

July 1, 2005

DHS HCO 05-5247

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 7/1/05**

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 5/25/2005 - 6/23/2005

EFFECTIVE 7/1/2005

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	9	17	2	1	3	0	10	104	0	0	0	0	0	0	0	1	0	147
	BLUE CROSS	0	16	22	10	8	15	1	15	126	0	0	0	0	0	0	0	2	0	215
	COUNTY TOTAL	0	25	39	12	9	18	1	25	230	0	0	0	0	0	0	0	3	0	362
CONTRA COSTA	BLUE CROSS	0	5	9	3	6	18	0	10	73	0	0	0	0	0	0	0	1	0	125
	CONTRA COSTA HEALTH	0	3	2	5	0	3	3	9	61	0	0	0	0	0	0	0	0	0	86
	COUNTY TOTAL	0	8	11	8	6	21	3	19	134	0	0	0	0	0	0	0	1	0	211
FRESNO	BLUE CROSS	0	4	8	3	0	3	6	8	92	0	0	0	1	0	0	0	0	0	125
	HEALTH NET	0	18	44	3	2	31	0	69	202	0	0	0	0	0	0	0	0	0	369
	COUNTY TOTAL	0	22	52	6	2	34	6	77	294	0	0	0	1	0	0	0	0	0	494
KERN	HEALTH NET	0	21	77	15	4	27	0	27	135	0	0	0	0	0	0	0	1	0	307
	KERN FAMILY HEALTH	0	3	11	2	0	1	1	9	60	0	0	0	1	0	0	0	1	0	89
	COUNTY TOTAL	0	24	88	17	4	28	1	36	195	0	0	0	1	0	0	0	2	0	396
LOS ANGELES	HEALTH NET	0	104	292	104	80	118	26	242	1,146	0	0	0	0	0	0	0	33	3	2,148
	LA CARE	0	74	188	87	67	78	31	199	779	0	0	0	0	0	0	0	34	2	1,539
	COUNTY TOTAL	0	178	480	191	147	196	57	441	1,925	0	0	0	0	0	0	0	67	5	3,687
RIVERSIDE	INLAND EMPIRE HEALTH	0	8	7	2	5	3	27	13	170	0	0	0	1	0	0	1	9	0	246
	MOLINA	0	16	51	11	16	48	0	50	282	0	0	0	0	0	0	0	4	0	478
	COUNTY TOTAL	0	24	58	13	21	51	27	63	452	0	0	0	1	0	0	1	13	0	724
SACRAMENTO	BLUE CROSS (190 PLAN)	0	6	24	17	13	2	1	30	130	0	0	0	0	0	0	0	0	0	223
	CARE FIRST	0	1	0	0	0	3	0	8	10	0	0	0	0	0	0	0	0	0	22
	HEALTH NET	0	26	26	19	13	26	2	22	132	0	0	0	0	0	0	0	1	0	267
	KAISER	0	1	2	0	0	0	2	0	12	0	0	0	0	0	0	0	0	0	17
	MOLINA	0	16	26	17	7	18	0	17	116	0	0	0	0	0	0	0	1	0	218
	WESTERN ADVANTAGE	0	13	21	5	4	14	0	7	63	0	0	0	0	0	0	0	0	0	127
SAN BERNARDINO	COUNTY TOTAL	0	63	99	58	37	63	5	84	463	0	0	0	0	0	0	0	2	0	874
	INLAND EMPIRE	0	12	27	10	4	4	9	24	249	0	0	0	0	0	0	0	6	2	347
	MOLINA	0	16	49	26	23	51	16	41	268	0	0	0	2	0	0	5	2	0	499
SAN DIEGO	COUNTY TOTAL	0	28	76	36	27	55	25	65	517	0	0	0	2	0	0	5	8	2	846
	BLUE CROSS	0	32	23	7	1	9	0	43	93	0	0	0	0	0	0	0	0	0	208
	COMMUNITY HEALTH	0	23	42	5	6	9	0	29	97	0	0	0	0	0	0	1	0	0	212
	HEALTH NET	0	15	16	4	1	20	1	25	64	0	0	0	0	0	0	0	0	0	146
	KAISER	0	16	9	2	7	18	0	6	51	0	0	0	0	0	0	0	0	0	109
	MOLINA	0	64	84	24	12	55	9	180	396	0	0	0	3	0	0	3	1	1	832
	SHARP ADVANTAGE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	UNIVERSAL CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COUNTY TOTAL	0	150	174	42	27	111	10	283	701	0	0	0	3	0	0	4	1	1	1,507	

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

ACCEPTED MEDICAL DISENROLLMENTS 5/25/2005 - 6/23/2005

EFFECTIVE 7/1/2005

**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	2	23	1	0	3	0	3	50	0	0	0	0	0	0	1	0	0	83
	SAN FRANCISCO HLTH	0	7	3	0	0	4	3	0	41	0	0	1	0	0	0	4	0	1	64
	COUNTY TOTAL	0	9	26	1	0	7	3	3	91	0	0	1	0	0	0	5	0	1	147
SAN JOAQUIN	BLUE CROSS	0	19	10	10	5	4	1	10	79	0	0	0	0	0	0	0	0	0	138
	SAN JOAQUIN HEALTH	0	30	10	6	1	2	3	21	88	0	0	0	0	0	0	0	0	0	161
	COUNTY TOTAL	0	49	20	16	6	6	4	31	167	0	0	0	0	0	0	0	0	0	299
SANTA CLARA	BLUE CROSS	0	5	8	3	11	6	0	6	60	0	0	0	0	0	0	0	0	0	99
	SANTA CLARA FAMILY	0	4	6	2	0	2	1	4	50	0	0	0	0	0	0	0	0	0	69
	COUNTY TOTAL	0	9	14	5	11	8	1	10	110	0	0	0	0	0	0	0	0	0	168
STANISLAUS	BLUE CROSS (310 PLAN)	0	32	39	4	1	56	1	26	169	0	0	0	0	0	0	0	0	0	328
	COUNTY TOTAL	0	32	39	4	1	56	1	26	169	0	0	0	0	0	0	0	0	0	328
TULARE	BLUE CROSS	0	0	1	0	0	1	0	19	44	0	0	0	0	0	0	0	1	0	66
	HEALTH NET	0	9	20	7	3	41	0	24	98	0	0	0	0	0	0	0	0	1	203
	COUNTY TOTAL	0	9	21	7	3	42	0	43	142	0	0	0	0	0	0	0	1	1	269
<b>2 PLAN &amp; GMC COUNTIES TOTAL</b>		<b>0</b>	<b>630</b>	<b>1,197</b>	<b>416</b>	<b>301</b>	<b>696</b>	<b>144</b>	<b>1,206</b>	<b>5,590</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>98</b>	<b>10</b>	<b>10,312</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	1	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
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
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</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>1</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>630</b>	<b>1,197</b>	<b>416</b>	<b>301</b>	<b>696</b>	<b>144</b>	<b>1,207</b>	<b>5,590</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>98</b>	<b>10</b>	<b>10,313</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

Note 1: One Disenrollment transaction, which was an Exemption with no Exemption reason, was processed but not included in the Total column for Riverside County. The transaction was processed correctly, however an Exemption was entered in error and pending for the beneficiary, who had an approved Exemption already on file. On 7/1/05, the pending Exemption was denied due to a current exemption already being on file. This correction is not reflected in this report because it took place after the data extraction date of 6/28/05 from MAXSTAR®.

**MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN**

ACCEPTED DENTAL DISENROLLMENTS 5/25/2005 - 6/23/2005

EFFECTIVE 7/1/2005

**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	34	85	45	52	28	0	78	272	0	0	0	0	0	0	0	1	595	
	COMMUNITY DENTAL	0	24	19	15	30	24	0	33	165	0	0	0	0	0	0	0	0	0	310
	DELTA DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	LIBERTY DENTAL	0	7	4	6	18	33	2	17	96	0	0	0	0	0	0	0	8	191	
	SAFEGUARD DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	WESTERN DENTAL	0	35	41	33	55	29	2	38	149	0	0	0	0	0	0	0	3	385	
	COUNTY TOTAL	0	100	149	99	155	114	4	166	682	0	0	0	0	0	0	0	12	1,481	
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>100</b>	<b>149</b>	<b>99</b>	<b>155</b>	<b>114</b>	<b>4</b>	<b>166</b>	<b>682</b>	<b>0</b>	<b>12</b>	<b>1,481</b>							

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	114	131	58	80	51	0	60	511	0	0	0	0	0	0	0	0	1,005
	AMERICAN HEALTH	0	8	8	13	9	13	0	6	59	0	0	0	0	0	0	0	0	116
	SAFEGUARD DENTAL	0	40	69	20	24	13	0	19	85	0	0	0	0	0	0	0	0	270
	UNITED HEALTH PLAN	0	17	18	8	12	8	0	10	58	0	0	0	0	0	0	0	0	131
	UNIVERSAL CARE	0	33	53	15	17	11	1	20	100	0	0	0	0	0	0	0	0	250
	WESTERN DENTAL	0	44	64	27	44	11	0	26	101	0	0	0	0	0	0	0	0	317
	COUNTY TOTAL	0	256	343	141	186	107	1	141	914	0	0	0	0	0	0	0	0	2,089
RIVERSIDE	SAFEGUARD DENTAL	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	2	0	0	0	0	0	0	0	0	2	
	COUNTY TOTAL	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2	
SAN BERNARDINO	SAFEGUARD DENTAL	0	7	0	0	2	1	0	0	3	0	0	0	0	0	0	0	13	
	UNITED HEALTH PLAN	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
	WESTERN DENTAL	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2	
	COUNTY TOTAL	0	7	0	0	3	1	0	0	5	0	0	0	0	0	0	0	16	
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>263</b>	<b>343</b>	<b>141</b>	<b>189</b>	<b>108</b>	<b>1</b>	<b>141</b>	<b>921</b>	<b>0</b>	<b>0</b>	<b>2,107</b>						
<b>GRAND TOTAL</b>		<b>0</b>	<b>363</b>	<b>492</b>	<b>240</b>	<b>344</b>	<b>222</b>	<b>5</b>	<b>307</b>	<b>1,603</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>3,588</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**

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	

Note 1: One Emergency Disenrollment transaction for Los Angeles County was entered using an incorrect reason code and not included in the Total column. The beneficiary was disenrolled from plan 413-Western Dental Services, using disenrollment reason code E13-Pregnancy, but should have been disenrolled using disenrollment reason code E12-Moved Out of County. The code was corrected to E12-Moved Out of County. However, the correction is not reflected in this report because the disenrollment reason code was corrected after the data extraction date of 6/28/05 from Maxstar®.