



December 22, 2009

DHCS HCO 09-2174R2
(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 – 7/1/2009 to 7/31/2009

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
Vice President
California Health Care Options

cc: Reports File
Admin File

COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 7/1/2009 through 7/31/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S	
Plan Type, County Name, Plan of Last Transaction													
Dental	CONTRA COSTA	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	
	FRESNO	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	
	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	
	LOS ANGELES	Access Dental Plan	0	0	12	0	0	0	0	0	0	3	52
		American Health Guard	0	0	1	0	0	0	0	0	0	0	6
		Care 1st Health Plan	0	0	1	0	0	0	0	0	0	0	10
		Health Net	0	0	5	0	0	1	0	0	0	0	6
		HealthNet of California	0	0	0	0	0	0	0	0	0	0	0
		Liberty Dental Plan of CA	0	0	2	0	0	0	0	0	0	0	4
		SafeGuard Dental, Inc.	0	0	1	0	0	0	0	0	0	0	10
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	16
	OUT OF STATE	Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	0
	PLACER	Liberty Dental Plan of CA	1	0	0	0	0	0	0	0	0	0	0
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	0
	RIVERSIDE	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	0
		American Health Guard	0	0	0	0	0	0	0	0	0	0	0
		Health Net	0	0	0	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 7/1/2009 through 7/31/2009

California Health Care Options

EDER Reason Code			E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction														
Dental	CONTRA COSTA	Access Dental Plan	0	0	0	0	0	0	0	0	0	3	0	
	FRESNO	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	1
	KERN	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	0	2
	LOS ANGELES	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	3	11
		American Health Guard	0	0	0	0	0	0	0	0	0	0	0	0
		Care 1st Health Plan	0	0	0	0	0	0	0	0	0	0	0	2
		Health Net	0	0	0	0	0	0	1	0	0	0	2	7
		HealthNet of California	0	0	0	0	0	0	0	0	0	0	2	0
		Liberty Dental Plan of CA	0	0	0	0	0	0	1	0	0	0	0	1
		SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	1
	OUT OF STATE	Western Dental Services	0	0	0	0	0	0	0	0	0	0	7	4
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	0	1
	PLACER	Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0	2	0
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	1	0
	RIVERSIDE	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	0	3
		American Health Guard	0	0	0	0	0	0	0	0	0	0	1	0
		Health Net	0	0	0	0	0	0	0	0	0	0	1	2

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 7/1/2009 through 7/31/2009

EDER Reason Code			E13B	E13P	F01	F03	F09	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction										
Dental	CONTRA COSTA	Access Dental Plan	0	0	0	0	0	0	0	3
	FRESNO	Access Dental Plan	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	0	0	0	0	0	1
	KERN	Access Dental Plan	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	0	0	0	0	0	2
	LOS ANGELES	Access Dental Plan	0	0	0	0	0	2	0	83
		American Health Guard	0	0	0	0	0	0	0	7
		Care 1st Health Plan	0	0	0	0	0	0	0	13
		Health Net	0	0	0	0	0	0	0	22
		HealthNet of California	0	0	0	0	0	0	0	2
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	8
		SafeGuard Dental, Inc.	0	0	0	0	0	0	0	12
		Western Dental Services	0	0	0	0	1	1	0	29
	OUT OF STATE	Liberty Dental Plan of CA	0	0	0	0	0	0	0	1
	PLACER	Liberty Dental Plan of CA	0	0	0	0	0	0	0	3
		Western Dental Services	0	0	0	0	0	0	0	1
	RIVERSIDE	Access Dental Plan	0	0	0	0	0	0	0	3
		American Health Guard	0	0	0	0	0	0	0	1
		Health Net	0	0	0	0	0	0	0	3

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 7/1/2009 through 7/31/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S
Plan Type, County Name, Plan of Last Transaction												
Dental	RIVERSIDE	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
Dental	SACRAMENTO	Access Dental Plan	0	0	0	0	0	0	0	0	0	13
		Community Dental Svc, Inc.	1	0	0	0	0	0	0	0	0	2
		HealthNet of California	0	0	0	0	0	0	0	0	0	1
		Liberty Dental Plan of CA	0	0	2	0	1	0	0	0	0	3
		Western Dental Services	0	0	0	0	0	0	0	0	0	4
		Access Dental Plan	0	0	0	0	0	0	0	0	0	0
Dental	SAN BERNARDINO	American Health Guard	0	0	0	0	0	0	0	0	0	0
		Care 1st Health Plan	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	0
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	0	0	0
		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
Dental	SAN FRANCISCO	Western Dental Services	0	0	0	0	0	0	0	0	0	0
Dental	SANTA CLARA	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
Dental	STANISLAUS	Access Dental Plan	0	0	0	0	0	0	0	0	0	0
		Community Dental Svc, Inc.	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 7/1/2009 through 7/31/2009

EDER Reason Code			E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction														
Dental	RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	1	
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	5	0
	SACRAMENTO	Access Dental Plan	0	0	0	0	0	1	0	0	0	0	6	2
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	1
		HealthNet of California	0	0	0	0	0	1	0	0	0	0	0	0
		Liberty Dental Plan of CA	1	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	5
		SAN BERNARDINO	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	4
	American Health Guard		0	0	0	0	0	0	0	0	0	0	0	4
	Care 1st Health Plan		0	0	0	0	0	0	0	0	0	0	0	4
	Community Dental Svc, Inc.		0	0	0	0	0	0	0	0	0	0	0	2
	Health Net		0	0	0	0	0	0	0	0	0	0	0	3
	Liberty Dental Plan of CA		0	0	0	0	0	0	0	0	0	0	6	0
	SafeGuard Dental, Inc.		0	0	0	0	0	0	0	0	0	0	1	1
	Western Dental Services		0	0	0	0	0	0	0	0	0	0	1	2
	SAN FRANCISCO	Western Dental Services	0	0	0	0	0	0	0	0	0	0	1	0
	SANTA CLARA	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	0	0	0	0	0	0	0	0	3	0
	STANISLAUS	Access Dental Plan	0	0	0	0	0	0	0	0	0	0	5	0
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	0	0	0	0	2

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 7/1/2009 through 7/31/2009

EDER Reason Code			E13B	E13P	F01	F03	F09	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction										
Dental	RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	1
		Western Dental Services	0	0	0	0	0	0	0	5
	SACRAMENTO	Access Dental Plan	0	0	0	0	0	0	0	22
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	4
		HealthNet of California	0	0	0	0	0	0	0	2
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	7
		Western Dental Services	0	0	0	0	0	2	0	12
		Access Dental Plan	0	0	0	0	0	0	0	6
	SAN BERNARDINO	American Health Guard	0	0	0	0	0	0	0	4
		Care 1st Health Plan	0	0	0	0	0	0	0	4
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	2
		Health Net	0	0	0	0	0	0	0	3
		Liberty Dental Plan of CA	0	0	0	0	0	0	0	6
		SafeGuard Dental, Inc.	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	0	0	0	0	0	3
	SAN FRANCISCO	Western Dental Services	0	0	0	0	0	0	0	1
	SANTA CLARA	Access Dental Plan	0	0	0	0	0	0	0	2
		Western Dental Services	0	0	0	0	0	0	0	3
	STANISLAUS	Access Dental Plan	0	0	0	0	0	0	0	5
		Community Dental Svc, Inc.	0	0	0	0	0	0	0	2

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 7/1/2009 through 7/31/2009

EDER Reason Code		E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S	
Plan Type, County Name, Plan of Last Transaction												
Dental	Total	2	0	24	0	1	1	0	0	3	127	
Medical	ALAMEDA	Alameda Alliance For Health	1	0	0	0	0	0	4	0	13	
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	1	0	5
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0
		San Francisco Health Plan	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
	CONTRA COSTA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	1	0	0	0	0	0	0	0
		Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0
		Contra Costa Health Plan	0	0	2	0	0	0	0	0	0	0
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	0
	FRESNO	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	4	0	0	0	0	0	0	22
		Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	1
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0
		Health Net Comm Solutions	1	0	0	0	0	0	0	0	0	32
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	1
	Kern Family Health Care	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 7/1/2009 through 7/31/2009

EDER Reason Code		E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction													
Dental	Total	1	0	0	0	0	4	0	0	0	55	70	
Medical	ALAMEDA	Alameda Alliance For Health	0	0	0	0	0	5	0	2	0	3	27
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	4	0
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	5	0
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	1
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	3	0
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	2
	CONTRA COSTA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	5	1
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	2	0
		Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	3	0
		Contra Costa Health Plan	0	1	1	0	0	6	0	0	0	1	13
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	1	0
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	1	0
	FRESNO	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	4
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	7	0	0	0
		Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	1	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	1
		Health Net Comm Solutions	0	0	0	0	0	2	0	0	0	8	29
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	2	0
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	3

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 7/1/2009 through 7/31/2009

EDER Reason Code		E13B	E13P	F01	F03	F09	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction									
Dental	Total	0	0	0	0	1	5	0	294
Medical	ALAMEDA	Alameda Alliance For Health	3	0	0	0	0	0	58
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	10
		Health Plan of San Joaquin	0	0	0	0	0	0	5
		Inland Empire Health Plan	0	0	0	0	0	0	1
		San Francisco Health Plan	0	0	0	0	0	0	3
		Santa Clara Family H.P.	0	0	0	0	0	0	2
	CONTRA COSTA	Alameda Alliance For Health	0	0	0	0	0	0	6
		Blue Cross of CA Partnrshp	3	0	0	0	0	0	6
		Care1st Partner Plan, LLC	0	0	0	0	0	0	3
		Contra Costa Health Plan	0	0	1	0	0	0	27
		Kern Family Health Care	0	0	0	0	0	0	1
		KP Cal, LLC	0	0	0	0	0	0	1
	FRESNO	San Francisco Health Plan	0	0	0	0	0	0	4
		Blue Cross of CA Partnrshp	0	0	0	0	0	1	34
		Community Hlth Grp Partner	0	0	0	0	0	0	2
		Contra Costa Health Plan	0	0	0	0	0	0	1
		Health Net Comm Solutions	0	0	0	0	0	0	72
		Inland Empire Health Plan	0	0	0	0	0	0	3
	Kern Family Health Care	0	0	0	0	0	0	3	

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 7/1/2009 through 7/31/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	FRESNO	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	
	KERN	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	10
		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	8
		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
	LOS ANGELES	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	1
		Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	0
		Health Net Comm Solutions	3	1	9	0	0	1	0	0	0	3	187
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	1
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	0
		L.A. Care Health Plan	2	0	30	0	1	0	0	0	0	1	365
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	1
		Santa Clara Family H.P.	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
	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

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 7/1/2009 through 7/31/2009

EDER Reason Code			E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction														
Medical	FRESNO	L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	1	4	
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	2	0
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	1	0
	KERN	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	8	26
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	2	1
		Kern Family Health Care	0	1	1	0	0	1	0	3	0	6	59	
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	0	8
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	1
	LOS ANGELES	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0	1
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	6	0
		Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	2	1
		Health Net Comm Solutions	1	0	0	0	0	12	0	1	0	11	157	
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	12	46
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	0	1
		L.A. Care Health Plan	0	0	1	0	1	11	0	3	0	21	77	
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	2	11
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	2	0
	MARIN	Blue Cross of CA Partnrshp	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	0	5
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	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

Data for dates 7/1/2009 through 7/31/2009

EDER Reason Code			E13B	E13P	F01	F03	F09	F10	X04	Total	
Plan Type, County Name, Plan of Last Transaction											
Medical	FRESNO	L.A. Care Health Plan	0	0	0	0	0	0	0	5	
		Molina Healthcare Partner	0	0	0	0	0	0	0	2	
		Santa Clara Family H.P.	0	0	0	0	0	0	0	1	
	KERN	Health Net Comm Solutions	2	2	0	0	0	0	0	0	48
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	3
		Kern Family Health Care	2	0	0	0	0	0	0	0	81
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	8
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	1
	LOS ANGELES	Alameda Alliance For Health	0	0	0	0	0	0	0	0	1
		Blue Cross of CA Partnrsph	0	0	0	0	0	0	0	0	7
		Community Hlth Grp Partner	0	0	0	0	0	0	0	0	3
		Health Net Comm Solutions	90	12	0	0	0	1	8		497
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	59
		Kern Family Health Care	0	0	0	0	0	0	0	0	1
		L.A. Care Health Plan	136	0	0	0	0	0	10		659
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	14
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	2
	MARIN	Blue Cross of CA Partnrsph	0	0	0	0	0	0	0	0	1
	OUT OF STATE	Health Net Comm Solutions	0	0	0	0	0	0	0	0	5
		Inland Empire Health Plan	0	0	0	0	0	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 7/1/2009 through 7/31/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	PLACER	Blue Cross of CA Partnrshp	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
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	1
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	1
		Molina Healthcare Partner	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
	RIVERSIDE	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	1
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0
		Inland Empire Health Plan	0	0	4	0	0	0	0	0	1	1	8
		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	0	0	0	1	0	0	0	0	0	0	1
	SACRAMENTO	Molina Healthcare Partner	0	0	2	0	0	0	0	0	0	0	8
		Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	1	0	0	0	0	0	0	0	26
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Health Net Comm Solutions	0	0	1	0	0	0	0	0	0	0	21
		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	2	

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 7/1/2009 through 7/31/2009

EDER Reason Code			E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction														
Medical	PLACER	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	3	0	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	2	0
		KP Cal, LLC	0	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
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	1	0
		WHA Community Health Plan	0	0	0	0	0	0	0	0	0	0	1	0
	RIVERSIDE	Community Hlth Grp Partner	0	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	6	20
		Inland Empire Health Plan	0	1	1	0	0	4	0	2	0	0	4	47
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	1	0
		KP Cal, LLC	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	0	17	8
	SACRAMENTO	Molina Healthcare Partner	0	0	0	0	0	0	0	0	1	0	2	26
		Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	6	1
		Blue Cross of CA Partnrshp	0	0	0	1	0	0	0	0	4	0	10	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	0	2
		Health Net Comm Solutions	0	0	0	0	0	0	1	0	0	0	1	17
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	1	0
	Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	2	0	
	KP Cal, LLC	0	0	0	0	0	0	3	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

Data for dates 7/1/2009 through 7/31/2009

EDER Reason Code			E13B	E13P	F01	F03	F09	F10	X04	Total	
Plan Type, County Name, Plan of Last Transaction											
Medical	PLACER	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	3	
		Health Net Comm Solutions	0	0	0	0	0	0	0	2	
		KP Cal, LLC	0	0	0	0	0	0	0	1	
		L.A. Care Health Plan	0	0	0	0	0	0	0	1	
		Molina Healthcare Partner	0	0	0	0	0	0	0	1	
		WHA Community Health Plan	0	0	0	0	0	0	0	1	
	RIVERSIDE	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	1
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	26
		Inland Empire Health Plan	6	0	0	0	0	0	0	0	79
		Kern Family Health Care	0	0	0	0	0	0	0	0	1
		KP Cal, LLC	0	0	0	0	0	0	0	0	1
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	27
		Molina Healthcare Partner	1	0	0	0	0	0	0	0	40
	SACRAMENTO	Alameda Alliance For Health	0	0	0	0	0	0	0	0	7
		Blue Cross of CA Partnrshp	3	0	0	0	0	0	0	1	46
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	2
		Health Net Comm Solutions	3	2	0	0	0	0	0	0	46
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	1
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	2
		KP Cal, LLC	1	0	0	0	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 7/1/2009 through 7/31/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	SACRAMENTO	Molina Healthcare Partner	0	0	1	0	0	0	0	0	0	11	
		San Francisco Health Plan	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	
		WHA Community Health Plan	0	0	0	0	0	0	0	0	0	5	
	SAN BERNARDINO	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	2	
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	
		Inland Empire Health Plan	1	0	4	0	0	0	0	0	2	0	6
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	5	
		Molina Healthcare Partner	0	0	6	0	0	0	0	0	0	0	4
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	
	WHA Community Health Plan	0	0	0	0	0	0	0	0	0	0		
	SAN DIEGO	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	2
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0
		Care1st Partner Plan, LLC	0	0	2	0	0	0	0	0	0	0	6
		Community Hlth Grp Partner	0	0	4	0	0	0	0	0	0	0	37
		Health Net Comm Solutions	0	0	1	0	0	0	0	0	0	0	4
		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

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 7/1/2009 through 7/31/2009

EDER Reason Code			E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction														
Medical	SACRAMENTO	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	4	3	
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0	3
		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	1	0	0	0
	SAN BERNARDINO	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	0	0	1	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	7	38
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	1	0
		Inland Empire Health Plan	0	0	1	0	0	3	1	1	0	0	13	39
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	5	0
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	0	0	20	23
		Molina Healthcare Partner	0	0	0	0	0	1	0	0	0	0	9	26
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0	3
		WHA Community Health Plan	0	0	0	0	0	0	0	0	0	0	6	0
	SAN DIEGO	Alameda Alliance For Health	0	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	1	0
		Care1st Partner Plan, LLC	0	0	0	0	0	1	0	0	0	0	0	2
		Community Hlth Grp Partner	0	0	0	0	0	5	0	3	0	0	0	7
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	4	17
		Inland Empire Health Plan	0	0	0	0	0	0	0	0	0	0	1	5
		Kern Family Health Care	0	0	0	0	0	0	0	0	0	0	0	3

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 7/1/2009 through 7/31/2009

EDER Reason Code			E13B	E13P	F01	F03	F09	F10	X04	Total	
Plan Type, County Name, Plan of Last Transaction											
Medical	SACRAMENTO	Molina Healthcare Partner	1	0	0	1	0	0	0	21	
		San Francisco Health Plan	0	0	0	0	0	0	0	3	
		Santa Clara Family H.P.	0	0	0	0	0	0	0	2	
		WHA Community Health Plan	5	0	0	0	0	0	0	11	
	SAN BERNARDINO	Community Hlth Grp Partner	0	0	0	0	0	0	0	0	1
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	47
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	1
		Inland Empire Health Plan	13	1	0	0	0	0	2	87	
		Kern Family Health Care	0	0	0	0	0	0	0	5	
		L.A. Care Health Plan	0	0	0	0	0	0	0	48	
		Molina Healthcare Partner	1	0	0	0	0	0	1	48	
		Santa Clara Family H.P.	0	0	0	0	0	0	0	3	
		WHA Community Health Plan	0	0	0	0	0	0	0	6	
	SAN DIEGO	Alameda Alliance For Health	0	0	0	0	0	0	0	2	
		Blue Cross of CA PartnrsHP	0	0	0	0	0	0	0	1	
		Care1st Partner Plan, LLC	1	1	0	0	0	0	0	13	
		Community Hlth Grp Partner	0	0	0	0	0	1	0	57	
		Health Net Comm Solutions	1	2	0	0	0	0	0	29	
		Inland Empire Health Plan	0	0	0	0	0	0	0	6	
		Kern Family Health Care	0	0	0	0	0	0	0	3	

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 7/1/2009 through 7/31/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN DIEGO	KP Cal, LLC	0	0	1	0	0	0	0	0	1	1	
		L.A. Care Health Plan	0	0	0	0	0	0	0	0	1	0	
		Molina Healthcare Partner	0	0	3	0	0	0	0	0	0	0	9
	SAN FRANCISCO	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	1	1
	SAN JOAQUIN	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	0
		Blue Cross of CA Partnrshp	0	0	3	0	0	0	1	6	0	0	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	0
		Health Plan of San Joaquin	0	0	1	0	0	0	1	13	1	2	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	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	1	0	1	0	0	0	0	0	3
		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	0
		Inland Empire 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	1	0	0	0	0	0	0	1	10
	SONOMA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	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 7/1/2009 through 7/31/2009

EDER Reason Code			E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN DIEGO	KP Cal, LLC	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	0	1	0
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	3	0	10	10
	SAN FRANCISCO	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	3	0
		San Francisco Health Plan	0	0	0	0	0	0	2	0	0	0	1	2
	SAN JOAQUIN	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	3	0
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	2	1
		Health Plan of San Joaquin	0	0	0	0	0	0	2	0	0	0	3	8
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	1	0
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	2
		Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0	3
	SANTA CLARA	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	3	0
		Blue Cross of CA Partnrshp	0	0	1	0	0	0	0	0	0	0	5	0
		Contra Costa Health Plan	0	0	0	0	0	0	0	0	0	0	2	0
		Health Net Comm Solutions	0	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	4
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	3	0
		Santa Clara Family H.P.	0	0	0	0	0	0	1	0	2	0	4	40
	SONOMA	Blue Cross of CA Partnrshp	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

Data for dates 7/1/2009 through 7/31/2009

EDER Reason Code			E13B	E13P	F01	F03	F09	F10	X04	Total
Plan Type, County Name, Plan of Last Transaction										
Medical	SAN DIEGO	KP Cal, LLC	1	0	0	0	0	0	0	5
		L.A. Care Health Plan	0	0	0	0	0	0	0	2
		Molina Healthcare Partner	3	0	0	0	0	0	1	39
	SAN FRANCISCO	Molina Healthcare Partner	0	0	0	0	0	0	0	3
		San Francisco Health Plan	0	0	0	0	0	0	0	7
	SAN JOAQUIN	Alameda Alliance For Health	0	0	0	0	0	0	0	3
		Blue Cross of CA Partnrsbp	0	0	0	0	0	0	1	12
		Contra Costa Health Plan	0	0	0	0	0	0	0	3
		Health Plan of San Joaquin	1	0	0	0	0	0	0	32
		KP Cal, LLC	0	0	0	0	0	0	0	1
		Molina Healthcare Partner	0	0	0	0	0	0	0	2
		Santa Clara Family H.P.	0	0	0	0	0	0	0	3
	SANTA CLARA	Alameda Alliance For Health	0	0	0	0	0	0	0	3
		Blue Cross of CA Partnrsbp	0	0	0	0	0	0	0	11
		Contra Costa Health Plan	0	0	0	0	0	0	0	2
		Health Net Comm Solutions	0	0	0	0	0	0	0	1
		Inland Empire Health Plan	0	0	0	0	0	0	0	4
		Molina Healthcare Partner	0	0	0	0	0	0	0	3
		Santa Clara Family H.P.	0	0	0	0	0	0	0	59
	SONOMA	Blue Cross of CA Partnrsbp	0	0	0	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 7/1/2009 through 7/31/2009

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05B	E05S	E06B	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	SONOMA	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	
		KP Cal, LLC	0	0	1	0	0	0	0	0	0	0	0
	STANISLAUS	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	12
		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
		San Francisco 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	31
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	9
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0
	Total			8	1	83	1	2	1	2	27	10	878
	Total			10	1	107	1	3	2	2	27	13	1,005

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 7/1/2009 through 7/31/2009

EDER Reason Code			E07B	E07D	E07P	E08P	E09B	E09P	E10B	E11B	E11P	E12B	E12P	
Plan Type, County Name, Plan of Last Transaction														
Medical	SONOMA	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	1	
		KP Cal, LLC	0	0	0	0	0	0	0	0	0	1	0	0
	STANISLAUS	Alameda Alliance For Health	0	0	0	0	0	0	0	0	0	0	2	0
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	5	0
		Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	3	3
		Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	3	1
		San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0	1
		TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	2
		Health Net Comm Solutions	0	0	0	0	0	1	0	0	0	0	2	29
		Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	1	0
	Total			1	3	6	1	1	61	1	34	1	308	879
	Total			2	3	6	1	1	65	1	34	1	363	949

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 7/1/2009 through 7/31/2009

EDER Reason Code			E13B	E13P	F01	F03	F09	F10	X04	Total	
Plan Type, County Name, Plan of Last Transaction											
Medical	SONOMA	Health Net Comm Solutions	0	0	0	0	0	0	0	1	
		KP Cal, LLC	0	0	0	0	0	0	0	2	
	STANISLAUS	Alameda Alliance For Health	0	0	0	0	0	0	0	2	
		Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	17	
		Health Net Comm Solutions	2	0	0	0	0	0	0	9	
		Health Plan of San Joaquin	0	0	0	0	0	0	0	4	
		San Francisco Health Plan	0	0	0	0	0	0	0	1	
		Total	279	20	1	1	0	3	27	2,640	
	TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	33	
		Health Net Comm Solutions	0	0	0	0	0	0	1	42	
		Molina Healthcare Partner	0	0	0	0	0	0	0	1	
	Total			279	20	1	1	1	8	27	2,934
	Total			279	20	1	1	1	8	27	2,934

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