

September 29, 2006

DHS HCO 06-7009

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 10/1/06

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 11/1/06, Care 1st Health Plan will replace UHP Healthcare as a Dental Managed Care PHP in Los Angeles County. (Ref: H-Letters #0606-2329 and #0706-2377)

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

Data Provision Disclaimer

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MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 8/25/2006 - 9/25/2006

EFFECTIVE 10/1/2006

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	5	10	5	3	6	11	16	143	0	0	7	0	2	0	0	3	1	212
	Blue Cross of CA Partnrshp	0	6	16	3	4	5	0	11	172	0	0	0	0	0	0	0	3	0	220
	COUNTY TOTAL	0	11	26	8	7	11	11	27	315	0	0	7	0	2	0	0	6	1	432
CONTRA COSTA	Blue Cross of CA Partnrshp	0	12	3	7	9	16	0	13	82	0	0	0	0	0	0	0	0	0	142
	Contra Costa Health Plan	0	2	4	0	2	1	5	6	89	0	0	2	0	0	0	0	0	0	111
	COUNTY TOTAL	0	14	7	7	11	17	5	19	171	0	0	2	0	0	0	0	0	0	253
FRESNO	Blue Cross of CA Partnrshp	0	4	10	0	0	2	23	5	141	0	0	0	0	0	0	0	0	0	185
	Health Net Comm Solutions	0	15	30	4	10	20	0	26	156	0	0	0	0	0	0	0	0	0	261
	COUNTY TOTAL	0	19	40	4	10	22	23	31	297	0	0	0	0	0	0	0	0	0	446
KERN	Health Net Comm Solutions	0	21	19	10	12	32	1	13	149	0	0	0	0	0	0	0	3	0	260
	Kern Family Health Care	0	12	19	4	4	3	5	21	124	0	0	0	5	0	0	0	1	0	198
	COUNTY TOTAL	0	33	38	14	16	35	6	34	273	0	0	0	5	0	0	0	4	0	458
LOS ANGELES	Health Net Comm Solutions	0	68	238	102	73	102	45	264	986	1	0	0	0	2	0	0	29	1	1,911
	L.A. Care Health Plan	0	39	127	46	82	54	70	147	819	0	0	0	0	1	0	0	38	8	1,431
	COUNTY TOTAL	0	107	365	148	155	156	115	411	1,805	1	0	0	0	3	0	0	67	9	3,342
RIVERSIDE	Inland Empire Health Plan	0	4	8	2	4	1	9	8	193	0	0	0	0	0	0	0	0	0	229
	Molina Healthcare Partner	0	10	24	9	6	31	11	23	286	0	0	0	0	0	0	1	3	0	404
	COUNTY TOTAL	0	14	32	11	10	32	20	31	479	0	0	0	0	0	0	1	3	0	633
SACRAMENTO	Blue Cross of CA Partnrshp	0	28	13	5	16	6	3	33	188	0	0	0	0	0	0	0	3	1	296
	Care1st Partner Plan, LLC	0	5	14	2	1	5	1	10	44	0	0	0	0	0	0	0	0	0	82
	Health Net Comm Solutions	0	20	13	5	5	19	0	20	109	0	0	0	0	0	0	0	3	0	194
	KP Cal, LLC	0	1	5	3	1	0	0	1	22	0	0	0	0	0	0	0	0	0	33
	Molina Healthcare Partner	0	16	8	8	11	15	1	25	83	0	0	0	0	0	0	0	2	0	169
	WHA Community Health Plan	0	11	15	3	4	12	0	11	82	0	0	0	0	0	0	1	0	0	139
COUNTY TOTAL	0	81	68	26	38	57	5	100	528	0	0	0	0	0	0	1	8	1	913	
SAN BERNARDINO	Inland Empire Health Plan	0	5	15	1	9	11	11	20	239	0	0	0	0	0	0	0	2	0	313
	Molina Healthcare Partner	0	7	33	12	17	26	6	44	218	0	0	1	3	1	0	0	2	0	370
	COUNTY TOTAL	0	12	48	13	26	37	17	64	457	0	0	1	3	1	0	0	4	0	683
SAN DIEGO	Blue Cross of CA Partnrshp	0	25	10	2	2	7	3	11	94	0	0	0	0	0	0	3	3	2	162
	Care1st Partner Plan, LLC	0	11	3	1	2	10	0	6	40	0	0	0	0	0	0	2	1	0	76
	Community Hlth Grp Partner	0	7	25	13	4	4	1	21	84	0	0	0	0	0	0	2	0	0	161
	Health Net Comm Solutions	0	17	40	1	8	7	0	12	90	0	0	0	0	0	0	1	1	0	177
	KP Cal, LLC	0	4	8	2	2	3	2	1	11	0	0	0	0	0	0	0	0	1	34
	Molina Healthcare Partner	0	18	58	9	11	32	4	19	139	0	0	0	0	0	0	5	1	0	296
COUNTY TOTAL	0	82	144	28	29	63	10	70	458	0	0	0	0	0	0	13	6	3	906	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 8/25/2006 - 9/25/2006

EFFECTIVE 10/1/2006

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	1	5	0	0	2	0	4	22	0	0	0	0	0	0	0	0	0	34
	San Francisco Health Plan	0	3	5	0	0	1	5	0	54	0	0	0	0	1	0	0	1	1	71
	COUNTY TOTAL	0	4	10	0	0	3	5	4	76	0	0	0	0	1	0	0	1	1	105
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	10	19	13	1	4	1	39	127	0	0	0	0	0	0	0	0	214	
	Health Plan of San Joaquin	0	3	1	5	2	1	0	8	98	0	0	1	0	0	0	0	0	119	
	COUNTY TOTAL	0	13	20	18	3	5	1	47	225	0	0	1	0	0	0	0	0	333	
SANTA CLARA	Blue Cross of CA Partnrshp	0	14	20	2	1	7	1	25	95	0	0	0	0	0	0	0	0	165	
	Santa Clara Family H.P.	0	8	4	6	8	1	12	11	107	0	0	0	0	0	0	0	1	158	
	COUNTY TOTAL	0	22	24	8	9	8	13	36	202	0	0	0	0	0	0	0	1	323	
STANISLAUS	Blue Cross of CA Partnrshp	0	29	19	0	0	2	0	11	82	0	0	0	0	0	0	0	3	146	
	Health Net Comm Solutions	0	5	28	2	2	12	0	7	42	0	0	0	0	0	0	0	1	99	
	COUNTY TOTAL	0	34	47	2	2	14	0	18	124	0	0	0	0	0	0	0	4	245	
TULARE	Blue Cross of CA Partnrshp	0	0	1	0	0	0	8	6	92	0	0	0	0	0	0	0	1	108	
	Health Net Comm Solutions	0	1	7	2	1	13	2	32	84	0	0	0	0	0	0	0	0	142	
	COUNTY TOTAL	0	1	8	2	1	13	10	38	176	0	0	0	0	0	0	0	1	250	
2 PLAN & GMC COUNTIES TOTAL		0	447	877	289	317	473	241	930	5,586	1	0	11	8	7	0	15	104	16	9,322

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	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	
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	4	
	Sonoma Partners	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	4	0	0	0	0	0	0	0	0	4	
VOLUNTARY COUNTIES TOTAL		0	0	1	0	0	0	0	0	4	0	0	0	0	0	0	0	0	5	
GRAND TOTAL		0	447	878	289	317	473	241	930	5,590	1	0	11	8	7	0	15	104	16	9,327

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 8/25/2006 - 9/25/2006

EFFECTIVE 10/1/2006

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	13	32	33	23	11	0	42	196	0	0	0	0	0	0	0	1	351
	Community Dental Svcs, Inc.	0	11	19	4	14	13	0	11	98	0	0	0	0	0	0	0	0	170
	Liberty Dental Plan of CA	0	21	15	4	26	18	0	10	143	0	0	0	0	0	0	0	2	239
	Western Dental Services	0	7	39	25	17	16	0	28	177	0	0	0	0	0	0	0	1	310
	COUNTY TOTAL	0	52	105	66	80	58	0	91	614	0	4	1,070						
GMC MANDATORY COUNTIES TOTAL		0	52	105	66	80	58	0	91	614	0	4	1,070						
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	486	104	32	110	90	1	55	471	0	0	0	0	0	0	0	0	1,349
	American Health Guard	0	28	23	2	12	21	2	35	107	0	0	0	0	0	0	0	0	230
	Community Dental Svcs, Inc.	0	13	14	0	7	1	0	10	24	0	0	0	0	0	0	0	0	69
	Health Net	0	57	48	28	35	20	0	13	130	0	0	0	0	0	0	0	0	331
	Liberty Dental Plan of CA	0	6	3	0	1	0	0	5	22	0	0	0	0	0	0	0	0	37
	SafeGuard Dental, Inc.	0	43	41	23	10	19	1	21	95	0	0	0	0	0	0	0	0	253
	UHP Healthcare ¹	0	20	20	20	13	7	0	15	83	0	0	0	0	0	0	0	0	178
	Western Dental Services	0	84	68	39	62	19	0	31	193	0	0	0	0	0	0	0	0	496
COUNTY TOTAL	0	737	321	144	250	177	4	185	1,125	0	0	0	0	0	0	0	0	2,943	
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	4	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	1	0	0	0	0	0	0	4	0	5							
VOLUNTARY COUNTIES TOTAL		0	738	321	144	250	177	4	185	1,129	0	2,948							
GRAND TOTAL		0	790	426	210	330	235	4	276	1,743	0	4	4,018						

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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 E09 = Long Term Care
 E11 = Other Health Coverage
 E12 = Moved Out of County
 X01 = Wavier Program Exemption

X03 = Indian Health Coverage
 X02 = Dental Exempt

Note 1: Effective 11/1/06, Care 1st Health Plan will replace UHP Healthcare as a Dental Managed Care PHP in Los Angeles County. (Ref: H-Letters #0606-2329 and #0706-2377)