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February 15, 2007 DHS HCO 07-7498

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 2/1/07

EXEMPTIONS SUMMARY, Medical and Dental — Effective 2/1/07

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 California 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

Data Provision Disclaimer

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MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN

ALL ACCEPTED MEDICAL EDERS

From 12/27/2006 - 1/24/2007

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	1	0	0	6	0	0	0	1	0	0	21	2	9	0	0	0	0	0	0	0	0	0	0	0	40
	Blue Cross of CA Partnrshp	0	1	0	0	0	0	0	0	0	0	0	4	2	2	0	0	0	0	0	0	0	0	0	0	0	9
	COUNTY TOTAL	**0**	**2**	**0**	**0**	**6**	**0**	**0**	**0**	**1**	**0**	**0**	**25**	**4**	**11**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**49**
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	1	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	9
	Contra Costa Health Plan	0	0	0	0	1	1	0	0	2	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	1	25
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**1**	**2**	**0**	**0**	**2**	**0**	**0**	**28**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**34**
FRESNO	Blue Cross of CA Partnrshp	0	4	0	0	0	39	1	0	0	0	0	5	1	6	0	0	0	0	0	0	0	0	0	0	0	56
	Health Net Comm Solutions	0	0	0	0	0	4	0	0	0	0	0	17	0	38	0	0	0	0	0	0	0	0	0	0	1	60
	COUNTY TOTAL	**0**	**4**	**0**	**0**	**0**	**43**	**1**	**0**	**0**	**0**	**0**	**22**	**1**	**44**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**116**
KERN	Health Net Comm Solutions	0	0	0	0	0	2	0	0	1	0	1	32	3	24	0	0	0	0	0	0	0	0	0	0	0	63
	Kern Family Health Care	0	0	0	0	0	12	0	0	0	0	2	53	13	7	0	0	0	0	0	0	0	0	0	0	1	88
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**14**	**0**	**0**	**1**	**0**	**3**	**85**	**16**	**31**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**151**
LOS ANGELES	Health Net Comm Solutions	0	2	0	0	0	203	0	0	7	0	3	307	61	350	0	0	0	0	0	0	0	0	0	0	8	941
	L.A. Care Health Plan	1	8	1	0	0	307	1	0	6	0	2	154	63	144	0	0	0	0	0	0	0	0	0	0	21	708
	COUNTY TOTAL	**1**	**10**	**1**	**0**	**0**	**510**	**1**	**0**	**13**	**0**	**5**	**461**	**124**	**494**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**29**	**1,649**
RIVERSIDE	Inland Empire Health Plan	1	0	0	0	0	16	1	0	4	0	0	67	1	13	0	0	0	0	0	0	0	0	0	0	1	104
	Molina Healthcare Partner	0	0	1	0	0	25	0	0	0	0	1	17	1	1	0	0	0	0	0	0	0	0	0	0	0	46
	COUNTY TOTAL	**1**	**0**	**1**	**0**	**0**	**41**	**1**	**0**	**4**	**0**	**1**	**84**	**2**	**14**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**150**
SACRAMENTO	Blue Cross of CA Partnrshp	0	5	0	0	0	50	0	0	0	0	1	21	2	22	0	0	0	0	0	0	0	0	0	0	3	104
	Care1st Partner Plan, LLC	0	1	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	Health Net Comm Solutions	0	0	0	0	0	18	0	0	0	0	0	14	1	14	0	0	0	0	0	0	0	0	0	0	0	47
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	1	6
	Molina Healthcare Partner	0	0	0	0	0	9	0	0	0	0	1	4	1	1	0	0	0	0	0	0	0	0	0	0	0	16
	WHA Community Health Plan	0	0	0	0	0	6	0	0	1	0	2	0	10	2	0	0	0	0	0	0	0	0	0	0	1	22
	COUNTY TOTAL	**0**	**6**	**0**	**0**	**0**	**84**	**0**	**0**	**1**	**0**	**4**	**45**	**14**	**40**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**199**
SAN BERNARDINO	Inland Empire Health Plan	2	1	0	0	0	11	0	0	4	0	1	63	3	6	0	0	0	0	0	0	0	0	0	0	0	91
	Molina Healthcare Partner	0	0	1	0	0	6	0	0	0	0	0	26	2	1	0	0	0	0	0	0	0	0	0	0	0	36
	COUNTY TOTAL	**2**	**1**	**1**	**0**	**0**	**17**	**0**	**0**	**4**	**0**	**1**	**89**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**127**
SAN DIEGO	Blue Cross of CA Partnrshp	0	1	0	0	0	11	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	1	17
	Care1st Partner Plan, LLC	0	2	2	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	7
	Community Hlth Grp Partner	0	2	1	0	0	15	0	0	0	0	2	19	3	2	0	0	0	0	0	0	0	0	0	0	1	45
	Health Net Comm Solutions	0	0	0	0	0	4	0	0	2	0	1	7	6	10	0	0	0	0	0	0	0	0	0	0	1	31
	KP Cal, LLC	0	0	0	0	0	2	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	Molina Healthcare Partner	0	0	0	0	0	24	0	0	0	0	1	8	0	0	0	0	0	0	0	0	0	0	0	0	1	34
	COUNTY TOTAL	**0**	**5**	**3**	**0**	**0**	**56**	**0**	**0**	**3**	**0**	**4**	**38**	**12**	**12**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**138**
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2
	San Francisco Health Plan	0	0	0	0	0	2	0	0	0	0	0	20	0	3	0	0	0	0	0	0	0	0	0	0	0	25
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**20**	**0**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**27**
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	22	1	0	0	0	0	0	4	2	1	0	0	0	0	0	0	0	0	0	0	0	30
	Health Plan of San Joaquin	0	0	0	0	29	1	0	0	1	1	1	13	1	8	0	0	0	0	0	0	0	0	0	0	0	55
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**51**	**2**	**0**	**0**	**1**	**1**	**1**	**17**	**3**	**9**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**85**
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	11	0	0	0	0	1	5	1	0	0	0	0	0	0	0	0	0	0	0	0	18
	Santa Clara Family H.P.	0	1	0	0	0	17	0	0	0	0	0	59	0	19	0	0	0	0	0	0	0	0	0	0	0	96
	COUNTY TOTAL	**0**	**1**	**0**	**0**	**0**	**28**	**0**	**0**	**0**	**0**	**1**	**64**	**1**	**19**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**114**
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	2	0	8	0	0	0	0	0	0	0	0	0	0	0	11
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	15	0	11	0	0	0	0	0	0	0	0	0	0	0	26
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**17**	**0**	**19**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**37**
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	19	0	0	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	32
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	1	0	0	7	0	18	0	0	0	0	0	0	0	0	0	0	1	27
	COUNTY TOTAL	**0**	**0**	**0**	**0**	**0**	**19**	**0**	**0**	**1**	**0**	**0**	**7**	**0**	**31**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**59**
2 PLAN & GMC COUNTY TOTAL		**4**	**29**	**6**	**0**	**58**	**819**	**3**	**0**	**32**	**1**	**20**	**1,002**	**182**	**735**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**44**	**2,935**

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN

MAXIMUS

ALL ACCEPTED MEDICAL EDERS

From 12/27/2006 - 1/24/2007

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	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	KP Cal, LLC	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		**4**	**29**	**6**	**0**	**58**	**819**	**3**	**0**	**32**	**1**	**20**	**1,002**	**182**	**735**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**44**	**2,935**

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

MAXIMUS

ALL ACCEPTED MEDICAL EDERS

From 12/27/2006 - 1/24/2007

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 Plan	0	1	0	0	0	8	0	0	0	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	26
	Community Dental Svc, Inc.	0	0	0	0	0	3	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0	0	15
	Liberty Dental Plan of CA	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	Western Dental Services	0	0	0	0	0	3	0	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0	1	0	19
	COUNTY TOTAL	0	1	0	0	0	15	1	0	1	0	0	44	0	0	0	0	0	0	0	0	0	0	1	0	63
GMC MANDATORY COUNTIES TOTAL		0	1	0	0	0	15	1	0	1	0	0	44	0	0	0	0	0	0	0	0	0	0	1	0	63

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	TOTAL
LOS ANGELES	Access Dental Plan	0	2	0	0	0	26	0	0	0	0	0	29	0	0	0	0	0	0	0	0	0	0	0	0	57
	American Health Guard	0	1	0	0	0	7	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	11
	Care 1st Health Plan	0	0	0	0	0	3	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	6
	Community Dental Svc, Inc.	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
	Health Net	0	3	0	0	0	17	0	0	0	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	24
	Liberty Dental Plan of CA	0	1	0	0	0	7	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	10
	SafeGuard Dental, Inc.	0	0	0	0	0	14	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	22
	Western Dental Services	0	4	0	0	0	17	0	0	1	0	0	23	0	1	0	0	0	0	0	0	0	0	0	0	46
	COUNTY TOTAL	0	11	0	0	0	92	0	0	2	0	0	68	3	1	0	0	0	0	0	0	0	0	0	0	177
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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	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	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
VOLUNTARY COUNTIES TOTAL		0	11	0	0	0	95	0	0	2	0	0	68	3	1	0	0	0	0	0	0	0	0	0	0	180
GRAND TOTAL		0	12	0	0	0	110	1	0	3	0	0	112	3	1	0	0	0	0	0	0	0	0	1	0	243

REASON CODE

E01 = Incarcerated
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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

Data Provision Disclaimer

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MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

12/27/2006 - 1/24/2007

EFFECTIVE 2/1/2007

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	0	0	0	0	0	1	0	0	4	0	0	0	0	5
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	1	0	0	5	0	0	0	0	6
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	1	0	0	0	0	1	1	0	0	0	0	0	0	3
	COUNTY TOTAL	1	0	0	0	0	1	1	0	0	0	0	0	0	3
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	1	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	1	0	0	0	0	0	0	0	0	1
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	1	0	0	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	1	0	0	0	0	0	0	0	0	1
LOS ANGELES	Health Net Comm Solutions	3	1	1	5	1	2	0	4	14	0	0	0	0	31
	L.A. Care Health Plan	2	1	6	2	6	2	1	8	28	0	0	0	0	56
	COUNTY TOTAL	5	2	7	7	7	4	1	12	42	0	0	0	0	87
RIVERSIDE	Inland Empire Health Plan	1	0	1	0	0	1	0	0	3	0	0	0	0	6
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	4	0	0	0	0	4
	COUNTY TOTAL	1	0	1	0	0	1	0	0	7	0	0	0	0	10
SACRAMENTO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	2	1	2	0	0	0	0	5
	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	1	0	0	0	0	0	0	1
	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	0	0	2	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	0	3	1	4	0	0	0	0	8
SAN BERNARDINO	Inland Empire Health Plan	0	0	0	0	0	2	0	0	4	0	0	0	0	6
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	4	0	0	0	0	4
	COUNTY TOTAL	0	0	0	0	0	2	0	0	8	0	0	0	0	10
SAN DIEGO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	1	0	1	0	0	0	0	2
	Care1st Partner Plan, LLC	0	1	0	0	0	0	0	1	0	0	0	0	0	2
	Community Hlth Grp Partner	0	0	1	0	2	0	0	0	0	0	0	0	0	3
	Health Net Comm Solutions	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	KP Cal, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Molina Healthcare Partner	1	0	0	0	0	0	0	0	1	0	0	0	0	2
	COUNTY TOTAL	1	1	1	0	3	0	1	1	2	0	0	0	0	10

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

12/27/2006 - 1/24/2007

EFFECTIVE 2/1/2007

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS													
		A	B	C	D	E	F	G	M	P	U	V	W	Y	TOTAL
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	San Francisco 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
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	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	0	0	2	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	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
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	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
TOTAL		8	3	10	7	12	9	6	14	70	0	0	0	0	139

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

MAXIMUS

12/27/2006 - 1/24/2007

EFFECTIVE 2/1/2007

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS						
		Regular Dental	Indian	Temp Exempt - Foster Care	Temp Exempt - Long Term Care	Temp Exempt - Moved Out of County	Other Dental	TOTAL
LOS ANGELES	Access Dental Plan	0	0	0	0	0	0	0
	American Health Guard	0	0	0	0	0	0	0
	Care 1st Health Plan	0	0	0	0	0	0	0
	Community Dental Svc, 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
	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	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	Western Dental Services	1	0	0	0	0	0	1
	COUNTY TOTAL	**1**	**0**	**0**	**0**	**0**	**0**	**1**
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		**1**	**0**	**0**	**0**	**0**	**0**	**1**