

March 1, 2006

DHS HCO 06-6147

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 3/1/06**

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 1/25/2006 - 2/22/2006

EFFECTIVE 3/1/2006

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
ALAMEDA	ALAMEDA ALLIANCE	0	14	19	6	2	4	9	32	127	0	0	0	0	0	0	0	4	0	217
	BLUE CROSS	0	12	11	6	2	5	4	22	89	0	0	0	0	0	0	0	1	0	152
	COUNTY TOTAL	0	26	30	12	4	9	13	54	216	0	0	0	0	0	0	0	5	0	369
CONTRA COSTA	BLUE CROSS	0	12	13	13	7	22	0	7	54	0	0	0	0	0	0	0	1	0	129
	CONTRA COSTA HEALTH	0	8	5	2	3	1	3	10	70	0	0	0	0	0	0	0	0	0	102
	COUNTY TOTAL	0	20	18	15	10	23	3	17	124	0	0	0	0	0	0	0	1	0	231
FRESNO	BLUE CROSS	0	5	3	1	0	0	3	37	85	0	0	0	0	0	0	0	0	0	134
	HEALTH NET	0	24	28	9	6	44	0	43	217	0	0	0	0	0	0	0	0	0	371
	COUNTY TOTAL	0	29	31	10	6	44	3	80	302	0	0	0	0	0	0	0	0	0	505
KERN	HEALTH NET	0	9	62	11	3	14	0	20	146	0	0	0	0	0	0	0	0	0	265
	KERN FAMILY HEALTH	0	11	31	1	3	0	1	16	56	0	0	1	0	0	0	0	1	0	121
	COUNTY TOTAL	0	20	93	12	6	14	1	36	202	0	0	1	0	0	0	0	1	0	386
LOS ANGELES	HEALTH NET	0	110	252	114	76	114	36	257	993	0	0	0	0	0	0	0	25	1	1,978
	LA CARE	0	50	105	65	84	89	92	200	792	0	0	0	0	0	2	0	34	0	1,513
	COUNTY TOTAL	0	160	357	179	160	203	128	457	1,785	0	0	0	0	0	2	0	59	1	3,491
RIVERSIDE	INLAND EMPIRE HEALTH	0	6	11	6	7	4	12	17	174	0	0	0	0	0	0	1	7	0	245
	MOLINA	0	18	32	18	3	36	8	44	278	0	0	0	15	0	0	0	3	0	455
	COUNTY TOTAL	0	24	43	24	10	40	20	61	452	0	0	0	15	0	0	1	10	0	700
SACRAMENTO	BLUE CROSS (190 PLAN)	0	9	20	15	4	10	10	20	144	0	0	0	0	0	0	2	3	0	237
	CARE FIRST	0	2	6	0	2	5	1	7	50	0	0	0	0	0	0	3	0	0	76
	HEALTH NET	0	13	25	7	4	22	0	22	132	0	0	0	0	0	0	2	1	0	228
	KAISER	0	1	4	0	0	0	3	0	9	0	0	0	0	0	0	1	0	0	18
	MOLINA	0	8	24	5	3	9	1	15	86	0	0	0	0	0	0	0	0	0	151
	WESTERN ADVANTAGE	0	7	16	7	8	12	0	15	95	0	0	0	0	0	0	0	1	0	161
COUNTY TOTAL	0	40	95	34	21	58	15	79	516	0	0	0	0	0	0	8	5	0	871	
SAN BERNARDINO	INLAND EMPIRE	0	18	12	10	19	5	11	20	238	0	0	0	0	0	0	0	3	0	336
	MOLINA	0	16	50	10	11	55	15	73	234	0	0	0	29	0	0	0	3	0	496
	COUNTY TOTAL	0	34	62	20	30	60	26	93	472	0	0	0	29	0	0	0	6	0	832
SAN DIEGO	BLUE CROSS	0	20	22	5	3	12	1	31	79	0	0	0	0	0	0	0	3	0	176
	CARE FIRST	0	0	0	0	0	0	0	1	9	0	0	0	0	0	0	0	0	0	10
	COMMUNITY HEALTH	0	20	22	13	5	11	0	13	70	0	0	0	0	0	0	0	0	0	154
	HEALTH NET	0	28	42	12	5	21	0	21	79	0	0	0	0	0	0	0	0	0	208
	KAISER	0	2	0	0	7	1	0	2	10	0	0	0	0	0	0	0	0	0	22
	MOLINA	0	25	136	9	8	49	11	53	152	0	0	2	0	0	0	1	2	0	448
COUNTY TOTAL	0	95	222	39	28	94	12	121	399	0	0	2	0	0	0	1	5	0	1,018	

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

ACCEPTED MEDICAL DISENROLLMENTS 1/25/2006 - 2/22/2006

EFFECTIVE 3/1/2006

**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
SAN FRANCISCO	BLUE CROSS	0	5	8	0	0	4	3	1	35	0	0	0	0	0	0	0	0	0	56
	SAN FRANCISCO HLTH	0	3	7	1	0	1	2	3	30	0	0	0	0	1	0	0	0	0	48
	COUNTY TOTAL	0	8	15	1	0	5	5	4	65	0	0	0	0	1	0	0	0	0	104
SAN JOAQUIN	BLUE CROSS	0	3	10	2	3	4	8	20	114	0	0	0	0	0	0	0	0	0	164
	SAN JOAQUIN HEALTH	0	5	25	3	1	1	2	18	103	0	0	0	0	0	0	0	0	0	158
	COUNTY TOTAL	0	8	35	5	4	5	10	38	217	0	0	0	0	0	0	0	0	0	322
SANTA CLARA	BLUE CROSS	0	12	6	9	4	7	4	17	92	0	0	0	0	0	0	0	0	0	151
	SANTA CLARA FAMILY	0	7	3	5	1	4	3	13	85	0	0	0	0	0	0	0	0	0	121
	COUNTY TOTAL	0	19	9	14	5	11	7	30	177	0	0	0	0	0	0	0	0	0	272
STANISLAUS	BLUE CROSS	0	53	13	4	0	18	0	54	98	0	0	0	0	0	0	0	1	0	241
	HEALTH NET	0	13	32	1	3	11	0	8	55	0	0	0	0	0	0	0	0	0	123
	COUNTY TOTAL	0	66	45	5	3	29	0	62	153	0	0	0	0	0	0	0	1	0	364
TULARE	BLUE CROSS	0	0	1	0	0	1	5	1	61	0	0	0	0	0	0	0	0	0	69
	HEALTH NET	0	8	23	5	0	37	0	13	86	0	0	0	0	0	0	0	0	0	172
	COUNTY TOTAL	0	8	24	5	0	38	5	14	147	0	0	0	0	0	0	0	0	0	241
<b>2 PLAN &amp; GMC COUNTIES TOTAL</b>		<b>0</b>	<b>557</b>	<b>1,079</b>	<b>375</b>	<b>287</b>	<b>633</b>	<b>248</b>	<b>1,146</b>	<b>5,227</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>44</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>93</b>	<b>1</b>	<b>9,706</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	1	0	0	0	0	0	0	0	0	0	1
	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	1	0	0	0	0	0	0	0	0	0	1
<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>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>2</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>557</b>	<b>1,079</b>	<b>375</b>	<b>287</b>	<b>633</b>	<b>248</b>	<b>1,147</b>	<b>5,228</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>44</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>93</b>	<b>1</b>	<b>9,708</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 1/25/2006 - 2/22/2006

EFFECTIVE 3/1/2006

**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	10	65	24	42	17	0	54	166	0	0	0	0	0	0	2	0	380
	COMMUNITY DENTAL	0	19	16	6	10	14	0	7	145	0	0	0	0	0	0	0	0	217
	LIBERTY DENTAL	0	5	5	4	20	23	0	10	126	0	0	0	0	0	0	3	0	196
	WESTERN DENTAL	0	9	29	21	33	5	1	16	200	0	0	0	0	0	0	2	0	316
	COUNTY TOTAL	0	43	115	55	105	59	1	87	637	0	0	0	0	0	0	7	0	1,109
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>43</b>	<b>115</b>	<b>55</b>	<b>105</b>	<b>59</b>	<b>1</b>	<b>87</b>	<b>637</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>1,109</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	121	82	41	98	69	0	46	440	0	0	0	0	0	0	0	0	897
	AMERICAN HEALTH	0	5	14	10	11	4	0	7	59	0	0	0	0	0	0	0	0	110
	COMMUNITY DENTAL	0	1	5	2	1	6	0	7	17	0	0	0	0	0	0	0	0	39
	LIBERTY DENTAL	0	0	2	3	4	4	0	0	4	0	0	0	0	0	0	0	0	17
	SAFEGUARD DENTAL	0	17	34	11	19	16	0	15	99	0	0	0	0	0	0	0	0	211
	UNITED HEALTH PLAN	0	8	16	4	21	6	0	9	68	0	0	0	0	0	0	0	0	132
	UNIVERSAL CARE	0	36	24	11	22	10	0	23	68	0	0	0	0	0	0	0	0	194
	WESTERN DENTAL	0	39	43	40	32	19	0	63	108	0	0	0	0	0	0	0	0	344
COUNTY TOTAL	0	227	220	122	208	134	0	170	863	0	0	0	0	0	0	0	0	1,944	
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	1	0	0	0	0	0	0	0	0	1
	UNITED HEALTH PLAN	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	WESTERN DENTAL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>229</b>	<b>220</b>	<b>122</b>	<b>208</b>	<b>134</b>	<b>0</b>	<b>170</b>	<b>864</b>	<b>0</b>	<b>1,947</b>							
<b>GRAND TOTAL</b>		<b>0</b>	<b>272</b>	<b>335</b>	<b>177</b>	<b>313</b>	<b>193</b>	<b>1</b>	<b>257</b>	<b>1,501</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>3,056</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).

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 X01 = Wavier Program Exemption

X03 = Indian Health Coverage  
 X02 = Dental Exempt