



February 1, 2007

DHS HCO 07-7481

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

DIENROLLMENT REPORT BY REASON AND PLAN — Effective Date 2/1/07

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 California Department of Health Services with the current version of the reports listed below.

- MSC-B-M05 Disenrollments by Reason and Plan, Accepted Medical Disenrollments
- MSC-B-M05D Disenrollments by Reason and Plan, Accepted Dental Disenrollments

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 12/27/2006 - 1/24/2007

EFFECTIVE 2/1/2007

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	2	5	4	0	6	9	8	93	0	0	1	0	0	0	0	5	1	134
	Blue Cross of CA Partnrshp	0	4	19	2	3	8	3	13	126	0	0	0	0	0	0	0	1	1	180
	COUNTY TOTAL	0	6	24	6	3	14	12	21	219	0	0	1	0	0	0	0	6	2	314
CONTRA COSTA	Blue Cross of CA Partnrshp	0	8	7	4	6	6	2	13	87	0	0	0	0	0	0	0	0	0	133
	Contra Costa Health Plan	0	1	4	1	1	4	11	7	66	0	0	0	0	0	0	0	2	0	97
	COUNTY TOTAL	0	9	11	5	7	10	13	20	153	0	0	0	0	0	0	0	2	0	230
FRESNO	Blue Cross of CA Partnrshp	0	8	16	2	0	1	9	40	170	0	0	0	0	0	0	0	0	1	247
	Health Net Comm Solutions	0	12	24	7	1	15	0	18	168	0	0	0	0	0	0	0	0	0	245
	COUNTY TOTAL	0	20	40	9	1	16	9	58	338	0	0	0	0	0	0	0	0	1	492
KERN	Health Net Comm Solutions	0	13	27	1	5	7	0	15	109	0	0	0	0	0	0	0	0	0	177
	Kern Family Health Care	0	19	14	6	5	0	0	3	79	0	0	0	3	0	0	0	0	0	129
	COUNTY TOTAL	0	32	41	7	10	7	0	18	188	0	0	0	3	0	0	0	0	0	306
LOS ANGELES	Health Net Comm Solutions	0	53	228	75	68	80	40	243	828	0	0	0	0	0	0	0	23	2	1,640
	L.A. Care Health Plan	0	56	126	42	56	40	40	170	753	0	0	1	0	1	0	0	36	1	1,322
	COUNTY TOTAL	0	109	354	117	124	120	80	413	1,581	0	0	1	0	1	0	0	59	3	2,962
RIVERSIDE	Inland Empire Health Plan	0	3	7	3	10	1	15	6	146	0	0	0	0	0	0	0	5	0	196
	Molina Healthcare Partner	0	8	20	3	14	28	8	24	218	0	0	0	11	0	0	0	4	0	338
	COUNTY TOTAL	0	11	27	6	24	29	23	30	364	0	0	0	11	0	0	0	9	0	534
SACRAMENTO	Blue Cross of CA Partnrshp	0	23	19	9	10	5	1	26	212	0	0	0	0	0	0	6	2	0	313
	Care1st Partner Plan, LLC	0	7	5	4	2	5	2	2	80	0	0	0	0	0	0	0	0	0	107
	Health Net Comm Solutions	0	4	33	3	0	18	0	8	110	0	0	0	0	0	0	0	0	0	176
	KP Cal, LLC	0	0	3	1	1	0	0	1	23	0	0	0	0	0	0	0	0	0	29
	Molina Healthcare Partner	0	13	8	9	0	15	0	10	121	0	0	0	0	0	0	1	0	0	177
	WHA Community Health Plan	0	4	5	3	1	7	0	8	98	0	0	0	0	0	0	0	1	0	127
COUNTY TOTAL	0	51	73	29	14	50	3	55	644	0	0	0	0	0	0	7	3	0	929	
SAN BERNARDINO	Inland Empire Health Plan	0	8	8	4	1	11	16	15	197	0	0	0	0	0	0	0	6	0	266
	Molina Healthcare Partner	0	9	22	15	22	26	7	33	196	0	0	1	50	0	0	0	4	0	385
	COUNTY TOTAL	0	17	30	19	23	37	23	48	393	0	0	1	50	0	0	0	10	0	651
SAN DIEGO	Blue Cross of CA Partnrshp	0	10	21	2	0	11	1	4	77	0	0	1	0	0	0	1	1	1	130
	Care1st Partner Plan, LLC	0	6	3	0	7	3	0	2	35	0	0	0	0	0	0	2	1	0	59
	Community Hlth Grp Partner	0	4	36	6	2	5	0	15	71	0	0	0	1	1	0	0	2	0	143
	Health Net Comm Solutions	0	5	26	0	2	6	0	12	65	0	0	0	0	0	0	1	0	0	117
	KP Cal, LLC	0	1	1	0	1	3	0	3	7	0	0	0	0	0	0	0	0	0	16
	Molina Healthcare Partner	0	13	53	11	2	4	2	26	132	0	0	0	0	0	0	0	1	1	245
COUNTY TOTAL	0	39	140	19	14	32	3	62	387	0	0	1	1	1	0	4	5	2	710	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 12/27/2006 - 1/24/2007

EFFECTIVE 2/1/2007

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	3	5	0	0	3	5	3	45	0	0	0	0	0	0	0	0	0	64
	San Francisco Health Plan	0	2	0	0	2	0	4	4	24	0	0	1	0	2	0	0	0	0	39
	COUNTY TOTAL	0	5	5	0	2	3	9	7	69	0	0	1	0	2	0	0	0	0	103
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	13	11	3	3	14	1	15	129	0	0	0	0	0	0	0	1	1	191
	Health Plan of San Joaquin	0	1	3	1	1	1	5	3	68	0	0	0	0	0	0	0	1	0	84
	COUNTY TOTAL	0	14	14	4	4	15	6	18	197	0	0	0	0	0	0	0	2	1	275
SANTA CLARA	Blue Cross of CA Partnrshp	0	13	19	2	1	11	0	24	88	0	0	0	0	0	0	0	0	0	158
	Santa Clara Family H.P.	0	7	7	1	2	3	9	15	88	0	0	0	0	0	0	0	0	0	132
	COUNTY TOTAL	0	20	26	3	3	14	9	39	176	0	0	0	0	0	0	0	0	0	290
STANISLAUS	Blue Cross of CA Partnrshp	0	12	15	1	2	0	5	8	87	0	0	0	0	0	0	0	0	0	130
	Health Net Comm Solutions	0	5	16	3	0	8	0	3	55	0	0	0	0	0	0	0	0	0	90
	COUNTY TOTAL	0	17	31	4	2	8	5	11	142	0	0	0	0	0	0	0	0	0	220
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	1	0	3	4	56	0	0	0	0	0	0	0	0	0	64
	Health Net Comm Solutions	0	7	11	0	0	12	4	59	75	0	0	0	0	0	0	0	0	0	168
	COUNTY TOTAL	0	7	11	0	1	12	7	63	131	0	0	0	0	0	0	0	0	0	232
2 PLAN & GMC COUNTIES TOTAL		0	357	827	228	232	367	202	863	4,982	0	0	5	65	4	0	11	96	9	8,248

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	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	0	0	0	0	0	0	0	0
SONOMA	KP Cal, LLC	0	3	0	0	0	1	0	0	1	0	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	0
	COUNTY TOTAL	0	3	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	5
VOLUNTARY COUNTIES TOTAL		0	3	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	5
GRAND TOTAL		0	360	827	228	232	368	202	863	4,983	0	0	5	65	4	0	11	96	9	8,253

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

Note 1: One disenrollment transaction, that was an Exemption with no reason, was processed, but not included in the total column for L.A. Care Health Plan in Los Angeles County. The Transaction was processed correctly, however, it was not included in the total column because the Disenrollment was entered for an exemption that expired prior to the data extraction date of 12/27/07 from MAXSTAR®.

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 12/27/2006 - 1/24/2007

EFFECTIVE 2/1/2007

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	7	30	16	13	15	0	22	212	0	0	0	0	0	0	3	0	318
	Community Dental Svc, Inc.	0	11	20	14	6	21	2	6	164	0	0	0	0	0	0	0	0	244
	Liberty Dental Plan of CA	0	11	11	15	10	10	0	5	132	0	0	0	0	0	0	3	0	197
	Western Dental Services	0	11	28	25	7	5	0	27	212	0	0	0	0	0	0	1	0	316
	COUNTY TOTAL	0	40	89	70	36	51	2	60	720	0	0	0	0	0	0	7	0	1,075
GMC MANDATORY COUNTIES TOTAL		0	40	89	70	36	51	2	60	720	0	0	0	0	0	0	7	0	1,075

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	251	118	33	54	61	1	94	440	0	0	0	0	0	0	0	0	1,052
	American Health Guard	0	16	38	13	18	37	3	36	145	0	0	0	0	0	0	0	0	306
	Care 1st Health Plan	0	16	5	6	8	6	0	6	59	0	0	0	0	0	0	0	0	106
	Community Dental Svc, Inc.	0	8	3	14	5	2	0	8	30	0	0	0	0	0	0	0	0	70
	Health Net	0	44	24	8	19	3	0	16	114	0	0	0	0	0	0	0	0	228
	Liberty Dental Plan of CA	0	26	8	7	3	2	0	12	26	0	0	0	0	0	0	0	0	84
	SafeGuard Dental, Inc.	0	29	19	12	14	19	1	14	78	0	0	0	0	0	0	0	0	186
	Western Dental Services	0	49	43	32	29	17	0	19	148	0	0	0	0	0	0	0	0	337
COUNTY TOTAL	0	439	258	125	150	147	5	205	1,040	0	0	0	0	0	0	0	0	2,369	
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	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	0	0	0	0	0	0	0	0	0	1
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	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							
VOLUNTARY COUNTIES TOTAL		0	440	258	125	150	147	5	205	1,040	0	2,370							
GRAND TOTAL		0	480	347	195	186	198	7	265	1,760	0	0	0	0	0	0	7	0	3,445

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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