

July 15, 2005

DHS HCO 05-5271

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 7/1/05**

**EXEMPTIONS SUMMARY  
– Medical and Dental – Effective 7/1/05**

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

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**MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN**  
**ALL ACCEPTED MEDICAL EDERS**  
 From 5/25/2005 - 6/23/2005

**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	0	1	0	0	35	1	0	0	6	0	1	92	1	24	0	0	0	0	0	0	0	0	0	0	0	161
	BLUE CROSS	0	1	0	0	25	2	0	0	0	0	1	14	2	2	0	0	0	0	0	0	0	0	0	0	47	
	COUNTY TOTAL	0	2	0	0	60	3	0	0	6	0	2	106	3	26	0	0	0	0	0	0	0	0	0	0	208	
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	5	3	0	0	0	0	0	0	0	0	0	0	0	0	8	
	CONTRA COSTA HEALTH	5	0	0	0	1	5	0	0	1	0	3	30	0	7	0	0	0	0	0	0	0	0	0	0	52	
	COUNTY TOTAL	5	0	0	0	1	5	0	0	1	0	3	35	3	7	0	0	0	0	0	0	0	0	0	0	60	
FRESNO	BLUE CROSS	0	2	0	0	0	53	1	0	0	0	0	33	0	8	0	0	0	0	0	0	0	0	0	0	97	
	HEALTH NET	0	0	0	0	0	9	0	0	0	0	7	0	7	0	0	0	0	0	0	0	0	0	0	1	24	
	COUNTY TOTAL	0	2	0	0	0	62	1	0	0	0	0	40	0	15	0	0	0	0	0	0	0	0	0	1	121	
KERN	HEALTH NET	0	0	0	0	0	11	0	0	0	0	0	11	0	12	0	0	0	0	0	0	0	0	0	0	34	
	KERN FAMILY HEALTH	0	0	0	0	0	25	2	0	0	0	0	70	0	9	0	0	0	0	0	0	0	0	0	0	106	
	COUNTY TOTAL	0	0	0	0	0	36	2	0	0	0	0	81	0	21	0	0	0	0	0	0	0	0	0	0	140	
LOS ANGELES	HEALTH NET	1	10	2	0	0	238	1	0	13	0	6	310	75	262	0	0	0	0	0	0	0	0	0	20	938	
	LA CARE	1	9	2	0	0	297	3	0	12	0	5	218	64	113	0	0	0	0	0	0	0	0	0	14	738	
	COUNTY TOTAL	2	19	4	0	0	535	4	0	25	0	11	528	139	375	0	0	0	0	0	0	0	0	0	34	1,676	
RIVERSIDE	INLAND EMPIRE HEALTH	0	1	0	0	0	11	0	0	2	1	1	74	4	7	0	0	0	0	0	0	0	0	0	2	103	
	MOLINA	0	0	0	0	0	51	0	0	0	0	0	31	1	14	0	0	0	0	0	0	0	0	0	2	99	
	COUNTY TOTAL	0	1	0	0	0	62	0	0	2	1	1	105	5	21	0	0	0	0	0	0	0	0	0	4	202	
SACRAMENTO	BLUE CROSS (190 PLAN)	0	2	1	0	0	39	1	0	0	0	8	11	2	32	0	0	0	0	0	0	0	0	0	1	97	
	HEALTH NET	0	2	0	0	1	14	0	0	1	0	4	27	2	49	0	0	0	0	0	0	0	0	0	1	101	
	KAISER	0	0	0	0	0	4	0	0	1	0	1	5	0	1	0	0	0	0	0	0	0	0	0	0	12	
	MOLINA	0	2	0	0	0	16	0	0	1	0	2	15	0	18	0	0	0	0	0	0	0	0	0	0	54	
	WESTERN ADVANTAGE	0	0	0	0	0	9	0	0	0	0	4	10	4	9	0	0	0	0	0	0	0	0	0	0	36	
	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	
	COUNTY TOTAL	0	6	1	0	1	82	1	0	3	0	19	68	8	109	0	0	0	0	0	0	0	0	0	2	300	
SAN BERNARDINO	INLAND EMPIRE	0	1	4	0	0	24	1	0	2	0	3	105	8	13	0	0	0	0	0	0	0	0	0	4	165	
	MOLINA	0	0	0	0	0	18	0	0	1	0	2	35	4	6	0	0	0	0	0	0	0	0	0	1	67	
	COUNTY TOTAL	0	1	4	0	0	42	1	0	3	0	5	140	12	19	0	0	0	0	0	0	0	0	0	5	232	
SAN DIEGO	BLUE CROSS	0	0	0	0	0	17	0	0	0	0	2	6	0	1	0	0	0	0	0	0	0	0	0	0	26	
	COMMUNITY HEALTH	0	2	0	0	0	21	1	0	1	0	2	13	2	6	0	0	0	0	0	0	0	0	0	0	48	
	HEALTH NET	0	1	0	0	0	5	0	0	0	0	0	9	0	5	0	0	0	0	0	0	0	0	0	1	21	
	KAISER	0	0	1	0	0	5	0	0	1	0	3	3	2	0	0	0	0	0	0	0	0	0	0	2	17	
	MOLINA	0	8	0	0	0	41	0	0	1	0	3	15	1	6	0	0	0	0	0	0	0	0	0	2	77	
	SHARP HEALTH PLAN	0	0	0	0	0	4	0	0	0	0	0	2	0	11	0	0	0	0	0	0	0	0	0	0	17	
	UNIVERSAL CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	6	
COUNTY TOTAL	0	11	1	0	0	93	1	0	3	0	10	48	5	35	0	0	0	0	0	0	0	0	0	5	212		
SAN FRANCISCO	BLUE CROSS	0	0	0	0	0	1	0	0	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	5	
	SAN FRANCISCO HLTH	0	0	0	0	0	4	0	0	1	0	0	36	0	13	0	0	0	0	0	0	0	0	0	2	56	
	COUNTY TOTAL	0	0	0	0	0	5	0	0	1	0	0	39	1	13	0	0	0	0	0	0	0	0	0	2	61	
SAN JOAQUIN	BLUE CROSS	0	0	0	0	4	7	0	0	1	0	1	5	1	1	0	0	0	0	0	0	0	0	0	0	20	
	SAN JOAQUIN HEALTH	1	1	0	0	22	6	0	0	1	0	2	23	0	5	0	0	0	0	0	0	0	0	0	0	61	
	COUNTY TOTAL	1	1	0	0	26	13	0	0	2	0	3	28	1	6	0	0	0	0	0	0	0	0	0	0	81	
SANTA CLARA	BLUE CROSS	0	3	0	0	0	9	0	0	2	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	31	
	SANTA CLARA FAMILY	0	1	0	0	0	7	0	0	1	0	0	52	0	5	0	0	0	0	0	0	0	0	0	0	66	
	COUNTY TOTAL	0	4	0	0	0	16	0	0	3	0	0	69	0	5	0	0	0	0	0	0	0	0	0	0	97	
STANISLAUS	BLUE CROSS (310 PLAN)	0	13	0	0	0	2	1	0	0	0	3	2	3	0	0	0	0	0	0	0	0	2	0	0	26	
	COUNTY TOTAL	0	13	0	0	0	2	1	0	0	0	3	2	3	0	0	0	0	0	0	0	0	2	0	0	26	
TULARE	BLUE CROSS	0	0	0	0	1	24	0	0	0	0	0	8	1	0	0	0	0	0	0	0	0	0	0	0	34	
	HEALTH NET	0	0	0	0	0	6	0	0	0	0	0	5	1	1	0	0	0	0	0	0	0	0	0	0	13	
	COUNTY TOTAL	0	0	0	0	1	30	0	0	0	0	0	13	2	1	0	0	0	0	0	0	0	0	0	0	47	
<b>2 PLAN &amp; GMC COUNTY TOTAL</b>		<b>8</b>	<b>60</b>	<b>10</b>	<b>0</b>	<b>89</b>	<b>986</b>	<b>11</b>	<b>0</b>	<b>49</b>	<b>1</b>	<b>57</b>	<b>1,302</b>	<b>182</b>	<b>653</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>3,463</b>						

**MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN**  
**ALL ACCEPTED MEDICAL EDERS**  
 From 5/25/2005 - 6/23/2005

**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
<b>VOLUNTARY COUNTY TOTAL</b>		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
<b>TOTAL</b>		<b>8</b>	<b>60</b>	<b>10</b>	<b>0</b>	<b>89</b>	<b>986</b>	<b>11</b>	<b>0</b>	<b>49</b>	<b>1</b>	<b>57</b>	<b>1,302</b>	<b>182</b>	<b>653</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>3,463</b>						

**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 5/25/2005 - 6/23/2005

**MAXIMUS**

<b>GMC MANDATORY DENTAL COUNTIES</b>																										
<b>COUNTY</b>	<b>PLAN NAME</b>	<b>REASONS</b>																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	<b>TOTAL<sup>1</sup></b>
<b>SACRAMENTO</b>	ACCESS DENTAL	0	1	0	0	0	42	0	0	1	0	0	11	24	0	0	0	0	0	0	0	0	0	1	0	<b>80</b>
	COMMUNITY DENTAL	0	1	0	0	0	4	0	0	0	0	0	9	2	0	0	0	0	0	0	0	0	0	0	0	<b>16</b>
	DELTA 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	<b>0</b>
	LIBERTY DENTAL	0	2	0	0	0	8	0	0	0	0	0	9	3	0	0	0	0	0	0	0	0	0	3	0	<b>25</b>
	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	<b>0</b>
	WESTERN DENTAL	0	1	0	0	1	20	0	0	1	0	0	28	48	0	0	0	0	0	0	0	0	0	1	0	<b>100</b>
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>221</b>
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>221</b>	
<b>VOLUNTARY DENTAL COUNTIES</b>																										
<b>COUNTY</b>	<b>PLAN NAME</b>	<b>REASONS</b>																								
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02	X03	<b>TOTAL<sup>1</sup></b>
<b>LOS ANGELES</b>	ACCESS DENTAL	0	0	0	0	0	35	1	0	0	0	0	23	9	0	0	0	0	0	0	0	0	0	0	0	<b>68</b>
	AMERICAN HEALTH	0	0	0	0	0	2	0	0	0	0	0	8	2	0	0	0	0	0	0	0	0	0	0	0	<b>12</b>
	SAFEGUARD DENTAL	0	0	0	0	0	13	0	0	3	0	0	9	13	0	0	0	0	0	0	0	0	0	0	0	<b>38</b>
	UNITED HEALTH	0	0	0	0	0	8	0	0	1	0	0	6	1	0	0	0	0	0	0	0	0	0	0	0	<b>16</b>
	UNIVERSAL CARE	0	1	0	0	0	12	0	0	0	0	0	25	18	0	0	0	0	0	0	0	0	0	0	0	<b>56</b>
	WESTERN DENTAL	0	2	0	0	0	14	0	0	1	0	0	41	10	0	0	0	0	0	0	0	0	0	0	0	<b>68</b>
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>84</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>112</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258</b>
<b>RIVERSIDE</b>	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	<b>0</b>
	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	<b>0</b>
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SAN BERNARDINO</b>	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	<b>0</b>
	UNITED HEALTH	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	<b>3</b>
	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	<b>0</b>
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>84</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>113</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>261</b>
<b>GRAND TOTAL</b>		<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>158</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>170</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>482</b>	
<b>REASON CODE</b>																										
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		

Note 1: One Emergency Disenrollment transaction for Los Angeles County was entered using an incorrect reason code and not included in the Total column. The beneficiary was disenrolled from plan 413-Western Dental Services, using disenrollment reason code E13-Pregnancy, but should have been disenrolled using disenrollment reason code E12-Moved Out of County. The code was corrected to E12-Moved Out of County. However, the correction is not reflected in this report because the disenrollment reason code was corrected after the data extraction date of 6/28/05 from Maxstar®.

## Data Provision Disclaimer

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**MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY**

5/25/2005 - 6/23/2005

EFFECTIVE 7/1/2005

**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	0	0	0	1	0	0	0	0	1
	BLUE CROSS	0	0	0	0	0	0	0	0	2	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	0	0	0	3	0	0	0	0	3
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	0	1	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	1	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	1	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	1	0	0	0	0	0	0	0	0	0	1
	KERN FAMILY HEALTH	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	1	0	0	0	1	0	0	0	0	0	2
LOS ANGELES	HEALTH NET	2	0	6	10	1	1	1	6	26	0	0	0	0	53
	LA CARE	1	0	5	6	1	3	1	4	27	0	0	0	0	48
	COUNTY TOTAL	3	0	11	16	2	4	2	10	53	0	0	0	0	101
RIVERSIDE	INLAND EMPIRE HEALTH	1	0	1	0	0	0	0	1	8	0	0	0	0	11
	MOLINA	0	0	0	1	1	0	0	1	2	0	0	0	0	5
	COUNTY TOTAL	1	0	1	1	1	0	0	2	10	0	0	0	0	16
SACRAMENTO	BLUE CROSS (190 PLAN)	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	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
	MOLINA	0	0	0	0	0	0	0	0	1	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	0	1	1	2	0	0	0	0	4
SAN BERNARDINO	INLAND EMPIRE	0	0	1	0	1	0	1	1	6	0	0	0	0	10
	MOLINA	0	0	0	0	1	0	0	0	2	0	0	0	0	3
	COUNTY TOTAL	0	0	1	0	2	0	1	1	8	0	0	0	0	13
SAN DIEGO	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COMMUNITY HEALTH	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
	KAISER	0	0	0	1	0	0	0	1	0	0	0	0	0	2
	MOLINA	0	0	2	0	0	0	0	0	1	0	0	0	0	3
	SHARP HEALTH PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	UNIVERSAL CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	2	1	0	0	1	1	1	0	0	0	0	6

**MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY**

5/25/2005 - 6/23/2005

EFFECTIVE 7/1/2005

**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	1	0	1	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	1	0	1	0	0	0	0	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
<b>TOTAL</b>		<b>4</b>	<b>0</b>	<b>16</b>	<b>19</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>16</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>150</b>	

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

5/25/2005 - 6/23/2005

EFFECTIVE 7/1/2005

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	2	0	0	0	0	0	2
	COMMUNITY DENTAL	0	0	0	0	0	0	0
	DELTA DENTAL	0	0	0	0	0	0	0
	LIBERTY DENTAL	11	0	0	0	0	0	11
	SAFEGUARD DENTAL	0	0	0	0	0	0	0
	WESTERN DENTAL	4	0	0	0	0	0	4
	COUNTY TOTAL	17	0	0	0	0	0	17
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
<b>TOTAL</b>		<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>