



December 8, 2010

DHCS HCO 10- 6731

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 – 10/26/2010 to 11/23/2010

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,

Benjamin R. Coss
Vice President
California Health Care Options

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

COPS-19 – Approved EDER Report

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Dental	ALAMEDA	Community Dental Svc, Inc.											
		HealthNet of California											
		Western Dental Services											
	CONTRA COSTA	Liberty Dental Plan of CA											
	FRESNO	Access Dental Plan											
		Liberty Dental Plan of CA											
		Western Dental Services											
	KERN	Health Net											
		Western Dental Services											
	KINGS	Access Dental Plan											
	LOS ANGELES	Access Dental Plan									1	101	
		American Health Guard											3
		Care 1st Health Plan											11
		Community Dental Svc, Inc.											2
		Health Net											6
		Liberty Dental Plan of CA											3
		SafeGuard Dental, Inc.											1
		Western Dental Services		1									14
	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
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Plan Type, County Name, Plan of Last Transaction														
Dental	ALAMEDA	Community Dental Svc, Inc.							0					
		HealthNet of California							0					
		Western Dental Services							0					
	CONTRA COSTA	Liberty Dental Plan of CA							0					
	FRESNO	Access Dental Plan									1			
		Liberty Dental Plan of CA								0				
		Western Dental Services								0				
	KERN	Health Net								0				
		Western Dental Services								0				
	KINGS	Access Dental Plan							0					
	LOS ANGELES	Access Dental Plan				1				0	17			1
		American Health Guard												
		Care 1st Health Plan									3			
		Community Dental Svc, Inc.												
		Health Net								0	14			
		Liberty Dental Plan of CA												
		SafeGuard Dental, Inc.				1								
	PLACER	Western Dental Services								0	11			
Western Dental Services									0					

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Plan Type, County Name, Plan of Last Transaction				
Dental	ALAMEDA	Community Dental Svc, Inc.		0
		HealthNet of California		0
		Western Dental Services		0
	CONTRA COSTA	Liberty Dental Plan of CA		0
	FRESNO	Access Dental Plan		1
		Liberty Dental Plan of CA		0
		Western Dental Services		0
	KERN	Health Net		0
		Western Dental Services		0
	KINGS	Access Dental Plan		0
	LOS ANGELES	Access Dental Plan		121
		American Health Guard		3
		Care 1st Health Plan		14
		Community Dental Svc, Inc.		2
		Health Net		20
		Liberty Dental Plan of CA		3
		SafeGuard Dental, Inc.		2
		Western Dental Services		26
	PLACER	Western Dental Services		0

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

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		Care 1st Health Plan												
		Health Net							0					
		SafeGuard Dental, Inc.							0					
		Western Dental Services							0	7				
	SACRAMENTO	Access Dental Plan									5			
		HealthNet of California							0	5	0			
		Liberty Dental Plan of CA									3			
		Western Dental Services				2			0	7				
	SAN BERNARDINO	Access Dental Plan								0	6			
		Health Net								0	1			
		HealthNet of California								0				
		Liberty Dental Plan of CA								0				
		SafeGuard Dental, Inc.								0				
		Western Dental Services								0	2			
	SAN DIEGO	Liberty Dental Plan of CA								0				
		Western Dental Services								0				
	SAN FRANCISCO	HealthNet of California							0					
SAN JOAQUIN	Access Dental Plan								0					
	HealthNet of California									1				

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Dental	RIVERSIDE	Access Dental Plan		1
		Care 1st Health Plan		1
		Health Net		0
		SafeGuard Dental, Inc.		0
		Western Dental Services		7
	SACRAMENTO	Access Dental Plan		5
		HealthNet of California		5
		Liberty Dental Plan of CA		3
		Western Dental Services		12
	SAN BERNARDINO	Access Dental Plan		7
		Health Net		1
		HealthNet of California		0
		Liberty Dental Plan of CA		0
		SafeGuard Dental, Inc.		1
		Western Dental Services		3
	SAN DIEGO	Liberty Dental Plan of CA		0
		Western Dental Services		0
	SAN FRANCISCO	HealthNet of California		0
	SAN JOAQUIN	Access Dental Plan		0
		HealthNet of California		1

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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	
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Dental	SAN JOAQUIN	Liberty Dental Plan of CA											
	SANTA CLARA	Liberty Dental Plan of CA											
		Western Dental Services											
	STANISLAUS	Access Dental Plan											
		HealthNet of California											
		Western Dental Services										0	
	TULARE	Access Dental Plan											
Total			1		0		0			1	148		
Medical	ALAMEDA	Alameda Alliance For Health			0		0		2		6		
		Anthem Blue Cross Partnrshp									1		
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		Health Plan of San Joaquin											
		Inland Empire Health Plan										2	
		KP Cal, LLC											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
	San Francisco Health Plan												
	CONTRA COSTA	Alameda Alliance For Health											
Anthem Blue Cross Partnrshp				0									

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Dental	SAN JOAQUIN	Liberty Dental Plan of CA								2				
		SANTA CLARA	Liberty Dental Plan of CA								1			
		Western Dental Services							0	1				
	STANISLAUS	Access Dental Plan								0				
		HealthNet of California									3			
		Western Dental Services								0				
	TULARE	Access Dental Plan								0				
	Total					4				0	91	0		1
Medical	ALAMEDA	Alameda Alliance For Health			4		0			14	1			
		Anthem Blue Cross Partnrshp			1		0		0		0			
		Contra Costa Health Plan								0				
		Health Net Comm Solutions								0	1			
		Health Plan of San Joaquin								0				
		Inland Empire Health Plan												
		KP Cal, LLC								0				
		L.A. Care Health Plan								0				
		Molina Healthcare Partner								0				
	San Francisco Health Plan								0					
	CONTRA COSTA	Alameda Alliance For Health									1			
Anthem Blue Cross Partnrshp									0		1			

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Plan Type, County Name, Plan of Last Transaction					
Dental	SAN JOAQUIN	Liberty Dental Plan of CA		2	
		SANTA CLARA	Liberty Dental Plan of CA	1	
		Western Dental Services		1	
	STANISLAUS	Access Dental Plan		0	
		HealthNet of California		3	
		Western Dental Services		0	
	TULARE	Access Dental Plan		0	
	Total				246
	Medical	ALAMEDA	Alameda Alliance For Health	1	28
			Anthem Blue Cross Partnrshp		2
Contra Costa Health Plan				0	
Health Net Comm Solutions				1	
Health Plan of San Joaquin				0	
Inland Empire Health Plan				2	
KP Cal, LLC				0	
L.A. Care Health Plan				0	
Molina Healthcare Partner				0	
San Francisco Health Plan				0	
CONTRA COSTA		Alameda Alliance For Health		1	
		Anthem Blue Cross Partnrshp		1	

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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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Plan Type, County Name, Plan of Last Transaction													
Medical	CONTRA COSTA	Care1st Partner Plan, LLC											
		Contra Costa Health Plan			0								
		Health Net Comm Solutions											
		Molina Healthcare Partner											
		San Francisco Health Plan											
		Santa Clara Family H.P.										1	
	FRESNO	Anthem Blue Cross Partnrshp			0							23	
		Health Net Comm Solutions						2				33	
		Inland Empire Health Plan											
		Kern Family Health Care											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
	KERN	Anthem Blue Cross Partnrshp											
		Health Net Comm Solutions			0						0		
		Inland Empire Health Plan										1	
		Kern Family Health Care		4								2	
		L.A. Care Health Plan											
		Molina Healthcare Partner											
	KINGS	L.A. Care Health Plan											
	LOS ANGELES	Anthem Blue Cross Partnrshp											

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Plan Type, County Name, Plan of Last Transaction														
Medical	CONTRA COSTA	Care1st Partner Plan, LLC							0					
		Contra Costa Health Plan			1				0	12	1			
		Health Net Comm Solutions							0					
		Molina Healthcare Partner								2				
		San Francisco Health Plan							0					
		Santa Clara Family H.P.												
	FRESNO	Anthem Blue Cross PartnrsHP			1									
		Health Net Comm Solutions					0		0	50				
		Inland Empire Health Plan							0	1				
		Kern Family Health Care								3				
		L.A. Care Health Plan							0	1	1			
		Molina Healthcare Partner							0					
	KERN	Anthem Blue Cross PartnrsHP							0					
		Health Net Comm Solutions							0	9	1	3		
		Inland Empire Health Plan							0					
		Kern Family Health Care					0	1		35	1			
		L.A. Care Health Plan							0					
		Molina Healthcare Partner							0					
	KINGS	L.A. Care Health Plan							0					
	LOS ANGELES	Anthem Blue Cross PartnrsHP							0					

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		Health Net Comm Solutions		0
		Molina Healthcare Partner		2
		San Francisco Health Plan		0
		Santa Clara Family H.P.		1
	FRESNO	Anthem Blue Cross Partnrshp		24
		Health Net Comm Solutions		85
		Inland Empire Health Plan		1
		Kern Family Health Care		3
		L.A. Care Health Plan		2
		Molina Healthcare Partner		0
	KERN	Anthem Blue Cross Partnrshp		0
		Health Net Comm Solutions		13
		Inland Empire Health Plan		1
		Kern Family Health Care		43
		L.A. Care Health Plan		0
		Molina Healthcare Partner		0
	KINGS	L.A. Care Health Plan		0
	LOS ANGELES	Anthem Blue Cross Partnrshp		0

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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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	LOS ANGELES	Health Net Comm Solutions			3	1	0			0	168	0	
		Inland Empire Health Plan									1		
		Kern Family Health Care											
		KP Cal, LLC											
		L.A. Care Health Plan		1	5		0			0	373	0	
		Molina Healthcare Partner										1	
		San Francisco Health Plan											
		Santa Clara Family H.P.											
	MADERA	Molina Healthcare Partner											
	MARIN	Anthem Blue Cross Partnrshp											
		KP Cal, LLC			0								
	OUT OF STATE	Health Net Comm Solutions											
		Inland Empire Health Plan										1	
		Kern Family Health Care											
		L.A. Care Health Plan											
	PLACER	Anthem Blue Cross Partnrshp											
		Contra Costa Health Plan											
	RIVERSIDE	Care1st Partner Plan, LLC											
		Community Hlth Grp Partner											
		Health Net Comm Solutions										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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E07D	E07P	E09P	E10B	E11B	E11P	E12B	E12P	E13B	E13P	F05
Plan Type, County Name, Plan of Last Transaction													
Medical	LOS ANGELES	Health Net Comm Solutions	1		5		0		0	103	55	6	
		Inland Empire Health Plan							0	10	1		
		Kern Family Health Care							0	3			
		KP Cal, LLC							0				
		L.A. Care Health Plan			4	1	0		0	97	77		
		Molina Healthcare Partner							0	26			
		San Francisco Health Plan							0				
		Santa Clara Family H.P.								1			
	MADERA	Molina Healthcare Partner								1			
	MARIN	Anthem Blue Cross PartnrsHP							0				
		KP Cal, LLC											
	OUT OF STATE	Health Net Comm Solutions									4		
		Inland Empire Health Plan											
		Kern Family Health Care									4		
		L.A. Care Health Plan									1		
	PLACER	Anthem Blue Cross PartnrsHP								0			
		Contra Costa Health Plan								0			
	RIVERSIDE	Care1st Partner Plan, LLC								0			
		Community Hlth Grp Partner									1		
		Health Net Comm Solutions								0	28		

EDER Reason Codes:

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- E03 = Enrolled Incorrectly Into a Plan
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- E07 = Problem Using the HCP
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- 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
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COPS-19 – Approved EDER Report

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	LOS ANGELES	Health Net Comm Solutions	9	351
		Inland Empire Health Plan		12
		Kern Family Health Care		3
		KP Cal, LLC		0
		L.A. Care Health Plan	16	574
		Molina Healthcare Partner		27
		San Francisco Health Plan		0
		Santa Clara Family H.P.		1
		MADERA	Molina Healthcare Partner	
	MARIN	Anthem Blue Cross PartnrsHP		0
		KP Cal, LLC		0
	OUT OF STATE	Health Net Comm Solutions		4
		Inland Empire Health Plan		1
		Kern Family Health Care		4
		L.A. Care Health Plan		1
	PLACER	Anthem Blue Cross PartnrsHP		0
		Contra Costa Health Plan		0
	RIVERSIDE	Care1st Partner Plan, LLC		0
		Community Hlth Grp Partner		1
		Health Net Comm Solutions		32

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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	RIVERSIDE	Inland Empire Health Plan			0				1		16		
		Kern Family Health Care									1		
		L.A. Care Health Plan										5	
		Molina Healthcare Partner			2							9	
	SACRAMENTO	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp			1		0					1	
		Care1st Partner Plan, LLC											
		Community Hlth Grp Partner											
		Health Net Comm Solutions			0		0						
		Health Plan of San Joaquin											
		Inland Empire Health Plan											
		KP Cal, LLC											1
		L.A. Care Health Plan											
		Molina Healthcare Partner		1	0								
	Santa Clara Family H.P.												
	SAN BERNARDINO	Anthem Blue Cross Partnrshp											
		Health Net Comm Solutions										1	
		Inland Empire Health Plan			0					1	0	14	
		Kern Family Health Care											
		KP Cal, LLC											

EDER Reason Codes:

Initiation Codes:

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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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COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E07D	E07P	E09P	E10B	E11B	E11P	E12B	E12P	E13B	E13P	F05	
Plan Type, County Name, Plan of Last Transaction														
Medical	RIVERSIDE	Inland Empire Health Plan	1		2		0		0	21	3			
		Kern Family Health Care							0	2				
		L.A. Care Health Plan							0	19				
		Molina Healthcare Partner			1		0		0	14	3			
	SACRAMENTO	Alameda Alliance For Health								0				
		Anthem Blue Cross Partnrshp			1		0			0		1		
		Care1st Partner Plan, LLC									1			
		Community Hlth Grp Partner									1			
		Health Net Comm Solutions					0			0	17	1		
		Health Plan of San Joaquin								0	1			
		Inland Empire Health Plan								0				
		KP Cal, LLC			3									
		L.A. Care Health Plan								0				
		Molina Healthcare Partner			2		0			0	3	4		
	Santa Clara Family H.P.								0					
	SAN BERNARDINO	Anthem Blue Cross Partnrshp								2				
		Health Net Comm Solutions								0	25			
		Inland Empire Health Plan			1	8				0	17	8		
		Kern Family Health Care									6			
		KP Cal, LLC								0				

EDER Reason Codes:

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
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 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 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
 X05 = MER type E -Voluntary Aid Code or County

Initiation Codes:

B - Bene
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COPS-19 – Approved EDER Report

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	RIVERSIDE	Inland Empire Health Plan	2	46
		Kern Family Health Care		3
		L.A. Care Health Plan		24
		Molina Healthcare Partner		29
	SACRAMENTO	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp	1	5
		Care1st Partner Plan, LLC		1
		Community Hlth Grp Partner		1
		Health Net Comm Solutions	1	19
		Health Plan of San Joaquin		1
		Inland Empire Health Plan		0
		KP Cal, LLC		4
		L.A. Care Health Plan		0
		Molina Healthcare Partner		10
		Santa Clara Family H.P.		0
	SAN BERNARDINO	Anthem Blue Cross Partnrshp		2
		Health Net Comm Solutions		26
		Inland Empire Health Plan	2	51
		Kern Family Health Care		6
		KP Cal, LLC		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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B		
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN BERNARDINO	L.A. Care Health Plan										6		
		Molina Healthcare Partner		1	0				4			2		
	SAN DIEGO	Alameda Alliance For Health												
		Anthem Blue Cross Partnrshp												
		Care1st Partner Plan, LLC				1							7	
		Community Hlth Grp Partner				0							26	
		Health Net Comm Solutions				0							16	
		Inland Empire Health Plan											1	
		Kern Family Health Care												
		KP Cal, LLC				1								2
		L.A. Care Health Plan												
		Molina Healthcare Partner				1							30	0
	Santa Clara Family H.P.													
	SAN FRANCISCO	Anthem Blue Cross Partnrshp												
		Contra Costa Health Plan												
		Health Net Comm Solutions												
		San Francisco Health Plan				0							3	
	SAN JOAQUIN	Alameda Alliance For Health												
		Anthem Blue Cross Partnrshp				0				12				
		Contra Costa Health Plan												

EDER Reason Codes:

Initiation Codes:

E01 = Incarcerated
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 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

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COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E07D	E07P	E09P	E10B	E11B	E11P	E12B	E12P	E13B	E13P	F05	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN BERNARDINO	L.A. Care Health Plan							0	16				
		Molina Healthcare Partner			1		0		0	17	7			
	SAN DIEGO	Alameda Alliance For Health								0	1			
		Anthem Blue Cross Partnrshp								0				
		Care1st Partner Plan, LLC									6	1		
		Community Hlth Grp Partner					0		0	21	3			
		Health Net Comm Solutions			1		0			9	6	2		
		Inland Empire Health Plan								0	2			
		Kern Family Health Care									5			
		KP Cal, LLC												
		L.A. Care Health Plan								0				
		Molina Healthcare Partner			1						12	0		
		Santa Clara Family H.P.								0	1			
	SAN FRANCISCO	Anthem Blue Cross Partnrshp								0				
		Contra Costa Health Plan								0				
		Health Net Comm Solutions								0				
		San Francisco Health Plan			1						6			
	SAN JOAQUIN	Alameda Alliance For Health									3			
		Anthem Blue Cross Partnrshp								0				
		Contra Costa 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:

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COPS-19 – Approved EDER Report

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SAN BERNARDINO	L.A. Care Health Plan		22
		Molina Healthcare Partner	1	33
	SAN DIEGO	Alameda Alliance For Health		1
		Anthem Blue Cross Partnrshp		0
		Care1st Partner Plan, LLC		15
		Community Hlth Grp Partner	2	52
		Health Net Comm Solutions	3	37
		Inland Empire Health Plan		3
		Kern Family Health Care		5
		KP Cal, LLC		3
		L.A. Care Health Plan		0
		Molina Healthcare Partner	1	45
		Santa Clara Family H.P.		1
		SAN FRANCISCO	Anthem Blue Cross Partnrshp	
	Contra Costa Health Plan			0
	Health Net Comm Solutions			0
	San Francisco Health Plan		1	11
	SAN JOAQUIN	Alameda Alliance For Health		3
		Anthem Blue Cross Partnrshp		12
		Contra Costa 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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN JOAQUIN	Health Net Comm Solutions											
		Health Plan of San Joaquin							19				
		L.A. Care Health Plan											
		Santa Clara Family H.P.											
	SANTA CLARA	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp										2	
		Health Net Comm Solutions											
		Health Plan of San Joaquin											
		Inland Empire Health Plan											
		KP Cal, LLC											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
	Santa Clara Family H.P.			0							6		
	SONOMA	Kern Family Health Care											
	STANISLAUS	Anthem Blue Cross Partnrshp			1							10	
		Contra Costa Health Plan											
		Health Net Comm Solutions											
		Molina Healthcare Partner											
		Santa Clara Family H.P.											
	TULARE	Anthem Blue Cross Partnrshp										2	

EDER Reason Codes:

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 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using the HCP
 E08 = Terminated By Plan
 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
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COPS-19 – Approved EDER Report

California Health Care Options

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E07D	E07P	E09P	E10B	E11B	E11P	E12B	E12P	E13B	E13P	F05	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN JOAQUIN	Health Net Comm Solutions							0	3				
		Health Plan of San Joaquin			4				0	2				
		L.A. Care Health Plan							0					
		Santa Clara Family H.P.									1			
	SANTA CLARA	Alameda Alliance For Health								0				
		Anthem Blue Cross Partnrshp								0				
		Health Net Comm Solutions									1			
		Health Plan of San Joaquin								0				
		Inland Empire Health Plan								0				
		KP Cal, LLC								0				
		L.A. Care Health Plan								0	1			
		Molina Healthcare Partner								0				
	Santa Clara Family H.P.			1		0		0	0	69				
	SONOMA	Kern Family Health Care								4				
	STANISLAUS	Anthem Blue Cross Partnrshp						0		0				
		Contra Costa Health Plan								0				
		Health Net Comm Solutions								0	16			
		Molina Healthcare Partner								0				
	TULARE	Santa Clara Family H.P.								0	1			
		Anthem Blue Cross Partnrshp												

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 I01 = IS-Generated Disenrollment
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COPS-19 – Approved EDER Report

Data for dates 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SAN JOAQUIN	Health Net Comm Solutions		3
		Health Plan of San Joaquin		25
		L.A. Care Health Plan		0
		Santa Clara Family H.P.		1
	SANTA CLARA	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp		2
		Health Net Comm Solutions		1
		Health Plan of San Joaquin		0
		Inland Empire Health Plan		0
		KP Cal, LLC		0
		L.A. Care Health Plan		1
		Molina Healthcare Partner		0
		Santa Clara Family H.P.	1	77
		SONOMA	Kern Family Health Care	
	STANISLAUS	Anthem Blue Cross Partnrshp		11
		Contra Costa Health Plan		0
		Health Net Comm Solutions		16
		Molina Healthcare Partner		0
		Santa Clara Family H.P.		1
	TULARE	Anthem Blue Cross Partnrshp		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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E01B	E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B
Plan Type, County Name, Plan of Last Transaction												
Medical	TULARE	Health Net Comm Solutions									1	
		Inland Empire Health Plan										
		Kern Family Health Care										
	Total		1	6	15	1	0	2	39	0	779	0
Total			2	6	15	1	0	2	39	1	927	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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code			E07D	E07P	E09P	E10B	E11B	E11P	E12B	E12P	E13B	E13P	F05
Plan Type, County Name, Plan of Last Transaction													
Medical	TULARE	Health Net Comm Solutions		1						19			
		Inland Empire Health Plan							0				
		Kern Family Health Care								2			
	Total		2	2	42	1	0	1	2	753	176	11	
Total			2	2	46	1	0	1	2	844	176	11	1

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 10/26/2010 12:00:00 AM through 11/23/2010

EDER Reason Code		X04	Total
Plan Type, County Name, Plan of Last Transaction			
Medical	TULARE	Health Net Comm Solutions	21
		Inland Empire Health Plan	0
		Kern Family Health Care	2
	Total	41	1,874
Total		41	2,120

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