



April 1, 2008

DHS HCO 08-9179

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 4/1/08

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 Eric Stewart at (916) 669-3573.

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 2/23/2008 - 3/25/2008

EFFECTIVE 4/1/2008

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 | 15 | 8 | 1 | 1 | 4 | 8 | 5 | 115 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 161 |
| | Blue Cross of CA Partnrshp | 0 | 18 | 7 | 1 | 9 | 13 | 0 | 14 | 132 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 195 |
| | COUNTY TOTAL | 0 | 33 | 15 | 2 | 10 | 17 | 8 | 19 | 247 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 2 | 0 | 356 |
| CONTRA COSTA | Blue Cross of CA Partnrshp | 0 | 9 | 8 | 1 | 5 | 17 | 1 | 3 | 132 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 176 |
| | Contra Costa Health Plan | 0 | 14 | 9 | 1 | 2 | 3 | 4 | 16 | 116 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 165 |
| | COUNTY TOTAL | 0 | 23 | 17 | 2 | 7 | 20 | 5 | 19 | 248 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 341 |
| FRESNO | Blue Cross of CA Partnrshp | 0 | 104 | 300 | 11 | 18 | 10 | 2 | 264 | 611 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1,322 |
| | Health Net Comm Solutions | 0 | 15 | 16 | 5 | 1 | 15 | 0 | 23 | 176 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 252 |
| | COUNTY TOTAL | 0 | 119 | 316 | 16 | 19 | 25 | 2 | 287 | 787 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1,574 |
| KERN | Health Net Comm Solutions | 0 | 17 | 38 | 5 | 1 | 15 | 2 | 12 | 122 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 212 |
| | Kern Family Health Care | 0 | 39 | 81 | 10 | 6 | 4 | 3 | 16 | 116 | 0 | 0 | 2 | 3 | 0 | 0 | 0 | 5 | 0 | 285 |
| | COUNTY TOTAL | 0 | 56 | 119 | 15 | 7 | 19 | 5 | 28 | 238 | 0 | 0 | 2 | 3 | 0 | 0 | 0 | 5 | 0 | 497 |
| LOS ANGELES | Health Net Comm Solutions | 0 | 115 | 166 | 65 | 82 | 80 | 22 | 291 | 921 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 30 | 4 | 1,777 |
| | L.A. Care Health Plan | 1 | 100 | 168 | 54 | 73 | 67 | 55 | 339 | 1,208 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 48 | 8 | 2,122 |
| | COUNTY TOTAL | 1 | 215 | 334 | 119 | 155 | 147 | 77 | 630 | 2,129 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 78 | 12 | 3,899 |
| RIVERSIDE | Inland Empire Health Plan | 1 | 6 | 4 | 10 | 2 | 6 | 11 | 38 | 211 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 293 |
| | Molina Healthcare Partner | 0 | 11 | 45 | 14 | 12 | 45 | 3 | 29 | 339 | 0 | 0 | 0 | 41 | 0 | 0 | 1 | 1 | 0 | 541 |
| | COUNTY TOTAL | 1 | 17 | 49 | 24 | 14 | 51 | 14 | 67 | 550 | 0 | 0 | 0 | 41 | 0 | 0 | 1 | 5 | 0 | 834 |
| SACRAMENTO | Blue Cross of CA Partnrshp | 1 | 24 | 24 | 13 | 12 | 9 | 7 | 60 | 225 | 0 | 0 | 1 | 0 | 0 | 0 | 5 | 4 | 2 | 387 |
| | Health Net Comm Solutions | 0 | 17 | 22 | 9 | 2 | 19 | 0 | 34 | 199 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 307 |
| | KP Cal, LLC | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 3 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31 |
| | Molina Healthcare Partner | 1 | 10 | 15 | 12 | 11 | 19 | 9 | 11 | 201 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 292 |
| | WHA Community Health Plan | 0 | 21 | 3 | 7 | 4 | 20 | 1 | 18 | 95 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 171 |
| COUNTY TOTAL | 2 | 72 | 67 | 44 | 29 | 67 | 17 | 126 | 742 | 0 | 0 | 1 | 0 | 0 | 0 | 9 | 9 | 3 | 1,188 | |
| SAN BERNARDINO | Inland Empire Health Plan | 0 | 11 | 14 | 10 | 10 | 10 | 26 | 41 | 262 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 388 |
| | Molina Healthcare Partner | 0 | 20 | 55 | 12 | 10 | 33 | 20 | 49 | 353 | 0 | 0 | 0 | 61 | 0 | 0 | 0 | 1 | 1 | 615 |
| | COUNTY TOTAL | 0 | 31 | 69 | 22 | 20 | 43 | 46 | 90 | 615 | 0 | 0 | 0 | 61 | 0 | 0 | 0 | 5 | 1 | 1,003 |
| SAN DIEGO | Blue Cross of CA Partnrshp | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Care1st Partner Plan, LLC | 0 | 25 | 19 | 6 | 5 | 25 | 1 | 28 | 101 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 211 |
| | Community Hlth Grp Partner | 0 | 17 | 31 | 5 | 0 | 14 | 5 | 61 | 147 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 283 |
| | Health Net Comm Solutions | 0 | 47 | 15 | 7 | 4 | 26 | 3 | 52 | 211 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 369 |
| | KP Cal, LLC | 0 | 2 | 1 | 0 | 0 | 7 | 0 | 2 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 |
| | Molina Healthcare Partner | 0 | 11 | 59 | 4 | 3 | 20 | 1 | 36 | 198 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 334 |
| COUNTY TOTAL | 0 | 102 | 125 | 22 | 12 | 92 | 10 | 179 | 685 | 0 | 0 | 1 | 0 | 0 | 0 | 3 | 6 | 0 | 1,237 | |

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 2/23/2008 - 3/25/2008

EFFECTIVE 4/1/2008

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 | | |
| SAN FRANCISCO | Blue Cross of CA Partnrshp | 0 | 3 | 3 | 1 | 2 | 1 | 1 | 3 | 47 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61 |
| | San Francisco Health Plan | 0 | 3 | 2 | 0 | 0 | 2 | 10 | 1 | 58 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76 |
| | COUNTY TOTAL | 0 | 6 | 5 | 1 | 2 | 3 | 11 | 4 | 105 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 137 |
| SAN JOAQUIN | Blue Cross of CA Partnrshp | 0 | 10 | 15 | 2 | 1 | 5 | 4 | 26 | 175 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 238 |
| | Health Plan of San Joaquin | 0 | 3 | 1 | 0 | 3 | 0 | 6 | 8 | 116 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 137 |
| | COUNTY TOTAL | 0 | 13 | 16 | 2 | 4 | 5 | 10 | 34 | 291 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 375 |
| SANTA CLARA | Blue Cross of CA Partnrshp | 0 | 18 | 9 | 5 | 3 | 3 | 0 | 21 | 81 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 140 |
| | Santa Clara Family H.P. | 0 | 3 | 19 | 1 | 2 | 3 | 6 | 14 | 99 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 148 |
| | COUNTY TOTAL | 0 | 21 | 28 | 6 | 5 | 6 | 6 | 35 | 180 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 288 |
| STANISLAUS | Blue Cross of CA Partnrshp | 0 | 12 | 10 | 2 | 7 | 0 | 9 | 19 | 96 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 156 |
| | Health Net Comm Solutions | 0 | 12 | 20 | 4 | 0 | 5 | 1 | 7 | 69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 118 |
| | COUNTY TOTAL | 0 | 24 | 30 | 6 | 7 | 5 | 10 | 26 | 165 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 274 |
| TULARE | Blue Cross of CA Partnrshp | 0 | 9 | 128 | 13 | 3 | 1 | 1 | 67 | 205 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 427 |
| | Health Net Comm Solutions | 0 | 2 | 21 | 6 | 1 | 6 | 3 | 25 | 123 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 191 |
| | COUNTY TOTAL | 0 | 11 | 149 | 19 | 4 | 7 | 4 | 92 | 328 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 618 |
| 2 PLAN & GMC COUNTIES TOTAL | | 4 | 743 | 1,339 | 300 | 295 | 507 | 225 | 1,636 | 7,310 | 0 | 0 | 6 | 105 | 4 | 0 | 19 | 111 | 17 | 12,621 | |

| VOLUNTARY COUNTIES | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|---------------------|----------|------------|--------------|------------|------------|------------|------------|--------------|--------------|----------|----------|----------|------------|----------|----------|-----------|------------|-----------|---------------|----------|
| COUNTY | PLAN NAME | REASONS | | | | | | | | | | | | | | | | | | TOTAL | |
| | | I01 | F01 | F02 | F03 | F04 | F05 | F06 | F09 | F10 | E07 | E08 | E09 | E11 | E12 | X01 | X03 | X04 | X05 | | |
| MARIN | KP Cal, LLC | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | COUNTY TOTAL | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| SONOMA | KP Cal, LLC | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| | Sonoma Partners | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | COUNTY TOTAL | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| VOLUNTARY COUNTIES TOTAL | | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| GRAND TOTAL | | 4 | 744 | 1,341 | 301 | 295 | 507 | 225 | 1,636 | 7,313 | 0 | 0 | 6 | 105 | 4 | 0 | 19 | 111 | 17 | 12,628 | |

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 for Molina Healthcare Partner was processed under the incorrect reason code. The transaction was processed under the X04 Medical Exempt reason code, but should have been processed under F09 for Other Reason. The transaction has already been sent to MEDS therefore no correction will be made.

MSC-B-M05D DISENROLLMENTS BY REASON AND PLAN

ACCEPTED DENTAL DISENROLLMENTS 2/23/2008 - 3/25/2008

EFFECTIVE 4/1/2008

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 | 37 | 44 | 39 | 11 | 0 | 32 | 343 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 522 |
| | Community Dental Svc, Inc. | 0 | 14 | 10 | 16 | 18 | 15 | 1 | 10 | 157 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 244 |
| | Liberty Dental Plan of CA | 0 | 8 | 24 | 12 | 32 | 22 | 0 | 18 | 219 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 337 |
| | Western Dental Services | 0 | 20 | 33 | 47 | 45 | 12 | 0 | 39 | 316 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 516 |
| | COUNTY TOTAL | 0 | 57 | 104 | 119 | 134 | 60 | 1 | 99 | 1,035 | 0 | 0 | 1 | 0 | 0 | 0 | 9 | 0 | 1,619 |
| GMC MANDATORY COUNTIES TOTAL | | 0 | 57 | 104 | 119 | 134 | 60 | 1 | 99 | 1,035 | 0 | 0 | 1 | 0 | 0 | 0 | 9 | 0 | 1,619 |
| 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 | 483 | 125 | 36 | 98 | 135 | 2 | 101 | 578 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,558 |
| | American Health Guard | 0 | 41 | 29 | 22 | 20 | 76 | 0 | 80 | 614 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 882 |
| | Care 1st Health Plan | 0 | 37 | 28 | 23 | 11 | 21 | 4 | 35 | 116 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 275 |
| | Community Dental Svc, Inc. | 0 | 18 | 8 | 3 | 7 | 7 | 1 | 6 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 85 |
| | Health Net | 0 | 45 | 40 | 18 | 33 | 14 | 0 | 44 | 150 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 344 |
| | Liberty Dental Plan of CA | 0 | 19 | 6 | 3 | 10 | 3 | 0 | 5 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60 |
| | SafeGuard Dental, Inc. | 0 | 40 | 43 | 12 | 11 | 15 | 0 | 22 | 115 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 258 |
| | Western Dental Services | 0 | 61 | 62 | 50 | 51 | 19 | 0 | 55 | 224 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 522 |
| COUNTY TOTAL | 0 | 744 | 341 | 167 | 241 | 290 | 7 | 348 | 1,846 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,984 | |
| 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 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| | COUNTY TOTAL | 0 | 0 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| VOLUNTARY COUNTIES TOTAL | | 0 | 744 | 342 | 167 | 241 | 294 | 7 | 348 | 1,846 | 0 | 3,989 |
| GRAND TOTAL | | 0 | 801 | 446 | 286 | 375 | 354 | 8 | 447 | 2,881 | 0 | 0 | 1 | 0 | 0 | 0 | 9 | 0 | 5,608 |

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 for Access Dental in Sacramento County was processed, but not included in the report total. The transaction was processed correctly, however, its Disenrollment Reason is unavailable as a dental option.