

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
PHP										
MARIN COUNTY (21)										
KP CAL LLC (NorCal) #81 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	FAMILY	\$106.04	734/ 678	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031	
				AGED	\$371.06					
				BLIND/DISABLED	\$450.88					
				ADULT	\$409.74					
				REFUGEES FAMILY	\$106.04					
				BCCTP	\$731.24					
				AIDS	\$1,537.78					
MARIN COUNTY (21)										
KP CAL LLC (NorCal) #81 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	MEDICARE PART D		734/ 142	Marin	Charles S. Koch	Brad Bittinger (916) 341-7031	
				FAMILY	\$106.04					
				AGED	\$108.45					
				BLIND/DISABLED	\$89.60					
				ADULT	\$409.74					
				REFUGEES FAMILY	\$106.04					
				BCCTP	\$731.24					
AIDS	\$296.40									
MARIN COUNTY				SUBTOTAL		1,468/ 820		\$141,958		
SONOMA COUNTY (49)										
KP CAL LLC (NorCal) #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	FAMILY	\$98.57	1,424/ 31	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031	
				AGED	\$345.76					
				DISABLED	\$445.96					
				ADULT	\$439.72					
				REFUGEES FAMILY	\$98.57					
				BCCTP	\$778.42					
				AIDS	\$1,560.88					
SONOMA COUNTY (49)										
KP CAL LLC (NorCal) #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955		10/01/08	09/30/09	MEDICARE PART D		1,424/ 3	Sonoma	Charles S. Koch	Brad Bittinger (916) 341-7031	
				FAMILY	\$98.57					
				AGED	\$98.00					
				DISABLED	\$89.99					
				ADULT	\$439.72					
				REFUGEES FAMILY	\$98.57					
				BCCTP	\$778.42					
AIDS	\$296.40									
SONOMA COUNTY				SUBTOTAL		2,848/ 34		\$2,631		
TOTAL PHP							4,316/ 854		\$144,589	

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PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Access Dental Plan, Inc. (05-45001), A5 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	50,000/ 113,275	\$1,190,520	Los Angeles	Mike Betker,CEO	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Corina Lena (916) 563-6044										
American Health Guard Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	6/31/2011	Public Assistance	50,000/ 15,994	\$168,097	Los Angeles	David Kutner	Wayne Medley (916) 464-0393	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	90,000/ 20,947	\$220,153	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Paula Lopez, Director State Gov Programs										

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LOS ANGELES COUNTY (19)																		
Health Net Community Solutions, Inc. (05-45703), A3 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/07	06/30/09	Public Assistance														
				FAMILY	\$9.91	60,000/ 33,447	\$331,460	Los Angeles	David Meadows	Wayne Medley (916) 464-0393								
				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), A5 601 Potrero Grande Drive Monterey Park, CA 91755	#403						01/01/09	06/30/11	Public Assistance					
FAMILY	\$10.51	50,000/ 17,301	\$181,834										Los Angeles	Dr. Reginal Moore	Wayne Medley (916) 464-0393			
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
CONTACT: Dr. Jorge Weingarten 626-299-5275																		
Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863	#413					01/01/09	06/30/11	Public Assistance										
				FAMILY	\$10.51			50,000/ 55,486	\$583,158	Los Angeles	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784						
		AGED	\$10.51															
		BLIND/DISABLED	\$10.51															
		Medically Needy	\$10.51															
		FAMILY	\$10.51															
		AGED	\$10.51															
		BLIND/DISABLED	\$10.51															
		MI CHILD	\$10.51															
		MI ADULT	\$10.51															
		% OF POV	\$10.51															
		BCCTP	\$10.51															
		CONTACT: Kelley Duniven (714) 571-3488																
		Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#416	01/01/09	06/30/11								Public Assistance					
FAMILY	\$10.51					Unlimited/ 7,341	\$77,154						Los Angeles	Amir Neshat, DDS President/CEO	Lenatte Blouin (916) 464-0379			
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
CONTACT: Amir Neshat, DDS, 949-223-8929																		
Community Dental Services, Inc. #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707								01/01/09	06/30/11	Public Assistance								
		FAMILY	\$10.51	Unlimited/ 4,435	\$46,612					Los Angeles	Susan Klarner Senior Executive/VP	Brian Nanoo (916) 464-3784						
		AGED	\$10.51															
		BLIND/DISABLED	\$10.51															
		Medically Needy																
		FAMILY	\$10.51															
		AGED	\$10.51															
		BLIND/DISABLED	\$10.51															
		MI CHILD	\$10.51															
		MI ADULT	\$10.51															
		% OF POV	\$10.51															
		BCCTP	\$10.51															
		CONTACT: Carolyn Miller, 714-708-5360																
		LOS ANGELES				SUBTOTAL	350,000/ 268,226						2,798,988					

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RIVERSIDE COUNTY (33)																		
Western Dental Services, Inc. #414 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/09	06/30/11	Public Assistance	100,000/ 157	\$1,650	Riverside	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				Safeguard Health Plans, Inc. #407														
				(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4177						#407	01/01/09	06/30/11	Public Assistance	90,000/ 63	\$662	Riverside	Paula Lopez Director State Gov	Lenatte Blouin (916) 464-0379
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
Medically Needy																		
FAMILY	\$10.51																	
AGED	\$10.51																	
BLIND/DISABLED	\$10.51																	
MI CHILD	\$10.51																	
MI ADULT	\$10.51																	
% OF POV	\$10.51																	
BCCTP	\$10.51																	
RIVERSIDE COUNTY					SUBTOTAL	190,000/ 220	\$2,312											

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SAN BERNARDINO COUNTY (36)										
Western Dental Services, Inc. #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488		01/01/09	06/30/11	Public Assistance	100,000/ 284	\$2,985	San Bernardino	Stan Andrakowicz Vice President	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Care 1st Health Plan #404						
(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Dr. Jorge Weingarten 626-299-5275		01/01/09	06/30/11	Public Assistance	50,000/ 115	\$1,209	San Bernardino	Dr. Reginal Moore	Wayne Medley (916) 464-0393	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Safeguard Health Plans, Inc. #408						
(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177 **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11	Public Assistance	90,000/ 452	\$4,751	San Bernardino	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				SAN BERNARDINO COUNTY						SUBTOTAL
TOTAL PHP (DENTAL)					780,000/ 269,297	\$2,810,245				

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COUNTY COHS									
<u>MERCED COUNTY (24)</u>									
Santa Cruz-Monterey- Merced, Managed Medical Care Commission dba Central California Alliance for Health	514	10/01/09	12/31/13	FAMILY/MI CHILD \$141.37 AGED \$469.37 DISABLED/BLIND \$735.45 LTC \$7,640.77 MI ADULT \$141.37 REFUGEES/% POV \$141.37 BCCTP \$1,484.49	N/A/ 65,236		Merced		
(08-85216) A2									
				<u>MEDICARE PART B</u>					
				AGED \$260.12 DISABLED/BLIND \$175.07 LTC \$4,409.95					
CONTACT:									
<u>MONTEREY COUNTY (27)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A2 1600 Green Hills Road	#508	07/01/09	12/31/13	FAMILY/MI CHILD \$134.64 AGED \$587.31 DISABLED/BLIND \$946.51 LTC \$6,637.54 MI ADULT \$134.64 REFUGEES/% POV \$134.64 BCCTP \$1,357.34	N/A/ 67,674		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$199.76 DISABLED/BLIND \$200.93 LTC \$4,994.13					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<u>NAPA COUNTY (28)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A2 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	07/01/09	12/31/13	FAMILY/MI CHILD \$180.46 AGED \$478.19 DISABLED/BLIND \$893.11 LTC \$4,796.48 MI ADULT \$180.46 REFUGEES/% POV \$180.46 BCCTP \$1,515.11 OBRA \$289.34	N/A/ 12,905		Napa	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED \$187.16 DISABLED/BLIND \$234.27 LTC \$3,770.17					
CONTACT: Jack Horn (707) 863-4261									
<u>ORANGE COUNTY (30)</u>									
Orange County Organized Health System dba CalOptima (08-85214) 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/09	12/31/13	FAMILY/MI CHILD \$114.60 AGED \$451.86 DISABLED/BLIND \$669.98 LTC \$6,378.87 MI ADULT \$573.11 REFUGEES/% POV \$114.60 BCCTP \$1,314.57	N/A/ 346,315		Orange	Richard Chambers	Rachael Arruda-deCell (916) 449-5094
				<u>MEDICARE PART B</u>					
				AGED \$187.00 DISABLED/BLIND \$191.00 LTC \$4,228.65					
CONTACT: Richard Chambers (714) 246-8458									

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COUNTY COHS									
<u>SAN LUIS OBISPO COUNTY (40)</u>									
SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) 110 Castillian Dr. Goleta, CA 93117	#501	01/01/09	12/31/11	FAMILY/MI CHILD \$104.19 AGED \$471.80 DISABLED/BLIND \$719.49 LTC \$5,554.63 MI ADULT \$595.05 REFUGEES/% POV \$104.19 BCCTP \$1,132.52 AIDS \$2,024.06	N/A/ 27,104		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$166.54 DISABLED/BLIND \$137.03 LTC \$3,476.29 AIDS \$332.14					
CONTACT: Bob Freeman (805) 685-9525									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A1 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/09	12/31/13	FAMILY/MI CHILD \$160.78 AGED \$552.64 DISABLED/BLIND \$839.99 LTC \$1,683.89 MI ADULT \$830.23 REFUGEES/% POV \$160.78 BCCTP \$1,425.23 AIDS \$3,089.57	N/A/ 57,816		Sacramento	Maya Altman	Gerlinda Hightower (916) 449-5093
				<u>MEDICARE PART B</u>					
				AGED \$159.09 DISABLED/BLIND \$168.97 LTC \$211.84 AIDS \$332.20					
CONTACT: Maya Altman (650) 616-2145									
<u>SANTA BARBARA COUNTY (42)</u>									
SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/09	12/31/11	FAMILY/MI CHILD \$120.15 AGED \$465.96 DISABLED/BLIND \$729.99 LTC \$7,063.72 MI ADULT \$606.05 REFUGEES/% POV \$120.15 BCCTP \$1,146.74 AIDS \$1,989.71	N/A/ 61,399		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$173.76 DISABLED/BLIND \$159.27 LTC \$4,719.50 AIDS \$324.35					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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COUNTY COHS									
<u>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A2 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	07/01/09	12/31/13	FAMILY/MI CHILD \$131.68 AGED \$526.01 DISABELED/BLIND \$837.52 LTC \$6,300.94 MI ADULT \$131.68 REFUGEES/% POV \$131.68 BCCTP \$1,211.10	N/A/ 34,482		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$207.22 DISABLED/BLIND \$187.32 LTC \$4,606.54					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A2 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	07/01/09	12/31/13	FAMILY/MI CHILD \$163.29 AGED \$558.72 DISABELED/BLIND \$869.54 LTC \$5,787.51 MI ADULT \$163.29 REFUGEES/% POV \$163.29 BCCTP \$1,316.97 OBRA \$279.10	N/A/ 60,020		Solano	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED \$210.80 DISABLED/BLIND \$231.32 LTC \$4,579.51					
CONTACT: Jack Horn (707) 863-4261									
<u>SONOMA COUNTY (49)</u>									
Sonoma County Partnership Health Plan of CA dba: (08-85215, A2	#513	10/01/09	12/31/13	FAMILY/MI CHILD \$115.18 AGED \$627.12 DISABELED/BLIND \$867.47 LTC \$6,173.42 MI ADULT \$115.18 REFUGEES/% POV \$115.18 BCCTP \$1,174.81	N/A/ 45,019		Sonoma		
				<u>MEDICARE PART B</u>					
				AGED \$259.12 DISABLED/BLIND \$168.66 LTC \$3,348.50					
CONTACT:									
<u>YOLO COUNTY (57)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A2 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#509	07/01/09	12/31/13	FAMILY/MICHILD \$136.35 AGED \$598.36 DISABELED/BLIND \$907.58 LTC \$6,236.74 MI ADULT \$136.35 REFUGEES/FAMILY \$136.35 BCCTP \$1,186.91 OBRA \$249.10	N/A/ 26,613		Yolo	Jack Horn	Louie Sanchez (916) 449-5115
				<u>MEDICARE PART B</u>					
				AGED 206.38 DISABLED/BLIND 224.51 LTC 4217.15					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 804,583

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SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	MEDICAL ONLY		1,200/ 4	22,044	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
				DISA/LTC/AIDS	\$5,511.03					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Robert Edmondson (209) 292-8883		04/01/08	12/31/12	MEDICARE PART D		1,200/ 85	\$358,910	Alameda	Robert Edmondson	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
				DISA/LTC/AIDS	\$4,222.47					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICAL ONLY		560/ 50	\$288,912	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$5,778.23					
				DISA/LTC/AIDS	\$5,778.23					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICARE PART D		560/ 374	\$1,616,712	Alameda	Peter Szutu	Della Cabrera (916) 440-7532
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
ALAMEDA COUNTY				SUBTOTAL		3,520/ 513	\$2,286,578			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
CONTRA COSTA COUNTY (07)										
MEDICAL ONLY										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 6	\$34,669	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
MEDICARE PART D										
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	FAMILY/AGED/REF.	\$4,322.76	560/ 25	\$108,069	Contra Costa	Peter Szutu	Della Cabrera (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
CONTRA COSTA COUNTY				SUBTOTAL		<u>1,120/ 31</u>	<u>\$142,738</u>			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/08	12/31/12	AGED \$77.88 BLIND/DISABLED \$77.88	5,000/ 2,810	\$218,843	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/08	12/31/12	LTC \$935.31	5,000/ 1,899	\$1,776,154	Los Angeles	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICAL ONLY									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	300/ 130	\$768,282	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
MEDICARE PART D									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	300/ 524	\$1,778,451	Los Angeles	Castulo de la Rocha President	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Sophia Guel-Valenzuela (323) 980-4000									
LOS ANGELES COUNTY				SUBTOTAL	20,600/ 5,363	\$4,541,730			

<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 Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/08	12/31/12	MEDICARE PART D		5,000/ 872	\$61,929	Riverside	David Schmidt
				AGED	\$71.02				
				BLIND/DISABLED	\$71.02				
CONTACT: David Schmidt (562) 989-5100									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/08	12/31/12	MEDICARE PART D		5,000/ 623	\$571,328	San Bernardino	David Schmidt
				LTC	\$917.06				
CONTACT: David Schmidt (562) 989-5100									
RIVERSIDE COUNTY				SUBTOTAL		20,000/ 1,495	\$633,257		
SACRAMENTO COUNTY (34)									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	MEDICAL ONLY		280/ 6	\$29,523	Sacramento	Diane Stewart
				FAMILY/AGED/REF.	\$4,920.49				
				DISA/LTC/AIDS	\$4,920.49				Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	MEDICARE PART D		280/ 203	\$723,293	Sacramento	Diane Stewart
				FAMILY/AGED/REF.	\$3,563.02				
				DISA/LTC/AIDS	\$3,563.02				Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
SACRAMENTO COUNTY				SUBTOTAL		560/ 209	\$752,816		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>SAN BERNARDINO COUNTY (36)</u>									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/08	12/31/12	AGED \$81.60 BLIND/DISABLED \$81.60	5,000/ 471	\$38,434	Riverside	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/08	12/31/12	LTC \$891.09	5,000/ 318	\$283,367	San Bernardino	David Schmidt	
CONTACT: David Schmidt (562) 989-5100									
SAN BERNARDINO COUNTY				SUBTOTAL	20,000/ 789	\$321,801			
<u>SAN DIEGO COUNTY (37)</u>									
MEDICAL ONLY									
Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$4,761.40 DISA/LTC/AIDS \$4,761.40	000/ 16	\$76,182	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
MEDICARE PART D									
Community Elder Care of San Diego (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	FAMILY/AGED/REF. \$3,569.67 DISA/LTC/AIDS \$3,569.67	000/ 74	\$264,156	San Diego		
CONTACT: Valerie Conner (619) 239-6900									
<u>SAN DIEGO COUNTY</u>				SUBTOTAL	000/ 90	\$340,338			

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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>
SAN FRANCISCO COUNTY (38)									
OnLok Senior Health Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	MEDICAL ONLY FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1,200/ 10	\$60,777	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	MEDICARE PART D FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1,200/ 879	\$3,867,433	San Francisco	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Robert Edmondson (209) 292-8883									
San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A1 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	MEDICAL ONLY FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 123	\$227,396	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
SAN FRANCISCO COUNTY				SUBTOTAL	3,400/ 1,012	\$4,155,606			
SANTA CLARA COUNTY (43)									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	MEDICAL ONLY FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 1	\$5,146	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	MEDICARE PART D FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 15	\$60,429	San Jose	Robert Edmondson	DellaCabrera (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
SANTA CLARA COUNTY				SUBTOTAL	/ 16	\$65,575			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
YOLO COUNTY (57)									
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	MEDICARE PART D FAMILY/AGED/REF. 3,563.02 DISA/LTC/AIDS 3,563.02	280/ 2	\$7,126	Sacramento		Delmira Rosas-Pettit (916) 440-7543
CONTACT: Janet Tedesco (916) 446-3100									
YOLO COUNTY				SUBTOTAL		<u>560/ 2</u>		<u>\$7,126</u>	
TOTAL SPECIAL PROJECT						<u>69,760/ 9,520</u>		<u>\$13,247,565</u>	

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>			
PCCM												
<u>LOS ANGELES COUNTY (19)</u>												
AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096
				FAMILY	\$103.27	2,000/ 409	\$250,284					
				AGED	\$466.85							
				DISABLED	\$622.09							
				MI CHILD	\$103.27							
				MI ADULT	\$265.28							
				REFUGEES	\$103.27							
				AIDS	\$1,473.85							
CONTACT: Donna Stidham (323) 860-5231												
AIDS Healthcare Foundation (01-16349) A-10 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	04/01/09	12/31/09	<u>MEDICARE PART D</u> <u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096
				FAMILY	\$103.27	2,000/ 308	\$103,564					
				AGED	\$243.89							
				DISABLED	\$339.33							
				MI CHILD	\$103.27							
				MI ADULT	\$265.28							
				REFUGEES	\$103.27							
				AIDS	\$206.24							
CONTACT: Donna Stidham (323) 860-5231												
LOS ANGELES COUNTY				SUBTOTAL		<u>4,000/ 717</u>		<u>\$353,848</u>				
				TOTAL PCCM		<u>4,000/ 717</u>		<u>\$353,848</u>				

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2-PLAN									
ALAMEDA COUNTY (01)									
Alameda Alliance for Health (04-35399), A7, C6 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/08	12/31/09	FAMILY	\$127.58	180,000/ 87,183	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$490.28				
				DISABLED	\$525.12				
				MI ADULT	\$574.71				
				REFUGEES/FAMILY	\$127.58				
				AIDS	\$1,147.45				
				BCCTP	\$902.12				
AGNEWS	\$4,919.00								
MEDICARE PART D									
Alameda Alliance for Health (04-35399), A7, C6 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/08	12/31/09	FAMILY	\$127.58	180,000/ 4,376	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	\$124.02				
				DISABLED	\$175.98				
				MI ADULT	\$574.71				
				REFUGEES/FAMILY	\$127.58				
				AIDS	\$278.54				
				BCCTP	\$902.12				
AGNEWS	\$4,919.00								
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A9, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/08	06/30/10	FAMILY	\$122.47	109,000/ 25,629	California		
				AGED	\$483.83				
				DISABLED	\$525.70				
				MI ADULT	\$569.71				
				REFUGEES/FAMILY	\$122.47				
				AIDS	\$1,185.49				
				BCCTP	\$867.24				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A9, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/08	06/30/10	FAMILY	\$122.47	109,000/ 775	California		
				AGED	\$120.93				
				DISABLED	\$170.74				
				MI ADULT	\$569.71				
				REFUGEES/FAMILY	\$122.47				
				AIDS	\$264.35				
				BCCTP	\$867.24				
ALAMEDA COUNTY				SUBTOTAL		578,000/ 117,963	\$18,801,086		

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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>
CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	10/01/08	12/31/09	FAMILY	\$125.28	3,516/ 52,218	\$8,190,372	County of Contra Costa	
				AGED	\$514.37				
				DISABLED	\$525.72				
				MI ADULT	\$624.12				
				REFUGEES/FAMILY	\$125.28				
				AIDS	\$1,145.27				
				BCCTP	\$877.74				
MEDICARE PART D									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A4, C5, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	10/01/08	12/31/09	FAMILY	\$125.28	59,430/ 2,190	\$343,029	County of Contra Costa	
				AGED	\$131.20				
				DISABLED	\$174.74				
				MI ADULT	\$624.12				
				REFUGEES/FAMILY	\$125.28				
				AIDS	\$272.49				
				BCCTP	\$877.74				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A9, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	10/01/08	06/30/10	FAMILY	\$114.29	41,000/ 10,836	\$1,435,924	Contra Costa	Blue Cross of California
				AGED	\$496.38				
				DISABLED	\$464.54				
				MI ADULT	\$575.69				
				REFUGEES/FAMILY	\$114.29				
				AIDS	\$1,194.63				
				BCCTP	\$864.54				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A9, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	10/01/08	06/30/10	FAMILY	\$114.29	41,000/ 199	\$29,247	Contra Costa	Blue Cross of California
				AGED	\$124.57				
				DISABLED	\$167.91				
				MI ADULT	\$575.69				
				REFUGEES/FAMILY	\$114.29				
				AIDS	\$262.07				
				BCCTP	\$864.54				
CONTRA COSTA COUNTY				SUBTOTAL		144,946/ 65,443	\$9,998,572		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
FRESNO COUNTY (10)									
Anthem Blue Cross Partnership #341 Plan (03-76184), A9 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$111.95	180,000/ 102,595	\$13,572,297	Fresno	Blue Cross of California
				AGED	\$525.98				
				DISABLED	\$515.72				
				MI ADULT	\$619.91				
				REFUGEES/FAMILY	\$111.95				
				AIDS	\$1,177.24				
				BCCTP	\$828.40				
MEDICARE PART D									
Anthem Blue Cross Partnership #341 Plan (03-76184,) A9 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$111.95	180,000/ 2,482	\$363,925	Fresno	Blue Cross of California
				AGED	\$114.98				
				DISABLED	\$163.42				
				MI ADULT	\$619.91				
				REFUGEES/FAMILY	\$111.95				
				AIDS	\$255.19				
				BCCTP	\$828.40				
MEDICARE PART D									
Health Net Community #351 Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$102.89	180,000/ 89,707	\$10,399,240	Fresno	Health Net
				AGED	\$467.39				
				DISABLED	\$439.80				
				MI ADULT	\$571.07				
				REFUGEES/FAMILY	\$102.89				
				AIDS	\$1,152.86				
				BCCTP	\$860.99				
MEDICARE PART D									
Health Net Community #351 Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$102.89	180,000/ 833	\$111,128	Fresno	Health Net
				AGED	\$122.69				
				DISABLED	\$146.43				
				MI ADULT	\$571.07				
				REFUGEES/FAMILY	\$102.89				
				AIDS	\$257.13				
				BCCTP	\$860.99				
FRESNO COUNTY				SUBTOTAL		720,000/ 195,617	\$24,446,590		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<u>KERN COUNTY (15)</u>									
Health Net Community Solutions, Inc. (03-76182) A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/08	06/30/10	FAMILY	\$108.28	73,000/ 29,087	\$3,705,265	Kern	Health Net
				AGED	\$483.07				
				DISABLED	\$453.45				
				MI ADULT	\$578.32				
				REFUGEES/FAMILY	\$108.28				
				AIDS	\$1,184.34				
				BCCTP	\$856.72				
<u>MEDICARE PART D</u>									
Health Net Community Solutions, Inc. (03-76182) A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/08	06/30/10	FAMILY	\$108.28	73,000/ 661	\$93,068	Kern	Health Net
				AGED	\$123.08				
				DISABLED	\$153.39				
				MI ADULT	\$578.32				
				REFUGEES/FAMILY	\$108.28				
				AIDS	\$250.36				
				BCCTP	\$856.72				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A7, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/08	12/31/09	FAMILY	\$102.06	115,000/ 100,520	\$11,971,016	Kern	Kern Health Systems
				AGED	\$475.69				
				DISABLED	\$431.61				
				MI ADULT	\$573.62				
				REFUGEES/FAMILY	\$102.06				
				AIDS	\$1,144.23				
				BCCTP	\$818.85				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A7, C7 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/08	12/31/09	FAMILY	\$102.06	115,000/ 1,796	\$256,237	Kern	Kern Health Systems
				AGED	\$120.43				
				DISABLED	\$159.46				
				MI ADULT	\$573.62				
				REFUGEES/FAMILY	\$102.06				
				AIDS	\$247.14				
				BCCTP	\$818.85				
KERN COUNTY				SUBTOTAL		376,000/ 132,064	\$16,025,586		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/08	06/30/10	FAMILY	\$92.50	710,000/ 433,665	\$45,205,383	Los Angeles	Health Net
				AGED	\$460.43				
				DISABLED	\$416.20				
				MI ADULT	\$550.39				
				REFUGEES/FAMILY	\$92.50				
				AIDS	\$1,095.99				
				BCCTP	\$859.95				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/08	06/30/10	FAMILY	\$92.50	710,000/ 5,431	\$695,136	Los Angeles	Health Net
				AGED	\$117.68				
				DISABLED	\$146.07				
				MI ADULT	\$550.39				
				REFUGEES/FAMILY	\$92.50				
				AIDS	\$267.79				
				BCCTP	\$859.95				
MEDICARE PART D									
LA Care Health Plan (04-36069), A3, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/08	12/31/09	FAMILY	\$107.82	1,150,000/ 768,249	\$93,729,489	Los Angeles	LA Care Health Plan
				AGED	\$483.01				
				DISABLED	\$478.24				
				MI ADULT	\$541.03				
				REFUGEES/FAMILY	\$107.82				
				AIDS	\$1,104.40				
				BCCTP	\$879.46				
MEDICARE PART D									
LA Care Health Plan (04-36069), A3, C5 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/08	12/31/09	FAMILY	\$107.82	1,150,000/ 11,175	\$1,464,080	Los Angeles	LA Care Health Plan
				AGED	\$113.00				
				DISABLED	\$148.78				
				MI ADULT	\$541.03				
				REFUGEES/FAMILY	\$107.82				
				AIDS	\$269.02				
				BCCTP	\$879.46				
LOS ANGELES COUNTY				SUBTOTAL		3,720,000/ 1,218,520	\$141,094,088		

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), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/08	12/31/09	FAMILY \$105.56 AGED \$469.36 DISABLED \$465.74 MI ADULT \$575.05 REFUGEES/FAMILY \$105.56 AIDS \$1,106.89 BCCTP \$899.31	272,000/ 166,718	\$20,211,744	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
Inland Empire Health Plan (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/08	12/31/09	MEDICARE PART D FAMILY \$105.56 AGED \$124.27 DISABLED \$151.66 MI ADULT \$575.05 REFUGEES/FAMILY \$105.56 AIDS \$269.02 BCCTP \$899.31	272,000/ 2,818	\$387,480	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
CONTACT: Richard Bruno, CEO (909) 890-2000									
Molina Healthcare of California Partner Plan, Inc. (06-55498), A4, C3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#355	10/01/08	03/31/11	FAMILY \$106.28 AGED \$481.14 DISABLED \$461.35 MI ADULT \$563.55 REFUGEES/FAMILY \$106.28 AIDS \$1,050.72 BCCTP \$874.92	83,038/ 37,778	\$4,356,827	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028									
Molina Healthcare of California Partner Plan, Inc. (06-55498), A4, C3 200 Oceangate Ste. 100 Long Beach, CA 90802-4317	#355	10/01/08	03/31/11	MEDICARE PART D FAMILY \$106.28 AGED \$123.72 DISABLED \$155.98 MI ADULT \$563.55 REFUGEES/FAMILY \$106.28 AIDS \$261.09 BCCTP \$874.92	83,038/ 288	\$39,263	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra (916) 449-5057
CONTACT: Greg Hamblin, CF (562) 435-3666 ext. 127028									
RIVERSIDE COUNTY				SUBTOTAL	710,076/ 207,602	\$24,995,314			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SAN BERNARDINO COUNTY (36)										
Inland Empire Health Plan #306 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/08	12/31/09	FAMILY	\$107.61	272,000/ 185,083	\$22,725,677	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$493.26					
				DISABLED	\$458.20					
				MI ADULT	\$591.48					
				REFUGEES/FAMILY	\$107.61					
				AIDS	\$1,081.90					
				BCCTP	\$826.67					
MEDICARE PART D										
Inland Empire Health Plan #306 (04-35765), A5, C6 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/08	12/31/09	FAMILY	\$107.61	272,000/ 3,055	\$458,084	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	\$129.26					
				DISABLED	\$169.13					
				MI ADULT	\$591.48					
				REFUGEES/FAMILY	\$107.61					
				AIDS	\$255.51					
				BCCTP	\$826.67					
MEDICARE PART D										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A4, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/08	03/31/11	FAMILY	\$106.47	136,332/ 53,359	\$6,245,265	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D. (916) 449-5057	
				AGED	\$487.08					
				DISABLED	\$452.49					
				MI ADULT	\$569.67					
				REFUGEES/FAMILY	\$106.47					
				AIDS	\$1,073.06					
				BCCTP	\$842.54					
MEDICARE PART D										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A4, C3 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/08	03/31/11	FAMILY	\$106.47	136,332/ 403	\$54,350	San Bernardino	Joann Zarza-Garrido Mike Dutra Molina, M.D. (916) 449-5057	
				AGED	\$127.82					
				DISABLED	\$153.18					
				MI ADULT	\$569.67					
				REFUGEES/FAMILY	\$106.47					
				AIDS	\$260.55					
				BCCTP	\$842.54					
SAN BERNARDINO COUNTY				SUBTOTAL		816,664/ 241,900	\$29,483,376			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
Anthem Blue Cross Partnership #343 Plan (03-76184), A9 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$99.41	63,000/ 11,585	\$1,430,908	San Francisco	Blue Cross of California
				AGED	\$499.97				
				DISABLED	\$463.36				
				MI ADULT	\$589.35				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$1,204.71				
				BCCTP	\$841.61				
MEDICARE PART D									
Anthem Blue Cross Partnership #343 Plan (03-76184), A9 ,C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$99.41	63,000/ 438	\$59,874	San Francisco	Blue Cross of California
				AGED	\$109.60				
				DISABLED	\$160.79				
				MI ADULT	\$589.35				
				REFUGEES/FAMILY	\$99.41				
				AIDS	\$264.16				
				BCCTP	\$841.61				
MEDICARE PART D									
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A6, C6 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/08	12/31/09	FAMILY	\$131.61	55,000/ 33,871	\$5,234,114	San Francisco	San Francisco Health Authority dba San Francisco Health Plan
				AGED	\$487.61				
				DISABLED	\$545.08				
				MI ADULT	\$600.11				
				REFUGEES/FAMILY	\$131.61				
				AIDS	\$1,167.27				
				BCCTP	\$878.38				
MEDICARE PART D									
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A6, C6 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/08	12/31/09	FAMILY	\$131.61	55,000/ 1,519	\$236,192	San Francisco	San Francisco Health Authority dba San Francisco Health Plan
				AGED	\$136.97				
				DISABLED	\$175.78				
				MI ADULT	\$600.11				
				REFUGEES/FAMILY	\$131.61				
				AIDS	\$257.80				
				BCCTP	\$878.38				
SAN FRANCISCO COUNTY				SUBTOTAL		236,000/ 47,413	\$6,961,088		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN JOAQUIN COUNTY (39)									
Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/08	12/31/09	FAMILY	\$118.70	87,000/ 68,666	\$9,741,784	San Joaquin	
				AGED	\$474.78				
				DISABLED	\$476.11				
				MI ADULT	\$551.80				
				REFUGEES/FAMILY	\$118.70				
				AIDS	\$1,110.21				
				BCCTP	\$870.95				
MEDICARE PART D									
Health Plan of San Joaquin (04-35401), A5, C6 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/08	12/31/09	FAMILY	\$118.70	87,000/ 1,525	\$229,343	San Joaquin	
				AGED	\$122.72				
				DISABLED	\$166.79				
				MI ADULT	\$551.80				
				REFUGEES/FAMILY	\$118.70				
				AIDS	\$249.78				
				BCCTP	\$870.95				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A9 ,C6 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/08	06/30/10	FAMILY	\$104.47	87,000/ 27,841	\$3,353,269	San Joaquin	Blue Cross of California
				AGED	\$494.00				
				DISABLED	\$429.81				
				MI ADULT	\$613.67				
				REFUGEES/FAMILY	\$104.47				
				AIDS	\$1,129.76				
				BCCTP	\$840.34				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A9 ,C6 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/08	06/30/10	FAMILY	\$104.47	87,000/ 566	\$82,362	San Joaquin	Blue Cross of California
				AGED	\$116.68				
				DISABLED	\$166.89				
				MI ADULT	\$613.67				
				REFUGEES/FAMILY	\$104.47				
				AIDS	\$261.22				
				BCCTP	\$840.34				
SAN JOAQUIN COUNTY				SUBTOTAL		348,000/ 98,598	\$13,406,758		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>							
SANTA CLARA COUNTY (43)																
Anthem Blue Cross Partnership #345 Plan (03-76184), A9, C6 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	06/30/10	FAMILY	\$107.46	95,000/ 33,139	\$4,251,211	Santa Clara	Blue Cross of California							
				AGED	\$512.15											
				DISABLED	\$478.00											
				MI ADULT	\$572.03											
				REFUGEES/FAMILY	\$107.46											
				AIDS	\$1,226.35											
				BCCTP	\$833.62											
				MEDICARE PART D												
				FAMILY	\$107.46					95,000/ 835	\$113,337	Santa Clara	Blue Cross of California			
				AGED	\$121.68											
DISABLED	\$162.08															
MI ADULT	\$572.03															
REFUGEES/FAMILY	\$107.46															
AIDS	\$262.30															
BCCTP	\$833.62															
MEDICARE PART D																
Santa Clara Family Health #309 Plan (04-35398), A6, C6 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/08	12/31/09	FAMILY	\$136.51	123,000/ 86,772	\$13,621,088	Santa Clara	Santa Clara Family Health Plan							
				AGED	\$494.67											
				DISABLED	\$526.39											
				MI ADULT	\$621.38											
				REFUGEES/FAMILY	\$136.51											
				AIDS	\$1,172.80											
				BCCTP	\$864.29											
				AGNEWS	\$4,919.00											
				MEDICARE PART D												
				FAMILY	\$136.51					123,000/ 5,771	\$837,253	Santa Clara	Santa Clara Family Health Plan			
AGED	\$126.93															
DISABLED	\$171.05															
MI ADULT	\$621.38															
REFUGEES/FAMILY	\$136.51															
AIDS	\$257.66															
BCCTP	\$864.29															
AGNEWS	\$4,919.00															
SANTA CLARA COUNTY																
SUBTOTAL					436,000/ 126,517	\$18,822,889										

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
STANISLAUS COUNTY (50)									
Anthem Blue Cross Partnership #310 Plan (04-35797), A7, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	12/31/09	FAMILY	\$122.71	48,100/ 47,417	\$6,948,966	Stanislaus	Blue Cross of California
				AGED	\$515.82				
				DISABLED	\$536.85				
				MI ADULT	\$637.64				
				REFUGEES/FAMILY	\$122.71				
				AIDS	\$1,147.08				
				BCCTP	\$893.39				
MEDICARE PART D									
Anthem Blue Cross Partnership #310 Plan (04-35797), A7, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/08	12/31/09	FAMILY	\$122.71	48,100/ 1,172	\$178,123	Stanislaus	Blue Cross of California
				AGED	\$122.62				
				DISABLED	\$168.18				
				MI ADULT	\$637.64				
				REFUGEES/FAMILY	\$122.71				
				AIDS	\$263.11				
				BCCTP	\$893.39				
MEDICARE PART D									
Health Net Community #361 Solutions, Inc. (03-76182), A7, C8 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$134.00	Unlimited/ 18,492	\$2,738,995	Stanislaus	Health Net
				AGED	\$548.74				
				DISABLED	\$560.51				
				MI ADULT	\$617.90				
				REFUGEES/FAMILY	\$134.00				
				AIDS	\$1,199.04				
				BCCTP	\$912.73				
MEDICARE PART D									
Health Net Community #361 Solutions, Inc. (03-76182), A7, C8 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/08	06/30/10	FAMILY	\$134.00	Unlimited/ 250	\$39,663	Stanislaus	Health Net
				AGED	\$132.18				
				DISABLED	\$177.54				
				MI ADULT	\$617.90				
				REFUGEES/FAMILY	\$134.00				
				AIDS	\$280.66				
				BCCTP	\$912.73				
STANISLAUS COUNTY				SUBTOTAL		96,200/ 67,331	\$9,905,747		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
TULARE COUNTY (54)									
Health Net Community Solutions, Inc. (03-76182), A7 C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/08	06/30/10	FAMILY	\$98.84	42,000/ 23,336	\$2,530,129	Tulare	Health Net
				AGED	\$472.42				
				DISABLED	\$436.82				
				MI ADULT	\$565.37				
				REFUGEES/FAMILY	\$98.84				
				AIDS	\$1,064.33				
				BCCTP	\$838.74				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A7, C8 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/08	06/30/10	FAMILY	\$98.84	42,000/ 243	\$31,433	Tulare	Health Net
				AGED	\$120.35				
				DISABLED	\$149.48				
				MI ADULT	\$565.37				
				REFUGEES/FAMILY	\$98.84				
				AIDS	\$267.90				
				BCCTP	\$838.74				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (04-36068), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/08	12/31/09	FAMILY	\$111.38	90,000/ 75,549	\$9,542,194	Tulare	Blue Cross of California
				AGED	\$507.92				
				DISABLED	\$514.39				
				MI ADULT	\$573.77				
				REFUGEES/FAMILY	\$111.38				
				AIDS	\$1,064.98				
				BCCTP	\$841.21				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (04-36068), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/08	12/31/09	FAMILY	\$111.38	90,000/ 1,446	\$205,596	Tulare	Blue Cross of California
				AGED	\$119.99				
				DISABLED	\$160.73				
				MI ADULT	\$573.77				
				REFUGEES/FAMILY	\$111.38				
				AIDS	\$262.30				
				BCCTP	\$841.21				
TULARE COUNTY				SUBTOTAL		<u>264,000/ 100,574</u>	<u>\$12,309,352</u>		
TOTAL 2-PLAN						<u>8,445,886/ 2,619,542</u>	<u>\$326,250,446</u>		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A0-a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/08	12/31/12		160,000/ 22,887		Sacramento		Nate Nelson (916) 449-5112
CONTACT: Lisa Rubino, President, (562) 491-7044									
Western Health Advantage Community Health Plan (07-65853) A2 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754	#140	01/01/08	12/31/12		15,750/ 16,229		Sacramento		
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A1-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	04/01/08	12/31/12		168,600/ 36,294		Sacramento		
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	01/01/08	12/31/12		20,000/ 25,472		Sacramento	Charles S. Koch	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012	#190	01/01/08	12/31/12		168,600/ 86,414		Sacramento	Jeff Flick Regional Manager, SSB West	Nathan Nau (916) 558-1797
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u><u>710,150/ 187,296</u></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>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SAN DIEGO COUNTY (37)</u>									
Community Health Group Partnership Plan, Inc. (05-46127), A5 740 Bay Blvd Chula Vista, CA 91910	#29	07/01/08	12/31/09		207,000/ 87,984		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau (916) 558-1797
CONTACT: Francisca Chavez (619) 498-6589									
Health Net Community Solutions, Inc. (05-46128), A5-a 11971 Foundation Place Bldg D Rancho Cordova, CA 95670	#68	07/01/08	12/31/09		180,000/ 34,030		San Diego	David Friedman	Leanne O'Dell (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (SoCal) (05-46129), A7-a 393 East Walnut Street, 7th Floor Pasadena, CA 91188	#79	07/01/08	12/31/09		10,000/ 13,524		San Diego	William Caswell	Brad Bittinger (916) 341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Molina Healthcare of California Partner Plan, Inc. (05-46130) A4 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#131	07/01/08	12/31/09		100,000/ 54,658		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, LLC (05-46131), A6-a 601 Potrero Grande Drive Monterey Park, CA 91755	#167	07/01/08	12/31/09		207,000/ 9,700		San Diego	Anna Tran Chief Operating Officer	Raquel Kravitz (916) 449-5105
CONTACT: Sabra Matovsky (619) 528-4817									
TOTAL GMC-MEDICAL (SAN DIEGO)					906,000/ 199,896				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					10,920,179/ 4,091,705				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A1a 530 South Main Street Orange, CA 92863	#424	05/01/08	12/31/12		160,000/ 85,455		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/ 52,129		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Corina Lena (916) 563-6044									
Liberty Dental Plan (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	05/01/08	12/31/12		100,000/ 27,737		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	05/01/08	12/31/12		90,000/ 12,764		Sacramento	Susan Klamer	Brian Nanoo (916) 464-3784
CONTACT: Carolyn Miller (714)-708-5360									
Health Net of CA dba: CA Children Svcs. (07-65804) address unknown	#427	07/01/08	12/31/12		0/ 14,475		Sacramento		Wayne Medley (916) 464-0393
CONTACT: unknown									
TOTAL GMC-DENTAL					<u>450,000/ 192,560</u>				

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