



May 1, 2008

DHS HCO 08-9310

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 5/1/08

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 3/26/2008 - 4/23/2008

EFFECTIVE 5/1/2008

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	4	6	6	3	3	9	11	154	0	0	0	0	0	0	0	2	0	198
	Blue Cross of CA Partnrshp	0	10	11	3	4	3	4	19	160	0	0	0	0	0	0	0	0	0	214
	COUNTY TOTAL	0	14	17	9	7	6	13	30	314	0	0	0	0	0	0	0	2	0	412
CONTRA COSTA	Blue Cross of CA Partnrshp	0	15	7	5	13	2	0	25	99	0	0	0	0	0	0	0	1	0	167
	Contra Costa Health Plan	0	7	0	5	0	5	6	20	104	0	0	0	0	0	0	0	2	0	149
	COUNTY TOTAL	0	22	7	10	13	7	6	45	203	0	0	0	0	0	0	0	3	0	316
FRESNO	Blue Cross of CA Partnrshp	0	82	281	16	2	9	3	300	493	0	0	1	0	0	0	0	0	1	1,188
	Health Net Comm Solutions	0	13	24	2	0	12	2	32	149	0	0	0	0	0	0	0	0	1	235
	COUNTY TOTAL	0	95	305	18	2	21	5	332	642	0	0	1	0	0	0	0	0	2	1,423
KERN	Health Net Comm Solutions	0	16	42	5	3	13	0	6	135	0	0	0	0	0	0	0	0	0	220
	Kern Family Health Care	0	67	42	10	2	5	0	13	104	0	0	0	0	0	0	0	0	0	243
	COUNTY TOTAL	0	83	84	15	5	18	0	19	239	0	0	0	0	0	0	0	0	0	463
LOS ANGELES	Health Net Comm Solutions	0	85	167	72	73	96	24	362	949	0	0	0	0	0	0	0	35	3	1,866
	L.A. Care Health Plan	0	101	157	67	43	69	65	449	1,163	0	0	0	0	0	0	1	19	5	2,139
	COUNTY TOTAL	0	186	324	139	116	165	89	811	2,112	0	0	0	0	0	0	1	54	8	4,005
RIVERSIDE	Inland Empire Health Plan	0	1	16	0	2	6	16	34	193	0	0	0	0	0	0	0	2	1	271
	Molina Healthcare Partner	0	24	41	10	7	27	5	23	301	0	0	0	43	0	0	4	0	0	485
	COUNTY TOTAL	0	25	57	10	9	33	21	57	494	0	0	0	43	0	0	4	2	1	756
SACRAMENTO	Blue Cross of CA Partnrshp	0	19	20	24	4	5	4	63	196	0	0	0	0	0	0	1	4	0	340
	Health Net Comm Solutions	0	6	16	3	7	7	0	40	148	0	0	0	0	0	0	0	1	0	228
	KP Cal, LLC	0	1	1	3	0	0	0	2	23	0	0	0	0	0	0	0	1	0	31
	Molina Healthcare Partner	0	16	11	7	5	19	3	12	180	0	0	1	0	2	0	0	0	1	257
	WHA Community Health Plan	0	15	2	13	11	13	2	8	106	0	0	0	0	0	0	1	1	0	172
COUNTY TOTAL	0	57	50	50	27	44	9	125	653	0	0	1	0	2	0	2	7	1	1,028	
SAN BERNARDINO	Inland Empire Health Plan	0	10	8	3	11	11	12	47	268	0	0	0	0	0	0	0	2	2	374
	Molina Healthcare Partner	0	15	57	25	10	44	7	23	278	0	0	0	23	0	0	0	3	2	487
	COUNTY TOTAL	0	25	65	28	21	55	19	70	546	0	0	0	23	0	0	0	5	4	861
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	10	21	6	9	22	1	18	113	0	0	0	0	0	0	2	0	0	202
	Community Hlth Grp Partner	0	18	24	4	3	18	5	31	134	0	0	0	0	0	0	5	2	1	245
	Health Net Comm Solutions	0	53	27	16	2	13	4	45	185	0	0	0	0	0	0	1	0	0	346
	KP Cal, LLC	0	3	2	1	8	13	0	1	39	0	0	0	0	0	0	0	0	0	67
	Molina Healthcare Partner	0	20	41	7	6	24	3	31	184	0	0	0	0	0	0	1	2	0	319
COUNTY TOTAL	0	104	115	34	28	90	13	126	655	0	0	0	0	0	0	9	4	1	1,179	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 3/26/2008 - 4/23/2008

EFFECTIVE 5/1/2008

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
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	4	2	2	0	1	1	2	70	0	0	0	0	0	0	0	0	0	82
	San Francisco Health Plan	0	3	1	1	4	0	2	5	63	0	0	0	0	0	0	0	0	0	79
	COUNTY TOTAL	0	7	3	3	4	1	3	7	133	0	0	0	0	0	0	0	0	0	161
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	10	12	3	2	10	1	32	131	0	0	0	0	0	0	0	0	0	201
	Health Plan of San Joaquin	0	3	14	0	6	12	5	8	109	0	0	1	0	0	0	0	0	0	158
	COUNTY TOTAL	0	13	26	3	8	22	6	40	240	0	0	1	0	0	0	0	0	0	359
SANTA CLARA	Blue Cross of CA Partnrshp	0	6	20	4	4	14	2	17	61	0	0	0	0	0	0	0	0	0	128
	Santa Clara Family H.P.	0	6	19	1	0	2	0	14	86	0	0	0	0	0	0	0	0	0	128
	COUNTY TOTAL	0	12	39	5	4	16	2	31	147	0	0	0	0	0	0	0	0	0	256
STANISLAUS	Blue Cross of CA Partnrshp	0	6	5	1	7	5	5	13	96	0	0	0	0	0	0	0	0	0	138
	Health Net Comm Solutions	0	4	1	1	0	7	4	5	83	0	0	0	0	0	0	0	1	0	106
	COUNTY TOTAL	0	10	6	2	7	12	9	18	179	0	0	0	0	0	0	0	1	0	244
TULARE	Blue Cross of CA Partnrshp	0	23	70	0	1	1	4	61	184	0	0	0	0	0	0	4	1	0	349
	Health Net Comm Solutions	0	3	21	9	0	7	0	13	74	0	0	0	0	0	0	0	0	0	127
	COUNTY TOTAL	0	26	91	9	1	8	4	74	258	0	0	0	0	0	0	4	1	0	476
2 PLAN & GMC COUNTIES TOTAL		0	679	1,189	335	252	498	199	1,785	6,815	0	0	3	66	2	0	20	79	17	11,939

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	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	3
	Sonoma Partners	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	3
VOLUNTARY COUNTIES TOTAL		0	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	3
GRAND TOTAL		0	680	1,189	335	252	498	199	1,785	6,817	0	0	3	66	2	0	20	79	17	11,942

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 3/26/2008 - 4/23/2008

EFFECTIVE 5/1/2008

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	12	33	37	25	17	0	21	326	0	0	1	0	2	0	5	0	479
	Community Dental Svc, Inc.	0	8	12	10	17	3	1	8	139	0	0	0	0	0	0	0	0	198
	Liberty Dental Plan of CA	0	13	26	14	25	18	0	8	207	0	0	0	0	0	0	0	0	311
	Western Dental Services	0	8	40	36	35	9	4	23	260	0	0	0	0	0	0	0	0	415
	COUNTY TOTAL	0	41	111	97	102	47	5	60	932	0	0	1	0	2	0	5	0	1,403
GMC MANDATORY COUNTIES TOTAL		0	41	111	97	102	47	5	60	932	0	0	1	0	2	0	5	0	1,403
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	374	117	51	93	132	1	120	563	0	0	0	0	0	0	0	0	1,451
	American Health Guard	0	30	28	17	18	76	0	127	566	0	0	0	0	0	0	0	0	862
	Care 1st Health Plan	0	24	22	20	17	19	0	30	114	0	0	0	0	0	0	0	0	246
	Community Dental Svc, Inc.	0	18	6	13	6	9	0	8	23	0	0	0	0	0	0	0	0	83
	Health Net	0	78	44	21	24	24	1	40	134	0	0	0	0	0	0	0	0	366
	Liberty Dental Plan of CA	0	20	15	3	7	3	0	16	19	0	0	0	0	0	0	0	0	83
	SafeGuard Dental, Inc.	0	25	40	26	12	22	0	37	87	0	0	0	0	0	0	0	0	249
	Western Dental Services	0	44	47	34	66	19	1	53	179	0	0	0	0	0	0	0	0	443
COUNTY TOTAL	0	613	319	185	243	304	3	431	1,685	0	0	0	0	0	0	0	0	3,783	
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
	Western Dental Services	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
SAN BERNARDINO	SafeGuard Dental, Inc.	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	United Health Plan	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Western Dental Services	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	2	1	0	0	0	0	0	1	0	4							
VOLUNTARY COUNTIES TOTAL		0	615	320	185	243	308	3	431	1,686	0	3,791							
GRAND TOTAL		0	656	431	282	345	355	8	491	2,618	0	0	1	0	2	0	5	0	5,194

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

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 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.