

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) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	FAMILY	\$115.40	734/ 844	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$457.37				
				BLIND/DISABLED	\$457.37				
				ADULT	\$115.40				
				REFUGEES FAMILY	\$115.40				
				BCCTP	\$912.48				
				AIDS	\$1,574.79				
MARIN COUNTY (21)									
KP CAL LLC (NorCal) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	MEDICARE PART D		734/ 175	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/ 1019		\$181,993.97	

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

	2,848/ 0	\$0
TOTAL PHP	4,316/ 1,019	\$181,993.97

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Access Dental Plan, Inc. (05-45001), A8 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 149,381	\$1,569,994.31	Los Angeles	Reza Abbaszadeh	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Terri Abbaszadeh (916) 563-6020										
American Health Guard Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 10,138	\$106,550.38	Los Angeles	David Kutner	Abbigail Aban (916) 464-0390	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 19,300	\$202,843.00	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
LOS ANGELES COUNTY (19)																		
Health Net Community Solutions, Inc. (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/09	06/30/11	Public Assistance	unlimited/ 43,337	\$455,471.87	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: Eileen McGee-Davidson (909) 890-4129														
				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/ 16,204	\$170,304.04	Los Angeles	Dr. George Weingarten Medical Director	Abigail Aban (916) 464-0390
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
CONTACT: Walter Gray (323) 889-6638																		
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/ 53,051	\$557,566.01	Los Angeles	Samuel H. Gruenbaum President/CEO				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/ 7,687	\$80,790.37	Los Angeles	Amir Neshat, DDS President/CEO	Lenette 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. (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707	#417	01/01/09	06/30/11			Public Assistance	Unlimited/ 3,527	\$37,068.77	Los Angeles			Joseph Sivori 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													
				CONTACT: Thuy Pham (714) 263-3410														
				LOS ANGELES						SUBTOTAL	unlimited/ 302,625			3,180,588.75				

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/ 129	\$1,355.79	Riverside	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				RIVERSIDE COUNTY (33)														
				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) 425-4518						#407	01/01/09	06/30/11	Public Assistance	unlimited/ 57	\$599.07	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/ 186	\$1,954.86											

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/ 228	\$2,396.28	San Bernardino	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				Care 1st Health Plan #404														
				(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638							01/01/09	06/30/11	Public Assistance	unlimited/ 91	\$956.41	San Bernardino	Dr. Gorge Weingarten Medical Director	RAbbigail Aban (916) 464-0390
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
Safeguard Health Plans, Inc. #408																		
(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11		Public Assistance	unlimited/ 354	\$3,720.54	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/ 673	\$7,073.23						
				TOTAL PHP (DENTAL)							unlimited/ 303,484	\$3,189,616.84						

<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) A6 ADDRESS ??	514	01/01/11	12/31/13	FAMILY/MI CHILD	\$149.87	N/A/ 63,561	Merced		Jane Marine (916) 449-5113	
				AGED	\$486.68					
				DISABLED/BLIND	\$761.12					
				LTC	\$7,721.99					
				MI ADULT	\$149.87					
	REFUGEES/% POV	\$149.87								
	BCCTP	\$1,296.40								
					<u>MEDICARE PART D</u>					
					AGED	\$268.57	NA/ 8,834			
					DISABLED/BLIND	\$181.15				
				LTC	\$4,987.51					
CONTACT:										
<u>MONTEREY COUNTY (27)</u>										
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road ADDRESS ??	#508	01/01/11	12/31/13	FAMILY/MI CHILD	\$139.02	N/A/ 62,974	Monterey	Allan McKay	Jane Marine (916) 449-5113	
				AGED	\$592.63					
				DISABLED/BLIND	\$893.41					
				LTC	\$6,924.94					
				MI ADULT	\$139.02					
	REFUGEES/% POV	\$139.02								
	BCCTP	\$1,392.52								
					<u>MEDICARE PART D</u>					
					AGED	\$201.57	NA/ 9,712			
					DISABLED/BLIND	\$189.66				
				LTC	\$5,210.38					
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) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	01/01/11	12/31/13	FAMILY/MI CHILD	\$190.05	N/A/ 11,271	Napa	Jack Horn	Acting: Jane Marine (916) 449-5113	
				AGED	\$478.54					
				DISABLED/BLIND	\$893.60					
				LTC	\$4,801.23					
				MI ADULT	\$190.05					
	REFUGEES/% POV	\$190.05								
	BCCTP	\$1,595.64								
					<u>MEDICARE PART D</u>					
					AGED	\$187.30	NA/ 2,967			
					DISABLED/BLIND	\$234.40				
				LTC	\$3,773.91					
				OBRA	\$304.72					
CONTACT: Jack Horn (707) 863-4261										
<u>ORANGE COUNTY (30)</u>										
Orange County Organized Health System dba CalOptima (08-85214) A5 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/11	12/31/13	FAMILY/MI CHILD	\$124.45	N/A/ 298,482	Orange	Richard Chambers	Acting: Jane Marine (916) 449-5113	
				AGED	\$420.88					
				DISABLED/BLIND	\$873.86					
				LTC	\$6,418.41					
				MI ADULT	\$124.45					
	REFUGEES/% POV	\$124.45								
	BCCTP	\$1,417.71								
					<u>MEDICARE PART D</u>					
					AGED	\$174.18	NA/ 71,809			
					DISABLED/BLIND	\$249.12				
				LTC	\$4,254.86					
CONTACT: Richard Chambers (714) 246-8458										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

FEBRUARY 2011, Page 7 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>SAN LUIS OBISPO COUNTY (40)</u>																		
SBSLORHA/SLO #501 Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A5 110 Castillian Dr. Goleta, CA 93117	#501	01/01/11	12/31/11	FAMILY/MI CHILD	\$123.15	N/A/ 23,110	\$5,206,512.65	Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084								
				AGED	\$497.19													
				DISABLED/BLIND	\$764.70													
				LTC	\$6,811.85													
				MI ADULT	\$123.15													
				REFUGEES/% POV	\$123.15													
				BCCTP	\$1,333.04													
				AIDS	\$2,977.94													
				<u>MEDICARE PART D</u>														
				AGED	\$175.50													
				DISABLED/BLIND	\$145.64													
				LTC	\$4,263.10													
				AIDS	\$314.01													
				CONTACT: Bob Freeman (805) 685-9525														
				<u>SAN MATEO COUNTY (41)</u>														
San Mateo Health Commission #503 dba Health Plan of San Mateo (08-85213) A7 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/11	12/31/13	FAMILY/MI CHILD	\$178.58	N/A/ 43,365	\$15,636,643.68	San Mateo	Maya Altman	Chrissy Corbin (916) 449-5094								
				AGED	\$645.48													
				DISABLED/BLIND	\$1,233.71													
				LTC	\$6,353.90													
				MI ADULT	\$178.58													
				REFUGEES/% POV	\$178.58													
				BCCTP	\$1,544.40													
				AIDS	\$3,842.06													
				AGNEWS	\$3,148.87													
				<u>MEDICARE PART D</u>														
				AGED	\$343.94													
				DISABLED/BLIND	\$384.48													
				LTC	\$6,581.50													
				AIDS	\$355.84													
				AGNEWS	\$1,004.78													
CONTACT: Maya Altman (650) 616-2145																		
<u>SANTA BARBARA COUNTY (42)</u>																		
SBSLORHA Santa Barbara Regional Health Authority #502 dba CenCal Health Initiative (08-85212) A5 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/11	12/31/11	FAMILY/MI CHILD	\$143.90	N/A/ 53,730	\$11,620,200.95	Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084								
				AGED	\$533.95													
				DISABLED/BLIND	\$855.66													
				LTC	\$8,100.86													
				MI ADULT	\$143.90													
				REFUGEES/% POV	\$143.90													
				BCCTP	\$1,365.49													
				AIDS	\$2,943.11													
				<u>MEDICARE PART D</u>														
				AGED	\$199.11													
				DISABLED/BLIND	\$186.69													
				LTC	\$5,412.45													
				AIDS	\$310.68													
				CONTACT: Bob Freeman (805) 685-9525 ext 1011														

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>			
COUNTY COHS												
<u>SANTA CRUZ COUNTY (44)</u>												
Santa Cruz-Monterey #505 Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road Scotts Valley, CA 95066-9998		01/01/11	12/31/13	FAMILY/MI CHILD	\$151.54	N/A/ 28,440	\$7,445,908.73	Santa Cruz	Alan McKay	Jane Marine (916) 449-5113		
				AGED	\$549.96							
				DISABELED/BLIND	\$888.70							
				LTC	\$6,258.60							
				MI ADULT	\$151.54							
				REFUGEES/% POV	\$151.54							
				BCCTP	\$1,380.81							
				<u>MEDICARE PART D</u>							NA/ 6,187	\$2,798,990.16
				AGED	\$216.66							
				DISABLED/BLIND	\$198.76							
LTC	\$4,575.59											
CONTACT: Alan McKay (831) 457-3850 ext. 4330												
<u>SOLANO COUNTY (48)</u>												
Solano-Napa County #504 Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036		01/01/11	12/31/13	FAMILY/MI CHILD	\$174.94	N/A/ 51,246	\$14,576,039.41	Solano	Jack Horn	Acting: Jane Marine (916) 449-5113		
				AGED	\$551.97							
				DISABELED/BLIND	\$862.18							
				LTC	\$5,898.38							
				MI ADULT	\$174.94							
				REFUGEES/% POV	\$174.94							
				BCCTP	\$1,410.12							
				OBRA	\$298.85							
				<u>MEDICARE PART D</u>							NA/ 10,257	\$4,212,785.25
				AGED	\$208.26							
DISABLED/BLIND	\$229.36											
LTC	\$4,667.25											
CONTACT: Jack Horn (707) 863-4261												
<u>SONOMA COUNTY (49)</u>												
Sonoma County #513 Partnership Health Plan of CA dba: (08-85215, A6 ADDRESS ??		01/01/11	12/31/13	FAMILY/MI CHILD	\$119.21	N/A/ 41,022	\$10,104,188.36	Sonoma	Lyle Luman	Acting: Jane Marine (916) 449-5113		
				AGED	\$671.07							
				DISABELED/BLIND	\$893.72							
				LTC	\$5,118.71							
				MI ADULT	\$119.21							
				REFUGEES/% POV	\$119.21							
				BCCTP	\$940.23							
				OBRA	\$0.00							
				<u>MEDICARE PART D</u>							NA/ 11,001	\$7,015,370.17
				AGED	\$272.06							
DISABLED/BLIND	\$181.50											
LTC	\$3,847.43											
CONTACT: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.												
<u>YOLO COUNTY (57)</u>												
Solano-Napa County #509 Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036		01/01/11	12/31/13	FAMILY/MICHILD	\$149.10	N/A/ 22,459	\$6,313,940.18	Yolo	Jack Horn	Acting: Jane Marine (916) 449-5113		
				AGED	\$581.08							
				DISABELED/BLIND	\$1,003.56							
				LTC	\$6,313.03							
				MI ADULT	\$149.10							
				REFUGEES/FAMILY	\$149.10							
				BCCTP	\$1,297.90							
				OBRA	\$272.39							
				<u>MEDICARE PART D</u>							NA/ 4,927	\$2,478,856.41
				AGED	200.41							
DISABLED/BLIND	248.25											
LTC	4268.74											
CONTACT: Jack Horn (707) 863-4100												

TOTAL COUNTY COHS

N/A/ 856,475

\$241,582,148.90

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>	
SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	MEDICAL ONLY		1,600/ 5	\$28,885.90	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,777.18					
				DISA/LTC/AIDS	\$5,777.18					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	MEDICARE PART D		1,600/ 83	\$350,465.01	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
				DISA/LTC/AIDS	\$4,222.47					
Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	01/01/09	12/31/12	MEDICAL ONLY		560/ 50	\$294,595.00	Oakland	Peter Szutu	Joel Weeden (916) 440-7545
				FAMILY/AGED/REF.	\$5,891.90					
				DISA/LTC/AIDS	\$5,891.90					
Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	01/01/09	12/31/12	MEDICARE PART D		560/ 400	\$1,729,104.00	Oakland	Peter Szutu	Joel Weeden (916) 440-7545
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
ALAMEDA COUNTY				SUBTOTAL		4,320/ 538	\$2,403,049.91			

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)									
MEDICAL ONLY									
Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$5,891.90	560/ 9	Berkeley	Peter Szutu	Joel Weeden (916) 440-7545
				DISA/LTC/AIDS	\$5,891.90				
CONTACT: Peter Szutu (510) 433-1150									
MEDICARE PART D									
Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 27	Berkeley	Peter Szutu	Joel Weeden (916) 440-7545
				DISA/LTC/AIDS	\$4,322.76				
CONTACT: Peter Szutu (510) 433-1150									
CONTRA COSTA COUNTY				SUBTOTAL		<u>1,120/ 36</u>		<u>\$169,741.62</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) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/09	12/31/12	AGED \$79.84 BLIND/DISABLED \$79.84	5,000/ 3,041	\$242,793.44	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/09	12/31/12	LTC \$958.81	5,000/ 1,844	\$1,768,045.64	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
MEDICAL ONLY									
Altamed Hlth Services Corp. dba: AltaMed Senior BuenaCare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 100	\$590,986.00	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
MEDICARE PART D									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 686	\$2,328,277.14	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
LOS ANGELES COUNTY				SUBTOTAL	11,650/ 5,671	\$4,930,102.22			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

FEBRUARY 2011, Page 12 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>RIVERSIDE COUNTY (33)</u>									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/09	12/31/12	<u>MEDICARE PART D</u> AGED \$72.80 BLIND/DISABLED \$72.80	5,000/ 968	\$70,470.40	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/09	12/31/12	<u>MEDICARE PART D</u> LTC \$940.10	5,000/ 656	\$616,705.60	San Bernardino	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
RIVERSIDE COUNTY				SUBTOTAL	10,000/ 1,624	\$687,176.00			
<u>SACRAMENTO COUNTY (34)</u>									
Sutter Senior Care (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	#50	04/01/08	12/31/12	<u>MEDICAL ONLY</u> FAMILY/AGED/REF. \$4,920.49 DISA/LTC/AIDS \$4,920.49	280/ 5	\$24,602.45	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
CONTACT: William Clearwater (916) 424-8412									
Sutter Senior Care (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	#50	04/01/08	12/31/12	<u>MEDICARE PART D</u> FAMILY/AGED/REF. \$3,563.02 DISA/LTC/AIDS \$3,563.02	280/ 213	\$758,923.26	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
CONTACT: William Clearwater (916) 424-8412									
SACRAMENTO COUNTY				SUBTOTAL	560/ 218	\$783,525.71			

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>SAN BERNARDINO COUNTY (36)</u>										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/09	12/31/12	MEDICARE PART D		5,000/ 608	\$50,859.20	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$83.65					
				BLIND/DISABLED	\$83.65					
CONTACT: Becky Learner (562) 989-5143										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/09	12/31/12	MEDICARE PART D		5,000/ 328	\$299,621.44	San Bernardino	David Schmidt	Joseph Billingsley. (916) 440-7532
				LTC	\$913.48					
CONTACT: Becky Learner (562) 989-5143										
SAN BERNARDINO COUNTY				SUBTOTAL		10,000/ 936	\$350,480.64			
<u>SAN DIEGO COUNTY (37)</u>										
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	MEDICAL ONLY		200/ 19	\$90,466.60	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,761.40					
				DISA/LTC/AIDS	\$4,761.40					
CONTACT: Carol Hubbard (619) 677-3888										
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	MEDICARE PART D		200/ 119	\$424,790.73	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,569.67					
				DISA/LTC/AIDS	\$3,569.67					
CONTACT: Carol Hubbard (619) 677-3888										
SAN DIEGO COUNTY				SUBTOTAL		400/ 138	\$515,257.33			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
MEDICAL ONLY									
OnLok Senior Health Services dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	#55	01/01/09	12/31/12	FAMILY/AGED/REF. \$6,113.52 DISA/LTC/AIDS \$6,113.52	1600/ 31	\$189,519.12	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
MEDICARE PART D									
OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	#55	01/01/09	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 866	\$3,810,235.46	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
MEDICAL ONLY									
San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 98	\$181,177.50	San Francisco	Miriam Martinez, Director	DHISunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3700/ 995	\$4,180,932.08			
SANTA CLARA COUNTY (43)									
MEDICAL ONLY									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	#58	01/01/09	12/31/12	FAMILY/AGED/REF. 5,334.20 DISA/LTC/AIDS 5,334.20	1600/ 3	\$16,002.60	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
MEDICARE PART D									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	#58	01/01/09	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 68	\$273,943.44	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	3,200/ 71	\$289,946.04			

<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	\$0.00	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	#53	04/01/08	12/31/12	MEDICARE PART D		280/ 0	\$0.00	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										
YOLO COUNTY				SUBTOTAL		<u>280/ 0</u>	<u>\$0.00</u>			
TOTAL SPECIAL PROJECT					<u>45,230/ 10,227</u>	<u>\$14,310,211.55</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-14 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/11	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096	
				FAMILY	\$103.27	2,000/ 423	\$254,168.89						
				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-14 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/11	<u>MEDICARE PART D</u> <u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096	
				FAMILY	\$103.27	2,000/ 363	\$121,514.21						
				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/ 786</u>		<u>\$375,683.10</u>	
				TOTAL PCCM		<u>4,000/ 786</u>		<u>\$375,683.10</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), A10a, C12 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	01/01/11	12/31/11	FAMILY	\$124.37	180,000/ 97,557	\$15,618,773.43	Alameda	David Kears	Mary Cobb (916) 341-7035								
				AGED	\$525.14													
				DISABLED	\$525.14													
				MI ADULT	\$124.37													
				REFUGEES	\$124.37													
				AIDS	\$825.52													
				BCCTP	\$807.71													
				AGNEWS	\$2,930.25													
											MEDICARE PART D							
				FAMILY	\$124.37						180,000/ 5,870	\$801,369.72	Alameda	David Kears	Mary Cobb (916) 341-7035			
AGED	\$134.31																	
DISABLED	\$139.61																	
MI ADULT	\$124.37																	
REFUGEES	\$124.37																	
AIDS	\$208.03																	
BCCTP	\$807.71																	
MATERNITY	\$6,345.81																	
AGNEWS	\$977.28																	
Anthem Blue Cross Partnership Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	01/01/11	03/31/12	FAMILY	\$120.72	unlimited/ 27,925	\$4,224,498.85	California	Mark Lewis (916) 449-5061									
				AGED	\$563.03													
				DISABLED	\$563.03													
				MI ADULT	\$120.72													
				REFUGEES/FAMILY	\$120.72													
				AIDS	\$853.97													
				BCCTP	\$739.89													
				MEDICARE PART D														
FAMILY	\$120.72	unlimited/ 747	\$92,366.13	California	Mark Lewis (916) 449-5061													
AGED	\$108.63																	
DISABLED	\$130.95																	
MI ADULT	\$120.72																	
REFUGEES/FAMILY	\$120.72																	
AIDS	\$198.25																	
BCCTP	\$739.89																	
MATERNITY	\$6,345.81																	
ALAMEDA COUNTY				SUBTOTAL		360,000/ 132,099	\$20,737,008.13											

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), A8a, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	01/01/11	12/31/11	FAMILY	\$130.13	unlimited/ 60,961	\$9,699,627.33	County of Contra Costa	Jonathan Prince (916) 449-3589
				AGED	\$519.08				
				DISABLED	\$519.08				
				MI ADULT	\$130.13				
				REFUGEES/FAMILY	\$130.13				
				AIDS	\$1,043.53				
				BCCTP	\$768.60				
MEDICARE PART D									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A8a, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	01/01/11	12/31/11	FAMILY	\$130.13	unlimited/ 2,508	\$362,752.52	County of Contra Costa	Jonathan Prince (916) 449-3589
				AGED	\$130.59				
				DISABLED	\$154.21				
				MI ADULT	\$130.13				
				REFUGEES/FAMILY	\$130.13				
				AIDS	\$231.06				
				BCCTP	\$768.60				
MATERNITY	\$5,753.70								
Anthem Blue Cross Partnership #344 Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	01/01/11	03/31/12	FAMILY	\$109.83	unlimited/ 11,616	\$1,470,516.18	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5061
				AGED	\$415.53				
				DISABLED	\$415.53				
				MI ADULT	\$109.83				
				REFUGEES/FAMILY	\$109.83				
				AIDS	\$899.06				
				BCCTP	\$777.44				
MEDICARE PART D									
Anthem Blue Cross Partnership #344 Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	01/01/11	03/31/12	FAMILY	\$109.83	unlimited/ 240	\$30,263.76	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5061
				AGED	\$111.49				
				DISABLED	\$139.66				
				MI ADULT	\$109.83				
				REFUGEES/FAMILY	\$109.83				
				AIDS	\$198.29				
				BCCTP	\$777.44				
MATERNITY	\$5,795.09								
CONTRA COSTA COUNTY				SUBTOTAL		unlimited/ 75,325	\$11,563,159.79		

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), A14a ,C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	06/30/11	FAMILY	\$99.41	unlimited/ 80,650	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$537.48				
				DISABLED	\$537.48				
				MI ADULT	\$99.41				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$946.19				
				BCCTP	\$779.03				
MEDICARE PART D									
Anthem Blue Cross Partnership #341 Plan (03-76184,) A14a ,C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	06/30/11	FAMILY	\$99.41	unlimited/ 2,301	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$118.12				
				DISABLED	\$140.12				
				MI ADULT	\$99.41				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$197.45				
				BCCTP	\$779.03				
MATERNITY	\$5,819.44								
Health Net Community #351 Solutions, Inc. (03-76182), A12, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY	\$97.84	unlimited/ 124,245	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$424.15				
				DISABLED	\$424.15				
				MI ADULT	\$97.84				
				REFUGEES/FAMILY	\$97.84				
				AIDS	\$891.32				
				BCCTP	\$737.83				
MEDICARE PART D									
Health Net Community #351 Solutions, Inc. (03-76182), A12, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY	\$97.84	unlimited/ 1,489	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$112.54				
				DISABLED	\$109.72				
				MI ADULT	\$97.84				
				REFUGEES/FAMILY	\$97.84				
				AIDS	\$198.73				
				BCCTP	\$737.83				
MATERNITY	\$5,819.44								
FRESNO COUNTY				SUBTOTAL		unlimited/ 208,685			
						<u>\$24,085,799.23</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>
<u>KERN COUNTY (15)</u>									
Health Net Community Solutions, Inc. (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 32,740	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$470.21				
				DISABLED	\$470.21				
				MI ADULT	\$107.24				
				REFUGEES/FAMILY	\$107.24				
				AIDS	\$887.18				
				BCCTP	\$750.33				
<u>MEDICARE PART D</u>									
Health Net Community Solutions, Inc. (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 677	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$108.94				
				DISABLED	\$128.08				
				MI ADULT	\$107.24				
				REFUGEES/FAMILY	\$107.24				
				AIDS	\$195.52				
				BCCTP	\$750.33				
MATERNITY	\$5,648.68								
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 107,894	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$443.84				
				DISABLED	\$443.84				
				MI ADULT	\$94.24				
				REFUGEES/FAMILY	\$94.24				
				AIDS	\$876.44				
				BCCTP	\$748.11				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 2,009	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$128.70				
				DISABLED	\$134.90				
				MI ADULT	\$94.24				
				REFUGEES/FAMILY	\$94.24				
				AIDS	\$195.91				
				BCCTP	\$748.11				
MATERNITY	\$5,648.68								
KERN COUNTY				SUBTOTAL		230,000/ 143,320		\$16,453,777.53	

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), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 438,527	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$404.78				
				DISABLED	\$404.78				
				MI ADULT	\$85.76				
				REFUGEES/FAMILY	\$85.76				
				AIDS	\$927.12				
				BCCTP	\$750.20				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 5,923	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$99.90				
				DISABLED	\$119.25				
				MI ADULT	\$85.76				
				REFUGEES/FAMILY	\$85.76				
				AIDS	\$186.55				
				BCCTP	\$750.20				
MATERNITY									
LA Care Health Plan (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 847,954	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$437.50				
				DISABLED	\$437.50				
				MI ADULT	\$102.13				
				REFUGEES/FAMILY	\$102.13				
				AIDS	\$843.46				
				BCCTP	\$823.84				
MEDICARE PART D									
LA Care Health Plan (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 13,062	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$116.28				
				DISABLED	\$121.18				
				MI ADULT	\$102.13				
				REFUGEES/FAMILY	\$102.13				
				AIDS	\$201.61				
				BCCTP	\$823.84				
MATERNITY									
LOS ANGELES COUNTY				SUBTOTAL		unlimited/ 1,305,466	\$142,065,672.41		

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), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 192,127	\$23,462,841.73	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$478.25					
				DISABLED	\$478.25					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$866.01					
				BCCTP	\$745.17					
MEDICARE PART D										
Inland Empire Health Plan #305 (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 3,529	\$427,753.88	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$102.12					
				DISABLED	\$133.27					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$195.70					
				BCCTP	\$745.17					
MATERNITY \$5,096.19										
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 41,345	\$4,837,041.23	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$426.63					
				DISABLED	\$426.63					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$864.62					
				BCCTP	\$735.80					
MEDICARE PART D										
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 469	\$57,402.06	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$108.77					
				DISABLED	\$136.76					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$197.21					
				BCCTP	\$735.80					
MATERNITY \$5,096.19										
RIVERSIDE COUNTY				SUBTOTAL		166,076/ 237,470	\$28,785,038.90			

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), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 219,370	\$27,035,657.94	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$471.09					
				DISABLED	\$471.09					
				MI ADULT	\$107.05					
				REFUGEES/FAMILY	\$107.05					
				AIDS	\$814.74					
				BCCTP	\$747.17					
MEDICARE PART D										
Inland Empire Health Plan #306 (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 3,809	\$486,120.34	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$112.49					
				DISABLED	\$138.74					
				MI ADULT	\$107.05					
				REFUGEES/FAMILY	\$107.05					
				AIDS	\$198.74					
				BCCTP	\$747.17					
MATERNITY	\$5,506.98									
Molina Healthcare of California #356										
Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 57,700	\$6,754,922.34	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D. (916) 319-8517	
				AGED	\$433.34					
				DISABLED	\$433.34					
				MI ADULT	\$106.71					
				REFUGEES/FAMILY	\$106.71					
				AIDS	\$863.23					
				BCCTP	\$767.45					
MEDICARE PART D										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 709	\$89,900.49	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D. (916) 319-8517	
				AGED	\$132.04					
				DISABLED	\$133.17					
				MI ADULT	\$106.71					
				REFUGEES/FAMILY	\$106.71					
				AIDS	\$197.15					
				BCCTP	\$767.45					
MATERNITY	\$5,506.98									
SAN BERNARDINO COUNTY				SUBTOTAL		272,664/ 281,588	\$34,366,601.11			

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), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$90.21 AGED \$460.30 DISABLED \$460.30 MI ADULT \$90.21 REFUGEEES/FAMILY \$90.21 AIDS \$900.32 BCCTP \$779.91	unlimited/ 11,210	\$1,292,472.02	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
MEDICARE PART D									
Anthem Blue Cross Partnership #343 Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$90.21 AGED \$96.55 DISABLED \$116.34 MI ADULT \$90.21 REFUGEEES/FAMILY \$90.21 AIDS \$197.69 BCCTP \$779.91 MATERNITY \$6,252.12	unlimited/ 456	\$48,596.21	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A9a, C11 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		01/01/11	12/31/11	FAMILY \$134.84 AGED \$519.04 DISABLED \$519.04 MI ADULT \$134.84 REFUGEEES/FAMILY \$134.84 AIDS \$1,014.53 BCCTP \$780.02	55,000/ 39,051	\$6,078,524.44	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
MEDICARE PART D									
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A9a, C11 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		01/01/11	12/31/11	FAMILY \$134.84 AGED \$131.71 DISABLED \$159.18 MI ADULT \$134.84 REFUGEEES/FAMILY \$134.84 AIDS \$213.17 BCCTP \$780.02 MATERNITY \$6,252.12	55,000/ 1,633	\$237,903.12	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
SAN FRANCISCO COUNTY				SUBTOTAL	110,000/ 52,350	\$7,657,495.79			

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), A9a, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	01/01/11	12/31/11	FAMILY	\$108.21	unlimited/ 79,116	\$10,183,086.09	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$434.62					
				DISABLED	\$434.62					
				MI ADULT	\$108.21					
				REFUGEES/FAMILY	\$108.21					
				AIDS	\$921.09					
				BCCTP	\$798.68					
MEDICARE PART D										
Health Plan of San Joaquin (04-35401), A9a, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	01/01/11	12/31/11	FAMILY	\$108.21	unlimited/ 1,943	\$258,540.08	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$126.86					
				DISABLED	\$142.01					
				MI ADULT	\$108.21					
				REFUGEES/FAMILY	\$108.21					
				AIDS	\$204.57					
				BCCTP	\$798.68					
MATERNITY	\$5,978.59									
ANthem Blue Cross Partnership #358 Plan										
(03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	01/01/11	06/30/11	FAMILY	\$94.36	unlimited/ 26,771	\$2,903,896.28	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$376.52					
				DISABLED	\$376.52					
				MI ADULT	\$94.36					
				REFUGEES/FAMILY	\$94.36					
				AIDS	\$850.37					
				BCCTP	\$743.56					
MEDICARE PART D										
(03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	01/01/11	06/30/11	FAMILY	\$94.36	unlimited/ 568	\$62,987.33	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$92.64					
				DISABLED	\$123.23					
				MI ADULT	\$94.36					
				REFUGEES/FAMILY	\$94.36					
				AIDS	\$198.34					
				BCCTP	\$743.56					
MATERNITY	\$5,978.59									
SAN JOAQUIN COUNTY				SUBTOTAL		unlimited/ 108,398	\$13,408,509.78			

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), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$101.41 AGED \$407.82 DISABLED \$407.82 MI ADULT \$104.41 REFUGEES/FAMILY \$101.41 AIDS \$896.01 BCCTP \$793.84	unlimited/ 33,064	\$3,907,101.16	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
MEDICARE PART D									
Anthem Blue Cross Partnership #345 Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$101.41 AGED \$107.28 DISABLED \$126.38 MI ADULT \$101.41 REFUGEES/FAMILY \$101.41 AIDS \$200.70 BCCTP \$793.84 MATERNITY \$6,127.31	unlimited/ 960	\$109,677.59	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
Santa Clara Family Health #309 Plan (04-35398), A10a, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		01/01/11	12/31/11	FAMILY \$125.45 AGED \$497.71 DISABLED \$497.71 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$841.08 BCCTP \$744.23 AGNEWS \$3,070.16	123,000/ 97,900	\$14,210,833.00	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
MEDICARE PART D									
Santa Clara Family Health #309 Plan (04-35398), A10a, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		01/01/11	12/31/11	FAMILY \$125.45 AGED \$145.56 DISABLED \$165.82 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$200.92 BCCTP \$744.23 MATERNITY \$6,127.31 AGNEWS \$1,215.33	123,000/ 5,572	\$850,057.69	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
SANTA CLARA COUNTY				SUBTOTAL		246,000/ 137,496	\$19,077,669.44		

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), A10a, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	12/31/11	FAMILY \$110.41 AGED \$552.07 DISABLED \$552.07 MI ADULT \$110.41 REFUGEES/FAMILY \$110.41 AIDS \$878.44 BCCTP \$804.01	unlimited/ 48,938	\$6,654,150.14	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061			
	MEDICARE PART D											
	Anthem Blue Cross Partnership #310 Plan (04-35797), A10a, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		01/01/11	12/31/11	FAMILY \$110.41 AGED \$118.05 DISABLED \$120.91 MI ADULT \$110.41 REFUGEES/FAMILY \$110.41 AIDS \$200.01 BCCTP \$804.01 MATERNITY \$5,734.13	unlimited/ 1,328	\$157,280.94	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061		
		Health Net Community #361 Solutions, Inc. (03-76182), A12a, C14 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY \$107.74 AGED \$477.69 DISABLED \$477.69 MI ADULT \$107.74 REFUGEES/FAMILY \$107.74 AIDS \$936.48 BCCTP \$775.44	unlimited/ 23,561	\$2,802,236.49	Stanislaus	Health Net	Myreca Singh (916) 449-5057	
			MEDICARE PART D									
			Health Net Community #361 Solutions, Inc. (03-76182), A12a, C14 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		01/01/11	06/30/11	FAMILY \$107.74 AGED \$103.25 DISABLED \$128.75 MI ADULT \$107.74 REFUGEES/FAMILY \$107.74 AIDS \$202.38 BCCTP \$775.44 MATERNITY \$5,734.13	unlimited/ 319	\$37,984.73	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				STANISLAUS COUNTY SUBTOTAL								
					unlimited/ 74,146	\$9,651,652.30						

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), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	01/01/11	06/30/11	FAMILY	\$89.94	unlimited/ 33,865	Tulare	Health Net	Myreca Singh (916) 449-5057
				AGED	\$461.16				
				DISABLED	\$461.16				
				MI ADULT	\$89.94				
				REFUGEES/FAMILY	\$89.94				
				AIDS	\$915.71				
				BCCTP	\$761.17				
MEDICARE PART D									
Health Net Community #353 Solutions, Inc. (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	01/01/11	06/30/11	FAMILY	\$89.94	unlimited/ 364	Tulare	Health Net	Myreca Singh (916) 449-5057
				AGED	\$105.41				
				DISABLED	\$126.47				
				MI ADULT	\$89.94				
				REFUGEES/FAMILY	\$89.94				
				AIDS	\$199.14				
				BCCTP	\$761.17				
MATERNITY	\$5,864.01								
Anthem Blue Cross Partnership #311 Plan (04-36068), A9, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	01/01/11	12/31/11	FAMILY	\$92.47	unlimited/ 73,415	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$576.12				
				DISABLED	\$576.12				
				MI ADULT	\$92.47				
				REFUGEES/FAMILY	\$92.47				
				AIDS	\$871.85				
				BCCTP	\$781.16				
MEDICARE PART D									
Anthem Blue Cross Partnership #311 Plan (04-36068), A9, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	01/01/11	12/31/11	FAMILY	\$92.41	unlimited/ 1,479	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$106.57				
				DISABLED	\$121.73				
				MI ADULT	\$92.47				
				REFUGEES/FAMILY	\$92.47				
				AIDS	\$198.21				
				BCCTP	\$781.16				
MATERNITY	\$5,864.01								
TULARE COUNTY					SUBTOTAL		unlimited/ 109,123	\$11,750,988.36	
TOTAL 2-PLAN							<u>1,384,740/ 2,865,466</u>	<u>\$339,603,372.77</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-MEDICAL)									
SACRAMENTO COUNTY (34)									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/10	12/31/12	FAMILY/MI CHILD \$130.36 AGED/DISABLED/B \$592.76 ADULT/REFUGEE/¢ \$130.36 BCCTP \$1,110.33 MEDICARE PART D AGED \$129.96 DISABLED/BLIND \$148.12 MATURNITY \$8,143.50	160,000/ 27,912	\$4,384,217.80	Sacramento		Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009)	#140	01/01/09	12/30/09	FAMILY/MI CHILD \$0.00 AGED/DISABLED/B \$0.00 ADULT/REFUGEE/¢ \$0.00 BCCTP \$0.00 MEDICARE PART D AGED \$0.00 DISABLED/BLIND \$0.00 MATURNITY \$0.00	15,750/ 0	\$0.00	Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A4 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	01/01/10	12/31/12	FAMILY/MI CHILD \$107.32 AGED/DISABLED/BI \$558.87 ADULT/REFUGEE/¢ \$107.32 BCCTP \$1,091.97 MEDICARE PART D AGED \$134.56 DISABLED/BLIND \$154.07 MATURNITY \$8,416.52	168,600/ 51,273	\$6,805,503.21	Sacramento		Peter Thomas (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A3 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	01/01/10	12/31/12	FAMILY/MI CHILD \$134.60 AGED/DISABLED/B \$616.78 ADULT/REFUGEE/¢ \$134.60 BCCTP \$1,027.52 MEDICARE PART D AGED \$124.72 DISABLED/BLIND \$146.12 MATURNITY \$8,150.52	20,000/ 25,300	\$4,872,564.40	Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A4 5151 - A Camino Ruiz	#190	01/01/10	12/31/12	FAMILY/MI CHILD \$131.21 AGED/DISABLED/B \$593.16 ADULT/REFUGEE/¢ \$131.21 BCCTP \$1,026.44 MEDICARE PART D AGED \$130.83 DISABLED/BLIND \$142.77 MATURNITY \$7,971.87	168,600/ 88,919	\$14,137,398.57	Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5105
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u>532,950/ 200,122</u>	<u>\$31,140,477.66</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-MEDICAL)									
<u>SAN DIEGO COUNTY (37)</u>									
Community Health Group #29 Partnership Plan, Inc. Calif. Children Svcs. (09-86155) A1 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589		07/01/10	06/30/15	FAMILY/MI CHILD	\$140.62	207,000/ 102,978	San Diego	Ann Warren Chief Member & Govt Relations Officer	Philip Jimenez (916) 449-5105
				AGED/DISABLED/B	\$532.54				
				MI ADULT/REFUGE	\$140.62				
				BCCTP	\$997.00				
				<u>MEDICARE PART D</u>					
AGED	\$127.10	2522	\$348,990.98						
DISABLED/BLIND	\$145.50								
MATURNITY	\$8,015.42								
Health Net Community #68 Solutions, Inc. (09-86157) 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447		07/01/10	06/30/15	FAMILY/MI CHILD	\$135.27	180,000/ 32,209	San Diego	David Friedman	Peter Thomas (916) 324-0278
				AGED/DISABLED/B	\$580.32				
				MI ADULT/REFUGE	\$135.27				
				BCCTP	\$1,056.50				
				<u>MEDICARE PART D</u>					
AGED	\$120.63	485	\$66,418.23						
DISABLED/BLIND	\$146.11								
MATURNITY	\$8,230.39								
KP CAL, LLC (SoCal) #79 (09-86159), A1 393 East Walnut Street, 7th Floor Pasadena, CA 91188 CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955		10/01/10	06/30/15	FAMILY/MI CHILD/F	\$132.29	10,000/ 12,385	San Diego	William Caswell	Nathan Nau (916) 341-7031
				AGED	\$540.65				
				BLIND/DISABLED	\$540.65				
				MI ADULT	\$132.29				
				BCCTP	\$1,019.46				
<u>MEDICARE PART D</u>									
AGED	\$123.25	1202	\$169,177.00						
DISABLED/BLIND	\$148.65								
MATURNITY	\$7,775.00								
Molina Healthcare #131 of California Partner Plan, Inc. (09-86161) A1 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 (Confidential negotiated rates through December 2011) CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520		01/01/11	06/30/15	FAMILY/MI CHILD/F	\$0.00	100,000/ 61,821	San Diego	Stephen T. O'Dell President & CEO	Cheryl Bates (916) 558-1797
				AGED	\$0.00				
				DISABLED/BLIND	\$0.00				
				MI ADULT	\$0.00				
				BCCTP	\$0.00				
<u>MEDICARE PART D</u>									
AGED	\$0.00	1018	\$123,661.31						
DISABLED/BLIND	\$0.00								
MATURNITY	\$0.00								
Care 1st Health Plan, LLC #167 (09-86153) 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Kimberly Fritz (619) 528-4817 (Blue Cross #48 Deactivated 12/31/07)		07/01/10	06/30/15	FAMILY/MI CHILD	\$137.48	207,000/ 16,652	San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 324-0278
				AGED/DISABLED/B	\$584.13				
				MI ADULT/REFUGE	\$137.48				
				BCCTP	\$1,026.90				
				<u>MEDICARE PART D</u>					
AGED	\$125.98	290	\$42,011.41						
DISABLED/BLIND	\$160.85								
MATURNITY	\$7,850.00								
TOTAL GMC-MEDICAL (SAN DIEGO)						<u>704,000/ 231,562</u>		<u>\$34,334,937.72</u>	
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))						<u>2,675,236/ 4,469,141</u>		<u>\$664,718,442.51</u>	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A2a 530 South Main Street Orange, CA 92863	#424	01/01/09	12/31/12	\$10.51	160,000/ 89,100	\$898,983.36	Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) A1 8890 Cal Center Drive Sacramento, CA 95826	#421	01/01/09	12/31/12	\$10.51	100,000/ 52,013	\$524,790.36	Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Terri Abbaszadeh (916) 563-6020									
Liberty Dental Plan (07-65805) A1 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	01/01/09	12/31/12	\$10.51	100,000/ 27,674	\$279,219.59	Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) A1 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	01/01/09	12/31/12	\$10.51	90,000/ 11,777	\$118,825.22	Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
CONTACT: Thuy Pham (714) 263-3410									
Health Net of CA dba: CA Children Svcs. (07-65804) A1 address unknown	#427	01/01/09	12/31/12	\$10.51	0/ 26,060	\$262,934.98	Sacramento	David Meadows	Brian Nanoo (916) 464-3784
CONTACT: Eileen McGee-Davidson (909) 890-4129									
TOTAL GMC-DENTAL					450,000/ 206,624	#####			

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