

June 14, 2005

DHS HCO 05-5126

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 6/1/05**

**EXEMPTIONS SUMMARY
– Medical and Dental – Effective 6/1/05**

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 4/26/2005 - 5/24/2005

MAXIMUS

2 PLAN & GMC COUNTIES																												
COUNTY	PLAN NAME	REASONS																								TOTAL		
		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	2	1	0	0	44	4	0	0	6	0	2	109	1	29	0	0	0	0	0	0	0	0	0	0	0	198	
	BLUE CROSS	0	1	0	0	28	1	0	0	2	0	1	6	0	4	0	0	0	0	0	0	0	0	0	0	0	43	
	COUNTY TOTAL	2	2	0	0	72	5	0	0	8	0	3	115	1	33	0	0	0	0	0	0	0	0	0	0	0	241	
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	3	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	5	
	CONTRA COSTA HEALTH	6	0	0	0	0	2	0	0	4	0	2	24	0	1	0	0	0	0	0	0	0	0	0	0	0	39	
	COUNTY TOTAL	6	0	0	0	0	5	0	0	4	0	2	25	0	2	0	0	0	0	0	0	0	0	0	0	0	44	
FRESNO	BLUE CROSS	0	0	1	0	1	34	1	0	0	0	1	23	0	5	0	0	0	0	0	0	0	0	0	0	0	67	
	HEALTH NET	0	1	0	1	0	17	0	0	0	0	0	23	0	20	0	0	0	0	0	0	0	0	0	0	0	62	
	COUNTY TOTAL	0	1	1	1	1	51	1	0	0	0	1	46	0	25	0	0	0	0	0	0	0	0	0	0	0	129	
KERN	HEALTH NET	0	0	5	0	1	14	0	0	2	0	1	26	1	14	0	0	0	0	0	0	0	0	0	0	0	65	
	KERN FAMILY HEALTH	0	2	0	0	0	64	1	0	0	0	1	50	0	2	0	0	0	0	0	0	0	0	0	0	0	121	
	COUNTY TOTAL	0	2	5	0	1	78	1	0	2	0	2	76	1	16	0	0	0	0	0	0	0	0	0	0	0	186	
LOS ANGELES	HEALTH NET	1	3	0	1	0	233	1	0	10	0	8	344	87	319	0	0	0	0	0	0	0	0	0	0	17	1,024	
	LA CARE	0	15	2	0	0	316	4	0	10	0	11	236	70	121	0	0	0	0	0	0	0	0	0	0	12	797	
	COUNTY TOTAL	1	18	2	1	0	549	5	0	20	0	19	580	157	440	0	0	0	0	0	0	0	0	0	0	0	1,821	
RIVERSIDE	INLAND EMPIRE HEALTH	0	6	0	0	0	34	2	0	1	0	2	61	2	3	0	0	0	0	0	0	0	0	0	0	1	112	
	MOLINA	1	3	0	0	0	39	1	0	1	0	3	20	4	4	0	0	0	0	0	0	0	0	0	0	3	79	
	COUNTY TOTAL	1	9	0	0	0	73	3	0	2	0	5	81	6	7	0	0	0	0	0	0	0	0	0	0	0	4	191
SACRAMENTO	BLUE CROSS (190 PLAN)	0	0	0	0	0	67	1	0	3	0	5	25	2	3	0	0	0	0	0	0	0	0	0	0	0	2	108
	HEALTH NET	0	2	0	0	0	20	0	0	2	0	1	35	1	5	0	0	0	0	0	0	0	0	0	0	0	1	67
	KAISER	0	0	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	4
	MOLINA	0	0	0	0	2	23	0	0	0	0	3	31	2	8	0	0	0	0	0	0	0	0	0	0	0	1	70
	WESTERN ADVANTAGE	0	0	0	0	0	3	0	0	0	0	2	10	6	7	0	0	0	0	0	0	0	0	0	0	0	0	28
	CARE FIRST	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
	COUNTY TOTAL	0	2	0	0	2	113	1	0	6	0	11	102	12	24	0	0	0	0	0	0	0	0	0	0	0	4	277
SAN BERNARDINO	INLAND EMPIRE	0	1	0	0	0	20	3	0	2	0	5	85	7	27	0	0	0	0	0	0	0	0	0	0	3	153	
	MOLINA	1	3	0	0	0	29	0	0	1	0	6	65	2	14	0	0	0	0	0	0	0	0	0	0	2	123	
	COUNTY TOTAL	1	4	0	0	0	49	3	0	3	0	11	150	9	41	0	0	0	0	0	0	0	0	0	0	0	5	276
SAN DIEGO	BLUE CROSS	0	1	0	0	0	24	0	0	1	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	1	31
	COMMUNITY HEALTH	0	1	0	0	0	19	0	0	1	0	1	29	3	12	0	0	0	0	0	0	0	0	0	0	0	0	66
	HEALTH NET	0	1	0	0	0	2	0	0	0	0	1	12	0	7	0	0	0	0	0	0	0	0	0	0	0	1	24
	KAISER	0	1	1	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	SHARP HEALTH PLAN	0	6	0	0	0	26	0	0	0	0	1	15	3	6	0	0	0	0	0	0	0	0	0	0	0	1	58
	UNIVERSAL CARE	0	2	1	0	0	4	0	0	0	0	5	5	4	0	0	0	0	0	0	0	0	0	0	0	0	1	22
COUNTY TOTAL	0	12	2	0	0	77	1	0	2	0	8	64	10	26	0	0	0	0	0	0	0	0	0	0	0	4	206	
SAN FRANCISCO	BLUE CROSS	0	0	0	0	0	4	1	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	9	
	SAN FRANCISCO HLTH	0	0	0	0	0	2	0	0	2	0	1	60	0	19	0	0	0	0	0	0	0	0	0	0	0	84	
	COUNTY TOTAL	0	0	0	0	0	6	1	0	4	0	1	62	0	19	0	0	0	0	0	0	0	0	0	0	0	0	93
SAN JOAQUIN	BLUE CROSS	0	0	1	0	10	8	0	0	0	0	0	22	3	2	0	0	0	0	0	0	0	0	0	0	0	46	
	SAN JOAQUIN HEALTH	1	0	0	0	6	3	0	0	0	0	1	28	2	8	0	0	0	0	0	0	0	0	0	0	0	49	
	COUNTY TOTAL	1	0	1	0	16	11	0	0	0	0	1	50	5	10	0	0	0	0	0	0	0	0	0	0	0	95	
SANTA CLARA	BLUE CROSS	0	0	0	0	0	16	0	0	3	0	0	5	0	4	0	0	0	0	0	0	0	0	0	0	0	28	
	SANTA CLARA FAMILY	0	1	0	0	0	11	0	0	3	0	0	121	1	11	0	0	0	0	0	0	0	0	1	0	0	149	
	COUNTY TOTAL	0	1	0	0	0	27	0	0	6	0	0	126	1	15	0	0	0	0	0	0	0	0	1	0	0	177	
STANISLAUS	BLUE CROSS (310 PLAN)	0	9	1	0	0	1	0	0	2	0	1	7	0	1	0	0	0	0	0	0	0	0	0	0	0	22	
	COUNTY TOTAL	0	9	1	0	0	1	0	0	2	0	1	7	0	1	0	0	0	0	0	0	0	0	0	0	0	22	
TULARE	BLUE CROSS	0	1	0	0	0	11	1	0	2	0	0	19	0	1	0	0	0	0	0	0	0	0	0	0	0	35	
	HEALTH NET	0	0	0	0	0	8	0	0	0	0	0	13	0	9	0	0	0	0	0	0	0	0	0	0	0	30	
	COUNTY TOTAL	0	1	0	0	0	19	1	0	2	0	0	32	0	10	0	0	0	0	0	0	0	0	0	0	0	65	
2 PLAN & GMC COUNTY TOTAL		12	61	12	2	92	1,064	17	0	61	0	65	1,516	202	669	0	49	3,823										

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 4/26/2005 - 5/24/2005

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
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
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
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
TOTAL		12	61	12	2	92	1,064	17	0	61	0	65	1,516	202	669	0	0	0	0	0	0	0	1	0	0	49	3,823

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

MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED DENTAL EDERS
 From 4/26/2005 - 5/24/2005

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	1	39	0	0	0	0	0	25	4	0	0	0	0	0	0	0	0	0	2	0	71
	COMMUNITY DENTAL	0	0	0	0	0	10	0	0	1	0	0	14	2	0	0	0	0	0	0	0	0	1	0	28	
	DELTA DENTAL	0	0	0	0	0	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	12	
	LIBERTY DENTAL	0	3	0	0	0	5	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	3	0	17	
	SAFEGUARD DENTAL	0	0	0	0	0	4	0	0	0	0	0	14	0	0	0	0	0	0	0	0	0	0	0	18	
	WESTERN DENTAL	0	1	0	0	1	40	0	0	3	0	0	28	12	0	0	0	0	0	0	0	0	2	0	87	
	COUNTY TOTAL	0	4	0	0	2	98	0	0	4	0	0	73	44	0	0	0	0	0	0	0	0	8	0	233	
GMC MANDATORY COUNTIES TOTAL		0	4	0	0	2	98	0	0	4	0	0	73	44	0	8	0	233								

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
LOS ANGELES	ACCESS DENTAL	0	0	0	0	0	23	0	0	0	0	0	21	9	0	0	0	0	0	0	0	0	0	0	53
	AMERICAN HEALTH	0	0	0	0	0	4	0	0	0	0	0	6	5	0	0	0	0	0	0	0	0	0	0	15
	SAFEGUARD DENTAL	0	2	0	0	1	10	0	0	1	0	0	14	10	0	0	0	0	0	0	0	0	0	0	38
	UNITED HEALTH	0	1	0	0	0	8	0	0	0	0	0	9	3	0	0	0	0	0	0	0	0	0	0	21
	UNIVERSAL CARE	0	0	0	0	0	14	0	0	0	0	0	16	12	0	0	0	0	0	0	0	0	0	0	42
	WESTERN DENTAL	0	0	0	0	0	17	0	0	0	0	0	45	15	0	0	0	0	0	0	0	0	0	0	77
	COUNTY TOTAL	0	3	0	0	1	76	0	0	1	0	0	111	54	0	0	0	0	0	0	0	0	0	0	246
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	
	WESTERN DENTAL	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
	COUNTY TOTAL	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
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	
	UNITED HEALTH	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	
	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	
VOLUNTARY COUNTIES TOTAL		0	3	0	0	1	77	0	0	1	0	0	111	54	0	247									
GRAND TOTAL		0	7	0	0	3	175	0	0	5	0	0	184	98	0	8	0	480							

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

4/26/2005 - 5/24/2005

EFFECTIVE 6/1/2005

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	1	0	0	0	0	0	0	0	0	1
	BLUE CROSS	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	1	0	0	0	1	0	0	0	0	2
CONTRA COSTA	BLUE CROSS	0	0	0	1	0	0	0	0	1	0	0	0	0	2
	CONTRA COSTA HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	1	0	0	0	0	1	0	0	0	0	2
FRESNO	BLUE CROSS	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	HEALTH NET	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	1	0	0	0	0	0	0	0	0	0	0	0	0	1
KERN	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEALTH NET	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	KERN FAMILY HEALTH	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	1	1	0	0	0	0	0	0	2
LOS ANGELES	HEALTH NET	3	2	5	7	3	1	1	7	37	0	0	0	0	66
	LA CARE	3	0	8	3	1	1	1	1	27	0	0	0	0	45
	COUNTY TOTAL	6	2	13	10	4	2	2	8	64	0	0	0	0	111
RIVERSIDE	INLAND EMPIRE HEALTH	0	0	0	0	0	1	0	0	6	0	0	0	0	7
	MOLINA	0	0	2	1	1	0	0	1	2	0	0	0	0	7
	COUNTY TOTAL	0	0	2	1	1	1	0	1	8	0	0	0	0	14
SACRAMENTO	BLUE CROSS (190 PLAN)	0	0	0	0	0	0	1	1	1	0	0	0	0	3
	HEALTH NET	0	0	0	0	0	0	0	3	1	0	0	0	0	4
	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MOLINA	0	0	0	0	0	1	0	0	0	0	0	0	0	1
	WESTERN ADVANTAGE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CARE FIRST	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	1	1	4	2	0	0	0	0	8
SAN BERNARDINO	INLAND EMPIRE	0	0	1	0	0	1	0	2	4	0	0	0	0	8
	MOLINA	0	0	0	0	0	0	0	1	3	0	0	0	0	4
	COUNTY TOTAL	0	0	1	0	0	1	0	3	7	0	0	0	0	12
SAN DIEGO	BLUE CROSS	0	0	0	0	1	0	1	0	2	0	0	0	0	4
	COMMUNITY HEALTH	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	HEALTH NET	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SHARP HEALTH PLAN	0	0	0	1	0	0	0	0	1	0	0	0	0	2
	UNIVERSAL CARE	0	0	0	0	0	0	0	1	1	0	0	0	0	2
	COUNTY TOTAL	0	0	0	1	1	0	2	2	4	0	0	0	0	10

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

4/26/2005 - 5/24/2005

EFFECTIVE 6/1/2005

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	1	0	0	0	0	0	0	1	0	0	0	0	0	2
	COUNTY TOTAL	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2
SAN JOAQUIN	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0
SANTA CLARA	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SANTA CLARA FAMILY	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
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	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	0	1
TOTAL		7	3	16	13	7	6	6	18	89	0	0	0	0	165	

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

4/26/2005 - 5/24/2005

EFFECTIVE 6/1/2005

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	5	0	0	0	0	0	5
	COMMUNITY DENTAL	3	0	0	0	0	0	3
	DELTA DENTAL	0	0	0	0	0	0	0
	LIBERTY DENTAL	12	0	0	0	0	0	12
	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	WESTERN DENTAL	6	0	0	0	0	0	6
	COUNTY TOTAL	26	0	0	0	0	0	26
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	26	0	0	0	0	0	26	