



September 2, 2008

DHS HCO 08-9797

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 9/1/08

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

Terms of Use:

The enclosed/attached information is provided by the Department of Health Services' Health Care Options Section (HCO), which takes full responsibility for its accuracy and completeness. The results of any subsequent manipulation of that information, however, are the full responsibility of the person or entity that performs that manipulation. Although those results can be said to be based on information supplied by HCO, the results themselves must in no way, explicitly or implicitly, be attributed to HCO.

The recipient of this file may not supply it, or the data it contains, in any electronic format, to any other party, without the expressed written consent of HCO. By accepting and using the enclosed/attached information, the user is also accepting these terms of use. HCO reserves the right to refuse to supply manipulable information (information in formats that allow the data contained to be manipulated) to any users who do not abide by these terms.

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 7/25/2008 - 8/25/2008

EFFECTIVE 9/1/2008

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	
ALAMEDA	Alameda Alliance For Health	0	6	17	1	4	4	0	15	154	0	0	0	0	0	0	0	2	0	203
	Blue Cross of CA Partnrshp	0	17	18	11	6	5	6	13	166	0	0	0	0	0	0	0	0	0	242
	COUNTY TOTAL	0	23	35	12	10	9	6	28	320	0	0	0	0	0	0	0	2	0	445
CONTRA COSTA	Blue Cross of CA Partnrshp	0	14	10	0	6	14	3	10	125	0	0	0	0	0	0	0	0	0	182
	Contra Costa Health Plan	0	5	4	4	4	2	16	10	106	0	0	0	0	0	0	0	0	3	154
	COUNTY TOTAL	0	19	14	4	10	16	19	20	231	0	0	0	0	0	0	0	0	3	336
FRESNO	Blue Cross of CA Partnrshp	0	30	26	2	3	8	5	70	208	0	0	0	0	0	0	0	0	0	352
	Health Net Comm Solutions	0	21	49	2	4	3	4	41	199	0	0	0	0	0	0	0	0	0	323
	COUNTY TOTAL	0	51	75	4	7	11	9	111	407	0	0	0	0	0	0	0	0	0	675
KERN	Health Net Comm Solutions	0	35	41	9	0	8	0	15	121	0	0	0	0	0	0	0	0	0	229
	Kern Family Health Care	0	39	61	2	2	10	3	15	127	0	0	1	1	0	0	0	1	0	262
	COUNTY TOTAL	0	74	102	11	2	18	3	30	248	0	0	1	1	0	0	0	1	0	491
LOS ANGELES	Health Net Comm Solutions	0	93	205	79	48	79	38	212	960	0	0	0	0	0	0	0	31	5	1,750
	L.A. Care Health Plan	0	119	131	67	75	72	54	635	1,058	0	0	0	0	0	0	0	50	5	2,266
	COUNTY TOTAL	0	212	336	146	123	151	92	847	2,018	0	0	0	0	0	0	0	81	10	4,016
RIVERSIDE	Inland Empire Health Plan	0	4	7	1	1	3	31	25	233	0	0	0	0	0	0	7	0	0	312
	Molina Healthcare Partner	0	10	45	7	9	32	3	45	323	0	0	0	0	0	0	0	2	0	476
	COUNTY TOTAL	0	14	52	8	10	35	34	70	556	0	0	0	0	0	0	7	2	0	788
SACRAMENTO	Blue Cross of CA Partnrshp	0	11	76	18	10	2	7	100	296	0	0	0	0	0	0	10	1	0	531
	Health Net Comm Solutions	0	15	11	10	4	14	1	46	164	0	0	0	0	0	0	0	4	0	269
	KP Cal, LLC	0	3	1	1	0	0	0	2	35	0	0	1	0	0	0	0	0	0	43
	Molina Healthcare Partner	0	12	17	12	3	14	2	15	200	0	0	1	0	0	0	0	0	0	276
	WHA Community Health Plan	0	21	8	7	14	17	0	12	136	0	0	0	0	0	0	1	1	0	217
COUNTY TOTAL	0	62	113	48	31	47	10	175	831	0	0	2	0	0	0	11	6	0	1,336	
SAN BERNARDINO	Inland Empire Health Plan	0	6	2	2	11	5	31	39	302	0	0	0	0	0	0	2	5	1	406
	Molina Healthcare Partner	0	14	66	15	16	35	21	58	324	0	0	0	0	0	0	0	5	1	555
	COUNTY TOTAL	0	20	68	17	27	40	52	97	626	0	0	0	0	0	0	2	10	2	961
SAN DIEGO	Care1st Partner Plan, LLC	0	18	14	0	8	14	0	15	86	0	0	0	0	0	0	0	2	0	157
	Community Hlth Grp Partner	0	17	25	8	3	8	0	40	162	0	0	0	0	0	0	3	4	0	270
	Health Net Comm Solutions	0	30	29	4	19	7	3	21	159	0	0	0	0	0	0	0	3	0	275
	KP Cal, LLC	0	14	0	4	6	9	0	9	45	0	0	0	0	0	0	0	0	0	87
	Molina Healthcare Partner	0	20	39	5	10	11	3	63	132	0	0	0	0	0	0	5	1	1	290
COUNTY TOTAL	0	99	107	21	46	49	6	148	584	0	0	0	0	0	0	8	10	1	1,079	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 7/25/2008 - 8/25/2008

EFFECTIVE 9/1/2008

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	4	2	0	0	2	49	0	0	0	0	0	0	0	0	0	63
	San Francisco Health Plan	0	2	4	0	0	3	4	0	56	0	0	0	0	6	0	2	1	0	78
	COUNTY TOTAL	0	6	6	4	2	3	4	2	105	0	0	0	0	6	0	2	1	0	141
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	14	9	6	3	3	4	26	145	0	0	0	0	0	0	0	0	0	210
	Health Plan of San Joaquin	0	8	4	2	4	3	2	6	127	0	0	1	0	0	0	0	0	0	157
	COUNTY TOTAL	0	22	13	8	7	6	6	32	272	0	0	1	0	0	0	0	0	0	367
SANTA CLARA	Blue Cross of CA Partnrshp	0	10	30	1	4	6	2	16	118	0	0	0	0	0	0	0	0	0	187
	Santa Clara Family H.P.	0	4	36	2	0	4	3	4	121	0	0	0	0	0	0	0	0	0	174
	COUNTY TOTAL	0	14	66	3	4	10	5	20	239	0	0	0	361						
STANISLAUS	Blue Cross of CA Partnrshp	0	14	13	10	0	3	15	8	82	0	0	0	0	0	0	0	0	0	145
	Health Net Comm Solutions	0	7	10	3	0	4	0	9	62	0	0	0	0	0	0	0	0	0	95
	COUNTY TOTAL	0	21	23	13	0	7	15	17	144	0	0	0	240						
TULARE	Blue Cross of CA Partnrshp	0	2	14	1	1	0	5	14	76	0	0	0	0	0	0	0	0	0	113
	Health Net Comm Solutions	0	5	16	1	0	9	2	25	136	0	0	0	0	0	0	2	0	0	196
	COUNTY TOTAL	0	7	30	2	1	9	7	39	212	0	0	0	0	0	0	2	0	0	309
2 PLAN & GMC COUNTIES TOTAL		0	644	1,040	301	280	411	268	1,636	6,793	0	0	4	1	6	0	32	113	16	11,545

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	4	0	0	0	0	0	0	0	0	0	4
	COUNTY TOTAL	0	0	0	0	0	0	0	0	4	0	0	0	4						
SONOMA	KP Cal, LLC	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2
	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	1	1	0	0	0	2						
VOLUNTARY COUNTIES TOTAL		0	0	0	0	0	0	0	1	5	0	0	0	6						
GRAND TOTAL		0	644	1,040	301	280	411	268	1,637	6,798	0	0	4	1	6	0	32	113	16	11,551

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 7/25/2008 - 8/25/2008

EFFECTIVE 9/1/2008

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	28	48	50	33	9	5	54	392	0	0	0	0	0	0	7	0	0	626
	Community Dental Svc, Inc.	0	10	21	6	16	12	2	18	210	0	0	0	0	0	0	0	0	0	295
	HealthNet of California	0	4	1	0	4	7	0	15	54	0	0	0	0	0	0	0	0	0	85
	Liberty Dental Plan of CA	0	14	29	17	11	16	0	16	245	0	0	0	0	0	0	2	0	0	350
	Western Dental Services	0	11	47	47	44	8	0	43	385	0	0	0	0	0	0	5	1	0	591
COUNTY TOTAL		0	67	146	120	108	52	7	146	1,286	0	0	0	0	0	0	14	1	1,947	
GMC MANDATORY COUNTIES TOTAL		0	67	146	120	108	52	7	146	1,286	0	0	0	0	0	0	14	1	1,947	

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	391	166	81	138	182	0	141	722	0	0	0	0	0	0	0	0	0	1,821
	American Health Guard	0	46	30	20	34	70	0	65	347	0	0	0	0	0	0	0	0	0	612
	Care 1st Health Plan	0	37	28	12	20	9	0	65	125	0	0	0	0	0	0	0	0	0	296
	Community Dental Svc, Inc.	0	13	9	8	9	5	0	11	42	0	0	0	0	0	0	0	0	0	97
	Health Net	0	72	48	30	22	13	0	46	178	0	0	0	0	0	0	0	0	0	409
	Liberty Dental Plan of CA	0	14	14	9	5	3	0	22	43	0	0	0	0	0	0	0	0	0	110
	SafeGuard Dental, Inc.	0	23	55	22	14	11	0	19	106	0	0	0	0	0	0	0	0	0	250
	Western Dental Services	0	77	73	58	53	19	2	71	207	0	0	0	0	0	0	0	0	0	560
COUNTY TOTAL		0	673	423	240	295	312	2	440	1,770	0	0	0	4,155						
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	0	0	0	0	0	0	0
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	United Health Plan	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	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	2	0	0	0	2						
VOLUNTARY COUNTIES TOTAL		0	673	423	240	295	312	2	440	1,772	0	0	0	4,157						
GRAND TOTAL		0	740	569	360	403	364	9	586	3,058	0	0	0	0	0	0	14	1	6,104	

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 transaction for Liberty Dental Plan of CA 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.