

January 3, 2006

DHS HCO 06-5916

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 1/1/06

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 11/23/2005 - 12/27/2005

EFFECTIVE 1/1/2006

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 ¹
ALAMEDA	ALAMEDA ALLIANCE	0	15	15	2	1	5	7	11	141	0	0	0	1	0	0	0	0	0	198
	BLUE CROSS	0	12	10	6	1	6	3	16	115	0	0	0	0	0	0	0	0	0	169
	COUNTY TOTAL	0	27	25	8	2	11	10	27	256	0	0	0	1	0	0	0	0	0	367
CONTRA COSTA	BLUE CROSS	0	9	16	14	9	24	1	17	82	0	0	0	0	0	0	0	0	0	172
	CONTRA COSTA HEALTH	0	4	4	1	4	7	9	30	84	0	0	0	0	0	0	0	0	0	143
	COUNTY TOTAL	0	13	20	15	13	31	10	47	166	0	0	0	0	0	0	0	0	0	315
FRESNO	BLUE CROSS	0	6	3	1	5	5	3	12	105	0	0	0	0	0	0	0	0	0	140
	HEALTH NET	0	16	46	1	10	33	0	48	237	0	0	0	0	0	0	0	0	0	391
	COUNTY TOTAL	0	22	49	2	15	38	3	60	342	0	0	0	0	0	0	0	0	0	531
KERN	HEALTH NET	0	14	70	8	1	28	0	29	147	0	0	0	0	0	0	0	1	0	298
	KERN FAMILY HEALTH	0	11	31	0	2	0	0	9	57	0	0	1	7	0	0	0	1	0	119
	COUNTY TOTAL	0	25	101	8	3	28	0	38	204	0	0	1	7	0	0	0	2	0	417
LOS ANGELES	HEALTH NET	0	134	280	70	78	165	30	255	1,151	0	0	0	0	0	0	0	22	1	2,186
	LA CARE	0	63	144	63	81	84	89	199	837	0	0	0	0	0	0	0	19	0	1,579
	COUNTY TOTAL	0	197	424	133	159	249	119	454	1,988	0	0	0	0	0	0	0	41	1	3,765
RIVERSIDE	INLAND EMPIRE HEALTH	0	3	2	5	13	2	16	14	180	0	0	0	0	0	0	0	3	0	238
	MOLINA	0	5	36	10	10	44	0	25	355	0	0	0	16	0	0	2	4	0	507
	COUNTY TOTAL	0	8	38	15	23	46	16	39	535	0	0	0	16	0	0	2	7	0	745
SACRAMENTO	BLUE CROSS (190 PLAN)	0	16	31	12	6	8	5	28	121	0	0	0	0	0	0	2	0	0	229
	CARE FIRST	0	10	7	3	4	9	0	8	31	0	0	0	0	0	0	0	0	0	72
	HEALTH NET	0	18	40	17	8	8	3	37	131	0	0	0	0	0	0	0	0	0	262
	KAISER	0	4	2	0	0	3	0	5	10	0	0	0	0	0	0	0	0	0	24
	MOLINA	0	9	23	9	8	10	0	24	97	0	0	0	0	0	0	0	1	0	181
	WESTERN ADVANTAGE	0	13	10	3	12	15	0	10	92	0	0	0	0	0	0	7	0	0	162
COUNTY TOTAL	0	70	113	44	38	53	8	112	482	0	0	0	0	0	0	9	1	0	930	
SAN BERNARDINO	INLAND EMPIRE	0	16	19	13	20	17	21	31	289	0	0	0	0	0	0	1	6	0	433
	MOLINA	0	19	43	20	14	51	6	63	278	0	0	0	58	0	0	0	0	0	552
	COUNTY TOTAL	0	35	62	33	34	68	27	94	567	0	0	0	58	0	0	1	6	0	985
SAN DIEGO	BLUE CROSS	0	9	21	1	3	11	0	19	95	0	0	0	0	0	0	2	0	0	161
	CARE FIRST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COMMUNITY HEALTH	0	11	26	8	7	12	1	22	80	0	0	0	0	0	0	1	1	0	169
	HEALTH NET	0	25	38	6	3	18	0	19	82	0	0	0	0	0	0	4	2	0	197
	KAISER	0	1	9	0	5	2	0	1	18	0	0	0	0	0	0	0	0	0	36
	MOLINA	0	18	106	8	7	29	1	22	152	0	0	0	1	0	0	3	1	0	348
COUNTY TOTAL	0	64	200	23	25	72	2	83	427	0	0	0	1	0	0	10	4	0	911	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 11/23/2005 - 12/27/2005

EFFECTIVE 1/1/2006

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 ¹
SAN FRANCISCO	BLUE CROSS	0	5	20	2	0	1	2	9	50	0	0	0	0	0	0	0	0	0	89
	SAN FRANCISCO HLTH	0	2	5	1	1	1	1	4	43	0	0	0	0	4	0	0	0	0	62
	COUNTY TOTAL	0	7	25	3	1	2	3	13	93	0	0	0	0	4	0	0	0	0	151
SAN JOAQUIN	BLUE CROSS	0	15	4	11	3	4	1	13	136	0	0	0	0	0	0	0	0	0	187
	SAN JOAQUIN HEALTH	0	1	4	1	1	0	4	11	80	0	0	2	0	0	0	0	0	0	104
	COUNTY TOTAL	0	16	8	12	4	4	5	24	216	0	0	2	0	0	0	0	0	0	291
SANTA CLARA	BLUE CROSS	0	6	14	7	4	8	2	15	87	0	0	0	0	0	0	0	0	1	144
	SANTA CLARA FAMILY	0	0	11	4	0	2	12	7	64	0	0	0	0	0	0	0	0	0	100
	COUNTY TOTAL	0	6	25	11	4	10	14	22	151	0	0	0	0	0	0	0	0	1	244
STANISLAUS	BLUE CROSS	0	52	46	9	3	52	5	44	122	0	0	0	0	0	0	0	0	1	334
	HEALTH NET	0	5	44	3	2	22	0	11	68	0	0	0	0	0	0	0	0	0	155
	COUNTY TOTAL	0	57	90	12	5	74	5	55	190	0	0	0	0	0	0	0	0	1	489
TULARE	BLUE CROSS	0	4	2	1	0	0	1	0	70	0	0	0	0	0	0	0	0	0	78
	HEALTH NET	0	4	27	0	0	56	0	13	76	0	0	0	0	0	0	0	0	0	176
	COUNTY TOTAL	0	8	29	1	0	56	1	13	146	0	0	0	0	0	0	0	0	0	254
2 PLAN & GMC COUNTIES TOTAL		0	555	1,209	320	326	742	223	1,081	5,763	0	0	3	83	4	0	22	61	3	10,395

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 ¹
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	3	0	0	0	0	3	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	0	3	0	0	0	0	3	0	0	0	0	0	0	0	0	0	6
VOLUNTARY COUNTIES TOTAL		0	0	0	3	0	0	0	0	3	0	0	0	0	0	0	0	0	0	6
GRAND TOTAL		0	555	1,209	323	326	742	223	1,081	5,766	0	0	3	83	4	0	22	61	3	10,401

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 Inland Empire in San Bernardino County was entered using an incorrect disenrollment reason code and not included in the Total column of this report.

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 11/23/2005 - 12/27/2005

EFFECTIVE 1/1/2006

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	12	51	58	49	128	0	34	254	0	0	0	0	0	0	0	0	586
	COMMUNITY DENTAL	0	4	15	5	6	141	3	12	121	0	0	0	0	0	0	6	0	313
	LIBERTY DENTAL	0	23	9	19	12	57	0	27	115	0	0	0	0	0	0	4	0	266
	WESTERN DENTAL	0	18	37	27	30	152	1	22	116	0	0	0	0	0	0	1	0	404
	COUNTY TOTAL	0	57	112	109	97	478	4	95	606	0	0	0	0	0	0	11	0	1,569
GMC MANDATORY COUNTIES TOTAL		0	57	112	109	97	478	4	95	606	0	0	0	0	0	0	11	0	1,569
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	113	101	29	75	73	0	73	430	0	0	0	0	0	0	0	0	894
	AMERICAN HEALTH	0	13	14	8	17	6	0	12	45	0	0	0	0	0	0	0	0	115
	COMMUNITY DENTAL	0	8	3	1	0	1	0	3	20	0	0	0	0	0	0	0	0	36
	LIBERTY DENTAL	0	5	1	0	1	0	0	9	8	0	0	0	0	0	0	0	0	24
	SAFEGUARD DENTAL	0	25	49	18	10	14	0	32	92	0	0	0	0	0	0	0	0	240
	UNITED HEALTH PLAN	0	23	24	16	14	5	1	23	73	0	0	0	0	0	0	0	0	179
	UNIVERSAL CARE	0	20	44	22	13	12	0	15	102	0	0	0	0	0	0	0	0	228
	WESTERN DENTAL	0	17	78	29	52	10	0	18	145	0	0	0	0	0	0	0	0	349
COUNTY TOTAL	0	224	314	123	182	121	1	185	915	0	0	0	0	0	0	0	0	2,065	
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	3	0	0	0	0	0	0	0	0	0	0	0	3
	COUNTY TOTAL	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	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	2	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	3
VOLUNTARY COUNTIES TOTAL		0	224	314	123	182	125	1	185	917	0	0	2,071						
GRAND TOTAL		0	281	426	232	279	603	5	280	1,523	0	0	0	0	0	0	11	0	3,640

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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