

May 2, 2005

DHS HCO 05-4990

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 5/1/05

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 3/25/2005 - 4/25/2005

EFFECTIVE 5/1/2005

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	12	15	4	2	7	3	16	110	0	0	4	0	0	0	0	1	0	174
	BLUE CROSS	0	7	28	4	1	12	6	3	104	0	0	0	0	0	0	0	4	0	169
	COUNTY TOTAL	0	19	43	8	3	19	9	19	214	0	0	4	0	0	0	0	5	0	343
CONTRA COSTA	BLUE CROSS	0	20	7	7	8	20	0	10	73	0	0	0	0	0	0	0	0	0	145
	CONTRA COSTA HEALTH	0	3	5	3	4	2	1	5	72	0	0	0	0	0	0	0	0	0	95
	COUNTY TOTAL	0	23	12	10	12	22	1	15	145	0	0	0	0	0	0	0	0	0	240
FRESNO	BLUE CROSS	0	4	0	3	4	0	0	12	56	0	0	0	0	0	0	0	0	0	79
	HEALTH NET	0	24	64	14	0	49	0	51	188	0	0	0	0	0	0	0	0	0	390
	COUNTY TOTAL	0	28	64	17	4	49	0	63	244	0	0	0	0	0	0	0	0	0	469
KERN	HEALTH NET	0	26	133	16	12	41	0	30	183	0	0	0	0	0	0	0	0	0	441
	KERN FAMILY HEALTH	0	6	4	0	1	3	1	15	87	0	0	1	2	0	0	0	0	0	120
	COUNTY TOTAL	0	32	137	16	13	44	1	45	270	0	0	1	2	0	0	0	0	0	561
LOS ANGELES	HEALTH NET	0	104	286	110	75	107	69	165	1,071	0	0	0	0	0	0	0	42	2	2,031
	LA CARE	0	90	158	89	74	108	68	210	963	0	0	0	0	0	0	1	51	4	1,816
	COUNTY TOTAL	0	194	444	199	149	215	137	375	2,034	0	0	0	0	0	0	1	93	6	3,847
RIVERSIDE	INLAND EMPIRE HEALTH	0	5	13	3	2	4	15	8	139	0	0	0	0	0	0	2	7	0	198
	MOLINA	0	9	55	19	5	34	3	45	318	0	0	0	0	0	0	0	2	0	490
	COUNTY TOTAL	0	14	68	22	7	38	18	53	457	0	0	0	0	0	0	2	9	0	688
SACRAMENTO	BLUE CROSS (190 PLAN)	0	12	101	5	10	3	0	34	137	0	0	0	1	0	0	0	2	0	305
	HEALTH NET	0	25	19	10	9	12	2	56	127	0	0	0	0	0	0	0	1	0	261
	KAISER	0	1	3	1	1	0	0	3	13	0	0	0	0	0	0	0	0	0	22
	MOLINA	0	22	15	6	9	26	0	19	98	0	0	0	0	0	0	3	0	0	198
	WESTERN ADVANTAGE	0	23	21	15	9	15	0	20	79	0	0	0	0	0	0	0	0	0	182
	CARE FIRST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COUNTY TOTAL	0	83	159	37	38	56	2	132	454	0	0	0	1	0	0	3	3	0	968	
SAN BERNARDINO	INLAND EMPIRE	0	12	28	8	14	10	26	32	281	0	0	0	0	0	0	2	8	0	421
	MOLINA	0	11	49	12	15	47	8	59	271	0	0	0	0	0	0	1	5	0	478
	COUNTY TOTAL	0	23	77	20	29	57	34	91	552	0	0	0	0	0	0	3	13	0	899
SAN DIEGO	BLUE CROSS	0	15	26	2	6	12	0	44	89	0	0	0	0	0	0	2	0	0	196
	COMMUNITY HEALTH	0	23	29	12	13	14	1	31	113	0	0	2	0	0	0	0	2	1	241
	HEALTH NET	0	8	5	1	6	18	0	16	79	0	0	0	0	0	0	2	2	0	137
	KAISER	0	0	1	0	1	1	3	3	20	0	0	2	0	0	0	0	0	0	31
	SHARP ADVANTAGE	0	7	43	7	12	7	2	40	163	0	0	0	0	0	0	4	1	0	286
	UNIVERSAL CARE	0	24	26	5	3	12	0	17	71	0	0	0	0	0	0	0	0	0	158
COUNTY TOTAL	0	77	130	27	41	64	6	151	535	0	0	4	0	0	0	8	5	1	1,049	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 3/25/2005 - 4/25/2005

EFFECTIVE 5/1/2005

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	0	6	2	0	1	2	4	38	0	0	0	0	0	0	0	0	1	54
	SAN FRANCISCO HLTH	0	3	3	0	0	0	1	4	31	0	0	0	0	0	0	0	2	3	47
	COUNTY TOTAL	0	3	9	2	0	1	3	8	69	0	0	0	0	0	0	0	2	4	101
SAN JOAQUIN	BLUE CROSS	0	9	7	2	1	12	1	15	114	0	0	0	0	0	0	0	0	0	161
	SAN JOAQUIN HEALTH	0	31	10	2	3	6	5	42	132	0	0	0	0	0	0	0	0	0	231
	COUNTY TOTAL	0	40	17	4	4	18	6	57	246	0	0	0	0	0	0	0	0	0	392
SANTA CLARA	BLUE CROSS	0	14	8	11	2	12	1	13	79	0	0	0	0	0	0	0	1	0	141
	SANTA CLARA FAMILY	0	13	5	1	0	8	4	15	51	0	0	0	0	0	0	0	0	0	97
	COUNTY TOTAL	0	27	13	12	2	20	5	28	130	0	0	0	0	0	0	0	1	0	238
STANISLAUS	BLUE CROSS (310 PLAN)	0	31	25	4	0	0	0	28	72	0	0	0	0	0	0	0	0	0	160
	COUNTY TOTAL	0	31	25	4	0	0	0	28	72	0	0	0	0	0	0	0	0	0	160
TULARE	BLUE CROSS	0	7	1	0	0	0	0	4	55	0	0	0	0	0	0	0	0	0	67
	HEALTH NET	0	1	27	0	2	30	0	18	85	0	0	0	0	0	0	1	0	0	164
	COUNTY TOTAL	0	8	28	0	2	30	0	22	140	0	0	0	0	0	0	1	0	0	231
2 PLAN & GMC COUNTIES TOTAL		0	602	1,226	378	304	633	222	1,087	5,562	0	0	9	3	0	0	18	131	11	10,186

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	2	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
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	2	0	0	0	2						
GRAND TOTAL		0	602	1,226	378	304	633	222	1,087	5,564	0	0	9	3	0	0	18	131	11	10,188

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 3/25/2005 - 4/25/2005

EFFECTIVE 5/1/2005

MAXIMUS

GMC MANDATORY DENTAL COUNTIES																			
COUNTY	PLAN NAME	REASONS																	
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02	TOTAL ¹
SACRAMENTO	ACCESS DENTAL	0	19	51	46	64	17	2	73	227	0	0	0	0	0	0	1	0	500
	COMMUNITY DENTAL	0	0	4	0	3	6	0	4	39	0	0	0	0	0	0	0	3	59
	DELTA DENTAL	31,058	266	255	331	493	126	71	3,232	5,240	0	0	0	0	0	0	0	49	41,121
	LIBERTY DENTAL	0	3	1	2	0	0	1	3	31	0	0	0	0	0	0	0	8	49
	SAFEGUARD DENTAL	15,178	78	73	93	186	69	13	758	1,266	0	0	0	0	0	0	0	0	17,714
	WESTERN DENTAL	0	21	38	33	34	9	0	68	138	0	0	0	0	0	0	0	8	349
	COUNTY TOTAL	46,236	387	422	505	780	227	87	4,138	6,941	0	0	0	0	0	0	1	68	59,792
GMC MANDATORY COUNTIES TOTAL		46,236	387	422	505	780	227	87	4,138	6,941	0	0	0	0	0	0	1	68	59,792

VOLUNTARY DENTAL COUNTIES																			
COUNTY	PLAN NAME	REASONS																	
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02	TOTAL ¹
LOS ANGELES	ACCESS DENTAL	0	142	130	23	80	73	1	49	532	0	0	0	0	0	0	0	0	1,030
	AMERICAN HEALTH	0	6	13	10	5	6	2	11	39	0	0	0	0	0	0	0	0	92
	SAFEGUARD DENTAL	0	28	62	13	20	19	2	16	119	0	0	0	0	0	0	0	0	279
	UNITED HEALTH PLAN	0	10	32	16	12	3	0	8	63	0	0	0	0	0	0	0	0	144
	UNIVERSAL CARE	0	38	33	26	24	11	0	24	80	0	0	0	0	0	0	0	0	236
	WESTERN DENTAL	0	29	73	27	19	7	1	17	135	0	0	0	0	0	0	0	0	308
	COUNTY TOTAL	0	253	343	115	160	119	6	125	968	0	2,089							
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	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
	COUNTY TOTAL	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
SAN BERNARDINO	SAFEGUARD DENTAL	0	1	0	0	1	1	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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	3	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	5
VOLUNTARY COUNTIES TOTAL		0	256	345	115	161	120	6	125	969	0	2,097							
GRAND TOTAL		46,236	643	767	620	941	347	93	4,263	7,910	0	0	0	0	0	0	1	68	61,889

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
 F01 = Could Not Choose Dr
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 E07 = Problem Using HCP

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

X03 = Indian Health Coverage
 X02 = Dental Exempt

Note 1: Two disenrollment transactions for Sacramento County were entered using an incorrect reason code and not included in the Total column. The beneficiaries were disenrolled from plan 424-Western Dental and plan 425-Liberty Dental using disenrollment reason code X05-MER type E -Voluntary Aid Code or County, but should have been disenrolled using disenrollment reason code X02-Dental Exempt. Because these transactions were already accepted by MEDS, no correction can take place.