

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | |
|---|-----------------|-----------------------|------------------|---------------------------|------------------------------------|-----------------------|-------------|-------------------|-------------------------|-----------------|------------------------------|
| PHP | | | | | | | | | | | |
| MARIN COUNTY (21) | | | | | | | | | | | |
| KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | | 10/01/09 | 03/31/10 | FAMILY | \$115.40 | 734/ 668 | | \$136,932 | Marin | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | AGED | \$457.37 | | | | | | |
| | | | | BLIND/DISABLED | \$457.37 | | | | | | |
| | | | | ADULT | \$115.40 | | | | | | |
| | | | | REFUGEES FAMILY | \$115.40 | | | | | | |
| | | | | BCCTP | \$912.48 | | | | | | |
| | | | | AIDS | \$1,574.79 | | | | | | |
| | | | | BCCTP | \$912.48 | | | | | | |
| MARIN COUNTY (21) | | | | | | | | | | | |
| KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 | | 10/01/09 | 03/31/10 | MEDICARE PART D | | 734/ 148 | | \$15,115 | Marin | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | FAMILY | \$115.40 | | | | | | |
| | | | | AGED | \$104.41 | | | | | | |
| | | | | BLIND/DISABLED | \$101.27 | | | | | | |
| | | | | ADULT | \$115.40 | | | | | | |
| | | | | REFUGEES FAMILY | \$115.40 | | | | | | |
| | | | | BCCTP | \$912.48 | | | | | | |
| | | | | AIDS | \$303.53 | | | | | | |
| MARIN COUNTY | | | | | SUBTOTAL | | 1,468/ 816 | \$152,047 | | | |
| 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/ 0 | | \$0 | Sonoma | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | AGED | \$354.08 | | | | | | |
| | | | | DISABLED | \$456.70 | | | | | | |
| | | | | ADULT | \$450.31 | | | | | | |
| | | | | REFUGEES FAMILY | \$100.94 | | | | | | |
| | | | | BCCTP | \$797.15 | | | | | | |
| | | | | AIDS | \$1,598.44 | | | | | | |
| | | | | 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: HCP #87, Rolled over to COHS (Partnership of CA HCP #513) became effective in Sonoma Co. 49) Plan Deactivated 10/01/09 | | 01/01/09 | 12/31/09 | MEDICARE PART D | | 1,424/ 0 | | \$0 | Sonoma | Charles S. Koch | Nathan Nau (916) 341-7031 |
| | | | | FAMILY | \$100.94 | | | | | | |
| | | | | AGED | \$100.36 | | | | | | |
| | | | | DISABLED | \$92.15 | | | | | | |
| | | | | ADULT | \$450.31 | | | | | | |
| | | | | REFUGEES FAMILY | \$100.94 | | | | | | |
| | | | | BCCTP | \$797.15 | | | | | | |
| | | | | AIDS | \$303.53 | | | | | | |
| SONOMA COUNTY | | | | | SUBTOTAL | | 2,848/ 0 | \$0 | | | |
| TOTAL PHP | | | | | | | 4,316/ 816 | \$152,047 | | | |

| <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), A6 8890 Cal Center Drive Sacramento, CA 95826 | #409 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 118,854 | \$1,249,156 | 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/ 14,752 | \$155,044 | 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/ 20,751 | \$218,093 | 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 | #405 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 35,531 | \$373,431 | Los Angeles | David Meadows | Brian Nanoo (916) 464-3784 | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | MI CHILD | | | | | | \$10.51 | | | | | | | | |
| | | | | MI ADULT | | | | | | \$10.51 | | | | | | | | |
| | | | | % OF POV | | | | | | \$10.51 | | | | | | | | |
| | | | | BCCTP | | | | | | \$10.51 | | | | | | | | |
| | | | | CONTACT: David Meadows 916-935-1435 | | | | | | | | | | | | | | |
| | | | | Care 1st Health Plan (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 | | | | | | #403 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 17,276 | \$181,571 | Los Angeles | Dr. Reginal Moore | Lenatte Blouin (916) 464-0379 |
| FAMILY | \$10.51 | | | | | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | | | | | |
| Medically Needy | | | | | | | | | | | | | | | | | | |
| FAMILY | \$10.51 | | | | | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | | | | | |
| MI CHILD | \$10.51 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$10.51 | | | | | | | | | | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | | | | | | |
| CONTACT: Dr. Jorge Weingarten 626-299-5275 | | | | | | | | | | | | | | | | | | |
| Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 | #413 | 01/01/09 | 06/30/11 | | Public Assistance | unlimited/ 55,397 | \$582,222 | Los Angeles | Stan Andrakowicz Vice President | | | | Brian Nanoo (916) 464-3784 | | | | | |
| | | | | FAMILY | \$10.51 | | | | | | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| | | | | Medically Needy | \$10.51 | | | | | | | | | | | | | |
| | | | | FAMILY | \$10.51 | | | | | | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | | | | | | |
| | | | | % OF POV | \$10.51 | | | | | | | | | | | | | |
| | | | | BCCTP | \$10.51 | | | | | | | | | | | | | |
| | | | | CONTACT: Kelley Duniven (714) 571-3488 | | | | | | | | | | | | | | |
| | | | | Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602 | #416 | | | | | 01/01/09 | 06/30/11 | Public Assistance | | Unlimited/ 7,570 | \$79,561 | Los Angeles | Amir Neshat, DDS President/CEO | Lenatte Blouin (916) 464-0379 |
| FAMILY | \$10.51 | | | | | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | | | | | |
| Medically Needy | | | | | | | | | | | | | | | | | | |
| FAMILY | \$10.51 | | | | | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | | | | | |
| MI CHILD | \$10.51 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$10.51 | | | | | | | | | | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | | | | | | |
| CONTACT: Amir Neshat, DDS, 949-223-8929 | | | | | | | | | | | | | | | | | | |
| Community Dental Services, Inc. #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707 | | 01/01/09 | 06/30/11 | | | Public Assistance | Unlimited/ 4,194 | \$44,079 | Los Angeles | | | Susan Klarner Senior Executive/VP | Brian Nanoo (916) 464-3784 | | | | | |
| | | | | FAMILY | \$10.51 | | | | | | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | \$10.51 | | | | | | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | | | | | | |
| | | | | % OF POV | \$10.51 | | | | | | | | | | | | | |
| | | | | BCCTP | \$10.51 | | | | | | | | | | | | | |
| | | | | CONTACT: Carolyn Miller, 714-708-5360 | | | | | | | | | | | | | | |
| | | | | LOS ANGELES | | | | | | SUBTOTAL | unlimited/ 274,325 | | | 2,883,157 | | | | |

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. #414 (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/ 150 | \$1,577 | 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. #407 | | | | | | | | | | | | | | |
| | | | | (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177 | | | | | | #407 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 61 | \$641 | Riverside | Paula Lopez Director State Gov | 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 | | | | | | | | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | | SUBTOTAL | unlimited/ 211 | \$2,218 | | | | | | | | | | | |

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/ 271 | \$2,848 | 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/ 104 | \$1,093 | 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/ 432 | \$4,540 | 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/ 807 | \$8,481 | | | | | | |
| | | | | TOTAL PHP (DENTAL) | | | | | | | unlimited/ 275,343 | \$2,893,856 | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

FEBRUARY 2010, Page 6 of 31

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|-------------------|---|
| 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/ 70,181 | | 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/ 68,683 | | 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/ 13,272 | | 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/ 348,480 | | 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 | | | | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------------|-------------------|--------------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>SAN LUIS OBISPO COUNTY (40)</u> | | | | | | | | | |
| SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A3 110 Castillian Dr. Goleta, CA 93117 | #501 | 07/01/09 | 12/31/11 | FAMILY/MI CHILD \$131.24 AGED \$438.75 DISABLED/BLIND \$710.67 LTC \$5,614.82 MI ADULT \$131.24 REFUGEES/% POV \$131.24 BCCTP \$1,420.61 AIDS \$2,256.98 | N/A/ 27,581 | | Santa Luis Obispo | Lyle Lyman | O.Z. Kamara (916) 449-5084 |
| | | | | <u>MEDICARE PART B</u> AGED \$154.87 DISABLED/BLIND \$135.35 LTC \$3,513.96 AIDS \$366.41 | | | | | |
| CONTACT: Bob Freeman (805) 685-9525 | | | | | | | | | |
| <u>SAN MATEO COUNTY (41)</u> | | | | | | | | | |
| San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A3 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080 | #503 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$168.66 AGED \$573.13 DISABLED/BLIND \$874.47 LTC \$2,027.15 MI ADULT \$168.66 REFUGEES/% POV \$168.66 BCCTP \$1,490.66 AIDS \$2,439.32 | N/A/ 56,672 | | Sacramento | Maya Altman | Gerlinda Hightower (916) 449-5093 |
| | | | | <u>MEDICARE PART B</u> AGED \$164.99 DISABLED/BLIND \$175.90 LTC \$255.02 AIDS \$345.70 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) A3 110 Castillian Dr. Goleta, CA 93117-3028 | #502 | 07/01/09 | 12/31/11 | FAMILY/MI CHILD \$135.13 AGED \$536.46 DISABLED/BLIND \$788.55 LTC \$8,334.22 MI ADULT \$135.13 REFUGEES/% POV \$135.13 BCCTP \$1,281.63 AIDS \$2,481.35 | N/A/ 61,518 | | Santa Barbara | Lyle Lyman | O. Z. Kamara (916) 449-5084 |
| | | | | <u>MEDICARE PART B</u> AGED \$200.05 DISABLED/BLIND \$172.05 LTC \$5,568.36 AIDS \$401.73 | | | | | |
| CONTACT: Bob Freeman (805) 685-9525 ext 1011 | | | | | | | | | |

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/ 33,910 | | 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/ 60,485 | | 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/ 48,984 | | 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/ 26,592 | | 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/ 816,358

| <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/ 3 | \$16,533 | Alameda | Robert Edmondson | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$5,511.03 | | | | | |
| | | | | DISA/LTC/AIDS | \$5,511.03 | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883 | | 04/01/08 | 12/31/12 | MEDICARE PART D | | 1,600/ 83 | \$350,465 | Alameda | Robert Edmondson | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$4,222.47 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,222.47 | | | | | |
| Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #51 | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 560/ 55 | \$317,803 | Alameda | Peter Szutu | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$5,778.23 | | | | | |
| | | | | DISA/LTC/AIDS | \$5,778.23 | | | | | |
| Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #51 | 04/01/08 | 12/31/12 | MEDICARE PART D | | 560/ 355 | \$1,534,580 | Alameda | Peter Szutu | Della Cabrera (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$4,322.76 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 4,320/ 496 | \$2,219,381 | | | |

| <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/ 25 | \$108,069 | Contra Costa | Peter Szutu | Della Cabrera (916) 440-7532 |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | | <u>1,120/ 31</u> | <u>\$142,738</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/ 3,104 | \$241,740 | 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/ 1,879 | \$1,757,447 | 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/ 132 | \$780,102 | Los Angeles | Castulo de la Rocha President | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 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/ 553 | \$1,876,876 | Los Angeles | Castulo de la Rocha President | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| (SCAN on HOLD) | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | 11,650/ 5,668 | \$4,656,165 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|------------------|-------------------|--|
| <u>RIVERSIDE COUNTY (33)</u> | | | | | | | | | |
| 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 | MEDICARE PART D | | 5,000/ 987 | \$70,097 | 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 | MEDICARE PART D | | 5,000/ 609 | \$558,490 | San Bernardino | David Schmidt |
| | | | | LTC | \$917.06 | | | | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 10,000/ 1,596 | \$628,587 | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #50 | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 280/ 4 | \$19,682 | Sacramento | William Clearwater Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$4,920.49 | | | | |
| | | | | DISA/LTC/AIDS | \$4,920.49 | | | | |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #50 | 04/01/08 | 12/31/12 | MEDICARE PART D | | 280/ 212 | \$755,360 | Sacramento | William Clearwater Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$3,563.02 | | | | |
| | | | | DISA/LTC/AIDS | \$3,563.02 | | | | |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | |
| (SCAN on HOLD) | | | | | | | | | |
| SACRAMENTO COUNTY | | | | SUBTOTAL | | 560/ 216 | \$775,042 | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|----------------|-------------------|--|
| <u>SAN BERNARDINO COUNTY (36)</u> | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| 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/ 547 | \$44,635 | Riverside | 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 | #207 | 01/01/09 | 12/31/12 | LTC \$891.09 | 5,000/ 313 | \$278,911 | San Bernardino | David Schmidt | |
| CONTACT: David Schmidt (562) 989-5100 | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | 10,000/ 860 | \$323,546 | | | |
| (SCAN on HOLD) | | | | | | | | | |
| <u>SAN DIEGO COUNTY (37)</u> | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| 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 | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Alan Allgood (619) 677-3800 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| 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/ 97 | \$346,258 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Alan Allgood (619) 677-3800 | | | | | | | | | |
| (SCAN on HOLD) | | | | | | | | | |
| SAN DIEGO COUNTY | | | | SUBTOTAL | 400/ 115 | \$431,963 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|---------------------|---------------------------|------------------|---|--|---------------------------|---------------|----------------------------------|---------------------------------|
| <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/ 30 | \$182,330 | 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/ 845 | \$3,717,839 | 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/ 57 | \$105,379 | San Francisco | Miriam Martinez, DHI Director | Sunita Kapoor (916) 449-5104 |
| CONTACT: Gary Zombalt (415) 206-7600 | | | | | | | | | |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | 3700/ 932 | \$4,005,548 | | | |
| <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/ 2 | \$10,292 | 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/ 27 | \$108,772 | San Jose | Robert Edmondson | DellaCabrera (916) 440-7532 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | | |
| SANTA CLARA COUNTY | | | | SUBTOTAL | 3,200/ 29 | \$119,064 | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|---------------------|---------------------------|------------------|-----------------------------------|--|---------------------------|-------------|-------------------|-------------------------|--|
| YOLO COUNTY (57) | | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #53 | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 280/ 0 | \$0 | Sacramento | William Clearwater | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. DISA/LTC/AIDS | 4,920.49 4,920.49 | | | | | |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #53 | 04/01/08 | 12/31/12 | MEDICARE PART D | | 280/ 2 | \$7,126 | Sacramento | William Clearwater | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. DISA/LTC/AIDS | 3,563.02 3,563.02 | | | | | |
| CONTACT: William YOLO COUNTY | | | | | | | | | | |
| SUBTOTAL | | | | | <u>280/ 2</u> | <u>\$7,126</u> | | | | |
| TOTAL SPECIAL PROJECT | | | | | <u>45,230/ 9,945</u> | <u>\$13,309,160</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-12 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/10 | <u>Public Assistance</u> | | | | | | Los Angeles | Michael Weinstein | Sunita Kapoor (916) 449-5096 | | |
| | | | | FAMILY | \$103.27 | 2,000/ 418 | \$254,171 | Los Angeles | Michael Weinstein | | | | Sunita Kapoor (916) 449-5096 | |
| | | | | AGED | \$466.85 | | | | | | | | | |
| | | | | DISABLED | \$622.09 | | | | | | | | | |
| | | | | MI CHILD | \$103.27 | | | | | | | | | |
| | | | | MI ADULT | \$265.28 | | | | | | | | | |
| | | | | REFUGEES | \$103.27 | | | | | | | | | |
| | | | | AIDS | \$1,767.86 | | | | | | | | | |
| | | | | BCCTP | \$517.08 | | | | | | | | | |
| | | | | CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/10 | <u>MEDICARE PART D</u> <u>Public Assistance</u> | | | | | | Los Angeles | Michael Weinstein | Sunita Kapoor (916) 449-5096 | | |
| | | | | FAMILY | \$103.27 | 2,000/ 302 | \$101,197 | Los Angeles | Michael Weinstein | | | | Sunita Kapoor (916) 449-5096 | |
| | | | | AGED | \$243.89 | | | | | | | | | |
| | | | | DISABLED | \$339.33 | | | | | | | | | |
| | | | | MI CHILD | \$103.27 | | | | | | | | | |
| | | | | MI ADULT | \$265.28 | | | | | | | | | |
| | | | | REFUGEES | \$103.27 | | | | | | | | | |
| | | | | AIDS | \$230.19 | | | | | | | | | |
| | | | | BCCTP | \$517.08 | | | | | | | | | |
| | | | | CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | <u>4,000/ 720</u> | | | | | <u>\$355,368</u> | | | | |
| TOTAL PCCM | | | | | <u>4,000/ 720</u> | <u>\$355,368</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/ 89,040 | 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/ 4,613 | 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), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996 | #340 | 10/01/09 | 06/30/10 | FAMILY | \$118.99 | unlimited/ 26,242 | 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), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996 | #340 | 10/01/09 | 06/30/10 | FAMILY | \$118.99 | unlimited/ 813 | 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/ 120,708 | | \$17,603,219 | |

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 | 12/31/10 | FAMILY | \$120.45 | unlimited/ 53,762 | \$8,027,016 | | County of Contra Costa | Lin McCaul (916) 449-5104 | | | | | | | |
| | | | | AGED | \$490.75 | | | | | | | | | | | | |
| | | | | DISABLED | \$490.75 | | | | | | | | | | | | |
| | | | | MI ADULT | \$120.45 | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$120.45 | | | | | | | | | | | | |
| | | | | AIDS | \$1,043.53 | | | | | | | | | | | | |
| | | | | BCCTP | \$832.10 | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | |
| | | | | FAMILY | \$120.45 | | | | | | unlimited/ 2,256 | \$318,204 | | County of Contra Costa | Lin McCaul (916) 449-5104 | | |
| | | | | AGED | \$134.69 | | | | | | | | | | | | |
| DISABLED | \$148.13 | | | | | | | | | | | | | | | | |
| MI ADULT | \$120.45 | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$120.45 | | | | | | | | | | | | | | | | |
| AIDS | \$231.06 | | | | | | | | | | | | | | | | |
| BCCTP | \$832.10 | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,753.70 | | | | | | | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership #344 Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876 | #344 | 10/01/09 | 06/30/10 | FAMILY | \$109.43 | unlimited/ 10,958 | \$1,383,353 | Contra Costa | Blue Cross of California | Marc Lewis (916) 449-5061 | | | | | | | |
| | | | | AGED | \$430.93 | | | | | | | | | | | | |
| | | | | DISABLED | \$430.93 | | | | | | | | | | | | |
| | | | | MI ADULT | \$109.43 | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$109.43 | | | | | | | | | | | | |
| | | | | AIDS | \$1,055.94 | | | | | | | | | | | | |
| | | | | BCCTP | \$824.06 | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | |
| | | | | FAMILY | \$109.43 | | | | | | unlimited/ 230 | \$31,758 | Contra Costa | Blue Cross of California | Marc Lewis (916) 449-5061 | | |
| | | | | AGED | \$125.23 | | | | | | | | | | | | |
| DISABLED | \$156.34 | | | | | | | | | | | | | | | | |
| MI ADULT | \$109.43 | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$109.43 | | | | | | | | | | | | | | | | |
| AIDS | \$223.59 | | | | | | | | | | | | | | | | |
| BCCTP | \$824.06 | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,753.70 | | | | | | | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | unlimited/ 67,206 | \$9,760,331 | | | | | | | | | | | |

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), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY | \$97.44 | unlimited/ 95,950 | \$11,445,146 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$527.26 | | | | | |
| | | | | DISABLED | \$527.26 | | | | | |
| | | | | MI ADULT | \$97.44 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.44 | | | | | |
| | | | | AIDS | \$1,064.14 | | | | | |
| | | | | BCCTP | \$809.80 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Anthem Blue Cross Partnership #341 Plan (03-76184,) A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY | \$97.44 | unlimited/ 2,437 | \$329,608 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$108.62 | | | | | |
| | | | | DISABLED | \$151.13 | | | | | |
| | | | | MI ADULT | \$97.44 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.44 | | | | | |
| | | | | AIDS | \$216.75 | | | | | |
| | | | | BCCTP | \$809.80 | | | | | |
| MATERNITY | \$5,616.08 | | | | | | | | | |
| Health Net Community #351 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/10 | FAMILY | \$86.67 | unlimited/ 100,198 | \$9,974,016 | Fresno | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$425.97 | | | | | |
| | | | | DISABLED | \$425.97 | | | | | |
| | | | | MI ADULT | \$86.67 | | | | | |
| | | | | REFUGEES/FAMILY | \$86.67 | | | | | |
| | | | | AIDS | \$1,032.37 | | | | | |
| | | | | BCCTP | \$829.65 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Health Net Community #351 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/10 | FAMILY | \$86.67 | unlimited/ 962 | \$116,761 | Fresno | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$115.61 | | | | | |
| | | | | DISABLED | \$134.54 | | | | | |
| | | | | MI ADULT | \$86.67 | | | | | |
| | | | | REFUGEES/FAMILY | \$86.67 | | | | | |
| | | | | AIDS | \$220.88 | | | | | |
| | | | | BCCTP | \$829.65 | | | | | |
| MATERNITY | \$5,616.08 | | | | | | | | | |
| FRESNO COUNTY | | | | SUBTOTAL | | unlimited/ 199,547 | \$21,865,531 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|--------------|-------------------|-------------------------|--------------------------------|
| <u>KERN COUNTY (15)</u> | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A9, 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/ 29,751 | \$3,465,231 | Kern | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$442.73 | | | | | |
| | | | | DISABLED | \$442.73 | | | | | |
| | | | | MI ADULT | \$98.65 | | | | | |
| | | | | REFUGEES/FAMILY | \$98.65 | | | | | |
| | | | | AIDS | \$1,069.32 | | | | | |
| | | | | BCCTP | \$809.45 | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A9, 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/ 641 | \$82,748 | Kern | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$113.33 | | | | | |
| | | | | DISABLED | \$142.24 | | | | | |
| | | | | MI ADULT | \$98.65 | | | | | |
| | | | | REFUGEES/FAMILY | \$98.65 | | | | | |
| | | | | AIDS | \$218.56 | | | | | |
| | | | | BCCTP | \$809.45 | | | | | |
| MATERNITY | \$5,408.53 | | | | | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A7, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006 | #303 | 10/01/09 | 12/31/10 | FAMILY | \$92.09 | 115,000/ 100,097 | \$10,793,499 | Kern | Kern Health Systems | Bob Davidson (916) 449-5092 |
| | | | | AGED | \$396.51 | | | | | |
| | | | | DISABLED | \$396.51 | | | | | |
| | | | | MI ADULT | \$92.09 | | | | | |
| | | | | REFUGEES/FAMILY | \$92.09 | | | | | |
| | | | | AIDS | \$1,027.71 | | | | | |
| | | | | BCCTP | \$811.56 | | | | | |
| <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 | 12/31/10 | FAMILY | \$92.09 | 115,000/ 1,895 | \$259,244 | Kern | Kern Health Systems | Bob Davidson (916) 449-5092 |
| | | | | AGED | \$129.07 | | | | | |
| | | | | DISABLED | \$151.16 | | | | | |
| | | | | MI ADULT | \$92.09 | | | | | |
| | | | | REFUGEES/FAMILY | \$92.09 | | | | | |
| | | | | AIDS | \$212.23 | | | | | |
| | | | | BCCTP | \$811.56 | | | | | |
| MATERNITY | \$5,408.53 | | | | | | | | | |
| KERN COUNTY | | | | SUBTOTAL | 230,000/ 132,384 | \$14,600,722 | | | | |

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), A9, 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/ 436,854 | Los Angeles | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$396.78 | | | | |
| | | | | DISABLED | \$396.78 | | | | |
| | | | | MI ADULT | \$83.94 | | | | |
| | | | | REFUGEES/FAMILY | \$83.94 | | | | |
| | | | | AIDS | \$1,016.33 | | | | |
| | | | | BCCTP | \$800.22 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A9, 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/ 5,632 | Los Angeles | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$111.19 | | | | |
| | | | | DISABLED | \$137.98 | | | | |
| | | | | MI ADULT | \$83.94 | | | | |
| | | | | REFUGEES/FAMILY | \$83.94 | | | | |
| | | | | AIDS | \$230.77 | | | | |
| | | | | BCCTP | \$800.22 | | | | |
| MATERNITY \$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 | 12/31/10 | FAMILY | \$94.42 | unlimited/ 786,633 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 341-7035 |
| | | | | AGED | \$441.08 | | | | |
| | | | | DISABLED | \$441.08 | | | | |
| | | | | MI ADULT | \$94.42 | | | | |
| | | | | REFUGEES/FAMILY | \$94.42 | | | | |
| | | | | AIDS | \$1,037.35 | | | | |
| | | | | BCCTP | \$856.41 | | | | |
| MEDICARE PART D | | | | | | | | | |
| LA Care Health Plan (04-36069), A4, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250 | #304 | 10/01/09 | 12/31/10 | FAMILY | \$94.42 | unlimited/ 11,617 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 341-7035 |
| | | | | AGED | \$115.39 | | | | |
| | | | | DISABLED | \$135.06 | | | | |
| | | | | MI ADULT | \$94.42 | | | | |
| | | | | REFUGEES/FAMILY | \$94.42 | | | | |
| | | | | AIDS | \$225.72 | | | | |
| | | | | BCCTP | \$856.41 | | | | |
| MATERNITY \$5,758.58 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | | unlimited/ 1,240,736 | \$128,370,144 | | |

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), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #305 | 10/01/09 | 12/31/10 | FAMILY | \$95.40 | unlimited/ 173,402 | Riverside | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$444.20 | | | | |
| | | | | DISABLED | \$444.20 | | | | |
| | | | | MI ADULT | \$95.40 | | | | |
| | | | | REFUGEES/FAMILY | \$95.40 | | | | |
| | | | | AIDS | \$1,047.21 | | | | |
| | | | | BCCTP | \$833.43 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Inland Empire Health Plan #305 (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #305 | 10/01/09 | 12/31/10 | FAMILY | \$95.40 | unlimited/ 2,970 | Riverside | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$115.21 | | | | |
| | | | | DISABLED | \$143.53 | | | | |
| | | | | MI ADULT | \$95.40 | | | | |
| | | | | REFUGEES/FAMILY | \$95.40 | | | | |
| | | | | AIDS | \$218.28 | | | | |
| | | | | BCCTP | \$833.43 | | | | |
| MATERNITY | | | | | | | | | |
| | | | | | \$5,319.64 | | | | |
| Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), 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/ 38,873 | 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/ 339 | 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/ 215,584 | | \$23,944,257 | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|--------------|-------------------|---|----------------------------------|
| SAN BERNARDINO COUNTY (36) | | | | | | | | | | |
| Inland Empire Health Plan #306 (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #306 | 10/01/09 | 12/31/10 | FAMILY | \$97.77 | unlimited/ 193,175 | \$21,805,599 | San Bernardino | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$444.59 | | | | | |
| | | | | DISABLED | \$444.59 | | | | | |
| | | | | MI ADULT | \$97.77 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.77 | | | | | |
| | | | | AIDS | \$970.44 | | | | | |
| | | | | BCCTP | \$794.41 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Inland Empire Health Plan #306 (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #306 | 10/01/09 | 12/31/10 | FAMILY | \$97.77 | unlimited/ 3,204 | \$455,119 | San Bernardino | Inland Empire Health Plan | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$124.44 | | | | | |
| | | | | DISABLED | \$161.48 | | | | | |
| | | | | MI ADULT | \$97.77 | | | | | |
| | | | | REFUGEES/FAMILY | \$97.77 | | | | | |
| | | | | AIDS | \$217.11 | | | | | |
| | | | | BCCTP | \$794.41 | | | | | |
| MATERNITY \$5,097.25 | | | | | | | | | | |
| Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), 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/ 54,199 | \$6,199,268 | San Bernardino | Joann Zarza-Garrido Mike Dutra Molina, M.D. | (916) 449-5057 |
| | | | | AGED | \$423.71 | | | | | |
| | | | | DISABLED | \$423.71 | | | | | |
| | | | | MI ADULT | \$104.22 | | | | | |
| | | | | REFUGEES/FAMILY | \$104.22 | | | | | |
| | | | | AIDS | \$984.81 | | | | | |
| | | | | BCCTP | \$826.53 | | | | | |
| 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/ 433 | \$56,809 | San Bernardino | Joann Zarza-Garrido Mike Dutra Molina, M.D. | (916) 449-5057 |
| | | | | AGED | \$124.75 | | | | | |
| | | | | DISABLED | \$149.10 | | | | | |
| | | | | MI ADULT | \$104.22 | | | | | |
| | | | | REFUGEES/FAMILY | \$104.22 | | | | | |
| | | | | AIDS | \$222.75 | | | | | |
| | | | | BCCTP | \$826.53 | | | | | |
| MATERNITY \$5,097.25 | | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | 272,664/ 251,011 | \$28,516,795 | | | |

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), A10 ,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/ 11,607 | \$1,397,537 | San Francisco | Blue Cross of California | Mark Lewis (916) 449-5061 |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership #343 Plan (03-76184), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY \$97.33 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/ 450 | \$57,506 | San Francisco | Blue Cross of California | Mark Lewis (916) 449-5061 |
| San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A7, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202 | | 10/01/09 | 12/31/10 | FAMILY \$129.89 AGED \$520.70 DISABLED \$520.70 MI ADULT \$129.89 REFUGEES/FAMILY \$129.89 AIDS \$1,115.74 BCCTP \$841.23 | 55,000/ 35,427 | \$5,356,768 | 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), A7, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202 | | 10/01/09 | 12/31/10 | FAMILY \$129.89 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/ 1,543 | \$234,111 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Mary Cobb (916) 449-5103 |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | 110,000/ 49,027 | \$7,045,922 | | | |

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), A7, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 10/01/09 | 12/31/10 | FAMILY | \$99.09 | unlimited/ 71,897 | San Joaquin | | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$452.27 | | | | |
| | | | | DISABLED | \$452.27 | | | | |
| | | | | MI ADULT | \$99.09 | | | | |
| | | | | REFUGEES/FAMILY | \$99.09 | | | | |
| | | | | AIDS | \$1,044.32 | | | | |
| | | | | BCCTP | \$832.94 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Plan of San Joaquin (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 10/01/09 | 12/31/10 | FAMILY | \$99.09 | unlimited/ 1,591 | San Joaquin | | Stephanie Hopkins (916) 319-9041 |
| | | | | AGED | \$115.72 | | | | |
| | | | | DISABLED | \$158.67 | | | | |
| | | | | MI ADULT | \$99.09 | | | | |
| | | | | REFUGEES/FAMILY | \$99.09 | | | | |
| | | | | AIDS | \$220.04 | | | | |
| | | | | BCCTP | \$832.94 | | | | |
| MATERNITY | \$5,938.46 | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A10 ,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/ 28,163 | San Joaquin | Blue Cross of California | Mark Lewis (916) 449-5061 |
| | | | | AGED | \$412.90 | | | | |
| | | | | DISABLED | \$412.90 | | | | |
| | | | | MI ADULT | \$90.84 | | | | |
| | | | | REFUGEES/FAMILY | \$90.84 | | | | |
| | | | | AIDS | \$1,020.79 | | | | |
| | | | | BCCTP | \$811.76 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A10 ,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/ 573 | San Joaquin | Blue Cross of California | Mark Lewis (916) 449-5061 |
| | | | | AGED | \$110.29 | | | | |
| | | | | DISABLED | \$146.70 | | | | |
| | | | | MI ADULT | \$90.84 | | | | |
| | | | | REFUGEES/FAMILY | \$90.84 | | | | |
| | | | | AIDS | \$224.99 | | | | |
| | | | | BCCTP | \$811.76 | | | | |
| MATERNITY | \$5,938.46 | | | | | | | | |
| SAN JOAQUIN COUNTY | | | | SUBTOTAL | | unlimited/ 102,224 | \$12,017,363 | | |

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), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY \$103.84 AGED \$458.30 DISABLED \$458.30 MI ADULT \$103.84 REFUGEES/FAMILY \$103.84 AIDS \$1,091.67 BCCTP \$830.08 | unlimited/ 32,762 | \$4,039,040 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5061 |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership #345 Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 10/01/09 | 06/30/10 | FAMILY \$103.84 AGED \$113.19 DISABLED \$149.88 MI ADULT \$103.84 REFUGEES/FAMILY \$103.84 AIDS \$223.76 BCCTP \$830.08 MATERNITY \$5,719.42 | unlimited/ 865 | \$109,153 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5061 |
| Santa Clara Family Health #309 Plan (04-35398), A8, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901 | | 10/01/09 | 12/31/10 | FAMILY \$117.77 AGED \$482.01 DISABLED \$482.01 MI ADULT \$117.77 REFUGEES/FAMILY \$117.77 AIDS \$1,067.96 BCCTP \$826.53 AGNEWS \$4,919.00 | 123,000/ 89,640 | \$12,309,448 | Santa Clara | Santa Clara Family Health Plan | Mary Cobb (916) 341-7035 |
| MEDICARE PART D | | | | | | | | | |
| Santa Clara Family Health #309 Plan (04-35398), A8, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901 | | 10/01/09 | 12/31/10 | FAMILY \$117.77 AGED \$115.39 DISABLED \$155.10 MI ADULT \$117.77 REFUGEES/FAMILY \$117.77 AIDS \$219.25 BCCTP \$826.53 MATERNITY \$5,719.42 AGNEWS \$4,919.00 | 123,000/ 5,654 | \$744,475 | Santa Clara | Santa Clara Family Health Plan | Mary Cobb (916) 341-7035 |
| SANTA CLARA COUNTY | | | | SUBTOTAL | 246,000/ 128,921 | \$17,202,116 | | | |

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 | 12/31/10 | FAMILY | \$110.61 | unlimited/ 47,523 | Stanislaus | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$569.96 | | | | |
| | | | | DISABLED | \$569.96 | | | | |
| | | | | MI ADULT | \$110.61 | | | | |
| | | | | REFUGEES/FAMILY | \$110.61 | | | | |
| | | | | AIDS | \$1,047.89 | | | | |
| | | | | BCCTP | \$859.66 | | | | |
| 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 | 12/31/10 | FAMILY | \$110.61 | unlimited/ 1,244 | Stanislaus | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$133.20 | | | | |
| | | | | DISABLED | \$155.04 | | | | |
| | | | | MI ADULT | \$110.61 | | | | |
| | | | | REFUGEES/FAMILY | \$110.61 | | | | |
| | | | | AIDS | \$224.38 | | | | |
| | | | | BCCTP | \$859.66 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community #361 Solutions, Inc. (03-76182), A9, C10 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/10 | FAMILY | \$109.98 | unlimited/ 19,340 | Stanislaus | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$542.19 | | | | |
| | | | | DISABLED | \$542.19 | | | | |
| | | | | MI ADULT | \$109.98 | | | | |
| | | | | REFUGEES/FAMILY | \$109.98 | | | | |
| | | | | AIDS | \$1,075.13 | | | | |
| | | | | BCCTP | \$845.24 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Health Net Community #361 Solutions, Inc. (03-76182), A9, C10 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | | 10/01/09 | 06/30/10 | FAMILY | \$109.98 | unlimited/ 281 | Stanislaus | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$125.47 | | | | |
| | | | | DISABLED | \$162.78 | | | | |
| | | | | MI ADULT | \$109.98 | | | | |
| | | | | REFUGEES/FAMILY | \$109.98 | | | | |
| | | | | AIDS | \$231.25 | | | | |
| | | | | BCCTP | \$845.24 | | | | |
| MEDICARE PART D | | | | | | | | | |
| STANISLAUS COUNTY | | | | SUBTOTAL | | unlimited/ 68,388 | | \$9,117,893 | |

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 #353 Solutions, Inc. (03-76182), A9 C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #353 | 10/01/09 | 06/30/10 | FAMILY | \$89.70 | unlimited/ 25,322 | \$2,517,733 | Tulare | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$442.09 | | | | | |
| | | | | DISABLED | \$442.09 | | | | | |
| | | | | MI ADULT | \$89.70 | | | | | |
| | | | | REFUGEES/FAMILY | \$89.70 | | | | | |
| | | | | AIDS | \$984.77 | | | | | |
| | | | | BCCTP | \$809.20 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Health Net Community #353 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #353 | 10/01/09 | 06/30/10 | FAMILY | \$89.70 | unlimited/ 263 | \$32,008 | Tulare | Health Net | Myreca Singh (916) 449-5057 |
| | | | | AGED | \$112.56 | | | | | |
| | | | | DISABLED | \$141.75 | | | | | |
| | | | | MI ADULT | \$89.70 | | | | | |
| | | | | REFUGEES/FAMILY | \$89.70 | | | | | |
| | | | | AIDS | \$225.49 | | | | | |
| | | | | BCCTP | \$809.20 | | | | | |
| MATERNITY | \$5,719.97 | | | | | | | | | |
| Anthem Blue Cross Partnership #311 Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #311 | 10/01/09 | 12/31/10 | FAMILY | \$95.54 | unlimited/ 75,917 | \$8,511,110 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$543.40 | | | | | |
| | | | | DISABLED | \$543.40 | | | | | |
| | | | | MI ADULT | \$95.54 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.54 | | | | | |
| | | | | AIDS | \$995.42 | | | | | |
| | | | | BCCTP | \$804.26 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Anthem Blue Cross Partnership #311 Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #311 | 10/01/09 | 12/31/10 | FAMILY | \$95.54 | unlimited/ 1,472 | \$194,271 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5061 |
| | | | | AGED | \$112.36 | | | | | |
| | | | | DISABLED | \$150.26 | | | | | |
| | | | | MI ADULT | \$95.54 | | | | | |
| | | | | REFUGEES/FAMILY | \$95.54 | | | | | |
| | | | | AIDS | \$230.53 | | | | | |
| | | | | BCCTP | \$804.26 | | | | | |
| MATERNITY | \$5,719.97 | | | | | | | | | |
| TULARE COUNTY | | | | | SUBTOTAL | | | | | |
| | | | | | unlimited/ 102,974 | \$11,255,122 | | | | |
| TOTAL 2-PLAN | | | | | <u>1,384,740/ 2,678,710</u> | <u>\$301,299,415</u> | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|---------------------|---------------------------|------------------|--------------|--|---------------------------|-------------|---|------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Molina Healthcare of CA Partner Plan, Inc. (07-65851) A1 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 | #130 | 01/01/09 | 12/31/12 | | 160,000/ 26,636 | | Sacramento | | Nathan Nau (916) 341-7031 |
| CONTACT: Lisa Rubino, President, (562) 491-7044 | | | | | | | | | |
| Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009) | #140 | 01/01/09 | 12/31/12 | | 15,750/ 0 | | Sacramento | | Nathan Nau (916) 341-7031 |
| CONTACT: Rhonda West-Peters (916) 614-6002 | | | | | | | | | |
| Health Net Community Solutions, Inc. (07-65847) A2 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 | #150 | 01/01/09 | 12/31/12 | | 168,600/ 45,691 | | Sacramento | | Nathan Nau (916) 341-7031 |
| 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/ 26,230 | | Sacramento | Charles S. Koch | Nathan Nau (916) 341-7031 |
| CONTACT: Cathy Lurty (818) 557-7955 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (07-65845) A1 5151 - A Camino Ruiz | #190 | 01/01/08 | 12/31/12 | | 168,600/ 90,379 | | Sacramento | Jeff Flick Regional Manager, SSB West | Nathan Nau (916) 341-7031 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| TOTAL GMC-MEDICAL (Sacramento) | | | | | <u>532,950/ 188,936</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), A6 740 Bay Blvd Chula Vista, CA 91910 | #29 | 01/01/09 | 06/30/10 | | 207,000/ 92,307 | | San Diego | Ann Warren Chief Member& Govt Relations Officer | Nathan Nau (916) 341-7031 |
| 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/ 30,043 | | San Diego | David Friedman | Nathan Nau (916) 341-7031 |
| CONTACT: Lori Hill (916) 935-1447 | | | | | | | | | |
| KP CAL, LLC (SoCal) (05-46129), A8 393 East Walnut Street, 7th Floor Pasadena, CA 91188 | #79 | 01/01/09 | 06/30/10 | | 10,000/ 13,451 | | San Diego | William Caswell | Nathan Nau (916) 341-7031 |
| CONTACT: Cathy Lurty (818) 557-7955 | | | | | | | | | |
| Molina Healthcare of California Partner Plan, Inc. (05-46130) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 | #131 | 01/01/09 | 06/30/10 | | 100,000/ 59,026 | | San Diego | Stephen T. O'Dell President & CEO | Nathan Nau (916) 341-7031 |
| CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028 | | | | | | | | | |
| Care 1st Health Plan, LLC (05-46131), A7 601 Potrero Grande Drive Monterey Park, CA 91755 | #167 | 01/01/09 | 06/30/10 | | 207,000/ 10,639 | | 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><u>704,000/ 205,466</u></u> | | | | |
| TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD)) | | | | | <u><u>2,675,236/ 4,176,294</u></u> | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|--------------|------------------------------------|-----------------------|-------------|--|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-DENTAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Western Dental Svcs., Inc. (07-65806) A1 530 South Main Street Orange, CA 92863 | #424 | 01/01/09 | 12/31/12 | | 160,000/ 86,691 | | 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/ 52,322 | | 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/ 27,681 | | 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/ 12,399 | | 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/ 18,357 | | Sacramento | | Brian Nanoo (916) 464-3784 |
| CONTACT: unknown | | | | | | | | | |
| TOTAL GMC-DENTAL | | | | | <u>450,000/ 197,450</u> | | | | |

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