

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>PHP</b>										
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955	#81	10/01/09	03/31/10	FAMILY	\$115.40	734/ 674	\$138,308	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					
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955	#81	10/01/09	03/31/10	<b>MEDICARE PART D</b>		734/ 146	\$14,920	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									
<b>MARIN COUNTY</b>				<b>SUBTOTAL</b>		1,468/ 820	\$153,228			
<b>SONOMA COUNTY (49)</b>										
<b>KP CAL LLC (NorCal)</b> #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955	#87	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					
<b>SONOMA COUNTY (49)</b>										
<b>KP CAL LLC (NorCal)</b> #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	#87	01/01/09	12/31/09	<b>MEDICARE PART D</b>		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									
<b>SONOMA COUNTY</b>				<b>SUBTOTAL</b>		2,848/ 0	\$0			
<b>TOTAL PHP</b>						4,316/ 820	\$153,228			

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PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
<b>Access Dental Plan, Inc.</b> (05-45001), A6 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 116,917	\$1,228,798	Los Angeles	Mike Betker,CEO	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Corina Lena (916) 563-6044										
<b>American Health Guard Corp.</b> (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 15,068	\$158,365	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										
<b>Safeguard Health Plans Inc.</b> (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 20,738	\$217,956	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										

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MANAGED CARE CAPITATION REPORT

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<b>LOS ANGELES COUNTY (19)</b>																		
<b>Health Net Community Solutions, Inc.</b> (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	<b>#405</b>	01/01/09	06/30/11	Public Assistance	unlimited/ 35,038	\$368,249	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														
				<b>Care 1st Health Plan</b> (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755						<b>#403</b>	01/01/09	06/30/11	Public Assistance	unlimited/ 17,309	\$181,918	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																		
<b>Western Dental Services</b> (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863	<b>#413</b>	01/01/09	06/30/11		Public Assistance	unlimited/ 55,168	\$579,816	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														
				<b>Liberty Dental Plan of CA, Inc.</b> (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#416</b>					01/01/09	06/30/11	Public Assistance		Unlimited/ 7,515	\$78,983	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																		
<b>Community Dental Services, Inc.</b> #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707		01/01/09	06/30/11			Public Assistance	Unlimited/ 4,196	\$44,100	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														
				<b>LOS ANGELES</b>						<b>SUBTOTAL</b>	unlimited/ 271,949			2,858,185				

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<b>RIVERSIDE COUNTY (33)</b>																		
<b>Western Dental Services, Inc.</b> (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/ 147	\$1,545	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								
				<b>Safeguard Health Plans, Inc.</b>														
				(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/ 63	\$662	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																	
<b>RIVERSIDE COUNTY</b>					<b>SUBTOTAL</b>	unlimited/ 210	\$2,207											

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MANAGED CARE CAPITATION REPORT

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<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Western Dental Services, Inc.</b> #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
				<b>Care 1st Health Plan</b> #404						
(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Dr. Jorge Weingarten 626-299-5275		01/01/09	06/30/11	Public Assistance	unlimited/ 111	\$1,167	San Bernardino	Dr. Reginal Moore	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				<b>Safeguard Health Plans, Inc.</b> #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/ 448	\$4,708	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
				<b>SAN BERNARDINO COUNTY</b>						<b>SUBTOTAL</b>
<b>TOTAL PHP (DENTAL)</b>					unlimited/ 272,989	\$2,869,115				

## 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>
<b>COUNTY COHS</b>									
<b><u>MERCED COUNTY (24)</u></b>									
<b>Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3</b>	<b>514</b>	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/ 69,844		Merced		
				<b><u>MEDICARE PART B</u></b>					
				AGED \$260.12 DISABLED/BLIND \$175.07 LTC \$4,409.95					
CONTACT:									
<b><u>MONTEREY COUNTY (27)</u></b>									
<b>Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3 1600 Green Hills Road</b>	<b>#508</b>	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/ 67,301		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$199.76 DISABLED/BLIND \$200.93 LTC \$4,994.13					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<b><u>NAPA COUNTY (28)</u></b>									
<b>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</b>	<b>#507</b>	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/ 13,027		Napa	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED \$187.16 DISABLED/BLIND \$234.27 LTC \$3,770.17 OBRA \$289.34					
CONTACT: Jack Horn (707) 863-4261									
<b><u>ORANGE COUNTY (30)</u></b>									
<b>Orange County Organized Health System dba CalOptima (08-85214) A2 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220</b>	<b>#506</b>	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/ 351,669		Orange	Richard Chambers	Rachael Arruda-deCell (916) 449-5094
				<b><u>MEDICARE PART B</u></b>					
				AGED \$191.50 DISABLED/BLIND \$195.60 LTC \$4,330.42					
CONTACT: Richard Chambers (714) 246-8458									

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<b>COUNTY COHS</b>									
<b><u>SAN LUIS OBISPO COUNTY (40)</u></b>									
<b>SBSLORHA/SLO</b> Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A2 110 Castillian Dr. Goleta, CA 93117	<b>#501</b>	01/01/09	12/31/11	FAMILY/MI CHILD \$106.70 AGED \$483.15 DISABLED/BLIND \$736.80 LTC \$5,688.31 MI ADULT \$609.37 REFUGEES/% POV \$106.70 BCCTP \$1,159.77 AIDS \$2,072.77	N/A/ 27,755		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$170.55 DISABLED/BLIND \$140.33 LTC \$3,559.95 AIDS \$340.13					
CONTACT: Bob Freeman (805) 685-9525									
<b><u>SAN MATEO COUNTY (41)</u></b>									
<b>San Mateo Health Commission</b> dba Health Plan of San Mateo (08-85213) A2 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	<b>#503</b>	01/01/09	12/31/13	FAMILY/MI CHILD \$164.88 AGED \$566.74 DISABLED/BLIND \$861.41 LTC \$1,726.83 MI ADULT \$851.40 REFUGEES/% POV \$164.88 BCCTP \$1,461.58 AIDS \$3,168.36	N/A/ 57,881		Sacramento	Maya Altman	Gerlinda Hightower (916) 449-5093
				<b><u>MEDICARE PART B</u></b>					
				AGED \$163.15 DISABLED/BLIND \$173.28 LTC \$217.25 AIDS \$340.67 AGNEWS \$4,919.00					
CONTACT: Maya Altman (650) 616-2145									
<b><u>SANTA BARBARA COUNTY (42)</u></b>									
<b>SBSLORHA</b> Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A2 110 Castillian Dr. Goleta, CA 93117-3028	<b>#502</b>	01/01/09	12/31/11	FAMILY/MI CHILD \$123.54 AGED \$477.17 DISABLED/BLIND \$747.56 LTC \$7,233.71 MI ADULT \$620.63 REFUGEES/% POV \$123.54 BCCTP \$1,174.34 AIDS \$2,037.60	N/A/ 61,600		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$177.95 DISABLED/BLIND \$163.10 LTC \$4,833.08 AIDS \$332.16					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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<b>COUNTY COHS</b>									
<b><u>SANTA CRUZ COUNTY (44)</u></b>									
<b>Santa Cruz-Monterey</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A3 1600 Green Hills Road Scotts Valley, CA 95066-9998	<b>#505</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$131.68 AGED \$526.01 DISABELED/BLIND \$837.52 LTC \$6,300.94 MI ADULT \$131.68 REFUGEES/% POV \$131.68 BCCTP \$1,211.10	N/A/ 34,816		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$207.22 DISABLED/BLIND \$187.32 LTC \$4,606.54					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<b><u>SOLANO COUNTY (48)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#504</b>	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/ 60,753		Solano	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED \$210.80 DISABLED/BLIND \$231.32 LTC \$4,579.51					
CONTACT: Jack Horn (707) 863-4261									
<b><u>SONOMA COUNTY (49)</u></b>									
<b>Sonoma County</b> Partnership Health Plan of CA dba: (08-85215, A3	<b>#513</b>	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/ 49,854		Sonoma		
Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.									
				<b><u>MEDICARE PART B</u></b>					
				AGED \$259.12 DISABLED/BLIND \$168.66 LTC \$3,348.50 OBRA \$0.00					
CONTACT:									
<b><u>YOLO COUNTY (57)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A3 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#509</b>	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/ 26,348		Yolo	Jack Horn	Louie Sanchez (916) 449-5115
				<b><u>MEDICARE PART B</u></b>					
				AGED 206.38 DISABLED/BLIND 224.51 LTC 4217.15					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 820,848



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SPECIAL PROJECTS</b>										
<b>ALAMEDA COUNTY (01)</b>										
<b>On Lok Senior Health Services #56</b> 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	<b>MEDICAL ONLY</b>		1,600/ 3	\$16,533	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
<b>On Lok Senior Health Services #56</b> 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	<b>MEDICARE PART D</b>		1,600/ 81	\$342,020	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
<b>Center for Elders #51</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	<b>MEDICAL ONLY</b>		560/ 42	\$242,686	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,778.23					
<b>Center for Elders #51</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	<b>MEDICARE PART D</b>		560/ 360	\$1,556,194	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,322.76					
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		<b>4,320/ 486</b>	<b>\$2,157,433</b>			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>CONTRA COSTA COUNTY (07)</b>										
<b>MEDICAL ONLY</b>										
<b>Center for Elders</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 6	\$34,669	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
<b>MEDICARE PART D</b>										
<b>Center for Elders</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 29	\$125,360	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		<u>1,120/ 35</u>				<u>\$160,029</u>

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>LOS ANGELES COUNTY (19)</b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#200</b>	01/01/09	12/31/12	AGED \$77.88 BLIND/DISABLED \$77.88	5,000/ 3,021	\$235,275	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#201</b>	01/01/09	12/31/12	LTC \$935.31	5,000/ 1,914	\$1,790,183	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>MEDICAL ONLY</b>									
<b>Altamed Hlth Services Corp.</b> dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 141	\$833,290	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
<b>MEDICARE PART D</b>									
<b>Altamed Hlth Services Corp.</b> dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 552	\$1,873,482	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
(SCAN on HOLD)									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	11,650/ 5,628	\$4,732,230			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>RIVERSIDE COUNTY (33)</u></b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#204</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 944	\$67,043	Riverside	David Schmidt
				AGED	\$71.02				
				BLIND/DISABLED	\$71.02				
CONTACT: David Schmidt (562) 989-5100									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#205</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 623	\$571,328	San Bernardino	David Schmidt
				LTC	\$917.06				
CONTACT: David Schmidt (562) 989-5100									
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		10,000/ 1,567	<b>\$638,371</b>		
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICAL ONLY</u></b>		280/ 6	\$29,523	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									
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICARE PART D</u></b>		280/ 209	\$744,671	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)									
<b>SACRAMENTO COUNTY</b>				<b>SUBTOTAL</b>		560/ 215	<b>\$774,194</b>		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>SAN BERNARDINO COUNTY (36)</u></b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#206</b>	01/01/09	12/31/12	AGED \$81.60 BLIND/DISABLED \$81.60	5,000/ 520	\$42,432	Riverside	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#207</b>	01/01/09	12/31/12	LTC \$891.09	5,000/ 312	\$278,020	San Bernardino	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>	10,000/ 832	\$320,452			
(SCAN on HOLD)									
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>MEDICAL ONLY</b>									
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	FAMILY/AGED/REF. \$4,761.40 DISA/LTC/AIDS \$4,761.40	200/ 18	\$85,705	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Alan Allgood (619) 677-3800									
<b>MEDICARE PART D</b>									
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	200/ 82	\$292,713	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Alan Allgood (619) 677-3800									
(SCAN on HOLD)									
<b>SAN DIEGO COUNTY</b>				<b>SUBTOTAL</b>	400/ 100	\$378,418			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>MEDICAL ONLY</b>									
<b>OnLok Senior Health</b> Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1600/ 30	\$182,330	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b>MEDICARE PART D</b>									
<b>OnLok Senior Health</b> Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 846	\$3,722,239	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b>MEDICAL ONLY</b>									
<b>San Francisco City &amp; County Dept. of Public Health</b> dba Family Mosaic Project 07-65815 A1 1309 Evans Avenue San Francisco, CA 94124	<b>#601</b>	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 131	\$242,186	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	3700/ 1,007	\$4,146,755			
<b>SANTA CLARA COUNTY (43)</b>									
<b>MEDICAL ONLY</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 2	\$10,292	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICARE PART D</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 22	\$88,629	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	3,200/ 24	\$98,921			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>YOLO COUNTY (57)</b>									
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	<b>#53</b>	04/01/08	12/31/12	<b>MEDICARE PART D</b> FAMILY/AGED/REF. 3,563.02 DISA/LTC/AIDS 3,563.02	280/ 2	\$7,126	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
CONTACT: William Clearwater (916) 424-8412									
<b>YOLO COUNTY</b>				<b>SUBTOTAL</b>	<u>280/ 2</u>	<u>\$7,126</u>			
<b>TOTAL SPECIAL PROJECT</b>					<u>45,230/ 9,896</u>	<u>\$13,413,929</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>					
<b>PCCM</b>														
<b><u>LOS ANGELES COUNTY (19)</u></b>														
<b>AIDS Healthcare Foundation</b> (01-16349) A-12 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/10	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096		
				FAMILY	\$103.27	2,000/ 425	\$259,045	FAMILY	\$103.27					
				AGED	\$466.85								AGED	\$243.89
				DISABLED	\$622.09								DISABLED	\$339.33
				MI CHILD	\$103.27								MI CHILD	\$103.27
				MI ADULT	\$265.28								MI ADULT	\$265.28
				REFUGEES	\$103.27								REFUGEES	\$103.27
				AIDS	\$1,473.85								AIDS	\$206.24
				BCCTP	\$517.08								BCCTP	\$517.08
				CONTACT: Donna Stidham (323) 860-5231										
<b>AIDS Healthcare Foundation</b> (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	<b>#915</b>	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/ 301	\$100,858	FAMILY	\$103.27					
				AGED	\$243.89			AGED	\$243.89					
				DISABLED	\$339.33			DISABLED	\$339.33					
				MI CHILD	\$103.27			MI CHILD	\$103.27					
				MI ADULT	\$265.28			MI ADULT	\$265.28					
				REFUGEES	\$103.27			REFUGEES	\$103.27					
				AIDS	\$206.24			AIDS	\$206.24					
				BCCTP	\$517.08			BCCTP	\$517.08					
				CONTACT: Donna Stidham (323) 860-5231										
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>				<u>4,000/ 726</u>	<u>\$359,903</u>					
<b>TOTAL PCCM</b>						<u>4,000/ 726</u>	<u>\$359,903</u>							



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MANAGED CARE CAPITATION REPORT

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<b>2-PLAN</b>																
<b>ALAMEDA COUNTY (01)</b>																
<b>Alameda Alliance for Health</b> (04-35399), A8, C8 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	<b>#300</b>	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 88,276	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											
				<b>MEDICARE PART D</b>												
				FAMILY	\$111.12					180,000/ 4,541	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															
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	<b>#340</b>	10/01/09	06/30/10	FAMILY	\$118.99	unlimited/ 26,082	California									
				AGED	\$546.76											
				DISABLED	\$546.76											
				MI ADULT	\$118.99											
				REFUGEES/FAMILY	\$118.99											
				AIDS	\$1,025.21											
				BCCTP	\$813.63											
<b>MEDICARE PART D</b>																
FAMILY	\$118.99	unlimited/ 786	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															
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>	360,000/ 119,685	\$17,448,997										

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MANAGED CARE CAPITATION REPORT

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<b>CONTRA COSTA COUNTY (07)</b>									
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), 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/ 53,412	\$7,991,154	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				
<b>MEDICARE PART D</b>									
<b>County of Contra Costa</b> 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/ 2,211	\$311,965	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								
<b>Anthem Blue Cross Partnership #344</b> Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	06/30/10	FAMILY	\$109.43	unlimited/ 10,870	\$1,379,511	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				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #344</b> Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	06/30/10	FAMILY	\$109.43	unlimited/ 195	\$26,912	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								
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 66,688	\$9,709,542		

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>FRESNO COUNTY (10)</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 98,176	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				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184,) A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 2,423	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								
<b>Health Net Community #351</b> 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/ 97,303	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				
<b>MEDICARE PART D</b>									
<b>Health Net Community #351</b> 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/ 919	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								
<b>FRESNO COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 198,821			<b>\$21,830,787</b>

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>KERN COUNTY (15)</u></b>									
<b>Health Net Community</b> Solutions, Inc. (03-76182) A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 29,120	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				
<b><u>MEDICARE PART D</u></b>									
<b>Health Net Community</b> Solutions, Inc. (03-76182) A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 652	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								
<b><u>MEDICARE PART D</u></b>									
<b>Kern Health Systems</b> dba Kern Family Health Care 03-76165, A7, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 98,978	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				
<b><u>MEDICARE PART D</u></b>									
<b>Kern Health Systems</b> dba Kern Family Health Care 03-76165, A7, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 1,863	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								
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>		230,000/ 130,613		<b>\$14,426,997</b>	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>LOS ANGELES COUNTY (19)</b>										
<b>Health Net Community Solutions, Inc.</b> (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 436,177	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					
<b>MEDICARE PART D</b>										
<b>Health Net Community Solutions, Inc.</b> (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 5,543	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					
<b>MATERNITY</b>										
<b>LA Care Health Plan</b> (04-36069), A4, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 781,172	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					
<b>MEDICARE PART D</b>										
<b>LA Care Health Plan</b> (04-36069), A4, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 11,463	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					
<b>MATERNITY</b>										
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 1,234,355				<b>\$127,725,775</b>

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>RIVERSIDE COUNTY (33)</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), 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/ 171,928	\$19,011,521	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					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #305</b> (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/ 2,972	\$380,649	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					
<b>MATERNITY</b>										
				\$5,319.64						
<b>Molina Healthcare of California #355</b> 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/ 38,749	\$4,310,935	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					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #355</b> 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/ 337	\$44,215	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					
<b>MATERNITY</b>										
				\$5,319.64						
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		166,076/ 213,986	\$23,747,320			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), 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/ 191,505	\$21,586,485	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					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #306</b> (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/ 3,170	\$451,449	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									
<b>Molina Healthcare of California #356</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A5, C5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 53,762	\$6,143,500	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					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> 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	\$56,736	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									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		272,664/ 248,870	\$28,238,170			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY \$97.33 AGED \$451.60 DISABLED \$451.60 MI ADULT \$97.33 REFUGEES/FAMILY \$97.33 AIDS \$1,088.86 BCCTP \$822.13	unlimited/ 11,600	\$1,396,148	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A9 ,C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY \$97.33 AGED \$109.13 DISABLED \$146.68 MI ADULT \$97.33 REFUGEES/FAMILY \$97.33 AIDS \$224.23 BCCTP \$822.13 MATERNITY \$5,842.73	unlimited/ 450	\$57,867	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
<b>San Francisco Hlth Authority #307</b> 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/ 34,834	\$5,269,832	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
<b>MEDICARE PART D</b>									
<b>San Francisco Hlth Authority #307</b> 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/ 1,540	\$233,436	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	110,000/ 48,424	\$6,957,283			



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN JOAQUIN COUNTY (39)</b>									
<b>Health Plan of San Joaquin</b> (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 70,283	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				
				<b>MEDICARE PART D</b>					
<b>Health Plan of San Joaquin</b> (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 1,581	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				
				<b>MEDICARE PART D</b>					
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A9 ,C8 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 27,866	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				
				<b>MEDICARE PART D</b>					
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A9 ,C8 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 554	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				
				<b>MEDICARE PART D</b>					
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 100,284		\$11,816,759	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
<b>SANTA CLARA COUNTY (43)</b>																		
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A9, C8 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$103.84	unlimited/ 32,909	\$4,055,688	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061								
				AGED	\$458.30													
				DISABLED	\$458.30													
				MI ADULT	\$103.84													
				REFUGEES/FAMILY	\$103.84													
				AIDS	\$1,091.67													
				BCCTP	\$830.08													
											<b>MEDICARE PART D</b>							
				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																	
<b>Santa Clara Family Health #309</b> Plan (04-35398), A7, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/10	FAMILY	\$117.77	123,000/ 89,210	\$12,240,251	Santa Clara	Santa Clara Family Health Plan	Mary Cobb (916) 341-7035								
				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													
											<b>MEDICARE PART D</b>							
				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																	
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>		246,000/ 128,681	\$17,155,634											

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>				
<b>STANISLAUS COUNTY (50)</b>													
<b>Anthem Blue Cross Partnership #310</b> 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 AGED \$569.96 DISABLED \$569.96 MI ADULT \$110.61 REFUGEES/FAMILY \$110.61 AIDS \$1,047.89 BCCTP \$859.66	unlimited/ 47,341	\$6,482,675	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061				
	<b>MEDICARE PART D</b>												
	<b>Anthem Blue Cross Partnership #310</b> 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 AGED \$133.20 DISABLED \$155.04 MI ADULT \$110.61 REFUGEES/FAMILY \$110.61 AIDS \$224.38 BCCTP \$859.66 MATERNITY \$6,114.14	unlimited/ 1,253	\$179,600	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061			
		<b>Health Net Community #361</b> 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 AGED \$542.19 DISABLED \$542.19 MI ADULT \$109.98 REFUGEES/FAMILY \$109.98 AIDS \$1,075.13 BCCTP \$845.24	unlimited/ 19,037	\$2,356,905	Stanislaus	Health Net	Myreca Singh (916) 449-5057		
			<b>MEDICARE PART D</b>										
			<b>Health Net Community #361</b> 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 AGED \$125.47 DISABLED \$162.78 MI ADULT \$109.98 REFUGEES/FAMILY \$109.98 AIDS \$231.25 BCCTP \$845.24 MATERNITY \$6,114.14	unlimited/ 284	\$40,519	Stanislaus	Health Net	Myreca Singh (916) 449-5057	
				<b>STANISLAUS COUNTY SUBTOTAL</b>									
									unlimited/ 67,915	\$9,059,699			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>TULARE COUNTY (54)</b>										
<b>Health Net Community #353</b> 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/ 24,835	\$2,469,116	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					
<b>MEDICARE PART D</b>										
<b>Health Net Community #353</b> 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/ 253	\$30,662	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									
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership #311</b> 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/ 76,090	\$8,537,939	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					
<b>MEDICARE PART D</b>										
<b>Anthem Blue Cross Partnership #311</b> 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/ 1,480	\$195,023	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									
<b>TULARE COUNTY</b>					<b>SUBTOTAL</b>		unlimited/ 102,658	\$11,232,740		
<b>TOTAL 2-PLAN</b>							<u>1,384,740/ 2,660,980</u>	<u>\$299,349,703</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Molina Healthcare of CA</b> Partner Plan, Inc. (07-65851) A1 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	<b>#130</b>	01/01/09	12/31/12		160,000/ 26,587		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Lisa Rubino, President, (562) 491-7044									
<b>Western Health Advantage</b> Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754	<b>#140</b>	01/01/09	12/31/12		15,750/ 182		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
<b>Health Net Community</b> Solutions, Inc. (07-65847) A2 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	<b>#150</b>	01/01/09	12/31/12		168,600/ 44,239		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (NorCal)</b> (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	<b>#170</b>	01/01/08	12/31/12		20,000/ 25,949		Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
<b>Anthem Blue Cross</b> Partnership Plan (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012	<b>#190</b>	01/01/08	12/31/12		168,600/ 90,286		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau (916) 341-7031
CONTACT: Cindy Metcho (805) 384-7662									
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<b><u>532,950/ 187,243</u></b>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>Community Health Group Partnership Plan, Inc.</b> (05-46127), A6 740 Bay Blvd Chula Vista, CA 91910	<b>#29</b>	01/01/09	06/30/10		207,000/ 91,228		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau (916) 341-7031
CONTACT: Francisca Chavez (619) 498-6589									
<b>Health Net Community Solutions, Inc.</b> (05-46128), A6 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	<b>#68</b>	01/01/09	06/30/10		180,000/ 31,116		San Diego	David Friedman	Nathan Nau (916) 341-7031
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (SoCal)</b> (05-46129), A8 393 East Walnut Street, 7th Floor Pasadena, CA 91188	<b>#79</b>	01/01/09	06/30/10		10,000/ 13,453		San Diego	William Caswell	Nathan Nau (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
<b>Molina Healthcare of California Partner Plan, Inc.</b> (05-46130) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	<b>#131</b>	01/01/09	06/30/10		100,000/ 57,750		San Diego	Stephen T. O'Dell President & CEO	Nathan Nau (916) 341-7031
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
<b>Care 1st Health Plan, LLC</b> (05-46131), A7 601 Potrero Grande Drive Monterey Park, CA 91755	<b>#167</b>	01/01/09	06/30/10		207,000/ 10,320		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)									
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>					<u><u>704,000/ 203,867</u></u>				
<b>TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))</b>					<u><u>2,675,236/ 4,157,369</u></u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>GEOGRAPHIC MANAGED CARE (GMC-DENTAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Western Dental Svcs., Inc.</b> (07-65806) A1 530 South Main Street Orange, CA 92863	<b>#424</b>	05/01/08	12/31/12		160,000/ 86,021		Sacramento	Charles S. Koch Vice President	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
<b>Access Dental Plan, Inc.</b> (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	<b>#421</b>	05/01/08	12/31/12		100,000/ 52,146		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Corina Lena (916) 563-6044									
<b>Liberty Dental Plan</b> (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#425</b>	05/01/08	12/31/12		100,000/ 27,777		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
<b>Community Dental Services</b> (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	<b>#426</b>	05/01/08	12/31/12		90,000/ 12,425		Sacramento	Susan Klamer	Brian Nanoo (916) 464-3784
CONTACT: Carolyn Miller (714)-708-5360									
<b>Health Net of CA</b> dba: CA Children Svcs. (07-65804) address unknown	<b>#427</b>	07/01/08	12/31/12		0/ 17,311		Sacramento		Brian Nanoo (916) 464-3784
CONTACT: unknown									
<b>TOTAL GMC-DENTAL</b>					<b><u>450,000/ 195,680</u></b>				

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