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February 5, 2009 DHCS HCO 09-0285

Ms. Lauren Gomez, Chief
Department of Health Care Services
Fiscal Intermediary & Contracts Oversight Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

COPS-19 - APPROVED EDER REPORT – For February 2009

Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.6

Dear Ms. Gomez:

The purpose of the APPROVED EDER REPORT is to provide a summary of volume for the reporting period. EDER volumes are grouped by choice type (medical, dental), county, and plan. Totals are available for all EDER request types. This is a contractually required report detailed in Health Care Options Contract 07-65829.

If you have any questions, please contact Eric Stewart at (916) 669-3573.

Sincerely,

Signature on Original Copy

Benjamin R. Coss
Vice President
California Health Care Options

cc: Reports File
Admin File – ID#140

Data Provision Disclaimer

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COPS-19 APPROVED EDER REPORT

ALL ACCEPTED MEDICAL EDERS BY REASON AND PLAN

From 12/27/2008 - 1/26/2009

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
ALAMEDA	Alameda Alliance For Health	0	1	0	0	0	2	0	0	15	0	1	34	1	5	0	0	0	0	0	0	0	0	0	0	0	59
	Blue Cross of CA Partnrshp	0	0	0	0	0	5	0	0	0	0	1	1	2	2	0	0	0	0	0	0	0	0	0	0	0	11
	COUNTY TOTAL	**0**	**1**	**0**	**0**	**0**	**7**	**0**	**0**	**15**	**0**	**2**	**35**	**3**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**70**
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Contra Costa Health Plan	0	0	0	0	0	1	0	0	3	0	0	22	0	2	0	0	0	0	0	0	0	0	0	0	0	28
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**3**	**0**	**0**	**23**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**30**
FRESNO	Blue Cross of CA Partnrshp	0	0	0	0	0	27	0	0	1	0	2	5	0	5	0	0	0	0	0	0	0	0	0	0	0	40
	Health Net Comm Solutions	0	1	0	0	0	13	0	0	0	0	1	24	0	3	0	0	0	0	0	0	0	0	0	0	0	42
	COUNTY TOTAL	**0**	**1**	**0**	**0**	**0**	**40**	**0**	**0**	**1**	**0**	**3**	**29**	**0**	**8**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**82**
KERN	Health Net Comm Solutions	0	0	0	0	0	5	0	0	2	0	1	20	2	21	0	0	0	0	0	0	0	0	0	0	0	51
	Kern Family Health Care	0	2	0	0	0	11	5	0	0	0	0	28	0	3	0	0	0	0	0	0	0	0	0	0	1	50
	COUNTY TOTAL	**0**	**2**	**0**	**0**	**0**	**16**	**5**	**0**	**2**	**0**	**1**	**48**	**2**	**24**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**101**
LOS ANGELES	Health Net Comm Solutions	0	8	0	0	0	152	0	0	8	0	5	172	66	99	0	0	0	0	0	0	0	0	0	0	11	521
	L.A. Care Health Plan	0	16	1	0	0	323	0	0	13	0	4	166	76	52	0	0	0	0	0	0	0	0	0	0	8	659
	COUNTY TOTAL	**0**	**24**	**1**	**0**	**0**	**475**	**0**	**0**	**21**	**0**	**9**	**338**	**142**	**151**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**19**	**1,180**
RIVERSIDE	Inland Empire Health Plan	0	1	0	0	0	16	0	1	1	0	3	64	2	3	0	0	0	0	0	0	0	0	0	0	0	91
	Molina Healthcare Partner	0	1	1	0	0	13	1	0	1	0	1	3	1	2	0	0	0	0	0	0	0	0	0	0	0	24
	COUNTY TOTAL	**0**	**2**	**1**	**0**	**0**	**29**	**1**	**1**	**2**	**0**	**4**	**67**	**3**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**115**
SACRAMENTO	Blue Cross of CA Partnrshp	0	11	0	0	0	36	0	0	2	0	2	16	5	3	0	0	0	0	0	0	0	0	0	0	1	76
	Health Net Comm Solutions	0	2	0	0	0	11	0	0	0	0	0	20	0	7	0	0	0	0	0	0	0	0	0	0	0	40
	KP Cal, LLC	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	Molina Healthcare Partner	0	1	0	0	0	7	1	0	0	0	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	13
	WHA Community Health Plan	0	1	0	0	0	2	0	0	0	0	0	2	6	0	0	0	0	0	0	0	0	0	0	0	0	11
	COUNTY TOTAL	**0**	**15**	**0**	**0**	**0**	**57**	**1**	**0**	**2**	**0**	**2**	**41**	**13**	**11**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**143**
SAN BERNARDINO	Inland Empire Health Plan	4	2	0	0	0	0	2	0	4	1	1	71	11	2	0	0	0	0	0	0	0	0	0	0	2	100
	Molina Healthcare Partner	0	1	0	1	0	3	0	0	0	0	3	28	3	3	0	0	0	0	0	0	0	0	0	0	1	43
	COUNTY TOTAL	**4**	**3**	**0**	**1**	**0**	**3**	**2**	**0**	**4**	**1**	**4**	**99**	**14**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**143**
SAN DIEGO	Care1st Partner Plan, LLC	0	2	0	0	0	7	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	14
	Community Hlth Grp Partner	0	1	0	0	0	38	0	0	4	0	2	12	0	17	0	0	0	0	0	0	0	0	0	0	2	76
	Health Net Comm Solutions	0	0	0	0	0	14	0	0	0	0	0	30	4	7	0	0	0	0	0	0	0	0	0	0	2	57
	KP Cal, LLC	0	0	0	0	0	4	0	0	0	0	0	4	0	2	0	0	0	0	0	0	0	0	0	0	0	10
	Molina Healthcare Partner	0	4	0	1	0	11	0	0	1	0	1	7	2	13	0	0	0	0	0	0	0	0	0	0	0	40
	COUNTY TOTAL	**0**	**7**	**0**	**1**	**0**	**74**	**0**	**0**	**5**	**0**	**3**	**58**	**6**	**39**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**197**
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	1	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	COUNTY TOTAL	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**6**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**9**
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	5	1	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	10
	Health Plan of San Joaquin	0	1	0	0	15	0	0	0	1	0	0	13	0	8	0	0	0	0	0	0	0	0	0	0	0	38
	COUNTY TOTAL	**0**	**1**	**0**	**0**	**20**	**1**	**0**	**0**	**1**	**0**	**0**	**15**	**0**	**10**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**48**
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	10	0	0	0	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	15
	Santa Clara Family H.P.	0	0	0	0	0	5	0	0	2	0	1	50	1	1	0	0	0	0	0	0	0	0	0	0	0	60
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**15**	**0**	**0**	**2**	**0**	**2**	**54**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**75**
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Health Net Comm Solutions	0	0	0	0	1	1	0	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	22
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**21**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**23**
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	4	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	9
	Health Net Comm Solutions	0	0	0	0	0	1	0	0	0	0	0	8	0	2	0	0	0	0	0	0	0	0	0	0	1	12
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**13**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**21**
2 PLAN & GMC COUNTY TOTAL		**4**	**57**	**2**	**2**	**21**	**725**	**10**	**1**	**58**	**1**	**31**	**847**	**184**	**265**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**29**	**2,237**

COPS-19 APPROVED EDER REPORT

MAXIMUS

ALL ACCEPTED MEDICAL EDERS BY REASON AND PLAN

From 12/27/2008 - 1/26/2009

VOLUNTARY COUNTIES

COUNTY	PLAN NAME	REASONS																									
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL
MARIN	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
VOLUNTARY COUNTY TOTAL		0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
TOTAL		4	57	2	2	21	725	10	1	58	1	32	847	184	265	0	0	0	0	0	0	0	0	0	0	29	2,238

REASON CODE

E01 = Incarcerated
E02 = Prior Care
E03 = Enrolled Incorrectly Into a Plan
E04 = Deceased
E05 = Child Protective Services
E06 = Foster Care/Adoption
E07 = Problem Using HCP
E08 = Terminated By Plan
E09 = Long Term Care
E10 = CCS Not in a PCCM Contract
E11 = Other Health Coverage
E12 = Moved Out of County
E13 = Pregnancy
I01 = System Created
F01 = Could Not Choose Dr
F02 = HP Did Not Meet Needs/Bene Pref.
F03 = Dr Did Not Meet Bene Needs
F04 = Too Far To Go
F05 = Did Not Choose Plan
F06 = Moving Out of County
F09 = Other Reason
F10 = No Reason Checked
X01 = Waiver Program Exempt
X03 = Indian Health Coverage
X04 = Medical Exempt

COPS-19 APPROVED EDER REPORT

MAXIMUS

ALL ACCEPTED DENTAL EDERS BY REASON AND PLAN

From 12/27/2008 - 1/26/2009

GMC MANDATORY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
SACRAMENTO	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	0	12	1	0	0	0	0	0	0	0	0	0	1	0	14
	Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7
	HealthNet of California	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
	Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	1	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	5
	Western Dental Services	0	0	0	0	0	2	0	0	1	0	0	20	2	0	0	0	0	0	0	0	0	0	0	0	25
	COUNTY TOTAL	0	0	0	0	0	2	0	0	2	0	0	43	5	0	0	0	0	0	0	0	0	0	1	0	53
GMC MANDATORY COUNTIES TOTAL		0	0	0	0	0	2	0	0	2	0	0	43	5	0	0	0	0	0	0	0	0	0	1	0	53

VOLUNTARY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
LOS ANGELES	Access Dental Plan	0	5	0	0	0	32	0	0	0	0	0	22	4	0	0	0	0	0	0	0	0	0	0	0	63
	American Health Guard	0	0	0	0	0	5	0	0	0	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	10
	Care 1st Health Plan	0	0	0	0	0	10	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	13
	Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	4
	Health Net	0	3	0	0	0	7	0	0	0	0	0	21	3	0	0	0	0	0	0	0	0	0	0	0	34
	Liberty Dental Plan of CA	0	0	0	0	0	5	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	9
	SafeGuard Dental, Inc.	0	1	0	0	0	4	0	0	1	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	15
	Western Dental Services	0	2	0	0	0	30	0	0	2	0	0	17	2	0	0	0	0	0	0	0	0	0	0	0	53
	COUNTY TOTAL	0	11	0	0	0	93	0	0	3	0	0	76	18	0	0	0	0	0	0	0	0	0	0	0	201
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	United Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTIES TOTAL		0	11	0	0	0	93	0	0	3	0	0	76	18	0	0	0	0	0	0	0	0	0	0	0	201
GRAND TOTAL		0	11	0	0	0	95	0	0	5	0	0	119	23	0	0	0	0	0	0	0	0	0	1	0	254

REASON CODE

E01 = Incarcerated
E02 = Prior Care
E03 = Enrolled Incorrectly Into a Plan
E04 = Deceased
E05 = Child Protective Services
E06 = Foster Care/Adoption
E07 = Problem Using HCP
E08 = Terminated By Plan
E09 = Long Term Care
E10 = CCS Not in a PCCM Contract
E11 = Other Health Coverage
E12 = Moved Out of County
I01 = System Created
F01 = Could Not Choose Dr
F02 = HP Did Not Meet Needs/Bene Pref.
F03 = Dr Did Not Meet Bene Needs
F04 = Too Far To Go
F05 = Did Not Choose Plan
F06 = Moving Out of County
F09 = Other Reason
F10 = No Reason Checked
X01 = Waiver Program Exempt
X02 = Dental Exempt
X03 = Indian Health Coverage