



June 1, 2007

DHS HCO 07-7976

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 6/1/07

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 4/25/2007 - 5/24/2007

EFFECTIVE 6/1/2007

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	17	8	0	0	10	2	9	141	0	0	2	1	6	0	0	3	0	199
	Blue Cross of CA Partnrshp	0	3	30	2	8	6	1	18	155	0	0	0	0	0	0	0	2	0	225
	COUNTY TOTAL	0	20	38	2	8	16	3	27	296	0	0	2	1	6	0	0	5	0	424
CONTRA COSTA	Blue Cross of CA Partnrshp	0	5	7	1	14	20	0	12	105	0	0	0	0	0	0	0	1	0	165
	Contra Costa Health Plan	0	6	4	0	4	7	1	7	81	0	0	1	0	0	0	1	1	0	113
	COUNTY TOTAL	0	11	11	1	18	27	1	19	186	0	0	1	0	0	0	1	2	0	278
FRESNO	Blue Cross of CA Partnrshp	0	0	11	7	0	3	6	27	175	0	0	2	0	0	0	0	1	0	232
	Health Net Comm Solutions	0	10	25	6	2	21	0	35	186	0	0	0	0	0	0	0	1	0	286
	COUNTY TOTAL	0	10	36	13	2	24	6	62	361	0	0	2	0	0	0	0	2	0	518
KERN	Health Net Comm Solutions	0	14	27	6	1	23	0	13	132	0	0	0	0	0	0	0	1	0	217
	Kern Family Health Care	0	25	46	4	4	3	1	20	142	1	0	1	57	0	0	0	1	1	306
	COUNTY TOTAL	0	39	73	10	5	26	1	33	274	1	0	1	57	0	0	0	2	1	523
LOS ANGELES	Health Net Comm Solutions	0	75	212	77	105	78	43	274	1,034	0	0	0	0	0	0	0	23	0	1,921
	L.A. Care Health Plan	0	59	94	72	62	68	66	180	1,025	0	0	0	0	4	0	0	44	5	1,679
	COUNTY TOTAL	0	134	306	149	167	146	109	454	2,059	0	0	0	0	4	0	0	67	5	3,600
RIVERSIDE	Inland Empire Health Plan	0	4	5	0	7	2	15	12	189	0	0	0	0	0	0	0	4	0	238
	Molina Healthcare Partner	0	11	40	20	3	25	5	31	295	0	0	0	0	0	0	2	3	0	435
	COUNTY TOTAL	0	15	45	20	10	27	20	43	484	0	0	0	0	0	0	2	7	0	673
SACRAMENTO	Blue Cross of CA Partnrshp	0	19	44	11	19	2	3	15	203	0	0	0	0	0	0	10	2	0	328
	Care1st Partner Plan, LLC	0	7	20	0	0	14	0	18	58	0	0	0	0	0	0	0	0	0	117
	Health Net Comm Solutions	0	13	50	17	7	13	1	55	173	0	0	0	0	0	0	1	2	0	332
	KP Cal, LLC	0	4	1	1	0	0	0	6	28	0	0	0	0	0	0	0	0	0	40
	Molina Healthcare Partner	0	12	20	8	6	18	0	32	123	0	0	0	0	0	0	1	1	0	221
	WHA Community Health Plan	0	7	9	3	8	7	0	14	100	0	0	0	0	0	0	6	1	0	155
COUNTY TOTAL	0	62	144	40	40	54	4	140	685	0	0	0	0	0	0	18	6	0	1,193	
SAN BERNARDINO	Inland Empire Health Plan	0	12	11	5	17	8	22	24	290	0	0	0	0	3	0	0	2	0	394
	Molina Healthcare Partner	0	12	65	29	27	47	6	65	228	0	0	0	0	0	0	0	2	0	481
	COUNTY TOTAL	0	24	76	34	44	55	28	89	518	0	0	0	0	3	0	0	4	0	875
SAN DIEGO	Blue Cross of CA Partnrshp	0	36	27	6	2	9	7	10	130	0	0	0	0	0	0	2	0	1	230
	Care1st Partner Plan, LLC	0	9	2	0	1	13	1	2	65	0	0	0	0	0	0	0	0	0	93
	Community Hlth Grp Partner	0	9	32	5	4	15	0	37	109	0	0	0	0	0	0	0	0	0	211
	Health Net Comm Solutions	0	17	30	2	2	10	4	21	153	0	0	0	0	0	0	2	1	0	242
	KP Cal, LLC	0	0	0	1	4	4	0	0	23	0	0	0	0	0	0	1	0	0	33
	Molina Healthcare Partner	0	18	61	8	4	16	2	32	149	0	0	0	0	0	0	3	1	0	294
COUNTY TOTAL	0	89	152	22	17	67	14	102	629	0	0	0	0	0	0	8	2	1	1,103	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 4/25/2007 - 5/24/2007

EFFECTIVE 6/1/2007

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	2	1	1	1	0	3	3	63	0	0	0	0	0	0	0	0	1	75
	San Francisco Health Plan	0	2	7	1	1	1	2	4	56	0	0	0	0	0	0	0	2	1	77
	COUNTY TOTAL	0	4	8	2	2	1	5	7	119	0	0	0	0	0	0	0	2	2	152
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	22	16	6	1	24	0	23	129	0	0	0	0	0	0	0	1	0	222
	Health Plan of San Joaquin	0	8	3	1	1	1	1	4	82	0	0	2	0	0	0	0	1	0	104
	COUNTY TOTAL	0	30	19	7	2	25	1	27	211	0	0	2	0	0	0	0	2	0	326
SANTA CLARA	Blue Cross of CA Partnrshp	0	6	4	4	11	5	4	10	99	0	0	0	0	0	0	0	0	1	144
	Santa Clara Family H.P.	0	1	5	0	0	4	3	14	79	0	0	0	0	0	0	0	1	0	107
	COUNTY TOTAL	0	7	9	4	11	9	7	24	178	0	0	0	0	0	0	0	1	1	251
STANISLAUS	Blue Cross of CA Partnrshp	0	7	11	10	1	1	3	19	74	0	0	1	0	0	0	0	0	0	127
	Health Net Comm Solutions	0	7	23	4	0	14	0	11	82	0	0	0	0	0	0	0	0	0	141
	COUNTY TOTAL	0	14	34	14	1	15	3	30	156	0	0	1	0	0	0	0	0	0	268
TULARE	Blue Cross of CA Partnrshp	0	2	1	0	6	0	0	8	71	0	0	0	0	0	0	3	0	0	91
	Health Net Comm Solutions	0	7	48	1	2	8	0	23	123	0	0	0	0	0	0	1	0	0	213
	COUNTY TOTAL	0	9	49	1	8	8	0	31	194	0	0	0	0	0	0	4	0	0	304
2 PLAN & GMC COUNTIES TOTAL		0	468	1,000	319	335	500	202	1,088	6,350	1	0	9	58	13	0	33	102	10	10,488

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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTIES TOTAL		0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
GRAND TOTAL		0	468	1,000	319	337	500	202	1,088	6,350	1	0	9	58	13	0	33	102	10	10,490

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 4/25/2007 - 5/24/2007

EFFECTIVE 6/1/2007

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	13	36	42	38	20	0	38	278	0	0	0	0	0	0	0	7	472
	Community Dental Svc, Inc.	0	7	19	10	28	30	0	19	193	0	0	0	0	0	0	3	1	310
	Liberty Dental Plan of CA	0	16	33	11	14	16	2	17	171	0	0	0	0	0	0	0	5	285
	Western Dental Services	0	18	33	42	28	6	0	22	217	0	0	0	0	0	0	0	4	
	COUNTY TOTAL	0	54	121	105	108	72	2	96	859	0	0	0	0	0	0	3	17	1,437
GMC MANDATORY COUNTIES TOTAL		0	54	121	105	108	72	2	96	859	0	0	0	0	0	0	3	17	1,437
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	199	96	41	111	89	0	103	534	0	0	0	0	0	0	0	0	1,173
	American Health Guard	0	30	53	8	16	83	1	51	269	0	0	0	0	1	0	0	0	512
	Care 1st Health Plan	0	31	16	9	9	6	0	33	89	0	0	0	0	0	0	0	0	193
	Community Dental Svc, Inc.	0	20	30	7	14	9	0	11	41	0	0	0	0	0	0	0	0	132
	Health Net	0	55	25	14	36	28	0	39	163	0	0	0	0	0	0	0	0	360
	Liberty Dental Plan of CA	0	33	10	13	10	3	0	19	42	0	0	0	0	0	0	0	0	130
	SafeGuard Dental, Inc.	0	53	22	28	37	17	0	39	100	0	0	0	0	0	0	0	0	296
	Western Dental Services	0	72	73	34	51	9	0	38	186	0	0	0	0	0	0	0	0	463
COUNTY TOTAL	0	493	325	154	284	244	1	333	1,424	0	0	0	0	1	0	0	0	3,259	
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	2	2	0	0	1	0	0	1	0	0	0	0	0	0	0	0	6
	United Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	2	2	2	0	1	0	0	1	0	8							
VOLUNTARY COUNTIES TOTAL		0	495	327	156	284	245	1	333	1,425	0	0	0	0	1	0	0	0	3,267
GRAND TOTAL		0	549	448	261	392	317	3	429	2,284	0	0	0	0	1	0	3	17	4,704

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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