

California Association of Health Plans



2005 Profile and
Annual Report

MISSION STATEMENT

The California Association of Health Plans' mission is to serve our member health plans by creating and sustaining an environment that permits them to maintain viability and grow as organizations dedicated to coordinating or providing high quality, affordable, accessible health care to their members.

We do this by:

- Advocating for the interests of health plans and their members on legislative and regulatory issues.
- Educating policy makers, opinion leaders and regulators on the implications of policy concepts, and proposals.
- Promoting collaborative efforts among health plans, providers, purchasers, brokers, other health care associations and others to assert policy toward the provision of high quality, affordable, and accessible health care.
- Informing the public about our philosophy and the benefits health plans provide.
- Asserting a strong political presence in the state Capitol.
- Promoting opportunities and forums for plan members to meet, exchange ideas, and discuss critical issues affecting the industry, and improve industry effectiveness.

Message from the Chairman

The Center for Medicare and Medicaid Services (CMS) has projected that health care spending will increase an average of 7.2 percent annually until 2015 when spending will reach \$4 trillion and account for 20 percent of the GDP. In just ten years, our nation has doubled what we spend on health care from \$1.0 trillion in 1995 to \$2.0 trillion in 2005. During that time, the share of the economy devoted to health care jumped from 13.8 percent of our GDP to 16.2 percent. Government, employers and consumers cannot continue to absorb health care cost increases that outpace the rate of inflation.

The need for health plans to maintain their focus on developing affordable health care strategies has never been greater. The sources of rising health care costs, including consumer demand for the newest medical technology, accelerating hospital costs, and a population living longer with chronic diseases are not likely to abate. The wide variation in treatment, spending and outcomes has also emerged as a fundamental driver of higher costs and poor quality.

A movement towards greater consumerism in health care has developed in response to unsustainable health care cost growth. Group purchasers, in particular, are more focused on using market forces to address the provider and patient disconnect from the true costs of care. The result has been greater interest in using financial incentives and information transparency to engage consumers in health care decision-making and to encourage providers to compete vigorously on the basis of quality, cost and service.

These market trends compel our state and our nation to redefine value in health care as the appropriate balance between cost and quality. California Association of Health Plans (CAHP) member plans are uniquely positioned to drive value throughout health care because they serve all market segments, offering a range of coverage options, network designs and customer services. Health plans are realizing a new value proposition for health care through such activities as:

- Developing innovative products targeted to the different segments of the uninsured, particularly in the individual and small group markets;
- Investing internally in health IT to improve quality, reduce medical errors and increase the use of recommended care as well as externally in state-wide data exchange initiatives;
- Providing consumers with comparative cost and quality information to help them make more informed health care decisions; and
- Implementing comprehensive disease management programs that help people with chronic illness achieve better outcomes and avoid hospitalization.

California's policy environment can play a critical role in supporting health plan ability to bring innovative, lower-premium products to market and to develop tools that help consumers understand greater financial responsibility. Flexibility to test new solutions will help stem the rise in employers or workers dropping coverage because they can no longer afford the premium.

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Message from the Chairman, continued

Government purchasers must also recognize the value that health plans provide to beneficiaries in public health coverage programs. Our member plans are participating in county-based local and statewide plans such as Medi-Cal Managed Care, Healthy Families and Healthy Kids. Despite budget constraints, our plans continue to serve their communities by providing a lower cost solution.

For the past five years, health plans in the Medi-Cal Managed Care program have served their enrollees with little or no rate increases and only modest increases in public program enrollment. CAHP member plans hope to continue to work with policymakers on these important issues. The Governor's recent proposal to expand coverage for children (and his efforts in 2005 to expand Medi-Cal Managed Care to Seniors and Persons with Disabilities) sends an important message that California is committed to providing better access to care at lower cost for our most vulnerable populations.

Change starts with a vision of where you want to go. At CAHP, we believe that managed care can help drive transformative change that will establish California as a leader in creating a patient-centered, evidence-based, value-driven health care system. We are proud of the role CAHP is playing to achieve this vision and look forward to working with all stakeholders to accelerate progress.

Sincerely,



David S. Helwig
Chair, California Association of Health Plans

Message from the President and CEO

The California Association of Health Plans' members strive to bring solutions that reflect the varied health care needs of California employers, individuals and governments. CAHP advocates for public policies that support our plans' drive to offer creative products and programs that foster patient-centered, evidence-based and value driven health care.

In 2005, CAHP once again produced an impressive list of accomplishments in our legislative and regulatory activities. We expanded our member services activities by offering new technical seminars, expanding the content and attendance at our annual conference, and increasing our PAC fundraising. Please read about each of these accomplishments in the following pages.

The credit for this work goes to our members and the capable staff at CAHP. We greatly appreciate the countless hours that health plan staff spend reviewing legislative and regulatory proposals. The CAHP staff can then articulate health plan industry positions based on facts and data, and our voice is stronger as a result.

As we look to 2006, we see a number of opportunities to strengthen CAHP's voice and contribution to health care in California. We see an opportunity to better educate opinion leaders, legislators and regulators about the value of managed care in advancing evidence-based medicine and value driven care. We see a need to simplify regulation to accelerate the introduction of new creative products and programs to the California market place while ensuring that we uphold consumer protections. We also see a need for investments in public programs to cover more of those in need, and to expand the benefits of managed care to new populations. Finally, we see a growing need for public policies that accelerate the adoption of new information technologies that can give physicians comprehensive information about a patient swiftly at the point of care while reducing administrative costs throughout the health care system.

In addition to these policy opportunities, we are taking several steps in 2006 to strengthen CAHP as an organization. For example, we are expanding our research capabilities to help bring more data-driven insights to legislative and regulatory discussions. We are expanding our PAC fundraising to help support the campaigns of more candidates. We are stretching our member plan dues further by streamlining our administrative functions and increasing our sponsorship programs.

As we respond to the challenges California faces with the rising cost of healthcare, California's health plans bring employers, individuals and governments products and programs that are part of the solution. We at CAHP are proud to represent California's health plans.

Sincerely,



Christopher C. Ohman

President and CEO, California Association of Health Plans

Board of Directors

David Helwig

Blue Cross of California

*President and Chief Executive Officer
Chairman of the Board*

B. Kathlyn Mead

Sharp Health Plan

*Chief Executive Officer
Vice Chair of the Board
(To June 2005)*

Howard Kahn

L.A. Care Health Plan

*Chief Executive Officer
Vice Chair of the Board
(From June 2005)*

Curtis Terry

Aetna Health of California

*President
Secretary/Treasurer*

Ken Wood

Blue Shield of California

*COO
(To September 2005)*

Paul Markovich

Blue Shield of California

*Sr. Vice President
(From December 2005)*

Peter Welch

CIGNA Healthcare of California

President

Stephen Lynch

Health Net of California

President

Steve Zatkin

Kaiser Foundation Health Plan, Inc.

*Senior Vice President, National Health Plan Manager
(To September 2005)*

Jerry Fleming

Kaiser Foundation Health Plan, Inc.

*Senior Vice President, National Health Plan Manager
(From December 2005)*

Joann Zarza-Garrido

Molina Healthcare of California

President and CEO

James Frey

PacifiCare of California

California CEO

Jean Frasier

San Francisco Health Plan

CEO

Leona Butler

Santa Clara Family Health Plan

CEO

Jeffery V. Davis

Universal Care

Chief Operating Officer

Garry Maisel

Western Health Advantage

CEO

Past Chairpersons

Ken Wood

2002-2004

Mark G. Hyde

2001-2002

Ron Williams

2000-2001

Bruce Bodaken

1998-2000

Arthur M. Southam, M.D

1996-1998

Kathleen Swenson

1994-1995

R. Jedd Jessup

1992-1994

Stuart Byer

1987-1992

Anthony Pescetti

1985-1987

Maree Church

1983-1985

CAHP Member Plans

Aetna

Alameda Alliance for Health

Blue Cross of California

Blue Shield of California

Care 1st Health Plan

CareMore Insurance Services

Chinese Community Health Plan

CIGNA

Community Health Group

Community Health Plan

Contra Costa Health Plan

Great-West Healthcare of California

Health Net of California

Health Plan of San Joaquin

Health Plan of San Mateo

Heritage Provider Network, Inc.

Inland Empire Health Plan

Inter Valley Health Plan

Kaiser Foundation Health Plan

Kern Health Systems

L.A. Care Health Plan

Molina Healthcare of California

On Lok Senior Health

PacifiCare of California

San Francisco Health Plan

Santa Barbara Health Authority

Santa Clara Family Health Plan

SCAN Health Plan

Sharp Health Plan

SIMNSA

UHP Healthcare

Universal Care

Valley Health Plan

Ventura County Health Plan

Western Health Advantage

CAHP Associate Members

ACN Group
Adaptis, Inc.
American Specialty Health
American Healthways
AmeriHealth Mercy
AmeriPlan USA
Amgen
Angela Michelson, Inc.
Assist America
Biogen Idec
California Optometric Association
CalOptima
CAPG
Centocor
Chamberlin Edmonds
CHOICE Administrators
CIGNA Behavioral Health
Conexis
Deloitte & Touche LLP
Delta Dental
EDS
Eli Lilly and Company
Executive Healthcare Consulting
GlaxoSmithKline
Health Management Systems
HMSA
Human Affairs International
Johnson & Johnson
InterMune, Inc.
Keenan & Associates
Local Health Plans of CA
Logisticare Solutions
MedImmune, Inc.
MultiPlan
Novartis Pharmaceuticals
Performant Audit & Recovery
QCSI
RxAmerica
Sankyo Pharma, Inc.
Stradling Yocca Carlson & Rauth
Surgical Review Corporation
TAP Pharmaceuticals
TMG Health
United Behavioral Health Plan
United Resource Networks
Walgreen Co

Conference Sponsors

Abbott Laboratories
ACN Group
Adaptis
Adeza Biomedical
American Healthways
AmeriHealth Mercy/Perform Rx
American Specialty Health
Amgen
AstraZeneca
Beltone Electronics
Byram Healthcare
Bloodhound, Inc.
California Choice
Catalyst Technologies, Inc.
CGI-AMS
CompCare
Chamberlin Edmonds
Crescent Healthcare
DST Health Solutions
EDS - Platinum Sponsor 2005
Evergreen Re
Emdeon Business Services
First Data Corp
Genentech
Genzyme Biosurgery
GlaxoSmithKline
HealthTrio
Health Management Systems
HealthTrans
HealthX
InterMune
Kryptiq Corporation
Landmark Healthcare, Inc.
Logisticare Solutions
Maximus
Matria Healthcare, Inc.
Medco Health
MedImmune, Inc.
MultiPlan, Inc.
Nossaman Guthner Knox & Elliott LLP
Novartis
Office of the Patient Advocate
PharmaCare Specialty Pharmacy
Performant Audit & Recovery
Prism DataBase Publishing
QCSI
Roche
Sankyo Pharma
Sanofi-Aventis
Schering-Plough
Sepracor
Specialized Care Services
SXC Health Solutions
Takeda Pharmaceuticals
Thomson Medstat
TMG Health, Inc.
United Resource Networks
UC Berkeley Center For Community Wellness
Walgreen Co

CAHP Partners

Central Coast Alliance

Epstein Becker & Green

K&R Law Group

Miller & Holguin

Nossaman Guthner Knox & Elliott LLP

The Holman Group

Partnership Healthplan

Tin Kin Lee

2005 Legislative Summary

In partnership with our member plans, CAHP's mission in 2005 was to educate members about the impact of legislative proposals on health insurance costs in California, to mitigate potential cost increases, and in so doing, to preserve access to health care for Californians. Legislation to impose regulations on health plan product approval; establish a single payer health care system in California; add new mandated benefits; and interfere in provider contracts, are among the measures that were successfully defeated in 2005.

Plan Regulation

CAHP successfully defeated AB 977 (Nava) which would have imposed a burdensome new process for approving health plan products that included a lengthy public hearing process. Unfortunately, this issue was one that would return in early 2006.

Single Payer System

CAHP opposed SB 840 (Kuehl) that creates a Canadian-style single payer system was held in the Assembly Appropriations Committee for the second straight year due to a lack of revenue to fund this multi-billion dollar new entitlement program.

Provider Issues

Disputes between plans, medical groups, and hospital-based providers (anesthesiologists, pathologists, radiologists, and most particularly, emergency room physicians) continued to occupy a major role in the Legislative arena. Of six measures introduced, including CAHP-sponsored legislation to prohibit balance billing, all were defeated or set aside for 2005. These measures included:

CAHP sponsored AB 1321 (Yee) that would have prohibited balance billing by hospital-based non-contracting providers working in contracting facilities.

CAHP opposed SB 364 (Perata) would have allowed E.R. physicians to bill plans directly even where risk for E.R. services has been delegated to contracting medical groups.

CAHP opposed SB 417 (Ortiz) would have authorized the DMHC to investigate and take action involving individual provider claim disputes and expand fines on providers.

CAHP opposed AB 757 (Chan) would have required physicians to be given payor-by-payor choice on whether to participate in leased networks among other things.

CAHP opposed AB 598 (De La Torre) would have established a statewide sunset date on all evergreen contracts and allowed class-action arbitrations.

In the end, the Legislature bowed out of these battles, though the CMA and Cal-ACEP tried but failed to move their favored measures right up to the session's final days.

Another provider measure of some concern, SB 399, Escutia, would have stated that the full billed charges of fee-for-service Medi-Cal providers are presumed reasonable in third-party recoveries. The bill, jointly sponsored by the CMA and trial lawyer's association, would have established a precedent that is nowhere else in law, and could have been used as a club to argue that billed charges are the standard by which providers should be compensated by plans in non-contracting situations. Fortunately, this bill was vetoed.

Mandated Benefits

CAHP successfully continued our advocacy for a nonpartisan, expert review and actuarial cost estimate of all proposed legislation to require coverage of a particular benefit or service. As a result, only one mandate of concern to plans made it to the Governor's desk.

The one CAHP opposed mandated benefit bill that made it to the Governor's desk was SB 576 (Ortiz), which would have compelled coverage for tobacco cessation treatment, including over-the-counter cessation aids. We were pleased that the Governor continued his support for lower health care costs by vetoing this bill.

An additional 10 CAHP opposed mandated benefit proposals were defeated for the year including mandated hospital stays for mastectomy, lymphedema coverage, hospice coverage, orthotic devices, chiropractic services, substance abuse treatment, alzheimer's drugs, mental health parity, autism, and step therapies. Two others, one of which did not meet

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2005 Legislative Summary, continued

the statutory test for review by the UC commission, were amended to address our concerns and sent to the Governor.

PBM Regulation

The Governor again vetoed an organized labor-backed measure, AB 89 (Pavley), that would have established a series of regulatory requirements for pharmacy benefit managers operating in California.

Medi-Cal Redesign and Budget Issues

Several elements of the Governor's Medi-Cal Redesign Proposal were rejected by the Legislature, even though that decision cost the state \$90 million in federal incentive funding. The main elements of the proposed geographic expansion were enacted, but mandating enrollment of the Seniors and People with Disabilities (SPD) population was not. While CAHP supported this proposal, opposition by public hospitals and their allies in organized labor effectively blocked the idea for 2005.

Healthy Families Expansion

There was speculation that 2005 might bring an expansion of the Healthy Families Program. Several legislators introduced bills on this subject and pointed to the Governor's interest in providing health care coverage for children. However, the continued budget crisis limited government programs across the board. As a result, the Governor vetoed AB 772 (Chan) that

would have consolidated existing public family health programs and increased eligibility thresholds to 300 percent of the federal poverty level.

Other Measures

AB 279 (Calderon) reinstates language from last year's budget agreement allowing plans to establish LLC's as part of implementation of the Quality Improvement Fee. CAHP supported this bill and was pleased it was signed into law.

AB 356 (Chan) requires plans to report general underwriting criteria to the DMHC. Its requirement that plans report annually on overall denial rates ultimately was deleted from the measure. As amended, CAHP was neutral on the bill and it was signed into law.

AB 1359 (Chan) requires plans to be licensed in California in order to offer Medicare "Part D" prescription drug plans while SB 375 (Speier) imposes modest additional requirements on Medicare supplement policies. Both bills have been signed by the Governor.

AB 1698 (Nunez) would have required employers to cover dependents to age 26 when dependent coverage is offered was opposed by the California Chamber of Commerce and vetoed by the Governor.

2005 Legal and Regulatory Affairs

Overview

The year 2005 brought many new challenges and opportunities to health plans while also providing closure on a few longstanding issues. After nearly six years in development, the Department of Managed Health Care finalized the financial solvency standards regulations. The California Department of Health Services proposed expanding managed Medi-Cal to new populations (seniors and people with disabilities) and new counties. CMS implemented a new Medicare Part D drug benefit through Medicare Advantage Plans and stand-alone Prescription Drug Plans. In total, it was an active year for regulatory developments. The following is a summary of the significant issues and activities of the year.

CAHP Expands Focus on Government Programs

In 2005, CAHP made a substantial investment to add a targeted focus on government sponsored products that are regulated by the California Department of Health Services (CDHS) and the Major Risk Medical Insurance Board (MRMIB). The addition of staff and resources fulfilled our mission to serve all our member plans for all products licensed by the State of California. Going into 2006, CAHP is well positioned to advocate for all our member plans on the issues that may impact commercial health plans as well as managed Medi-Cal, the Healthy Families program, and other government supported products.

AB 1455 Claims Payment and Provider Dispute Resolution

After a full year of implementation of the AB 1455 claims payment and independent dispute resolution process regulations, CAHP continued discussions with other stakeholders on the impacts of these important regulations. These discussions centered on two key elements: the payment of claims to non-contracting providers; and constructing an independent provider dispute process. These efforts included the participation of the California Medical Association (CMA), California Hospital Association (CHA), the California Association of Physician Groups (CAPG), and the California Chapter of the American College of Emergency Physicians (CalACEP).

CAHP presented several essential elements of a possible Independent Provider Dispute Process. These elements include: a prohibition on billing enrollees for disputed amounts; management by a knowledgeable, independent entity; availability to non-contracted providers only; and establishment through legislation that would place requirements on both parties (providers and plans).

In addition, the Department of Managed Health Care established a test for plan methodologies for payment of non-contracted provider claims. However, the inclusion of an average billed charge index as a minimum payment was not acceptable to plans as this conflicted with industry-accepted reasonable and customary charges for services rendered.

As most of these discussions were still underway at years end, these issues will remain a major initiative going into 2006.

DMHC Regulatory Initiatives

The Department of Managed Health Care launched several regulatory rule-making packages in 2005.

SB 260 Financial Solvency Standards – After five years of regulatory development to fully implement SB 260 (1999), the DMHC completed the regulations that require risk-bearing organizations, such as delegated medical groups and Independent Physicians Associations, to meet specified financial standards. These regulations established quarterly and annual filing requirements of RBO financial statements. Additionally, RBOs not meeting the financial standards must develop and follow a corrective action plan to become compliant. In November, over 200 RBOs were required to file compliance or financial statements with the DMHC and eight percent reported deficiencies for the third quarter period. This was a significant undertaking and the process will continue to define itself well into 2006 and beyond.

Linguistic Services – CAHP and other stakeholders engaged in developing regulations required under SB 853 (2003) to outline requirements for providing appropriate linguistic services to health plan enrollees. These regulations will mandate that

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2005 Legal and Regulatory Affairs, continued

all plans assess the linguistic needs of enrollees and provide translation and interpretation services through a coordinated program. The proposed regulations entered the official rule-making process in November 2005 and will possibly be effective in the Spring of 2006.

Prescription Drug Benefits – Throughout 2005, plans worked with the DMHC on proposed regulations that outline filing and benefit design mandates for prescription drug benefits. CAHP identified several issues in the draft regulations that could hinder innovation and affordability of prescription drug coverage and highlighted these for the DMHC. These regulations were still under review and many of the major issues remained unresolved at year's end.

Medi-Cal Managed Care Expansion

In January, the Governor's Budget proposed a series of reforms to Medi-Cal to increase the efficiency and effectiveness of the program for beneficiaries and providers, to improve health care outcomes, and to provide for the long-term financial viability of the program. Included among the proposals were expanding Medi-Cal managed care into up to 13 new counties, and requiring Medi-Cal beneficiaries who are seniors and persons with disabilities (the aged, blind and disabled aid codes) to enroll in managed care plans in the Two-Plan model and Geographic Managed Care model counties.

The geographic expansion of Medi-Cal managed care into new counties was the only piece of the Governor's January proposal to survive the legislative process in 2005. Despite the mandatory enrollment of seniors and persons with disabilities in managed care reappearing in terms and conditions of the federal Hospital Financing Waiver, which was negotiated between the state and federal government this year, the Legislature and the Administration tabled the discussion of expansion of mandatory enrollment of this population until 2006.

California HealthCare Foundation Project

Seeking to help the CDHS manage a transition to mandatory enrollment of seniors and persons with disabilities in Medi-Cal

managed care should the state pursue this option, the California HealthCare Foundation (CHCF) funded a project to develop performance standards and a plan readiness assessment tool. To assist with research and development of the recommendations, the CHCF assembled a project team that included the Center for Health Care Strategies, The Lewin Group, and the Center for Disability Issues and the Health Professions. CHCF gathered stakeholder input through a series of workgroups and an advisory group. CAHP and many health plans engaged in the project team to provide input to the project.

The CHCF submitted recommendations to CDHS for consideration for the following eight areas:

- Cross-cutting issues
- Enrollment and member services
- Network capacity and accessibility
- Benefit management
- Care management
- Quality improvement
- Performance measurement
- Coordination of carve-out services

CAHP will continue to work on this issue into 2006 as these recommendations are evaluated by the CDHS and reviewed in the context of expanding the Medi-Cal program.

Changes in the Healthy Families Program

CAHP continues to monitor several changes that are occurring in the Healthy Families Program. In the 2004-2005 state budget health trailer bill, the MRMIB implemented a premium increase for Healthy Families enrollees with family incomes between 200-250 percent of the Federal Poverty Level. The MRMIB is still studying the impact of the increase.

Additionally, the state First 5 Commission provided funding for MRMIB to develop a Healthy Families buy-in option for counties who want to expand coverage beyond that offered by the state. Issues around coverage for California Children's Services (CCS) eligible conditions remain a potential barrier

to implementation at this time. MRMIB staff has targeted an implementation date for mid-2006, and CAHP will continue to work for expanding coverage for children through this and other initiatives.

Litigation Update

CAHP participated in several litigation matters this year that affected our member plans and the regulatory environment.

Bell v. Blue Cross of California – This class action suit was brought by Dr. Bell and other non-contracted emergency room physicians against Blue Cross for claims occurring from January 1999 through 2005. Dr. Bell asserted that he was due additional reimbursement for services rendered to Blue Cross members. Blue Cross argued that Dr. Bell did not have standing to sue BCC under a Private Right of Action to enforce the Knox Keene Act.

The appeals court sided with Dr. Bell and outlined three main elements in the final decision:

The court found that Dr. Bell does have standing under both a Private Right of Action and a Quantum Meruit (implied contract) claim.

The court found that a non-contracted provider is only entitled to “reasonable charges”, which are not full billed charges.

The court found that there is an implied-in-law contract between health plans and emergency providers due to the fact that such

providers have a federal and state duty to provide emergency services and health plans are mandate to cover emergency services (contracted or not) under the Knox Keene Act.

Under this decision, emergency providers will be able to sue health plans for reimbursement for emergency services, and each trial court would then be the determiner of what is a reasonable payment for services, which may not be full billed charges according to the court. Additionally, because this appeals decision determined an implied contract now exists, emergency providers are prohibited from billing members for covered services under the Knox Keene Act.

Prospect Medical Group v. St. Johns Emergency Medicine Specialists and Northridge Emergency Medical Group — Similar to the Bell case, this case deals with the determination of a usual and customary payment for non-contract physicians. This litigation was closely watched by health plans, and will determine if non-contracted physicians may balance bill members for services received in an emergency setting. Most important to this case is the ability for plans and their delegated providers to continue to pay a “reasonable and customary” payment for non-contracted services under the AB 1455 Claims regulations. This case was not settled by year’s end, but will be impacted by the appeals court decision in the *Bell v. Blue Cross* case.

	Number of plans present in 2005	Aetna Health	Alameda Alliance	Blue Cross	Blue Shield	Care 1st HP	Caremore	Chinese Community HP	Cigna Healthcare	Community Health Group	Community Health Plan	Contra Costa HP	Great-West	Health Net	HP San Joaquin	HP San Mateo	Heritage PN	Inland Empire HP	Inter Valley HP	Kaiser	Kern	LA Care HP	Molina	On Lok	Pacificare	San Francisco HP	Santa Barbara	Santa Clara Family HP	SCAN	Sharp HP	SIMNSA	UHP Healthcare	Universal Care	Valley HP	Ventura County Health Care	Western Health Advantage		
ALAMEDA	10	◆	◆	◆	◆			◆					◆	◆						◆				◆	◆													
ALPINE	3			◆									◆	◆																								
AMADOR	5	◆	◆										◆	◆						◆																		
BUTTE	5			◆	◆			◆					◆	◆																								
CALAVERAS	3			◆									◆	◆																								
COLUSA	4			◆									◆	◆																							◆	
CONTRA COSTA	9	◆	◆	◆				◆				◆	◆	◆						◆					◆													
DEL NORTE	3			◆									◆	◆																								
EL DORADO	9	◆		◆	◆			◆					◆	◆						◆					◆													◆
FRESNO	8	◆	◆	◆				◆					◆	◆						◆					◆													
GLENN	4			◆				◆					◆	◆																								
HUMBOLDT	3			◆									◆	◆																								
IMPERIAL	6			◆									◆	◆						◆					◆								◆					
INYO	3			◆									◆	◆																								
KERN	12	◆	◆	◆				◆					◆	◆			◆			◆	◆				◆			◆						◆		◆		
KINGS	8	◆	◆	◆				◆					◆	◆						◆					◆													
LAKE	3			◆									◆	◆																								
LASSEN	3			◆									◆	◆																								
LOS ANGELES	18	◆	◆	◆	◆	◆		◆		◆			◆	◆			◆		◆	◆		◆	◆		◆			◆					◆	◆				
MADERA	7	◆	◆	◆									◆	◆						◆					◆													
MARIN	8	◆	◆	◆				◆					◆	◆						◆					◆													
MARIPOSA	4			◆									◆	◆						◆																		
MENDOCINO	3			◆									◆	◆																								
MERCED	7	◆	◆	◆				◆					◆	◆											◆													
MODOC	3			◆									◆	◆																								
MONO	3			◆									◆	◆																								
MONTEREY	4	◆	◆										◆	◆																								
NAPA	5	◆	◆										◆	◆						◆																		
NEVADA	5			◆	◆								◆	◆											◆													

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ORANGE	13	◆	◆	◆	◆		◆	◆	◆				◆	◆			◆			◆					◆			◆				◆	◆					
PLACER	9	◆		◆	◆			◆					◆	◆						◆					◆												◆	
PLUMAS	3		◆										◆	◆																								
RIVERSIDE	16	◆	◆	◆	◆			◆	◆	◆			◆	◆			◆	◆	◆	◆			◆		◆			◆	◆					◆				
SACRAMENTO	11	◆	◆	◆	◆	◆		◆					◆	◆						◆			◆		◆												◆	
SAN BENITO	3		◆										◆	◆																								
SAN BERNARDINO	15	◆	◆	◆				◆	◆				◆	◆			◆	◆	◆	◆			◆		◆			◆										
SAN DIEGO	13	◆	◆	◆				◆	◆	◆			◆	◆						◆			◆		◆		◆			◆	◆							
SAN FRANCISCO	11	◆	◆	◆			◆	◆	◆				◆	◆						◆				◆		◆	◆											
SAN JOAQUIN	9	◆	◆	◆				◆	◆				◆	◆	◆					◆					◆		◆											
SAN LUIS OBISPO	8	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆											
SAN MATEO	9	◆	◆	◆				◆	◆				◆	◆		◆				◆					◆		◆											
SANTA BARBARA	8	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆											
SANTA CLARA	10	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆		◆						◆			
SANTA CRUZ	7	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆											
SHASTA	3		◆										◆	◆						◆																		
SIERRA	3		◆										◆	◆						◆																		
SISKIYOU	3		◆										◆	◆						◆																		
SOLANO	9	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆											◆
SONOMA	8	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆											
STANISLAUS	8	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆											
SUTTER	4		◆										◆	◆						◆																		
TEHAMA	3		◆										◆	◆						◆																		
TRINITY	3		◆										◆	◆						◆																		
TULARE	8	◆	◆	◆				◆	◆				◆	◆						◆					◆		◆											
TUOLUMNE	4	◆	◆										◆	◆						◆																		
VENTURA	11	◆	◆	◆				◆	◆				◆	◆			◆			◆					◆		◆								◆		◆	
YOLO	10	◆	◆	◆				◆	◆				◆	◆				◆		◆			◆		◆		◆								◆		◆	
YUBA	5	◆	◆										◆	◆						◆																		◆

Aetna Health of California, Inc.

2625 Shadelands Dr. • Walnut Creek, CA 94898
(925) 948-4700 • Fax: (925) 948-4264 • www.aetna.com

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Effective 2/14/06 –
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California CEO
Curtis Terry

National CIO
Meg McCarthy

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*Vice President of
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Greg Stevens

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Plan Organization

Parent Company/Affiliate	Aetna, Inc.
Recent mergers or acquisitions within California	None
Year founded	1981
Year licensed	1981
Tax status	For profit
Number of employees	2,281 Fulltime
Enrollment	14,650,000 National, 1,097,920 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians, Single Medical Group	
Number of medical groups	0 owned, 3 contracted
Number of IPAs	0 owned, 209 contracted
Number of hospitals	0 owned, 266 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Individual Capitation, Other (Negotiated Fee Schedule), Other (Global Capitation)
Physicians-specialty (ranked by method)	Group Capitation, Individual Capitation, Other (Negotiated Fee Schedule), Other (Global Capitation)
Hospitals (ranked by payment type)	Per Diem, Capitation – Los Angeles Other (Per Diem with Stop Loss), Capitation, Other (Per Diem with Case Rate), Discount Charges – Northern California Capitation, Other (Per Diem with Stop Loss), Other (Global Capitation), Other (Case Rate Based on Stay), Discounted Charges, Other (Negotiated Fee Schedule) – San Diego

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	N/A
Large group (50+ employees) enrollment	N/A
Medicare	HMO
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other (Indemnity)	HMO, PPO, POS, Other

Range of services offered on a bundled basis:

HMO: Vision
PPO: Chiropractic, Vision
POS: Chiropractic, Vision

Range of services offered on a stand-alone basis:

HMO: Dental, Prescription Drugs, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment
PPO: Dental, Prescription Drugs, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment
POS: Dental, Prescription Drugs, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment

Blue Cross of California

1 WellPoint Way • Thousand Oaks, California 91362
(805) 557-6797 • Fax: (805) 557-6872 • www.bluecrossca.com or www.wellpoint.com

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Varies by market segment
Provider Relations
Jose (Josh) Valdez

PRIMARY CONTACTS

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**Andrew Morrison
(317) 488-6296**

Plan Organization

Parent Company	WellPoint, Inc.
Affiliate	BC Life and Health Insurance Company
Recent mergers or acquisitions within California	Merged with Anthem, Inc. in November 2004
Year founded	1937
Year licensed	1993
Tax status	For profit
Number of employees	6,164 full-time, 53 part-time
Enrollment	28,988,258 Total (WellPoint) 8,256,103 California (4,558,482 - BCC; 3,697,621 - BC Life and Health)

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 36 contracted
Number of IPAs	0 owned, 139 contracted
Number of hospitals	0 owned, 410 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Other (fee schedule), Group Capitation, Individual Capitation
Physicians-specialty (ranked by method)	Other (fee schedule), Group Capitation
Hospitals (ranked by payment type)	Per Diem, Capitation, Case Rates, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	HMO, PPO, Other
Small group (2-50 employees) enrollment	HMO, PPO
Large group (50+ employees) enrollment	HMO, PPO, POS, Other
Medicare	HMO, Supplemental
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO, PPO
Healthy Families	HMO, PPO
Major Risk Medical Insurance	PPO
Other (California Kids, Interim High Risk)	PPO

Range of services offered on a bundled basis:

HMO: Acupuncture, Vision, Dental, Prescription Drugs, Durable Medical Equipment
PPO: Acupuncture, Vision, Dental, Prescription Drugs, Durable Medical Equipment
POS: Acupuncture, Vision, Dental, Prescription Drugs, Durable Medical Equipment

Range of services offered on a stand-alone basis:

HMO: Dental
PPO: Dental
POS: Dental

Blue Shield of California

50 Beale Street • San Francisco, CA 94105
(415) 229-5000 • www.mylifepath.com

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Chief Financial Officer*
Heidi Kunz

*Executive VP,
Customer Services &
Corporate Marketing*
Bob Novelli

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Chief Medical Officer*
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General Counsel &
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VP, Public Affairs
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Plan Organization

Parent Company/Affiliate	California Physicians' Service
Subsidiaries	Blue Shield of California Life & Health Insurance Company
Recent mergers or acquisitions within California	None
Year founded	1939
Year licensed	1939
Tax status	Not-for-profit
Number of employees	4,200
Enrollment	1,322,614 - HMO; 1,284,321 - PPO; 196,080 - Other; 2,803,015 - Total

Plan-Provider Arrangements

Model types (ranked in descending order)

HMO- Direct contracting with Network of Medical Groups and IPAs	
PPO – Direct Contracting with Physicians	
Number of medical groups/IPAs	0 owned, 261 (HMO) contracted
Number of hospitals	0 owned, 279 (HMO) contracted 0 owned, 344 (PPO) contracted

Compensation Methods

Physicians-primary care (ranked by method)

Fee-for-service (PPO), Global Capitation (HMO)
Physicians-specialty (ranked by method)
Fee-for-service (PPO), Global Capitation (HMO)
Hospitals (ranked by payment type)
Per Diem, Case Rates, Discounted Charged, Capitation

Plan Products

Products currently offered:

Individual enrollment	HMO, PPO
Small group (2-50 employees) enrollment	HMO, PPO, POS
Midsized group (51-299)	HMO, PPO, POS
Large group (300+ employees) enrollment	HMO, PPO, POS
Medicare	HMO
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	HMO
Healthy Families	HMO, EPO
Major Risk Medical Insurance	PPO
Other N/A	

Range of services offered on a bundled basis:

HMO: Acupuncture*, Chiropractic*, Prescription Drugs*, Infertility*, Substance Abuse, Mental Health, Family Planning, Durable Medical Equipment, Skilled Nursing Facilities, Hospice Care, Home Health Services, Rehabilitative Therapy.
PPO: Acupuncture*, Chiropractic*, Prescription Drugs*, Infertility*, Substance Abuse, Mental Health, Family Planning, Durable Medical Equipment, Skilled Nursing Facilities, Hospice Care, Home Health Services, Rehabilitative Therapy.
POS: Acupuncture*, Chiropractic*, Prescription Drugs*, Infertility, Substance Abuse, Mental Health, Family Planning, Durable Medical Equipment, Skilled Nursing Facilities, Hospice Care, Home Health Services, Rehabilitative Therapy.

*Must be purchased in addition to the standard health plan coverage offered.

Range of services offered on a stand-alone basis:

HMO: Vision, Dental, Group and Term Life Insurance, Stop-Loss, Accidental Death & Dismemberment
PPO: Vision, Dental, Group and Term Life Insurance, Stop-Loss, Accidental Death & Dismemberment
POS: Vision, Dental, Group and Term Life Insurance, Stop-Loss, Accidental Death & Dismemberment

California Health Plan

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Kathleen Torbik
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Plan Organization

Parent Company	CareMore Medical Enterprises
Affiliates	N/A
Recent mergers or acquisitions within California	N/A
Year founded	2002
Year licensed	2002
Tax status	For Profit
Number of employees	350 Fulltime, 50 Part time
Enrollment	5,800

Plan-Provider Arrangements

Model types (ranked in descending order)

N/A	
Number of medical groups	N/A
Number of IPAs	N/A
Number of hospitals	N/A

Compensation Methods

Physicians-primary care (ranked by method)	N/A
Physicians-specialty (ranked by method)	N/A
Hospitals (ranked by payment type)	N/A

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	N/A
Large group (50+ employees) enrollment	N/A
Medicare	N/A
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other N/A	

Range of services offered on a bundled basis:

HMO: None
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

Care 1st Health Plans

1000 S. Fremont Ave., Bldg. A-11, #22 • Alhambra, CA 91803
(626) 299-4299 • Fax: (626) 458-0415 • www.care1st.com

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VP, Information Technology
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Gamini Gunawardane, J.D.
Marketing Director
Vacant
Pharmacy Director
Jamie Ueoka, Pharm D
Provider Relations
Dolores Olague
Member Services
Tracie Howell
Utilization Management
Josie Wong, RN

Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent acquisitions within California	Maxicare Health Plan (Medi-cal only)
Year founded	1994
Year licensed	1995
Tax status	For profit
Number of employees	170 fulltime, 0 part-time
Enrollment	165,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Single Medical Group, Network of Medical Groups and IPAs, Staff	
Number of medical groups	0 owned, 5 contracted
Number of IPAs	0 owned, 60 contracted
Number of hospitals	0 owned, 65 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group capitation, Individual Capitation
Physicians-specialty (ranked by method)	Fee-For-Service
Hospitals (ranked by payment type)	Per Diem, Capitation

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Dental)	None

Range of services offered on a bundled basis:

HMO: None
PPO: None
POS: None

Range of services offered on a stand-alone basis:

HMO: Vision, Medical, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation
PPO: None
POS: None

Chinese Community Health Plan

170 Columbus Avenue #210 • San Francisco, CA 94133
 (415) 397-3190 • Fax: (415) 397-6140 • www.cchphmo.com

EXECUTIVE OFFICERS

CEO
Richard Loos
CFO
Steve Tsang
Associate Administrator
Catherine Benedict

Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1987
Year licensed	1987
Tax status	For profit
Number of employees	76
Enrollment	11,900 California

EXECUTIVE STAFF

Medical Director
Edward Chow, M.D.
Director,
Marketing & Sales
Yolanda Lee
Director,
Member Services
Irene Louie

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 0 contracted
Number of IPAs	0 owned, 1 contracted
Number of hospitals	0 owned, 7 contracted

Compensation Methods

Physicians-primary care (ranked by method)	N/A
Physicians-specialty (ranked by method)	N/A
Hospitals (ranked by payment type)	N/A

PRIMARY CONTACT

Regulatory Affairs
Jerry Hill
 (415) 771-8710

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	HMO
Medicaid (i.e. MediCal)	NONE
Access for Infants and Mothers	NONE
Healthy Families	NONE
Major Risk Medical Insurance	NONE
Other NONE	

Range of services offered on a bundled basis:

HMO: Acupuncture, Vision, Prescription Drugs, Durable Medical Equipment
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

CIGNA HealthCare of California, Inc.

400 N. Brand Blvd. #400 • Glendale, CA 91203

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Gwyn Dilday

(818) 500-6370

Plan Organization

Parent Company

Affiliates

Recent mergers or acquisitions within California

Year founded

Year licensed

Tax status

Number of employees

Enrollment

HealthSource, Inc.

CIGNA Dental Health of CA, Inc.,

CIGNA Behavioral Health of CA, Inc.,

Connecticut General Life Insurance Company (CGLIC)

None

1929

1979

For profit

413 fulltime, 5 part-time

342,000 California HMO

300,500 California PPO

(offered by CGLIC)

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians

Number of medical groups

0 owned, 45 contracted

Number of IPAs

0 owned, 92 contracted

Number of hospitals

0 owned, 264 contracted

Compensation Methods

Physicians-primary care (ranked by method)

Physicians-specialty (ranked by method)

Hospitals (ranked by payment type)

Group Capitation, Fee-for-service

Group Capitation, Fee-for-service

Per Diem, Capitation, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment

None

Small group (2-50 employees) enrollment

HMO, POS

Large group (50+ employees) enrollment

HMO, POS

Medicare

Part D

Medicaid (i.e. MediCal)

None

Access for Infants and Mothers

None

Healthy Families

None

Major Risk Medical Insurance

None

Other None

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Massage Therapy,
Prescription Drugs, Durable Medical Equipment

POS: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Massage Therapy,
Prescription Drugs, Durable Medical Equipment

Range of services offered on a stand-alone basis:

HMO: Vision, Dental, Substance Abuse

POS: Vision, Dental, Substance Abuse

Community Health Group

740 Bay Boulevard • Chula Vista, CA 91910
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Ann Warren

Member Relations
Joseph Garcia

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Plan Organization

Parent Company	N/A
Affiliates	N/A
Recent mergers or acquisitions within California	N/A
Year founded	1982
Year licensed	1985
Tax status	Non profit
Number of employees	117 Fulltime, 7 Part time
Enrollment	99,660

Plan-Provider Arrangements

Model types (ranked in descending order)

Direct Contracting with Physicians, Network of Medical Groups and IPAs	
Number of medical groups	N/A
Number of IPAs	0 owned, 7 contracted
Number of hospitals	0 owned, 26 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Fee-For-Service, Individual Capitation, Group Capitation
Physicians-specialty (ranked by method)	Fee-For-Service, Group Capitation
Hospitals (ranked by payment type)	Per Diem, Discounted Charges, Charges

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	N/A
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	N/A
Healthy Families	HMO
Major Risk Medical Insurance	N/A
Other TPA - PPO	

Range of services offered on a bundled basis:

HMO: None
PPO: None
POS: None

Range of services offered on a stand-alone basis:

HMO: None
PPO: None
POS: None

Community Health Plan (County of Los Angeles – Department of Health Services)
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Provider Contracting
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PRIMARY CONTACT

*Public Information/
 Government Relations*
John Wallace
 (213) 240-8059

Plan Organization

Parent Company/Affiliate None
 Subsidiaries None
 Recent mergers or acquisitions within California None
 Year founded 1982
 Year licensed 1985
 Tax status Non profit
 Number of employees 191 fulltime
 Enrollment 158,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of medical groups and IPAs, Staff
 Number of medical groups and IPAs 1 owned, 20 contracted
 Number of hospitals 4 owned, 85 contracted

Compensation Methods

Physicians-primary care (ranked by method) Group Capitation
 Physicians-specialty (ranked by method) Group Capitation, Per Diem
 Hospitals (ranked by payment type) Capitation, Per Diem

Plan Products

Products currently offered:

Individual enrollment None
 Small group (2-50 employees) enrollment None
 Large group (50+ employees) enrollment None
 Medicare None
 Medicaid (i.e. MediCal) HMO
 Access for Infants and Mothers None
 Healthy Families HMO
 Major Risk Medical Insurance None
 Other HMO

Range of services offered on a bundled basis:

HMO: None
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

Contra Costa Health Plan (Contra Costa County Medical Services)

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COO
Patricia Tanquary

CIO
Jeff Wanger

Plan Organization

Parent Company/Affiliate	Division of Contra Costa County Health Services Dept.
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1973
Year licensed	1973
Tax status	Non profit
Number of employees	103 fulltime, 42 part-time
Enrollment	66,019 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Staff, Direct Contracting with Physicians	
Number of medical groups	0 owned, 0 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	1 owned, 7 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Fee-for-service, Salary
Physicians-specialty (ranked by method)	Fee-for-service, Salary
Hospitals (ranked by payment type)	Per Diem

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	HMO
Other (Commercial: In Home Support Service Workers – IHSS)	HMO
(Public: Basic Health Care – County Indigent Program)	

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation
PPO: None
POS: None

Range of services offered on a stand-alone basis:

HMO: None
PPO: None
POS: None

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 (North)**
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Member Relations
Sherry Tompkins-Griggs

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**Anand Raghavan
 (818) 539-9305**

Plan Organization

Parent Company/Affiliate	Great-West Healthcare Holdings, Inc./ Great-West Life & Annuity Insurance Company
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1994
Year licensed	1996
Tax status	For profit
Number of employees	150
Enrollment	1,965,000 National, 206,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 130 contracted
Number of IPAs	0 owned, 9 contracted
Number of hospitals	0 owned, 412 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Fee-For-Service Including Withhold or Bonus, Group Capitation
Physicians-specialty (ranked by method)	Fee-For-Service Including Withhold or Bonus, Group Capitation
Hospitals (ranked by payment type)	
Discounted Charges, Per Diem, Case Rates	

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (50-250 employees) enrollment	Yes
Mid-Size group (250-2,500 employees enrollment)	Yes
Large group/National Accounts (2,500+ employees) enrollment	Yes
Medicare	N/A
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other	N/A

Great-West Healthcare's Products and Services

- Consumer-Driven Health (CDH) plans, Health Reimbursement Accounts (HRA), Preferred Provider Organizations (PPO), Point-of-Service (POS) plans, Health Maintenance Organizations (HMO), Open Access plans, and COBRA services
- Disease management, complementary alternative care, managed mental health, maternity and neonatal programs, and other health care management services to employer-sponsored health plans
- Group dental and vision plans, term and optional term life insurance, short- and long-term disability insurance, and Section 125/129 plans (flexible benefits accounts)
- Nationwide physician, hospital, and preferred pharmacy networks

Health Net of California

21281 Burbank Blvd. • Woodland Hills, CA 91367
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Plan Organization

Parent Company/Affiliate	Health Net, Inc.
Subsidiaries	Health Net Life Insurance Co.
Recent mergers or acquisitions within California	None
Year founded	1979
Year licensed	1979
Tax status	For profit
Number of employees	2,780 fulltime
Enrollment	6,400,000 National, 2,300,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups or IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 86 contracted
Number of IPAs	0 owned, 113 contracted
Number of hospitals	0 owned, 311 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Other (RBRVS)
Physicians-specialty (ranked by method)	Group Capitation, Other (RBRVS)
Hospitals (ranked by payment type)	Per Diem, Capitation, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	HMO, PPO
Small group (2-50 employees) enrollment	HMO, PPO, POS, Indemnity
Large group (50+ employees) enrollment	HMO, PPO, POS, EPO
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Salud Con Health Net)	HMO, PPO, EPO

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment, Worker's Compensation
PPO: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment, Worker's Compensation
POS: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Life Insurance, Accidental Death & Dismemberment, Worker's Compensation

Range of services offered on a stand-alone basis:

HMO: Vision, Dental, Substance Abuse, Prescription Drugs, Life Insurance, Accidental Death & Dismemberment
PPO: Vision, Dental, Substance Abuse, Prescription Drugs, Life Insurance, Accidental Death & Dismemberment
POS: Vision, Dental, Substance Abuse, Prescription Drugs, Life Insurance, Accidental Death & Dismemberment

Health Plan of San Joaquin

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1995
Year licensed	1996
Tax status	Non profit
Number of employees	119 fulltime
Enrollment	66,151 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Direct Contracting with Physicians, Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 46 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 11 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Individual Capitation
Physicians-specialty (ranked by method)	Fee-For-Service including withhold or bonus
Hospitals (ranked by payment type)	Per diem

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other: Commercial Healthy Kids,	HMO
Commercial Healthy Workers	

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Prescription Drugs, Rehabilitation
PPO: None
POS: None

Range of services offered on a stand-alone basis:

HMO: None
PPO: None
POS: None

Health Plan of San Mateo (San Mateo Health Commission)

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Maya Altman

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*Director, Planning and
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*Medicare Implementation
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Dr. Jim Kornfield

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1986
Year licensed	1987
Tax status	Non profit
Number of employees	90 Fulltime
Enrollment	56,562 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Networking of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 25 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 9 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Individual Capitation, Fee-For-Service
Physicians-specialty (ranked by method)	Fee-For-Service
Hospitals (ranked by payment type)	Per Diem, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Publicly Funded Health Insurance for IHSS Workers in San Mateo County and) Healthy Kids for uninsured children through age 18)	HMO

Range of services offered on a bundled basis:

HMO: None
PPO: None
POS: None

Range of services offered on a stand-alone basis:

HMO: None
PPO: None
POS: None

Heritage Provider Network

8510 Balboa Blvd., Suite 285 • Northridge, CA 91325
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Richard N. Merkin, M.D.
CFO
Jay Kurian

EXECUTIVE STAFF

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S. Ian Drew, M.D.
Provider Relations / Contracting
Mercedes Haefs

Plan Organization

Parent Company	N/A
Affiliates	N/A
Recent mergers or acquisitions within California	N/A
Year founded	N/A
Year licensed	1997
Tax status	For Profit
Number of employees	69 Fulltime, 3 Part time
Enrollment	250,000

Plan-Provider Arrangements Model types (ranked in descending order)

Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 8 contracted
Number of IPAs	0 owned 1 contracted
Number of hospitals	N/A

Compensation Methods

Physicians-primary care (ranked by method)	Fee for Service, Individual Capitation, Salary
Physicians-specialty (ranked by method)	Fee for Service, Individual Capitation, Salary
Hospitals (ranked by payment type)	N/A

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	N/A
Large group (50+ employees) enrollment	N/A
Medicare	N/A
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other	N/A

Range of services offered on a bundled basis:

HMO: None
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

Inland Empire Health Plan

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Carl Maier

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Chet Uma

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Public Affairs

Richard Bruno

(909) 890-2010

Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1994
Year licensed	1996
Tax status	Public Entity – Non profit
Number of employees	380 fulltime, 0 part-time
Enrollment	300,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of IPAs and Direct Physician Contracting	
Number of medical groups	N/A
Number of IPAs	15
Number of hospitals (Acute Care)	26

Compensation Methods

Physicians-primary care (ranked by method)	N/A
Physicians-specialty (ranked by method)	N/A
Hospitals (ranked by payment type)	N/A

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees)	None
Large group (50+ employees)	HMO
Medicare	None
Medi-Cal	HMO
Access for Infants and Mothers (AIM)	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Healthy Kids	HMO
In Home Support Services (IHSS) Workers	HMO

Range of services offered on a bundled basis:

HMO: Vision, Pharmacy, Mental Health
PPO: N/A
POS: N/A

Range of services offered on a stand-alone basis:

HMO: N/A
PPO: N/A
POS: N/A

Inter Valley Health Plan

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1979
Year licensed	1979
Tax status	Non profit
Number of employees	68 fulltime
Enrollment	12,700 California Medicare Only

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 6 contracted
Number of IPAs	0 owned, 9 contracted
Number of hospitals	0 owned, 21 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Captitation,
Physicians-specialty (ranked by method)	N/A
Hospitals (ranked by payment type)	Capitation / Per Diem

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	N/A
Large group (50+ employees) enrollment	N/A
Medicare	Yes
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other	N/A

Range of services offered on a bundled basis:

HMO: Chiropractic, Vision, Prescription Drugs
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: Chiropractic, Vision, Prescription Drugs
 PPO: None
 POS: None

Kaiser Permanente (Kaiser Foundation Health Plan, Inc.)

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Plan Organization

Parent Company/Affiliate

None

Subsidiaries

None

Recent mergers or acquisitions within California

None

Year founded

1945

Year licensed

1977

Tax status

Non profit

Number of employees

145,000 (Nationally)

Enrollment

8,388,997 National, 3,221,408 Northern California, 3,105,544

Southern California

Plan-Provider Arrangements

Model types (ranked in descending order)

Group Model HMO

Number of medical groups

0 owned, 2 contracted

Number of IPAs

N/A

Number of hospitals

28 owned, 17 contracted

Compensation Methods

Physicians-primary care (ranked by method)

Group Capitation

Physicians-specialty (ranked by method)

Group Capitation

Hospitals (ranked by payment type)

Cost Reimbursement (Kaiser)

Discounted charges, Per diem, Case rates (non-Kaiser)

Plan Products

Products currently offered:

Individual enrollment

HMO/Deductible HMO

Small group (2-50 employees) enrollment

HMO/POS/Deductible HMO

Large group (50+ employees) enrollment

HMO/POS/Deductible HMO

Medicare

HMO

Medicaid (i.e. MediCal)

HMO

Access for Infants and Mothers

HMO

Healthy Families

HMO

Major Risk Medical Insurance

HMO

Other HMO

Range of services offered on a bundled basis:

HMO: None

PPO: None

POS: None

Range of services offered on a stand-alone basis:

HMO: Life Insurance, Accidental Death & Dismemberment, Workers' Compensation

PPO: None

POS: None

L.A. Care Health Plan (Local Initiative Health Authority for Los Angeles County)
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Plan Organization

Parent Company/Affiliate None
 Subsidiaries None
 Recent mergers or acquisitions within California None
 Year founded 1994
 Year licensed 1997
 Tax status Non profit
 Number of employees 309 fulltime
 Enrollment 797,997 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Plan Partner/Delegated, Network of Medical Groups and IPAs
 Number of medical groups and IPAs 0 owned, 45 contracted
 Number of hospitals 0 owned, 40 contracted

Compensation Methods

Physicians-primary care (ranked by method) Group Capitation, Fee-For-Service
 Physicians-specialty (ranked by method) Group Capitation, Fee-For-Service
 Hospitals (ranked by payment type) Per Diem (Inpatient Services), Discount Charges, Other Fixed Amount (Outpatient Services)

Plan Products

Products currently offered:

Individual enrollment None
 Small group (2-50 employees) enrollment None
 Large group (50+ employees) enrollment None
 Medicare None
 Medicaid (i.e. MediCal) HMO
 Access for Infants and Mothers None
 Healthy Families HMO
 Major Risk Medical Insurance None
 Other HMO(IHSS and Healthy Kids) None

Range of services offered on a bundled basis:

HMO: None
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

Molina Healthcare of California

One Golden Shore Drive • Long Beach, CA 90802
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Plan Organization

Parent Company/Affiliate	Molina Healthcare, Inc.
Subsidiaries	None
Recent mergers or acquisitions within California	San Diego
Year founded	1980
Year licensed	1994
Tax status	For profit
Number of employees	337 fulltime, 2 part-time
Enrollment (as of September 30, 2005)	904,000 National, 333,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians, Staff	
Number of medical groups	0 owned, 239 contracted
Number of IPAs	0 owned, 102 contracted
Number of hospitals	0 owned, 65 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Individual Capitation, Salary, Fee for Service
Physicians-specialty (ranked by method)	Fee-For-Service, Capitation
Hospitals (ranked by payment type)	Per Diem, Capitation

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other None	

Range of services offered on a bundled basis:

HMO: Benefits offered consistent with Medi-Cal and Healthy Families Programs
PPO: None
POS: None

Range of services offered on a stand-alone basis:

HMO: Benefits offered consistent with Medi-Cal and Healthy Families Programs
PPO: None
POS: None

On Lok Senior Health

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Plan Organization

Parent Company	N/A
Affiliates	N/A
Recent mergers or acquisitions within California	N/A
Year founded	N/A
Year licensed	1999
Tax status	Not for profit
Number of employees	375 fulltime, 271 part time
Enrollment	965

Plan-Provider Arrangements

Model types (ranked in descending order)

Staff	
Number of medical groups	0 owned, 3 contracted
Number of IPAs	0 owned, 4 contracted
Number of hospitals	0 owned, 6 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Salary
Physicians-specialty (ranked by method)	Fee-for-Service
Hospitals (ranked by payment type)	N/A

Plan Products

Products currently offered:

Individual enrollment	N/A
Small group (2-50 employees) enrollment	N/A
Large group (50+ employees) enrollment	N/A
Medicare	N/A
Medicaid (i.e. MediCal)	N/A
Access for Infants and Mothers	N/A
Healthy Families	N/A
Major Risk Medical Insurance	N/A
Other PACE	

Range of services offered on a bundled basis:

HMO: Vision, Dental, Prescription Drugs, Durable Medical Equipment (*as a core benefit), Rehabilitation, Long Term Health Care
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

PacifiCare of California

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Plan Organization

Parent Company/Affiliate

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PacifiCare Health Plan Administrators

Year founded

1975

Year licensed

1978

Tax status

For profit

Number of employees

9142

Enrollment

1,658,452 (California)

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians

Total number of participating Medical Groups/IPAs

404

Number of medical groups & IPAs

0 owned, 363 +/- contracted

Number of hospitals

0 owned, 209 +/- contracted

Compensation Methods

Physicians-primary care (ranked by method)

Depends on IPA/PMG subcontracts

Physicians-specialty (ranked by method)

Depends on IPA/PMG subcontracts

Hospitals (ranked by payment type)

Capitated and per diem

Plan Products

Products currently offered:

Individual enrollment

HMO

Small group (2-50 employees) enrollment

HMO, POS

Large group (50+ employees) enrollment

HMO, POS

Medicare

HMO

Medicaid (i.e. MediCal)

None

Access for Infants and Mothers

None

Healthy Families

None

Major Risk Medical Insurance

None

Other None

* PacifiCare Life and Health Insurance Company underwrites Indemnity, HDHP, SDHP and PPO products in California. PacifiCare Life and Health Insurance Company is licensed by the California Department of Insurance

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Behavioral Health, Chemical Dependency,
Prescription Drugs, Life Insurance, Infertility

PPO: Acupuncture, Chiropractic, Vision, Dental, Prescription Drugs, Life Insurance, Vision, Dental, Behavioral Health, Infertility

Range of services offered on a stand-alone basis:

HMO: Dental, Behavioral Health and Chemical Dependency plans.

* PacifiCare Dental offers Dental Plans. PacifiCare Behavioral Health Company offers Behavioral Health and Chemical Dependency plans. PacifiCare of California does not offer these plans.

Note: Durable Medical Equipment is a core benefit in HMO, PPO and POS products

San Francisco Health Plan (San Francisco Health Authority)

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1997
Year licensed	1996
Tax status	Non profit
Number of employees	68 fulltime
Enrollment	51,297 California

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Provider Relations
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Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Staff (Kaiser)	
Number of medical groups	0 owned, 6 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 6 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation& fee-for-service
Physicians-specialty (ranked by method)	Group Capitation& fee-for-service
Hospitals (ranked by payment type)	Capitation& fee-for-service

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other: Commercial Healthy Workers, Commercial Healthy Kids	HMO

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

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Santa Barbara Regional Health Authority

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1997
Year licensed	1996
Tax status	Non profit
Number of employees	107 fulltime
Enrollment	55,000 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Direct Contracting with Physicians	
Number of medical groups	0 owned, contracted N/A
Number of IPAs	0 owned, contracted N/A
Number of hospitals	0 owned, 6 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Individual Capitation
Physicians-specialty (ranked by method)	Fee-for-service
Hospitals (ranked by payment type)	Per Diem

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other: Healthy Kids, IHSS Workers	HMO

Range of services offered on a bundled basis:

HMO: None
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: Acupuncture, Chiropractic, Vision, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care
 PPO: None
 POS: None

Santa Clara Family Health Plan (Santa Clara County Health Authority)
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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1995
Year licensed	1997
Tax status	Not for profit/government
Number of employees	100 fulltime, 0 part-time
Enrollment	94,979 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 4 contracted
Number of IPAs	0 owned, 2 contracted
Number of hospitals	0 owned, 9 contracted

Compensation Methods

Physicians-primary care (ranked by method)	
Group Capitation, Capitated, Fee For Service including risk sharing	
Physicians-specialty (ranked by method)	
Fee for service, Group Capitation, Fee For Service	
Hospitals (ranked by payment type)	Per Diem

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Healthy Kids)	HMO

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Dental, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

SCAN Health Plan®

3800 Kilroy Airport Way #100 • Long Beach, CA 90806
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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1977
Year licensed	1985
Tax status	Non profit
Number of employees	754 fulltime, 26 part-time
Enrollment	76,431 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs	
Number of medical groups	0 owned, 10 contracted
Number of IPAs	0 owned, 25 contracted
Number of hospitals	0 owned, 102 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation
Physicians-specialty (ranked by method)	Group Capitation
Hospitals (ranked by payment type)	Per Diem, Diagnosis-Related Group, Capitation

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	None
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other None	None

Range of services offered on a bundled basis:

HMO: Vision, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Independent Living Power®
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: N/A
 PPO: N/A
 POS: N/A

Sharp Health Plan

4305 University Ave, Ste 200 • San Diego, CA 92105
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Plan Organization

Parent Company/Affiliate	Sharp HealthCare
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1992
Year licensed	1992
Tax status	Non profit
Number of employees	61 fulltime, 3 part-time
Enrollment	51,575

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups, IPAs, Individual Practices, Physician Practices

Number of medical groups	0 owned, 2 contracted
Number of IPAs	0 owned, 1 contracted
Number of hospitals	0 owned, 14 contracted

Compensation Methods

Physicians-primary care (ranked by method)
Group Capitation, Fee-For-Service
Physicians-specialty (ranked by method)
Group Capitation, Fee-For-Service
Hospitals (ranked by payment type)
Capitation, Per Diem, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	None
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other None	

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Vision, Substance Abuse, Prescription Drugs, Durable Medical Equipment
PPO: None
POS: None

Range of services offered on a stand-alone basis:

HMO: None
PPO: None
POS: None

SIMNSA (Sistemas Medicos Nacionales, S.A. de C.V.)
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Plan Organization

Parent Company/Affiliate	Unicare Systems, Inc. dba International Healthcare, Inc. ("IHI")
Subsidiaries	None
Recent mergers or acquisitions within California	None
Number of employees	51 fulltime, 3 part-time,
Enrollment	14,329

Plan-Provider Arrangements

Model types (ranked in descending order)

Single Medical Group, Network of Medical Groups and Independent Practice Associations (IPAs)	
Number of medical groups	0 owned, 2 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 12 contracted

Compensation Methods

Physicians-primary care (ranked by method)
 Individual Capitation
 Physicians-specialty (ranked by method)
 Fee-For-Service
 Hospitals (ranked by payment type)
 Per Diem, Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	None
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other None	

Range of services offered on a bundled basis:

HMO: Vision, Dental, Prescription Drugs
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

UHP Healthcare (WATTHealth Foundation, Inc.)
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Alan Bloom

Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1967
Year licensed	1978
Tax status	Non profit
Number of employees	151
Enrollment	80,253 California

**Plan-Provider Arrangements
 Model types (ranked in descending order)**

Network of Medical Groups and IPAs, Staff	
Number of medical groups & IPAs	0 owned, 50 contracted
Number of hospitals	0 owned, 55 contracted

Compensation Methods

Physicians-primary care (ranked by method)
 Group Capitation
 Physicians-specialty (ranked by method)
 Group Capitation, Fee-For-Service, Individual Capitation
 Hospitals (ranked by payment type)
 Per Diem, Capitation, Case Rates, Discounted Charges, Diagnosis-Related Group

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	HMO
Healthy Families	None
Major Risk Medical Insurance	None
Other None	

Range of services offered on a bundled basis:

HMO: Vision
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: Dental
 PPO: None
 POS: None

Universal Care

1600 East Hill Street • Signal Hill, CA 90755
 (800) 635-6668 • Fax: (562) 427-4634 • www.universalcare.com

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Plan Organization

Parent Company/Affiliate	Universal Care, Inc.
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1983
Year licensed	1985
Tax status	For profit
Number of employees	781 full-time, 27 part-time
Enrollment	260,602 California (medical) 223,667 California (dental)

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Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Contracted Medical Groups and IPAs, Staff Model, Single Medical Group, Direct Contracting with Physicians	
Number of medical groups	10 owned, 68 contracted
Number of IPAs	0 owned, 186 contracted
Number of Direct	0 owned, 26 contracted regions
Number of hospitals	0 owned, 155 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation, Individual Capitation, Salary, Fee-For-Service
Physicians-specialty (ranked by method)	Fee-For-Service, Group Capitation
Hospitals (ranked by payment type)	Per Diem, Discounted Charges, Case Rates, Diagnosis Related Group, Capitation

Plan Products

Products currently offered:

Individual enrollment	HMO
Small group (2-50 employees) enrollment	HMO, POS
Large group (50+ employees) enrollment	HMO, POS
Medicare	Medicare Advantage
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	HMO
Dental	HMO
Other None	

Range of services offered on a bundled basis:

HMO: Chiropractic, Vision, Substance Abuse, Prescription Drugs, Durable Medical Equipment, Rehabilitation
PPO: None
POS: Medical

Range of services offered on a stand-alone basis:

HMO: Dental, Medical
PPO: None
POS: None

Valley Health Plan (Santa Clara County)

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Plan Organization

Parent Company/Affiliate	County of Santa Clara
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1985
Year licensed	1985
Tax status	Non-profit
Number of employees	40 full-time
Enrollment	57,677 California

Plan-Provider Arrangements

Model types (ranked in descending order)

N/A	
Number of medical groups	0 owned, 1 contracted
Number of IPAs	0 owned, 1 contracted
Number of hospitals	0 owned, 4 contracted

Compensation Methods

Physicians-primary care (ranked by method) Group Capitation, Individual Capitation, Fee-For-Service

Physicians-specialty (ranked by method) Group Capitation, Fee-For-Service

Hospitals (ranked by payment type) Capitation, Per Diem

Plan Products

Products currently offered:

Individual enrollment-conversion only	HMO
Small group (2-50 employees) enrollment	None
Large group (50+ employees) enrollment	HMO
Medicare	None
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	HMO
Major Risk Medical Insurance	None
Other (Healthy Kids)	HMO

Range of services offered on a bundled basis:

HMO: General Medicine, Surgery, Pediatrics, Acupuncture, Chiropractic, Vision, Substance Abuse,, Prescription Drugs, Durable Medical Equipment, Rehabilitation, Long Term Health Care, Mental Health

PPO: None

POS: None

Range of services offered on a stand-alone basis:

HMO: None

PPO: None

POS: None

Ventura County Health Care Plan

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Plan Organization

Parent Company/Affiliate	County of Ventura
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	
Year licensed	
Tax status	Non-profit
Number of employees	20 full-time, 4 part time
Enrollment	10,200 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Direct Contracting with Physicians	
Number of medical groups	0 owned, 0 contracted
Number of IPAs	0 owned, 0 contracted
Number of hospitals	0 owned, 10 contracted

Compensation Methods

Physicians-primary care (ranked by method)
 Fee-For-Service, Individual Capitation,
 Physicians-specialty (ranked by method)
 Fee-For-Service
 Hospitals (ranked by payment type)
 Per Diem, Case Rates, Discounted Charges

Plan Products

Products currently offered:

Individual enrollment-conversion only	HMO
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	None
Medicaid (i.e. MediCal)	None
Access for Infants and Mothers	HMO
Healthy Families	HMO
Major Risk Medical Insurance	None
Other None	

Range of services offered on a bundled basis:

HMO: Substance Abuse, Prescription Drugs, Durable Medical Equipment (as a core benefit)
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

Western Health Advantage

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Plan Organization

Parent Company/Affiliate	None
Subsidiaries	None
Recent mergers or acquisitions within California	None
Year founded	1995
Year licensed	1997
Tax status	Non profit
Number of employees	85 fulltime
Enrollment	82,028 California

Plan-Provider Arrangements

Model types (ranked in descending order)

Network of Medical Groups and IPAs, Direct Contracting with Physicians	
Number of medical groups	0 owned, 5 contracted
Number of IPAs	0 owned, 2 contracted
Number of hospitals	0 owned, 8 contracted

Compensation Methods

Physicians-primary care (ranked by method)	Group Capitation
Physicians-specialty (ranked by method)	Group Capitation
Hospitals (ranked by payment type)	Capitation, Discount Charges

Plan Products

Products currently offered:

Individual enrollment	None
Small group (2-50 employees) enrollment	HMO
Large group (50+ employees) enrollment	HMO
Medicare	HMO
Medicaid (i.e. MediCal)	HMO
Access for Infants and Mothers	None
Healthy Families	None
Major Risk Medical Insurance	None
Other	None

Range of services offered on a bundled basis:

HMO: Acupuncture, Chiropractic, Prescription Drugs
 PPO: None
 POS: None

Range of services offered on a stand-alone basis:

HMO: None
 PPO: None
 POS: None

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Receptionist

Glossary

HEALTH PLAN TYPES **Health Maintenance Organizations (HMO):** Provides a wide range of comprehensive health care services for a specified group or individual for a fixed premium. There is generally a deductible for physician services and only modest co-payments.

Point of Service (POS): An HMO product that allows the enrollee to receive a service from a non-HMO provider at a higher cost to the enrollee. The higher cost can take the form of a deductible and/or a higher point-of-service charge.

Preferred Provider Organization (PPO): Provides care through a network of physicians, hospitals and pharmacies that have agreed to provide services at a predetermined negotiated fee. Enrollees generally pay a percentage of the provider charge. They may access services from non-participating providers at a higher cost. Most PPOs have a deductible.

HMO MODEL TYPES **Group:** An organizational form, whereby the HMO contracts for medical services with a specific physician group in an environment calling for the joint use of equipment, facilities, technical personnel and centralized administration.

Independent Practice Association (IPA): A partnership, corporation, association or other legal entity which has entered into an arrangement with persons who are licensed to practice medicine for the provision of their professional services in accordance with a compensation arrangement.

Network, or Medical Groups/IPA Model: HMO contracts with multiple medical groups and independent practice associations to provide medical services to plan enrollees.

RANGE OF SERVICES **Bundled Basis:** The provision of a wide range of health care services that may be purchased as a comprehensive care package.

Stand-Alone Basis: The provision of special health care services on a service-by-service basis. For example, an individual can choose to purchase vision services separately from the purchase of a comprehensive care package.

PROVIDER TYPES **Primary Care Physician:** The physician who assumes responsibility for the comprehensive medical care of an individual on a continuing basis. The physician obtains professional assistance when needed for services he or she is not qualified to provide and coordinates the care provided by other professional personnel or specialists.

Specialty Physician: The physician who assumes responsibility for medical care of an individual for specialized services and generally on a limited basis, usually on referral from a primary care physician.

COMPENSATION METHODS **Capitation:** Provider is paid a fixed, per capita amount for each person served without regard to the actual number or nature of services provided to each person, most common in contracts between plans and medical groups.

Fee For Service (FFS): Provider is paid for each encounter of service rendered. Under fee for service arrangements, expenditures increase if the fees themselves increase, if more units of service are charged, or if more expensive services are substituted for less expensive ones, most common in traditional indemnity and PPO arrangements.

Fee For Service With Withhold: Provider is paid for each encounter or service rendered, and is reimbursed for the amount billed less a specified percentage or “withhold”. Withhold is returned to the provider if various agreed-upon targets are met.

Salary: A method of payment whereby an individual provider is paid a fixed salary without regard to the actual number or nature of services provided to each person, most common in staff model HMOs and in some medical groups. Groups and IPAs are likely to be paid by capitation. Hospital payment methodologies may vary.

Staff: HMO directly employs the necessary medical talent to provide its medical services.

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