

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>PHP</b>										
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	FAMILY	\$115.40	734/ 888	\$170,527.23	Marin	Charles S. Koch	Nathan Nau (916) 449-5000
				AGED	\$457.37					
				BLIND/DISABLED	\$457.37					
				ADULT	\$115.40					
				REFUGEES FAMILY	\$115.40					
				BCCTP	\$912.48					
				AIDS	\$1,574.79					
<b>MARIN COUNTY (21)</b>										
<b>KP CAL LLC (NorCal)</b> (03-75341), A13 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733	#81	10/01/09	12/31/11	<b>MEDICARE PART D</b>		734/ 183	\$18,739.65	Marin	Charles S. Koch	Nathan Nau (916) 449-5000
				FAMILY	\$115.40					
				AGED	\$104.41					
				BLIND/DISABLED	\$101.27					
				ADULT	\$115.40					
				REFUGEES FAMILY	\$115.40					
				BCCTP	\$912.48					
AIDS	\$303.53									
<b>MARIN COUNTY</b>				<b>SUBTOTAL</b>		1,468/ 1071	\$189,266.88			

TOTAL PHP

4,316/ 1,071

\$189,266.88

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

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

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PHP (DENTAL)															
<u>LOS ANGELES COUNTY (19)</u>															
<b>Access Dental Plan, Inc.</b> (05-45001), A9 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/10	06/30/11	<b>Over 21 years old</b>						Reza Abbaszadeh	Lenatte Blouin (916) 464-0379				
				FAMILY	\$10.51	unlimited/ 18,892	\$48,741.36	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								130,129	\$1,452,239.64		
				FAMILY	\$10.51										
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				MI CHILD	\$10.51										
				MI ADULT	\$10.51										
% OF POV	\$10.51														
BCCTP	\$10.51														
CONTACT: Terri Abbaszadeh (916) 563-6020															
<b>American Health Guard Corp.</b> (05-45698), A5 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/10	06/30/11	<b>Over 21 years old</b>						David Kutner	Abbigail Aban (916) 464-0390				
				FAMILY	\$10.51	unlimited/ 2,478	\$6,393.24	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								6,721	\$75,006.36		
				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															
<b>Safeguard Health Plans Inc.</b> (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/10	06/30/11	<b>Over 21 years old</b>						Paula Lopez	Lenatte Blouin (916) 464-0379				
				FAMILY	\$10.51	unlimited/ 8,152	\$21,032.16	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								10,902	\$121,666.32		
				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															
<b>Health Net Community Solutions, Inc.</b> (05-45703), A6 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/10	06/30/11	<b>Over 21 years old</b>						David Meadows	Brian Nanoo (916) 464-3784				
				FAMILY	\$10.51	unlimited/ 18,857	\$48,651.06	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								26,366	\$294,244.56		
				FAMILY	\$10.51										
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				MI CHILD	\$10.51										
				MI ADULT	\$10.51										
% OF POV	\$10.51														
BCCTP	\$10.51														
CONTACT: Eileen McGee-Davidson (909) 890-4129															

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<b>LOS ANGELES COUNTY (19)</b>															
<b>Care 1st Health Plan</b> (05-45702), A6 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Walter Gray (323) 889-6638	#403	01/01/10	06/30/11	<b>Over 21 years old</b>						Dr. George Weingarter Medical Director	Abigail Aban (916) 464-0390				
				FAMILY	\$10.51	unlimited/ 5,856	\$15,108.48	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								10,443	\$116,543.88		
				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										
				<b>Western Dental Services</b> (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488	#413	01/01/10	06/30/11	<b>Over 21 years old</b>						Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784
FAMILY	\$10.51	unlimited/ 20,261	\$52,273.38					Los Angeles							
AGED	\$10.51														
BLIND/DISABLED	\$10.51														
<b>Under 21 years old</b>								31,743	\$354,251.88						
FAMILY	\$10.51														
AGED	\$10.51														
BLIND/DISABLED	\$10.51														
MI CHILD	\$10.51														
MI ADULT	\$10.51														
% OF POV	\$10.51														
BCCTP	\$11.16														
<b>Liberty Dental Plan</b> of CA, Inc. (05-45700), A6 3200 El Camino Real, Ste. 290 Irvine, CA 92602  CONTACT: Amir Neshat, DDS, 949-223-8929	#416	01/01/10	06/30/11					<b>Over 21 years old</b>							
				FAMILY	\$10.51	Unlimited/ 3,508	\$9,050.64	Los Angeles							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>						4,456	\$49,728.96				
				FAMILY	\$10.51										
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				MI CHILD	\$10.51										
				MI ADULT	\$10.51										
				% OF POV	\$10.51										
				BCCTP	\$10.51										
				<b>Community Dental Services, Inc. #417</b> (05-45699), A5 2 Mac Arthur Place, Suite 700 Santa Ana, CA 92707  CONTACT: Thuy Pham (714) 263-3410		01/01/10	06/30/11	<b>Over 21 years old</b>						Joseph Sivori President	Brian Nanoo (916) 464-3784
FAMILY	\$10.51	Unlimited/ 1,430	\$3,689.40					Los Angeles							
AGED	\$10.51														
BLIND/DISABLED	\$10.51														
<b>Under 21 years old</b>								2,037	\$22,732.92						
FAMILY	\$10.51														
AGED	\$10.51														
BLIND/DISABLED	\$10.51														
MI CHILD	\$10.51														
MI ADULT	\$10.51														
% OF POV	\$10.51														
BCCTP	\$10.51														
<b>LOS ANGELES</b>								<b>SUBTOTAL</b>	<b>Over 21 yrs. old</b>	<u>79,434</u>	<u>204,939.72</u>				
				<b>SUBTOTAL</b>	<b>Under 21 yrs. old</b>	<u>222,797</u>	<u>2,486,414.52</u>								

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<b>RIVERSIDE COUNTY (33)</b>																	
<b>Western Dental Services, Inc.</b> #414 (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/10	06/30/11	<b>Over 21 years old</b>						Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784						
				FAMILY	\$10.51	unlimited/ 50	\$129.00	Riverside									
				AGED	\$10.51												
				BLIND/DISABLED	\$10.51												
				<b>Under 21 years old</b>								68	\$758.88				
				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												
				<b>RIVERSIDE COUNTY</b>													
				<b>Safeguard Health Plans, Inc.</b> #407 (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605  CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518	#407	01/01/10	06/30/11	<b>Over 21 years old</b>								Paula Lopez Director State Gov	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51	unlimited/ 26	\$67.08					Riverside									
AGED	\$10.51																
BLIND/DISABLED	\$10.51																
<b>Under 21 years old</b>								29	\$323.64								
FAMILY	\$10.51																
AGED	\$10.51																
BLIND/DISABLED	\$10.51																
MI CHILD	\$10.51																
MI ADULT	\$10.51																
% OF POV	\$10.51																
BCCTP	\$10.51																
<b>RIVERSIDE COUNTY</b>								<b>SUBTOTAL</b>	<b>Over 21 yrs. old</b>			76	\$196.08				
								<b>SUBTOTAL</b>	<b>Under 21 yrs. old</b>			97	\$1,082.52				

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<b>SAN BERNARDINO COUNTY (36)</b>															
Western Dental Services, Inc. (05-45704), A6 530 South Main Street, Sixth Floor Orange, CA 92863	#415	01/01/10	06/30/11	<b>Over 21 years old</b>						Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784				
				FAMILY	\$10.51	unlimited/ 130	\$335.40	San Bernardino							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								86	\$959.76		
				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															
Care 1st Health Plan (05-45702), A6 601 Potrero Grande Drive Monterey Park, CA 91755	#404	01/01/10	06/30/11	<b>Over 21 years old</b>						Dr. Gorge Weingartenf Medical Director	Abigail Aban (916) 464-0390				
				FAMILY	\$10.51	unlimited/ 67	\$172.86	San Bernardino							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								46	\$513.36		
				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: Walter Gray (323) 889-6638															
Safeguard Health Plans, Inc. (05-45701), A5 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#408	01/01/10	06/30/11	<b>Over 21 years old</b>						Paula Lopez	Lenatte Blouin (916) 464-0379				
				FAMILY	\$10.51	unlimited/ 170	\$438.60	San Bernardino							
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				<b>Under 21 years old</b>								162	\$1,807.92		
				FAMILY	\$10.51										
				AGED	\$10.51										
				BLIND/DISABLED	\$10.51										
				MI CHILD	\$10.51										
				MI ADULT	\$10.51										
% OF POV	\$10.51														
BCCTP	\$10.51														
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518															
**Rates do not reflect Hyde abortion rates effective August 2003															
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>	<b>OVER 21</b>	<b>Under 21 yrs. old</b>	367	\$946.86							
				<b>SUBTOTAL</b>	<b>UNDER 21</b>	<b>Under 21 yrs. old</b>	294	\$3,281.04							
				<b>TOTAL PHP (DENTAL)</b>	<b>OVER 21</b>		79,877	\$206,082.66							
				<b>TOTAL PHP (DENTAL)</b>	<b>UNDER 21</b>		223,188	\$2,490,778.08							
				<b>TC TOTAL PHP (DENTAL)</b>			303,065	\$2,696,860.74							

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<b>COUNTY COHS</b>									
<b>MARIN COUNTY (21)</b>	<b>#510</b>	<b>07/01/11</b>	<b>?</b>		N/A/ 0	\$0.00	Marin		? (916) 449-5000
dba Partnership Health Plan of CA Central California Alliance for Health				FAMILY/MI CHILD	\$0.00				
				AGED	\$0.00				
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
ADDRESS ??				MI ADULT	\$0.00				
				REFUGEES/% POV	\$0.00				
				BCCTP	\$0.00				
				<b>MEDICARE PART D</b>					
				AGED	\$0.00	NA/ 0	\$0.00		
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
(Note): HCP # 081 will roll over to HCP# 510 07/01/11									
CONTACT:									
<b>MENDOCINO COUNTY (23)</b>	<b>#512</b>	<b>07/01/11</b>	<b>?</b>		N/A/ 0	\$0.00	Mendocino		? (916) 449-5000
dba Partnership Health Plan of CA				FAMILY/MI CHILD	\$0.00				
				AGED	\$0.00				
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
ADDRESS ??				MI ADULT	\$0.00				
				REFUGEES/% POV	\$0.00				
				BCCTP	\$0.00				
				<b>MEDICARE PART D</b>					
				AGED	\$0.00	NA/ 0	\$0.00		
				DISABLED/BLIND	\$0.00				
				LTC	\$0.00				
CONTACT:									
<b>MERCED COUNTY (24)</b>									
<b>Santa Cruz-Monterey-Merced</b>	<b>#514</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MI CHILD	\$149.87	N/A/ 66,108	\$14,326,952.50	Merced	Jane Marine (916) 449-5000
Managed Medical Care Commission				AGED	\$486.68				
dba Central California Alliance for Health				DISABLED/BLIND	\$761.12				
(08-85216) A6				LTC	\$7,721.99				
ADDRESS ??				MI ADULT	\$149.87				
				REFUGEES/% POV	\$149.87				
				BCCTP	\$1,296.40				
				<b>MEDICARE PART D</b>					
				AGED	\$268.57	NA/ 8,864	\$3,898,888.29		
				DISABLED/BLIND	\$181.15				
				LTC	\$4,987.51				
CONTACT:									
<b>MONTEREY COUNTY (27)</b>									
<b>Santa Cruz-Monterey</b>	<b>#508</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MI CHILD	\$139.02	N/A/ 64,724	\$13,450,595.28	Monterey	Allan McKay Jane Marine (916) 449-5000
Managed Medical Care Commission				AGED	\$592.63				
dba Central California Alliance for Health				DISABLED/BLIND	\$893.41				
(08-85216) A6				LTC	\$6,924.94				
1600 Green Hills Road				MI ADULT	\$139.02				
ADDRESS ??				REFUGEES/% POV	\$139.02				
				BCCTP	\$1,392.52				
				<b>MEDICARE PART D</b>					
				AGED	\$201.57	NA/ 9,847	\$4,310,414.92		
				DISABLED/BLIND	\$189.66				
				LTC	\$5,210.38				
CONTACT: Alan McKay (831) 457-3850 ext 4330									

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<b>COUNTY COHS</b>																			
<b><u>NAPA COUNTY (28)</u></b>																			
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#507</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MI CHILD	\$190.05	N/A/ 11,536	\$3,533,600.18	Solano-Napa	Jack Horn	Acting: Jane Marine (916) 449-5000									
				AGED	\$478.54														
				DISABLED/BLIND	\$893.60														
				LTC	\$4,801.23														
				MI ADULT	\$190.05														
				REFUGEES/% POV	\$190.05														
				BCCTP	\$1,595.64														
				OBRA	\$304.72														
				<b><u>MEDICARE PART D</u></b>															
				AGED	\$187.30														
				DISABLED/BLIND	\$234.40														
				LTC	\$3,773.91														
				OBRA	\$304.72														
				CONTACT: Jack Horn (707) 863-4261															
				<b><u>ORANGE COUNTY (30)</u></b>															
<b>Orange County Organized</b> Health System dba CalOptima (08-85214) A5 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	<b>#506</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MI CHILD	\$124.45	N/A/ 306,858	\$66,620,262.76	Orange	Richard Chambers	Acting: Jane Marine (916) 449-5000									
				AGED	\$420.88														
				DISABLED/BLIND	\$873.86														
				LTC	\$6,418.41														
				MI ADULT	\$124.45														
				REFUGEES/% POV	\$124.45														
				BCCTP	\$1,417.71														
				<b><u>MEDICARE PART D</u></b>															
				AGED	\$174.18														
				DISABLED/BLIND	\$249.12														
				LTC	\$4,254.86														
				CONTACT: Richard Chambers (714) 246-8458															
				<b><u>SAN LUIS OBISPO COUNTY (40)</u></b>															
				<b>SBSLORHA/SLO</b> Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A5 110 Castillian Dr. Goleta, CA 93117	<b>#501</b>						<b>01/01/11</b>	<b>12/31/11</b>	FAMILY/MI CHILD	\$123.15	N/A/ 24,181	\$5,219,556.46	Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5000
													AGED	\$497.19					
DISABELED/BLIND	\$764.70																		
LTC	\$6,811.85																		
MI ADULT	\$123.15																		
REFUGEES/% POV	\$123.15																		
BCCTP	\$1,333.04																		
AIDS	\$2,977.94																		
<b><u>MEDICARE PART D</u></b>																			
AGED	\$175.50																		
DISABLED/BLIND	\$145.64																		
LTC	\$4,263.10																		
AIDS	\$314.01																		
CONTACT: Bob Freeman (805) 685-9525																			

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<b>COUNTY COHS</b>									
<b><u>SAN MATEO COUNTY (41)</u></b>									
<b>San Mateo Health Commission</b> dba Health Plan of San Mateo (08-85213) A7 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	<b>#503</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MI CHILD \$178.58 AGED \$645.48 DISABLED/BLIND \$1,233.71 LTC \$6,353.90 MI ADULT \$178.58 REFUGEES/% POV \$178.58 BCCTP \$1,544.40 AIDS \$3,842.06 AGNEWS \$3,148.87	N/A/ 45,212	\$16,124,195.94	San Mateo	Maya Altman	Chrissy Corbin (916) 449-5000
				<b><u>MEDICARE PART D</u></b>					
				AGED \$343.94 DISABLED/BLIND \$384.48 LTC \$6,581.50 AIDS \$355.84 AGNEWS \$1,004.78	NA/ 15,738	\$11,603,260.20			
CONTACT: Maya Altman (650) 616-2145									
<b><u>SANTA BARBARA COUNTY (42)</u></b>									
<b>SBSLORHA Santa Barbara Regional Health Authority</b> dba CenCal Health Initiative (08-85212) A5 110 Castillian Dr. Goleta, CA 93117-3028	<b>#502</b>	<b>01/01/11</b>	<b>12/31/11</b>	FAMILY/MI CHILD \$143.90 AGED \$533.95 DISABELED/BLIND \$855.66 LTC \$8,100.86 MI ADULT \$143.90 REFUGEES/% POV \$143.90 BCCTP \$1,365.49 AIDS \$2,943.11	N/A/ 55,477	\$12,374,069.53	Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5000
				<b><u>MEDICARE PART D</u></b>					
				AGED \$199.11 DISABLED/BLIND \$186.69 LTC \$5,412.45 AIDS \$310.68	NA/ 9,984	\$5,174,504.67			
CONTACT: Bob Freeman (805) 685-9525 ext 1011									
<b><u>SANTA CRUZ COUNTY (44)</u></b>									
<b>Santa Cruz-Monterey Managed medical Care Commission</b> dba Central California Alliance for Health (08-85216) A6 1600 Green Hills Road Scotts Valley, CA 95066-9998	<b>#505</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MI CHILD \$151.54 AGED \$549.96 DISABELED/BLIND \$888.70 LTC \$6,258.60 MI ADULT \$151.54 REFUGEES/% POV \$151.54 BCCTP \$1,380.81	N/A/ 29,616	\$7,670,603.41	Santa Cruz-Monterey	Alan McKay	Jane Marine (916) 449-5000
				<b><u>MEDICARE PART D</u></b>					
				AGED \$216.66 DISABLED/BLIND \$198.76 LTC \$4,575.59	NA/ 6,204	\$2,837,613.01			
CONTACT: Alan McKay (831) 457-3850 ext. 4330									



**DEPARTMENT OF HEALTH SERVICES**

**MANAGED CARE CAPITATION REPORT**

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>COUNTY COHS</b>									
<b><u>SOLANO COUNTY (48)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A6 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#504</b>	<b>1/1/2011</b>	<b>12/31/13</b>	FAMILY/MI CHILD \$174.94 AGED \$551.97 DISABELED/BLIND \$862.18 LTC \$5,898.38 MI ADULT \$174.94 REFUGEES/% POV \$174.94 BCCTP \$1,410.12 OBRA \$298.85	NA/ 53,105	\$15,082,850.64	Solano-Napa	Jack Horn	Acting: Jane Marine (916) 449-5000
				<b><u>MEDICARE PART D</u></b>					
				AGED \$208.26 DISABLED/BLIND \$229.36 LTC \$4,667.25 OBRA \$298.85	NA/ 10,345	\$4,154,039.28			
CONTACT: Jack Horn (707) 863-4261									
<b><u>SONOMA COUNTY (49)</u></b>									
<b>Sonoma County</b> Partnership Health Plan of CA dba: (08-85215, A6 ADDRESS ??  Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.	<b>#513</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MI CHILD \$119.21 AGED \$671.07 DISABELED/BLIND \$893.72 LTC \$5,118.71 MI ADULT \$119.21 REFUGEES/% POV \$119.21 BCCTP \$940.23 OBRA \$0.00	N/A/ 42,784	\$10,468,851.49	Sonoma	Lyle Luman	Acting: Jane Marine (916) 449-5000
				<b><u>MEDICARE PART D</u></b>					
				AGED \$272.06 DISABLED/BLIND \$181.50 LTC \$3,847.43 OBRA \$0.00	NA/ 11,170	\$7,161,159.80			
CONTACT:									
<b><u>VENTURA COUNTY (56)</u></b>									
<b>Ventura County</b> Gold Coast Health Plan dba: (contract ? 220 Gonzales Road, Suite 200 Oxnard, CA 93035 Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.	<b>#515</b>	<b>07/01/11</b>	<b>00/00/00</b>	FAMILY/MI CHILD \$0.00 AGED \$0.00 DISABELED/BLIND \$0.00 LTC \$0.00 MI ADULT \$0.00 REFUGEES/% POV \$0.00 BCCTP \$0.00 OBRA \$0.00	N/A/ 0	\$0.00	Ventura		(916) 449-5000
				<b><u>MEDICARE PART D</u></b>					
				AGED \$0.00 DISABLED/BLIND \$0.00 LTC \$0.00 OBRA \$0.00	NA/ 0	\$0.00			
CONTACT:									

**DEPARTMENT OF HEALTH SERVICES**

**MANAGED CARE CAPITATION REPORT**

<u>Plan Name and</u>	<u>Code</u>	<u>Effective</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>COUNTY COHS</b>										
<b><u>YOLO COUNTY (57)</u></b>										
<b>Solano-Napa County</b>	<b>#509</b>	<b>01/01/11</b>	<b>12/31/13</b>	FAMILY/MICHILD	\$149.10	N/A/ 22,770	\$6,418,872.71	Yolo	Jack Horn	Acting: Jane Marine (916) 449-5000
Commission on Medical Care				AGED	\$581.08					
dba Partnership Health Plan				DISABELED/BLIND	\$1,003.56					
of California				LTC	\$6,313.03					
(08-85215) A6				MI ADULT	\$149.10					
360 Campus Lane, Suite 100				REFUGEES/FAMIL'	\$149.10					
Fairfield, CA 94534-4036				BCCTP	\$1,297.90					
				OBRA	\$272.39					
				<b><u>MEDICARE PART D</u></b>		NA/ 4,989	\$2,501,548.93			
				AGED	200.41					
				DISABLED/BLIND	248.25					
				LTC	4268.74					
				OBRA	272.39					
CONTACT: Jack Horn (707) 863-4100										
				<b>TOTAL COUNTY COHS</b>		N/A/ 881,799	\$246,911,618.51			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SPECIAL PROJECTS</b>										
<b>ALAMEDA COUNTY (01)</b>										
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	<b>MEDICAL ONLY</b>		1,600/ 4	\$23,108.72	Fremont	Robert Edmondson	Joseph Billingsley (916) 449-5000
				FAMILY/AGED/REF.	\$5,777.18					
				DISA/LTC/AIDS	\$5,777.18					
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		01/01/09	12/31/12	<b>MEDICARE PART D</b>		1,600/ 85	\$358,909.95	Fremont	Robert Edmondson	Joseph Billingsley (916) 449-5000
				FAMILY/AGED/REF.	\$4,222.47					
				DISA/LTC/AIDS	\$4,222.47					
<b>Center for Elders #51</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150		01/01/09	12/31/12	<b>MEDICAL ONLY</b>		560/ 43	\$253,351.70	Oakland	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$5,891.90					
				DISA/LTC/AIDS	\$5,891.90					
<b>Center for Elders #51</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150		01/01/09	12/31/12	<b>MEDICARE PART D</b>		560/ 421	\$1,819,881.96	Oakland	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		4,320/ 553	\$2,455,252.33			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>CONTRA COSTA COUNTY (07)</b>										
<b>MEDICAL ONLY</b>										
<b>Center for Elders</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#54	01/01/09	12/31/12	FAMILY/AGED/REF.	\$5,891.90	560/ 7	\$41,243.30	Berkeley	Peter Szutu	Joel Weeden (916) 449-5000
				DISA/LTC/AIDS	\$5,891.90					
<b>Center for Elders</b> Independence (07-65708) A1 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#54	01/01/09	12/31/12	<b>MEDICARE PART D</b>		560/ 28	\$121,037.28	Berkeley	Peter Szutu	Joel Weeden (916) 449-5000
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		1,120/ 35	\$162,280.58			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>LOS ANGELES COUNTY (19)</b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#200</b>	01/01/09	12/31/12	AGED \$79.84 BLIND/DISABLED \$79.84	5,000/ 3,101	\$247,583.84	Los Angeles	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#201</b>	01/01/09	12/31/12	LTC \$958.81	5,000/ 1,830	\$1,754,622.30	Los Angeles	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICAL ONLY</b>									
<b>Altamed Hlth Services Corp.</b> dba: AltaMed Senior BuenaCare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 120	\$709,183.20	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Jennifer Spalding (323) 728-0411									
<b>MEDICARE PART D</b>									
<b>Altamed Hlth Services Corp.</b> dba: Altamed Senior Buenacare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 671	\$2,277,367.29	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Jennifer Spalding (323) 728-0411									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	11,650/ 5,722	<b>\$4,988,756.63</b>			

## 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>
<b><u>RIVERSIDE COUNTY (33)</u></b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#204</b>	01/01/09	12/31/12	AGED \$72.80 BLIND/DISABLED \$72.80	5,000/ 993	\$72,290.40	Riverside	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#205</b>	01/01/09	12/31/12	LTC \$940.10	5,000/ 671	\$630,807.10	San Bernardino	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
<b>RIVERSIDE COUNTY</b>					<b>SUBTOTAL</b>	10,000/ 1,664	\$703,097.50		
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>MEDICAL ONLY</b>									
<b>Sutter Senior Care</b> (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	<b>#50</b>	01/01/09	12/31/12	FAMILY/AGED/REF. \$5,217.42 DISA/LTC/AIDS \$5,217.42	280/ 5	\$26,087.10	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
<b>MEDICARE PART D</b>									
<b>Sutter Senior Care</b> (07-65710) A1 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	<b>#50</b>	01/01/09	12/31/12	FAMILY/AGED/REF. \$3,608.80 DISA/LTC/AIDS \$3,608.80	280/ 222	\$801,153.60	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
<b>SACRAMENTO COUNTY</b>					<b>SUBTOTAL</b>	560/ 227	\$827,240.70		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>SAN BERNARDINO COUNTY (36)</u></b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#206</b>	01/01/09	12/31/12	AGED \$83.65 BLIND/DISABLED \$83.65	5,000/ 623	\$52,113.95	Riverside	David Schmidt	Joseph Billingsley (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#207</b>	01/01/09	12/31/12	LTC \$913.48	5,000/ 333	\$304,188.84	San Bernardino	David Schmidt	Joseph Billingsley. (916) 449-5000
CONTACT: Becky Learner (562) 989-5143									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>	10,000/ 956	\$356,302.79			
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>MEDICAL ONLY</b>									
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103	<b>#57</b>	01/01/09	12/31/12	FAMILY/AGED/REF. \$5,059.84 DISA/LTC/AIDS \$5,059.84	200/ 20	\$101,196.80	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Carol Hubbard (619) 677-3888									
<b>MEDICARE PART D</b>									
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A2 328 Maple Street San Diego, CA 92103	<b>#57</b>	01/01/09	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	200/ 125	\$446,208.75	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 449-5000
CONTACT: Carol Hubbard (619) 677-3888									
<b>SAN DIEGO COUNTY</b>				<b>SUBTOTAL</b>	400/ 145	\$547,405.55			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<b>SAN FRANCISCO COUNTY (38)</b>									
<b>MEDICAL ONLY</b>									
<b>OnLok Senior Health</b> Services dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	01/01/09	12/31/12	FAMILY/AGED/REF. \$6,113.52 DISA/LTC/AIDS \$6,113.52	1600/ 35	\$213,973.20	San Francisco	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICARE PART D</b>									
<b>OnLok Senior Health</b> Services, dba On Lok Lifeways (07-65707) A2 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	01/01/09	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 856	\$3,766,237.36	San Francisco	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICAL ONLY</b>									
<b>San Francisco City &amp; County Dept. of Public Health</b> dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124	<b>#601</b>	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 107	\$197,816.25	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5000
<b>MEDICARE PART D</b>									
				FAMILY/AGED/REF. \$1,848.75 DISA/LTC/AIDS \$1,848.75	500/ 1	\$1,848.75			
CONTACT: Gary Zombalt (415) 206-7600									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	3700/ 999	\$4,179,875.56			
<b>SANTA CLARA COUNTY (43)</b>									
<b>MEDICAL ONLY</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	01/01/09	12/31/12	FAMILY/AGED/REF. 5,334.20 DISA/LTC/AIDS 5,334.20	1600/ 3	\$16,002.60	San Jose	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
<b>MEDICARE PART D</b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A2 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	01/01/09	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 72	\$290,057.76	San Jose	Robert Edmondson	Joseph Billingsley (916) 449-5000
CONTACT: Sue Wong (415) 292-8720									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	3,200/ 75	\$306,060.36			



<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>YOLO COUNTY (57)</b>									
<b>MEDICAL ONLY</b>									
<b>Sutter Senior Care</b> (07-65710) A1 1234 U Street Sacramento, CA 95818	<b>#53</b>	01/01/09	12/31/12	FAMILY/AGED/REF. 5,217.42 DISA/LTC/AIDS 5,217.42	280/ 0	\$0.00	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
<b>Sutter Senior Care</b> (07-65710) A1 1234 U Street Sacramento, CA 95818 (Deactive 03/01/2011)	<b>#53</b>	01/01/09	12/31/12	<b>MEDICARE PART D</b> FAMILY/AGED/REF. 3,608.80 DISA/LTC/AIDS 3,608.80	280/ 0	\$0.00	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 449-5000
CONTACT: William Clearwater (916) 424-8412									
<b>YOLO COUNTY</b>				<b>SUBTOTAL</b>		<u>280/ 0</u>	<u>\$0.00</u>		
<b>TOTAL SPECIAL PROJECT</b>						<u>45,230/ 10,376</u>	<u>\$14,526,272.00</u>		

**DEPARTMENT OF HEALTH SERVICES**

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<b>PCCM</b>									
<b><u>LOS ANGELES COUNTY (19)</u></b>									
				<u>Public Assistance</u>					
<b>AIDS Healthcare Foundation</b> (01-16349) A-14 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/11	FAMILY \$103.27 AGED \$466.85 DISABLED \$622.09 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$1,767.86 BCCTP \$517.08	2,000/ 452	\$272,209.50	Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5000
CONTACT: Donna Stidham (323) 860-5231									
				<u>MEDICARE PART D</u>					
				<u>Public Assistance</u>					
<b>AIDS Healthcare Foundation</b> (01-16349) A-14 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/11	FAMILY \$103.27 AGED \$243.89 DISABLED \$339.33 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$230.19 BCCTP \$517.08	2,000/ 344	\$115,207.56	Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5000
CONTACT: Donna Stidham (323) 860-5231									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		<u>4,000/ 796</u>		<u>\$387,417.06</u>	
<b>TOTAL PCCM</b>						<u>4,000/ 796</u>		<u>\$387,417.06</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>									
<b>2-PLAN</b>																		
<b>ALAMEDA COUNTY (01)</b>																		
<b>Alameda Alliance for Health</b> (04-35399), A10a, C12 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	<b>#300</b>	01/01/11	12/31/11	<b>FAMILY</b>	<b>\$124.37</b>	180,000/ 100,709	\$16,094,831.17	Alameda	David Kears	Mary Cobb (916) 449-5000								
				AGED	\$525.14													
				DISABLED	\$525.14													
				MI ADULT	\$124.37													
				REFUGEES	\$124.37													
				AIDS	\$825.52													
				BCCTP	\$807.71													
				AGNEWS	\$2,930.25													
				<b>MEDICARE PART D</b>														
				<b>FAMILY</b>	<b>\$124.37</b>						180,000/ 6,230	\$848,970.66	Alameda	David Kears	Mary Cobb (916) 449-5000			
AGED	\$134.31																	
DISABLED	\$139.61																	
MI ADULT	\$124.37																	
REFUGEES	\$124.37																	
AIDS	\$208.03																	
BCCTP	\$807.71																	
MATERNITY	\$6,345.81																	
AGNEWS	\$977.28																	
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	<b>#340</b>	01/01/11	03/31/12	<b>FAMILY</b>	<b>\$120.72</b>	unlimited/ 28,527	\$4,298,499.22	California	Mark Lewis (916) 449-5000									
				AGED	\$563.03													
				DISABLED	\$563.03													
				MI ADULT	\$120.72													
				REFUGEES/FAMILY	\$120.72													
				AIDS	\$853.97													
				BCCTP	\$739.89													
				<b>MEDICARE PART D</b>														
				<b>FAMILY</b>	<b>\$120.72</b>					unlimited/ 766	\$94,838.37	California	Mark Lewis (916) 449-5000					
				AGED	\$108.63													
DISABLED	\$130.95																	
MI ADULT	\$120.72																	
REFUGEES/FAMILY	\$120.72																	
AIDS	\$198.25																	
BCCTP	\$739.89																	
MATERNITY	\$6,345.81																	
<b>ALAMEDA COUNTY</b>					<b>SUBTOTAL</b>		360,000/ 136,232	<b>\$21,337,139.42</b>										

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>							
<b>CONTRA COSTA COUNTY (07)</b>																
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A8a, C11, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	#301	01/01/11	12/31/11	FAMILY	\$130.13	unlimited/ 62,056	\$9,835,008.49	County of Contra Costa	Jonathan Prince (916) 449-5000							
				AGED	\$519.08											
				DISABLED	\$519.08											
				MI ADULT	\$130.13											
				REFUGEES/FAMILY	\$130.13											
				AIDS	\$879.66											
				BCCTP	\$768.60											
				<b>MEDICARE PART D</b>												
				FAMILY	\$130.13					unlimited/ 2,672	\$386,598.92	County of Contra Costa	Jonathan Prince (916) 449-5000			
				AGED	\$130.59											
				DISABLED	\$154.21											
				MI ADULT	\$130.13											
REFUGEES/FAMILY	\$130.13															
AIDS	\$202.06															
BCCTP	\$768.60															
MATERNITY	\$5,795.09															
<b>CONTRA COSTA COUNTY</b>																
<b>Anthem Blue Cross Partnership</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	#344	01/01/11	03/31/12	FAMILY	\$109.83	unlimited/ 11,441	\$1,458,632.73	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5000							
				AGED	\$415.53											
				DISABLED	\$415.53											
				MI ADULT	\$109.83											
				REFUGEES/FAMILY	\$109.83											
				AIDS	\$899.06											
				BCCTP	\$777.44											
				<b>MEDICARE PART D</b>												
				FAMILY	\$109.83					unlimited/ 240	\$30,374.78	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5000			
				AGED	\$111.49											
				DISABLED	\$139.66											
				MI ADULT	\$109.83											
REFUGEES/FAMILY	\$109.83															
AIDS	\$198.29															
BCCTP	\$777.44															
MATERNITY	\$5,795.09															
<b>CONTRA COSTA COUNTY</b>																
<b>SUBTOTAL</b>					unlimited/ 76,409	\$11,710,614.92										

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>FRESNO COUNTY (10)</b>									
<b>Anthem Blue Cross of CA</b> Partnership Plan, Inc. (03-76184), A14a ,C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#341</b>	01/01/11	06/30/11	FAMILY \$99.41 AGED \$537.48 DISABLED \$537.48 MI ADULT \$99.41 REFUGEES/FAMILY \$99.41 AIDS \$946.19 BCCTP \$779.03	unlimited/ -8	(\$4,299.84)	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross of CA</b> Partnership Plan, Inc. (03-76184,) A14a ,C11 5151-A Camino Ruiz Camarillo, CA 93012  (Note: Deactive HCP #341 03/01/11, roll over to 362 Contract (10-87049) CONTACT: Cindy Metcho (805) 384-7662	<b>#341</b>	01/01/11	06/30/11	FAMILY \$99.41 AGED \$118.12 DISABLED \$140.12 MI ADULT \$99.41 REFUGEES/FAMILY \$99.41 AIDS \$197.45 BCCTP \$779.03 MATERNITY \$5,819.44	unlimited/ 8	\$1,164.96	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000
<b>Anthem Blue Cross of CA</b> Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT:	<b>#362</b>	03/01/11	02/29/16	FAMILY \$99.56 AGED \$545.56 DISABLED \$545.56 MI ADULT \$99.56 REFUGEES/FAMILY \$99.56 AIDS \$955.14 BCCTP \$786.22	unlimited/ 78,704	\$9,704,000.18	Fresno	Blue Cross of California	(916) 449-5000
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross of CA</b> Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012  (Note: Deactive HCP #341 rolls over 10/01/10, to 362 Contract (10-87049) CONTACT:	<b>#362</b>	03/01/11	02/29/16	FAMILY \$99.56 AGED \$118.48 DISABLED \$140.46 MI ADULT \$99.56 REFUGEES/FAMILY \$99.56 AIDS \$199.04 BCCTP \$786.22 MATERNITY \$5,819.44	unlimited/ 2,327	\$304,666.92	Fresno	Blue Cross of California	(916) 449-5000
<b>Fresno-Kings-Madera Regional # #315</b> dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721  CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY \$97.87 AGED \$428.09 DISABLED \$428.09 MI ADULT \$97.87 REFUGEES/FAMILY \$97.87 AIDS \$896.65 BCCTP \$741.05	unlimited/ 131,620	\$14,567,215.38	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000
<b>MEDICARE PART D</b>									
<b>Fresno-Kings-Madera Regional # #315</b> dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721  CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY \$97.87 AGED \$112.76 DISABLED \$110.04 MI ADULT \$97.87 REFUGEES/FAMILY \$97.87 AIDS \$199.74 BCCTP \$741.05 MATERNITY \$5,819.44	unlimited/ 1,698	\$184,889.41	Fresno	Blue Cross of California	Marc Lewis (916) 449-5000

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>							
<b>FRESNO COUNTY (10)</b>																
<b>Health Net Community Solutions, Inc.</b> (03-76182), A12, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#351	01/01/11	06/30/11	FAMILY	\$97.84	unlimited/ -18	Fresno	Health Net	Myreca Singh (916) 449-5000							
				AGED	\$424.15											
				DISABLED	\$424.15											
				MI ADULT	\$97.84											
				REFUGEES/FAMILY	\$97.84											
				AIDS	\$891.32											
				BCCTP	\$737.83											
				<b>MEDICARE PART D</b>												
				FAMILY	\$97.84					unlimited/ 6	\$634.56	Fresno	Health Net	Myreca Singh (916) 449-5000		
				AGED	\$112.54											
DISABLED	\$109.72															
MI ADULT	\$97.84															
REFUGEES/FAMILY	\$97.84															
AIDS	\$198.73															
BCCTP	\$737.83															
MATERNITY	\$5,819.44															
<b>FRESNO COUNTY</b>				<b>SUBTOTAL</b>	unlimited/ 214,337	\$24,754,565.22										

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

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b><u>KERN COUNTY (15)</u></b>										
<b>Health Net Community Solutions, Inc.</b> (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 33,575	\$4,188,708.82	Kern	Health Net	Myreca Singh (916) 449-5000
				AGED	\$470.21					
				DISABLED	\$470.21					
				MI ADULT	\$107.24					
				REFUGEES/FAMILY	\$107.24					
				AIDS	\$887.18					
				BCCTP	\$750.33					
<b><u>MEDICARE PART D</u></b>										
<b>Health Net Community Solutions, Inc.</b> (03-76182) A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	01/01/11	06/30/11	FAMILY	\$107.24	unlimited/ 702	\$84,522.54	Kern	Health Net	Myreca Singh (916) 449-5000
				AGED	\$108.94					
				DISABLED	\$128.08					
				MI ADULT	\$107.24					
				REFUGEES/FAMILY	\$107.24					
				AIDS	\$195.52					
				BCCTP	\$750.33					
MATERNITY	\$5,648.68									
<b>Kern Health Systems dba Kern Family Health Care</b> 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 108,866	\$12,144,820.94	Kern	Kern Health Systems	Jonathan Prince (916) 449-5000
				AGED	\$443.84					
				DISABLED	\$443.84					
				MI ADULT	\$94.24					
				REFUGEES/FAMILY	\$94.24					
				AIDS	\$876.44					
				BCCTP	\$748.11					
<b><u>MEDICARE PART D</u></b>										
<b>Kern Health Systems dba Kern Family Health Care</b> 03-76165, A10a, C12 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	01/01/11	12/31/11	FAMILY	\$94.24	115,000/ 2,088	\$264,131.72	Kern	Kern Health Systems	Jonathan Prince (916) 449-5000
				AGED	\$128.70					
				DISABLED	\$134.90					
				MI ADULT	\$94.24					
				REFUGEES/FAMILY	\$94.24					
				AIDS	\$195.91					
				BCCTP	\$748.11					
MATERNITY	\$5,648.68									
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>		230,000/ 145,231	\$16,682,184.02			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>KINGS COUNTY (16)</b>									
<b>Kings-Fresno-Madera Regional #316</b> dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721  CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 12,910	Kings		(916) 449-5000
	AGED			\$487.73					
	DISABLED			\$487.73					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$887.98					
	BCCTP			\$774.89					
<b>MEDICARE PART D</b>									
<b>Kings -Fresno-Madera Regional #316</b> dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721  CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 157	Kings		(916) 449-5000
	AGED			\$111.96					
	DISABLED			\$130.53					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$197.07					
	BCCTP			\$774.89					
MATERNITY	\$6,104.12								
<b>MEDICARE PART D</b>									
<b>Anthen Blue Cross of CA #363</b> dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: (805) 383-1704  (Note: HCP #351 rools over to HCP# 363)		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 9,365	Kings		(916) 449-5000
	AGED			\$487.73					
	DISABLED			\$487.73					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$887.98					
	BCCTP			\$774.89					
<b>MEDICARE PART D</b>									
<b>Anthen Blue Cross of CA #363</b> dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: (805) 383-1704		03/01/11	02/29/16	FAMILY	\$103.96	unlimited/ 147	Kings		(916) 449-5000
	AGED			\$111.96					
	DISABLED			\$130.53					
	MI ADULT			\$103.96					
	REFUGEES/FAMILY			\$103.96					
	AIDS			\$197.07					
	BCCTP			\$774.89					
MATERNITY	\$6,104.12								
<b>KINGS COUNTY</b>					<b>SUBTOTAL</b>				
						0/ 22,579	\$2,485,482.46		



<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>LOS ANGELES COUNTY (19)</b>										
<b>Health Net Community Solutions, Inc.</b> (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#352	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 439,545	\$42,857,785.02	Los Angeles	Health Net	Myreca Singh (916) 449-5000
				AGED	\$404.78					
				DISABLED	\$404.78					
				MI ADULT	\$85.76					
				REFUGEES/FAMILY	\$85.76					
				AIDS	\$927.12					
				BCCTP	\$750.20					
<b>MEDICARE PART D</b>										
<b>Health Net Community Solutions, Inc.</b> (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#352	01/01/11	03/31/12	FAMILY	\$85.76	unlimited/ 6,239	\$669,852.02	Los Angeles	Health Net	Myreca Singh (916) 449-5000
				AGED	\$99.90					
				DISABLED	\$119.25					
				MI ADULT	\$85.76					
				REFUGEES/FAMILY	\$85.76					
				AIDS	\$186.55					
				BCCTP	\$750.20					
MATERNITY	\$5,656.38									
<b>MEDICARE PART D</b>										
<b>LA Care Health Plan</b> (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	#304	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 859,200	\$98,746,400.34	Los Angeles	LA Care Health Plan	Mary Cobb (916) 449-5000
				AGED	\$437.50					
				DISABLED	\$437.50					
				MI ADULT	\$102.13					
				REFUGEES/FAMILY	\$102.13					
				AIDS	\$843.46					
				BCCTP	\$823.84					
<b>MEDICARE PART D</b>										
<b>LA Care Health Plan</b> (04-36069), A7a, C11 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	#304	01/01/11	12/31/11	FAMILY	\$102.13	unlimited/ 13,745	\$1,598,003.35	Los Angeles	LA Care Health Plan	Mary Cobb (916) 449-5000
				AGED	\$116.28					
				DISABLED	\$121.18					
				MI ADULT	\$102.13					
				REFUGEES/FAMILY	\$102.13					
				AIDS	\$201.61					
				BCCTP	\$823.84					
MATERNITY	\$5,656.38									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	unlimited/ 1,318,729	\$143,872,040.73				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>MADERA COUNTY (20)</b>									
<b>Madera-Fresno-Kings Regional F #317</b> dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721  CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 16,140	Madera		(916) 449-5000
	AGED			\$508.86					
	DISABLED			\$508.86					
	MI ADULT			\$100.50					
	REFUGEES/FAMILY			\$100.50					
	AIDS			\$888.65					
	BCCTP			\$775.47					
<b>MEDICARE PART D</b>									
<b>Madera-Fresno-Kings Regional F #317</b> dba: CalViva (10-87050) 1315 Van Ness Avenue Fresno, CA 93721  CONTACT: (559) 445-3461		03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 169	Madera		(916) 449-5000
	AGED			\$112.89					
	DISABLED			\$121.63					
	MI ADULT			\$100.50					
	REFUGEES/FAMILY			\$100.50					
	AIDS			\$197.07					
	BCCTP			\$775.47					
MATERNITY	\$5,916.55								
<b>MEDICARE PART D</b>									
<b>Anthen Blue Cross of CA #364</b> dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: (805) 383-1704		03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 10,140	Madera		(916) 449-5000
	AGED			\$508.86					
	DISABLED			\$508.86					
	MI ADULT			\$100.50					
	REFUGEES/FAMILY			\$100.50					
	AIDS			\$888.68					
	BCCTP			\$775.47					
<b>MEDICARE PART D</b>									
<b>Anthen Blue Cross of CA #364</b> dba: Partnership Plan, Inc. (10-87049) 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: (805) 3831704		03/01/11	02/29/16	FAMILY	\$100.50	unlimited/ 86	Madera		(916) 449-5000
	AGED			\$112.89					
	DISABLED			\$121.63					
	MI ADULT			\$100.50					
	REFUGEES/FAMILY			\$100.50					
	AIDS			\$197.07					
	BCCTP			\$775.47					
MATERNITY	\$5,916.55								
<b>MEDICARE PART D</b>									
<b>MADERA COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 26,535		\$2,805,560.24	

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>RIVERSIDE COUNTY (33)</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 198,467	\$24,256,352.17	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$478.25					
				DISABLED	\$478.25					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$866.01					
				BCCTP	\$745.17					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #305</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	01/01/11	12/31/11	FAMILY	\$105.47	unlimited/ 3,745	\$455,374.25	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$102.12					
				DISABLED	\$133.27					
				MI ADULT	\$105.47					
				REFUGEES/FAMILY	\$105.47					
				AIDS	\$195.70					
				BCCTP	\$745.17					
MATERNITY	\$5,096.19									
<b>Molina Healthcare of California #355</b>										
Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 40,859	\$4,793,883.97	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$426.63					
				DISABLED	\$426.63					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$864.62					
				BCCTP	\$735.80					
<b>MEDICARE PART D</b>										
Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	01/01/11	03/31/11	FAMILY	\$109.09	83,038/ 485	\$59,534.56	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$108.77					
				DISABLED	\$136.76					
				MI ADULT	\$109.09					
				REFUGEES/FAMILY	\$109.09					
				AIDS	\$197.21					
				BCCTP	\$735.80					
MATERNITY	\$5,096.19									
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		166,076/ 243,556	\$29,565,144.95			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 226,002	\$27,845,624.38	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$471.09					
				DISABLED	\$471.09					
				MI ADULT	\$107.05					
				REFUGEES/FAMILY	\$107.05					
				AIDS	\$814.74					
				BCCTP	\$747.17					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A9, C11 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	01/01/11	12/31/11	FAMILY	\$107.05	unlimited/ 4,040	\$515,865.41	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 449-5000
				AGED	\$112.49					
				DISABLED	\$138.74					
				MI ADULT	\$107.05					
				REFUGEES/FAMILY	\$107.05					
				AIDS	\$198.74					
				BCCTP	\$747.17					
MATERNITY	\$5,506.98									
<b>Molina Healthcare of California #356</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 56,806	\$6,672,581.32	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$433.34					
				DISABLED	\$433.34					
				MI ADULT	\$106.71					
				REFUGEES/FAMILY	\$106.71					
				AIDS	\$863.23					
				BCCTP	\$767.45					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A8a, C8 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	01/01/11	03/31/11	FAMILY	\$106.71	136,332/ 718	\$91,265.69	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Sarah Reed (916) 449-5000
				AGED	\$132.04					
				DISABLED	\$133.17					
				MI ADULT	\$106.71					
				REFUGEES/FAMILY	\$106.71					
				AIDS	\$197.15					
				BCCTP	\$767.45					
MATERNITY	\$5,506.98									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		272,664/ 287,566	\$35,125,336.80			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>				
<b>SAN FRANCISCO COUNTY (38)</b>													
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$90.21 AGED \$460.30 DISABLED \$460.30 MI ADULT \$90.21 REFUGEES/FAMILY \$90.21 AIDS \$900.32 BCCTP \$779.91	unlimited/ 11,075	\$1,279,503.01	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5000				
	<b>MEDICARE PART D</b>												
	<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$90.21 AGED \$96.55 DISABLED \$116.34 MI ADULT \$90.21 REFUGEES/FAMILY \$90.21 AIDS \$197.69 BCCTP \$779.91 MATERNITY \$6,252.12	unlimited/ 482	\$51,685.22	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5000			
		<b>MEDICARE PART D</b>											
		<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A9a, C11 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		01/01/11	12/31/11	FAMILY \$134.84 AGED \$519.04 DISABLED \$519.04 MI ADULT \$134.84 REFUGEES/FAMILY \$134.84 AIDS \$1,014.53 BCCTP \$780.02	55,000/ 40,167	\$6,253,978.88	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5000		
			<b>MEDICARE PART D</b>										
			<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A9a, C11 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		01/01/11	12/31/11	FAMILY \$134.84 AGED \$131.71 DISABLED \$159.18 MI ADULT \$134.84 REFUGEES/FAMILY \$134.84 AIDS \$213.17 BCCTP \$780.02 MATERNITY \$6,252.12	55,000/ 1,737	\$252,723.77	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5000	
				<b>MEDICARE PART D</b>									
				<b>SAN FRANCISCO COUNTY</b>									
				<b>SUBTOTAL</b>					110,000/ 53,461	\$7,837,890.88			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN JOAQUIN COUNTY (39)</b>									
<b>Health Plan of San Joaquin</b> (04-35401), A9a, C11 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	01/01/11	12/31/11	<u>FAMILY</u> \$108.21 AGED \$434.62 DISABLED \$434.62 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$921.09 BCCTP \$798.68	unlimited/ 82,331	\$10,598,297.00	San Joaquin	?	Stephanie Hopkins (916) 449-5000
<b>MEDICARE PART D</b>									
<b>Health Plan of San Joaquin</b> (04-35401), A9a, C11 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	01/01/11	12/31/11	<u>FAMILY</u> \$108.21 AGED \$126.86 DISABLED \$142.01 MI ADULT \$108.21 REFUGEES/FAMILY \$108.21 AIDS \$204.57 BCCTP \$798.68 MATERNITY \$5,978.59	unlimited/ 2,055	\$272,428.90	San Joaquin	?	Stephanie Hopkins (916) 449-5000
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	01/01/11	06/30/11	<u>FAMILY</u> \$94.36 AGED \$376.52 DISABLED \$376.52 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$850.37 BCCTP \$743.56	unlimited/ 27,043	\$2,924,765.48	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5000
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A14a, C11 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	01/01/11	06/30/11	<u>FAMILY</u> \$94.36 AGED \$92.64 DISABLED \$123.23 MI ADULT \$94.36 REFUGEES/FAMILY \$94.36 AIDS \$198.34 BCCTP \$743.56 MATERNITY \$5,978.59	unlimited/ 557	\$61,806.74	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5000
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>	unlimited/ 111,986	\$13,857,298.12			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SANTA CLARA COUNTY (43)</b>									
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	FAMILY \$101.41 AGED \$407.82 DISABLED \$407.82 MI ADULT \$101.41 REFUGEES/FAMILY \$101.41 AIDS \$896.01 BCCTP \$793.84	unlimited/ 33,126	\$3,923,806.52	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5000
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A14a, C11 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		01/01/11	03/31/12	<b>MEDICARE PART D</b> FAMILY \$101.41 AGED \$107.28 DISABLED \$126.38 MI ADULT \$101.41 REFUGEES/FAMILY \$101.41 AIDS \$200.70 BCCTP \$793.84 MATERNITY \$6,127.31	unlimited/ 1,009	\$115,009.31	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5000
<b>Santa Clara Family Health #309</b> Plan (04-35398), A10a, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		01/01/11	12/31/11	FAMILY \$125.45 AGED \$497.71 DISABLED \$497.71 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$841.08 BCCTP \$744.23 AGNEWS \$3,070.16	123,000/ 100,651	\$14,644,795.31	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5000
<b>Santa Clara Family Health #309</b> Plan (04-35398), A10a, C12 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		01/01/11	12/31/11	<b>MEDICARE PART D</b> FAMILY \$125.45 AGED \$145.56 DISABLED \$165.82 MI ADULT \$125.45 REFUGEES/FAMILY \$125.45 AIDS \$200.92 BCCTP \$744.23 MATERNITY \$6,127.31 AGNEWS \$1,215.33	123,000/ 5,622	\$859,913.91	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5000
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	246,000/ 140,408	\$19,543,525.05			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>							
<b>STANISLAUS COUNTY (50)</b>																
<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A10a, C10 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	#310	01/01/11	12/31/11	FAMILY	\$110.41	unlimited/ 50,368	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5000							
				AGED	\$552.07											
				DISABLED	\$552.07											
				MI ADULT	\$110.41											
				REFUGEES/FAMILY	\$110.41											
				AIDS	\$878.44											
				BCCTP	\$804.01											
				<b>MEDICARE PART D</b>												
				FAMILY	\$110.41					unlimited/ 1,371	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5000			
				AGED	\$118.05											
DISABLED	\$120.91															
MI ADULT	\$110.41															
REFUGEES/FAMILY	\$110.41															
AIDS	\$200.01															
BCCTP	\$804.01															
MATERNITY	\$5,734.13															
<b>MEDICARE PART D</b>																
<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A12a, C14 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#361	01/01/11	06/30/11	FAMILY	\$107.74	unlimited/ 24,173	Stanislaus	Health Net	Myreca Singh (916) 449-5000							
				AGED	\$477.69											
				DISABLED	\$477.69											
				MI ADULT	\$107.74											
				REFUGEES/FAMILY	\$107.74											
				AIDS	\$936.48											
				BCCTP	\$775.44											
				<b>MEDICARE PART D</b>												
				FAMILY	\$107.74					unlimited/ 332	Stanislaus	Health Net	Myreca Singh (916) 449-5000			
				AGED	\$103.25											
DISABLED	\$128.75															
MI ADULT	\$107.74															
REFUGEES/FAMILY	\$107.74															
AIDS	\$202.38															
BCCTP	\$775.44															
MATERNITY	\$5,734.13															
<b>MEDICARE PART D</b>																
<b>STANISLAUS COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 76,244		\$9,923,435.87								



<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>TULARE COUNTY (54)</b>										
<b>Health Net Community Solutions, Inc.</b> (03-76182), A12a, C14 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	01/01/11	06/30/11	FAMILY	\$89.94	unlimited/ 37,276	\$3,725,237.11	Tulare	Health Net	Myreca Singh (916) 449-5000
				AGED	\$461.16					
				DISABLED	\$461.16					
				MI ADULT	\$89.94					
				REFUGEES/FAMILY	\$89.94					
				AIDS	\$915.71					
				BCCTP	\$761.17					
				<b>MEDICARE PART D</b>						
				FAMILY	\$89.94					
				AGED	\$105.41					
DISABLED	\$126.47									
MI ADULT	\$89.94									
REFUGEES/FAMILY	\$89.94									
AIDS	\$199.14									
BCCTP	\$761.17									
MATERNITY	\$5,864.01									
<b>Anthem Blue Cross Partnership Plan</b> (04-36068), A9, C10 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	#311	01/01/11	12/31/11	FAMILY	\$92.47	unlimited/ 72,355	\$8,067,324.12	Tulare	Blue Cross of California	Marc Lewis (916) 449-5000
				AGED	\$576.12					
				DISABLED	\$576.12					
				MI ADULT	\$92.47					
				REFUGEES/FAMILY	\$92.47					
				AIDS	\$871.85					
				BCCTP	\$781.16					
				<b>MEDICARE PART D</b>						
				FAMILY	\$92.47					
				AGED	\$106.57					
DISABLED	\$121.73									
MI ADULT	\$92.47									
REFUGEES/FAMILY	\$92.47									
AIDS	\$198.21									
BCCTP	\$781.16									
MATERNITY	\$5,864.01									
<b>TULARE COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 111,560	\$12,010,992.79			
<b>TOTAL 2-PLAN</b>						<u>1,384,740/ 2,964,833</u>	<u>\$351,511,211.47</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b>SACRAMENTO COUNTY (34)</b>									
<b>Molina Healthcare of CA</b> Partner Plan, Inc. (07-65851) A3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	<b>#130</b>	01/01/10	12/31/12	FAMILY/MI CHILD	\$130.36	160,000/ 28,719	Sacramento		Cheryl Bates (916) 449-5000
				AGED/DISABLED/B	\$592.76				
				ADULT/REFUGEE/:	\$130.36				
				BCCTP	\$1,110.33				
				<b>MEDICARE PART D</b>					
AGED	\$129.96	1,074	\$151,534.80						
DISABLED/BLIND	\$148.12								
MATURNITY	\$8,143.50								
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
<b>Western Health Advantage</b> Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 <b>(Deactivated 12/31/2009)</b>	<b>#140</b>	01/01/09	12/30/09	FAMILY/MI CHILD	\$0.00	15,750/ 0	Sacramento		Nathan Nau (916) 449-5000
				AGED/DISABLED/B	\$0.00				
				ADULT/REFUGEE/:	\$0.00				
				BCCTP	\$0.00				
				<b>MEDICARE PART D</b>					
AGED	\$0.00	0	\$0.00						
DISABLED/BLIND	\$0.00								
MATURNITY	\$0.00								
CONTACT: Rhonda West-Peters (916) 614-6002									
<b>Health Net Community</b> Solutions, Inc. (07-65847) A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	<b>#150</b>	01/01/11	12/31/12	FAMILY/MI CHILD	\$99.58	168,600/ 52,327	Sacramento		Peter Thomas (916) 449-5000
				AGED/DISABLED/BI	\$440.73				
				ADULT/REFUGEE/:	\$99.58				
				BCCTP	\$776.37				
				<b>MEDICARE PART D</b>					
AGED	\$114.93	1,374	\$168,114.15						
DISABLED/BLIND	\$132.40								
MATURNITY	\$7,755.44								
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (NorCal)</b> (07-65849) A3 1800 Harrison Street, 25th Floor Oakland, CA 94512	<b>#170</b>	01/01/10	12/31/12	FAMILY/MI CHILD	\$134.60	20,000/ 26,068	Sacramento	Charles S. Koch	Nathan Nau (916) 449-5000
				AGED/DISABLED/B	\$616.78				
				ADULT/REFUGEE/:	\$134.60				
				BCCTP	\$1,027.52				
				<b>MEDICARE PART D</b>					
AGED	\$124.72	2,083	\$291,919.32						
DISABLED/BLIND	\$146.12								
MATURNITY	\$8,150.52								
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
<b>Anthem Blue Cross</b> Partnership Plan (07-65845) A4 5151 - A Camino Ruiz	<b>#190</b>	01/01/10	12/31/12	FAMILY/MI CHILD	\$131.21	168,600/ 89,433	Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5000
				AGED/DISABLED/B	\$593.16				
				ADULT/REFUGEE/:	\$131.21				
				BCCTP	\$1,026.44				
				<b>MEDICARE PART D</b>					
AGED	\$130.83	2,331	\$323,076.17						
DISABLED/BLIND	\$142.77								
MATURNITY	\$7,971.87								
CONTACT: Cindy Metcho (805) 384-7662									
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<u>532,950/ 203,409</u>		<u>\$30,898,508.34</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b>SAN DIEGO COUNTY (37)</b>									
<b>Community Health Group #29</b> Partnership Plan, Inc. Calif. Children Svcs. (09-86155) A1 740 Bay Blvd Chula Vista, CA 91910  CONTACT: Francisca Chavez (619) 498-6589		07/01/10	06/30/15	FAMILY/MI CHILD \$140.62 AGED/DISABLED/B \$532.54 MI ADULT/REFUGE \$140.62 BCCTP \$997.00 <b>MEDICARE PART D</b> AGED \$127.10 DISABLED/BLIND \$145.50 MATURNITY \$8,015.42	207,000/ 106,509	\$16,548,299.34	San Diego	Ann Warren Chief Member& Govt Relations Officer	Philip Jimenez (916) 449-5000
<b>Health Net Community #68</b> Solutions, Inc. (09-86157) A1 11971 Foundation Place Bldg D Rancho Cordova, CA 95670  CONTACT: Lori Hill (916) 935-1447		07/01/10	06/30/15	FAMILY/MI CHILD \$135.27 AGED/DISABLED/B \$580.32 MI ADULT/REFUGE \$135.27 BCCTP \$1,056.50 <b>MEDICARE PART D</b> AGED \$120.63 DISABLED/BLIND \$146.11 MATURNITY \$8,230.39	180,000/ 32,698	\$4,832,183.93	San Diego	David Friedman	Peter Thomas (916) 449-5000
<b>KP CAL, LLC (SoCal) #79</b> (09-86159), A1 393 East Walnut Street, 7th Floor Pasadena, CA 91188  CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955		10/01/10	06/30/15	FAMILY/MI CHILD/F \$132.29 AGED \$540.65 BLIND/DISABLED \$540.65 MI ADULT \$132.29 BCCTP \$1,019.46 <b>MEDICARE PART D</b> AGED \$123.25 DISABLED/BLIND \$148.65 MATURNITY \$7,775.00	10,000/ 12,833	\$2,252,244.79	San Diego	William Caswell	Nathan Nau (916) 449-5000
<b>Molina Healthcare #131</b> of California Partner Plan, Inc. (09-86161) A1 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 (Confidential negotiated rates through December 2011)  CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520		01/01/11	06/30/15	FAMILY/MI CHILD/F \$0.00 AGED \$0.00 DISABLED/BLIND \$0.00 MI ADULT \$0.00 BCCTP \$0.00 <b>MEDICARE PART D</b> AGED \$0.00 DISABLED/BLIND \$0.00 MATURNITY \$0.00	100,000/ 63,915	\$8,431,784.65	San Diego	Stephen T. O'Dell President & CEO	Cheryl Bates (916) 449-5000
<b>Care 1st Health Plan, LLC #167</b> (09-86153) A1 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Kimberly Fritz (619) 528-4817  (Blue Cross #48 Deactivated 12/31/07)		07/01/10	06/30/15	FAMILY/MI CHILD \$137.48 AGED/DISABLED/B \$584.13 MI ADULT/REFUGE \$137.48 BCCTP \$1,026.90 <b>MEDICARE PART D</b> AGED \$125.98 DISABLED/BLIND \$160.85 MATURNITY \$7,850.00	207,000/ 17,960	\$2,648,247.45	San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 449-5000
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>					<u>704,000/ 239,593</u>	<u>\$35,486,800.12</u>			
<b>TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))</b>					<u>2,675,236/ 4,604,942</u>	<u>\$682,607,955.12</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>
<b>GEOGRAPHIC MANAGED CARE (GMC-DENTAL)</b>										
<b>SACRAMENTO COUNTY (34)</b>										
<b>Western Dental Svcs., Inc.</b> (07-65806) A2a 530 South Main Street Orange, CA 92863	<b>#424</b>	01/01/10	12/31/12	\$10.51	Over 21	160,000/ 33,003	\$81,741.83	Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	57,325	\$614,157.12			
CONTACT: Kelly Duniven (714) 571-3488										
<b>Access Dental Plan, Inc.</b> (07-65802) A2 8890 Cal Center Drive Sacramento, CA 95826	<b>#421</b>	01/01/10	12/31/12	\$10.51	Over 21	100,000/ 18,976	\$46,999.76	Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
				\$10.51	Under 21	33,360	\$357,405.70			
CONTACT: Terri Abbaszadeh (916) 563-6020										
<b>Liberty Dental Plan</b> (07-65805) A2 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#425</b>	01/01/10	12/31/12	\$10.51	Over 21	100,000/ 9,945	\$24,631.78	Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
				\$10.51	Under 21	17,989	\$192,726.95			
CONTACT: Dr. Amir Nehat (949)-223-8929										
<b>Community Dental Services</b> (07-65803) A2 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	<b>#426</b>	01/01/10	12/31/12	\$10.51	Over 21	90,000/ 3,808	\$9,431.65	Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	7,878	\$84,401.74			
CONTACT: Thuy Pham (714) 263-3410										
<b>Health Net of CA</b> dba: CA Children Svcs. (07-65804) A2 address unknown	<b>#427</b>	01/01/10	12/31/12	\$10.51	Over 21	0/ 10,622	\$26,308.57	Sacramento	David Meadows	Brian Nanoo (916) 464-3784
				\$10.51	Under 21	16,821	\$180,213.47			
CONTACT: Eileen McGee-Davidson (909) 890-4129										
<b>TOTAL GMC-DENTAL</b>						<u>450,000/ 209,727</u>	<u>\$1,618,018.57</u>			

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