

January 3, 2005

DHS HCO 05-4503

Mr. Jerry D. Stanger, Chief
California Department of Health Services
Payment Systems Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

SUBJECT: DISENROLLMENT REPORT BY REASON AND PLAN
Effective Date 1/1/05

Reference: Contract Section 3.10.5.2.3 (5)(c) and 3.10.5.2.3 (7)(l)

Dear Mr. Stanger:

The purpose of this letter is to provide Department of Health Services with the current version of the reports listed below.

- MSC-B-M05 Disenrollment by Reason and Plan – Medical
- MSC-B-M05D Disenrollment by Reason and Plan – Dental

If you have any questions, please contact Harry Gill at (916) 364-6620.

Sincerely,

Signature on Original Copy

Benjamin R. Coss
Project Director
California Health Care Options

cc: Reports File
Admin File – ID#1232

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MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 11/24/2004 - 12/27/2004

EFFECTIVE 1/1/2005

MAXIMUS

2 PLAN & GMC COUNTIES																				
COUNTY	PLAN NAME	REASONS																		
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	TOTAL
ALAMEDA	ALAMEDA ALLIANCE	0	8	26	5	3	6	0	14	101	0	0	0	0	0	0	0	3	0	166
	BLUE CROSS	0	5	21	3	10	8	0	12	139	0	0	0	0	0	0	0	1	0	199
	COUNTY TOTAL	0	13	47	8	13	14	0	26	240	0	0	0	0	0	0	0	4	0	365
CONTRA COSTA	BLUE CROSS	0	12	11	2	4	27	0	4	53	0	0	0	0	0	0	0	0	0	113
	CONTRA COSTA HEALTH	0	13	3	1	0	3	0	3	60	0	0	0	0	2	0	2	0	0	87
	COUNTY TOTAL	0	25	14	3	4	30	0	7	113	0	0	0	0	2	0	2	0	0	200
FRESNO	BLUE CROSS	0	5	3	4	1	6	8	11	97	0	0	0	0	0	0	0	0	0	135
	HEALTH NET	0	16	53	2	1	53	0	30	190	0	0	0	0	0	0	0	1	0	346
	COUNTY TOTAL	0	21	56	6	2	59	8	41	287	0	0	0	0	0	0	0	1	0	481
KERN	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEALTH NET	0	55	199	20	14	45	1	25	151	0	0	0	0	0	0	0	0	0	510
	KERN FAMILY HEALTH	0	3	20	1	1	2	0	8	48	0	0	0	4	0	0	0	0	0	87
	COUNTY TOTAL	0	58	219	21	15	47	1	33	199	0	0	0	4	0	0	0	0	0	597
LOS ANGELES	HEALTH NET	0	83	259	85	72	132	43	227	1,026	0	0	0	0	0	0	0	59	4	1,990
	LA CARE	0	69	142	63	56	93	79	186	851	0	0	0	0	0	0	0	47	3	1,589
	COUNTY TOTAL	0	152	401	148	128	225	122	413	1,877	0	0	0	0	0	0	0	106	7	3,579
RIVERSIDE	INLAND EMPIRE HEALTH	0	8	6	1	5	8	5	10	215	0	0	0	0	0	0	0	6	0	264
	MOLINA	0	20	45	11	5	27	1	33	340	0	0	0	0	0	0	1	4	0	487
	COUNTY TOTAL	0	28	51	12	10	35	6	43	555	0	0	0	0	0	0	1	10	0	751
SACRAMENTO	BLUE CROSS (190 PLAN)	0	16	29	27	13	12	0	34	114	0	0	0	0	0	0	4	0	0	249
	HEALTH NET	0	16	23	8	6	26	5	27	122	0	0	0	0	0	0	7	0	0	240
	KAISER	0	8	3	3	3	0	2	6	11	0	0	0	0	0	0	0	0	0	36
	MOLINA	0	21	21	20	14	26	0	19	117	0	0	0	0	0	0	1	1	0	240
	WESTERN ADVANTAGE	0	29	19	6	9	24	0	14	54	0	0	0	0	0	0	0	0	0	155
COUNTY TOTAL	0	90	95	64	45	88	7	100	418	0	0	0	0	0	0	1	12	0	920	
SAN BERNARDINO	INLAND EMPIRE	0	7	42	8	9	14	11	36	211	0	0	0	0	1	0	0	10	0	349
	MOLINA	0	17	45	12	25	37	7	46	229	0	0	0	0	0	0	1	6	0	425
	COUNTY TOTAL	0	24	87	20	34	51	18	82	440	0	0	0	0	1	0	1	16	0	774
SAN DIEGO	BLUE CROSS	0	8	36	2	1	4	1	16	86	0	0	0	0	0	0	0	0	0	154
	COMMUNITY HEALTH	0	10	28	8	3	9	1	16	118	0	0	0	0	0	0	1	1	0	195
	HEALTH NET	0	20	18	5	4	16	0	9	73	0	0	0	0	0	0	2	0	0	147
	KAISER	0	0	1	0	0	0	0	1	3	0	0	0	0	0	0	0	0	0	5
	SHARP ADVANTAGE	0	8	4	1	7	5	0	19	133	0	0	0	0	0	0	0	1	0	178
	UNIVERSAL CARE	0	9	26	6	5	12	0	11	115	0	0	0	0	0	0	1	0	0	185
COUNTY TOTAL	0	55	113	22	20	46	2	72	528	0	0	0	0	0	0	4	2	0	864	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 11/24/2004 - 12/27/2004

EFFECTIVE 1/1/2005

MAXIMUS

2 PLAN & GMC COUNTIES																				
COUNTY	PLAN NAME	REASONS																		
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	TOTAL
SAN FRANCISCO	BLUE CROSS	0	7	1	0	0	2	0	5	50	0	0	0	0	0	0	0	0	1	66
	SAN FRANCISCO HLTH	0	2	14	0	0	1	0	1	72	0	0	0	0	0	0	1	1	0	92
	COUNTY TOTAL	0	9	15	0	0	3	0	6	122	0	0	0	0	0	0	1	1	1	158
SAN JOAQUIN	BLUE CROSS	0	25	14	2	3	10	0	24	80	0	0	0	0	0	0	1	0	159	
	SAN JOAQUIN HEALTH	0	123	21	5	8	8	1	113	196	0	0	0	0	0	0	0	0	475	
	COUNTY TOTAL	0	148	35	7	11	18	1	137	276	0	0	0	0	0	0	1	0	634	
SANTA CLARA	BLUE CROSS	0	2	11	0	2	4	11	19	67	0	0	0	0	0	0	0	0	116	
	SANTA CLARA FAMILY	0	6	13	3	1	3	3	2	67	0	0	0	0	0	0	1	0	99	
	COUNTY TOTAL	0	8	24	3	3	7	14	21	134	0	0	0	0	0	0	1	0	215	
STANISLAUS	BLUE CROSS (310 PLAN)	0	34	24	1	0	7	2	6	55	0	0	0	0	0	0	0	0	129	
	COUNTY TOTAL	0	34	24	1	0	7	2	6	55	0	0	0	0	0	0	0	0	129	
TULARE	BLUE CROSS	0	2	6	0	0	1	1	2	46	0	0	0	0	0	0	0	0	58	
	HEALTH NET	0	5	25	1	2	44	1	18	129	0	0	0	0	0	0	2	0	227	
	COUNTY TOTAL	0	7	31	1	2	45	2	20	175	0	0	0	0	0	0	2	0	285	
2 PLAN & GMC COUNTIES TOTAL		0	672	1,212	316	287	675	183	1,007	5,419	0	0	0	4	3	0	10	156	8	9,952

VOLUNTARY COUNTIES																				
COUNTY	PLAN NAME	REASONS																		
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	TOTAL
MARIN	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KAISER	0	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	4	
	SONOMA PARTNERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	COUNTY TOTAL	0	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	4	
VOLUNTARY COUNTIES TOTAL		0	0	0	2	0	1	0	0	1	0	0	4							
GRAND TOTAL		0	672	1,212	318	287	676	183	1,007	5,420	0	0	0	4	3	0	10	156	8	9,956

NOTE: MSC-B-M05 includes only regular disenrollments (Type 2 transactions) and does not include EDER disenrollments (Type 3 transactions). Please refer to MSC-B-M27—Approved Emergency Disenrollments by Reason & Plan for EDER disenrollments (Type 3 transactions).

REASON CODE

I01 = System Created
 F01 = Could Not Choose Dr
 F02 = Beneficiary Preferred/Health Plan Did Not Meet Needs
 F03 = Dr Did Not Meet Bene Needs
 F04 = Too Far To Go

F05 = Did Not Choose Plan
 F06 = Moving Out of County
 F09 = Other Reason
 F10 = No Reason Checked
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E11 = Other Health Coverage
 E12 = Moved Out of County
 X01 = Waiver Program Exempt

X03 = Indian Health Coverage
 X04 = Medical Exempt
 X05 = MER type E -Voluntary Aid Code or County

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 11/24/2004 - 12/27/2004

EFFECTIVE 1/1/2005

MAXIMUS

GMC MANDATORY DENTAL COUNTIES																			
COUNTY	PLAN NAME	REASONS																	TOTAL
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02	
SACRAMENTO	ACCESS DENTAL	0	23	51	18	25	30	0	26	105	0	0	0	0	0	0	1	0	279
	DELTA DENTAL	0	26	15	18	26	14	0	13	99	0	0	0	0	0	0	0	0	211
	SAFEGUARD DENTAL	0	13	14	3	12	21	0	48	115	0	0	0	0	0	0	0	0	226
	WESTERN DENTAL	0	18	13	26	36	10	1	35	86	0	0	0	0	0	0	0	0	225
	COUNTY TOTAL	0	80	93	65	99	75	1	122	405	0	0	0	0	0	0	1	0	941
GMC MANDATORY COUNTIES TOTAL		0	80	93	65	99	75	1	122	405	0	0	0	0	0	0	1	0	941

VOLUNTARY DENTAL COUNTIES																			
COUNTY	PLAN NAME	REASONS																	TOTAL
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02	
LOS ANGELES	ACCESS DENTAL	0	117	151	34	65	85	3	51	448	0	0	0	0	0	0	0	0	954
	AMERICAN HEALTH	0	18	16	6	2	5	0	5	20	0	0	0	0	0	0	0	0	72
	SAFEGUARD DENTAL	0	27	39	25	17	25	0	23	73	0	0	0	0	0	0	0	0	229
	UNITED HEALTH PLAN	0	5	23	7	3	5	0	5	59	0	0	0	0	0	0	0	0	107
	UNIVERSAL CARE	0	26	28	13	14	12	0	32	80	0	0	0	0	0	0	0	0	205
	WESTERN DENTAL	0	25	49	28	13	12	1	5	89	0	0	0	0	0	0	0	0	222
COUNTY TOTAL		0	218	306	113	114	144	4	121	769	0	1,789							
RIVERSIDE	SAFEGUARD DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN BERNARDINO	SAFEGUARD DENTAL	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	UNITED HEALTH PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WESTERN DENTAL	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	4	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	5
VOLUNTARY COUNTIES TOTAL		0	222	306	113	114	144	4	122	769	0	1,794							
GRAND TOTAL		0	302	399	178	213	219	5	244	1,174	0	0	0	0	0	0	1	0	2,735

NOTE: MSC-B-M05D includes only regular disenrollments (Type 2 transactions) and does not include EDER disenrollments (Type 3 transactions).
Please refer to MSC-B-M27D—Approved Emergency Disenrollments by Reason & Plan for EDER disenrollments (Type 3 transactions).

REASON CODE

I01 = System Created	F05 = Did Not Choose Plan	E08 = Terminated By Plan	X03 = Indian Health Coverage
F01 = Could Not Choose Dr	F06 = Moving Out of County	E09 = Long Term Care	X02 = Dental Exempt
F02 = Beneficiary Preferred/Health Plan Did Not Meet Needs	F09 = Other Reason	E11 = Other Health Coverage	
F03 = Dr Did Not Meet Bene Needs	F10 = No Reason Checked	E12 = Moved Out of County	
F04 = Too Far To Go	E07 = Problem Using HCP	X01 = Wavier Program Exemption	