

August 1, 2005

DHS HCO 05-5334

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 8/1/05

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 6/24/2005 - 7/26/2005

EFFECTIVE 8/1/2005

MAXIMUS

2 PLAN & GMC COUNTIES																				
COUNTY	PLAN NAME	REASONS																		
		I01	F01	F02	F03	F04	F05	F06	F09	F10 ¹	E07	E08	E09	E11	E12	X01	X03	X04	X05	TOTAL ¹
ALAMEDA	ALAMEDA ALLIANCE	0	15	18	2	0	10	2	9	100	0	0	0	0	0	0	0	1	0	157
	BLUE CROSS	0	22	20	5	7	9	4	8	105	0	0	0	0	0	0	0	1	0	181
	COUNTY TOTAL	0	37	38	7	7	19	6	17	205	0	0	0	0	0	0	0	2	0	338
CONTRA COSTA	BLUE CROSS	0	14	13	2	13	13	4	7	65	0	0	0	0	0	0	0	1	0	132
	CONTRA COSTA HEALTH	0	2	3	0	2	4	2	2	49	0	0	0	0	0	0	0	1	0	65
	COUNTY TOTAL	0	16	16	2	15	17	6	9	114	0	0	0	0	0	0	0	2	0	197
FRESNO	BLUE CROSS	0	13	5	0	1	4	3	9	72	0	0	0	0	0	0	0	0	0	107
	HEALTH NET	0	20	53	7	5	55	1	31	162	0	0	0	0	0	0	0	0	0	334
	COUNTY TOTAL	0	33	58	7	6	59	4	40	234	0	0	0	0	0	0	0	0	0	441
KERN	HEALTH NET	0	12	103	5	4	28	0	27	169	0	0	0	0	0	0	0	1	1	350
	KERN FAMILY HEALTH	0	5	12	1	1	2	0	20	57	0	0	1	2	0	0	0	0	0	101
	COUNTY TOTAL	0	17	115	6	5	30	0	47	226	0	0	1	2	0	0	0	1	1	451
LOS ANGELES	HEALTH NET	0	95	310	130	86	120	28	263	1,099	0	0	0	0	0	0	0	45	3	2,179
	LA CARE	0	43	168	59	95	89	41	155	794	0	0	0	0	0	0	0	40	1	1,485
	COUNTY TOTAL	0	138	478	189	181	209	69	418	1,893	0	0	0	0	0	0	0	85	4	3,664
RIVERSIDE	INLAND EMPIRE HEALTH	0	5	10	3	11	7	15	23	180	0	0	0	0	0	0	0	6	0	260
	MOLINA	0	8	45	24	16	35	10	37	337	0	0	0	0	0	0	0	3	2	517
	COUNTY TOTAL	0	13	55	27	27	42	25	60	517	0	0	0	0	0	0	0	9	2	777
SACRAMENTO	BLUE CROSS (190 PLAN)	0	15	41	25	7	7	0	49	148	0	0	0	0	0	0	0	3	0	295
	CARE FIRST	0	5	5	0	0	9	0	7	49	0	0	0	0	0	0	0	0	0	75
	HEALTH NET	0	11	31	11	11	17	0	37	114	0	0	0	0	0	0	1	3	0	236
	KAISER	0	1	0	0	1	1	2	6	18	0	0	0	0	0	0	0	0	0	29
	MOLINA	0	27	19	5	5	20	0	18	97	0	0	0	0	0	0	0	0	0	191
	WESTERN ADVANTAGE	0	21	7	1	9	14	0	10	48	0	0	2	0	0	0	0	0	0	112
COUNTY TOTAL	0	80	103	42	33	68	2	127	474	0	0	2	0	0	0	1	6	0	938	
SAN BERNARDINO	INLAND EMPIRE	0	15	15	16	18	3	10	38	309	0	0	0	0	0	0	0	3	1	428
	MOLINA	0	33	47	24	13	48	5	65	263	0	0	0	2	0	0	0	2	0	502
	COUNTY TOTAL	0	48	62	40	31	51	15	103	572	0	0	0	2	0	0	0	5	1	930
SAN DIEGO	BLUE CROSS	0	35	39	5	1	8	1	22	102	0	0	0	0	0	0	4	2	0	219
	COMMUNITY HEALTH	0	19	40	8	12	8	0	36	93	0	0	0	0	0	0	0	2	1	219
	HEALTH NET	0	17	11	8	4	8	0	14	68	0	0	0	0	0	0	2	2	0	134
	KAISER	0	13	10	3	4	16	0	11	30	0	0	0	0	0	0	0	0	0	87
	MOLINA	0	46	82	7	5	43	1	29	288	0	0	1	7	0	0	6	2	0	517
	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	130	182	31	26	83	2	112	581	0	0	1	7	0	0	12	8	1	1,176	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 6/24/2005 - 7/26/2005

EFFECTIVE 8/1/2005

MAXIMUS

2 PLAN & GMC COUNTIES																				
COUNTY	PLAN NAME	REASONS																		
		I01	F01	F02	F03	F04	F05	F06	F09	F10 ¹	E07	E08	E09	E11	E12	X01	X03	X04	X05	TOTAL ¹
SAN FRANCISCO	BLUE CROSS	0	1	11	4	1	5	0	4	43	0	0	0	0	0	0	0	0	0	69
	SAN FRANCISCO HLTH	0	5	9	2	4	2	3	2	47	0	0	0	0	0	0	0	0	0	74
	COUNTY TOTAL	0	6	20	6	5	7	3	6	90	0	0	0	0	0	0	0	0	0	143
SAN JOAQUIN	BLUE CROSS	0	21	9	2	2	6	0	12	58	0	0	0	0	0	0	0	1	0	111
	SAN JOAQUIN HEALTH	0	12	5	2	0	3	6	18	96	0	0	0	0	0	0	0	1	0	143
	COUNTY TOTAL	0	33	14	4	2	9	6	30	154	0	0	0	0	0	0	0	2	0	254
SANTA CLARA	BLUE CROSS	0	5	4	6	3	11	0	7	62	0	0	0	0	0	0	0	0	0	98
	SANTA CLARA FAMILY	0	12	4	1	5	1	4	8	64	0	0	0	0	0	0	0	0	0	99
	COUNTY TOTAL	0	17	8	7	8	12	4	15	126	0	0	0	0	0	0	0	0	0	197
STANISLAUS	BLUE CROSS	0	62	26	30	14	37	1	104	210	0	0	0	0	0	0	0	0	0	484
	HEALTH NET	0	0	2	0	0	0	0	3	4	0	0	0	0	0	0	0	0	0	9
	COUNTY TOTAL	0	62	28	30	14	37	1	107	214	0	0	0	0	0	0	0	0	0	493
TULARE	BLUE CROSS	0	1	7	0	1	2	0	5	34	0	0	0	0	0	0	0	0	0	50
	HEALTH NET	0	13	51	5	0	43	0	18	74	0	0	0	0	0	0	0	1	0	205
	COUNTY TOTAL	0	14	58	5	1	45	0	23	108	0	0	0	0	0	0	0	1	0	255
2 PLAN & GMC COUNTIES TOTAL		0	644	1,235	403	361	688	143	1,114	5,508	0	0	4	11	0	0	13	121	9	10,254

VOLUNTARY COUNTIES																				
COUNTY	PLAN NAME	REASONS																		
		I01	F01	F02	F03	F04	F05	F06	F09	F10 ¹	E07	E08	E09	E11	E12	X01	X03	X04	X05	TOTAL ¹
MARIN	KAISER	0	0	1	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	4
	COUNTY TOTAL	0	0	1	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	4
SONOMA	KAISER	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	3
	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	1	0	0	0	2	0	0	0	0	0	0	0	0	0	3
VOLUNTARY COUNTIES TOTAL		0	0	1	0	1	0	1	0	4	0	0	4	11	0	0	0	0	0	7
GRAND TOTAL		0	644	1,236	403	362	688	144	1,114	5,512	0	0	4	11	0	0	13	121	9	10,261

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 for Positive Healthcare in Los Angeles County was entered in error and not included in the F10 and Total columns.

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 6/24/2005 - 7/26/2005

EFFECTIVE 8/1/2005

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	26	33	45	30	34	0	35	214	0	0	1	0	0	0	0	1	419
	COMMUNITY DENTAL	0	11	11	6	4	17	0	18	95	0	0	0	0	0	0	0	0	162
	DELTA DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	LIBERTY DENTAL	0	15	5	18	1	15	1	9	82	0	0	0	0	0	0	0	3	149
	SAFEGUARD DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WESTERN DENTAL	0	28	21	40	32	15	3	29	162	0	0	1	0	0	0	0	0	331
	COUNTY TOTAL	0	80	70	109	67	81	4	91	553	0	0	2	0	0	0	0	4	1,061
GMC MANDATORY COUNTIES TOTAL		0	80	70	109	67	81	4	91	553	0	0	2	0	0	0	0	4	1,061
VOLUNTARY DENTAL COUNTIES																			
COUNTY	PLAN NAME	REASONS																	TOTAL ¹
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02	
LOS ANGELES	ACCESS DENTAL	0	177	164	79	147	115	3	92	576	0	0	0	0	0	0	0	0	1,353
	AMERICAN HEALTH	0	16	27	7	9	10	1	9	87	0	0	0	0	0	0	0	0	166
	COMMUNITY DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	LIBERTY DENTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	SAFEGUARD DENTAL	0	59	79	27	16	46	1	17	97	0	0	0	0	0	0	0	0	342
	UNITED HEALTH PLAN	0	22	37	21	29	5	7	18	79	0	0	0	0	0	0	0	0	218
	UNIVERSAL CARE	0	19	55	35	33	10	0	19	110	0	0	0	0	0	0	0	0	281
	WESTERN DENTAL	0	44	82	39	66	21	1	34	199	0	0	0	0	0	0	0	0	486
COUNTY TOTAL	0	337	444	208	300	207	13	189	1,149	0	0	0	0	0	0	0	0	2,847	
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	0	1	0	0	3	0	0	0	0	0	0	0	0	4
	UNITED HEALTH PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WESTERN DENTAL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
COUNTY TOTAL	0	1	0	0	0	1	0	0	3	0	0	0	0	0	0	0	0	5	
VOLUNTARY COUNTIES TOTAL		0	338	445	208	300	208	13	189	1,152	0	2,853							
GRAND TOTAL		0	418	515	317	367	289	17	280	1,705	0	0	2	0	0	0	0	4	3,914

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 7/29/05 from MAXSTAR®.