

August 14, 2006

DHS HCO 06-6776

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

**APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN, Medical
and Dental — Effective 8/1/06**

EXEMPTIONS SUMMARY, Medical and Dental — Effective 8/1/06

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 6/24/2006 - 7/25/2006

MAXIMUS

2 PLAN & GMC 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
ALAMEDA	Alameda Alliance For Health	0	0	0	0	29	0	0	0	9	0	0	68	3	17	0	0	0	0	0	0	0	0	0	0	0	126
	Blue Cross of CA Partnrshp	0	0	0	0	11	0	0	0	0	0	1	3	0	2	0	0	0	0	0	0	0	0	0	0	0	17
	COUNTY TOTAL	0	0	0	0	40	0	0	0	9	0	1	71	3	19	0	143										
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	1	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	5	
	Contra Costa Health Plan	0	1	0	0	2	3	0	0	3	0	0	16	0	2	0	0	0	0	0	0	0	0	0	0	0	27
	COUNTY TOTAL	0	1	0	0	3	3	0	0	3	0	0	20	0	2	0	32										
FRESNO	Blue Cross of CA Partnrshp	0	2	0	0	1	19	0	0	0	0	13	1	3	0	0	0	0	0	0	0	0	0	0	0	39	
	Health Net Comm Solutions	0	1	0	0	0	0	0	0	0	1	12	0	30	0	0	0	0	0	0	0	0	0	0	0	0	44
	COUNTY TOTAL	0	3	0	0	1	19	0	0	0	0	1	25	1	33	0	83										
KERN	Health Net Comm Solutions	0	2	0	0	0	11	0	0	1	0	29	1	33	0	0	0	0	0	0	0	0	0	0	0	0	77
	Kern Family Health Care	0	2	0	0	0	49	0	0	0	1	0	82	0	6	0	0	0	0	0	0	0	0	0	0	0	140
	COUNTY TOTAL	0	4	0	0	0	60	0	0	1	1	0	111	1	39	0	217										
LOS ANGELES	Health Net Comm Solutions	0	6	0	0	0	214	0	0	8	0	4	362	61	435	0	0	0	0	0	0	0	0	0	0	15	1,105
	L.A. Care Health Plan	0	5	0	0	0	320	0	0	10	0	2	166	51	75	1	0	0	0	0	0	0	0	0	0	14	644
	COUNTY TOTAL	0	11	0	0	0	534	0	0	18	0	6	528	112	510	1	0	29	1,749								
RIVERSIDE	Inland Empire Health Plan	0	2	0	0	0	19	0	0	2	0	0	82	5	0	0	0	0	0	0	0	0	0	0	0	1	111
	Molina Healthcare Partner	0	3	0	0	0	33	0	0	1	0	0	22	3	4	0	0	0	0	0	0	0	0	0	0	3	69
	COUNTY TOTAL	0	5	0	0	0	52	0	0	3	0	0	104	8	4	0	4	180									
SACRAMENTO	Blue Cross of CA Partnrshp	0	4	0	0	1	24	0	0	0	0	3	7	6	31	0	0	0	0	0	0	0	0	0	0	0	76
	Care1st Partner Plan, LLC	0	1	0	0	0	2	1	0	0	0	0	5	3	0	0	0	0	0	0	0	0	0	0	0	0	12
	Health Net Comm Solutions	0	2	0	0	0	13	0	0	1	0	1	26	4	19	0	0	0	0	0	0	0	0	0	0	0	66
	KP Cal, LLC	0	1	0	0	0	6	0	0	0	0	0	6	1	0	0	0	0	0	0	0	0	0	0	0	0	14
	Molina Healthcare Partner	0	0	0	0	0	6	0	0	0	0	0	3	3	11	0	0	0	0	0	0	0	0	0	0	0	23
	COUNTY TOTAL	0	8	0	0	1	63	1	0	1	0	4	48	22	68	0	2	218									
SAN BERNARDINO	Inland Empire Health Plan	0	3	0	0	0	19	0	0	4	0	2	82	5	1	0	0	0	0	0	0	0	0	0	0	1	117
	Molina Healthcare Partner	0	3	0	0	0	22	0	0	2	0	3	33	8	6	0	0	0	0	0	0	0	0	0	0	3	80
	COUNTY TOTAL	0	6	0	0	0	41	0	0	6	0	5	115	13	7	0	4	197									
SAN DIEGO	Blue Cross of CA Partnrshp	0	1	0	0	0	21	0	0	0	0	0	6	0	2	0	0	0	0	0	0	0	0	0	0	1	31
	Care1st Partner Plan, LLC	0	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
	Community Hlth Grp Partner	0	1	0	0	0	15	0	0	1	0	0	6	1	0	0	0	0	0	0	0	0	0	0	0	2	26
	Health Net Comm Solutions	0	1	0	0	0	10	1	0	1	0	0	14	4	21	0	0	0	0	0	0	0	0	0	0	0	52
	KP Cal, LLC	0	1	0	0	0	8	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	10
	COUNTY TOTAL	0	6	0	0	0	33	0	0	1	0	1	25	0	1	0	2	69									
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2
	San Francisco Health Plan	0	0	0	0	0	1	0	0	0	0	0	20	0	5	0	0	0	0	0	0	0	0	0	0	0	26
	COUNTY TOTAL	0	0	0	0	0	1	0	0	0	0	0	20	0	6	0	1	28									
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	1	0	0	7	0	0	0	0	0	15	2	1	0	0	0	0	0	0	0	0	0	0	0	0	26
	Health Plan of San Joaquin	0	0	0	0	15	2	0	0	1	0	1	13	0	6	0	0	0	0	0	0	0	0	0	0	1	39
	COUNTY TOTAL	0	1	0	0	22	2	0	0	1	0	1	28	2	7	0	1	65									
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	10	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	21
	Santa Clara Family H.P.	0	0	0	0	0	15	0	0	3	0	0	100	0	8	0	0	0	0	0	0	0	0	0	0	0	126
	COUNTY TOTAL	0	0	0	0	0	25	0	0	3	0	0	111	0	8	0	147										
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	2	0	0	0	0	1	10	1	3	0	0	0	0	0	0	0	0	0	0	0	17
	Health Net Comm Solutions	0	1	0	0	0	1	0	0	0	0	0	13	1	11	0	0	0	0	0	0	0	0	0	0	0	27
	COUNTY TOTAL	0	1	0	0	0	3	0	0	0	0	1	23	2	14	0	44										
TULARE	Blue Cross of CA Partnrshp	0	1	0	0	0	17	0	0	0	0	0	16	1	4	0	0	0	0	0	0	1	0	0	0	0	40
	Health Net Comm Solutions	0	0	0	0	0	13	0	0	0	0	0	19	0	16	0	0	0	0	0	0	0	0	0	0	1	49
	COUNTY TOTAL	0	1	0	0	0	30	0	0	0	0	0	35	1	20	0	0	0	0	0	0	1	0	0	0	1	89
2 PLAN & GMC COUNTY TOTAL		0	51	0	0	67	920	2	0	48	1	20	1,291	171	761	1	0	47	3,381								

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 6/24/2006 - 7/25/2006

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	KP Cal, LLC	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SONOMA	KP Cal, LLC	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
VOLUNTARY COUNTY TOTAL		0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
TOTAL		0	53	0	0	67	920	2	0	48	1	20	1,291	171	761	1	0	0	0	0	0	1	0	0	0	47	3,383

REASON CODE

- | | | | |
|--|----------------------------------|--|------------------------------|
| E01 = Incarcerated | E08 = Terminated By Plan | F01 = Could Not Choose Dr | F10 = No Reason Checked |
| E02 = Prior Care | E09 = Long Term Care | F02 = HP Did Not Meet Needs/Bene Pref. | X01 = Waiver Program Exempt |
| E03 = Enrolled Incorrectly Into a Plan | E10 = CCS Not in a PCCM Contract | F03 = Dr Did Not Meet Bene Needs | X03 = Indian Health Coverage |
| E04 = Deceased | E11 = Other Health Coverage | F04 = Too Far To Go | X04 = Medical Exempt |
| E05 = Child Protective Services | E12 = Moved Out of County | F05 = Did Not Choose Plan | |
| E06 = Foster Care/Adoption | E13 = Pregnancy | F06 = Moving Out of County | |
| E07 = Problem Using HCP | I01 = System Created | F09 = Other Reason | |

Note 1: One EDER transaction, that was an Exemption with no Exemption reason, was processed, but not included in the total column for Health Net Comm Solutions in Los Angeles County. The transaction was processed correctly, however, it was not included in the total column because the Disenrollment was entered for an Exemption that expired prior to the data extraction date of 7/28/06 from MAXSTAR®.

MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 6/24/2006 - 7/25/2006

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 Plan	0	0	0	0	0	15	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	26
	Community Dental Svcs, Inc.	0	0	0	0	1	6	0	0	0	0	0	4	5	0	0	0	0	0	0	0	0	0	0	0	16
	Liberty Dental Plan of CA	0	2	0	0	0	1	0	0	0	0	0	14	1	0	0	0	0	0	0	0	0	0	0	0	18
	Western Dental Services	0	2	0	0	0	14	0	0	1	0	0	17	2	0	0	0	0	0	0	0	0	0	1	0	37
	COUNTY TOTAL	0	4	0	0	1	36	0	0	1	0	0	46	8	0	0	0	0	0	0	0	0	0	1	0	97
GMC MANDATORY COUNTIES TOTAL		0	4	0	0	1	36	0	0	1	0	0	46	8	0	1	0	97								

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 Plan	0	4	0	0	0	21	0	0	0	0	0	13	19	0	0	0	0	0	0	0	0	0	0	0	57
	American Health Guard	0	1	0	0	0	8	0	0	1	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	15
	Community Dental Svcs, Inc.	0	0	0	0	0	0	0	0	0	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	5
	Health Net	0	0	0	0	0	12	0	0	0	0	0	9	18	0	0	0	0	0	0	0	0	0	0	0	39
	Liberty Dental Plan of CA	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	3
	SafeGuard Dental, Inc.	0	2	0	0	0	9	0	0	2	0	0	16	26	0	0	0	0	0	0	0	0	0	0	0	55
	UHP Healthcare	0	3	0	0	0	7	0	0	0	0	0	11	8	0	0	0	0	0	0	0	0	0	0	0	29
	Western Dental Services	0	5	0	0	0	23	0	0	1	0	0	41	12	0	0	0	0	0	0	0	0	0	0	0	82
COUNTY TOTAL		0	16	0	0	0	80	0	0	4	0	0	98	87	0	285										
RIVERSIDE	SafeGuard Dental, Inc.	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 Services	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, Inc.	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
	UHP Healthcare	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 Services	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
COUNTY TOTAL		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
VOLUNTARY COUNTIES TOTAL		0	16	0	0	0	81	0	0	4	0	0	98	87	0	286										
GRAND TOTAL		0	20	0	0	1	117	0	0	5	0	0	144	95	0	1	0	383								

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

6/24/2006 - 7/25/2006

EFFECTIVE 8/1/2006

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													
		A	B	C	D	E	F	G	M	P	U	V	W	Y	TOTAL
ALAMEDA	Alameda Alliance For Health	1	0	0	0	0	0	0	1	1	0	0	0	0	3
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	1	0	0	0	0	0	0	1	2	0	0	0	0	4
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Contra Costa Health Plan	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 of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	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 Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kern Family Health Care	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
LOS ANGELES	Health Net Comm Solutions	2	0	5	4	1	0	1	6	29	0	0	0	0	48
	L.A. Care Health Plan	0	1	4	6	6	1	1	4	27	0	0	0	0	50
	COUNTY TOTAL	2	1	9	10	7	1	2	10	56	0	0	0	0	98
RIVERSIDE	Inland Empire Health Plan	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Molina Healthcare Partner	0	0	0	0	0	0	1	2	1	0	0	0	0	4
	COUNTY TOTAL	0	0	0	0	1	0	1	2	1	0	0	0	0	5
SACRAMENTO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	4	0	0	0	0	4
	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	WHA Community Health Plan	0	0	0	0	0	0	1	1	1	0	0	0	0	3
COUNTY TOTAL	0	0	0	0	0	0	1	1	5	0	0	0	0	7	
SAN BERNARDINO	Inland Empire Health Plan	0	0	1	0	0	0	0	1	2	0	0	0	0	4
	Molina Healthcare Partner	0	0	0	3	1	0	0	0	4	0	0	0	0	8
	COUNTY TOTAL	0	0	1	3	1	0	0	1	6	0	0	0	0	12
SAN DIEGO	Blue Cross of CA Partnrshp	1	0	0	0	0	0	0	0	1	0	0	0	0	2
	Care1st Partner Plan, LLC	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	Community Hlth Grp Partner	0	0	0	0	4	0	0	0	0	0	0	0	0	4
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	4	0	0	0	0	4
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Molina Healthcare Partner	1	0	2	1	0	0	0	1	0	0	0	0	0	5
COUNTY TOTAL	3	0	2	1	4	0	0	1	5	0	0	0	0	16	

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

6/24/2006 - 7/25/2006

EFFECTIVE 8/1/2006

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 of CA Partnrshp	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	San Francisco Health Plan	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	2	0	0	0	0	0	2
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Health Plan of San Joaquin	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	1	1	0	0	0	0	2
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Santa Clara Family H.P.	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	1
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	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
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	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
TOTAL		6	1	13	14	13	1	4	20	76	0	0	0	0	148

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

6/24/2006 - 7/25/2006

EFFECTIVE 8/1/2006

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 Plan	0	0	0	0	0	0	0
	American Health Guard	0	0	0	0	0	0	0
	Community Dental Svcs, Inc.	0	0	0	0	0	0	0
	Health Net	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	UHP Healthcare	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
SACRAMENTO	Access Dental Plan	1	0	0	0	0	0	1
	Community Dental Svcs, Inc.	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	1	0	0	0	0	0	1
	Western Dental Services	4	0	0	0	0	0	4
	COUNTY TOTAL	6	0	0	0	0	0	6
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	UHP Healthcare	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
TOTAL	6	0	0	0	0	0	6	