

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|-------------|-------------------|-------------------------|
| PHP | | | | | | | | | |
| MARIN COUNTY (21) | | | | | | | | | |
| KP CAL LLC (NorCal) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733 | #81 | 10/01/09 | 12/31/11 | FAMILY | \$115.40 | 734/ 901 | Marin | Charles S. Koch | (916) 449-5000 |
| | | | | AGED | \$457.37 | | | | |
| | | | | BLIND/DISABLED | \$457.37 | | | | |
| | | | | ADULT | \$115.40 | | | | |
| | | | | REFUGEES FAMILY | \$115.40 | | | | |
| | | | | BCCTP | \$912.48 | | | | |
| | | | | AIDS | \$1,574.79 | | | | |
| MARIN COUNTY (21) | | | | | | | | | |
| KP CAL LLC (NorCal) (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733 | #81 | 10/01/09 | 12/31/11 | MEDICARE PART D | | 734/ 182 | Marin | Charles S. Koch | (916) 449-5000 |
| | | | | FAMILY | \$115.40 | | | | |
| | | | | AGED | \$104.41 | | | | |
| | | | | BLIND/DISABLED | \$101.27 | | | | |
| | | | | ADULT | \$115.40 | | | | |
| | | | | REFUGEES FAMILY | \$115.40 | | | | |
| | | | | BCCTP | \$912.48 | | | | |
| AIDS | \$303.53 | | | | | | | | |
| MARIN COUNTY | | | | SUBTOTAL | | 1,468/ 1083 | | \$189,944.19 | |

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

(Note: Terminate HCP 081, KP Cal LLC Kaiser in Marin County effective 07/01/2011. will roll over to Marin Plan Partnership Health Plan of CA, HCP 510.

TOTAL PHP

4,316/ 1,083

\$189,944.19

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), A9 8890 Cal Center Drive Sacramento, CA 95826 | #409 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | Reza Abbaszadeh | Lenatte Blouin (916) 464-0379 | | |
| | | | | FAMILY | \$10.51 | unlimited/ 18,961 | \$48,919.38 | Los Angeles | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | Under 21 years old | | | | | | | | 129,659 | \$1,446,994.44 |
| | | | | FAMILY | \$10.51 | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | |
| CONTACT: Terri Abbaszadeh (916) 563-6020 | | | | | | | | | | | | | |
| American Health Guard Corp. (05-45698), A5 30 East Santa Clara, Suite D Arcadia, CA 91006 | #410 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | David Kutner | Abigail Aban (916) 464-0390 | | |
| | | | | FAMILY | \$10.51 | unlimited/ 2,471 | \$6,375.18 | Los Angeles | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | Under 21 years old | | | | | | | | 6,491 | \$72,439.56 |
| | | | | FAMILY | \$10.51 | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | |
| CONTACT: Rod Zalunardo (626) 821-5500 | | | | | | | | | | | | | |
| Safeguard Health Plans Inc. (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 | #406 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | Paula Lopez | Lenatte Blouin (916) 464-0379 | | |
| | | | | FAMILY | \$10.51 | unlimited/ 8,217 | \$21,199.86 | Los Angeles | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | Under 21 years old | | | | | | | | 10,762 | \$120,103.92 |
| | | | | FAMILY | \$10.51 | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | |
| CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 | | | | | | | | | | | | | |
| Health Net Community Solutions, Inc. (05-45703), A6 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502 | #405 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | David Meadows | Brian Nanoo (916) 464-3784 | | |
| | | | | FAMILY | \$10.51 | unlimited/ 19,436 | \$50,144.88 | Los Angeles | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | Under 21 years old | | | | | | | | 26,608 | \$296,945.28 |
| | | | | FAMILY | \$10.51 | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | |
| CONTACT: Eileen McGee-Davidson (909) 890-4129 | | | | | | | | | | | | | |

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) | | | | | | | | | | | | | | |
| Care 1st Health Plan (05-45702), A6 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638 | #403 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | Los Angeles | Dr. George Weingarter Medical Director | Abigail Aban (916) 464-0390 | | |
| | | | | FAMILY | \$10.51 | unlimited/ 5,989 | \$15,451.62 | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | |
| | | | | Under 21 years old | | | | | | | | | 10,409 | \$116,164.44 |
| | | | | FAMILY | \$10.51 | | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | | |
| | | | | % OF POV | \$10.51 | | | | | | | | | |
| | | | | BCCTP | \$10.51 | | | | | | | | | |
| | | | | Western Dental Services (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488 | #413 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | Los Angeles |
| FAMILY | \$10.51 | unlimited/ 20,175 | \$52,051.50 | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| Under 21 years old | | | | | | | | 31,276 | \$349,040.16 | | | | | |
| FAMILY | \$10.51 | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| MI CHILD | \$10.51 | | | | | | | | | | | | | |
| MI ADULT | \$10.51 | | | | | | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | | |
| Liberty Dental Plan of CA, Inc. (05-45700), A6 3200 El Camino Real, Ste. 290 Irvine, CA 92602 CONTACT: Amir Neshat, DDS, 949-223-8929 | #416 | 01/01/10 | 06/30/11 | | | | | Over 21 years old | | | | | | |
| | | | | FAMILY | \$10.51 | Unlimited/ 3,615 | \$9,326.70 | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | |
| | | | | Under 21 years old | | | | | | 4,456 | \$49,728.96 | | | |
| | | | | FAMILY | \$10.51 | | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | | |
| | | | | % OF POV | \$10.51 | | | | | | | | | |
| | | | | BCCTP | \$10.51 | | | | | | | | | |
| | | | | Community Dental Services, Inc. #417 (05-45699), A5 2 Mac Arthur Place, Suite 700 Santa Ana, CA 92707 CONTACT: Thuy Pham (714) 263-3410 | #417 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | Los Angeles |
| FAMILY | \$10.51 | Unlimited/ 1,478 | \$3,813.24 | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| Under 21 years old | | | | | | | | 1,958 | \$21,851.28 | | | | | |
| FAMILY | \$10.51 | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | |
| MI CHILD | \$10.51 | | | | | | | | | | | | | |
| MI ADULT | \$10.51 | | | | | | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | | |
| LOS ANGELES | | | | | | | | SUBTOTAL | Over 21 yrs. old | <u>80,342</u> | <u>207,282.36</u> | | | |
| | | | | SUBTOTAL | Under 21 yrs. old | 221,619 | 2,473,268.04 | | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | |
|---|-----------------|-----------------------|------------------|---------------------------|------------------------------------|-----------------------|-------------|-------------------|-------------------------|-----------|---|----|----------|
| RIVERSIDE COUNTY (33) | | | | | | | | | | | | | |
| Western Dental Services, Inc. #414 (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488 | #414 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | Riverside | Samuel H. Gruenbaum Brian Nanoo President/CEO (916) 464-3784 | | |
| | | | | FAMILY | \$10.51 | unlimited/ 75 | \$193.50 | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | Under 21 years old | | | | | | | | 39 | \$435.24 |
| | | | | FAMILY | \$10.51 | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | | | | | | | | | | |
| Safeguard Health Plans, Inc. #407 (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 | #407 | 01/01/10 | 06/30/11 | Over 21 years old | | | | | | Riverside | Paula Lopez Lenatte Blouin Director State Gov (916) 464-0379 | | |
| | | | | FAMILY | \$10.51 | unlimited/ 26 | \$67.08 | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | Under 21 years old | | | | | | | | 29 | \$323.64 |
| | | | | FAMILY | \$10.51 | | | | | | | | |
| | | | | AGED | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | \$10.51 | | | | | | | | |
| | | | | MI CHILD | \$10.51 | | | | | | | | |
| | | | | MI ADULT | \$10.51 | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | Over 21 yrs. old | 101 | \$260.58 | | | | | | |
| | | | | SUBTOTAL | Under 21 yrs. old | 68 | \$758.88 | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|----------------|-------------------|----------------------------------|
| COUNTY COHS | | | | | | | | | |
| MARIN COUNTY (21) | #510 | 07/01/11 | ? | | N/A/ 0 | \$0.00 | Marin | | Chrissy Corbin (916) 449-5000 |
| dba Partnership Health Plan of CA Central California Alliance for Health | | | | FAMILY/MI CHILD | \$0.00 | | | | |
| | | | | AGED | \$0.00 | | | | |
| | | | | DISABLED/BLIND | \$0.00 | | | | |
| | | | | LTC | \$0.00 | | | | |
| ADDRESS ?? | | | | MI ADULT | \$0.00 | | | | |
| | | | | REFUGEES/% POV | \$0.00 | | | | |
| | | | | BCCTP | \$0.00 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | AGED | \$0.00 | NA/ 0 | \$0.00 | | |
| | | | | DISABLED/BLIND | \$0.00 | | | | |
| | | | | LTC | \$0.00 | | | | |
| (Note): HCP # 081 will roll over to HCP# 510 07/01/11 | | | | | | | | | |
| CONTACT: | | | | | | | | | |
| MENDOCINO COUNTY (23) | #512 | 07/01/11 | ? | | N/A/ 0 | \$0.00 | Mendocino | | Chrissy Corbin (916) 449-5000 |
| dba Partnership Health Plan of CA | | | | FAMILY/MI CHILD | \$0.00 | | | | |
| | | | | AGED | \$0.00 | | | | |
| | | | | DISABLED/BLIND | \$0.00 | | | | |
| | | | | LTC | \$0.00 | | | | |
| ADDRESS ?? | | | | MI ADULT | \$0.00 | | | | |
| | | | | REFUGEES/% POV | \$0.00 | | | | |
| | | | | BCCTP | \$0.00 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | AGED | \$0.00 | NA/ 0 | \$0.00 | | |
| | | | | DISABLED/BLIND | \$0.00 | | | | |
| | | | | LTC | \$0.00 | | | | |
| CONTACT: | | | | | | | | | |
| MERCED COUNTY (24) | #514 | 01/01/11 | 12/31/13 | | N/A/ 66,556 | \$14,428,209.85 | Merced | | Jane Marine (916) 449-5000 |
| Santa Cruz-Monterey-Merced , Managed Medical Care Commission | | | | FAMILY/MI CHILD | \$149.87 | | | | |
| dba Central California Alliance for Health | | | | AGED | \$486.68 | | | | |
| (08-85216) A6 | | | | DISABLED/BLIND | \$761.12 | | | | |
| ADDRESS ?? | | | | LTC | \$7,721.99 | | | | |
| | | | | MI ADULT | \$149.87 | | | | |
| | | | | REFUGEES/% POV | \$149.87 | | | | |
| | | | | BCCTP | \$1,296.40 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | AGED | \$268.57 | NA/ 8,905 | \$3,871,117.54 | | |
| | | | | DISABLED/BLIND | \$181.15 | | | | |
| | | | | LTC | \$4,987.51 | | | | |
| CONTACT: | | | | | | | | | |
| MONTEREY COUNTY (27) | #508 | 01/01/11 | 12/31/13 | | N/A/ 65,180 | \$13,497,609.26 | Monterey | Allan McKay | Jane Marine (916) 449-5000 |
| Santa Cruz-Monterey | | | | FAMILY/MI CHILD | \$139.02 | | | | |
| Managed Medical Care Commission | | | | AGED | \$592.63 | | | | |
| dba Central California Alliance for Health | | | | DISABLED/BLIND | \$893.41 | | | | |
| (08-85216) A6 | | | | LTC | \$6,924.94 | | | | |
| 1600 Green Hills Road | | | | MI ADULT | \$139.02 | | | | |
| ADDRESS ?? | | | | REFUGEES/% POV | \$139.02 | | | | |
| | | | | BCCTP | \$1,392.52 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | AGED | \$201.57 | NA/ 9,909 | \$4,300,011.84 | | |
| | | | | DISABLED/BLIND | \$189.66 | | | | |
| | | | | LTC | \$5,210.38 | | | | |
| CONTACT: Alan McKay (831) 457-3850 ext 4330 | | | | | | | | | |

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/Currency</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | | | | | | |
|---|-----------------|-----------------------|------------------|-------------------------------|-------------------------|-----------------------|-----------------|-------------------|-------------------------|---|------------|-----------------|----------------|----------|--|--|--|--|
| COUNTY COHS | | | | | | | | | | | | | | | | | | |
| <u>NAPA COUNTY (28)</u> | | | | | | | | | | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #507 | 01/01/11 | 12/31/13 | FAMILY/MI CHILD | \$190.05 | N/A/ 11,798 | \$3,450,440.42 | Solano-Napa | Jack Horn | Chrissy Corbin (916) 449-4499 (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$478.54 | | | | | | | | | | | | | |
| | | | | DISABLED/BLIND | \$893.60 | | | | | | | | | | | | | |
| | | | | LTC | \$4,801.23 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$190.05 | | | | | | | | | | | | | |
| | | | | REFUGEES/% POV | \$190.05 | | | | | | | | | | | | | |
| | | | | BCCTP | \$1,595.64 | | | | | | | | | | | | | |
| | | | | OBRA | \$304.72 | | | | | | | | | | | | | |
| | | | | <u>MEDICARE PART D</u> | | | | | | | | | | | | | | |
| | | | | AGED | \$187.30 | | | | | | NA/ 3,029 | \$1,454,499.20 | DISABLED/BLIND | \$234.40 | | | | |
| LTC | \$3,773.91 | | | | | | | | | | | | | | | | | |
| OBRA | \$304.72 | | | | | | | | | | | | | | | | | |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | | | | | | | | | | |
| <u>ORANGE COUNTY (30)</u> | | | | | | | | | | | | | | | | | | |
| Orange County Organized Health System dba CalOptima (08-85214) A5 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220 | #506 | 01/01/11 | 12/31/13 | FAMILY/MI CHILD | \$124.45 | N/A/ 305,577 | \$66,603,161.98 | Orange | Richard Chambers | Sunita Kapoor (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$420.88 | | | | | | | | | | | | | |
| | | | | DISABLED/BLIND | \$873.86 | | | | | | | | | | | | | |
| | | | | LTC | \$6,418.41 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$124.45 | | | | | | | | | | | | | |
| | | | | REFUGEES/% POV | \$124.45 | | | | | | | | | | | | | |
| | | | | BCCTP | \$1,417.71 | | | | | | | | | | | | | |
| | | | | <u>MEDICARE PART D</u> | | | | | | | | | | | | | | |
| | | | | AGED | \$174.18 | | | | | | NA/ 73,410 | \$29,905,818.60 | DISABLED/BLIND | \$249.12 | | | | |
| | | | | LTC | \$4,254.86 | | | | | | | | | | | | | |
| CONTACT: Richard Chambers (714) 246-8458 | | | | | | | | | | | | | | | | | | |
| <u>SAN LUIS OBISPO COUNTY (40)</u> | | | | | | | | | | | | | | | | | | |
| SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A5 110 Castillian Dr. Goleta, CA 93117 | #501 | 01/01/11 | 12/31/11 | FAMILY/MI CHILD | \$123.15 | N/A/ 23,943 | \$5,581,097.53 | Santa Luis Obispo | Lyle Lyman | Sheila Kirchner (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$497.19 | | | | | | | | | | | | | |
| | | | | DISABLED/BLIND | \$764.70 | | | | | | | | | | | | | |
| | | | | LTC | \$6,811.85 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$123.15 | | | | | | | | | | | | | |
| | | | | REFUGEES/% POV | \$123.15 | | | | | | | | | | | | | |
| | | | | BCCTP | \$1,333.04 | | | | | | | | | | | | | |
| | | | | AIDS | \$2,977.94 | | | | | | | | | | | | | |
| | | | | <u>MEDICARE PART D</u> | | | | | | | | | | | | | | |
| | | | | AGED | \$175.50 | | | | | | NA/ 5,832 | \$2,757,986.13 | DISABLED/BLIND | \$145.64 | | | | |
| LTC | \$4,263.10 | | | | | | | | | | | | | | | | | |
| AIDS | \$314.01 | | | | | | | | | | | | | | | | | |
| CONTACT: Bob Freeman (805) 685-9525 | | | | | | | | | | | | | | | | | | |

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> |
|--|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|---------------------|-------------------|-----------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>SAN MATEO COUNTY (41)</u> | | | | | | | | | |
| San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A7 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080 | #503 | 01/01/11 | 12/31/13 | FAMILY/MI CHILD \$178.58 AGED \$645.48 DISABLED/BLIND \$1,233.71 LTC \$6,353.90 MI ADULT \$178.58 REFUGEES/% POV \$178.58 BCCTP \$1,544.40 AIDS \$3,842.06 AGNEWS \$3,148.87 | N/A/ 44,567 | \$15,612,497.98 | San Mateo | Maya Altman | Dory Kramer (916) 449-5000 |
| | | | | <u>MEDICARE PART D</u> | | | | | |
| | | | | AGED \$343.94 DISABLED/BLIND \$384.48 LTC \$6,581.50 AIDS \$355.84 AGNEWS \$1,004.78 | NA/ 15,888 | \$12,014,961.14 | | | |
| CONTACT: Maya Altman (650) 616-2145 | | | | | | | | | |
| <u>SANTA BARBARA COUNTY (42)</u> | | | | | | | | | |
| SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A5 110 Castillian Dr. Goleta, CA 93117-3028 | #502 | 01/01/11 | 12/31/11 | FAMILY/MI CHILD \$143.90 AGED \$533.95 DISABELED/BLIND \$855.66 LTC \$8,100.86 MI ADULT \$143.90 REFUGEES/% POV \$143.90 BCCTP \$1,365.49 AIDS \$2,943.11 | N/A/ 55,122 | \$12,052,587.20 | Santa Barbara | Lyle Lyman | Sheila Kirchner (916) 449-5000 |
| | | | | <u>MEDICARE PART D</u> | | | | | |
| | | | | AGED \$199.11 DISABLED/BLIND \$186.69 LTC \$5,412.45 AIDS \$310.68 | NA/ 10,016 | \$5,246,220.01 | | | |
| CONTACT: Bob Freeman (805) 685-9525 ext 1011 | | | | | | | | | |
| <u>SANTA CRUZ COUNTY (44)</u> | | | | | | | | | |
| Santa Cruz-Monterey Managed medical Care Commission dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road Scotts Valley, CA 95066-9998 | #505 | 01/01/11 | 12/31/13 | FAMILY/MI CHILD \$151.54 AGED \$549.96 DISABELED/BLIND \$888.70 LTC \$6,258.60 MI ADULT \$151.54 REFUGEES/% POV \$151.54 BCCTP \$1,380.81 | N/A/ 30,023 | \$7,687,335.31 | Santa Cruz-Monterey | Alan McKay | Jane Marine (916) 449-5000 |
| | | | | <u>MEDICARE PART D</u> | | | | | |
| | | | | AGED \$216.66 DISABLED/BLIND \$198.76 LTC \$4,575.59 | NA/ 6,265 | \$2,861,250.94 | | | |
| CONTACT: Alan McKay (831) 457-3850 ext. 4330 | | | | | | | | | |

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> |
|--|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|-------------|-------------------|----------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>SOLANO COUNTY (48)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #504 | 1/1/2011 | 12/31/13 | FAMILY/MI CHILD \$174.94 AGED \$551.97 DISABELED/BLIND \$862.18 LTC \$5,898.38 MI ADULT \$174.94 REFUGEES/% POV \$174.94 BCCTP \$1,410.12 OBRA \$298.85 | NA/ 52,631 | \$15,120,460.76 | Solano-Napa | Jack Horn | Chrissy Corbin (916) 449-5000 |
| | | | | <u>MEDICARE PART D</u> AGED \$208.26 DISABLED/BLIND \$229.36 LTC \$4,667.25 OBRA \$298.85 | NA/ 10,420 | \$3,939,642.78 | | | |
| CONTACT: Jack Horn (707) 863-4261 | | | | | | | | | |
| <u>SONOMA COUNTY (49)</u> | | | | | | | | | |
| Sonoma County Partnership Health Plan of CA dba: (08-85215, A6 ADDRESS ?? | #513 | 01/01/11 | 12/31/13 | FAMILY/MI CHILD \$119.21 AGED \$671.07 DISABELED/BLIND \$893.72 LTC \$5,118.71 MI ADULT \$119.21 REFUGEES/% POV \$119.21 BCCTP \$940.23 OBRA \$0.00 | N/A/ 43,141 | \$10,424,209.67 | Sonoma | Lyle Luman | Chrissy Corbin (916) 449-5000 |
| | | | | <u>MEDICARE PART D</u> AGED \$272.06 DISABLED/BLIND \$181.50 LTC \$3,847.43 OBRA \$0.00 | NA/ 11,308 | \$7,231,415.21 | | | |
| Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009. | | | | | | | | | |
| CONTACT: | | | | | | | | | |
| <u>VENTURA COUNTY (56)</u> | | | | | | | | | |
| Ventura County Gold Coast Health Plan dba: (contract ? 220 Gonzales Road, Suite 200 Oxnard, CA 93035 Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009. | #515 | 07/01/11 | 00/00/00 | FAMILY/MI CHILD \$0.00 AGED \$0.00 DISABELED/BLIND \$0.00 LTC \$0.00 MI ADULT \$0.00 REFUGEES/% POV \$0.00 BCCTP \$0.00 OBRA \$0.00 | N/A/ 0 | \$0.00 | Ventura | | O.Z. Kamara (916) 449-5000 |
| | | | | <u>MEDICARE PART D</u> AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00 OBRA \$0.00 | NA/ 0 | \$0.00 | | | |
| CONTACT: | | | | | | | | | |

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 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>YOLO COUNTY (57)</u> | | | | | | | | | |
| Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036 | #509 | 01/01/11 | 12/31/13 | FAMILY/MICHILD \$149.10 AGED \$581.08 DISABELED/BLIND \$1,003.56 LTC \$6,313.03 MI ADULT \$149.10 REFUGEES/FAMIL' \$149.10 BCCTP \$1,297.90 OBRA \$272.39 | N/A/ 22,774 | \$6,639,412.45 | Yolo | Jack Horn | Chrissy Corbin (916) 449-5000 |
| | | | | <u>MEDICARE PART D</u> AGED 200.41 DISABLED/BLIND 248.25 LTC 4268.74 OBRA 272.39 | NA/ 4,955 | \$2,387,022.06 | | | |
| CONTACT: Jack Horn (707) 863-4100 | | | | | | | | | |
| TOTAL COUNTY COHS | | | | | <hr/> N/A/ 881,249 | <hr/> \$247,066,967.86 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|----------------|-------------------|-------------------------|--------------------------------------|
| SPECIAL PROJECTS | | | | | | | | | | |
| ALAMEDA COUNTY (01) | | | | | | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883 | | 01/01/09 | 12/31/12 | MEDICAL ONLY | | 1,600/ (5) | (\$28,885.90) | Fremont | Robert Edmondson | Joseph Billingsley (916) 449-5000 |
| | | | | FAMILY/AGED/REF. | \$5,777.18 | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883 | | 01/01/09 | 12/31/12 | MEDICARE PART D | | 1,600/ 94 | \$396,912.18 | Fremont | Robert Edmondson | Joseph Billingsley (916) 449-5000 |
| | | | | FAMILY/AGED/REF. | \$4,222.47 | | | | | |
| Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | | 01/01/09 | 12/31/12 | MEDICAL ONLY | | 560/ 40 | \$235,676.00 | Oakland | Peter Szutu | Joel Weeden (916) 449-5000 |
| | | | | FAMILY/AGED/REF. | \$5,891.90 | | | | | |
| Center for Elders #51 Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | | 01/01/09 | 12/31/12 | MEDICARE PART D | | 560/ 404 | \$1,746,395.04 | Oakland | Peter Szutu | Joel Weeden (916) 449-5000 |
| | | | | FAMILY/AGED/REF. | \$4,322.76 | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 4,320/ 533 | \$2,350,097.32 | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|------------------|------------------------------------|-----------------------|--------------|-------------------|-------------------------|-------------------------------|
| CONTRA COSTA COUNTY (07) | | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | | |
| Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #54 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. | \$5,891.90 | 560/ 6 | \$35,351.40 | Berkeley | Peter Szutu | Joel Weeden (916) 449-5000 |
| | | | | DISA/LTC/AIDS | \$5,891.90 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Center for Elders Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #54 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. | \$4,322.76 | 560/ 27 | \$116,714.52 | Berkeley | Peter Szutu | Joel Weeden (916) 449-5000 |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | 1,120/ 33 | \$152,065.92 | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|---------------------|--|
| LOS ANGELES COUNTY (19) | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #200 | 01/01/09 | 12/31/12 | AGED \$79.84 BLIND/DISABLED \$79.84 | 5,000/ 3,140 | \$250,697.60 | Los Angeles | David Schmidt | Joseph Billingsley (916) 449-5000 |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #201 | 01/01/09 | 12/31/12 | LTC \$958.81 | 5,000/ 1,851 | \$1,774,757.31 | Los Angeles | David Schmidt | Joseph Billingsley (916) 449-5000 |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| Altamed Hlth Services Corp. dba: AltaMed Senior BuenaCare (07-65709) A2 500 Citadel Drive, Suite 490 Los Angeles, CA 90040 | #052 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86 | 825/ 141 | \$833,290.26 | Los Angeles | Castulo de la Rocha | Delmira Rosas-Pettit (916) 449-5000 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A2 500 Citadel Drive, Suite 490 Los Angeles, CA 90040 | #052 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99 | 825/ 660 | \$2,240,033.40 | Los Angeles | Castulo de la Rocha | Delmira Rosas-Pettit (916) 449-5000 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | 11,650/ 5,792 | \$5,098,778.57 | | | |

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>RIVERSIDE COUNTY (33)</u> | | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #204 | 01/01/09 | 12/31/12 | MEDICARE PART D | | 5,000/ 998 | \$72,654.40 | Riverside | David Schmidt | Joseph Billingsley (916) 449-5000 |
| | | | | AGED | \$72.80 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #205 | 01/01/09 | 12/31/12 | MEDICARE PART D | | 5,000/ 672 | \$631,747.20 | San Bernardino | David Schmidt | Joseph Billingsley (916) 449-5000 |
| | | | | LTC | \$940.10 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 10,000/ 1,670 | \$704,401.60 | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | | |
| Sutter SeniorCare (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823 | #50 | 01/01/09 | 12/31/12 | MEDICAL ONLY | | 280/ 6 | \$31,304.52 | Sacramento | John W. Boyd | Delmira Rosas-Pettit (916) 449-5000 |
| | | | | FAMILY/AGED/REF. | \$5,217.42 | | | | | |
| CONTACT: John W. Boyd (916) 386-3013 | | | | | | | | | | |
| Sutter SeniorCare (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823 | #50 | 01/01/09 | 12/31/12 | MEDICARE PART D | | 280/ 216 | \$779,500.80 | Sacramento | John W. Boyd | Delmira Rosas-Pettit (916) 449-5000 |
| | | | | FAMILY/AGED/REF. | \$3,608.80 | | | | | |
| CONTACT: John W. Boyd (916) 386-3013 | | | | | | | | | | |
| SACRAMENTO COUNTY | | | | SUBTOTAL | | 560/ 222 | \$810,805.32 | | | |

| <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> | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #206 | 01/01/09 | 12/31/12 | AGED \$83.65 BLIND/DISABLED \$83.65 | 5,000/ 630 | \$52,699.50 | Riverside | David Schmidt | Joseph Billingsley (916) 449-5000 |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #207 | 01/01/09 | 12/31/12 | LTC \$913.48 | 5,000/ 339 | \$309,669.72 | San Bernardino | David Schmidt | Joseph Billingsley. (916) 449-5000 |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | 10,000/ 969 | \$362,369.22 | | | |
| <u>SAN DIEGO COUNTY (37)</u> | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103 | #57 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. \$5,059.84 DISA/LTC/AIDS \$5,059.84 | 200/ 18 | \$91,077.12 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 449-5000 |
| CONTACT: Carol Hubbard (619) 677-3888 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103 | #57 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67 | 200/ 127 | \$453,348.09 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 449-5000 |
| CONTACT: Carol Hubbard (619) 677-3888 | | | | | | | | | |
| SAN DIEGO COUNTY | | | | SUBTOTAL | 400/ 145 | \$544,425.21 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

JUNE 2011, Page 16 of 36

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|---------------|----------------------------------|--------------------------------------|
| SAN FRANCISCO COUNTY (38) | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| OnLok Senior Health Services dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 | #55 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. \$6,113.52 DISA/LTC/AIDS \$6,113.52 | 1600/ 2 | \$12,227.04 | San Francisco | Robert Edmondson | Joseph Billingsley (916) 449-5000 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109 | #55 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81 | 1600/ 887 | \$3,902,631.47 | San Francisco | Robert Edmondson | Joseph Billingsley (916) 449-5000 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124 | #601 | 01/01/08 | 12/31/12 | FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75 | 500/ 117 | \$216,303.75 | San Francisco | Miriam Martinez, DHI Director | Sunita Kapoor (916) 449-5000 |
| MEDICARE PART D | | | | | | | | | |
| | | | | FAMILY/AGED/REF. \$1,848.75 DISA/LTC/AIDS \$1,848.75 | 500/ 1 | \$1,848.75 | | | |
| CONTACT: Gary Zombalt (415) 206-7600 | | | | | | | | | |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | 3700/ 1,007 | \$4,133,011.01 | | | |
| SANTA CLARA COUNTY (43) | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611 | #58 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. 5,334.20 DISA/LTC/AIDS 5,334.20 | 1600/ -7 | (\$37,339.40) | San Jose | Robert Edmondson | Joseph Billingsley (916) 449-5000 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611 | #58 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58 | 1600/ 83 | \$334,372.14 | San Jose | Robert Edmondson | Joseph Billingsley (916) 449-5000 |
| CONTACT: Sue Wong (415) 292-8720 | | | | | | | | | |
| SANTA CLARA COUNTY | | | | SUBTOTAL | 3,200/ 76 | \$297,032.74 | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|------------------------|-------------------|--|
| YOLO COUNTY (57) | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| Sutter SeniorCare (07-65710) A1 1234 U Street Sacramento, CA 95818 | #53 | 01/01/09 | 12/31/12 | FAMILY/AGED/REF. DISA/LTC/AIDS | 5,217.42 5,217.42 | 280/ 0 | \$0.00 | Sacramento | William Clearwater Delmira Rosas-Pettit (916) 449-5000 |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | |
| Sutter SeniorCare (07-65710) A1 1234 U Street Sacramento, CA 95818 (Deactive 03/01/2011) | #53 | 01/01/09 | 12/31/12 | MEDICARE PART D FAMILY/AGED/REF. DISA/LTC/AIDS | 3,608.80 3,608.80 | 280/ 0 | \$0.00 | Sacramento | William Clearwater Delmira Rosas-Pettit (916) 449-5000 |
| CONTACT: William Clearwater (916) 424-8412 | | | | | | | | | |
| YOLO COUNTY | | | | SUBTOTAL | | <u>280/ 0</u> | <u>\$0.00</u> | | |
| TOTAL SPECIAL PROJECT | | | | | | <u>45,230/ 10,447</u> | <u>\$14,452,986.91</u> | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | |
|--|-----------------|-----------------------|------------------|---------------------------------------|------------------------------------|-----------------------|--------------|-------------------|-------------------------|-------------------|---------------------------------|--|
| PCCM | | | | | | | | | | | | |
| <u>LOS ANGELES COUNTY (19)</u> | | | | | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-14 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/11 | <u>Public Assistance</u> | | | | | | Michael Weinstein | Sunita Kapoor (916) 449-5000 | |
| | | | | FAMILY | \$103.27 | 2,000/ 455 | \$274,075.77 | Los Angeles | | | | |
| | | | | AGED | \$466.85 | | | | | | | |
| | | | | DISABLED | \$622.09 | | | | | | | |
| | | | | MI CHILD | \$103.27 | | | | | | | |
| | | | | MI ADULT | \$265.28 | | | | | | | |
| | | | | REFUGEES | \$103.27 | | | | | | | |
| | | | | AIDS | \$1,767.86 | | | | | | | |
| | | | | BCCTP | \$517.08 | | | | | | | |
| | | | | CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-14 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/11 | <u>Public Assistance</u> | | | | | | Michael Weinstein | Sunita Kapoor (916) 449-5000 | |
| | | | | FAMILY | \$103.27 | 2,000/ 351 | \$117,582.87 | Los Angeles | | | | |
| | | | | AGED | \$243.89 | | | | | | | |
| | | | | DISABLED | \$339.33 | | | | | | | |
| | | | | MI CHILD | \$103.27 | | | | | | | |
| | | | | MI ADULT | \$265.28 | | | | | | | |
| | | | | REFUGEES | \$103.27 | | | | | | | |
| | | | | AIDS | \$230.19 | | | | | | | |
| | | | | BCCTP | \$517.08 | | | | | | | |
| | | | | CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | <u>4,000/ 806</u> | | | | <u>\$391,658.64</u> | | | |
| TOTAL PCCM | | | | | <u>4,000/ 806</u> | <u>\$391,658.64</u> | | | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | | | | | | |
|---|---------------------|---------------------------|------------------|-------------------------------|--|-----------------------|------------------|------------------------|------------------------------|-----------------------------|----------------|--------------|------------------------------|-------------|-----------------------------|--|--|--|
| 2-PLAN | | | | | | | | | | | | | | | | | | |
| <u>ALAMEDA COUNTY (01)</u> | | | | | | | | | | | | | | | | | | |
| Alameda Alliance for Health (04-35399), A11, C12 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500 | #300 | 06/01/11 | 12/31/11 | FAMILY | \$124.37 | 180,000/ 102,630 | \$16,978,174.36 | Alameda | David Kears | Mary Cobb (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$531.10 | | | | | | | | | | | | | |
| | | | | DISABLED | \$531.10 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$124.37 | | | | | | | | | | | | | |
| | | | | REFUGEES | \$124.37 | | | | | | | | | | | | | |
| | | | | AIDS | \$825.52 | | | | | | | | | | | | | |
| | | | | BCCTP | \$807.71 | | | | | | | | | | | | | |
| | | | | AGNEWS | \$2,930.25 | | | | | | | | | | | | | |
| | | | | <u>MEDICARE PART D</u> | | | | | | | | | | | | | | |
| | | | | FAMILY | \$124.37 | | | | | | 180,000/ 6,311 | \$859,898.79 | Alameda | David Kears | Mary Cobb (916) 449-5000 | | | |
| AGED | \$134.31 | | | | | | | | | | | | | | | | | |
| DISABLED | \$139.61 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$124.37 | | | | | | | | | | | | | | | | | |
| REFUGEES | \$124.37 | | | | | | | | | | | | | | | | | |
| AIDS | \$208.03 | | | | | | | | | | | | | | | | | |
| BCCTP | \$807.71 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,345.81 | | | | | | | | | | | | | | | | | |
| AGNEWS | \$977.28 | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996 | #340 | 06/01/11 | 03/31/12 | FAMILY | \$120.72 | unlimited/ 29,074 | \$4,580,271.21 | California | Mark Lewis (916) 449-5000 | | | | | | | | | |
| | | | | AGED | \$560.44 | | | | | | | | | | | | | |
| | | | | DISABLED | \$560.44 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$120.72 | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$120.72 | | | | | | | | | | | | | |
| | | | | AIDS | \$853.97 | | | | | | | | | | | | | |
| | | | | BCCTP | \$739.89 | | | | | | | | | | | | | |
| | | | | <u>MEDICARE PART D</u> | | | | | | | | | | | | | | |
| | | | | FAMILY | \$120.72 | | | | | unlimited/ 802 | \$98,813.22 | California | Mark Lewis (916) 449-5000 | | | | | |
| | | | | AGED | \$108.63 | | | | | | | | | | | | | |
| DISABLED | \$130.95 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$120.72 | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$120.72 | | | | | | | | | | | | | | | | | |
| AIDS | \$198.25 | | | | | | | | | | | | | | | | | |
| BCCTP | \$739.89 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,345.81 | | | | | | | | | | | | | | | | | |
| ALAMEDA COUNTY | | | | | SUBTOTAL | | 360,000/ 138,817 | \$22,517,157.58 | | | | | | | | | | |

| <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), A9, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004 | #301 | 06/01/11 | 12/31/11 | FAMILY | \$130.13 | unlimited/ 63,602 | \$10,363,737.55 | County of Contra Costa | Jonathan Prince (916) 449-5000 |
| | | | | AGED | \$508.81 | | | | |
| | | | | DISABLED | \$508.81 | | | | |
| | | | | MI ADULT | \$130.13 | | | | |
| | | | | REFUGEES/FAMILY | \$130.13 | | | | |
| | | | | AIDS | \$879.66 | | | | |
| | | | | BCCTP | \$768.60 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | FAMILY | \$130.13 | | | | |
| | | | | AGED | \$130.59 | | | | |
| DISABLED | \$154.21 | | | | | | | | |
| MI ADULT | \$130.13 | | | | | | | | |
| REFUGEES/FAMILY | \$130.13 | | | | | | | | |
| AIDS | \$202.06 | | | | | | | | |
| BCCTP | \$768.60 | | | | | | | | |
| MATERNITY | \$5,795.09 | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876 | #344 | 06/01/11 | 03/31/12 | FAMILY | \$109.83 | unlimited/ 11,601 | \$1,519,031.42 | Contra Costa | Blue Cross of California Marc Lewis (916) 449-5000 |
| | | | | AGED | \$435.92 | | | | |
| | | | | DISABLED | \$435.92 | | | | |
| | | | | MI ADULT | \$109.83 | | | | |
| | | | | REFUGEES/FAMILY | \$109.83 | | | | |
| | | | | AIDS | \$899.06 | | | | |
| | | | | BCCTP | \$777.44 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | FAMILY | \$109.83 | | | | |
| | | | | AGED | \$111.49 | | | | |
| DISABLED | \$139.66 | | | | | | | | |
| MI ADULT | \$109.83 | | | | | | | | |
| REFUGEES/FAMILY | \$109.83 | | | | | | | | |
| AIDS | \$198.29 | | | | | | | | |
| BCCTP | \$777.44 | | | | | | | | |
| MATERNITY | \$5,795.09 | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | unlimited/ 78,075 | \$12,293,816.05 | | | |

| <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 of CA Partnership Plan, Inc. (03-76184), A16 ,C11 5151-A Camino Ruiz Camarillo, CA 93012 | #341 | 06/01/11 | 06/30/11 | FAMILY \$99.41 AGED \$537.48 DISABLED \$537.48 MI ADULT \$99.41 REFUGEES/FAMILY \$99.41 AIDS \$946.19 BCCTP \$779.03 | unlimited/ -5 | (\$58.98) | Fresno | Blue Cross of California | Marc Lewis (916) 449-5000 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Anthem Blue Cross of CA Partnership Plan, Inc. (03-76184,) A16 ,C11 5151-A Camino Ruiz Camarillo, CA 93012 | #341 | 06/01/11 | 06/30/11 | MEDICARE PART D FAMILY \$99.41 AGED \$118.12 DISABLED \$140.12 MI ADULT \$99.41 REFUGEES/FAMILY \$99.41 AIDS \$197.45 BCCTP \$779.03 MATERNITY \$5,819.44 | unlimited/ 2 | \$158.11 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5000 |
| (Note: Deactive HCP #341 03/01/11, roll over to 362 Contract (10-87049) CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| Anthem Blue Cross of CA Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 | #362 | 06/01/11 | 02/29/16 | FAMILY \$102.66 AGED \$531.13 DISABLED \$531.13 MI ADULT \$102.66 REFUGEES/FAMILY \$102.66 AIDS \$758.62 BCCTP \$722.98 | unlimited/ 78,233 | \$9,939,197.61 | Fresno | Blue Cross of California | (916) 449-5000 |
| CONTACT: | | | | | | | | | |
| Anthem Blue Cross of CA Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 | #362 | 06/01/11 | 02/29/16 | MEDICARE PART D FAMILY \$102.66 AGED \$119.79 DISABLED \$144.06 MI ADULT \$102.66 REFUGEES/FAMILY \$102.66 AIDS \$196.13 BCCTP \$722.98 MATERNITY \$6,514.28 | unlimited/ 2,318 | \$309,488.76 | Fresno | Blue Cross of California | (916) 449-5000 |
| (Note: Deactive HCP #341 rolls over 10/01/10, to 362 Contract (10-87049) CONTACT: | | | | | | | | | |
| Fresno-Kings-Madera Regional # #315 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 | | 06/01/11 | 02/29/16 | FAMILY \$121.93 AGED \$534.73 DISABLED \$534.73 MI ADULT \$121.93 REFUGEES/FAMILY \$121.93 AIDS \$767.29 BCCTP \$732.04 | unlimited/ 133,680 | \$18,876,585.54 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5000 |
| CONTACT: (559) 445-3461 | | | | | | | | | |
| Fresno-Kings-Madera Regional # #315 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 | | 06/01/11 | 02/29/16 | MEDICARE PART D FAMILY \$121.93 AGED \$109.43 DISABLED \$128.26 MI ADULT \$121.93 REFUGEES/FAMILY \$121.93 AIDS \$208.96 BCCTP \$732.04 MATERNITY \$6,514.28 | unlimited/ 1,728 | \$212,003.24 | Fresno | Blue Cross of California | Marc Lewis (916) 449-5000 |
| CONTACT: (559) 445-3461 | | | | | | | | | |

| <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) | | | | | | | | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #351 | 01/01/11 | 06/30/11 | FAMILY | \$97.84 | unlimited/ -56 | Fresno | Health Net | (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$424.15 | | | | | | | | | | | | |
| | | | | DISABLED | \$424.15 | | | | | | | | | | | | |
| | | | | MI ADULT | \$97.84 | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$97.84 | | | | | | | | | | | | |
| | | | | AIDS | \$891.32 | | | | | | | | | | | | |
| | | | | BCCTP | \$737.83 | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | |
| | | | | FAMILY | \$97.84 | | | | | unlimited/ 1 | \$92.20 | Fresno | Health Net | (916) 449-5000 | | | |
| | | | | AGED | \$112.54 | | | | | | | | | | | | |
| DISABLED | \$109.72 | | | | | | | | | | | | | | | | |
| MI ADULT | \$97.84 | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$97.84 | | | | | | | | | | | | | | | | |
| AIDS | \$198.73 | | | | | | | | | | | | | | | | |
| BCCTP | \$737.83 | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,819.44 | | | | | | | | | | | | | | | | |
| FRESNO COUNTY | | | | SUBTOTAL | unlimited/ 215,901 | \$29,329,703.27 | | | | | | | | | | | |

(Note: Deactive HCP# 351, 03/01/11, rolls over to HCP#363 (contract #10-87049) Blue Cross of CA, dba: Partnership Plan, Inc. Eff 03/01/11, Term 02/29/16, address: 5151-A Camino Ruiz, Camarillo, CA 93012, telephone (805) 384-3511

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|---|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-----------------|-------------------|-------------------------|-----------------------------------|
| <u>KERN COUNTY (15)</u> | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #360 | 06/01/11 | 06/30/12 | FAMILY | \$107.24 | unlimited/ 34,352 | \$4,475,655.35 | Kern | Health Net | (916) 449-5000 |
| | | | | AGED | \$486.96 | | | | | |
| | | | | DISABLED | \$486.96 | | | | | |
| | | | | MI ADULT | \$107.24 | | | | | |
| | | | | REFUGEES/FAMILY | \$107.24 | | | | | |
| | | | | AIDS | \$887.18 | | | | | |
| | | | | BCCTP | \$750.33 | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182) A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #360 | 06/01/11 | 06/30/12 | FAMILY | \$107.24 | unlimited/ 678 | \$81,862.02 | Kern | Health Net | (916) 449-5000 |
| | | | | AGED | \$108.94 | | | | | |
| | | | | DISABLED | \$128.08 | | | | | |
| | | | | MI ADULT | \$107.24 | | | | | |
| | | | | REFUGEES/FAMILY | \$107.24 | | | | | |
| | | | | AIDS | \$195.52 | | | | | |
| | | | | BCCTP | \$750.33 | | | | | |
| MATERNITY | \$5,648.68 | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A11, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006 | #303 | 06/01/11 | 12/31/11 | FAMILY | \$94.24 | 115,000/ 110,406 | \$12,629,617.48 | Kern | Kern Health Systems | Jonathan Prince (916) 449-5000 |
| | | | | AGED | \$462.89 | | | | | |
| | | | | DISABLED | \$462.89 | | | | | |
| | | | | MI ADULT | \$94.24 | | | | | |
| | | | | REFUGEES/FAMILY | \$94.24 | | | | | |
| | | | | AIDS | \$876.44 | | | | | |
| | | | | BCCTP | \$748.11 | | | | | |
| <u>MEDICARE PART D</u> | | | | | | | | | | |
| Kern Health Systems dba Kern Family Health Care 03-76165, A11, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006 | #303 | 06/01/11 | 12/31/11 | FAMILY | \$94.24 | 115,000/ 2,074 | \$262,184.58 | Kern | Kern Health Systems | Jonathan Prince (916) 449-5000 |
| | | | | AGED | \$128.70 | | | | | |
| | | | | DISABLED | \$134.90 | | | | | |
| | | | | MI ADULT | \$94.24 | | | | | |
| | | | | REFUGEES/FAMILY | \$94.24 | | | | | |
| | | | | AIDS | \$195.91 | | | | | |
| | | | | BCCTP | \$748.11 | | | | | |
| MATERNITY | \$5,648.68 | | | | | | | | | |
| KERN COUNTY | | | | SUBTOTAL | | 230,000/ 147,510 | \$17,449,319.43 | | | |

| <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> |
|--|------------------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|-----------------------|-------------------------|
| KINGS COUNTY (16) | | | | | | | | | |
| Kings-Fresno-Madera Regional #316 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461 | | 03/01/11 | 02/29/16 | FAMILY | \$101.04 | unlimited/ 12,914 | Kings | | (916) 449-5000 |
| | AGED | | | \$495.60 | | | | | |
| | DISABLED | | | \$495.60 | | | | | |
| | MI ADULT | | | \$101.04 | | | | | |
| | REFUGEES/FAMILY | | | \$101.04 | | | | | |
| | AIDS | | | \$913.99 | | | | | |
| | BCCTP | | | \$783.98 | | | | | |
| | MEDICARE PART D | | | | | | | | |
| Kings -Fresno-Madera Regional #316 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461 | | 03/01/11 | 02/29/16 | FAMILY | \$101.04 | unlimited/ 176 | Kings | | (916) 449-5000 |
| | AGED | | | \$114.59 | | | | | |
| | DISABLED | | | \$132.28 | | | | | |
| | MI ADULT | | | \$101.04 | | | | | |
| | REFUGEES/FAMILY | | | \$101.04 | | | | | |
| | AIDS | | | \$200.51 | | | | | |
| | BCCTP | | | \$783.98 | | | | | |
| | MATERNITY | | | \$6,468.86 | | | | | |
| Anthen Blue Cross of CA #363 dba: Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704 (Note: HCP #351 rools over to HCP# 363) | | 03/01/11 | 02/29/16 | FAMILY | \$101.04 | unlimited/ 9,555 | Kings | | (916) 449-5000 |
| | AGED | | | \$495.60 | | | | | |
| | DISABLED | | | \$495.60 | | | | | |
| | MI ADULT | | | \$101.04 | | | | | |
| | REFUGEES/FAMILY | | | \$101.04 | | | | | |
| | AIDS | | | \$913.99 | | | | | |
| | BCCTP | | | \$783.98 | | | | | |
| | MEDICARE PART D | | | | | | | | |
| Anthen Blue Cross of CA #363 dba: Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704 | | 03/01/11 | 02/29/16 | FAMILY | \$101.04 | unlimited/ 154 | Kings | | (916) 449-5000 |
| | AGED | | | \$114.59 | | | | | |
| | DISABLED | | | \$132.28 | | | | | |
| | MI ADULT | | | \$101.04 | | | | | |
| | REFUGEES/FAMILY | | | \$101.04 | | | | | |
| | AIDS | | | \$200.51 | | | | | |
| | BCCTP | | | \$783.98 | | | | | |
| | MATERNITY | | | \$6,468.86 | | | | | |
| KINGS COUNTY | | | | SUBTOTAL | | <u>0/ 22,799</u> | | <u>\$2,527,430.10</u> | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|------------------|-------------------|-------------------------|-----------------------------|
| LOS ANGELES COUNTY (19) | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 06/01/11 | 03/31/12 | FAMILY | \$85.76 | unlimited/ 445,215 | \$45,673,023.12 | Los Angeles | Health Net | (916) 449-5000 |
| | | | | AGED | \$445.55 | | | | | |
| | | | | DISABLED | \$445.55 | | | | | |
| | | | | MI ADULT | \$85.76 | | | | | |
| | | | | REFUGEES/FAMILY | \$85.76 | | | | | |
| | | | | AIDS | \$927.12 | | | | | |
| | | | | BCCTP | \$750.20 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| Health Net Community Solutions, Inc. (03-76182), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 06/01/11 | 03/31/12 | FAMILY | \$85.76 | unlimited/ 6,377 | \$684,510.47 | Los Angeles | Health Net | (916) 449-5000 |
| | | | | AGED | \$99.90 | | | | | |
| | | | | DISABLED | \$119.25 | | | | | |
| | | | | MI ADULT | \$85.76 | | | | | |
| | | | | REFUGEES/FAMILY | \$85.76 | | | | | |
| | | | | AIDS | \$186.55 | | | | | |
| | | | | BCCTP | \$750.20 | | | | | |
| MATERNITY | \$5,656.38 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| LA Care Health Plan (04-36069), A8, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250 | #304 | 06/01/11 | 12/31/11 | FAMILY | \$102.13 | unlimited/ 874,378 | \$105,114,654.62 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 449-5000 |
| | | | | AGED | \$467.27 | | | | | |
| | | | | DISABLED | \$467.27 | | | | | |
| | | | | MI ADULT | \$102.13 | | | | | |
| | | | | REFUGEES/FAMILY | \$102.13 | | | | | |
| | | | | AIDS | \$843.46 | | | | | |
| | | | | BCCTP | \$823.84 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| LA Care Health Plan (04-36069), A8, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250 | #304 | 06/01/11 | 12/31/11 | FAMILY | \$102.13 | unlimited/ 13,955 | \$1,622,922.40 | Los Angeles | LA Care Health Plan | Mary Cobb (916) 449-5000 |
| | | | | AGED | \$116.28 | | | | | |
| | | | | DISABLED | \$121.18 | | | | | |
| | | | | MI ADULT | \$102.13 | | | | | |
| | | | | REFUGEES/FAMILY | \$102.13 | | | | | |
| | | | | AIDS | \$201.61 | | | | | |
| | | | | BCCTP | \$823.84 | | | | | |
| MATERNITY | \$5,656.38 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | | unlimited/ 1,339,925 | \$153,095,110.61 | | | |

| <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> | | | | | | | |
|--|------------------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------------|-------------------|-------------------------|--------|----------------|----------------|----------------|--|--|--|
| MADERA COUNTY (20) | | | | | | | | | | | | | | | | |
| Madera-Fresno-Kings Regional F #317 dba: CalViva (10-87050) A1 1315 Van Ness Avenue Fresno, CA 93721 CONTACT: (559) 445-3461 | | 03/01/11 | 02/29/16 | FAMILY | \$97.07 | unlimited/ 16,519 | Madera | | (916) 449-5000 | | | | | | | |
| | AGED | | | \$518.23 | | | | | | | | | | | | |
| | DISABLED | | | \$518.23 | | | | | | | | | | | | |
| | MI ADULT | | | \$97.07 | | | | | | | | | | | | |
| | REFUGEES/FAMILY | | | \$97.07 | | | | | | | | | | | | |
| | AIDS | | | \$898.59 | | | | | | | | | | | | |
| | BCCTP | | | \$786.17 | | | | | | | | | | | | |
| | MEDICARE PART D | | | | | | | | | | | | | | | |
| | FAMILY | | | \$97.07 | unlimited/ 179 | | | | | Madera | | (916) 449-5000 | | | | |
| | AGED | | | \$114.83 | | | | | | | | | | | | |
| DISABLED | \$123.35 | | | | | | | | | | | | | | | |
| MI ADULT | \$97.07 | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$97.07 | | | | | | | | | | | | | | | |
| AIDS | \$200.57 | | | | | | | | | | | | | | | |
| BCCTP | \$786.17 | | | | | | | | | | | | | | | |
| MATERNITY | \$6,259.84 | | | | | | | | | | | | | | | |
| Anthem Blue Cross of CA #364 | | | | | | | | | | | | | | | | |
| dba: Partnership Plan, Inc. (10-87049) A1 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: (805) 383-1704 | | 03/01/11 | 02/29/16 | FAMILY | | \$97.07 | unlimited/ 10,521 | Madera | | | | | (916) 449-5000 | | | |
| | AGED | | | \$518.23 | | | | | | | | | | | | |
| | DISABLED | | | \$518.23 | | | | | | | | | | | | |
| | MI ADULT | | | \$97.07 | | | | | | | | | | | | |
| | REFUGEES/FAMILY | | | \$97.07 | | | | | | | | | | | | |
| | AIDS | | | \$898.59 | | | | | | | | | | | | |
| | BCCTP | | | \$786.17 | | | | | | | | | | | | |
| | MEDICARE PART D | | | | | | | | | | | | | | | |
| | FAMILY | | | \$97.07 | unlimited/ 93 | Madera | | | | | (916) 449-5000 | | | | | |
| | AGED | | | \$114.83 | | | | | | | | | | | | |
| DISABLED | \$123.35 | | | | | | | | | | | | | | | |
| MI ADULT | \$97.07 | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$97.07 | | | | | | | | | | | | | | | |
| AIDS | \$200.57 | | | | | | | | | | | | | | | |
| BCCTP | \$786.17 | | | | | | | | | | | | | | | |
| MATERNITY | \$6,259.84 | | | | | | | | | | | | | | | |
| MADERA COUNTY | | | | SUBTOTAL | | | unlimited/ 27,312 | \$2,877,447.96 | | | | | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-----------------|-------------------|---|
| RIVERSIDE COUNTY (33) | | | | | | | | | |
| Inland Empire Health Plan #305 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #305 | 06/01/11 | 12/31/11 | FAMILY | \$105.47 | unlimited/ 203,257 | \$25,384,001.69 | Riverside | Inland Empire Health Plan (916) 449-5000 |
| | | | | AGED | \$483.83 | | | | |
| | | | | DISABLED | \$483.83 | | | | |
| | | | | MI ADULT | \$105.47 | | | | |
| | | | | REFUGEES/FAMILY | \$105.47 | | | | |
| | | | | AIDS | \$866.01 | | | | |
| | | | | BCCTP | \$745.17 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Inland Empire Health Plan #305 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #305 | 06/01/11 | 12/31/11 | FAMILY | \$105.47 | unlimited/ 3,771 | \$458,185.12 | Riverside | Inland Empire Health Plan (916) 449-5000 |
| | | | | AGED | \$102.12 | | | | |
| | | | | DISABLED | \$133.27 | | | | |
| | | | | MI ADULT | \$105.47 | | | | |
| | | | | REFUGEES/FAMILY | \$105.47 | | | | |
| | | | | AIDS | \$195.70 | | | | |
| | | | | BCCTP | \$745.17 | | | | |
| MATERNITY | \$5,096.19 | | | | | | | | |
| Molina Healthcare of California #355 | | | | | | | | | |
| Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028 | #355 | 06/01/11 | 03/31/13 | FAMILY | \$109.09 | 83,038/ 41,268 | \$5,018,895.38 | Riverside | Stephen T. O'Dell Molina, M.D. (916) 449-5000 |
| | | | | AGED | \$441.86 | | | | |
| | | | | DISABLED | \$441.86 | | | | |
| | | | | MI ADULT | \$109.09 | | | | |
| | | | | REFUGEES/FAMILY | \$109.09 | | | | |
| | | | | AIDS | \$864.62 | | | | |
| | | | | BCCTP | \$735.80 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028 | #355 | 06/01/11 | 03/31/13 | FAMILY | \$109.09 | 83,038/ 495 | \$60,706.87 | Riverside | Stephen T. O'Dell Molina, M.D. (916) 449-5000 |
| | | | | AGED | \$108.77 | | | | |
| | | | | DISABLED | \$136.76 | | | | |
| | | | | MI ADULT | \$109.09 | | | | |
| | | | | REFUGEES/FAMILY | \$109.09 | | | | |
| | | | | AIDS | \$197.21 | | | | |
| | | | | BCCTP | \$735.80 | | | | |
| MATERNITY | \$5,096.19 | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 166,076/ 248,791 | \$30,921,789.06 | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-----------------|-------------------|--|
| SAN BERNARDINO COUNTY (36) | | | | | | | | | |
| Inland Empire Health Plan #306 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #306 | 06/01/11 | 12/31/11 | FAMILY | \$107.05 | unlimited/ 230,237 | \$29,005,272.12 | San Bernardino | Inland Empire Health Plan (916) 449-5000 |
| | | | | AGED | \$477.74 | | | | |
| | | | | DISABLED | \$477.74 | | | | |
| | | | | MI ADULT | \$107.05 | | | | |
| | | | | REFUGEES/FAMILY | \$107.05 | | | | |
| | | | | AIDS | \$814.74 | | | | |
| | | | | BCCTP | \$747.17 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Inland Empire Health Plan #306 (04-35765), A10, C11 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000 | #306 | 06/01/11 | 12/31/11 | FAMILY | \$107.05 | unlimited/ 4,087 | \$521,583.58 | San Bernardino | Inland Empire Health Plan (916) 449-5000 |
| | | | | AGED | \$112.49 | | | | |
| | | | | DISABLED | \$138.74 | | | | |
| | | | | MI ADULT | \$107.05 | | | | |
| | | | | REFUGEES/FAMILY | \$107.05 | | | | |
| | | | | AIDS | \$198.74 | | | | |
| | | | | BCCTP | \$747.17 | | | | |
| MATERNITY | \$5,506.98 | | | | | | | | |
| Molina Healthcare of California #356 | | | | | | | | | |
| Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666 | #356 | 06/01/11 | 03/31/13 | FAMILY | \$106.71 | 136,332/ 57,148 | \$6,883,690.96 | San Bernardino | Joann Zarza-Garrido Molina, M.D. (916) 449-5000 |
| | | | | AGED | \$446.15 | | | | |
| | | | | DISABLED | \$446.15 | | | | |
| | | | | MI ADULT | \$106.71 | | | | |
| | | | | REFUGEES/FAMILY | \$106.71 | | | | |
| | | | | AIDS | \$863.23 | | | | |
| | | | | BCCTP | \$767.45 | | | | |
| MEDICARE PART D | | | | | | | | | |
| Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A10, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666 | #356 | 06/01/11 | 03/31/13 | FAMILY | \$106.71 | 136,332/ 722 | \$92,103.46 | San Bernardino | Joann Zarza-Garrido Molina, M.D. (916) 449-5000 |
| | | | | AGED | \$132.04 | | | | |
| | | | | DISABLED | \$133.17 | | | | |
| | | | | MI ADULT | \$106.71 | | | | |
| | | | | REFUGEES/FAMILY | \$106.71 | | | | |
| | | | | AIDS | \$197.15 | | | | |
| | | | | BCCTP | \$767.45 | | | | |
| MATERNITY | \$5,506.98 | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | 272,664/ 292,194 | \$36,502,650.12 | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | | | | | |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|---------------|--------------------------|------------------------------|----------------|---------------|--------------------------|------------------------------|--|--|--|--|
| SAN FRANCISCO COUNTY (38) | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership #343 Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #343 | 06/01/11 | 03/31/12 | FAMILY | \$90.21 | unlimited/ 11,593 | San Francisco | Blue Cross of California | Mark Lewis (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$531.32 | | | | | | | | | | | | |
| | | | | DISABLED | \$531.32 | | | | | | | | | | | | |
| | | | | MI ADULT | \$90.21 | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$90.21 | | | | | | | | | | | | |
| | | | | AIDS | \$900.32 | | | | | | | | | | | | |
| | | | | BCCTP | \$779.91 | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | |
| | | | | FAMILY | \$90.21 | | | | | unlimited/ 480 | San Francisco | Blue Cross of California | Mark Lewis (916) 449-5000 | | | | |
| | | | | AGED | \$96.55 | | | | | | | | | | | | |
| DISABLED | \$116.34 | | | | | | | | | | | | | | | | |
| MI ADULT | \$90.21 | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$90.21 | | | | | | | | | | | | | | | | |
| AIDS | \$197.69 | | | | | | | | | | | | | | | | |
| BCCTP | \$779.91 | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,252.12 | | | | | | | | | | | | | | | | |
| SAN FRANCISCO COUNTY | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL | 110,000/ 55,434 | \$8,899,792.79 | | | | | | | | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|--|------------------------------------|-----------------------|-------------|--------------------------|------------------------------|
| SAN JOAQUIN COUNTY (39) | | | | | | | | | |
| Health Plan of San Joaquin (04-35401), A10, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 06/01/11 | 12/31/11 | <u>FAMILY</u> \$108.21 AGED \$438.34 DISABLED \$438.34 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$921.09 BCCTP \$798.68 | unlimited/ 84,374 | \$11,102,309.34 | San Joaquin | ? | (916) 449-5000 |
| MEDICARE PART D | | | | | | | | | |
| Health Plan of San Joaquin (04-35401), A10, C11 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500 | #308 | 06/01/11 | 12/31/11 | <u>FAMILY</u> \$108.21 AGED \$126.86 DISABLED \$142.01 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$204.57 BCCTP \$798.68 MATERNITY \$5,978.59 | unlimited/ 2,087 | \$276,423.12 | San Joaquin | ? | (916) 449-5000 |
| Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #358 | 06/01/11 | 06/30/12 | <u>FAMILY</u> \$94.36 AGED \$394.67 DISABLED \$394.67 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$850.37 BCCTP \$743.56 | unlimited/ 27,580 | \$3,113,121.54 | San Joaquin | Blue Cross of California | Mark Lewis (916) 449-5000 |
| MEDICARE PART D | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (03-76184), A16, C11 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #358 | 06/01/11 | 06/30/12 | <u>FAMILY</u> \$94.36 AGED \$92.64 DISABLED \$123.23 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$198.34 BCCTP \$743.56 MATERNITY \$5,978.59 | unlimited/ 576 | \$63,731.89 | San Joaquin | Blue Cross of California | Mark Lewis (916) 449-5000 |
| SAN JOAQUIN COUNTY | | | | SUBTOTAL | unlimited/ 114,617 | \$14,555,585.89 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | | | | | | |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|-----------------|-------------------|--------------------------------|------------------------------|------------------|--------------|-------------|--------------------------------|------------------------------|--|--|--|
| SANTA CLARA COUNTY (43) | | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership #345 Plan (03-76184), A16, C11 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | | 06/01/11 | 03/31/12 | FAMILY | \$101.41 | unlimited/ 33,260 | \$4,080,292.88 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$424.93 | | | | | | | | | | | | | |
| | | | | DISABLED | \$424.93 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$101.41 | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$101.41 | | | | | | | | | | | | | |
| | | | | AIDS | \$896.01 | | | | | | | | | | | | | |
| | | | | BCCTP | \$793.84 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$101.41 | | | | | | unlimited/ 1,025 | \$117,028.41 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5000 | | | |
| | | | | AGED | \$107.28 | | | | | | | | | | | | | |
| DISABLED | \$126.38 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$101.41 | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$101.41 | | | | | | | | | | | | | | | | | |
| AIDS | \$200.70 | | | | | | | | | | | | | | | | | |
| BCCTP | \$793.84 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,127.31 | | | | | | | | | | | | | | | | | |
| Santa Clara Family Health #309 Plan (04-35398), A11, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901 | | 06/01/11 | 12/31/11 | FAMILY | \$125.45 | 123,000/ 101,750 | \$15,161,306.66 | Santa Clara | Santa Clara Family Health Plan | David Mora (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$484.24 | | | | | | | | | | | | | |
| | | | | DISABLED | \$484.24 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$125.45 | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$125.45 | | | | | | | | | | | | | |
| | | | | AIDS | \$841.08 | | | | | | | | | | | | | |
| | | | | BCCTP | \$744.23 | | | | | | | | | | | | | |
| | | | | AGNEWS | \$3,070.16 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$125.45 | | | | | | 123,000/ 5,643 | \$860,415.71 | Santa Clara | Santa Clara Family Health Plan | David Mora (916) 449-5000 | | | |
| AGED | \$145.56 | | | | | | | | | | | | | | | | | |
| DISABLED | \$165.82 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$125.45 | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$125.45 | | | | | | | | | | | | | | | | | |
| AIDS | \$200.92 | | | | | | | | | | | | | | | | | |
| BCCTP | \$744.23 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$6,127.31 | | | | | | | | | | | | | | | | | |
| AGNEWS | \$1,215.33 | | | | | | | | | | | | | | | | | |
| SANTA CLARA COUNTY | | | | SUBTOTAL | | 246,000/ 141,678 | \$20,219,043.66 | | | | | | | | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | | | | | | | | |
|---|-----------------|-----------------------|------------------|---|------------------------------------|-----------------------|-------------|--------------------------|------------------------------|------------------|------------|--------------------------|------------------------------|----------------|------------|------------|----------------|
| STANISLAUS COUNTY (50) | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership #310 Plan (04-35797), A11, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #310 | 06/01/11 | 12/31/11 | FAMILY | \$110.41 | unlimited/ 51,203 | Stanislaus | Blue Cross of California | Marc Lewis (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$550.74 | | | | | | | | | | | | |
| | | | | DISABLED | \$550.74 | | | | | | | | | | | | |
| | | | | MI ADULT | \$110.41 | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$110.41 | | | | | | | | | | | | |
| | | | | AIDS | \$878.44 | | | | | | | | | | | | |
| | | | | BCCTP | \$804.01 | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | |
| | | | | FAMILY | \$110.41 | | | | | unlimited/ 1,404 | Stanislaus | Blue Cross of California | Marc Lewis (916) 449-5000 | | | | |
| | | | | AGED | \$118.05 | | | | | | | | | | | | |
| | | | | DISABLED | \$120.91 | | | | | | | | | | | | |
| MI ADULT | \$110.41 | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$110.41 | | | | | | | | | | | | | | | | |
| AIDS | \$200.01 | | | | | | | | | | | | | | | | |
| BCCTP | \$804.01 | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,734.13 | | | | | | | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | | | | | | | | |
| Health Net Community #361 Solutions, Inc. (03-76182), A14, C14 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #361 | 06/01/11 | 06/30/12 | FAMILY | \$107.74 | unlimited/ 24,584 | Stanislaus | Health Net | (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$499.46 | | | | | | | | | | | | |
| | | | | DISABLED | \$499.46 | | | | | | | | | | | | |
| | | | | MI ADULT | \$107.74 | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$107.74 | | | | | | | | | | | | |
| | | | | AIDS | \$936.48 | | | | | | | | | | | | |
| | | | | BCCTP | \$775.44 | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | |
| | | | | Health Net Community #361 Solutions, Inc. (03-76182), A14, C14 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #361 | | | | | 06/01/11 | 06/30/12 | FAMILY | \$107.74 | unlimited/ 343 | Stanislaus | Health Net | (916) 449-5000 |
| | | | | | | | | | | | | AGED | \$103.25 | | | | |
| | | | | | | | | | | | | DISABLED | \$128.75 | | | | |
| MI ADULT | \$107.74 | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$107.74 | | | | | | | | | | | | | | | | |
| AIDS | \$202.38 | | | | | | | | | | | | | | | | |
| BCCTP | \$775.44 | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,734.13 | | | | | | | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | | | | | | | | |
| STANISLAUS COUNTY | | | | | | SUBTOTAL | | unlimited/ 77,534 | | | | \$10,337,213.97 | | | | | |

| <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), A14, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #353 | 06/01/11 | 06/30/12 | FAMILY | \$89.94 | unlimited/ 38,185 | \$4,009,579.79 | Tulare | Health Net | (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$492.85 | | | | | | | | | | | | | |
| | | | | DISABLED | \$492.85 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$89.94 | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$89.94 | | | | | | | | | | | | | |
| | | | | AIDS | \$915.71 | | | | | | | | | | | | | |
| | | | | BCCTP | \$761.17 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$89.94 | | | | | | unlimited/ 432 | \$48,708.86 | Tulare | Health Net | (916) 449-5000 | | | |
| | | | | AGED | \$105.41 | | | | | | | | | | | | | |
| DISABLED | \$126.47 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$89.94 | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$89.94 | | | | | | | | | | | | | | | | | |
| AIDS | \$199.14 | | | | | | | | | | | | | | | | | |
| BCCTP | \$761.17 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,864.01 | | | | | | | | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (04-36068), A10, C10 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662 | #311 | 06/01/11 | 12/31/11 | FAMILY | \$92.47 | unlimited/ 71,780 | \$8,120,185.64 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5000 | | | | | | | | |
| | | | | AGED | \$576.95 | | | | | | | | | | | | | |
| | | | | DISABLED | \$576.95 | | | | | | | | | | | | | |
| | | | | MI ADULT | \$92.47 | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$92.47 | | | | | | | | | | | | | |
| | | | | AIDS | \$871.85 | | | | | | | | | | | | | |
| | | | | BCCTP | \$781.16 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$92.47 | | | | | | unlimited/ 1,564 | \$177,185.46 | Tulare | Blue Cross of California | Marc Lewis (916) 449-5000 | | | |
| | | | | AGED | \$106.57 | | | | | | | | | | | | | |
| DISABLED | \$121.73 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$92.47 | | | | | | | | | | | | | | | | | |
| REFUGEES/FAMILY | \$92.47 | | | | | | | | | | | | | | | | | |
| AIDS | \$198.21 | | | | | | | | | | | | | | | | | |
| BCCTP | \$781.16 | | | | | | | | | | | | | | | | | |
| MATERNITY | \$5,864.01 | | | | | | | | | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | | | | | | | | | | |
| TULARE COUNTY | | | | SUBTOTAL | | unlimited/ 111,961 | \$12,355,659.75 | | | | | | | | | | | |
| TOTAL 2-PLAN | | | | | | <u>1,384,740/ 3,012,548</u> | <u>\$373,881,720.24</u> | | | | | | | | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|---|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|------------------------|---|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | |
| SACRAMENTO COUNTY (34) | | | | | | | | | |
| Molina Healthcare of CA Partner Plan, Inc. (07-65851) A5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 | #130 | 06/01/11 | 12/31/12 | FAMILY/MI CHILD | \$118.86 | 160,000/ 29,501 | Sacramento | | Cheryl Bates (916) 449-5000 |
| | | | | AGED/DISABLED/B | \$476.76 | | | | |
| | | | | ADULT/REFUGEE/: | \$118.86 | | | | |
| | | | | BCCTP | \$766.47 | | | | |
| | | | | MEDICARE PART D | | | | | |
| AGED | \$119.27 | 1,096 | \$135,780.43 | | | | | | |
| DISABLED/BLIND | \$126.86 | | | | | | | | |
| MATURNITY | \$7,755.44 | | | | | | | | |
| CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520 | | | | | | | | | |
| Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009) | #140 | 01/01/09 | 12/30/09 | FAMILY/MI CHILD | \$0.00 | 15,750/ 0 | Sacramento | | (916) 449-5000 |
| | | | | AGED/DISABLED/B | \$0.00 | | | | |
| | | | | ADULT/REFUGEE/: | \$0.00 | | | | |
| | | | | BCCTP | \$0.00 | | | | |
| | | | | MEDICARE PART D | | | | | |
| AGED | \$0.00 | 0 | \$0.00 | | | | | | |
| DISABLED/BLIND | \$0.00 | | | | | | | | |
| MATURNITY | \$0.00 | | | | | | | | |
| CONTACT: Rhonda West-Peters (916) 614-6002 | | | | | | | | | |
| Health Net Community Solutions, Inc. (07-65847) A6 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 | #150 | 06/01/11 | 12/31/12 | FAMILY/MI CHILD | \$99.58 | 168,600/ 53,403 | Sacramento | | (916) 449-5000 |
| | | | | AGED/DISABLED/BI | \$468.79 | | | | |
| | | | | ADULT/REFUGEE/: | \$99.58 | | | | |
| | | | | BCCTP | \$776.37 | | | | |
| | | | | MEDICARE PART D | | | | | |
| AGED | \$114.93 | 1,393 | \$170,770.53 | | | | | | |
| DISABLED/BLIND | \$132.40 | | | | | | | | |
| MATURNITY | \$7,755.44 | | | | | | | | |
| CONTACT: Lori Hill (916) 935-1447 | | | | | | | | | |
| KP CAL, LLC (NorCal) (07-65849) A5 1800 Harrison Street, 25th Floor Oakland, CA 94512 | #170 | 06/01/10 | 12/31/12 | FAMILY/MI CHILD | \$116.36 | 20,000/ 25,964 | Sacramento | Charles S. Koch | Nathan Nau (916) 449-5000 |
| | | | | AGED/DISABLED/B | \$523.58 | | | | |
| | | | | ADULT/REFUGEE/: | \$116.36 | | | | |
| | | | | BCCTP | \$836.60 | | | | |
| | | | | MEDICARE PART D | | | | | |
| AGED | \$107.92 | 2,079 | \$243,656.84 | | | | | | |
| DISABLED/BLIND | \$120.40 | | | | | | | | |
| MATURNITY | \$7,755.44 | | | | | | | | |
| CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (07-65845) A6 5151 - A Camino Ruiz | #190 | 06/01/10 | 12/31/12 | FAMILY/MI CHILD | \$101.73 | 168,600/ 90,307 | Sacramento | Jeff Flick Regional Manager, SSB West | Philip Jimenez (916) 449-5000 |
| | | | | AGED/DISABLED/B | \$512.64 | | | | |
| | | | | ADULT/REFUGEE/: | \$101.73 | | | | |
| | | | | BCCTP | \$749.67 | | | | |
| | | | | MEDICARE PART D | | | | | |
| AGED | \$110.71 | 2,333 | \$275,065.56 | | | | | | |
| DISABLED/BLIND | \$124.18 | | | | | | | | |
| MATURNITY | \$7,755.44 | | | | | | | | |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| TOTAL GMC-MEDICAL (Sacramento) | | | | | <u>532,950/ 206,076</u> | | <u>\$27,931,862.89</u> | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|--|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------------|-------------------------|-------------------|---|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-MEDICAL) | | | | | | | | | | |
| SAN DIEGO COUNTY (37) | | | | | | | | | | |
| Community Health Group #29 Partnership Plan, Inc. Calif. Children Svcs. (09-86155) A3 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589 | | 06/01/11 | 06/30/15 | FAMILY/MI CHILD | \$119.57 | 207,000/ 107,479 | \$14,908,421.79 | San Diego | Ann Warren Chief Member & Govt Relations Officer | Philip Jimenez (916) 449-5000 |
| | | | | AGED/DISABLED/B | \$539.90 | | | | | |
| | | | | MI ADULT/REFUGE | \$119.57 | | | | | |
| | | | | BCCTP | \$720.58 | | | | | |
| | | | | MEDICARE PART D | | | | | | |
| AGED | \$113.22 | 2,585 | \$311,994.39 | | | | | | | |
| DISABLED/BLIND | \$126.16 | | | | | | | | | |
| MATURNITY | \$6,876.10 | | | | | | | | | |
| Health Net Community #68 Solutions, Inc. (09-86157) A3 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447 | | 06/01/11 | 06/30/15 | FAMILY/MI CHILD | \$127.11 | 180,000/ 32,859 | \$4,806,141.76 | San Diego | David Friedman | (916) 449-5000 |
| | | | | AGED/DISABLED/B | \$549.88 | | | | | |
| | | | | MI ADULT/REFUGE | \$127.11 | | | | | |
| | | | | BCCTP | \$743.70 | | | | | |
| | | | | MEDICARE PART D | | | | | | |
| AGED | \$109.78 | 476 | \$57,399.48 | | | | | | | |
| DISABLED/BLIND | \$122.64 | | | | | | | | | |
| MATURNITY | \$6,876.10 | | | | | | | | | |
| KP CAL, LLC (SoCal) #79 (09-86159), A3 393 East Walnut Street, 7th Floor Pasadena, CA 91188 CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955 | | 06/01/11 | 06/30/15 | FAMILY/MI CHILD/F | \$138.01 | 10,000/ 12,789 | \$2,318,356.72 | San Diego | William Caswell | Nathan Nau (916) 449-5000 |
| | | | | AGED | \$537.84 | | | | | |
| | | | | BLIND/DISABLED | \$537.84 | | | | | |
| | | | | MI ADULT | \$138.01 | | | | | |
| | | | | BCCTP | \$868.05 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| AGED | \$118.11 | 1,208 | \$156,210.10 | | | | | | | |
| DISABLED/BLIND | \$131.51 | | | | | | | | | |
| MATURNITY | \$6,876.10 | | | | | | | | | |
| Molina Healthcare #131 of California Partner Plan, Inc. (09-86161) A3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 (Confidential negotiated rates through December 2011) CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520 | | 06/01/11 | 06/30/15 | FAMILY/MI CHILD/F | \$0.00 | 100,000/ 64,435 | \$8,762,378.28 | San Diego | Stephen T. O'Dell Cheryl Bates President & CEO (916) 449-5000 | |
| | | | | AGED | \$0.00 | | | | | |
| | | | | DISABLED/BLIND | \$0.00 | | | | | |
| | | | | MI ADULT | \$0.00 | | | | | |
| | | | | BCCTP | \$0.00 | | | | | |
| MEDICARE PART D | | | | | | | | | | |
| AGED | \$0.00 | 1,066 | \$129,460.97 | | | | | | | |
| DISABLED/BLIND | \$0.00 | | | | | | | | | |
| MATURNITY | \$0.00 | | | | | | | | | |
| Care 1st Health Plan, LLC #167 (09-86153) A3 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Kimberly Fritz (619) 528-4817 (Blue Cross #48 Deactivated 12/31/07) | | 06/01/11 | 06/30/15 | FAMILY/MI CHILD | \$119.71 | 207,000/ 19,128 | \$2,775,830.94 | San Diego | Anna Tran Chief Operating Officer | (916) 449-5000 |
| | | | | AGED/DISABLED/B | \$557.71 | | | | | |
| | | | | MI ADULT/REFUGE | \$119.71 | | | | | |
| | | | | BCCTP | \$745.65 | | | | | |
| | | | | MEDICARE PART D | | | | | | |
| AGED | \$111.29 | 311 | \$38,963.55 | | | | | | | |
| DISABLED/BLIND | \$136.66 | | | | | | | | | |
| MATURNITY | \$6,876.10 | | | | | | | | | |
| TOTAL GMC-MEDICAL (SAN DIEGO) | | | | | | <u>704,000/ 242,336</u> | <u>\$34,265,157.98</u> | | | |
| TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD)) | | | | | | <u>2,675,236/ 4,657,291</u> | <u>\$700,865,705.81</u> | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--|-----------------|-----------------------|------------------|--------------|----------|------------------------------------|-----------------------|-------------|---|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-DENTAL) | | | | | | | | | | |
| SACRAMENTO COUNTY (34) | | | | | | | | | | |
| Western Dental Svcs., Inc. (07-65806) A2a 530 South Main Street Orange, CA 92863 | #424 | 01/01/10 | 12/31/12 | \$10.51 | Over 21 | 160,000/ 32,926 | \$81,551.12 | Sacramento | Samuel H. Gruenbau President/CEO | Brian Nanoo (916) 464-3784 |
| | | | | \$10.51 | Under 21 | 57,455 | \$615,549.89 | | | |
| CONTACT: Kelly Duniven (714) 571-3488 | | | | | | | | | | |
| Access Dental Plan, Inc. (07-65802) A2 8890 Cal Center Drive Sacramento, CA 95826 | #421 | 01/01/10 | 12/31/12 | \$10.51 | Over 21 | 100,000/ 18,981 | \$47,012.14 | Sacramento | Reza Abbaszadeh Chief Executive Officer | Lenatte Blouin (916) 464-0379 |
| | | | | \$10.51 | Under 21 | 33,442 | \$358,284.21 | | | |
| CONTACT: Terri Abbaszadeh (916) 563-6020 | | | | | | | | | | |
| Liberty Dental Plan (07-65805) A2 3200 El Camino Real, Ste. 290 Irvine, CA 92602 | #425 | 01/01/10 | 12/31/12 | \$10.51 | Over 21 | 100,000/ 9,925 | \$24,582.24 | Sacramento | Dr. Amir Neshat Chief Executive Officer | Lenatte Blouin (916) 464-0379 |
| | | | | \$10.51 | Under 21 | 18,052 | \$193,401.91 | | | |
| CONTACT: Dr. Amir Nehat (949)-223-8929 | | | | | | | | | | |
| Community Dental Services (07-65803) A2 2 MacArthur Place, Suite 700 Santa Ana, CA 92707 | #426 | 01/01/10 | 12/31/12 | \$10.51 | Over 21 | 90,000/ 3,847 | \$9,528.25 | Sacramento | Joseph Sivori President | Brian Nanoo (916) 464-3784 |
| | | | | \$10.51 | Under 21 | 7,910 | \$84,744.58 | | | |
| CONTACT: Thuy Pham (714) 263-3410 | | | | | | | | | | |
| Health Net of CA dba: CA Children Svcs. (07-65804) A2 address unknown | #427 | 01/01/10 | 12/31/12 | \$10.51 | Over 21 | 0/ 10,837 | \$26,841.08 | Sacramento | David Meadows | Brian Nanoo (916) 464-3784 |
| | | | | \$10.51 | Under 21 | 17,126 | \$183,481.11 | | | |
| CONTACT: Eileen McGee-Davidson (909) 890-4129 | | | | | | | | | | |
| TOTAL GMC-DENTAL | | | | | | <u>450,000/ 210,501</u> | <u>\$1,624,976.53</u> | | | |

(Capitation Due is Less 4%)
 Capitation report updated by Susan Carey-Myers (916) 449-5045.
 Please notify her if there are any corrections.