



May 10, 2010

DHCS HCO 10-4905

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

COPS-19 - APPROVED EDER REPORT – 3/26/2010 to 4/26/2010

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

Dear Ms. Enriquez:

The purpose of the Approved EDER Report is to provide a summary of volume for the reporting period. EDER volumes are grouped by plan type (medical, dental), county, and plan. Totals are available for all EDER request types. This is a contractually required report detailed in Health Care Options Contract 07-65829.

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

Sincerely,

Benjamin R. Coss
Vice President
California Health Care Options

cc: Reports File
Admin File

COPS-19 – Approved EDER Report

Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Dental	ALAMEDA	Access Dental Plan											
	CONTRA COSTA	Care 1st Health Plan											
		Western Dental Services											
	FRESNO	Access Dental Plan											
		Health Net											
		Western Dental Services											
	KERN	Access Dental Plan											
		American Health Guard											
		Health Net											
		Western Dental Services											
	LOS ANGELES	Access Dental Plan		1		0							53
		American Health Guard											8
		Care 1st Health Plan									1		8
		Community Dental Svc, Inc.											2
		Health Net				0						1	13
		Liberty Dental Plan of CA											1
		SafeGuard Dental, Inc.											12
		Western Dental Services			1	0					0		20
	PLACER	Access Dental Plan											

EDER Reason Codes:

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

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

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

Initiation Codes:

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

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EDER Reason Code			E07B	E07D	E07P	E08B	E08D	E09P	E11B	E12B	E12P	E13B	E13P	
Plan Type, County Name, Plan of Last Transaction														
Dental	ALAMEDA	Access Dental Plan								0				
		CONTRA COSTA	Care 1st Health Plan									1		
			Western Dental Services								0			
	FRESNO		Access Dental Plan								0			
			Health Net								0			
			Western Dental Services										4	
	KERN		Access Dental Plan										1	
			American Health Guard										1	
			Health Net										2	
			Western Dental Services									0		
	LOS ANGELES		Access Dental Plan						1		0	17		
			American Health Guard				1						4	
			Care 1st Health Plan								0	1		
			Community Dental Svc, Inc.										2	
			Health Net						2		0	12		
			Liberty Dental Plan of CA							1			1	
			SafeGuard Dental, Inc.							2			5	
		Western Dental Services							1	0	22			
	PLACER		Access Dental Plan								0	1		

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Plan Type, County Name, Plan of Last Transaction				
Dental	ALAMEDA	Access Dental Plan		0
		CONTRA COSTA	Care 1st Health Plan	1
		Western Dental Services		0
	FRESNO	Access Dental Plan		0
		Health Net		0
		Western Dental Services		4
	KERN	Access Dental Plan		1
		American Health Guard		1
		Health Net		2
		Western Dental Services		0
	LOS ANGELES	Access Dental Plan		72
		American Health Guard		13
		Care 1st Health Plan		10
		Community Dental Svc, Inc.		4
		Health Net		28
		Liberty Dental Plan of CA		3
		SafeGuard Dental, Inc.		19
		Western Dental Services		44
	PLACER	Access Dental Plan		1

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Plan Type, County Name, Plan of Last Transaction													
Dental	PLACER	Community Dental Svc, Inc.											
		HealthNet of California											
		Western Dental Services											
	RIVERSIDE	Access Dental Plan											
		Care 1st Health Plan											
		Health Net											
		Liberty Dental Plan of CA											
		Western Dental Services											
	SACRAMENTO	Access Dental Plan											2
		HealthNet of California											
		Liberty Dental Plan of CA			0								4
		Western Dental Services			0								3
	SAN BERNARDINO	Access Dental Plan											
		Health Net											
		SafeGuard Dental, Inc.											
		Western Dental Services											
	SAN FRANCISCO	Western Dental Services											
	SAN JOAQUIN	Care 1st Health Plan											
		Community Dental Svc, Inc.											
		Western Dental Services											

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Dental	PLACER	Community Dental Svc, Inc.								0				
		HealthNet of California								0				
		Western Dental Services									0			
	RIVERSIDE	Access Dental Plan									1	2		
		Care 1st Health Plan										1		
		Health Net									0			
		Liberty Dental Plan of CA									0	2		
		Western Dental Services									1			
	SACRAMENTO	Access Dental Plan									7	9		
		HealthNet of California									0	2		
		Liberty Dental Plan of CA										1		
		Western Dental Services							1		0	8		
	SAN BERNARDINO	Access Dental Plan										7		
		Health Net									0	4		
		SafeGuard Dental, Inc.										1		
		Western Dental Services									3	3		
	SAN FRANCISCO	Western Dental Services									1			
	SAN JOAQUIN	Care 1st Health Plan										3		
		Community Dental Svc, Inc.									0			
		Western Dental Services									0			

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Dental	PLACER	Community Dental Svc, Inc.		0
		HealthNet of California		0
		Western Dental Services		0
	RIVERSIDE	Access Dental Plan		3
		Care 1st Health Plan		1
		Health Net		0
		Liberty Dental Plan of CA		2
		Western Dental Services		1
	SACRAMENTO	Access Dental Plan		18
		HealthNet of California		2
		Liberty Dental Plan of CA		5
		Western Dental Services		12
	SAN BERNARDINO	Access Dental Plan		7
		Health Net		4
		SafeGuard Dental, Inc.		1
		Western Dental Services		6
	SAN FRANCISCO	Western Dental Services		1
	SAN JOAQUIN	Care 1st Health Plan		3
		Community Dental Svc, Inc.		0
		Western Dental Services		0

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E03 = Enrolled Incorrectly Into a Plan	E12 = Moved Out Of County	F10 = No Reason Checked	P - Plan
E04 = Deceased	E13 = Pregnancy	I01 = IS-Generated Disenrollment	S - Social Services
E05 = Child Protective Services	F01 = Could Not Choose Doctor I Wanted	X01 = Waiver Programs exemption	
E06 = Foster Care/Adoption	F02 = Plan Did Not Cover Bene Needs	X02 = Dental Exemption	
E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
E08 = Terminated By Plan	F04 = Too Far To Go	X04 = Medical Exemption	
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Plan Type, County Name, Plan of Last Transaction													
Dental	STANISLAUS	Access Dental Plan											
	Total		1	1	0					1	1	126	
Medical	ALAMEDA	Alameda Alliance For Health			1				8			6	
		Anthem Blue Cross Partnrshp							3			1	
		Community Hlth Grp Partner											
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		Health Plan of San Joaquin											
		Inland Empire Health Plan											
		KP Cal, LLC											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
	San Francisco Health Plan												
	Santa Clara Family H.P.												
	CONTRA COSTA	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp						0					
		Contra Costa Health Plan				0							
		Health Net Comm Solutions											
Health Plan of San Joaquin													
Inland Empire Health Plan													

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Plan Type, County Name, Plan of Last Transaction														
Dental	STANISLAUS	Access Dental Plan								0				
	Total					1		8		12	118			
Medical	ALAMEDA	Alameda Alliance For Health			2			6	0	0	20			
		Anthem Blue Cross Partnrshp		1				1	0	1		1		
		Community Hlth Grp Partner									0			
		Contra Costa Health Plan									0			
		Health Net Comm Solutions									0	1		
		Health Plan of San Joaquin										1		
		Inland Empire Health Plan										2		
		KP Cal, LLC										0		
		L.A. Care Health Plan										1		
		Molina Healthcare Partner										0		
		San Francisco Health Plan										2		
		Santa Clara Family H.P.										0	1	
	CONTRA COSTA	Alameda Alliance For Health									0	3		
		Anthem Blue Cross Partnrshp									5		1	
		Contra Costa Health Plan							5	1	0	14		
		Health Net Comm Solutions										1		
		Health Plan of San Joaquin									0			
		Inland Empire Health Plan										1		

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Plan Type, County Name, Plan of Last Transaction				
Dental	STANISLAUS	Access Dental Plan		0
	Total			269
Medical	ALAMEDA	Alameda Alliance For Health		43
		Anthem Blue Cross Partnrshp	1	9
		Community Hlth Grp Partner		0
		Contra Costa Health Plan		0
		Health Net Comm Solutions		1
		Health Plan of San Joaquin		1
		Inland Empire Health Plan		2
		KP Cal, LLC		0
		L.A. Care Health Plan		1
		Molina Healthcare Partner		0
		San Francisco Health Plan		2
		Santa Clara Family H.P.		1
	CONTRA COSTA	Alameda Alliance For Health		3
		Anthem Blue Cross Partnrshp		6
		Contra Costa Health Plan	1	21
		Health Net Comm Solutions		1
		Health Plan of San Joaquin		0
		Inland Empire Health Plan		1

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E05 = Child Protective Services	F01 = Could Not Choose Doctor I Wanted	X01 = Waiver Programs exemption	
E06 = Foster Care/Adoption	F02 = Plan Did Not Cover Bene Needs	X02 = Dental Exemption	
E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
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Medical	CONTRA COSTA	KP Cal, LLC											
		Molina Healthcare Partner											
	FRESNO	Anthem Blue Cross Partnrshp											27
		Health Net Comm Solutions			0				1				32
		Inland Empire Health Plan											
		Kern Family Health Care											
		L.A. Care Health Plan											
		Santa Clara Family H.P.											
		KERN	Anthem Blue Cross Partnrshp										
	Care1st Partner Plan, LLC												
	Health Net Comm Solutions				0		0						2
	Health Plan of San Joaquin												
	Inland Empire Health Plan												
	Kern Family Health Care					1							6
	L.A. Care Health Plan												
	Molina Healthcare Partner												
	LOS ANGELES	Anthem Blue Cross Partnrshp											1
		Community Hlth Grp Partner											
		Contra Costa Health Plan											
		Health Net Comm Solutions	1	2	3	1					0	1	212

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Plan Type, County Name, Plan of Last Transaction														
Medical	CONTRA COSTA	KP Cal, LLC								1				
		Molina Healthcare Partner								0				
	FRESNO	Anthem Blue Cross Partnrshp									0			
		Health Net Comm Solutions							1	0	0	43		
		Inland Empire Health Plan										2		
		Kern Family Health Care										1		
		L.A. Care Health Plan									0			
		Santa Clara Family H.P.										1		
		KERN	Anthem Blue Cross Partnrshp									1		
	Care1st Partner Plan, LLC										0			
	Health Net Comm Solutions								2		0	22	2	
	Health Plan of San Joaquin										0			
	Inland Empire Health Plan										0	1		
	Kern Family Health Care				1						0	13	1	
	L.A. Care Health Plan										2	4		
	Molina Healthcare Partner										0			
	LOS ANGELES	Anthem Blue Cross Partnrshp									4			
		Community Hlth Grp Partner									0			
		Contra Costa Health Plan									2			
		Health Net Comm Solutions	0	1	1		1	16	2	0	169	63	7	

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Medical	CONTRA COSTA	KP Cal, LLC		1
		Molina Healthcare Partner		0
	FRESNO	Anthem Blue Cross Partnrshp		27
		Health Net Comm Solutions		77
		Inland Empire Health Plan		2
		Kern Family Health Care		1
		L.A. Care Health Plan		0
		Santa Clara Family H.P.		1
		KERN	Anthem Blue Cross Partnrshp	
	Care1st Partner Plan, LLC			0
	Health Net Comm Solutions		1	29
	Health Plan of San Joaquin			0
	Inland Empire Health Plan			1
	Kern Family Health Care			22
	L.A. Care Health Plan			6
	LOS ANGELES	Molina Healthcare Partner		0
		Anthem Blue Cross Partnrshp		5
		Community Hlth Grp Partner		0
		Contra Costa Health Plan		2
			Health Net Comm Solutions	4

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E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
E08 = Terminated By Plan	F04 = Too Far To Go	X04 = Medical Exemption	
E09 = Long Term Care	F05 = Did Not Choose This Plan	X05 = MER type E -Voluntary Aid Code or County	

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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	LOS ANGELES	Health Plan of San Joaquin											
		Inland Empire Health Plan										1	
		Kern Family Health Care											
		L.A. Care Health Plan		1	1	9					1		385
		Molina Healthcare Partner											
		San Francisco Health Plan											
		Santa Clara Family H.P.											1
	MARIN	Alameda Alliance For Health											
	OUT OF STATE	Health Net Comm Solutions											
		Inland Empire Health Plan											1
		L.A. Care Health Plan											
		Molina Healthcare Partner											
		San Francisco Health Plan											
	PLACER	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Health Net Comm Solutions											
		L.A. Care Health Plan											1
	RIVERSIDE	Anthem Blue Cross Partnrshp											2
		Care1st Partner Plan, LLC											
		Community Hlth Grp Partner											

EDER Reason Codes:

Initiation Codes:

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

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

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

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

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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E07B	E07D	E07P	E08B	E08D	E09P	E11B	E12B	E12P	E13B	E13P	
Plan Type, County Name, Plan of Last Transaction														
Medical	LOS ANGELES	Health Plan of San Joaquin								0	1			
		Inland Empire Health Plan									1	28		
		Kern Family Health Care										3		
		L.A. Care Health Plan		1	1				9	2	7	80	111	
		Molina Healthcare Partner									0	6		
		San Francisco Health Plan										1		
		Santa Clara Family H.P.									0			
	MARIN	Alameda Alliance For Health										1		
	OUT OF STATE	Health Net Comm Solutions										2		
		Inland Empire Health Plan										1		
		L.A. Care Health Plan										4		
		Molina Healthcare Partner										1		
		San Francisco Health Plan										1		
	PLACER	Alameda Alliance For Health										1		
		Anthem Blue Cross Partnrshp									0			
		Health Net Comm Solutions									0	2		
		L.A. Care Health Plan												
	RIVERSIDE	Anthem Blue Cross Partnrshp									2			
		Care1st Partner Plan, LLC									0			
		Community Hlth Grp Partner									0			

EDER Reason Codes:

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 E07 = Problem Using the HCP
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 E09 = Long Term Care

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 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
 F01 = Could Not Choose Doctor I Wanted
 F02 = 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
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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	LOS ANGELES	Health Plan of San Joaquin		1
		Inland Empire Health Plan		30
		Kern Family Health Care		3
		L.A. Care Health Plan	10	618
		Molina Healthcare Partner		6
		San Francisco Health Plan		1
		Santa Clara Family H.P.		1
	MARIN	Alameda Alliance For Health		1
	OUT OF STATE	Health Net Comm Solutions		2
		Inland Empire Health Plan		2
		L.A. Care Health Plan		4
		Molina Healthcare Partner		1
		San Francisco Health Plan		1
	PLACER	Alameda Alliance For Health		1
		Anthem Blue Cross Partnrshp		0
		Health Net Comm Solutions		2
		L.A. Care Health Plan		1
	RIVERSIDE	Anthem Blue Cross Partnrshp		4
		Care1st Partner Plan, LLC		0
		Community Hlth Grp Partner		0

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated	E10 = CCS Not In PCCM Contract	F06 = Moving Out Of County	B - Bene
E02 = Prior Care	E11 = Other Health Coverage	F09 = Other Reason	D - DHCS
E03 = Enrolled Incorrectly Into a Plan	E12 = Moved Out Of County	F10 = No Reason Checked	P - Plan
E04 = Deceased	E13 = Pregnancy	I01 = IS-Generated Disenrollment	S - Social Services
E05 = Child Protective Services	F01 = Could Not Choose Doctor I Wanted	X01 = Waiver Programs exemption	
E06 = Foster Care/Adoption	F02 = Plan Did Not Cover Bene Needs	X02 = Dental Exemption	
E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
E08 = Terminated By Plan	F04 = Too Far To Go	X04 = Medical Exemption	
E09 = Long Term Care	F05 = Did Not Choose This Plan	X05 = MER type E -Voluntary Aid Code or County	

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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	RIVERSIDE	Health Net Comm Solutions										5	
		Inland Empire Health Plan			2								14
		L.A. Care Health Plan											4
		Molina Healthcare Partner			1		0						13
	SACRAMENTO	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp			1					1			13
		Health Net Comm Solutions			0								15
		Health Plan of San Joaquin											
		Inland Empire Health Plan											
		Kern Family Health Care											
		KP Cal, LLC											2
		L.A. Care Health Plan											
		Molina Healthcare Partner			0								4
		San Francisco Health Plan											
	Santa Clara Family H.P.												
	SAN BERNARDINO	Health Net Comm Solutions											1
		Inland Empire Health Plan		2	1								10
		Kern Family Health Care											
		L.A. Care Health Plan											2
		Molina Healthcare Partner			1				1				1

EDER Reason Codes:

Initiation Codes:

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

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California Health Care Options

Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E07B	E07D	E07P	E08B	E08D	E09P	E11B	E12B	E12P	E13B	E13P	
Plan Type, County Name, Plan of Last Transaction														
Medical	RIVERSIDE	Health Net Comm Solutions								0	11			
		Inland Empire Health Plan						3	0	0	49	3		
		L.A. Care Health Plan									3	5		
		Molina Healthcare Partner								0	1	11	3	
	SACRAMENTO	Alameda Alliance For Health									0			
		Anthem Blue Cross Partnrshp								0	7		7	
		Health Net Comm Solutions								0		17	3	2
		Health Plan of San Joaquin									2			
		Inland Empire Health Plan									0			
		Kern Family Health Care										1		
		KP Cal, LLC								0				1
		L.A. Care Health Plan									0			
		Molina Healthcare Partner							1	0		6	1	
		San Francisco Health Plan										3		
	Santa Clara Family H.P.										2			
	SAN BERNARDINO	Health Net Comm Solutions									0	25		
		Inland Empire Health Plan							3	1	2	30	7	
		Kern Family Health Care									0	2		
		L.A. Care Health Plan									7	15		
		Molina Healthcare Partner							2		2	15	4	

EDER Reason Codes:

E01 = Incarcerated
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 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
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 E11 = Other Health Coverage
 E12 = Moved Out Of County
 E13 = Pregnancy
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 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
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 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	RIVERSIDE	Health Net Comm Solutions		16
		Inland Empire Health Plan	2	73
		L.A. Care Health Plan		12
		Molina Healthcare Partner		29
	SACRAMENTO	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp	1	30
		Health Net Comm Solutions	1	38
		Health Plan of San Joaquin		2
		Inland Empire Health Plan		0
		Kern Family Health Care		1
		KP Cal, LLC		3
		L.A. Care Health Plan		0
		Molina Healthcare Partner		12
		San Francisco Health Plan		3
	Santa Clara Family H.P.		2	
	SAN BERNARDINO	Health Net Comm Solutions		26
		Inland Empire Health Plan	1	57
		Kern Family Health Care		2
		L.A. Care Health Plan		24
		Molina Healthcare Partner		26

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated	E10 = CCS Not In PCCM Contract	F06 = Moving Out Of County	B - Bene
E02 = Prior Care	E11 = Other Health Coverage	F09 = Other Reason	D - DHCS
E03 = Enrolled Incorrectly Into a Plan	E12 = Moved Out Of County	F10 = No Reason Checked	P - Plan
E04 = Deceased	E13 = Pregnancy	I01 = IS-Generated Disenrollment	S - Social Services
E05 = Child Protective Services	F01 = Could Not Choose Doctor I Wanted	X01 = Waiver Programs exemption	
E06 = Foster Care/Adoption	F02 = Plan Did Not Cover Bene Needs	X02 = Dental Exemption	
E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
E08 = Terminated By Plan	F04 = Too Far To Go	X04 = Medical Exemption	
E09 = Long Term Care	F05 = Did Not Choose This Plan	X05 = MER type E -Voluntary Aid Code or County	

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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN BERNARDINO	Santa Clara Family H.P.											
	SAN DIEGO	Anthem Blue Cross Partnrsbp											
		Care1st Partner Plan, LLC											1
		Community Hlth Grp Partner		1	1	1		0					13
		Contra Costa Health Plan											
		Health Net Comm Solutions				0		0			0		11
		Inland Empire Health Plan											
		KP Cal, LLC											2
		L.A. Care Health Plan											
		Molina Healthcare Partner				2				1	0		15
	SAN FRANCISCO	Anthem Blue Cross Partnrsbp											1
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		San Francisco Health Plan				1							1
		Santa Clara Family H.P.											
	SAN JOAQUIN	Anthem Blue Cross Partnrsbp								5			
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		Health Plan of San Joaquin				1				17			
		L.A. Care Health Plan											

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 E07 = Problem Using the HCP
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 E09 = Long Term Care

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 E13 = Pregnancy
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 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

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California Health Care Options

Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E07B	E07D	E07P	E08B	E08D	E09P	E11B	E12B	E12P	E13B	E13P	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN BERNARDINO	Santa Clara Family H.P.								1				
		SAN DIEGO	Anthem Blue Cross PartnrsHP								1			
	Care1st Partner Plan, LLC											1	1	
	Community Hlth Grp Partner		0						1	1	0	11	3	
	Contra Costa Health Plan										1			
	Health Net Comm Solutions								1	0	1	21	5	2
	Inland Empire Health Plan											4		
	KP Cal, LLC										0			
	L.A. Care Health Plan										0			
	Molina Healthcare Partner								1	0	0	5	4	
	SAN FRANCISCO		Anthem Blue Cross PartnrsHP								0	0		
		Contra Costa Health Plan									0			
		Health Net Comm Solutions										2		
		San Francisco Health Plan							1			5		
		Santa Clara Family H.P.										1		
	SAN JOAQUIN	Anthem Blue Cross PartnrsHP								1	0			
		Contra Costa Health Plan									1			
		Health Net Comm Solutions									0			
		Health Plan of San Joaquin			1						0	5		
		L.A. Care Health Plan									0	2		

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

E10 = CCS Not In PCCM Contract
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 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
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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SAN BERNARDINO	Santa Clara Family H.P.		1
	SAN DIEGO	Anthem Blue Cross PartnrsHP		1
		Care1st Partner Plan, LLC	1	4
		Community Hlth Grp Partner	2	34
		Contra Costa Health Plan		1
		Health Net Comm Solutions		41
		Inland Empire Health Plan		4
		KP Cal, LLC		2
		L.A. Care Health Plan		0
		Molina Healthcare Partner		28
		SAN FRANCISCO	Anthem Blue Cross PartnrsHP	1
	Contra Costa Health Plan			0
	Health Net Comm Solutions			2
	San Francisco Health Plan			8
	Santa Clara Family H.P.			1
	SAN JOAQUIN	Anthem Blue Cross PartnrsHP		6
		Contra Costa Health Plan		1
		Health Net Comm Solutions		0
		Health Plan of San Joaquin	1	25
		L.A. Care Health Plan		2

EDER Reason Codes:

Initiation Codes:

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E02 = Prior Care	E11 = Other Health Coverage	F09 = Other Reason	D - DHCS
E03 = Enrolled Incorrectly Into a Plan	E12 = Moved Out Of County	F10 = No Reason Checked	P - Plan
E04 = Deceased	E13 = Pregnancy	I01 = IS-Generated Disenrollment	S - Social Services
E05 = Child Protective Services	F01 = Could Not Choose Doctor I Wanted	X01 = Waiver Programs exemption	
E06 = Foster Care/Adoption	F02 = Plan Did Not Cover Bene Needs	X02 = Dental Exemption	
E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
E08 = Terminated By Plan	F04 = Too Far To Go	X04 = Medical Exemption	
E09 = Long Term Care	F05 = Did Not Choose This Plan	X05 = MER type E -Voluntary Aid Code or County	

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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06P	E06S	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN JOAQUIN	Molina Healthcare Partner											
		Santa Clara Family H.P.											
	SANTA CLARA	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp			1						0		
		Health Plan of San Joaquin											
		San Francisco Health Plan											
		Santa Clara Family H.P.			1								5
	SONOMA	Contra Costa Health Plan											0
	STANISLAUS	Alameda Alliance For Health								1			
		Anthem Blue Cross Partnrshp											2
		Health Net Comm Solutions											
		KP Cal, LLC											
		Molina Healthcare Partner											
		Santa Clara Family H.P.											
	TULARE	Anthem Blue Cross Partnrshp				0							3
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		Inland Empire Health Plan											
		L.A. Care Health Plan											2
		Molina Healthcare Partner											

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 F03 = Doctor Did Not Meet Beneficiary Needs
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 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			E07B	E07D	E07P	E08B	E08D	E09P	E11B	E12B	E12P	E13B	E13P	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN JOAQUIN	Molina Healthcare Partner								0				
		Santa Clara Family H.P.								0	3			
	SANTA CLARA	Alameda Alliance For Health										1		
		Anthem Blue Cross Partnrshp									0		1	
		Health Plan of San Joaquin									0			
		San Francisco Health Plan										2		
		Santa Clara Family H.P.							5		0	50		
	SONOMA	Contra Costa Health Plan												
	STANISLAUS	Alameda Alliance For Health												
		Anthem Blue Cross Partnrshp								0	0			
		Health Net Comm Solutions									0	7	1	
		KP Cal, LLC									0			
		Molina Healthcare Partner									0			
	TULARE	Santa Clara Family H.P.										6		
		Anthem Blue Cross Partnrshp		0							0			
		Contra Costa Health Plan										1		
		Health Net Comm Solutions										6		
		Inland Empire Health Plan										4		
		L.A. Care Health Plan												
		Molina Healthcare Partner										1		

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 E09 = Long Term Care

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 X01 = Waiver Programs exemption
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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SAN JOAQUIN	Molina Healthcare Partner		0
		Santa Clara Family H.P.		3
	SANTA CLARA	Alameda Alliance For Health		1
		Anthem Blue Cross Partnrshp	1	3
		Health Plan of San Joaquin		0
		San Francisco Health Plan		2
		Santa Clara Family H.P.		61
		Contra Costa Health Plan		0
	STANISLAUS	Alameda Alliance For Health		1
		Anthem Blue Cross Partnrshp	1	3
		Health Net Comm Solutions		8
		KP Cal, LLC		0
		Molina Healthcare Partner		0
		Santa Clara Family H.P.		6
	TULARE	Anthem Blue Cross Partnrshp	1	4
		Contra Costa Health Plan		1
		Health Net Comm Solutions		6
		Inland Empire Health Plan		4
		L.A. Care Health Plan		2
		Molina Healthcare Partner		1

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated	E10 = CCS Not In PCCM Contract	F06 = Moving Out Of County	B - Bene
E02 = Prior Care	E11 = Other Health Coverage	F09 = Other Reason	D - DHCS
E03 = Enrolled Incorrectly Into a Plan	E12 = Moved Out Of County	F10 = No Reason Checked	P - Plan
E04 = Deceased	E13 = Pregnancy	I01 = IS-Generated Disenrollment	S - Social Services
E05 = Child Protective Services	F01 = Could Not Choose Doctor I Wanted	X01 = Waiver Programs exemption	
E06 = Foster Care/Adoption	F02 = Plan Did Not Cover Bene Needs	X02 = Dental Exemption	
E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
E08 = Terminated By Plan	F04 = Too Far To Go	X04 = Medical Exemption	
E09 = Long Term Care	F05 = Did Not Choose This Plan	X05 = MER type E -Voluntary Aid Code or County	

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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code		E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06P	E06S
Plan Type, County Name, Plan of Last Transaction											
Medical	Total	3	7	26	1	0	2	36	1	1	818
Total		4	8	26	1	0	2	36	2	2	944

EDER Reason Codes:

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

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

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

Initiation Codes:

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

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California Health Care Options

Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code		E07B	E07D	E07P	E08B	E08D	E09P	E11B	E12B	E12P	E13B	E13P
Plan Type, County Name, Plan of Last Transaction												
Medical	Total	1	3	5		1	58	8	58	762	223	11
Total		1	3	5	1	1	66	8	70	880	223	11

EDER Reason Codes:

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

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

F06 = Moving Out Of County
 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated 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

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Data for dates 3/26/2010 12:00:00 AM through 4/26/2010

EDER Reason Code		X04	Total
Plan Type, County Name, Plan of Last Transaction			
Medical	Total	30	2,055
Total		30	2,324

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated	E10 = CCS Not In PCCM Contract	F06 = Moving Out Of County	B - Bene
E02 = Prior Care	E11 = Other Health Coverage	F09 = Other Reason	D - DHCS
E03 = Enrolled Incorrectly Into a Plan	E12 = Moved Out Of County	F10 = No Reason Checked	P - Plan
E04 = Deceased	E13 = Pregnancy	I01 = IS-Generated Disenrollment	S - Social Services
E05 = Child Protective Services	F01 = Could Not Choose Doctor I Wanted	X01 = Waiver Programs exemption	
E06 = Foster Care/Adoption	F02 = Plan Did Not Cover Bene Needs	X02 = Dental Exemption	
E07 = Problem Using the HCP	F03 = Doctor Did Not Meet Beneficiary Needs	X03 = Indian Health Coverage	
E08 = Terminated By Plan	F04 = Too Far To Go	X04 = Medical Exemption	
E09 = Long Term Care	F05 = Did Not Choose This Plan	X05 = MER type E -Voluntary Aid Code or County	