

June 29, 2006

DHS HCO 06-6636

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 7/1/06

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 5/25/2006 - 6/23/2006

EFFECTIVE 7/1/2006

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	12	6	2	4	5	9	24	127	0	0	0	0	4	0	0	4	0	197
	BLUE CROSS	0	20	12	12	5	6	1	12	138	0	0	0	1	0	0	0	1	0	208
	COUNTY TOTAL	0	32	18	14	9	11	10	36	265	0	0	0	1	4	0	0	5	0	405
CONTRA COSTA	BLUE CROSS	0	14	4	4	6	18	0	17	78	0	0	0	0	0	0	0	0	0	141
	CONTRA COSTA HEALTH	0	0	9	2	5	5	12	21	58	0	0	0	0	0	0	0	1	0	113
	COUNTY TOTAL	0	14	13	6	11	23	12	38	136	0	0	0	0	0	0	0	1	0	254
FRESNO	BLUE CROSS	0	9	4	0	0	1	0	10	77	0	0	0	0	0	0	0	0	0	101
	HEALTH NET	0	12	48	2	5	52	1	32	189	0	0	0	0	0	0	0	0	0	341
	COUNTY TOTAL	0	21	52	2	5	53	1	42	266	0	0	0	0	0	0	0	0	0	442
KERN	HEALTH NET	0	36	66	1	1	13	0	11	147	0	0	0	0	0	0	0	2	0	277
	KERN FAMILY HEALTH	0	4	17	1	0	1	2	4	82	0	0	0	1	0	0	0	0	0	112
	COUNTY TOTAL	0	40	83	2	1	14	2	15	229	0	0	0	1	0	0	0	2	0	389
LOS ANGELES	HEALTH NET	0	93	303	85	72	124	31	287	921	0	0	1	0	2	0	0	45	1	1,965
	LA CARE	0	64	112	71	63	66	39	170	747	0	0	1	1	0	0	0	42	2	1,378
	COUNTY TOTAL	0	157	415	156	135	190	70	457	1,668	0	0	2	1	2	0	0	87	3	3,343
RIVERSIDE	INLAND EMPIRE HEALTH	0	12	4	2	6	2	17	12	148	0	0	0	0	0	0	3	6	0	212
	MOLINA	0	6	59	9	12	28	8	29	265	0	0	0	21	0	0	4	5	0	446
	COUNTY TOTAL	0	18	63	11	18	30	25	41	413	0	0	0	21	0	0	7	11	0	658
SACRAMENTO	BLUE CROSS (190 PLAN)	0	47	28	6	11	7	3	99	205	0	0	0	0	0	0	2	1	0	409
	CARE FIRST	0	11	6	2	6	8	3	3	50	0	0	0	0	0	0	0	0	0	89
	HEALTH NET	0	6	20	14	2	7	0	22	104	0	0	0	0	0	0	0	0	0	175
	KAISER	0	2	0	2	1	0	0	2	14	0	0	0	0	0	0	0	0	0	21
	MOLINA	0	14	30	12	2	15	0	14	111	0	0	0	0	0	0	0	0	0	198
	WESTERN ADVANTAGE	0	16	12	13	7	25	0	11	65	0	0	0	0	0	0	1	0	0	150
COUNTY TOTAL	0	96	96	49	29	62	6	151	549	0	0	0	0	0	0	3	1	0	1,042	
SAN BERNARDINO	INLAND EMPIRE	0	7	9	4	6	11	29	21	253	0	0	0	0	0	0	0	8	0	348
	MOLINA	0	17	33	22	10	50	11	49	203	0	0	0	2	0	0	0	3	0	400
	COUNTY TOTAL	0	24	42	26	16	61	40	70	456	0	0	0	2	0	0	0	11	0	748
SAN DIEGO	BLUE CROSS	0	9	18	10	1	9	1	7	56	0	0	0	0	0	0	2	0	0	113
	CARE FIRST	0	15	0	0	1	5	0	3	51	0	0	0	0	0	0	1	1	0	77
	COMMUNITY HEALTH	0	10	9	7	5	3	0	13	57	0	0	0	0	0	0	1	1	0	106
	HEALTH NET	0	14	6	3	7	12	0	14	81	0	0	0	0	0	0	2	0	0	139
	KAISER	0	1	0	1	5	2	0	1	21	0	0	0	0	0	0	0	1	0	32
	MOLINA	0	20	89	6	6	24	0	35	138	0	0	0	0	0	0	1	0	1	320
COUNTY TOTAL	0	69	122	27	25	55	1	73	404	0	0	0	0	0	0	7	3	1	787	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 5/25/2006 - 6/23/2006

EFFECTIVE 7/1/2006

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	4	0	0	1	4	4	1	20	0	0	0	0	0	0	0	0	0	34
	SAN FRANCISCO HLTH	0	2	7	2	0	2	4	3	42	0	0	1	0	0	0	0	0	0	63
	COUNTY TOTAL	0	6	7	2	1	6	8	4	62	0	0	1	0	0	0	0	0	0	97
SAN JOAQUIN	BLUE CROSS	0	9	7	2	4	5	9	18	112	0	0	0	0	0	0	0	1	0	167
	SAN JOAQUIN HEALTH	0	4	2	0	1	2	7	16	111	0	0	0	0	0	0	0	0	0	143
	COUNTY TOTAL	0	13	9	2	5	7	16	34	223	0	0	0	0	0	0	0	1	0	310
SANTA CLARA	BLUE CROSS	0	9	12	0	4	9	8	19	79	0	0	0	0	0	0	0	0	1	141
	SANTA CLARA FAMILY	0	4	3	3	3	3	3	11	60	0	0	0	0	0	0	0	2	0	92
	COUNTY TOTAL	0	13	15	3	7	12	11	30	139	0	0	0	0	0	0	0	2	1	233
STANISLAUS	BLUE CROSS	0	53	46	1	1	4	6	25	116	0	0	0	0	0	0	0	1	0	253
	HEALTH NET	0	8	22	2	3	5	1	7	71	0	0	0	0	0	0	0	0	0	119
	COUNTY TOTAL	0	61	68	3	4	9	7	32	187	0	0	0	0	0	0	0	1	0	372
TULARE	BLUE CROSS	0	3	1	0	1	1	1	6	45	0	0	0	0	0	0	0	2	0	60
	HEALTH NET	0	1	11	1	0	19	2	13	108	0	0	0	0	0	0	4	0	0	159
	COUNTY TOTAL	0	4	12	1	1	20	3	19	153	0	0	0	0	0	0	4	2	0	219
2 PLAN & GMC COUNTIES TOTAL		0	568	1,015	304	267	553	212	1,042	5,150	0	0	3	26	6	0	21	127	5	9,299

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	1	1	0	1	0	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	1	0	1	0	0	0	0	0	0	0	0	0	0	3
VOLUNTARY COUNTIES TOTAL		0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	3
GRAND TOTAL		0	568	1,015	304	268	554	212	1,043	5,150	0	0	3	26	6	0	21	127	5	9,302

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 5/25/2006 - 6/23/2006

EFFECTIVE 7/1/2006

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	23	57	31	36	16	0	33	281	0	0	0	0	0	0	0	1	478
	COMMUNITY DENTAL	0	7	14	18	2	17	0	13	132	0	0	0	0	0	0	0	0	203
	LIBERTY DENTAL	0	30	8	9	14	13	0	12	120	0	0	0	0	0	0	0	5	211
	WESTERN DENTAL	0	26	24	46	26	22	0	17	200	0	0	0	0	0	0	0	1	362
	COUNTY TOTAL	0	86	103	104	78	68	0	75	733	0	0	0	0	0	0	0	7	1,254
GMC MANDATORY COUNTIES TOTAL		0	86	103	104	78	68	0	75	733	0	7	1,254						

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	225	119	53	111	70	1	69	554	0	0	0	0	0	0	0	0	1,202
	AMERICAN HEALTH	0	30	23	12	9	12	0	10	166	0	0	0	0	0	0	0	0	262
	COMMUNITY DENTAL	0	13	13	6	13	4	0	1	39	0	0	0	0	0	0	0	0	89
	HEALTH NET	0	41	59	15	27	6	2	28	154	0	0	0	0	0	0	0	0	332
	LIBERTY DENTAL	0	7	18	6	3	1	0	4	18	0	0	0	0	0	0	0	0	57
	SAFEGUARD DENTAL	0	45	47	39	24	22	0	26	118	0	0	0	0	0	0	0	0	321
	UNITED HEALTH PLAN	0	32	24	11	19	10	2	26	79	0	0	0	0	0	0	0	0	203
	WESTERN DENTAL	0	37	51	40	53	9	0	40	201	0	0	0	0	0	0	0	0	431
COUNTY TOTAL	0	430	354	182	259	134	5	204	1,329	0	0	0	0	0	0	0	0	2,897	
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	0	0	1	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	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	1	0	0	0	0	0	0	0	0	0	2
VOLUNTARY COUNTIES TOTAL		0	430	356	182	259	134	5	205	1,329	0	2,900							
GRAND TOTAL		0	516	459	286	337	202	5	280	2,062	0	7	4,154						

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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