

March 1, 2005

DHS HCO 05-4718

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 3/1/05

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

Data Provision Disclaimer

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MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 1/26/2005 - 2/22/2005

EFFECTIVE 3/1/2005

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	16	6	3	4	4	14	94	0	0	0	0	0	0	0	5	1	152
	BLUE CROSS	0	11	27	4	4	15	5	8	107	0	0	0	0	0	0	0	0	0	181
	COUNTY TOTAL	0	16	43	10	7	19	9	22	201	0	0	0	0	0	0	0	5	1	333
CONTRA COSTA	BLUE CROSS	0	17	12	4	10	38	0	6	51	0	0	0	0	0	0	0	0	0	138
	CONTRA COSTA HEALTH	0	13	4	5	2	2	6	8	45	0	0	0	0	0	0	0	3	0	88
	COUNTY TOTAL	0	30	16	9	12	40	6	14	96	0	0	0	0	0	0	0	3	0	226
FRESNO	BLUE CROSS	0	15	5	3	0	0	3	15	66	0	0	0	0	0	0	1	0	0	108
	HEALTH NET	0	9	57	5	4	36	1	44	149	0	0	0	0	0	0	0	2	0	307
	COUNTY TOTAL	0	24	62	8	4	36	4	59	215	0	0	0	0	0	0	1	2	0	415
KERN	HEALTH NET	0	48	138	10	4	42	1	38	166	0	0	0	0	0	0	0	2	0	449
	KERN FAMILY HEALTH	0	7	12	2	2	1	3	10	44	0	0	0	0	0	0	0	0	0	81
	COUNTY TOTAL	0	55	150	12	6	43	4	48	210	0	0	0	0	0	0	0	2	0	530
LOS ANGELES	HEALTH NET	0	117	326	101	77	177	20	222	1,053	0	0	0	0	0	0	41	1	2,135	
	LA CARE	0	67	151	67	85	95	45	176	810	0	0	0	0	0	0	0	40	4	1,540
	COUNTY TOTAL	0	184	477	168	162	272	65	398	1,863	0	0	0	0	0	0	0	81	5	3,675
RIVERSIDE	INLAND EMPIRE HEALTH	0	3	6	3	3	5	14	10	153	0	0	0	0	0	2	5	0	204	
	MOLINA	0	13	65	14	11	57	2	44	261	0	0	0	0	0	4	0	0	471	
	COUNTY TOTAL	0	16	71	17	14	62	16	54	414	0	0	0	0	0	0	6	5	0	675
SACRAMENTO	BLUE CROSS (190 PLAN)	0	24	32	11	6	11	5	19	92	0	0	0	0	0	0	1	1	0	202
	HEALTH NET	0	24	22	9	13	29	0	16	84	0	0	0	0	0	0	0	2	0	199
	KAISER	0	1	1	0	0	1	1	5	23	0	0	0	0	0	0	0	0	0	32
	MOLINA	0	18	15	12	13	31	0	25	108	0	0	0	0	0	0	0	2	0	224
	WESTERN ADVANTAGE	0	20	14	17	7	19	0	12	69	0	0	0	0	0	0	0	1	0	159
COUNTY TOTAL	0	87	84	49	39	91	6	77	376	0	0	0	0	0	0	0	1	6	0	816
SAN BERNARDINO	INLAND EMPIRE	0	17	39	10	2	11	15	28	219	0	0	0	0	0	0	1	12	0	354
	MOLINA	0	14	55	22	18	78	7	29	226	0	0	1	0	0	0	1	7	0	458
	COUNTY TOTAL	0	31	94	32	20	89	22	57	445	0	0	1	0	0	0	2	19	0	812
SAN DIEGO	BLUE CROSS	0	8	17	6	0	9	0	19	80	0	0	0	0	0	0	1	1	0	141
	COMMUNITY HEALTH	0	22	20	6	6	12	1	28	99	0	0	0	0	0	0	1	2	0	197
	HEALTH NET	0	12	34	3	5	12	0	9	78	0	0	0	0	0	0	6	1	0	160
	KAISER	0	0	1	1	0	0	0	0	2	0	0	0	0	0	0	1	0	1	6
	SHARP ADVANTAGE	0	3	36	6	6	9	2	18	133	0	0	0	0	0	0	0	1	0	214
	UNIVERSAL CARE	0	16	28	5	3	13	0	22	91	0	0	0	0	0	0	5	0	0	183
COUNTY TOTAL	0	61	136	27	20	55	3	96	483	0	0	0	0	0	0	14	5	1	901	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 1/26/2005 - 2/22/2005

EFFECTIVE 3/1/2005

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	7	5	0	2	7	0	8	41	0	0	0	0	0	0	0	1	0	71
	SAN FRANCISCO HLTH	0	4	7	2	1	3	0	3	39	0	0	0	0	0	0	3	0	0	62
	COUNTY TOTAL	0	11	12	2	3	10	0	11	80	0	0	0	0	0	0	3	1	0	133
SAN JOAQUIN	BLUE CROSS	0	6	7	5	4	2	5	17	107	0	0	0	0	0	0	0	0	0	153
	SAN JOAQUIN HEALTH	0	52	22	10	3	3	4	111	149	0	0	0	0	0	0	1	0	0	355
	COUNTY TOTAL	0	58	29	15	7	5	9	128	256	0	0	0	0	0	0	0	1	0	508
SANTA CLARA	BLUE CROSS	0	7	7	6	1	11	3	19	91	0	0	0	0	0	0	0	0	0	145
	SANTA CLARA FAMILY	0	6	11	0	0	3	1	7	67	0	0	0	0	0	0	1	0	0	96
	COUNTY TOTAL	0	13	18	6	1	14	4	26	158	0	0	0	0	0	0	1	0	0	241
STANISLAUS	BLUE CROSS (310 PLAN)	0	12	21	7	0	0	0	9	45	0	0	0	0	0	0	0	0	0	94
	COUNTY TOTAL	0	12	21	7	0	0	0	9	45	0	0	0	0	0	0	0	0	0	94
TULARE	BLUE CROSS	0	2	3	0	1	2	1	2	31	0	0	0	0	0	0	0	0	0	42
	HEALTH NET	0	3	23	10	7	68	0	9	85	0	0	0	0	0	0	3	0	0	208
	COUNTY TOTAL	0	5	26	10	8	70	1	11	116	0	0	0	0	0	0	3	0	0	250
2 PLAN & GMC COUNTIES TOTAL		0	603	1,239	372	303	806	149	1,010	4,958	0	0	1	0	0	0	30	131	7	9,609

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	603	1,239	372	303	806	149	1,010	4,958	0	0	1	0	0	0	30	131	7	9,609

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: One Disenrollment transaction, which was an Exemption with no Exemption reason, was processed but not included in the total column for San Diego County. The transaction was processed correctly, however not included in the total column because the Disenrollment was entered for an exemption that expired prior to the data extraction date of 2/25/05 from MAXSTAR®.

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 1/26/2005 - 2/22/2005

EFFECTIVE 3/1/2005

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	24	51	36	31	12	0	48	152	0	0	0	0	0	0	1	0	355
	DELTA DENTAL	0	25	28	15	34	8	0	20	163	0	0	0	0	0	0	0	0	293
	SAFEGUARD DENTAL	0	28	38	13	10	20	3	20	90	0	0	0	0	0	0	0	0	222
	WESTERN DENTAL	0	21	38	18	8	19	1	26	96	0	0	0	0	0	0	0	0	227
	COUNTY TOTAL	0	98	155	82	83	59	4	114	501	0	0	0	0	0	0	1	0	1,097
GMC MANDATORY COUNTIES TOTAL		0	98	155	82	83	59	4	114	501	0	0	0	0	0	0	1	0	1,097

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	88	151	43	74	72	0	82	490	0	0	0	0	0	0	0	0	1,000
	AMERICAN HEALTH	0	11	7	8	5	3	0	21	32	0	0	0	0	0	0	0	0	87
	SAFEGUARD DENTAL	0	19	60	34	23	24	0	12	89	0	0	0	0	0	0	0	0	261
	UNITED HEALTH PLAN	0	6	18	16	15	5	0	4	43	0	0	0	0	0	0	0	0	107
	UNIVERSAL CARE	0	20	41	13	14	13	0	12	94	0	0	0	0	0	0	0	0	207
	WESTERN DENTAL	0	33	57	27	19	11	0	18	116	0	0	0	0	0	0	0	0	281
COUNTY TOTAL		0	177	334	141	150	128	0	149	864	0	1,943							
RIVERSIDE	SAFEGUARD DENTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	WESTERN DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	1	1	0	1	2	0	0	1	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
	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	1	1	0	1	2	0	0	1	0	0	0	0	0	6
VOLUNTARY COUNTIES TOTAL		0	177	337	141	151	129	0	150	866	0	0	1	0	0	0	0	0	1,952
GRAND TOTAL		0	275	492	223	234	188	4	264	1,367	0	0	1	0	0	0	1	0	3,049

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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