



March 8, 2010

DHCS HCO 10-4446

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-17 - MONTHLY DISENROLLMENT REPORT – Effective Date of 3/1/2010

Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.3-4
C #1009-0646, dated October 30, 2009

Dear Ms. Enriquez:

The purpose of this report is to provide a comprehensive view of disenrollments over a reporting period. Volumes are categorized by disenrollment type and reason, while grouping are reported by choice type (medical, dental), county, plan, and language. This is a contractually required report detailed in Health Care Options Contract 07-65829.

Note: As of November 2009, volumes categorized by disenrollment type and ZIP Code, as referenced in 6.5.2.2.F.4, are available to run on an ad hoc basis from Reporting Services, per DHCS request via C #1009-0646.

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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

MEDICAL Disenrollment Transactions by Status, County, and ZIP

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Mandatory		94544	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94546	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94560	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
		94568	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94579	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94603	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		94607	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94703	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	1	0	0	2	0	0	0	1	5	0	0	0	0
ALAMEDA	94501	0	0	0	0	0	0	0	1	0	0	4	0	0	0	0		
	94502	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0		
	94536	0	0	0	0	2	1	0	0	0	0	3	0	0	0	0		
	94538	0	0	0	0	2	0	0	2	0	0	10	0	0	0	0		
	94539	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		
	94541	0	0	0	0	1	0	0	1	0	1	10	0	0	0	0		
	94542	0	0	0	3	0	0	0	0	0	2	0	0	0	0	0		
	94544	0	0	0	0	1	0	0	1	0	3	12	0	0	0	0		

Disenrollment 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:

- 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory		94544	1
		94546	1
		94560	2
		94568	1
		94579	1
		94603	1
		94607	1
		94703	1
		Total	9
	ALAMEDA	94501	5
		94502	2
		94536	6
		94538	14
		94539	1
		94541	13
		94542	5
		94544	17

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	ALAMEDA	94545	0	0	0	1	0	0	1	0	0	0	3	0	0	0	0
		94546	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94550	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94551	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0
		94560	0	0	0	0	0	0	0	0	0	1	7	0	0	0	0
		94566	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
		94568	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94577	0	0	0	1	0	0	0	0	1	1	1	0	0	0	0
		94578	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		94579	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		94580	0	0	0	0	0	0	0	0	2	0	3	0	0	0	0
		94586	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94587	0	0	0	0	0	0	0	2	2	0	4	0	0	0	0
		94588	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		94601	0	0	0	0	0	0	4	0	0	0	10	0	0	0	0
		94602	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		94603	0	0	0	1	0	0	0	0	0	0	6	0	0	0	0
		94605	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	ALAMEDA	94545	5
		94546	1
		94550	2
		94551	4
		94560	8
		94566	1
		94568	1
		94577	4
		94578	6
		94579	1
		94580	5
		94586	2
		94587	8
		94588	3
		94601	14
		94602	4
94603	7		
94605	5		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name	Mailing Zip															
Mandatory	ALAMEDA	94606	0	0	0	0	0	0	0	0	0	4	10	0	0	0	0
		94607	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
		94608	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0
		94609	0	0	0	0	0	0	2	1	0	0	3	0	0	0	0
		94610	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94618	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0
		94621	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0
		94710	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		Total	0	0	0	7	10	1	8	11	7	14	132	0	0	0	0
	CONTRA COSTA	94509	0	0	0	2	2	3	0	0	0	0	30	0	0	0	0
		94513	0	0	0	0	0	0	1	0	0	5	0	0	0	0	
		94518	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
		94519	0	0	0	0	0	0	0	0	0	3	0	0	0	0	
		94520	0	0	0	0	0	0	0	0	0	7	0	0	0	0	
		94521	0	0	0	0	0	1	0	0	0	4	0	0	0	0	
		94523	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94526	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94531	0	0	0	0	0	0	1	0	0	0	7	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	ALAMEDA	94606	14
		94607	3
		94608	4
		94609	6
		94610	1
		94618	3
		94621	11
		94710	4
		Total	190
	CONTRA COSTA	94509	37
		94513	6
		94518	2
		94519	3
		94520	7
		94521	5
		94523	1
		94526	1
		94531	8

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name																	
Mailing Zip																		
Mandatory	CONTRA COSTA	94547	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	
		94549	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94553	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94561	0	0	0	0	0	0	0	0	1	0	0	7	0	0	0	0
		94564	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94565	0	0	0	0	2	0	0	0	2	0	0	18	0	0	0	0
		94572	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0
		94582	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		94597	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		94621	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94801	0	0	0	1	0	0	0	0	0	1	0	16	0	0	0	0
		94803	0	0	0	0	0	0	0	0	3	0	0	8	0	0	0	0
		94804	0	0	0	5	0	0	0	0	0	0	0	14	0	0	0	0
		94805	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		94806	0	0	0	0	0	0	0	0	3	0	0	17	0	0	0	0
		Total	0	0	0	8	4	3	2	10	1	2	164	0	0	0	0	
	FRESNO	93210	0	0	0	0	31	0	0	0	1	1	5	0	0	0	0	
		93234	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	CONTRA COSTA	94547	3
		94549	2
		94553	2
		94561	8
		94564	1
		94565	22
		94572	4
		94582	3
		94597	4
		94621	2
		94801	18
		94803	11
		94804	19
		94805	5
		94806	20
	Total	194	
	FRESNO	93210	38
93234		4	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	FRESNO	93242	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93606	0	0	0	0	1	0	0	0	0	1	3	0	0	0	0
		93608	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93609	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93611	0	0	0	2	2	2	0	1	0	6	9	0	0	0	0
		93612	0	0	0	5	5	2	0	1	0	9	44	0	0	0	0
		93616	0	0	0	0	9	0	0	0	0	0	1	0	0	0	0
		93619	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
		93622	0	0	0	0	6	0	0	0	0	3	7	0	0	0	0
		93625	0	0	0	4	0	0	0	0	0	0	3	0	0	0	0
		93630	0	0	0	0	1	0	0	0	0	2	3	0	0	0	0
		93631	0	0	0	0	2	0	0	0	0	1	4	0	0	0	0
		93640	0	0	0	0	5	0	0	0	0	10	18	0	0	0	0
		93646	0	0	0	14	1	0	0	0	2	4	13	0	0	0	0
		93647	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93648	0	0	0	15	2	0	0	0	1	6	5	0	0	0	0
		93650	0	0	0	4	4	0	0	0	0	3	8	0	0	0	0
		93654	0	0	0	19	0	0	0	0	0	11	24	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	FRESNO	93242	1
		93606	5
		93608	1
		93609	1
		93611	22
		93612	66
		93616	10
		93619	9
		93622	16
		93625	7
		93630	6
		93631	7
		93640	33
		93646	34
		93647	1
		93648	29
		93650	19
93654	54		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	FRESNO	93656	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93657	0	0	0	5	7	0	0	0	0	7	6	0	0	0	0
		93660	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0
		93662	0	0	0	0	8	0	0	0	0	3	8	0	0	0	0
		93664	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
		93667	0	0	0	0	0	0	0	0	0	4	3	0	0	0	0
		93701	0	0	0	2	5	2	0	0	0	12	18	0	0	0	0
		93702	0	0	0	4	13	1	2	1	1	43	63	0	0	0	0
		93703	0	0	0	6	14	1	1	0	0	34	38	0	0	0	0
		93704	0	0	0	0	5	0	1	0	0	4	21	0	0	0	0
		93705	0	0	0	8	14	0	0	4	0	22	19	0	0	0	0
		93706	0	0	0	2	25	0	1	3	0	28	58	0	0	0	0
		93710	0	0	0	3	8	1	0	0	0	19	21	0	0	0	0
		93711	0	0	0	3	3	0	0	2	0	3	6	0	0	0	0
		93718	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93720	0	0	0	4	3	0	0	0	0	0	4	0	0	0	0
		93721	0	0	0	0	7	1	0	0	0	1	2	0	0	0	0
		93722	0	0	0	10	28	3	0	0	0	30	48	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	FRESNO	93656	2
		93657	25
		93660	4
		93662	19
		93664	2
		93667	7
		93701	39
		93702	128
		93703	94
		93704	31
		93705	67
		93706	117
		93710	52
		93711	17
		93718	1
		93720	11
93721	11		
93722	119		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name	Mailing Zip															
Mandatory	FRESNO	93723	0	0	0	0	0	0	0	0	0	3	1	0	0	0	0
		93725	0	0	0	2	2	0	0	3	0	16	18	0	0	0	0
		93726	0	0	0	7	18	0	0	10	0	22	43	0	0	0	0
		93727	0	0	0	8	15	5	3	0	0	42	49	0	0	0	0
		93728	0	0	0	1	5	0	0	0	0	11	13	0	0	0	0
		93730	0	0	0	1	0	0	0	0	0	0	3	0	0	0	0
		93776	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94805	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	129	249	18	10	25	5	364	613	0	0	0	0
	KERN	90304	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93203	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		93205	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		93215	0	0	0	0	0	0	0	2	4	1	52	0	0	0	0
		93240	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93241	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0
		93249	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93250	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93252	0	0	0	0	2	0	0	0	0	3	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	FRESNO	93723	4
		93725	41
		93726	100
		93727	122
		93728	30
		93730	4
		93776	2
		94805	1
		Total	1,413
	KERN	90304	2
		93203	1
		93205	3
		93215	59
		93240	1
		93241	3
		93249	1
		93250	2
93252	5		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	KERN	93263	0	0	0	0	1	0	0	0	0	2	9	0	0	0	1
		93268	0	0	0	4	2	0	0	0	0	4	3	0	0	0	0
		93280	0	0	0	0	2	0	0	0	0	0	4	0	0	0	0
		93301	0	0	0	0	0	0	0	0	3	1	5	0	0	0	0
		93304	0	0	0	2	6	0	0	0	0	2	21	0	0	0	0
		93305	0	0	0	3	0	0	0	2	0	1	10	0	0	0	0
		93306	0	0	0	1	3	0	0	0	0	1	13	0	0	0	0
		93307	0	0	0	6	4	2	0	1	0	6	48	0	0	0	0
		93308	0	0	0	1	2	0	0	1	0	1	3	0	0	0	0
		93309	0	0	0	2	0	1	0	0	0	1	13	0	0	0	0
		93311	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		93312	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0
		93313	0	0	0	0	1	0	0	3	0	0	11	0	0	0	0
		93314	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		93501	0	0	0	0	3	0	0	0	0	0	3	0	0	0	0
		93505	0	0	0	0	1	0	0	0	0	0	15	0	0	0	0
		93516	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93561	0	0	0	0	1	0	0	0	0	0	4	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type		Total	
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	KERN	93263	13
		93268	13
		93280	6
		93301	9
		93304	31
		93305	16
		93306	18
		93307	67
		93308	8
		93309	17
		93311	3
		93312	3
		93313	15
		93314	6
		93501	6
		93505	16
93516	1		
93561	5		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	KERN	Total	0	0	0	21	31	3	0	10	7	23	234	0	0	0	1
	LOS ANGELES	90001	0	0	0	0	0	0	0	0	0	7	13	0	0	0	0
		90002	0	0	0	1	1	0	0	2	0	5	17	0	0	0	0
		90003	0	0	0	2	0	0	0	0	0	8	27	0	0	0	0
		90004	0	0	0	0	0	0	0	1	0	0	19	0	0	0	0
		90005	0	0	0	1	0	0	0	0	0	0	8	0	0	0	0
		90006	0	0	0	0	0	0	2	2	0	7	12	0	0	0	0
		90007	0	0	0	0	0	0	0	0	0	2	13	0	0	0	0
		90008	0	0	0	1	1	0	0	0	0	3	2	0	0	0	0
		90011	0	0	0	1	11	0	1	0	0	7	48	0	0	0	0
		90012	0	0	0	0	0	0	0	0	0	3	2	0	0	0	0
		90015	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		90016	0	0	0	0	2	1	0	0	0	1	11	0	0	0	0
		90017	0	0	0	0	1	0	0	1	0	3	5	0	0	0	0
		90018	0	0	0	0	0	0	0	0	0	2	8	0	0	0	0
		90019	0	0	0	2	2	0	0	0	0	2	4	0	0	0	0
		90020	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
		90022	0	0	0	1	2	0	0	0	0	0	43	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	KERN	Total	330
	LOS ANGELES	90001	20
		90002	26
		90003	37
		90004	20
		90005	9
		90006	23
		90007	15
		90008	7
		90011	68
		90012	5
		90015	4
		90016	15
		90017	10
90018	10		
90019	10		
90020	8		
90022	46		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Mandatory	LOS ANGELES	90023	0	0	0	0	4	0	0	1	0	10	46	0	0	0	0	
		90025	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90026	0	0	0	0	0	0	1	0	0	0	5	18	0	0	0	0
		90027	0	0	0	1	0	0	0	0	0	0	0	9	0	0	0	0
		90029	0	0	0	0	0	0	0	0	0	1	2	3	0	0	0	0
		90031	0	0	0	0	1	0	0	0	0	0	4	10	0	0	0	0
		90032	0	0	0	0	1	0	0	0	0	0	2	17	0	0	0	0
		90033	0	0	0	5	0	0	0	0	0	0	10	29	0	0	0	0
		90034	0	0	0	0	1	0	2	0	0	0	2	9	0	0	0	0
		90037	0	0	0	1	3	0	0	0	0	0	1	20	0	0	0	0
		90038	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		90039	0	0	0	3	0	0	0	0	0	0	3	0	0	0	0	0
		90040	0	0	0	0	2	0	0	1	0	0	2	8	0	0	0	0
		90042	0	0	0	0	0	0	0	0	0	0	1	13	0	0	0	0
		90043	0	0	0	3	0	0	0	0	0	0	1	6	0	0	0	0
		90044	0	0	0	3	2	0	0	2	0	0	13	47	0	0	0	0
90045	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0		
90046	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	90023	61
		90025	3
		90026	24
		90027	10
		90029	6
		90031	15
		90032	20
		90033	44
		90034	14
		90037	25
		90038	6
		90039	6
		90040	13
		90042	14
		90043	10
		90044	67
90045	2		
90046	2		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	90047	0	0	0	0	1	0	0	0	0	1	8	0	0	0	0
		90049	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90057	0	0	0	0	2	0	0	2	0	6	9	0	0	0	0
		90058	0	0	0	0	0	0	1	0	0	0	4	0	0	0	0
		90059	0	0	0	1	0	0	0	4	3	1	8	0	0	0	0
		90061	0	0	0	0	1	0	0	0	0	0	17	0	0	0	0
		90062	0	0	0	0	0	1	0	2	0	8	13	0	0	0	0
		90063	0	0	0	0	0	0	0	1	0	12	41	0	0	0	0
		90064	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90065	0	0	0	4	0	1	1	0	0	0	2	0	0	0	0
		90066	0	0	0	0	0	0	0	1	0	3	2	0	0	0	0
		90078	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90201	0	0	0	3	1	1	2	0	0	15	29	0	0	0	0
		90220	0	0	0	0	4	0	0	0	0	6	13	0	0	0	0
		90221	0	0	0	2	1	0	0	0	0	8	26	0	0	0	0
		90222	0	0	0	0	0	0	0	0	0	3	13	0	0	0	0
		90230	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		90232	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	90047	10
		90049	2
		90057	19
		90058	5
		90059	17
		90061	18
		90062	24
		90063	54
		90064	1
		90065	8
		90066	6
		90078	3
		90201	51
		90220	23
		90221	37
		90222	16
		90230	5
90232	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	90240	0	0	0	0	0	0	0	0	0	2	8	0	0	0	0
		90241	0	0	0	0	0	0	0	1	0	3	4	0	0	0	0
		90242	0	0	0	0	2	0	0	0	0	10	2	0	0	0	0
		90247	0	0	0	1	0	0	0	1	0	4	8	0	0	0	0
		90248	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		90249	0	0	0	0	0	0	0	1	0	2	7	0	0	0	0
		90250	0	0	0	2	14	0	1	0	0	4	25	0	0	0	0
		90255	0	0	0	0	0	3	0	0	0	10	33	0	0	0	0
		90260	0	0	0	1	5	0	0	0	0	0	5	0	0	0	0
		90262	0	0	0	2	1	2	0	1	0	22	20	0	0	0	0
		90270	0	0	0	0	0	0	0	0	0	2	9	0	0	0	0
		90278	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		90280	0	0	0	0	4	2	0	3	0	5	19	0	0	0	0
		90291	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		90292	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90301	0	0	0	0	0	0	0	0	0	4	8	0	0	0	0
		90302	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
		90303	0	0	0	0	1	0	1	0	0	1	13	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	90240	10
		90241	8
		90242	14
		90247	14
		90248	6
		90249	10
		90250	46
		90255	46
		90260	11
		90262	48
		90270	11
		90278	2
		90280	33
		90291	4
		90292	1
		90301	12
90302	8		
90303	16		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	90304	0	0	0	0	3	2	0	0	0	1	14	0	0	0	0
		90305	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90404	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90405	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90501	0	0	0	0	4	0	0	0	0	2	7	0	0	0	0
		90502	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90503	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90504	0	0	0	2	2	0	0	1	0	3	0	0	0	0	0
		90601	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0
		90602	0	0	0	0	2	0	3	0	0	10	1	0	0	0	0
		90603	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90604	0	0	0	0	2	2	0	0	0	3	2	0	0	0	0
		90605	0	0	0	0	0	0	0	0	0	13	9	0	0	0	0
		90606	0	0	0	0	0	1	0	0	0	13	10	0	0	0	0
		90638	0	0	0	0	1	0	0	0	0	0	13	0	0	0	0
		90639	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90640	0	0	0	1	0	1	0	0	0	5	27	0	0	0	0
		90650	0	0	0	6	1	0	1	2	0	2	23	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	90304	20
		90305	3
		90404	2
		90405	3
		90501	13
		90502	3
		90503	3
		90504	8
		90601	4
		90602	16
		90603	1
		90604	9
		90605	22
		90606	24
		90638	14
		90639	3
		90640	34
90650	35		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	90660	0	0	0	0	0	0	1	1	0	3	8	0	0	0	0
		90670	0	0	0	0	0	0	0	0	0	9	1	0	0	0	0
		90703	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90706	0	0	0	0	2	3	1	0	1	5	6	0	0	0	0
		90710	0	0	0	0	0	0	0	0	0	1	11	0	0	0	0
		90712	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		90713	0	0	0	1	0	0	0	0	0	0	4	0	0	0	0
		90715	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0
		90716	0	0	0	0	10	0	0	0	0	0	6	0	0	0	0
		90717	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		90723	0	0	0	3	3	0	0	0	0	9	22	0	0	0	0
		90731	0	0	0	3	2	0	0	0	0	1	11	0	0	0	0
		90732	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
		90744	0	0	0	1	5	1	0	1	0	3	14	0	0	0	0
		90745	0	0	0	2	3	0	0	3	0	0	5	0	0	0	0
		90802	0	0	0	0	8	0	0	1	1	6	8	0	0	0	0
		90803	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90804	0	0	0	0	4	0	0	0	0	4	10	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	90660	13
		90670	10
		90703	2
		90706	18
		90710	12
		90712	5
		90713	5
		90715	3
		90716	16
		90717	2
		90723	37
		90731	17
		90732	2
		90744	25
		90745	13
		90802	24
		90803	1
90804	18		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	90805	0	0	0	1	22	1	0	5	0	17	33	0	0	0	0
		90806	0	0	0	0	3	0	0	4	0	0	8	0	0	0	0
		90807	0	0	0	0	1	0	1	0	0	0	3	0	0	0	0
		90808	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		90810	0	0	0	1	8	0	0	0	0	3	5	0	0	0	0
		90813	0	0	0	2	21	0	0	0	0	6	16	0	0	0	0
		90814	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0
		90815	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		91001	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91007	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
		91010	0	0	0	0	3	0	0	0	0	1	2	0	0	0	0
		91016	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		91030	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91042	0	0	0	0	2	0	1	3	0	0	3	0	0	0	0
		91066	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91101	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		91103	0	0	0	0	0	0	0	3	0	1	14	0	0	0	0
		91104	0	0	0	1	0	0	0	0	0	0	5	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	90805	79
		90806	15
		90807	5
		90808	1
		90810	17
		90813	45
		90814	4
		90815	2
		91001	1
		91007	2
		91010	6
		91016	3
		91030	1
		91042	9
		91066	1
		91101	3
		91103	18
91104	6		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	91106	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91107	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0
		91201	0	0	0	0	0	0	0	3	0	0	2	0	0	0	0
		91204	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91205	0	0	0	0	1	0	0	0	0	0	5	0	0	0	0
		91206	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0
		91208	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		91214	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		91301	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91303	0	0	0	1	0	0	0	1	0	6	5	0	0	0	0
		91304	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91306	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
		91311	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0
		91316	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		91321	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		91324	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
		91326	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		91331	0	0	0	0	1	0	0	1	0	5	22	0	0	0	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	91106	2
		91107	7
		91201	5
		91204	2
		91205	6
		91206	4
		91208	2
		91214	3
		91301	2
		91303	13
		91304	2
		91306	8
		91311	5
		91316	3
		91321	1
		91324	2
		91326	5
91331	30		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	91335	0	0	0	0	3	0	0	2	0	1	9	0	0	0	0
		91340	0	0	0	0	0	2	0	4	0	0	4	0	0	0	0
		91342	0	0	0	0	0	0	0	1	0	4	8	0	0	0	0
		91343	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0
		91344	0	0	0	1	0	0	0	1	0	0	3	0	0	0	0
		91345	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		91346	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91350	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91351	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		91352	0	0	0	0	3	0	0	0	0	0	10	0	0	0	0
		91355	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		91356	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91364	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0
		91367	0	0	0	0	2	0	0	0	0	0	4	0	0	0	0
		91387	0	0	0	0	0	0	0	1	0	0	6	0	0	0	0
		91401	0	0	0	0	2	0	0	0	0	0	4	0	0	0	0
		91402	0	0	0	0	1	0	0	0	0	3	14	0	0	0	0
		91403	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	91335	15
		91340	10
		91342	13
		91343	4
		91344	5
		91345	6
		91346	1
		91350	1
		91351	2
		91352	13
		91355	3
		91356	2
		91364	3
		91367	6
		91387	7
		91401	6
91402	18		
91403	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	91405	0	0	0	2	1	0	0	0	0	2	10	0	0	0	0
		91406	0	0	0	0	4	0	0	2	0	0	7	0	0	0	0
		91411	0	0	0	0	0	0	0	1	0	0	6	0	0	0	0
		91423	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		91501	0	0	0	1	0	0	0	2	0	0	3	0	0	0	0
		91502	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		91504	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0
		91505	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		91506	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91601	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0
		91605	0	0	0	0	0	1	0	0	0	0	9	0	0	0	0
		91606	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		91607	0	0	0	0	5	0	0	0	0	0	4	0	0	0	0
		91702	0	0	0	0	0	0	0	0	0	3	4	0	0	0	1
		91706	0	0	0	0	0	0	2	0	0	4	13	0	0	0	0
		91711	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
		91722	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
		91723	0	0	0	0	0	2	0	0	0	0	4	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	91405	15
		91406	13
		91411	7
		91423	2
		91501	6
		91502	4
		91504	4
		91505	2
		91506	1
		91601	3
		91605	10
		91606	5
		91607	9
		91702	8
		91706	19
		91711	2
		91722	9
91723	6		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	LOS ANGELES	91724	0	0	0	0	0	3	0	0	0	4	1	0	0	0	0
		91731	0	0	0	0	0	0	0	1	0	6	8	0	0	0	0
		91732	0	0	0	0	7	1	0	0	0	4	11	0	0	0	0
		91733	0	0	0	0	0	0	0	1	0	3	18	0	0	0	0
		91741	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		91744	0	0	0	0	2	0	0	5	0	1	24	0	0	0	0
		91745	0	0	0	3	0	0	0	0	0	0	1	0	0	0	0
		91746	0	0	0	0	2	1	0	0	0	2	9	0	0	0	0
		91748	0	0	0	6	0	1	0	0	0	0	9	0	0	0	0
		91750	0	0	0	0	0	0	0	2	0	0	3	0	0	0	0
		91754	0	0	0	0	0	0	0	0	0	3	6	0	0	0	0
		91755	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		91764	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91765	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		91766	0	0	0	1	1	0	0	3	0	1	19	0	0	0	0
		91767	0	0	0	1	0	0	3	1	0	4	16	0	0	0	0
		91768	0	0	0	1	0	1	0	0	0	6	5	0	0	0	0
		91770	0	0	0	1	0	3	0	0	0	7	5	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	91724	8
		91731	15
		91732	23
		91733	22
		91741	1
		91744	32
		91745	4
		91746	14
		91748	16
		91750	5
		91754	9
		91755	1
		91764	2
		91765	6
		91766	25
		91767	25
91768	13		
91770	16		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name																	
Mailing Zip																		
Mandatory	LOS ANGELES	91775	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	
		91776	0	0	0	0	1	1	0	0	0	0	0	12	0	0	0	0
		91780	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0
		91790	0	0	0	0	1	0	0	1	0	0	0	2	0	0	0	0
		91791	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91792	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91801	0	0	0	1	0	0	0	0	0	0	1	6	0	0	0	0
		91802	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		91803	0	0	0	2	0	0	0	0	0	0	0	4	0	0	0	0
		92128	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92201	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92316	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		92324	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93311	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93510	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		93534	0	0	0	0	0	0	2	0	0	2	9	0	0	0	0	0
93535	0	0	0	0	5	4	2	2	0	7	32	0	0	0	0	0		
93536	0	0	0	0	7	0	6	0	0	0	11	0	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	91775	4
		91776	14
		91780	3
		91790	4
		91791	2
		91792	1
		91801	8
		91802	1
		91803	6
		92128	1
		92201	3
		92316	1
		92324	1
		93311	1
		93510	1
		93534	13
		93535	52
93536	24		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Mandatory	LOS ANGELES	93543	0	0	0	1	1	0	7	3	0	1	0	0	0	0	0	
		93550	0	0	0	4	2	5	0	2	2	2	2	28	0	0	0	0
		93551	0	0	0	0	0	4	0	3	0	0	0	1	0	0	0	0
		93552	0	0	0	0	1	0	0	0	0	0	0	6	0	0	0	0
		93560	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93591	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
		94564	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		Total	0	0	0	98	246	57	45	96	8	468	1,713	0	0	0	0	2
	RIVERSIDE	90221	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		91752	0	0	0	0	0	0	0	1	0	0	0	10	0	0	0	0
		92083	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
		92126	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		92201	0	0	0	0	8	0	0	2	0	0	0	17	0	0	0	0
		92202	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92203	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0
		92220	0	0	0	0	2	0	0	0	0	0	0	11	0	0	0	0
		92223	0	0	0	0	0	0	0	0	2	2	7	0	0	0	0	0
		92230	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	LOS ANGELES	93543	13
		93550	45
		93551	8
		93552	7
		93560	1
		93591	2
		94564	4
		Total	2,733
	RIVERSIDE	90221	3
		91752	11
		92083	2
		92126	2
		92201	27
		92202	3
		92203	3
		92220	13
		92223	11
		92230	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name																	
Mailing Zip																		
Mandatory	RIVERSIDE	92234	0	0	0	1	4	0	0	1	0	0	9	0	0	0	0	
		92236	0	0	0	0	5	0	0	0	0	0	8	18	0	0	0	0
		92240	0	0	0	0	0	0	0	0	0	0	1	12	0	0	0	0
		92241	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		92247	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92253	0	0	0	0	0	0	0	0	0	2	0	7	0	0	0	0
		92254	0	0	0	1	1	0	0	2	0	1	17	0	0	0	0	0
		92255	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		92260	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		92262	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0
		92264	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92274	0	0	0	0	0	0	0	2	0	4	7	0	0	0	0	0
		92276	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		92282	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
		92501	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0
		92503	0	0	0	1	3	0	0	0	0	1	9	0	0	0	0	0
92504	0	0	0	0	4	0	0	0	0	0	5	0	0	0	0	0		
92505	0	0	0	1	1	0	1	1	0	0	11	0	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	RIVERSIDE	92234	15
		92236	31
		92240	13
		92241	4
		92247	1
		92253	9
		92254	22
		92255	2
		92260	6
		92262	11
		92264	1
		92274	13
		92276	4
		92282	2
		92501	3
		92503	14
92504	9		
92505	15		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	RIVERSIDE	92506	0	0	0	0	0	0	0	0	0	1	6	0	0	0	0
		92507	0	0	0	2	0	0	0	1	3	4	18	0	0	0	0
		92508	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		92509	0	0	0	3	3	0	2	0	5	5	29	0	0	0	0
		92530	0	0	0	0	3	0	0	0	0	0	6	0	0	0	0
		92531	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		92532	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
		92543	0	0	0	1	0	0	0	1	0	1	9	0	0	0	0
		92544	0	0	0	0	3	0	1	0	0	1	25	0	0	0	0
		92545	0	0	0	0	0	3	0	0	0	0	13	0	0	0	0
		92548	0	0	0	0	0	0	0	1	0	0	5	0	0	0	0
		92549	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92551	0	0	0	0	0	1	0	3	0	1	4	0	0	0	0
		92553	0	0	0	0	0	0	0	0	0	0	28	0	0	0	0
		92555	0	0	0	0	0	0	0	1	0	4	1	0	0	0	0
		92557	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
		92562	0	0	0	0	1	0	0	0	0	0	5	0	0	0	0
		92563	0	0	0	0	3	0	0	1	0	2	8	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	RIVERSIDE	92506	7
		92507	28
		92508	2
		92509	47
		92530	9
		92531	1
		92532	2
		92543	12
		92544	30
		92545	16
		92548	6
		92549	1
		92551	9
		92553	28
		92555	6
		92557	9
92562	6		
92563	14		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	RIVERSIDE	92567	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0
		92570	0	0	0	0	12	1	0	0	0	1	20	0	0	0	0
		92571	0	0	0	3	0	0	0	1	3	0	8	0	0	0	0
		92582	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0
		92583	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
		92584	0	0	0	0	0	0	0	0	0	1	5	0	0	0	0
		92585	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		92587	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
		92589	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		92591	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		92595	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0
		92596	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0
		92860	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		92879	0	0	0	0	0	0	0	0	0	2	4	0	0	0	0
		92880	0	0	0	0	0	1	1	0	0	0	3	0	0	0	0
		92881	0	0	0	1	3	0	0	1	0	0	1	0	0	0	0
		92882	0	0	0	0	0	0	0	0	0	1	14	0	0	0	0
Total			0	0	0	14	63	6	9	23	17	48	426	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	RIVERSIDE	92567	3
		92570	34
		92571	15
		92582	4
		92583	9
		92584	6
		92585	4
		92587	2
		92589	2
		92591	1
		92595	4
		92596	3
		92860	1
		92879	6
		92880	5
		92881	6
		92882	15
Total			606

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	SACRAMENTO	94587	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95112	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95608	0	0	0	2	1	1	0	2	0	5	23	0	0	0	0
		95610	0	0	0	0	3	6	1	6	0	1	36	0	0	0	0
		95621	0	0	0	0	8	2	0	0	0	0	13	0	0	0	0
		95624	0	0	0	1	0	1	2	4	0	2	7	0	0	0	0
		95628	0	0	0	0	5	0	0	2	0	0	6	0	0	0	0
		95632	0	0	0	0	0	1	0	3	0	0	10	0	0	0	0
		95655	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95660	0	0	0	3	15	0	0	0	0	0	46	0	0	0	0
		95662	0	0	0	1	5	0	1	0	0	4	3	0	0	0	0
		95670	0	0	0	1	5	0	0	0	0	1	27	0	0	0	0
		95673	0	0	0	0	0	0	0	0	0	1	9	0	0	0	0
		95690	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
		95693	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95742	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95757	0	0	0	1	0	0	0	0	0	1	8	0	0	0	0
		95758	0	0	0	9	0	0	0	0	0	6	10	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SACRAMENTO	94587	1
		95112	1
		95608	34
		95610	53
		95621	23
		95624	17
		95628	13
		95632	14
		95655	1
		95660	64
		95662	14
		95670	34
		95673	10
		95690	2
		95693	2
		95742	1
		95757	10
95758	25		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	SACRAMENTO	95763	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95814	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0
		95815	0	0	0	3	3	3	0	0	0	15	27	0	0	0	0
		95817	0	0	0	2	0	0	0	0	0	1	4	0	0	0	0
		95818	0	0	0	0	0	4	0	0	0	0	8	0	0	0	0
		95820	0	0	0	10	1	0	0	4	0	0	28	0	0	0	0
		95821	0	0	0	0	2	0	0	3	0	6	20	0	0	0	0
		95822	0	0	0	7	7	0	0	2	0	4	13	0	0	0	0
		95823	0	0	0	0	6	6	2	4	1	0	50	0	0	0	0
		95824	0	0	0	5	4	7	0	3	1	3	22	0	0	0	0
		95825	0	0	0	3	5	1	1	1	0	0	10	0	0	0	0
		95826	0	0	0	0	0	0	0	0	0	0	12	0	0	0	0
		95827	0	0	0	1	3	0	0	1	0	4	11	0	0	0	0
		95828	0	0	0	2	3	0	2	5	0	2	27	0	0	0	0
		95829	0	0	0	1	3	1	0	1	0	0	7	0	0	0	0
		95831	0	0	0	0	0	0	0	0	0	3	6	0	0	0	0
		95832	0	0	0	0	7	0	0	4	0	0	14	0	0	0	0
		95833	0	0	0	1	2	0	0	2	0	1	16	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SACRAMENTO	95763	2
		95814	3
		95815	51
		95817	7
		95818	12
		95820	43
		95821	31
		95822	33
		95823	69
		95824	45
		95825	21
		95826	12
		95827	20
		95828	41
		95829	13
		95831	9
95832	25		
95833	22		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name	Mailing Zip															
Mandatory	SACRAMENTO	95834	0	0	0	1	1	1	0	0	0	2	11	0	0	0	0
		95835	0	0	0	0	0	0	1	0	0	5	10	0	0	0	0
		95838	0	0	0	7	10	6	2	0	0	3	36	0	0	0	0
		95841	0	0	0	3	3	0	1	0	0	1	17	0	0	0	0
		95842	0	0	0	5	8	0	3	1	1	4	16	0	0	0	0
		95843	0	0	0	4	6	1	0	6	0	1	14	0	0	0	0
		95852	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		95864	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
		Total	0	0	0	74	117	41	17	54	3	76	601	0	0	0	0
	SAN BERNARDINO	91709	0	0	0	0	0	0	0	1	0	0	3	0	0	0	0
		91710	0	0	0	0	0	0	0	0	0	2	9	0	0	0	0
		91730	0	0	0	0	0	0	0	1	0	3	9	0	0	0	0
		91737	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0
		91739	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91761	0	0	0	0	1	0	0	0	0	2	12	0	0	0	0
		91762	0	0	0	0	2	0	1	2	2	2	15	0	0	0	0
		91763	0	0	0	2	0	0	0	1	0	4	11	0	0	0	0
		91764	0	0	0	0	0	1	0	5	2	13	20	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type		Total	
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SACRAMENTO	95834	16
		95835	16
		95838	64
		95841	25
		95842	38
		95843	32
		95852	5
		95864	9
		Total	983
	SAN BERNARDINO	91709	4
		91710	11
		91730	13
		91737	3
		91739	1
		91761	15
		91762	24
		91763	18
		91764	41

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name																	
Mailing Zip																		
Mandatory	SAN BERNARDINO	91784	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	
		91786	0	0	0	0	0	0	0	1	0	0	4	15	0	0	0	0
		92301	0	0	0	1	5	0	0	7	0	3	16	0	0	0	0	0
		92307	0	0	0	0	1	0	1	0	0	1	11	0	0	0	0	0
		92308	0	0	0	1	0	2	0	0	0	0	13	0	0	0	0	0
		92313	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		92316	0	0	0	0	5	0	6	1	0	0	5	0	0	0	0	0
		92324	0	0	0	0	4	1	0	7	0	1	8	0	0	0	0	0
		92335	0	0	0	0	4	1	4	0	0	2	35	0	0	0	0	0
		92336	0	0	0	0	0	1	0	0	2	4	13	0	0	0	0	0
		92337	0	0	0	0	0	0	0	0	0	3	3	0	0	0	0	0
		92344	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
		92345	0	0	0	2	6	2	0	2	0	3	28	0	0	0	0	0
		92346	0	0	0	0	4	0	0	0	0	2	7	0	0	0	0	0
		92354	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		92359	0	0	0	0	0	0	0	0	4	0	1	0	0	0	0	0
		92371	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
92373	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN BERNARDINO	91784	2
		91786	20
		92301	32
		92307	14
		92308	16
		92313	1
		92316	17
		92324	21
		92335	46
		92336	20
		92337	6
		92344	4
		92345	43
		92346	13
		92354	2
		92359	5
		92371	4
92373	2		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name																	
Mailing Zip																		
Mandatory	SAN BERNARDINO	92374	0	0	0	0	1	0	0	0	0	0	6	0	0	0	0	
		92375	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92376	0	0	0	1	0	0	0	1	0	3	56	0	0	0	0	0
		92377	0	0	0	0	0	0	0	0	3	0	8	0	0	0	0	0
		92392	0	0	0	0	4	3	0	0	4	2	20	0	0	0	0	0
		92394	0	0	0	0	0	0	0	0	0	0	17	0	0	0	0	0
		92395	0	0	0	1	2	1	0	0	0	0	15	0	0	0	0	0
		92399	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		92401	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92404	0	0	0	1	0	0	3	1	0	7	39	0	0	0	0	0
		92405	0	0	0	1	0	0	0	3	0	1	9	0	0	0	0	0
		92407	0	0	0	0	0	0	0	1	0	5	17	0	0	0	0	0
		92408	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0	0
		92410	0	0	0	2	1	0	0	0	5	1	13	0	0	0	0	0
		92411	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	0
		92879	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0
		95132	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Total			0	0	0	14	41	12	17	34	24	68	475	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN BERNARDINO	92374	7
		92375	1
		92376	61
		92377	11
		92392	33
		92394	17
		92395	19
		92399	2
		92401	1
		92404	51
		92405	14
		92407	23
		92408	8
		92410	22
		92411	13
		92879	3
		95132	1
Total			685

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name																	
Mailing Zip																		
Mandatory	SAN DIEGO	91901	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	
		91903	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
		91906	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91910	0	0	0	1	2	0	0	0	0	0	0	7	0	0	0	0
		91911	0	0	0	4	3	0	2	2	0	4	15	0	0	0	0	0
		91913	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		91914	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91917	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		91932	0	0	0	2	3	1	0	0	0	2	5	0	0	0	0	0
		91934	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91941	0	0	0	1	0	0	0	1	0	3	0	0	0	0	0	0
		91942	0	0	0	2	1	0	0	0	0	1	5	0	0	0	0	0
		91945	0	0	0	1	3	0	0	0	2	0	8	0	0	0	0	0
		91950	0	0	0	0	7	0	0	2	0	0	13	0	0	0	0	0
		91977	0	0	0	3	11	0	2	0	0	10	9	0	0	0	0	0
		91978	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
92004	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0		
92007	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN DIEGO	91901	3
		91903	2
		91906	1
		91910	10
		91911	30
		91913	1
		91914	1
		91917	1
		91932	13
		91934	1
		91941	5
		91942	9
		91945	14
		91950	22
		91977	35
		91978	2
		92004	2
92007	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	SAN DIEGO	92008	0	0	0	4	0	0	0	0	0	2	0	0	0	0	0
		92009	0	0	0	0	0	1	0	3	0	1	1	0	0	0	0
		92010	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92011	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
		92019	0	0	0	4	1	0	0	1	0	5	8	0	0	0	0
		92020	0	0	0	5	15	2	0	1	0	13	22	0	0	0	0
		92021	0	0	0	1	4	1	0	1	0	8	18	0	0	0	0
		92023	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
		92024	0	0	0	0	0	1	1	0	0	2	1	0	0	0	0
		92025	0	0	0	6	20	0	0	0	1	3	17	0	0	0	0
		92026	0	0	0	2	7	1	0	0	0	0	4	0	0	0	0
		92027	0	0	0	6	3	1	0	2	0	8	9	0	0	0	0
		92028	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		92029	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		92036	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		92040	0	0	0	4	4	0	0	1	0	3	0	0	0	0	0
92054	0	0	0	2	0	0	1	2	0	19	4	0	0	0	0		
92056	0	0	0	8	0	2	0	0	0	1	0	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN DIEGO	92008	6
		92009	6
		92010	1
		92011	3
		92019	19
		92020	58
		92021	33
		92023	2
		92024	5
		92025	47
		92026	14
		92027	29
		92028	3
		92029	1
		92036	4
		92040	12
92054	28		
92056	11		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	SAN DIEGO	92057	0	0	0	1	1	1	0	0	0	4	7	0	0	0	0
		92058	0	0	0	4	0	0	0	0	0	2	1	0	0	0	0
		92059	0	0	0	5	0	0	0	1	0	0	0	0	0	0	0
		92064	0	0	0	2	1	0	0	4	0	3	5	0	0	0	0
		92065	0	0	0	7	2	0	0	0	0	0	2	0	0	0	0
		92066	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0
		92069	0	0	0	1	4	0	0	1	0	0	12	0	0	0	0
		92071	0	0	0	0	1	0	1	1	0	2	2	0	0	0	0
		92075	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92078	0	0	0	0	2	0	0	0	0	6	0	0	0	0	0
		92081	0	0	0	1	1	0	0	0	0	0	2	0	0	0	0
		92082	0	0	0	1	2	0	0	0	0	0	3	0	0	0	0
		92083	0	0	0	5	0	0	0	0	0	3	2	0	0	0	0
		92084	0	0	0	0	0	0	0	2	0	4	2	0	0	0	0
		92101	0	0	0	4	0	0	0	0	0	0	2	0	0	0	0
		92102	0	0	0	3	1	0	1	5	0	3	33	0	0	0	0
		92103	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0
		92104	0	0	0	2	1	0	0	0	0	4	7	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN DIEGO	92057	14
		92058	7
		92059	6
		92064	15
		92065	11
		92066	4
		92069	18
		92071	7
		92075	1
		92078	8
		92081	4
		92082	6
		92083	10
		92084	8
		92101	6
		92102	46
92103	4		
92104	14		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	SAN DIEGO	92105	0	0	0	1	9	0	2	5	0	16	23	0	0	0	0
		92106	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92107	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		92109	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92111	0	0	0	1	0	0	0	0	0	9	12	0	0	0	0
		92113	0	0	0	8	0	1	1	1	1	2	30	0	0	0	0
		92114	0	0	0	4	1	3	0	1	0	4	17	0	0	0	0
		92115	0	0	0	0	6	0	4	0	0	15	19	0	0	0	0
		92116	0	0	0	0	1	0	0	0	0	5	3	0	0	0	0
		92117	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
		92119	0	0	0	0	3	0	0	0	0	0	6	0	0	0	0
		92120	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0
		92122	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		92123	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92126	0	0	0	0	2	0	0	0	0	2	5	0	0	0	0
		92127	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92128	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		92129	0	0	0	0	0	1	0	0	0	3	2	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN DIEGO	92105	56
		92106	1
		92107	3
		92109	1
		92111	22
		92113	44
		92114	30
		92115	44
		92116	9
		92117	3
		92119	9
		92120	4
		92122	1
		92123	1
		92126	9
92127	1		
92128	5		
92129	6		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name	Mailing Zip															
Mandatory	SAN DIEGO	92130	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		92139	0	0	0	0	1	0	0	1	0	0	0	11	0	0	0
		92154	0	0	0	0	1	1	0	4	0	0	3	22	0	0	0
		92171	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0
		92173	0	0	0	0	0	0	0	0	0	1	8	0	0	0	0
		94550	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
		Total	0	0	0	114	138	20	16	43	4	185	413	0	0	0	0
	SAN FRANCISCO	94102	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0
		94103	0	0	0	0	0	1	0	0	0	0	0	5	0	0	0
		94107	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0
		94109	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
		94110	0	0	0	0	0	0	0	1	2	1	4	0	0	0	0
		94112	0	0	0	0	1	0	0	0	0	0	0	11	0	0	0
		94116	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
		94117	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0
		94122	0	0	0	0	2	0	0	0	0	0	0	2	0	0	0
		94124	0	0	0	0	0	2	0	0	0	0	3	8	0	0	0
		94130	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN DIEGO	92130	1
		92139	13
		92154	31
		92171	3
		92173	9
		94550	3
		Total	933
	SAN FRANCISCO	94102	8
		94103	6
		94107	6
		94109	2
		94110	8
		94112	12
		94116	2
		94117	6
		94122	4
		94124	13
		94130	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Mandatory	SAN FRANCISCO	94131	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	
		94132	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		94134	0	0	0	0	0	0	0	0	1	3	0	13	0	0	0	0
		94544	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		Total	0	0	0	0	3	4	0	2	5	4	77	0	0	0	0	0
	SAN JOAQUIN	94555	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94605	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95202	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		95203	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
		95204	0	0	0	1	0	0	0	2	0	0	0	5	0	0	0	0
		95205	0	0	0	0	3	0	0	0	0	3	13	0	0	0	0	0
		95206	0	0	0	2	2	0	0	1	0	1	19	0	0	0	0	0
		95207	0	0	0	1	3	0	0	0	1	10	15	0	0	0	0	0
		95209	0	0	0	0	0	0	0	0	0	5	5	0	0	0	0	0
		95210	0	0	0	0	6	0	1	1	0	11	16	0	0	0	0	0
		95212	0	0	0	0	1	0	0	0	0	3	8	0	0	0	0	0
		95215	0	0	0	0	2	1	1	1	0	1	4	0	0	0	0	0
		95219	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN FRANCISCO	94131	2
		94132	4
		94134	17
		94544	2
		Total	95
	SAN JOAQUIN	94555	2
		94605	1
		95202	3
		95203	8
		95204	8
		95205	19
		95206	25
		95207	30
		95209	10
		95210	35
		95212	12
		95215	10
		95219	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name	Mailing Zip															
Mandatory	SAN JOAQUIN	95220	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95231	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0
		95240	0	0	0	3	4	0	4	0	0	1	10	0	0	0	0
		95241	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95242	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95252	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95258	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95320	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
		95330	0	0	0	0	1	0	0	1	0	0	6	0	0	0	0
		95336	0	0	0	0	0	0	0	2	0	0	26	0	0	0	0
		95337	0	0	0	0	0	0	0	0	0	0	18	0	0	0	0
		95363	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95366	0	0	0	0	0	0	0	0	0	1	5	0	0	0	0
		95376	0	0	0	2	0	2	0	0	0	1	23	0	0	0	0
		95391	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Total			0	0	0	9	22	6	6	8	2	37	197	0	0	0	
	SANTA CLARA	94041	0	0	0	2	0	0	0	0	0	0	0	0	0	0	
		94043	0	0	0	0	0	0	0	0	0	1	5	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SAN JOAQUIN	95220	1
		95231	3
		95240	22
		95241	1
		95242	1
		95252	2
		95258	2
		95320	1
		95330	8
		95336	28
		95337	18
		95363	1
		95366	6
		95376	28
		95391	1
	Total	287	
		SANTA CLARA	94041
		94043	6

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	SANTA CLARA	94085	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		94086	0	0	0	0	0	0	0	1	0	0	4	0	0	0	0
		94087	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94089	0	0	0	1	1	0	0	0	0	0	2	0	0	0	0
		94303	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0
		94306	0	0	0	3	0	0	0	0	0	0	1	0	0	0	0
		95002	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		95008	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95020	0	0	0	0	5	0	0	0	0	0	4	0	0	0	0
		95021	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
		95035	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95037	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
		95051	0	0	0	0	0	0	0	3	0	2	4	0	0	0	0
		95111	0	0	0	4	4	0	2	0	0	1	6	0	0	0	0
		95112	0	0	0	0	0	0	0	1	0	1	4	0	0	0	0
		95116	0	0	0	0	1	0	0	0	0	0	6	0	0	0	0
		95117	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95118	0	0	0	1	0	0	0	0	0	1	9	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SANTA CLARA	94085	1
		94086	5
		94087	2
		94089	4
		94303	3
		94306	4
		95002	3
		95008	1
		95020	9
		95021	2
		95035	2
		95037	4
		95051	9
		95111	17
		95112	6
		95116	7
		95117	2
95118	11		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	SANTA CLARA	95119	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0
		95120	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95121	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		95122	0	0	0	0	0	0	0	0	0	1	6	0	0	0	0
		95123	0	0	0	0	4	0	0	0	0	2	5	0	0	0	0
		95124	0	0	0	2	0	0	0	0	0	0	9	0	0	0	0
		95125	0	0	0	0	0	0	0	0	3	0	4	0	0	0	0
		95126	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95127	0	0	1	0	0	0	0	0	3	4	14	0	0	0	0
		95130	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0
		95131	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95132	0	0	0	0	0	0	3	0	0	0	4	0	0	0	0
		95133	0	0	0	1	1	0	0	0	0	2	3	0	0	0	0
		95134	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95135	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		95136	0	0	0	0	0	1	0	0	0	1	3	0	0	0	0
		95148	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0
		Total	0	0	1	17	21	1	5	7	6	26	115	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	SANTA CLARA	95119	3
		95120	1
		95121	5
		95122	7
		95123	11
		95124	11
		95125	7
		95126	2
		95127	22
		95130	3
		95131	1
		95132	7
		95133	7
		95134	2
		95135	1
		95136	5
		95148	4
Total			199

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Mandatory	STANISLAUS	95307	0	0	0	2	0	0	0	0	2	3	19	0	0	0	0	
		95319	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		95323	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95328	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		95350	0	0	0	0	1	0	0	1	3	2	16	0	0	0	0	0
		95351	0	0	0	2	0	0	0	0	0	0	0	26	0	0	0	0
		95354	0	0	0	0	3	0	0	0	0	1	9	0	0	0	0	0
		95355	0	0	0	0	1	2	0	4	0	0	15	0	0	0	0	0
		95356	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
		95357	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0
		95358	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0
		95361	0	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0
		95363	0	0	0	0	0	0	0	0	1	0	9	0	0	0	0	0
		95367	0	0	0	0	4	0	0	0	0	4	2	0	0	0	0	0
		95368	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
		95386	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95817	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Total			0	0	0	4	10	2	0	5	7	11	128	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	STANISLAUS	95307	26
		95319	3
		95323	2
		95328	3
		95350	23
		95351	28
		95354	13
		95355	22
		95356	4
		95357	6
		95358	9
		95361	4
		95363	10
		95367	10
		95368	2
		95386	1
		95817	1
Total			167

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	TULARE	93201	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93215	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93219	0	0	0	0	4	0	0	0	0	4	8	0	0	0	0
		93221	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93223	0	0	0	0	3	0	0	4	0	1	2	0	0	0	0
		93227	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		93235	0	0	0	0	1	0	0	0	0	2	2	0	0	0	0
		93247	0	0	0	0	1	0	0	0	0	3	3	0	0	0	0
		93256	0	0	0	0	0	0	0	0	0	3	11	0	0	0	0
		93257	0	0	0	0	0	0	0	1	1	8	2	0	0	0	0
		93258	0	0	0	0	0	0	0	0	0	1	5	0	0	0	0
		93261	0	0	0	2	0	0	0	3	0	2	6	0	0	0	0
		93265	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93267	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		93270	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		93272	0	0	0	2	0	0	0	0	0	0	3	0	0	0	0
		93274	0	0	0	1	2	0	0	3	0	19	9	0	0	0	0
		93275	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	TULARE	93201	1
		93215	1
		93219	16
		93221	1
		93223	10
		93227	3
		93235	5
		93247	7
		93256	14
		93257	12
		93258	6
		93261	13
		93265	1
		93267	4
		93270	2
		93272	5
		93274	34
93275	3		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Mandatory	TULARE	93277	0	0	0	0	2	0	0	0	0	3	15	0	0	0	0
		93286	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93290	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93291	0	0	0	2	13	0	0	0	0	1	20	0	0	0	0
		93292	0	0	0	2	8	0	0	0	0	2	16	0	0	0	0
		93615	0	0	0	0	0	0	0	0	0	12	0	0	0	0	0
		93618	0	0	0	0	18	0	0	1	0	47	19	0	0	0	0
		93631	0	0	0	0	4	0	0	0	0	2	3	0	0	0	0
		93647	0	0	0	1	7	0	0	0	0	17	16	0	0	0	0
		93666	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
		93673	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
Total			0	0	0	10	63	0	0	12	1	138	156	0	0	0	0
Total			0	0	1	520	1,018	174	137	340	97	1,465	5,449	0	0	0	3
Voluntary		94501	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		94546	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94551	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		94560	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		94605	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Mandatory	TULARE	93277	20
		93286	2
		93290	1
		93291	36
		93292	28
		93615	12
		93618	85
		93631	9
		93647	41
		93666	4
		93673	4
			Total
Total			9,204
Voluntary		94501	1
		94546	1
		94551	1
		94560	2
		94605	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type		Disenrollment															
Disenrollment Reason Code		E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name																
Mailing Zip																	
Voluntary		94606	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		94609	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94612	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	1	0	0	3	0	0	0	0	1	0	0	4	0	0	1
	ALAMEDA	93703	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		94501	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		94518	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		94536	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94538	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		94539	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94541	0	0	0	0	0	0	0	1	0	0	5	0	0	0	0
		94544	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
		94545	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		94555	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		94560	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		94577	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0
94578	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0		
94580	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type		Total	
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary		94606	1
		94609	2
		94612	1
		Total	10
	ALAMEDA	93703	3
		94501	3
		94518	1
		94536	1
		94538	1
		94539	2
		94541	6
		94544	3
		94545	2
		94555	1
		94560	1
		94577	3
		94578	2
94580	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment																
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05		
Aid Code	County Name	Mailing Zip																	
Voluntary	ALAMEDA	94587	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94602	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		94603	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		94605	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		94607	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		94609	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0
		94619	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		94703	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		94960	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
	Total	2	0	1	1	4	0	0	3	0	3	31	1	0	0	0	0		
	CONTRA COSTA	94509	0	0	0	0	0	0	0	0	1	1	16	0	0	0	0	0	
		94513	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		94520	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
		94523	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
		94531	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
		94547	0	0	0	0	0	0	0	0	0	2	3	0	0	0	0	0	
		94565	0	0	0	1	0	0	0	0	0	0	6	0	0	0	0	0	
		94572	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	ALAMEDA	94587	1
		94602	1
		94603	2
		94605	1
		94607	1
		94609	7
		94619	1
		94703	1
		94960	1
	Total	46	
	CONTRA COSTA	94509	18
		94513	1
		94520	1
		94523	1
		94531	1
		94547	5
		94565	7
		94572	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment																
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05		
Aid Code	County Name	Mailing Zip																	
Voluntary	CONTRA COSTA	94583	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94601	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94801	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0
		94804	0	0	0	0	0	0	0	0	1	0	0	4	0	0	1	0	0
		94806	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0
		95818	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		Total	1	0	0	1	0	0	0	0	1	1	4	43	0	0	1	0	0
	FRESNO	93210	0	0	0	0	5	0	0	0	0	0	0	1	0	0	0	0	0
		93234	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		93242	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93609	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93611	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93612	0	0	0	0	1	0	0	0	0	0	2	3	0	0	0	0	0
		93616	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		93619	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93625	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
		93630	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93631	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	CONTRA COSTA	94583	1
		94601	1
		94801	4
		94804	6
		94806	3
		95818	2
		Total	52
	FRESNO	93210	6
		93234	1
		93242	1
		93609	1
		93611	1
		93612	6
		93616	1
		93619	1
		93625	2
		93630	1
		93631	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	FRESNO	93648	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0
		93654	0	0	0	1	0	0	0	0	0	1	4	0	0	0	0
		93657	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0
		93660	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		93662	0	0	0	0	2	0	0	0	3	0	4	0	0	0	0
		93667	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		93701	0	0	0	0	1	0	0	0	0	1	6	0	0	0	0
		93702	0	0	0	1	0	0	0	0	0	8	2	0	0	0	0
		93703	0	0	0	3	1	0	0	0	0	2	5	0	0	0	0
		93704	0	0	0	0	1	2	0	0	0	1	2	0	0	0	0
		93705	0	0	0	0	3	0	0	0	0	3	2	0	0	0	0
		93706	0	0	0	2	7	0	0	0	0	7	10	0	0	0	0
		93710	0	0	0	1	0	0	0	0	0	2	11	0	0	0	0
		93711	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93720	0	0	0	1	1	0	1	0	0	1	2	0	0	0	0
		93721	0	0	0	0	2	0	0	0	0	1	2	0	0	0	0
		93722	0	0	0	0	3	0	0	1	0	1	14	0	0	0	0
		93725	0	0	0	0	0	0	0	0	0	2	5	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	FRESNO	93648	3
		93654	6
		93657	3
		93660	2
		93662	9
		93667	3
		93701	8
		93702	11
		93703	11
		93704	6
		93705	8
		93706	26
		93710	14
		93711	1
		93720	6
		93721	5
93722	19		
93725	7		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	FRESNO	93726	0	0	0	0	2	0	1	0	0	1	9	0	0	0	0	
		93727	0	0	0	0	8	1	0	0	0	0	7	7	0	0	1	0
		93728	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93744	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93745	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		Total	0	0	0	13	41	3	2	1	3	46	100	0	0	1	0	0
	KERN	90004	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93203	0	0	0	0	0	0	0	0	0	0	2	2	1	0	1	0
		93215	0	0	0	0	0	0	0	0	1	0	0	10	0	0	1	0
		93241	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
		93249	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93250	0	0	0	0	1	0	0	0	0	0	0	7	0	0	0	0
		93252	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		93263	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		93280	0	0	0	0	1	0	0	0	0	0	0	6	0	0	0	0
		93285	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93301	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0
		93304	0	0	0	0	4	0	0	0	0	0	0	9	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type		Total	
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	FRESNO	93726	13
		93727	24
		93728	1
		93744	1
		93745	1
		Total	210
	KERN	90004	1
		93203	6
		93215	12
		93241	8
		93249	1
		93250	8
		93252	1
		93263	3
		93280	7
		93285	1
		93301	2
		93304	13

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	KERN	93305	0	0	0	0	0	0	0	0	0	1	10	0	0	0	0	
		93306	0	0	0	0	2	0	0	0	0	0	3	0	0	0	0	
		93307	0	0	0	0	3	0	0	1	0	1	9	0	0	0	0	
		93308	0	0	0	1	0	0	0	0	0	1	5	0	0	0	0	
		93309	0	0	0	1	2	0	0	0	1	0	11	0	0	0	0	
		93311	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	
		93312	0	0	0	0	0	1	0	1	0	0	4	0	0	0	0	
		93313	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	
		93387	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		93501	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	
		93502	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
		93505	0	0	0	2	0	0	0	0	0	0	6	0	0	0	0	
		93555	0	0	0	0	0	0	3	0	0	0	5	0	0	0	0	
		93560	0	0	0	0	0	0	1	0	0	0	5	0	0	0	0	
		Total			0	0	0	6	16	1	4	3	1	6	110	2	0	4
	LOS ANGELES	90001	0	0	0	0	0	0	0	0	0	1	3	0	0	1	0	
		90002	0	0	0	0	0	0	3	0	0	0	1	0	3	0	1	0
		90003	0	0	0	0	0	0	0	0	0	4	1	0	0	4	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	KERN	93305	11
		93306	5
		93307	14
		93308	7
		93309	15
		93311	3
		93312	6
		93313	2
		93387	1
		93501	3
		93502	1
		93505	8
		93555	8
		93560	6
			Total
	LOS ANGELES	90001	5
		90002	8
		90003	9

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	90004	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90005	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		90006	0	0	0	0	1	0	0	0	0	2	1	0	0	1	1
		90007	0	0	0	0	0	0	0	0	0	0	7	0	0	1	0
		90008	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
		90010	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		90011	0	0	0	0	1	0	0	0	0	5	10	0	0	5	0
		90012	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0
		90015	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90016	0	0	0	1	0	0	0	0	0	1	2	0	0	0	0
		90017	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0
		90018	0	0	0	0	1	0	0	0	0	0	0	0	2	1	0
		90019	0	0	0	0	1	0	0	0	0	0	2	0	0	2	1
		90021	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		90022	0	0	0	0	0	0	0	0	0	1	7	0	0	1	1
		90023	0	0	0	1	0	0	0	0	0	1	14	0	0	1	0
		90025	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		90026	0	0	0	0	0	0	0	0	0	2	3	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	90004	1
		90005	6
		90006	6
		90007	8
		90008	2
		90010	2
		90011	21
		90012	3
		90015	1
		90016	4
		90017	3
		90018	4
		90019	6
		90021	1
		90022	10
		90023	17
90025	1		
90026	6		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	90027	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
		90028	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
		90029	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		90031	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90032	0	0	0	0	2	1	0	0	0	0	3	0	0	1	0
		90033	0	0	0	0	0	0	0	0	0	1	6	0	0	1	0
		90034	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		90036	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90037	0	0	0	0	2	0	0	0	0	2	17	0	0	0	0
		90038	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90039	0	0	0	0	1	0	0	0	0	1	2	0	0	0	0
		90040	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		90042	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90043	0	0	0	0	0	0	0	0	0	1	1	0	0	2	0
		90044	0	0	0	1	1	1	0	2	0	4	5	0	0	1	0
		90045	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		90047	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90048	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	90027	2
		90028	2
		90029	1
		90031	2
		90032	7
		90033	8
		90034	1
		90036	1
		90037	21
		90038	1
		90039	4
		90040	3
		90042	1
		90043	4
		90044	15
		90045	1
90047	2		
90048	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	90049	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90058	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
		90059	0	0	0	0	1	0	0	0	0	2	3	0	0	3	0
		90061	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0
		90062	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		90063	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0
		90064	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90065	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0
		90068	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
		90201	0	0	0	0	2	0	0	0	0	2	6	0	0	4	0
		90211	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90213	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90220	0	0	0	1	0	0	0	0	0	0	6	0	0	3	0
		90221	0	0	0	0	1	0	0	0	0	0	5	1	0	1	1
		90222	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0
		90240	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		90241	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90242	0	0	0	1	0	0	0	0	0	1	3	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	90049	1
		90058	2
		90059	9
		90061	3
		90062	4
		90063	4
		90064	1
		90065	3
		90068	2
		90201	14
		90211	1
		90213	1
		90220	10
		90221	9
		90222	3
		90240	1
90241	1		
90242	6		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	90247	0	0	0	0	1	0	0	0	0	0	0	0	0	3	0
		90249	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0
		90250	0	0	0	0	1	0	0	1	0	0	1	1	0	3	1
		90255	0	0	0	0	0	0	0	0	0	1	7	2	0	0	1
		90260	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90262	0	0	0	0	1	0	0	0	0	3	7	0	0	0	0
		90266	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		90270	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0
		90280	0	0	0	0	2	1	0	0	0	0	5	0	0	1	0
		90301	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0
		90302	0	0	0	0	0	0	0	0	0	0	3	0	0	1	0
		90303	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90304	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0
		90404	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		90405	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		90501	0	0	0	1	1	0	0	0	0	1	3	0	0	1	0
		90503	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
		90504	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	90247	4
		90249	3
		90250	8
		90255	11
		90260	1
		90262	11
		90266	1
		90270	4
		90280	9
		90301	3
		90302	4
		90303	1
		90304	4
		90404	1
		90405	1
		90501	7
90503	2		
90504	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	90601	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90603	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90605	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		90606	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		90638	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		90640	0	0	0	0	0	0	0	0	0	1	2	0	0	2	0
		90650	0	0	0	0	2	0	0	0	0	1	6	0	0	2	0
		90660	0	0	0	0	0	0	0	0	0	1	2	0	0	1	0
		90670	0	0	0	0	0	0	0	0	0	0	4	0	0	1	0
		90703	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
		90706	0	0	0	1	3	0	0	0	0	0	2	1	0	3	0
		90710	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90712	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		90713	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
		90715	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		90717	0	0	0	0	0	0	0	0	0	1	2	1	0	0	0
		90723	0	0	0	0	0	0	0	0	0	2	1	0	0	2	0
		90731	0	0	0	1	0	0	0	0	0	1	1	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	90601	2
		90603	2
		90605	2
		90606	2
		90638	2
		90640	5
		90650	11
		90660	4
		90670	5
		90703	2
		90706	10
		90710	1
		90712	1
		90713	2
		90715	1
		90717	4
		90723	5
90731	4		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	90744	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
		90745	0	0	0	0	0	0	1	0	0	0	3	0	0	1	0
		90746	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
		90755	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		90802	0	0	0	0	2	0	0	0	0	1	3	0	0	2	0
		90804	0	0	0	0	0	0	1	0	0	0	7	0	0	1	0
		90805	0	0	0	0	1	0	0	0	0	8	2	0	0	2	0
		90806	0	0	0	0	3	0	0	0	0	0	6	0	0	4	0
		90807	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
		90808	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0
		90810	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0
		90813	0	0	0	0	3	0	0	0	0	1	5	0	0	3	0
		90814	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
		91001	0	0	0	0	0	0	0	0	0	0	2	0	0	1	1
		91010	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91024	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91042	0	0	0	1	0	0	0	0	0	3	3	0	0	0	0
		91066	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	90744	2
		90745	5
		90746	2
		90755	1
		90802	8
		90804	9
		90805	13
		90806	13
		90807	2
		90808	2
		90810	4
		90813	12
		90814	3
		91001	4
		91010	1
		91024	2
91042	7		
91066	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	91103	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91104	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0
		91201	0	0	0	0	0	0	0	0	0	2	4	0	0	1	0
		91202	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0
		91203	0	0	0	0	1	0	0	0	0	7	2	0	0	0	0
		91205	0	0	0	1	0	0	0	0	0	7	2	0	0	0	0
		91206	0	0	0	0	1	0	0	0	0	4	1	0	0	0	0
		91214	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
		91303	0	0	0	0	0	0	0	0	0	0	1	0	0	2	1
		91304	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0
		91306	0	0	0	0	0	0	0	0	0	0	5	0	0	1	0
		91307	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
		91316	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91324	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
		91326	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		91331	0	0	0	0	0	0	0	0	0	1	5	0	0	1	0
		91335	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		91340	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	91103	1
		91104	3
		91201	7
		91202	5
		91203	10
		91205	10
		91206	6
		91214	2
		91303	4
		91304	5
		91306	6
		91307	2
		91316	1
		91324	2
		91326	2
		91331	7
		91335	1
91340	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	91342	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
		91343	0	0	0	0	2	0	1	0	0	0	4	1	0	1	0
		91344	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0
		91350	0	0	0	3	0	0	0	0	0	0	3	0	0	0	0
		91352	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0
		91355	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
		91356	0	0	0	2	1	0	0	0	0	0	1	0	0	0	0
		91364	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		91367	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91384	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1
		91390	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		91402	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0
		91405	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
		91411	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		91501	0	0	0	0	1	0	0	0	0	3	1	0	0	0	0
		91601	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		91602	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		91605	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	91342	2
		91343	9
		91344	3
		91350	6
		91352	4
		91355	2
		91356	4
		91364	1
		91367	1
		91384	3
		91390	1
		91402	7
		91405	3
		91411	1
		91501	5
		91601	1
91602	1		
91605	2		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	91606	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0
		91702	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
		91706	0	0	0	0	0	1	0	0	0	0	4	1	0	0	1
		91722	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		91724	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91731	0	0	0	0	1	0	0	0	0	0	4	0	0	0	0
		91732	0	0	0	0	2	0	0	0	0	3	3	0	0	1	1
		91733	0	0	0	0	0	1	0	0	0	1	3	0	0	0	0
		91741	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91744	0	0	0	0	0	0	1	0	0	1	7	0	0	0	0
		91745	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0
		91746	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0
		91748	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91750	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91754	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		91755	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91762	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		91766	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	91606	3
		91702	2
		91706	7
		91722	5
		91724	1
		91731	5
		91732	10
		91733	5
		91741	1
		91744	9
		91745	3
		91746	2
		91748	2
		91750	1
		91754	1
		91755	1
91762	1		
91766	3		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	LOS ANGELES	91767	0	0	0	1	0	0	0	0	0	1	6	0	0	1	0
		91768	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0
		91770	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		91773	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		91776	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
		91778	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91780	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0
		91789	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		91790	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0
		91792	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		91801	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92308	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		92392	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92394	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92404	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92509	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92562	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93534	0	0	0	0	2	0	0	1	0	0	4	0	0	2	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	91767	9
		91768	5
		91770	2
		91773	3
		91776	2
		91778	1
		91780	3
		91789	1
		91790	3
		91792	2
		91801	1
		92308	1
		92392	1
		92394	1
		92404	1
		92509	1
92562	1		
93534	9		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	LOS ANGELES	93535	0	0	0	0	2	0	0	1	0	1	9	0	0	3	0	
		93536	0	0	0	2	0	0	0	0	0	0	1	2	0	0	0	0
		93550	0	0	0	0	1	0	0	0	0	0	0	2	1	0	0	0
		93551	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		93552	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		93560	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	33	64	12	7	13	1	128	374	14	2	118	11	
	MARIN	94941	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		Total	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
	RIVERSIDE	90064	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90804	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91752	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91910	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92126	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0
		92173	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		92201	0	0	0	0	0	0	0	0	0	0	0	3	2	0	0	0
		92203	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
	92220	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	LOS ANGELES	93535	16
		93536	5
		93550	4
		93551	2
		93552	1
		93560	1
		Total	777
	MARIN	94941	1
		Total	1
	RIVERSIDE	90064	1
		90804	2
		91752	2
		91910	1
		92126	3
		92173	2
		92201	5
		92203	3
	92220	3	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	RIVERSIDE	92223	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
		92230	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92234	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
		92236	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92240	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		92253	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92260	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		92261	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92262	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92264	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92274	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0
		92501	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		92503	0	0	0	0	0	0	0	0	0	1	3	1	0	0	0
		92504	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
		92505	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92507	0	0	0	0	0	0	10	0	2	0	7	0	0	0	0
		92508	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		92509	0	0	0	0	0	0	0	0	2	0	15	1	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	RIVERSIDE	92223	8
		92230	1
		92234	2
		92236	1
		92240	5
		92253	1
		92260	4
		92261	1
		92262	1
		92264	1
		92274	3
		92501	1
		92503	5
		92504	2
		92505	3
		92507	19
92508	1		
92509	19		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	RIVERSIDE	92530	0	0	0	0	2	0	0	0	0	1	3	0	0	0	0	
		92532	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
		92543	0	0	0	0	0	0	0	0	0	0	1	4	0	0	1	0
		92544	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
		92545	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0
		92548	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92551	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0
		92553	0	0	0	1	2	0	0	0	0	0	0	10	2	0	1	0
		92557	0	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0
		92562	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0
		92563	0	0	0	2	0	0	0	0	0	0	0	4	0	0	0	0
		92570	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		92571	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0
		92582	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		92583	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	0
		92585	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
92591	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0		
92592	0	0	0	0	3	0	0	0	0	0	0	0	1	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	RIVERSIDE	92530	6
		92532	1
		92543	6
		92544	2
		92545	4
		92548	3
		92551	4
		92553	16
		92557	5
		92562	3
		92563	6
		92570	4
		92571	16
		92582	1
		92583	8
		92585	1
92591	3		
92592	4		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	RIVERSIDE	92879	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	
		92880	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0
		92882	0	0	0	0	0	0	1	0	0	0	3	2	0	0	1	0
		Total	0	0	0	4	11	3	11	2	6	10	137	11	1	8	0	0
	SACRAMENTO	90716	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93727	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		94509	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95111	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		95608	0	0	0	1	3	1	0	0	0	2	1	0	0	1	0	0
		95610	0	0	0	0	0	0	0	2	0	1	5	0	1	1	0	0
		95621	0	0	0	1	0	0	0	0	0	0	2	0	0	1	0	0
		95624	0	0	0	0	1	0	0	0	0	1	2	1	0	0	0	0
		95628	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
		95630	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		95655	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		95660	1	0	0	1	0	0	0	0	0	0	6	0	0	0	0	0
		95662	0	0	0	0	1	0	0	0	0	0	2	0	0	1	0	0
		95670	0	0	0	0	2	0	0	1	0	1	6	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	RIVERSIDE	92879	2
		92880	2
		92882	7
		Total	204
	SACRAMENTO	90716	1
		93727	1
		94509	1
		95111	1
		95608	9
		95610	10
		95621	4
		95624	5
		95628	1
		95630	1
		95655	1
		95660	8
		95662	4
		95670	10

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	SACRAMENTO	95673	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		95742	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95757	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0
		95758	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0
		95811	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
		95812	0	0	0	0	1	1	0	0	0	0	6	0	0	0	0
		95813	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95814	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95815	0	0	0	1	1	1	0	0	0	1	3	1	0	0	0
		95816	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
		95817	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		95818	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0
		95820	0	0	0	1	0	0	0	1	0	1	11	1	0	0	0
		95821	0	0	0	0	1	0	3	1	0	0	2	1	1	2	0
		95822	0	0	0	0	0	0	0	1	0	2	3	1	2	0	0
		95823	0	0	0	0	1	1	0	0	0	3	17	0	1	0	0
		95824	0	0	0	1	1	0	0	0	0	2	12	0	0	0	0
		95825	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SACRAMENTO	95673	1
		95742	2
		95757	3
		95758	4
		95811	2
		95812	8
		95813	2
		95814	2
		95815	8
		95816	2
		95817	2
		95818	3
		95820	15
		95821	11
		95822	9
		95823	23
95824	16		
95825	4		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	SACRAMENTO	95826	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	
		95827	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0	0
		95828	0	0	0	1	1	0	0	0	0	0	5	9	0	0	0	0
		95829	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0
		95832	0	0	0	0	2	0	0	0	0	1	2	0	0	0	0	0
		95833	0	0	0	1	2	0	0	0	0	0	6	3	0	0	0	0
		95834	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		95835	0	0	0	0	0	0	1	0	0	0	0	4	0	0	0	0
		95838	0	0	0	0	1	1	0	0	0	0	0	3	0	0	0	0
		95841	1	0	0	0	2	0	0	0	0	0	0	3	0	0	1	0
		95842	0	0	0	0	0	0	0	0	0	0	0	4	0	0	1	1
		95843	0	0	0	1	1	0	1	0	0	0	1	2	0	0	1	0
	Total			2	0	0	13	25	9	7	8	0	32	135	5	5	11	1
	SAN BERNARDINO	90255	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90804	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
91701		0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
91709		0	0	0	0	0	0	0	0	0	1	0	3	0	0	0	0	
91710		0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SACRAMENTO	95826	3
		95827	4
		95828	16
		95829	3
		95832	5
		95833	12
		95834	6
		95835	5
		95838	5
		95841	7
		95842	6
		95843	7
	Total	253	
	SAN BERNARDINO	90255	1
		90804	2
		91701	2
		91709	4
91710		2	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	SAN BERNARDINO	91730	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	
		91737	0	0	0	0	0	0	0	0	0	3	0	2	0	0	0	0
		91739	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91750	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91761	0	0	0	0	0	0	0	0	0	0	0	11	0	0	1	0
		91762	0	0	0	0	2	0	0	0	0	0	0	5	0	0	2	0
		91763	0	0	0	0	0	0	1	2	0	0	0	3	0	0	0	0
		91764	0	0	0	0	0	1	0	0	0	0	0	6	0	0	1	0
		91786	0	0	0	0	0	0	0	0	0	0	2	8	1	0	1	0
		92202	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92256	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
		92301	0	0	0	0	0	0	0	0	0	0	1	6	1	0	0	0
		92307	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
		92308	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	1
		92311	0	0	0	0	1	0	0	0	0	0	0	4	0	0	0	0
		92315	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
		92316	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
92324	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN BERNARDINO	91730	3
		91737	5
		91739	1
		91750	1
		91761	12
		91762	9
		91763	6
		91764	8
		91786	12
		92202	1
		92256	2
		92301	8
		92307	2
		92308	5
		92311	5
		92315	2
		92316	6
92324	4		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	SAN BERNARDINO	92329	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92335	0	0	0	0	0	0	1	0	1	1	8	0	0	0	0
		92336	0	0	0	0	0	0	0	0	0	1	3	0	0	1	0
		92337	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92339	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92345	0	0	0	1	3	0	0	0	2	1	11	1	0	4	0
		92346	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92347	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92373	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0
		92374	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92376	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92377	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0
		92392	0	0	0	1	2	0	0	0	0	0	8	0	0	2	0
		92394	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0
		92395	0	0	0	0	0	0	0	0	0	0	4	0	0	1	0
		92401	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		92404	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
		92405	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN BERNARDINO	92329	1
		92335	11
		92336	5
		92337	1
		92339	1
		92345	23
		92346	1
		92347	1
		92373	2
		92374	1
		92376	3
		92377	3
		92392	13
		92394	4
		92395	5
		92401	2
92404	9		
92405	3		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name	Mailing Zip															
Voluntary	SAN BERNARDINO	92407	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		92410	0	0	0	0	0	0	0	2	0	0	7	1	0	0	0
		92427	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		92509	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92557	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	4	11	2	3	4	7	17	140	7	0	14	1
	SAN DIEGO	91901	0	0	0	0	0	1	0	0	0	0	0	0	1	2	0
		91910	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0
		91911	0	0	0	0	1	0	0	0	3	1	3	0	0	1	0
		91912	0	0	0	0	3	0	0	4	0	0	2	0	0	0	0
		91915	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
		91932	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		91941	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91942	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91945	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91950	0	0	0	1	0	0	0	0	0	1	4	0	0	0	0
		91951	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		91977	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN BERNARDINO	92407	5
		92410	10
		92427	1
		92509	1
		92557	1
		Total	210
	SAN DIEGO	91901	4
		91910	3
		91911	9
		91912	9
		91915	2
		91932	3
		91941	1
		91942	1
		91945	1
		91950	6
		91951	1
		91977	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	SAN DIEGO	91978	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0
		92008	0	0	0	1	0	0	0	0	0	2	1	0	0	0	0
		92009	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		92011	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		92018	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92020	0	0	0	1	6	0	0	0	0	2	5	0	0	0	0
		92021	0	0	0	2	4	0	0	0	0	2	7	0	0	0	0
		92022	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
		92025	0	0	0	0	3	0	0	0	0	0	3	0	0	0	0
		92030	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92040	1	0	0	1	2	0	0	0	0	0	2	0	0	0	0
		92051	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92054	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92057	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92058	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		92059	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
		92061	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
		92064	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN DIEGO	91978	5
		92008	4
		92009	2
		92011	1
		92018	1
		92020	14
		92021	15
		92022	2
		92025	6
		92030	3
		92040	6
		92051	1
		92054	3
		92057	3
		92058	3
92059	2		
92061	1		
92064	3		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Voluntary	SAN DIEGO	92069	0	0	0	0	2	0	0	0	0	1	0	0	0	0	1
		92071	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		92081	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92082	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
		92083	0	0	0	0	0	0	0	0	0	1	8	0	0	0	0
		92084	1	0	0	0	0	0	0	0	0	0	7	0	0	0	0
		92092	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92101	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92102	0	0	0	0	0	0	0	1	0	1	4	0	0	0	0
		92104	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
		92105	0	0	0	0	2	0	0	1	0	7	11	0	0	0	0
		92108	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92109	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92111	0	0	0	3	1	0	0	0	0	0	4	0	0	0	0
		92112	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92113	0	0	0	1	1	0	0	2	0	1	2	0	0	2	0
		92114	0	0	0	0	1	0	0	1	0	1	2	0	0	0	0
		92115	0	0	0	0	2	0	0	2	0	0	3	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN DIEGO	92069	4
		92071	1
		92081	1
		92082	1
		92083	9
		92084	8
		92092	1
		92101	1
		92102	6
		92104	6
		92105	21
		92108	1
		92109	1
		92111	8
		92112	1
92113	9		
92114	5		
92115	7		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment																
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05		
Aid Code	County Name	Mailing Zip																	
Voluntary	SAN DIEGO	92116	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0		
		92121	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	
		92123	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
		92124	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		92126	0	0	0	2	1	0	0	1	0	1	3	1	0	0	0	0	
		92129	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	
		92130	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	
		92139	0	0	0	0	1	0	0	0	0	0	0	4	0	0	0	0	
		92154	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	
		92172	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
		92173	0	0	0	1	0	0	0	0	0	0	0	2	0	0	1	0	
		92174	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
		92562	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
		Total			2	0	0	18	41	1	1	13	5	27	122	2	3	10	1
			SAN FRANCISCO	94102	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
94103	0			0	0	0	0	3	0	0	0	0	0	0	0	0	0		
94110	0			0	0	0	0	0	0	0	0	0	1	0	0	0	0		
94112	0			0	0	0	0	0	0	0	0	0	0	3	0	0	0		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN DIEGO	92116	1
		92121	2
		92123	1
		92124	1
		92126	9
		92129	4
		92130	2
		92139	5
		92154	3
		92172	1
		92173	4
		92174	2
		92562	2
		Total	246
		SAN FRANCISCO	94102
	94103		3
	94110		1
	94112		3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	SAN FRANCISCO	94116	0	0	0	0	0	0	0	0	0	2	3	0	0	0	0	
		94123	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
		94124	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		94132	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		94133	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94134	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
		94142	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		94603	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		94621	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	Total	0	0	0	0	3	3	2	1	0	2	15	0	0	0	0	0	
	SAN JOAQUIN	94605	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95202	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95203	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		95204	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0
		95205	0	0	0	0	1	0	0	0	0	0	0	10	0	0	0	0
		95206	0	0	0	0	1	0	0	0	0	1	2	0	0	0	0	0
		95207	0	0	0	0	0	0	1	0	0	3	5	0	0	0	0	0
		95210	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN FRANCISCO	94116	5
		94123	2
		94124	2
		94132	1
		94133	1
		94134	2
		94142	1
		94603	3
		94621	1
	Total		26
	SAN JOAQUIN	94605	1
		95202	1
		95203	3
		95204	2
		95205	11
		95206	4
		95207	9
		95210	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment																
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05		
Aid Code	County Name	Mailing Zip																	
Voluntary	SAN JOAQUIN	95212	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	
		95219	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		95240	0	0	0	2	0	0	0	0	0	0	0	0	4	0	0	0	0
		95241	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95304	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
		95330	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0
		95337	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95366	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0
		95377	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
	Total	0	0	0	5	3	0	2	0	0	0	10	37	0	0	1	0	0	
	SANTA CLARA	90029	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
		94040	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		94041	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		94043	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		94085	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
		94086	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
		94087	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0
		94089	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SAN JOAQUIN	95212	3
		95219	2
		95240	6
		95241	1
		95304	2
		95330	3
		95337	2
		95366	3
		95377	2
		Total	58
	SANTA CLARA	90029	1
		94040	1
		94041	1
		94043	1
		94085	4
		94086	1
		94087	3
		94089	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name	Mailing Zip															
Voluntary	SANTA CLARA	94303	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95008	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95014	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
		95020	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
		95035	0	0	1	0	2	0	0	0	0	1	2	0	0	0	0
		95037	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		95050	0	0	0	0	1	0	0	0	0	0	3	0	0	0	0
		95051	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
		95070	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
		95111	0	0	0	2	2	0	0	0	0	0	2	0	0	0	0
		95112	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95116	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0
		95117	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95118	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
		95121	0	0	0	1	3	0	0	0	0	0	2	0	0	0	0
		95122	0	0	0	0	2	0	0	0	0	1	3	0	0	0	0
		95123	0	0	0	1	0	0	0	0	0	1	3	0	0	0	0
		95124	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SANTA CLARA	94303	1
		95008	1
		95014	2
		95020	2
		95035	6
		95037	1
		95050	4
		95051	2
		95070	2
		95111	6
		95112	1
		95116	3
		95117	1
		95118	2
		95121	6
		95122	6
		95123	5
95124	2		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	SANTA CLARA	95126	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
		95127	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0
		95128	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95129	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
		95130	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95131	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95132	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		95133	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		95136	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95138	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		95207	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	Total	1	0	1	11	17	2	1	3	0	5	40	0	0	2	0	0	
	STANISLAUS	92115	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
		95307	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	
		95328	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
		95350	0	0	0	0	1	0	0	0	1	4	4	0	0	0	0	
		95351	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	
95354	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0			

Disenrollment 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

COPS-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	SANTA CLARA	95126	1
		95127	3
		95128	1
		95129	2
		95130	1
		95131	1
		95132	1
		95133	2
		95136	1
		95138	1
		95207	1
	Total		83
	STANISLAUS	92115	1
		95307	4
		95328	1
		95350	10
		95351	3
		95354	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	STANISLAUS	95355	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	
		95356	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		95358	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
		95360	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95361	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0
		95363	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95367	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95368	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95380	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0
		95382	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
	Total	0	0	0	0	3	0	0	0	1	5	42	0	0	0	0	0	
	TULARE	93219	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		93221	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		93223	0	0	0	0	1	0	0	0	0	3	7	0	0	0	0	0
		93235	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93247	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
		93257	0	0	0	0	0	0	0	0	0	3	2	0	0	0	0	0
93274		0	0	0	0	2	0	0	0	2	1	9	0	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	STANISLAUS	95355	7
		95356	1
		95358	2
		95360	2
		95361	4
		95363	2
		95367	1
		95368	2
		95380	7
		95382	1
	Total		51
	TULARE	93219	1
		93221	1
		93223	11
		93235	1
		93247	2
		93257	5
		93274	14

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Voluntary	TULARE	93277	0	0	0	0	2	0	0	0	0	0	6	0	0	0	0	
		93291	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
		93292	0	0	0	0	1	0	0	0	0	0	1	5	0	0	0	0
		93615	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93618	0	0	0	0	1	0	0	0	0	0	5	5	0	0	0	0
		93631	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
		93646	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93647	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	0
		93673	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total		0	0	0	1	10	0	0	0	2	17	43	0	0	0	0
Total		9	0	2	114	249	36	40	53	27	312	1,373	42	11	171	14		
Exempt		95350	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	
		Total	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	
	ALAMEDA	94565	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94806	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		Total	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
	CONTRA COSTA	94509	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94523	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Voluntary	TULARE	93277	8
		93291	2
		93292	7
		93615	1
		93618	11
		93631	3
		93646	1
		93647	4
		93673	1
		Total	
	Total		2,453
Exempt		95350	4
		Total	4
	ALAMEDA	94565	1
		94806	1
		Total	2
	CONTRA COSTA	94509	1
		94523	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment																
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05		
Aid Code	County Name	Mailing Zip																	
Exempt	CONTRA COSTA	94564	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		94565	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94572	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
		94589	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		94801	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		Total	0	0	0	0	0	0	0	0	0	0	1	6	0	0	0	0	0
	FRESNO	93210	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
		93611	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93612	0	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0	0
		93630	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93640	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0
		93646	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93648	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
		93654	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
		93657	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0
		93701	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		93702	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0
		93705	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	CONTRA COSTA	94564	1
		94565	1
		94572	1
		94589	1
		94801	1
		Total	7
	FRESNO	93210	2
		93611	1
		93612	5
		93630	1
		93640	4
		93646	1
		93648	1
		93654	1
		93657	4
		93701	2
		93702	4
		93705	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Exempt	FRESNO	93706	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	
		93720	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		93722	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93726	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93728	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
		Total	0	0	0	4	4	0	0	0	0	0	6	26	0	0	0	0
	KERN	93215	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93250	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		93280	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93304	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		93305	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		93307	0	0	0	0	0	0	0	0	0	0	1	4	0	0	0	0
		93308	0	0	0	3	0	0	0	0	0	0	0	1	0	0	0	0
		93314	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		93536	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93561	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		Total	0	1	0	3	0	0	0	2	0	1	13	0	0	0	0	0
	LOS ANGELES	90002	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	FRESNO	93706	4
		93720	1
		93722	2
		93726	2
		93728	2
		Total	40
	KERN	93215	2
		93250	2
		93280	1
		93304	1
		93305	1
		93307	5
		93308	4
		93314	1
		93536	1
		93561	2
	Total	20	
	LOS ANGELES	90002	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Exempt	LOS ANGELES	90004	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90011	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90016	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90022	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90023	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
		90026	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90033	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		90042	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90044	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		90063	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		90078	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90221	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
		90255	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		90280	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		90501	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90640	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		90650	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		90731	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	LOS ANGELES	90004	1
		90011	1
		90016	1
		90022	1
		90023	1
		90026	1
		90033	1
		90042	1
		90044	1
		90063	1
		90078	1
		90221	2
		90255	1
		90280	1
		90501	1
		90640	1
		90650	1
		90731	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment														
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05
Aid Code	County Name																
Mailing Zip																	
Exempt	LOS ANGELES	90732	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
		90745	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		90804	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		90805	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		90806	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		90810	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
		90815	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		91351	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91352	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
		91387	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		91402	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91605	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91730	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91764	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		91770	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91789	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
		92324	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
		92711	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	LOS ANGELES	90732	2
		90745	1
		90804	1
		90805	1
		90806	1
		90810	1
		90815	2
		91351	1
		91352	1
		91387	1
		91402	1
		91605	1
		91730	1
		91764	2
		91770	1
		91789	2
		92324	3
		92711	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Exempt	LOS ANGELES	93535	0	0	0	0	0	1	0	3	0	0	2	0	0	0	0	
		93550	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95812	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		Total	0	0	0	3	3	1	3	6	1	9	23	0	0	3	0	0
	RIVERSIDE	92254	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92504	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0
		92507	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		92532	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
		92555	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		92571	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92582	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92583	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92592	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		Total	0	0	0	0	1	1	3	0	1	0	6	0	0	0	0	0
	SACRAMENTO	92392	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94550	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
		95123	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95240	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	LOS ANGELES	93535	6
		93550	1
		95812	1
		Total	52
	RIVERSIDE	92254	1
		92504	2
		92507	1
		92532	3
		92555	1
		92571	1
		92582	1
		92583	1
		92592	1
		Total	12
	SACRAMENTO	92392	1
		94550	1
		95123	2
		95240	2

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment																
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05		
Aid Code	County Name	Mailing Zip																	
Exempt	SACRAMENTO	95608	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		95624	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95818	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
		95820	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
		95822	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95823	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95824	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95826	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		95828	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		95831	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		95834	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
		95835	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
		95838	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0
		95843	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		Total			0	0	0	2	1	0	0	0	1	1	21	0	0	0	0
	SAN BERNARDINO	90304	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
		91709	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
		91731	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	

Disenrollment 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:

- 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	SACRAMENTO	95608	1
		95624	1
		95818	1
		95820	1
		95822	1
		95823	1
		95824	1
		95826	2
		95828	1
		95831	2
		95834	2
		95835	2
		95838	3
		95843	1
	Total		26
	SAN BERNARDINO	90304	1
91709		1	
91731		1	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Exempt	SAN BERNARDINO	91766	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
		92308	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92316	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92335	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
		92336	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92404	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92410	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92411	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	1	1	0	0	1	0	0	0	9	0	0	0	0
	SAN DIEGO	91911	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		91945	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		91950	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		92020	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0
		92021	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		92027	0	0	0	3	0	0	0	0	0	0	0	1	0	0	0	0
		92065	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		92084	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
		92104	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	SAN BERNARDINO	91766	2
		92308	1
		92316	1
		92335	1
		92336	1
		92404	1
		92410	1
		92411	1
		Total	12
	SAN DIEGO	91911	1
		91945	1
		91950	2
		92020	3
		92021	1
		92027	4
		92065	1
		92084	2
		92104	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Exempt	SAN DIEGO	92105	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
		92113	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0
		92114	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
		92154	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		92164	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
		92562	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	11	3	0	0	0	0	0	0	4	7	0	0	0
	SAN FRANCISCO	94133	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		94544	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		Total	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0
	SAN JOAQUIN	93307	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95205	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95206	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
		95207	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95209	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0
	SANTA CLARA	95136	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total
Disenrollment Reason Code			
Aid Code	County Name		
Mailing Zip			
Exempt	SAN DIEGO	92105	1
		92113	3
		92114	2
		92154	1
		92164	1
		92562	1
		Total	25
	SAN FRANCISCO	94133	1
		94544	2
		Total	3
	SAN JOAQUIN	93307	2
		95205	1
		95206	2
		95207	1
		95209	1
	Total	7	
	SANTA CLARA	95136	1
		Total	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment															
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X03	X04	X05	
Aid Code	County Name	Mailing Zip																
Exempt	STANISLAUS	95307	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	
		95350	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95354	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95355	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		95820	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		Total	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0
	TULARE	93257	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		93277	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93291	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
		93618	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
		Total	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0
	Total		0	1	0	24	13	2	6	9	7	24	132	0	0	3	0	
	Total		9	1	3	658	1,280	212	183	402	131	1,801	6,954	42	11	174	17	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Total	
Disenrollment Reason Code				
Aid Code	County Name			
Mailing Zip				
Exempt	STANISLAUS	95307	2	
		95350	1	
		95354	1	
		95355	1	
		95820	1	
		Total	6	
	TULARE	93257	1	
		93277	1	
		93291	1	
		93618	1	
		Total	4	
	Total		221	
	Total			11,878

Disenrollment 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:

- 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

DENTAL Disenrollment Transactions by Status, County, and ZIP

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name	Mailing Zip													
Voluntary	LOS ANGELES	90001	0	2	0	0	0	17	0	3	19	0	0	0	41
		90002	0	0	7	0	1	5	0	2	19	0	0	0	34
		90003	0	8	8	0	10	11	0	4	43	0	0	0	84
		90004	0	0	0	0	0	1	0	0	12	0	0	0	13
		90005	0	0	0	0	1	5	0	0	1	0	0	0	7
		90006	0	3	1	3	0	6	0	3	19	0	0	0	35
		90007	0	1	2	2	2	3	0	1	6	0	0	0	17
		90008	0	1	1	0	0	2	0	2	0	0	0	0	6
		90011	0	7	6	3	11	13	1	7	52	0	0	0	100
		90012	0	0	0	0	0	0	0	0	2	0	0	0	2
		90015	0	0	0	0	0	2	0	1	1	0	0	0	4
		90016	0	7	0	5	0	2	0	1	9	0	0	0	24
		90017	0	0	1	3	0	0	0	1	14	0	0	0	19
		90018	0	1	0	0	0	0	0	2	16	0	0	0	19
		90019	0	2	0	0	1	9	0	2	10	0	0	0	24
		90020	0	0	1	0	0	1	0	0	3	0	0	0	5

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90022	0	2	0	0	3	5	0	11	27	0	0	0	48
		90023	0	6	0	0	1	1	0	7	30	0	0	0	45
		90025	0	0	0	0	0	1	0	0	0	0	0	0	1
		90026	0	4	0	2	0	0	0	0	5	0	0	0	11
		90027	0	1	1	0	0	2	0	0	0	0	0	0	4
		90028	0	0	3	0	0	0	0	0	6	0	0	0	9
		90029	0	2	1	0	0	3	0	1	6	0	0	0	13
		90031	0	1	2	0	9	2	0	2	8	0	0	0	24
		90032	0	2	2	0	2	2	0	2	5	0	0	0	15
		90033	0	5	2	0	5	11	0	4	25	0	0	0	52
		90034	0	0	2	0	0	0	0	0	3	0	0	0	5
		90035	0	0	0	0	0	0	0	0	1	0	0	0	1
		90037	0	4	4	0	1	12	0	13	17	0	0	0	51
		90038	0	0	1	0	0	0	0	0	15	0	0	0	16
		90039	0	0	0	0	2	0	0	0	1	0	0	0	3
		90040	0	0	0	0	0	5	0	0	1	0	0	0	6
		90041	0	2	0	0	0	0	0	0	2	0	0	0	4
		90042	0	0	2	4	0	1	0	0	2	0	0	0	9

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90043	0	0	0	0	0	6	0	0	8	0	0	0	14
		90044	0	4	5	0	4	17	0	7	42	0	0	0	79
		90047	0	0	2	0	0	0	0	5	4	0	0	0	11
		90054	0	0	0	0	0	0	0	0	1	0	0	0	1
		90057	0	0	1	0	0	8	0	0	11	0	0	0	20
		90058	0	3	0	0	0	0	0	3	1	0	0	0	7
		90059	0	4	1	0	0	11	0	0	27	0	0	0	43
		90061	0	6	5	0	2	6	0	1	8	0	0	0	28
		90062	0	1	2	0	0	1	0	7	8	0	0	0	19
		90063	0	2	2	0	7	7	0	4	13	0	0	0	35
		90064	0	0	1	0	0	0	0	0	0	0	0	0	1
		90065	0	1	0	0	0	0	0	0	3	0	0	0	4
		90066	0	0	0	1	0	0	0	0	2	0	0	0	3
		90201	0	7	2	0	0	16	0	11	39	0	0	0	75
		90212	0	2	0	0	0	0	0	0	0	0	0	0	2
		90220	0	9	2	0	0	2	2	0	13	0	0	0	28
		90221	0	3	16	0	1	19	0	3	34	0	0	0	76
		90222	0	0	3	0	2	4	0	0	16	0	0	0	25

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90230	0	0	0	2	0	1	0	0	0	0	0	0	3
		90240	0	1	0	0	0	0	0	0	1	0	0	0	2
		90241	0	1	0	0	2	0	0	0	8	0	0	0	11
		90242	0	0	2	0	1	0	0	2	9	0	0	0	14
		90245	0	0	0	0	0	0	0	0	2	0	0	0	2
		90247	0	1	0	0	0	3	0	0	11	0	0	0	15
		90248	0	0	0	0	0	0	0	0	2	0	0	0	2
		90249	0	2	0	0	0	0	0	1	3	0	0	0	6
		90250	0	1	2	2	6	1	0	5	34	0	0	0	51
		90255	0	5	0	2	0	3	0	4	30	0	0	0	44
		90260	0	0	1	0	0	1	0	0	4	0	0	0	6
		90262	0	6	11	0	0	6	0	4	25	0	0	0	52
		90270	0	1	0	0	0	5	0	1	10	0	0	0	17
		90277	0	0	0	0	0	0	0	0	1	0	0	0	1
		90278	0	0	0	0	0	2	0	0	0	0	0	0	2
		90280	0	1	9	1	0	1	0	4	37	0	0	0	53
		90291	0	0	0	0	0	0	0	0	2	0	0	0	2
		90301	0	1	3	0	0	1	0	1	4	0	0	0	10

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90302	0	2	0	0	0	0	0	0	2	0	0	0	4
		90303	0	2	0	0	0	0	0	0	6	0	0	0	8
		90304	0	0	0	0	4	2	0	0	12	0	0	0	18
		90404	0	0	0	3	0	0	0	0	0	0	0	0	3
		90501	0	1	0	4	0	0	0	4	5	0	0	0	14
		90502	0	0	0	0	0	0	0	0	1	0	0	0	1
		90601	0	0	0	0	0	0	0	3	1	0	0	0	4
		90602	0	1	0	1	2	0	0	0	2	0	0	0	6
		90604	0	0	2	0	0	0	0	0	4	0	0	0	6
		90605	0	0	0	0	0	0	0	0	6	0	0	0	6
		90606	0	0	0	0	0	6	0	0	6	0	0	0	12
		90638	0	0	0	0	0	0	0	0	2	0	0	0	2
		90640	0	0	0	0	1	0	0	5	4	0	0	0	10
		90650	0	3	3	0	1	1	0	2	9	0	0	0	19
		90660	0	0	1	0	0	0	0	2	0	0	0	0	3
		90670	0	0	0	0	0	1	0	0	2	0	0	0	3
		90701	0	0	3	0	0	0	0	0	0	0	0	0	3
		90703	0	2	0	0	0	0	0	0	0	0	0	0	2

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90706	0	0	3	0	0	0	0	3	2	0	0	0	8
		90710	0	0	0	0	0	0	0	2	2	0	0	0	4
		90712	0	0	2	0	0	0	0	0	1	0	0	0	3
		90716	0	0	3	0	1	0	0	0	3	0	0	0	7
		90717	0	0	0	0	0	1	0	1	0	0	0	0	2
		90723	0	4	3	0	0	0	0	2	11	0	0	0	20
		90731	0	0	0	1	2	0	0	1	0	0	0	0	4
		90744	0	3	1	0	0	4	0	0	4	0	0	0	12
		90745	0	3	0	0	0	0	0	0	2	0	0	0	5
		90746	0	0	1	0	0	0	0	0	0	0	0	0	1
		90755	0	0	0	0	0	0	0	0	3	0	0	0	3
		90802	0	3	0	0	0	0	0	3	3	0	0	0	9
		90804	0	0	0	0	0	0	0	2	3	0	0	0	5
		90805	0	5	6	2	0	3	0	7	21	0	0	0	44
		90806	0	0	0	0	0	1	0	0	1	0	0	0	2
		90807	0	0	1	0	0	3	0	0	0	0	0	0	4
		90808	0	0	0	0	0	0	0	0	1	0	0	0	1
		90810	0	1	0	0	0	0	0	1	5	0	0	0	7

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90813	0	3	0	0	0	0	0	4	13	0	0	0	20
		90815	0	0	3	0	0	0	0	0	0	0	0	0	3
		91001	0	0	0	0	2	2	0	0	9	0	0	0	13
		91010	0	4	3	0	0	0	0	0	8	0	0	0	15
		91016	0	0	2	0	0	0	0	0	0	0	0	0	2
		91024	0	0	0	0	0	0	0	0	1	0	0	0	1
		91040	0	3	1	0	0	0	0	1	0	0	0	0	5
		91042	0	0	1	0	0	0	0	0	2	0	0	0	3
		91101	0	0	0	0	0	0	0	0	12	0	0	0	12
		91103	0	0	0	0	0	0	0	1	16	0	0	0	17
		91104	0	2	0	0	2	5	0	1	9	0	0	0	19
		91106	0	2	0	0	0	0	0	0	0	0	0	0	2
		91107	0	0	0	0	0	0	0	0	1	0	0	0	1
		91109	0	2	0	0	0	0	0	1	2	0	0	0	5
		91202	0	0	0	0	0	0	0	0	1	0	0	0	1
		91203	0	0	0	0	0	0	0	2	0	0	0	0	2
		91204	0	1	0	0	0	0	0	0	0	0	0	0	1
		91205	0	0	0	0	0	0	0	3	0	0	0	0	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	91206	0	0	0	0	0	0	0	0	1	0	0	0	1
		91214	0	0	0	0	0	0	0	0	3	0	0	0	3
		91226	0	0	1	0	0	0	0	0	0	0	0	0	1
		91302	0	1	0	0	0	0	0	0	0	0	0	0	1
		91303	0	6	0	0	0	1	0	7	7	0	0	0	21
		91304	0	3	0	0	1	0	0	3	9	0	0	0	16
		91306	0	4	0	0	0	1	0	1	9	0	0	0	15
		91307	0	2	0	0	0	0	0	0	0	0	0	0	2
		91308	0	0	0	0	0	0	0	2	0	0	0	0	2
		91311	0	1	0	0	0	0	0	2	1	0	0	0	4
		91321	0	2	0	0	2	0	0	0	1	0	0	0	5
		91324	0	4	0	0	0	0	0	1	5	0	0	0	10
		91325	0	2	0	0	0	0	0	3	3	0	0	0	8
		91326	0	2	0	0	0	0	0	0	0	0	0	0	2
		91331	0	7	2	2	1	12	0	1	46	0	0	0	71
		91335	0	8	0	1	3	0	0	10	21	0	0	0	43
		91340	0	4	0	0	2	1	0	1	17	0	0	0	25
		91342	0	4	2	0	3	1	0	7	18	0	0	0	35

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	91343	0	1	0	4	0	5	0	2	28	0	0	0	40
		91344	0	0	0	0	0	0	0	0	4	0	0	0	4
		91345	0	0	0	0	0	0	0	0	9	0	0	0	9
		91351	0	0	5	0	0	0	0	0	2	0	0	0	7
		91352	0	7	6	4	1	4	1	6	36	0	0	0	65
		91356	0	1	0	0	0	0	0	0	2	0	0	0	3
		91361	0	0	0	0	2	0	0	0	0	0	0	0	2
		91364	0	0	0	2	0	0	0	0	4	0	0	0	6
		91384	0	0	0	2	0	0	0	0	0	0	0	0	2
		91387	0	0	0	0	0	0	0	0	3	0	0	0	3
		91401	0	1	3	0	0	3	0	2	7	0	0	0	16
		91402	0	3	2	3	3	4	0	7	69	0	0	0	91
		91403	0	0	0	0	0	0	0	0	3	0	0	0	3
		91405	0	2	6	5	1	2	0	6	12	0	0	0	34
		91406	0	1	2	0	0	3	0	3	21	0	0	0	30
		91411	0	2	0	0	0	4	0	0	3	0	0	0	9
		91501	0	0	0	0	0	0	0	1	1	0	0	0	2
		91601	0	1	0	2	1	0	0	0	8	0	0	0	12

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	91605	0	2	2	2	0	0	0	5	37	0	0	0	48
		91606	0	2	4	0	0	0	0	5	11	0	0	0	22
		91607	0	0	0	0	0	0	0	1	0	0	0	0	1
		91702	0	0	2	3	0	0	0	2	4	0	0	0	11
		91706	0	0	4	0	0	2	0	0	10	0	0	0	16
		91711	0	0	0	0	0	0	0	0	1	0	0	0	1
		91722	0	0	1	0	1	0	0	1	2	0	0	0	5
		91731	0	0	13	0	0	4	0	1	14	0	0	0	32
		91732	0	1	20	1	0	5	0	0	13	0	0	0	40
		91733	0	4	7	4	0	7	0	2	17	0	0	0	41
		91744	0	1	7	1	0	7	0	3	13	0	0	0	32
		91745	0	0	2	0	1	0	0	0	4	0	0	0	7
		91746	0	4	4	0	1	1	0	1	8	0	0	0	19
		91748	0	0	2	0	0	0	0	0	0	0	0	0	2
		91754	0	0	0	0	0	0	0	0	4	0	0	0	4
		91766	0	0	3	2	0	3	0	0	24	0	0	0	32
		91767	0	3	0	0	1	0	0	1	8	0	0	0	13
		91768	0	2	0	0	2	0	0	0	12	0	0	0	16

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	91770	0	0	1	0	0	0	0	0	5	0	0	0	6
		91773	0	0	2	0	0	0	0	0	0	0	0	0	2
		91776	0	0	0	3	0	0	0	0	2	0	0	0	5
		91780	0	0	2	0	0	0	0	0	0	0	0	0	2
		91790	0	1	0	2	0	2	0	0	2	0	0	0	7
		91791	0	0	3	1	0	0	0	0	1	0	0	0	5
		91801	0	3	0	1	2	0	0	0	0	0	0	0	6
		91803	0	0	0	0	0	0	0	0	1	0	0	0	1
		93534	0	0	2	0	0	1	0	2	7	0	0	0	12
		93535	0	1	5	1	1	6	0	8	12	0	0	0	34
		93536	0	0	2	0	1	0	0	2	1	0	0	0	6
		93543	0	0	0	0	0	1	0	5	1	0	0	0	7
		93550	0	5	14	0	2	4	0	12	40	0	0	0	77
		93551	0	0	1	2	0	1	0	1	0	0	0	0	5
		93552	0	0	5	0	0	0	0	1	9	0	0	0	15
		93591	0	0	1	0	0	0	0	0	7	0	0	0	8
		Total	0	268	294	89	121	357	4	301	1,614	0	0	0	3,048
	SACRAMENTO	95608	0	0	0	0	2	0	0	3	16	0	0	0	21

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	SACRAMENTO	95610	0	0	1	0	0	0	0	1	24	0	0	0	26
		95621	0	1	0	0	0	0	0	0	16	0	0	0	17
		95624	0	0	0	0	8	0	0	0	6	0	0	0	14
		95626	0	0	0	0	0	0	0	0	1	0	0	0	1
		95628	0	0	0	0	0	0	0	3	7	0	0	0	10
		95630	0	0	3	0	0	0	0	0	2	0	0	0	5
		95632	0	0	1	0	5	0	0	1	2	0	0	0	9
		95655	0	2	0	0	0	0	0	0	2	0	0	0	4
		95660	0	0	1	5	11	2	0	0	54	0	0	0	73
		95662	0	1	2	0	1	0	0	0	3	0	0	0	7
		95670	0	0	0	0	5	0	0	1	38	0	0	0	44
		95673	0	0	1	3	0	0	0	4	21	0	0	0	29
		95690	0	0	0	0	0	0	0	2	0	0	0	0	2
		95693	0	0	0	0	0	0	0	0	1	0	0	0	1
		95741	0	0	0	0	0	0	0	0	1	0	0	0	1
		95742	0	0	0	0	0	0	0	0	2	0	0	0	2
		95757	0	0	0	0	1	0	0	0	11	0	0	0	12
		95758	0	0	0	3	0	8	0	3	23	0	0	0	37

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	SACRAMENTO	95814	0	0	0	0	0	0	0	0	1	0	0	0	1
		95815	0	0	0	0	0	2	0	8	20	0	0	0	30
		95816	0	0	0	0	0	0	0	0	2	0	0	0	2
		95817	0	2	0	3	0	0	0	0	12	0	0	0	17
		95818	0	0	0	7	0	1	0	0	5	0	0	0	13
		95819	0	0	0	0	0	0	0	0	2	0	0	0	2
		95820	0	7	0	0	0	0	0	6	24	0	0	0	37
		95821	0	1	4	0	0	2	0	1	25	0	0	0	33
		95822	0	4	0	0	1	0	0	0	17	0	0	0	22
		95823	0	7	6	3	6	1	0	2	51	0	0	0	76
		95824	0	1	2	3	0	0	2	1	21	0	0	0	30
		95825	0	0	3	0	1	0	0	3	9	0	0	0	16
		95826	0	0	0	0	0	0	0	0	19	0	0	0	19
		95827	0	0	3	0	0	1	0	0	9	0	0	0	13
		95828	0	2	5	1	0	0	0	0	45	0	0	0	53
		95829	0	0	0	0	0	0	0	0	3	0	0	0	3
		95831	0	0	0	0	0	0	0	0	19	0	0	0	19
		95832	0	0	0	0	0	0	0	0	5	0	0	0	5

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total		
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05		
Aid Code	County Name	Mailing Zip														
Voluntary	SACRAMENTO	95833	0	0	1	3	3	2	0	2	21	0	0	0	32	
		95834	0	0	3	0	0	2	0	4	21	0	0	0	30	
		95835	0	2	0	0	1	0	0	0	0	10	0	0	0	13
		95838	0	5	9	1	0	0	0	4	59	0	0	0	78	
		95841	0	0	1	0	0	0	0	1	18	0	0	0	20	
		95842	0	3	7	0	2	0	0	2	34	0	0	0	48	
		95843	0	0	6	0	1	0	0	0	11	0	0	0	18	
		95852	0	0	0	0	0	0	0	0	5	0	0	0	5	
		95864	0	0	0	0	0	0	0	0	3	0	0	0	3	
		Total			0	38	59	32	48	21	2	52	701	0	0	0
Total			0	306	353	121	169	378	6	353	2,315	0	0	0	4,001	
Voluntary	LOS ANGELES	90001	0	0	0	1	0	0	0	0	1	0	0	0	2	
		90002	0	0	0	0	0	0	0	0	1	0	0	0	1	
		90003	0	0	0	0	1	0	0	0	1	0	0	0	2	
		90004	0	0	0	0	0	0	0	0	1	0	0	0	1	
		90005	0	0	0	0	0	0	0	0	1	0	0	0	1	
		90006	0	0	0	0	0	0	1	0	1	0	0	0	2	
		90007	0	0	0	0	0	0	0	0	1	0	0	0	1	

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90008	0	0	0	0	0	1	0	0	0	0	0	0	1
		90011	0	0	0	0	0	1	0	1	4	0	0	0	6
		90015	0	0	0	0	0	0	0	0	1	0	0	0	1
		90016	0	0	1	0	0	0	0	0	0	0	0	0	1
		90017	0	0	1	0	0	0	0	0	0	0	0	0	1
		90018	0	0	1	0	0	0	0	0	3	0	0	0	4
		90019	0	0	0	0	0	0	0	0	2	0	0	0	2
		90022	0	3	0	1	0	0	0	2	1	0	0	0	7
		90023	0	0	0	0	0	0	0	0	2	0	0	0	2
		90026	0	2	0	0	0	0	0	0	0	0	0	0	2
		90029	0	0	2	0	0	1	0	0	1	0	0	0	4
		90033	0	1	0	0	0	0	0	0	0	0	0	0	1
		90034	0	0	0	0	0	0	0	0	1	0	0	0	1
		90037	0	0	0	0	0	3	0	0	3	0	0	0	6
		90038	0	0	1	0	0	0	0	0	2	0	0	0	3
		90040	0	0	1	0	0	0	0	0	0	0	0	0	1
		90042	0	0	1	0	0	0	0	0	1	0	0	0	2
		90043	0	0	0	0	0	0	0	0	2	0	0	0	2

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90044	0	1	0	0	0	0	0	1	4	0	0	0	6
		90047	0	0	0	0	0	0	0	1	3	0	0	0	4
		90054	0	0	0	0	0	1	0	0	0	0	0	0	1
		90059	0	0	0	0	5	0	0	0	1	0	0	0	6
		90061	0	0	0	0	0	0	0	0	2	0	0	0	2
		90062	0	0	0	0	0	0	0	0	1	0	0	0	1
		90063	0	1	0	0	1	0	0	0	2	0	0	0	4
		90065	0	2	0	0	0	0	0	0	0	0	0	0	2
		90066	0	1	0	0	0	0	0	0	0	0	0	0	1
		90201	0	2	1	0	0	1	0	0	3	0	0	0	7
		90211	0	0	0	0	0	0	0	0	1	0	0	0	1
		90220	0	0	4	0	0	0	0	0	0	0	0	0	4
		90221	0	0	0	0	0	0	0	0	1	0	0	0	1
		90222	0	0	1	0	0	0	0	0	0	0	0	0	1
		90241	0	0	0	0	0	0	0	0	1	0	0	0	1
		90242	0	2	0	0	0	0	0	0	4	0	0	0	6
		90247	0	0	0	0	0	0	0	0	1	0	0	0	1
		90250	0	2	1	0	1	0	0	0	5	0	0	0	9

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90255	0	0	0	0	0	3	0	0	1	0	0	0	4
		90262	0	0	0	0	0	0	0	0	3	0	0	0	3
		90266	0	0	1	0	0	0	0	0	0	0	0	0	1
		90270	0	0	0	0	0	0	0	1	2	0	0	0	3
		90280	0	0	0	0	0	0	0	1	0	0	0	0	1
		90404	0	0	0	0	0	0	0	0	1	0	0	0	1
		90405	0	0	0	0	0	0	0	0	1	0	0	0	1
		90503	0	1	0	0	0	0	0	0	1	0	0	0	2
		90602	0	1	0	0	0	0	0	0	0	0	0	0	1
		90604	0	0	1	0	1	0	0	0	0	0	0	0	2
		90638	0	0	0	0	0	0	0	0	1	0	0	0	1
		90640	0	0	0	0	0	0	0	3	0	0	0	0	3
		90650	0	0	0	0	0	0	0	0	1	0	0	0	1
		90660	0	0	0	0	0	0	0	0	3	0	0	0	3
		90670	0	0	0	0	0	0	0	0	1	0	0	0	1
		90706	0	1	2	0	0	1	0	0	3	0	0	0	7
		90715	0	1	0	0	0	0	0	0	0	0	0	0	1
		90731	0	0	0	0	0	0	0	0	3	0	0	0	3

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90732	0	0	0	0	0	0	0	0	1	0	0	0	1
		90804	0	2	0	0	0	0	0	0	1	0	0	0	3
		90805	0	1	0	2	0	1	0	0	5	0	0	0	9
		90806	0	0	0	0	0	0	0	0	1	0	0	0	1
		90807	0	0	0	0	0	0	0	2	0	0	0	0	2
		90810	0	0	0	0	0	0	0	0	3	0	0	0	3
		91010	0	0	0	0	0	0	0	0	2	0	0	0	2
		91101	0	0	0	0	0	0	0	0	1	0	0	0	1
		91103	0	0	0	0	0	0	0	0	1	0	0	0	1
		91107	0	0	0	0	0	1	0	0	0	0	0	0	1
		91204	0	0	1	0	0	0	0	0	0	0	0	0	1
		91303	0	1	0	0	0	0	0	0	0	0	0	0	1
		91304	0	0	0	0	0	0	0	1	2	0	0	0	3
		91306	0	0	0	0	0	0	0	0	1	0	0	0	1
		91324	0	0	0	0	0	1	0	0	0	0	0	0	1
		91325	0	0	0	0	0	0	0	0	2	0	0	0	2
		91331	0	0	1	0	0	1	0	0	3	0	0	0	5
		91340	0	1	0	0	0	0	0	0	0	0	0	0	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	91342	0	0	0	0	0	0	0	0	1	0	0	0	1
		91343	0	0	0	0	0	0	0	0	3	0	0	0	3
		91344	0	0	0	0	0	0	0	0	2	0	0	0	2
		91350	0	1	0	0	0	0	0	0	0	0	0	0	1
		91352	0	0	0	0	0	1	0	0	0	0	0	0	1
		91355	0	0	0	0	1	0	0	0	0	0	0	0	1
		91402	0	1	2	0	1	0	0	0	4	0	0	0	8
		91504	0	0	0	0	0	0	0	0	1	0	0	0	1
		91605	0	1	0	0	0	0	0	0	2	0	0	0	3
		91606	0	0	1	0	0	0	0	1	0	0	0	0	2
		91607	0	0	0	0	0	0	0	0	1	0	0	0	1
		91702	0	0	1	0	0	0	0	0	0	0	0	0	1
		91706	0	0	0	0	0	0	0	0	1	0	0	0	1
		91731	0	0	0	0	0	0	0	0	4	0	0	0	4
		91732	0	0	1	0	0	2	0	0	0	0	0	0	3
		91744	0	1	0	0	0	0	0	0	2	0	0	0	3
		91750	0	0	0	0	0	0	0	0	2	0	0	0	2
		91762	0	0	1	0	0	0	0	0	0	0	0	0	1

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name	Mailing Zip													
Voluntary	LOS ANGELES	91766	0	0	0	0	0	0	0	0	2	0	0	0	2
		91768	0	0	0	0	0	0	0	0	1	0	0	0	1
		91773	0	0	0	1	0	0	0	0	0	0	0	0	1
		91792	0	0	1	0	0	0	0	0	1	0	0	0	2
		93534	0	0	0	0	0	0	0	0	3	0	0	0	3
		93535	0	0	1	2	0	1	0	0	2	0	0	0	6
		93550	0	0	0	1	0	0	0	0	1	0	0	0	2
		93551	0	0	0	0	0	0	0	0	1	0	0	0	1
		Total	0	30	29	8	11	21	0	15	136	0	0	0	250
	SACRAMENTO	93727	0	0	0	0	1	0	0	0	0	0	0	0	1
		95608	0	1	1	0	0	0	0	1	1	0	0	0	4
		95610	0	0	0	0	0	0	0	0	5	0	1	0	6
		95624	0	0	0	0	0	0	0	0	1	0	0	0	1
		95628	0	0	0	0	0	0	0	0	0	1	0	0	1
		95632	0	0	0	0	0	0	0	0	1	0	0	0	1
		95660	1	0	1	0	1	0	0	0	5	0	0	0	8
		95662	0	0	1	0	0	0	0	0	0	0	0	0	1
		95670	0	2	0	2	1	0	0	1	6	0	0	0	12

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	SACRAMENTO	95673	0	0	0	0	0	0	0	0	1	0	0	0	1
		95683	0	0	0	0	0	0	0	0	1	0	0	0	1
		95757	0	0	0	0	1	0	0	0	1	0	0	0	2
		95758	0	0	0	3	2	0	0	0	1	0	0	0	6
		95811	0	0	0	0	0	0	0	0	1	0	0	0	1
		95812	0	0	0	0	0	0	0	0	6	0	0	0	6
		95813	0	0	0	0	0	0	0	0	1	0	0	0	1
		95814	0	0	1	0	0	0	0	0	1	0	0	0	2
		95815	0	0	0	0	0	0	0	1	3	0	0	0	4
		95816	0	0	0	0	1	0	0	0	0	0	0	0	1
		95817	0	0	0	0	0	0	0	1	0	0	0	0	1
		95819	0	0	0	0	0	0	0	0	1	0	0	0	1
		95820	0	0	0	0	0	0	0	2	7	0	0	0	9
		95821	0	0	1	0	0	1	0	0	0	0	1	0	3
		95822	0	1	0	0	0	1	0	2	6	0	2	0	12
		95823	0	0	2	0	2	1	0	4	8	0	1	0	18
		95824	0	0	0	0	0	0	0	0	5	0	0	0	5
		95825	0	0	0	0	0	0	0	0	6	0	0	0	6

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total			
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05			
Aid Code	County Name	Mailing Zip															
Voluntary	SACRAMENTO	95826	0	0	0	0	0	0	0	0	1	0	0	0	1		
		95827	0	0	0	0	0	0	0	0	0	3	0	0	0	3	
		95828	0	0	1	0	0	0	0	4	11	0	0	0	0	16	
		95829	0	0	0	0	1	0	0	0	1	0	0	0	0	2	
		95832	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
		95833	0	0	2	0	2	0	0	0	7	0	0	0	0	11	
		95834	0	0	0	0	1	0	0	0	1	0	0	0	0	2	
		95835	0	0	1	0	0	0	0	1	0	0	0	0	0	2	
		95838	0	0	0	0	0	0	0	0	5	0	0	0	0	5	
		95841	0	0	0	1	0	0	0	2	1	0	1	2	7		
		95842	0	0	0	0	0	0	0	1	6	0	0	1	8		
		95843	0	0	0	0	0	1	0	1	4	0	0	0	6		
		Total			1	4	11	6	14	4	0	21	108	1	6	3	179
		Voluntary	SAN BERNARDINO	92376	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	0			0	0	0	0	0	0	0	1	0	0	0	0	1	
Total			1	34	40	14	25	25	0	36	245	1	6	3	430		
Voluntary	LOS ANGELES	90002	0	0	0	0	0	0	0	2	0	0	0	0	2		
		90003	0	0	0	0	0	0	0	0	1	0	0	0	1		

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	LOS ANGELES	90011	0	0	0	0	0	0	0	0	1	0	0	0	1
		90016	0	0	0	0	0	0	0	1	0	0	0	0	1
		90029	0	0	0	0	0	0	0	0	1	0	0	0	1
		90032	0	0	0	0	0	1	0	0	0	0	0	0	1
		90037	0	0	0	0	0	0	0	0	1	0	0	0	1
		90043	0	0	0	0	0	0	0	0	2	0	0	0	2
		90065	0	2	0	0	0	0	0	0	0	0	0	0	2
		90068	0	0	0	0	0	0	0	0	1	0	0	0	1
		90201	0	0	0	0	0	1	0	0	1	0	0	0	2
		90255	0	0	0	0	0	0	0	2	0	0	0	0	2
		90280	0	0	0	0	0	0	0	0	2	0	0	0	2
		90650	0	0	0	0	0	0	0	0	1	0	0	0	1
		90712	0	0	1	0	0	0	0	0	0	0	0	0	1
		91103	0	0	0	0	0	0	0	0	2	0	0	0	2
		91204	0	0	1	0	0	0	0	0	0	0	0	0	1
		91306	0	0	0	0	0	0	0	1	0	0	0	0	1
		91331	0	2	0	0	0	1	0	0	1	0	0	0	4
		91342	0	0	2	0	0	0	0	0	0	0	0	0	2

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name	Mailing Zip													
Voluntary	LOS ANGELES	91352	0	0	1	0	0	0	0	0	0	0	0	0	1
		91401	0	0	0	0	0	0	0	0	0	1	0	0	1
		91766	0	0	0	0	0	0	0	0	0	1	0	0	1
		91790	0	0	0	0	0	0	0	0	0	1	0	0	1
		93535	0	0	0	0	0	0	0	1	0	0	0	0	1
		93551	0	0	0	0	0	0	0	1	0	0	0	0	1
		93552	0	0	0	0	0	0	0	1	0	0	0	0	1
		93591	0	0	0	0	0	0	0	0	1	0	0	0	1
		Total	0	4	5	0	0	3	0	9	18	0	0	0	39
	SACRAMENTO	95608	0	0	1	0	0	0	0	0	0	0	0	0	1
		95610	0	0	0	0	0	0	0	0	1	0	0	0	1
		95624	0	0	0	0	0	0	0	0	1	0	0	0	1
		95628	0	0	0	0	0	0	0	0	2	0	0	0	2
		95660	0	0	0	0	0	0	0	0	11	0	0	0	11
		95662	0	0	0	0	0	0	0	0	1	0	0	0	1
		95670	0	0	0	0	0	0	0	0	1	0	0	0	1
		95673	0	0	0	0	0	0	0	0	3	0	0	0	3
		95757	0	0	0	0	4	0	0	0	4	0	0	0	8

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type			Disenrollment											Total	
Disenrollment Reason Code			E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name														
Mailing Zip															
Voluntary	SACRAMENTO	95758	0	0	0	3	0	0	0	0	0	0	0	0	3
		95815	0	2	0	0	0	0	0	3	3	0	0	0	8
		95821	0	0	3	0	0	0	0	0	2	0	0	0	5
		95822	0	0	0	0	0	0	0	0	3	0	0	0	3
		95823	0	0	0	0	0	0	0	0	3	0	0	0	3
		95824	0	0	0	0	0	0	0	0	3	0	0	0	3
		95826	0	0	0	0	0	0	0	0	1	0	0	0	1
		95828	0	0	0	0	0	0	0	0	1	0	0	0	1
		95831	0	0	0	0	0	0	0	0	3	0	0	0	3
		95833	0	0	0	0	0	1	0	0	0	0	0	0	1
		95834	0	0	0	0	0	0	0	0	5	0	0	0	5
		95835	0	0	0	0	1	0	0	0	0	0	0	0	1
		95838	0	0	0	0	0	0	0	0	2	0	0	0	2
		95841	0	0	0	0	0	0	0	0	3	0	0	0	3
		95842	0	0	0	0	1	0	0	0	4	0	0	0	5
		95843	0	0	0	0	0	0	0	0	3	0	0	0	3
		95991	0	0	0	0	0	0	0	0	1	0	0	0	1
		Total	0	2	4	3	6	1	0	3	61	0	0	0	80

Disenrollment 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-17.1 – Disenrollment Summary Report

Data for transactions between 2/1/2010 and 2/28/2010

Transaction Type		Disenrollment											Total	
Disenrollment Reason Code		E09P	F01	F02	F03	F04	F05	F06	F09	F10	X02	X03	X05	
Aid Code	County Name													
Mailing Zip														
Voluntary	Total	0	6	9	3	6	4	0	12	79	0	0	0	119
Total		1	346	402	138	200	407	6	401	2,639	1	6	3	4,550

Disenrollment 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Disenrollment Transactions by Plan Type (Medical, Dental), County Name, and Plan Name

Transaction Type			Disenrollment											
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01
Plan Type	County Name	Plan Name												
Dental	LOS ANGELES	Access Dental Plan				173	202	50	82	290	2	148	993	
		American Health Guard				26	22	4	16	39	2	34	250	
		Care 1st Health Plan				16	15	8	7	10		11	89	
		Community Dental Svc, Inc.				4	2			1		12	14	
		Health Net				44	25	5	6	15		48	116	
		Liberty Dental Plan of CA				4	4	2	5	4		11	31	
		SafeGuard Dental, Inc.				13	18	1	2	8		13	56	
		Western Dental Services				22	40	27	14	14		48	219	
		County Subtotal				302	328	97	132	381	4	325	1,768	
	SACRAMENTO	Access Dental Plan				12	28	10	23	6		9	252	
		Community Dental Svc, Inc.				7	7	9	14	9		12	85	
		HealthNet of California				5		3	1	2		4	118	
		Liberty Dental Plan of CA		1		7	28	6	8	6		25	142	
		SafeGuard Dental, Inc.											1	
		Western Dental Services				13	11	13	22	3	2	26	272	
		County Subtotal			1		44	74	41	68	26	2	76	870
	SAN BERNARDINO	Western Dental Services											1	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Dental	LOS ANGELES	Access Dental Plan					1,940
		American Health Guard					393
		Care 1st Health Plan					156
		Community Dental Svc, Inc.					33
		Health Net					259
		Liberty Dental Plan of CA					61
		SafeGuard Dental, Inc.					111
		Western Dental Services					384
		County Subtotal					
	SACRAMENTO	Access Dental Plan				1	341
		Community Dental Svc, Inc.					143
		HealthNet of California	1	1		2	137
		Liberty Dental Plan of CA					223
		SafeGuard Dental, Inc.					1
		Western Dental Services			5		367
		County Subtotal	1	6		3	1,212
	SAN BERNARDINO	Western Dental Services					1

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment											
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01
Plan Type	County Name	Plan Name												
Dental	SAN BERNARDINO	County Subtotal											1	
	Total		1			346	402	138	200	407	6	401	2,639	
Medical		Alameda Alliance For Health	1			4			2	1	4		9	
		Health Net Comm Solutions										1		
		County Subtotal	1			4			2	1	4	1	9	
	ALAMEDA	Alameda Alliance For Health	2		1	3	6		2	1			1	24
		Anthem Blue Cross Partnrshp						1						6
		Blue Cross of CA Partnrshp				5	7	1	6	13	3	14	80	1
		Community Hlth Grp Partner												4
		Contra Costa Health Plan												13
		Health Net Comm Solutions										2	2	10
		Health Plan of San Joaquin												9
		KP Cal, LLC												1
		L.A. Care Health Plan												2
		San Francisco Health Plan												11
		Santa Clara Family H.P.										2		5
	County Subtotal		2		1	8	14	1	8	14	7	17	165	1
CONTRA COSTA	Alameda Alliance For Health										1		30	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Dental	SAN BERNARDINO	County Subtotal					1
	Total		1	6		3	4,550
Medical		Alameda Alliance For Health			1		22
		Health Net Comm Solutions					1
		County Subtotal			1		23
	ALAMEDA	Alameda Alliance For Health					40
		Anthem Blue Cross Partnrshp					7
		Blue Cross of CA Partnrshp					130
		Community Hlth Grp Partner					4
		Contra Costa Health Plan					13
		Health Net Comm Solutions					14
		Health Plan of San Joaquin					9
		KP Cal, LLC					1
		L.A. Care Health Plan					2
		San Francisco Health Plan					11
		Santa Clara Family H.P.					7
		County Subtotal					238
CONTRA COSTA		Alameda Alliance For Health					31

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment												
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	
Plan Type	County Name	Plan Name													
Medical	CONTRA COSTA	Anthem Blue Cross Partnrshp											3		
		Blue Cross of CA Partnrshp				3	4	1	2	4	1	3	104		
		Contra Costa Health Plan	1			6		2		7		2	44		
		Health Net Comm Solutions											10		
		Health Plan of San Joaquin											2		
		Inland Empire Health Plan											3		
		Kern Family Health Care											3		
		L.A. Care Health Plan											3		
		Molina Healthcare Partner											2	4	
		San Francisco Health Plan												5	
		Santa Clara Family H.P.												2	
	County Subtotal			1			9	4	3	2	11	2	7	213	
	FRESNO	Alameda Alliance For Health												2	
		Anthem Blue Cross Partnrshp												2	
		Blue Cross of CA Partnrshp				144	286	18	11	20	1	402	591		
		Community Hlth Grp Partner												1	
		Contra Costa Health Plan												3	
	Health Net Comm Solutions				2	8	3	1	6	2	12	112			

Disenrollment 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:

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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	CONTRA COSTA	Anthem Blue Cross Partnrshp					3
		Blue Cross of CA Partnrshp					122
		Contra Costa Health Plan			1		63
		Health Net Comm Solutions					10
		Health Plan of San Joaquin					2
		Inland Empire Health Plan					3
		Kern Family Health Care					3
		L.A. Care Health Plan					3
		Molina Healthcare Partner					6
		San Francisco Health Plan					5
		Santa Clara Family H.P.					2
		County Subtotal				1	
	FRESNO	Alameda Alliance For Health					2
		Anthem Blue Cross Partnrshp					2
		Blue Cross of CA Partnrshp					1,473
		Community Hlth Grp Partner					1
		Contra Costa Health Plan					3
		Health Net Comm Solutions			1		147

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment												
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	
Plan Type	County Name	Plan Name													
Medical	FRESNO	Health Plan of San Joaquin									1		1		
		Inland Empire Health Plan									3	2	9		
		Kern Family Health Care												8	
		L.A. Care Health Plan									1			8	
		Molina Healthcare Partner												1	
		Santa Clara Family H.P.												1	
		County Subtotal					146	294	21	12	26	8	416	739	
	KERN	Anthem Blue Cross Partnrshp												4	
		Blue Cross of CA Partnrshp									3			24	
		Contra Costa Health Plan												5	
		Health Net Comm Solutions				20	19	2	3	14	1	18	175		
		Health Plan of San Joaquin												1	
		Inland Empire Health Plan												7	
		Kern Family Health Care		1		10	28	2	1	1			11	101	2
		L.A. Care Health Plan									4	1		38	
		County Subtotal		1		30	47	4	4	15	8	30	357	2	
	LOS ANGELES	Anthem Blue Cross Partnrshp												2	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total	
Disenrollment Reason Code			X02	X03	X04	X05		
Plan Type	County Name	Plan Name						
Medical	FRESNO	Health Plan of San Joaquin					2	
		Inland Empire Health Plan					14	
		Kern Family Health Care					8	
		L.A. Care Health Plan					9	
		Molina Healthcare Partner					1	
		Santa Clara Family H.P.					1	
		County Subtotal			1			1,663
	KERN	Anthem Blue Cross Partnrshp						4
		Blue Cross of CA Partnrshp						27
		Contra Costa Health Plan						5
		Health Net Comm Solutions			1	1		254
		Health Plan of San Joaquin						1
		Inland Empire Health Plan						7
		Kern Family Health Care			3			160
		L.A. Care Health Plan						43
		Molina Healthcare Partner						2
		County Subtotal			4	1		503
	LOS ANGELES	Anthem Blue Cross Partnrshp						2

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment											
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01
Plan Type	County Name	Plan Name												
Medical	LOS ANGELES	Blue Cross of CA Partnrshp										2	22	
		Care1st Partner Plan, LLC											4	
		Community Hlth Grp Partner											4	
		Health Net Comm Solutions				78	204	39	39	63	1	356	1,043	8
		Health Plan of San Joaquin											3	
		Inland Empire Health Plan									4	1	121	
		Kern Family Health Care										3	19	
		KP Cal, LLC											7	
		L.A. Care Health Plan				55	109	31	16	52	2	243	828	6
		Molina Healthcare Partner				1						3	53	
		San Francisco Health Plan											1	
	Santa Clara Family H.P.											3		
	County Subtotal					134	313	70	55	115	10	605	2,110	14
		MARIN	KP Cal, LLC				1							
	County Subtotal					1								
	RIVERSIDE	Alameda Alliance For Health											1	
		Blue Cross of CA Partnrshp											16	
		Community Hlth Grp Partner				2							11	

Disenrollment 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:

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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	LOS ANGELES	Blue Cross of CA PartnrsHp					24
		Care1st Partner Plan, LLC					4
		Community Hlth Grp Partner					4
		Health Net Comm Solutions			49	4	1,884
		Health Plan of San Joaquin					3
		Inland Empire Health Plan					126
		Kern Family Health Care					22
		KP Cal, LLC					7
		L.A. Care Health Plan		2	71	9	1,424
		Molina Healthcare Partner			1		58
		San Francisco Health Plan					1
		Santa Clara Family H.P.					3
	County Subtotal			2	121	13	3,562
	MARIN	KP Cal, LLC					1
		County Subtotal					1
RIVERSIDE	Alameda Alliance For Health					1	
	Blue Cross of CA PartnrsHp					16	
	Community Hlth Grp Partner					13	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment											
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01
Plan Type	County Name	Plan Name												
Medical	RIVERSIDE	Contra Costa Health Plan											2	
		Health Net Comm Solutions							1		6	4	49	
		Health Plan of San Joaquin											3	
		Inland Empire Health Plan				1	7	4	17	2	10	24	136	11
		Kern Family Health Care											6	
		KP Cal, LLC											3	
		L.A. Care Health Plan											63	
		Molina Healthcare Partner				15	68	6	5	23	8	30	277	
		Santa Clara Family H.P.											2	
		County Subtotal				18	75	10	23	25	24	58	569	11
	SACRAMENTO	Alameda Alliance For Health											15	
		Anthem Blue Cross Partnrshp	2			34	83	13	8	18		55	260	3
		Blue Cross of CA Partnrshp										2	30	
		Community Hlth Grp Partner											5	
		Contra Costa Health Plan											3	
		Health Net Comm Solutions				18	24	16	3	16	1	25	158	
		Health Plan of San Joaquin											11	
		Inland Empire Health Plan											3	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	RIVERSIDE	Contra Costa Health Plan					2
		Health Net Comm Solutions					60
		Health Plan of San Joaquin					3
		Inland Empire Health Plan			1		213
		Kern Family Health Care					6
		KP Cal, LLC					3
		L.A. Care Health Plan			1		64
		Molina Healthcare Partner		1	6		439
		Santa Clara Family H.P.					2
		County Subtotal		1	8		822
	SACRAMENTO	Alameda Alliance For Health					15
		Anthem Blue Cross Partnrshp			5		481
		Blue Cross of CA Partnrshp					32
		Community Hlth Grp Partner					5
		Contra Costa Health Plan					3
		Health Net Comm Solutions		1	3		265
		Health Plan of San Joaquin					11
		Inland Empire Health Plan					3

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment												
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	
Plan Type	County Name	Plan Name													
Medical	SACRAMENTO	Kern Family Health Care											3		
		KP Cal, LLC					3					1	10		
		L.A. Care Health Plan				1								16	
		Molina Healthcare Partner				36	33	21	10	28	3	26	216	2	
		San Francisco Health Plan							3					14	
		Santa Clara Family H.P.												13	
		County Subtotal		2			89	143	50	24	62	4	109	757	5
	SAN BERNARDINO	Anthem Blue Cross Partnrshp												2	
		Blue Cross of CA Partnrshp												4	
		Care1st Partner Plan, LLC												1	
		Community Hlth Grp Partner												4	
		Health Net Comm Solutions							2	1		15	5	70	
		Inland Empire Health Plan				4	15		1	4	1	45	155	7	
		Kern Family Health Care										2		7	
		KP Cal, LLC												1	
		L.A. Care Health Plan								3		13		122	
		Molina Healthcare Partner				15	38	12	15	35			33	255	
		Santa Clara Family H.P.											2	3	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	SACRAMENTO	Kern Family Health Care					3
		KP Cal, LLC		1			15
		L.A. Care Health Plan					17
		Molina Healthcare Partner		3	3	1	382
		San Francisco Health Plan					17
		Santa Clara Family H.P.					13
		County Subtotal		5	11	1	1,262
	SAN BERNARDINO	Anthem Blue Cross Partnrshp					2
		Blue Cross of CA Partnrshp					4
		Care1st Partner Plan, LLC					1
		Community Hlth Grp Partner					4
		Health Net Comm Solutions					93
		Inland Empire Health Plan			11	1	244
		Kern Family Health Care					9
		KP Cal, LLC					1
		L.A. Care Health Plan					138
		Molina Healthcare Partner			3		406
		Santa Clara Family H.P.					5

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment												
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	
Plan Type	County Name	Plan Name													
Medical	SAN BERNARDINO	County Subtotal				19	53	14	20	39	31	85	624	7	
	SAN DIEGO	Blue Cross of CA Partnrshp									2		4		
		Care1st Partner Plan, LLC				17	15	4	1	16		17	45		
		Community Hlth Grp Partner	1			7	26	1	5	4		48	67	1	
		Health Net Comm Solutions				103	94	12	10	19	3	129	219		
		Inland Empire Health Plan									1		25		
		KP Cal, LLC	1			2	6		1			4	8		
		L.A. Care Health Plan									3		20		
		Molina Healthcare Partner				14	41	4		17		18	152	1	
		San Francisco Health Plan											2		
		County Subtotal	2			143	182	21	17	56	9	216	542	2	
		SAN FRANCISCO	Alameda Alliance For Health											14	
			Anthem Blue Cross Partnrshp											1	
			Blue Cross of CA Partnrshp						6		3	3	4	41	
			Contra Costa Health Plan									2		14	
			Health Net Comm Solutions											1	
			Health Plan of San Joaquin											2	
			L.A. Care Health Plan											1	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	SAN BERNARDINO	County Subtotal			14	1	907
	SAN DIEGO	Blue Cross of CA Partnrsdp					6
		Care1st Partner Plan, LLC		1	2		118
		Community Hlth Grp Partner		2	1	1	164
		Health Net Comm Solutions			3		592
		Inland Empire Health Plan					26
		KP Cal, LLC					22
		L.A. Care Health Plan					23
		Molina Healthcare Partner			4		251
		San Francisco Health Plan					2
		County Subtotal		3	10	1	1,204
	SAN FRANCISCO	Alameda Alliance For Health					14
		Anthem Blue Cross Partnrsdp					1
		Blue Cross of CA Partnrsdp					57
		Contra Costa Health Plan					16
		Health Net Comm Solutions					1
		Health Plan of San Joaquin					2
		L.A. Care Health Plan					1

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment												
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	
Plan Type	County Name	Plan Name													
Medical	SAN FRANCISCO	San Francisco Health Plan					6	1	2			2	19		
		Santa Clara Family H.P.											2		
		County Subtotal					6	7	2	3	5	6	95		
	SAN JOAQUIN	Alameda Alliance For Health												20	
		Anthem Blue Cross Partnrshp												12	
		Blue Cross of CA Partnrshp				12	21	3	5	6	1	40	155		
		Community Hlth Grp Partner												2	
		Contra Costa Health Plan												3	
		Health Net Comm Solutions									1			10	
		Health Plan of San Joaquin				2	4	3	3	2		7	20		
		Inland Empire Health Plan												3	
		Kern Family Health Care												1	
		KP Cal, LLC												6	
		L.A. Care Health Plan												3	
		Santa Clara Family H.P.												6	
		County Subtotal					14	25	6	8	8	2	47	241	
	SANTA CLARA	Alameda Alliance For Health			1									8	
		Anthem Blue Cross Partnrshp												2	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	SAN FRANCISCO	San Francisco Health Plan					30
		Santa Clara Family H.P.					2
		County Subtotal					124
	SAN JOAQUIN	Alameda Alliance For Health					20
		Anthem Blue Cross Partnrshp					12
		Blue Cross of CA Partnrshp			1		244
		Community Hlth Grp Partner					2
		Contra Costa Health Plan					3
		Health Net Comm Solutions					11
		Health Plan of San Joaquin					41
		Inland Empire Health Plan					3
		Kern Family Health Care					1
		KP Cal, LLC					6
		L.A. Care Health Plan					3
		Santa Clara Family H.P.					6
		County Subtotal			1		352
		SANTA CLARA	Alameda Alliance For Health				
	Anthem Blue Cross Partnrshp						2

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment											
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01
Plan Type	County Name	Plan Name												
Medical	SANTA CLARA	Blue Cross of CA Partnrshp	1			15	23	2	1	10		15	69	
		Contra Costa Health Plan										1	1	
		Health Net Comm Solutions							1			3	7	
		Health Plan of San Joaquin									3		14	
		L.A. Care Health Plan									3		2	
		San Francisco Health Plan											3	
		Santa Clara Family H.P.			1	13	15	1	4			12	50	
		County Subtotal		1		2	28	38	3	6	10	6	31	156
	STANISLAUS	Alameda Alliance For Health									1		8	
		Anthem Blue Cross Partnrshp											3	
		Blue Cross of CA Partnrshp				4	3	2		2	3	13	77	
		Contra Costa Health Plan											1	
		Health Net Comm Solutions					10			3		3	71	
		Health Plan of San Joaquin									1		7	
		Inland Empire Health Plan											2	
		Kern Family Health Care											2	
		Molina Healthcare Partner											1	
		Santa Clara Family H.P.									3		4	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	SANTA CLARA	Blue Cross of CA Partnrsdp			1		137
		Contra Costa Health Plan					2
		Health Net Comm Solutions					11
		Health Plan of San Joaquin					17
		L.A. Care Health Plan					5
		San Francisco Health Plan					3
		Santa Clara Family H.P.			1		97
		County Subtotal			2		283
	STANISLAUS	Alameda Alliance For Health					9
		Anthem Blue Cross Partnrsdp					3
		Blue Cross of CA Partnrsdp					104
		Contra Costa Health Plan					1
		Health Net Comm Solutions					87
		Health Plan of San Joaquin					8
		Inland Empire Health Plan					2
		Kern Family Health Care					2
		Molina Healthcare Partner					1
		Santa Clara Family H.P.					7

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment												
Disenrollment Reason Code			E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	
Plan Type	County Name	Plan Name													
Medical	STANISLAUS	County Subtotal				4	13	2		5	8	16	176		
	TULARE	Anthem Blue Cross Partnrshp												5	
		Blue Cross of CA Partnrshp				7	67			4	1	128	91		
		Contra Costa Health Plan											3		
		Health Net Comm Solutions				4	6			8		22	70		
		Inland Empire Health Plan										1	9		
		Kern Family Health Care										3	12		
		L.A. Care Health Plan												8	
		Molina Healthcare Partner												1	
		Santa Clara Family H.P.										2		5	
		County Subtotal					11	73			12	3	157	201	
Total			9	1	3	658	1,280	212	183	402	131	1,801	6,954	42	
Total			10	1	3	1,004	1,682	350	383	809	137	2,202	9,593	42	

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type			Disenrollment				Total
Disenrollment Reason Code			X02	X03	X04	X05	
Plan Type	County Name	Plan Name					
Medical	STANISLAUS	County Subtotal					224
	TULARE	Anthem Blue Cross Partnrshp					5
		Blue Cross of CA Partnrshp					298
		Contra Costa Health Plan					3
		Health Net Comm Solutions					110
		Inland Empire Health Plan					10
		Kern Family Health Care					15
		L.A. Care Health Plan					8
		Molina Healthcare Partner					1
		Santa Clara Family H.P.					7
		County Subtotal					
	Total				11	174	17
Total			1	17	174	20	16,428

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Disenrollment Transactions by Plan Type (Medical, Dental) and Language

Transaction Type		Disenrollment													
Disenrollment Reason Code		E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X02	X03
Plan Type	Language														
Dental	Arabic										3	2			
	Armenian										2	1			
	Cambodian											3			
	Chinese						3	1				11			
	English	1			117	167	76	75	107	1	151	1,145		1	6
	Farsi				2		1	4			1	10			
	Hmong				12				2		8	18			
	Korean				2	1					2	2			
	No Valid Data											5			
	Russian				1	20					6	80			
	Spanish				212	212	57	118	298	5	219	1,342			
	Tagalog										1	5			
	Vietnamese						1	2			8	15			
Total		1			346	402	138	200	407	6	401	2,639		1	6
Medical												1			
	Arabic				5	1					40	57			

Disenrollment 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type		Disenrollment		Total
		X04	X05	
Disenrollment Reason Code	Plan Type	Language		
	Dental	Arabic		5
		Armenian		3
		Cambodian		3
		Chinese		15
		English	3	1,850
		Farsi		18
		Hmong		40
		Korean		7
		No Valid Data		7
		Russian		107
		Spanish		2,463
		Tagalog		6
		Vietnamese		26
		Total	3	4,550
	Medical			1
		Arabic		103

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type		Disenrollment													
Disenrollment Reason Code		E09P	E11P	E12P	F01	F02	F03	F04	F05	F06	F09	F10	I01	X02	X03
Plan Type	Language														
Medical	Armenian				3	1			6		44	19			
	Cambodian					10	1		2	1	25	17			
	Chinese	1			2	3	2	2	3	3	9	50			
	English	7		2	445	785	160	119	274	76	1,023	4,310	23		11
	Farsi				7	3		1			7	25			
	Hmong				15	40	1			1	52	46			
	Korean				6	1			3			15			
	No Response, Client declined to state					1					2	1			
	No Valid Data	1			4	13	1	2	1		11	25	5		
	Russian				7	51		3	6		15	110			
	Spanish		1	1	151	350	46	53	103	50	548	2,205	14		
	Tagalog				2	5		3	1		6	7			
	Vietnamese				11	16	1		3		19	66			
Total		9	1	3	658	1,280	212	183	402	131	1,801	6,954	42		11
Total		10	1	3	1,004	1,682	350	383	809	137	2,202	9,593	42	1	17

Disenrollment 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:

- 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-17.2 – Disenrollment Summary Report

Data for transactions between 2/1/2010 12:00:00 AM and 2/28/2010

Transaction Type Disenrollment Reason Code Plan Type		Disenrollment		Total
		X04	X05	
Language				
Medical	Armenian			73
	Cambodian	1		57
	Chinese	1		76
	English	125	10	7,370
	Farsi			43
	Hmong			155
	Korean			25
	No Response, Client declined to state			4
	No Valid Data			63
	Russian	1		193
	Spanish	46	7	3,575
	Tagalog			24
	Vietnamese			116
	Total	174	17	11,878
Total		174	20	16,428

Disenrollment 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:

- 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