

November 1, 2006

DHS HCO 06-7123

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 11/1/06**

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 9/26/2006 - 10/25/2006

EFFECTIVE 11/1/2006

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	15	20	5	3	7	7	8	153	0	0	1	0	9	0	0	3	0	231
	Blue Cross of CA Partnrshp	0	10	11	3	4	14	0	9	139	0	0	0	0	0	0	0	1	0	191
	COUNTY TOTAL	0	25	31	8	7	21	7	17	292	0	0	1	0	9	0	0	4	0	422
CONTRA COSTA	Blue Cross of CA Partnrshp	0	17	10	6	3	32	4	16	80	0	0	0	0	0	0	0	1	0	169
	Contra Costa Health Plan	0	5	4	0	0	0	4	7	48	0	0	1	0	0	0	0	0	0	69
	COUNTY TOTAL	0	22	14	6	3	32	8	23	128	0	0	1	0	0	0	0	1	0	238
FRESNO	Blue Cross of CA Partnrshp	0	5	4	3	2	1	5	1	115	0	0	0	0	0	0	0	1	0	137
	Health Net Comm Solutions	0	9	14	4	0	33	0	22	189	0	0	0	0	0	0	0	0	0	271
	COUNTY TOTAL	0	14	18	7	2	34	5	23	304	0	0	0	0	0	0	0	1	0	408
KERN	Health Net Comm Solutions	0	14	45	6	1	13	2	11	210	0	0	0	0	0	0	0	1	0	303
	Kern Family Health Care	0	111	19	1	6	1	0	21	120	0	0	0	7	0	0	0	0	0	286
	COUNTY TOTAL	0	125	64	7	7	14	2	32	330	0	0	0	7	0	0	0	1	0	589
LOS ANGELES	Health Net Comm Solutions	0	80	303	97	95	132	35	271	1,107	0	0	0	0	0	0	0	32	1	2,153
	L.A. Care Health Plan	0	66	113	58	86	80	75	147	829	0	0	0	0	1	0	0	34	6	1,495
	COUNTY TOTAL	0	146	416	155	181	212	110	418	1,936	0	0	0	0	1	0	0	66	7	3,648
RIVERSIDE	Inland Empire Health Plan	0	5	12	8	7	3	19	11	230	0	0	0	0	0	0	0	2	1	298
	Molina Healthcare Partner	0	13	37	12	7	21	5	43	277	0	0	0	38	0	0	0	2	0	455
	COUNTY TOTAL	0	18	49	20	14	24	24	54	507	0	0	0	38	0	0	0	4	1	753
SACRAMENTO	Blue Cross of CA Partnrshp	0	15	25	12	10	22	2	39	288	0	0	2	0	0	0	4	0	0	419
	Care1st Partner Plan, LLC	0	30	5	1	2	3	4	7	47	0	0	0	0	0	0	1	2	0	102
	Health Net Comm Solutions	0	27	23	6	2	9	0	17	136	0	0	0	0	0	0	0	1	0	221
	KP Cal, LLC	0	1	3	0	0	0	0	1	34	0	0	0	0	0	0	0	0	0	39
	Molina Healthcare Partner	0	12	27	6	8	7	7	16	148	0	0	0	0	0	0	0	1	0	232
	WHA Community Health Plan	0	13	9	4	4	12	2	16	81	0	0	0	0	0	0	0	2	0	143
COUNTY TOTAL	0	98	92	29	26	53	15	96	734	0	0	2	0	0	0	5	6	0	1,156	
SAN BERNARDINO	Inland Empire Health Plan	0	9	8	3	8	10	22	36	307	0	0	0	0	0	0	0	3	0	406
	Molina Healthcare Partner	0	19	49	14	14	54	4	42	304	0	0	0	71	0	0	0	3	0	574
	COUNTY TOTAL	0	28	57	17	22	64	26	78	611	0	0	0	71	0	0	0	6	0	980
SAN DIEGO	Blue Cross of CA Partnrshp	0	7	15	4	3	11	5	18	107	0	0	0	0	0	0	6	0	0	176
	Care1st Partner Plan, LLC	0	6	8	0	1	10	0	6	42	0	0	0	0	0	0	1	0	0	74
	Community Hlth Grp Partner	0	16	59	14	1	11	9	24	104	0	0	0	0	0	0	1	0	0	239
	Health Net Comm Solutions	0	23	44	2	6	14	1	9	69	0	0	0	0	0	0	0	4	0	172
	KP Cal, LLC	0	1	0	0	3	1	0	4	11	0	0	0	0	0	0	2	0	0	22
	Molina Healthcare Partner	0	16	81	9	6	20	0	24	170	0	0	0	0	0	0	1	1	0	328
COUNTY TOTAL	0	69	207	29	20	67	15	85	503	0	0	0	0	0	0	11	5	0	1,011	

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

ACCEPTED MEDICAL DISENROLLMENTS 9/26/2006 - 10/25/2006

EFFECTIVE 11/1/2006

**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	7	5	0	1	0	3	4	42	0	0	0	0	0	0	0	0	0	62
	San Francisco Health Plan	0	0	0	0	0	0	1	3	41	0	0	0	0	1	0	0	0	1	47
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>7</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>7</b>	<b>83</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>1</b>	<b>109</b>
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	15	8	5	3	9	3	6	112	0	0	0	0	0	0	0	1	0	162
	Health Plan of San Joaquin	0	4	4	0	1	1	5	14	105	0	0	0	0	0	0	0	0	0	134
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>19</b>	<b>12</b>	<b>5</b>	<b>4</b>	<b>10</b>	<b>8</b>	<b>20</b>	<b>217</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>296</b>
SANTA CLARA	Blue Cross of CA Partnrshp	0	14	12	10	2	14	2	37	114	0	0	0	0	0	0	0	0	0	205
	Santa Clara Family H.P.	0	10	17	4	0	1	9	30	120	0	0	0	0	4	0	0	1	0	196
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>24</b>	<b>29</b>	<b>14</b>	<b>2</b>	<b>15</b>	<b>11</b>	<b>67</b>	<b>234</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>401</b>
STANISLAUS	Blue Cross of CA Partnrshp	0	22	6	9	0	1	5	3	87	0	0	1	0	0	0	0	0	0	134
	Health Net Comm Solutions	0	6	13	3	0	6	0	8	78	0	0	0	0	0	0	0	0	0	114
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>28</b>	<b>19</b>	<b>12</b>	<b>0</b>	<b>7</b>	<b>5</b>	<b>11</b>	<b>165</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>248</b>
TULARE	Blue Cross of CA Partnrshp	0	1	0	0	0	6	8	7	69	0	0	0	0	0	0	2	0	0	93
	Health Net Comm Solutions	0	10	12	0	0	31	0	28	109	0	0	0	0	0	0	0	0	0	190
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>11</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>8</b>	<b>35</b>	<b>178</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>283</b>
<b>2 PLAN &amp; GMC COUNTIES TOTAL</b>		<b>0</b>	<b>634</b>	<b>1,025</b>	<b>309</b>	<b>289</b>	<b>590</b>	<b>248</b>	<b>966</b>	<b>6,222</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>116</b>	<b>15</b>	<b>0</b>	<b>18</b>	<b>96</b>	<b>9</b>	<b>10,542</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	KP Cal, LLC	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
	<b>COUNTY 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>
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	1	2	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
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</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>3</b>
<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>1</b>	<b>3</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>5</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>634</b>	<b>1,026</b>	<b>309</b>	<b>289</b>	<b>590</b>	<b>248</b>	<b>967</b>	<b>6,225</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>116</b>	<b>15</b>	<b>0</b>	<b>18</b>	<b>96</b>	<b>9</b>	<b>10,547</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 9/26/2006 - 10/25/2006

EFFECTIVE 11/1/2006

**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 Plan	0	22	31	33	29	36	0	25	231	0	0	0	0	0	0	0	0	407
	Community Dental Svc, Inc.	0	13	7	9	24	6	0	25	167	0	0	0	0	0	0	0	0	251
	Liberty Dental Plan of CA	0	12	16	19	25	15	2	18	138	0	0	0	0	0	0	0	2	247
	Western Dental Services	0	29	27	30	50	7	0	26	293	0	0	1	0	1	0	0	0	464
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>76</b>	<b>81</b>	<b>91</b>	<b>128</b>	<b>64</b>	<b>2</b>	<b>94</b>	<b>829</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1,369</b>
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>76</b>	<b>81</b>	<b>91</b>	<b>128</b>	<b>64</b>	<b>2</b>	<b>94</b>	<b>829</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1,369</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 Plan	0	524	157	47	95	80	0	83	543	0	0	0	0	0	0	0	0	1,529
	American Health Guard	0	33	16	7	7	30	1	31	155	0	0	0	0	0	0	0	0	280
	Care 1st Health Plan <sup>1</sup>	0	22	16	16	14	6	0	30	92	0	0	0	0	1	0	0	0	197
	Community Dental Svc, Inc.	0	12	13	6	4	4	0	8	34	0	0	0	0	0	0	0	0	81
	Health Net	0	39	33	11	33	19	0	26	156	0	0	0	0	0	0	0	0	317
	Liberty Dental Plan of CA	0	4	11	1	1	5	0	7	38	0	0	0	0	0	0	0	0	67
	SafeGuard Dental, Inc.	0	45	39	21	19	14	3	28	112	0	0	0	0	0	0	0	0	281
	Western Dental Services	0	72	73	41	51	18	2	57	231	0	0	0	0	0	0	0	0	545
<b>COUNTY TOTAL</b>	<b>0</b>	<b>751</b>	<b>358</b>	<b>150</b>	<b>224</b>	<b>176</b>	<b>6</b>	<b>270</b>	<b>1,361</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>3,297</b>	
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	1	0	0	0	0	0	0	0	0	1
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>														
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	2	1	0	0	0	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>							
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>751</b>	<b>360</b>	<b>151</b>	<b>224</b>	<b>176</b>	<b>6</b>	<b>270</b>	<b>1,363</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>3,302</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>827</b>	<b>441</b>	<b>242</b>	<b>352</b>	<b>240</b>	<b>8</b>	<b>364</b>	<b>2,192</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4,671</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).

**REASON CODE**

I01 = System Created  
 F01 = Could Not Choose Dr  
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 E07 = Problem Using HCP

E08 = Terminated By Plan  
 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)