	\$97.84					unlimited/ 55	\$5,937.16	Fresno	Health Net	Myreca Singh (916) 449-5000		
				AGED	\$112.54											
DISABLED	\$109.72															
MI ADULT	\$97.84															
REFUGEES/FAMILY	\$97.84															
AIDS	\$198.73															
BCCTP	\$737.83															
MATERNITY	\$5,819.44															
FRESNO COUNTY					unlimited/ 213,434	\$24,621,019.76										
SUBTOTAL																

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

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<u>KERN COUNTY (15)</u>										
Health Net Community Solutions, Inc. (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 33,264	\$4,153,905.30	Kern	Health Net	Myreca Singh (916) 449-5000
				AGED	\$470.21					
				DISABLED	\$470.21					
				MI ADULT	\$107.24					
				REFUGEES/FAMILY	\$107.24					
				AIDS	\$887.18					
				BCCTP	\$750.33					
<u>MEDICARE PART D</u>										
Health Net Community Solutions, Inc. (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 675	\$81,476.08	Kern	Health Net	Myreca Singh (916) 449-5000
				AGED	\$108.94					
				DISABLED	\$128.08					
				MI ADULT	\$107.24					
				REFUGEES/FAMILY	\$107.24					
				AIDS	\$195.52					
				BCCTP	\$750.33					
MATERNITY	\$5,648.68									
<u>MEDICARE PART D</u>										
Kern Health Systems dba Kern Family Health Care 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 108,726	\$12,124,240.41	Kern	Kern Health Systems	Jonathan Prince (916) 449-5000
				AGED	\$443.84					
				DISABLED	\$443.84					
				MI ADULT	\$94.24					
				REFUGEES/FAMILY	\$94.24					
				AIDS	\$876.44					
				BCCTP	\$748.11					
<u>MEDICARE PART D</u>										
Kern Health Systems dba Kern Family Health Care 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 2,061	\$260,777.50	Kern	Kern Health Systems	Jonathan Prince (916) 449-5000
				AGED	\$128.70					
				DISABLED	\$134.90					
				MI ADULT	\$94.24					
				REFUGEES/FAMILY	\$94.24					
				AIDS	\$195.91					
				BCCTP	\$748.11					
MATERNITY	\$5,648.68									
KERN COUNTY				SUBTOTAL		230,000/ 144,726	\$16,620,399.29			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
KINGS COUNTY (16)									
Kings-Fresno-Madera Regional #316 dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 12,848	Kings		(916) 449-5000
	AGED			\$487.73					
	DISABLED			\$487.73					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$887.98					
	BCCTP			\$774.89					
	MEDICARE PART D								
Kings -Fresno-Madera Regional #316 dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 157	Kings		(916) 449-5000
	AGED			\$111.96					
	DISABLED			\$130.53					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$197.07					
	BCCTP			\$774.89					
	MATERNITY			\$6,104.12					
Anthen Blue Cross of CA #363 dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704 (Note: HCP #351 rools over to HCP# 363)		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 8,879	Kings		(916) 449-5000
	AGED			\$487.73					
	DISABLED			\$487.73					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$887.98					
	BCCTP			\$774.89					
	MEDICARE PART D								
Anthen Blue Cross of CA #363 dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 139	Kings		(916) 449-5000
	AGED			\$111.96					
	DISABLED			\$130.53					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$197.07					
	BCCTP			\$774.89					
	MATERNITY			\$6,104.12					
KINGS COUNTY				SUBTOTAL		0/ 22,023		\$2,417,100.92	

<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), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 440,874	\$42,882,141.84	Los Angeles	Health Net	Myreca Singh (916) 449-5000
				AGED	\$404.78					
				DISABLED	\$404.78					
				MI ADULT	\$85.76					
				REFUGEES/FAMILY	\$85.76					
				AIDS	\$927.12					
				BCCTP	\$750.20					
MEDICARE PART D										
Health Net Community Solutions, Inc. (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 6,201	\$665,162.01	Los Angeles	Health Net	Myreca Singh (916) 449-5000
				AGED	\$99.90					
				DISABLED	\$119.25					
				MI ADULT	\$85.76					
				REFUGEES/FAMILY	\$85.76					
				AIDS	\$186.55					
				BCCTP	\$750.20					
MATERNITY	\$5,656.38									
MEDICARE PART D										
LA Care Health Plan (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 858,083	\$98,498,792.90	Los Angeles	LA Care Health Plan	Mary Cobb (916) 449-5000
				AGED	\$437.50					
				DISABLED	\$437.50					
				MI ADULT	\$102.13					
				REFUGEES/FAMILY	\$102.13					
				AIDS	\$843.46					
				BCCTP	\$823.84					
MEDICARE PART D										
LA Care Health Plan (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 13,524	\$1,571,096.92	Los Angeles	LA Care Health Plan	Mary Cobb (916) 449-5000
				AGED	\$116.28					
				DISABLED	\$121.18					
				MI ADULT	\$102.13					
				REFUGEES/FAMILY	\$102.13					
				AIDS	\$201.61					
				BCCTP	\$823.84					
MATERNITY	\$5,656.38									
LOS ANGELES COUNTY				SUBTOTAL	unlimited/ 1,318,682	\$143,617,193.67				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
MADERA COUNTY (20)									
Madera-Fresno-Kings Regional F #317 dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 15,908	Madera		(916) 449-5000
				AGED	\$508.86				
				DISABLED	\$508.86				
				MI ADULT	\$100.50				
				REFUGEES/FAMILY	\$100.50				
				AIDS	\$888.65				
				BCCTP	\$775.47				
MEDICARE PART D									
Madera-Fresno-Kings Regional F #317 dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 152	Madera		(916) 449-5000
				AGED	\$112.89				
				DISABLED	\$121.63				
				MI ADULT	\$100.50				
				REFUGEES/FAMILY	\$100.50				
				AIDS	\$197.07				
				BCCTP	\$775.47				
MATERNITY	\$5,916.55								
MEDICARE PART D									
Anthen Blue Cross of CA dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704	#364	03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 9,652	Madera		(916) 449-5000
				AGED	\$508.86				
				DISABLED	\$508.86				
				MI ADULT	\$100.50				
				REFUGEES/FAMILY	\$100.50				
				AIDS	\$888.68				
				BCCTP	\$775.47				
MEDICARE PART D									
Anthen Blue Cross of CA dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 3831704	#364	03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 84	Madera		(916) 449-5000
				AGED	\$112.89				
				DISABLED	\$121.63				
				MI ADULT	\$100.50				
				REFUGEES/FAMILY	\$100.50				
				AIDS	\$197.07				
				BCCTP	\$775.47				
MATERNITY	\$5,916.55								
MADERA COUNTY				SUBTOTAL		unlimited/ 25,796		\$2,721,038.41	

<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), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 196,286	\$23,970,989.60	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$478.25					
				DISABLED	\$478.25					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$866.01					
				BCCTP	\$745.17					
MEDICARE PART D										
Inland Empire Health Plan #305 (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 3,686	\$447,554.87	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$102.12					
				DISABLED	\$133.27					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$195.70					
				BCCTP	\$745.17					
MATERNITY	\$5,096.19									
Molina Healthcare of California #355										
Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 41,151	\$4,820,657.61	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$426.63					
				DISABLED	\$426.63					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$864.62					
				BCCTP	\$735.80					
MEDICARE PART D										
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 484	\$59,148.13	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$108.77					
				DISABLED	\$136.76					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$197.21					
				BCCTP	\$735.80					
MATERNITY	\$5,096.19									
RIVERSIDE COUNTY				SUBTOTAL		166,076/ 241,607	\$29,298,350.21			

<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), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 222,938	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$471.09				
				DISABLED	\$471.09				
				MI ADULT	\$107.05				
				REFUGEES/FAMILY	\$107.05				
				AIDS	\$814.74				
				BCCTP	\$747.17				
MEDICARE PART D									
Inland Empire Health Plan #306 (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 3,972	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$112.49				
				DISABLED	\$138.74				
				MI ADULT	\$107.05				
				REFUGEES/FAMILY	\$107.05				
				AIDS	\$198.74				
				BCCTP	\$747.17				
MATERNITY	\$5,506.98								
Molina Healthcare of California #356									
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 56,919	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$433.34				
				DISABLED	\$433.34				
				MI ADULT	\$106.71				
				REFUGEES/FAMILY	\$106.71				
				AIDS	\$863.23				
				BCCTP	\$767.45				
MEDICARE PART D									
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 716	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$132.04				
				DISABLED	\$133.17				
				MI ADULT	\$106.71				
				REFUGEES/FAMILY	\$106.71				
				AIDS	\$197.15				
				BCCTP	\$767.45				
MATERNITY	\$5,506.98								
SAN BERNARDINO COUNTY				SUBTOTAL		272,664/ 284,545		\$34,743,404.63	

<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), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY	\$90.21	unlimited/ 10,985	\$1,263,612.22	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5000								
				AGED	\$460.30													
				DISABLED	\$460.30													
				MI ADULT	\$90.21													
				REFUGEES/FAMILY	\$90.21													
				AIDS	\$900.32													
				BCCTP	\$779.91													
				MEDICARE PART D														
				FAMILY	\$90.21						unlimited/ 489	\$52,414.87	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5000			
				AGED	\$96.55													
DISABLED	\$116.34																	
MI ADULT	\$90.21																	
REFUGEES/FAMILY	\$90.21																	
AIDS	\$197.69																	
BCCTP	\$779.91																	
MATERNITY	\$6,252.12																	
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A9a, C11 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		01/01/11	12/31/11	FAMILY	\$134.84	55,000/ 39,339	\$6,127,224.34	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5000								
				AGED	\$519.04													
				DISABLED	\$519.04													
				MI ADULT	\$134.84													
				REFUGEES/FAMILY	\$134.84													
				AIDS	\$1,014.53													
				BCCTP	\$780.02													
				MEDICARE PART D														
				FAMILY	\$134.84						55,000/ 1,687	\$245,733.51	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5000			
				AGED	\$131.71													
DISABLED	\$159.18																	
MI ADULT	\$134.84																	
REFUGEES/FAMILY	\$134.84																	
AIDS	\$213.17																	
BCCTP	\$780.02																	
MATERNITY	\$6,252.12																	
SAN FRANCISCO COUNTY				SUBTOTAL		110,000/ 52,500	\$7,688,984.94											

<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), A9a, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	01/01/11	12/31/11	<u>FAMILY</u> \$108.21 AGED \$434.62 DISABLED \$434.62 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$921.09 BCCTP \$798.68	unlimited/ 81,529	\$10,481,445.21	San Joaquin	?	Stephanie Hopkins (916) 449-5000
MEDICARE PART D									
Health Plan of San Joaquin (04-35401), A9a, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	01/01/11	12/31/11	<u>FAMILY</u> \$108.21 AGED \$126.86 DISABLED \$142.01 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$204.57 BCCTP \$798.68 MATERNITY \$5,978.59	unlimited/ 1,977	\$262,185.47	San Joaquin	?	Stephanie Hopkins (916) 449-5000
Anthem Blue Cross Partnership Plan (03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	01/01/11	06/30/11	<u>FAMILY</u> \$94.36 AGED \$376.52 DISABLED \$376.52 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$850.37 BCCTP \$743.56	unlimited/ 26,759	\$2,895,427.80	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5000
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	01/01/11	06/30/11	<u>FAMILY</u> \$94.36 AGED \$92.64 DISABLED \$123.23 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$198.34 BCCTP \$743.56 MATERNITY \$5,978.59	unlimited/ 566	\$62,880.06	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5000
SAN JOAQUIN COUNTY				SUBTOTAL	unlimited/ 110,831	\$13,701,938.54			

<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), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$101.41 AGED \$407.82 DISABLED \$407.82 MI ADULT \$101.41 REFUGEES/FAMILY \$101.41 AIDS \$896.01 BCCTP \$793.84	unlimited/ 32,990	\$3,887,953.24	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5000		
	MEDICARE PART D										
			01/01/11	03/31/12	FAMILY \$101.41 AGED \$107.28 DISABLED \$126.38 MI ADULT \$101.41 REFUGEES/FAMILY \$101.41 AIDS \$200.70 BCCTP \$793.84 MATERNITY \$6,127.31	unlimited/ 1,050	\$119,410.77	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5000	
	Santa Clara Family Health #309 Plan (04-35398), A10a, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		01/01/11	12/31/11	FAMILY \$125.45 AGED \$497.71 DISABLED \$497.71 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$841.08 BCCTP \$744.23 AGNEWS \$3,070.16	123,000/ 99,240	\$14,433,653.26	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5000	
		MEDICARE PART D									
				01/01/11	12/31/11	FAMILY \$125.45 AGED \$145.56 DISABLED \$165.82 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$200.92 BCCTP \$744.23 MATERNITY \$6,127.31 AGNEWS \$1,215.33	123,000/ 5,578	\$850,400.04	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5000
		SANTA CLARA COUNTY									
		SUBTOTAL					246,000/ 138,858	\$19,291,417.31			

<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>							
STANISLAUS COUNTY (50)																
Anthem Blue Cross Partnership #310 Plan (04-35797), A10a, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#310	01/01/11	12/31/11	FAMILY	\$110.41	unlimited/ 49,910	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5000							
				AGED	\$552.07											
				DISABLED	\$552.07											
				MI ADULT	\$110.41											
				REFUGEES/FAMILY	\$110.41											
				AIDS	\$878.44											
				BCCTP	\$804.01											
				MEDICARE PART D												
				FAMILY	\$110.41					unlimited/ 1,388	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5000			
				AGED	\$118.05											
				DISABLED	\$120.91											
MI ADULT	\$110.41															
REFUGEES/FAMILY	\$110.41															
AIDS	\$200.01															
BCCTP	\$804.01															
MATERNITY	\$5,734.13															
MEDICARE PART D																
FAMILY	\$107.74	unlimited/ 23,811	Stanislaus	Health Net	Myreca Singh (916) 449-5000											
AGED	\$477.69															
DISABLED	\$477.69															
MI ADULT	\$107.74															
REFUGEES/FAMILY	\$107.74															
AIDS	\$936.48															
BCCTP	\$775.44															
MEDICARE PART D																
FAMILY	\$107.74					unlimited/ 334	Stanislaus	Health Net	Myreca Singh (916) 449-5000							
AGED	\$103.25															
DISABLED	\$128.75															
MI ADULT	\$107.74															
REFUGEES/FAMILY	\$107.74															
AIDS	\$202.38															
BCCTP	\$775.44															
MATERNITY	\$5,734.13															
MEDICARE PART D																
STANISLAUS COUNTY				SUBTOTAL	unlimited/ 75,443					\$9,816,468.03						

<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), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	01/01/11	06/30/11	FAMILY	\$89.94	unlimited/ 35,711	\$3,569,632.21	Tulare	Health Net	Myreca Singh (916) 449-5000								
				AGED	\$461.16													
				DISABLED	\$461.16													
				MI ADULT	\$89.94													
				REFUGEES/FAMILY	\$89.94													
				AIDS	\$915.71													
				BCCTP	\$761.17													
				MEDICARE PART D														
				FAMILY	\$89.94						unlimited/ 402	\$45,623.00	Tulare	Health Net	Myreca Singh (916) 449-5000			
				AGED	\$105.41													
DISABLED	\$126.47																	
MI ADULT	\$89.94																	
REFUGEES/FAMILY	\$89.94																	
AIDS	\$199.14																	
BCCTP	\$761.17																	
MATERNITY	\$5,864.01																	
Anthem Blue Cross Partnership Plan (04-36068), A9, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	01/01/11	12/31/11	FAMILY	\$92.47	unlimited/ 71,958	\$8,021,907.83	Tulare	Blue Cross of California	Marc Lewis (916) 449-5000								
				AGED	\$576.12													
				DISABLED	\$576.12													
				MI ADULT	\$92.47													
				REFUGEES/FAMILY	\$92.47													
				AIDS	\$871.85													
				BCCTP	\$781.16													
				MEDICARE PART D														
				FAMILY	\$92.47						unlimited/ 1,508	\$170,359.78	Tulare	Blue Cross of California	Marc Lewis (916) 449-5000			
				AGED	\$106.57													
DISABLED	\$121.73																	
MI ADULT	\$92.47																	
REFUGEES/FAMILY	\$92.47																	
AIDS	\$198.21																	
BCCTP	\$781.16																	
MATERNITY	\$5,864.01																	
TULARE COUNTY																		
SUBTOTAL					unlimited/ 109,579	\$11,807,522.82												
TOTAL 2-PLAN					<u>1,384,740/ 2,949,086</u>	<u>\$349,147,421.87</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)									
SACRAMENTO COUNTY (34)									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/10	12/31/12	FAMILY/MI CHILD \$130.36 AGED/DISABLED/B \$592.76 ADULT/REFUGEE/€ \$130.36 BCCTP \$1,110.33 MEDICARE PART D AGED \$129.96 DISABLED/BLIND \$148.12 MATURNITY \$8,143.50	160,000/ 28,505	\$4,487,822.91	Sacramento		Cheryl Bates (916) 449-5000
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009)	#140	01/01/09	12/30/09	FAMILY/MI CHILD \$0.00 AGED/DISABLED/B \$0.00 ADULT/REFUGEE/€ \$0.00 BCCTP \$0.00 MEDICARE PART D AGED \$0.00 DISABLED/BLIND \$0.00 MATURNITY \$0.00	15,750/ 0	\$0.00	Sacramento		Nathan Nau (916) 449-5000
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A4 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	01/01/10	12/31/12	FAMILY/MI CHILD \$107.32 AGED/DISABLED/BI \$558.87 ADULT/REFUGEE/€ \$107.32 BCCTP \$1,091.97 MEDICARE PART D AGED \$134.56 DISABLED/BLIND \$154.07 MATURNITY \$8,416.52	168,600/ 51,792	\$6,859,766.09	Sacramento		Peter Thomas (916) 449-5000
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A3 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	01/01/10	12/31/12	FAMILY/MI CHILD \$134.60 AGED/DISABLED/B \$616.78 ADULT/REFUGEE/€ \$134.60 BCCTP \$1,027.52 MEDICARE PART D AGED \$124.72 DISABLED/BLIND \$146.12 MATURNITY \$8,150.52	20,000/ 25,425	\$4,872,513.10	Sacramento	Charles S. Koch	Nathan Nau (916) 449-5000
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A4 5151 - A Camino Ruiz	#190	01/01/10	12/31/12	FAMILY/MI CHILD \$131.21 AGED/DISABLED/B \$593.16 ADULT/REFUGEE/€ \$131.21 BCCTP \$1,026.44 MEDICARE PART D AGED \$130.83 DISABLED/BLIND \$142.77 MATURNITY \$7,971.87	168,600/ 88,866	\$14,129,982.49	Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5000
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u>532,950/ 201,449</u>	<u>\$31,311,449.92</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
SAN DIEGO COUNTY (37)									
Community Health Group #29 Partnership Plan, Inc. Calif. Children Svcs. (09-86155) A1 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589		07/01/10	06/30/15	FAMILY/MI CHILD	\$140.62	207,000/ 104,915	San Diego	Ann Warren Chief Member & Govt Relations Officer	Philip Jimenez (916) 449-5000
				AGED/DISABLED/B	\$532.54				
				MI ADULT/REFUGE	\$140.62				
				BCCTP	\$997.00				
				MEDICARE PART D					
				AGED	\$127.10	2,554			\$353,577.54
				DISABLED/BLIND	\$145.50				
				MATURNITY	\$8,015.42				
Health Net Community #68 Solutions, Inc. (09-86157) A1 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447		07/01/10	06/30/15	FAMILY/MI CHILD	\$135.27	180,000/ 32,265	San Diego	David Friedman	Peter Thomas (916) 449-5000
				AGED/DISABLED/B	\$580.32				
				MI ADULT/REFUGE	\$135.27				
				BCCTP	\$1,056.50				
				MEDICARE PART D					
				AGED	\$120.63	509			\$69,963.87
				DISABLED/BLIND	\$146.11				
				MATURNITY	\$8,230.39				
KP CAL, LLC (SoCal) #79 (09-86159), A1 393 East Walnut Street, 7th Floor Pasadena, CA 91188 CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955		10/01/10	06/30/15	FAMILY/MI CHILD/F	\$132.29	10,000/ 12,434	San Diego	William Caswell	Nathan Nau (916) 449-5000
				AGED	\$540.65				
				BLIND/DISABLED	\$540.65				
				MI ADULT	\$132.29				
				MEDICARE PART D					
				AGED	\$123.25	1,216			\$172,018.27
				DISABLED/BLIND	\$148.65				
				MATURNITY	\$7,775.00				
Molina Healthcare #131 of California Partner Plan, Inc. (09-86161) A1 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 (Confidential negotiated rates through December 2011) CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520		01/01/11	06/30/15	FAMILY/MI CHILD/F	\$0.00	100,000/ 62,920	San Diego	Stephen T. O'Dell President & CEO	Cheryl Bates (916) 449-5000
				AGED	\$0.00				
				DISABLED/BLIND	\$0.00				
				MI ADULT	\$0.00				
				MEDICARE PART D					
				AGED	\$0.00	1,061			\$128,804.02
				DISABLED/BLIND	\$0.00				
				MATURNITY	\$0.00				
Care 1st Health Plan, LLC #167 (09-86153) A1 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Kimberly Fritz (619) 528-4817 (Blue Cross #48 Deactivated 12/31/07)		07/01/10	06/30/15	FAMILY/MI CHILD	\$137.48	207,000/ 17,298	San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 449-5000
				AGED/DISABLED/B	\$584.13				
				MI ADULT/REFUGE	\$137.48				
				BCCTP	\$1,026.90				
				MEDICARE PART D					
				AGED	\$125.98	297			\$43,009.01
				DISABLED/BLIND	\$160.85				
				MATURNITY	\$7,850.00				
TOTAL GMC-MEDICAL (SAN DIEGO)					<u>704,000/ 235,469</u>		<u>\$34,889,125.91</u>		
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u>2,675,236/ 4,578,380</u>		<u>\$679,531,274.07</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)										
SACRAMENTO COUNTY (34)										
Western Dental Svcs., Inc. (07-65806) A2a 530 South Main Street Orange, CA 92863	#424	01/01/10	12/31/12	\$10.51	Over 21	160,000/ 32,681	\$82,630.64	Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	56,930	\$622,632.02			
CONTACT: Kelly Duniven (714) 571-3488										
Access Dental Plan, Inc. (07-65802) A2 8890 Cal Center Drive Sacramento, CA 95826	#421	01/01/10	12/31/12	\$10.51	Over 21	100,000/ 18,563	\$46,934.69	Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
				\$10.51	Under 21	33,430	\$365,617.22			
CONTACT: Terri Abbaszadeh (916) 563-6020										
Liberty Dental Plan (07-65805) A2 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	01/01/10	12/31/12	\$10.51	Over 21	100,000/ 10,028	\$25,354.80	Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
				\$10.51	Under 21	17,729	\$193,898.53			
CONTACT: Dr. Amir Nehat (949)-223-8929										
Community Dental Services (07-65803) A2 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	01/01/10	12/31/12	\$10.51	Over 21	90,000/ 3,781	\$9,559.88	Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	7,859	\$85,952.31			
CONTACT: Thuy Pham (714) 263-3410										
Health Net of CA dba: CA Children Svcs. (07-65804) A2 address unknown	#427	01/01/10	12/31/12	\$10.51	Over 21	0/ 10,371	\$26,222.04	Sacramento	David Meadows	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	16,561	\$181,124.34			
CONTACT: Eileen McGee-Davidson (909) 890-4129										
TOTAL GMC-DENTAL						<u>450,000/ 207,933</u>	<u>\$1,639,926.47</u>			

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