



November 9, 2009

DHCS HCO 09-3156

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 11/1/09

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,

Benjamin R. Coss
Vice President
California Health Care Options

cc: Reports File
Admin File

COPS-11 – Enrollment Summary Report

Data for transactions between 9/25/2009 and 10/26/2009

Transaction Type		Enrollment	Default Enrollment		FFS Choice				
Plan Type	County		Plan Name	R	A	P	D	N	
Dental		FFS Plan						1	
		Plan Total						1	
Dental	LOS ANGELES	Access Dental Plan	3,728						
		American Health Guard	296						
		Care 1st Health Plan	527						
		Community Dental Svc, Inc.	77						
		FFS Plan						6,045	
		Health Net	1,524						
		Liberty Dental Plan of CA	302						
		SafeGuard Dental, Inc.	611						
		Western Dental Services	1,607						
		Plan Total	8,672						6,045
		Dental	RIVERSIDE	FFS Plan					
Plan Total								2	
Dental	SACRAMENTO	Access Dental Plan	1,517	158	263				
		Community Dental Svc, Inc.	160	309	85				
		FFS Plan						145	
		HealthNet of California	1,544	256	128				
		Liberty Dental Plan of CA	590	259	152				
		Western Dental Services	2,439	74	359				
		Plan Total	6,250	1,056	987				145

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 9/25/2009 and 10/26/2009

Transaction Type			Total
Plan Type	County	Plan Name	
Dental		FFS Plan	1
		Plan Total	1
	LOS ANGELES	Access Dental Plan	3,728
		American Health Guard	296
		Care 1st Health Plan	527
		Community Dental Svc, Inc.	77
		FFS Plan	6,045
		Health Net	1,524
		Liberty Dental Plan of CA	302
		SafeGuard Dental, Inc.	611
		Western Dental Services	1,607
		Plan Total	14,717
		RIVERSIDE	FFS Plan
	Plan Total		2
	SACRAMENTO	Access Dental Plan	1,938
		Community Dental Svc, Inc.	554
		FFS Plan	145
		HealthNet of California	1,928
		Liberty Dental Plan of CA	1,001
		Western Dental Services	2,872
		Plan Total	8,438

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 9/25/2009 and 10/26/2009

Transaction Type			Enrollment	Default Enrollment		FFS Choice	
Plan Type	County	Plan Name	R	A	P	D	N
Dental	SAN BERNARDINO	FFS Plan					3
		Plan Total					3
	County Total		14,922	1,056	987		6,196
Medical		FFS Plan					1
		Plan Total					1
	ALAMEDA	Alameda Alliance For Health	2,311	935	455		
		Blue Cross of CA Partnrshp	709	200	154		
		FFS Plan					81
		Plan Total	3,020	1,135	609		81
	CONTRA COSTA	Blue Cross of CA Partnrshp	388	70	41		
		Contra Costa Health Plan	1,558	414	249		
		FFS Plan					32
		Plan Total	1,946	484	290		32
	FRESNO	Blue Cross of CA Partnrshp	1,910	344	567		
		FFS Plan					104
		Health Net Comm Solutions	3,793	478	490		
		Plan Total	5,703	822	1,057		104
	KERN	FFS Plan					146
		Health Net Comm Solutions	700	544	245		
		Kern Family Health Care	2,133	424	591		
		Plan Total	2,833	968	836		146
	LOS ANGELES	FFS Plan				2	818

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 9/25/2009 and 10/26/2009

Transaction Type			Total
Plan Type	County	Plan Name	
Dental	SAN BERNARDINO	FFS Plan	3
		Plan Total	3
	County Total		23,161
Medical		FFS Plan	1
		Plan Total	1
	ALAMEDA	Alameda Alliance For Health	3,701
		Blue Cross of CA Partnrshp	1,063
		FFS Plan	81
		Plan Total	4,845
	CONTRA COSTA	Blue Cross of CA Partnrshp	499
		Contra Costa Health Plan	2,221
		FFS Plan	32
		Plan Total	2,752
	FRESNO	Blue Cross of CA Partnrshp	2,821
		FFS Plan	104
		Health Net Comm Solutions	4,761
		Plan Total	7,686
	KERN	FFS Plan	146
		Health Net Comm Solutions	1,489
		Kern Family Health Care	3,148
		Plan Total	4,783
	LOS ANGELES	FFS Plan	820

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 9/25/2009 and 10/26/2009

Transaction Type			Enrollment	Default Enrollment		FFS Choice		
Plan Type	County	Plan Name	R	A	P	D	N	
Medical	LOS ANGELES	Health Net Comm Solutions	7,913	3,396	2,228			
		L.A. Care Health Plan	15,310	4,795	3,686			
		Plan Total	23,223	8,191	5,914	2	818	
	MARIN	FFS Plan						3
		KP Cal, LLC	17					
		Plan Total	17					3
	OUT OF STATE	FFS Plan						1
		Plan Total						1
	RIVERSIDE	FFS Plan						130
		Inland Empire Health Plan	5,583	1,273	766			
		Molina Healthcare Partner	897	1,278	298			
		Plan Total	6,480	2,551	1,064			130
	SACRAMENTO	Blue Cross of CA Partnrsbp	2,076	293	337			
		FFS Plan						236
		Health Net Comm Solutions	1,328	535	176			
		KP Cal, LLC	534		68			
		Molina Healthcare Partner	484	244	134			
		Plan Total	4,422	1,072	715			236
	SAN BERNARDINO	FFS Plan						227
		Inland Empire Health Plan	5,609	1,314	982			
		Molina Healthcare Partner	932	1,103	385			
		Plan Total	6,541	2,417	1,367			227

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 9/25/2009 and 10/26/2009

Transaction Type			Total
Plan Type	County	Plan Name	
Medical	LOS ANGELES	Health Net Comm Solutions	13,537
		L.A. Care Health Plan	23,791
		Plan Total	38,148
	MARIN	FFS Plan	3
		KP Cal, LLC	17
		Plan Total	20
	OUT OF STATE	FFS Plan	1
		Plan Total	1
	RIVERSIDE	FFS Plan	130
		Inland Empire Health Plan	7,622
		Molina Healthcare Partner	2,473
		Plan Total	10,225
	SACRAMENTO	Blue Cross of CA Partnrshp	2,706
		FFS Plan	236
		Health Net Comm Solutions	2,039
		KP Cal, LLC	602
		Molina Healthcare Partner	862
		Plan Total	6,445
	SAN BERNARDINO	FFS Plan	227
		Inland Empire Health Plan	7,905
		Molina Healthcare Partner	2,420
		Plan Total	10,552

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 9/25/2009 and 10/26/2009

Transaction Type			Enrollment	Default Enrollment		FFS Choice	
Plan Type	County	Plan Name	R	A	P	D	N
Medical	SAN DIEGO	Care1st Partner Plan, LLC	386	290	77		
		Community Hlth Grp Partner	2,753	267	315		
		FFS Plan					163
		Health Net Comm Solutions	1,601	452	185		
		KP Cal, LLC	249		29		
		Molina Healthcare Partner	1,713	531	212		
		Plan Total	6,702	1,540	818		163
	SAN FRANCISCO	Blue Cross of CA Partnrshp	213	176	45		
		FFS Plan					51
		San Francisco Health Plan	818	200	142		
		Plan Total	1,031	376	187		51
	SAN JOAQUIN	Blue Cross of CA Partnrshp	643	278	160		
		FFS Plan					41
		Health Plan of San Joaquin	1,684	221	287		
		Plan Total	2,327	499	447		41
	SANTA CLARA	Blue Cross of CA Partnrshp	633	510	139		
		FFS Plan					103
		Santa Clara Family H.P.	2,211	604	382		
		Plan Total	2,844	1,114	521		103
	STANISLAUS	Blue Cross of CA Partnrshp	1,200	213	275		
		FFS Plan					257
Health Net Comm Solutions		361	461	132			

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 9/25/2009 and 10/26/2009

Transaction Type			Total
Plan Type	County	Plan Name	
Medical	SAN DIEGO	Care1st Partner Plan, LLC	753
		Community Hlth Grp Partner	3,335
		FFS Plan	163
		Health Net Comm Solutions	2,238
		KP Cal, LLC	278
		Molina Healthcare Partner	2,456
		Plan Total	9,223
	SAN FRANCISCO	Blue Cross of CA Partnrshp	434
		FFS Plan	51
		San Francisco Health Plan	1,160
		Plan Total	1,645
	SAN JOAQUIN	Blue Cross of CA Partnrshp	1,081
		FFS Plan	41
		Health Plan of San Joaquin	2,192
		Plan Total	3,314
	SANTA CLARA	Blue Cross of CA Partnrshp	1,282
		FFS Plan	103
		Santa Clara Family H.P.	3,197
		Plan Total	4,582
	STANISLAUS	Blue Cross of CA Partnrshp	1,688
		FFS Plan	257
		Health Net Comm Solutions	954

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 9/25/2009 and 10/26/2009

Transaction Type			Enrollment	Default Enrollment		FFS Choice	
Plan Type	County	Plan Name	R	A	P	D	N
Medical	STANISLAUS	Plan Total	1,561	674	407		257
	TULARE	Blue Cross of CA Partnrshp	1,548	293	398		
		FFS Plan					83
		Health Net Comm Solutions	587	341	170		
		Plan Total	2,135	634	568		83
	County Total		70,785	22,477	14,800	2	2,477
Medical Total			85,707	23,533	15,787	2	8,673

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 9/25/2009 and 10/26/2009

Transaction Type			Total
Plan Type	County	Plan Name	
Medical	STANISLAUS	Plan Total	2,899
		TULARE	Blue Cross of CA Partnrshp
		FFS Plan	83
		Health Net Comm Solutions	1,098
		Plan Total	3,420
	County Total		
Medical Total			133,702

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