



January 10, 2012

DHCS HCO 12-10371

Ms. Jane Ogle, Deputy Director
Health Care Delivery Systems
Department of Health Care Services
MS 4000
P.O. Box 997413
Sacramento, CA 95899-7413

COPS-19 APPROVED EDER REPORT – Data for 11/23/2011 through 12/27/2011

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

Dear Ms. Ogle:

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 regarding this report, please contact Haiyong Li at (916) 364-6656.

Sincerely,

for
Benjamin R. Coss
Vice President
California Health Care Options

CC: Report File
Admin File
DHCS HCO (1 copy)

COPS-19 – Approved EDER Report

Data for 11/23/2011 through 12/27/2011

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06P	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Dental	LOS ANGELES	Access Dental Plan			0							96	
		American Health Guard	1										
		Care 1st Health Plan										4	
		Community Dental Svc, Inc.										1	
		Health Net										9	
		Liberty Dental Plan of CA										2	
		SafeGuard Dental, Inc.										2	
		Western Dental Services										22	
	SACRAMENTO	Access Dental Plan						1					
		Community Dental Svc, Inc.											
		HealthNet of California						1					
		Liberty Dental Plan of CA										1	
		Western Dental Services										3	
	Total			1		0		2				140	
Medical	ALAMEDA	Alameda Alliance For Health						1				3	
		Anthem Blue Cross Partnrshp						1				5	
	CONTRA COSTA	Anthem Blue Cross Partnrshp											
		Contra Costa Health Plan	1		0								
	FRESNO	Anthem Blue Cross Partnrshp										15	

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 11/23/2011 through 12/27/2011

EDER Reason Code			E07D	E07P	E09P	E10P	E11B	E11P	E12B	E12P	E13B	E13P	X04	
Plan Type, County Name, Plan of Last Transaction														
Dental	LOS ANGELES	Access Dental Plan			1				0	29				
		American Health Guard												
		Care 1st Health Plan			1				0	3				
		Community Dental Svc, Inc.			1									
		Health Net			2				0	15				
		Liberty Dental Plan of CA			1				0					
		SafeGuard Dental, Inc.			1				0	4				
		Western Dental Services			3				2	5				
	SACRAMENTO	Access Dental Plan								0	8			
		Community Dental Svc, Inc.								0				
		HealthNet of California			1					0	7			
		Liberty Dental Plan of CA			2					0	4			
		Western Dental Services			1					0	9			
	Total					14			2	84				
Medical	ALAMEDA	Alameda Alliance For Health			11		0		0	25				
		Anthem Blue Cross Partnrshp			2		0		0		1			
	CONTRA COSTA	Anthem Blue Cross Partnrshp								0	1			
		Contra Costa Health Plan			7		0			0	42			
	FRESNO	Anthem Blue Cross Partnrshp			5				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 11/23/2011 through 12/27/2011

EDER Reason Code			Total
Plan Type, County Name, Plan of Last Transaction			
Dental	LOS ANGELES	Access Dental Plan	126
		American Health Guard	1
		Care 1st Health Plan	8
		Community Dental Svc, Inc.	2
		Health Net	26
		Liberty Dental Plan of CA	3
		SafeGuard Dental, Inc.	7
		Western Dental Services	32
	SACRAMENTO	Access Dental Plan	9
		Community Dental Svc, Inc.	0
		HealthNet of California	9
		Liberty Dental Plan of CA	7
		Western Dental Services	13
	Total		243
Medical	ALAMEDA	Alameda Alliance For Health	40
		Anthem Blue Cross Partnrshp	9
	CONTRA COSTA	Anthem Blue Cross Partnrshp	1
		Contra Costa Health Plan	50
	FRESNO	Anthem Blue Cross Partnrshp	20

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 11/23/2011 through 12/27/2011

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06P	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	FRESNO	CalViva Health					2				37		
		KERN	Health Net Comm Solutions										
		Kern Family Health Care				1				1			
	KINGS	Anthem Blue Cross PartnrsHP											
		CalViva Health											
	LOS ANGELES	Health Net Comm Solutions			1	2	2		0			164	
		L.A. Care Health Plan	0		0					0		444	0
	MADERA	Anthem Blue Cross PartnrsHP											
		CalViva Health					1						
	RIVERSIDE	Inland Empire Health Plan										25	0
		Molina Healthcare Partner										25	
	SACRAMENTO	Anthem Blue Cross PartnrsHP								0		3	
		Health Net Comm Solutions			0		1						
		KP Cal, LLC			0							1	
		Molina Healthcare Partner					2						
	SAN BERNARDINO	Inland Empire Health Plan			1				6			12	
		Molina Healthcare Partner						1				4	
	SAN DIEGO	Care1st Partner Plan, LLC			1							3	
		Community Hlth Grp Partner				0						19	
		Health Net Comm Solutions				1						18	

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 11/23/2011 through 12/27/2011

EDER Reason Code			E07D	E07P	E09P	E10P	E11B	E11P	E12B	E12P	E13B	E13P	X04	
Plan Type, County Name, Plan of Last Transaction														
Medical	FRESNO	CalViva Health			6		0		0	34			1	
	KERN	Health Net Comm Solutions			1		0		0	37				
		Kern Family Health Care			2		0	4	0	84				
	KINGS	Anthem Blue Cross PartnrsHp								0				
		CalViva Health			1						5			
	LOS ANGELES	Health Net Comm Solutions		1		47		0	1	0	133	12	2	5
		L.A. Care Health Plan		3	2	88		0		0	102	11		7
	MADERA	Anthem Blue Cross PartnrsHp								0				
		CalViva Health				2		0		0	13			
	RIVERSIDE	Inland Empire Health Plan			1	13		0		1	25	1		
		Molina Healthcare Partner				5		0		0	14	2		
	SACRAMENTO	Anthem Blue Cross PartnrsHp		2		1		0		1		1		
		Health Net Comm Solutions				10		0		0	28			2
		KP Cal, LLC				3	1	0		0				
		Molina Healthcare Partner				4		0		0	6	1		
	SAN BERNARDINO	Inland Empire Health Plan				16		0		0	19	7		
		Molina Healthcare Partner				4		0		0	24	1		1
	SAN DIEGO	Care1st Partner Plan, LLC				7		0		0	20	1		0
		Community Hlth Grp Partner				16		0		0	30	2		1
		Health Net Comm Solutions		1		5				0	13	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 11/23/2011 through 12/27/2011

EDER Reason Code			Total
Plan Type, County Name, Plan of Last Transaction			
Medical	FRESNO	CalViva Health	80
		KERN	Health Net Comm Solutions
		Kern Family Health Care	92
	KINGS	Anthem Blue Cross PartnrsHP	0
		CalViva Health	6
	LOS ANGELES	Health Net Comm Solutions	370
		L.A. Care Health Plan	657
	MADERA	Anthem Blue Cross PartnrsHP	0
		CalViva Health	16
	RIVERSIDE	Inland Empire Health Plan	66
		Molina Healthcare Partner	46
	SACRAMENTO	Anthem Blue Cross PartnrsHP	8
		Health Net Comm Solutions	41
		KP Cal, LLC	5
		Molina Healthcare Partner	13
	SAN BERNARDINO	Inland Empire Health Plan	61
		Molina Healthcare Partner	35
	SAN DIEGO	Care1st Partner Plan, LLC	32
		Community Hlth Grp Partner	68
		Health Net Comm Solutions	40

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 11/23/2011 through 12/27/2011

EDER Reason Code			E01B	E01P	E02B	E02P	E04P	E05S	E06B	E06P	E06S	E07B	
Plan Type, County Name, Plan of Last Transaction													
Medical	SAN DIEGO	KP Cal, LLC									3		
		Molina Healthcare Partner			0		4				19	0	
	SAN FRANCISCO	Anthem Blue Cross Partnrshp											
		San Francisco Health Plan											0
	SAN JOAQUIN	Anthem Blue Cross Partnrshp							11				
		Health Plan of San Joaquin							22				
	SANTA CLARA	Anthem Blue Cross Partnrshp											
		Santa Clara Family H.P.		1								4	
	STANISLAUS	Anthem Blue Cross Partnrshp										5	
		Health Net Comm Solutions											
	TULARE	Anthem Blue Cross Partnrshp										5	
		Health Net Comm Solutions										1	
	Total			1	3	2	3	13	41	0	1	815	0
	Total			2	3	2	3	15	41	0	1	955	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 11/23/2011 through 12/27/2011

EDER Reason Code			E07D	E07P	E09P	E10P	E11B	E11P	E12B	E12P	E13B	E13P	X04	
Plan Type, County Name, Plan of Last Transaction														
Medical	SAN DIEGO	KP Cal, LLC			2									
		Molina Healthcare Partner			3			0	19	1				
	SAN FRANCISCO	Anthem Blue Cross Partnrshp			1				0					
		San Francisco Health Plan			5		0		0	11				
	SAN JOAQUIN	Anthem Blue Cross Partnrshp							0					
		Health Plan of San Joaquin		1	7		0		0	1	1			
	SANTA CLARA	Anthem Blue Cross Partnrshp			2		0		0					
		Santa Clara Family H.P.		1	8		0		0	85				
	STANISLAUS	Anthem Blue Cross Partnrshp			1		0		0		1			
		Health Net Comm Solutions					0		0	10				
	TULARE	Anthem Blue Cross Partnrshp			3		0		0					
		Health Net Comm Solutions			4				0	38				
	Total			7	5	292	1	0	5	2	819	45	2	17
	Total			7	5	306	1	0	5	4	903	45	2	17

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 11/23/2011 through 12/27/2011

EDER Reason Code			Total	
Plan Type, County Name, Plan of Last Transaction				
Medical	SAN DIEGO	KP Cal, LLC	5	
		Molina Healthcare Partner	46	
	SAN FRANCISCO	Anthem Blue Cross Partnrshp	1	
		San Francisco Health Plan	16	
	SAN JOAQUIN	Anthem Blue Cross Partnrshp	11	
		Health Plan of San Joaquin	32	
	SANTA CLARA	Anthem Blue Cross Partnrshp	2	
		Santa Clara Family H.P.	99	
	STANISLAUS	Anthem Blue Cross Partnrshp	7	
		Health Net Comm Solutions	10	
	TULARE	Anthem Blue Cross Partnrshp	8	
		Health Net Comm Solutions	43	
	Total			2,074
	Total			2,317

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