



February 8, 2011

DHCS HCO 11-7333

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 – 12/28/2010 to 1/24/2011

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 12/28/2010 12:00:00 AM through 1/24/2011

EDER Reason Code			E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	E07D	
Plan Type, County Name, Plan of Last Transaction													
Dental	CONTRA COSTA	Access Dental Plan											
		HealthNet of California											
		Western Dental Services											
	KERN	Access Dental Plan									1		
		Health Net											
		Western Dental Services											
	KINGS	Access Dental Plan								0			
	LOS ANGELES	Access Dental Plan			0						52		
		American Health Guard									3		
		Care 1st Health Plan			0					2	5		
		Community Dental Svc, Inc.			0								
		Health Net									9		
		HealthNet of California											
		Liberty Dental Plan of CA									1		
		SafeGuard Dental, Inc.									6		
		Western Dental Services			0						14		
	PLACER	Access Dental Plan											
		Western Dental Services											
	RIVERSIDE	Access Dental Plan									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
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California Health Care Options

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Plan Type, County Name, Plan of Last Transaction														
Dental	CONTRA COSTA	Access Dental Plan					0							
		HealthNet of California					0							
		Western Dental Services					0							
	KERN	Access Dental Plan								1				
		Health Net						0						
		Western Dental Services						0		2				
	KINGS	Access Dental Plan					0							
	LOS ANGELES	Access Dental Plan			1			0		22			2	
		American Health Guard								3				
		Care 1st Health Plan							1	1				
		Community Dental Svc, Inc.						0						
		Health Net						0		11				
		HealthNet of California						0						
		Liberty Dental Plan of CA												
		SafeGuard Dental, Inc.			2					2				
		Western Dental Services								6				
	PLACER	Access Dental Plan								2				
		Western Dental Services						0						
	RIVERSIDE	Access Dental Plan												

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Plan Type, County Name, Plan of Last Transaction				
Dental	CONTRA COSTA	Access Dental Plan		0
		HealthNet of California		0
		Western Dental Services		0
	KERN	Access Dental Plan		2
		Health Net		0
		Western Dental Services		2
	KINGS	Access Dental Plan		0
	LOS ANGELES	Access Dental Plan		77
		American Health Guard		6
		Care 1st Health Plan		9
		Community Dental Svc, Inc.		0
		Health Net		20
		HealthNet of California		0
		Liberty Dental Plan of CA		1
		SafeGuard Dental, Inc.		10
		Western Dental Services		20
	PLACER	Access Dental Plan		2
		Western Dental Services		0
	RIVERSIDE	Access Dental Plan		1

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

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

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Dental	RIVERSIDE	American Health Guard		0
		Health Net		2
		Liberty Dental Plan of CA		0
		Western Dental Services		0
	SACRAMENTO	Access Dental Plan		6
		Community Dental Svc, Inc.		2
		HealthNet of California		4
		Liberty Dental Plan of CA		1
		Western Dental Services		10
	SAN BERNARDINO	Access Dental Plan		4
		Care 1st Health Plan		3
		Health Net		4
		SafeGuard Dental, Inc.		0
		Western Dental Services		0
	SAN DIEGO	Access Dental Plan		1
		HealthNet of California		0
		Western Dental Services		1
	SAN JOAQUIN	Access Dental Plan		0
		Community Dental Svc, Inc.		0
		HealthNet of California		0

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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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Plan Type, County Name, Plan of Last Transaction												
Dental	SANTA CLARA	Health Net										
		Western Dental Services										
	STANISLAUS	Access Dental Plan								2		
	Total			0					2	99		
Medical	ALAMEDA	Alameda Alliance For Health	1	0				3				
		Anthem Blue Cross Partnrshp										
		Contra Costa Health Plan										
		Health Net Comm Solutions										
		Health Plan of San Joaquin										
		Inland Empire 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										
		Inland Empire Health Plan										
		KP Cal, LLC										
		Molina Healthcare Partner										
	FRESNO	Alameda Alliance For Health										
		Anthem Blue Cross Partnrshp		0							21	

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Plan Type, County Name, Plan of Last Transaction														
Dental	SANTA CLARA	Health Net							2					
		Western Dental Services							1					
	STANISLAUS	Access Dental Plan												
	Total			4			0	1	85			2		
Medical	ALAMEDA	Alameda Alliance For Health	1	10			0		14	1				
		Anthem Blue Cross Partnrshp		1	0		0			2				
		Contra Costa Health Plan					0							
		Health Net Comm Solutions					0		1					
		Health Plan of San Joaquin					0		1					
		Inland Empire Health Plan					0							
		San Francisco Health Plan					0							
		Santa Clara Family H.P.					0							
	CONTRA COSTA	Alameda Alliance For Health					0		3					
		Anthem Blue Cross Partnrshp					0							
		Contra Costa Health Plan					0		18	3				
		Inland Empire Health Plan					0							
		KP Cal, LLC					0							
		Molina Healthcare Partner					0							
FRESNO	Alameda Alliance For Health					0								
	Anthem Blue Cross Partnrshp			0		0				2				

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Plan Type, County Name, Plan of Last Transaction				
Dental	SANTA CLARA	Health Net		2
		Western Dental Services		1
	STANISLAUS	Access Dental Plan		2
	Total			
Medical	ALAMEDA	Alameda Alliance For Health		30
		Anthem Blue Cross Partnrshp		3
		Contra Costa Health Plan		0
		Health Net Comm Solutions		1
		Health Plan of San Joaquin		1
		Inland Empire Health Plan		0
		San Francisco Health Plan		0
		Santa Clara Family H.P.		0
	CONTRA COSTA	Alameda Alliance For Health		3
		Anthem Blue Cross Partnrshp		0
		Contra Costa Health Plan		21
		Inland Empire Health Plan		0
		KP Cal, LLC		0
		Molina Healthcare Partner		0
FRESNO	Alameda Alliance For Health		0	
	Anthem Blue Cross Partnrshp		23	

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Plan Type, County Name, Plan of Last Transaction													
Medical	FRESNO	Contra Costa Health Plan											
		Health Net Comm Solutions					1			15			
		Inland Empire Health Plan											
		L.A. Care Health Plan											
		Molina Healthcare Partner											
	KERN	Anthem Blue Cross Partnrshp											
		Community Hlth Grp Partner											
		Health Net Comm Solutions											
		Inland Empire Health Plan											
		Kern Family Health Care									0		
		L.A. Care Health Plan										2	
	KINGS	Anthem Blue Cross Partnrshp											
		Health Net Comm Solutions											
		L.A. Care Health Plan										0	
	LOS ANGELES	Alameda Alliance For Health										0	
		Anthem Blue Cross Partnrshp											
		Care1st Partner Plan, LLC											
		Community Hlth Grp Partner											
		Health Net Comm Solutions										0	1
		Inland Empire Health Plan										3	

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Plan Type, County Name, Plan of Last Transaction													
Medical	FRESNO	Contra Costa Health Plan							1				
		Health Net Comm Solutions		3	0				37			1	
		Inland Empire Health Plan							1				
		L.A. Care Health Plan					0						
		Molina Healthcare Partner					0						
	KERN	Anthem Blue Cross PartnrsHP						0					
		Community Hlth Grp Partner						0					
		Health Net Comm Solutions			0		0		25		2		
		Inland Empire Health Plan						0					
		Kern Family Health Care		1	0				30		1		
		L.A. Care Health Plan						0		3			
	KINGS	Anthem Blue Cross PartnrsHP						0					
		Health Net Comm Solutions						0		1			
		L.A. Care Health Plan						0					
	LOS ANGELES	Alameda Alliance For Health											
		Anthem Blue Cross PartnrsHP						0					
		Care1st Partner Plan, LLC						0					
		Community Hlth Grp Partner						0		4			
		Health Net Comm Solutions		8	0	1	0		92	48	8		
		Inland Empire Health Plan						0		2			

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Medical	FRESNO	Contra Costa Health Plan		1
		Health Net Comm Solutions	1	58
		Inland Empire Health Plan		1
		L.A. Care Health Plan		0
		Molina Healthcare Partner		0
	KERN	Anthem Blue Cross PartnrsHP		0
		Community Hlth Grp Partner		0
		Health Net Comm Solutions		27
		Inland Empire Health Plan		0
		Kern Family Health Care	2	34
		L.A. Care Health Plan		5
	KINGS	Anthem Blue Cross PartnrsHP		0
		Health Net Comm Solutions		1
		L.A. Care Health Plan		0
	LOS ANGELES	Alameda Alliance For Health		0
		Anthem Blue Cross PartnrsHP		0
		Care1st Partner Plan, LLC		0
		Community Hlth Grp Partner		4
		Health Net Comm Solutions	11	306
		Inland Empire Health Plan		5

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 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
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Data for dates 12/28/2010 12:00:00 AM through 1/24/2011

EDER Reason Code			E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	E07D	
Plan Type, County Name, Plan of Last Transaction													
Medical	LOS ANGELES	Kern Family Health Care											
		L.A. Care Health Plan		5		0			0	225	0	1	
		Molina Healthcare Partner											
	MADERA	Anthem Blue Cross Partnrshp									1		
		Health Net Comm Solutions									1		
		Health Plan of San Joaquin											
		Inland Empire Health Plan											
	MARIN	Santa Clara Family H.P.											
	OUT OF STATE	Health Net Comm Solutions											
		Inland Empire Health Plan									1		
		L.A. Care Health Plan											
	PLACER	Anthem Blue Cross Partnrshp											
		Health Net Comm Solutions											
	RIVERSIDE	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Community Hlth Grp Partner									1		
		Health Net Comm Solutions									2		
		Inland Empire Health Plan									21		
		L.A. Care Health Plan			0						5		
		Molina Healthcare Partner									10		

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
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EDER Reason Code			E07P	E09P	E11B	E11P	E12B	E12D	E12P	E13B	E13P	F02	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	LOS ANGELES	Kern Family Health Care					0		2					
		L.A. Care Health Plan		9	0		0		106	79			3	
		Molina Healthcare Partner					0		3					
	MADERA	Anthem Blue Cross Partnrshp												
		Health Net Comm Solutions												
		Health Plan of San Joaquin						0						
		Inland Empire Health Plan						0						
	MARIN	Santa Clara Family H.P.							4					
	OUT OF STATE	Health Net Comm Solutions								2				
		Inland Empire Health Plan								1				
		L.A. Care Health Plan								7				
	PLACER	Anthem Blue Cross Partnrshp								0				
		Health Net Comm Solutions								2				
	RIVERSIDE	Alameda Alliance For Health						0						
		Anthem Blue Cross Partnrshp						0						
		Community Hlth Grp Partner						0						
		Health Net Comm Solutions						0		7				
		Inland Empire Health Plan		4	0		1		14	2				
		L.A. Care Health Plan						0		4				
		Molina Healthcare Partner			0		0		6	2				

EDER Reason Codes:

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 F03 = Doctor Did Not Meet Beneficiary Needs
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 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
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Data for dates 12/28/2010 12:00:00 AM through 1/24/2011

EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	LOS ANGELES	Kern Family Health Care		2
		L.A. Care Health Plan	15	443
		Molina Healthcare Partner		3
	MADERA	Anthem Blue Cross Partnrshp		1
		Health Net Comm Solutions		1
		Health Plan of San Joaquin		0
		Inland Empire Health Plan		0
	MARIN	Santa Clara Family H.P.		4
	OUT OF STATE	Health Net Comm Solutions		2
		Inland Empire Health Plan		2
		L.A. Care Health Plan		7
	PLACER	Anthem Blue Cross Partnrshp		0
		Health Net Comm Solutions		2
	RIVERSIDE	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp		0
		Community Hlth Grp Partner		1
		Health Net Comm Solutions		9
		Inland Empire Health Plan	1	43
		L.A. Care Health Plan		9
		Molina Healthcare Partner	1	19

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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EDER Reason Code			E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	E07D	
Plan Type, County Name, Plan of Last Transaction													
Medical	SACRAMENTO	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp		0					0	2		1	
		Contra Costa Health Plan											
		Health Net Comm Solutions		0							0		
		Inland Empire Health Plan											
		Kern Family Health Care											
		KP Cal, LLC											
		L.A. Care Health Plan											
		Molina Healthcare Partner		0									
		San Francisco Health Plan											
	Santa Clara Family H.P.												
	SAN BERNARDINO	Alameda Alliance For Health											
		Anthem Blue Cross Partnrshp											
		Health Net Comm Solutions									5		
		Health Plan of San Joaquin											
		Inland Empire Health Plan	1	0					2		10		
		L.A. Care Health Plan									7		
		Molina Healthcare Partner		0							9		
	Santa Clara Family H.P.												
	SAN DIEGO	Care1st Partner Plan, LLC									1		

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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
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Data for dates 12/28/2010 12:00:00 AM through 1/24/2011

EDER Reason Code			E07P	E09P	E11B	E11P	E12B	E12D	E12P	E13B	E13P	F02	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	SACRAMENTO	Alameda Alliance For Health					0							
		Anthem Blue Cross Partnrshp			0		0			4				
		Contra Costa Health Plan					0							
		Health Net Comm Solutions			0		0		12	3	1			
		Inland Empire Health Plan					0							
		Kern Family Health Care							3					
		KP Cal, LLC		1			0							
		L.A. Care Health Plan							1					
		Molina Healthcare Partner			0				5	1				
		San Francisco Health Plan					0							
	Santa Clara Family H.P.					0								
	SAN BERNARDINO	Alameda Alliance For Health					0							
		Anthem Blue Cross Partnrshp					0							
		Health Net Comm Solutions		1			0		20	1				
		Health Plan of San Joaquin					0							
		Inland Empire Health Plan		5	0		0		18	11				
		L.A. Care Health Plan					0		4					
		Molina Healthcare Partner			0				12	3				
	Santa Clara Family H.P.							1						
	SAN DIEGO	Care1st Partner Plan, LLC		1			0		10	1				

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 E07 = Problem Using the HCP
 E08 = Terminated By Plan
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 F03 = Doctor Did Not Meet Beneficiary Needs
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 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
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 X02 = Dental Exemption
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EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SACRAMENTO	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp	1	8
		Contra Costa Health Plan		0
		Health Net Comm Solutions	1	17
		Inland Empire Health Plan		0
		Kern Family Health Care		3
		KP Cal, LLC		1
		L.A. Care Health Plan		1
		Molina Healthcare Partner	1	7
		San Francisco Health Plan		0
		Santa Clara Family H.P.		0
	SAN BERNARDINO	Alameda Alliance For Health		0
		Anthem Blue Cross Partnrshp		0
		Health Net Comm Solutions		27
		Health Plan of San Joaquin		0
		Inland Empire Health Plan	1	48
		L.A. Care Health Plan		11
		Molina Healthcare Partner		24
	SAN DIEGO	Care1st Partner Plan, LLC	3	16

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 12/28/2010 12:00:00 AM through 1/24/2011

EDER Reason Code		E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	E07D	
Plan Type, County Name, Plan of Last Transaction												
Medical	SAN DIEGO	Community Hlth Grp Partner	2	0					20			
		Contra Costa Health Plan										
		Health Net Comm Solutions		0						3		
		Inland Empire Health Plan								1		
		KP Cal, LLC								3		
		L.A. Care Health Plan										
		Molina Healthcare Partner	1	0						11		
	SAN FRANCISCO	Anthem Blue Cross Partnrshp									0	
		San Francisco Health Plan		0		0				1		
	SAN JOAQUIN	Alameda Alliance For Health										
		Anthem Blue Cross Partnrshp						4		1		
		Health Net Comm Solutions										
		Health Plan of San Joaquin	1					28		1		
		Kern Family Health Care										
		L.A. Care Health Plan										
		Molina Healthcare Partner										
	SANTA CLARA	Santa Clara Family H.P.										
		Anthem Blue Cross Partnrshp							0	4		
		Community Hlth Grp Partner										
			Health Net Comm Solutions									

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- E07 = Problem Using the HCP
- E08 = Terminated By Plan
- E09 = Long Term Care

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- 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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California Health Care Options

Data for dates 12/28/2010 12:00:00 AM through 1/24/2011

EDER Reason Code			E07P	E09P	E11B	E11P	E12B	E12D	E12P	E13B	E13P	F02	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN DIEGO	Community Hlth Grp Partner		3	0		0		13					
		Contra Costa Health Plan					0							
		Health Net Comm Solutions		2			0		10	4				
		Inland Empire Health Plan					0		1					
		KP Cal, LLC			2									
		L.A. Care Health Plan					0		5					
		Molina Healthcare Partner					0		9					
	SAN FRANCISCO	Anthem Blue Cross Partnrsdp												
		San Francisco Health Plan							3					
	SAN JOAQUIN	Alameda Alliance For Health					0		1					
		Anthem Blue Cross Partnrsdp			0		0							
		Health Net Comm Solutions					0							
		Health Plan of San Joaquin					0		7	1				
		Kern Family Health Care							1					
		L.A. Care Health Plan							1					
		Molina Healthcare Partner					0		1					
	SANTA CLARA	Santa Clara Family H.P.					0		1					
		Anthem Blue Cross Partnrsdp			0		0							
		Community Hlth Grp Partner							1					
		Health Net Comm Solutions							3					

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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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EDER Reason Code			X04	Total
Plan Type, County Name, Plan of Last Transaction				
Medical	SAN DIEGO	Community Hlth Grp Partner	2	40
		Contra Costa Health Plan		0
		Health Net Comm Solutions	2	21
		Inland Empire Health Plan		2
		KP Cal, LLC		5
		L.A. Care Health Plan		5
		Molina Healthcare Partner	3	24
	SAN FRANCISCO	Anthem Blue Cross PartnrsHP		0
		San Francisco Health Plan		4
	SAN JOAQUIN	Alameda Alliance For Health		1
		Anthem Blue Cross PartnrsHP		5
		Health Net Comm Solutions		0
		Health Plan of San Joaquin	3	41
		Kern Family Health Care		1
		L.A. Care Health Plan		1
		Molina Healthcare Partner		1
	SANTA CLARA	Anthem Blue Cross PartnrsHP		4
		Community Hlth Grp Partner		1
		Health Net Comm Solutions		3

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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EDER Reason Code			E01P	E02B	E02P	E03B	E04P	E05S	E06B	E06S	E07B	E07D	
Plan Type, County Name, Plan of Last Transaction													
Medical	SANTA CLARA	Health Plan of San Joaquin											
		Santa Clara Family H.P.											
	STANISLAUS	Anthem Blue Cross Partnrshp		0					1		4		
		Health Net Comm Solutions									2		
		Health Plan of San Joaquin											
		Santa Clara Family H.P.											
	TULARE	Anthem Blue Cross Partnrshp		0							6		
		Health Net Comm Solutions											
		Santa Clara Family H.P.											
	Total			6	5	1	0	1	38	0	535	0	3
	Total			6	5	1	0	1	38	2	634	0	3

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 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
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EDER Reason Code			E07P	E09P	E11B	E11P	E12B	E12D	E12P	E13B	E13P	F02	F10	
Plan Type, County Name, Plan of Last Transaction														
Medical	SANTA CLARA	Health Plan of San Joaquin					0							
		Santa Clara Family H.P.		2			0		46					
	STANISLAUS	Anthem Blue Cross Partnrshp			0		0							
		Health Net Comm Solutions			0				9					
		Health Plan of San Joaquin					0							
		Santa Clara Family H.P.							3					
	TULARE	Anthem Blue Cross Partnrshp			0		0							
		Health Net Comm Solutions							24					
		Santa Clara Family H.P.							1					
	Total			1	53	0	1	1		617	169	11	1	3
Total			1	57	0	1	1	1	702	169	11	3	3	

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 F04 = Too Far To Go
 F05 = Did Not Choose This Plan

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 F09 = Other Reason
 F10 = No Reason Checked
 I01 = IS-Generated Disenrollment
 X01 = Waiver Programs exemption
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 X03 = Indian Health Coverage
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EDER Reason Code			X04	Total	
Plan Type, County Name, Plan of Last Transaction					
Medical	SANTA CLARA	Health Plan of San Joaquin		0	
		Santa Clara Family H.P.		48	
	STANISLAUS	Anthem Blue Cross Partnrshp	1	6	
		Health Net Comm Solutions		11	
		Health Plan of San Joaquin		0	
		Santa Clara Family H.P.		3	
	TULARE	Anthem Blue Cross Partnrshp	1	7	
		Health Net Comm Solutions	1	25	
		Santa Clara Family H.P.		1	
	Total			51	1,497
	Total			51	1,690

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 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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