

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>PHP</b>									
<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/ 648	\$123,297	Marin	Charles S. Koch	Brad Bittinger 916/341-7031
<b>MEDICARE PART D</b>									
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 \$110.82 BLIND/DISABLED \$91.19 ADULT \$420.59 REFUGEEES FAMILY \$104.10 BCCTP \$743.70 AIDS \$1,576.66	734/ 140	\$13,479	Marin	Charles S. Koch	Brad Bittinger 916/341-7031
<b>MARIN COUNTY</b>				<b>SUBTOTAL</b>	1,468/ 788	\$136,776			
<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/ 1,312	\$237,935	Sonoma	Charles S. Koch	Brad Bittinger 916/341-7031
<b>MEDICARE PART D</b>									
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 \$100.14 DISABLED \$91.58 ADULT \$451.37 REFUGEEES FAMILY \$96.77 BCCTP \$791.68 AIDS \$1,600.34	1,424/ 221	\$20,645	Sonoma	Charles S. Koch	Brad Bittinger 916/341-7031
<b>SONOMA COUNTY</b>				<b>SUBTOTAL</b>	2,848/ 1,533	\$258,580			
<b>TOTAL PHP</b>					4,316/ 2,321	\$395,356			

\*\*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>	
<b>PHP (DENTAL)</b>										
<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	Public Assistance	50,000/ 104,753	\$1,059,053	Los Angeles	Mike Betker,CEO	Lenatte Blouin 916-464-0379	
				FAMILY						\$10.11
				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	Public Assistance	50,000/ 16,950	\$167,975	Los Angeles	David Kutner	Wayne Medley	
				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: 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	Public Assistance	90,000/ 21,274	\$210,825	Los Angeles	Paula Lopez	Lenatte 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: Paula Lopez,Director State Gov Programs										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
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/ 31,237	\$309,559	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/ 17,554	\$173,960	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/ 55,532	\$550,322	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/ 7,105	\$70,411	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/ 4,911	\$48,668	Los Angeles	Susan Klarner 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/ 259,316	2,590,773				

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>
<b>RIVERSIDE COUNTY (33)</b>									
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/ 171	\$1,695	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/ 72	\$714	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/ 243	\$2,409			

\*\*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	Public Assistance						
				FAMILY	\$9.91	100,000/ 309	\$3,062	San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo 916-464-3784
				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	Public Assistance						
				FAMILY	\$9.91	50,000/ 120	\$1,189	San Bernardino	Dr. Reginal Moore	Wayne Medley 916/464-0393
				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	Public Assistance						
				FAMILY	\$9.91	90,000/ 473	\$4,687	San Bernardino	Paula Lopez	Lenatte Blouin 916-464-0379
				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/ 902</u>		<u>\$8,938</u>		
TOTAL PHP (DENTAL)						<u>780,000/ 260,461</u>		<u>\$2,602,120</u>		

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

## DEPARTMENT OF HEALTH SERVICES

## MANAGED CARE CAPITATION REPORT

JUNE 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>
<b>COUNTY COHS</b>									
<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		/ 65,404		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		/ 12,479		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		/ 334,485			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		/ 54,925			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

JUNE 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		/ 25,677		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		/ 58,822		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		/ 33,887		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		/ 58,551		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

/ 25,899

Yolo County

Jack Horn

Louie Sanchez  
916/449-5115

CONTACT: Jack Horn (707) 863-4100

**TOTAL COUNTY COHS**

/ 670,129

\*\*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>
<b>SPECIAL PROJECTS</b>									
<u>ALAMEDA COUNTY (01)</u>									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 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/ 6	33,066	Alameda	Robert Edmondson Della Cabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b><u>MEDICARE PART D</u></b>									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 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/ 94	\$396,912	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/ 33	\$190,682	Alameda	Peter Szutu Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150									
<b><u>MEDICARE PART D</u></b>									
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/ 352	\$1,521,612	Alameda	Peter Szutu Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150									
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		3,520/ 485	\$2,142,272		

\*\*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/ 7	\$40,448	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150										
<b>MEDICARE PART D</b>										
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/ 20	\$86,455	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150										
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		1,120/ 27	\$126,903			

\*\*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>LOS ANGELES COUNTY (19)</u>										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/08	12/31/12	Public Assistance						
				AGED	\$99.89	5,000/ 0	\$0	David Schmidt	Mary Allard	
				BLIND/DISABLED	\$115.26				916/440-7545	
				Medically Needy						
				AGED	\$99.89					
				BLIND/DISABLED	\$115.26					
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	#200	01/01/08	12/31/12	<b>MEDICARE PART D</b>						
				AGED	\$99.89	5,000/ 2,775	\$282,959	David Schmidt	Mary Allard	
				BLIND/DISABLED	\$115.26				916/440-7545	
				Medically Needy						
				AGED	\$99.89					
				BLIND/DISABLED	\$115.26					
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	#201	01/01/08	12/31/12	Public Assistance						
				LTC AGED	\$3,214.37	5,000/ 0	\$0	David Schmidt	Mary Allard	
				LTC BLIND/DISA	\$3,214.37				916/440-7545	
				Medically Needy						
				LTC AGED	\$3,214.37					
				LTC BLIND/DISA	\$3,214.37					
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	#201	01/01/08	12/31/12	<b>MEDICARE PART D</b>						
				Public Assistance						
				LTC AGED	\$3,214.37	5,000/ 1,821	\$5,853,368	David Schmidt	Mary Allard	
				LTC BLIND/DISA	\$3,214.37				916/440-7545	
				Medically Needy						
				LTC AGED	\$3,214.37					
				LTC BLIND/DISA	\$3,214.37					
CONTACT: David Schmidt (562) 989-5100										
Altamed Hlth Services Corp. (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	Public Assistance						
				LTC AGED	\$5,909.86	300/ 132	\$780,102	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit
				LTC BLIND/DISA	\$5,909.86				916/440-7543	
				LTC AGED	\$5,909.86					
				LTC BLIND/DISA	\$5,909.86					
				AIDS	\$5,909.86					
CONTACT: Sophia Guel-Valenzuela (323) 980-4000										
Altamed Hlth Services Corp. (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	<b>MEDICARE PART D</b>						
				Public Assistance						
				LTC AGED	\$3,393.99	300/ 489	\$1,659,661	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit
				LTC BLIND/DISA	\$3,393.99				916/440-7543	
				LTC AGED	\$3,393.99					
				LTC BLIND/DISA	\$3,393.99					
				AIDS	\$3,393.99					
CONTACT: Sophia Guel-Valenzuela (323) 980-4000										
**Rates do not reflect Hyde abortion rates.										
Effective August 2003										
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		20,600/ 5,217		\$8,576,090		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>RIVERSIDE COUNTY (33)</b>										
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	<b>MEDICARE PART D</b> <u>Public Assistance</u>		5,000/ 876	\$86,258	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	#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	<b>MEDICARE PART D</b> <u>Public Assistance</u>		5,000/ 603	\$1,983,020	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										
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		20,000/ 1,479	\$2,069,278			

\*\*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>	
<b>SACRAMENTO COUNTY (34)</b>										
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/ 6	\$29,523	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
<b>MEDICARE PART D</b>										
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/ 213	\$758,923	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
<b>SACRAMENTO COUNTY</b>				<b>SUBTOTAL</b>		<u>560/ 219</u>	<u>\$788,446</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>	
<b>SAN BERNADINO COUNTY (36)</b>										
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	<b>MEDICARE PART D</b>						
				Public Assistance						
				AGED	\$89.80	5,000/ 476	\$44,085	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	<b>MEDICARE PART D</b>						
				Public Assistance						
				LTC AGED	\$3,326.65	5,000/ 314	\$1,044,568	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										
<b>SAN BERNADINO COUNTY</b>				<b>SUBTOTAL</b>		<b>20,000/ 790</b>	<b>\$1,088,653</b>			

\*\*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/ 13	\$61,898	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/ 67	\$239,168	San Diego		Public Assistance AGED BLIND/DISABLED AIDS
CONTACT: Valerie Conner (619) 239-6900									
<u>SAN DIEGO COUNTY</u>				<b>SUBTOTAL</b>	000/ 80	<u>\$301,066</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>
<b>SAN FRANCISCO COUNTY (38)</b>									
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/ 32	\$194,485	San Francisco	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
<b>MEDICARE PART D</b>									
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/ 877	\$3,858,633	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/ 159	\$293,951	San Francisco	Miriam Martinez, DHI Sunita Kapoor Director 916/449-5104
CONTACT: Gary Zombalt (415) 206-7600									
<b>MEDICARE PART D</b>									
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									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>		3,400/ 1,068	<u>\$4,347,069</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>
<b>SANTA CLARA COUNTY (43)</b>									
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/ 0	\$0	San Jose	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Sue Wong (415) 292-8720								Robert Edmondson	DellaCabrera 916/440-7532
<b>MEDICARE PART D</b>									
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/ 10	\$40,286	San Jose	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>		<u>          </u> / 10	<u>          </u> \$40,286		

\*\*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	<b><u>MEDICARE PART D</u></b> 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									
<b>YOLO COUNTY</b>				<b>SUBTOTAL</b>		<u>560/ 2</u>	<u>\$7,126</u>		
<b>TOTAL SPECIAL PROJECT</b>						<u>69,760/ 9,377</u>	<u>\$19,487,189</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>
<b>PCCM</b>									
<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 \$1,666.97	2,000/ 334	\$203,628	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 \$241.34	2,000/ 254	\$85,527	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									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	<u>4,000/ 588</u>	<u>\$289,155</u>			
<b>TOTAL PCCM</b>					<u>4,000/ 588</u>	<u>\$289,155</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>
<b>2-PLAN</b>									
<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/ 85,060	\$13,649,681	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	<b>MEDICARE PART D</b> 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/ 4,030	\$608,789	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/ 25,842	\$3,937,288		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	<b>MEDICARD PART D</b> 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/ 761	\$115,004		California	Suchinda Noybua 916/449-5081
CONTACT: Daniel Barzman (626) 405-6996									
Total County Medically Needy Eligible, March 2001: 33,363									
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>	578,000/ 115,693	\$18,310,762			

\*\*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>
<b>CONTRA COSTA COUNTY (07)</b>									
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/ 51,140	\$7,999,583		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	<b>MEDICARE PART D</b> 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/ 2,134	\$335,756		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/ 10,631	\$1,399,503	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	<b>MEDICARE PART D</b> 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/ 193	\$27,992	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									
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>	144,946/ 64,098	\$9,762,834			

\*\*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>
<b>FRESNO COUNTY (10)</b>									
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/ 112,895	\$14,909,239	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
<b>MEDICARE PART D</b>									
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/ 2,548	\$374,478	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
<b>MEDICARE PART D</b>									
Health Net Community Solutions, Inc. (03-76182), A5, 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/ 78,743	\$9,026,780	Fresno	Health Net	Ann Silvia 916/449-5195
<b>MEDICARE PART D</b>									
Health Net Community Solutions, Inc. (03-76182), A5, 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/ 676	\$90,367	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									
<b>FRESNO COUNTY</b>				<b>SUBTOTAL</b>		720,000/ 194,862	\$24,400,864		

\*\*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>
<b>KERN COUNTY (15)</b>									
Health Net Community Solutions, Inc. (03-76182) A5, 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/ 28,096	\$3,583,571	Kern	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
<b>MEDICARE PART D</b>									
Health Net Community Soutlions, Inc. (03-76182) A5, 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/ 644	\$90,549	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/ 99,162	\$11,807,978	Kern	Kern Health Systems	Sandra Woods 916/449-5092
CONTACT: Carol Sorrell (661) 391-4006									
<b>MEDICARE PART D</b>									
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/ 1,772	\$254,442	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									
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>	376,000/ 129,674	\$15,736,540			

\*\*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>
<b>LOS ANGELES COUNTY (19)</b>									
Health Net Community Solutions, Inc. (03-76182), A5, 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/ 429,120	\$44,639,223	Los Angeles	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
<b>MEDICARE PART D</b>									
Health Net Community Solutions, Inc. (03-76182), A5, 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/ 5,417	\$693,880	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/ 754,053	\$91,698,617	Los Angeles	LA Care Health Plan	Darnielle Chin 916/449-5097
CONTACT: Howard Kahn (213) 694 -1250									
<b>MEDICARE PART D</b>									
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/ 10,932	\$1,427,872	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									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	3,720,000/ 1,199,522	\$138,459,592			

\*\*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>
<b>RIVERSIDE COUNTY (33)</b>									
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/ 160,424	\$19,411,286	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
<b>MEDICARE PART D</b>									
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/ 2,735	\$375,684	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/ 36,436	\$4,207,614	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028									
<b>MEDICARE PART D</b>									
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/ 275	\$37,719	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									
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>	710,076/ 199,870	\$24,032,303			

\*\*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), A5, 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/ 178,343	\$21,860,176	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
Inland Empire Health Plan (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026	#306	10/01/08	12/31/09	<b>MEDICARE PART D</b> 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/ 2,959	\$443,227	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/ 52,835	\$6,174,748	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	<b>MEDICARE PART D</b> 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/ 386	\$52,709	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									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>	816,664/ 234,523	<b>\$28,530,860</b>			

\*\*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>
<b>SAN FRANCISCO COUNTY (38)</b>									
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/ 11,393	\$1,414,296	San Francisco	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
<b>MEDICARE PART D</b>									
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/ 421	\$57,478	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/ 33,294	\$5,160,388	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
CONTACT: Jean S. Fraser (415) 615-4202									
<b>MEDICARE PART D</b>									
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/ 1,444	\$224,164	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									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>		236,000/ 46,552	\$6,856,326		

\*\*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>
<b>SAN JOAQUIN COUNTY (39)</b>									
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/ 66,611	\$9,449,026	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	<b>MEDICARE PART D</b> 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/ 1,478	\$221,776	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/ 27,258	\$3,289,320	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	<b>MEDICARE PART D</b> 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/ 585	\$85,372	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									
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>	348,000/ 95,932	\$13,045,494			

\*\*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/ 32,342	\$4,140,224	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	<b>MEDICARE PART D</b> 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/ 809	\$109,228	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/ 84,626	\$13,245,314	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	<b>MEDICARE PART D</b> 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/ 5,529	\$806,015	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									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>		436,000/ 123,306	\$18,300,781		

\*\*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/ 47,311	\$6,901,439	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	<b>MEDICARE PART D</b> 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/ 1,167	\$177,964	Stanislaus	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Health Net Community Solutions, Inc. (03-76182), A5, 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/ 18,101	\$2,673,714	Stanislaus	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Health Net Community Solutions, Inc. (03-76182), A5, C8 11971 Foundation Place Rancho Cordova, CA 95670	#361	10/01/08	03/31/10	<b>MEDICARE PART D</b> FAMILY \$134.00 AGED \$132.18 DISABLED \$177.54 MI ADULT \$617.90 REFUGEES/FAMILY \$134.00 AIDS \$280.66 BCCTP \$912.73	Unlimited/ 245	\$38,860	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									
<b>STANISLAUS COUNTY</b>				<b>SUBTOTAL</b>	96,200/ 66,824	\$9,791,977			

\*\*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>
<b>TULARE COUNTY (54)</b>									
Health Net Community Solutions, Inc. (03-76182), A5 C8 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#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/ 22,912	\$2,473,597	Tulare	Health Net	Ann Silvia 916/449-5195
<b>MEDICARE PART D</b>									
Health Net Community Solutions, Inc. (03-76182), A5, C8 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/08	03/31/10	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/ 227	\$29,707	Tulare	Health Net	Ann Silvia 916/449-5195
Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#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/ 75,004	\$9,466,032	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081
<b>MEDICARE PART D</b>									
Anthem Blue Cross Partnership Plan (04-36068), A4, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/08	12/31/09	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/ 1,399	\$199,564	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081
Total County Public Assistance Eligible, March 2001: 53,768					Total County Medically Needy Eligible, March 2001: 41,351				
<b>TULARE COUNTY</b>				<b>SUBTOTAL</b>	<u>264,000/ 99,542</u>	<u>\$12,168,900</u>			
<b>TOTAL 2-PLAN</b>					<u>8,445,886/ 2,570,398</u>	<u>\$319,397,233</u>			

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



## DEPARTMENT OF HEALTH SERVICES

## MANAGED CARE CAPITATION REPORT

JUNE 2009, Page 33 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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<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/ 22,891		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/ 16,076		Sacramento		Leanne O'Dell 916/324-0278
Health Net Community Solutions, Inc. (07-65847) A01-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/ 34,528		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		160,000/ 0		Sacramento		Nate Nelson 916/449-5112
KP CAL,LLC (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955	#170	01/01/08	12/31/12		20,000/ 24,461		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/ 86,411		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau 916/558-1797
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<u>710,150/ 184,367</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<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), A4 740 Bay Blvd Chula Vista, CA 91910  CONTACT: Francisca Chavez (619) 498-6589	#29	07/01/07	12/31/09		207,000/ 86,534		San Diego	Ann Warren Chief Member & Govt Relations Officer	Nathan Nau 916/558-1797
Health Net Community Solutions, Inc. (05-46128), A5 11971 Foundation Place Bldg D Rancho Cordova, CA 95670  CONTACT: Lori Hill (916) 935-1447	#68	07/01/08	12/31/09		180,000/ 30,668		San Diego	David Friedman	Leanne O'Dell 916/324-0278
KP CAL, LLC (05-46129), A6 393 East Walnut Street, 7th Floor Pasadena, CA 91188  CONTACT: Cathy Lurty (818) 557-7955	#79	07/01/06	06/30/09		10,000/ 13,189		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/ 53,975		San Diego	Stephen T. O'Dell President & CEO	Nate Nelson 916/449-5112
Care 1st Health Plan (05-46131), A5 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Sabra Matovsky (619) 528-4817	#167	07/01/07	12/31/09		207,000/ 9,199		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz 916/449-5105
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>					<u>906,000/ 193,565</u>				
<b>TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL-(SD))</b>					<u>10,920,112/ 3,891,206</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-DENTAL)</b>									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Srvs., Inc. (07-65806) A1 530 South Main Street Orange, CA 92863	#424	05/01/08	12/31/12		160,000/ 84,134		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/ 52,060		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/ 27,196		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/ 12,839		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/ 12,095		Sacramento		Wayne Medley (916) 464-0393
CONTACT: unknown									
<b>TOTAL GMC-DENTAL</b>					<u>450,000/ 188,324</u>				

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

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