

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									
<u>MARIN COUNTY (21)</u>									
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (626) 405-3136	#81	10/01/07	06/30/09	<u>FAMILY</u> \$104.10 AGED \$378.84 BLIND/DISABLED \$460.58 ADULT \$420.59 REFUGEEES FAMILY \$104.10 BCCTP \$743.70 AIDS \$1,576.66	734/ 570	\$113,202	Marin	Charles S. Koch	Brad Bittinger 916/341-7031
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (626) 405-3136	#81	10/01/07	06/30/09	MEDICARE PART D <u>FAMILY</u> \$104.10 AGED \$110.82 BLIND/DISABLED \$91.19 ADULT \$420.59 REFUGEEES FAMILY \$104.10 BCCTP \$743.70 AIDS \$1,576.66	734/ 125	\$12,079	Marin	Charles S. Koch	Brad Bittinger 916/341-7031
MARIN COUNTY				SUBTOTAL	1,468/ 695	\$125,281			
<u>SONOMA COUNTY (49)</u>									
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (626) 405-3136	#87	10/01/07	06/30/09	<u>FAMILY</u> \$96.77 AGED \$353.01 DISABLED \$455.59 ADULT \$451.37 REFUGEEES FAMILY \$96.77 BCCTP \$791.68 AIDS \$1,600.34	1,424/ 1,331	\$235,985	Sonoma	Charles S. Koch	Brad Bittinger 916/341-7031
KP CAL (03-75341), A8 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (626) 405-3136	#87	10/01/07	06/30/09	MEDICARE PART D <u>FAMILY</u> \$96.77 AGED \$100.14 DISABLED \$91.58 ADULT \$451.37 REFUGEEES FAMILY \$96.77 BCCTP \$791.68 AIDS \$1,600.34	1,424/ 224	\$20,918	Sonoma	Charles S. Koch	Brad Bittinger 916/341-7031
SONOMA COUNTY				SUBTOTAL	2,848/ 1,555	\$256,903			
TOTAL PHP					<u>4,316/ 2,250</u>	<u>\$382,184</u>			

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Effective August 2003

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PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Access Dental Plan, Inc. (05-45001), A2 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/07	06/30/09	Public Assistance	50,000/ 86,738	\$859,574	Los Angeles	Mike Betker,CEO	Shalan Rahul 916-464-0383	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
% OF POV	\$9.91									
BCCTP	\$9.91									
CONTACT: Corina Lena (916) 563-6044										
American Health Guard (05-45698), A2 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/07	06/30/09	Public Assistance	50,000/ 17,755	\$175,952	Los Angeles	David Kutner	Wayne Medley	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
% OF POV	\$9.91									
BCCTP	\$9.91									
CONTACT: Rod Zalunardo (626) 821-5500										
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/07	06/30/09	Public Assistance	90,000/ 22,289	\$220,884	Los Angeles	Paula Lopez	Shalan Rahul 916-464-0383	
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				Medically Needy						
				FAMILY						\$9.91
				AGED						\$9.91
				BLIND/DISABLED						\$9.91
				MI CHILD						\$9.91
				MI ADULT						\$9.91
% OF POV	\$9.91									
BCCTP	\$9.91									
CONTACT: Paula Lopez,Director State Gov Programs										

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Hyde abortion rates.
Effective August 2003

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Health Net of California (05-45703), A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/07	06/30/09	Public Assistance	60,000/ 30,898	\$306,199	Los Angeles	David Meadows	Wayne Medley 916/464-0393									
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				Medically Needy														
				FAMILY						\$9.91								
				AGED						\$9.91								
				BLIND/DISABLED						\$9.91								
				MI CHILD						\$9.91								
				MI ADULT						\$9.91								
				% OF POV						\$9.91								
				BCCTP						\$9.91								
				CONTACT: David Meadows 916-935-1435														
				Care 1st Health Plan (05-45702), A3 1000 S Fremont Ave Bldg., A-11, Unit 22 Alhambra, CA 91803						#403	01/01/07	06/30/09	Public Assistance	50,000/ 18,102	\$179,391	Los Angeles	Dr. Reginal Moore	Wayne Medley 916/464-0393
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
CONTACT: Dr. Jorge Weingarten 626-299-5275																		
Western Dental Services (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#413	01/01/07	06/30/09		Public Assistance	50,000/ 53,389	\$529,085	Los Angeles	Stan Andrakowicz Vice President				Brian Nanoo 916-464-3784					
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				Medically Needy														
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				MI CHILD	\$9.91													
				MI ADULT	\$9.91													
				% OF POV	\$9.91													
				BCCTP	\$9.91													
				CONTACT: Kelley Duniven (714) 571-3488														
				Liberty Dental Plan (05-45700), A3 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#416					01/01/07	06/30/09	Public Assistance		Unlimited/ 6,532	\$64,732	Los Angeles	Amir Neshat, DDS President/CEO	Pam Bettencourt 916-464-0390
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
Medically Needy																		
FAMILY	\$9.91																	
AGED	\$9.91																	
BLIND/DISABLED	\$9.91																	
MI CHILD	\$9.91																	
MI ADULT	\$9.91																	
% OF POV	\$9.91																	
BCCTP	\$9.91																	
CONTACT: Amir Neshat, DDS, 949-223-8929																		
Community Dental Services (05-45699), A2 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707	#417	01/01/07	06/30/09			Public Assistance	Unlimited/ 5,177	\$51,304	Los Angeles			Susan Klarnar Senior Executive/VP	Brian Nanoo 916-464-3784					
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				Medically Needy														
				FAMILY	\$9.91													
				AGED	\$9.91													
				BLIND/DISABLED	\$9.91													
				MI CHILD	\$9.91													
				MI ADULT	\$9.91													
				% OF POV	\$9.91													
				BCCTP	\$9.91													
				CONTACT: Carolyn Miller, 714-708-5360														
				Total County Public Assistance Eligible, March 2001: 1,020,545														
Total County Medically Needy Eligible, March 2001: 655,175																		
**Rates do not reflect																		
**Rates do not reflect portion																		
Effective August 2003																		
SUBTOTAL					350,000/ 240,880	2,387,121												

rates effective August 2003

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Hyde abortion rates.
Effective August 2003

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RIVERSIDE COUNTY (33)									
Western Dental Services. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#414	01/01/07	06/30/09	Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91	100,000/ 184	\$1,823	Riverside	Stan Andrakowicz Vice President	Brian Nanoo 916-464-3784
CONTACT: Kelley Duniven (714) 571-3488									
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#407	01/01/07	06/30/09	Public Assistance FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 Medically Needy FAMILY \$9.91 AGED \$9.91 BLIND/DISABLED \$9.91 MI CHILD \$9.91 MI ADULT \$9.91 % OF POV \$9.91 BCCTP \$9.91	90,000/ 81	\$803	Riverside	Paula Lopez Director State Gov	Shalan Rahul 916-464-3784
CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177									
Total County Public Assistance Eligible, March 2001: 114,189					Total County Medically Needy Eligible, March 2001: 63,115				
RIVERSIDE COUNTY				SUBTOTAL	190,000/ 265	\$2,626			

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<u>SAN BERNARDINO COUNTY (36)</u>														
Western Dental Services. (05-45704), A3 530 South Main Street, Sixth Floor Orange, CA 92863	#415	01/01/07	06/30/09	<u>Public Assistance</u>						San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo 916-464-3784		
				FAMILY	\$9.91	100,000/ 356	\$3,528							
				AGED	\$9.91									
				BLIND/DISABLED	\$9.91									
				<u>Medically Needy</u>				FAMILY	\$9.91					
					AGED	\$9.91								
					BLIND/DISABLED	\$9.91								
					MI CHILD	\$9.91								
					MI ADULT	\$9.91								
					% OF POV	\$9.91								
	BCCTP	\$9.91												
CONTACT: Kelley Duniven (714) 571-3488														
Care 1st Health Plan (05-45702), A3 1000 S Fremont Ave Bldg., A-11, Unit 22 Alhambra, CA 91803	#404	01/01/07	06/30/09	<u>Public Assistance</u>						San Bernardino	Dr. Reginal Moore	Wayne Medley 916/464-0393		
				FAMILY	\$9.91	50,000/ 139	\$1,377							
				AGED	\$9.91									
				BLIND/DISABLED	\$9.91									
				<u>Medically Needy</u>				FAMILY	\$9.91					
					AGED	\$9.91								
					BLIND/DISABLED	\$9.91								
					MI CHILD	\$9.91								
					MI ADULT	\$9.91								
					% OF POV	\$9.91								
	BCCTP	\$9.91												
CONTACT: Dr. Jorge Weingarten 626-299-5275														
Safeguard (05-45701), A2 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#408	01/01/07	06/30/09	<u>Public Assistance</u>						San Bernardino	Paula Lopez	Shalan Rahul 916-464-3784		
				FAMILY	\$9.91	90,000/ 540	\$5,351							
				AGED	\$9.91									
				BLIND/DISABLED	\$9.91									
				<u>Medically Needy</u>				FAMILY	\$9.91					
					AGED	\$9.91								
					BLIND/DISABLED	\$9.91								
					MI CHILD	\$9.91								
					MI ADULT	\$9.91								
					% OF POV	\$9.91								
	BCCTP	\$9.91												
CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177														
Total County Public Assistance Eligible, March 2001: 176,035														
Total County Medically Needy Eligible, March 2001: 83,003														
SAN BERNARDINO COUNTY				SUBTOTAL	<u>240,000/ 1,035</u>	<u>\$10,256</u>								
TOTAL PHP (DENTAL)					<u>780,000/ 242,180</u>	<u>\$2,400,003</u>								

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Hyde abortion rates.
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COUNTY COHS									
<u>MONTEREY COUNTY (27)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (99-86079), A16 1600 Green Hills Road	#508	07/01/07	12/31/08		/ 58,596		Monterey County	Allan McKay	Jane Marine 916/449-5113
CONTACT: Alan McKay (831) 430-5500									
<u>NAPA COUNTY (28)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (99-86078), A18 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	07/01/07	12/31/08		/ 11,290		Napa County	Jack Horn	Maricia Morris 916/449-5115
CONTACT: Jack Horn (707) 863-4100									
<u>ORANGE COUNTY (30)</u>									
Orange County Organized Health System dba CalOptima (99-86099), A20 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	07/01/07	12/31/08		/ 306,930			Richard Chambers	Gerlinda Hightower 916/449-5093
CONTACT: Richard Chambers (714) 246-8436									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (99-86488), A22 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	07/01/07	12/31/08		/ 51,474			Maya Altman	Rachel Arruda-deCell 916/449-5112
CONTACT: Maya Altman (650) 616-0050									

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<u>SANTA BARBARA COUNTY (42)</u>									
Santa Barbara Health Authority dba CenCal Health (04-35904), A8 110 Castilian Drive Goleta, CA 93117	#501	03/01/08	12/31/08		/ 25,099		Santa Barbara County	Dave Lamkin	Jane Marine 916/449-5113
CONTACT: Bob Freeman (805) 685-9525 ext. 108									
<u>SANTA BARBARA COUNTY (42)</u>									
Santa Barbara Regional Health Authority dba CenCal Health Initiative (04-35904), A8 110 Castilian Dr. Goleta, CA 93117-3028	#502	01/01/07	12/31/08		/ 55,562		Santa Barbara County	Dave Lamkin	Jane Marine 916/449-5113
CONTACT: Bob Freeman (805) 685-9525									
<u>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (99-86079), A16 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	07/01/07	12/31/08		/ 32,125		Santa Cruz County	Alan McKay	Jane Marine 916/449-5113
CONTACT: Alan McKay (831) 430-5500									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (99-86078), A18 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	07/01/07	12/31/08		/ 54,228		Solano County	Jack Horn	Maricia Morris 916/449-5115
CONTACT: Jack Horn (707) 863-4100									

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YOLO COUNTY (48)

Solano-Napa County #509 07/01/07 12/31/08
Commission on Medical Care
dba Partnership HealthPlan
of California
(99-86078), A18
360 Campus Lane, Suite 100
Fairfield, CA 94534-4036

/ 24,212

Yolo County

Jack Horn

Maricia Morris
916/449-5115

CONTACT: Jack Horn (707) 863-4100

TOTAL COUNTY COHS

/ 619,516

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SPECIAL PROJECTS									
<u>ALAMEDA COUNTY (01)</u>									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$5,511.03 \$5,511.03 \$5,511.03	1,200/ 3	16,533	Alameda	Robert Edmondson Della Cabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	<u>MEDICARE PART D</u> PA-LTC MN-LTC AIDS	\$4,222.47 \$4,222.47 \$4,222.47	1,200/ 90	\$380,022	Alameda	Robert Edmondson Della Cabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$5,778.23 \$5,778.23 \$5,778.23	560/ 53	\$306,246	Alameda	Peter Szutu Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150									
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	<u>MEDICARE PART D</u> PA-LTC MN-LTC AIDS	\$4,322.76 \$4,322.76 \$4,322.76	560/ 330	\$1,426,511	Alameda	Peter Szutu Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150									
ALAMEDA COUNTY				SUBTOTAL		3,520/ 476	\$2,129,312		

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<u>CONTRA COSTA COUNTY (07)</u>										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	PA-LTC	\$5,778.23	560/ 5	\$28,891	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
				MN-LTC	\$5,778.23					
				AIDS	\$5,778.23					
<u>MEDICARE PART D</u>										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	PA-LTC	\$4,322.76	560/ 20	\$86,455	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
				MN-LTC	\$4,322.76					
				AIDS	\$4,322.76					
CONTRA COSTA COUNTY				SUBTOTAL	1,120/ 25	\$115,346				

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LOS ANGELES COUNTY (19)														
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/08	12/31/12	Public Assistance										
				AGED	\$99.89	5,000/ (5)	(\$499)	David Schmidt	Mary Allard 916/440-7545					
				BLIND/DISABLED	\$115.26									
				Medically Needy										
				AGED	\$99.89									
				BLIND/DISABLED	\$115.26									
CONTACT: David Schmidt (562) 989-5100														
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/08	12/31/12	MEDICARE PART D										
				AGED	\$99.89	5,000/ 2,709	\$276,227	David Schmidt	Mary Allard 916/440-7545					
				BLIND/DISABLED	\$115.26									
				Medically Needy										
				AGED	\$99.89									
				BLIND/DISABLED	\$115.26									
CONTACT: David Schmidt (562) 989-5100														
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/08	12/31/12	Public Assistance										
				LTC AGED	\$3,214.37	5,000/ 1	\$3,214	David Schmidt	Mary Allard 916/440-7545					
				LTC BLIND/DISA	\$3,214.37									
				Medically Needy										
				LTC AGED	\$3,214.37									
				LTC BLIND/DISA	\$3,214.37									
CONTACT: David Schmidt (562) 989-5100														
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/08	12/31/12	MEDICARE PART D										
				Public Assistance		5,000/ 1,782	\$5,728,007	David Schmidt	Mary Allard 916/440-7545					
				LTC AGED	\$3,214.37									
				LTC BLIND/DISA	\$3,214.37									
				Medically Needy										
				LTC AGED	\$3,214.37									
LTC BLIND/DISA	\$3,214.37													
CONTACT: David Schmidt (562) 989-5100														
Altamed Hlth Services Corp. (07-65709) 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	Public Assistance										
				LTC AGED	\$5,909.86	300/ 129	\$762,372	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit 916/440-7543				
				LTC BLIND/DISA	\$5,909.86									
				LTC AGED	\$5,909.86									
				LTC BLIND/DISA	\$5,909.86									
				AIDS	\$5,909.86									
CONTACT: Sophia Guel-Valenzuela (323) 980-4000														
Altamed Hlth Services Corp. (07-65709) 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	MEDICARE PART D										
				Public Assistance		300/ 432	\$1,466,204	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit 916/440-7543				
				LTC AGED	\$3,393.99									
				LTC BLIND/DISA	\$3,393.99									
				LTC AGED	\$3,393.99									
				LTC BLIND/DISA	\$3,393.99									
AIDS	\$3,393.99													
CONTACT: Sophia Guel-Valenzuela (323) 980-4000														
**Rates do not reflect Hyde abortion rates. Effective August 2003				LOS ANGELES COUNTY	SUBTOTAL	20,600/ 5,048		\$8,235,525						

<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)										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/08	12/31/12	<u>Public Assistance</u>		5,000/ 0	\$0	Riverside	David Schmidt	Mary Allard 916/440-7545
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
				<u>Medically Needy</u>						
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/08	12/31/12	<u>MEDICARE PART D</u>		5,000/ 815	\$80,465	Riverside	David Schmidt	Mary Allard 916/440-7545
				<u>Public Assistance</u>						
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
				AGED	\$96.94					
				BLIND/DISABLED	\$109.00					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/08	12/31/12	<u>Public Assistance</u>		5,000/ 0	\$0	San Bernardino	David Schmidt	Mary Allard 916/440-7545
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
				<u>Medically Needy</u>						
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/08	12/31/12	<u>MEDICARE PART D</u>		5,000/ 620	\$2,038,926	San Bernardino	David Schmidt	Mary Allard 916/440-7545
				<u>Public Assistance</u>						
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
				LTC AGED	\$3,288.59					
				LTC BLIND/DISA	\$3,288.59					
CONTACT: David Schmidt (562) 989-5100										
RIVERSIDE COUNTY				SUBTOTAL		20,000/ 1,435	\$2,119,391			

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

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SACRAMENTO COUNTY (34)										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$4,920.49 \$4,920.49 \$4,920.49	280/ 9	\$44,284	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
MEDICARE PART D										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$3,563.02 \$3,563.02 \$3,563.02	280/ 171	\$609,276	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
SACRAMENTO COUNTY				SUBTOTAL		560/ 180	\$653,560			

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Hyde abortion rates.
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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 BERNADINO COUNTY (36)										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/08	12/31/12	Public Assistance						
				AGED	\$89.80	5,000/ 0	\$0	Riverside	David Schmidt	Mary Allard
				BLIND/DISABLED	\$108.16					916/440-7545
				Medically Needy						
				AGED	\$89.80					
				BLIND/DISABLED	\$108.16					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/08	12/31/12	MEDICARE PART D						
				Public Assistance						
				AGED	\$89.80	5,000/ 395	\$36,683	Riverside	David Schmidt	Mary Allard
				BLIND/DISABLED	\$108.16					916/440-7545
				Medically Needy						
				AGED	\$89.80					
				BLIND/DISABLED	\$108.16					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/08	12/31/12	Public Assistance						
				LTC AGED	\$3,326.65	5,000/ 0	\$0	San Bernardino	David Schmidt	Mary Allard
				LTC BLIND/DISA	\$3,326.65					916/440-7545
				Medically Needy						
				LTC AGED	\$3,326.65					
				LTC BLIND/DISA	\$3,326.65					
CONTACT: David Schmidt (562) 989-5100										
Scan Health Plan dba: Senior Care Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/08	12/31/12	MEDICARE PART D						
				Public Assistance						
				LTC AGED	\$3,326.65	5,000/ 320	\$1,064,528	San Bernardino	David Schmidt	Mary Allard
				LTC BLIND/DISA	\$3,326.65					916/440-7545
				Medically Needy						
				LTC AGED	\$3,326.65					
				LTC BLIND/DISA	\$3,326.65					
CONTACT: David Schmidt (562) 989-5100										
SAN BERNADINO COUNTY				SUBTOTAL		<u>20,000/ 715</u>		<u>\$1,101,211</u>		

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Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SAN DIEGO COUNTY (37)</u>									
Community Elder Care of San Diego (07-65711) 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	Public Assistance AGED \$4,761.40 BLIND/DISABLED \$4,761.40 AIDS \$4,761.40	000/ 2	\$9,523	San Diego		
<u>CONTACT: Valerie Conner (619) 239-6900</u>									
<u>MEDICARE PART D</u>									
Community Elder Care of San Diego (07-65711) 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	Public Assistance AGED \$3,569.67 BLIND/DISABLED \$3,569.67 AIDS \$3,569.67	000/ 28	\$99,951	San Diego		
<u>CONTACT: Valerie Conner (619) 239-6900</u>									
<u>SAN DIEGO COUNTY</u>				SUBTOTAL	000/ 30	\$109,474			

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$6,077.65 \$6,077.65 \$6,077.65	1,200/ 33	\$200,562	San Francisco	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
MEDICARE PART D									
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$4,399.81 \$4,399.81 \$4,399.81	1,200/ 872	\$3,836,634	San Francisco	Robert Edmondson DellaCabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883									
San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$1,848.75 \$1,848.75 \$1,848.75	500/ 122	\$225,548	San Francisco	Miriam Martinez, DHI Monica Sfakianos Director 916/449-5106
CONTACT: Gary Zombalt (415) 206-7600									
MEDICARE PART D									
San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	PA-LTC MN-LTC AIDS	\$1,848.75 \$1,848.75 \$1,848.75	500/ 0	\$0	San Francisco	Miriam Martinez, DHI Monica Sfakianos Director 916/449-5106
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL		3,400/ 1,027	<u>\$4,262,744</u>		

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	4,920.49 4,920.49 4,920.49	280/ 0	\$0	Sacramento	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	<u>MEDICARE PART D</u> PA-LTC MN-LTC AIDS	\$3,563.02 \$3,563.02 \$3,563.02	280/ 1	\$3,563	Sacramento	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100									
YOLO COUNTY				SUBTOTAL		<u>560/ 1</u>	<u>\$3,563</u>		
TOTAL SPECIAL PROJECT						<u>69,760/ 8,937</u>	<u>\$18,730,126</u>		

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
PCCM									
<u>LOS ANGELES COUNTY (19)</u>									
				<u>Public Assistance</u>					
AIDS Healthcare Foundation (01-16349) A-8 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	01/01/06	12/31/08	FAMILY \$103.27 AGED \$466.85 DISABLED \$622.09 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$1,666.97	2,000/ 464	\$283,980	Los Angeles	Michael Weinstein	Sunita Kapoor 916/449-5104
CONTACT: Donna Stidham (323) 860-5231									
				<u>MEDICARE PART D</u>					
				<u>Public Assistance</u>					
AIDS Healthcare Foundation (01-16349) A-8 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	01/01/06	12/31/08	FAMILY \$103.27 AGED \$243.89 DISABLED \$339.33 MI CHILD \$103.27 MI ADULT \$265.28 REFUGEES \$103.27 AIDS \$241.34	2,000/ 387	\$130,276	Los Angeles	Michael Weinstein	Sunita Kapoor 916/449-5104
CONTACT: Donna Stidham (323) 860-5231									
Total County Public Assistance Eligible, March 2001: 1,020,545									
LOS ANGELES COUNTY				SUBTOTAL	<u>4,000/ 851</u>	<u>\$414,256</u>			
TOTAL PCCM					<u>4,000/ 851</u>	<u>\$414,256</u>			

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Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
2-PLAN									
<u>ALAMEDA COUNTY (01)</u>									
Alameda Alliance for Health (04-35399), A4, C5 1240 South Loop Road Alameda, CA 94502	#300	10/01/07	12/31/08	FAMILY \$117.73 AGED \$477.67 DISABLED \$509.37 MI ADULT \$590.13 REFUGEES/FAMILY \$117.73 AIDS \$1,270.82 BCCTP \$935.98 AGNEWS \$4,919.00	180,000/ 78,624	\$11,829,847	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
CONTACT: Ingrid Lamirault (510) 747-4500									
<u>ALAMEDA COUNTY (01)</u>									
Alameda Alliance for Health (04-35399), A4, C5 1240 South Loop Road Alameda, CA 94502	#300	10/01/07	12/31/08	MEDICARE PART D FAMILY \$117.73 AGED \$132.33 DISABLED \$166.30 MI ADULT \$590.13 REFUGEES/FAMILY \$117.73 AIDS \$281.08 BCCTP \$935.98	180,000/ 3,523	\$524,250	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
CONTACT: Ingrid Lamirault (510) 747-4500									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#340	10/01/07	03/31/10	FAMILY \$118.53 AGED \$490.36 DISABLED \$527.35 MI ADULT \$607.00 REFUGEES/FAMILY \$118.53 AIDS \$1,312.45 BCCTP \$911.53	109,000/ 25,957	\$3,870,205		California	Suchinda Noybua 916/449-5081
CONTACT: Daniel Barzman (626) 405-6996									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#340	10/01/07	03/31/10	MEDICARD PART D FAMILY \$118.53 AGED \$132.16 DISABLED \$170.13 MI ADULT \$607.00 REFUGEES/FAMILY \$118.53 AIDS \$285.33 BCCTP \$911.53	109,000/ 709	\$108,521		California	Suchinda Noybua 916/449-5081
CONTACT: Daniel Barzman (626) 405-6996									
Total County Medically Needy Eligible, March 2001: 33,363									
ALAMEDA COUNTY				SUBTOTAL	578,000/ 108,813	\$16,332,823			

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A3, C4, 595 Center Avenue, Suite 100 Martinez, CA 94553	#301	10/01/07	12/31/09	FAMILY \$124.35 AGED \$503.75 DISABLED \$522.12 MI ADULT \$598.53 REFUGEES/FAMILY \$124.35 AIDS \$1,260.44 BCCTP \$995.81	3,516/ 47,136	\$7,354,908		County of Contra Costa	Jeanne Ireland (916) 449-5110
CONTACT: Milton Camhi (925) 313-6004									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A3, C4, 595 Center Avenue, Suite 100 Martinez, CA 94553	#301	10/01/07	12/31/09	MEDICARE PART D FAMILY \$124.35 AGED \$139.26 DISABLED \$165.27 MI ADULT \$598.53 REFUGEES/FAMILY \$124.35 AIDS \$280.47 BCCTP \$995.81	59,430/ 2,023	\$309,515		County of Contra Costa	Jeanne Ireland (916) 449-5110
CONTACT: Milton Camhi (925) 313-6004									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#344	10/01/07	03/31/10	FAMILY \$111.66 AGED \$481.96 DISABLED \$496.13 MI ADULT \$589.62 REFUGEES/FAMILY \$111.66 AIDS \$1,263.83 BCCTP \$938.89	41,000/ 10,602	\$1,377,588	Contra Costa	Blue Cross of California	Suchinda Noybua 916/449-5081
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#344	10/01/07	03/31/10	MEDICARE PART D FAMILY \$111.66 AGED \$132.80 DISABLED \$158.57 MI ADULT \$589.62 REFUGEES/FAMILY \$111.66 AIDS \$264.75 BCCTP \$938.89	41,000/ 172	\$24,235	Contra Costa	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Laura Linebach (805) 384-7876									
Total County Public Assistance Eligible, March 2001: 51,066 Total County Medically Needy Eligible, March 2001: 25,799									
CONTRA COSTA COUNTY				SUBTOTAL	144,946/ 59,933	\$9,066,246			

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Hyde abortion rates.
Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
FRESNO COUNTY (10)									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	10/01/07	03/31/10	FAMILY \$112.10 AGED \$470.10 DISABLED \$517.34 MI ADULT \$559.74 REFUGEES/FAMILY \$112.10 AIDS \$1,229.17 BCCTP \$916.57	180,000/ 133,277	\$17,537,347	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
MEDICARE PART D									
Anthem Blue Cross Partnership Plan, Inc. (03-76184,) A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	10/01/07	03/31/10	FAMILY \$112.10 AGED \$129.57 DISABLED \$161.81 MI ADULT \$559.74 REFUGEES/FAMILY \$112.10 AIDS \$256.72 BCCTP \$916.57	180,000/ 2,650	\$396,735	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	10/01/07	03/31/10	FAMILY \$98.80 AGED \$464.96 DISABLED \$442.04 MI ADULT \$577.04 REFUGEES/FAMILY \$98.80 AIDS \$1,238.22 BCCTP \$908.77	180,000/ 48,435	\$5,294,971	Fresno	Health Net	Ann Silvia 916/449-5195
MEDICARE PART D									
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	10/01/07	03/31/10	FAMILY \$98.80 AGED \$131.00 DISABLED \$143.14 MI ADULT \$577.04 REFUGEES/FAMILY \$98.80 AIDS \$273.98 BCCTP \$908.77	180,000/ 388	\$51,234	Fresno	Health Net	Ann Silvia 916/449-5195
Total County Public Assistance Eligible, March 2001: 132,504 Total County Medically Needy Eligible, March 2001: 70,961									
FRESNO COUNTY				SUBTOTAL		720,000/ 184,750	\$23,280,287		

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
KERN COUNTY (15)									
HEALTH NET OF CA (03-76182) A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#360	10/01/07	03/31/10	FAMILY \$107.22 AGED \$474.55 DISABLED \$464.09 MI ADULT \$587.55 REFUGEES/FAMILY \$107.22 AIDS \$1,287.23 BCCTP \$890.63	73,000/ 26,266	\$3,355,638	Kern	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
MEDICARE PART D									
HEALTH NET OF CA (03-76182) A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#360	10/01/07	03/31/10	FAMILY \$107.22 AGED \$126.74 DISABLED \$157.18 MI ADULT \$587.55 REFUGEES/FAMILY \$107.22 AIDS \$269.53 BCCTP \$890.63	73,000/ 610	\$87,310	Kern	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Kern Health Systems dba Kern Family Health Care 03-76165, A4, C6 9700 Stockdale Highway Bakersfield, CA 93311-3617	#303	10/01/07	12/31/08	FAMILY \$105.27 AGED \$448.32 DISABLED \$476.94 MI ADULT \$553.06 REFUGEES/FAMILY \$105.27 AIDS \$1,173.98 BCCTP \$852.08	115,000/ 94,095	\$11,741,353	Kern	Kern Health Systems	Sandra Woods 916/449-5092
CONTACT: Carol Sorrell (661) 391-4006									
MEDICARE PART D									
Kern Health Systems dba Kern Family Health Care 03-76165, A4, C6 9700 Stockdale Highway Bakersfield, CA 93311-3617	#303	10/01/07	12/31/08	FAMILY \$105.27 AGED \$121.08 DISABLED \$148.74 MI ADULT \$553.06 REFUGEES/FAMILY \$105.27 AIDS \$261.66 BCCTP \$852.08	115,000/ 1,668	\$227,854	Kern	Kern Health Systems	Sandra Woods 916/449-5092
CONTACT: Carol Sorrell (661) 391-4006									
Total County Public Assistance Eligible, March 2001: 79,101 Total County Medically Needy Eligible, March 2001: 51,622									
KERN COUNTY				SUBTOTAL	376,000/ 122,639	\$15,412,155			

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

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#352	10/01/07	03/31/10	FAMILY \$97.09 AGED \$454.11 DISABLED \$440.65 MI ADULT \$593.39 REFUGEES/FAMILY \$97.09 AIDS \$1,177.87 BCCTP \$898.17	710,000/ 416,637	\$45,490,097	Los Angeles	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
LOS ANGELES COUNTY (19)									
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#352	10/01/07	03/31/10	MEDICARE PART D FAMILY \$97.09 AGED \$126.23 DISABLED \$147.60 MI ADULT \$593.39 REFUGEES/FAMILY \$97.09 AIDS \$287.07 BCCTP \$898.17	710,000/ 5,161	\$681,391	Los Angeles	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
LA Care Health Plan (04-36069), A1, C2 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036	#304	01/01/06	12/31/08	FAMILY \$101.72 AGED \$368.56 DISABLED \$400.74 MI ADULT \$537.71 REFUGEES/FAMILY \$101.72 AIDS \$1,591.19 BCCTP \$892.18	1,150,000/ 731,277	\$82,349,853	Los Angeles	LA Care Health Plan	Darnielle Chin 916/449-5097
CONTACT: Howard Kahn (213) 694 -1250									
LA Care Health Plan (04-36069), A1, C2 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036	#304	01/01/06	12/31/08	MEDICARE PART D FAMILY \$101.72 AGED \$110.16 DISABLED \$91.76 MI ADULT \$537.71 REFUGEES/FAMILY \$101.72 AIDS \$322.09 BCCTP \$892.18	1,150,000/ 10,345	\$1,024,908	Los Angeles	LA Care Health Plan	Darnielle Chin 916/449-5097
CONTACT: Howard Kahn (213) 694 -1250									
Total County Public Assistance Eligible, March 2001: 1,020,545									
Total County Medically Needy Eligible, March 2001: 655,175									
LOS ANGELES COUNTY				SUBTOTAL	3,720,000/ 1,163,420	\$129,546,249			

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DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
RIVERSIDE COUNTY (33)									
Inland Empire Health Plan (04-35765), A3, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/07	12/31/08	FAMILY \$101.63 AGED \$457.44 DISABLED \$461.97 MI ADULT \$557.19 REFUGEES/FAMILY \$101.63 AIDS \$1,154.91 BCCTP \$939.78	272,000/ 142,744	\$16,715,981	Riverside	Inland Empire Health Plan	Danielle Chin, Interim (916) 449-5097
CONTACT: Richard Bruno, CEO (909) 890-2000									
MEDICARE PART D									
Inland Empire Health Plan (04-35765), A3, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/07	12/31/08	FAMILY \$101.63 AGED \$128.85 DISABLED \$143.85 MI ADULT \$557.19 REFUGEES/FAMILY \$101.63 AIDS \$262.88 BCCTP \$939.78	272,000/ 2,446	\$325,908	Riverside	Inland Empire Health Plan	Daniel Chin, Interim (916) 449-5097
CONTACT: Richard Bruno, CEO (909) 890-2000									
Molina Healthcare Inc. A Professional Corp. (06-55498), A2, C2 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#355	10/01/07	03/31/09	FAMILY \$101.54 AGED \$447.20 DISABLED \$459.82 MI ADULT \$558.48 REFUGEES/FAMILY \$101.54 AIDS \$1,086.95 BCCTP \$935.80	83,038/ 33,629	\$3,745,647	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028									
MEDICARE PART D									
Molina Healthcare Inc. A Professional Corp. (06-55498), A2, C2 200 Oceangate Ste. 100 Long Beach, CA 90802-4317	#355	10/01/07	03/31/09	FAMILY \$101.54 AGED \$120.39 DISABLED \$148.18 MI ADULT \$558.48 REFUGEES/FAMILY \$101.54 AIDS \$264.14 BCCTP \$935.80	83,038/ 326	\$42,286	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: Greg Hamblin, CF (562) 435-3666 ext. 127028									
Total County Public Assistance Eligible, March 2001: 114,189 Total County Medically Needy Eligible, March 2001: 63,115									
RIVERSIDE COUNTY				SUBTOTAL	710,076/ 179,145	\$20,829,822			

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SAN BERNARDINO COUNTY (36)</u>									
Inland Empire Health Plan (04-35765), A3, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#306	10/01/07	12/31/08	FAMILY \$103.05 AGED \$448.02 DISABLED \$460.89 MI ADULT \$550.26 REFUGEES/FAMILY \$103.05 AIDS \$1,179.73 BCCTP \$837.51	272,000/ 156,615	\$18,599,542	San Bernardino	Inland Empire Health Plan	Daniel Chin, Interim (916) 449-5097
CONTACT: Richard Bruno, CEO (909) 890-2000									
Inland Empire Health Plan (04-35765), A3, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#306	10/01/07	12/31/08	MEDICARE PART D FAMILY \$103.05 AGED \$129.75 DISABLED \$163.24 MI ADULT \$550.26 REFUGEES/FAMILY \$103.05 AIDS \$257.04 BCCTP \$837.51	272,000/ 2,612	\$383,385	San Bernardino	Inland Empire Health Plan	Daniel Chin, Interim (916) 449-5097
CONTACT: Richard Bruno, CEO (909) 890-2000									
Molina Healthcare, Inc. A Professional Corp. (06-55498), A2, C2 One Golden Shore Dr. Long Beach, CA 90802	#356	10/01/07	03/31/09	FAMILY \$102.72 AGED \$477.65 DISABLED \$452.97 MI ADULT \$566.92 REFUGEES/FAMILY \$102.72 AIDS \$1,098.94 BCCTP \$848.08	136,332/ 49,224	\$5,610,145	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: George Goldstein (562) 435-3666									
Molina Healthcare, Inc. A Professional Corp. (06-55498), A2, C2 One Golden Shore Dr. Long Beach, CA 90802	#356	10/01/07	03/31/09	MEDICARE PART D FAMILY \$102.72 AGED \$133.37 DISABLED \$144.88 MI ADULT \$566.92 REFUGEES/FAMILY \$102.72 AIDS \$263.39 BCCTP \$848.08	136,332/ 456	\$60,043	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra 916/449-5057
CONTACT: George Goldstein (562) 435-3666									
Total County Public Assistance Eligible, March 2001: 176,035 Total County Medically Needy Eligible, March 2001: 71,935									
SAN BERNARDINO COUNTY				SUBTOTAL	816,664/ 208,907	\$24,653,115			

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012	#343	10/01/07	03/31/10	FAMILY \$100.02 AGED \$471.17 DISABLED \$443.77 MI ADULT \$561.54 REFUGEES/FAMILY \$100.02 AIDS \$1,238.62 BCCTP \$852.21	63,000/ 11,171	\$1,377,562	San Francisco	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
MEDICARE PART D									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012	#343	10/01/07	03/31/10	FAMILY \$100.02 AGED \$123.09 DISABLED \$153.97 MI ADULT \$561.54 REFUGEES/FAMILY \$100.02 AIDS \$259.97 BCCTP \$852.21	63,000/ 405	\$55,461	San Francisco	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C5 201 Third Street, 7th Floor San Francisco, CA 94103	#307	10/01/07	12/31/09	FAMILY \$129.69 AGED \$524.74 DISABLED \$556.18 MI ADULT \$625.38 REFUGEES/FAMILY \$129.69 AIDS \$1,237.06 BCCTP \$982.52	55,000/ 31,854	\$4,901,966	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
CONTACT: Jean S. Fraser (415) 615-4202									
MEDICARE PART D									
San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C5 201 Third Street, 7th Floor San Francisco, CA 94103	#307	10/01/07	12/31/09	FAMILY \$129.69 AGED \$144.03 DISABLED \$169.53 MI ADULT \$625.38 REFUGEES/FAMILY \$129.69 AIDS \$275.43 BCCTP \$982.52	55,000/ 1,427	\$221,448	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
CONTACT: Jean S. Fraser (415) 615-4202									
Total County Public Assistance Eligible, March 2001: 70,588 Total County Medically Needy Eligible, March 2001: 27,854									
SAN FRANCISCO COUNTY				SUBTOTAL	236,000/ 44,857	\$6,556,437			

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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 JOAQUIN COUNTY (39)</u>									
Health Plan of San Joaquin (04-35401), A3, C5 7751 S. Manthey Road French Camp, CA 95231	#308	10/01/07	12/31/08	FAMILY \$101.54 AGED \$477.06 DISABLED \$446.92 MI ADULT \$559.46 REFUGEES/FAMILY \$101.54 AIDS \$1,145.12 BCCTP \$860.25	87,000/ 62,140	\$7,701,918	San Joaquin		Sandra Woods (916) 449-5092
CONTACT: Terry Mack (209) 939-3500									
Health Plan of San Joaquin (04-35401), A3, C5 7751 S. Manthey Road French Camp, CA 95231	#308	10/01/07	12/31/08	MEDICARE PART D FAMILY \$101.54 AGED \$133.05 DISABLED \$156.17 MI ADULT \$559.46 REFUGEES/FAMILY \$101.54 AIDS \$266.22 BCCTP \$860.25	87,000/ 1,372	\$193,905	San Joaquin		Sandra Woods (916) 449-5092
CONTACT: Terry Mack (209) 939-3500									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151- A Camino Ruiz Camarillo, CA 93012	#358	10/01/07	03/31/10	FAMILY \$101.12 AGED \$464.44 DISABLED \$459.23 MI ADULT \$559.24 REFUGEES/FAMILY \$101.12 AIDS \$1,157.24 BCCTP \$839.92	87,000/ 26,848	\$3,188,546	San Joaquin	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151- A Camino Ruiz Camarillo, CA 93012	#358	10/01/07	03/31/10	MEDICARE PART D FAMILY \$101.12 AGED \$123.63 DISABLED \$161.29 MI ADULT \$559.24 REFUGEES/FAMILY \$101.12 AIDS \$262.24 BCCTP \$839.92	87,000/ 562	\$79,388	San Joaquin	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Total County Public Assistance Eligible, March 2001: 67,655 Total County Medically Needy Eligible, March 2001: 27,470									
SAN JOAQUIN COUNTY				SUBTOTAL	348,000/ 90,922	\$11,163,757			

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SANTA CLARA COUNTY (43)</u>									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#345	10/01/07	03/31/10	FAMILY \$98.23 AGED \$488.85 DISABLED \$468.67 MI ADULT \$562.35 REFUGEES/FAMILY \$98.23 AIDS \$1,355.01 BCCTP \$889.38	95,000/ 30,370	\$3,601,360	Santa Clara	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#345	10/01/07	03/31/10	MEDICARE PART D FAMILY \$98.23 AGED \$131.25 DISABLED \$153.61 MI ADULT \$562.35 REFUGEES/FAMILY \$98.23 AIDS \$282.43 BCCTP \$889.38	95,000/ 750	\$102,283	Santa Clara	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Santa Clara Family Health Plan (04-35398), A5, C5 210 E. Hacienda Avenue Campbell, CA 95008-6617	#309	10/01/07	12/31/09	FAMILY \$124.16 AGED \$528.90 DISABLED \$538.12 MI ADULT \$604.65 REFUGEES/FAMILY \$124.16 AIDS \$1,203.28 BCCTP \$941.79 AGNEWS \$4,919.00	123,000/ 79,151	\$11,529,877	Santa Clara	Santa Clara Family Health Plan	Jeanne Ireland (916) 449-5110
CONTACT: Leona Butler (408) 874-1901									
Santa Clara Family Health Plan (04-35398), A5, C5 210 E. Hacienda Avenue Campbell, CA 95008-6617	#309	10/01/07	12/31/09	MEDICARE PART D FAMILY \$124.16 AGED \$140.40 DISABLED \$158.06 MI ADULT \$604.65 REFUGEES/FAMILY \$124.16 AIDS \$274.27 BCCTP \$941.79 AGNEWS \$4,919.00	123,000/ 4,800	\$706,057	Santa Clara	Santa Clara Family Health Plan	Jeanne Ireland (916) 449-5110
CONTACT: Leona Butler (408) 874-1901 Total County Public Assistance Eligible, March 2001: 73,739 Total County Medically Needy Eligible, March 2001: 54,612									
SANTA CLARA COUNTY				SUBTOTAL	436,000/ 115,071	\$15,939,577			

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DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>STANISLAUS COUNTY (50)</u>									
Anthem Blue Cross Partnership Plan, Inc. (04-35797), A4, C4 5151-A Camino Ruiz Camarillo, CA 93012	#310	10/01/07	12/31/08	FAMILY \$122.16 AGED \$495.06 DISABLED \$525.66 MI ADULT \$605.70 REFUGEES/FAMILY \$122.16 AIDS \$1,253.45 BCCTP \$955.99	48,100/ 45,342	\$6,549,240	Stanislaus	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan, Inc. (04-35797), A4, C4 5151-A Camino Ruiz Camarillo, CA 93012	#310	10/01/07	12/31/08	MEDICARE PART D FAMILY \$122.16 AGED \$139.21 DISABLED \$161.54 MI ADULT \$605.70 REFUGEES/FAMILY \$122.16 AIDS \$275.54 BCCTP \$955.99	48,100/ 1,112	\$167,713	Stanislaus	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Health Net Community (03-76182), A5, C7 11971 Foundation Place Rancho Cordova, CA 95670	#361	10/01/07	03/31/10	FAMILY \$126.70 AGED \$565.45 DISABLED \$552.86 MI ADULT \$622.09 REFUGEES/FAMILY \$126.70 AIDS \$1,431.51 BCCTP \$1,093.27	Unlimited/ 15,404	\$2,170,414	Stanislaus	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Health Net Community (03-76182), A5, C7 11971 Foundation Place Rancho Cordova, CA 95670	#361	10/01/07	03/31/10	MEDICARE PART D FAMILY \$126.70 AGED \$147.10 DISABLED \$177.80 MI ADULT \$622.09 REFUGEES/FAMILY \$126.70 AIDS \$316.44 BCCTP \$1,093.27	Unlimited/ 218	\$34,722	Stanislaus	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Total County Public Assistance Eligible, March 2001: 45,874 Total County Medically Needy Eligible, March 2001: 33,966									
STANISLAUS COUNTY				SUBTOTAL	96,200/ 62,076	\$8,922,089			

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Effective August 2003

DEPARTMENT OF HEALTH SERVICES

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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>
TULARE COUNTY (54)									
Health Net Community (03-76182), A5 C7 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670	#353	10/01/07	03/31/10	FAMILY \$98.76 AGED \$458.76 DISABLED \$452.17 MI ADULT \$583.02 REFUGEES/FAMILY \$98.76 AIDS \$1,226.76 BCCTP \$860.61	42,000/ 20,162	\$2,187,021	Tulare	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Health Net Community (03-76182), A5, C7 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670	#353	10/01/07	03/31/10	MEDICARE PART D FAMILY \$98.76 AGED \$124.35 DISABLED \$149.53 MI ADULT \$583.02 REFUGEES/FAMILY \$98.76 AIDS \$280.69 BCCTP \$860.61	42,000/ 189	\$25,094	Tulare	Health Net	Ann Silvia 916/449-5195
CONTACT: Sean O'Brien (626) 683-6246									
Anthem Blue Cross Partnership Plan, Inc. (04-36068), A3, C4 5151-A Camino Ruiz Camarillo, CA 93012	#311	10/01/07	12/31/08	FAMILY \$110.67 AGED \$466.74 DISABLED \$505.51 MI ADULT \$552.19 REFUGEES/FAMILY \$110.67 AIDS \$1,113.30 BCCTP \$928.12	90,000/ 70,978	\$8,930,570	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Anthem Blue Cross Partnership Plan, Inc. (04-36068), A3, C4 5151-A Camino Ruiz Camarillo, CA 93012	#311	10/01/07	12/31/08	MEDICARE PART D FAMILY \$110.67 AGED \$125.01 DISABLED \$152.96 MI ADULT \$552.19 REFUGEES/FAMILY \$110.67 AIDS \$254.98 BCCTP \$928.12	90,000/ 1,321	\$184,314	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Cindy Metcho (805) 384-7662									
Total County Public Assistance Eligible, March 2001: 53,768 Total County Medically Needy Eligible, March 2001: 41,351									
TULARE COUNTY				SUBTOTAL		<u>264,000/ 92,650</u>		<u>\$11,326,999</u>	
TOTAL 2-PLAN						<u>8,445,886/ 2,433,183</u>		<u>\$293,029,556</u>	

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DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Anthem Blue Cross Partnership #130 Plan, Inc. (07-65851) 200 Oceangate Ste. 100. Long Beach, CA 90802-4317		01/01/08	12/31/12		168,600/ 21,475		Sacramento		Nate Nelson 916/449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
Western Health Advantage #140 (07-65853) A2 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9754		01/01/08	12/31/12		15,750/ 13,487		Sacramento		Leanne O'Dell 916/324-0278
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net #150 (07-65847) 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670		04/01/08	12/31/12		168,600/ 30,195		Sacramento		Leanne O'Dell 916/324-0278
CONTACT: Lori Hill (916) 935-1447									
Molina Healthcare, Inc. #166 (04-36099) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317		01/01/07	12/31/07		168,600/ 0		Sacramento		Nate Nelson 916/449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028									
KP CAL,LLC #170 (07-65849) 1800 Harrison Street, 25th Floor Oakland, CA 94512		01/01/08	12/31/12		20,000/ 22,310		Sacramento	Charles S. Koch	Brad Bittinger 916/341-7031
CONTACT: Cathy Lurty (626) 405-3136									
Anthem Blue Cross Partnership #190 Plan, Inc. (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012		01/01/08	12/31/12		168,600/ 87,759		Sacramento	John P. Monahan General Manager	Nathan Nau 916/558-1797
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u>710,150/ 175,226</u>				

**Rates do not reflect
Hyde abortion rates.
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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>SAN DIEGO COUNTY (37)</u>									
Blue Cross of California (05-46126), A3 5151-A Camino Ruiz Camarillo, CA 93012	#48	07/01/06	12/31/07		202,000/ 0		San Diego	John P. Monahan General Manager	Nathan Nau 916/558-1797
CONTACT: Cindy Metcho (805) 384-7662									
Community Health Group (05-46127), A3 740 Bay Blvd Chula Vista, CA 91910	#29	07/01/07	12/31/08		207,000/ 83,008		San Diego	Ann Warren Chief Member & Govt Relations Officer	Nathan Nau 916/558-1797
CONTACT: Francisca Chavez (619) 498-6589									
Health Net Community (05-46128), A3 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	#68	01/01/08	12/31/08		180,000/ 26,395		San Diego	David Friedman	Leanne O'Dell 916/324-0278
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (05-46129), A5 393 East Walnut Street, 3rd Floor Pasadena, CA 91188	#79	07/01/06	12/31/08		10,000/ 12,479		San Diego	William Caswell	Brad Bittinger 916/341-7031
CONTACT: Cathy Lurty (626) 405-3136									
Molina Healthcare of California #131. (05-46130) A2 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317		07/01/07	12/31/08		100,000/ 50,681		San Diego	Stephen T. O'Dell President & CEO	Nate Nelson 916/449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
Care 1st Health Plan (05-46131), A4 1000 S Fremont Ave., Bldg. A-11, Unit 22 Alhambra, CA 91803	#167	07/01/07	12/31/08		207,000/ 8,435		San Diego	Anna Tran Chief Operating Officer	Raquel Vansickle 916/449-5105
CONTACT: Denise Spannicentro (619) 498-8230									
TOTAL GMC-MEDICAL (SAN DIEGO)					<u>906,000/ 180,998</u>				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u>10,920,112/ 3,663,141</u>				

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

DEPARTMENT OF HEALTH SERVICES

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GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A1 530 South Main Street Orange, CA 92863	#424	05/01/08	12/31/12		160,000/ 81,012		Sacramento	Charles S. Koch Vice President	Brian Nanoo 916-464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	#421	05/01/08	12/31/12		100,000/ 52,332		Sacramento	Reza Abbaszadeh Chief Executive Offic	Shalan Rahul 916-464-0383
CONTACT: Corina Lena (916) 563-6044									
Liberty Dental Plan (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	05/01/08	12/31/12		100,000/ 27,224		Sacramento	Dr. Amir Neshat Chief Executive Offic	Pam Bettencourt 916-464-0390
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	05/01/08	12/31/12		90,000/ 13,377		Sacramento	Susan Klarner	Brian Nanoo
CONTACT: Carolyn Miller (714)-708-5360									
Health Net of CA dba: CA Children Svcs. (07-65804)	#427	07/01/08	12/31/12		0/ 4,629		Sacramento		
CONTACT:									
TOTAL GMC-DENTAL					<u><u>450,000/ 178,574</u></u>				

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

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