



October 8, 2009

DHCS HCO 09-2815

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

**COPS-11 - MONTHLY ENROLLMENT SUMMARY REPORT - Effective Date of 10/1/09**

Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.1

Dear Ms. Gomez:

The purpose of this report is to provide a comprehensive view of enrollment transactions over a reporting period. Volumes are categorized by choice type (Medical, Dental), county, and plan. This is a contractually required report detailed in Health Care Options Contract 07-65829.

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

Sincerely,



for

Benjamin R. Coss  
Vice President  
California Health Care Options

cc: Reports File  
Admin File

# COPS-11 – Enrollment Summary Report

Data for transactions between 8/25/2009 and 9/24/2009

Transaction Type			Enrollment	Default Enrollment		Total	
Plan Type	County	Plan Name	R	A	P		
Dental	LOS ANGELES	Access Dental Plan	6,566			6,566	
		American Health Guard	467			467	
		Care 1st Health Plan	515			515	
		Community Dental Svc, Inc.	108			108	
		Health Net	1,731			1,731	
		Liberty Dental Plan of CA	412			412	
		SafeGuard Dental, Inc.	603			603	
		Western Dental Services	1,848			1,848	
		<b>Total</b>	12,250			12,250	
	SACRAMENTO	Access Dental Plan	1,213	123	294	1,630	
		Community Dental Svc, Inc.	166	312	100	578	
		HealthNet of California	1,050	279	127	1,456	
		Liberty Dental Plan of CA	634	299	106	1,039	
		Western Dental Services	2,241	39	418	2,698	
		<b>Total</b>	5,304	1,052	1,045	7,401	
	<b>Total</b>		17,554	1,052	1,045	19,651	
	Medical	ALAMEDA	Alameda Alliance For Health	2,217	851	293	3,361
			Blue Cross of CA Partnrshp	746	173	134	1,053
			<b>Total</b>	2,963	1,024	427	4,414
CONTRA COSTA		Blue Cross of CA Partnrshp	423	65	41	529	
		Contra Costa Health Plan	1,434	395	194	2,023	

**Legend:**

A = Auto Assign Members who made no choice that were assigned by algorithm (does not include those who defaulted by continuity of care)

D = Dual Eligible. Members who have both Medi-Cal and Medi-Care. If they are enrolled in a particular health plan under one program then ensuring they are enrolled in the same health plan under the other program

N = No Plan Type. Members who are not enrolled in a health care plan. Thus they are FFS. None of the other codes (A, P, R, D) apply as they have not made a choice or been assigned to a health plan.

P = Prior Plan. Previously Continuity of Care. Members defaulted because they were previously a member or because other family members were already assigned to the plan.

R = Regular. Previously Choice. Members who made a choice or selected a health plan by submitting an enrollment forms

# COPS-11 – Enrollment Summary Report

Data for transactions between 8/25/2009 and 9/24/2009

Transaction Type			Enrollment	Default Enrollment		Total
Plan Type	County	Plan Name	R	A	P	
Medical	CONTRA COSTA	Total	1,857	460	235	2,552
		FRESNO	Blue Cross of CA Partnrshp	1,832	323	440
		Health Net Comm Solutions	3,773	433	401	4,607
		Total	5,605	756	841	7,202
	KERN	Health Net Comm Solutions	715	515	261	1,491
		Kern Family Health Care	2,226	408	603	3,237
		Total	2,941	923	864	4,728
	LOS ANGELES	Health Net Comm Solutions	7,941	3,527	2,343	13,811
		L.A. Care Health Plan	15,007	4,857	3,685	23,549
		Total	22,948	8,384	6,028	37,360
	MARIN	KP Cal, LLC	10			10
		Total	10			10
	RIVERSIDE	Inland Empire Health Plan	5,436	1,109	732	7,277
		Molina Healthcare Partner	898	1,098	260	2,256
		Total	6,334	2,207	992	9,533
	SACRAMENTO	Blue Cross of CA Partnrshp	2,069	335	349	2,753
		Health Net Comm Solutions	1,105	644	189	1,938
		KP Cal, LLC	510		68	578
		Molina Healthcare Partner	538	47	143	728
		WHA Community Health Plan	398		86	484
		Total	4,620	1,026	835	6,481
	SAN BERNARDINO	Inland Empire Health Plan	5,386	1,251	834	7,471

**Legend:**

A = Auto Assign Members who made no choice that were assigned by algorithm (does not include those who defaulted by continuity of care)

D = Dual Eligible. Members who have both Medi-Cal and Medi-Care. If they are enrolled in a particular health plan under one program then ensuring they are enrolled in the same health plan under the other program

N = No Plan Type. Members who are not enrolled in a health care plan. Thus they are FFS. None of the other codes (A, P, R, D) apply as they have not made a choice or been assigned to a health plan.

P = Prior Plan. Previously Continuity of Care. Members defaulted because they were previously a member or because other family members were already assigned to the plan.

R = Regular. Previously Choice. Members who made a choice or selected a health plan by submitting an enrollment forms

# COPS-11 – Enrollment Summary Report

Data for transactions between 8/25/2009 and 9/24/2009

Transaction Type			Enrollment	Default Enrollment		Total
Plan Type	County	Plan Name	R	A	P	
Medical	SAN BERNARDINO	Molina Healthcare Partner	982	1,062	374	2,418
		<b>Total</b>	6,368	2,313	1,208	9,889
	SAN DIEGO	Care1st Partner Plan, LLC	364	313	77	754
		Community Hlth Grp Partner	2,521	280	354	3,155
		Health Net Comm Solutions	1,659	486	212	2,357
		KP Cal, LLC	306		46	352
		Molina Healthcare Partner	1,505	561	268	2,334
		<b>Total</b>	6,355	1,640	957	8,952
	SAN FRANCISCO	Blue Cross of CA Partnrshp	224	159	51	434
		San Francisco Health Plan	756	166	118	1,040
		<b>Total</b>	980	325	169	1,474
	SAN JOAQUIN	Blue Cross of CA Partnrshp	601	306	187	1,094
		Health Plan of San Joaquin	1,577	236	372	2,185
		<b>Total</b>	2,178	542	559	3,279
	SANTA CLARA	Blue Cross of CA Partnrshp	651	488	174	1,313
		Santa Clara Family H.P.	2,184	558	374	3,116
		<b>Total</b>	2,835	1,046	548	4,429
	STANISLAUS	Blue Cross of CA Partnrshp	1,072	191	268	1,531
		Health Net Comm Solutions	356	405	129	890
		<b>Total</b>	1,428	596	397	2,421
	TULARE	Blue Cross of CA Partnrshp	1,424	310	364	2,098
		Health Net Comm Solutions	501	335	166	1,002

**Legend:**

A = Auto Assign Members who made no choice that were assigned by algorithm (does not include those who defaulted by continuity of care)

D = Dual Eligible. Members who have both Medi-Cal and Medi-Care. If they are enrolled in a particular health plan under one program then ensuring they are enrolled in the same health plan under the other program

N = No Plan Type. Members who are not enrolled in a health care plan. Thus they are FFS. None of the other codes (A, P, R, D) apply as they have not made a choice or been assigned to a health plan.

P = Prior Plan. Previously Continuity of Care. Members defaulted because they were previously a member or because other family members were already assigned to the plan.

R = Regular. Previously Choice. Members who made a choice or selected a health plan by submitting an enrollment forms

# COPS-11 – Enrollment Summary Report

Data for transactions between 8/25/2009 and 9/24/2009

Transaction Type			Enrollment	Default Enrollment		Total
Plan Type	County	Plan Name	R	A	P	
Medical	TULARE	Total	1,925	645	530	3,100
	Total		69,347	21,887	14,590	105,824
Total			86,901	22,939	15,635	125,475

**Legend:**

A = Auto Assign Members who made no choice that were assigned by algorithm (does not include those who defaulted by continuity of care)

D = Dual Eligible. Members who have both Medi-Cal and Medi-Care. If they are enrolled in a particular health plan under one program then ensuring they are enrolled in the same health plan under the other program

N = No Plan Type. Members who are not enrolled in a health care plan. Thus they are FFS. None of the other codes (A, P, R, D) apply as they have not made a choice or been assigned to a health plan.

P = Prior Plan. Previously Continuity of Care. Members defaulted because they were previously a member or because other family members were already assigned to the plan.

R = Regular. Previously Choice. Members who made a choice or selected a health plan by submitting an enrollment forms