

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	<u>FAMILY</u>	\$115.40	734/ 834	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	<u>MEDICARE PART D</u>		734/ 173	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/ 1007		\$181,341.78	

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

		<u>2,848/ 0</u>	<u>\$0</u>
TOTAL PHP		<u>4,316/ 1,007</u>	<u>\$181,341.78</u>

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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/ 149,636	\$1,572,674.36	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/ 10,491	\$110,260.41	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/ 19,517	\$205,123.67	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										

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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/ 43,209	\$454,126.59	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/ 16,196	\$170,219.96	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/ 53,681	\$564,187.31	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/ 7,682	\$80,737.82	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/ 3,628	\$38,130.28	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/ 304,040			3,195,460.40				

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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/ 131	\$1,376.81	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/ 58	\$609.58	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/ 189	\$1,986.39											

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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	#415	01/01/09	06/30/11	Public Assistance	unlimited/ 232	\$2,438.32	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						#404	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	#408	01/01/09	06/30/11		Public Assistance	unlimited/ 359	\$3,773.09	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/ 682	\$7,167.82						
				TOTAL PHP (DENTAL)							unlimited/ 304,911	\$3,204,614.61						

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>		
COUNTY COHS											
<u>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 AGED \$486.68 DISABLED/BLIND \$761.12 LTC \$7,721.99 MI ADULT \$149.87 REFUGEES/% POV \$149.87 BCCTP \$1,296.40	N/A/ 64,162	\$14,007,411.47	Merced		Jane Marine (916) 449-5113		
	<u>MEDICARE PART D</u>										
					AGED \$268.57 DISABLED/BLIND \$181.15 LTC \$4,987.51	NA/ 8,666	\$3,910,441.79				
	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 AGED \$592.63 DISABLED/BLIND \$893.41 LTC \$6,924.94 MI ADULT \$139.02 REFUGEES/% POV \$139.02 BCCTP \$1,392.52	N/A/ 63,208	\$13,273,246.43	Monterey	Allan McKay	Jane Marine (916) 449-5113	
		<u>MEDICARE PART D</u>									
						AGED \$201.57 DISABLED/BLIND \$189.66 LTC \$5,210.38	NA/ 9,710	\$4,224,671.14			
		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 AGED \$478.54 DISABLED/BLIND \$893.60 LTC \$4,801.23 MI ADULT \$190.05 REFUGEES/% POV \$190.05 BCCTP \$1,595.64 OBRA \$304.72	N/A/ 11,162	\$3,451,566.15	Napa	Jack Horn	Acting: Jane Marine (916) 449-5113	
		<u>MEDICARE PART D</u>									
						AGED \$187.30 DISABLED/BLIND \$234.40 LTC \$3,773.91 OBRA \$304.72	NA/ 2,930	\$1,355,232.91			
		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 AGED \$420.88 DISABLED/BLIND \$873.86 LTC \$6,418.41 MI ADULT \$124.45 REFUGEES/% POV \$124.45 BCCTP \$1,417.71	N/A/ 301,365	\$65,695,374.51	Orange	Richard Chambers	Acting: Jane Marine (916) 449-5113	
		<u>MEDICARE PART D</u>									
						AGED \$174.18 DISABLED/BLIND \$249.12 LTC \$4,254.86	NA/ 71,286	\$29,547,826.34			
		CONTACT: Richard Chambers (714) 246-8458									

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>									
COUNTY COHS																		
<u>SAN LUIS OBISPO COUNTY (40)</u>																		
SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A5 110 Castillian Dr. Goleta, CA 93117	#501	01/01/11	12/31/11	FAMILY/MI CHILD	\$123.15	N/A/ 23,441	\$4,964,993.15	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 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/ 45,285	\$16,339,623.62	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 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/ 54,212	\$12,190,742.90	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														

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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 CONTACT: Alan McKay (831) 457-3850 ext. 4330	01/01/11	12/31/13	FAMILY/MI CHILD	\$151.54	N/A/ 28,844	\$7,045,161.69	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/ 6,217	\$3,006,057.19			
			AGED	\$216.66												
			DISABLED/BLIND	\$198.76												
LTC	\$4,575.59															
<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 CONTACT: Jack Horn (707) 863-4261	01/01/11	12/31/13	FAMILY/MI CHILD	\$174.94	N/A/ 51,789	\$14,652,851.46	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/ 10,301	\$4,423,749.23			
			AGED	\$208.26												
DISABLED/BLIND	\$229.36															
LTC	\$4,667.25															
OBRA	\$298.85															
<u>SONOMA COUNTY (49)</u>																
Sonoma County #513 Partnership Health Plan of CA dba: (08-85215, A6 ADDRESS ?? Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009. CONTACT:	01/01/11	12/31/13	FAMILY/MI CHILD	\$119.21	N/A/ 41,625	\$10,282,205.82	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/ 11,027	\$7,115,192.79			
			AGED	\$272.06												
DISABLED/BLIND	\$181.50															
LTC	\$3,847.43															
OBRA	\$0.00															
<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 CONTACT: Jack Horn (707) 863-4100	01/01/11	12/31/13	FAMILY/MICHILD	\$149.10	N/A/ 22,230	\$6,228,455.55	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/ 4,903	\$2,444,252.93			
			AGED	200.41												
DISABLED/BLIND	248.25															
LTC	4268.74															
OBRA	272.39															

TOTAL COUNTY COHS

N/A/ 863,583

\$244,359,497.83

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) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		04/01/08	12/31/12	MEDICAL ONLY		1,600/ 3	\$16,533.09	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
				DISA/LTC/AIDS	\$5,511.03					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		04/01/08	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) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICAL ONLY		560/ 61	\$352,472.03	Oakland	Peter Szutu	Joel Weeden (916) 440-7545
				FAMILY/AGED/REF.	\$5,778.23					
				DISA/LTC/AIDS	\$5,778.23					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICARE PART D		560/ 381	\$1,646,971.56	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/ 528	\$2,366,441.69			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
CONTRA COSTA COUNTY (07)									
MEDICAL ONLY									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 8	Berkeley	Peter Szutu	Joel Weeden (916) 440-7545
				DISA/LTC/AIDS	\$5,778.23				
CONTACT: Peter Szutu (510) 433-1150									
MEDICARE PART D									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	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		1,120/ 35		\$162,940.36	

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/ 2,924	\$233,452.16	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/ 1,870	\$1,792,974.70	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/ 159	\$939,667.74	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/ 636	\$2,158,577.64	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
LOS ANGELES COUNTY				SUBTOTAL	11,650/ 5,589	\$5,124,672.24			

<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>		5,000/ 939	\$68,359.20	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$72.80					
				BLIND/DISABLED	\$72.80					
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>		5,000/ 653	\$613,885.30	San Bernardino	David Schmidt	Joseph Billingsley (916) 440-7532
				LTC	\$940.10					
CONTACT: Becky Learner (562) 989-5143										
RIVERSIDE COUNTY				SUBTOTAL		10,000/ 1,592	\$682,244.50			
<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>		280/ 5	\$24,602.45	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) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	#50	04/01/08	12/31/12	<u>MEDICARE PART D</u>		280/ 230	\$819,494.60	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										
SACRAMENTO COUNTY				SUBTOTAL		560/ 235	\$844,097.05			

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/ 550	\$46,007.50	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/ 336	\$306,929.28	San Bernardino	David Schmidt	Joseph Billingsley. (916) 440-7532
				LTC	\$913.48					
CONTACT: Becky Learner (562) 989-5143										
SAN BERNARDINO COUNTY				SUBTOTAL		10,000/ 886	\$352,936.78			
<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/ 24	\$114,273.60	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/ 143	\$539,064.33			

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) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1600/ 23	\$139,785.95	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) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 870	\$3,827,834.70	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/ 107	\$197,816.25	San Francisco	Miriam Martinez, Director	DHISunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3700/ 1,000	\$4,165,436.90			
SANTA CLARA COUNTY (43)									
MEDICAL ONLY									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 1	\$5,146.76	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, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 66	\$265,886.28	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	3,200/ 67	\$271,033.04			

<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/ 10,075</u>	<u>\$14,508,866.89</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/ 428	\$258,316.98						
				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/ 340	\$113,995.94						
				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/ 768</u>		<u>\$372,312.92</u>	
				TOTAL PCCM		<u>4,000/ 768</u>		<u>\$372,312.92</u>					

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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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/ 98,237	\$15,691,321.93	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/ 5,826	\$795,110.26	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/ 28,242	\$4,241,978.52	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/ 755	\$93,375.60	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/ 133,060	\$20,821,786.31											

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A8, 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/ 60,703	\$9,637,660.44	County of Contra Costa	Jonathan Prince (916) 449-3589
				AGED	\$519.08				
				DISABLED	\$519.08				
				MI ADULT	\$130.13				
				REFUGEES/FAMILY	\$130.13				
				AIDS	\$879.66				
				BCCTP	\$768.60				
MEDICARE PART D									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A8, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	01/01/11	12/31/10	FAMILY	\$130.13	unlimited/ 2,504	\$361,599.32	County of Contra Costa	Jonathan Prince (916) 449-3589
				AGED	\$130.59				
				DISABLED	\$154.21				
				MI ADULT	\$130.13				
				REFUGEES/FAMILY	\$130.13				
				AIDS	\$202.06				
				BCCTP	\$768.60				
MATERNITY	\$5,795.09								
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/ 11,655	\$1,475,410.95	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/ 242	\$30,718.74	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/ 75,104	\$11,505,389.45		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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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/ 82,678	\$10,122,131.15	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						
				FAMILY	\$99.41					
				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/ 123,440	\$13,644,158.66	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						
				FAMILY	\$97.84					
				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/ 209,730	\$24,207,451.06			

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) A12, 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/ 32,524	\$4,050,228.71	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) A12, 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/ 657	\$79,439.86	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/ 107,813	\$12,031,207.29	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/ 2,005	\$252,453.30	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/ 142,999	\$16,413,329.16				

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/ 440,293	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/ 5,909	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/ 850,635	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/ 12,943	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/ 1,309,780				\$142,385,338.61

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), A9a, 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/ 190,223	\$23,253,719.83	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), A9a, 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/ 3,462	\$419,844.69	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/ 41,448	\$4,845,118.84	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/ 476	\$58,219.43	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/ 235,609	\$28,576,902.79			

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 BERNARDINO COUNTY (36)										
Inland Empire Health Plan #306 (04-35765), A9a, 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/ 217,712	\$26,819,392.68	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), A9a, 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/ 3,750	\$478,946.86	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										
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/ 57,883	\$6,779,342.24	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/ 669	\$85,957.13	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/ 280,014	\$34,163,638.91			

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>
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 REFUGEES/FAMILY \$90.21 AIDS \$900.32 BCCTP \$779.91	unlimited/ 11,179	\$1,293,746.50	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 REFUGEES/FAMILY \$90.21 AIDS \$197.69 BCCTP \$779.91 MATERNITY \$6,252.12	unlimited/ 463	\$49,547.58	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 REFUGEES/FAMILY \$134.84 AIDS \$1,014.53 BCCTP \$780.02	55,000/ 38,822	\$6,026,377.32	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 REFUGEES/FAMILY \$134.84 AIDS \$213.17 BCCTP \$780.02 MATERNITY \$6,252.12	55,000/ 1,656	\$241,185.94	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
SAN FRANCISCO COUNTY				SUBTOTAL	110,000/ 52,120	\$7,610,857.34			

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/ 78,615	\$10,125,935.19	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/ 1,863	\$247,158.28	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/ 26,724	\$2,908,490.48	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										
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/ 568	\$63,133.40	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/ 107,770	\$13,344,717.35			

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/ 33,217	\$3,925,454.19	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/ 934	\$106,435.78	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/ 97,976	\$14,200,385.94	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/ 5,553	\$847,732.97	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
SANTA CLARA COUNTY				SUBTOTAL	246,000/ 137,680	\$19,080,008.88			

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/ 49,208	\$6,691,027.40	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/ 1,303	\$154,366.05	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061		
		Health Net Community #361 Solutions, Inc. (03-76182), A12, 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/ 23,562	\$2,800,864.43	Stanislaus	Health Net	Myreca Singh (916) 449-5057	
			MEDICARE PART D									
			Health Net Community #361 Solutions, Inc. (03-76182), A12, 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/ 311	\$37,008.78	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				STANISLAUS COUNTY SUBTOTAL								
					unlimited/ 74,384	\$9,683,266.66						

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
TULARE COUNTY (54)									
Health Net Community Solutions, Inc. (03-76182), A12, 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/ 32,803	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 Solutions, Inc. (03-76182), A12, 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/ 375	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), A9a, 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/ 73,407	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), A9a, 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/ 1,473	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/ 108,058	\$11,647,881.90	
TOTAL 2-PLAN							<u>1,384,740/ 2,866,308</u>	<u>\$339,440,568.42</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) A2 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520	#130	01/01/10	12/31/12	FAMILY/MI CHILD	\$114.55	160,000/ 27,673	Sacramento		Cheryl Bates (916) 558-1797
				AGED/DISABLED/B	\$513.33				
				ADULT/REFUGEE/€	\$114.55				
				BCCTP	\$911.87				
				MEDICARE PART D					
AGED	\$129.96	942	\$132,924.55						
DISABLED/BLIND	\$148.12								
MATURNITY	\$8,143.50								
Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009) CONTACT: Rhonda West-Peters (916) 614-6002	#140	01/01/09	12/30/09	FAMILY/MI CHILD	\$0.00	15,750/ 0	Sacramento		Nathan Nau (916) 341-7031
				AGED/DISABLED/B	\$0.00				
				ADULT/REFUGEE/€	\$0.00				
				BCCTP	\$0.00				
				MEDICARE PART D					
AGED	\$0.00	0	\$0.00						
DISABLED/BLIND	\$0.00								
MATURNITY	\$0.00								
Health Net Community Solutions, Inc. (07-65847) A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447	#150	01/01/10	12/31/12	FAMILY/MI CHILD	\$92.55	168,600/ 51,463	Sacramento		Peter Thomas (916) 324-0278
				AGED/DISABLED/BI	\$490.90				
				ADULT/REFUGEE/€	\$92.55				
				BCCTP	\$893.41				
				MEDICARE PART D					
AGED	\$134.56	1363	\$190,256.96						
DISABLED/BLIND	\$154.07								
MATURNITY	\$8,416.52								
KP CAL, LLC (NorCal) (07-65849) A2 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955	#170	01/01/10	12/31/12	FAMILY/MI CHILD	\$118.11	20,000/ 25,520	Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED/DISABLED/B	\$540.13				
				ADULT/REFUGEE/€	\$118.11				
				BCCTP	\$840.00				
				MEDICARE PART D					
AGED	\$124.72	2001	\$277,122.96						
DISABLED/BLIND	\$146.12								
MATURNITY	\$8,150.52								
Anthem Blue Cross Partnership Plan (07-65845) A3 5151 - A Camino Ruiz CONTACT: Cindy Metcho (805) 384-7662	#190	01/01/10	12/31/12	FAMILY/MI CHILD	\$113.90	168,600/ 89,716	Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5105
				AGED/DISABLED/B	\$527.19				
				ADULT/REFUGEE/€	\$113.90				
				BCCTP	\$840.48				
				MEDICARE PART D					
AGED	\$130.83	2347	\$318,400.24						
DISABLED/BLIND	\$142.77								
MATURNITY	\$7,971.87								
TOTAL GMC-MEDICAL (Sacramento)					<u>532,950/ 201,025</u>		<u>\$27,370,274.64</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) 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589		07/01/10	06/30/15	FAMILY/MI CHILD	\$124.47	207,000/ 103,457	San Diego	Ann Warren Chief Member & Govt Relations Officer	Philip Jimenez (916) 449-5105				
				AGED/DISABLED/B	\$472.15								
				MI ADULT/REFUGE	\$124.47								
				BCCTP	\$825.65								
				<u>MEDICARE PART D</u>						2456	\$334,744.55		
				AGED	\$127.10								
				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	\$117.12	180,000/ 32,205	San Diego	David Friedman	Peter Thomas (916) 324-0278
								AGED/DISABLED/B	\$510.34				
MI ADULT/REFUGE	\$117.12												
BCCTP	\$859.27												
<u>MEDICARE PART D</u>										465	\$61,680.61		
AGED	\$120.63												
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/ 12,425	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>						1191	\$167,757.97		
				AGED	\$123.25								
				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 January 2015) CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520		01/01/11	06/30/15	FAMILY/MI CHILD/F	\$0.00	100,000/ 62,349	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>										1031	\$0.00		
AGED	\$0.00												
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	\$117.75	207,000/ 16,200	San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 324-0278
				AGED/DISABLED/B	\$511.57								
				MI ADULT/REFUGE	\$117.75								
				BCCTP	\$840.84								
				<u>MEDICARE PART D</u>						310	\$43,129.49		
				AGED	\$125.98								
				DISABLED/BLIND	\$160.85								
				MATURNITY	\$7,850.00								
				TOTAL GMC-MEDICAL (SAN DIEGO)						<u>704,000/ 232,089</u>	<u>\$23,216,183.30</u>		
				TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))						<u>2,675,236/ 4,479,766</u>	<u>\$652,653,660.39</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/ 89,642	\$904,451.92	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/ 52,381	\$528,503.34	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/ 27,912	\$281,620.92	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/ 11,829	\$119,349.88	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/ 25,910	\$261,421.54	Sacramento	David Meadows	Brian Nanoo (916) 464-3784
CONTACT: Eileen McGee-Davidson (909) 890-4129									
TOTAL GMC-DENTAL					450,000/ 207,674	#####			

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