



November 3, 2008

DHS HCO 08-10046

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 11/1/08

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 9/24/2008 - 10/24/2008

EFFECTIVE 11/1/2008

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	5	11	2	0	4	7	11	168	0	0	1	0	5	0	0	1	1	216
	Blue Cross of CA Partnrshp	0	6	8	2	1	9	4	18	136	0	0	1	0	0	0	0	0	0	185
	COUNTY TOTAL	0	11	19	4	1	13	11	29	304	0	0	2	0	5	0	0	1	1	401
CONTRA COSTA	Blue Cross of CA Partnrshp	0	5	14	0	9	5	4	30	107	0	0	1	0	0	0	0	0	0	175
	Contra Costa Health Plan	0	6	3	0	1	0	1	13	119	0	0	0	0	0	0	0	2	0	145
	COUNTY TOTAL	0	11	17	0	10	5	5	43	226	0	0	1	0	0	0	0	2	0	320
FRESNO	Blue Cross of CA Partnrshp	0	91	274	11	6	27	13	1,410	769	0	0	0	0	0	0	0	0	0	2,601
	Health Net Comm Solutions	0	17	36	2	2	10	3	64	204	0	0	0	0	0	0	0	0	0	338
	COUNTY TOTAL	0	108	310	13	8	37	16	1,474	973	0	0	0	0	0	0	0	0	0	2,939
KERN	Health Net Comm Solutions	0	27	63	6	4	10	5	19	133	0	0	0	0	0	0	0	1	0	268
	Kern Family Health Care	0	18	56	7	10	7	4	25	136	0	0	0	3	1	0	0	1	0	268
	COUNTY TOTAL	0	45	119	13	14	17	9	44	269	0	0	0	3	1	0	0	2	0	536
LOS ANGELES	Health Net Comm Solutions	0	65	187	68	85	82	40	218	1,071	0	0	0	0	0	0	0	34	2	1,852
	L.A. Care Health Plan	0	102	147	66	70	90	100	1,120	1,281	0	0	0	1	3	0	1	44	6	3,031
	COUNTY TOTAL	0	167	334	134	155	172	140	1,338	2,352	0	0	0	1	3	0	1	78	8	4,883
RIVERSIDE	Inland Empire Health Plan	0	11	7	2	7	3	41	39	289	0	0	0	0	0	0	0	4	0	403
	Molina Healthcare Partner	0	16	51	6	19	47	13	59	363	0	0	0	0	0	0	0	2	0	576
	COUNTY TOTAL	0	27	58	8	26	50	54	98	652	0	0	0	0	0	0	0	6	0	979
SACRAMENTO	Blue Cross of CA Partnrshp	0	90	82	51	16	11	13	296	587	0	0	0	0	0	0	9	0	0	1,155
	Health Net Comm Solutions	0	10	11	16	5	8	1	13	185	0	0	0	0	0	0	1	1	0	251
	KP Cal, LLC	0	0	4	3	1	0	0	3	21	0	0	1	0	0	0	0	1	0	34
	Molina Healthcare Partner	0	16	11	11	8	13	0	20	191	0	0	0	0	0	0	0	3	0	273
	WHA Community Health Plan	0	10	15	8	13	19	1	4	136	0	0	0	0	0	0	1	0	0	207
COUNTY TOTAL	0	126	123	89	43	51	15	336	1,120	0	0	1	0	0	0	11	5	0	1,920	
SAN BERNARDINO	Inland Empire Health Plan	0	1	11	4	13	10	31	43	308	0	0	0	0	0	0	1	2	2	426
	Molina Healthcare Partner	0	56	52	12	13	39	8	97	395	0	0	0	0	0	0	0	3	0	675
	COUNTY TOTAL	0	57	63	16	26	49	39	140	703	0	0	0	0	0	0	1	5	2	1,101
SAN DIEGO	Care1st Partner Plan, LLC	0	5	5	1	3	23	0	8	94	0	0	0	0	0	0	0	2	0	141
	Community Hlth Grp Partner	0	24	63	8	5	12	5	64	151	0	0	0	0	0	0	2	2	0	336
	Health Net Comm Solutions	0	16	43	7	6	7	1	18	155	0	0	0	0	0	0	4	0	0	257
	KP Cal, LLC	0	7	13	2	0	6	0	5	44	0	0	0	0	0	0	0	1	0	78
	Molina Healthcare Partner	0	11	58	10	0	21	6	57	159	0	0	0	0	0	0	1	5	3	331
COUNTY TOTAL	0	63	182	28	14	69	12	152	603	0	0	0	0	0	0	7	10	3	1,143	

MSC-B-M05 DISENROLLMENTS BY REASON AND PLAN

ACCEPTED MEDICAL DISENROLLMENTS 9/24/2008 - 10/24/2008

EFFECTIVE 11/1/2008

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	5	5	0	1	4	1	5	52	0	0	1	0	0	0	0	0	0	74
	San Francisco Health Plan	0	8	0	0	1	5	1	4	39	0	0	1	2	0	0	0	0	0	61
	COUNTY TOTAL	0	13	5	0	2	9	2	9	91	0	0	2	2	0	0	0	0	0	135
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	9	22	8	1	5	4	20	146	0	0	0	0	0	0	0	1	0	216
	Health Plan of San Joaquin	0	2	8	0	0	2	1	13	111	0	0	2	0	0	0	0	0	0	139
	COUNTY TOTAL	0	11	30	8	1	7	5	33	257	0	0	2	0	0	0	0	1	0	355
SANTA CLARA	Blue Cross of CA Partnrshp	0	10	41	0	0	13	3	27	171	0	0	0	0	0	0	0	0	0	265
	Santa Clara Family H.P.	0	7	13	2	3	2	8	14	163	0	0	1	0	0	0	0	0	0	213
	COUNTY TOTAL	0	17	54	2	3	15	11	41	334	0	0	1	0	0	0	0	0	0	478
STANISLAUS	Blue Cross of CA Partnrshp	0	5	6	7	0	3	10	15	108	0	0	0	0	0	0	0	0	0	154
	Health Net Comm Solutions	0	8	6	2	0	1	4	5	87	0	0	0	0	0	0	0	2	0	115
	COUNTY TOTAL	0	13	12	9	0	4	14	20	195	0	0	0	0	0	0	0	2	0	269
TULARE	Blue Cross of CA Partnrshp	0	3	43	0	0	0	7	26	120	0	0	2	0	0	0	0	0	0	201
	Health Net Comm Solutions	0	16	25	0	1	4	1	26	123	0	0	0	0	0	0	0	0	0	196
	COUNTY TOTAL	0	19	68	0	1	4	8	52	243	0	0	2	0	0	0	0	0	0	397
2 PLAN & GMC COUNTIES TOTAL		0	688	1,394	324	304	502	341	3,809	8,322	0	0	11	6	9	0	20	112	14	15,856

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	1	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
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	0	0	0	0	0	0	2
VOLUNTARY COUNTIES TOTAL		0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	3
GRAND TOTAL		0	688	1,394	324	304	502	341	3,810	8,324	0	0	11	6	9	0	20	112	14	15,859

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 9/24/2008 - 10/24/2008

EFFECTIVE 11/1/2008

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	13	43	53	31	8	2	46	395	0	0	0	0	0	0	2	0	593
	Community Dental Svc, Inc.	0	8	25	13	13	16	0	19	192	0	0	0	0	0	0	0	0	286
	HealthNet of California	0	7	4	0	3	2	0	1	71	0	0	0	0	0	0	5	1	94
	Liberty Dental Plan of CA	0	6	19	25	15	11	0	17	190	0	0	0	0	0	0	2	0	285
	Western Dental Services	0	18	57	35	32	9	0	42	357	0	0	1	0	0	0	6	0	557
COUNTY TOTAL		0	52	148	126	94	46	2	125	1,205	0	0	1	0	0	0	15	1	1,815
GMC MANDATORY COUNTIES TOTAL		0	52	148	126	94	46	2	125	1,205	0	0	1	0	0	0	15	1	1,815

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	423	230	47	94	208	4	132	716	0	0	0	0	0	0	0	0	1,854
	American Health Guard	0	40	48	26	19	42	0	58	300	0	0	0	0	0	0	0	0	533
	Care 1st Health Plan	0	29	26	20	33	9	0	28	103	0	0	0	0	0	0	0	0	248
	Community Dental Svc, Inc.	0	9	5	5	10	0	0	11	54	0	0	0	0	0	0	0	0	94
	Health Net	0	55	47	23	13	20	2	70	162	0	0	0	0	0	0	0	0	392
	Liberty Dental Plan of CA	0	19	13	9	2	3	0	10	17	0	0	0	0	0	0	0	0	73
	SafeGuard Dental, Inc.	0	26	26	26	8	17	0	32	109	0	0	0	0	0	0	0	0	244
	Western Dental Services	0	66	72	47	49	32	3	97	187	0	0	0	0	0	0	0	0	553
COUNTY TOTAL		0	667	467	203	228	331	9	438	1,648	0	0	3,991						
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	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	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	0	0	0	2	0	0	2						
VOLUNTARY COUNTIES TOTAL		0	667	467	203	228	331	9	438	1,650	0	0	3,993						
GRAND TOTAL		0	719	615	329	322	377	11	563	2,855	0	0	1	0	0	0	15	1	5,808

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