



May 1, 2007

DHS HCO 07-7853

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 5/1/07**

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

## Data Provision Disclaimer

### Terms of Use:

The enclosed/attached information is provided by the Department of Health Services' Health Care Options Section (HCO), which takes full responsibility for its accuracy and completeness. The results of any subsequent manipulation of that information, however, are the full responsibility of the person or entity that performs that manipulation. Although those results can be said to be based on information supplied by HCO, the results themselves must in no way, explicitly or implicitly, be attributed to HCO.

The recipient of this file may not supply it, or the data it contains, in any electronic format, to any other party, without the expressed written consent of HCO. By accepting and using the enclosed/attached information, the user is also accepting these terms of use. HCO reserves the right to refuse to supply manipulable information (information in formats that allow the data contained to be manipulated) to any users who do not abide by these terms.

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 3/27/2007 - 4/24/2007

EFFECTIVE 5/1/2007

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	14	5	8	1	7	6	6	111	0	0	1	0	11	0	0	0	0	170
	Blue Cross of CA Partnrshp	0	11	10	2	2	7	1	14	120	0	0	0	0	0	0	0	0	0	167
	COUNTY TOTAL	0	25	15	10	3	14	7	20	231	0	0	1	0	11	0	0	0	0	337
CONTRA COSTA	Blue Cross of CA Partnrshp	0	7	9	5	7	21	3	14	100	0	0	0	0	0	0	0	0	166	
	Contra Costa Health Plan	0	1	5	0	5	1	2	15	70	0	0	1	0	0	0	0	0	100	
	COUNTY TOTAL	0	8	14	5	12	22	5	29	170	0	0	1	0	0	0	0	0	266	
FRESNO	Blue Cross of CA Partnrshp	0	3	6	2	2	3	8	27	183	0	0	0	0	0	0	0	0	234	
	Health Net Comm Solutions	0	17	26	3	1	20	0	34	196	0	0	0	0	0	0	0	0	297	
	COUNTY TOTAL	0	20	32	5	3	23	8	61	379	0	0	0	0	0	0	0	0	531	
KERN	Health Net Comm Solutions	0	20	33	3	2	7	2	13	103	0	0	0	0	0	0	0	1	184	
	Kern Family Health Care	0	34	31	1	4	4	2	22	106	0	0	1	1	0	0	0	0	206	
	COUNTY TOTAL	0	54	64	4	6	11	4	35	209	0	0	1	1	0	0	0	0	390	
LOS ANGELES	Health Net Comm Solutions	0	60	173	82	71	80	37	228	871	0	0	0	0	0	1	0	22	2	1,627
	L.A. Care Health Plan	0	71	103	53	71	76	55	173	959	0	0	0	0	0	0	0	31	5	1,597
	COUNTY TOTAL	0	131	276	135	142	156	92	401	1,830	0	0	0	0	0	1	0	53	7	3,224
RIVERSIDE	Inland Empire Health Plan	0	5	9	6	13	3	12	12	192	0	0	0	0	0	0	0	2	1	255
	Molina Healthcare Partner	0	3	22	7	10	21	10	36	231	0	0	0	18	0	0	0	2	1	361
	COUNTY TOTAL	0	8	31	13	23	24	22	48	423	0	0	0	18	0	0	0	4	2	616
SACRAMENTO	Blue Cross of CA Partnrshp	0	22	32	12	13	3	4	24	187	0	0	0	0	0	0	5	1	1	304
	Care1st Partner Plan, LLC	0	6	8	3	1	5	0	5	53	0	0	0	0	0	0	0	2	0	83
	Health Net Comm Solutions	0	6	31	19	10	3	0	17	126	0	0	0	0	0	0	0	1	0	213
	KP Cal, LLC	0	0	2	0	0	0	0	2	32	0	0	0	0	0	0	2	0	0	38
	Molina Healthcare Partner	0	9	20	8	8	6	1	8	125	0	0	0	0	0	0	3	3	0	191
	WHA Community Health Plan	0	7	16	6	12	18	0	15	112	0	0	0	0	0	0	0	1	0	187
COUNTY TOTAL	0	50	109	48	44	35	5	71	635	0	0	0	0	0	0	10	8	1	1,016	
SAN BERNARDINO	Inland Empire Health Plan	0	5	10	2	17	5	13	16	216	0	0	0	0	0	0	0	3	0	287
	Molina Healthcare Partner	0	20	70	20	18	38	12	38	219	0	0	0	40	0	0	0	2	0	477
	COUNTY TOTAL	0	25	80	22	35	43	25	54	435	0	0	0	40	0	0	0	5	0	764
SAN DIEGO	Blue Cross of CA Partnrshp	0	1	19	4	2	13	9	18	110	0	0	0	0	0	0	4	1	0	181
	Care1st Partner Plan, LLC	0	13	12	4	5	6	0	5	39	0	0	0	0	0	0	1	0	0	85
	Community Hlth Grp Partner	0	15	29	2	6	5	0	30	70	0	0	0	0	0	0	2	1	0	160
	Health Net Comm Solutions	0	27	23	5	5	11	0	17	76	0	0	0	0	0	0	1	0	0	165
	KP Cal, LLC	0	1	1	0	1	0	3	1	13	0	0	1	0	0	0	0	1	0	22
	Molina Healthcare Partner	0	17	77	7	2	31	0	20	129	0	0	0	0	0	0	5	0	0	288
COUNTY TOTAL	0	74	161	22	21	66	12	91	437	0	0	1	0	0	0	13	3	0	901	

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

ACCEPTED MEDICAL DISENROLLMENTS 3/27/2007 - 4/24/2007

EFFECTIVE 5/1/2007

**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	6	3	2	0	4	3	7	34	0	0	0	0	0	0	1	0	0	60
	San Francisco Health Plan	0	0	3	2	0	2	8	5	33	0	0	0	0	3	0	0	1	0	57
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>11</b>	<b>12</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>117</b>
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	9	18	6	5	9	2	18	149	0	0	0	0	0	0	0	0	0	216
	Health Plan of San Joaquin	0	5	7	2	2	1	1	5	80	0	0	1	0	0	0	0	0	0	104
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>14</b>	<b>25</b>	<b>8</b>	<b>7</b>	<b>10</b>	<b>3</b>	<b>23</b>	<b>229</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>320</b>
SANTA CLARA	Blue Cross of CA Partnrshp	0	9	10	1	8	11	0	21	92	0	0	0	0	0	0	0	0	0	152
	Santa Clara Family H.P.	0	3	2	0	0	1	9	6	103	0	0	0	0	0	0	0	2	0	126
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>12</b>	<b>12</b>	<b>1</b>	<b>8</b>	<b>12</b>	<b>9</b>	<b>27</b>	<b>195</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>	<b>0</b>	<b>278</b>
STANISLAUS	Blue Cross of CA Partnrshp	0	19	12	12	2	3	3	29	118	0	0	2	0	0	0	0	1	0	201
	Health Net Comm Solutions	0	11	15	3	1	6	0	10	62	0	0	0	0	0	0	0	0	0	108
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>30</b>	<b>27</b>	<b>15</b>	<b>3</b>	<b>9</b>	<b>3</b>	<b>39</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>309</b>
TULARE	Blue Cross of CA Partnrshp	0	6	1	0	0	0	5	5	77	0	0	0	0	0	0	0	1	0	95
	Health Net Comm Solutions	0	1	25	0	2	14	0	27	153	0	0	0	0	0	0	0	0	0	222
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>7</b>	<b>26</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>5</b>	<b>32</b>	<b>230</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>317</b>
<b>2 PLAN &amp; GMC COUNTIES TOTAL</b>		<b>0</b>	<b>464</b>	<b>878</b>	<b>292</b>	<b>309</b>	<b>445</b>	<b>211</b>	<b>943</b>	<b>5,650</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>59</b>	<b>14</b>	<b>1</b>	<b>24</b>	<b>78</b>	<b>11</b>	<b>9,386</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	0	0	0	0	0	0	0	0	0	0	1
	<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>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>0</b>	<b>1</b>
SONOMA	KP Cal, LLC	0	0	1	0	0	0	0	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
	<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>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>0</b>	<b>1</b>
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>0</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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>464</b>	<b>880</b>	<b>292</b>	<b>309</b>	<b>445</b>	<b>211</b>	<b>943</b>	<b>5,650</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>59</b>	<b>14</b>	<b>1</b>	<b>24</b>	<b>78</b>	<b>11</b>	<b>9,388</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 3/27/2007 - 4/24/2007

EFFECTIVE 5/1/2007

**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	15	39	20	21	16	0	20	270	0	0	0	0	0	0	1	1	403
	Community Dental Svc, Inc.	0	16	6	20	13	12	0	4	157	0	0	0	0	0	0	0	4	232
	Liberty Dental Plan of CA	0	8	16	13	11	3	0	11	154	0	0	0	0	0	0	2	0	218
	Western Dental Services	0	8	35	30	37	8	0	23	264	0	0	0	0	0	0	0	2	407
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>47</b>	<b>96</b>	<b>83</b>	<b>82</b>	<b>39</b>	<b>0</b>	<b>58</b>	<b>845</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>1,260</b>
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>47</b>	<b>96</b>	<b>83</b>	<b>82</b>	<b>39</b>	<b>0</b>	<b>58</b>	<b>845</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>1,260</b>
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	159	104	21	78	92	1	115	552	0	0	0	0	0	0	0	0	1,122
	American Health Guard	0	36	39	16	29	62	0	25	221	0	0	0	0	0	0	0	0	428
	Care 1st Health Plan	0	14	14	23	8	6	0	12	81	0	0	0	0	0	0	0	0	158
	Community Dental Svc, Inc.	0	6	12	1	16	9	0	12	19	0	0	0	0	0	0	0	0	75
	Health Net	0	57	35	23	9	16	0	23	119	0	0	0	0	0	0	0	0	282
	Liberty Dental Plan of CA	0	13	8	1	9	4	0	3	26	0	0	0	0	0	0	0	0	64
	SafeGuard Dental, Inc.	0	40	45	16	19	9	0	25	74	0	0	0	0	0	0	0	0	228
	Western Dental Services	0	46	94	33	43	11	1	42	214	0	0	0	0	0	0	0	0	484
<b>COUNTY TOTAL</b>	<b>0</b>	<b>371</b>	<b>351</b>	<b>134</b>	<b>211</b>	<b>209</b>	<b>2</b>	<b>257</b>	<b>1,306</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>2,841</b>	
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	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>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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
SAN BERNARDINO	SafeGuard Dental, Inc.	0	2	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	5
	United Health Plan	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Western Dental Services	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>10</b>							
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>375</b>	<b>351</b>	<b>135</b>	<b>214</b>	<b>209</b>	<b>2</b>	<b>257</b>	<b>1,309</b>	<b>0</b>	<b>2,852</b>							
<b>GRAND TOTAL</b>		<b>0</b>	<b>422</b>	<b>447</b>	<b>218</b>	<b>296</b>	<b>248</b>	<b>2</b>	<b>315</b>	<b>2,154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>4,112</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  
 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 = Wavier Program Exemption

X03 = Indian Health Coverage  
 X02 = Dental Exempt

Note 1: One disenrollment transaction was processed, but not included in this report. The 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.