

August 30, 2006

DHS HCO 06-6886

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 9/1/06

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 7/26/2006 - 8/24/2006

EFFECTIVE 9/1/2006

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	3	9	2	4	4	14	18	173	0	0	0	0	6	0	0	0	0	233
	Blue Cross of CA Partnrshp	0	10	7	10	11	10	4	12	136	0	0	0	0	0	0	0	3	0	203
	COUNTY TOTAL	0	13	16	12	15	14	18	30	309	0	0	0	0	6	0	0	3	0	436
CONTRA COSTA	Blue Cross of CA Partnrshp	0	17	7	1	17	30	5	9	108	0	0	0	0	0	0	0	0	0	194
	Contra Costa Health Plan	0	6	13	1	3	1	7	14	110	0	0	0	0	2	0	0	0	0	157
	COUNTY TOTAL	0	23	20	2	20	31	12	23	218	0	0	0	0	2	0	0	0	0	351
FRESNO	Blue Cross of CA Partnrshp	0	3	7	1	6	7	13	15	152	0	0	0	0	0	0	0	0	0	204
	Health Net Comm Solutions	0	8	53	11	6	31	0	28	208	0	0	0	0	0	0	0	0	0	345
	COUNTY TOTAL	0	11	60	12	12	38	13	43	360	0	0	0	0	0	0	0	0	0	549
KERN	Health Net Comm Solutions	0	27	58	3	5	17	0	28	148	0	0	0	0	0	0	0	0	0	286
	Kern Family Health Care	0	13	21	1	1	3	7	11	137	0	0	2	3	0	0	0	1	0	200
	COUNTY TOTAL	0	40	79	4	6	20	7	39	285	0	0	2	3	0	0	0	1	0	486
LOS ANGELES	Health Net Comm Solutions	0	102	301	88	65	121	45	225	1,057	0	0	0	0	0	0	29	1	2,034	
	L.A. Care Health Plan	0	71	124	71	76	75	91	180	1,005	0	0	1	0	3	1	0	40	1	1,739
	COUNTY TOTAL	0	173	425	159	141	196	136	405	2,062	0	0	1	0	3	1	0	69	2	3,773
RIVERSIDE	Inland Empire Health Plan	0	9	4	3	8	4	13	16	210	0	0	0	0	0	0	1	2	0	270
	Molina Healthcare Partner	0	5	46	16	16	23	9	42	329	0	0	0	13	0	0	0	1	0	500
	COUNTY TOTAL	0	14	50	19	24	27	22	58	539	0	0	0	13	0	0	1	3	0	770
SACRAMENTO	Blue Cross of CA Partnrshp	0	18	16	3	4	10	9	60	220	0	0	1	0	0	4	4	0	349	
	Care1st Partner Plan, LLC	0	3	7	3	1	9	0	17	64	0	0	0	0	0	1	0	0	105	
	Health Net Comm Solutions	0	17	19	17	9	6	0	24	172	0	0	0	0	0	4	1	0	269	
	KP Cal, LLC	0	0	1	0	0	0	0	1	19	0	0	0	0	0	0	0	0	21	
	Molina Healthcare Partner	0	12	22	4	6	18	0	13	107	0	0	0	0	0	2	0	0	184	
	WHA Community Health Plan	0	13	10	6	3	16	0	22	96	0	0	0	0	0	0	0	0	166	
COUNTY TOTAL	0	63	75	33	23	59	9	137	678	0	0	1	0	0	11	5	0	1,094		
SAN BERNARDINO	Inland Empire Health Plan	0	7	16	6	8	9	19	37	298	0	0	0	0	0	0	5	0	405	
	Molina Healthcare Partner	0	21	29	26	14	41	8	70	255	0	0	1	53	0	0	3	0	521	
	COUNTY TOTAL	0	28	45	32	22	50	27	107	553	0	0	1	53	0	0	8	0	926	
SAN DIEGO	Blue Cross of CA Partnrshp	0	17	25	0	4	5	5	18	76	0	0	0	0	0	2	0	0	152	
	Care1st Partner Plan, LLC	0	14	6	7	1	14	0	7	44	0	0	0	0	0	1	0	0	94	
	Community Hlth Grp Partner	0	16	32	7	1	4	3	29	61	0	0	0	0	0	4	1	1	159	
	Health Net Comm Solutions	0	15	38	4	4	8	1	9	90	0	0	0	0	0	1	2	0	172	
	KP Cal, LLC	0	5	4	0	10	2	4	3	19	0	0	0	0	0	0	1	0	48	
	Molina Healthcare Partner	0	25	75	1	10	34	0	31	155	0	0	1	0	1	0	1	0	335	
COUNTY TOTAL	0	92	180	19	30	67	13	97	445	0	0	1	0	1	0	9	4	2	960	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 7/26/2006 - 8/24/2006

EFFECTIVE 9/1/2006

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	2	2	2	6	2	1	13	42	0	0	0	0	0	0	1	0	0	71
	San Francisco Health Plan	0	8	0	0	1	0	3	6	52	0	0	0	0	0	0	1	0	0	71
	COUNTY TOTAL	0	10	2	2	7	2	4	19	94	0	0	0	0	0	0	2	0	0	142
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	21	12	3	6	13	4	21	119	0	0	0	0	0	0	0	0	199	
	Health Plan of San Joaquin	0	6	1	1	0	1	1	12	136	0	0	0	0	0	0	0	0	158	
	COUNTY TOTAL	0	27	13	4	6	14	5	33	255	0	0	0	0	0	0	0	0	357	
SANTA CLARA	Blue Cross of CA Partnrshp	0	9	7	2	4	15	0	27	101	0	0	0	0	0	0	0	0	165	
	Santa Clara Family H.P.	0	5	4	0	0	2	9	13	98	0	0	0	0	1	0	0	0	132	
	COUNTY TOTAL	0	14	11	2	4	17	9	40	199	0	0	0	0	1	0	0	0	297	
STANISLAUS	Blue Cross of CA Partnrshp	0	26	17	3	1	5	1	11	65	0	0	0	0	0	0	1	0	130	
	Health Net Comm Solutions	0	7	37	5	0	13	4	14	59	0	0	0	0	0	0	0	0	139	
	COUNTY TOTAL	0	33	54	8	1	18	5	25	124	0	0	0	0	0	0	1	0	269	
TULARE	Blue Cross of CA Partnrshp	0	1	0	4	0	0	6	5	54	0	0	0	0	0	0	1	0	71	
	Health Net Comm Solutions	0	9	6	1	0	17	0	24	85	0	0	0	0	0	0	1	1	144	
	COUNTY TOTAL	0	10	6	5	0	17	6	29	139	0	0	0	0	0	0	2	1	215	
2 PLAN & GMC COUNTIES TOTAL		0	551	1,036	313	311	570	286	1,085	6,260	0	0	6	69	13	1	23	96	5	10,625

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	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	
SONOMA	KP Cal, LLC	0	1	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	5	
	Sonoma Partners	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	COUNTY TOTAL	0	1	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	5	
VOLUNTARY COUNTIES TOTAL		0	1	3	0	0	0	0	0	2	0	0	0	0	0	0	0	0	6	
GRAND TOTAL		0	552	1,039	313	311	570	286	1,085	6,262	0	0	6	69	13	1	23	96	5	10,631

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 7/26/2006 - 8/24/2006

EFFECTIVE 9/1/2006

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	28	25	28	18	1	36	240	0	0	0	0	0	0	0	3	404
	Community Dental Svcs, Inc.	0	16	13	8	6	4	0	20	135	0	0	0	0	0	0	0	0	202
	Liberty Dental Plan of CA	0	11	26	5	10	18	0	17	149	0	0	0	0	0	0	0	7	243
	Western Dental Services	0	38	30	36	31	11	0	39	231	0	0	0	0	0	0	0	4	420
	COUNTY TOTAL	0	90	97	74	75	51	1	112	755	0	14	1,269						
GMC MANDATORY COUNTIES TOTAL		0	90	97	74	75	51	1	112	755	0	14	1,269						

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	242	97	60	115	59	1	62	484	0	0	0	0	2	0	0	0	1,122
	American Health Guard	0	15	28	13	8	18	0	14	178	0	0	0	0	0	0	0	0	274
	Community Dental Svcs, Inc.	0	6	18	2	4	9	0	5	24	0	0	0	0	0	0	0	0	68
	Health Net	0	43	26	6	16	22	1	14	159	0	0	0	0	0	0	0	0	287
	Liberty Dental Plan of CA	0	5	5	7	2	1	0	5	38	0	0	0	0	0	0	0	0	63
	SafeGuard Dental, Inc.	0	34	35	31	24	22	0	28	129	0	0	0	0	0	0	0	0	303
	UHP Healthcare	0	11	16	21	17	9	0	23	87	0	0	0	0	0	0	0	0	184
	Western Dental Services	0	62	93	43	46	8	0	24	221	0	0	0	0	0	0	0	0	497
COUNTY TOTAL	0	418	318	183	232	148	2	175	1,320	0	0	0	0	2	0	0	0	2,798	
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	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, Inc.	0	0	1	0	0	0	0	1	2	0	0	0	0	0	0	0	0	4
	UHP Healthcare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	4
	COUNTY TOTAL	0	0	1	2	2	0	0	1	2	0	8							
VOLUNTARY COUNTIES TOTAL		0	418	320	185	234	148	2	176	1,322	0	0	0	0	2	0	0	0	2,807
GRAND TOTAL		0	508	417	259	309	199	3	288	2,077	0	0	0	0	2	0	0	14	4,076

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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