

April 3, 2006

DHS HCO 06-6276

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 4/1/06**

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

Note 1: Effective 4/1/06, Health Net will acquire Universal Care (UC) to become a Dental Managed Care PHP in Los Angeles County per H# 0306-2226.

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 2/23/2006 - 3/24/2006

EFFECTIVE 4/1/2006

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	19	8	5	0	5	4	13	132	0	0	0	1	4	0	0	1	0	192
	BLUE CROSS	0	8	9	4	3	14	10	8	151	0	0	0	0	0	0	0	0	0	207
	COUNTY TOTAL	0	27	17	9	3	19	14	21	283	0	0	0	1	4	0	0	1	0	399
CONTRA COSTA	BLUE CROSS	0	9	12	1	11	22	0	12	100	0	0	0	0	0	0	0	3	0	170
	CONTRA COSTA HEALTH	0	7	4	0	1	7	8	26	90	0	0	0	0	0	0	0	1	0	144
	COUNTY TOTAL	0	16	16	1	12	29	8	38	190	0	0	0	0	0	0	0	4	0	314
FRESNO	BLUE CROSS	0	4	7	0	0	1	2	22	89	0	0	0	0	0	0	0	0	0	125
	HEALTH NET	0	17	43	4	2	44	0	39	301	0	0	0	0	0	0	0	0	0	450
	COUNTY TOTAL	0	21	50	4	2	45	2	61	390	0	0	0	0	0	0	0	0	0	575
KERN	HEALTH NET	0	17	68	11	7	18	0	11	165	0	0	0	0	0	0	0	0	0	297
	KERN FAMILY HEALTH	0	7	29	3	3	2	0	3	80	0	0	2	1	0	0	0	1	0	131
	COUNTY TOTAL	0	24	97	14	10	20	0	14	245	0	0	2	1	0	0	0	1	0	428
LOS ANGELES	HEALTH NET	0	119	292	120	79	103	32	337	1,056	0	0	1	0	3	0	0	27	2	2,171
	LA CARE	0	60	121	48	89	63	81	208	910	0	0	0	0	6	0	0	23	3	1,612
	COUNTY TOTAL	0	179	413	168	168	166	113	545	1,966	0	0	1	0	9	0	0	50	5	3,783
RIVERSIDE	INLAND EMPIRE HEALTH	0	5	10	5	7	1	8	23	160	0	0	0	0	0	0	4	4	0	227
	MOLINA	0	15	46	18	12	22	7	44	321	0	0	1	16	0	0	2	2	0	506
	COUNTY TOTAL	0	20	56	23	19	23	15	67	481	0	0	1	16	0	0	6	6	0	733
SACRAMENTO	BLUE CROSS (190 PLAN)	0	12	18	5	13	4	4	43	167	0	0	0	0	0	0	1	1	0	268
	CARE FIRST	0	6	11	0	3	8	1	2	38	0	0	0	0	0	0	0	1	0	70
	HEALTH NET	0	17	27	16	16	13	2	30	119	0	0	0	0	0	0	2	2	0	244
	KAISER	0	1	5	2	1	2	0	3	24	0	0	0	0	0	0	0	0	0	38
	MOLINA	0	33	46	16	6	17	4	19	139	0	0	0	0	0	0	0	1	0	281
	WESTERN ADVANTAGE	0	9	19	6	9	13	0	38	109	0	0	0	0	0	0	0	1	0	204
COUNTY TOTAL	0	78	126	45	48	57	11	135	596	0	0	0	0	0	0	3	6	0	1,105	
SAN BERNARDINO	INLAND EMPIRE	0	11	15	19	18	13	23	38	213	0	0	0	0	0	0	0	7	0	357
	MOLINA	0	15	49	13	12	47	12	51	259	0	0	1	27	0	0	2	3	0	491
	COUNTY TOTAL	0	26	64	32	30	60	35	89	472	0	0	1	27	0	0	2	10	0	848
SAN DIEGO	BLUE CROSS	0	17	25	8	4	15	0	7	97	0	0	0	0	0	0	0	1	0	174
	CARE FIRST	0	2	5	1	2	2	1	5	23	0	0	0	0	0	0	0	1	0	42
	COMMUNITY HEALTH	0	11	36	4	6	5	2	11	84	0	0	0	0	0	0	4	3	2	168
	HEALTH NET	0	23	21	5	4	21	0	17	83	0	0	0	0	0	0	0	3	1	178
	KAISER	0	3	11	3	4	2	0	3	14	0	0	0	0	0	0	0	0	0	40
	MOLINA	0	29	107	7	7	34	2	40	157	0	0	1	1	1	0	5	3	0	394
COUNTY TOTAL	0	85	205	28	27	79	5	83	458	0	0	1	1	1	0	9	11	3	996	

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

ACCEPTED MEDICAL DISENROLLMENTS 2/23/2006 - 3/24/2006

EFFECTIVE 4/1/2006

**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	1	4	2	1	1	2	11	48	0	0	0	0	0	0	0	0	0	70
	SAN FRANCISCO HLTH	0	8	2	1	0	1	2	9	58	0	0	0	0	0	0	0	1	0	82
	COUNTY TOTAL	0	9	6	3	1	2	4	20	106	0	0	0	0	0	0	0	1	0	152
SAN JOAQUIN	BLUE CROSS	0	15	9	1	1	7	3	3	126	0	0	0	0	0	0	0	1	0	166
	SAN JOAQUIN HEALTH	0	8	7	1	2	6	0	12	81	0	0	1	0	0	0	0	0	0	118
	COUNTY TOTAL	0	23	16	2	3	13	3	15	207	0	0	1	0	0	0	0	1	0	284
SANTA CLARA	BLUE CROSS	0	15	5	6	14	11	0	19	78	0	0	0	0	0	0	0	0	0	148
	SANTA CLARA FAMILY	0	13	8	3	1	1	1	12	90	0	0	0	0	0	0	0	1	0	130
	COUNTY TOTAL	0	28	13	9	15	12	1	31	168	0	0	0	0	0	0	0	1	0	278
STANISLAUS	BLUE CROSS	0	69	24	8	3	9	1	39	111	0	0	0	0	0	0	0	0	0	264
	HEALTH NET	0	8	10	6	0	21	1	5	54	0	0	0	0	0	0	0	0	0	105
	COUNTY TOTAL	0	77	34	14	3	30	2	44	165	0	0	0	0	0	0	0	0	0	369
TULARE	BLUE CROSS	0	4	2	1	3	0	7	8	45	0	0	0	0	0	0	0	1	0	71
	HEALTH NET	0	4	9	0	0	57	0	13	71	0	0	0	0	0	0	0	0	0	154
	COUNTY TOTAL	0	8	11	1	3	57	7	21	116	0	0	0	0	0	0	0	1	0	225
<b>2 PLAN &amp; GMC COUNTIES TOTAL</b>		<b>0</b>	<b>621</b>	<b>1,124</b>	<b>353</b>	<b>344</b>	<b>612</b>	<b>220</b>	<b>1,184</b>	<b>5,843</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>46</b>	<b>14</b>	<b>0</b>	<b>20</b>	<b>93</b>	<b>8</b>	<b>10,489</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	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	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
	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	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
<b>VOLUNTARY COUNTIES TOTAL</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>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>621</b>	<b>1,125</b>	<b>353</b>	<b>344</b>	<b>612</b>	<b>220</b>	<b>1,184</b>	<b>5,844</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>46</b>	<b>14</b>	<b>0</b>	<b>20</b>	<b>93</b>	<b>8</b>	<b>10,491</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 2/23/2006 - 3/24/2006

EFFECTIVE 4/1/2006

**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	43	47	67	44	7	1	42	226	0	0	0	0	0	0	0	1	1	478
	COMMUNITY DENTAL	0	15	22	6	22	7	1	10	121	0	0	0	0	0	0	0	1	0	205
	LIBERTY DENTAL	0	18	25	27	16	21	0	15	146	0	0	0	0	0	0	0	0	1	269
	WESTERN DENTAL	0	9	38	33	39	14	0	24	177	0	0	0	0	0	0	1	0	335	
	COUNTY TOTAL	0	85	132	133	121	49	2	91	670	0	0	0	0	0	0	2	2	1,287	
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>85</b>	<b>132</b>	<b>133</b>	<b>121</b>	<b>49</b>	<b>2</b>	<b>91</b>	<b>670</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1,287</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	112	137	32	99	69	0	58	448	0	0	0	0	2	0	0	0	957
	AMERICAN HEALTH	0	17	7	12	7	8	0	22	71	0	0	0	0	0	0	0	0	144
	COMMUNITY DENTAL	0	9	10	1	5	1	0	4	23	0	0	0	0	0	0	0	0	53
	LIBERTY DENTAL	0	6	3	10	10	1	1	9	20	0	0	0	0	0	0	0	0	60
	SAFEGUARD DENTAL	0	37	89	22	26	26	0	35	112	0	0	1	0	0	0	0	0	348
	UNITED HEALTH PLAN	0	20	18	4	15	4	0	28	68	0	0	0	0	0	0	0	0	157
	UNIVERSAL CARE	0	22	42	19	24	13	0	28	92	0	0	0	0	0	0	0	0	240
	WESTERN DENTAL	0	44	70	48	56	15	0	47	201	0	0	0	0	0	0	0	0	481
COUNTY TOTAL	0	267	376	148	242	137	1	231	1,035	0	0	1	0	2	0	0	0	2,440	
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	1	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
	UNITED HEALTH PLAN	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	WESTERN DENTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	6
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>267</b>	<b>379</b>	<b>148</b>	<b>242</b>	<b>140</b>	<b>1</b>	<b>231</b>	<b>1,036</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,447</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>352</b>	<b>511</b>	<b>281</b>	<b>363</b>	<b>189</b>	<b>3</b>	<b>322</b>	<b>1,706</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>3,734</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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 E11 = Other Health Coverage  
 E12 = Moved Out of County  
 X01 = Wavier Program Exemption

X03 = Indian Health Coverage  
 X02 = Dental Exempt