

April 14, 2005

DHS HCO 05-4882

Mr. Jerry D. Stanger, Chief
California Department of Health Services
Payment Systems Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

**SUBJECT: APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
– Medical and Dental – Effective 4/1/05**

**EXEMPTIONS SUMMARY
– Medical and Dental – Effective 4/1/05**

Reference: CA HCO Contract #01-15932 Section 3.10.5.2.3 (7)
DHS-HCO #02-1633
H #0802-0650

Dear Mr. Stanger:

The purpose of this letter is to provide Department of Health Services with the reports listed below.

- MSC-B-M27 – Approved Emergency Disenrollments by Reason and Plan – Medical
- MSC-B-M27D – Approved Emergency Disenrollments by Reason and Plan – Dental
- MSC-B-M29 – Medical Exemptions Summary
- MSC-B-M29D – Dental Exemptions Summary

If you have any questions regarding this report, please contact Harry Gill at (916) 364-6620.

Sincerely,

Benjamin R. Coss
Project Director
California Health Care Options

cc: Reports File
Admin File – ID #1235

Data Provision Disclaimer

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MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 2/23/2005 - 3/24/2005

MAXIMUS

2 PLAN & GMC COUNTIES																												
COUNTY	PLAN NAME	REASONS																								TOTAL ¹		
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03		X04	
ALAMEDA	ALAMEDA ALLIANCE	0	1	0	0	52	2	0	0	15	0	0	140	1	20	0	0	0	0	0	0	0	0	0	0	1	232	
	BLUE CROSS	0	0	0	0	29	1	0	0	1	0	0	10	2	6	0	0	0	0	0	0	0	0	0	0	1	50	
	COUNTY TOTAL	0	1	0	0	81	3	0	0	16	0	0	150	3	26	0	0	0	0	0	0	0	0	0	0	2	282	
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	1	0	0	1	0	0	6	1	0	0	0	0	0	0	0	0	0	0	0	1	10	
	CONTRA COSTA HEALTH	1	0	0	0	2	7	0	0	2	0	0	40	0	2	0	0	0	0	0	0	0	0	0	0	0	54	
	COUNTY TOTAL	1	0	0	0	2	8	0	0	3	0	0	46	1	2	0	0	0	0	0	0	0	0	0	0	1	64	
FRESNO	BLUE CROSS	0	0	0	0	0	27	0	0	0	0	2	45	0	12	0	0	0	0	0	0	0	0	0	0	0	86	
	HEALTH NET	0	0	0	0	0	7	0	0	0	0	0	19	0	10	0	0	0	0	0	0	0	0	0	0	0	36	
	COUNTY TOTAL	0	0	0	0	0	34	0	0	0	0	2	64	0	22	0	0	0	0	0	0	0	0	0	0	0	122	
KERN	HEALTH NET	0	1	0	0	0	24	1	0	2	0	1	36	2	22	0	0	0	0	0	0	0	0	0	0	0	89	
	KERN FAMILY HEALTH	1	0	0	0	0	70	1	0	2	0	3	69	0	29	0	0	0	0	0	0	0	0	0	0	0	175	
	COUNTY TOTAL	1	1	0	0	0	94	2	0	4	0	4	105	2	51	0	0	0	0	0	0	0	0	0	0	0	264	
LOS ANGELES	HEALTH NET	3	11	2	0	0	284	3	0	12	0	6	443	87	382	0	0	0	0	0	0	0	0	0	0	31	1,264	
	LA CARE	3	11	3	0	3	427	3	0	17	1	12	238	63	126	0	0	0	0	0	0	0	0	0	0	19	926	
	COUNTY TOTAL	6	22	5	0	3	711	6	0	29	1	18	681	150	508	0	0	0	0	0	0	0	0	0	0	50	2,190	
RIVERSIDE	INLAND EMPIRE HEALTH	0	0	0	0	0	19	0	0	3	0	5	101	2	10	0	0	0	0	0	0	0	0	0	0	2	142	
	MOLINA	0	0	0	0	0	59	0	0	0	0	1	39	2	8	0	0	0	0	0	0	0	0	0	0	2	111	
	COUNTY TOTAL	0	0	0	0	0	78	0	0	3	0	6	140	4	18	0	0	0	0	0	0	0	0	0	0	4	253	
SACRAMENTO	BLUE CROSS (190 PLAN)	0	3	0	0	0	26	0	0	0	0	4	29	2	15	0	0	0	0	0	0	1	0	0	0	0	80	
	HEALTH NET	0	4	0	0	0	10	0	0	1	0	2	39	2	23	0	0	0	0	0	0	0	0	0	0	2	83	
	KAISER	0	1	0	0	0	0	0	0	1	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	10	
	MOLINA	0	3	0	0	0	20	0	0	1	0	0	16	1	8	0	0	0	0	0	0	0	0	0	0	0	49	
	WESTERN ADVANTAGE	0	2	0	0	0	13	0	0	0	0	0	17	6	14	0	0	0	0	0	0	0	0	0	0	2	54	
	COUNTY TOTAL	0	13	0	0	0	69	0	0	3	0	6	109	11	60	0	0	0	0	0	0	0	1	0	0	4	276	
SAN BERNARDINO	INLAND EMPIRE	0	3	0	0	1	24	2	0	3	0	1	119	10	18	0	0	0	0	0	0	0	0	0	0	6	187	
	MOLINA	0	1	0	0	0	31	2	0	1	0	0	55	3	3	0	0	0	0	0	0	0	0	0	0	1	97	
	COUNTY TOTAL	0	4	0	0	1	55	4	0	4	0	1	174	13	21	0	0	0	0	0	0	0	0	0	0	7	284	
SAN DIEGO	BLUE CROSS	0	3	0	0	0	19	0	0	0	0	1	6	1	1	0	0	0	0	0	0	0	0	0	0	1	32	
	COMMUNITY HEALTH	0	3	0	0	0	20	1	0	0	0	0	16	0	19	0	0	0	0	0	0	0	0	0	0	2	61	
	HEALTH NET	0	1	0	0	0	8	0	0	0	0	2	9	1	9	0	0	0	0	0	0	0	0	0	0	0	30	
	KAISER	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
	SHARP HEALTH PLAN	0	2	0	0	0	26	0	0	0	0	1	23	3	13	0	0	0	0	0	0	0	0	0	0	1	69	
	UNIVERSAL CARE	0	2	0	0	0	5	0	0	0	0	0	5	2	4	0	0	0	0	0	0	0	0	0	0	1	19	
COUNTY TOTAL	0	11	0	0	0	79	1	0	0	0	4	60	7	46	0	0	0	0	0	0	0	0	0	0	5	213		
SAN FRANCISCO	BLUE CROSS	0	0	0	0	0	6	0	0	0	0	0	9	0	1	0	0	0	0	0	0	0	0	0	0	0	16	
	SAN FRANCISCO HLTH	0	1	1	0	0	11	0	0	0	0	0	131	0	9	0	0	0	0	0	0	0	0	0	0	0	153	
	COUNTY TOTAL	0	1	1	0	0	17	0	0	0	0	0	140	0	10	0	0	0	0	0	0	0	0	0	0	0	169	
SAN JOAQUIN	BLUE CROSS	0	0	0	0	9	6	0	0	1	0	0	9	4	2	0	0	0	0	0	0	0	0	0	0	0	31	
	SAN JOAQUIN HEALTH	0	0	0	0	16	16	0	0	0	0	4	34	0	5	0	0	0	0	0	0	0	0	0	0	0	75	
	COUNTY TOTAL	0	0	0	0	25	22	0	0	1	0	4	43	4	7	0	0	0	0	0	0	0	0	0	0	0	106	
SANTA CLARA	BLUE CROSS	0	1	0	0	0	2	0	0	0	0	0	10	0	4	0	0	0	0	0	0	0	0	0	0	1	18	
	SANTA CLARA FAMILY	0	2	0	0	0	5	1	0	3	0	0	98	0	19	0	0	0	0	0	0	0	0	0	0	0	128	
	COUNTY TOTAL	0	3	0	0	0	7	1	0	3	0	0	108	0	23	0	0	0	0	0	0	0	0	0	0	1	146	
STANISLAUS	BLUE CROSS (310 PLAN)	0	0	0	0	0	3	0	0	0	0	3	1	0	0	1	0	0	0	0	0	0	0	0	0	0	8	
	COUNTY TOTAL	0	0	0	0	0	3	0	0	0	0	3	1	0	0	1	0	0	0	0	0	0	0	0	0	0	8	
TULARE	BLUE CROSS	0	0	0	0	1	20	1	0	2	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	0	36	
	HEALTH NET	0	0	0	0	0	2	0	0	0	0	0	26	0	21	0	0	0	0	0	0	0	0	0	0	3	52	
	COUNTY TOTAL	0	0	0	0	1	22	1	0	2	0	0	38	0	21	0	0	0	0	0	0	0	0	0	0	3	88	
2 PLAN & GMC COUNTY TOTAL		8	56	6	0	113	1,202	15	0	68	1	48	1,859	195	815	1	0	1	0	0	77	4,465						

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 2/23/2005 - 3/24/2005

MAXIMUS

VOLUNTARY COUNTIES																												
COUNTY	PLAN NAME	REASONS																										
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X03	X04	TOTAL ¹	
MARIN	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SONOMA	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOLUNTARY COUNTY TOTAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		8	56	6	0	113	1,202	15	0	68	1	48	1,859	195	815	1	0	0	0	0	0	0	1	0	0	0	77	4,465

REASON CODE

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E10 = CCS Not in a PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out of County
 E13 = Pregnancy
 I01 = System Created

F01 = Could Not Choose Dr
 F02 = HP Did Not Meet Needs/Bene Pref.
 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
 X01 = Waiver Program Exempt
 X03 = Indian Health Coverage
 X04 = Medical Exempt

Note 1: Two EDER transactions, which were Exemptions with no Exemption reasons, were processed but not included in the total column due to an incorrect end date. One of the transactions was for Health Net in Los Angeles County and the other was for Health Net in Tulare County. These errors were corrected on 4/1/05; however, not reflected in this report because the corrections took place after the data extraction date of 3/29/05 from MAXSTAR®.

MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED DENTAL EDERS
 From 2/23/2005 - 3/24/2005

MAXIMUS

GMC MANDATORY DENTAL COUNTIES																										
COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
SACRAMENTO	ACCESS DENTAL	0	0	0	0	0	27	1	0	1	0	0	17	18	0	0	0	0	0	0	0	1	0	2	0	67
	DELTA DENTAL	0	2	0	0	0	9	0	0	0	0	0	39	8	0	0	0	0	0	0	0	0	0	0	0	58
	SAFEGUARD DENTAL	0	0	0	0	0	14	0	0	0	0	0	23	9	0	0	0	0	0	0	0	0	0	0	0	46
	WESTERN DENTAL	0	1	0	0	0	22	0	0	1	0	0	31	13	0	0	0	0	0	0	0	0	0	0	0	68
	COUNTY TOTAL	0	3	0	0	0	72	1	0	2	0	0	110	48	0	0	0	0	0	0	0	1	0	2	0	239
GMC MANDATORY COUNTIES TOTAL		0	3	0	0	0	72	1	0	2	0	0	110	48	0	0	0	0	0	0	1	0	2	0	239	

VOLUNTARY DENTAL COUNTIES																										
COUNTY	PLAN NAME	REASONS																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	TOTAL
LOS ANGELES	ACCESS DENTAL	0	0	0	0	0	23	0	0	0	0	0	40	14	0	0	0	0	0	0	0	0	0	0	0	77
	AMERICAN HEALTH	0	0	0	0	0	3	0	0	0	0	0	5	3	0	0	0	0	0	0	0	0	0	0	0	11
	SAFEGUARD DENTAL	0	1	0	0	0	13	0	0	2	0	0	22	12	0	0	0	0	0	0	0	0	0	0	0	50
	UNITED HEALTH	0	0	0	0	0	11	0	0	0	0	0	11	2	0	0	0	0	0	0	0	0	0	0	0	24
	UNIVERSAL CARE	0	0	0	0	0	13	0	0	3	0	0	22	6	0	0	0	0	0	0	0	0	0	0	0	44
	WESTERN DENTAL	0	0	0	0	0	16	0	0	1	0	0	26	22	0	0	0	0	0	0	0	0	0	0	0	65
COUNTY TOTAL		0	1	0	0	0	79	0	0	6	0	0	126	59	0	271										
RIVERSIDE	SAFEGUARD DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	WESTERN DENTAL	0	0	0	0	0	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	0	0	0	0	0	
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	UNITED HEALTH	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
	WESTERN DENTAL	0	0	0	0	0	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	1	0	0	0	0	0	0	0	0	0	0	0	1	
VOLUNTARY COUNTIES TOTAL		0	1	0	0	0	79	0	0	6	0	0	127	59	0	272										
GRAND TOTAL		0	4	0	0	0	151	1	0	8	0	0	237	107	0	0	0	0	0	0	1	0	2	0	511	

REASON CODE

E01 = Incarcerated
 E02 = Prior Care
 E03 = Enrolled Incorrectly Into a Plan
 E04 = Deceased
 E05 = Child Protective Services
 E06 = Foster Care/Adoption
 E07 = Problem Using HCP

E08 = Terminated By Plan
 E09 = Long Term Care
 E10 = CCS Not in a PCCM Contract
 E11 = Other Health Coverage
 E12 = Moved Out of County
 I01 = System Created
 F01 = Could Not Choose Dr

F02 = HP Did Not Meet Needs/Bene Pref.
 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

X01 = Waiver Program Exempt
 X02 = Dental Exempt
 X03 = Indian Health Coverage

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MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

2/23/2005 - 3/24/2005

EFFECTIVE 4/1/2005

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													TOTAL
		A	B	C	D	E	F	G	M	P	U	V	W	Y	
ALAMEDA	ALAMEDA ALLIANCE	0	0	0	0	0	1	0	0	1	0	0	0	0	2
	BLUE CROSS	0	0	0	1	0	1	0	0	1	0	0	0	0	3
	COUNTY TOTAL	0	0	0	1	0	2	0	0	2	0	0	0	0	5
CONTRA COSTA	BLUE CROSS	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	CONTRA COSTA HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	1
FRESNO	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEALTH NET	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
KERN	HEALTH NET	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	KERN FAMILY HEALTH	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	0	1
LOS ANGELES	HEALTH NET	3	2	13	3	1	2	4	12	41	0	0	0	0	81
	LA CARE	3	0	5	9	6	1	6	11	24	0	0	0	0	65
	COUNTY TOTAL	6	2	18	12	7	3	10	23	65	0	0	0	0	146
RIVERSIDE	INLAND EMPIRE HEALTH	0	0	0	1	0	0	0	1	2	0	0	0	0	4
	MOLINA	0	0	1	1	0	0	0	2	2	0	0	0	0	6
	COUNTY TOTAL	0	0	1	2	0	0	0	3	4	0	0	0	0	10
SACRAMENTO	BLUE CROSS (190 PLAN)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEALTH NET	0	0	0	0	0	0	0	2	0	0	0	0	0	2
	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MOLINA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WESTERN ADVANTAGE	0	0	2	0	0	0	0	2	1	0	0	0	0	5
	COUNTY TOTAL	0	0	2	0	0	0	0	4	1	0	0	0	0	7
SAN BERNARDINO	INLAND EMPIRE	1	0	2	0	1	1	0	2	5	0	0	0	0	12
	MOLINA	0	1	0	1	0	0	0	1	5	0	0	0	0	8
	COUNTY TOTAL	1	1	2	1	1	1	0	3	10	0	0	0	0	20
SAN DIEGO	BLUE CROSS	1	0	1	0	0	0	0	0	0	0	0	0	0	2
	COMMUNITY HEALTH	0	0	1	0	1	0	0	0	1	0	0	0	0	3
	HEALTH NET	0	0	0	0	0	0	0	1	1	0	0	0	0	2
	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SHARP HEALTH PLAN	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	UNIVERSAL CARE	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	1	0	2	0	1	0	0	2	3	0	0	0	0	9

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

2/23/2005 - 3/24/2005

EFFECTIVE 4/1/2005

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													TOTAL	
		A	B	C	D	E	F	G	M	P	U	V	W	Y		
SAN FRANCISCO	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SAN FRANCISCO HLTH	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
SAN JOAQUIN	BLUE CROSS	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	SAN JOAQUIN HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
SANTA CLARA	BLUE CROSS	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	SANTA CLARA FAMILY	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2
STANISLAUS	BLUE CROSS (310 PLAN)	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
TULARE	BLUE CROSS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	HEALTH NET	0	0	2	0	0	1	0	0	0	0	0	0	0	0	3
	COUNTY TOTAL	0	0	2	0	0	1	0	0	1	0	0	0	0	0	4
TOTAL		8	3	29	16	10	8	10	35	87	0	0	0	0	206	

REASON CODE

A = Neurological Disorder
 B = Hematological Disorder
 C = Cancer Therapy
 D = Renal Dialysis
 E = Major Organ Transplant

F = HIV / AIDS
 G = Awaiting Surgery or Treatment
 M = Other Complex Medical Condition
 P = Pregnant

U = Waiver - AIDS
 V = Waiver - Model
 W = Waiver - IHMC
 Y = Waiver - SNF

MSC-B-M29D DENTAL EXEMPTIONS SUMMARY

2/23/2005 - 3/24/2005

EFFECTIVE 4/1/2005

MAXIMUS

2 PLAN & GMC COUNTIES								
COUNTY	PLAN NAME	REASONS						TOTAL
		Regular Dental	Indian	Temp Exempt - Foster Care	Temp Exempt - Long Term Care	Temp Exempt - Moved Out of County	Other Dental	
LOS ANGELES	ACCESS DENTAL	0	0	0	0	0	0	0
	AMERICAN HEALTH	0	0	0	0	0	0	0
	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	MAXICARE DENTAL	0	0	0	0	0	0	0
	TOWER HEALTH	0	0	0	0	0	0	0
	UNITED HEALTH PLAN	0	0	0	0	0	0	0
	UNIVERSAL CARE	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
RIVERSIDE	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	TOWER HEALTH	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
SACRAMENTO	ACCESS DENTAL	3	0	0	0	0	0	3
	DELTA DENTAL	0	0	0	0	0	0	0
	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	3	0	0	0	0	0	3
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	UNITED HEALTH PLAN	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
TOTAL		3	0	0	0	0	0	3