



September 4, 2007

DHS HCO 07-8346

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 9/1/07

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

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MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 7/25/2007 - 8/24/2007

EFFECTIVE 9/1/2007

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	7	5	2	1	4	8	9	146	0	0	2	0	2	0	1	2	0	189
	Blue Cross of CA Partnrshp	0	12	18	0	2	6	3	10	127	0	0	0	0	0	0	0	1	0	179
	COUNTY TOTAL	0	19	23	2	3	10	11	19	273	0	0	2	0	2	0	1	3	0	368
CONTRA COSTA	Blue Cross of CA Partnrshp	0	17	10	0	8	21	1	9	85	0	0	0	0	0	0	0	0	151	
	Contra Costa Health Plan	0	10	6	2	3	1	1	5	106	0	0	2	0	0	0	0	1	0	137
	COUNTY TOTAL	0	27	16	2	11	22	2	14	191	0	0	2	0	0	0	0	1	0	288
FRESNO	Blue Cross of CA Partnrshp	0	63	254	10	4	2	6	419	497	0	0	1	0	4	0	0	0	1,260	
	Health Net Comm Solutions	0	4	14	8	1	14	2	22	146	0	0	0	1	0	0	0	0	212	
	COUNTY TOTAL	0	67	268	18	5	16	8	441	643	0	0	1	1	4	0	0	0	1,472	
KERN	Health Net Comm Solutions	0	6	57	0	5	16	6	14	103	0	0	0	0	0	0	0	0	207	
	Kern Family Health Care	0	76	94	6	0	8	3	53	146	0	0	1	2	0	0	0	0	390	
	COUNTY TOTAL	0	82	151	6	5	24	9	67	249	0	0	1	2	0	0	0	0	597	
LOS ANGELES	Health Net Comm Solutions	0	88	233	82	64	87	31	279	1,016	0	0	0	0	0	0	0	30	1,910	
	L.A. Care Health Plan	0	147	164	59	63	76	60	1,336	1,571	0	0	0	0	1	0	1	43	3,523	
	COUNTY TOTAL	0	235	397	141	127	163	91	1,615	2,587	0	0	0	0	1	0	1	73	5,433	
RIVERSIDE	Inland Empire Health Plan	0	15	8	4	6	7	11	22	227	0	0	0	0	0	0	0	0	300	
	Molina Healthcare Partner	0	17	21	6	2	29	9	37	268	0	0	0	0	0	0	1	0	390	
	COUNTY TOTAL	0	32	29	10	8	36	20	59	495	0	0	0	0	0	0	1	0	690	
SACRAMENTO	Blue Cross of CA Partnrshp	0	25	69	10	12	9	13	31	205	0	0	0	0	1	0	3	0	378	
	Care1st Partner Plan, LLC	0	0	19	3	3	8	3	10	68	0	0	0	0	0	0	0	1	115	
	Health Net Comm Solutions	0	39	9	12	6	5	1	26	179	0	0	0	0	0	0	0	1	278	
	KP Cal, LLC	0	0	8	2	3	0	0	4	16	0	0	0	0	0	0	0	0	33	
	Molina Healthcare Partner	0	4	16	10	5	8	1	11	109	0	0	0	0	0	0	4	1	169	
	WHA Community Health Plan	0	11	16	5	9	18	1	7	99	0	0	0	0	0	0	0	1	167	
COUNTY TOTAL	0	79	137	42	38	48	19	89	676	0	0	0	0	1	0	7	4	1,140		
SAN BERNARDINO	Inland Empire Health Plan	0	11	11	14	16	12	41	29	321	0	0	0	0	0	0	3	6	465	
	Molina Healthcare Partner	0	11	33	21	15	43	10	46	299	0	0	0	0	0	0	0	3	481	
	COUNTY TOTAL	0	22	44	35	31	55	51	75	620	0	0	0	0	0	0	3	9	946	
SAN DIEGO	Blue Cross of CA Partnrshp	0	56	46	0	3	15	0	45	169	0	0	0	0	0	0	1	1	337	
	Care1st Partner Plan, LLC	0	7	20	0	5	23	0	9	51	0	0	0	0	0	0	1	0	116	
	Community Hlth Grp Partner	0	13	30	13	5	13	2	41	91	0	0	0	0	0	0	0	1	210	
	Health Net Comm Solutions	0	31	12	0	5	6	0	23	125	0	0	0	0	0	0	0	0	202	
	KP Cal, LLC	0	1	5	1	2	2	0	6	12	0	0	0	0	0	0	0	0	29	
	Molina Healthcare Partner	0	18	54	11	5	19	3	10	164	0	0	0	0	0	0	1	0	285	
COUNTY TOTAL	0	126	167	25	25	78	5	134	612	0	0	0	0	0	0	3	2	1,179		

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 7/25/2007 - 8/24/2007

EFFECTIVE 9/1/2007

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	1	3	1	1	1	2	6	58	0	0	0	0	0	0	2	1	0	76
	San Francisco Health Plan	0	0	3	4	1	0	4	3	44	0	0	0	0	0	0	3	0	0	62
	COUNTY TOTAL	0	1	6	5	2	1	6	9	102	0	0	0	0	0	0	5	1	0	138
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	19	8	2	2	14	3	25	122	0	0	0	0	0	0	0	0	0	195
	Health Plan of San Joaquin	0	3	8	2	1	3	6	7	85	0	0	0	0	0	0	0	0	0	115
	COUNTY TOTAL	0	22	16	4	3	17	9	32	207	0	0	0	310						
SANTA CLARA	Blue Cross of CA Partnrshp	0	8	6	5	3	12	2	27	114	0	0	1	0	0	0	0	1	0	179
	Santa Clara Family H.P.	0	6	7	0	3	1	8	16	105	0	0	0	0	1	0	0	1	0	148
	COUNTY TOTAL	0	14	13	5	6	13	10	43	219	0	0	1	0	1	0	0	2	0	327
STANISLAUS	Blue Cross of CA Partnrshp	0	18	23	4	0	1	10	13	95	0	0	0	0	0	0	2	0	0	166
	Health Net Comm Solutions	0	6	11	2	6	12	0	13	71	0	0	0	0	0	0	0	0	0	121
	COUNTY TOTAL	0	24	34	6	6	13	10	26	166	0	2	0	287						
TULARE	Blue Cross of CA Partnrshp	0	5	40	4	0	0	10	32	167	0	0	0	0	0	0	1	0	0	259
	Health Net Comm Solutions	0	5	18	0	0	11	0	23	136	0	0	0	0	0	0	1	0	0	194
	COUNTY TOTAL	0	10	58	4	0	11	10	55	303	0	0	0	0	0	0	2	0	0	453
2 PLAN & GMC COUNTIES TOTAL		0	760	1,359	305	270	507	261	2,678	7,343	0	0	7	3	9	0	23	97	6	13,628

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
	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	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	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	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	4
VOLUNTARY COUNTIES TOTAL		0	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	4
GRAND TOTAL		0	760	1,360	305	273	507	261	2,678	7,343	0	0	7	3	9	0	23	97	6	13,632

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 was processed for Care1st Partner Plan, LLC in Sacramento County but not included in this report. The transaction was processed correctly, but used a Disenrollment Reason Code of E13B, therefore it is not reflected in the report total.

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 7/25/2007 - 8/24/2007

EFFECTIVE 9/1/2007

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	25	43	20	31	13	0	27	260	0	0	0	0	0	0	0	0	419
	Community Dental Svc, Inc.	0	10	21	18	30	9	2	7	120	0	0	0	0	0	0	0	0	217
	Liberty Dental Plan of CA	0	12	20	12	18	15	3	20	167	0	0	0	0	0	0	0	4	271
	Western Dental Services	0	18	34	46	35	14	0	32	219	0	0	0	0	0	0	1	1	400
	COUNTY TOTAL	0	65	118	96	114	51	5	86	766	0	0	0	0	0	0	1	5	1,307
GMC MANDATORY COUNTIES TOTAL		0	65	118	96	114	51	5	86	766	0	0	0	0	0	0	1	5	1,307
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	270	128	42	114	128	2	84	635	0	0	0	0	0	0	0	0	1,403
	American Health Guard	0	64	67	8	24	67	0	50	209	0	0	0	0	0	0	0	0	489
	Care 1st Health Plan	0	38	22	13	9	13	0	19	98	0	0	0	0	0	0	0	0	212
	Community Dental Svc, Inc.	0	19	20	2	14	6	0	10	42	0	0	0	0	0	0	0	0	113
	Health Net	0	44	49	20	32	22	0	35	231	0	0	0	0	0	0	0	0	433
	Liberty Dental Plan of CA	0	27	17	10	3	7	0	10	44	0	0	0	0	0	0	0	0	118
	SafeGuard Dental, Inc.	0	32	49	32	11	23	0	27	123	0	0	0	0	0	0	0	0	297
	Western Dental Services	0	65	80	63	50	20	1	39	295	0	0	0	0	1	0	0	0	614
COUNTY TOTAL	0	559	432	190	257	286	3	274	1,677	0	0	0	0	1	0	0	0	3,679	
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	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	0	2	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	2	0	2														
VOLUNTARY COUNTIES TOTAL		0	559	432	190	257	286	3	274	1,679	0	0	0	0	1	0	0	0	3,681
GRAND TOTAL		0	624	550	286	371	337	8	360	2,445	0	0	0	0	1	0	1	5	4,988

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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