

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
PHP									
MARIN COUNTY (21)									
KP CAL LLC (NorCal) #81 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		01/01/09	12/31/09	FAMILY	\$108.59	734/ 670	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031
				AGED	\$379.99				
				BLIND/DISABLED	\$461.73				
				ADULT	\$419.60				
				REFUGEES FAMILY	\$108.59				
				BCCTP	\$748.84				
				AIDS	\$1,574.79				
MARIN COUNTY (21)									
KP CAL LLC (NorCal) #81 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		01/01/09	12/31/09	MEDICARE PART D		734/ 146	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031
				FAMILY	\$108.59				
				AGED	\$111.06				
				BLIND/DISABLED	\$91.75				
				ADULT	\$419.60				
				REFUGEES FAMILY	\$108.59				
				BCCTP	\$748.84				
AIDS	\$303.53								
MARIN COUNTY				SUBTOTAL		1,468/ 816		\$146,836	
SONOMA COUNTY (49)									
KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		01/01/09	12/31/09	FAMILY	\$100.94	1,424/ 2	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031
				AGED	\$354.08				
				DISABLED	\$456.70				
				ADULT	\$450.31				
				REFUGEES FAMILY	\$100.94				
				BCCTP	\$797.15				
				AIDS	\$1,598.44				
SONOMA COUNTY (49)									
KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 (Note: Rolled to Partnership #513 Plan Terminated 10/01/09)		01/01/09	12/31/09	MEDICARE PART D		1,424/ -2	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031
				FAMILY	\$100.94				
				AGED	\$100.36				
				DISABLED	\$92.15				
				ADULT	\$450.31				
				REFUGEES FAMILY	\$100.94				
				BCCTP	\$797.15				
AIDS	\$303.53								
SONOMA COUNTY				SUBTOTAL		2,848/ 0		\$507	
TOTAL PHP						4,316/ 816		\$147,343	

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Access Dental Plan, Inc. (05-45001), A5 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 115,971	\$1,218,855	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										
American Health Guard Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 15,282	\$160,614	Los Angeles	David Kutner	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 20,901	\$219,670	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Paula Lopez, Director State Gov Programs										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
LOS ANGELES COUNTY (19)										
Health Net Community Solutions, Inc. (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502 CONTACT: David Meadows 916-935-1435	#405	01/01/09	06/30/11	Public Assistance	unlimited/ 34,422	\$361,775	Los Angeles	David Meadows	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Care 1st Health Plan (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Dr. Jorge Weingarten 626-299-5275						#403
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
Medically Needy										
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
MI CHILD	\$10.51									
MI ADULT	\$10.51									
% OF POV	\$10.51									
BCCTP	\$10.51									
Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#413	01/01/09	06/30/11		Public Assistance	unlimited/ 55,372	\$581,960	Los Angeles	Stan Andrakowicz Vice President	
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				Medically Needy	\$10.51					
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				MI CHILD	\$10.51					
				MI ADULT	\$10.51					
				% OF POV	\$10.51					
				BCCTP	\$10.51					
				Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602 CONTACT: Amir Neshat, DDS, 949-223-8929	#416					01/01/09
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
Medically Needy										
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
MI CHILD	\$10.51									
MI ADULT	\$10.51									
% OF POV	\$10.51									
BCCTP	\$10.51									
Community Dental Services, Inc. #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707 CONTACT: Carolyn Miller, 714-708-5360	#417	01/01/09	06/30/11			Public Assistance	Unlimited/ 4,236	\$44,520	Los Angeles	
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				Medically Needy						
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				MI CHILD	\$10.51					
				MI ADULT	\$10.51					
				% OF POV	\$10.51					
				BCCTP	\$10.51					
				LOS ANGELES						SUBTOTAL

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
RIVERSIDE COUNTY (33)										
Western Dental Services, Inc. (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/09	06/30/11	Public Assistance	unlimited/ 154	\$1,619	Riverside	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Safeguard Health Plans, Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177						#407
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
Medically Needy										
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
MI CHILD	\$10.51									
MI ADULT	\$10.51									
% OF POV	\$10.51									
BCCTP	\$10.51									
RIVERSIDE COUNTY					SUBTOTAL	unlimited/ 217	\$2,281			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
SAN BERNARDINO COUNTY (36)																		
Western Dental Services, Inc. #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488		01/01/09	06/30/11	Public Assistance	unlimited/ 275	\$2,890	San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				Care 1st Health Plan #404														
				(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Dr. Jorge Weingarten 626-299-5275							01/01/09	06/30/11	Public Assistance	unlimited/ 111	\$1,167	San Bernardino	Dr. Reginal Moore	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
Safeguard Health Plans, Inc. #408																		
(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177 **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11		Public Assistance	unlimited/ 444	\$4,666	San Bernardino	Paula Lopez				Lenatte Blouin (916) 464-0379					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy														
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				SAN BERNARDINO COUNTY						SUBTOTAL	unlimited/ 830	\$8,723						
				TOTAL PHP (DENTAL)							unlimited/ 271,977	\$2,858,479						

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

DECEMBER 2009, Page 6 of 31

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
COUNTY COHS									
<u>MERCED COUNTY (24)</u>									
Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3	514	10/01/09	12/31/13	FAMILY/MI CHILD \$141.37 AGED \$469.37 DISABLED/BLIND \$735.45 LTC \$7,640.77 MI ADULT \$141.37 REFUGEES/% POV \$141.37 BCCTP \$1,484.49	N/A/ 68,720		Merced		
				<u>MEDICARE PART B</u>					
				AGED \$260.12 DISABLED/BLIND \$175.07 LTC \$4,409.95					
CONTACT:									
<u>MONTEREY COUNTY (27)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3 1600 Green Hills Road	#508	07/01/09	12/31/13	FAMILY/MI CHILD \$134.64 AGED \$587.31 DISABLED/BLIND \$946.51 LTC \$6,637.54 MI ADULT \$134.64 REFUGEES/% POV \$134.64 BCCTP \$1,357.34	N/A/ 68,932		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$199.76 DISABLED/BLIND \$200.93 LTC \$4,994.13					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<u>NAPA COUNTY (28)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	07/01/09	12/31/13	FAMILY/MI CHILD \$180.46 AGED \$478.19 DISABLED/BLIND \$893.11 LTC \$4,796.48 MI ADULT \$180.46 REFUGEES/% POV \$180.46 BCCTP \$1,515.11 OBRA \$289.34	N/A/ 12,891		Napa	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED \$187.16 DISABLED/BLIND \$234.27 LTC \$3,770.17 OBRA \$289.34					
CONTACT: Jack Horn (707) 863-4261									
<u>ORANGE COUNTY (30)</u>									
Orange County Organized Health System dba CalOptima (08-85214) A2 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/09	12/31/13	FAMILY/MI CHILD \$117.67 AGED \$462.73 DISABLED/BLIND \$686.10 LTC \$6,532.38 MI ADULT \$586.90 REFUGEES/% POV \$117.67 BCCTP \$1,346.21	N/A/ 349,350		Orange	Richard Chambers	Rachael Arruda-deCell (916) 449-5094
				<u>MEDICARE PART B</u>					
				AGED \$191.50 DISABLED/BLIND \$195.60 LTC \$4,330.42					
CONTACT: Richard Chambers (714) 246-8458									

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
COUNTY COHS									
<u>SAN LUIS OBISPO COUNTY (40)</u>									
SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A2 110 Castillian Dr. Goleta, CA 93117	#501	01/01/09	12/31/11	FAMILY/MI CHILD \$106.70 AGED \$483.15 DISABLED/BLIND \$736.80 LTC \$5,688.31 MI ADULT \$609.37 REFUGEES/% POV \$106.70 BCCTP \$1,159.77 AIDS \$2,072.77	N/A/ 27,472		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$170.55 DISABLED/BLIND \$140.33 LTC \$3,559.95 AIDS \$340.13					
CONTACT: Bob Freeman (805) 685-9525									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A2 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/09	12/31/13	FAMILY/MI CHILD \$164.88 AGED \$566.74 DISABLED/BLIND \$861.41 LTC \$1,726.83 MI ADULT \$851.40 REFUGEES/% POV \$164.88 BCCTP \$1,461.58 AIDS \$3,168.36	N/A/ 57,627		Sacramento	Maya Altman	Gerlinda Hightower (916) 449-5093
				<u>MEDICARE PART B</u>					
				AGED \$163.15 DISABLED/BLIND \$173.28 LTC \$217.25 AIDS \$340.67 AGNEWS \$4,919.00					
CONTACT: Maya Altman (650) 616-2145									
<u>SANTA BARBARA COUNTY (42)</u>									
SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A2 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/09	12/31/11	FAMILY/MI CHILD \$123.54 AGED \$477.17 DISABLED/BLIND \$747.56 LTC \$7,233.71 MI ADULT \$620.63 REFUGEES/% POV \$123.54 BCCTP \$1,174.34 AIDS \$2,037.60	N/A/ 61,213		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$177.95 DISABLED/BLIND \$163.10 LTC \$4,833.08 AIDS \$332.16					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	07/01/09	12/31/13	FAMILY/MI CHILD \$131.68 AGED \$526.01 DISABELED/BLIND \$837.52 LTC \$6,300.94 MI ADULT \$131.68 REFUGEES/% POV \$131.68 BCCTP \$1,211.10	N/A/ 34,411		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$207.22 DISABLED/BLIND \$187.32 LTC \$4,606.54					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	07/01/09	12/31/13	FAMILY/MI CHILD \$163.29 AGED \$558.72 DISABELED/BLIND \$869.54 LTC \$5,787.51 MI ADULT \$163.29 REFUGEES/% POV \$163.29 BCCTP \$1,316.97 OBRA \$279.10	N/A/ 60,825		Solano	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED \$210.80 DISABLED/BLIND \$231.32 LTC \$4,579.51					
CONTACT: Jack Horn (707) 863-4261									
<u>SONOMA COUNTY (49)</u>									
Sonoma County Partnership Health Plan of CA dba: (08-85215, A3 Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.	#513	10/01/09	12/31/13	FAMILY/MI CHILD \$115.18 AGED \$627.12 DISABELED/BLIND \$867.47 LTC \$6,173.42 MI ADULT \$115.18 REFUGEES/% POV \$115.18 BCCTP \$1,174.81 OBRA \$0.00	N/A/ 48,564		Sonoma		
				<u>MEDICARE PART B</u>					
				AGED \$259.12 DISABLED/BLIND \$168.66 LTC \$3,348.50 OBRA \$0.00					
CONTACT:									
<u>YOLO COUNTY (57)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#509	07/01/09	12/31/13	FAMILY/MICHILD \$136.35 AGED \$598.36 DISABELED/BLIND \$907.58 LTC \$6,236.74 MI ADULT \$136.35 REFUGEES/FAMILY \$136.35 BCCTP \$1,186.91 OBRA \$249.10	N/A/ 26,444		Yolo	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED 206.38 DISABLED/BLIND 224.51 LTC 4217.15					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 816,449

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	MEDICAL ONLY		1,600/ 4	\$22,044	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	MEDICARE PART D		1,600/ 84	\$354,687	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICAL ONLY		560/ 52	\$300,468	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,778.23					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICARE PART D		560/ 336	\$1,452,447	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,322.76					
ALAMEDA COUNTY				SUBTOTAL		4,320/ 476	\$2,129,646			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
CONTRA COSTA COUNTY (07)										
MEDICAL ONLY										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 6	\$34,669	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
MEDICARE PART D										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 28	\$121,037	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
CONTRA COSTA COUNTY				SUBTOTAL		<u>1,120/ 34</u>	<u>\$155,706</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>
LOS ANGELES COUNTY (19)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/09	12/31/12	AGED \$77.88 BLIND/DISABLED \$77.88	5,000/ 2,857	\$222,503	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/09	12/31/12	LTC \$935.31	5,000/ 1,899	\$1,776,154	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICAL ONLY									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 140	\$827,380	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
MEDICARE PART D									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 542	\$1,839,543	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
(SCAN on HOLD)									
LOS ANGELES COUNTY				SUBTOTAL	11,650/ 5,438	\$4,665,580			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>RIVERSIDE COUNTY (33)</u>									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/09	12/31/12	<u>MEDICARE PART D</u>		5,000/ 866	\$61,503	Riverside	David Schmidt
				AGED	\$71.02				
				BLIND/DISABLED	\$71.02				
CONTACT: David Schmidt (562) 989-5100									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/09	12/31/12	<u>MEDICARE PART D</u>		5,000/ 633	\$580,499	San Bernardino	David Schmidt
				LTC	\$917.06				
CONTACT: David Schmidt (562) 989-5100									
RIVERSIDE COUNTY				SUBTOTAL		10,000/ 1,499	\$642,002		
<u>SACRAMENTO COUNTY (34)</u>									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICAL ONLY</u>		280/ 6	\$29,523	Sacramento	Diane Stewart
				FAMILY/AGED/REF.	\$4,920.49				
				DISA/LTC/AIDS	\$4,920.49				Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICARE PART D</u>		280/ 208	\$741,108	Sacramento	Diane Stewart
				FAMILY/AGED/REF.	\$3,563.02				
				DISA/LTC/AIDS	\$3,563.02				Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
(SCAN on HOLD)									
SACRAMENTO COUNTY				SUBTOTAL		560/ 214	\$770,631		

<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) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/09	12/31/12	AGED \$81.60 BLIND/DISABLED \$81.60	5,000/ 473	\$38,597	Riverside	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<u>MEDICARE PART D</u>									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/09	12/31/12	LTC \$891.09	5,000/ 311	\$277,129	San Bernardino	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<u>SAN BERNARDINO COUNTY</u>				<u>SUBTOTAL</u>	10,000/ 784	\$315,726			
(SCAN on HOLD)									
<u>SAN DIEGO COUNTY (37)</u>									
<u>MEDICAL ONLY</u>									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$4,761.40 DISA/LTC/AIDS \$4,761.40	200/ 18	\$85,705	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
<u>MEDICARE PART D</u>									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	200/ 76	\$271,295	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
(SCAN on HOLD)									
<u>SAN DIEGO COUNTY</u>				<u>SUBTOTAL</u>	400/ 94	\$357,000			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

DECEMBER 2009, Page 14 of 31

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SAN FRANCISCO COUNTY (38)</u>									
<u>MEDICAL ONLY</u>									
OnLok Senior Health Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1600/ 23	\$139,786	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<u>MEDICARE PART D</u>									
OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 870	\$3,827,835	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<u>MEDICAL ONLY</u>									
San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A1 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/ 138	\$255,128	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3700/ 1,031	\$4,222,749			
<u>SANTA CLARA COUNTY (43)</u>									
<u>MEDICAL ONLY</u>									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	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									
<u>MEDICARE PART D</u>									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 20	\$80,572	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	3,200/ 21	\$85,718			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
YOLO COUNTY (57)									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	MEDICARE PART D 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									
YOLO COUNTY				SUBTOTAL	<u>280/ 2</u>	<u>\$7,126</u>			
TOTAL SPECIAL PROJECT					<u>45,230/ 9,593</u>	<u>\$13,351,884</u>			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>			
PCCM												
<u>LOS ANGELES COUNTY (19)</u>												
AIDS Healthcare Foundation (01-16349) A-11 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	<u>Public Assistance</u>						Michael Weinstein	Sunita Kapoor (916) 449-5096	
				FAMILY	\$103.27	2,000/ 414	\$251,164	Los Angeles				
				AGED	\$466.85							
				DISABLED	\$622.09							
				MI CHILD	\$103.27							
				MI ADULT	\$265.28							
				REFUGEES	\$103.27							
				AIDS	\$1,473.85							
				BCCTP	\$517.08							
				CONTACT: Donna Stidham (323) 860-5231								
AIDS Healthcare Foundation (01-16349) A-11 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	<u>MEDICARE PART D</u> <u>Public Assistance</u>						Michael Weinstein	Sunita Kapoor (916) 449-5096	
				FAMILY	\$103.27	2,000/ 302	\$101,197	Los Angeles				
				AGED	\$243.89							
				DISABLED	\$339.33							
				MI CHILD	\$103.27							
				MI ADULT	\$265.28							
				REFUGEES	\$103.27							
				AIDS	\$206.24							
				BCCTP	\$517.08							
				CONTACT: Donna Stidham (323) 860-5231								
LOS ANGELES COUNTY				SUBTOTAL					<u>4,000/ 716</u>		<u>\$352,361</u>	
TOTAL PCCM						<u>4,000/ 716</u>		<u>\$352,361</u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
2-PLAN										
ALAMEDA COUNTY (01)										
Alameda Alliance for Health (04-35399), A8, C8 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 88,076	\$12,717,247	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$491.99					
				DISABLED	\$491.99					
				MI ADULT	\$111.12					
				REFUGEES	\$111.12					
				AIDS	\$1,007.69					
				BCCTP	\$814.52					
AGNEWS	\$4,919.00									
MEDICARE PART D										
Alameda Alliance for Health (04-35399), A8, C8 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 4,446	\$622,979	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$127.23					
				DISABLED	\$155.05					
				MI ADULT	\$111.12					
				REFUGEES	\$111.12					
				AIDS	\$239.43					
				BCCTP	\$814.52					
MATERNITY	\$6,042.63									
AGNEWS	\$4,919.00									
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	06/30/10	FAMILY	\$118.99	unlimited/ 25,803	\$3,898,301	California		
				AGED	\$546.76					
				DISABLED	\$546.76					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$1,025.21					
				BCCTP	\$813.63					
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	06/30/10	FAMILY	\$118.99	unlimited/ 783	\$111,661	California		
				AGED	\$132.80					
				DISABLED	\$152.02					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$226.96					
				BCCTP	\$813.63					
MATERNITY	\$6,042.63									
ALAMEDA COUNTY				SUBTOTAL		360,000/ 119,108	\$17,350,188			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>								
CONTRA COSTA COUNTY (07)																	
County of Contra Costa Contra Costa Hlth Plan (04-36067), A6, C8, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	10/01/09	12/31/09	FAMILY	\$120.45	unlimited/ 52,657	\$7,869,109	County of Contra Costa									
				AGED	\$490.75												
				DISABLED	\$490.75												
				MI ADULT	\$120.45												
				REFUGEES/FAMILY	\$120.45												
				AIDS	\$1,043.53												
				BCCTP	\$832.10												
				MEDICARE PART D													
				FAMILY	\$120.45					unlimited/ 2,234	\$314,868	County of Contra Costa					
				AGED	\$134.69												
DISABLED	\$148.13																
MI ADULT	\$120.45																
REFUGEES/FAMILY	\$120.45																
AIDS	\$231.06																
BCCTP	\$832.10																
MATERNITY	\$5,753.70																
Anthem Blue Cross Partnership #344 Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	06/30/10	FAMILY	\$109.43	unlimited/ 10,817	\$1,366,316	Contra Costa	Blue Cross of California								
				AGED	\$430.93												
				DISABLED	\$430.93												
				MI ADULT	\$109.43												
				REFUGEES/FAMILY	\$109.43												
				AIDS	\$1,055.94												
				BCCTP	\$824.06												
				MEDICARE PART D													
				FAMILY	\$109.43					unlimited/ 200	\$27,678	Contra Costa	Blue Cross of California				
				AGED	\$125.23												
DISABLED	\$156.34																
MI ADULT	\$109.43																
REFUGEES/FAMILY	\$109.43																
AIDS	\$223.59																
BCCTP	\$824.06																
MATERNITY	\$5,753.70																
CONTRA COSTA COUNTY				SUBTOTAL	unlimited/ 65,908	\$9,577,971											

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
FRESNO COUNTY (10)									
Anthem Blue Cross Partnership #341 Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 99,628	\$11,875,028	Fresno	Blue Cross of California
				AGED	\$527.26				
				DISABLED	\$527.26				
				MI ADULT	\$97.44				
				REFUGEES/FAMILY	\$97.44				
				AIDS	\$1,064.14				
				BCCTP	\$809.80				
MEDICARE PART D									
Anthem Blue Cross Partnership #341 Plan (03-76184,) A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 2,446	\$330,852	Fresno	Blue Cross of California
				AGED	\$108.62				
				DISABLED	\$151.13				
				MI ADULT	\$97.44				
				REFUGEES/FAMILY	\$97.44				
				AIDS	\$216.75				
				BCCTP	\$809.80				
MATERNITY	\$5,616.08								
Health Net Community #351 Solutions, Inc. (03-76182), A8, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$86.67	unlimited/ 94,307	\$9,389,347	Fresno	Health Net
				AGED	\$425.97				
				DISABLED	\$425.97				
				MI ADULT	\$86.67				
				REFUGEES/FAMILY	\$86.67				
				AIDS	\$1,032.37				
				BCCTP	\$829.65				
MEDICARE PART D									
Health Net Community #351 Solutions, Inc. (03-76182), A8, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$86.67	unlimited/ 907	\$111,003	Fresno	Health Net
				AGED	\$115.61				
				DISABLED	\$134.54				
				MI ADULT	\$86.67				
				REFUGEES/FAMILY	\$86.67				
				AIDS	\$220.88				
				BCCTP	\$829.65				
MATERNITY	\$5,616.08								
FRESNO COUNTY				SUBTOTAL		unlimited/ 197,288	\$21,706,230		

<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) A8, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 29,060	\$3,407,387	Kern	Health Net
				AGED	\$442.73				
				DISABLED	\$442.73				
				MI ADULT	\$98.65				
				REFUGEES/FAMILY	\$98.65				
				AIDS	\$1,069.32				
				BCCTP	\$809.45				
<u>MEDICARE PART D</u>									
Health Net Community Solutions, Inc. (03-76182) A8, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 644	\$83,422	Kern	Health Net
				AGED	\$113.33				
				DISABLED	\$142.24				
				MI ADULT	\$98.65				
				REFUGEES/FAMILY	\$98.65				
				AIDS	\$218.56				
				BCCTP	\$809.45				
MATERNITY	\$5,408.53								
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A7, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/09	12/31/09	FAMILY	\$92.09	115,000/ 99,610	\$10,722,859	Kern	Kern Health Systems
				AGED	\$396.51				
				DISABLED	\$396.51				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$1,027.71				
				BCCTP	\$811.56				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A7, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/09	12/31/09	FAMILY	\$92.09	115,000/ 1,840	\$252,593	Kern	Kern Health Systems
				AGED	\$129.07				
				DISABLED	\$151.16				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$212.23				
				BCCTP	\$811.56				
MATERNITY	\$5,408.53								
KERN COUNTY				SUBTOTAL	230,000/ 131,154	\$14,466,261			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
Health Net Community Solutions, Inc. (03-76182), A8, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 435,310	\$41,444,463	Los Angeles	Health Net
				AGED	\$396.78				
				DISABLED	\$396.78				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$1,016.33				
				BCCTP	\$800.22				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A8, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 5,495	\$658,947	Los Angeles	Health Net
				AGED	\$111.19				
				DISABLED	\$137.98				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$230.77				
				BCCTP	\$800.22				
MATERNITY \$5,758.58									
LA Care Health Plan (04-36069), A4, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/09	12/31/09	FAMILY	\$94.42	unlimited/ 776,244	\$83,610,917	Los Angeles	LA Care Health Plan
				AGED	\$441.08				
				DISABLED	\$441.08				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$1,037.35				
				BCCTP	\$856.41				
MEDICARE PART D									
LA Care Health Plan (04-36069), A4, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/09	12/31/09	FAMILY	\$94.42	unlimited/ 11,345	\$1,383,656	Los Angeles	LA Care Health Plan
				AGED	\$115.39				
				DISABLED	\$135.06				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$225.72				
				BCCTP	\$856.41				
MATERNITY \$5,758.58									
LOS ANGELES COUNTY				SUBTOTAL		unlimited/ 1,228,394	\$127,097,983		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
RIVERSIDE COUNTY (33)										
Inland Empire Health Plan #305 (04-35765), A6, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/09	FAMILY	\$95.40	unlimited/ 169,783	\$18,790,186	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$444.20					
				DISABLED	\$444.20					
				MI ADULT	\$95.40					
				REFUGEES/FAMILY	\$95.40					
				AIDS	\$1,047.21					
				BCCTP	\$833.43					
MEDICARE PART D										
Inland Empire Health Plan #305 (04-35765), A6, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/09	FAMILY	\$95.40	unlimited/ 2,929	\$375,944	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$115.21					
				DISABLED	\$143.53					
				MI ADULT	\$95.40					
				REFUGEES/FAMILY	\$95.40					
				AIDS	\$218.28					
				BCCTP	\$833.43					
MATERNITY										
					\$5,319.64					
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 38,091	\$4,247,843	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$452.39					
				DISABLED	\$452.39					
				MI ADULT	\$102.79					
				REFUGEES/FAMILY	\$102.79					
				AIDS	\$983.96					
				BCCTP	\$827.10					
MEDICARE PART D										
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 315	\$41,387	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$127.80					
				DISABLED	\$145.60					
				MI ADULT	\$102.79					
				REFUGEES/FAMILY	\$102.79					
				AIDS	\$222.88					
				BCCTP	\$827.10					
MATERNITY										
					\$5,319.64					
RIVERSIDE COUNTY				SUBTOTAL		166,076/ 211,118	\$23,455,360			

<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), A6, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/09	FAMILY	\$97.77	unlimited/ 188,142	\$21,214,682	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$444.59					
				DISABLED	\$444.59					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$970.44					
				BCCTP	\$794.41					
MEDICARE PART D										
Inland Empire Health Plan #306 (04-35765), A6, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/09	FAMILY	\$97.77	unlimited/ 3,151	\$448,745	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$124.44					
				DISABLED	\$161.48					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$217.11					
				BCCTP	\$794.41					
MATERNITY	\$5,097.25									
Molina Healthcare of California #356										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 53,104	\$6,063,421	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$423.71					
				DISABLED	\$423.71					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$984.81					
				BCCTP	\$826.53					
MEDICARE PART D										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 432	\$56,639	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$124.75					
				DISABLED	\$149.10					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$222.75					
				BCCTP	\$826.53					
MATERNITY	\$5,097.25									
SAN BERNARDINO COUNTY				SUBTOTAL		272,664/ 244,829	\$27,783,487			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
Anthem Blue Cross Partnership #343 Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY \$97.33 AGED \$451.60 DISABLED \$451.60 MI ADULT \$97.33 REFUGEES/FAMILY \$97.33 AIDS \$1,088.86 BCCTP \$822.13	unlimited/ 11,562	\$1,386,426	San Francisco	Blue Cross of California	
MEDICARE PART D									
Anthem Blue Cross Partnership #343 Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY \$97.33 AGED \$109.13 DISABLED \$146.68 MI ADULT \$97.33 REFUGEES/FAMILY \$97.33 AIDS \$224.23 BCCTP \$822.13 MATERNITY \$5,842.73	unlimited/ 453	\$58,005	San Francisco	Blue Cross of California	
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A6, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/09	FAMILY \$129.89 AGED \$520.70 DISABLED \$520.70 MI ADULT \$129.89 REFUGEES/FAMILY \$129.89 AIDS \$1,115.74 BCCTP \$841.23	55,000/ 34,492	\$5,239,870	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
MEDICARE PART D									
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A6, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/09	FAMILY \$129.89 AGED \$142.72 DISABLED \$163.14 MI ADULT \$129.89 REFUGEES/FAMILY \$129.89 AIDS \$222.63 BCCTP \$841.23 MATERNITY \$5,842.73	55,000/ 1,517	\$229,673	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
SAN FRANCISCO COUNTY				SUBTOTAL	110,000/ 48,024	\$6,913,974			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN JOAQUIN COUNTY (39)									
Health Plan of San Joaquin (04-35401), A6, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/09	12/31/09	FAMILY	\$99.09	unlimited/ 69,504	\$8,468,177	San Joaquin	
				AGED	\$452.27				
				DISABLED	\$452.27				
				MI ADULT	\$99.09				
				REFUGEES/FAMILY	\$99.09				
				AIDS	\$1,044.32				
				BCCTP	\$832.94				
MEDICARE PART D									
Health Plan of San Joaquin (04-35401), A6, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/09	12/31/09	FAMILY	\$99.09	unlimited/ 1,539	\$215,919	San Joaquin	
				AGED	\$115.72				
				DISABLED	\$158.67				
				MI ADULT	\$99.09				
				REFUGEES/FAMILY	\$99.09				
				AIDS	\$220.04				
				BCCTP	\$832.94				
MATERNITY	\$5,938.46								
Anthem Blue Cross Partnership Plan (03-76184), A9 ,C8 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 27,846	\$2,970,339	San Joaquin	Blue Cross of California
				AGED	\$412.90				
				DISABLED	\$412.90				
				MI ADULT	\$90.84				
				REFUGEES/FAMILY	\$90.84				
				AIDS	\$1,020.79				
				BCCTP	\$811.76				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A9 ,C8 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 569	\$73,247	San Joaquin	Blue Cross of California
				AGED	\$110.29				
				DISABLED	\$146.70				
				MI ADULT	\$90.84				
				REFUGEES/FAMILY	\$90.84				
				AIDS	\$224.99				
				BCCTP	\$811.76				
MATERNITY	\$5,938.46								
SAN JOAQUIN COUNTY				SUBTOTAL		unlimited/ 99,458	\$11,727,682		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SANTA CLARA COUNTY (43)									
Anthem Blue Cross Partnership #345 Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$103.84	unlimited/ 33,234	Santa Clara	Blue Cross of California	
				AGED	\$458.30				
				DISABLED	\$458.30				
				MI ADULT	\$103.84				
				REFUGEES/FAMILY	\$103.84				
				AIDS	\$1,091.67				
				BCCTP	\$830.08				
MEDICARE PART D									
Anthem Blue Cross Partnership #345 Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$103.84	unlimited/ 861	Santa Clara	Blue Cross of California	
				AGED	\$113.19				
				DISABLED	\$149.88				
				MI ADULT	\$103.84				
				REFUGEES/FAMILY	\$103.84				
				AIDS	\$223.76				
				BCCTP	\$830.08				
MATERNITY	\$5,719.42								
Santa Clara Family Health #309 Plan (04-35398), A7, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/09	FAMILY	\$117.77	123,000/ 88,934	Santa Clara	Santa Clara Family Health Plan	
				AGED	\$482.01				
				DISABLED	\$482.01				
				MI ADULT	\$117.77				
				REFUGEES/FAMILY	\$117.77				
				AIDS	\$1,067.96				
				BCCTP	\$826.53				
AGNEWS	\$4,919.00								
MEDICARE PART D									
Santa Clara Family Health #309 Plan (04-35398), A7, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/09	FAMILY	\$117.77	123,000/ 5,804	Santa Clara	Santa Clara Family Health Plan	
				AGED	\$115.39				
				DISABLED	\$155.10				
				MI ADULT	\$117.77				
				REFUGEES/FAMILY	\$117.77				
				AIDS	\$219.25				
				BCCTP	\$826.53				
MATERNITY	\$5,719.42								
AGNEWS	\$4,919.00								
SANTA CLARA COUNTY				SUBTOTAL		246,000/ 128,833	\$17,139,269		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>			
STANISLAUS COUNTY (50)												
Anthem Blue Cross Partnership #310 Plan (04-35797), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/09	FAMILY \$110.61 AGED \$569.96 DISABLED \$569.96 MI ADULT \$110.61 REFUGEES/FAMILY \$110.61 AIDS \$1,047.89 BCCTP \$859.66	unlimited/ 47,424	\$6,488,810	Stanislaus	Blue Cross of California				
	MEDICARE PART D											
	Anthem Blue Cross Partnership #310 Plan (04-35797), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/09	FAMILY \$110.61 AGED \$133.20 DISABLED \$155.04 MI ADULT \$110.61 REFUGEES/FAMILY \$110.61 AIDS \$224.38 BCCTP \$859.66 MATERNITY \$6,114.14	unlimited/ 1,217	\$175,283	Stanislaus	Blue Cross of California			
		Health Net Community #361 Solutions, Inc. (03-76182), A8, C10 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY \$109.98 AGED \$542.19 DISABLED \$542.19 MI ADULT \$109.98 REFUGEES/FAMILY \$109.98 AIDS \$1,075.13 BCCTP \$845.24	unlimited/ 18,823	\$2,332,505	Stanislaus	Health Net		
			MEDICARE PART D									
			Health Net Community #361 Solutions, Inc. (03-76182), A8, C10 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY \$109.98 AGED \$125.47 DISABLED \$162.78 MI ADULT \$109.98 REFUGEES/FAMILY \$109.98 AIDS \$231.25 BCCTP \$845.24 MATERNITY \$6,114.14	unlimited/ 265	\$37,796	Stanislaus	Health Net	
				STANISLAUS COUNTY SUBTOTAL								
					unlimited/ 67,729	\$9,034,394						

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
TULARE COUNTY (54)									
Health Net Community Solutions, Inc. (03-76182), A8 C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/10	FAMILY	\$89.70	unlimited/ 23,955	\$2,382,428	Tulare	Health Net
				AGED	\$442.09				
				DISABLED	\$442.09				
				MI ADULT	\$89.70				
				REFUGEES/FAMILY	\$89.70				
				AIDS	\$984.77				
				BCCTP	\$809.20				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A8, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/10	FAMILY	\$89.70	unlimited/ 239	\$29,002	Tulare	Health Net
				AGED	\$112.56				
				DISABLED	\$141.75				
				MI ADULT	\$89.70				
				REFUGEES/FAMILY	\$89.70				
				AIDS	\$225.49				
				BCCTP	\$809.20				
MATERNITY	\$5,719.97								
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (04-36068), A6, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/09	12/31/09	FAMILY	\$95.54	unlimited/ 75,098	\$8,445,589	Tulare	Blue Cross of California
				AGED	\$543.40				
				DISABLED	\$543.40				
				MI ADULT	\$95.54				
				REFUGEES/FAMILY	\$95.54				
				AIDS	\$995.42				
				BCCTP	\$804.26				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (04-36068), A6, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/09	12/31/09	FAMILY	\$95.54	unlimited/ 1,459	\$191,527	Tulare	Blue Cross of California
				AGED	\$112.36				
				DISABLED	\$150.26				
				MI ADULT	\$95.54				
				REFUGEES/FAMILY	\$95.54				
				AIDS	\$230.53				
				BCCTP	\$804.26				
MATERNITY	\$5,719.97								
TULARE COUNTY					SUBTOTAL				
					unlimited/ 100,751	\$11,048,546			
TOTAL 2-PLAN					<u>1,384,740/ 2,642,594</u>	<u>\$297,301,345</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

DECEMBER 2009, Page 29 of 31

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A0-a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/08	12/31/12		160,000/ 23,206		Sacramento		Nate Nelson (916) 449-5112
CONTACT: Lisa Rubino, President, (562) 491-7044									
Western Health Advantage Community Health Plan (07-65853) A3 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754	#140	07/01/08	12/31/12		15,750/ 13,451		Sacramento		
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A1-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	04/01/08	12/31/12		168,600/ 39,087		Sacramento		
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	01/01/08	12/31/12		20,000/ 25,925		Sacramento	Charles S. Koch	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012	#190	01/01/08	12/31/12		168,600/ 87,407		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau (916) 558-1797
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u>532,950/ 189,076</u>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SAN DIEGO COUNTY (37)</u>									
Community Health Group Partnership Plan, Inc. (05-46127), A5 740 Bay Blvd Chula Vista, CA 91910	#29	07/01/08	12/31/09		207,000/ 89,509		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau (916) 558-1797
CONTACT: Francisca Chavez (619) 498-6589									
Health Net Community Solutions, Inc. (05-46128), A6 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	#68	01/01/09	06/30/10		180,000/ 32,761		San Diego	David Friedman	Leanne O'Dell (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (SoCal) (05-46129), A7 393 East Walnut Street, 7th Floor Pasadena, CA 91188	#79	07/01/08	12/31/09		10,000/ 13,465		San Diego	William Caswell	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Molina Healthcare of California Partner Plan, Inc. (05-46130) A4 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#131	07/01/08	12/31/09		100,000/ 55,949		San Diego	Stephen T. O'Dell President & CEO	Nate Nelson (916) 449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
Care 1st Health Plan, LLC (05-46131), A6-a 601 Potrero Grande Drive Monterey Park, CA 91755	#167	07/01/08	12/31/09		207,000/ 10,049		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz (916) 449-5105
CONTACT: Sabra Matovsky (619) 528-4817									
(Blue Cross #48 Deactivated 12/31/07)									
TOTAL GMC-MEDICAL (SAN DIEGO)					<u>704,000/ 201,733</u>				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u>2,675,236/ 4,132,954</u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A1a 530 South Main Street Orange, CA 92863	#424	05/01/08	12/31/12		160,000/ 86,241		Sacramento	Charles S. Koch Vice President	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	#421	05/01/08	12/31/12		100,000/ 52,462		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Corina Lena (916) 563-6044									
Liberty Dental Plan (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	05/01/08	12/31/12		100,000/ 27,875		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	05/01/08	12/31/12		90,000/ 12,462		Sacramento	Susan Klamer	Brian Nanoo (916) 464-3784
CONTACT: Carolyn Miller (714)-708-5360									
Health Net of CA dba: CA Children Svcs. (07-65804) address unknown	#427	07/01/08	12/31/12		0/ 16,639		Sacramento		Brian Nanoo (916) 464-3784
CONTACT: unknown									
TOTAL GMC-DENTAL					<u>450,000/ 195,679</u>				

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