

February 1, 2005

DHS HCO 05-4594

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 2/1/05

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 12/28/2004 - 1/25/2005

EFFECTIVE 2/1/2005

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 ¹
ALAMEDA	ALAMEDA ALLIANCE	0	5	17	3	3	3	2	6	95	0	0	0	0	0	0	0	3	0	137
	BLUE CROSS	0	12	34	0	3	16	1	9	102	0	0	0	0	0	0	0	2	0	179
	COUNTY TOTAL	0	17	51	3	6	19	3	15	197	0	0	0	0	0	0	0	5	0	316
CONTRA COSTA	BLUE CROSS	0	13	9	1	10	25	2	12	62	0	0	0	0	0	0	0	1	0	135
	CONTRA COSTA HEALTH	0	7	6	4	2	1	1	10	37	0	0	0	0	0	0	0	1	0	69
	COUNTY TOTAL	0	20	15	5	12	26	3	22	99	0	0	0	0	0	0	0	2	0	204
FRESNO	BLUE CROSS	0	0	5	0	2	1	6	2	91	0	0	0	0	0	0	0	0	0	107
	HEALTH NET	0	12	43	9	0	24	0	29	197	0	0	0	0	0	0	0	1	0	315
	COUNTY TOTAL	0	12	48	9	2	25	6	31	288	0	0	0	0	0	0	0	1	0	422
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	73	162	11	11	38	1	38	178	0	0	0	0	0	0	0	0	0	512
	KERN FAMILY HEALTH	0	6	13	1	0	0	6	12	29	0	0	0	1	0	0	0	0	0	68
	COUNTY TOTAL	0	79	175	12	11	38	7	50	207	0	0	0	1	0	0	0	0	0	580
LOS ANGELES	HEALTH NET	0	81	246	101	66	124	18	198	901	0	0	0	0	0	0	0	33	2	1,770
	LA CARE	0	44	123	62	45	64	60	121	742	0	0	1	3	0	0	0	42	3	1,310
	COUNTY TOTAL	0	125	369	163	111	188	78	319	1,643	0	0	1	3	0	0	0	75	5	3,080
RIVERSIDE	INLAND EMPIRE HEALTH	0	4	14	3	13	5	12	13	162	0	0	0	0	0	0	2	10	1	239
	MOLINA	0	17	63	2	16	23	3	41	240	0	0	0	117	1	0	0	3	1	527
	COUNTY TOTAL	0	21	77	5	29	28	15	54	402	0	0	0	117	1	0	2	13	2	766
SACRAMENTO	BLUE CROSS (190 PLAN)	0	19	28	8	12	13	0	15	75	0	0	0	0	0	0	0	2	0	172
	HEALTH NET	0	14	20	24	5	24	0	21	90	0	0	0	0	0	0	0	1	0	199
	KAISER	0	1	1	2	0	1	0	2	18	0	0	0	0	0	0	0	0	0	25
	MOLINA	0	9	23	11	4	28	1	19	86	0	0	0	0	0	0	0	0	0	181
	WESTERN ADVANTAGE	0	10	19	4	4	23	1	11	67	0	0	0	0	0	0	0	0	0	139
COUNTY TOTAL	0	53	91	49	25	89	2	68	336	0	0	0	0	0	0	0	3	0	716	
SAN BERNARDINO	INLAND EMPIRE	0	11	36	9	9	9	9	41	205	0	0	0	1	0	0	0	7	1	338
	MOLINA	0	18	59	18	6	47	4	49	276	0	0	0	100	0	0	0	2	0	579
	COUNTY TOTAL	0	29	95	27	15	56	13	90	481	0	0	0	101	0	0	0	9	1	917
SAN DIEGO	BLUE CROSS	0	6	20	2	2	7	0	10	85	0	0	0	0	0	0	0	0	0	132
	COMMUNITY HEALTH	0	12	15	2	3	5	0	18	81	0	0	0	0	0	0	0	0	0	136
	HEALTH NET	0	4	10	1	4	10	0	7	74	0	0	0	0	0	0	0	0	0	110
	KAISER	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1	3
	SHARP ADVANTAGE	0	5	33	3	0	6	5	11	124	0	0	0	0	0	0	4	2	0	193
	UNIVERSAL CARE	0	7	16	1	8	13	6	13	62	0	0	0	0	0	0	0	1	0	127
COUNTY TOTAL	0	34	94	9	17	41	11	59	428	0	0	0	0	0	0	4	3	1	701	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 12/28/2004 - 1/25/2005

EFFECTIVE 2/1/2005

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 ¹
SAN FRANCISCO	BLUE CROSS	0	8	10	0	1	2	0	1	47	0	0	0	0	0	0	0	0	0	69
	SAN FRANCISCO HLTH	0	8	3	0	0	2	3	4	31	0	0	0	0	0	0	3	0	0	54
	COUNTY TOTAL	0	16	13	0	1	4	3	5	78	0	0	0	0	0	0	3	0	0	123
SAN JOAQUIN	BLUE CROSS	0	31	12	2	3	7	0	11	74	0	0	0	0	0	0	0	0	0	140
	SAN JOAQUIN HEALTH	0	63	32	9	2	11	0	66	180	0	0	0	0	0	0	0	0	0	363
	COUNTY TOTAL	0	94	44	11	5	18	0	77	254	0	0	0	0	0	0	0	0	0	503
SANTA CLARA	BLUE CROSS	0	2	7	2	1	20	1	20	70	0	0	0	0	0	0	0	1	1	125
	SANTA CLARA FAMILY	0	1	10	2	6	1	2	11	53	0	0	0	0	0	0	0	0	0	86
	COUNTY TOTAL	0	3	17	4	7	21	3	31	123	0	0	0	0	0	0	1	1	1	211
STANISLAUS	BLUE CROSS (310 PLAN)	0	25	11	0	2	3	0	7	60	0	0	0	0	0	0	0	0	0	108
	COUNTY TOTAL	0	25	11	0	2	3	0	7	60	0	0	0	0	0	0	0	0	0	108
TULARE	BLUE CROSS	0	3	1	0	0	2	2	6	36	0	0	0	0	0	0	0	0	0	50
	HEALTH NET	0	11	32	1	0	27	1	21	101	0	0	0	0	0	0	0	0	0	194
	COUNTY TOTAL	0	14	33	1	0	29	3	27	137	0	0	0	0	0	0	0	0	0	244
2 PLAN & GMC COUNTIES TOTAL		0	542	1,133	298	243	585	147	855	4,733	0	0	1	222	1	0	9	112	10	8,891

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 ¹
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SONOMA PARTNERS	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
VOLUNTARY COUNTIES TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL		0	542	1,133	298	243	585	147	855	4,733	0	0	1	222	1	0	9	112	10	8,891

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

Note 1: On 12/30/04, a Los Angeles County beneficiary was disenrolled from plan 915-Positive Healthcare in error and not included in the total column. MAXIMUS should have waited for the beneficiary's plan membership department to process the disenrollment. However, the MAXIMUS OCR system incorrectly processed the disenrollment in order to enroll the beneficiary into a new plan choice.

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 12/28/2004 - 1/25/2005

EFFECTIVE 2/1/2005

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	13	51	16	33	8	0	21	110	0	0	0	0	0	0	0	0	0	252
	DELTA DENTAL	0	21	40	16	16	17	0	15	94	0	0	0	0	0	0	0	0	0	219
	SAFEGUARD DENTAL	0	15	15	12	20	11	0	17	69	0	0	0	0	0	0	0	0	0	159
	WESTERN DENTAL	0	20	27	15	12	15	1	10	105	0	0	0	0	0	0	0	0	0	205
	COUNTY TOTAL	0	69	133	59	81	51	1	63	378	0	0	0	0	0	0	0	0	0	835
GMC MANDATORY COUNTIES TOTAL		0	69	133	59	81	51	1	63	378	0	835								
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	53	89	20	40	68	0	76	334	0	0	0	0	0	0	0	0	0	680
	AMERICAN HEALTH	0	3	10	2	0	0	0	2	32	0	0	0	0	0	0	0	0	0	49
	SAFEGUARD DENTAL	0	9	23	16	17	11	0	22	65	0	0	0	0	0	0	0	0	0	163
	UNITED HEALTH PLAN	0	4	31	4	3	10	0	5	49	0	0	0	0	0	0	0	0	0	106
	UNIVERSAL CARE	0	12	25	10	7	2	0	16	64	0	0	0	0	0	0	0	0	0	136
	WESTERN DENTAL	0	17	27	13	21	2	0	13	67	0	0	0	0	0	0	0	0	0	160
COUNTY TOTAL		0	98	205	65	88	93	0	134	611	0	1,294								
RIVERSIDE	SAFEGUARD DENTAL	0	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	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	2	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0	6
	UNITED HEALTH PLAN	0	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	1	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	2	0	2	0	0	0	0	3	0	7							
VOLUNTARY COUNTIES TOTAL		0	98	207	65	90	93	0	134	614	0	1,301								
GRAND TOTAL		0	167	340	124	171	144	1	197	992	0	2,136								

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).

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