

December 14, 2005

DHS HCO 05-5813

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 12/1/05**

**EXEMPTIONS SUMMARY  
– Medical and Dental – Effective 12/1/05**

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,

**Signature on Original Copy**

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 10/26/2005 - 11/22/2005

**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	36	1	0	0	7	0	1	103	0	21	0	0	0	0	0	0	0	0	0	0	0	170
	BLUE CROSS	0	0	0	0	12	4	0	0	0	0	0	6	1	2	0	0	0	0	0	0	0	0	0	0	0	25
	COUNTY TOTAL	0	1	0	0	48	5	0	0	7	0	1	109	1	23	0	0	0	0	0	0	0	0	0	0	0	195
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	2	0	0	0	0	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	6
	CONTRA COSTA HEALTH	0	2	0	0	0	0	1	0	0	0	2	25	0	5	0	0	0	0	0	0	0	0	0	0	1	36
	COUNTY TOTAL	0	2	0	0	0	2	1	0	0	0	2	26	2	6	0	0	0	0	0	0	0	0	0	0	1	42
FRESNO	BLUE CROSS	0	0	0	0	0	23	0	0	0	0	0	25	1	5	0	0	0	0	0	0	0	0	0	0	0	54
	HEALTH NET	0	1	0	0	0	4	1	0	1	0	0	21	0	25	0	0	0	0	0	0	0	0	0	0	0	53
	COUNTY TOTAL	0	1	0	0	0	27	1	0	1	0	0	46	1	30	0	0	0	0	0	0	0	0	0	0	0	107
KERN	HEALTH NET	0	0	0	0	0	21	0	0	1	0	1	25	2	25	0	0	0	0	0	0	0	0	0	0	1	76
	KERN FAMILY HEALTH	0	1	0	0	0	40	1	0	0	0	2	89	0	10	0	0	0	0	0	0	0	0	0	0	0	143
	COUNTY TOTAL	0	1	0	0	0	61	1	0	1	0	3	114	2	35	0	0	0	0	0	0	0	0	0	0	1	219
LOS ANGELES	HEALTH NET	1	11	1	0	0	194	0	0	10	0	5	363	69	291	0	0	0	0	0	0	0	0	0	0	14	959
	LA CARE	3	7	2	0	0	255	1	0	8	0	4	189	49	46	0	0	0	0	0	0	0	0	0	0	15	579
	COUNTY TOTAL	4	18	3	0	0	449	1	0	18	0	9	552	118	337	0	0	0	0	0	0	0	0	0	0	29	1,538
RIVERSIDE	INLAND EMPIRE HEALTH	0	2	0	0	0	20	0	0	3	0	3	93	2	19	0	0	0	0	0	0	0	0	0	0	1	143
	MOLINA	0	1	0	0	0	20	0	0	0	0	0	29	1	3	0	0	0	0	0	0	0	0	0	0	1	55
	COUNTY TOTAL	0	3	0	0	0	40	0	0	3	0	3	122	3	22	0	0	0	0	0	0	0	0	0	0	2	198
SACRAMENTO	BLUE CROSS (190 PLAN)	0	1	0	0	1	60	0	0	0	0	3	23	1	14	0	0	0	0	0	0	0	0	0	0	0	103
	CARE FIRST	0	0	0	0	0	3	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	0	12
	HEALTH NET	0	0	0	0	0	29	0	0	0	0	1	36	1	16	0	0	0	0	0	0	0	0	0	0	0	83
	KAISER	0	0	0	0	0	2	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	5
	MOLINA	0	0	0	0	0	14	0	0	0	0	0	5	3	7	0	0	0	0	0	0	0	0	0	0	1	30
	WESTERN ADVANTAGE	0	0	0	0	0	21	0	0	0	0	1	4	3	3	0	0	0	0	0	0	0	0	0	0	1	33
	COUNTY TOTAL	0	1	0	0	1	129	0	0	0	0	5	74	13	41	0	0	0	0	0	0	0	0	0	0	2	266
SAN BERNARDINO	INLAND EMPIRE	0	1	0	0	1	30	0	0	3	0	3	100	2	4	0	0	0	0	0	0	0	0	0	0	4	148
	MOLINA	0	0	0	0	1	16	0	0	2	0	0	42	8	7	0	0	0	0	0	0	0	0	0	0	1	77
	COUNTY TOTAL	0	1	0	0	2	46	0	0	5	0	3	142	10	11	0	0	0	0	0	0	0	0	0	0	5	225
SAN DIEGO	BLUE CROSS	0	1	1	0	0	9	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	14
	COMMUNITY HEALTH	0	2	0	0	0	19	1	0	0	0	1	15	0	5	0	0	0	0	0	0	0	0	0	0	0	43
	HEALTH NET	0	0	0	0	0	13	0	0	0	0	0	14	1	14	0	0	0	0	0	0	0	0	0	0	0	42
	KAISER	0	0	0	0	0	3	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	6
	MOLINA	0	4	0	1	0	21	0	0	2	0	3	19	1	1	0	0	0	0	0	0	0	0	0	0	0	52
COUNTY TOTAL	0	7	1	1	0	65	1	0	2	0	4	52	4	20	0	0	0	0	0	0	0	0	0	0	0	157	
SAN FRANCISCO	BLUE CROSS	0	0	0	0	0	10	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	14
	SAN FRANCISCO HLTH	0	0	0	0	0	4	0	0	1	0	1	44	0	6	0	0	0	0	0	0	0	0	1	0	0	57
	COUNTY TOTAL	0	0	0	0	0	14	0	0	1	0	1	46	0	8	0	0	0	0	0	0	0	0	1	0	0	71
SAN JOAQUIN	BLUE CROSS	0	0	0	0	2	4	0	0	0	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	10
	SAN JOAQUIN HEALTH	0	1	0	0	4	6	0	0	0	0	0	19	0	1	0	0	0	0	0	0	0	0	0	0	0	31
	COUNTY TOTAL	0	1	0	0	6	10	0	0	0	0	0	22	0	2	0	0	0	0	0	0	0	0	0	0	0	41
SANTA CLARA	BLUE CROSS	0	1	0	0	0	3	0	0	0	0	1	6	1	0	0	0	0	0	0	0	0	0	0	0	0	12
	SANTA CLARA FAMILY	0	0	1	0	0	6	0	0	1	0	1	33	0	20	0	0	0	0	0	0	0	0	0	0	1	63
	COUNTY TOTAL	0	1	1	0	0	9	0	0	1	0	2	39	1	20	0	0	0	0	0	0	0	0	0	0	1	75
STANISLAUS	BLUE CROSS (310 PLAN)	0	0	1	0	0	9	6	0	0	0	1	38	1	1	0	0	0	0	0	0	0	1	0	0	0	58
	HEALTH NET	0	0	0	0	0	0	0	0	0	0	0	15	0	6	0	0	0	0	0	0	0	0	0	0	1	22
	COUNTY TOTAL	0	0	1	0	0	9	6	0	0	0	1	53	1	7	0	0	0	0	0	0	0	1	0	0	1	80
TULARE	BLUE CROSS	0	1	0	0	0	18	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	21
	HEALTH NET	0	0	0	0	0	4	0	0	0	0	0	23	0	7	0	0	0	0	0	0	0	0	0	0	0	34
	COUNTY TOTAL	0	1	0	0	0	22	0	0	0	0	0	25	0	7	0	0	0	0	0	0	0	0	0	0	0	55
<b>2 PLAN &amp; GMC COUNTY TOTAL</b>		<b>4</b>	<b>38</b>	<b>6</b>	<b>1</b>	<b>57</b>	<b>888</b>	<b>11</b>	<b>0</b>	<b>39</b>	<b>0</b>	<b>34</b>	<b>1,422</b>	<b>156</b>	<b>569</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>42</b>	<b>3,269</b>						

**MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN**  
**ALL ACCEPTED MEDICAL EDERS**  
 From 10/26/2005 - 11/22/2005

**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>		4	38	6	1	57	888	11	0	39	0	34	1,422	156	569	0	0	0	0	0	0	0	2	0	0	42	3,269

**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 10/26/2005 - 11/22/2005

**MAXIMUS**

<b>GMC MANDATORY DENTAL COUNTIES</b>																										
COUNTY	PLAN NAME	REASONS																							TOTAL	
		E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	I01	F01	F02	F03	F04	F05	F06	F09	F10	X01	X02		X03
SACRAMENTO	ACCESS DENTAL	0	1	0	0	0	46	0	0	0	0	20	16	0	0	0	0	0	0	0	0	0	0	0	0	83
	COMMUNITY DENTAL	0	0	0	0	1	11	0	0	0	0	8	9	0	0	0	0	0	0	0	0	0	0	0	0	29
	LIBERTY DENTAL	0	0	0	0	0	14	0	0	0	0	14	3	0	0	0	0	0	0	0	0	0	0	0	0	31
	WESTERN DENTAL	0	4	0	0	0	52	0	0	0	0	32	11	0	0	0	0	0	0	0	0	0	0	1	0	100
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>123</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>74</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>243</b>									
<b>GMC MANDATORY COUNTIES TOTAL</b>		<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>123</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>74</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>243</b>									

<b>VOLUNTARY DENTAL COUNTIES</b>																										
COUNTY	PLAN NAME	REASONS																							TOTAL	
		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	1	0	0	0	0	18	0	0	0	0	35	8	0	0	0	0	0	0	0	0	0	0	0	0	62
	AMERICAN HEALTH	0	1	0	0	0	2	0	0	0	0	5	1	0	0	0	0	0	0	0	0	0	0	0	0	9
	COMMUNITY DENTAL	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	LIBERTY DENTAL	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	SAFEGUARD DENTAL	0	1	0	0	0	8	0	0	0	0	11	6	0	0	0	0	0	0	0	0	0	0	0	0	26
	UNITED HEALTH	0	0	0	0	0	7	0	0	1	0	10	5	0	0	0	0	0	0	0	0	0	0	0	0	23
	UNIVERSAL CARE	0	1	0	0	0	17	0	0	1	0	16	5	0	0	0	0	0	0	0	0	0	0	0	0	40
	WESTERN DENTAL	1	2	0	0	0	23	0	0	0	0	40	18	0	0	0	0	0	0	0	0	0	0	0	0	84
<b>COUNTY TOTAL</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>117</b>	<b>43</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>248</b>	
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	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	0
	<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>
SAN BERNARDINO	SAFEGUARD DENTAL	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	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	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	0
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</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>2</b>
<b>VOLUNTARY COUNTIES TOTAL</b>		<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>118</b>	<b>43</b>	<b>0</b>	<b>250</b>											
<b>GRAND TOTAL</b>		<b>2</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>202</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>192</b>	<b>82</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>493</b>									

**REASON CODE**

- |  |                                  |  |                              |
|--|----------------------------------|--|------------------------------|
| E01 = Incarcerated                     | E08 = Terminated By Plan         | F02 = HP Did Not Meet Needs/Bene Pref. | X01 = Waiver Program Exempt  |
| E02 = Prior Care                       | E09 = Long Term Care             | F03 = Dr Did Not Meet Bene Needs       | X02 = Dental Exempt          |
| E03 = Enrolled Incorrectly Into a Plan | E10 = CCS Not in a PCCM Contract | F04 = Too Far To Go                    | X03 = Indian Health Coverage |
| E04 = Deceased                         | E11 = Other Health Coverage      | F05 = Did Not Choose Plan              |                              |
| E05 = Child Protective Services        | E12 = Moved Out of County        | F06 = Moving Out of County             |                              |
| E06 = Foster Care/Adoption             | I01 = System Created             | F09 = Other Reason                     |                              |
| E07 = Problem Using HCP                | F01 = Could Not Choose Dr        | F10 = No Reason Checked                |                              |

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

10/26/2005 - 11/22/2005

EFFECTIVE 12/1/2005

**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	1	0	0	0	0	0	3	0	0	0	0	4
	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	1	0	0	0	0	0	3	0	0	0	0	4
CONTRA COSTA	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CONTRA COSTA HEALTH	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	1	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	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HEALTH NET	0	0	1	0	0	0	0	1	0	0	0	0	0	2
	KERN FAMILY HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	1	0	0	0	0	1	0	0	0	0	0	2
LOS ANGELES	HEALTH NET	1	0	5	3	3	2	1	3	22	0	0	0	0	40
	LA CARE	2	0	6	6	2	2	0	1	27	0	0	0	0	46
	COUNTY TOTAL	3	0	11	9	5	4	1	4	49	0	0	0	0	86
RIVERSIDE	INLAND EMPIRE HEALTH	0	0	2	0	0	0	0	0	1	0	0	0	0	3
	MOLINA	0	0	0	0	0	0	0	2	2	0	0	0	0	4
	COUNTY TOTAL	0	0	2	0	0	0	0	2	3	0	0	0	0	7
SACRAMENTO	BLUE CROSS (190 PLAN)	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	CARE FIRST	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
	KAISER	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	MOLINA	0	0	0	0	0	0	0	0	2	0	0	0	0	2
	WESTERN ADVANTAGE	0	0	1	0	0	0	0	0	0	0	0	0	0	1
COUNTY TOTAL	0	0	1	0	0	0	0	0	4	0	0	0	0	5	
SAN BERNARDINO	INLAND EMPIRE	0	0	1	0	0	0	1	3	2	0	0	0	0	7
	MOLINA	0	0	0	0	0	0	0	0	4	0	0	0	0	4
	COUNTY TOTAL	0	0	1	0	0	0	1	3	6	0	0	0	0	11
SAN DIEGO	BLUE CROSS	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	COMMUNITY HEALTH	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
	KAISER	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	MOLINA	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	2	1	0	0	0	0	0	0	0	0	0	3

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

10/26/2005 - 11/22/2005

EFFECTIVE 12/1/2005

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	0	0	0	0	2	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	2	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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	2	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
	HEALTH NET	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
TULARE	BLUE CROSS	0	0	0	0	1	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	0
	COUNTY TOTAL	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>		<b>5</b>	<b>0</b>	<b>19</b>	<b>10</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>12</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>126</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

10/26/2005 - 11/22/2005

EFFECTIVE 12/1/2005

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
	COMMUNITY DENTAL	0	0	0	0	0	0	0
	LIBERTY DENTAL	0	0	0	0	0	0	0
	SAFEGUARD DENTAL	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
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
SACRAMENTO	ACCESS DENTAL	0	0	0	0	0	0	0
	COMMUNITY DENTAL	0	0	0	0	0	0	0
	LIBERTY DENTAL	3	0	0	0	0	0	3
	WESTERN DENTAL	1	0	0	0	0	0	1
	COUNTY TOTAL	4	0	0	0	0	0	4
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>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>