



July 31, 2007

DHS HCO 07-8221

Mr. Jerry D. Stanger, Chief  
Department of Health Care Services  
Fiscal Intermediary & Contracts Oversight Division  
MS 4700  
P.O. Box 997413  
Sacramento, CA 95899-7413

**DIENROLLMENT REPORT BY REASON AND PLAN - Effective Date 8/1/07**

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 6/26/2007 - 7/24/2007

EFFECTIVE 8/1/2007

**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	
ALAMEDA	Alameda Alliance For Health	0	11	9	0	0	3	12	4	130	0	0	3	0	4	0	0	4	0	180
	Blue Cross of CA Partnrshp	0	8	9	3	1	13	3	10	168	0	0	0	0	0	0	0	1	0	216
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>19</b>	<b>18</b>	<b>3</b>	<b>1</b>	<b>16</b>	<b>15</b>	<b>14</b>	<b>298</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>396</b>
CONTRA COSTA	Blue Cross of CA Partnrshp	0	10	5	1	11	16	1	13	62	0	0	0	0	0	0	0	0	0	119
	Contra Costa Health Plan	0	3	8	2	0	7	4	13	75	0	0	1	1	0	0	0	1	0	115
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>13</b>	<b>13</b>	<b>3</b>	<b>11</b>	<b>23</b>	<b>5</b>	<b>26</b>	<b>137</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>234</b>
FRESNO	Blue Cross of CA Partnrshp	0	25	29	2	0	8	0	69	163	0	0	0	0	0	0	0	0	0	296
	Health Net Comm Solutions	0	16	29	0	0	36	0	28	139	0	0	0	0	0	0	0	0	0	248
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>41</b>	<b>58</b>	<b>2</b>	<b>0</b>	<b>44</b>	<b>0</b>	<b>97</b>	<b>302</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>544</b>
KERN	Health Net Comm Solutions	0	17	54	3	1	15	0	12	106	0	0	0	0	0	0	1	0	209	
	Kern Family Health Care	0	30	41	1	5	2	0	18	81	0	0	0	3	0	0	1	0	182	
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>47</b>	<b>95</b>	<b>4</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>30</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>391</b>
LOS ANGELES	Health Net Comm Solutions	0	55	174	72	51	73	39	239	745	0	0	0	0	0	0	0	14	1	1,463
	L.A. Care Health Plan	0	151	161	63	71	52	69	997	1,289	0	0	0	0	0	0	0	47	1	2,901
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>206</b>	<b>335</b>	<b>135</b>	<b>122</b>	<b>125</b>	<b>108</b>	<b>1,236</b>	<b>2,034</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>61</b>	<b>2</b>	<b>4,364</b>
RIVERSIDE	Inland Empire Health Plan	0	6	8	1	1	0	21	9	196	0	0	0	0	0	0	6	2	0	250
	Molina Healthcare Partner	0	8	25	7	5	17	1	19	289	0	0	0	44	0	0	0	0	0	415
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>14</b>	<b>33</b>	<b>8</b>	<b>6</b>	<b>17</b>	<b>22</b>	<b>28</b>	<b>485</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>665</b>
SACRAMENTO	Blue Cross of CA Partnrshp	0	14	36	10	2	8	4	30	165	0	0	0	0	0	0	1	3	0	273
	Care1st Partner Plan, LLC	0	2	13	0	0	15	0	6	51	0	0	0	0	0	0	1	2	0	90
	Health Net Comm Solutions	0	14	23	12	2	7	0	24	125	0	0	0	0	0	0	0	0	0	207
	KP Cal, LLC	0	1	2	0	0	1	0	5	20	0	0	0	0	0	0	0	0	0	29
	Molina Healthcare Partner	0	8	16	9	0	10	0	7	71	0	0	0	0	0	0	0	1	0	122
	WHA Community Health Plan	0	8	13	4	4	20	3	8	80	0	0	0	0	0	0	1	2	0	143
<b>COUNTY TOTAL</b>	<b>0</b>	<b>47</b>	<b>103</b>	<b>35</b>	<b>8</b>	<b>61</b>	<b>7</b>	<b>80</b>	<b>512</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>0</b>	<b>864</b>	
SAN BERNARDINO	Inland Empire Health Plan	0	8	8	3	6	14	16	28	299	0	0	0	0	0	0	0	3	1	386
	Molina Healthcare Partner	0	20	38	18	12	41	23	46	213	0	0	0	66	1	0	0	4	0	482
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>28</b>	<b>46</b>	<b>21</b>	<b>18</b>	<b>55</b>	<b>39</b>	<b>74</b>	<b>512</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>868</b>
SAN DIEGO	Blue Cross of CA Partnrshp	0	38	44	7	7	3	0	51	119	0	0	0	0	0	0	0	0	0	269
	Care1st Partner Plan, LLC	0	6	14	1	0	8	0	6	48	0	0	0	0	0	0	0	0	0	83
	Community Hlth Grp Partner	0	23	26	2	4	16	1	38	109	0	0	0	0	0	0	2	0	0	221
	Health Net Comm Solutions	0	21	23	1	0	5	0	32	92	0	0	0	0	0	0	0	1	0	175
	KP Cal, LLC	0	0	4	2	2	1	2	2	10	0	0	3	0	0	0	0	1	0	27
	Molina Healthcare Partner	0	5	50	4	2	20	0	19	152	0	0	0	0	0	0	0	1	1	254
<b>COUNTY TOTAL</b>	<b>0</b>	<b>93</b>	<b>161</b>	<b>17</b>	<b>15</b>	<b>53</b>	<b>3</b>	<b>148</b>	<b>530</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1,029</b>	

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

ACCEPTED MEDICAL DISENROLLMENTS 6/26/2007 - 7/24/2007

EFFECTIVE 8/1/2007

**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	2	0	0	2	0	1	28	0	0	1	0	0	0	0	0	0	34
	San Francisco Health Plan	0	0	3	0	1	3	0	7	47	0	0	2	0	0	0	0	0	0	63
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>8</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97</b>
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	16	9	2	3	4	2	18	130	0	0	0	0	0	0	0	2	0	186
	Health Plan of San Joaquin	0	3	2	5	0	3	0	14	98	0	0	0	0	0	0	0	1	0	126
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>19</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>7</b>	<b>2</b>	<b>32</b>	<b>228</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>312</b>
SANTA CLARA	Blue Cross of CA Partnrshp	0	8	9	1	3	5	0	8	76	0	0	0	0	0	0	0	1	0	111
	Santa Clara Family H.P.	0	4	6	2	0	0	1	6	67	0	0	0	0	0	0	0	1	0	87
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>12</b>	<b>15</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>14</b>	<b>143</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>198</b>
STANISLAUS	Blue Cross of CA Partnrshp	0	5	9	4	4	2	9	3	85	0	0	0	0	0	0	0	0	0	121
	Health Net Comm Solutions	0	6	8	5	0	1	2	8	57	0	0	0	0	0	0	0	3	0	90
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>11</b>	<b>17</b>	<b>9</b>	<b>4</b>	<b>3</b>	<b>11</b>	<b>11</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>211</b>
TULARE	Blue Cross of CA Partnrshp	0	2	7	0	1	4	9	10	70	0	0	1	0	0	0	3	0	0	107
	Health Net Comm Solutions	0	9	36	2	0	6	0	14	107	0	0	0	0	0	0	0	0	0	174
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>11</b>	<b>43</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>9</b>	<b>24</b>	<b>177</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>281</b>
<b>2 PLAN &amp; GMC COUNTIES TOTAL</b>		<b>0</b>	<b>561</b>	<b>953</b>	<b>249</b>	<b>199</b>	<b>441</b>	<b>222</b>	<b>1,822</b>	<b>5,762</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>114</b>	<b>5</b>	<b>0</b>	<b>14</b>	<b>97</b>	<b>4</b>	<b>10,454</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	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>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>0</b>
SONOMA	KP Cal, LLC	0	0	0	1	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>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>1</b>
<b>VOLUNTARY COUNTIES 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>0</b>	<b>1</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>561</b>	<b>953</b>	<b>250</b>	<b>199</b>	<b>441</b>	<b>222</b>	<b>1,822</b>	<b>5,762</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>114</b>	<b>5</b>	<b>0</b>	<b>14</b>	<b>97</b>	<b>4</b>	<b>10,455</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 6/26/2007 - 7/24/2007

EFFECTIVE 8/1/2007

**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	28	30	30	26	20	0	18	224	0	0	0	0	0	0	0	0	376
	Community Dental Svc, Inc.	0	11	11	13	12	26	3	6	150	0	0	0	0	0	0	0	1	233
	Liberty Dental Plan of CA	0	8	29	14	16	12	0	18	170	0	0	0	0	0	0	1	0	268
	Western Dental Services	0	6	31	33	19	6	0	48	208	0	0	0	0	0	0	0	1	352
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>53</b>	<b>101</b>	<b>90</b>	<b>73</b>	<b>64</b>	<b>3</b>	<b>90</b>	<b>752</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1,229</b>
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>53</b>	<b>101</b>	<b>90</b>	<b>73</b>	<b>64</b>	<b>3</b>	<b>90</b>	<b>752</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1,229</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	116	102	47	55	126	0	90	394	0	0	0	0	0	0	0	0	930
	American Health Guard	0	30	41	17	13	60	1	37	138	0	0	0	0	0	0	0	0	337
	Care 1st Health Plan	0	17	14	33	8	18	0	20	59	0	0	0	0	0	0	0	0	169
	Community Dental Svc, Inc.	0	9	13	6	9	2	0	5	29	0	0	0	0	0	0	0	0	73
	Health Net	0	22	56	27	10	13	0	35	146	0	0	0	0	0	0	0	0	309
	Liberty Dental Plan of CA	0	12	13	3	2	6	1	7	32	0	0	0	0	0	0	0	0	76
	SafeGuard Dental, Inc.	0	20	37	8	18	13	0	23	88	0	0	0	0	0	0	0	0	207
	Western Dental Services	0	54	56	37	42	21	2	45	173	0	0	0	0	0	0	0	0	430
<b>COUNTY TOTAL</b>	<b>0</b>	<b>280</b>	<b>332</b>	<b>178</b>	<b>157</b>	<b>259</b>	<b>4</b>	<b>262</b>	<b>1,059</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>2,531</b>	
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	1	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>1</b>
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	<b>COUNTY TOTAL</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>1</b>						
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>280</b>	<b>333</b>	<b>178</b>	<b>157</b>	<b>259</b>	<b>4</b>	<b>263</b>	<b>1,059</b>	<b>0</b>	<b>2,533</b>							
<b>GRAND TOTAL</b>		<b>0</b>	<b>333</b>	<b>434</b>	<b>268</b>	<b>230</b>	<b>323</b>	<b>7</b>	<b>353</b>	<b>1,811</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3,762</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