



October 6, 2010

DHCS HCO 10- 6200

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 – 8/26/2010 to 9/23/2010**

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,



for

Benjamin R. Coss  
Vice President  
California Health Care Options

cc: Reports File  
Admin File  
DHCS HCO (1 copies)

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Dental	ALAMEDA	Access Dental Plan											
		American Health Guard											
		Health Net											
		Western Dental Services											
	CONTRA COSTA	Western Dental Services											
	FRESNO	Community Dental Svc, Inc.											
		Western Dental Services											
	KERN	Access Dental Plan											
	LOS ANGELES	Access Dental Plan				0					0	82	
		American Health Guard										15	
		Care 1st Health Plan										5	
		Community Dental Svc, Inc.				0						3	
		Health Net				0						7	
		HealthNet of California											
		Liberty Dental Plan of CA										3	
		SafeGuard Dental, Inc.											
	Western Dental Services				0						11		
	MARIN	Access Dental Plan											
	PLACER	Western Dental Services											

**EDER Reason Codes:**

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

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

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

**Initiation Codes:**

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

# COPS-19 – Approved EDER Report

# California Health Care Options

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10	
Plan Type, County Name, Plan of Last Transaction														
Dental	ALAMEDA	Access Dental Plan						0						
		American Health Guard						0						
		Health Net							0					
		Western Dental Services							0					
	CONTRA COSTA	Western Dental Services							0					
	FRESNO	Community Dental Svc, Inc.								0				
		Western Dental Services								0				
	KERN	Access Dental Plan								1				
	LOS ANGELES	Access Dental Plan				1			1	19				
		American Health Guard							0	2				
		Care 1st Health Plan				1				2				
		Community Dental Svc, Inc.								3				
		Health Net							0	15				
		HealthNet of California							0	4				
		Liberty Dental Plan of CA				2			0					
		SafeGuard Dental, Inc.								3				
		Western Dental Services								0	17			
	MARIN	Access Dental Plan							0					
	PLACER	Western Dental Services							0					

EDER Reason Codes:

- E01 = Incarcerated
- E02 = Prior Care
- E03 = Enrolled Incorrectly Into a Plan
- E04 = Deceased
- E05 = Child Protective Services
- E06 = Foster Care/Adoption
- E07 = Problem Using the HCP
- E08 = Terminated By Plan
- E09 = Long Term Care
- E10 = CCS Not In PCCM Contract
- E11 = Other Health Coverage
- E12 = Moved Out Of County
- E13 = Pregnancy
- F01 = Could Not Choose Doctor I Wanted
- F02 = Plan Did Not Cover Bene Needs
- F03 = Doctor Did Not Meet Beneficiary Needs
- F04 = Too Far To Go
- F05 = Did Not Choose This Plan

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-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Dental	ALAMEDA	Access Dental Plan		0
		American Health Guard		0
		Health Net		0
		Western Dental Services		0
	CONTRA COSTA	Western Dental Services		0
	FRESNO	Community Dental Svc, Inc.		0
		Western Dental Services		0
	KERN	Access Dental Plan		1
	LOS ANGELES	Access Dental Plan		103
		American Health Guard		17
		Care 1st Health Plan		8
		Community Dental Svc, Inc.		6
		Health Net		22
		HealthNet of California		4
		Liberty Dental Plan of CA		5
		SafeGuard Dental, Inc.		3
		Western Dental Services		28
	MARIN	Access Dental Plan		0
	PLACER	Western Dental Services		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	

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Dental	RIVERSIDE	Access Dental Plan											
		Community Dental Svc, Inc.											
		Health Net											
		Western Dental Services											
	SACRAMENTO	Access Dental Plan			0						0	1	
		Community Dental Svc, Inc.											
		HealthNet of California											
		Liberty Dental Plan of CA											
		Western Dental Services			0								
	SAN BERNARDINO	Access Dental Plan										3	
		Care 1st Health Plan											
		Health Net											
		Western Dental Services											
	SAN DIEGO	Liberty Dental Plan of CA											
	SAN JOAQUIN	Liberty Dental Plan of CA											
SANTA CLARA	Western Dental Services												
SONOMA	Access Dental Plan												
STANISLAUS	Western Dental Services												
<b>Total</b>					0					0	130		
Medical	ALAMEDA	Alameda Alliance For Health		1	0				2		4		

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10	
Plan Type, County Name, Plan of Last Transaction														
Dental	RIVERSIDE	Access Dental Plan						0	4					
		Community Dental Svc, Inc.						0						
		Health Net						0						
		Western Dental Services						0						
	SACRAMENTO	Access Dental Plan							0	3				
		Community Dental Svc, Inc.								1				
		HealthNet of California							0	11				
		Liberty Dental Plan of CA							0	3				
		Western Dental Services							1	17				
	SAN BERNARDINO	Access Dental Plan								5				
		Care 1st Health Plan							0					
		Health Net							0					
		Western Dental Services							0	2				
	SAN DIEGO	Liberty Dental Plan of CA						0						
	SAN JOAQUIN	Liberty Dental Plan of CA							1					
SANTA CLARA	Western Dental Services						0							
SONOMA	Access Dental Plan							2						
STANISLAUS	Western Dental Services						0							
Total						4		2	115					
Medical	ALAMEDA	Alameda Alliance For Health				5	0	0	14					

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Dental	RIVERSIDE	Access Dental Plan		4
		Community Dental Svc, Inc.		0
		Health Net		0
		Western Dental Services		0
	SACRAMENTO	Access Dental Plan		4
		Community Dental Svc, Inc.		1
		HealthNet of California		11
		Liberty Dental Plan of CA		3
		Western Dental Services		18
	SAN BERNARDINO	Access Dental Plan		8
		Care 1st Health Plan		0
		Health Net		0
		Western Dental Services		2
	SAN DIEGO	Liberty Dental Plan of CA		0
	SAN JOAQUIN	Liberty Dental Plan of CA		1
	SANTA CLARA	Western Dental Services		0
	SONOMA	Access Dental Plan		2
STANISLAUS	Western Dental Services		0	
Total				251
Medical	ALAMEDA	Alameda Alliance For Health	1	27

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	

**COPS-19 – Approved EDER Report**

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	ALAMEDA	Anthem Blue Cross Partnrshp							2				
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		Health Plan of San Joaquin											
		KP Cal, LLC											
		L.A. Care Health Plan											
		San Francisco Health Plan											
		Santa Clara Family H.P.											
	CONTRA COSTA	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Contra Costa Health Plan			0								
		Health Net Comm Solutions											
		Health Plan of San Joaquin											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
		San Francisco Health Plan										1	
	Santa Clara Family H.P.												
	FRESNO	Anthem Blue Cross Partnrshp			0							18	
		Health Net Comm Solutions			0			1				21	
		Inland Empire Health Plan											

EDER Reason Codes:

Initiation Codes:

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

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

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

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

**COPS-19 – Approved EDER Report**

**California Health Care Options**

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	ALAMEDA	Anthem Blue Cross Partnrsbp				1	0	0					1	
		Contra Costa Health Plan						0	1					
		Health Net Comm Solutions							0	1				4
		Health Plan of San Joaquin				1								
		KP Cal, LLC							0					
		L.A. Care Health Plan							0					
		San Francisco Health Plan							0					
		Santa Clara Family H.P.								3				
	CONTRA COSTA	Alameda Alliance For Health							0	5				
		Anthem Blue Cross Partnrsbp							0		2			3
		Contra Costa Health Plan				5	0	0	16					
		Health Net Comm Solutions								5				
		Health Plan of San Joaquin							0					
		L.A. Care Health Plan							0					
		Molina Healthcare Partner							0					
		San Francisco Health Plan												
	Santa Clara Family H.P.								1					
	FRESNO	Anthem Blue Cross Partnrsbp				1			0		1			
		Health Net Comm Solutions				2	0	0	46					
		Inland Empire Health Plan							0					

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total	
Plan Type, County Name, Plan of Last Transaction					
Medical	ALAMEDA	Anthem Blue Cross Partnrshp		4	
		Contra Costa Health Plan		1	
		Health Net Comm Solutions		5	
		Health Plan of San Joaquin		1	
		KP Cal, LLC		0	
		L.A. Care Health Plan		0	
		San Francisco Health Plan		0	
		Santa Clara Family H.P.		3	
	CONTRA COSTA	Alameda Alliance For Health		5	
		Anthem Blue Cross Partnrshp		5	
		Contra Costa Health Plan		21	
		Health Net Comm Solutions		5	
		Health Plan of San Joaquin		0	
		L.A. Care Health Plan		0	
		Molina Healthcare Partner		0	
		San Francisco Health Plan		1	
	FRESNO	Santa Clara Family H.P.		1	
		Anthem Blue Cross Partnrshp		20	
		Health Net Comm Solutions		70	
			Inland Empire Health Plan		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	

**COPS-19 – Approved EDER Report**

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	FRESNO	Kern Family Health Care											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
	KERN	Anthem Blue Cross Partnrshp											
		Care1st Partner Plan, LLC											
		Health Net Comm Solutions		1	0	0						2	
		Kern Family Health Care			1							2	
		L.A. Care Health Plan											
		Molina Healthcare Partner											
		LOS ANGELES	Alameda Alliance For Health										
	Anthem Blue Cross Partnrshp												
	Community Hlth Grp Partner												
	Contra Costa Health Plan												
	Health Net Comm Solutions				1	0					0	167	
	Inland Empire Health Plan											3	
	Kern Family Health Care												
	KP Cal, LLC												
	L.A. Care Health Plan			1	8	0					0	313	0
	Molina Healthcare Partner			2									
	Santa Clara Family H.P.												

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

# California Health Care Options

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	FRESNO	Kern Family Health Care							2					
		L.A. Care Health Plan						0						
		Molina Healthcare Partner							1					
	KERN	Anthem Blue Cross Partnrshp							0					
		Care1st Partner Plan, LLC							0					
		Health Net Comm Solutions							0	26	1			10
		Kern Family Health Care					1		0	28	1			
		L.A. Care Health Plan							0	2				
		Molina Healthcare Partner							0	1				
		LOS ANGELES	Alameda Alliance For Health								1			
	Anthem Blue Cross Partnrshp								0					11
	Community Hlth Grp Partner									2				
	Contra Costa Health Plan								0					
	Health Net Comm Solutions						4	0	3	186	58	11		9
	Inland Empire Health Plan								0					
	Kern Family Health Care								0	16				
	KP Cal, LLC								0					
	L.A. Care Health Plan						1	8	0	0	92	87	1	
	Molina Healthcare Partner								0	13				
	Santa Clara Family H.P.							0	2					

EDER Reason Codes:

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

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

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

Initiation Codes:

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	FRESNO	Kern Family Health Care		2
		L.A. Care Health Plan		0
		Molina Healthcare Partner		1
	KERN	Anthem Blue Cross Partnrshp		0
		Care1st Partner Plan, LLC		0
		Health Net Comm Solutions		40
		Kern Family Health Care		34
		L.A. Care Health Plan		2
		Molina Healthcare Partner		1
		LOS ANGELES	Alameda Alliance For Health	
	Anthem Blue Cross Partnrshp			11
	Community Hlth Grp Partner			2
	Contra Costa Health Plan			0
	Health Net Comm Solutions		4	443
	Inland Empire Health Plan			3
	Kern Family Health Care			16
	KP Cal, LLC			0
	L.A. Care Health Plan		10	521
	Molina Healthcare Partner			15
	Santa Clara Family H.P.		2	

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	

**COPS-19 – Approved EDER Report**

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	MARIN	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Health Net Comm Solutions											
	OUT OF STATE	Community Hlth Grp Partner											
		Health Net Comm Solutions											
	PLACER	Health Net Comm Solutions											
		Inland Empire Health Plan											
	RIVERSIDE	Anthem Blue Cross Partnrshp											
		Community Hlth Grp Partner										1	
		Health Net Comm Solutions										6	
		Health Plan of San Joaquin											
		Inland Empire Health Plan			0							24	
		L.A. Care Health Plan										2	
	SACRAMENTO	Molina Healthcare Partner										16	
		Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp			0						0		
		Contra Costa Health Plan											
		Health Net Comm Solutions			0							1	
		Health Plan of San Joaquin											
	Inland Empire Health Plan												

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

# California Health Care Options

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	MARIN	Alameda Alliance For Health						0						
		Anthem Blue Cross Partnrshp						0						
		Health Net Comm Solutions						0						
	OUT OF STATE	Community Hlth Grp Partner								2				
		Health Net Comm Solutions								1				
	PLACER	Health Net Comm Solutions							0					
		Inland Empire Health Plan							0					
	RIVERSIDE	Anthem Blue Cross Partnrshp							0					
		Community Hlth Grp Partner							0	1				
		Health Net Comm Solutions							0	2				2
		Health Plan of San Joaquin							0					
		Inland Empire Health Plan				5	0	0	0	5	4			
		L.A. Care Health Plan							0	6				
		Molina Healthcare Partner				1		0	0	17	1			
	SACRAMENTO	Alameda Alliance For Health							0					
		Anthem Blue Cross Partnrshp				1	0	0	0		5			4
		Contra Costa Health Plan							0					
		Health Net Comm Solutions						0	1	36	1	1		12
		Health Plan of San Joaquin							0					
		Inland Empire Health Plan							0					

EDER Reason Codes:

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

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

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

Initiation Codes:

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	MARIN	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp		0
		Health Net Comm Solutions		0
	OUT OF STATE	Community Hlth Grp Partner		2
		Health Net Comm Solutions		1
	PLACER	Health Net Comm Solutions		0
		Inland Empire Health Plan		0
	RIVERSIDE	Anthem Blue Cross Partnrshp		0
		Community Hlth Grp Partner		2
		Health Net Comm Solutions		10
		Health Plan of San Joaquin		0
		Inland Empire Health Plan	1	39
		L.A. Care Health Plan		8
		Molina Healthcare Partner		35
	SACRAMENTO	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp	1	11
		Contra Costa Health Plan		0
		Health Net Comm Solutions	1	53
		Health Plan of San Joaquin		0
	Inland Empire Health Plan		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	

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	SACRAMENTO	Kern Family Health Care											
		KP Cal, LLC			0						1		
		L.A. Care Health Plan											
		Molina Healthcare Partner			0							1	
		Santa Clara Family H.P.											
	SAN BERNARDINO	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Care1st Partner Plan, LLC											
		Contra Costa Health Plan											
		Health Net Comm Solutions										4	
		Inland Empire Health Plan		1	1						0	10	
		Kern Family Health Care											
		L.A. Care Health Plan										2	
		Molina Healthcare Partner			1					1	0	6	
	SAN DIEGO	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Care1st Partner Plan, LLC				0						6	
		Community Hlth Grp Partner				1						35	
		Health Net Comm Solutions				1						11	
		Inland Empire Health Plan										2	

**EDER Reason Codes:**

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

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

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

**Initiation Codes:**

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

# COPS-19 – Approved EDER Report

# California Health Care Options

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10
Plan Type, County Name, Plan of Last Transaction													
Medical	SACRAMENTO	Kern Family Health Care						0					
		KP Cal, LLC											
		L.A. Care Health Plan						0					
		Molina Healthcare Partner					0	0	1	4			
		Santa Clara Family H.P.						0					
	SAN BERNARDINO	Alameda Alliance For Health								1			
		Anthem Blue Cross Partnrshp							0				
		Care1st Partner Plan, LLC								3			
		Contra Costa Health Plan							0	3			
		Health Net Comm Solutions							0	11			
		Inland Empire Health Plan				4	0	0	4	5			
		Kern Family Health Care								4			
		L.A. Care Health Plan							0	14			
		Molina Healthcare Partner						0	0	28	6		
	SAN DIEGO	Alameda Alliance For Health								5			
		Anthem Blue Cross Partnrshp							0				2
		Care1st Partner Plan, LLC				1	0	0	11	1			
		Community Hlth Grp Partner	1			1	0	0	24	0	1		
		Health Net Comm Solutions				1	0		27	1	2		3
		Inland Empire Health Plan							0				

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SACRAMENTO	Kern Family Health Care		0
		KP Cal, LLC		1
		L.A. Care Health Plan		0
		Molina Healthcare Partner		6
		Santa Clara Family H.P.		0
	SAN BERNARDINO	Alameda Alliance For Health		1
		Anthem Blue Cross Partnrshp		0
		Care1st Partner Plan, LLC		3
		Contra Costa Health Plan		3
		Health Net Comm Solutions		15
		Inland Empire Health Plan	1	26
		Kern Family Health Care		4
		L.A. Care Health Plan		16
		Molina Healthcare Partner		42
	SAN DIEGO	Alameda Alliance For Health		5
		Anthem Blue Cross Partnrshp		2
		Care1st Partner Plan, LLC	1	20
		Community Hlth Grp Partner	1	64
		Health Net Comm Solutions	2	48
		Inland Empire Health Plan		2

**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	

**COPS-19 – Approved EDER Report**

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN DIEGO	KP Cal, LLC										9	
		L.A. Care Health Plan										3	
		Molina Healthcare Partner			0							8	
	SAN FRANCISCO	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Community Hlth Grp Partner											
		Contra Costa Health Plan											
		Inland Empire Health Plan											
		San Francisco Health Plan											
		Santa Clara Family H.P.											
	SAN JOAQUIN	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp							2	10			
		Contra Costa Health Plan											
		Health Net Comm Solutions								1			
		Health Plan of San Joaquin			0					13		1	
		Kern Family Health Care											
		Molina Healthcare Partner											
	SANTA CLARA	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp			0						0	3	

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

# California Health Care Options

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN DIEGO	KP Cal, LLC			1	1								
		L.A. Care Health Plan							4					
		Molina Healthcare Partner				1		0	12	1				
	SAN FRANCISCO	Alameda Alliance For Health								3				
		Anthem Blue Cross Partnrshp							1					
		Community Hlth Grp Partner								2				
		Contra Costa Health Plan							0					
		Inland Empire Health Plan							0					
		San Francisco Health Plan				1		0	10					
		Santa Clara Family H.P.							0					
	SAN JOAQUIN	Alameda Alliance For Health							0	1				
		Anthem Blue Cross Partnrshp							0					1
		Contra Costa Health Plan								1				
		Health Net Comm Solutions								1				1
		Health Plan of San Joaquin				5		2	5					
		Kern Family Health Care								3				
		Molina Healthcare Partner							0					
	SANTA CLARA	Alameda Alliance For Health							0					
		Anthem Blue Cross Partnrshp							0					2

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SAN DIEGO	KP Cal, LLC		11
		L.A. Care Health Plan		7
		Molina Healthcare Partner	2	24
	SAN FRANCISCO	Alameda Alliance For Health		3
		Anthem Blue Cross Partnrshp		1
		Community Hlth Grp Partner		2
		Contra Costa Health Plan		0
		Inland Empire Health Plan		0
		San Francisco Health Plan		11
		Santa Clara Family H.P.		0
		SAN JOAQUIN	Alameda Alliance For Health	
	Anthem Blue Cross Partnrshp			13
	Contra Costa Health Plan			1
	Health Net Comm Solutions			3
	Health Plan of San Joaquin			26
	Kern Family Health Care			3
	Molina Healthcare Partner			0
	Santa Clara Family H.P.			3
	SANTA CLARA	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp		5

EDER Reason Codes:

Initiation Codes:

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

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

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

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

**COPS-19 – Approved EDER Report**

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	SANTA CLARA	Health Net Comm Solutions											
		Health Plan of San Joaquin											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
		San Francisco Health Plan											
		Santa Clara Family H.P.			0							5	
	SONOMA	Contra Costa Health Plan											
		Health Net Comm Solutions											
	STANISLAUS	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp								1		5	
		Health Net Comm Solutions			0					1			
		Health Plan of San Joaquin											
		Kern Family Health Care										1	
		L.A. Care Health Plan											
	TULARE	Santa Clara Family H.P.											
		Anthem Blue Cross Partnrshp			0						0	6	
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		Health Plan of San Joaquin											
	Inland Empire Health Plan												

EDER Reason Codes:

Initiation Codes:

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

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

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

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

# COPS-19 – Approved EDER Report

# California Health Care Options

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	SANTA CLARA	Health Net Comm Solutions						0	7				3	
		Health Plan of San Joaquin							1					
		L.A. Care Health Plan							0					
		Molina Healthcare Partner							0					
		San Francisco Health Plan							0					
		Santa Clara Family H.P.		2		5	0			101				
	SONOMA	Contra Costa Health Plan								1				
		Health Net Comm Solutions								2				
	STANISLAUS	Alameda Alliance For Health							0	1				
		Anthem Blue Cross Partnrshp							0					6
		Health Net Comm Solutions					0	0	0	11	1			
		Health Plan of San Joaquin							0					
		Kern Family Health Care												
		L.A. Care Health Plan							0					
	TULARE	Santa Clara Family H.P.							0					
		Anthem Blue Cross Partnrshp					0	0					2	7
		Contra Costa Health Plan								1				
		Health Net Comm Solutions								29				14
		Health Plan of San Joaquin								1				
	Inland Empire Health Plan							0						

**EDER Reason Codes:**

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

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

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

**Initiation Codes:**

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

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SANTA CLARA	Health Net Comm Solutions		10
		Health Plan of San Joaquin		1
		L.A. Care Health Plan		0
		Molina Healthcare Partner		0
		San Francisco Health Plan		0
		Santa Clara Family H.P.		113
	SONOMA	Contra Costa Health Plan		1
		Health Net Comm Solutions		2
	STANISLAUS	Alameda Alliance For Health		1
		Anthem Blue Cross Partnrshp		12
		Health Net Comm Solutions		13
		Health Plan of San Joaquin		0
		Kern Family Health Care		1
		L.A. Care Health Plan		0
		Santa Clara Family H.P.		0
	TULARE	Anthem Blue Cross Partnrshp		15
		Contra Costa Health Plan		1
		Health Net Comm Solutions		43
		Health Plan of San Joaquin		1
		Inland Empire Health Plan		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	

# COPS-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E01B	E01P	E02B	E03B	E04P	E05B	E05S	E06B	E06S	E07B
Plan Type, County Name, Plan of Last Transaction												
Medical	TULARE	Kern Family Health Care										
		KP Cal, LLC										
		Molina Healthcare Partner									1	
	<b>Total</b>		3	3	14	0	1	2	31	0	701	0
<b>Total</b>			3	3	14	0	1	2	31	0	831	0

**EDER Reason Codes:**

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

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

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

**Initiation Codes:**

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

# COPS-19 – Approved EDER Report

# California Health Care Options

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			E07D	E07P	E08D	E09P	E11B	E12B	E12P	E13B	E13P	F09	F10
Plan Type, County Name, Plan of Last Transaction													
Medical	TULARE	Kern Family Health Care							1				
		KP Cal, LLC						0					
		Molina Healthcare Partner											
	<b>Total</b>		1	4	1	55	0	7	871	180	16	2	95
<b>Total</b>			1	4	1	59	0	9	986	180	16	2	95

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

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-19 – Approved EDER Report

Data for dates 8/26/2010 12:00:00 AM through 9/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	TULARE	Kern Family Health Care		1
		KP Cal, LLC		0
		Molina Healthcare Partner		1
	Total		25	2,012
Total			25	2,263

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