

August 1, 2006

DHS HCO 06-6761

Mr. Jerry D. Stanger, Chief
California Department of Health Services
Payment Systems Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

DISENROLLMENT REPORT BY REASON AND PLAN — Effective Date 8/1/06

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 6/24/2006 - 7/25/2006

EFFECTIVE 8/1/2006

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 For Health	0	9	7	4	0	6	5	8	146	0	0	0	0	5	0	0	3	0	193
	Blue Cross of CA Partnrshp	0	9	6	5	2	11	6	17	118	0	0	0	0	0	0	0	1	0	175
	COUNTY TOTAL	0	18	13	9	2	17	11	25	264	0	0	0	0	5	0	0	4	0	368
CONTRA COSTA	Blue Cross of CA Partnrshp	0	3	10	4	5	20	6	8	91	0	0	0	0	0	0	0	0	0	147
	Contra Costa Health Plan	0	7	6	0	0	4	8	29	60	0	0	0	0	0	0	0	0	0	114
	COUNTY TOTAL	0	10	16	4	5	24	14	37	151	0	0	0	0	0	0	0	0	0	261
FRESNO	Blue Cross of CA Partnrshp	0	6	3	0	1	1	2	3	108	0	0	0	0	0	0	0	0	0	124
	Health Net Comm Solutions	0	15	28	4	3	14	0	21	172	0	0	0	0	0	0	0	0	0	257
	COUNTY TOTAL	0	21	31	4	4	15	2	24	280	0	0	0	0	0	0	0	0	0	381
KERN	Health Net Comm Solutions	0	24	60	6	0	10	0	19	193	0	0	0	0	0	0	0	0	0	312
	Kern Family Health Care	0	25	27	1	1	1	3	9	102	0	0	1	0	0	0	0	0	0	170
	COUNTY TOTAL	0	49	87	7	1	11	3	28	295	0	0	1	0	0	0	0	0	0	482
LOS ANGELES	Health Net Comm Solutions	0	72	226	61	72	99	24	239	892	0	0	0	0	0	0	33	1	1,719	
	L.A. Care Health Plan	0	53	76	70	75	82	73	125	791	0	0	0	0	1	0	0	36	1	1,383
	COUNTY TOTAL	0	125	302	131	147	181	97	364	1,683	0	0	0	0	1	0	0	69	2	3,102
RIVERSIDE	Inland Empire Health Plan	0	11	7	4	6	9	18	10	196	0	0	0	1	0	0	0	0	0	262
	Molina Healthcare Partner	0	13	37	10	13	28	9	19	224	0	0	0	37	1	0	0	1	0	392
	COUNTY TOTAL	0	24	44	14	19	37	27	29	420	0	0	0	38	1	0	0	1	0	654
SACRAMENTO	Blue Cross of CA Partnrshp	0	29	18	16	9	8	6	59	191	0	0	0	0	0	0	3	4	1	344
	Care1st Partner Plan, LLC	0	8	3	3	1	11	1	2	44	0	0	0	0	0	0	1	0	0	74
	Health Net Comm Solutions	0	15	33	5	1	9	1	32	86	0	0	0	0	0	0	0	0	0	182
	KP Cal, LLC	0	2	0	0	0	0	0	3	15	0	0	0	0	0	0	0	0	0	20
	Molina Healthcare Partner	0	14	27	8	5	5	0	12	88	0	0	0	0	0	0	0	0	0	159
	WHA Community Health Plan	0	6	7	3	16	17	1	16	85	0	0	0	0	0	0	1	1	0	153
COUNTY TOTAL	0	74	88	35	32	50	9	124	509	0	0	0	0	0	0	5	5	1	932	
SAN BERNARDINO	Inland Empire Health Plan	0	7	18	6	4	6	25	32	229	0	0	0	0	0	0	0	3	0	330
	Molina Healthcare Partner	0	11	27	5	6	19	8	39	220	0	0	0	92	0	0	0	5	0	432
	COUNTY TOTAL	0	18	45	11	10	25	33	71	449	0	0	0	92	0	0	0	8	0	762
SAN DIEGO	Blue Cross of CA Partnrshp	0	4	17	5	2	15	0	7	60	0	0	0	0	0	0	1	1	0	112
	Care1st Partner Plan, LLC	0	3	2	1	3	7	0	8	50	0	0	0	0	0	0	0	1	0	75
	Community Hlth Grp Partner	0	12	20	10	5	18	2	9	67	0	0	0	0	0	0	0	2	0	145
	Health Net Comm Solutions	0	13	23	3	0	16	0	9	61	0	0	0	0	0	0	0	4	0	129
	KP Cal, LLC	0	1	5	0	3	3	0	4	13	0	0	0	0	0	0	0	0	0	29
	Molina Healthcare Partner	0	11	69	10	9	35	1	30	152	0	0	1	0	0	0	0	3	0	321
COUNTY TOTAL	0	44	136	29	22	94	3	67	403	0	0	1	0	0	0	1	11	0	811	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 6/24/2006 - 7/25/2006

EFFECTIVE 8/1/2006

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 of CA Partnrshp	0	6	3	2	0	6	11	8	34	0	0	0	0	0	0	0	0	0	70
	San Francisco Health Plan	0	1	5	0	1	3	3	1	70	0	0	0	0	3	0	1	1	0	89
	COUNTY TOTAL	0	7	8	2	1	9	14	9	104	0	0	0	0	3	0	1	1	0	159
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	9	16	2	1	2	0	18	95	0	0	0	0	0	0	0	1	0	144
	Health Plan of San Joaquin	0	3	10	2	1	0	1	11	71	0	0	0	0	0	0	0	0	0	99
	COUNTY TOTAL	0	12	26	4	2	2	1	29	166	0	0	0	0	0	0	0	1	0	243
SANTA CLARA	Blue Cross of CA Partnrshp	0	8	12	2	1	8	5	15	90	0	0	0	0	0	0	0	0	0	141
	Santa Clara Family H.P.	0	6	3	3	2	2	5	7	88	0	0	0	0	0	0	0	1	0	117
	COUNTY TOTAL	0	14	15	5	3	10	10	22	178	0	0	0	0	0	0	0	1	0	258
STANISLAUS	Blue Cross of CA Partnrshp	0	42	13	7	4	3	3	16	81	0	0	0	0	0	0	0	0	0	169
	Health Net Comm Solutions	0	7	21	4	0	2	0	2	61	0	0	0	0	0	0	0	0	0	97
	COUNTY TOTAL	0	49	34	11	4	5	3	18	142	0	0	0	0	0	0	0	0	0	266
TULARE	Blue Cross of CA Partnrshp	0	2	4	0	0	0	2	13	66	0	0	0	0	0	0	0	0	0	87
	Health Net Comm Solutions	0	7	3	0	2	19	0	23	127	0	0	0	0	0	0	0	0	0	181
	COUNTY TOTAL	0	9	7	0	2	19	2	36	193	0	0	0	0	0	0	0	0	0	268
2 PLAN & GMC COUNTIES TOTAL		0	474	852	266	254	499	229	883	5,237	0	0	2	130	10	0	7	101	3	8,947

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	KP Cal, LLC	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
	COUNTY TOTAL	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
SONOMA	KP Cal, LLC	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
VOLUNTARY COUNTIES TOTAL		0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	4
GRAND TOTAL		0	474	854	266	254	499	229	883	5,239	0	0	2	130	10	0	7	101	3	8,951

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 6/24/2006 - 7/25/2006

EFFECTIVE 8/1/2006

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 Plan	0	25	32	27	31	9	1	28	236	0	0	0	0	0	0	0	1	390
	Community Dental Svcs, Inc.	0	5	9	17	8	21	0	8	127	0	0	0	0	0	0	0	0	195
	Liberty Dental Plan of CA	0	7	10	9	10	6	0	22	150	0	0	0	0	0	0	0	1	215
	Western Dental Services	0	23	50	45	27	2	1	26	152	0	0	0	0	0	0	0	3	329
	COUNTY TOTAL	0	60	101	98	76	38	2	84	665	0	5	1,129						
GMC MANDATORY COUNTIES TOTAL		0	60	101	98	76	38	2	84	665	0	5	1,129						

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 Plan	0	290	95	59	143	79	0	82	522	0	0	0	0	0	0	0	0	1,270
	American Health Guard	0	10	20	13	7	19	0	6	235	0	0	0	0	0	0	0	0	310
	Community Dental Svcs, Inc.	0	10	7	3	8	3	0	14	35	0	0	0	0	0	0	0	0	80
	Health Net	0	27	26	14	29	9	0	27	129	0	0	0	0	0	0	0	0	261
	Liberty Dental Plan of CA	0	1	10	0	3	1	0	5	25	0	0	0	0	0	0	0	0	45
	SafeGuard Dental, Inc.	0	31	28	22	24	10	1	21	82	0	0	0	0	0	0	0	0	219
	UHP Healthcare	0	25	13	14	12	2	0	11	76	0	0	0	0	0	0	0	0	153
	Western Dental Services	0	45	62	44	49	12	0	30	179	0	0	0	0	0	0	0	0	421
COUNTY TOTAL	0	439	261	169	275	135	1	196	1,283	0	0	0	0	0	0	0	0	2,759	
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	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							
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	UHP Healthcare	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	Western Dental Services	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	1	0	0	0	0	0	0	0	0	0	0	0	1
VOLUNTARY COUNTIES TOTAL		0	439	261	169	275	136	1	196	1,283	0	2,760							
GRAND TOTAL		0	499	362	267	351	174	3	280	1,948	0	5	3,889						

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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