



August 14, 2008

DHS HCO 08-9670

Mr. Jerry D. Stanger, Chief
Department of Health Care Services
Fiscal Intermediary & Contracts Oversight Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN, Medical and Dental - Effective 8/1/08

EXEMPTIONS SUMMARY, Medical and Dental - Effective 8/1/08

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 Eric Stewart at (916) 669-3573.

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 6/25/2008 - 7/24/2008

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	7	4	0	0	10	0	1	39	3	1	0	0	0	0	0	0	0	0	0	0	1	67
	Blue Cross of CA Partnrshp	0	3	0	0	4	6	0	0	0	0	1	10	2	0	0	0	0	0	0	0	0	0	0	0	0	26
	COUNTY TOTAL	0	4	0	0	11	10	0	0	10	0	2	49	5	1	0	1	93									
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	1	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	Contra Costa Health Plan	2	0	0	0	0	0	0	0	4	0	1	26	0	2	0	0	0	0	0	0	0	0	0	0	0	35
	COUNTY TOTAL	2	0	0	0	1	2	0	0	4	0	2	27	0	2	0	40										
FRESNO	Blue Cross of CA Partnrshp	0	2	0	0	0	41	0	0	0	0	3	16	0	3	0	0	0	0	0	0	0	0	0	0	0	65
	Health Net Comm Solutions	0	0	0	0	0	14	0	0	0	0	0	32	0	12	0	0	0	0	0	0	0	0	0	0	1	59
	COUNTY TOTAL	0	2	0	0	0	55	0	0	0	0	3	48	0	15	0	1	124									
KERN	Health Net Comm Solutions	1	1	0	0	0	6	0	0	2	0	0	38	2	35	0	0	0	0	0	0	0	0	0	0	0	85
	Kern Family Health Care	0	2	0	0	0	22	1	0	1	0	4	65	1	6	0	0	0	0	0	0	0	0	0	0	0	102
	COUNTY TOTAL	1	3	0	0	0	28	1	0	3	0	4	103	3	41	0	187										
LOS ANGELES	Health Net Comm Solutions	9	6	1	1	0	150	0	0	8	0	3	210	83	207	0	0	0	0	0	0	0	0	0	0	20	698
	L.A. Care Health Plan	1	13	1	0	0	314	1	0	9	0	4	151	108	98	0	0	0	0	0	0	0	0	0	0	23	723
	COUNTY TOTAL	10	19	2	1	0	464	1	0	17	0	7	361	191	305	0	43	1,421									
RIVERSIDE	Inland Empire Health Plan	5	3	0	0	0	24	3	0	1	0	1	109	3	2	0	0	0	0	0	0	0	0	0	0	3	154
	Molina Healthcare Partner	0	1	0	1	0	14	1	0	1	0	0	29	2	0	0	0	0	0	0	0	0	0	0	0	1	50
	COUNTY TOTAL	5	4	0	1	0	38	4	0	2	0	1	138	5	2	0	4	204									
SACRAMENTO	Blue Cross of CA Partnrshp	0	1	0	0	0	34	0	0	1	0	2	21	7	8	0	0	0	0	0	0	0	0	0	0	2	76
	Health Net Comm Solutions	0	2	0	0	0	14	0	0	2	0	0	25	0	20	0	0	0	0	0	0	0	0	0	0	0	63
	KP Cal, LLC	0	2	0	0	0	5	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	11
	Molina Healthcare Partner	0	2	0	0	0	5	0	0	0	0	0	12	2	7	0	0	0	0	0	0	0	0	0	0	0	28
	WHA Community Health Plan	0	2	0	0	0	3	0	0	0	0	0	5	4	3	0	0	0	0	0	0	0	0	0	0	0	17
COUNTY TOTAL	0	9	0	0	0	61	0	0	3	0	2	67	13	38	0	0	0	0	0	0	0	0	0	0	2	195	
SAN BERNARDINO	Inland Empire Health Plan	3	3	0	0	2	14	1	0	3	0	1	87	9	1	0	0	0	0	0	0	0	0	0	0	0	124
	Molina Healthcare Partner	0	0	0	0	0	3	1	0	2	0	0	19	8	3	0	0	0	0	0	0	0	0	0	0	0	36
	COUNTY TOTAL	3	3	0	0	2	17	2	0	5	0	1	106	17	4	0	160										
SAN DIEGO	Care1st Partner Plan, LLC	0	1	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	6
	Community Hlth Grp Partner	0	5	0	0	0	33	0	0	2	0	0	19	3	5	0	0	0	0	0	0	0	0	0	0	1	68
	Health Net Comm Solutions	0	0	0	0	0	9	0	0	2	0	0	26	9	20	0	0	0	0	0	0	0	0	0	0	3	69
	KP Cal, LLC	0	0	0	0	0	3	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	Molina Healthcare Partner	0	0	0	0	0	23	0	0	1	0	0	23	3	1	0	0	0	0	0	0	0	0	0	0	2	53
COUNTY TOTAL	0	6	0	0	0	71	0	0	6	0	0	69	16	27	0	0	0	0	0	0	0	0	0	0	7	202	
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2
	San Francisco Health Plan	0	0	0	0	0	0	0	0	0	0	0	22	0	3	0	0	0	0	0	0	0	0	0	0	0	25
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	23	0	4	0	27										
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	7	0	0	0	0	0	3	0	6	0	0	0	0	0	0	0	0	0	0	0	1	17
	Health Plan of San Joaquin	0	0	0	0	15	0	0	0	2	0	0	16	2	8	0	0	0	0	0	0	0	0	0	0	0	43
	COUNTY TOTAL	0	0	0	0	22	0	0	0	2	0	0	19	2	14	0	1	60									
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	0	0	2	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	1	8
	Santa Clara Family H.P.	0	3	0	0	0	12	0	0	0	0	1	68	0	1	0	0	0	0	0	0	0	0	0	0	0	85
	COUNTY TOTAL	0	3	0	0	0	14	0	0	0	0	1	73	0	1	0	1	93									
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	17	0	0	0	0	2	4	1	2	0	0	0	0	0	0	0	0	0	0	2	28
	Health Net Comm Solutions	0	0	0	0	0	1	0	0	1	0	0	21	0	4	0	0	0	0	0	0	0	0	0	0	0	27
	COUNTY TOTAL	0	0	0	0	0	18	0	0	1	0	2	25	1	6	0	2	55									
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	6	0	0	0	0	0	4	0	1	0	0	0	0	0	0	0	0	0	0	1	12
	Health Net Comm Solutions	0	0	0	0	0	2	0	0	3	0	0	9	0	4	0	0	0	0	0	0	0	0	0	0	1	19
	COUNTY TOTAL	0	0	0	0	0	8	0	0	3	0	0	13	0	5	0	2	31									
2 PLAN & GMC COUNTY TOTAL		21	53	2	2	36	786	8	0	56	0	25	1,121	253	465	0	64	2,892									

MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 6/25/2008 - 7/24/2008

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	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	1	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		21	53	2	2	36	787	8	0	56	0	25	1,121	253	465	0	0	0	0	0	0	0	0	0	0	64	2,893

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

Note 1: One disenrollment transaction, that was an Exemption with no reason, was processed, 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 7/24/08 from MAXSTAR®.

Note 2: One disenrollment for Blue Cross of CA Partnrshp, in Stanislaus County was processed incorrectly. The transaction was processed under the X04 reason code for Medical Exemption, but should have been processed under X05 category for MER type E -Voluntary Aid Code or County. No correction will occur because the transaction has already been accepted by MEDS.

MSC-B-M27D APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN
ALL ACCEPTED MEDICAL EDERS
 From 6/25/2008 - 7/24/2008

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	2	0	0	0	8	0	0	1	0	0	22	8	0	0	0	0	0	0	0	0	0	0	0	41
	Community Dental Svc, Inc.	0	0	0	0	0	1	0	0	0	0	0	16	6	0	0	0	0	0	0	0	0	0	0	0	23
	HealthNet of California	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
	Liberty Dental Plan of CA	0	0	0	0	0	1	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	10
	Western Dental Services	0	3	0	0	0	9	0	0	1	0	0	25	4	0	0	0	0	0	0	0	0	0	0	0	42
COUNTY TOTAL		0	5	0	0	0	19	0	0	2	0	0	73	18	0	117										
GMC MANDATORY COUNTIES TOTAL		0	5	0	0	0	19	0	0	2	0	0	73	18	0	117										

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	10	0	0	0	32	0	0	1	0	0	30	17	0	0	0	0	0	0	0	0	0	0	0	90
	American Health Guard	0	2	0	0	0	3	0	0	0	0	0	6	7	0	0	0	0	0	0	0	0	0	0	0	18
	Care 1st Health Plan	0	1	0	0	0	10	0	0	1	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	16
	Community Dental Svc, Inc.	0	0	0	0	0	1	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	6
	Health Net	0	1	0	0	0	16	0	0	2	0	0	14	13	0	0	0	0	0	0	0	0	0	0	0	46
	Liberty Dental Plan of CA	0	3	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	6
	SafeGuard Dental, Inc.	0	0	0	0	0	3	0	0	2	0	0	12	4	0	0	0	0	0	0	0	0	0	0	0	21
	Western Dental Services	0	1	0	0	0	29	0	0	0	0	0	31	13	0	0	0	0	0	0	0	0	0	0	0	74
COUNTY TOTAL		0	18	0	0	0	94	0	0	6	0	0	102	57	0	277										
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	
	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	
	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	
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	
	United Health Plan	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	
	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	
VOLUNTARY COUNTIES TOTAL		0	18	0	0	0	94	0	0	6	0	0	102	57	0	277										
GRAND TOTAL		0	23	0	0	0	113	0	0	8	0	0	175	75	0	394										

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
 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

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MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

6/25/2008 - 7/24/2008

EFFECTIVE 8/1/2008

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	0	0	1	2	0	0	0	0	3
	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	1	2	0	0	0	0	3
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	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	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	3	8	3	4	2	0	3	26	0	0	0	0	51
	L.A. Care Health Plan	4	1	5	16	4	3	1	8	30	0	0	0	0	72
	COUNTY TOTAL	6	4	13	19	8	5	1	11	56	0	0	0	0	123
RIVERSIDE	Inland Empire Health Plan	0	0	1	0	0	0	0	3	4	0	0	0	0	8
	Molina Healthcare Partner	0	0	0	1	0	0	1	0	2	0	0	0	0	4
	COUNTY TOTAL	0	0	1	1	0	0	1	3	6	0	0	0	0	12
SACRAMENTO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	2	3	0	0	0	0	5
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	2	0	0	0	0	2
	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	2	0	0	0	0	2
	WHA Community Health Plan	0	0	0	0	0	0	0	4	0	0	0	0	0	4
	COUNTY TOTAL	0	0	0	0	0	0	0	6	7	0	0	0	0	13
SAN BERNARDINO	Inland Empire Health Plan	0	0	1	0	0	0	1	1	8	0	0	0	0	11
	Molina Healthcare Partner	0	0	0	0	0	0	0	1	1	0	0	0	0	2
	COUNTY TOTAL	0	0	1	0	0	0	1	2	9	0	0	0	0	13
SAN DIEGO	Care1st Partner Plan, LLC	0	0	0	1	0	0	0	0	1	0	0	0	0	2
	Community Hlth Grp Partner	1	0	0	0	0	0	1	0	0	0	0	0	0	2
	Health Net Comm Solutions	0	0	0	0	0	1	1	2	1	0	0	0	0	5
	KP Cal, LLC	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Molina Healthcare Partner	1	0	1	1	0	1	0	0	0	0	0	0	0	4
	COUNTY TOTAL	2	0	1	2	0	2	2	2	3	0	0	0	0	14

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

6/25/2008 - 7/24/2008

EFFECTIVE 8/1/2008

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	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	0
	COUNTY TOTAL	0	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	1	0	0	0	0	0	0	1
	Health Plan of San Joaquin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
	Santa Clara Family H.P.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
STANISLAUS	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	Health Net Comm Solutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
TULARE	Blue Cross of CA Partnrshp	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
	Health Net Comm Solutions	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	0	0	1	2	0	0	0	0	0	0	3
TOTAL		8	4	17	23	8	7	7	29	83	0	0	0	0	186	

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

6/25/2008 - 7/24/2008

EFFECTIVE 8/1/2008

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
	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	0	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	United Health Plan	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	0	0	0	0	0	0	0	