



June 5, 2009

DHCS HCO 09-1446

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 June 2009

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

Dear Ms. Gomez:

The purpose of this 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

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COPS-19 APPROVED EDER REPORT
ALL ACCEPTED MEDICAL EDERs BY REASON AND PLAN
 From 4/24/2009 - 5/26/2009

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	8	5	1	0	5	0	1	63	5	21	0	0	0	0	0	0	0	0	0	0	0	110
	Blue Cross of CA Partnrshp	0	1	0	0	1	5	0	0	2	0	1	5	2	1	0	0	0	0	0	0	0	0	0	0	0	18
	COUNTY TOTAL	0	2	0	0	9	10	1	0	7	0	2	68	7	22	0	0	128									
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	5	2	0	0	0	0	0	0	0	0	0	0	0	0	7	
	Contra Costa Health Plan	0	1	0	0	0	0	0	0	1	0	3	18	1	0	0	0	0	0	0	0	0	0	0	0	0	24
	COUNTY TOTAL	0	1	0	0	0	0	0	0	1	0	3	23	3	0	0	0	0	0	0	0	0	0	0	0	0	31
FRESNO	Blue Cross of CA Partnrshp	0	4	0	0	0	37	0	0	1	0	0	25	1	4	0	0	0	0	0	0	0	0	0	0	1	73
	Health Net Comm Solutions	0	0	0	0	0	22	0	0	2	0	0	46	0	10	0	0	0	0	0	0	0	0	0	0	0	80
	COUNTY TOTAL	0	4	0	0	0	59	0	0	3	0	0	71	1	14	0	1	153									
KERN	Health Net Comm Solutions	0	2	0	0	0	5	0	0	1	0	0	62	4	4	0	0	0	0	0	0	0	0	0	0	1	79
	Kern Family Health Care	0	0	0	0	0	8	4	0	0	0	2	76	4	2	0	0	0	0	0	0	0	0	0	0	2	98
	COUNTY TOTAL	0	2	0	0	0	13	4	0	1	0	2	138	8	6	0	3	177									
LOS ANGELES	Health Net Comm Solutions	0	8	1	0	0	162	2	0	10	0	4	282	108	130	0	0	0	0	0	0	0	0	0	0	9	716
	L.A. Care Health Plan	0	29	3	0	0	332	3	0	7	0	8	232	135	66	0	0	0	0	0	0	0	1	0	0	19	835
	COUNTY TOTAL	0	37	4	0	0	494	5	0	17	0	12	514	243	196	0	1	0	0	28	1,551						
RIVERSIDE	Inland Empire Health Plan	4	2	1	0	0	22	0	0	5	1	3	86	2	15	0	0	0	0	0	0	0	0	0	0	1	142
	Molina Healthcare Partner	0	1	0	0	1	10	0	0	1	0	2	16	2	4	0	0	0	0	0	0	0	0	0	0	1	38
	COUNTY TOTAL	4	3	1	0	1	32	0	0	6	1	5	102	4	19	0	2	180									
SACRAMENTO	Blue Cross of CA Partnrshp	0	8	0	0	0	33	0	0	1	0	1	22	4	0	0	0	0	0	0	0	0	0	0	0	0	69
	Health Net Comm Solutions	0	4	0	0	1	15	0	0	0	0	0	33	3	13	0	0	0	0	0	0	0	0	0	0	2	71
	KP Cal, LLC	0	1	0	0	0	6	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	11
	Molina Healthcare Partner	0	0	0	0	0	16	0	0	0	0	2	10	2	1	0	0	0	0	0	0	0	0	0	0	0	31
	WHA Community Health Plan	0	3	0	0	0	6	1	0	0	0	0	4	3	1	0	0	1	0	0	0	0	0	0	0	0	19
COUNTY TOTAL	0	16	0	0	1	76	1	0	1	0	5	71	12	15	0	0	1	0	2	201							
SAN BERNARDINO	Inland Empire Health Plan	0	4	0	0	1	12	7	0	4	1	3	83	20	15	0	0	0	0	0	0	0	0	0	0	4	154
	Molina Healthcare Partner	0	2	0	0	0	4	1	0	3	0	0	58	8	1	0	0	0	0	0	0	0	0	0	0	1	78
	COUNTY TOTAL	0	6	0	0	1	16	8	0	7	1	3	141	28	16	0	5	232									
SAN DIEGO	Care1st Partner Plan, LLC	0	2	0	0	0	3	0	0	1	0	0	3	3	2	0	0	0	0	0	0	0	0	0	0	0	14
	Community Hlth Grp Partner	0	3	0	0	0	31	1	0	1	0	0	13	2	4	0	0	0	0	0	0	0	0	0	0	3	58
	Health Net Comm Solutions	0	5	0	0	0	8	0	0	2	0	3	28	7	4	0	0	0	0	0	0	0	0	0	0	4	61
	KP Cal, LLC	0	0	0	0	0	4	0	0	1	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	1	12
	Molina Healthcare Partner	0	2	0	1	0	8	0	0	0	0	2	16	3	4	0	0	0	0	0	0	0	0	0	0	2	38
COUNTY TOTAL	0	12	0	1	0	54	1	0	5	0	5	66	15	14	0	0	0	0	0	0	0	0	0	0	10	183	
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	San Francisco Health Plan	0	0	0	0	0	3	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	15
	COUNTY TOTAL	0	0	0	0	0	3	0	0	0	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	17
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	4	0	1	0	0	0	10	0	2	0	0	0	0	0	0	0	0	0	0	0	0	17
	Health Plan of San Joaquin	0	2	0	0	17	1	0	0	1	0	0	33	0	11	0	0	0	0	0	0	0	0	0	0	1	66
	COUNTY TOTAL	0	2	0	0	21	1	1	0	1	0	0	43	0	13	0	1	83									
SANTA CLARA	Blue Cross of CA Partnrshp	0	2	0	0	0	3	0	0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
	Santa Clara Family H.P.	0	1	0	0	0	24	0	0	6	0	9	67	0	1	0	0	0	0	0	0	0	0	0	0	0	108
	COUNTY TOTAL	0	3	0	0	0	27	0	0	6	0	9	77	0	1	0	0	123									
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	9	0	0	0	0	3	19	0	2	0	0	0	0	0	0	0	0	0	0	1	34
	Health Net Comm Solutions	0	0	0	0	0	6	0	0	0	0	0	10	1	9	0	0	0	0	0	0	0	0	0	0	0	26
	COUNTY TOTAL	0	0	0	0	0	15	0	0	0	0	3	29	1	11	0	1	60									
TULARE	Blue Cross of CA Partnrshp	0	1	0	0	0	4	0	0	1	0	0	7	0	1	0	0	0	0	0	0	0	0	0	0	0	14
	Health Net Comm Solutions	0	0	0	0	0	6	0	0	1	0	0	20	0	1	0	0	0	0	0	0	0	0	0	0	0	28
	COUNTY TOTAL	0	1	0	0	0	10	0	0	2	0	0	27	0	2	0	0	42									
2 PLAN & GMC COUNTY TOTAL		4	89	5	1	33	810	21	0	57	2	49	1,384	322	329	0	0	1	0	53	3,161						

COPS-19 APPROVED EDER REPORT
ALL ACCEPTED MEDICAL EDERS BY REASON AND PLAN
 From 4/24/2009 - 5/26/2009

MAXIMUS

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	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTY TOTAL		0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		4	90	5	1	33	810	21	0	57	2	49	1,384	323	329	0	0	1	0	0	0	0	1	0	0	53	3,163

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

REASON CODE

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
ALL ACCEPTED DENTAL EDERs BY REASON AND PLAN
 From 4/24/2009 - 5/26/2009

MAXIMUS

GMC MANDATORY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																							TOTAL	
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02		X03
SACRAMENTO	Access Dental Plan	0	1	0	0	0	10	0	0	0	0	0	5	5	0	0	0	0	0	0	0	0	0	0	1	22
	Community Dental Svc, Inc.	0	0	0	0	1	2	0	0	0	0	0	17	0	0	0	0	0	0	0	0	0	0	0	20	
	HealthNet of California	0	0	0	0	0	0	0	0	0	1	0	0	10	0	0	0	0	0	0	0	0	0	0	11	
	Liberty Dental Plan of CA	0	0	0	0	0	1	0	0	0	0	0	23	3	0	0	0	0	0	0	0	0	0	0	27	
	Western Dental Services	0	2	0	0	0	3	0	0	0	0	0	17	1	0	0	0	0	0	0	0	0	0	0	23	
COUNTY TOTAL		0	3	0	0	1	16	0	0	1	0	0	72	9	0	1	103									
GMC MANDATORY COUNTIES TOTAL		0	3	0	0	1	16	0	0	1	0	0	72	9	0	1	103									

VOLUNTARY DENTAL COUNTIES

COUNTY	PLAN NAME	REASONS																							TOTAL
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	
LOS ANGELES	Access Dental Plan	0	11	0	0	0	56	0	0	0	0	0	39	7	0	0	0	0	0	0	0	0	0	0	113
	American Health Guard	0	1	0	0	0	6	0	0	0	0	0	7	4	0	0	0	0	0	0	0	0	0	0	18
	Care 1st Health Plan	0	4	0	0	0	5	0	0	0	0	0	12	1	0	0	0	0	0	0	0	0	0	0	22
	Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	6	1	0	0	0	0	0	0	0	0	0	0	7
	Health Net	0	4	0	0	0	8	0	0	1	0	0	22	12	0	0	0	0	0	0	0	0	0	0	47
	Liberty Dental Plan of CA	0	1	0	0	0	3	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	9
	SafeGuard Dental, Inc.	0	0	0	0	0	3	0	0	1	0	0	8	2	0	0	0	0	0	0	0	0	0	0	14
	Western Dental Services	0	4	0	0	0	20	0	0	2	0	0	37	6	0	0	0	0	0	0	0	0	0	0	69
COUNTY TOTAL		0	25	0	0	0	101	0	0	4	0	0	135	34	0	299									
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
	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
	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
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
	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
	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
	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
VOLUNTARY COUNTIES TOTAL		0	25	0	0	0	101	0	0	4	0	0	135	34	0	299									
GRAND TOTAL		0	28	0	0	1	117	0	0	5	0	0	207	43	0	1	402								

REASON CODE

E01 = Incarcerated
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 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
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 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