

June 1, 2005

DHS HCO 05-5111

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 6/1/05**

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 4/26/2005 - 5/24/2005

EFFECTIVE 6/1/2005

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	13	24	2	1	2	2	11	93	0	0	0	0	0	0	0	1	0	149
	BLUE CROSS	0	15	25	5	1	7	0	14	125	0	0	1	0	0	0	0	1	0	194
	COUNTY TOTAL	0	28	49	7	2	9	2	25	218	0	0	1	0	0	0	0	2	0	343
CONTRA COSTA	BLUE CROSS	0	16	18	2	12	14	0	13	69	0	0	0	0	0	0	0	2	0	146
	CONTRA COSTA HEALTH	0	7	2	6	0	4	0	10	42	0	0	0	0	0	0	0	0	0	71
	COUNTY TOTAL	0	23	20	8	12	18	0	23	111	0	0	0	0	0	0	0	2	0	217
FRESNO	BLUE CROSS	0	9	5	2	0	0	4	5	94	0	0	0	0	0	0	0	0	0	119
	HEALTH NET	0	30	39	17	2	28	0	29	179	0	0	0	0	0	0	0	0	0	324
	COUNTY TOTAL	0	39	44	19	2	28	4	34	273	0	0	0	0	0	0	0	0	0	443
KERN	HEALTH NET	0	27	100	15	10	41	1	40	218	0	0	0	0	0	0	0	0	0	452
	KERN FAMILY HEALTH	0	5	10	2	3	0	3	21	54	0	0	0	1	0	0	0	0	0	99
	COUNTY TOTAL	0	32	110	17	13	41	4	61	272	0	0	0	1	0	0	0	0	0	551
LOS ANGELES	HEALTH NET	0	116	310	115	74	141	36	257	1,090	0	0	0	0	0	0	2	50	4	2,195
	LA CARE	0	71	157	83	77	87	71	184	829	0	0	0	0	0	0	0	33	5	1,597
	COUNTY TOTAL	0	187	467	198	151	228	107	441	1,919	0	0	0	0	0	0	2	83	9	3,792
RIVERSIDE	INLAND EMPIRE HEALTH	0	4	12	6	3	2	5	21	177	0	0	0	0	0	0	5	7	0	242
	MOLINA	0	9	52	15	9	47	5	32	308	0	0	0	0	0	0	0	5	0	482
	COUNTY TOTAL	0	13	64	21	12	49	10	53	485	0	0	0	0	0	0	5	12	0	724
SACRAMENTO	BLUE CROSS (190 PLAN)	0	8	67	15	19	5	5	65	127	0	0	0	0	0	0	0	1	1	313
	CARE FIRST	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	HEALTH NET	0	16	53	15	10	15	0	55	145	0	0	0	0	0	0	0	3	0	312
	KAISER	0	4	2	1	1	0	0	6	28	0	0	0	0	0	0	0	0	0	42
	MOLINA	0	10	34	17	25	32	3	47	111	0	0	0	0	0	0	0	0	0	279
	WESTERN ADVANTAGE	0	11	21	5	19	38	0	15	87	0	0	0	0	0	0	0	0	0	196
SAN BERNARDINO	COUNTY TOTAL	0	50	177	53	74	90	8	188	498	0	0	0	0	0	0	4	1	1,143	
	INLAND EMPIRE	0	7	38	3	22	15	10	34	262	0	0	0	0	0	0	2	5	0	398
	MOLINA	0	14	71	22	12	68	4	41	288	0	0	0	1	0	0	0	2	1	524
SAN DIEGO	COUNTY TOTAL	0	21	109	25	34	83	14	75	550	0	0	0	1	0	0	2	7	1	922
	BLUE CROSS	0	20	47	7	2	7	3	32	77	0	0	0	0	0	0	0	3	0	198
	COMMUNITY HEALTH	0	15	44	7	11	16	0	60	72	0	0	0	0	0	0	0	1	0	226
	HEALTH NET	0	12	8	11	7	14	0	11	90	0	0	0	0	0	0	0	0	0	153
	KAISER	0	3	5	0	0	2	0	5	24	0	0	0	0	0	0	0	0	0	39
	MOLINA	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	3
	SHARP ADVANTAGE	0	49	110	24	18	41	9	456	647	0	0	0	0	0	0	4	1	0	1,359
	UNIVERSAL CARE	0	27	45	3	12	17	2	88	145	0	0	2	0	0	0	1	1	0	343
COUNTY TOTAL	0	126	259	52	50	97	14	653	1,057	0	0	2	0	0	0	5	6	0	2,321	

**MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN**

ACCEPTED MEDICAL DISENROLLMENTS 4/26/2005 - 5/24/2005

EFFECTIVE 6/1/2005

**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	10	2	0	1	4	5	1	40	0	0	0	0	0	0	0	0	0	63
	SAN FRANCISCO HLTH	0	11	7	0	0	2	4	2	53	0	0	0	0	0	0	0	2	0	81
	COUNTY TOTAL	0	21	9	0	1	6	9	3	93	0	0	0	0	0	0	0	2	0	144
SAN JOAQUIN	BLUE CROSS	0	23	7	4	0	4	4	14	88	0	0	0	0	0	0	0	0	0	144
	SAN JOAQUIN HEALTH	0	30	13	6	5	6	2	28	171	0	0	1	0	0	0	0	0	0	262
	COUNTY TOTAL	0	53	20	10	5	10	6	42	259	0	0	1	0	0	0	0	0	0	406
SANTA CLARA	BLUE CROSS	0	7	6	3	1	16	3	12	95	0	0	0	0	0	0	0	0	0	143
	SANTA CLARA FAMILY	0	6	6	1	3	1	0	11	56	0	0	0	0	0	0	0	0	1	85
	COUNTY TOTAL	0	13	12	4	4	17	3	23	151	0	0	0	0	0	0	0	0	1	228
STANISLAUS	BLUE CROSS (310 PLAN)	0	34	35	1	0	4	2	22	184	0	0	0	0	0	0	0	0	0	282
	COUNTY TOTAL	0	34	35	1	0	4	2	22	184	0	0	0	0	0	0	0	0	0	282
TULARE	BLUE CROSS	0	5	3	0	0	4	1	4	46	0	0	0	0	0	0	0	1	0	64
	HEALTH NET	0	11	29	7	6	39	0	6	86	0	0	0	0	0	0	0	0	0	184
	COUNTY TOTAL	0	16	32	7	6	43	1	10	132	0	0	0	0	0	0	0	1	0	248
<b>2 PLAN &amp; GMC COUNTIES TOTAL</b>		<b>0</b>	<b>656</b>	<b>1,407</b>	<b>422</b>	<b>366</b>	<b>723</b>	<b>184</b>	<b>1,653</b>	<b>6,202</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>119</b>	<b>12</b>	<b>11,764</b>

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	2	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	6
	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	2	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	6
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>656</b>	<b>1,409</b>	<b>422</b>	<b>366</b>	<b>723</b>	<b>184</b>	<b>1,657</b>	<b>6,202</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>119</b>	<b>12</b>	<b>11,770</b>

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 4/26/2005 - 5/24/2005

EFFECTIVE 6/1/2005

**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
SACRAMENTO	ACCESS DENTAL	0	36	55	83	56	71	0	184	417	0	0	0	0	0	0	0	3	905
	COMMUNITY DENTAL	0	32	20	23	37	59	1	144	321	0	0	0	0	0	0	0	2	639
	DELTA DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	LIBERTY DENTAL	0	15	10	10	32	12	1	73	172	0	0	0	0	0	0	0	9	334
	SAFEGUARD DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WESTERN DENTAL	0	40	37	31	59	63	0	155	302	0	0	0	0	0	0	0	4	691
	COUNTY TOTAL	0	123	122	147	184	205	2	556	1,212	0	0	0	0	0	0	0	18	2,569
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>123</b>	<b>122</b>	<b>147</b>	<b>184</b>	<b>205</b>	<b>2</b>	<b>556</b>	<b>1,212</b>	<b>0</b>	<b>18</b>	<b>2,569</b>						

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
LOS ANGELES	ACCESS DENTAL	0	121	135	38	116	79	3	80	576	0	0	0	0	0	0	0	0	1,148
	AMERICAN HEALTH	0	11	22	10	10	8	0	17	33	0	0	0	0	0	0	0	0	111
	SAFEGUARD DENTAL	0	28	81	24	23	30	0	16	105	0	0	0	0	0	0	0	0	307
	UNITED HEALTH PLAN	0	20	16	7	17	2	0	15	52	0	0	0	0	0	0	0	0	129
	UNIVERSAL CARE	0	29	49	20	32	15	0	27	94	0	0	0	0	0	0	0	0	266
	WESTERN DENTAL	0	19	100	12	37	8	0	23	109	0	0	0	0	0	0	0	0	308
	COUNTY TOTAL	0	228	403	111	235	142	3	178	969	0	0	0	0	0	0	0	0	2,269
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>228</b>	<b>403</b>	<b>111</b>	<b>235</b>	<b>142</b>	<b>3</b>	<b>178</b>	<b>969</b>	<b>0</b>	<b>2,269</b>							
<b>GRAND TOTAL</b>		<b>0</b>	<b>351</b>	<b>525</b>	<b>258</b>	<b>419</b>	<b>347</b>	<b>5</b>	<b>734</b>	<b>2,181</b>	<b>0</b>	<b>18</b>	<b>4,838</b>						

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**

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 X01 = Wavier Program Exemption

X03 = Indian Health Coverage  
 X02 = Dental Exempt