



December 22, 2009

DHCS HCO 09-1745R4
(Corrected Copy)

Ms. Maria Enriquez, 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 – 6/1/2009 to 6/30/2009

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

Dear Ms. Enriquez:

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.

Note: This revised report eliminates any replication of EDER counts caused by multiple system steps being counted for the same EDER.

If you have any questions, please contact Haiyong Li at (916) 364-6656.

Sincerely,


Benjamin R. Coss *for*
Vice President
California Health Care Options

cc: Reports File
Admin File

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Dental	ALAMEDA	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	1
	CONTRA COSTA	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	
	FRESNO	Western Dental Services	0	0	0	0	0	0	0	0	0	0	
	KERN	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	0
	LOS ANGELES	Access Dental Plan	0	0	8	0	0	0	0	0	0	0	42
		American Health Guard	0	0	0	0	0	0	0	0	0	0	7
		Care 1st Health Plan	0	0	0	0	0	0	0	0	0	0	5
		Health Net	0	0	2	0	0	0	0	0	0	0	17
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	0
		SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	8	0	0	0	0	0	0	0	0
	MARIN	Western Dental Services	0	0	0	0	0	0	0	0	0	0	0
	OUT OF STATE	Health Net	0	0	0	0	0	0	0	0	0	0	0
	RIVERSIDE	Liberty Dental Plan of CA	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
	SACRAMENTO	Access Dental Plan	0	0	1	0	1	0	0	0	0	0	7
		Community Dental Svc, Inc.	0	0	1	0	0	0	0	0	0	0	0

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

California Health Care Options

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Dental	ALAMEDA	Access Dental Plan	0	0	0	0	0	0	0	0	0	1	0	
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	1	0
	CONTRA COSTA	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	2	0
	FRESNO	Western Dental Services	0	0	0	0	0	0	0	0	0	2	1	0
	KERN	Access Dental Plan	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	1	0
	LOS ANGELES	Access Dental Plan	0	0	0	0	1	0	0	0	0	2	13	0
		American Health Guard	0	0	0	0	0	0	0	0	0	0	1	0
		Care 1st Health Plan	1	0	0	0	0	0	0	0	0	0	6	0
		Health Net	0	0	0	0	2	0	0	0	0	1	7	0
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	1	2	0
		SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	10	0
		Western Dental Services	0	0	0	0	0	0	0	0	0	3	5	0
	MARIN	Western Dental Services	0	0	0	0	0	0	0	0	0	0	1	0
	OUT OF STATE	Health Net	0	0	0	0	0	0	0	0	0	0	1	0
	RIVERSIDE	Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	1	0	0
		Western Dental Services	0	0	0	0	1	0	0	0	0	0	0	0
	SACRAMENTO	Access Dental Plan	0	0	0	0	0	0	0	0	0	1	2	0
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	1	2	0

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Dental	ALAMEDA	Access Dental Plan	0	0	0	0	1
		Western Dental Services	0	0	0	0	2
	CONTRA COSTA	Access Dental Plan	0	0	0	0	2
	FRESNO	Western Dental Services	0	0	0	0	3
	KERN	Access Dental Plan	0	0	1	0	1
		Western Dental Services	0	0	0	0	1
	LOS ANGELES	Access Dental Plan	0	0	2	0	68
		American Health Guard	0	0	0	0	8
		Care 1st Health Plan	0	0	1	0	13
		Health Net	0	0	1	0	30
		Liberty Dental Plan of CA	0	0	0	0	3
		SafeGuard Dental, Inc.	0	0	1	0	13
		Western Dental Services	0	1	1	0	34
	MARIN	Western Dental Services	0	0	0	0	1
	OUT OF STATE	Health Net	0	0	0	0	1
	RIVERSIDE	Liberty Dental Plan of CA	0	0	0	0	1
		Western Dental Services	0	0	0	0	1
	SACRAMENTO	Access Dental Plan	0	0	0	0	12
		Community Dental Svc, Inc.	0	0	0	0	4

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Dental	SACRAMENTO	HealthNet of California	0	0	0	0	0	0	0	0	0	0	
		Liberty Dental Plan of CA	0	0	0	0	0	0	2	0	0	3	
		Western Dental Services	0	0	3	0	0	0	0	0	1	1	
	SAN BERNARDINO	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	
		American Health Guard	0	0	0	0	0	0	0	0	0	0	
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	
		Health Net	0	0	0	0	0	0	0	0	0	1	
		SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	
	SAN DIEGO	Access Dental Plan	0	0	0	0	0	0	0	0	0		
	SAN JOAQUIN	Access Dental Plan	0	0	0	0	0	0	0	0	0	1	
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	
	SANTA CLARA	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	
	STANISLAUS	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	
		HealthNet of California	0	0	0	0	0	0	0	0	0	0	
	Total			0	0	23	0	1	0	2	0	1	103
	Medical	ALAMEDA	Alameda Alliance For Health	1	0	2	0	0	0	0	0	0	9
Blue Cross of CA Partnrshp			0	0	1	0	0	1	0	0	0	4	

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Dental	SACRAMENTO	HealthNet of California	0	1	0	0	0	0	0	0	1	1	0	
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	1	0
		Western Dental Services	0	0	0	0	0	0	0	0	0	7	8	0
	SAN BERNARDINO	Access Dental Plan	0	0	0	0	0	0	0	0	0	1	1	0
		American Health Guard	0	0	0	0	0	0	0	0	0	0	1	0
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	2	0
		Health Net	0	0	0	0	0	0	0	0	0	0	0	0
		SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	4	1	0
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	1	0
	SAN DIEGO	Access Dental Plan	0	0	0	0	0	0	0	0	0	2	0	
	SAN JOAQUIN	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	0	0
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	0	0
	SANTA CLARA	Access Dental Plan	0	0	0	0	0	0	0	0	0	2	0	0
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	1	0	0
		Western Dental Services	0	0	0	0	0	0	0	0	0	2	0	0
	STANISLAUS	Access Dental Plan	0	0	0	0	0	0	0	0	0	1	0	0
		HealthNet of California	0	0	0	0	0	0	0	0	0	0	4	0
	Total			1	1	0	0	4	0	0	0	31	78	0
	Medical	ALAMEDA	Alameda Alliance For Health	0	0	0	1	7	0	0	0	3	10	5
			Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	5	0	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Dental	SACRAMENTO	HealthNet of California	0	0	0	0	3
		Liberty Dental Plan of CA	0	0	0	0	6
		Western Dental Services	0	0	1	0	21
	SAN BERNARDINO	Access Dental Plan	0	0	0	0	2
		American Health Guard	0	0	0	0	1
		Community Dental Svc, Inc.	0	0	0	0	2
		Health Net	0	0	0	0	1
		SafeGuard Dental, Inc.	0	0	0	0	5
		Western Dental Services	0	0	0	0	1
	SAN DIEGO	Access Dental Plan	0	0	0	0	2
	SAN JOAQUIN	Access Dental Plan	0	0	0	0	1
		Liberty Dental Plan of CA	0	0	0	0	0
	SANTA CLARA	Access Dental Plan	0	0	0	0	2
		Liberty Dental Plan of CA	0	0	0	0	1
		Western Dental Services	0	0	0	0	2
	STANISLAUS	Access Dental Plan	0	0	0	0	1
		HealthNet of California	0	0	0	0	4
	Total			0	1	8	0
Medical	ALAMEDA	Alameda Alliance For Health	0	0	2	0	40
		Blue Cross of CA Partnrshp	0	0	0	0	11

EDER Reason Codes:

- E01 = Incarcerated
- E02 = Prior Care
- E03 = Enrolled Incorrectly Into a Plan
- E04 = Deceased
- E05 = Child Protective Services
- E06 = Foster Care/Adoption
- E07 = Problem Using the HCP
- E08 = Terminated By Plan
- E09 = Long Term Care
- E10 = CCS Not In PCCM Contract
- E11 = Other Health Coverage
- E12 = Moved Out Of County
- E13 = Pregnancy
- F01 = Could Not Choose Doctor I Wanted
- F02 = Plan Did Not Cover Bene Needs
- F03 = Doctor Did Not Meet Beneficiary Needs
- F04 = Too Far To Go
- F05 = Did Not Choose This Plan

Initiation Codes:

- B - Bene
- D - DHCS
- P - Plan
- S - Social Services

- F06 = Moving Out Of County
- F09 = Other Reason
- F10 = No Reason Checked
- I01 = IS-Generated Disenrollment
- X01 = Waiver Programs exemption
- X02 = Dental Exemption
- X03 = Indian Health Coverage
- X04 = Medical Exemption
- X05 = MER type E -Voluntary Aid Code or County

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	ALAMEDA	Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0
	CONTRA COSTA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0
		Contra Costa Health Plan	0	0	1	0	0	0	0	0	0	0	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0
	FRESNO	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	49
		Contra Costa Health Plan	0	0	0	0	0	0	0	1	0	0	0
		Health Net Comm Solutions	0	0	1	1	1	0	0	0	1	0	31
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Medical	ALAMEDA	Contra Costa Health Plan	0	0	0	0	0	0	0	0	7	0	0	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	2	0	
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	1	0	
		San Francisco Health Plan	0	0	0	0	0	0	0	0	1	0	0	
	CONTRA COSTA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	1	0	0
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	4	0	0
		Contra Costa Health Plan	0	0	0	0	1	1	0	0	0	1	17	3
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	3	0
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	3	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	1	0	0
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	2	2	0
		FRESNO	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	1	0
	Blue Cross of CA Partnrshp		0	0	1	0	0	2	0	0	0	2	1	1
	Contra Costa Health Plan		0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions		0	1	0	0	1	0	0	0	0	0	14	0
	Inland Empire Health Plan		0	0	0	0	0	0	0	0	0	3	1	0
	Kern Family Health Care		0	0	0	0	0	0	0	0	0	0	1	0
	L.A. Care Health Plan		0	0	0	0	0	0	0	0	0	2	0	0
	Molina Healthcare Partner		0	0	0	0	0	0	0	0	0	0	1	0
	Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	2	2	0	

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Medical	ALAMEDA	Contra Costa Health Plan	0	0	0	0	7
		Health Net Comm Solutions	0	0	0	0	2
		L.A. Care Health Plan	0	0	0	0	1
		San Francisco Health Plan	0	0	1	0	2
	CONTRA COSTA	Alameda Alliance For Health	0	0	0	0	1
		Blue Cross of CA Partnrshp	0	0	0	0	4
		Contra Costa Health Plan	0	0	3	0	27
		Health Net Comm Solutions	0	0	0	0	3
		Health Plan of San Joaquin	0	0	0	0	3
		L.A. Care Health Plan	0	0	0	0	1
		San Francisco Health Plan	0	0	0	0	4
		FRESNO	Alameda Alliance For Health	0	0	0	0
	Blue Cross of CA Partnrshp		0	0	4	1	61
	Contra Costa Health Plan		0	0	0	0	1
	Health Net Comm Solutions		0	0	4	1	56
	Inland Empire Health Plan		0	0	0	0	4
	Kern Family Health Care		0	0	0	0	1
	L.A. Care Health Plan		0	0	0	0	2
	Molina Healthcare Partner		0	0	0	0	1
	Santa Clara Family H.P.	0	0	0	0	4	

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	FRESNO	WHA Community Health Plan	0	0	0	0	0	0	0	0	0	0	
	KERN	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	1
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Kern Family Health Care	0	2	0	0	0	0	0	1	0	0	6
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0
		LOS ANGELES	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	
	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	
	Health Net Comm Solutions	1	0	11	1	0	0	0	3	0	0	165	
	Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	2	
	Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	0	
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	
	L.A. Care Health Plan	1	0	24	0	0	0	0	1	0	0	250	
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	
	MARIN	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0
	L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0	0
	OUT OF STATE	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0
	Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	0	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Medical	FRESNO	WHA Community Health Plan	0	0	0	0	0	0	0	0	2	0	0	
		KERN	Blue Cross of CA Partnrsbp	0	0	0	0	0	0	0	0	1	0	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	3	0	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	2	17	1	
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	1	0	
		Kern Family Health Care	0	0	0	0	0	0	0	0	2	77	3	
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	1	7	0	
	LOS ANGELES	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	1	0	
		Blue Cross of CA Partnrsbp	0	0	0	0	0	0	0	0	0	4	0	0
		Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	1	0	0
		Health Net Comm Solutions	1	1	0	0	8	4	0	0	0	6	83	77
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	13	17	1
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	3	2	0
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	2	0	0
		L.A. Care Health Plan	3	0	4	0	9	7	0	1	8	85	101	
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	7	5	1
	MARIN	Blue Cross of CA Partnrsbp	0	0	0	0	0	0	0	0	0	1	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	1	0
	OUT OF STATE	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	3	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	6	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Medical	FRESNO	WHA Community Health Plan	0	0	0	0	2
		KERN	Blue Cross of CA Partnrsph	0	0	0	0
		Contra Costa Health Plan	0	0	0	0	3
		Health Net Comm Solutions	0	0	2	0	23
		Inland Empire Health Plan	0	0	0	0	1
		Kern Family Health Care	0	0	1	1	93
		L.A. Care Health Plan	0	0	1	0	9
	LOS ANGELES	Alameda Alliance For Health	0	0	0	0	1
		Blue Cross of CA Partnrsph	0	0	0	0	4
		Care1st Partner Plan, LLC	0	0	0	0	1
		Health Net Comm Solutions	7	0	29	7	404
		Inland Empire Health Plan	0	0	0	0	33
		Kern Family Health Care	0	0	0	0	5
		KP Cal, LLC	0	0	0	0	2
		L.A. Care Health Plan	0	0	40	11	545
		Molina Healthcare Partner	0	0	0	0	13
	MARIN	Blue Cross of CA Partnrsph	0	0	0	0	1
		L.A. Care Health Plan	0	0	0	0	1
	OUT OF STATE	Health Net Comm Solutions	0	0	0	0	3
		Inland Empire Health Plan	0	0	0	0	6

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	PLACER	Blue Cross of CA Partnrsip	0	0	0	0	0	0	0	0	0	0	
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	
	RIVERSIDE	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	3
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	1
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0
		Inland Empire Health Plan	0	0	3	0	0	0	0	0	0	0	10
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Molina Healthcare Partner	0	0	1	0	0	0	0	0	0	0	4
		SACRAMENTO	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0
	Blue Cross of CA Partnrsip	0	0	3	0	0	0	0	1	0	0	0	28
	Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	1	0	1	0	0	0	0	0	0	1
	Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0	0
	KP Cal, LLC	1	0	0	0	0	0	0	1	0	0	0	2
	L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0	0
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	13
	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0	0
	Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0	0
	WHA Community Health Plan	0	0	0	0	0	0	0	0	0	0	0	9
	SAN BERNARDINO	Blue Cross of CA Partnrsip	0	0	0	0	0	0	0	0	0	0	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Medical	PLACER	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	3	0	0	
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	2	0	
	RIVERSIDE	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	2	1	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	1	15	0
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	4	0	0
		Inland Empire Health Plan	1	0	0	0	3	0	0	0	0	9	42	4
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	6	3	0
		Molina Healthcare Partner	0	0	0	0	0	1	0	0	0	2	11	3
		SACRAMENTO	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	1	0
	Blue Cross of CA Partnrshp	0	0	0	0	0	1	0	0	0	9	0	1	
	Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	1	2	0	
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	16	2	
	Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	4	0	0	
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	2	0	1	
	L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	1	1	0	
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	3	3	3	
	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	1	0	0	
	Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	5	0	
	WHA Community Health Plan	0	0	0	0	1	1	0	0	0	1	0	2	
	SAN BERNARDINO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	4	0	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Medical	PLACER	Blue Cross of CA Partnrshp	0	0	0	0	3
		Inland Empire Health Plan	0	0	0	0	2
	RIVERSIDE	Community Hlth Grp Partner	0	0	1	0	7
		Health Net Comm Solutions	0	0	0	0	17
		Health Plan of San Joaquin	0	0	0	0	4
		Inland Empire Health Plan	0	0	2	3	77
		L.A. Care Health Plan	0	0	0	0	9
		Molina Healthcare Partner	0	0	1	1	24
		SACRAMENTO	Alameda Alliance For Health	0	0	0	0
	Blue Cross of CA Partnrshp		0	0	2	1	46
	Contra Costa Health Plan		0	0	0	0	3
	Health Net Comm Solutions		1	0	2	0	24
	Health Plan of San Joaquin		0	0	0	0	4
	KP Cal, LLC		0	0	0	0	7
	L.A. Care Health Plan		0	0	0	0	2
	Molina Healthcare Partner		1	0	0	1	24
	San Francisco Health Plan		0	0	0	0	1
	Santa Clara Family H.P.		0	0	0	0	5
	WHA Community Health Plan	0	0	0	0	14	
	SAN BERNARDINO	Blue Cross of CA Partnrshp	0	0	0	0	4

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN BERNARDINO	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	1	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	3
		Inland Empire Health Plan	0	1	2	0	0	2	0	0	0	0	10
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	2
		Molina Healthcare Partner	0	0	3	0	1	0	0	0	0	0	5
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0
	SAN DIEGO	Care1st Partner Plan, LLC	0	0	1	0	0	0	0	0	0	0	7
		Community Hlth Grp Partner	0	0	14	0	0	0	1	0	0	0	17
		Health Net Comm Solutions	4	0	2	0	0	0	0	0	0	0	13
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	2
		KP Cal, LLC	0	0	1	0	0	0	0	0	0	0	5
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Molina Healthcare Partner	0	1	0	0	0	0	0	0	0	0	17
	SAN FRANCISCO	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	0
	SAN JOAQUIN	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN BERNARDINO	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	0	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	9	22	1
		Inland Empire Health Plan	0	0	1	0	0	5	0	0	0	1	21	10
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	1	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	13	8	1
		Molina Healthcare Partner	0	0	0	0	0	0	1	0	0	1	13	8
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	1	0
	SAN DIEGO	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	3	0
		Community Hlth Grp Partner	1	0	1	0	0	4	0	0	0	3	9	1
		Health Net Comm Solutions	0	0	0	0	1	1	0	0	0	0	19	5
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	5	4	0
		KP Cal, LLC	0	0	0	0	0	1	0	0	0	0	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	2	2	0
		Molina Healthcare Partner	0	0	0	0	1	5	0	0	0	0	10	2
	SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	5	0	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	4	1	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	1	0
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	5	0
	SAN JOAQUIN	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	1	0	0

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Medical	SAN BERNARDINO	Community Hlth Grp Partner	0	0	0	0	1
		Health Net Comm Solutions	0	0	1	0	36
		Inland Empire Health Plan	0	0	3	4	60
		Kern Family Health Care	0	0	0	0	1
		L.A. Care Health Plan	0	0	0	0	24
		Molina Healthcare Partner	0	0	3	1	36
		San Francisco Health Plan	0	0	0	0	1
	SAN DIEGO	Care1st Partner Plan, LLC	0	0	2	0	13
		Community Hlth Grp Partner	0	0	5	3	59
		Health Net Comm Solutions	2	0	3	0	50
		Inland Empire Health Plan	0	0	0	0	11
		KP Cal, LLC	0	0	1	0	8
		L.A. Care Health Plan	0	0	0	0	4
		Molina Healthcare Partner	0	0	3	0	39
	SAN FRANCISCO	San Francisco Health Plan	0	0	0	0	2
		Blue Cross of CA PartnrsHP	0	0	0	0	5
		Contra Costa Health Plan	0	0	0	0	5
		Inland Empire Health Plan	0	0	0	0	1
	SAN FRANCISCO	San Francisco Health Plan	0	0	1	0	6
		Blue Cross of CA PartnrsHP	0	0	0	0	5
		Contra Costa Health Plan	0	0	0	0	5
	SAN JOAQUIN	Alameda Alliance For Health	0	0	0	0	1

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	0	6	0	0	0	2	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	
		Health Plan of San Joaquin	0	0	1	0	0	8	0	0	0	3	
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	
	SANTA CLARA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	8
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	0
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0
	Santa Clara Family H.P.	0	0	3	0	0	0	0	0	0	0	8	
	SONOMA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0
	STANISLAUS	Blue Cross of CA Partnrshp	0	0	1	0	0	0	0	0	0	0	15
		Health Net Comm Solutions	0	0	0	0	1	0	0	0	0	0	4
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0
		WHA Community Health Plan	0	0	0	0	0	0	0	0	0	0	0
	TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	4
		Health Net Comm Solutions	1	0	0	0	0	0	0	0	0	0	7

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	4	0	0	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	3	0	
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	5	4	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	2	0
	SANTA CLARA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	1	2	0
		Blue Cross of CA Partnrshp	0	0	0	0	1	0	0	0	0	10	0	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	1	0	0
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	1	0	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	0	0
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	2	0	0
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	1	1	0
	Santa Clara Family H.P.	0	0	1	0	3	4	0	0	0	3	36	0	
	SONOMA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	2	0
	STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	1	1	0	0	0	2	0	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	1	7	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	3	0	0
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	2	0
		WHA Community Health Plan	0	0	0	0	0	0	0	0	0	1	0	0
	TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	2	0	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	9	0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Medical	SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	12
		Health Net Comm Solutions	0	0	0	0	3
		Health Plan of San Joaquin	0	0	2	0	23
		Inland Empire Health Plan	0	0	0	0	2
	SANTA CLARA	Alameda Alliance For Health	0	0	0	0	3
		Blue Cross of CA Partnrshp	0	0	0	0	19
		Health Net Comm Solutions	0	0	0	0	1
		Health Plan of San Joaquin	0	0	0	0	1
		Inland Empire Health Plan	0	0	2	0	2
		KP Cal, LLC	0	0	0	0	2
		Molina Healthcare Partner	0	0	0	0	2
		Santa Clara Family H.P.	0	0	1	0	59
	SONOMA	Alameda Alliance For Health	0	0	0	0	2
	STANISLAUS	Blue Cross of CA Partnrshp	0	0	2	0	22
		Health Net Comm Solutions	0	0	1	0	14
		L.A. Care Health Plan	0	0	0	0	3
		Santa Clara Family H.P.	0	0	0	0	2
		WHA Community Health Plan	0	0	0	0	1
	TULARE	Blue Cross of CA Partnrshp	0	0	0	0	6
		Health Net Comm Solutions	0	0	2	0	19

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06D	E06P	E06S
Plan Type, County Name, Plan of Last Transaction												
Medical	TULARE	Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0
	Total		9	4	76	2	4	17	9	1	0	721
Total		9	4	99	2	5	17	11	1	1	824	

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E07B	E07D	E07P	E09B	E09P	E11B	E11P	E11S	E12B	E12P	E13B	
Plan Type, County Name, Plan of Last Transaction														
Medical	TULARE	Inland Empire Health Plan	0	0	0	0	0	0	0	0	2	0	0	
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	1	0	
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	2	0	0
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	3	0
	Total		6	2	8	1	37	38	1	1	231	657	237	
Total			7	3	8	1	41	38	1	1	262	735	237	

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 E09 = Long Term Care

E10 = CCS Not In PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = Plan Did Not Cover Bene Needs
 F03 = Doctor Did Not Meet Beneficiary Needs
 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
 X02 = Dental Exemption
 X03 = Indian Health Coverage
 X04 = Medical Exemption
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
 D - DHCS
 P - Plan
 S - Social Services

COPS-19 – Approved EDER Report

Data for dates 6/1/2009 through 6/30/2009

EDER Reason Code			E13P	F01	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction							
Medical	TULARE	Inland Empire Health Plan	0	0	0	0	2
		L.A. Care Health Plan	0	0	1	0	2
		Molina Healthcare Partner	0	0	0	0	2
		Santa Clara Family H.P.	0	0	0	0	3
	Total		11	0	128	35	2,236
Total			11	1	136	35	2,490

EDER Reason Codes:

- E01 = Incarcerated
- E02 = Prior Care
- E03 = Enrolled Incorrectly Into a Plan
- E04 = Deceased
- E05 = Child Protective Services
- E06 = Foster Care/Adoption
- E07 = Problem Using the HCP
- E08 = Terminated By Plan
- E09 = Long Term Care
- E10 = CCS Not In PCCM Contract
- E11 = Other Health Coverage
- E12 = Moved Out Of County
- E13 = Pregnancy
- F01 = Could Not Choose Doctor I Wanted
- F02 = Plan Did Not Cover Bene Needs
- F03 = Doctor Did Not Meet Beneficiary Needs
- F04 = Too Far To Go
- F05 = Did Not Choose This Plan

Initiation Codes:

- B - Bene
- D - DHCS
- P - Plan
- S - Social Services