

December 1, 2005

DHS HCO 05-5797

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 12/1/05

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 10/26/2005 - 11/22/2005

EFFECTIVE 12/1/2005

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	28	16	1	6	5	0	20	137	0	0	1	0	0	0	0	4	0	218
	BLUE CROSS	0	21	14	5	1	12	0	6	116	0	0	0	0	0	0	0	0	0	175
	COUNTY TOTAL	0	49	30	6	7	17	0	26	253	0	0	1	0	0	0	0	4	0	393
CONTRA COSTA	BLUE CROSS	0	5	10	1	6	12	4	11	63	0	0	0	0	0	0	0	0	0	112
	CONTRA COSTA HEALTH	0	2	5	1	0	2	6	13	61	0	0	0	0	0	0	0	0	0	90
	COUNTY TOTAL	0	7	15	2	6	14	10	24	124	0	0	0	0	0	0	0	0	0	202
FRESNO	BLUE CROSS	0	3	2	1	0	0	2	2	104	0	0	0	0	0	0	0	0	0	114
	HEALTH NET	0	14	12	5	0	23	7	20	186	0	0	0	0	0	0	0	0	0	267
	COUNTY TOTAL	0	17	14	6	0	23	9	22	290	0	0	0	0	0	0	0	0	0	381
KERN	HEALTH NET	0	31	82	14	0	40	0	24	118	0	0	0	0	0	0	0	1	0	310
	KERN FAMILY HEALTH	0	11	16	0	1	1	0	15	46	0	0	2	5	0	0	0	0	0	97
	COUNTY TOTAL	0	42	98	14	1	41	0	39	164	0	0	2	5	0	0	0	1	0	407
LOS ANGELES	HEALTH NET	0	76	182	89	56	129	41	191	971	0	0	0	1	0	0	0	26	1	1,763
	LA CARE	0	56	107	43	68	72	75	142	744	0	0	0	0	0	0	0	31	0	1,338
	COUNTY TOTAL	0	132	289	132	124	201	116	333	1,715	0	0	0	1	0	0	0	57	1	3,101
RIVERSIDE	INLAND EMPIRE HEALTH	0	6	3	4	7	11	17	14	147	0	0	1	0	0	0	0	2	0	212
	MOLINA	0	6	30	13	19	30	3	29	303	0	0	0	9	0	0	0	3	0	445
	COUNTY TOTAL	0	12	33	17	26	41	20	43	450	0	0	1	9	0	0	0	5	0	657
SACRAMENTO	BLUE CROSS (190 PLAN)	0	20	36	18	7	1	4	27	133	0	0	0	0	0	3	1	1	0	251
	CARE FIRST	0	2	5	3	1	7	1	0	55	0	0	0	0	4	0	2	0	0	80
	HEALTH NET	0	25	26	16	13	16	2	17	105	0	0	0	0	0	0	0	0	0	220
	KAISER	0	1	0	4	5	2	0	5	20	0	0	0	0	0	0	0	1	0	38
	MOLINA	0	9	23	28	9	27	3	27	103	0	0	0	0	0	0	0	1	0	230
	WESTERN ADVANTAGE	0	14	11	5	2	11	0	17	69	0	0	0	0	0	0	0	0	0	129
COUNTY TOTAL	0	71	101	74	37	64	10	93	485	0	0	0	0	4	0	5	3	1	948	
SAN BERNARDINO	INLAND EMPIRE	0	9	18	5	14	7	14	24	229	0	0	0	0	0	0	3	0	0	323
	MOLINA	0	23	29	10	12	31	15	52	211	0	0	0	40	0	0	0	3	0	426
	COUNTY TOTAL	0	32	47	15	26	38	29	76	440	0	0	0	40	0	0	0	6	0	749
SAN DIEGO	BLUE CROSS	0	16	18	1	3	9	0	15	81	0	0	0	0	0	2	1	0	0	146
	COMMUNITY HEALTH	0	11	24	7	2	5	1	12	68	0	0	1	0	0	0	1	0	0	132
	HEALTH NET	0	26	13	3	4	7	0	15	61	0	0	0	0	0	3	0	0	0	132
	KAISER	0	1	7	1	2	0	0	0	28	0	0	1	0	0	0	0	1	0	41
	MOLINA	0	23	108	7	5	37	0	45	189	0	0	0	3	0	0	2	1	0	420
	COUNTY TOTAL	0	77	170	19	16	58	1	87	427	0	0	2	3	0	0	8	3	0	871

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 10/26/2005 - 11/22/2005

EFFECTIVE 12/1/2005

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	24	1	0	3	3	10	30	0	0	0	0	0	0	0	0	0	73
	SAN FRANCISCO HLTH	0	3	5	2	0	0	0	0	57	0	0	0	0	0	0	0	0	1	68
	COUNTY TOTAL	0	5	29	3	0	3	3	10	87	0	0	0	0	0	0	0	0	1	141
SAN JOAQUIN	BLUE CROSS	0	14	4	5	3	25	0	11	82	0	0	0	0	0	0	0	2	0	146
	SAN JOAQUIN HEALTH	0	6	8	1	3	0	6	8	78	0	0	1	0	0	0	0	0	0	111
	COUNTY TOTAL	0	20	12	6	6	25	6	19	160	0	0	1	0	0	0	0	2	0	257
SANTA CLARA	BLUE CROSS	0	8	9	2	2	11	4	12	56	0	0	0	0	0	0	0	0	0	104
	SANTA CLARA FAMILY	0	3	8	11	1	1	9	4	61	0	0	0	0	0	0	0	1	0	99
	COUNTY TOTAL	0	11	17	13	3	12	13	16	117	0	0	0	0	0	0	0	1	0	203
STANISLAUS	BLUE CROSS	0	16	29	4	7	64	4	15	98	0	0	0	0	0	0	0	0	0	237
	HEALTH NET	0	21	26	0	0	31	4	18	80	0	0	0	0	0	0	0	1	0	181
	COUNTY TOTAL	0	37	55	4	7	95	8	33	178	0	0	0	0	0	0	0	1	0	418
TULARE	BLUE CROSS	0	2	0	1	0	0	3	0	46	0	0	0	0	0	0	0	1	0	53
	HEALTH NET	0	3	10	10	1	30	0	12	66	0	0	0	0	0	0	0	0	0	132
	COUNTY TOTAL	0	5	10	11	1	30	3	12	112	0	0	0	0	0	0	0	1	0	185
2 PLAN & GMC COUNTIES TOTAL		0	517	920	322	260	662	228	833	5,002	0	0	7	58	4	0	13	84	3	8,913

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	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	517	920	322	260	662	228	833	5,002	0	0	7	58	4	0	13	84	3	8,913

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 10/26/2005 - 11/22/2005

EFFECTIVE 12/1/2005

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	36	42	46	20	29	3	28	221	0	0	0	0	0	0	1	0	426
	COMMUNITY DENTAL	0	13	9	6	11	19	0	9	104	0	0	0	0	3	0	0	0	174
	LIBERTY DENTAL	0	7	2	3	5	11	4	13	110	0	0	0	0	0	0	0	3	158
	WESTERN DENTAL	0	7	22	44	12	6	2	23	146	0	0	0	0	1	0	3	0	266
	COUNTY TOTAL	0	63	75	99	48	65	9	73	581	0	0	0	0	4	0	4	3	1,024
GMC MANDATORY COUNTIES TOTAL		0	63	75	99	48	65	9	73	581	0	0	0	0	4	0	4	3	1,024

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	106	65	27	75	66	1	66	385	0	0	0	0	0	0	0	0	791
	AMERICAN HEALTH	0	10	5	12	3	10	1	8	39	0	0	0	0	0	0	0	0	88
	COMMUNITY DENTAL	0	5	3	0	1	0	0	4	15	0	0	0	0	0	0	0	0	28
	LIBERTY DENTAL	0	1	1	0	0	1	0	7	3	0	0	0	0	0	0	0	0	13
	SAFEGUARD DENTAL	0	28	28	10	22	17	0	16	64	0	0	0	0	0	0	0	0	185
	UNITED HEALTH PLAN	0	10	14	5	10	7	2	27	30	0	0	0	0	0	0	0	0	105
	UNIVERSAL CARE	0	16	38	18	7	10	0	10	86	0	0	0	0	0	0	0	0	185
	WESTERN DENTAL	0	38	39	33	51	18	0	31	83	0	0	0	0	0	0	0	0	293
COUNTY TOTAL	0	214	193	105	169	129	4	169	705	0	0	0	0	0	0	0	0	1,688	
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	2	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	2
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	6	0	0	0	0	0	2	0	0	0	0	0	0	0	0	8
	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	1	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	6	0	0	0	0	0	3	0	0	0	0	0	0	0	0	9
VOLUNTARY COUNTIES TOTAL		0	214	199	105	169	129	4	169	710	0	1,699							
GRAND TOTAL		0	277	274	204	217	194	13	242	1,291	0	0	0	0	4	0	4	3	2,723

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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