



July 1, 2008

DHS HCO 08-9543

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 7/1/08

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 5/28/2008 - 6/24/2008

EFFECTIVE 7/1/2008

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 | 5 | 4 | 0 | 0 | 2 | 8 | 15 | 119 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 156 |
| | Blue Cross of CA Partnrshp | 0 | 26 | 9 | 1 | 4 | 6 | 5 | 12 | 118 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 181 |
| | COUNTY TOTAL | 0 | 31 | 13 | 1 | 4 | 8 | 13 | 27 | 237 | 0 | 3 | 0 | 337 |
| CONTRA COSTA | Blue Cross of CA Partnrshp | 0 | 3 | 4 | 3 | 5 | 11 | 2 | 10 | 114 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 152 |
| | Contra Costa Health Plan | 0 | 5 | 5 | 2 | 0 | 6 | 2 | 12 | 83 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 115 |
| | COUNTY TOTAL | 0 | 8 | 9 | 5 | 5 | 17 | 4 | 22 | 197 | 0 | 0 | 267 |
| FRESNO | Blue Cross of CA Partnrshp | 0 | 36 | 87 | 7 | 2 | 3 | 10 | 165 | 306 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 617 |
| | Health Net Comm Solutions | 0 | 21 | 35 | 1 | 1 | 11 | 0 | 6 | 193 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 268 |
| | COUNTY TOTAL | 0 | 57 | 122 | 8 | 3 | 14 | 10 | 171 | 499 | 0 | 1 | 885 |
| KERN | Health Net Comm Solutions | 0 | 14 | 44 | 8 | 1 | 11 | 3 | 7 | 94 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 184 |
| | Kern Family Health Care | 0 | 21 | 35 | 9 | 10 | 6 | 7 | 13 | 115 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 219 |
| | COUNTY TOTAL | 0 | 35 | 79 | 17 | 11 | 17 | 10 | 20 | 209 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 3 | 0 | 403 |
| LOS ANGELES | Health Net Comm Solutions | 0 | 73 | 160 | 69 | 37 | 62 | 20 | 245 | 906 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 2 | 1,606 |
| | L.A. Care Health Plan | 0 | 83 | 120 | 43 | 35 | 50 | 39 | 450 | 925 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 36 | 6 | 1,787 |
| | COUNTY TOTAL | 0 | 156 | 280 | 112 | 72 | 112 | 59 | 695 | 1,831 | 0 | 68 | 8 | 3,393 |
| RIVERSIDE | Inland Empire Health Plan | 0 | 3 | 6 | 4 | 3 | 2 | 20 | 10 | 178 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 0 | 234 |
| | Molina Healthcare Partner | 0 | 12 | 36 | 13 | 20 | 24 | 7 | 35 | 314 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 464 |
| | COUNTY TOTAL | 0 | 15 | 42 | 17 | 23 | 26 | 27 | 45 | 492 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 6 | 0 | 698 |
| SACRAMENTO | Blue Cross of CA Partnrshp | 0 | 10 | 17 | 17 | 16 | 5 | 10 | 163 | 278 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 0 | 521 |
| | Health Net Comm Solutions | 0 | 5 | 4 | 6 | 7 | 15 | 0 | 108 | 139 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 287 |
| | KP Cal, LLC | 0 | 0 | 1 | 1 | 5 | 0 | 0 | 1 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 30 |
| | Molina Healthcare Partner | 0 | 20 | 16 | 1 | 7 | 7 | 0 | 9 | 151 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 212 |
| | WHA Community Health Plan | 0 | 10 | 13 | 4 | 8 | 10 | 1 | 20 | 109 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 177 |
| COUNTY TOTAL | 0 | 45 | 51 | 29 | 43 | 37 | 11 | 301 | 698 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 8 | 0 | 1,227 | |
| SAN BERNARDINO | Inland Empire Health Plan | 0 | 8 | 7 | 9 | 3 | 4 | 33 | 37 | 259 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 372 |
| | Molina Healthcare Partner | 0 | 13 | 35 | 13 | 12 | 21 | 4 | 40 | 236 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 375 |
| | COUNTY TOTAL | 0 | 21 | 42 | 22 | 15 | 25 | 37 | 77 | 495 | 0 | 13 | 0 | 747 |
| SAN DIEGO | Care1st Partner Plan, LLC | 0 | 17 | 14 | 1 | 5 | 24 | 0 | 14 | 62 | 0 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 142 |
| | Community Hlth Grp Partner | 0 | 12 | 25 | 9 | 0 | 7 | 1 | 38 | 107 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 201 |
| | Health Net Comm Solutions | 0 | 32 | 41 | 3 | 10 | 8 | 1 | 23 | 124 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 246 |
| | KP Cal, LLC | 0 | 8 | 5 | 1 | 1 | 2 | 0 | 14 | 41 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 72 |
| | Molina Healthcare Partner | 0 | 15 | 49 | 0 | 4 | 7 | 2 | 22 | 114 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 215 |
| COUNTY TOTAL | 0 | 84 | 134 | 14 | 20 | 48 | 4 | 111 | 448 | 0 | 0 | 1 | 0 | 0 | 0 | 7 | 5 | 0 | 876 | |

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 5/28/2008 - 6/24/2008

EFFECTIVE 7/1/2008

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 | 8 | 0 | 0 | 0 | 3 | 0 | 4 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50 |
| | San Francisco Health Plan | 0 | 1 | 1 | 2 | 3 | 1 | 1 | 10 | 34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 53 |
| | COUNTY TOTAL | 0 | 9 | 1 | 2 | 3 | 4 | 1 | 14 | 69 | 0 | 0 | 0 | 103 |
| SAN JOAQUIN | Blue Cross of CA Partnrshp | 0 | 5 | 4 | 4 | 7 | 6 | 0 | 14 | 90 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 130 |
| | Health Plan of San Joaquin | 0 | 3 | 5 | 3 | 0 | 7 | 0 | 9 | 87 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 114 |
| | COUNTY TOTAL | 0 | 8 | 9 | 7 | 7 | 13 | 0 | 23 | 177 | 0 | 0 | 0 | 244 |
| SANTA CLARA | Blue Cross of CA Partnrshp | 0 | 3 | 5 | 3 | 7 | 13 | 4 | 16 | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 118 |
| | Santa Clara Family H.P. | 0 | 7 | 9 | 0 | 2 | 8 | 3 | 20 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 134 |
| | COUNTY TOTAL | 0 | 10 | 14 | 3 | 9 | 21 | 7 | 36 | 151 | 0 | 1 | 0 | 252 |
| STANISLAUS | Blue Cross of CA Partnrshp | 0 | 10 | 9 | 3 | 1 | 7 | 7 | 13 | 76 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 126 |
| | Health Net Comm Solutions | 0 | 7 | 6 | 1 | 3 | 10 | 0 | 1 | 69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 97 |
| | COUNTY TOTAL | 0 | 17 | 15 | 4 | 4 | 17 | 7 | 14 | 145 | 0 | 0 | 0 | 223 |
| TULARE | Blue Cross of CA Partnrshp | 0 | 12 | 32 | 0 | 0 | 1 | 0 | 41 | 123 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 209 |
| | Health Net Comm Solutions | 0 | 1 | 9 | 4 | 0 | 8 | 1 | 34 | 63 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 120 |
| | COUNTY TOTAL | 0 | 13 | 41 | 4 | 0 | 9 | 1 | 75 | 186 | 0 | 0 | 0 | 329 |
| 2 PLAN & GMC COUNTIES TOTAL | | 0 | 509 | 852 | 245 | 219 | 368 | 191 | 1,631 | 5,834 | 0 | 0 | 1 | 2 | 0 | 0 | 16 | 107 | 9 | 9,984 |

| 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 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| | COUNTY TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 4 |
| SONOMA | KP Cal, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| VOLUNTARY COUNTIES TOTAL | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 5 |
| GRAND TOTAL | | 0 | 509 | 852 | 245 | 219 | 368 | 191 | 1,632 | 5,838 | 0 | 0 | 1 | 2 | 0 | 0 | 16 | 107 | 9 | 9,989 |

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 5/28/2008 - 6/24/2008

EFFECTIVE 7/1/2008

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 | 25 | 52 | 59 | 58 | 12 | 0 | 29 | 362 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 599 |
| | Community Dental Svc, Inc. | 0 | 4 | 8 | 22 | 20 | 11 | 0 | 11 | 168 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 244 |
| | HealthNet of California | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| | Liberty Dental Plan of CA | 0 | 9 | 22 | 44 | 34 | 12 | 0 | 33 | 221 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 375 |
| | Western Dental Services | 0 | 27 | 62 | 61 | 38 | 10 | 2 | 32 | 371 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 606 |
| COUNTY TOTAL | | 0 | 65 | 144 | 189 | 150 | 45 | 2 | 105 | 1,124 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 1,829 |
| GMC MANDATORY COUNTIES TOTAL | | 0 | 65 | 144 | 189 | 150 | 45 | 2 | 105 | 1,124 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 1,829 |

| 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 | 299 | 170 | 36 | 118 | 109 | 2 | 100 | 555 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,389 |
| | American Health Guard | 0 | 28 | 31 | 21 | 14 | 42 | 1 | 107 | 515 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 759 |
| | Care 1st Health Plan | 0 | 34 | 13 | 21 | 7 | 8 | 0 | 44 | 116 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 243 |
| | Community Dental Svc, Inc. | 0 | 19 | 14 | 12 | 13 | 1 | 0 | 11 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 110 |
| | Health Net | 0 | 50 | 39 | 22 | 19 | 14 | 1 | 45 | 170 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 360 |
| | Liberty Dental Plan of CA | 0 | 2 | 13 | 4 | 4 | 3 | 0 | 10 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 62 |
| | SafeGuard Dental, Inc. | 0 | 25 | 14 | 16 | 12 | 12 | 0 | 25 | 78 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 182 |
| | Western Dental Services | 0 | 64 | 81 | 29 | 37 | 13 | 2 | 46 | 220 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 492 |
| COUNTY TOTAL | | 0 | 521 | 375 | 161 | 224 | 202 | 6 | 388 | 1,720 | 0 | 3,597 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SAN BERNARDINO | SafeGuard Dental, Inc. | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | COUNTY TOTAL | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| VOLUNTARY COUNTIES TOTAL | | 0 | 521 | 376 | 161 | 224 | 202 | 6 | 388 | 1,721 | 0 | 3,599 |
| GRAND TOTAL | | 0 | 586 | 520 | 350 | 374 | 247 | 8 | 493 | 2,845 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 5,428 |

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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 F10 = No Reason Checked
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 E12 = Moved Out of County
 X01 = Wavier Program Exemption

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