

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) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/09	03/31/10	FAMILY	\$115.40	734/ 703		\$143,023	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$457.37						
				BLIND/DISABLED	\$457.37						
				ADULT	\$115.40						
				REFUGEES FAMILY	\$115.40						
				BCCTP	\$912.48						
				AIDS	\$1,574.79						
				BCCTP	\$912.48						
MARIN COUNTY (21)											
KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/09	03/31/10	MEDICARE PART D		734/ 139		\$14,207	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$115.40						
				AGED	\$104.41						
				BLIND/DISABLED	\$101.27						
				ADULT	\$115.40						
				REFUGEES FAMILY	\$115.40						
				BCCTP	\$912.48						
				AIDS	\$303.53						
MARIN COUNTY					SUBTOTAL		1,468/ 842	\$157,230			
SONOMA COUNTY (49)											
KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		01/01/09	12/31/09	FAMILY	\$100.94	1,424/ 0		\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$354.08						
				DISABLED	\$456.70						
				ADULT	\$450.31						
				REFUGEES FAMILY	\$100.94						
				BCCTP	\$797.15						
				AIDS	\$1,598.44						
				SONOMA COUNTY (49)							
KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 (Note: HCP #87, Rolled over to COHS (Partnership of CA HCP #513) became effective in Sonoma Co. 49) Plan Deactivated 10/01/09		01/01/09	12/31/09	MEDICARE PART D		1,424/ 0		\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$100.94						
				AGED	\$100.36						
				DISABLED	\$92.15						
				ADULT	\$450.31						
				REFUGEES FAMILY	\$100.94						
				BCCTP	\$797.15						
				AIDS	\$303.53						
SONOMA COUNTY					SUBTOTAL		2,848/ 0	\$0			
TOTAL PHP							4,316/ 842	\$157,230			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Access Dental Plan, Inc. (05-45001), A6 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 121,059	\$1,272,330	Los Angeles	Mike Betker,CEO	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Corina Lena (916) 563-6044										
American Health Guard Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 14,246	\$149,725	Los Angeles	David Kutner	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 20,766	\$218,251	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Paula Lopez, Director State Gov Programs										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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LOS ANGELES COUNTY (19)																		
Health Net Community Solutions, Inc. (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/09	06/30/11	Public Assistance	unlimited/ 36,664	\$385,339	Los Angeles	David Meadows	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				CONTACT: David Meadows 916-935-1435														
				Care 1st Health Plan (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755						#403	01/01/09	06/30/11	Public Assistance	unlimited/ 17,394	\$182,811	Los Angeles	Dr. Reginal Moore	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
CONTACT: Dr. Jorge Weingarten 626-299-5275																		
Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863	#413	01/01/09	06/30/11		Public Assistance	unlimited/ 55,587	\$584,219	Los Angeles	Stan Andrakowicz Vice President				Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy	\$10.51													
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				CONTACT: Kelley Duniven (714) 571-3488														
				Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#416					01/01/09	06/30/11	Public Assistance		Unlimited/ 7,592	\$79,792	Los Angeles	Amir Neshat, DDS President/CEO	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
CONTACT: Amir Neshat, DDS, 949-223-8929																		
Community Dental Services, Inc. #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707	#417	01/01/09	06/30/11			Public Assistance	Unlimited/ 4,189	\$44,027	Los Angeles			Susan Klarner Senior Executive/VP	Brian Nanoo (916) 464-3784					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy														
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				CONTACT: Carolyn Miller, 714-708-5360														
				LOS ANGELES						SUBTOTAL	unlimited/ 277,497			2,916,494				

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RIVERSIDE COUNTY (33)										
Western Dental Services, Inc. (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/09	06/30/11	Public Assistance	unlimited/ 145	\$1,524	Riverside	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Safeguard Health Plans, Inc.						
(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177	#407	01/01/09	06/30/11	Public Assistance	unlimited/ 58	\$610	Riverside	Paula Lopez Director State Gov	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				RIVERSIDE COUNTY						

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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SAN BERNARDINO COUNTY (36)																		
Western Dental Services, Inc. #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488		01/01/09	06/30/11	Public Assistance	unlimited/ 259	\$2,722	San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				Care 1st Health Plan #404														
				(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Dr. Jorge Weingarten 626-299-5275							01/01/09	06/30/11	Public Assistance	unlimited/ 108	\$1,135	San Bernardino	Dr. Reginal Moore	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
Safeguard Health Plans, Inc. #408																		
(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177 **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11		Public Assistance	unlimited/ 431	\$4,530	San Bernardino	Paula Lopez				Lenatte Blouin (916) 464-0379					
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				Medically Needy														
				FAMILY	\$10.51													
				AGED	\$10.51													
				BLIND/DISABLED	\$10.51													
				MI CHILD	\$10.51													
				MI ADULT	\$10.51													
				% OF POV	\$10.51													
				BCCTP	\$10.51													
				SAN BERNARDINO COUNTY						SUBTOTAL	unlimited/ 798	\$8,387						
				TOTAL PHP (DENTAL)							unlimited/ 278,498	\$2,927,015						

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COUNTY COHS									
<u>MERCED COUNTY (24)</u>									
Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A4	514	10/01/09	12/31/13	FAMILY/MI CHILD \$144.77 AGED \$480.66 DISABLED/BLIND \$753.15 LTC \$7,824.65 MI ADULT \$144.77 REFUGEES/% POV \$144.77 BCCTP \$1,520.21	N/A/ 69,821		Merced		
				<u>MEDICARE PART B</u> AGED \$266.38 DISABLED/BLIND \$179.28 LTC \$4,516.08					
CONTACT:									
<u>MONTEREY COUNTY (27)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A4 1600 Green Hills Road	#508	07/01/09	12/31/13	FAMILY/MI CHILD \$138.82 AGED \$601.45 DISABLED/BLIND \$969.29 LTC \$6,797.27 MI ADULT \$138.82 REFUGEES/% POV \$138.82 BCCTP \$1,390.01	N/A/ 70,352		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u> AGED \$204.57 DISABLED/BLIND \$205.77 LTC \$5,114.32					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<u>NAPA COUNTY (28)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	07/01/09	12/31/13	FAMILY/MI CHILD \$184.80 AGED \$489.69 DISABLED/BLIND \$914.61 LTC \$4,911.91 MI ADULT \$184.80 REFUGEES/% POV \$184.80 BCCTP \$1,551.57 OBRA \$296.31	N/A/ 13,412		Napa	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u> AGED \$191.66 DISABLED/BLIND \$239.91 LTC \$3,860.90 OBRA \$296.31					
CONTACT: Jack Horn (707) 863-4261									
<u>ORANGE COUNTY (30)</u>									
Orange County Organized Health System dba CalOptima (08-85214) A2 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/09	12/31/13	FAMILY/MI CHILD \$117.67 AGED \$462.73 DISABLED/BLIND \$686.10 LTC \$6,532.38 MI ADULT \$586.90 REFUGEES/% POV \$117.67 BCCTP \$1,346.21	N/A/ 352,298		Orange	Richard Chambers	Rachael Arruda-deCell (916) 449-5094
				<u>MEDICARE PART B</u> AGED \$191.50 DISABLED/BLIND \$195.60 LTC \$4,330.42					
CONTACT: Richard Chambers (714) 246-8458									

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 7 of 31

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COUNTY COHS									
<u>SAN LUIS OBISPO COUNTY (40)</u>									
SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A3 110 Castillian Dr. Goleta, CA 93117	#501	07/01/09	12/31/11	FAMILY/MI CHILD \$131.24 AGED \$438.75 DISABLED/BLIND \$710.67 LTC \$5,614.82 MI ADULT \$131.24 REFUGEES/% POV \$131.24 BCCTP \$1,420.61 AIDS \$2,256.98	N/A/ 27,790		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$154.87 DISABLED/BLIND \$135.35 LTC \$3,513.96 AIDS \$366.41					
CONTACT: Bob Freeman (805) 685-9525									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A4 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	02/01/10	12/31/13	FAMILY/MI CHILD \$155.01 AGED \$622.71 DISABLED/BLIND \$1,058.63 LTC \$6,863.11 MI ADULT \$155.01 REFUGEES/% POV \$155.01 BCCTP \$1,340.55 AIDS \$2,439.32	N/A/ 57,735		Sacramento	Maya Altman	Gerlinda Hightower (916) 449-5093
				<u>MEDICARE PART B</u>					
				AGED \$331.81 DISABLED/BLIND \$329.92 LTC \$108.95 AIDS \$345.70 AGNEWS \$4,919.00					
CONTACT: Maya Altman (650) 616-2145									
<u>SANTA BARBARA COUNTY (42)</u>									
SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A3 110 Castillian Dr. Goleta, CA 93117-3028	#502	07/01/09	12/31/11	FAMILY/MI CHILD \$135.13 AGED \$536.46 DISABLED/BLIND \$788.55 LTC \$8,334.22 MI ADULT \$135.13 REFUGEES/% POV \$135.13 BCCTP \$1,281.63 AIDS \$2,481.35	N/A/ 62,111		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$200.05 DISABLED/BLIND \$172.05 LTC \$5,568.36 AIDS \$401.73					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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COUNTY COHS									
<u>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A4 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	07/01/09	12/31/13	FAMILY/MI CHILD \$136.28 AGED \$538.67 DISABELED/BLIND \$857.67 LTC \$6,452.57 MI ADULT \$136.28 REFUGEEES/% POV \$136.28 BCCTP \$1,240.25	N/A/ 35,051		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$212.21 DISABLED/BLIND \$191.82 LTC \$4,717.40					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	07/01/09	12/31/13	FAMILY/MI CHILD \$167.32 AGED \$572.17 DISABELED/BLIND \$890.47 LTC \$5,926.79 MI ADULT \$167.32 REFUGEEES/% POV \$167.32 BCCTP \$1,348.66 OBRA \$279.10	N/A/ 60,540		Solano	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED \$215.88 DISABLED/BLIND \$236.88 LTC \$4,689.72					
CONTACT: Jack Horn (707) 863-4261									
<u>SONOMA COUNTY (49)</u>									
Sonoma County Partnership Health Plan of CA dba: (08-85215, A4	#513	10/01/09	12/31/13	FAMILY/MI CHILD \$117.94 AGED \$642.16 DISABELED/BLIND \$888.28 LTC \$6,321.84 MI ADULT \$117.94 REFUGEEES/% POV \$117.94 BCCTP \$1,202.99 OBRA \$0.00	N/A/ 50,346		Sonoma		
				<u>MEDICARE PART B</u>					
				AGED \$265.33 DISABLED/BLIND \$172.70 LTC \$3,429.00 OBRA \$0.00					
Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.									
CONTACT:									
<u>YOLO COUNTY (57)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#509	07/01/09	12/31/13	FAMILY/MICHILD \$139.63 AGED \$612.76 DISABELED/BLIND \$929.42 LTC \$6,386.83 MI ADULT \$139.63 REFUGEEES/FAMILY \$139.63 BCCTP \$1,215.47 OBRA \$255.09	N/A/ 26,802		Yolo	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED 211.34 DISABLED/BLIND 229.91 LTC 4318.64					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 826,258

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SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	MEDICAL ONLY		1,600/ (7)	\$38,577	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
				DISA/LTC/AIDS	\$5,511.03					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	MEDICARE PART D		1,600/ 91	\$384,245	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
				DISA/LTC/AIDS	\$4,222.47					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICAL ONLY		560/ 58	\$335,137	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,778.23					
				DISA/LTC/AIDS	\$5,778.23					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICARE PART D		560/ 349	\$1,508,643	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
ALAMEDA COUNTY				SUBTOTAL		<u>4,320/ 491</u>	<u>\$2,266,602</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>	
CONTRA COSTA COUNTY (07)										
MEDICAL ONLY										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 7	\$40,448	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
CONTACT: Peter Szutu (510) 433-1150										
MEDICARE PART D										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 27	\$116,715	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
CONTACT: Peter Szutu (510) 433-1150										
CONTRA COSTA COUNTY				SUBTOTAL		<u>1,120/ 34</u>	<u>\$157,163</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>
LOS ANGELES COUNTY (19)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/09	12/31/12	AGED \$77.88 BLIND/DISABLED \$77.88	5,000/ 3,079	\$239,793	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
(SCAN on HOLD)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/09	12/31/12	LTC \$935.31	5,000/ 1,883	\$1,761,189	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICAL ONLY									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 138	\$815,561	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
MEDICARE PART D									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 554	\$1,880,270	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
(SCAN on HOLD)									
LOS ANGELES COUNTY				SUBTOTAL	11,650/ 5,654	\$4,696,813			

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) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/09	12/31/12	<u>MEDICARE PART D</u>		5,000/ 996	\$70,736	Riverside	David Schmidt
				AGED	\$71.02				
				BLIND/DISABLED	\$71.02				
CONTACT: David Schmidt (562) 989-5100									
(SCAN on HOLD)									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/09	12/31/12	<u>MEDICARE PART D</u>		5,000/ 633	\$580,499	San Bernardino	David Schmidt
				LTC	\$917.06				
CONTACT: David Schmidt (562) 989-5100									
RIVERSIDE COUNTY				SUBTOTAL		10,000/ 1,629	\$651,235		
<u>SACRAMENTO COUNTY (34)</u>									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICAL ONLY</u>		280/ 5	\$24,602	Sacramento	William Clearwater Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,920.49				
				DISA/LTC/AIDS	\$4,920.49				
CONTACT: William Clearwater (916) 424-8412									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICARE PART D</u>		280/ 205	\$730,419	Sacramento	William Clearwater Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,563.02				
				DISA/LTC/AIDS	\$3,563.02				
CONTACT: William Clearwater (916) 424-8412									
(SCAN on HOLD)									
SACRAMENTO COUNTY				SUBTOTAL		560/ 210	\$755,021		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SAN BERNARDINO COUNTY (36)</u>									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/09	12/31/12	AGED \$81.60 BLIND/DISABLED \$81.60	5,000/ 581	\$47,410	Riverside	David Schmidt	
CONTACT: David Schmidt (562) 989-5100 (SCAN on HOLD)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/09	12/31/12	LTC \$891.09	5,000/ 329	\$293,169	San Bernardino	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
SAN BERNARDINO COUNTY				SUBTOTAL	10,000/ 910	\$340,579			
(SCAN on HOLD)									
<u>SAN DIEGO COUNTY (37)</u>									
MEDICAL ONLY									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$4,761.40 DISA/LTC/AIDS \$4,761.40	200/ 2	\$9,523	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Alan Allgood (619) 677-3800									
MEDICARE PART D									
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	200/ 101	\$360,537	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Alan Allgood (619) 677-3800									
(SCAN on HOLD)									
SAN DIEGO COUNTY				SUBTOTAL	400/ 103	\$370,060			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
MEDICAL ONLY									
OnLok Senior Health Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1600/ 29	\$176,252	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
MEDICARE PART D									
OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 843	\$3,709,040	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
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/ 96	\$177,480	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3700/ 968	\$4,062,772			
SANTA CLARA COUNTY (43)									
MEDICAL ONLY									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 2	\$10,292	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
MEDICARE PART D									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 28	\$112,800	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	3,200/ 30	\$123,092			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
YOLO COUNTY (57)										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	MEDICAL ONLY		280/ 0	\$0	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	4,920.49 4,920.49					
CONTACT: William Clearwater (916) 424-8412										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	MEDICARE PART D		280/ 2	\$7,126	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	3,563.02 3,563.02					
CONTACT: William YOLO COUNTY										
SUBTOTAL					<u>280/ 2</u>	<u>\$7,126</u>				
TOTAL SPECIAL PROJECT					<u>45,230/ 10,031</u>	<u>\$13,430,463</u>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>					
PCCM														
<u>LOS ANGELES COUNTY (19)</u>														
AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/10	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096		
				FAMILY	\$103.27	2,000/ 422	\$256,660	FAMILY	\$103.27					
				AGED	\$466.85								AGED	\$243.89
				DISABLED	\$622.09								DISABLED	\$339.33
				MI CHILD	\$103.27								MI CHILD	\$103.27
				MI ADULT	\$265.28								MI ADULT	\$265.28
				REFUGEES	\$103.27								REFUGEES	\$103.27
				AIDS	\$1,767.86								AIDS	\$230.19
				BCCTP	\$517.08								BCCTP	\$517.08
				CONTACT: Donna Stidham (323) 860-5231										
AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/10	<u>MEDICARE PART D</u> <u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096		
				FAMILY	\$103.27	2,000/ 296	\$99,256	FAMILY	\$103.27					
				AGED	\$243.89			AGED	\$243.89					
				DISABLED	\$339.33			DISABLED	\$339.33					
				MI CHILD	\$103.27			MI CHILD	\$103.27					
				MI ADULT	\$265.28			MI ADULT	\$265.28					
				REFUGEES	\$103.27			REFUGEES	\$103.27					
				AIDS	\$230.19			AIDS	\$230.19					
				BCCTP	\$517.08			BCCTP	\$517.08					
				CONTACT: Donna Stidham (323) 860-5231										
LOS ANGELES COUNTY				SUBTOTAL				<u>4,000/ 718</u>	<u>\$355,916</u>					
TOTAL PCCM						<u>4,000/ 718</u>	<u>\$355,916</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>	
2-PLAN										
ALAMEDA COUNTY (01)										
Alameda Alliance for Health (04-35399), A8, C8 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 89,819	\$12,994,282	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$491.99					
				DISABLED	\$491.99					
				MI ADULT	\$111.12					
				REFUGEES	\$111.12					
				AIDS	\$1,007.69					
				BCCTP	\$814.52					
AGNEWS	\$4,919.00									
MEDICARE PART D										
Alameda Alliance for Health (04-35399), A8, C8 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 4,672	\$655,497	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$127.23					
				DISABLED	\$155.05					
				MI ADULT	\$111.12					
				REFUGEES	\$111.12					
				AIDS	\$239.43					
				BCCTP	\$814.52					
MATERNITY	\$6,042.63									
AGNEWS	\$4,919.00									
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	06/30/10	FAMILY	\$118.99	unlimited/ 26,411	\$3,980,913	California		
				AGED	\$546.76					
				DISABLED	\$546.76					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$1,025.21					
				BCCTP	\$813.63					
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	06/30/10	FAMILY	\$118.99	unlimited/ 802	\$114,209	California		
				AGED	\$132.80					
				DISABLED	\$152.02					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$226.96					
				BCCTP	\$813.63					
MATERNITY	\$6,042.63									
ALAMEDA COUNTY				SUBTOTAL		360,000/ 121,704	\$17,744,901			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A6, C8, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	10/01/09	12/31/10	FAMILY	\$120.45	unlimited/ 54,412	\$8,119,010	County of Contra Costa	Lin McCaul (916) 449-5104
				AGED	\$490.75				
				DISABLED	\$490.75				
				MI ADULT	\$120.45				
				REFUGEES/FAMILY	\$120.45				
				AIDS	\$1,043.53				
				BCCTP	\$832.10				
MEDICARE PART D									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A6, C8, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	10/01/09	12/31/10	FAMILY	\$120.45	unlimited/ 2,295	\$322,727	County of Contra Costa	Lin McCaul (916) 449-5104
				AGED	\$134.69				
				DISABLED	\$148.13				
				MI ADULT	\$120.45				
				REFUGEES/FAMILY	\$120.45				
				AIDS	\$231.06				
				BCCTP	\$832.10				
MATERNITY	\$5,753.70								
Anthem Blue Cross Partnership Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	06/30/10	FAMILY	\$109.43	unlimited/ 11,107	\$1,404,803	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5061
				AGED	\$430.93				
				DISABLED	\$430.93				
				MI ADULT	\$109.43				
				REFUGEES/FAMILY	\$109.43				
				AIDS	\$1,055.94				
				BCCTP	\$824.06				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	06/30/10	FAMILY	\$109.43	unlimited/ 206	\$28,507	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5061
				AGED	\$125.23				
				DISABLED	\$156.34				
				MI ADULT	\$109.43				
				REFUGEES/FAMILY	\$109.43				
				AIDS	\$223.59				
				BCCTP	\$824.06				
MATERNITY	\$5,753.70								
CONTRA COSTA COUNTY				SUBTOTAL		unlimited/ 68,020	\$9,875,047		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
FRESNO COUNTY (10)										
Anthem Blue Cross Partnership #341 Plan (03-76184), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 93,988	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061	
				AGED	\$527.26					
				DISABLED	\$527.26					
				MI ADULT	\$97.44					
				REFUGEES/FAMILY	\$97.44					
				AIDS	\$1,064.14					
				BCCTP	\$809.80					
				MEDICARE PART D						
Anthem Blue Cross Partnership #341 Plan (03-76184,) A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$97.44	unlimited/ 2,414	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061	
				AGED	\$108.62					
				DISABLED	\$151.13					
				MI ADULT	\$97.44					
				REFUGEES/FAMILY	\$97.44					
				AIDS	\$216.75					
				BCCTP	\$809.80					
				MATERNITY						
Health Net Community #351 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$86.67	unlimited/ 103,155	Fresno	Health Net	Myreca Singh (916) 449-5057	
				AGED	\$425.97					
				DISABLED	\$425.97					
				MI ADULT	\$86.67					
				REFUGEES/FAMILY	\$86.67					
				AIDS	\$1,032.37					
				BCCTP	\$829.65					
				MEDICARE PART D						
Health Net Community #351 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$86.67	unlimited/ 1,013	Fresno	Health Net	Myreca Singh (916) 449-5057	
				AGED	\$115.61					
				DISABLED	\$134.54					
				MI ADULT	\$86.67					
				REFUGEES/FAMILY	\$86.67					
				AIDS	\$220.88					
				BCCTP	\$829.65					
				MATERNITY						
FRESNO COUNTY				SUBTOTAL		unlimited/ 200,570		\$21,934,900		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>KERN COUNTY (15)</u>									
Health Net Community Solutions, Inc. (03-76182) A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 29,909	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$442.73				
				DISABLED	\$442.73				
				MI ADULT	\$98.65				
				REFUGEES/FAMILY	\$98.65				
				AIDS	\$1,069.32				
				BCCTP	\$809.45				
<u>MEDICARE PART D</u>									
Health Net Community Solutions, Inc. (03-76182) A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/09	06/30/10	FAMILY	\$98.65	unlimited/ 635	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$113.33				
				DISABLED	\$142.24				
				MI ADULT	\$98.65				
				REFUGEES/FAMILY	\$98.65				
				AIDS	\$218.56				
				BCCTP	\$809.45				
MATERNITY	\$5,408.53								
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A8, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 100,427	Kern	Kern Health Systems	Bob Davidson (916) 449-5092
				AGED	\$396.51				
				DISABLED	\$396.51				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$1,027.71				
				BCCTP	\$811.56				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A8, C9 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 1,857	Kern	Kern Health Systems	Bob Davidson (916) 449-5092
				AGED	\$129.07				
				DISABLED	\$151.16				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$212.23				
				BCCTP	\$811.56				
MATERNITY	\$5,408.53								
KERN COUNTY				SUBTOTAL		230,000/ 132,828		\$14,644,974	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
Health Net Community Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 437,887	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$396.78				
				DISABLED	\$396.78				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$1,016.33				
				BCCTP	\$800.22				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/09	06/30/10	FAMILY	\$83.94	unlimited/ 5,566	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$111.19				
				DISABLED	\$137.98				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$230.77				
				BCCTP	\$800.22				
MATERNITY \$5,758.58									
LA Care Health Plan (04-36069), A5, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 793,076	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$441.08				
				DISABLED	\$441.08				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$1,037.35				
				BCCTP	\$856.41				
MEDICARE PART D									
LA Care Health Plan (04-36069), A5, C8 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 11,694	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$115.39				
				DISABLED	\$135.06				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$225.72				
				BCCTP	\$856.41				
MATERNITY \$5,758.58									
LOS ANGELES COUNTY				SUBTOTAL		unlimited/ 1,248,223	\$129,150,587		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
RIVERSIDE COUNTY (33)									
Inland Empire Health Plan (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/10	FAMILY	\$95.40	unlimited/ 175,202	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$444.20				
				DISABLED	\$444.20				
				MI ADULT	\$95.40				
				REFUGEES/FAMILY	\$95.40				
				AIDS	\$1,047.21				
				BCCTP	\$833.43				
MEDICARE PART D									
Inland Empire Health Plan (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/10	FAMILY	\$95.40	unlimited/ 2,980	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$115.21				
				DISABLED	\$143.53				
				MI ADULT	\$95.40				
				REFUGEES/FAMILY	\$95.40				
				AIDS	\$218.28				
				BCCTP	\$833.43				
MATERNITY									
					\$5,319.64				
Molina Healthcare of California Partner Plan, Inc. (06-55498), A6, C5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 39,020	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$452.39				
				DISABLED	\$452.39				
				MI ADULT	\$102.79				
				REFUGEES/FAMILY	\$102.79				
				AIDS	\$983.96				
				BCCTP	\$827.10				
MEDICARE PART D									
Molina Healthcare of California Partner Plan, Inc. (06-55498), A6, C5 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 334	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
				AGED	\$127.80				
				DISABLED	\$145.60				
				MI ADULT	\$102.79				
				REFUGEES/FAMILY	\$102.79				
				AIDS	\$222.88				
				BCCTP	\$827.10				
MATERNITY									
					\$5,319.64				
RIVERSIDE COUNTY				SUBTOTAL		166,076/ 217,536		\$24,155,792	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SAN BERNARDINO COUNTY (36)										
Inland Empire Health Plan #306 (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/10	FAMILY	\$97.77	unlimited/ 195,527	\$22,083,415	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$444.59					
				DISABLED	\$444.59					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$970.44					
				BCCTP	\$794.41					
MEDICARE PART D										
Inland Empire Health Plan #306 (04-35765), A7, C8 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/10	FAMILY	\$97.77	unlimited/ 3,239	\$461,101	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$124.44					
				DISABLED	\$161.48					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$217.11					
				BCCTP	\$794.41					
MATERNITY	\$5,097.25									
Molina Healthcare of California #356										
Partner Plan, Inc. (06-55498), A6, C5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 54,207	\$6,207,450	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D.	(916) 449-5057
				AGED	\$423.71					
				DISABLED	\$423.71					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$984.81					
				BCCTP	\$826.53					
MEDICARE PART D										
Partner Plan, Inc. (06-55498), A6, C5 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 433	\$56,906	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D.	(916) 449-5057
				AGED	\$124.75					
				DISABLED	\$149.10					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$222.75					
				BCCTP	\$826.53					
MATERNITY	\$5,097.25									
SAN BERNARDINO COUNTY				SUBTOTAL		272,664/ 253,406	\$28,808,872			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
Anthem Blue Cross Partnership #343 Plan (03-76184), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY \$97.33 AGED \$451.60 DISABLED \$451.60 MI ADULT \$97.33 REFUGEEES/FAMILY \$97.33 AIDS \$1,088.86 BCCTP \$822.13	unlimited/ 11,371	\$1,378,819	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
MEDICARE PART D									
Anthem Blue Cross Partnership #343 Plan (03-76184), A10 ,C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY \$97.33 AGED \$109.13 DISABLED \$146.68 MI ADULT \$97.33 REFUGEEES/FAMILY \$97.33 AIDS \$224.23 BCCTP \$822.13 MATERNITY \$5,842.73	unlimited/ 446	\$56,943	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A7, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/10	FAMILY \$129.89 AGED \$520.70 DISABLED \$520.70 MI ADULT \$129.89 REFUGEEES/FAMILY \$129.89 AIDS \$1,115.74 BCCTP \$841.23	55,000/ 35,558	\$5,373,322	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
MEDICARE PART D									
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A7, C8 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/10	FAMILY \$129.89 AGED \$142.72 DISABLED \$163.14 MI ADULT \$129.89 REFUGEEES/FAMILY \$129.89 AIDS \$222.63 BCCTP \$841.23 MATERNITY \$5,842.73	55,000/ 1,534	\$232,896	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
SAN FRANCISCO COUNTY				SUBTOTAL	110,000/ 48,909	\$7,041,980			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN JOAQUIN COUNTY (39)									
Health Plan of San Joaquin (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 71,935	San Joaquin		Stephanie Hopkins (916) 319-9041
				AGED	\$452.27				
				DISABLED	\$452.27				
				MI ADULT	\$99.09				
				REFUGEES/FAMILY	\$99.09				
				AIDS	\$1,044.32				
				BCCTP	\$832.94				
MEDICARE PART D									
Health Plan of San Joaquin (04-35401), A7, C8 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 1,609	San Joaquin		Stephanie Hopkins (916) 319-9041
				AGED	\$115.72				
				DISABLED	\$158.67				
				MI ADULT	\$99.09				
				REFUGEES/FAMILY	\$99.09				
				AIDS	\$220.04				
				BCCTP	\$832.94				
MATERNITY	\$5,938.46								
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A10 ,C8 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 27,763	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$412.90				
				DISABLED	\$412.90				
				MI ADULT	\$90.84				
				REFUGEES/FAMILY	\$90.84				
				AIDS	\$1,020.79				
				BCCTP	\$811.76				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A10 ,C8 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/09	06/30/10	FAMILY	\$90.84	unlimited/ 579	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$110.29				
				DISABLED	\$146.70				
				MI ADULT	\$90.84				
				REFUGEES/FAMILY	\$90.84				
				AIDS	\$224.99				
				BCCTP	\$811.76				
MATERNITY	\$5,938.46								
SAN JOAQUIN COUNTY				SUBTOTAL		unlimited/ 101,886		\$11,993,080	

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), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	FAMILY	\$103.84	unlimited/ 33,067	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$458.30				
				DISABLED	\$458.30				
				MI ADULT	\$103.84				
				REFUGEES/FAMILY	\$103.84				
				AIDS	\$1,091.67				
				BCCTP	\$830.08				
Anthem Blue Cross Partnership #345 Plan (03-76184), A10, C8 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/10	MEDICARE PART D		unlimited/ 867	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
				FAMILY	\$103.84				
				AGED	\$113.19				
				DISABLED	\$149.88				
				MI ADULT	\$103.84				
				REFUGEES/FAMILY	\$103.84				
				AIDS	\$223.76				
			BCCTP	\$830.08					
			MATERNITY	\$5,719.42					
Santa Clara Family Health #309 Plan (04-35398), A8, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/10	FAMILY	\$117.77	123,000/ 91,797	Santa Clara	Santa Clara Family Health Plan	Mary Cobb (916) 341-7035
				AGED	\$482.01				
				DISABLED	\$482.01				
				MI ADULT	\$117.77				
				REFUGEES/FAMILY	\$117.77				
				AIDS	\$1,067.96				
				BCCTP	\$826.53				
			AGNEWS	\$4,919.00					
Santa Clara Family Health #309 Plan (04-35398), A8, C8 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/10	MEDICARE PART D		123,000/ 5,670	Santa Clara	Santa Clara Family Health Plan	Mary Cobb (916) 341-7035
				FAMILY	\$117.77				
				AGED	\$115.39				
				DISABLED	\$155.10				
				MI ADULT	\$117.77				
				REFUGEES/FAMILY	\$117.77				
				AIDS	\$219.25				
			BCCTP	\$826.53					
			MATERNITY	\$5,719.42					
			AGNEWS	\$4,919.00					
SANTA CLARA COUNTY				SUBTOTAL		246,000/ 131,401		\$17,511,017	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
STANISLAUS COUNTY (50)									
Anthem Blue Cross Partnership #310 Plan (04-35797), A8, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/10	FAMILY	\$110.61	unlimited/ 47,568	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$569.96				
				DISABLED	\$569.96				
				MI ADULT	\$110.61				
				REFUGEES/FAMILY	\$110.61				
				AIDS	\$1,047.89				
				BCCTP	\$859.66				
MEDICARE PART D									
Anthem Blue Cross Partnership #310 Plan (04-35797), A8, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/10	FAMILY	\$110.61	unlimited/ 1,249	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$133.20				
				DISABLED	\$155.04				
				MI ADULT	\$110.61				
				REFUGEES/FAMILY	\$110.61				
				AIDS	\$224.38				
				BCCTP	\$859.66				
MEDICARE PART D									
Health Net Community #361 Solutions, Inc. (03-76182), A9, C10 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$109.98	unlimited/ 19,826	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				AGED	\$542.19				
				DISABLED	\$542.19				
				MI ADULT	\$109.98				
				REFUGEES/FAMILY	\$109.98				
				AIDS	\$1,075.13				
				BCCTP	\$845.24				
MEDICARE PART D									
Health Net Community #361 Solutions, Inc. (03-76182), A9, C10 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/10	FAMILY	\$109.98	unlimited/ 274	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				AGED	\$125.47				
				DISABLED	\$162.78				
				MI ADULT	\$109.98				
				REFUGEES/FAMILY	\$109.98				
				AIDS	\$231.25				
				BCCTP	\$845.24				
MEDICARE PART D									
STANISLAUS COUNTY				SUBTOTAL		unlimited/ 68,917		\$9,186,461	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
TULARE COUNTY (54)									
Health Net Community #353 Solutions, Inc. (03-76182), A9 C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/10	FAMILY	\$89.70	unlimited/ 26,050	Tulare	Health Net	Myreca Singh (916) 449-5057
				AGED	\$442.09				
				DISABLED	\$442.09				
				MI ADULT	\$89.70				
				REFUGEES/FAMILY	\$89.70				
				AIDS	\$984.77				
				BCCTP	\$809.20				
MEDICARE PART D									
Health Net Community #353 Solutions, Inc. (03-76182), A9, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/10	FAMILY	\$89.70	unlimited/ 268	Tulare	Health Net	Myreca Singh (916) 449-5057
				AGED	\$112.56				
				DISABLED	\$141.75				
				MI ADULT	\$89.70				
				REFUGEES/FAMILY	\$89.70				
				AIDS	\$225.49				
				BCCTP	\$809.20				
MATERNITY	\$5,719.97								
MEDICARE PART D									
Anthem Blue Cross Partnership #311 Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/09	12/31/10	FAMILY	\$95.54	unlimited/ 75,887	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$543.40				
				DISABLED	\$543.40				
				MI ADULT	\$95.54				
				REFUGEES/FAMILY	\$95.54				
				AIDS	\$995.42				
				BCCTP	\$804.26				
MEDICARE PART D									
Anthem Blue Cross Partnership #311 Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/09	12/31/10	FAMILY	\$95.54	unlimited/ 1,462	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$112.36				
				DISABLED	\$150.26				
				MI ADULT	\$95.54				
				REFUGEES/FAMILY	\$95.54				
				AIDS	\$230.53				
				BCCTP	\$804.26				
MATERNITY	\$5,719.97								
TULARE COUNTY					SUBTOTAL				
					unlimited/ 103,667	\$11,339,871			
TOTAL 2-PLAN					<u>1,384,740/ 2,697,067</u>	<u>\$303,387,482</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 29 of 31

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A1a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/09	12/31/12		160,000/ 26,426		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Lisa Rubino, President, (562) 491-7044									
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	12/31/12		15,750/ -6		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A2 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	01/01/09	12/31/12		168,600/ 46,347		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	01/01/08	12/31/12		20,000/ 26,250		Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A2 5151 - A Camino Ruiz	#190	01/01/09	12/31/12		168,600/ 90,583		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau (916) 341-7031
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u>532,950/ 189,600</u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 30 of 31

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SAN DIEGO COUNTY (37)</u>									
Community Health Group Partnership Plan, Inc. (05-46127), A6 740 Bay Blvd Chula Vista, CA 91910	#29	01/01/09	06/30/10		207,000/ 92,909		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau (916) 341-7031
CONTACT: Francisca Chavez (619) 498-6589									
Health Net Community Solutions, Inc. (05-46128), A7 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	#68	01/01/09	06/30/10		180,000/ 29,183		San Diego	David Friedman	Nathan Nau (916) 341-7031
HOLD-HCP# 68 Contract Ended 02/28/10									
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (SoCal) (05-46129), A8 393 East Walnut Street, 7th Floor Pasadena, CA 91188	#79	01/01/09	06/30/10		10,000/ 13,365		San Diego	William Caswell	Nathan Nau (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Molina Healthcare of California Partner Plan, Inc. (05-46130) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#131	01/01/09	06/30/10		100,000/ 59,379		San Diego	Stephen T. O'Dell President & CEO	Nathan Nau (916) 341-7031
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
Care 1st Health Plan, LLC (05-46131), A7 601 Potrero Grande Drive Monterey Park, CA 91755	#167	01/01/09	06/30/10		207,000/ 10,933		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz (916) 449-5105
CONTACT: Sabra Matovsky (619) 528-4817									
(Blue Cross #48 Deactivated 12/31/07)									
TOTAL GMC-MEDICAL (SAN DIEGO)					<u><u>704,000/ 205,769</u></u>				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u><u>2,675,236/ 4,208,783</u></u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

MARCH 2010, Page 31 of 31

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A1 530 South Main Street Orange, CA 92863	#424	01/01/09	12/31/12		160,000/ 86,711		Sacramento	Charles S. Koch Vice President	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	#421	05/01/08	12/31/12		100,000/ 52,171		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Corina Lena (916) 563-6044									
Liberty Dental Plan (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	05/01/08	12/31/12		100,000/ 27,723		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	05/01/08	12/31/12		90,000/ 12,233		Sacramento	Susan Klamer	Brian Nanoo (916) 464-3784
CONTACT: Carolyn Miller (714)-708-5360									
Health Net of CA dba: CA Children Svcs. (07-65804) address unknown	#427	07/01/08	12/31/12		0/ 18,963		Sacramento		Brian Nanoo (916) 464-3784
CONTACT: unknown									
TOTAL GMC-DENTAL					<u>450,000/ 197,801</u>				

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