



November 1, 2007

DHS HCO 07-8601

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 11/1/07

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

Note 1: Effective 11/1/07, Molina Health Care will acquire Care 1st Partner Plan, LLC in Sacramento County. (Ref: H Letter #0707-2787)

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 9/26/2007 - 10/24/2007

EFFECTIVE 11/1/2007

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	3	9	3	2	3	7	8	143	0	0	1	0	7	0	0	1	0	187
	Blue Cross of CA Partnrshp	1	8	13	0	3	3	10	17	153	0	0	0	0	0	0	0	0	0	208
	COUNTY TOTAL	1	11	22	3	5	6	17	25	296	0	0	1	0	7	0	0	1	0	395
CONTRA COSTA	Blue Cross of CA Partnrshp	0	8	6	4	2	21	4	6	105	0	0	0	0	0	0	0	0	0	156
	Contra Costa Health Plan	0	3	1	3	1	4	3	8	90	0	0	0	0	1	0	0	0	0	114
	COUNTY TOTAL	0	11	7	7	3	25	7	14	195	0	0	0	0	1	0	0	0	0	270
FRESNO	Blue Cross of CA Partnrshp	0	133	346	16	0	14	8	497	587	0	0	1	0	0	0	0	1	0	1,603
	Health Net Comm Solutions	0	16	17	2	2	12	5	17	143	0	0	0	0	0	0	0	0	0	214
	COUNTY TOTAL	0	149	363	18	2	26	13	514	730	0	0	1	0	0	0	0	1	0	1,817
KERN	Health Net Comm Solutions	0	14	33	0	5	7	2	12	80	0	0	0	0	0	0	0	0	0	153
	Kern Family Health Care	0	36	63	3	2	2	4	22	135	0	0	0	5	0	0	0	0	0	272
	COUNTY TOTAL	0	50	96	3	7	9	6	34	215	0	0	0	5	0	0	0	0	0	425
LOS ANGELES	Health Net Comm Solutions	6	94	252	52	57	70	31	261	863	0	0	0	0	0	0	0	25	0	1,711
	L.A. Care Health Plan	4	79	201	48	51	76	116	551	1,130	0	0	0	0	0	0	0	27	0	2,283
	COUNTY TOTAL	10	173	453	100	108	146	147	812	1,993	0	52	0	3,994						
RIVERSIDE	Inland Empire Health Plan	0	7	9	6	7	7	14	31	247	0	0	0	0	0	0	0	3	0	331
	Molina Healthcare Partner	0	8	38	14	6	23	3	40	307	0	0	0	0	0	0	0	0	0	439
	COUNTY TOTAL	0	15	47	20	13	30	17	71	554	0	3	0	770						
SACRAMENTO	Blue Cross of CA Partnrshp	0	18	55	11	5	8	12	56	241	0	0	0	0	0	0	2	2	0	410
	Care1st Partner Plan, LLC	0	20	31	14	6	9	9	72	125	0	0	0	0	0	0	0	0	0	286
	Health Net Comm Solutions	0	10	24	4	6	6	0	22	146	0	0	0	0	0	0	1	1	0	220
	KP Cal, LLC	0	0	4	2	2	1	0	0	46	0	0	0	0	0	0	0	0	0	55
	Molina Healthcare Partner	0	20	14	12	8	10	2	23	124	0	0	0	0	0	0	0	0	0	213
	WHA Community Health Plan	0	16	5	18	13	24	0	8	140	0	0	0	0	0	0	0	0	0	224
COUNTY TOTAL	0	84	133	61	40	58	23	181	822	0	0	0	0	0	0	3	3	0	1,408	
SAN BERNARDINO	Inland Empire Health Plan	0	11	16	2	28	12	38	50	341	0	0	0	0	0	0	0	4	0	502
	Molina Healthcare Partner	0	16	47	17	16	32	16	40	294	0	0	0	0	0	0	0	2	0	480
	COUNTY TOTAL	0	27	63	19	44	44	54	90	635	0	6	0	982						
SAN DIEGO	Blue Cross of CA Partnrshp	0	29	17	11	1	9	3	34	181	0	0	0	0	0	0	3	0	0	288
	Care1st Partner Plan, LLC	0	7	3	1	2	8	0	13	38	0	0	0	0	0	0	0	0	0	72
	Community Hlth Grp Partner	0	23	21	9	5	9	5	55	128	0	0	0	0	0	0	0	0	0	255
	Health Net Comm Solutions	0	14	3	1	0	10	3	17	106	0	0	0	0	0	0	1	0	0	155
	KP Cal, LLC	0	1	3	1	1	1	0	1	14	0	0	1	0	0	0	0	0	0	23
	Molina Healthcare Partner	0	18	31	9	2	13	0	29	156	0	0	0	0	0	0	1	0	0	259
COUNTY TOTAL	0	92	78	32	11	50	11	149	623	0	0	1	0	0	0	5	0	0	1,052	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 9/26/2007 - 10/24/2007

EFFECTIVE 11/1/2007

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	2	1	0	0	4	2	38	0	0	0	0	0	0	0	0	0	48
	San Francisco Health Plan	0	0	2	0	0	0	0	8	44	0	0	0	0	0	0	0	1	0	55
	COUNTY TOTAL	0	1	4	1	0	0	4	10	82	0	1	0	103						
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	15	14	7	0	10	4	24	124	0	0	1	0	0	0	0	1	0	200
	Health Plan of San Joaquin	0	6	3	1	0	3	15	13	160	0	0	0	0	0	0	0	0	0	201
	COUNTY TOTAL	0	21	17	8	0	13	19	37	284	0	0	1	0	0	0	0	1	0	401
SANTA CLARA	Blue Cross of CA Partnrshp	1	6	24	0	2	6	3	14	98	0	0	0	0	0	0	0	0	0	154
	Santa Clara Family H.P.	0	6	5	2	0	0	5	11	104	0	0	0	0	0	0	0	0	0	133
	COUNTY TOTAL	1	12	29	2	2	6	8	25	202	0	0	287							
STANISLAUS	Blue Cross of CA Partnrshp	0	9	11	0	2	5	4	11	129	0	0	0	0	0	0	0	0	1	172
	Health Net Comm Solutions	0	0	15	1	0	0	0	11	78	0	0	0	0	0	0	0	1	0	106
	COUNTY TOTAL	0	9	26	1	2	5	4	22	207	0	1	1	278						
TULARE	Blue Cross of CA Partnrshp	0	14	39	133	0	1	12	41	174	0	0	0	0	0	0	1	0	0	415
	Health Net Comm Solutions	0	2	10	1	2	8	2	19	101	0	0	0	0	0	0	0	0	0	145
	COUNTY TOTAL	0	16	49	134	2	9	14	60	275	0	0	0	0	0	0	1	0	0	560
2 PLAN & GMC COUNTIES TOTAL		12	671	1,387	409	239	427	344	2,044	7,113	0	0	4	5	8	0	9	69	1	12,742

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	2	0	2	0	0	0	0	0	0	0	0	0	4
	COUNTY TOTAL	0	0	0	0	0	0	2	0	2	0	0	4							
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
	COUNTY TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
VOLUNTARY COUNTIES TOTAL		0	0	1	0	0	0	2	0	2	0	0	5							
GRAND TOTAL		12	671	1,388	409	239	427	346	2,044	7,115	0	0	4	5	8	0	9	69	1	12,747

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: Effective 11/1/07, Molina Health Care will acquire Care 1st Plan, LLC in Sacramento County. (Ref: H Letter #0707-2787)

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 9/26/2007 - 10/24/2007

EFFECTIVE 11/1/2007

MAXIMUS

GMC MANDATORY DENTAL COUNTIES																				
COUNTY	PLAN NAME	REASONS																	TOTAL	
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02		
SACRAMENTO	Access Dental Plan	0	11	29	35	44	9	0	23	254	0	0	0	0	0	0	3	0	0	408
	Community Dental Svc, Inc.	0	13	15	7	20	24	0	15	149	0	0	0	0	0	0	0	0	0	243
	Liberty Dental Plan of CA	0	10	30	18	6	8	1	15	177	0	0	0	0	0	0	0	0	0	265
	Western Dental Services	0	3	24	24	39	2	3	28	291	0	0	0	0	0	0	4	0	0	418
	COUNTY TOTAL	0	37	98	84	109	43	4	81	871	0	0	0	0	0	0	7	0	0	1,334
GMC MANDATORY COUNTIES TOTAL		0	37	98	84	109	43	4	81	871	0	0	0	0	0	0	7	0	0	1,334
VOLUNTARY DENTAL COUNTIES																				
COUNTY	PLAN NAME	REASONS																	TOTAL	
		I01	F01	F02	F03	F04	F05	F06	F09	F10	E07	E08	E09	E11	E12	X01	X03	X02		
LOS ANGELES	Access Dental Plan	0	251	133	50	58	94	0	70	662	0	0	0	0	0	0	0	0	0	1,318
	American Health Guard	0	47	32	9	9	45	0	50	200	0	0	0	0	0	0	0	0	0	392
	Care 1st Health Plan	0	23	22	14	11	10	1	18	113	0	0	0	0	0	0	0	0	0	212
	Community Dental Svc, Inc.	0	9	9	9	6	1	1	4	35	0	0	0	0	0	0	0	0	0	74
	Health Net	0	40	28	30	19	12	0	30	187	0	0	0	0	0	0	0	0	0	346
	Liberty Dental Plan of CA	0	2	10	2	7	5	0	10	48	0	0	0	0	0	0	0	0	0	84
	SafeGuard Dental, Inc.	0	16	23	24	15	18	0	25	101	0	0	0	0	0	0	0	0	0	222
	Western Dental Services	0	37	57	46	40	20	0	34	263	0	0	0	0	0	0	0	0	0	497
COUNTY TOTAL	0	425	314	184	165	205	2	241	1,609	0	0	0	0	0	0	0	0	0	3,145	
RIVERSIDE	SafeGuard Dental, Inc.	0	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	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0							
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	United Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western Dental Services	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	1	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5
VOLUNTARY COUNTIES TOTAL		0	425	315	187	166	205	2	241	1,609	0	3,150								
GRAND TOTAL		0	462	413	271	275	248	6	322	2,480	0	0	0	0	0	0	7	0	0	4,484

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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