

January 17, 2006

DHS HCO 06-5931

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 1/1/06**

**EXEMPTIONS SUMMARY
– Medical and Dental – Effective 1/1/06**

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 11/23/2005 - 12/27/2005

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	2	0	0	21	0	0	0	6	0	0	78	0	25	0	0	0	0	0	0	0	0	0	0	1	133	
	BLUE CROSS	0	1	0	0	21	2	0	0	1	0	1	5	3	10	0	0	0	0	0	0	0	0	0	0	44		
	COUNTY TOTAL	0	3	0	0	42	2	0	0	7	0	1	83	3	35	0	0	0	0	0	0	0	0	0	0	177		
CONTRA COSTA	BLUE CROSS	0	0	0	0	2	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	5		
	CONTRA COSTA HEALTH	0	1	0	0	0	1	0	0	0	0	1	44	0	1	0	0	0	0	0	0	0	0	0	0	48		
	COUNTY TOTAL	0	1	0	0	2	1	0	0	0	0	1	47	0	1	0	0	0	0	0	0	0	0	0	0	53		
FRESNO	BLUE CROSS	0	1	0	0	0	51	0	0	0	0	17	0	3	0	0	0	0	0	0	0	0	0	0	0	72		
	HEALTH NET	1	0	0	0	0	7	0	0	0	0	2	25	0	15	0	0	0	0	0	0	0	0	0	0	50		
	COUNTY TOTAL	1	1	0	0	0	58	0	0	0	0	2	42	0	18	0	0	0	0	0	0	0	0	0	0	122		
KERN	HEALTH NET	0	0	0	0	0	6	0	0	2	0	29	3	21	0	0	0	0	0	0	0	0	0	0	2	63		
	KERN FAMILY HEALTH	0	0	0	0	2	49	0	0	0	0	9	119	0	13	0	0	0	0	0	0	0	0	0	0	192		
	COUNTY TOTAL	0	0	0	0	2	55	0	0	2	0	9	148	3	34	0	0	0	0	0	0	0	0	0	2	255		
LOS ANGELES	HEALTH NET	2	6	3	0	0	227	1	0	9	0	5	470	52	382	0	0	0	0	0	0	1	0	0	18	1,176		
	LA CARE	0	8	2	0	1	289	2	0	8	0	7	195	47	35	0	0	0	0	0	0	1	0	0	13	608		
	COUNTY TOTAL	2	14	5	0	1	516	3	0	17	0	12	665	99	417	0	0	0	0	0	0	2	0	0	31	1,784		
RIVERSIDE	INLAND EMPIRE HEALTH	0	0	0	0	0	23	0	1	1	0	79	0	8	0	0	0	0	0	0	0	0	0	1	113			
	MOLINA	0	1	0	0	0	44	0	0	0	0	0	31	4	8	0	0	0	0	0	0	0	0	0	88			
	COUNTY TOTAL	0	1	0	0	0	67	0	1	1	0	0	110	4	16	0	0	0	0	0	0	0	0	1	201			
SACRAMENTO	BLUE CROSS (190 PLAN)	0	2	1	0	0	37	1	0	0	0	2	24	0	18	0	0	0	0	0	0	0	0	0	0	85		
	CARE FIRST	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4		
	HEALTH NET	0	1	0	0	0	14	1	0	1	0	0	45	1	31	0	0	0	0	0	0	0	0	0	0	94		
	KAISER	0	0	0	0	0	1	0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	5		
	MOLINA	0	1	0	0	0	24	0	0	0	0	0	6	1	1	0	0	0	0	0	0	0	0	0	0	33		
	WESTERN ADVANTAGE	0	1	0	0	0	8	0	0	0	0	0	5	5	1	0	0	0	0	0	0	0	0	0	0	20		
	COUNTY TOTAL	0	5	1	0	0	84	2	0	1	0	2	86	8	52	0	0	0	0	0	0	0	0	0	0	241		
SAN BERNARDINO	INLAND EMPIRE	2	0	3	0	0	15	5	0	2	0	5	113	8	27	0	0	0	0	0	0	0	0	1	1	182		
	MOLINA	0	1	1	0	0	21	1	0	0	0	1	53	4	9	0	0	0	0	0	0	0	0	0	1	92		
	COUNTY TOTAL	2	1	4	0	0	36	6	0	2	0	6	166	12	36	0	0	0	0	0	0	0	0	1	2	274		
SAN DIEGO	BLUE CROSS	0	0	0	0	0	18	1	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	0	1	24		
	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		
	COMMUNITY HEALTH	0	2	0	0	1	30	0	0	1	0	2	21	0	6	0	0	0	0	0	0	0	0	0	0	63		
	HEALTH NET	0	0	1	0	0	16	0	0	0	0	0	14	0	15	0	0	0	0	0	0	0	0	0	1	47		
	KAISER	0	0	0	0	0	6	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	9		
	MOLINA	0	5	0	0	0	32	0	0	0	0	3	14	3	3	0	0	0	0	0	0	0	0	0	0	60		
COUNTY TOTAL	0	7	1	0	1	102	2	0	1	0	6	52	3	26	0	0	0	0	0	0	0	0	0	2	203			
SAN FRANCISCO	BLUE CROSS	0	0	0	0	0	2	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	6		
	SAN FRANCISCO HLTH	0	1	0	0	0	7	0	0	5	0	0	21	0	14	0	0	0	0	0	0	0	0	0	1	49		
	COUNTY TOTAL	0	1	0	0	0	9	1	0	6	0	0	21	1	14	0	1	0	0	0	0	0	0	0	1	55		
SAN JOAQUIN	BLUE CROSS	0	0	0	0	8	5	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	20		
	SAN JOAQUIN HEALTH	0	0	0	0	12	1	0	0	1	0	0	20	0	1	0	0	0	0	0	0	0	0	0	0	35		
	COUNTY TOTAL	0	0	0	0	20	6	0	0	1	0	0	27	0	1	0	0	0	0	0	0	0	0	0	0	55		
SANTA CLARA	BLUE CROSS	0	1	0	0	0	9	0	0	0	0	12	1	2	0	0	0	0	0	0	0	0	0	0	0	25		
	SANTA CLARA FAMILY	0	2	0	0	0	14	0	0	3	0	0	106	0	27	0	0	0	0	0	0	0	0	0	0	152		
	COUNTY TOTAL	0	3	0	0	0	23	0	0	3	0	0	118	1	29	0	0	0	0	0	0	0	0	0	0	177		
STANISLAUS	BLUE CROSS (310 PLAN)	0	1	0	0	4	15	5	0	1	0	3	15	1	10	0	0	0	0	0	0	0	0	0	0	55		
	HEALTH NET	0	0	0	0	0	2	0	0	0	0	4	21	1	14	0	0	0	0	0	0	0	0	0	2	44		
	COUNTY TOTAL	0	1	0	0	4	17	5	0	1	0	7	36	2	24	0	0	0	0	0	0	0	0	0	2	99		
TULARE	BLUE CROSS	0	0	0	0	0	11	0	0	0	0	0	5	0	1	0	0	0	0	0	0	0	0	0	1	18		
	HEALTH NET	0	0	0	0	0	3	0	0	0	0	0	22	0	12	0	0	0	0	0	0	0	0	0	0	37		
	COUNTY TOTAL	0	0	0	0	0	14	0	0	0	0	0	27	0	13	0	0	0	0	0	0	0	0	0	1	55		
2 PLAN & GMC COUNTY TOTAL		5	38	11	0	72	990	19	1	42	0	46	1,628	136	716	0	1	0	0	0	0	0	2	0	0	1	43	3,751

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 11/23/2005 - 12/27/2005

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	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		5	38	11	0	72	990	19	1	42	0	46	1,628	136	716	0	1	0	0	0	0	0	2	0	0	1	43	3,751

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 11/23/2005 - 12/27/2005

MAXIMUS

GMC MANDATORY DENTAL COUNTIES																										
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	30	0	0	0	0	23	15	0	0	0	0	0	0	0	0	0	0	1	0	70
	COMMUNITY DENTAL	0	1	0	0	0	8	0	0	0	0	16	1	0	0	0	0	0	0	0	0	0	0	0	0	26
	LIBERTY DENTAL	0	1	0	0	0	10	0	0	0	0	11	4	0	0	0	0	0	0	0	0	0	0	0	0	26
	WESTERN DENTAL	0	1	1	0	0	28	1	0	1	0	35	23	0	0	0	0	0	0	0	0	0	0	0	0	90
	COUNTY TOTAL	0	4	1	0	0	76	1	0	1	0	85	43	0	0	0	0	0	0	0	0	0	0	1	0	212
GMC MANDATORY COUNTIES TOTAL		0	4	1	0	0	76	1	0	1	0	85	43	0	1	0	212									

VOLUNTARY DENTAL COUNTIES																										
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	0	0	0	0	0	18	0	0	0	0	27	15	0	0	0	0	0	0	0	0	0	0	0	0	60
	AMERICAN HEALTH	0	0	0	0	0	1	0	0	0	0	4	2	0	0	0	0	0	0	0	0	0	0	0	0	7
	COMMUNITY DENTAL	0	0	0	0	0	3	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	6
	LIBERTY 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
	SAFEGUARD DENTAL	0	0	0	0	0	11	0	0	1	0	17	7	0	0	0	0	0	0	0	0	0	0	0	0	36
	UNITED HEALTH	1	0	0	0	0	7	0	0	0	0	6	6	0	0	0	0	0	0	0	0	0	0	0	0	20
	UNIVERSAL CARE	0	1	0	0	0	9	0	0	0	0	26	12	0	0	0	0	0	0	0	0	0	0	0	0	48
	WESTERN DENTAL	0	2	0	0	0	24	0	0	1	0	42	34	0	0	0	0	0	0	0	0	0	0	0	0	103
COUNTY TOTAL	1	3	0	0	0	73	0	0	2	0	123	78	0	0	0	0	0	0	0	0	0	0	0	0	280	
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
	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
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	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	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	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	0	1
VOLUNTARY COUNTIES TOTAL		1	3	0	0	0	73	0	0	2	0	123	79	0	281											
GRAND TOTAL		1	7	1	0	0	149	1	0	3	0	208	122	0	1	0	493									

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

11/23/2005 - 12/27/2005

EFFECTIVE 1/1/2006

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	1	0	0	0	0	0	0	0	0	0	1
	BLUE CROSS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	1	0	0	0	0	0	0	0	0	0	1
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	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	2	0	0	0	1	0	0	0	0	3
	KERN FAMILY HEALTH	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	2	0	0	0	2	0	0	0	0	4
LOS ANGELES	HEALTH NET	4	0	7	0	2	1	0	3	23	0	0	0	0	40
	LA CARE	0	0	6	5	0	1	2	0	18	0	0	0	0	32
	COUNTY TOTAL	4	0	13	5	2	2	2	3	41	0	0	0	0	72
RIVERSIDE	INLAND EMPIRE HEALTH	0	0	1	1	0	0	0	0	2	0	0	0	0	4
	MOLINA	0	0	0	0	0	0	0	0	4	0	0	0	0	4
	COUNTY TOTAL	0	0	1	1	0	0	0	0	6	0	0	0	0	8
SACRAMENTO	BLUE CROSS (190 PLAN)	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
	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	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
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	1
SAN BERNARDINO	INLAND EMPIRE	0	1	0	0	1	0	0	0	5	0	0	0	0	7
	MOLINA	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	1	0	0	1	0	0	1	5	0	0	0	0	8
SAN DIEGO	BLUE CROSS	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	CARE FIRST	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COMMUNITY HEALTH	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	HEALTH NET	0	0	0	2	0	1	0	0	0	0	0	0	0	3
	KAISER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MOLINA	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	3	0	1	0	2	0	0	0	0	0	6

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

11/23/2005 - 12/27/2005

EFFECTIVE 1/1/2006

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	1	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
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
	HEALTH NET	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	1	0	1	0	0	0	0	0	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
TOTAL		4	1	15	10	7	3	2	7	55	0	0	0	0	0	104

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

11/23/2005 - 12/27/2005

EFFECTIVE 1/1/2006

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	1	0	0	0	0	0	1
	COMMUNITY DENTAL	0	0	0	0	0	0	0
	LIBERTY DENTAL	0	0	0	0	0	0	0
	WESTERN DENTAL	0	0	0	0	0	0	0
	COUNTY TOTAL	1	0	0	0	0	0	1
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		1	0	0	0	0	0	1