

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									
<u>MARIN COUNTY (21)</u>									
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955	#81	10/01/07	06/30/09	FAMILY \$104.10 AGED \$378.84 BLIND/DISABLED \$460.58 ADULT \$420.59 REFUGEEES FAMILY \$104.10 BCCTP \$743.70 AIDS \$1,576.66	734/ 675	\$127,779	Marin	Charles S. Koch	Brad Bittinger 916/341-7031
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955	#81	10/01/07	06/30/09	MEDICARE PART D FAMILY \$104.10 AGED \$110.82 BLIND/DISABLED \$91.19 ADULT \$420.59 REFUGEEES FAMILY \$104.10 BCCTP \$743.70 AIDS \$1,576.66	734/ 139	\$13,428	Marin	Charles S. Koch	Brad Bittinger 916/341-7031
MARIN COUNTY				SUBTOTAL	1,468/ 814	\$141,207			
<u>SONOMA COUNTY (49)</u>									
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955	#87	10/01/07	06/30/09	FAMILY \$96.77 AGED \$353.01 DISABLED \$455.59 ADULT \$451.37 REFUGEEES FAMILY \$96.77 BCCTP \$791.68 AIDS \$1,600.34	1,424/ 1,313	\$239,826	Sonoma	Charles S. Koch	Brad Bittinger 916/341-7031
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955	#87	10/01/07	06/30/09	MEDICARE PART D FAMILY \$96.77 AGED \$100.14 DISABLED \$91.58 ADULT \$451.37 REFUGEEES FAMILY \$96.77 BCCTP \$791.68 AIDS \$1,600.34	1,424/ 221	\$20,643	Sonoma	Charles S. Koch	Brad Bittinger 916/341-7031
SONOMA COUNTY				SUBTOTAL	2,848/ 1,534	\$260,469			
TOTAL PHP					4,316/ 2,348	\$401,676			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>			
PHP (DENTAL)												
<u>LOS ANGELES COUNTY (19)</u>												
Access Dental Plan, Inc. (05-45001), A4 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/08	06/30/09	<u>Public Assistance</u>						Los Angeles	Mike Betker,CEO	Lenatte Blouin 916-464-0379
				FAMILY	\$10.11	50,000/ 106,698	\$1,078,717					
				AGED	\$10.11							
				BLIND/DISABLED	\$10.11							
				Medically Needy								
				FAMILY	\$10.11							
				AGED	\$10.11							
				BLIND/DISABLED	\$10.11							
				MI CHILD	\$10.11							
				MI ADULT	\$10.11							
% OF POV	\$10.11											
BCCTP	\$10.11											
CONTACT: Corina Lena (916) 563-6044												
American Health Guard (05-45698), A2 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/07	06/30/09	<u>Public Assistance</u>						Los Angeles	David Kutner	Wayne Medley
				FAMILY	\$9.91	50,000/ 16,801	\$166,498					
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				Medically Needy								
				FAMILY	\$9.91							
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				MI CHILD	\$9.91							
				MI ADULT	\$9.91							
% OF POV	\$9.91											
BCCTP	\$9.91											
CONTACT: Rod Zalunardo (626) 821-5500												
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/07	06/30/09	<u>Public Assistance</u>						Los Angeles	Paula Lopez	Lenatte Blouin 916-464-0379
				FAMILY	\$9.91	90,000/ 21,251	\$210,597					
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				Medically Needy								
				FAMILY	\$9.91							
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				MI CHILD	\$9.91							
				MI ADULT	\$9.91							
% OF POV	\$9.91											
BCCTP	\$9.91											
CONTACT: Paula Lopez,Director State Gov Programs												

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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>									
Health Net Community Solutions, Inc. (05-45703), A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/07	06/30/09	Public Assistance	60,000/ 31,901	\$316,139	Los Angeles	David Meadows	Wayne Medley 916/464-0393									
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				Medically Needy														
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				MI CHILD						\$9.91								
				MI ADULT						\$9.91								
				% OF POV						\$9.91								
				BCCTP						\$9.91								
				CONTACT: David Meadows 916-935-1435														
				Care 1st Health Plan (05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755						#403	01/01/07	06/30/09	Public Assistance	50,000/ 17,547	\$173,891	Los Angeles	Dr. Reginal Moore	Wayne Medley 916/464-0393
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
CONTACT: Dr. Jorge Weingarten 626-299-5275																		
Western Dental Services (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#413	01/01/07	06/30/09		Public Assistance	50,000/ 55,595	\$550,946	Los Angeles	Stan Andrakowicz Vice President				Brian Nanoo 916-464-3784					
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				Medically Needy														
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				MI CHILD	\$9.91													
				MI ADULT	\$9.91													
				% OF POV	\$9.91													
				BCCTP	\$9.91													
				CONTACT: Kelley Duniven (714) 571-3488														
				Liberty Dental Plan (05-45700), A3 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#416					01/01/07	06/30/09	Public Assistance		Unlimited/ 7,221	\$71,560	Los Angeles	Amir Neshat, DDS President/CEO	Lenette Blouin 916-464-0379
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
CONTACT: Amir Neshat, DDS, 949-223-8929																		
Community Dental Services (05-45699), A2 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707	#417	01/01/07	06/30/09			Public Assistance	Unlimited/ 4,767	\$47,241	Los Angeles			Susan Klarnar Senior Executive/VP	Brian Nanoo 916-464-3784					
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				Medically Needy														
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				MI CHILD	\$9.91													
				MI ADULT	\$9.91													
				% OF POV	\$9.91													
				BCCTP	\$9.91													
				CONTACT: Carolyn Miller, 714-708-5360														
				Total County Public Assistance Eligible, March 2001: 1,020,545														
Total County Medically Needy Eligible, March 2001: 655,175																		
**Rates do not reflect																		
**Rates do not reflect portion																		
Effective August 2003																		
SUBTOTAL				350,000/ 261,781		2,615,589												

LOS ANGELES

rates effective August 2003

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
RIVERSIDE COUNTY (33)									
Western Dental Services. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#414	01/01/07	06/30/09	Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91	100,000/ 169	\$1,675	Riverside	Stan Andrakowicz Vice President	Brian Nanoo 916-464-3784
CONTACT: Kelley Duniven (714) 571-3488									
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#407	01/01/07	06/30/09	Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91	90,000/ 70	\$694	Riverside	Paula Lopez Director State Gov	Lenatte Blouin 916-464-0379
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177									
Total County Public Assistance Eligible, March 2001: 114,189 Total County Medically Needy Eligible, March 2001: 63,115									
RIVERSIDE COUNTY				SUBTOTAL	190,000/ 239	\$2,369			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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>												
Western Dental Services. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#415	01/01/07	06/30/09	<u>Public Assistance</u>						San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo 916-464-3784
				FAMILY	\$9.91	100,000/ 305	\$3,023					
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				Medically Needy								
				FAMILY	\$9.91							
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				MI CHILD	\$9.91							
				MI ADULT	\$9.91							
% OF POV	\$9.91											
BCCTP	\$9.91											
CONTACT: Kelley Duniven (714) 571-3488												
Care 1st Health Plan (05-45702), A3 601 Potrero Grande Drive Monterey Park, CA 91755	#404	01/01/07	06/30/09	<u>Public Assistance</u>						San Bernardino	Dr. Reginal Moore	Wayne Medley 916/464-0393
				FAMILY	\$9.91	50,000/ 119	\$1,179					
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				Medically Needy								
				FAMILY	\$9.91							
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				MI CHILD	\$9.91							
				MI ADULT	\$9.91							
% OF POV	\$9.91											
BCCTP	\$9.91											
CONTACT: Dr. Jorge Weingarten 626-299-5275												
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#408	01/01/07	06/30/09	<u>Public Assistance</u>						San Bernardino	Paula Lopez	Lenatte Blouin 916-464-0379
				FAMILY	\$9.91	90,000/ 476	\$4,717					
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				Medically Needy								
				FAMILY	\$9.91							
				AGED	\$9.91							
				BLIND/DISABLED	\$9.91							
				MI CHILD	\$9.91							
				MI ADULT	\$9.91							
% OF POV	\$9.91											
BCCTP	\$9.91											
CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177												
Total County Public Assistance Eligible, March 2001: 176,035												
Total County Medically Needy Eligible, March 2001: 83,003												
SAN BERNARDINO COUNTY				SUBTOTAL	<u>240,000/ 900</u>				<u>\$8,919</u>			
TOTAL PHP (DENTAL)					<u>780,000/ 262,920</u>				<u>\$2,626,877</u>			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

JULY 2009, Page 7 of 35

<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>MONTEREY COUNTY (27)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (08-85216) 1600 Green Hills Road	#508	01/01/09	12/31/13		/ 64,485		Monterey County	Allan McKay	Jane Marine 916/449-5113
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) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	01/01/09	12/31/13		/ 12,499		Napa County	Jack Horn	Louie Sanchez 916/449-5115
CONTACT: Jack Horn (707) 863-4261									
<u>ORANGE COUNTY (30)</u>									
Orange County Organized Health System dba CalOptima (08-85214) 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/09	12/31/13		/ 335,237			Richard Chambers	Rachael Arruda-deCell 916/449-5094
CONTACT: Richard Chambers (714) 246-8458									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/09	12/31/13		/ 55,142			Maya Altman	Gerlinda Hightower 916/449-5093
CONTACT: Maya Altman (650) 616-2145									

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

JULY 2009, Page 8 of 35

<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 LUIS OBISPO COUNTY (40)</u>									
SBSLORHA/SLO									
Santa Barbara Health Regional Health Authority dba CenCal Health (08-85212) 110 Castilian Drive Goleta, CA 93117	#501	01/01/09	12/31/11		/ 26,097		Santa Luis Obispo County	Lyle Lyman	O. Z. Kamara 916/449-5084
CONTACT: Bob Freeman (805) 685-952 1011									
<u>SANTA BARBARA COUNTY (42)</u>									
SBSLORHA									
Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) 110 Castilian Dr. Goleta, CA 93117-3028	#502	01/01/09	12/31/11		/ 59,209		Santa Barbara County	Lyle Lyman	O. Z. Kamara 916/449-5084
CONTACT: Bob Freeman (805) 685-9525 ext 1011									
<u>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (08-85216) 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	01/01/09	12/31/13		/ 33,425		Santa Cruz County	Alan McKay	Jane Marine 916/449-5113
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	01/01/09	12/31/13		/ 58,229		Solano County	Jack Horn	Loyie Sanchez 916/449-5115
CONTACT: Jack Horn (707) 863-4261									

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

YOLO COUNTY (48)

Solano-Napa County #509 01/01/09 12/31/13
 Commission on Medical Care
 dba Partnership HealthPlan
 of California
 (08-85215)
 360 Campus Lane, Suite 100
 Fairfield, CA 94534-4036

/ 25,946

Yolo County

Jack Horn

Louie Sanchez
 916/449-5115

CONTACT: Jack Horn (707) 863-4100

TOTAL COUNTY COHS

/ 670,269

**Rates do not reflect
 Hyde abortion rates.
 Effective August 2003

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									
<u>ALAMEDA COUNTY (01)</u>									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$5,511.03 \$5,511.03 \$5,511.03	1,200/ 5	27,555	Alameda	Robert Edmondson Della Cabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<u>MEDICARE PART D</u>									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$4,222.47 \$4,222.47 \$4,222.47	1,200/ 89	\$375,800	Alameda	Robert Edmondson Della Cabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$5,778.23 \$5,778.23 \$5,778.23	560/ 56	\$323,581	Alameda	Peter Szutu Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150									
<u>MEDICARE PART D</u>									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$4,322.76 \$4,322.76 \$4,322.76	560/ 373	\$1,612,389	Alameda	Peter Szutu Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150									
ALAMEDA COUNTY				SUBTOTAL		3,520/ 523	<u>\$2,339,325</u>		

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>CONTRA COSTA COUNTY (07)</u>										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$5,778.23 \$5,778.23 \$5,778.23	560/ 6	\$34,669	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
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	PA-LTC MN-LTC AIDS	\$4,322.76 \$4,322.76 \$4,322.76	560/ 21	\$90,778	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150										
CONTRA COSTA COUNTY				SUBTOTAL		1,120/ 27	\$125,447			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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)										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/08	12/31/12	<u>Public Assistance</u>		5,000/ 0	\$0	Riverside	David Schmidt	Mary Allard 916/440-7545
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
				<u>Medically Needy</u>						
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/08	12/31/12	<u>MEDICARE PART D</u>		5,000/ 871	\$85,713	Riverside	David Schmidt	Mary Allard 916/440-7545
				<u>Public Assistance</u>						
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/08	12/31/12	<u>Public Assistance</u>		5,000/ 0	\$0	San Bernardino	David Schmidt	Mary Allard 916/440-7545
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
				<u>Medically Needy</u>						
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/08	12/31/12	<u>MEDICARE PART D</u>		5,000/ 624	\$2,052,080	San Bernardino	David Schmidt	Mary Allard 916/440-7545
				<u>Public Assistance</u>						
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
CONTACT: David Schmidt (562) 989-5100										
RIVERSIDE COUNTY				SUBTOTAL		20,000/ 1,495	\$2,137,793			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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>	
SACRAMENTO COUNTY (34)										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$4,920.49 \$4,920.49 \$4,920.49	280/ 7	\$34,443	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
MEDICARE PART D										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$3,563.02 \$3,563.02 \$3,563.02	280/ 198	\$705,478	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
SACRAMENTO COUNTY				SUBTOTAL		560/ 205	\$739,921			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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 BERNADINO COUNTY (36)										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/08	12/31/12	Public Assistance						
				AGED	\$89.80	5,000/ 0	\$0	Riverside	David Schmidt	Mary Allard
				BLIND/DISABLED	\$108.16					916/440-7545
				Medically Needy						
				AGED	\$89.80					
				BLIND/DISABLED	\$108.16					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/08	12/31/12	MEDICARE PART D						
				Public Assistance						
				AGED	\$89.80	5,000/ 485	\$44,801	Riverside	David Schmidt	Mary Allard
				BLIND/DISABLED	\$108.16					916/440-7545
				Medically Needy						
				AGED	\$89.80					
				BLIND/DISABLED	\$108.16					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/08	12/31/12	Public Assistance						
				LTC AGED	\$3,326.65	5,000/ 0	\$0	San Bernardino	David Schmidt	Mary Allard
				LTC BLIND/DISA	\$3,326.65					916/440-7545
				Medically Needy						
				LTC AGED	\$3,326.65					
				LTC BLIND/DISA	\$3,326.65					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/08	12/31/12	MEDICARE PART D						
				Public Assistance						
				LTC AGED	\$3,326.65	5,000/ 338	\$1,124,408	San Bernardino	David Schmidt	Mary Allard
				LTC BLIND/DISA	\$3,326.65					916/440-7545
				Medically Needy						
				LTC AGED	\$3,326.65					
				LTC BLIND/DISA	\$3,326.65					
CONTACT: David Schmidt (562) 989-5100										
SAN BERNADINO COUNTY				SUBTOTAL		20,000/ 823	\$1,169,209			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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 DIEGO COUNTY (37)</u>									
Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	Public Assistance AGED \$4,761.40 BLIND/DISABLED \$4,761.40 AIDS \$4,761.40	000/ 14	\$66,660	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	<u>MEDICARE PART D</u> Public Assistance AGED \$3,569.67 BLIND/DISABLED \$3,569.67 AIDS \$3,569.67	000/ 64	\$228,459	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
<u>SAN DIEGO COUNTY</u>				SUBTOTAL	000/ 78	<u>\$295,119</u>			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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)									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$6,077.65 \$6,077.65 \$6,077.65	1,200/ 34	\$206,640	San Francisco	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
MEDICARE PART D									
OnLok Senior Health Services, dba OnLok Senior Health (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$4,399.81 \$4,399.81 \$4,399.81	1,200/ 858	\$3,775,037	San Francisco	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$1,848.75 \$1,848.75 \$1,848.75	500/ 152	\$281,010	San Francisco	Miriam Martinez, DHI Sunita Kapoor Director 916/449-5104
CONTACT: Gary Zombalt (415) 206-7600									
MEDICARE PART D									
San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$1,848.75 \$1,848.75 \$1,848.75	500/ 0	\$0	San Francisco	Miriam Martinez, DHI Sunita Kapoor Director 916/449-5104
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL		3,400/ 1,044	<u>\$4,262,687</u>		

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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)									
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	<u>Public Assistance</u> AGED BLIND/DISABLED AIDS	5145.76 5145.76 5145.76	1600/ 1	\$5,146	San Jose	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Sue Wong (415) 292-8720								Robert Edmondson	DellaCabrera 916/440-7532
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	<u>Public Assistance</u> AGED BLIND/DISABLED AIDS	4028.58 4028.58 4028.58	1600/ 11	\$44,314	San Jose	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL		<u> </u> / 12	<u> </u> \$49,460		

**Rates do not reflect Hyde abortion rates. Effective August 2003

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>
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	4,920.49 4,920.49 4,920.49	280/ 0	\$0	Sacramento	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	<u>MEDICARE PART D</u> PA-LTC MN-LTC AIDS	\$3,563.02 \$3,563.02 \$3,563.02	280/ 2	\$7,126	Sacramento	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100									
YOLO COUNTY				SUBTOTAL		<u>560/ 2</u>	<u>\$7,126</u>		
TOTAL SPECIAL PROJECT						<u>69,760/ 9,491</u>	<u>\$19,778,782</u>		

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

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>
PCCM									
<u>LOS ANGELES COUNTY (19)</u>									
				<u>Public Assistance</u>					
AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	FAMILY \$103.27 AGED \$466.85 DISABLED \$622.09 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$1,473.85	2,000/ 359	\$219,699	Los Angeles	Michael Weinstein	Sunita Kapoor 916/449-5104
CONTACT: Donna Stidham (323) 860-5231									
				<u>MEDICARE PART D</u>					
				<u>Public Assistance</u>					
AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	FAMILY \$103.27 AGED \$243.89 DISABLED \$339.33 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$206.24	2,000/ 259	\$87,033	Los Angeles	Michael Weinstein	Sunita Kapoor 916/449-5104
CONTACT: Donna Stidham (323) 860-5231									
Total County Public Assistance Eligible, March 2001: 1,020,545									
LOS ANGELES COUNTY				SUBTOTAL	<u>4,000/ 618</u>		<u>\$306,732</u>		
TOTAL PCCM					<u>4,000/ 618</u>		<u>\$306,732</u>		

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
2-PLAN									
<u>ALAMEDA COUNTY (01)</u>									
Alameda Alliance for Health (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502	#300	10/01/08	12/31/09	FAMILY \$127.58 AGED \$490.28 DISABLED \$525.12 MI ADULT \$574.71 REFUGEES/FAMILY \$127.58 AIDS \$1,147.45 BCCTP \$902.12 AGNEWS \$4,919.00	180,000/ 84,713	\$13,638,076	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
CONTACT: Ingrid Lamirault (510) 747-4500									
<u>ALAMEDA COUNTY (01)</u>									
Alameda Alliance for Health (04-35399), A6, C6 1240 South Loop Road Alameda, CA 94502	#300	10/01/08	12/31/09	MEDICARE PART D FAMILY \$127.58 AGED \$124.02 DISABLED \$175.98 MI ADULT \$574.71 REFUGEES/FAMILY \$127.58 AIDS \$278.54 BCCTP \$902.12 AGNEWS \$4,919.00	180,000/ 4,050	\$612,280	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
CONTACT: Ingrid Lamirault (510) 747-4500									
Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012	#340	10/01/08	03/31/10	FAMILY \$122.47 AGED \$483.83 DISABLED \$525.70 MI ADULT \$569.71 REFUGEES/FAMILY \$122.47 AIDS \$1,185.49 BCCTP \$867.24	109,000/ 25,630	\$3,918,523		California	Suchinda Noybua 916/449-5081
CONTACT: Daniel Barzman (626) 405-6996									
Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012	#340	10/01/08	03/31/10	MEDICARE PART D FAMILY \$122.47 AGED \$120.93 DISABLED \$170.74 MI ADULT \$569.71 REFUGEES/FAMILY \$122.47 AIDS \$264.35 BCCTP \$867.24	109,000/ 765	\$115,559		California	Suchinda Noybua 916/449-5081
CONTACT: Daniel Barzman (626) 405-6996									
Total County Medically Needy Eligible, March 2001: 33,363									
ALAMEDA COUNTY				SUBTOTAL	578,000/ 115,158	\$18,284,438			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553	#301	10/01/08	12/31/09	FAMILY \$125.28 AGED \$514.37 DISABLED \$525.72 MI ADULT \$624.12 REFUGEES/FAMILY \$125.28 AIDS \$1,145.27 BCCTP \$877.74	3,516/ 51,075	\$7,997,953		County of Contra Costa	Jeanne Ireland (916) 449-5110
CONTACT: Milton Camhi (925) 313-6004									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553	#301	10/01/08	12/31/09	MEDICARE PART D FAMILY \$125.28 AGED \$131.20 DISABLED \$174.74 MI ADULT \$624.12 REFUGEES/FAMILY \$125.28 AIDS \$272.49 BCCTP \$877.74	59,430/ 2,156	\$337,899		County of Contra Costa	Jeanne Ireland (916) 449-5110
CONTACT: Milton Camhi (925) 313-6004									
Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012	#344	10/01/08	03/31/10	FAMILY \$114.29 AGED \$496.38 DISABLED \$464.54 MI ADULT \$575.69 REFUGEES/FAMILY \$114.29 AIDS \$1,194.63 BCCTP \$864.54	41,000/ 10,679	\$1,408,906	Contra Costa	Blue Cross of California	Suchinda Noybua 916/449-5081
Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012	#344	10/01/08	03/31/10	MEDICARE PART D FAMILY \$114.29 AGED \$124.57 DISABLED \$167.91 MI ADULT \$575.69 REFUGEES/FAMILY \$114.29 AIDS \$262.07 BCCTP \$864.54	41,000/ 188	\$27,165	Contra Costa	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Laura Linebach (805) 384-7876									
Total County Public Assistance Eligible, March 2001: 51,066 Total County Medically Needy Eligible, March 2001: 25,799									
CONTRA COSTA COUNTY				SUBTOTAL	144,946/ 64,098	\$9,771,923			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
FRESNO COUNTY (10)									
Anthem Blue Cross Partnership Plan (03-76184), A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	10/01/08	03/31/10	FAMILY \$111.95 AGED \$525.98 DISABLED \$515.72 MI ADULT \$619.91 REFUGEES/FAMILY \$111.95 AIDS \$1,177.24 BCCTP \$828.40	180,000/ 109,739	\$14,510,745	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184,) A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	10/01/08	03/31/10	FAMILY \$111.95 AGED \$114.98 DISABLED \$163.42 MI ADULT \$619.91 REFUGEES/FAMILY \$111.95 AIDS \$255.19 BCCTP \$828.40	180,000/ 2,521	\$370,026	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	10/01/08	03/31/10	FAMILY \$102.89 AGED \$467.39 DISABLED \$439.80 MI ADULT \$571.07 REFUGEES/FAMILY \$102.89 AIDS \$1,152.86 BCCTP \$860.99	180,000/ 80,760	\$9,297,326	Fresno	Health Net	Ann Silvia 916/449-5195
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	10/01/08	03/31/10	FAMILY \$102.89 AGED \$122.69 DISABLED \$146.43 MI ADULT \$571.07 REFUGEES/FAMILY \$102.89 AIDS \$257.13 BCCTP \$860.99	180,000/ 710	\$94,574	Fresno	Health Net	Ann Silvia 916/449-5195
Total County Public Assistance Eligible, March 2001: 132,504 Total County Medically Needy Eligible, March 2001: 70,961									
FRESNO COUNTY				SUBTOTAL		720,000/ 193,730	\$24,272,671		

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>
KERN COUNTY (15)									
Health Net Community Solutions, Inc. (03-76182) A6, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#360	10/01/08	03/31/10	FAMILY \$108.28 AGED \$483.07 DISABLED \$453.45 MI ADULT \$578.32 REFUGEES/FAMILY \$108.28 AIDS \$1,184.34 BCCTP \$856.72	73,000/ 28,382	\$3,626,709	Kern	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
MEDICARE PART D									
Health Net Community Soutlions, Inc. (03-76182) A6, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#360	10/01/08	03/31/10	FAMILY \$108.28 AGED \$123.08 DISABLED \$153.39 MI ADULT \$578.32 REFUGEES/FAMILY \$108.28 AIDS \$250.36 BCCTP \$856.72	73,000/ 659	\$92,278	Kern	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Kern Health Systems dba Kern Family Health Care 03-76165, A6, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617	#303	10/01/08	12/31/09	FAMILY \$102.06 AGED \$475.69 DISABLED \$431.61 MI ADULT \$573.62 REFUGEES/FAMILY \$102.06 AIDS \$1,144.23 BCCTP \$818.85	115,000/ 99,454	\$11,844,230	Kern	Kern Health Systems	Sandra Woods 916/449-5092
CONTACT: Carol Sorrell (661) 391-4006									
MEDICARE PART D									
Kern Health Systems dba Kern Family Health Care 03-76165, A6, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617	#303	10/01/08	12/31/09	FAMILY \$102.06 AGED \$120.43 DISABLED \$159.46 MI ADULT \$573.62 REFUGEES/FAMILY \$102.06 AIDS \$247.14 BCCTP \$818.85	115,000/ 1,789	\$256,127	Kern	Kern Health Systems	Sandra Woods 916/449-5092
CONTACT: Carol Sorrell (661) 391-4006									
Total County Public Assistance Eligible, March 2001: 79,101 Total County Medically Needy Eligible, March 2001: 51,622									
KERN COUNTY				SUBTOTAL	376,000/ 130,284	\$15,819,344			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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), A6, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#352	10/01/08	03/31/10	FAMILY \$92.50 AGED \$460.43 DISABLED \$416.20 MI ADULT \$550.39 REFUGEES/FAMILY \$92.50 AIDS \$1,095.99 BCCTP \$859.95	710,000/ 431,093	\$44,883,669	Los Angeles	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A6, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#352	10/01/08	03/31/10	FAMILY \$92.50 AGED \$117.68 DISABLED \$146.07 MI ADULT \$550.39 REFUGEES/FAMILY \$92.50 AIDS \$267.79 BCCTP \$859.95	710,000/ 5,407	\$692,006	Los Angeles	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
LA Care Health Plan (04-36069), A2, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036	#304	10/01/08	12/31/09	FAMILY \$107.82 AGED \$483.01 DISABLED \$478.24 MI ADULT \$541.03 REFUGEES/FAMILY \$107.82 AIDS \$1,104.40 BCCTP \$879.46	1,150,000/ 758,816	\$92,369,704	Los Angeles	LA Care Health Plan	Darnielle Chin 916/449-5097
CONTACT: Howard Kahn (213) 694 -1250									
MEDICARE PART D									
LA Care Health Plan (04-36069), A2, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036	#304	10/01/08	12/31/09	FAMILY \$107.82 AGED \$113.00 DISABLED \$148.78 MI ADULT \$541.03 REFUGEES/FAMILY \$107.82 AIDS \$269.02 BCCTP \$879.46	1,150,000/ 11,013	\$1,437,559	Los Angeles	LA Care Health Plan	Darnielle Chin 916/449-5097
CONTACT: Howard Kahn (213) 694 -1250									
Total County Public Assistance Eligible, March 2001: 1,020,545									
Total County Medically Needy Eligible, March 2001: 655,175									
LOS ANGELES COUNTY				SUBTOTAL	3,720,000/ 1,206,329	\$139,382,938			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/08	12/31/09	FAMILY \$105.56 AGED \$469.36 DISABLED \$465.74 MI ADULT \$575.05 REFUGEES/FAMILY \$105.56 AIDS \$1,106.89 BCCTP \$899.31	272,000/ 162,426	\$19,669,844	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
MEDICARE PART D									
Inland Empire Health Plan (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/08	12/31/09	FAMILY \$105.56 AGED \$124.27 DISABLED \$151.66 MI ADULT \$575.05 REFUGEES/FAMILY \$105.56 AIDS \$269.02 BCCTP \$899.31	272,000/ 2,764	\$379,096	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#355	10/01/08	03/31/11	FAMILY \$106.28 AGED \$481.14 DISABLED \$461.35 MI ADULT \$563.55 REFUGEES/FAMILY \$106.28 AIDS \$1,050.72 BCCTP \$874.92	83,038/ 36,793	\$4,241,729	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028									
MEDICARE PART D									
Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100 Long Beach, CA 90802-4317	#355	10/01/08	03/31/11	FAMILY \$106.28 AGED \$123.72 DISABLED \$155.98 MI ADULT \$563.55 REFUGEES/FAMILY \$106.28 AIDS \$261.09 BCCTP \$874.92	83,038/ 296	\$40,433	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: Greg Hamblin, CF (562) 435-3666 ext. 127028									
Total County Public Assistance Eligible, March 2001: 114,189 Total County Medically Needy Eligible, March 2001: 63,115									
RIVERSIDE COUNTY				SUBTOTAL	710,076/ 202,279	\$24,331,102			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>									
Inland Empire Health Plan (04-35765), A4, C6 PO BOX 19026 San Bernardino, CA 92423-9026	#306	10/01/08	12/31/09	FAMILY \$107.61 AGED \$493.26 DISABLED \$458.20 MI ADULT \$591.48 REFUGEES/FAMILY \$107.61 AIDS \$1,081.90 BCCTP \$826.67	272,000/ 181,075	\$22,204,509	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
Inland Empire Health Plan (04-35765), A4, C6 PO BOX 19026 San Bernardino, CA 92423-9026	#306	10/01/08	12/31/09	MEDICARE PART D FAMILY \$107.61 AGED \$129.26 DISABLED \$169.13 MI ADULT \$591.48 REFUGEES/FAMILY \$107.61 AIDS \$255.51 BCCTP \$826.67	272,000/ 2,974	\$446,093	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#356	10/01/08	03/31/11	FAMILY \$106.47 AGED \$487.08 DISABLED \$452.49 MI ADULT \$569.67 REFUGEES/FAMILY \$106.47 AIDS \$1,073.06 BCCTP \$842.54	136,332/ 53,308	\$6,231,273	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: George Goldstein (562) 435-3666									
Molina Healthcare of California Partner Plan, Inc. (06-55498), A3, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#356	10/01/08	03/31/11	MEDICARE PART D FAMILY \$106.47 AGED \$127.82 DISABLED \$153.18 MI ADULT \$569.67 REFUGEES/FAMILY \$106.47 AIDS \$260.55 BCCTP \$842.54	136,332/ 414	\$56,101	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: George Goldstein (562) 435-3666									
Total County Public Assistance Eligible, March 2001: 176,035 Total County Medically Needy Eligible, March 2001: 71,935									
SAN BERNARDINO COUNTY				SUBTOTAL	816,664/ 237,771	\$28,937,976			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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 Plan (03-76184), A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012	#343	10/01/08	03/31/10	FAMILY \$99.41 AGED \$499.97 DISABLED \$463.36 MI ADULT \$589.35 REFUGEES/FAMILY \$99.41 AIDS \$1,204.71 BCCTP \$841.61	63,000/ 11,451	\$1,419,224	San Francisco	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A6 ,C6 5151-A Camino Ruiz Camarillo, CA 93012	#343	10/01/08	03/31/10	FAMILY \$99.41 AGED \$109.60 DISABLED \$160.79 MI ADULT \$589.35 REFUGEES/FAMILY \$99.41 AIDS \$264.16 BCCTP \$841.61	63,000/ 424	\$57,817	San Francisco	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C6 201 Third Street, 7th Floor San Francisco, CA 94103	#307	10/01/08	12/31/09	FAMILY \$131.61 AGED \$487.61 DISABLED \$545.08 MI ADULT \$600.11 REFUGEES/FAMILY \$131.61 AIDS \$1,167.27 BCCTP \$878.38	55,000/ 33,199	\$5,133,900	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
CONTACT: Jean S. Fraser (415) 615-4202									
MEDICARE PART D									
San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C6 201 Third Street, 7th Floor San Francisco, CA 94103	#307	10/01/08	12/31/09	FAMILY \$131.61 AGED \$136.97 DISABLED \$175.78 MI ADULT \$600.11 REFUGEES/FAMILY \$131.61 AIDS \$257.80 BCCTP \$878.38	55,000/ 1,498	\$232,460	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
CONTACT: Jean S. Fraser (415) 615-4202									
Total County Public Assistance Eligible, March 2001: 70,588 Total County Medically Needy Eligible, March 2001: 27,854									
SAN FRANCISCO COUNTY				SUBTOTAL	236,000/ 46,572	\$6,843,401			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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 JOAQUIN COUNTY (39)</u>									
Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231	#308	10/01/08	12/31/09	FAMILY \$118.70 AGED \$474.78 DISABLED \$476.11 MI ADULT \$551.80 REFUGEES/FAMILY \$118.70 AIDS \$1,110.21 BCCTP \$870.95	87,000/ 66,954	\$9,506,933	San Joaquin		Jeanne Ireland (916) 449-5110
CONTACT: Terry Mack (209) 939-3500									
Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231	#308	10/01/08	12/31/09	MEDICARE PART D FAMILY \$118.70 AGED \$122.72 DISABLED \$166.79 MI ADULT \$551.80 REFUGEES/FAMILY \$118.70 AIDS \$249.78 BCCTP \$870.95	87,000/ 1,484	\$222,328	San Joaquin		Jeanne Ireland (916) 449-5110
CONTACT: Terry Mack (209) 939-3500									
Anthem Blue Cross Partnership Plan (03-76184), A6 ,C6 5151- A Camino Ruiz Camarillo, CA 93012	#358	10/01/08	03/31/10	FAMILY \$104.47 AGED \$494.00 DISABLED \$429.81 MI ADULT \$613.67 REFUGEES/FAMILY \$104.47 AIDS \$1,129.76 BCCTP \$840.34	87,000/ 27,391	\$3,306,220	San Joaquin	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan (03-76184), A6 ,C6 5151- A Camino Ruiz Camarillo, CA 93012	#358	10/01/08	03/31/10	MEDICARE PART D FAMILY \$104.47 AGED \$116.68 DISABLED \$166.89 MI ADULT \$613.67 REFUGEES/FAMILY \$104.47 AIDS \$261.22 BCCTP \$840.34	87,000/ 573	\$83,518	San Joaquin	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Total County Public Assistance Eligible, March 2001: 67,655									
Total County Medically Needy Eligible, March 2001: 27,470									
SAN JOAQUIN COUNTY				SUBTOTAL	348,000/ 96,402	\$13,118,999			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>SANTA CLARA COUNTY (43)</u>									
Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012	#345	10/01/08	03/31/10	FAMILY \$107.46 AGED \$512.15 DISABLED \$478.00 MI ADULT \$572.03 REFUGEES/FAMILY \$107.46 AIDS \$1,226.35 BCCTP \$833.62	95,000/ 32,487	\$4,161,978	Santa Clara	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan (03-76184), A6, C6 5151-A Camino Ruiz Camarillo, CA 93012	#345	10/01/08	03/31/10	MEDICARE PART D FAMILY \$107.46 AGED \$121.68 DISABLED \$162.08 MI ADULT \$572.03 REFUGEES/FAMILY \$107.46 AIDS \$262.30 BCCTP \$833.62	95,000/ 816	\$110,878	Santa Clara	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Santa Clara Family Health Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617	#309	10/01/08	12/31/09	FAMILY \$136.51 AGED \$494.67 DISABLED \$526.39 MI ADULT \$621.38 REFUGEES/FAMILY \$136.51 AIDS \$1,172.80 BCCTP \$864.29 AGNEWS \$4,919.00	123,000/ 85,070	\$13,359,783	Santa Clara	Santa Clara Family Health Plan	Jeanne Ireland (916) 449-5110
CONTACT: Leona Butler (408) 874-1901									
Santa Clara Family Health Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617	#309	10/01/08	12/31/09	MEDICARE PART D FAMILY \$136.51 AGED \$126.93 DISABLED \$171.05 MI ADULT \$621.38 REFUGEES/FAMILY \$136.51 AIDS \$257.66 BCCTP \$864.29 AGNEWS \$4,919.00	123,000/ 5,537	\$806,169	Santa Clara	Santa Clara Family Health Plan	Jeanne Ireland (916) 449-5110
CONTACT: Leona Butler (408) 874-1901 Total County Public Assistance Eligible, March 2001: 73,739 Total County Medically Needy Eligible, March 2001: 54,612									
SANTA CLARA COUNTY				SUBTOTAL	436,000/ 123,910	\$18,438,808			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>STANISLAUS COUNTY (50)</u>									
Anthem Blue Cross Partnership Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#310	10/01/08	12/31/09	FAMILY \$122.71 AGED \$515.82 DISABLED \$536.85 MI ADULT \$637.64 REFUGEES/FAMILY \$122.71 AIDS \$1,147.08 BCCTP \$893.39	48,100/ 47,343	\$6,917,753	Stanislaus	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan (04-35797), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#310	10/01/08	12/31/09	MEDICARE PART D FAMILY \$122.71 AGED \$122.62 DISABLED \$168.18 MI ADULT \$637.64 REFUGEES/FAMILY \$122.71 AIDS \$263.11 BCCTP \$893.39	48,100/ 1,190	\$180,422	Stanislaus	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Health Net Community Solutions, Inc. (03-76182), A6, C8 11971 Foundation Place Rancho Cordova, CA 95670	#361	10/01/08	03/31/10	FAMILY \$134.00 AGED \$548.74 DISABLED \$560.51 MI ADULT \$617.90 REFUGEES/FAMILY \$134.00 AIDS \$1,199.04 BCCTP \$912.73	Unlimited/ 18,087	\$2,674,858	Stanislaus	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Health Net Community Solutions, Inc. (03-76182), A6, C8 11971 Foundation Place Rancho Cordova, CA 95670	#361	10/01/08	03/31/10	MEDICARE PART D FAMILY \$134.00 AGED \$132.18 DISABLED \$177.54 MI ADULT \$617.90 REFUGEES/FAMILY \$134.00 AIDS \$280.66 BCCTP \$912.73	Unlimited/ 237	\$37,529	Stanislaus	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Total County Public Assistance Eligible, March 2001: 45,874 Total County Medically Needy Eligible, March 2001: 33,966									
STANISLAUS COUNTY				SUBTOTAL	96,200/ 66,857	\$9,810,562			

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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), A6 C8 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670	#353	10/01/08	03/31/10	FAMILY \$98.84 AGED \$472.42 DISABLED \$436.82 MI ADULT \$565.37 REFUGEES/FAMILY \$98.84 AIDS \$1,064.33 BCCTP \$838.74	42,000/ 23,018	\$2,486,836	Tulare	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Health Net Community Solutions, Inc. (03-76182), A6, C8 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670	#353	10/01/08	03/31/10	MEDICARE PART D FAMILY \$98.84 AGED \$120.35 DISABLED \$149.48 MI ADULT \$565.37 REFUGEES/FAMILY \$98.84 AIDS \$267.90 BCCTP \$838.74	42,000/ 239	\$30,965	Tulare	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012	#311	10/01/08	12/31/09	FAMILY \$111.38 AGED \$507.92 DISABLED \$514.39 MI ADULT \$573.77 REFUGEES/FAMILY \$111.38 AIDS \$1,064.98 BCCTP \$841.21	90,000/ 75,212	\$9,503,568	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012	#311	10/01/08	12/31/09	MEDICARE PART D FAMILY \$111.38 AGED \$119.99 DISABLED \$160.73 MI ADULT \$573.77 REFUGEES/FAMILY \$111.38 AIDS \$262.30 BCCTP \$841.21	90,000/ 1,435	\$203,735	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Total County Public Assistance Eligible, March 2001: 53,768 Total County Medically Needy Eligible, March 2001: 41,351									
TULARE COUNTY				SUBTOTAL		<u>264,000/ 99,904</u>		<u>\$12,225,104</u>	
TOTAL 2-PLAN						<u>8,445,886/ 2,583,294</u>		<u>\$321,237,266</u>	

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>SACRAMENTO COUNTY (34)</u>									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A0-a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/08	12/31/12		160,000/ 22,786		Sacramento		Nate Nelson 916/449-5112
CONTACT: Lisa Rubino, President, (562) 491-7044									
Western Health Advantage Community Health Plan (07-65853) A2 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 CONTACT: Rhonda West-Peters (916) 614-6002	#140	01/01/08	12/31/12		15,750/ 16,315		Sacramento		Leanne O'Dell 916/324-0278
Health Net Community Solutions, Inc. (07-65847) A1-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447	#150	04/01/08	12/31/12		168,600/ 34,886		Sacramento		Leanne O'Dell 916/324-0278
Molina Healthcare of CA Partner Plan, Inc. (04-36100) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Lisa Rubino, President (562) 491-7044	#166	01/01/07	12/31/07		168,600 0		Sacramento		Nate Nelson 916/449-5112
KP CAL,LLC (07-65849) A-a 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955	#170	01/01/08	12/31/12		20,000/ 24,767		Sacramento	Charles S. Koch	Brad Bittinger 916/341-7031
Anthem Blue Cross Partnership Plan (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#190	01/01/08	12/31/12		168,600/ 86,250		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau 916/558-1797
TOTAL GMC-MEDICAL (Sacramento)					<u>710,150/ 185,004</u>				

**Rates do not reflect Hyde abortion rates.
Effective August 2003

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>									
Blue Cross of California (05-46126), A3 5151-A Camino Ruiz Camarillo, CA 93012 (expired 12/31/07) CONTACT: Cindy Metcho (805) 384-7662	#48	07/01/06	12/31/07		202,000/ 0		San Diego	John P. Monahan General Manager	Nathan Nau 916/558-1797
Community Health Group (05-46127), A5 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589	#29	07/01/08	12/31/09		207,000/ 86,960		San Diego	Ann Warren Chief Member & Govt Relations Officer	Nathan Nau 916/558-1797
Health Net Community Solutions, Inc. (05-46128), A5-a 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447	#68	07/01/08	12/31/09		180,000/ 31,447		San Diego	David Friedman	Leanne O'Dell 916/324-0278
KP CAL, LLC (05-46129), A6-a 393 East Walnut Street, 7th Floor Pasadena, CA 91188 CONTACT: Cathy Lurty (818) 557-7955	#79	07/01/07	06/30/09		10,000/ 13,250		San Diego	William Caswell	Brad Bittinger 916/341-7031
Molina Healthcare of California Partner Plan, Inc. (05-46130) A4 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028	#131	07/01/08	12/31/09		100,000/ 53,892		San Diego	Stephen T. O'Dell President & CEO	Nate Nelson 916/449-5112
Care 1st Health Plan (05-46131), A5-a 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Sabra Matovsky (619) 528-4817	#167	07/01/07	12/31/09		207,000/ 9,296		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz 916/449-5105
TOTAL GMC-MEDICAL (SAN DIEGO)					<u>906,000/ 194,845</u>				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL-(SD))					<u>10,920,112/ 3,908,789</u>				
<p>NOTE: (SAC) does not reflect Hyde abortion rates. Effective August 2003</p>									

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A1a 530 South Main Street Orange, CA 92863	#424	05/01/08	12/31/12		160,000/ 84,361		Sacramento	Charles S. Koch Vice President	Brian Nanoo 916-464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	#421	05/01/08	12/31/12		100,000/ 52,003		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin 916-464-0379
CONTACT: Corina Lena (916) 563-6044									
Liberty Dental Plan (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	05/01/08	12/31/12		100,000/ 27,398		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin 916-464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	05/01/08	12/31/12		90,000/ 12,804		Sacramento	Susan Klarner	Brian Nanoo
CONTACT: Carolyn Miller (714)-708-5360									
Health Net of CA dba: CA Children Svcs. (07-65804) address unknown	#427	07/01/08	12/31/12		0/ 12,533		Sacramento		Wayne Medley (916) 464-0393
CONTACT: unknown									
TOTAL GMC-DENTAL					<u>450,000/ 189,099</u>				

Capitation report updated by Susan Carey-Myers (916) 449-5045.

**Rates do not reflect
Hyde abortion rates.
Effective August 2003