

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: Andrea Boughton (626) 421-8733 | | 10/01/09 | 03/31/10 | FAMILY | \$115.40 | 734/ 730 | | \$148,987 | 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: Andrea Boughton (626) 421-8733 | | 10/01/09 | 03/31/10 | MEDICARE PART D | | 734/ 149 | | \$15,223 | 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/ 879 | \$164,210 | | | |
| 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 Plan Deactivated 10/01/09) | | 10/01/08 | 09/30/09 | 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) | | 10/01/08 | 09/30/09 | 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/ 879 | \$164,210 | | | |

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), A6 8890 Cal Center Drive Sacramento, CA 95826 | #409 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 125,555 | \$1,319,583 | Los Angeles | Reza Abbaszadeh | Lenatte Blouin (916) 464-0379 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | \$10.51 |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| % OF POV | \$10.51 | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | |
| CONTACT: Terri Abbaszadeh (916) 563-6020 | | | | | | | | | | |
| American Health Guard Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006 | #410 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 13,730 | \$144,302 | Los Angeles | David Kutner | Abbigail Aban (916) 464-0390 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | \$10.51 |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| % OF POV | \$10.51 | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | |
| CONTACT: Rod Zalunardo (626) 821-5500 | | | | | | | | | | |
| Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 | #406 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 20,402 | \$214,425 | Los Angeles | Paula Lopez | Lenatte Blouin (916) 464-0379 | |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | Medically Needy | | | | | | \$10.51 |
| | | | | FAMILY | | | | | | \$10.51 |
| | | | | AGED | | | | | | \$10.51 |
| | | | | BLIND/DISABLED | | | | | | \$10.51 |
| | | | | MI CHILD | | | | | | \$10.51 |
| | | | | MI ADULT | | | | | | \$10.51 |
| % OF POV | \$10.51 | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | |
| CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 | | | | | | | | | | |

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. (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502 CONTACT: Eileen McGee-Davidson (909) 890-4129 | #405 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 38,329 | \$402,838 | 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 |
| | | | | Care 1st Health Plan (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638 | | | | | | #403 |
| 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 | | | | | | | | | |
| Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488 | #413 | 01/01/09 | 06/30/11 | | Public Assistance | unlimited/ 55,430 | \$582,569 | Los Angeles | Samuel H. Gruenbaum President/CEO | |
| | | | | 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 | | | | | |
| | | | | Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602 CONTACT: Amir Neshat, DDS, 949-223-8929 | #416 | | | | | 01/01/09 |
| 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 | | | | | | | | | |
| Community Dental Services, Inc. (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707 CONTACT: Thuy Pham (714) 263-3410 | #417 | 01/01/09 | 06/30/11 | | | Public Assistance | Unlimited/ 4,117 | \$43,270 | Los Angeles | |
| | | | | 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 | | | | | |
| | | | | LOS ANGELES | | | | | | SUBTOTAL |

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), 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/ 146 | \$1,534 | Riverside | Samuel H. Gruenbaum President/CEO | Brian Nanoo (916) 464-3784 | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | MI CHILD | | | | | | \$10.51 | | | | | | | | |
| | | | | MI ADULT | | | | | | \$10.51 | | | | | | | | |
| | | | | % OF POV | | | | | | \$10.51 | | | | | | | | |
| | | | | BCCTP | | | | | | \$10.51 | | | | | | | | |
| | | | | RIVERSIDE COUNTY (33) | | | | | | | | | | | | | | |
| | | | | Safeguard Health Plans, Inc. #407 (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 | | | | | | #407 | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 59 | \$620 | 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 | | | | | | | | | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | | SUBTOTAL | unlimited/ 205 | \$2,154 | | | | | | | | | | | |

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) | | | | | | | | | | | | | | | | | | |
| 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/ 264 | \$2,775 | San Bernardino | Samuel H. Gruenbaum President/CEO | Brian Nanoo (916) 464-3784 | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | Medically Needy | | | | | | | | | | | | | | |
| | | | | FAMILY | | | | | | \$10.51 | | | | | | | | |
| | | | | AGED | | | | | | \$10.51 | | | | | | | | |
| | | | | BLIND/DISABLED | | | | | | \$10.51 | | | | | | | | |
| | | | | MI CHILD | | | | | | \$10.51 | | | | | | | | |
| | | | | MI ADULT | | | | | | \$10.51 | | | | | | | | |
| | | | | % OF POV | | | | | | \$10.51 | | | | | | | | |
| | | | | BCCTP | | | | | | \$10.51 | | | | | | | | |
| | | | | Care 1st Health Plan #404 | | | | | | | | | | | | | | |
| | | | | (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638 | | | | | | | 01/01/09 | 06/30/11 | Public Assistance | unlimited/ 105 | \$1,104 | San Bernardino | Dr. Gorge Weingarten Medical Director | R Abbigail Aban (916) 464-0390 |
| FAMILY | \$10.51 | | | | | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | | | | | |
| Medically Needy | | | | | | | | | | | | | | | | | | |
| FAMILY | \$10.51 | | | | | | | | | | | | | | | | | |
| AGED | \$10.51 | | | | | | | | | | | | | | | | | |
| BLIND/DISABLED | \$10.51 | | | | | | | | | | | | | | | | | |
| MI CHILD | \$10.51 | | | | | | | | | | | | | | | | | |
| MI ADULT | \$10.51 | | | | | | | | | | | | | | | | | |
| % OF POV | \$10.51 | | | | | | | | | | | | | | | | | |
| BCCTP | \$10.51 | | | | | | | | | | | | | | | | | |
| Safeguard Health Plans, Inc. #408 | | | | | | | | | | | | | | | | | | |
| (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 **Rates do not reflect Hyde abortion rates effective August 2003 | | 01/01/09 | 06/30/11 | | Public Assistance | unlimited/ 418 | \$4,393 | 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/ 787 | \$8,272 | | | | | | |
| | | | | TOTAL PHP (DENTAL) | | | | | | | unlimited/ 283,374 | \$2,978,260 | | | | | | |

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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/ 71,821 | | Merced | | Jane Marine (916) 449-5113 |
| | | | | <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/ 71,684 | | 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) A3 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220 | #506 | 07/01/09 | 12/31/13 | FAMILY/MI CHILD \$116.54 AGED \$414.78 DISABLED/BLIND \$854.16 LTC \$6,134.63 MI ADULT \$116.54 REFUGEES/% POV \$116.54 BCCTP \$1,327.02 | N/A/ 358,119 | | Orange | Richard Chambers | Rachael Arruda-deCell (916) 449-5093 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$171.66 DISABLED/BLIND \$243.51 LTC \$4,066.74 | | | | | |
| CONTACT: Richard Chambers (714) 246-8458 | | | | | | | | | |

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|-------------------|-------------------|----------------------------------|
| COUNTY COHS | | | | | | | | | |
| <u>SAN LUIS OBISPO COUNTY (40)</u> | | | | | | | | | |
| SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) 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/ 28,238 | | 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 \$2,645.06 | N/A/ 58,465 | | San Mateo | Maya Altman | Chrissy Corbin (916) 449-5094 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$331.81 DISABLED/BLIND \$329.92 LTC \$7,108.95 AIDS \$567.78 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/ 62,919 | | 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 | | | | | | | | | |

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>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/ 34,702 | | 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 \$285.82 | N/A/ 61,509 | | Solano | Jack Horn | Louie Sanchez (916) 449-5115 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED \$215.88 DISABLED/BLIND \$236.88 LTC \$4,689.72 OBRA \$285.82 | | | | | |
| 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/ 51,692 | | Sonoma | Lyle Luman | Louie Sanchez (916) 449-5115 |
| | | | | <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/ 27,489 | | Yolo | Jack Horn | Louie Sanchez (916) 449-5115 |
| | | | | <u>MEDICARE PART B</u> | | | | | |
| | | | | AGED 211.34 DISABLED/BLIND 229.91 LTC 4318.64 OBRA 255.09 | | | | | |
| CONTACT: Jack Horn (707) 863-4100 | | | | | | | | | |

TOTAL COUNTY COHS

N/A/ 840,050

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|--------------------|-------------------|-------------------------|--------------------------------------|
| SPECIAL PROJECTS | | | | | | | | | | |
| ALAMEDA COUNTY (01) | | | | | | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883 | | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 1,600/ 4 | \$22,044 | Fremont | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$5,511.03 | | | | | |
| | | | | DISA/LTC/AIDS | \$5,511.03 | | | | | |
| On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883 | | 04/01/08 | 12/31/12 | MEDICARE PART D | | 1,600/ 87 | \$367,355 | Fremont | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$4,222.47 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,222.47 | | | | | |
| Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150 | #51 | 04/01/08 | 12/31/12 | MEDICAL ONLY | | 560/ 59 | \$340,916 | Oakland | Peter Szutu | Joseph Billingsley (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/ 348 | \$1,504,320 | Oakland | Peter Szutu | Joseph Billingsley (916) 440-7532 |
| | | | | FAMILY/AGED/REF. | \$4,322.76 | | | | | |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| ALAMEDA COUNTY | | | | SUBTOTAL | | 4,320/ 498 | \$2,234,635 | | | |

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) | | | | | | | | | | |
| 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 | Berkeley | Peter Szutu | Joseph Billingsley (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/ 29 | \$125,360 | Berkeley | Peter Szutu | Joseph Billingsley (916) 440-7532 |
| | | | | DISA/LTC/AIDS | \$4,322.76 | | | | | |
| CONTACT: Peter Szutu (510) 433-1150 | | | | | | | | | | |
| CONTRA COSTA COUNTY | | | | SUBTOTAL | | 1,120/ 36 | \$165,808 | | | |

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/ 3,174 | \$247,191 | Los Angeles | David Schmidt | Joseph Billingsley (916) 440-7532 |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #201 | 01/01/09 | 12/31/12 | LTC \$935.31 | 5,000/ 1,885 | \$1,763,059 | Los Angeles | David Schmidt | Joseph Billingsley (916) 440-7532 |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | |
| MEDICAL ONLY | | | | | | | | | |
| Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 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/ 135 | \$797,831 | Los Angeles | Castulo de la Rocha | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| MEDICARE PART D | | | | | | | | | |
| Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 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/ 546 | \$1,853,119 | Los Angeles | Castulo de la Rocha | Delmira Rosas-Pettit (916) 440-7543 |
| CONTACT: Jennifer Spalding (323) 728-0411 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | 11,650/ 5,740 | \$4,661,200 | | | |

| <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/ 990 | \$70,310 | Riverside | David Schmidt | Joseph Billingsley (916) 440-7532 |
| | | | | AGED | \$71.02 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| 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/ 649 | \$595,172 | San Bernardino | David Schmidt | Joseph Billingsley (916) 440-7532 |
| | | | | LTC | \$917.06 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| RIVERSIDE COUNTY | | | | SUBTOTAL | | 10,000/ 1,639 | \$665,482 | | | |
| <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/ 6 | \$29,523 | Sacramento | William Clearwater | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$4,920.49 | | | | | |
| CONTACT: Carol Hubbard (916) 677-3888 | | | | | | | | | | |
| Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818 | #50 | 04/01/08 | 12/31/12 | <u>MEDICARE PART D</u> | | 280/ 195 | \$694,789 | Sacramento | William Clearwater | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$3,563.02 | | | | | |
| CONTACT: Carol Hubbard (916) 677-3888 | | | | | | | | | | |
| SACRAMENTO COUNTY | | | | SUBTOTAL | | 560/ 201 | \$724,312 | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|------------------------|------------------------------------|-----------------------|-------------|-------------------|-------------------------|----------------------------------------|
| <u>SAN BERNARDINO COUNTY (36)</u> | | | | | | | | | | |
| Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806 | #206 | 01/01/09 | 12/31/12 | MEDICARE PART D | | 5,000/ 602 | \$49,123 | Riverside | David Schmidt | Joseph Billingsley (916) 440-7532 |
| | | | | AGED | \$81.60 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| 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 | MEDICARE PART D | | 5,000/ 329 | \$293,169 | San Bernardino | David Schmidt | Joseph Billingsley. (916) 440-7532 |
| | | | | LTC | \$891.09 | | | | | |
| CONTACT: Becky Learner (562) 989-5143 | | | | | | | | | | |
| SAN BERNARDINO COUNTY | | | | SUBTOTAL | | 10,000/ 931 | \$342,292 | | | |
| <u>SAN DIEGO COUNTY (37)</u> | | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | MEDICAL ONLY | | 200/ 15 | \$71,421 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$4,761.40 | | | | | |
| CONTACT: Carol Hubbard (619) 677-3888 | | | | | | | | | | |
| Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103 | #57 | 02/01/08 | 12/31/12 | MEDICARE PART D | | 200/ 97 | \$346,258 | San Diego | Cheryl Wilson | Delmira Rosas-Pettit (916) 440-7543 |
| | | | | FAMILY/AGED/REF. | \$3,569.67 | | | | | |
| CONTACT: Carol Hubbard (619) 677-3888 | | | | | | | | | | |
| SAN DIEGO COUNTY | | | | SUBTOTAL | | 400/ 112 | \$417,679 | | | |

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 CONTACT: Sue Wong (415) 292-8720 | #55 | 04/01/08 | 12/31/12 | <u>FAMILY/AGED/REF.</u> \$6,077.65 <u>DISA/LTC/AIDS</u> \$6,077.65 | 1600/ 14 | \$85,087 | San Francisco | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| MEDICARE PART D | | | | | | | | | |
| OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wong (415) 292-8720 | #55 | 04/01/08 | 12/31/12 | <u>FAMILY/AGED/REF.</u> \$4,399.81 <u>DISA/LTC/AIDS</u> \$4,399.81 | 1600/ 862 | \$3,792,636 | San Francisco | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| MEDICAL ONLY | | | | | | | | | |
| San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124 CONTACT: Gary Zombalt (415) 206-7600 | #601 | 01/01/08 | 12/31/12 | <u>FAMILY/BLIND</u> \$1,848.75 <u>DISA/CHILD/REF</u> \$1,848.75 | 500/ 123 | \$227,396 | San Francisco | Miriam Martinez, DHI Director | Sunita Kapoor (916) 449-5104 |
| SAN FRANCISCO COUNTY | | | | | SUBTOTAL | 3700/ 999 | \$4,105,119 | | |
| 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 CONTACT: Sue Wong (415) 292-8720 | #58 | 11/01/08 | 12/31/12 | <u>FAMILY/AGED/REF.</u> 5145.76 <u>DISA/LTC/AIDS</u> 5145.76 | 1600/ 3 | \$15,437 | San Jose | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| MEDICARE PART D | | | | | | | | | |
| On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611 CONTACT: Sue Wong (415) 292-8720 | #58 | 11/01/08 | 12/31/12 | <u>FAMILY/AGED/REF.</u> 4028.58 <u>DISA/LTC/AIDS</u> 4028.58 | 1600/ 36 | \$145,029 | San Jose | Robert Edmondson | Joseph Billingsley (916) 440-7532 |
| SANTA CLARA COUNTY | | | | | SUBTOTAL | 3,200/ 39 | \$160,466 | | |

| <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 Clearwater (916) 424-8412 | | | | | | | | | | |
| YOLO COUNTY | | | | SUBTOTAL | | <u>280/ 2</u> | <u>\$7,126</u> | | | |
| TOTAL SPECIAL PROJECT | | | | | <u>45,230/ 10,197</u> | <u>\$13,484,119</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/ 434 | \$264,125 | | | | | |
| | | | | AGED | \$466.85 | | | | | | | |
| | | | | DISABLED | \$622.09 | | | | | | | |
| | | | | MI CHILD | \$103.27 | | | | | | | |
| | | | | MI ADULT | \$265.28 | | | | | | | |
| | | | | REFUGEES | \$103.27 | | | | | | | |
| | | | | AIDS | \$1,767.86 | | | | | | | |
| | | | | BCCTP | \$517.08 | | | | | | | |
| | | | | CONTACT: Donna Stidham (323) 860-5231 | | | | | | | | |
| AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403 | #915 | 01/01/10 | 12/31/10 | <u>MEDICARE PART D Public Assistance</u> | | | | | | Los Angeles | Michael Weinstein | Sunita Kapoor (916) 449-5096 |
| | | | | FAMILY | \$103.27 | 2,000/ 311 | \$104,155 | | | | | |
| | | | | 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/ 745</u> | | | <u>\$368,280</u> | | | | |
| | | | | TOTAL PCCM | <u>4,000/ 745</u> | <u>\$368,280</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/ 91,195 | \$13,223,415 | Alameda | David Kears | Mary Cobb (916) 341-7035 | | | | | | | | | |
| | | | | 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 | | | | | | | FAMILY | \$111.12 | 180,000/ 4,924 | \$689,316 | Alameda | David Kears | Mary Cobb (916) 341-7035 | | |
| | | | | 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 | | | | | | | | | | | | | | | | | | |
| 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/ 26,763 | \$4,025,792 | California | | Mark Lewis (916) 449-5061 | | | | | | | | | |
| | | | | AGED | \$546.76 | | | | | | | | | | | | | | |
| | | | | DISABLED | \$546.76 | | | | | | | | | | | | | | |
| | | | | MI ADULT | \$118.99 | | | | | | | | | | | | | | |
| | | | | REFUGEES/FAMILY | \$118.99 | | | | | | | | | | | | | | |
| | | | | AIDS | \$1,025.21 | | | | | | | | | | | | | | |
| | | | | BCCTP | \$813.63 | | | | | | | | | | | | | | |
| MEDICARE PART D | | | | FAMILY | \$118.99 | unlimited/ 811 | \$115,571 | California | Mark Lewis (916) 449-5061 | | | | | | | | | | |
| 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/ 123,693 | \$18,054,094 | | | | | | | | | | | | |

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/ 55,715 | \$8,300,367 | County of Contra Costa | Jonathan Prince (916) 449-3589 |
| | | | | AGED | \$490.75 | | | | |
| | | | | DISABLED | \$490.75 | | | | |
| | | | | MI ADULT | \$120.45 | | | | |
| | | | | REFUGEES/FAMILY | \$120.45 | | | | |
| | | | | AIDS | \$1,043.53 | | | | |
| | | | | BCCTP | \$832.10 | | | | |
| | | | | MEDICARE PART D | | | | | |
| | | | | FAMILY | \$120.45 | | | | |
| | | | | 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 #344 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/ 11,050 | \$1,400,816 | 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 | | | | | |
| | | | | FAMILY | \$109.43 | | | | |
| | | | | 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/ 69,326 | \$10,061,251 | | | |

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/ 90,795 | \$10,852,728 | 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/ 2,343 | \$316,131 | 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 | \$5,616.08 | | | | | | | | | |
| Health Net Community #351 Solutions, Inc. (03-76182), A10, 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/ 107,907 | \$10,750,731 | 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), A10, 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/ 1,071 | \$130,346 | 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 | \$5,616.08 | | | | | | | | | |
| FRESNO COUNTY | | | | SUBTOTAL | | unlimited/ 202,116 | \$22,049,936 | | | |

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) A10, 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/ 30,394 | 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) A10, 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/ 622 | 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/ 101,737 | Kern | Kern Health Systems | Jonathan Prince (916) 445-3589 |
| | | | | 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/ 1,880 | Kern | Kern Health Systems | Jonathan Prince (916) 445-3589 |
| | | | | 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/ 134,633 | | \$14,822,709 | |

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), A10, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 10/01/09 | 03/31/12 | FAMILY | \$83.94 | unlimited/ 435,128 | 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), A10, C10 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246 | #352 | 10/01/09 | 03/31/12 | FAMILY | \$83.94 | unlimited/ 5,612 | 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 | | | | | | | | | |
| 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/ 803,031 | 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/ 11,851 | 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 | | | | | | | | | |
| LOS ANGELES COUNTY | | | | SUBTOTAL | | unlimited/ 1,255,622 | \$129,956,978 | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|-----------------|------------------------------------|-----------------------|-------------|--------------------------------|----------------------------------|
| RIVERSIDE COUNTY (33) | | | | | | | | | |
| Inland Empire Health Plan #305 (04-35765), 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/ 177,711 | 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 #305 (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/ 3,062 | 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 #355 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/ 38,714 | Riverside | Stephen T. O'Dell Molina, M.D. | Sarah Reed (916) 319-8517 |
| | | | | 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 #355 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/ 328 | Riverside | Stephen T. O'Dell Molina, M.D. | Sarah Reed (916) 319-8517 |
| | | | | 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/ 219,815 | | \$24,481,697 | |

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/ 200,479 | \$22,640,410 | 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/ 3,425 | \$487,302 | 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/ 54,607 | \$6,255,208 | San Bernardino | Joann Zarza-Garrido Sarah Reed Molina, M.D. | (916) 319-8517 |
| | | | | 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/ 516 | \$67,773 | San Bernardino | Joann Zarza-Garrido Sarah Reed Molina, M.D. | (916) 319-8517 |
| | | | | 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/ 259,027 | \$29,450,693 | | | |

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 REFUGEES/FAMILY \$97.33 AIDS \$1,088.86 BCCTP \$822.13 | unlimited/ 11,511 | \$1,388,564 | 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 REFUGEES/FAMILY \$97.33 AIDS \$224.23 BCCTP \$822.13 MATERNITY \$5,842.73 | unlimited/ 447 | \$57,437 | 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 REFUGEES/FAMILY \$129.89 AIDS \$1,115.74 BCCTP \$841.23 | 55,000/ 36,366 | \$5,490,779 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Lin McCaul (916) 449-5104 |
| MEDICARE PART D | | | | | | | | | |
| San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), 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 REFUGEES/FAMILY \$129.89 AIDS \$222.63 BCCTP \$841.23 MATERNITY \$5,842.73 | 55,000/ 1,589 | \$240,678 | San Francisco | San Francisco Health Authority dba San Francisco Health Plan | Lin McCaul (916) 449-5104 |
| SAN FRANCISCO COUNTY | | | | SUBTOTAL | 110,000/ 49,913 | \$7,177,458 | | | |

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/ 72,585 | 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/ 1,656 | 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 | | | | | | | | |
| 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/ 27,361 | 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/ 554 | 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/ 102,156 | | \$12,064,368 | |

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/ 32,718 | \$4,029,154 | 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 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$103.84 | | | | | | unlimited/ 886 | \$111,225 | Santa Clara | Blue Cross of California | Mark Lewis (916) 449-5061 | | | |
| | | | | 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/ 92,422 | \$12,684,071 | Santa Clara | Santa Clara Family Health Plan | David Mora (916) 449-5092 | | | | | | | | |
| | | | | 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 | | | | | | | | | | | | | |
| | | | | MEDICARE PART D | | | | | | | | | | | | | | |
| | | | | FAMILY | \$117.77 | | | | | | 123,000/ 5,569 | \$732,549 | Santa Clara | Santa Clara Family Health Plan | David Mora (916) 449-5092 | | | |
| | | | | 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/ 131,595 | \$17,556,999 | | | | | | | | | | | |

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/ 47,843 | 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/ 1,265 | 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 | | | | |
| MATERNITY | \$6,114.14 | | | | | | | | |
| Health Net Community #361 Solutions, Inc. (03-76182), A10, 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/ 20,222 | 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), A10, 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/ 268 | 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 | | | | |
| MATERNITY | \$6,114.14 | | | | | | | | |
| STANISLAUS COUNTY | | | | SUBTOTAL | | unlimited/ 69,598 | | | |
| | | | | | | | | | \$9,291,732 |

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), A10 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/ 27,532 | 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), A10, 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/ 285 | 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/ 75,918 | 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/ 1,446 | 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/ 105,181 | \$11,476,685 | | | |
| TOTAL 2-PLAN | | | | | <u>1,384,740/ 2,722,675</u> | <u>\$306,444,600</u> | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|------------------|--------------|----------------------------------------|---------------------------|-------------|---------------------------------------------|----------------------------------|
| 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/ 26,726 | | Sacramento | | Cheryl Bates (916) 558-1797 |
| 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 | 12/31/12 | | 15,750/ 0 | | Sacramento | | Nathan Nau (916) 341-7031 |
| CONTACT: Rhonda West-Peters (916) 614-6002 | | | | | | | | | |
| Health Net Community Solutions, Inc. (07-65847) A2-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670 | #150 | 01/01/09 | 12/31/12 | | 168,600/ 48,181 | | Sacramento | | Peter Thomas (916) 324-0278 |
| CONTACT: Lori Hill (916) 935-1447 | | | | | | | | | |
| KP CAL, LLC (NorCal) (07-65849) A1 1800 Harrison Street, 25th Floor Oakland, CA 94512 | #170 | 07/01/08 | 12/31/12 | | 20,000/ 26,574 | | Sacramento | Charles S. Koch | Nathan Nau (916) 341-7031 |
| CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955 | | | | | | | | | |
| Anthem Blue Cross Partnership Plan (07-65845) A3 5151 - A Camino Ruiz | #190 | 01/01/10 | 12/31/12 | | 168,600/ 91,273 | | Sacramento | Jeff Flick Regional Manager, SSB West | Philip Jimenez (916) 449-5105 |
| CONTACT: Cindy Metcho (805) 384-7662 | | | | | | | | | |
| TOTAL GMC-MEDICAL (Sacramento) | | | | | 532,950/ 192,754 | | | | |

| <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/ 95,445 | | San Diego | Ann Warren Chief Member& Govt Relations Officer | Philip Jimenez (916) 449-5105 |
| 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 | 02/28/10 | | 180,000/ 29,521 | | San Diego | David Friedman | Peter Thomas (916) 324-0278 |
| 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/ 13,435 | | San Diego | William Caswell | Nathan Nau (916) 341-7031 |
| CONTACT: Andrea Broughton (626) 421-8733 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/ 61,288 | | San Diego | Stephen T. O'Dell President & CEO | Cheryl Bates (916) 558-1797 |
| CONTACT: Michele Marcotte (562) 435-6666 ext. 127520 | | | | | | | | | |
| 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/ 11,577 | | San Diego | Anna Tran Chief Operating Officer | Peter Thomas (916) 324-0278 |
| CONTACT: Kimberly Fritz (619) 528-4817 | | | | | | | | | |
| (Blue Cross #48 Deactivated 12/31/07) | | | | | | | | | |
| TOTAL GMC-MEDICAL (SAN DIEGO) | | | | | <u><u>704,000/ 211,266</u></u> | | | | |
| TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD)) | | | | | <u><u>2,675,236/ 4,261,940</u></u> | | | | |

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

| <u>Plan Name and Contract Number</u> | <u>Code No.</u> | <u>Effective Date</u> | <u>Term Date</u> | <u>Rates</u> | <u>Maximum/ Current Enrollment</u> | <u>Capitation Due</u> | <u>Area</u> | <u>Contractor</u> | <u>Contract Manager</u> |
|----------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|--------------|------------------------------------|-----------------------|-------------|--------------------------------------------|----------------------------------|
| GEOGRAPHIC MANAGED CARE (GMC-DENTAL) | | | | | | | | | |
| <u>SACRAMENTO COUNTY (34)</u> | | | | | | | | | |
| Western Dental Svcs., Inc. (07-65806) A1a 530 South Main Street Orange, CA 92863 | #424 | 01/01/09 | 12/31/12 | | 160,000/ 87,656 | | Sacramento | Samuel H. Gruenbau President/CEO | 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/ 52,441 | | Sacramento | Reza Abbaszadeh Chief Executive Officer | Lenatte Blouin (916) 464-0379 |
| CONTACT: Terri Abbaszadeh (916) 563-6020 | | | | | | | | | |
| Liberty Dental Plan (07-65805) A1 3200 El Camino Real, Ste. 290 Irvine, CA 92602 | #425 | 01/01/09 | 12/31/12 | | 100,000/ 27,718 | | Sacramento | Dr. Amir Neshat Chief Executive Officer | Lenatte Blouin (916) 464-0379 |
| CONTACT: Dr. Amir Nehat (949)-223-8929 | | | | | | | | | |
| Community Dental Services (07-65803) A1 2 MacArthur Place, Suite 700 Santa Ana, CA 92707 | #426 | 01/01/09 | 12/31/12 | | 90,000/ 12,242 | | Sacramento | Joseph Sivori President | Brian Nanoo (916) 464-3784 |
| CONTACT: Thuy Pham (714) 263-3410 | | | | | | | | | |
| Health Net of CA dba: CA Children Svcs. (07-65804) A1 address unknown | #427 | 01/01/09 | 12/31/12 | | 0/ 20,853 | | Sacramento | ? | Brian Nanoo (916) 464-3784 |
| CONTACT: Eileen McGee-Davidson (909) 890-4129 | | | | | | | | | |
| TOTAL GMC-DENTAL | | | | | <u>450,000/ 200,910</u> | | | | |

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