



April 2, 2007

DHS HCO 07-7721

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 4/1/07

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 Care 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

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 2/22/2007 - 3/26/2007

EFFECTIVE 4/1/2007

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	13	1	4	1	10	13	175	0	0	3	0	3	0	0	5	0	230
	Blue Cross of CA Partnrshp	0	16	16	4	3	7	3	17	120	0	0	1	0	0	0	0	3	0	190
	COUNTY TOTAL	0	18	29	5	7	8	13	30	295	0	0	4	0	3	0	0	8	0	420
CONTRA COSTA	Blue Cross of CA Partnrshp	0	21	12	6	7	23	1	20	71	0	0	0	0	0	0	0	0	0	161
	Contra Costa Health Plan	0	7	7	2	0	6	3	12	76	0	0	1	0	0	0	0	2	0	116
	COUNTY TOTAL	0	28	19	8	7	29	4	32	147	0	0	1	0	0	0	0	2	0	277
FRESNO	Blue Cross of CA Partnrshp	0	7	7	1	8	1	4	26	213	0	0	0	0	0	0	0	0	1	268
	Health Net Comm Solutions	0	30	29	6	6	31	2	45	236	0	0	0	0	0	0	0	0	0	385
	COUNTY TOTAL	0	37	36	7	14	32	6	71	449	0	0	0	0	0	0	0	0	1	653
KERN	Health Net Comm Solutions	0	32	39	4	3	17	11	15	105	0	0	0	0	0	0	0	1	0	227
	Kern Family Health Care	0	23	33	4	13	5	7	34	137	0	0	1	0	0	0	0	1	0	258
	COUNTY TOTAL	0	55	72	8	16	22	18	49	242	0	0	1	0	0	0	0	2	0	485
LOS ANGELES	Health Net Comm Solutions	0	99	287	84	82	88	53	276	1,066	0	0	0	0	3	0	0	52	3	2,093
	L.A. Care Health Plan	0	72	175	75	63	103	84	255	848	0	0	0	0	1	0	0	52	6	1,734
	COUNTY TOTAL	0	171	462	159	145	191	137	531	1,914	0	0	0	0	4	0	0	104	9	3,827
RIVERSIDE	Inland Empire Health Plan	0	5	11	3	6	12	19	11	194	0	0	0	0	0	0	2	4	0	267
	Molina Healthcare Partner	0	21	49	7	10	38	4	34	290	0	0	0	15	0	0	2	3	0	473
	COUNTY TOTAL	0	26	60	10	16	50	23	45	484	0	0	0	15	0	0	4	7	0	740
SACRAMENTO	Blue Cross of CA Partnrshp	0	12	41	13	15	13	5	40	232	0	0	0	0	0	0	3	4	0	378
	Care1st Partner Plan, LLC	0	4	11	0	2	8	0	10	52	0	0	0	0	0	0	1	1	0	89
	Health Net Comm Solutions	0	7	22	14	10	4	9	37	156	0	0	0	0	0	0	1	3	0	263
	KP Cal, LLC	0	2	6	5	4	1	0	3	31	0	0	0	0	0	0	0	0	0	52
	Molina Healthcare Partner	0	4	12	17	5	16	0	43	128	0	0	0	0	0	0	0	1	0	226
	WHA Community Health Plan	0	8	16	12	17	11	0	21	114	0	0	0	0	0	0	0	4	0	203
COUNTY TOTAL	0	37	108	61	53	53	14	154	713	0	0	0	0	0	0	5	13	0	1,211	
SAN BERNARDINO	Inland Empire Health Plan	0	9	9	5	7	6	28	33	279	0	0	0	0	0	0	0	9	0	385
	Molina Healthcare Partner	0	17	63	38	16	48	3	44	237	0	0	0	40	0	0	0	3	0	509
	COUNTY TOTAL	0	26	72	43	23	54	31	77	516	0	0	0	40	0	0	0	12	0	894
SAN DIEGO	Blue Cross of CA Partnrshp	0	14	21	5	8	4	2	13	109	0	0	0	0	0	0	0	3	0	179
	Care1st Partner Plan, LLC	0	4	7	0	2	18	0	9	49	0	0	0	0	0	0	0	2	0	91
	Community Hlth Grp Partner	0	14	33	9	4	13	7	23	96	0	0	1	0	0	0	2	2	2	206
	Health Net Comm Solutions	0	10	18	1	3	15	0	18	79	0	0	0	0	0	0	0	3	0	147
	KP Cal, LLC	0	5	1	0	3	1	0	1	13	0	0	3	0	0	0	0	0	0	27
	Molina Healthcare Partner	0	36	126	7	2	21	1	24	155	0	0	0	0	0	0	2	2	1	377
COUNTY TOTAL	0	83	206	22	22	72	10	88	501	0	0	4	0	0	0	4	12	3	1,027	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 2/22/2007 - 3/26/2007

EFFECTIVE 4/1/2007

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
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	2	4	3	2	64	0	0	0	0	0	0	0	0	0	75
	San Francisco Health Plan	0	3	4	1	0	0	3	1	33	0	0	0	0	0	0	2	0	0	47
	COUNTY TOTAL	0	3	4	1	2	4	6	3	97	0	0	0	0	0	0	2	0	0	122
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	26	3	3	7	6	2	14	134	0	0	0	0	0	0	0	1	0	196
	Health Plan of San Joaquin	0	1	13	2	1	6	4	12	125	0	0	0	0	0	0	1	0	0	165
	COUNTY TOTAL	0	27	16	5	8	12	6	26	259	0	0	0	0	0	0	1	1	0	361
SANTA CLARA	Blue Cross of CA Partnrshp	0	13	13	2	9	10	3	12	118	0	0	0	0	0	0	0	0	0	180
	Santa Clara Family H.P.	0	6	18	1	2	4	3	9	98	0	0	0	0	0	0	0	1	0	142
	COUNTY TOTAL	0	19	31	3	11	14	6	21	216	0	0	0	0	0	0	0	1	0	322
STANISLAUS	Blue Cross of CA Partnrshp	0	10	9	10	0	4	0	10	93	0	0	2	0	0	0	0	0	0	138
	Health Net Comm Solutions	0	11	15	3	1	7	0	11	76	0	0	0	0	0	0	0	0	0	124
	COUNTY TOTAL	0	21	24	13	1	11	0	21	169	0	0	2	0	0	0	0	0	0	262
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	3	10	102	0	0	0	0	0	0	0	0	0	115
	Health Net Comm Solutions	0	2	20	3	1	23	0	37	134	0	0	0	0	0	0	0	0	0	220
	COUNTY TOTAL	0	2	20	3	1	23	3	47	236	0	0	0	0	0	0	0	0	0	335
2 PLAN & GMC COUNTIES TOTAL		0	553	1,159	348	326	575	277	1,195	6,238	0	0	12	55	7	0	16	162	13	10,936

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	2	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
SONOMA	KP Cal, LLC	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	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	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
VOLUNTARY COUNTIES TOTAL		0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	3
GRAND TOTAL		0	553	1,159	348	326	575	278	1,195	6,240	0	0	12	55	7	0	16	162	13	10,939

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 2/22/2007 - 3/26/2007

EFFECTIVE 4/1/2007

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	35	38	37	18	1	22	243	0	0	0	0	0	0	2	1	420
	Community Dental Svc, Inc.	0	14	14	19	11	8	0	23	193	0	0	0	0	0	0	0	0	282
	Liberty Dental Plan of CA	0	10	23	14	20	6	0	28	185	0	0	0	0	0	0	0	3	289
	Western Dental Services	0	13	50	39	45	10	0	42	251	0	0	0	0	0	0	0	0	450
	COUNTY TOTAL	0	60	122	110	113	42	1	115	872	0	0	0	0	0	0	2	4	1,441
GMC MANDATORY COUNTIES TOTAL		0	60	122	110	113	42	1	115	872	0	0	0	0	0	0	2	4	1,441
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	280	129	26	79	74	0	103	639	0	0	0	0	0	0	0	0	1,330
	American Health Guard	0	53	64	11	20	58	1	44	207	0	0	0	0	0	0	0	0	458
	Care 1st Health Plan	0	19	27	24	16	8	0	16	58	0	0	0	0	0	0	0	0	168
	Community Dental Svc, Inc.	0	20	15	1	2	2	0	10	35	0	0	0	0	0	0	0	0	85
	Health Net	0	46	39	19	9	24	0	29	123	0	0	0	0	0	0	0	0	289
	Liberty Dental Plan of CA	0	12	9	4	10	6	0	11	37	0	0	0	0	0	0	0	0	89
	SafeGuard Dental, Inc.	0	44	54	21	12	26	0	28	105	0	0	0	0	0	0	0	0	290
	Western Dental Services	0	65	80	36	34	15	0	52	204	0	0	0	0	0	0	0	0	486
COUNTY TOTAL	0	539	417	142	182	213	1	293	1,408	0	0	0	0	0	0	0	0	3,195	
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	United Health Plan	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Western Dental Services	0	4	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	6
	COUNTY TOTAL	0	6	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	8
VOLUNTARY COUNTIES TOTAL		0	545	417	143	183	213	1	293	1,408	0	3,203							
GRAND TOTAL		0	605	539	253	296	255	2	408	2,280	0	0	0	0	0	0	2	4	4,644

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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