

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>		
<b>PHP</b>											
<b>MARIN COUNTY (21)</b>											
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733		10/01/09	03/31/10	FAMILY	\$115.40	734/ 755		\$148,340	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$457.37						
				BLIND/DISABLED	\$457.37						
				ADULT	\$115.40						
				REFUGEES FAMILY	\$115.40						
				BCCTP	\$912.48						
				AIDS	\$1,574.79						
<b>MARIN COUNTY (21)</b>											
<b>KP CAL LLC (NorCal)</b> #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Andrea Boughton (626) 421-8733		10/01/09	03/31/10	<b>MEDICARE PART D</b>		734/ 171		\$17,454	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$115.40						
				AGED	\$104.41						
				BLIND/DISABLED	\$101.27						
				ADULT	\$115.40						
				REFUGEES FAMILY	\$115.40						
				BCCTP	\$912.48						
AIDS	\$303.53										
<b>MARIN COUNTY</b>				<b>SUBTOTAL</b>		1,468/ 926		\$165,794			
<b>SONOMA COUNTY (49)</b>											
<b>KP CAL LLC (NorCal)</b> #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955  Plan Deactivated 10/01/09) Rolled over to COHS (Partnership of CA HCP #513)		10/01/08	09/30/09	FAMILY	\$100.94	1,424/ 0		\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$354.08						
				DISABLED	\$456.70						
				ADULT	\$450.31						
				REFUGEES FAMILY	\$100.94						
				BCCTP	\$797.15						
				AIDS	\$1,598.44						
<b>SONOMA COUNTY (49)</b>											
<b>KP CAL LLC (NorCal)</b> #87 (03-75341), A9 1800 Harrison Street, 25th Floor Oakland, CA 94512  CONTACT: Cathy Lurty (818) 557-7955  (Note: HCP #87, Rolled over to COHS (Partnership of CA HCP #513) became effective in Sonoma Co. 49) Plan Deactivated 10/01/09)		10/01/08	09/30/09	<b>MEDICARE PART D</b>		1,424/ 0		\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$100.94						
				AGED	\$100.36						
				DISABLED	\$92.15						
				ADULT	\$450.31						
				REFUGEES FAMILY	\$100.94						
				BCCTP	\$797.15						
AIDS	\$303.53										
<b>SONOMA COUNTY</b>				<b>SUBTOTAL</b>		2,848/ 0		\$0			
<b>TOTAL PHP</b>						4,316/ 926		\$165,794			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
<b>Access Dental Plan, Inc.</b> (05-45001), A7 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 139,204	\$1,463,034	Los Angeles	Reza Abbaszadeh	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Terri Abbaszadeh (916) 563-6020										
<b>American Health Guard Corp.</b> (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 12,237	\$128,611	Los Angeles	David Kutner	Abigail Aban (916) 464-0390	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
<b>Safeguard Health Plans Inc.</b> (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 20,081	\$211,051	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518										

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>LOS ANGELES COUNTY (19)</b>										
<b>Health Net Community Solutions, Inc.</b> (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502	#405	01/01/09	06/30/11	Public Assistance	unlimited/ 40,680	\$427,547	Los Angeles	David Meadows	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				CONTACT: Eileen McGee-Davidson (909) 890-4129						
<b>Care 1st Health Plan</b> (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755	#403	01/01/09	06/30/11	Public Assistance	unlimited/ 16,680	\$175,307	Los Angeles	Dr. George Weingarten Medical Director	Abigail Aban (916) 464-0390	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				CONTACT: Walter Gray (323) 889-6638						
<b>Western Dental Services</b> (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863	#413	01/01/09	06/30/11	Public Assistance	unlimited/ 54,483	\$572,616	Los Angeles	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				CONTACT: Kelley Duniven (714) 571-3488						
<b>Liberty Dental Plan of CA, Inc.</b> (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#416	01/01/09	06/30/11	Public Assistance	Unlimited/ 7,538	\$79,224	Los Angeles	Amir Neshat, DDS President/CEO	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				CONTACT: Amir Neshat, DDS, 949-223-8929						
<b>Community Dental Services, Inc.</b> #417 (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707	#417	01/01/09	06/30/11	Public Assistance	Unlimited/ 3,851	\$40,474	Los Angeles	Joseph Sivori 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
				CONTACT: Thuy Pham (714) 263-3410						
<b>LOS ANGELES</b>				<b>SUBTOTAL</b>	unlimited/ 294,754	3,097,864				

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<b>RIVERSIDE COUNTY (33)</b>																		
<b>Western Dental Services, Inc.</b> #414 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/09	06/30/11	Public Assistance	unlimited/ 135	\$1,419	Riverside	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				<b>RIVERSIDE COUNTY (33)</b>														
				<b>Safeguard Health Plans, Inc.</b> #407 (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605  CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518						#407	01/01/09	06/30/11	Public Assistance	unlimited/ 53	\$557	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																	
<b>RIVERSIDE COUNTY</b>																		
<b>RIVERSIDE COUNTY</b>					<b>SUBTOTAL</b>	unlimited/ 188	\$1,976											

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<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Western Dental Services, Inc.</b> #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863  CONTACT: Kelley Duniven (714) 571-3488		01/01/09	06/30/11	Public Assistance	unlimited/ 245	\$2,575	San Bernardino	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				<b>Care 1st Health Plan</b> #404 (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755  CONTACT: Walter Gray (323) 889-6638						
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									
<b>Safeguard Health Plans, Inc.</b> #408 (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605  CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518  **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11		Public Assistance	unlimited/ 389	\$4,088	San Bernardino	Paula Lopez	
				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					
				<b>SAN BERNARDINO COUNTY</b>						<b>SUBTOTAL</b>
<b>TOTAL PHP (DENTAL)</b>					unlimited/ 295,675	\$3,107,543				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>COUNTY COHS</b>									
<b><u>MERCED COUNTY (24)</u></b>									
<b>Santa Cruz-Monterey-Merced</b> , Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 ADDRESS ??	<b>514</b>	10/01/09	12/31/13	FAMILY/MI CHILD \$144.77 AGED \$480.66 DISABLED/BLIND \$753.15 LTC \$7,824.65 MI ADULT \$144.77 REFUGEES/% POV \$144.77 BCCTP \$1,520.21	N/A/ 72,181		Merced		Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$266.38 DISABLED/BLIND \$179.28 LTC \$4,516.08					
CONTACT:									
<b><u>MONTEREY COUNTY (27)</u></b>									
<b>Santa Cruz-Monterey</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 1600 Green Hills Road ADDRESS ??	<b>#508</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$138.82 AGED \$601.45 DISABLED/BLIND \$969.29 LTC \$6,797.27 MI ADULT \$138.82 REFUGEES/% POV \$138.82 BCCTP \$1,390.01	N/A/ 72,852		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$204.57 DISABLED/BLIND \$205.77 LTC \$5,114.32					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<b><u>NAPA COUNTY (28)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#507</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$184.80 AGED \$489.69 DISABLED/BLIND \$914.61 LTC \$4,911.91 MI ADULT \$184.80 REFUGEES/% POV \$184.80 BCCTP \$1,551.57 OBRA \$296.31	N/A/ 14,169		Napa	Jack Horn	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$191.66 DISABLED/BLIND \$239.91 LTC \$3,860.90 OBRA \$296.31					
CONTACT: Jack Horn (707) 863-4261									
<b><u>ORANGE COUNTY (30)</u></b>									
<b>Orange County Organized</b> Health System dba CalOptima (08-85214) A4 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	<b>#506</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$116.54 AGED \$414.78 DISABLED/BLIND \$854.16 LTC \$6,134.63 MI ADULT \$116.54 REFUGEES/% POV \$116.54 BCCTP \$1,327.02	N/A/ 366,568		Orange	Richard Chambers	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$171.66 DISABLED/BLIND \$243.51 LTC \$4,066.74					
CONTACT: Richard Chambers (714) 246-8458									

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<b>COUNTY COHS</b>									
<b><u>SAN LUIS OBISPO COUNTY (40)</u></b>									
<b>SBSLORHA/SLO</b> Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A4 110 Castillian Dr. Goleta, CA 93117	<b>#501</b>	07/01/09	12/31/11	FAMILY/MI CHILD \$131.24 AGED \$438.75 DISABLED/BLIND \$710.67 LTC \$5,614.82 MI ADULT \$131.24 REFUGEES/% POV \$131.24 BCCTP \$1,420.61 AIDS \$2,256.98	N/A/ 28,776		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$154.87 DISABLED/BLIND \$135.35 LTC \$3,513.96 AIDS \$366.41					
CONTACT: Bob Freeman (805) 685-9525									
<b><u>SAN MATEO COUNTY (41)</u></b>									
<b>San Mateo Health Commission</b> dba Health Plan of San Mateo (08-85213) A5 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	<b>#503</b>	02/01/10	12/31/13	FAMILY/MI CHILD \$155.01 AGED \$622.71 DISABLED/BLIND \$1,058.63 LTC \$6,863.11 MI ADULT \$155.01 REFUGEES/% POV \$155.01 BCCTP \$1,340.55 AIDS \$2,645.06	N/A/ 59,409		San Mateo	Maya Altman	Chrissy Corbin (916) 449-5094
				<b><u>MEDICARE PART B</u></b>					
				AGED \$331.81 DISABLED/BLIND \$329.92 LTC \$7,108.95 AIDS \$567.78 AGNEWS \$4,919.00					
CONTACT: Maya Altman (650) 616-2145									
<b><u>SANTA BARBARA COUNTY (42)</u></b>									
<b>SBSLORHA</b> Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A4 110 Castillian Dr. Goleta, CA 93117-3028	<b>#502</b>	07/01/09	12/31/11	FAMILY/MI CHILD \$135.13 AGED \$536.46 DISABLED/BLIND \$788.55 LTC \$8,334.22 MI ADULT \$135.13 REFUGEES/% POV \$135.13 BCCTP \$1,281.63 AIDS \$2,481.35	N/A/ 63,722		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<b><u>MEDICARE PART B</u></b>					
				AGED \$200.05 DISABLED/BLIND \$172.05 LTC \$5,568.36 AIDS \$401.73					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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<b>COUNTY COHS</b>									
<b><u>SANTA CRUZ COUNTY (44)</u></b>									
<b>Santa Cruz-Monterey</b> Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 1600 Green Hills Road Scotts Valley, CA 95066-9998	<b>#505</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$136.28 AGED \$538.67 DISABELED/BLIND \$857.67 LTC \$6,452.57 MI ADULT \$136.28 REFUGEEES/% POV \$136.28 BCCTP \$1,240.25	N/A/ 35,358		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$212.21 DISABLED/BLIND \$191.82 LTC \$4,717.40					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<b><u>SOLANO COUNTY (48)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#504</b>	07/01/09	12/31/13	FAMILY/MI CHILD \$167.32 AGED \$572.17 DISABELED/BLIND \$890.47 LTC \$5,926.79 MI ADULT \$167.32 REFUGEEES/% POV \$167.32 BCCTP \$1,348.66 OBRA \$285.82	N/A/ 61,287		Solano	Jack Horn	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$215.88 DISABLED/BLIND \$236.88 LTC \$4,689.72 OBRA \$285.82					
CONTACT: Jack Horn (707) 863-4261									
<b><u>SONOMA COUNTY (49)</u></b>									
<b>Sonoma County</b> Partnership Health Plan of CA dba: (08-85215, A4 ADDRESS ??	<b>#513</b>	10/01/09	12/31/13	FAMILY/MI CHILD \$117.94 AGED \$642.16 DISABELED/BLIND \$888.28 LTC \$6,321.84 MI ADULT \$117.94 REFUGEEES/% POV \$117.94 BCCTP \$1,202.99 OBRA \$0.00	N/A/ 52,452		Sonoma	Lyle Luman	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED \$265.33 DISABLED/BLIND \$172.70 LTC \$3,429.00 OBRA \$0.00					
Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.									
CONTACT:									
<b><u>YOLO COUNTY (57)</u></b>									
<b>Solano-Napa County</b> Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	<b>#509</b>	07/01/09	12/31/13	FAMILY/MICHILD \$139.63 AGED \$612.76 DISABELED/BLIND \$929.42 LTC \$6,386.83 MI ADULT \$139.63 REFUGEEES/FAMILY \$139.63 BCCTP \$1,215.47 OBRA \$255.09	N/A/ 27,251		Yolo	Jack Horn	Acting: Jane Marine (916) 449-5113
				<b><u>MEDICARE PART B</u></b>					
				AGED 211.34 DISABLED/BLIND 229.91 LTC 4318.64 OBRA 255.09					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 854,025



<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SPECIAL PROJECTS</b>									
<b>ALAMEDA COUNTY (01)</b>									
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		04/01/08	12/31/12	<b>MEDICAL ONLY</b>		1,600/ 3	\$16,533	Fremont	Robert Edmondson Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03				
				DISA/LTC/AIDS	\$5,511.03				
<b>On Lok Senior Health Services #56</b> dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109  CONTACT: Sue Wang (209) 292-8883		04/01/08	12/31/12	<b>MEDICARE PART D</b>		1,600/ 81	\$342,020	Fremont	Robert Edmondson Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47				
				DISA/LTC/AIDS	\$4,222.47				
<b>Center for Elders #51</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	<b>MEDICAL ONLY</b>		560/ 53	\$306,246	Oakland	Peter Szutu Joel Weeden (916) 440-7545
				FAMILY/AGED/REF.	\$5,778.23				
				DISA/LTC/AIDS	\$5,778.23				
<b>Center for Elders #51</b> Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612  CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	<b>MEDICARE PART D</b>		560/ 365	\$1,577,807	Oakland	Peter Szutu Joel Weeden (916) 440-7545
				FAMILY/AGED/REF.	\$4,322.76				
				DISA/LTC/AIDS	\$4,322.76				
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		<b>4,320/ 502</b>	<b>\$2,242,606</b>		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>CONTRA COSTA COUNTY (07)</b>									
<b>MEDICAL ONLY</b>									
<b>Center for Elders</b> 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/ 9	Berkeley	Peter Szutu	Joel Weeden (916) 440-7545
				DISA/LTC/AIDS	\$5,778.23				
<b>MEDICARE PART D</b>									
<b>Center for Elders</b> 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/ 26	Berkeley	Peter Szutu	Joel Weeden (916) 440-7545
				DISA/LTC/AIDS	\$4,322.76				
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>		<u>1,120/ 35</u>		<u>\$164,396</u>	

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>LOS ANGELES COUNTY (19)</b>									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#200</b>	01/01/09	12/31/12	AGED \$79.84 BLIND/DISABLED \$79.84	5,000/ 2,945	\$235,129	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICARE PART D</b>									
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#201</b>	01/01/09	12/31/12	LTC \$958.81	5,000/ 1,878	\$1,800,645	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
<b>MEDICAL ONLY</b>									
<b>Altamed Hlth Services Corp.</b> dba: AltaMed Senior BuenaCare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 147	\$868,749	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
<b>MEDICARE PART D</b>									
<b>Altamed Hlth Services Corp.</b> dba: Altamed Senior Buenacare (07-65709) A1 500 Citadel Drive, Suite 490 Los Angeles, CA 90040	<b>#052</b>	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 600	\$2,036,394	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	11,650/ 5,570	\$4,940,917			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b><u>RIVERSIDE COUNTY (33)</u></b>										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#204</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 917	\$66,758	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$72.80					
				BLIND/DISABLED	\$72.80					
CONTACT: Becky Learner (562) 989-5143										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#205</b>	01/01/09	12/31/12	<b><u>MEDICARE PART D</u></b>		5,000/ 673	\$632,687	San Bernardino	David Schmidt	Joseph Billingsley (916) 440-7532
				LTC	\$940.10					
CONTACT: Becky Learner (562) 989-5143										
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		10,000/ 1,590	<b>\$699,445</b>			
<b><u>SACRAMENTO COUNTY (34)</u></b>										
<b>Sutter Senior Care</b> (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICAL ONLY</u></b>		280/ 4	\$19,682	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,920.49					
				DISA/LTC/AIDS	\$4,920.49					
CONTACT: William Clearwater (916) 424-8412										
<b>Sutter Senior Care</b> (07-65710) 7000 Franklin Blvd., Suite 1020 Sacramento, CA 95823	<b>#50</b>	04/01/08	12/31/12	<b><u>MEDICARE PART D</u></b>		280/ 209	\$744,671	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,563.02					
				DISA/LTC/AIDS	\$3,563.02					
CONTACT: William Clearwater (916) 424-8412										
<b>SACRAMENTO COUNTY</b>				<b>SUBTOTAL</b>		560/ 213	<b>\$764,353</b>			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b><u>SAN BERNARDINO COUNTY (36)</u></b>										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#206</b>	01/01/09	12/31/12	<b>MEDICARE PART D</b>		5,000/ 575	\$48,099	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$83.65					
CONTACT: Becky Learner (562) 989-5143										
<b>Scan Health Plan</b> Senior Care (SCAN) Action Network (07-65712) A2 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	<b>#207</b>	01/01/09	12/31/12	<b>MEDICARE PART D</b>		5,000/ 342	\$312,410	San Bernardino	David Schmidt	Joseph Billingsley. (916) 440-7532
				LTC	\$913.48					
CONTACT: Becky Learner (562) 989-5143										
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		10,000/ 917	\$360,509			
<b><u>SAN DIEGO COUNTY (37)</u></b>										
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	<b>MEDICAL ONLY</b>		200/ 16	\$76,182	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,761.40					
CONTACT: Carol Hubbard (619) 677-3888										
<b>Community Elder Care</b> of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	<b>#57</b>	02/01/08	12/31/12	<b>MEDICARE PART D</b>		200/ 100	\$356,967	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,569.67					
CONTACT: Carol Hubbard (619) 677-3888										
<b>SAN DIEGO COUNTY</b>				<b>SUBTOTAL</b>		400/ 116	\$433,149			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b><u>SAN FRANCISCO COUNTY (38)</u></b>									
<b><u>MEDICAL ONLY</u></b>									
<b>OnLok Senior Health</b> Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1600/ 31	\$188,407	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b><u>MEDICARE PART D</u></b>									
<b>OnLok Senior Health</b> Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109	<b>#55</b>	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 860	\$3,783,837	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b><u>MEDICAL ONLY</u></b>									
<b>San Francisco City &amp; County Dept. of Public Health</b> dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124	<b>#601</b>	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 110	\$203,363	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
CONTACT: Gary Zombalt (415) 206-7600									
<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>	3700/ 1,001	\$4,175,607			
<b><u>SANTA CLARA COUNTY (43)</u></b>									
<b><u>MEDICAL ONLY</u></b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 3	\$15,437	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b><u>MEDICARE PART D</u></b>									
<b>On Lok Senior Health</b> Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	<b>#58</b>	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 45	\$181,286	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
CONTACT: Sue Wong (415) 292-8720									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>	3,200/ 48	\$196,723			

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>YOLO COUNTY (57)</b>										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	<b>MEDICAL ONLY</b>		280/ 0	\$0	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	4,920.49 4,920.49					
CONTACT: William Clearwater (916) 424-8412										
<b>Sutter Senior Care</b> (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	<b>MEDICARE PART D</b>		280/ 1	\$3,563	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	3,563.02 3,563.02					
CONTACT: William Clearwater (916) 424-8412										
<b>YOLO COUNTY</b>				<b>SUBTOTAL</b>		<u>280/ 1</u>	<u>\$3,563</u>			
<b>TOTAL SPECIAL PROJECT</b>					<u>45,230/ 9,993</u>	<u>\$13,981,268</u>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>					
<b>PCCM</b>														
<b><u>LOS ANGELES COUNTY (19)</u></b>														
<b>AIDS Healthcare Foundation</b> (01-16349) A-12 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/10	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096		
				FAMILY	\$103.27	2,000/ 436	\$264,850	Los Angeles	Michael Weinstein				Sunita Kapoor (916) 449-5096	
				AGED	\$466.85									
				DISABLED	\$622.09									
				MI CHILD	\$103.27									
				MI ADULT	\$265.28									
				REFUGEES	\$103.27									
				AIDS	\$1,767.86									
				BCCTP	\$517.08									
				CONTACT: Donna Stidham (323) 860-5231										
<b>AIDS Healthcare Foundation</b> (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	<b>#915</b>	01/01/10	12/31/10	<u>MEDICARE PART D</u> <u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096		
				FAMILY	\$103.27	2,000/ 328	\$109,829	Los Angeles	Michael Weinstein				Sunita Kapoor (916) 449-5096	
				AGED	\$243.89									
				DISABLED	\$339.33									
				MI CHILD	\$103.27									
				MI ADULT	\$265.28									
				REFUGEES	\$103.27									
				AIDS	\$230.19									
				BCCTP	\$517.08									
				CONTACT: Donna Stidham (323) 860-5231										
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>	<u>4,000/ 764</u>					<u>\$374,679</u>				
<b>TOTAL PCCM</b>					<u>4,000/ 764</u>	<u>\$374,679</u>								



DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>										
<b>2-PLAN</b>																			
<b>ALAMEDA COUNTY (01)</b>																			
<b>Alameda Alliance for Health</b> (04-35399), A8, C9 1240 South Loop Road Alameda, CA 94502  CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 95,083	\$13,729,603	Alameda	David Kears	Mary Cobb (916) 341-7035									
				AGED	\$491.99														
				DISABLED	\$491.99														
				MI ADULT	\$111.12														
				REFUGEES	\$111.12														
				AIDS	\$1,007.69														
				BCCTP	\$814.52														
				AGNEWS	\$4,919.00														
				<b>MEDICARE PART D</b>							FAMILY	\$111.12	180,000/ 5,480	\$768,870	Alameda	David Kears	Mary Cobb (916) 341-7035		
				AGED	\$127.23														
DISABLED	\$155.05																		
MI ADULT	\$111.12																		
REFUGEES	\$111.12																		
AIDS	\$239.43																		
BCCTP	\$814.52																		
MATERNITY	\$6,042.63																		
AGNEWS	\$4,919.00																		
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	03/31/12	FAMILY	\$118.99	unlimited/ 27,494	\$4,088,819	California		Mark Lewis (916) 449-5061									
				AGED	\$546.76														
				DISABLED	\$546.76														
				MI ADULT	\$118.99														
				REFUGEES/FAMILY	\$118.99														
				AIDS	\$1,025.21														
				BCCTP	\$813.63														
<b>MEDICARE PART D</b>				FAMILY	\$118.99	unlimited/ 780	\$110,778	California	Mark Lewis (916) 449-5061										
AGED	\$132.80																		
DISABLED	\$152.02																		
MI ADULT	\$118.99																		
REFUGEES/FAMILY	\$118.99																		
AIDS	\$226.96																		
BCCTP	\$813.63																		
MATERNITY	\$6,042.63																		
<b>ALAMEDA COUNTY</b>				<b>SUBTOTAL</b>		360,000/ 128,837	\$18,698,070												

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>CONTRA COSTA COUNTY (07)</b>										
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A6, C9, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	<b>#301</b>	10/01/09	12/31/10	FAMILY	\$120.45	unlimited/ 58,612	\$8,688,591	County of Contra Costa	Jonathan Prince (916) 449-3589	
				AGED	\$490.75					
				DISABLED	\$490.75					
				MI ADULT	\$120.45					
				REFUGEES/FAMILY	\$120.45					
				AIDS	\$1,043.53					
				BCCTP	\$832.10					
<b>MEDICARE PART D</b>				FAMILY	\$120.45	unlimited/ 2,436	\$344,784	County of Contra Costa	Jonathan Prince (916) 449-3589	
<b>County of Contra Costa</b> Contra Costa Hlth Plan (04-36067), A6, C9, 595 Center Avenue, Suite 100 Martinez, CA 94553  CONTACT: Milton Camhi (925) 313-6004	<b>#301</b>	10/01/09	12/31/10	AGED	\$134.69					
				DISABLED	\$148.13					
				MI ADULT	\$120.45					
				REFUGEES/FAMILY	\$120.45					
				AIDS	\$231.06					
				BCCTP	\$832.10					
				MATERNITY	\$5,753.70					
<b>Anthem Blue Cross Partnership</b> Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	<b>#344</b>	10/01/09	03/31/12	FAMILY	\$109.43	unlimited/ 11,337	\$1,434,151	Contra Costa	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$430.93					
				DISABLED	\$430.93					
				MI ADULT	\$109.43					
				REFUGEES/FAMILY	\$109.43					
				AIDS	\$1,055.94					
				BCCTP	\$824.06					
<b>MEDICARE PART D</b>				FAMILY	\$109.43	unlimited/ 229	\$31,978	Contra Costa	Blue Cross of California	Marc Lewis (916) 449-5061
<b>Anthem Blue Cross Partnership</b> Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Laura Linebach (805) 384-7876	<b>#344</b>	10/01/09	03/31/12	AGED	\$125.23					
				DISABLED	\$156.34					
				MI ADULT	\$109.43					
				REFUGEES/FAMILY	\$109.43					
				AIDS	\$223.59					
				BCCTP	\$824.06					
				MATERNITY	\$5,753.70					
<b>CONTRA COSTA COUNTY</b>				<b>SUBTOTAL</b>	unlimited/ 72,614	\$10,499,504				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>FRESNO COUNTY (10)</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184), A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/11	FAMILY	\$97.44	unlimited/ 86,315	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$527.26				
				DISABLED	\$527.26				
				MI ADULT	\$97.44				
				REFUGEES/FAMILY	\$97.44				
				AIDS	\$1,064.14				
				BCCTP	\$809.80				
<b>MEDICARE PART D</b>									
<b>Anthem Blue Cross Partnership #341</b> Plan (03-76184,) A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/11	FAMILY	\$97.44	unlimited/ 2,294	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$108.62				
				DISABLED	\$151.13				
				MI ADULT	\$97.44				
				REFUGEES/FAMILY	\$97.44				
				AIDS	\$216.75				
				BCCTP	\$809.80				
MATERNITY	\$5,616.08								
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/11	FAMILY	\$86.67	unlimited/ 116,988	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$425.97				
				DISABLED	\$425.97				
				MI ADULT	\$86.67				
				REFUGEES/FAMILY	\$86.67				
				AIDS	\$1,032.37				
				BCCTP	\$829.65				
<b>MEDICARE PART D</b>									
<b>Health Net Community #351</b> Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/11	FAMILY	\$86.67	unlimited/ 1,276	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$115.61				
				DISABLED	\$134.54				
				MI ADULT	\$86.67				
				REFUGEES/FAMILY	\$86.67				
				AIDS	\$220.88				
				BCCTP	\$829.65				
MATERNITY	\$5,616.08								
<b>FRESNO COUNTY</b>					<b>SUBTOTAL</b>				
					unlimited/ 206,873	\$22,478,995			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>							
<b><u>KERN COUNTY (15)</u></b>																
<b>Health Net Community</b> Solutions, Inc. (03-76182) A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#360</b>	10/01/09	06/30/11	FAMILY	\$98.65	unlimited/ 31,830	Kern	Health Net	Myreca Singh (916) 449-5057							
				AGED	\$442.73											
				DISABLED	\$442.73											
				MI ADULT	\$98.65											
				REFUGEES/FAMILY	\$98.65											
				AIDS	\$1,069.32											
				BCCTP	\$809.45											
				<b><u>MEDICARE PART D</u></b>												
				FAMILY	\$98.65					unlimited/ 645	\$82,911	Kern	Health Net	Myreca Singh (916) 449-5057		
				AGED	\$113.33											
DISABLED	\$142.24															
MI ADULT	\$98.65															
REFUGEES/FAMILY	\$98.65															
AIDS	\$218.56															
BCCTP	\$809.45															
MATERNITY	\$5,408.53															
<b>Kern Health Systems</b> dba Kern Family Health Care 03-76165, A8a, C10 9700 Stockdale Highway Bakersfield, CA 93311-3617  CONTACT: Carol Sorrell (661) 391-4006	<b>#303</b>	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 105,034	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589							
				AGED	\$396.51											
				DISABLED	\$396.51											
				MI ADULT	\$92.09											
				REFUGEES/FAMILY	\$92.09											
				AIDS	\$1,027.71											
				BCCTP	\$811.56											
				<b><u>MEDICARE PART D</u></b>												
				FAMILY	\$92.09					115,000/ 1,984	\$270,912	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589		
				AGED	\$129.07											
DISABLED	\$151.16															
MI ADULT	\$92.09															
REFUGEES/FAMILY	\$92.09															
AIDS	\$212.23															
BCCTP	\$811.56															
MATERNITY	\$5,408.53															
<b>KERN COUNTY</b>				<b>SUBTOTAL</b>	230,000/ 139,493	\$15,305,194										

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MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>LOS ANGELES COUNTY (19)</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	03/31/12	FAMILY	\$83.94	unlimited/ 436,763	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$396.78				
				DISABLED	\$396.78				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$1,016.33				
				BCCTP	\$800.22				
<b>MEDICARE PART D</b>									
<b>Health Net Community Solutions, Inc.</b> (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	<b>#352</b>	10/01/09	03/31/12	FAMILY	\$83.94	unlimited/ 5,722	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$111.19				
				DISABLED	\$137.98				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$230.77				
				BCCTP	\$800.22				
<b>MATERNITY</b>									
<b>LA Care Health Plan</b> (04-36069), A5a, C9 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 830,750	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$441.08				
				DISABLED	\$441.08				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$1,037.35				
				BCCTP	\$856.41				
<b>MEDICARE PART D</b>									
<b>LA Care Health Plan</b> (04-36069), A5a, C9 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036  CONTACT: Howard Kahn (213) 694 -1250	<b>#304</b>	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 12,559	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$115.39				
				DISABLED	\$135.06				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$225.72				
				BCCTP	\$856.41				
<b>MATERNITY</b>									
<b>LOS ANGELES COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 1,285,794		\$132,955,270	

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>RIVERSIDE COUNTY (33)</b>									
<b>Inland Empire Health Plan #305</b> (04-35765), A7a, C9 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/10	FAMILY	\$95.40	unlimited/ 183,956	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$444.20				
				DISABLED	\$444.20				
				MI ADULT	\$95.40				
				REFUGEES/FAMILY	\$95.40				
				AIDS	\$1,047.21				
				BCCTP	\$833.43				
<b>MEDICARE PART D</b>									
<b>Inland Empire Health Plan #305</b> (04-35765), A7a, C9 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/10	FAMILY	\$95.40	unlimited/ 3,302	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$115.21				
				DISABLED	\$143.53				
				MI ADULT	\$95.40				
				REFUGEES/FAMILY	\$95.40				
				AIDS	\$218.28				
				BCCTP	\$833.43				
<b>MATERNITY</b>									
					\$5,319.64				
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 40,503	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$452.39				
				DISABLED	\$452.39				
				MI ADULT	\$102.79				
				REFUGEES/FAMILY	\$102.79				
				AIDS	\$983.96				
				BCCTP	\$827.10				
<b>MEDICARE PART D</b>									
<b>Molina Healthcare of California #355</b> Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate Ste. 100 Long Beach, CA 90802-4317  CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 413	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$127.80				
				DISABLED	\$145.60				
				MI ADULT	\$102.79				
				REFUGEES/FAMILY	\$102.79				
				AIDS	\$222.88				
				BCCTP	\$827.10				
<b>MATERNITY</b>									
					\$5,319.64				
<b>RIVERSIDE COUNTY</b>				<b>SUBTOTAL</b>		166,076/ 228,174	\$25,421,879		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SAN BERNARDINO COUNTY (36)</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A7a, C9 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/10	FAMILY	\$97.77	unlimited/ 209,350	\$23,675,589	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$444.59					
				DISABLED	\$444.59					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$970.44					
				BCCTP	\$794.41					
<b>MEDICARE PART D</b>										
<b>Inland Empire Health Plan #306</b> (04-35765), A7a, C9 PO BOX 19026 San Bernardino, CA 92423-9026  CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/10	FAMILY	\$97.77	unlimited/ 3,615	\$515,996	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$124.44					
				DISABLED	\$161.48					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$217.11					
				BCCTP	\$794.41					
MATERNITY	\$5,097.25									
<b>Molina Healthcare of California #356</b>										
Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 56,823	\$6,500,939	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D.	(916) 319-8517
				AGED	\$423.71					
				DISABLED	\$423.71					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$984.81					
				BCCTP	\$826.53					
<b>MEDICARE PART D</b>										
<b>Molina Healthcare of California #356</b> Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate Ste. 100. Long Beach, CA 90802-4317  CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 602	\$79,287	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D.	(916) 319-8517
				AGED	\$124.75					
				DISABLED	\$149.10					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$222.75					
				BCCTP	\$826.53					
MATERNITY	\$5,097.25									
<b>SAN BERNARDINO COUNTY</b>				<b>SUBTOTAL</b>		272,664/ 270,390	\$30,771,811			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>SAN FRANCISCO COUNTY (38)</b>									
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$97.33	unlimited/ 11,297	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$451.60				
				DISABLED	\$451.60				
				MI ADULT	\$97.33				
				REFUGEES/FAMILY	\$97.33				
				AIDS	\$1,088.86				
				BCCTP	\$822.13				
<b>Anthem Blue Cross Partnership #343</b> Plan (03-76184), A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	<b>MEDICARE PART D</b>		unlimited/ 461	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
				FAMILY	\$97.33				
				AGED	\$109.13				
				DISABLED	\$146.68				
				MI ADULT	\$97.33				
				REFUGEES/FAMILY	\$97.33				
				AIDS	\$224.23				
			BCCTP	\$822.13					
			MATERNITY	\$5,842.73					
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A7a, C9 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/10	FAMILY	\$129.89	55,000/ 37,705	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
				AGED	\$520.70				
				DISABLED	\$520.70				
				MI ADULT	\$129.89				
				REFUGEES/FAMILY	\$129.89				
				AIDS	\$1,115.74				
				BCCTP	\$841.23				
<b>San Francisco Hlth Authority #307</b> dba San Francisco Health Plan (04-35400), A7a, C9 201 Third Street, 7th Floor San Francisco, CA 94103  CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/10	<b>MEDICARE PART D</b>		55,000/ 1,653	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
				FAMILY	\$129.89				
				AGED	\$142.72				
				DISABLED	\$163.14				
				MI ADULT	\$129.89				
				REFUGEES/FAMILY	\$129.89				
				AIDS	\$222.63				
				BCCTP	\$841.23				
				MATERNITY	\$5,842.73				
	<b>SAN FRANCISCO COUNTY</b>				<b>SUBTOTAL</b>				



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MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<b>SAN JOAQUIN COUNTY (39)</b>										
<b>Health Plan of San Joaquin</b> (04-35401), A7a, C9 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 74,481	\$9,075,127	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$452.27					
				DISABLED	\$452.27					
				MI ADULT	\$99.09					
				REFUGEES/FAMILY	\$99.09					
				AIDS	\$1,044.32					
				BCCTP	\$832.94					
				<b>MEDICARE PART D</b>						
<b>Health Plan of San Joaquin</b> (04-35401), A7a, C9 7751 S. Manthey Road French Camp, CA 95231  CONTACT: Terry Mack (209) 939-3500	<b>#308</b>	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 1,761	\$244,784	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$115.72					
				DISABLED	\$158.67					
				MI ADULT	\$99.09					
				REFUGEES/FAMILY	\$99.09					
				AIDS	\$220.04					
				BCCTP	\$832.94					
				<b>MEDICARE PART D</b>						
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A12a ,C9 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/09	06/30/11	FAMILY	\$90.84	unlimited/ 26,738	\$2,863,891	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$412.90					
				DISABLED	\$412.90					
				MI ADULT	\$90.84					
				REFUGEES/FAMILY	\$90.84					
				AIDS	\$1,020.79					
				BCCTP	\$811.76					
				<b>MEDICARE PART D</b>						
<b>Anthem Blue Cross Partnership Plan</b> (03-76184), A12a ,C9 5151- A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	<b>#358</b>	10/01/09	06/30/11	FAMILY	\$90.84	unlimited/ 586	\$73,837	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$110.29					
				DISABLED	\$146.70					
				MI ADULT	\$90.84					
				REFUGEES/FAMILY	\$90.84					
				AIDS	\$224.99					
				BCCTP	\$811.76					
				<b>MEDICARE PART D</b>						
<b>SAN JOAQUIN COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 103,566	\$12,257,639			

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<b>SANTA CLARA COUNTY (43)</b>										
<b>Anthem Blue Cross Partnership #345</b> Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$103.84	unlimited/ 33,044	\$4,051,291	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$458.30					
				DISABLED	\$458.30					
				MI ADULT	\$103.84					
				REFUGEES/FAMILY	\$103.84					
				AIDS	\$1,091.67					
				BCCTP	\$830.08					
				<b>MEDICARE PART D</b>						
				FAMILY	\$103.84					
				AGED	\$113.19					
DISABLED	\$149.88									
MI ADULT	\$103.84									
REFUGEES/FAMILY	\$103.84									
AIDS	\$223.76									
BCCTP	\$830.08									
MATERNITY	\$5,719.42									
<b>Santa Clara Family Health #309</b> Plan (04-35398), A8a, C9 210 E. Hacienda Avenue Campbell, CA 95008-6617  CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/10	FAMILY	\$117.77	123,000/ 96,352	\$13,144,358	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
				AGED	\$482.01					
				DISABLED	\$482.01					
				MI ADULT	\$117.77					
				REFUGEES/FAMILY	\$117.77					
				AIDS	\$1,067.96					
				BCCTP	\$826.53					
				AGNEWS	\$4,919.00					
				<b>MEDICARE PART D</b>						
				FAMILY	\$117.77					
AGED	\$115.39									
DISABLED	\$155.10									
MI ADULT	\$117.77									
REFUGEES/FAMILY	\$117.77									
AIDS	\$219.25									
BCCTP	\$826.53									
MATERNITY	\$5,719.42									
AGNEWS	\$4,919.00									
<b>SANTA CLARA COUNTY</b>				<b>SUBTOTAL</b>		246,000/ 136,081	\$18,068,597			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
<b>STANISLAUS COUNTY (50)</b>									
<b>Anthem Blue Cross Partnership #310</b> Plan (04-35797), A8a, C7 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/10	FAMILY	\$110.61	unlimited/ 48,795	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$569.96				
				DISABLED	\$569.96				
				MI ADULT	\$110.61				
				REFUGEES/FAMILY	\$110.61				
				AIDS	\$1,047.89				
				BCCTP	\$859.66				
				<b>MEDICARE PART D</b>					
				FAMILY	\$110.61				
				AGED	\$133.20				
DISABLED	\$155.04								
MI ADULT	\$110.61								
REFUGEES/FAMILY	\$110.61								
AIDS	\$224.38								
BCCTP	\$859.66								
MATERNITY	\$6,114.14								
<b>Health Net Community #361</b> Solutions, Inc. (03-76182), A11a, C12 11971 Foundation Place Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/11	FAMILY	\$109.98	unlimited/ 22,283	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				AGED	\$542.19				
				DISABLED	\$542.19				
				MI ADULT	\$109.98				
				REFUGEES/FAMILY	\$109.98				
				AIDS	\$1,075.13				
				BCCTP	\$845.24				
				<b>MEDICARE PART D</b>					
				FAMILY	\$109.98				
				AGED	\$125.47				
DISABLED	\$162.78								
MI ADULT	\$109.98								
REFUGEES/FAMILY	\$109.98								
AIDS	\$231.25								
BCCTP	\$845.24								
MATERNITY	\$6,114.14								
<b>STANISLAUS COUNTY</b>				<b>SUBTOTAL</b>	unlimited/ 72,663	\$9,656,164			

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MANAGED CARE CAPITATION REPORT

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<b>TULARE COUNTY (54)</b>										
<b>Health Net Community #353</b> Solutions, Inc. (03-76182), A11a C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670  CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/11	FAMILY	\$89.70	unlimited/ 30,497	\$3,031,266	Tulare	Health Net	Myreca Singh (916) 449-5057
				AGED	\$442.09					
				DISABLED	\$442.09					
				MI ADULT	\$89.70					
				REFUGEES/FAMILY	\$89.70					
				AIDS	\$984.77					
				BCCTP	\$809.20					
				<b>MEDICARE PART D</b>						
AGED	\$112.56									
DISABLED	\$141.75									
MI ADULT	\$89.70									
REFUGEES/FAMILY	\$89.70									
AIDS	\$225.49									
BCCTP	\$809.20									
MATERNITY	\$5,719.97									
<b>Anthem Blue Cross Partnership #311</b> Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012  CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/09	12/31/10	FAMILY	\$95.54	unlimited/ 74,501	\$8,365,524	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$543.40					
				DISABLED	\$543.40					
				MI ADULT	\$95.54					
				REFUGEES/FAMILY	\$95.54					
				AIDS	\$995.42					
				BCCTP	\$804.26					
				<b>MEDICARE PART D</b>						
AGED	\$112.36									
DISABLED	\$150.26									
MI ADULT	\$95.54									
REFUGEES/FAMILY	\$95.54									
AIDS	\$230.53									
BCCTP	\$804.26									
MATERNITY	\$5,719.97									
<b>TULARE COUNTY</b>				<b>SUBTOTAL</b>		unlimited/ 106,816	\$11,632,959			
<b>TOTAL 2-PLAN</b>						<u>1,384,740/ 2,802,417</u>	<u>\$315,103,907</u>			

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## MANAGED CARE CAPITATION REPORT

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<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Molina Healthcare of CA</b> Partner Plan, Inc. (07-65851) A1a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	<b>#130</b>	01/01/09	12/31/12		160,000/ 28,195		Sacramento		Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
<b>Western Health Advantage</b> Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 <b>(Deactivated 12/31/2009)</b>	<b>#140</b>	01/01/09	12/31/12		15,750/ 0		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
<b>Health Net Community</b> Solutions, Inc. (07-65847) A2-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	<b>#150</b>	01/01/09	12/31/12		168,600/ 51,857		Sacramento		Peter Thomas (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (NorCal)</b> (07-65849) A1 1800 Harrison Street, 25th Floor Oakland, CA 94512	<b>#170</b>	07/01/08	12/31/12		20,000/ 27,178		Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
<b>Anthem Blue Cross</b> Partnership Plan (07-65845) A3 5151 - A Camino Ruiz	<b>#190</b>	01/01/10	12/31/12		168,600/ 92,492		Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5105
CONTACT: Cindy Metcho (805) 384-7662									
<b>TOTAL GMC-MEDICAL (Sacramento)</b>					<b><u><u>532,950/ 199,722</u></u></b>				

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<b>GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)</b>									
<b><u>SAN DIEGO COUNTY (37)</u></b>									
<b>Community Health Group #29</b> Partnership Plan, Inc. Calif. Children Svcs. (09-86155) 740 Bay Blvd Chula Vista, CA 91910		07/01/10	06/30/15		207,000/ 100,736		San Diego	Ann Warren Chief Member& Govt Relations Officer	Philip Jimenez (916) 449-5105
CONTACT: Francisca Chavez (619) 498-6589									
<b>Health Net Community #68</b> Solutions, Inc. (09-86157) 11971 Foundation Place Bldg D Rancho Cordova, CA 95670		07/01/10	06/30/15		180,000/ 31,057		San Diego	David Friedman	Peter Thomas (916) 324-0278
<b>HOLD-HCP# 68 Contract Ended 02/28/10</b>									
CONTACT: Lori Hill (916) 935-1447									
<b>KP CAL, LLC (SoCal) #79</b> (05-46129), A9 393 East Walnut Street, 7th Floor Pasadena, CA 91188		01/01/09	09/30/10		10,000/ 13,395		San Diego	William Caswell	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955									
<b>Molina Healthcare #131</b> of California Partner Plan, Inc. (05-46130) A6 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317		01/01/09	09/30/10		100,000/ 60,701		San Diego	Stephen T. O'Dell President & CEO	Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
<b>Care 1st Health Plan, LLC #167</b> (09-86153) 601 Potrero Grande Drive Monterey Park, CA 91755		07/01/10	06/30/15		207,000/ 14,588		San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 324-0278
CONTACT: Kimberly Fritz (619) 528-4817									
(Blue Cross #48 Deactivated 12/31/07)									
<b>TOTAL GMC-MEDICAL (SAN DIEGO)</b>					<u><u>704,000/ 220,477</u></u>				
<b>TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))</b>					<u><u>2,675,236/ 4,383,999</u></u>				

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<b>GEOGRAPHIC MANAGED CARE (GMC-DENTAL)</b>									
<b><u>SACRAMENTO COUNTY (34)</u></b>									
<b>Western Dental Svcs., Inc.</b> (07-65806) A2a 530 South Main Street Orange, CA 92863	<b>#424</b>	01/01/09	12/31/12		160,000/ 89,513		Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
<b>Access Dental Plan, Inc.</b> (07-65802) A1 8890 Cal Center Drive Sacramento, CA 95826	<b>#421</b>	01/01/09	12/31/12		100,000/ 52,875		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Terri Abbaszadeh (916) 563-6020									
<b>Liberty Dental Plan</b> (07-65805) A1 3200 El Camino Real, Ste. 290 Irvine, CA 92602	<b>#425</b>	01/01/09	12/31/12		100,000/ 28,240		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
<b>Community Dental Services</b> (07-65803) A1 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	<b>#426</b>	01/01/09	12/31/12		90,000/ 12,138		Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
CONTACT: Thuy Pham (714) 263-3410									
<b>Health Net of CA</b> dba: CA Children Svcs. (07-65804) A1 address unknown	<b>#427</b>	01/01/09	12/31/12		0/ 24,095		Sacramento	?	Brian Nanoo (916) 464-3784
CONTACT: Eileen McGee-Davidson (909) 890-4129									
<b>TOTAL GMC-DENTAL</b>					<b>450,000/ 206,861</b>				

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