

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>PHP</b>										
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	FAMILY	\$106.04	734/ 652	\$123,380	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031
				AGED	\$371.06					
				BLIND/DISABLED	\$450.88					
				ADULT	\$409.74					
				REFUGEES FAMILY	\$106.04					
				BCCTP	\$731.24					
				AIDS	\$1,537.78					
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	<b>MEDICARE PART D</b>		734/ 140	\$13,258	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031
				FAMILY	\$106.04					
				AGED	\$108.45					
				BLIND/DISABLED	\$89.60					
				ADULT	\$409.74					
				REFUGEES FAMILY	\$106.04					
				BCCTP	\$731.24					
AIDS	\$296.40									
<b>MARIN COUNTY</b>				<b>SUBTOTAL</b>		1,468/ 792	\$136,638			
<b>SONOMA COUNTY (49)</b>										
<b>KP CAL LLC (NorCal)</b> #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	FAMILY	\$98.57	1,424/ 1,362	\$240,828	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031
				AGED	\$345.76					
				DISABLED	\$445.96					
				ADULT	\$439.72					
				REFUGEES FAMILY	\$98.57					
				BCCTP	\$778.42					
				AIDS	\$1,560.88					
<b>SONOMA COUNTY (49)</b>										
<b>KP CAL LLC (NorCal)</b> #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	<b>MEDICARE PART D</b>		1,424/ 226	\$20,731	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031
				FAMILY	\$98.57					
				AGED	\$98.00					
				DISABLED	\$89.99					
				ADULT	\$439.72					
				REFUGEES FAMILY	\$98.57					
				BCCTP	\$778.42					
AIDS	\$296.40									
<b>SONOMA COUNTY</b>				<b>SUBTOTAL</b>		2,848/ 1,588	\$261,559			
<b>TOTAL PHP</b>							4,316/ 2,380	\$398,197		

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<b>PHP (DENTAL)</b>										
<b><u>LOS ANGELES COUNTY (19)</u></b>										
<b>Access Dental Plan, Inc.</b> (05-45001), A5 8890 Cal Center Drive Sacramento, CA 95826	<b>#409</b>	01/01/09	06/30/11	Public Assistance	50,000/ 108,550	\$1,140,861	Los Angeles	Mike Betker,CEO	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Corina Lena (916) 563-6044										
<b>American Health Guard</b> (05-45698), A2 30 East Santa Clara, Suite D Arcadia, CA 91006	<b>#410</b>	01/01/07	06/30/09	Public Assistance	50,000/ 16,579	\$164,298	Los Angeles	David Kutner	Wayne Medley (916) 464-0393	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						\$9.91
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
% OF POV	\$9.91									
BCCTP	\$9.91									
CONTACT: Rod Zalunardo (626) 821-5500										
<b>Safeguard</b> (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	<b>#406</b>	01/01/07	06/30/09	Public Assistance	90,000/ 20,841	\$206,534	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						\$9.91
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
% OF POV	\$9.91									
BCCTP	\$9.91									
CONTACT: Paula Lopez, Director State Gov Programs										

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<b>LOS ANGELES COUNTY (19)</b>										
<b>Health Net Community Solutions, Inc.</b> (05-45703), A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502  CONTACT: David Meadows 916-935-1435	#405	01/01/07	06/30/09	Public Assistance	60,000/ 32,165	\$318,755	Los Angeles	David Meadows	Wayne Medley (916) 464-0393	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
				% OF POV						\$9.91
				BCCTP						\$9.91
				<b>Care 1st Health Plan</b> (05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Dr. Jorge Weingarten 626-299-5275						#403
FAMILY	\$9.91									
AGED	\$9.91									
BLIND/DISABLED	\$9.91									
Medically Needy										
FAMILY	\$9.91									
AGED	\$9.91									
BLIND/DISABLED	\$9.91									
MI CHILD	\$9.91									
MI ADULT	\$9.91									
% OF POV	\$9.91									
BCCTP	\$9.91									
<b>Western Dental Services</b> (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488	#413	01/01/07	06/30/09		Public Assistance	50,000/ 55,258	\$547,607	Los Angeles	Stan Andrakowicz Vice President	
				FAMILY	\$9.91					
				AGED	\$9.91					
				BLIND/DISABLED	\$9.91					
				Medically Needy						
				FAMILY	\$9.91					
				AGED	\$9.91					
				BLIND/DISABLED	\$9.91					
				MI CHILD	\$9.91					
				MI ADULT	\$9.91					
				% OF POV	\$9.91					
				BCCTP	\$9.91					
				<b>Liberty Dental Plan</b> (05-45700), A3 3200 El Camino Real, Ste. 290 Irvine, CA 92602  CONTACT: Amir Neshat, DDS, 949-223-8929	#416					01/01/07
FAMILY	\$9.91									
AGED	\$9.91									
BLIND/DISABLED	\$9.91									
Medically Needy										
FAMILY	\$9.91									
AGED	\$9.91									
BLIND/DISABLED	\$9.91									
MI CHILD	\$9.91									
MI ADULT	\$9.91									
% OF POV	\$9.91									
BCCTP	\$9.91									
<b>Community Dental Services</b> (05-45699), A2 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707  CONTACT: Carolyn Miller, 714-708-5360	#417	01/01/07	06/30/09			Public Assistance	Unlimited/ 4,590	\$45,487	Los Angeles	
				FAMILY	\$9.91					
				AGED	\$9.91					
				BLIND/DISABLED	\$9.91					
				Medically Needy						
				FAMILY	\$9.91					
				AGED	\$9.91					
				BLIND/DISABLED	\$9.91					
				MI CHILD	\$9.91					
				MI ADULT	\$9.91					
				% OF POV	\$9.91					
				BCCTP	\$9.91					
				<b>LOS ANGELES</b>						<b>SUBTOTAL</b>

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<b>RIVERSIDE COUNTY (33)</b>																		
<b>Western Dental Services.</b> (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	<b>#414</b>	01/01/07	06/30/09	Public Assistance	100,000/ 168	\$1,665	Riverside	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784									
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				Medically Needy														
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				MI CHILD						\$9.91								
				MI ADULT						\$9.91								
				% OF POV						\$9.91								
				BCCTP						\$9.91								
				CONTACT: Kelley Duniven (714) 571-3488														
				<b>Safeguard</b> (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605						<b>#407</b>	01/01/07	06/30/09	Public Assistance	90,000/ 70	\$694	Riverside	Paula Lopez Director State Gov	Lenatte Blouin (916) 464-0379
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177																		
<b>RIVERSIDE COUNTY</b>					<b>SUBTOTAL</b>	190,000/ 238	\$2,359											

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<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Western Dental Services.</b> (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488	#415	01/01/07	06/30/09	Public Assistance	100,000/ 293	\$2,904	San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
				% OF POV						\$9.91
				BCCTP						\$9.91
				<b>Care 1st Health Plan</b>						
(05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Dr. Jorge Weingarten 626-299-5275	#404	01/01/07	06/30/09	Public Assistance	50,000/ 117	\$1,159	San Bernardino	Dr. Reginal Moore	Wayne Medley (916) 464-0393	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
				% OF POV						\$9.91
				BCCTP						\$9.91
				<b>Safeguard</b>						
(05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605  CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177	#408	01/01/07	06/30/09	Public Assistance	90,000/ 463	\$4,588	San Bernardino	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
				% OF POV						\$9.91
				BCCTP						\$9.91
				<b>SAN BERNARDINO COUNTY</b>						<b>SUBTOTAL</b>
<b>TOTAL PHP (DENTAL)</b>					780,000/ 263,603	\$2,677,436				

\*\*Rates do not reflect Hyde abortion rates effective August 2003

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>COUNTY COHS</b>									
<b><u>MONTEREY COUNTY (27)</u></b>									
<b>Santa Cruz-Monterey</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) 1600 Green Hills Road	<b>#508</b>	01/01/09	12/31/13	FAMILY/MI CHILD \$137.91 AGED \$580.36 DISABLED/BLIND \$876.08 LTC \$6,303.86 MI ADULT \$685.39 REFUGEES/% POV \$137.91 BCCTP \$1,404.18	N/A/ 64,530		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$197.40 DISABLED/BLIND \$185.98 LTC \$4,743.07					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<b><u>NAPA COUNTY (28)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#507</b>	01/01/009	12/31/13	FAMILY/MI CHILD \$163.87 AGED \$567.80 DISABLED/BLIND \$791.28 LTC \$5,905.07 MI ADULT \$693.26 REFUGEES/% POV \$163.87 BCCTP \$1,386.91 OBRA \$264.86	N/A/ 12,662		Napa	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED \$222.23 DISABLED/BLIND \$207.56 LTC \$4,641.56					
CONTACT: Jack Horn (707) 863-4261									
<b><u>ORANGE COUNTY (30)</u></b>									
<b>Orange County Organized</b> Health System dba CalOptima (08-85214) 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	<b>#506</b>	01/01/09	12/31/13	FAMILY/MI CHILD \$114.60 AGED \$451.86 DISABLED/BLIND \$669.98 LTC \$6,378.87 MI ADULT \$573.11 REFUGEES/% POV \$114.60 BCCTP \$1,314.57	N/A/ 338,143		Orange	Richard Chambers	Rachael Arruda-deCell (916) 449-5094
				<b><u>MEDICARE PART B</u></b>					
				AGED \$187.00 DISABLED/BLIND \$191.00 LTC \$4,228.65					
CONTACT: Richard Chambers (714) 246-8458									

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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>
<b>COUNTY COHS</b>									
<b><u>SAN MATEO COUNTY (41)</u></b>									
<b>San Mateo Health Commission</b> dba Health Plan of San Mateo (08-85213) 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	<b>#503</b>	01/01/09	12/31/13	FAMILY/MI CHILD \$160.78 AGED \$552.64 DISABLED/BLIND \$839.99 LTC \$1,683.89 MI ADULT \$830.23 REFUGEES/% POV \$160.78 BCCTP \$1,425.23 AIDS \$3,089.57	N/A/ 55,586		Sacramento	Maya Altman	Gerlinda Hightower (916) 449-5093
				<b><u>MEDICARE PART B</u></b>					
				AGED \$159.09 DISABLED/BLIND \$168.97 LTC \$211.84 AIDS \$332.20					
CONTACT: Maya Altman (650) 616-2145									
<b><u>SAN LUIS OBISPO COUNTY (40)</u></b>									
<b>SBSLORHA/SLO</b> Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) 110 Castillian Dr. Goleta, CA 93117	<b>#501</b>	1/1/2009	12/31/2011	FAMILY/MI CHILD \$104.19 AGED \$471.80 DISABELED/BLIND \$719.49 LTC \$5,554.63 MI ADULT \$595.05 REFUGEES/% POV \$104.19 BCCTP \$1,132.52 AIDS \$2,024.06	N/A/ 26,278		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$166.54 DISABLED/BLIND \$137.03 LTC \$3,476.29 AIDS \$332.14					
CONTACT: Bob Freeman (805) 685-9525									
<b><u>SANTA BARBARA COUNTY (42)</u></b>									
<b>SBSLORHA</b> Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) 110 Castillian Dr. Goleta, CA 93117-3028	<b>#502</b>	01/01/09	12/31/11	FAMILY/MI CHILD \$120.15 AGED \$465.96 DISABELED/BLIND \$729.99 LTC \$7,063.72 MI ADULT \$606.05 REFUGEES/% POV \$120.15 BCCTP \$1,146.74 AIDS \$1,989.71	N/A/ 59,620		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$173.76 DISABLED/BLIND \$159.27 LTC \$4,719.50 AIDS \$324.35					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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<b>COUNTY COHS</b>									
<b><u>SANTA CRUZ COUNTY (44)</u></b>									
<b>Santa Cruz-Monterey</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) 1600 Green Hills Road Scotts Valley, CA 95066-9998	<b>#505</b>	01/01/09	12/31/13	FAMILY/MI CHILD \$139.79 AGED \$562.99 DISABELED/BLIND \$892.17 LTC \$6,352.02 MI ADULT \$635.38 REFUGEES/% POV \$139.79 BCCTP \$1,288.43	N/A/ 33,718		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$221.79 DISABLED/BLIND \$199.54 LTC \$4,643.89					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<b><u>SOLANO COUNTY (48)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#504</b>	01/01/09	12/31/13	FAMILY/MI CHILD \$153.17 AGED \$554.52 DISABELED/BLIND \$785.65 LTC \$5,861.07 MI ADULT \$710.42 REFUGEES/% POV \$153.17 BCCTP \$1,237.02 OBRA \$262.16	N/A/ 58,819		Solano	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED \$209.22 DISABLED/BLIND \$209.00 LTC \$4,637.72					
CONTACT: Jack Horn (707) 863-4261									
<b><u>YOLO COUNTY (57)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#509</b>	01/01/09	12/31/13	FAMILY/MICHILD \$144.34 AGED \$555.35 DISABELED/BLIND \$817.55 LTC \$6,098.31 MI ADULT \$696.93 REFUGEES/FAMIL' \$144.34 BCCTP \$1,259.91 OBRA 264.42	N/A/ 26,185		Yolo	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED 191.54 DISABLED/BLIND 202.24 LTC 4123.55					
CONTACT: Jack Horn (707) 863-4100									
<b>TOTAL COUNTY COHS</b>					<hr/> N/A/ 675,541				



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<b>SPECIAL PROJECTS</b>									
<b>ALAMEDA COUNTY (01)</b>									
<b>MEDICAL ONLY</b>									
<b>OnLok Senior Health</b> Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#56</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$5,511.03 DISA/LTC/AIDS \$5,511.03	1,200/ 4	22,044	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b>MEDICARE PART D</b>									
<b>OnLok Senior Health</b> Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#56</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,222.47 DISA/LTC/AIDS \$4,222.47	1,200/ 92	\$388,467	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b>MEDICAL ONLY</b>									
<b>Center for Elders</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	<b>#51</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$5,778.23 DISA/LTC/AIDS \$5,778.23	560/ 51	\$294,690	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
CONTACT: Peter Szutu (510) 433-1150									
<b>MEDICARE PART D</b>									
<b>Center for Elders</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	<b>#51</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,322.76 DISA/LTC/AIDS \$4,322.76	560/ 334	\$1,443,802	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
CONTACT: Peter Szutu (510) 433-1150									
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		<b>3,520/ 481</b>	<b>\$2,149,003</b>		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>CONTRA COSTA COUNTY (07)</b>										
<b>MEDICAL ONLY</b>										
<b>Center for Elders</b> 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/ 6	\$34,669	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
<b>MEDICARE PART D</b>										
<b>Center for Elders</b> 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/ 21	\$90,778	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		<u>1,120/ 27</u>				<u>\$125,447</u>

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>LOS ANGELES COUNTY (19)</b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#200</b>	01/01/08	12/31/12	AGED \$99.89 BLIND/DISABLED \$115.26	5,000/ 2,748	\$280,246	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#201</b>	01/01/08	12/31/12	LTC \$3,214.37	5,000/ 1,837	\$5,904,798	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>MEDICAL ONLY</b>									
<b>Altamed Hlth Services Corp.</b> (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	300/ 132	\$780,102	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
<b>MEDICARE PART D</b>									
<b>Altamed Hlth Services Corp.</b> (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	300/ 503	\$1,707,177	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	20,600/ 5,220	\$8,672,323			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b><u>RIVERSIDE COUNTY (33)</u></b>										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#204</b>	01/01/08	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 872	\$85,810	Riverside	David Schmidt	
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
CONTACT: David Schmidt (562) 989-5100										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#205</b>	01/01/08	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 619	\$2,035,637	San Bernardino	David Schmidt	
				LTC	\$3,288.59					
CONTACT: David Schmidt (562) 989-5100										
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		20,000/ 1,491	<b>\$2,121,447</b>			
<b><u>SACRAMENTO COUNTY (34)</u></b>										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICAL ONLY</u></b>		280/ 8	\$39,364	Sacramento	Diane Stewart	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,920.49					
				DISA/LTC/AIDS	\$4,920.49					
CONTACT: Janet Tedesco (916) 446-3100										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICARE PART D</u></b>		280/ 205	\$730,419	Sacramento	Diane Stewart	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,563.02					
				DISA/LTC/AIDS	\$3,563.02					
CONTACT: Janet Tedesco (916) 446-3100										
<b>SACRAMENTO COUNTY</b>				<b>SUBTOTAL</b>		560/ 213	<b>\$769,783</b>			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>SAN BERNARDINO COUNTY (36)</u></b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#206</b>	01/01/08	12/31/12	AGED \$89.80 BLIND/DISABLED \$108.16	5,000/ 457	\$42,067	Riverside	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#207</b>	01/01/08	12/31/12	LTC \$3,326.65	5,000/ 328	\$1,091,141	San Bernardino	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>	20,000/ 785	\$1,133,208			
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>MEDICAL ONLY</b>									
<b>Community Elder Care</b> of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	FAMILY/AGED/REF. \$4,761.40 DISA/LTC/AIDS \$4,761.40	000/ 15	\$71,421	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
<b>MEDICARE PART D</b>									
<b>Community Elder Care</b> of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	000/ 55	\$196,332	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
<b><u>SAN DIEGO COUNTY</u></b>				<b>SUBTOTAL</b>	000/ 70	\$267,753			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>MEDICAL ONLY</b>									
<b>OnLok Senior Health</b> Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1,200/ 34	\$206,640	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b>MEDICARE PART D</b>									
<b>OnLok Senior Health</b> Services, dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1,200/ 866	\$3,810,235	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b>MEDICAL ONLY</b>									
<b>San Francisco City &amp; County Public Health</b> dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	<b>#601</b>	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 143	\$264,371	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	3,400/ 1,043	\$4,281,246			
<b>SANTA CLARA COUNTY (43)</b>									
<b>MEDICAL ONLY</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 1	\$5,146	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICARE PART D</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 15	\$60,429	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	/ 16	\$65,575			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>YOLO COUNTY (57)</b>									
<b>MEDICAL ONLY</b>									
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#53</b>	04/01/08	12/31/12	FAMILY/AGED/REF. 4,920.49 DISA/LTC/AIDS 4,920.49	280/ 0	\$0	Sacramento		Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#53</b>	04/01/08	12/31/12	<b>MEDICARE PART D</b> FAMILY/AGED/REF. \$3,563.02 DISA/LTC/AIDS \$3,563.02	280/ 2	\$7,126	Sacramento		Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
<b>YOLO COUNTY</b>				<b>SUBTOTAL</b>		<u>560/ 2</u>		<u>\$7,126</u>	
<b>TOTAL SPECIAL PROJECT</b>						<u>69,760/ 9,348</u>		<u>\$19,592,911</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>
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**PCCM**

**LOS ANGELES COUNTY (19)**

<b>AIDS Healthcare</b> Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	<b>#915</b>	04/01/09	12/31/09	Public Assistance						
				FAMILY	\$103.27	2,000/ 384	\$234,213	Los Angeles	Michael Weinstein	Sunita Kapoor
				AGED	\$466.85					(916) 449-5096
				DISABLED	\$622.09					
				MI CHILD	\$103.27					
				MI ADULT	\$265.28					
				REFUGEES	\$103.27					
				AIDS	\$1,473.85					

CONTACT: Donna Stidham (323) 860-5231

				<u>MEDICARE PART D</u>						
				Public Assistance						
<b>AIDS Healthcare</b> Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	<b>#915</b>	04/01/09	12/31/09	FAMILY	\$103.27	2,000/ 266	\$89,312	Los Angeles	Michael Weinstein	Sunita Kapoor
				AGED	\$243.89					(916) 449-5096
				DISABLED	\$339.33					
				MI CHILD	\$103.27					
				MI ADULT	\$265.28					
				REFUGEES	\$103.27					
				AIDS	\$206.24					

CONTACT: Donna Stidham (323) 860-5231

**LOS ANGELES COUNTY**

**SUBTOTAL**

4,000/ 650

\$323,525

**TOTAL PCCM**

4,000/ 650

\$323,525



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>2-PLAN</b>									
<b>ALAMEDA COUNTY (01)</b>									
<b>Alameda Alliance for Health</b> (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	<b>#300</b>	10/01/08	12/31/09	FAMILY	\$127.58	180,000/ 85,759	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$490.28				
				DISABLED	\$525.12				
				MI ADULT	\$574.71				
				REFUGEES/FAMILY	\$127.58				
				AIDS	\$1,147.45				
				BCCTP	\$902.12				
AGNEWS	\$4,919.00								
<b>MEDICARE PART D</b>									
<b>Alameda Alliance for Health</b> (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	<b>#300</b>	10/01/08	12/31/09	FAMILY	\$127.58	180,000/ 4,123	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$124.02				
				DISABLED	\$175.98				
				MI ADULT	\$574.71				
				REFUGEES/FAMILY	\$127.58				
				AIDS	\$278.54				
				BCCTP	\$902.12				
AGNEWS	\$4,919.00								
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	<b>#340</b>	10/01/08	06/30/10	FAMILY	\$122.47	109,000/ 25,581	California		
				AGED	\$483.83				
				DISABLED	\$525.70				
				MI ADULT	\$569.71				
				REFUGEES/FAMILY	\$122.47				
				AIDS	\$1,185.49				
				BCCTP	\$867.24				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	<b>#340</b>	10/01/08	06/30/10	FAMILY	\$122.47	109,000/ 767	California		
				AGED	\$120.93				
				DISABLED	\$170.74				
				MI ADULT	\$569.71				
				REFUGEES/FAMILY	\$122.47				
				AIDS	\$264.35				
				BCCTP	\$867.24				
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		578,000/ 116,230			<b>\$18,476,032</b>

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>CONTRA COSTA COUNTY (07)</b>									
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	#301	10/01/08	12/31/09	FAMILY	\$125.28	3,516/ 51,586	\$8,074,109	County of Contra Costa	
				AGED	\$514.37				
				DISABLED	\$525.72				
				MI ADULT	\$624.12				
				REFUGEES/FAMILY	\$125.28				
				AIDS	\$1,145.27				
				BCCTP	\$877.74				
				<b>MEDICARE PART D</b>					
				FAMILY	\$125.28				
				AGED	\$131.20				
DISABLED	\$174.74								
MI ADULT	\$624.12								
REFUGEES/FAMILY	\$125.28								
AIDS	\$272.49								
BCCTP	\$877.74								
<b>Anthem Blue Cross Partnership #344</b> Plan (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	10/01/08	06/30/10	FAMILY	\$114.29	41,000/ 10,710	\$1,412,608	Contra Costa	Blue Cross of California
				AGED	\$496.38				
				DISABLED	\$464.54				
				MI ADULT	\$575.69				
				REFUGEES/FAMILY	\$114.29				
				AIDS	\$1,194.63				
				BCCTP	\$864.54				
				<b>MEDICARE PART D</b>					
				FAMILY	\$114.29				
				AGED	\$124.57				
DISABLED	\$167.91								
MI ADULT	\$575.69								
REFUGEES/FAMILY	\$114.29								
AIDS	\$262.07								
BCCTP	\$864.54								
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>	144,946/ 64,629	\$9,851,164			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>FRESNO COUNTY (10)</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184), A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$111.95	180,000/ 107,408	\$14,184,990	Fresno	Blue Cross of California
				AGED	\$525.98				
				DISABLED	\$515.72				
				MI ADULT	\$619.91				
				REFUGEES/FAMILY	\$111.95				
				AIDS	\$1,177.24				
				BCCTP	\$828.40				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184,) A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$111.95	180,000/ 2,499	\$367,324	Fresno	Blue Cross of California
				AGED	\$114.98				
				DISABLED	\$163.42				
				MI ADULT	\$619.91				
				REFUGEES/FAMILY	\$111.95				
				AIDS	\$255.19				
				BCCTP	\$828.40				
<b>MEDICARE PART D</b>									
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$102.89	180,000/ 84,206	\$9,732,773	Fresno	Health Net
				AGED	\$467.39				
				DISABLED	\$439.80				
				MI ADULT	\$571.07				
				REFUGEES/FAMILY	\$102.89				
				AIDS	\$1,152.86				
				BCCTP	\$860.99				
<b>MEDICARE PART D</b>									
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$102.89	180,000/ 764	\$101,796	Fresno	Health Net
				AGED	\$122.69				
				DISABLED	\$146.43				
				MI ADULT	\$571.07				
				REFUGEES/FAMILY	\$102.89				
				AIDS	\$257.13				
				BCCTP	\$860.99				
<b>FRESNO COUNTY</b>				<b>SUBTOTAL</b>		720,000/ 194,877	\$24,386,883		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>KERN COUNTY (15)</u></b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182) A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	10/01/08	06/30/10	FAMILY	\$108.28	73,000/ 28,543	\$3,654,997	Kern	Health Net
				AGED	\$483.07				
				DISABLED	\$453.45				
				MI ADULT	\$578.32				
				REFUGEES/FAMILY	\$108.28				
				AIDS	\$1,184.34				
				BCCTP	\$856.72				
<b><u>MEDICARE PART D</u></b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182) A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	10/01/08	06/30/10	FAMILY	\$108.28	73,000/ 643	\$90,396	Kern	Health Net
				AGED	\$123.08				
				DISABLED	\$153.39				
				MI ADULT	\$578.32				
				REFUGEES/FAMILY	\$108.28				
				AIDS	\$250.36				
				BCCTP	\$856.72				
<b><u>MEDICARE PART D</u></b>									
<b>Kern Health Systems dba Kern Family Health Care</b> 03-76165, A7, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	10/01/08	12/31/09	FAMILY	\$102.06	115,000/ 99,468	\$11,848,806	Kern	Kern Health Systems
				AGED	\$475.69				
				DISABLED	\$431.61				
				MI ADULT	\$573.62				
				REFUGEES/FAMILY	\$102.06				
				AIDS	\$1,144.23				
				BCCTP	\$818.85				
<b><u>MEDICARE PART D</u></b>									
<b>Kern Health Systems dba Kern Family Health Care</b> 03-76165, A7, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	10/01/08	12/31/09	FAMILY	\$102.06	115,000/ 1,783	\$254,562	Kern	Kern Health Systems
				AGED	\$120.43				
				DISABLED	\$159.46				
				MI ADULT	\$573.62				
				REFUGEES/FAMILY	\$102.06				
				AIDS	\$247.14				
				BCCTP	\$818.85				
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>		<b>376,000/ 130,437</b>	<b>\$15,848,761</b>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>LOS ANGELES COUNTY (19)</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/08	06/30/10	FAMILY	\$92.50	710,000/ 428,509	\$44,666,167	Los Angeles	Health Net
				AGED	\$460.43				
				DISABLED	\$416.20				
				MI ADULT	\$550.39				
				REFUGEES/FAMILY	\$92.50				
				AIDS	\$1,095.99				
				BCCTP	\$859.95				
<b>MEDICARE PART D</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/08	06/30/10	FAMILY	\$92.50	710,000/ 5,408	\$693,120	Los Angeles	Health Net
				AGED	\$117.68				
				DISABLED	\$146.07				
				MI ADULT	\$550.39				
				REFUGEES/FAMILY	\$92.50				
				AIDS	\$267.79				
				BCCTP	\$859.95				
<b>MEDICARE PART D</b>									
<b>LA Care Health Plan</b> (04-36069), A3, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/08	12/31/09	FAMILY	\$107.82	1,150,000/ 755,384	\$92,056,911	Los Angeles	LA Care Health Plan
				AGED	\$483.01				
				DISABLED	\$478.24				
				MI ADULT	\$541.03				
				REFUGEES/FAMILY	\$107.82				
				AIDS	\$1,104.40				
				BCCTP	\$879.46				
<b>MEDICARE PART D</b>									
<b>LA Care Health Plan</b> (04-36069), A3, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/08	12/31/09	FAMILY	\$107.82	1,150,000/ 11,014	\$1,439,546	Los Angeles	LA Care Health Plan
				AGED	\$113.00				
				DISABLED	\$148.78				
				MI ADULT	\$541.03				
				REFUGEES/FAMILY	\$107.82				
				AIDS	\$269.02				
				BCCTP	\$879.46				
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		3,720,000/ 1,200,315	<b>\$138,855,744</b>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>RIVERSIDE COUNTY (33)</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/08	12/31/09	FAMILY	\$105.56	272,000/ 163,499	\$19,804,830	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$469.36					
				DISABLED	\$465.74					
				MI ADULT	\$575.05					
				REFUGEES/FAMILY	\$105.56					
				AIDS	\$1,106.89					
				BCCTP	\$899.31					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/08	12/31/09	FAMILY	\$105.56	272,000/ 2,819	\$386,727	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$124.27					
				DISABLED	\$151.66					
				MI ADULT	\$575.05					
				REFUGEES/FAMILY	\$105.56					
				AIDS	\$269.02					
				BCCTP	\$899.31					
<b>Molina Healthcare of California #355</b>										
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/08	03/31/11	FAMILY	\$106.28	83,038/ 36,983	\$4,266,240	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$481.14					
				DISABLED	\$461.35					
				MI ADULT	\$563.55					
				REFUGEES/FAMILY	\$106.28					
				AIDS	\$1,050.72					
				BCCTP	\$874.92					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CF (562) 435-3666 ext. 127028	#355	10/01/08	03/31/11	FAMILY	\$106.28	83,038/ 300	\$41,223	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$123.72					
				DISABLED	\$155.98					
				MI ADULT	\$563.55					
				REFUGEES/FAMILY	\$106.28					
				AIDS	\$261.09					
				BCCTP	\$874.92					
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>	710,076/ 203,601	\$24,499,020				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/08	12/31/09	FAMILY	\$107.61	272,000/ 180,959	\$22,222,829	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$493.26					
				DISABLED	\$458.20					
				MI ADULT	\$591.48					
				REFUGEES/FAMILY	\$107.61					
				AIDS	\$1,081.90					
				BCCTP	\$826.67					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/08	12/31/09	FAMILY	\$107.61	272,000/ 2,990	\$448,056	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$129.26					
				DISABLED	\$169.13					
				MI ADULT	\$591.48					
				REFUGEES/FAMILY	\$107.61					
				AIDS	\$255.51					
				BCCTP	\$826.67					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	10/01/08	03/31/11	FAMILY	\$106.47	136,332/ 53,099	\$6,214,417	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D. (916) 449-5057	
				AGED	\$487.08					
				DISABLED	\$452.49					
				MI ADULT	\$569.67					
				REFUGEES/FAMILY	\$106.47					
				AIDS	\$1,073.06					
				BCCTP	\$842.54					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	10/01/08	03/31/11	FAMILY	\$106.47	136,332/ 423	\$57,423	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D. (916) 449-5057	
				AGED	\$127.82					
				DISABLED	\$153.18					
				MI ADULT	\$569.67					
				REFUGEES/FAMILY	\$106.47					
				AIDS	\$260.55					
				BCCTP	\$842.54					
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>	816,664/ 237,471	\$28,942,725				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$99.41	63,000/ 11,547	San Francisco	Blue Cross of California	
				AGED	\$499.97				
				DISABLED	\$463.36				
				MI ADULT	\$589.35				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$1,204.71				
				BCCTP	\$841.61				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A8 ,C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$99.41	63,000/ 420	San Francisco	Blue Cross of California	
				AGED	\$109.60				
				DISABLED	\$160.79				
				MI ADULT	\$589.35				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$264.16				
				BCCTP	\$841.61				
<b>MEDICARE PART D</b>									
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A5, C6 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		10/01/08	12/31/09	FAMILY	\$131.61	55,000/ 33,630	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
				AGED	\$487.61				
				DISABLED	\$545.08				
				MI ADULT	\$600.11				
				REFUGEES/FAMILY	\$131.61				
				AIDS	\$1,167.27				
				BCCTP	\$878.38				
<b>MEDICARE PART D</b>									
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A5, C6 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		10/01/08	12/31/09	FAMILY	\$131.61	55,000/ 1,459	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
				AGED	\$136.97				
				DISABLED	\$175.78				
				MI ADULT	\$600.11				
				REFUGEES/FAMILY	\$131.61				
				AIDS	\$257.80				
				BCCTP	\$878.38				
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>		236,000/ 47,056		<b>\$6,917,987</b>	



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN JOAQUIN COUNTY (39)</b>									
<b>Health Plan of San Joaquin</b> (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/08	12/31/09	FAMILY	\$118.70	87,000/ 67,079	\$9,543,787	San Joaquin	
				AGED	\$474.78				
				DISABLED	\$476.11				
				MI ADULT	\$551.80				
				REFUGEES/FAMILY	\$118.70				
				AIDS	\$1,110.21				
				BCCTP	\$870.95				
<b>MEDICARE PART D</b>									
<b>Health Plan of San Joaquin</b> (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/08	12/31/09	FAMILY	\$118.70	87,000/ 1,493	\$223,488	San Joaquin	
				AGED	\$122.72				
				DISABLED	\$166.79				
				MI ADULT	\$551.80				
				REFUGEES/FAMILY	\$118.70				
				AIDS	\$249.78				
				BCCTP	\$870.95				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A8 ,C6 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/08	06/30/10	FAMILY	\$104.47	87,000/ 27,331	\$3,294,733	San Joaquin	Blue Cross of California
				AGED	\$494.00				
				DISABLED	\$429.81				
				MI ADULT	\$613.67				
				REFUGEES/FAMILY	\$104.47				
				AIDS	\$1,129.76				
				BCCTP	\$840.34				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A8 ,C6 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/08	06/30/10	FAMILY	\$104.47	87,000/ 556	\$81,319	San Joaquin	Blue Cross of California
				AGED	\$116.68				
				DISABLED	\$166.89				
				MI ADULT	\$613.67				
				REFUGEES/FAMILY	\$104.47				
				AIDS	\$261.22				
				BCCTP	\$840.34				
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>		348,000/ 96,459	\$13,143,327		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>							
<b>SANTA CLARA COUNTY (43)</b>																
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A8, C6 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$107.46	95,000/ 32,863	\$4,201,603	Santa Clara	Blue Cross of California							
				AGED	\$512.15											
				DISABLED	\$478.00											
				MI ADULT	\$572.03											
				REFUGEES/FAMILY	\$107.46											
				AIDS	\$1,226.35											
				BCCTP	\$833.62											
				<b>MEDICARE PART D</b>												
				FAMILY	\$107.46					95,000/ 832	\$113,098	Santa Clara	Blue Cross of California			
				AGED	\$121.68											
DISABLED	\$162.08															
MI ADULT	\$572.03															
REFUGEES/FAMILY	\$107.46															
AIDS	\$262.30															
BCCTP	\$833.62															
<b>MEDICARE PART D</b>																
<b>Santa Clara Family Health #309</b> Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		10/01/08	12/31/09	FAMILY	\$136.51	123,000/ 85,904	\$13,480,461	Santa Clara	Santa Clara Family Health Plan							
				AGED	\$494.67											
				DISABLED	\$526.39											
				MI ADULT	\$621.38											
				REFUGEES/FAMILY	\$136.51											
				AIDS	\$1,172.80											
				BCCTP	\$864.29											
				AGNEWS	\$4,919.00											
				<b>MEDICARE PART D</b>												
				FAMILY	\$136.51					123,000/ 5,601	\$815,166	Santa Clara	Santa Clara Family Health Plan			
AGED	\$126.93															
DISABLED	\$171.05															
MI ADULT	\$621.38															
REFUGEES/FAMILY	\$136.51															
AIDS	\$257.66															
BCCTP	\$864.29															
AGNEWS	\$4,919.00															
<b>SANTA CLARA COUNTY</b>																
				<b>SUBTOTAL</b>	436,000/ 125,200	\$18,610,328										

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>STANISLAUS COUNTY (50)</b>									
<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/08	12/31/09	FAMILY	\$122.71	48,100/ 47,250	\$6,898,847	Stanislaus	Blue Cross of California
				AGED	\$515.82				
				DISABLED	\$536.85				
				MI ADULT	\$637.64				
				REFUGEES/FAMILY	\$122.71				
				AIDS	\$1,147.08				
				BCCTP	\$893.39				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/08	12/31/09	FAMILY	\$122.71	48,100/ 1,218	\$184,084	Stanislaus	Blue Cross of California
				AGED	\$122.62				
				DISABLED	\$168.18				
				MI ADULT	\$637.64				
				REFUGEES/FAMILY	\$122.71				
				AIDS	\$263.11				
				BCCTP	\$893.39				
<b>MEDICARE PART D</b>									
<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A7, C8 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$134.00	Unlimited/ 18,339	\$2,715,069	Stanislaus	Health Net
				AGED	\$548.74				
				DISABLED	\$560.51				
				MI ADULT	\$617.90				
				REFUGEES/FAMILY	\$134.00				
				AIDS	\$1,199.04				
				BCCTP	\$912.73				
<b>MEDICARE PART D</b>									
<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A7, C8 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$134.00	Unlimited/ 245	\$38,639	Stanislaus	Health Net
				AGED	\$132.18				
				DISABLED	\$177.54				
				MI ADULT	\$617.90				
				REFUGEES/FAMILY	\$134.00				
				AIDS	\$280.66				
				BCCTP	\$912.73				
<b>STANISLAUS COUNTY</b>				<b>SUBTOTAL</b>		96,200/ 67,052	\$9,836,639		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>TULARE COUNTY (54)</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A7 C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/08	06/30/10	FAMILY	\$98.84	42,000/ 23,304	Tulare	Health Net	
				AGED	\$472.42				
				DISABLED	\$436.82				
				MI ADULT	\$565.37				
				REFUGEES/FAMILY	\$98.84				
				AIDS	\$1,064.33				
				BCCTP	\$838.74				
<b>MEDICARE PART D</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/08	06/30/10	FAMILY	\$98.84	42,000/ 247	Tulare	Health Net	
				AGED	\$120.35				
				DISABLED	\$149.48				
				MI ADULT	\$565.37				
				REFUGEES/FAMILY	\$98.84				
				AIDS	\$267.90				
				BCCTP	\$838.74				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/08	12/31/09	FAMILY	\$111.38	90,000/ 75,570	Tulare	Blue Cross of California	
				AGED	\$507.92				
				DISABLED	\$514.39				
				MI ADULT	\$573.77				
				REFUGEES/FAMILY	\$111.38				
				AIDS	\$1,064.98				
				BCCTP	\$841.21				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/08	12/31/09	FAMILY	\$111.38	90,000/ 1,456	Tulare	Blue Cross of California	
				AGED	\$119.99				
				DISABLED	\$160.73				
				MI ADULT	\$573.77				
				REFUGEES/FAMILY	\$111.38				
				AIDS	\$262.30				
				BCCTP	\$841.21				
<b>TULARE COUNTY</b>				<b>SUBTOTAL</b>		<u>264,000/ 100,577</u>		<u>\$12,296,340</u>	
<b>TOTAL 2-PLAN</b>						<u>8,445,886/ 2,583,904</u>		<u>\$321,664,950</u>	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Molina Healthcare of CA</b> Partner Plan, Inc. (07-65851) A0-a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	<b>#130</b>	01/01/08	12/31/12		160,000/ 22,949		Sacramento		Nate Nelson (916) 449-5112
CONTACT: Lisa Rubino, President, (562) 491-7044									
<b>Western Health Advantage</b> Community Health Plan (07-65853) A2 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754	<b>#140</b>	01/01/08	12/31/12		15,750/ 16,441		Sacramento		
CONTACT: Rhonda West-Peters (916) 614-6002									
<b>Health Net Community</b> Solutions, Inc. (07-65847) A1-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	<b>#150</b>	04/01/08	12/31/12		168,600/ 35,299		Sacramento		
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (NorCal)</b> (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	<b>#170</b>	01/01/08	12/31/12		20,000/ 25,370		Sacramento	Charles S. Koch	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
<b>Anthem Blue Cross</b> Partnership Plan (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012	<b>#190</b>	01/01/08	12/31/12		168,600/ 86,607		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau (916) 558-1797
CONTACT: Cindy Metcho (805) 384-7662									
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<b><u><u>710,150/ 186,666</u></u></b>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>Community Health Group Partnership Plan, Inc.</b> (05-46127), A5 740 Bay Blvd Chula Vista, CA 91910	<b>#29</b>	07/01/08	12/31/09		207,000/ 87,700		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau (916) 558-1797
CONTACT: Francisca Chavez (619) 498-6589									
<b>Health Net Community Solutions, Inc.</b> (05-46128), A5-a 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	<b>#68</b>	07/01/08	12/31/09		180,000/ 32,642		San Diego	David Friedman	Leanne O'Dell (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (SoCal)</b> (05-46129), A7-a 393 East Walnut Street, 7th Floor Pasadena, CA 91188	<b>#79</b>	07/01/08	12/31/09		10,000/ 13,730		San Diego	William Caswell	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
<b>Molina Healthcare of California Partner Plan, Inc.</b> (05-46130) A4 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	<b>#131</b>	07/01/08	12/31/09		100,000/ 54,490		San Diego	Stephen T. O'Dell President & CEO	Nate Nelson (916) 449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
<b>Care 1st Health Plan, LLC</b> (05-46131), A5-a 601 Potrero Grande Drive Monterey Park, CA 91755	<b>#167</b>	07/01/07	12/31/09		207,000/ 9,525		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz (916) 449-5105
CONTACT: Sabra Matovsky (619) 528-4817									
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>					<u><u>906,000/ 198,087</u></u>				
<b>TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))</b>					<u><u>10,920,179/ 3,920,179</u></u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>GEOGRAPHIC MANAGED CARE (GMC-DENTAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Western Dental Svcs., Inc.</b> (07-65806) A1a 530 South Main Street Orange, CA 92863	<b>#424</b>	05/01/08	12/31/12		160,000/ 84,983		Sacramento	Charles S. Koch Vice President	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
<b>Access Dental Plan, Inc.</b> (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	<b>#421</b>	05/01/08	12/31/12		100,000/ 52,059		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Corina Lena (916) 563-6044									
<b>Liberty Dental Plan</b> (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#425</b>	05/01/08	12/31/12		100,000/ 27,636		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
<b>Community Dental Services</b> (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	<b>#426</b>	05/01/08	12/31/12		90,000/ 12,723		Sacramento	Susan Klamer	Brian Nanoo (916) 464-3784
CONTACT: Carolyn Miller (714)-708-5360									
<b>Health Net of CA</b> dba: CA Children Svcs. (07-65804) address unknown	<b>#427</b>	07/01/08	12/31/12		0/ 13,083		Sacramento		Wayne Medley (916) 464-0393
CONTACT: unknown									
<b>TOTAL GMC-DENTAL</b>					<b><u>450,000/ 190,484</u></b>				

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