

January 2, 2007

DHS HCO 07-7360

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 1/1/07

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 11/28/2006 - 12/26/2006

EFFECTIVE 1/1/2007

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	7	5	5	0	1	11	6	144	0	0	3	0	1	0	1	2	1	187
	Blue Cross of CA Partnrshp	0	12	7	7	2	4	6	22	98	0	0	0	0	0	0	0	1	0	159
	COUNTY TOTAL	0	19	12	12	2	5	17	28	242	0	0	3	0	1	0	1	3	1	346
CONTRA COSTA	Blue Cross of CA Partnrshp	0	6	27	0	13	16	1	15	97	0	0	0	0	0	0	0	0	0	175
	Contra Costa Health Plan	0	8	3	1	0	6	8	11	56	0	0	0	0	0	0	0	0	0	93
	COUNTY TOTAL	0	14	30	1	13	22	9	26	153	0	0	0	0	0	0	0	0	0	268
FRESNO	Blue Cross of CA Partnrshp	0	6	8	0	0	4	9	13	106	0	0	0	0	0	0	0	0	0	146
	Health Net Comm Solutions	0	9	27	2	4	31	4	19	189	0	0	0	0	0	0	0	0	0	285
	COUNTY TOTAL	0	15	35	2	4	35	13	32	295	0	0	0	0	0	0	0	0	0	431
KERN	Health Net Comm Solutions	0	22	36	4	2	14	0	15	151	0	0	0	0	0	0	0	2	0	246
	Kern Family Health Care	0	23	16	1	0	2	3	13	95	0	0	0	0	0	0	0	1	0	154
	COUNTY TOTAL	0	45	52	5	2	16	3	28	246	0	0	0	0	0	0	0	3	0	400
LOS ANGELES	Health Net Comm Solutions	0	75	232	82	64	87	46	208	985	0	0	0	0	0	0	0	29	5	1,813
	L.A. Care Health Plan	0	45	81	33	59	54	84	133	784	0	0	0	0	1	0	0	34	5	1,313
	COUNTY TOTAL	0	120	313	115	123	141	130	341	1,769	0	0	0	0	1	0	0	63	10	3,126
RIVERSIDE	Inland Empire Health Plan	0	3	7	2	1	3	18	15	184	0	0	0	0	0	0	1	4	0	238
	Molina Healthcare Partner	0	14	34	13	9	21	10	25	281	0	0	1	18	0	0	1	1	0	428
	COUNTY TOTAL	0	17	41	15	10	24	28	40	465	0	0	1	18	0	0	2	5	0	666
SACRAMENTO	Blue Cross of CA Partnrshp	0	28	70	3	15	5	3	18	185	0	0	0	0	0	0	6	1	0	334
	Care1st Partner Plan, LLC	0	4	13	4	2	14	0	12	57	0	0	0	0	0	0	1	1	0	108
	Health Net Comm Solutions	0	20	24	11	3	11	0	21	145	0	0	0	0	1	0	0	0	3	239
	KP Cal, LLC	0	0	2	1	1	0	0	2	19	0	0	0	0	0	0	0	0	1	26
	Molina Healthcare Partner	0	8	16	9	2	12	0	12	137	0	0	0	0	0	0	1	0	0	197
	WHA Community Health Plan	0	16	7	7	3	14	0	2	91	0	0	0	0	0	0	0	0	1	141
COUNTY TOTAL	0	76	132	35	26	56	3	67	634	0	0	0	1	0	0	8	5	2	1,045	
SAN BERNARDINO	Inland Empire Health Plan	0	9	4	3	6	17	22	32	202	0	0	0	0	0	0	0	5	1	301
	Molina Healthcare Partner	0	20	46	9	13	31	5	42	221	0	0	1	38	0	0	0	5	0	431
	COUNTY TOTAL	0	29	50	12	19	48	27	74	423	0	0	1	38	0	0	0	10	1	732
SAN DIEGO	Blue Cross of CA Partnrshp	0	6	6	5	5	8	0	5	84	0	0	0	0	0	0	0	1	2	122
	Care1st Partner Plan, LLC	0	12	8	1	8	12	0	6	45	0	0	0	0	0	0	0	1	0	93
	Community Hlth Grp Partner	0	8	38	8	2	10	0	21	83	0	0	3	0	0	0	1	0	0	174
	Health Net Comm Solutions	0	8	24	6	2	6	0	13	107	0	0	0	0	0	0	0	0	0	166
	KP Cal, LLC	0	0	4	0	0	2	0	0	8	0	0	2	0	0	0	0	0	0	16
	Molina Healthcare Partner	0	20	75	3	8	20	0	41	112	0	0	0	0	0	0	0	0	0	279
COUNTY TOTAL	0	54	155	23	25	58	0	86	439	0	0	5	0	0	0	1	2	2	850	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 11/28/2006 - 12/26/2006

EFFECTIVE 1/1/2007

MAXIMUS

2 PLAN & GMC COUNTIES																				
COUNTY	PLAN NAME	REASONS																		TOTAL
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	4	1	3	6	0	8	32	0	0	0	0	0	0	0	0	0	54
	San Francisco Health Plan	0	0	1	3	2	0	0	2	47	0	0	1	0	0	0	0	1	0	57
	COUNTY TOTAL	0	0	5	4	5	6	0	10	79	0	0	1	0	0	0	0	1	0	111
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	21	9	1	5	9	1	15	125	0	0	0	0	0	0	0	0	0	186
	Health Plan of San Joaquin	0	6	11	2	0	5	5	1	72	0	0	0	0	0	0	0	1	0	103
	COUNTY TOTAL	0	27	20	3	5	14	6	16	197	0	0	0	0	0	0	0	1	0	289
SANTA CLARA	Blue Cross of CA Partnrshp	0	12	16	6	6	7	13	35	91	0	0	0	0	0	0	0	0	0	186
	Santa Clara Family H.P.	0	3	8	1	4	1	9	17	76	0	0	0	0	1	0	0	0	0	120
	COUNTY TOTAL	0	15	24	7	10	8	22	52	167	0	0	0	0	1	0	0	0	0	306
STANISLAUS	Blue Cross of CA Partnrshp	0	43	11	4	2	3	4	22	111	0	0	0	0	0	0	0	0	0	200
	Health Net Comm Solutions	0	7	23	0	0	3	0	20	43	0	0	0	0	0	0	0	0	0	96
	COUNTY TOTAL	0	50	34	4	2	6	4	42	154	0	0	0	0	0	0	0	0	0	296
TULARE	Blue Cross of CA Partnrshp	0	3	0	0	0	1	1	3	61	0	0	0	0	0	0	1	0	0	70
	Health Net Comm Solutions	0	6	14	2	0	15	3	15	116	0	0	0	0	0	0	0	0	0	171
	COUNTY TOTAL	0	9	14	2	0	16	4	18	177	0	0	0	0	0	0	1	0	0	241
2 PLAN & GMC COUNTIES TOTAL		0	490	917	240	246	455	266	860	5,440	0	0	11	57	3	0	13	93	16	9,107

VOLUNTARY COUNTIES																				
COUNTY	PLAN NAME	REASONS																		TOTAL
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X04	X05	
MARIN	KP Cal, LLC	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
SONOMA	KP Cal, LLC	0	0	0	1	0	0	0	0	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
	COUNTY TOTAL	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	3
VOLUNTARY COUNTIES TOTAL		0	0	0	1	0	0	0	1	2	0	0	0	0	0	0	0	0	0	4
GRAND TOTAL		0	490	917	241	246	455	266	861	5,442	0	0	11	57	3	0	13	93	16	9,111

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 11/28/2006 - 12/26/2006

EFFECTIVE 1/1/2007

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	23	33	43	27	5	0	31	266	0	0	0	0	0	0	1	2	431
	Community Dental Svc, Inc.	0	2	3	25	19	8	0	15	111	0	0	0	0	0	0	0	0	183
	Liberty Dental Plan of CA	0	7	9	12	27	12	0	5	206	0	0	0	0	0	0	0	2	280
	Western Dental Services	0	42	24	19	31	20	1	10	222	0	0	0	0	0	0	2	1	372
	COUNTY TOTAL	0	74	69	99	104	45	1	61	805	0	0	0	0	0	0	3	5	1,266
GMC MANDATORY COUNTIES TOTAL		0	74	69	99	104	45	1	61	805	0	0	0	0	0	0	3	5	1,266
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	386	96	15	52	69	1	117	461	0	0	0	0	0	0	0	0	1,197
	American Health Guard	0	20	21	7	72	10	0	57	107	0	0	0	0	0	0	0	0	294
	Care 1st Health Plan	0	24	23	9	12	6	1	22	65	0	0	0	0	0	0	0	0	162
	Community Dental Svc, Inc.	0	9	4	9	5	0	0	14	34	0	0	0	0	0	0	0	0	75
	Health Net	0	53	22	14	16	7	3	28	124	0	0	0	0	0	0	0	0	267
	Liberty Dental Plan of CA	0	22	12	13	8	6	0	13	21	0	0	0	0	0	0	0	0	95
	SafeGuard Dental, Inc.	0	30	23	18	15	22	0	11	86	0	0	0	0	0	0	0	0	205
	Western Dental Services	0	71	57	25	43	11	3	39	162	0	0	0	0	0	0	0	0	411
COUNTY TOTAL	0	615	258	110	223	131	8	301	1,060	0	0	0	0	0	0	0	0	2,706	
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	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	COUNTY TOTAL	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	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
	COUNTY TOTAL	0	1	0	1														
VOLUNTARY COUNTIES TOTAL		0	617	259	110	223	131	8	301	1,061	0	2,710							
GRAND TOTAL		0	691	328	209	327	176	9	362	1,866	0	0	0	0	0	0	3	5	3,976

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: Two disenrollment transactions were processed, but not included in this report. One transaction which was for Access Dental in Los Angeles County, was processed incorrectly. The Exemption received was processed as a Dental disenrollment, however, the beneficiary requested a Medical disenrollment. On 1/2/07, a correction for this transaction was made. The other transaction was for Western Dental in Sacramento County. This transaction was processed correctly, however, the Disenrollment Reason is unavailable as a dental option, and therefore it is not reflected in the report total.