



November 17, 2008

DHS HCO 08-10062

Ms. Lauren Gomez, 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 11/1/08**

**EXEMPTIONS SUMMARY, Medical and Dental - Effective 11/1/08**

Reference: CA HCO Contract #01-15932 Section 3.10.5.2.3 (7)  
DHS-HCO 02-1633  
H #0802-0650

Dear Ms. Gomez:

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  
Vice President  
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 9/24/2008 - 10/24/2008

**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	3	0	0	4	1	1	0	8	0	2	66	2	11	0	0	0	0	0	0	0	0	0	0	1	99
	Blue Cross of CA Partnrshp	0	1	0	0	2	1	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	15
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>77</b>	<b>2</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>114</b>									
CONTRA COSTA	Blue Cross of CA Partnrshp	0	0	0	0	0	1	0	0	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	0	0	6
	Contra Costa Health Plan	1	0	0	0	0	1	0	0	2	0	0	23	2	0	0	0	0	0	0	0	0	0	0	0	0	29
	<b>COUNTY TOTAL</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>3</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>35</b>
FRESNO	Blue Cross of CA Partnrshp	0	2	0	0	0	38	0	0	0	0	1	11	0	0	0	0	0	0	0	0	0	0	0	0	0	52
	Health Net Comm Solutions	1	0	0	0	0	13	0	0	0	0	2	47	1	6	0	0	0	0	0	0	0	0	0	0	1	71
	<b>COUNTY TOTAL</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>58</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>123</b>									
KERN	Health Net Comm Solutions	0	0	0	0	0	11	0	0	1	0	0	33	1	11	0	0	0	0	0	0	0	0	0	0	0	57
	Kern Family Health Care	3	1	0	0	0	21	3	0	2	0	0	104	1	3	0	0	0	0	0	0	0	0	0	0	0	138
	<b>COUNTY TOTAL</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>137</b>	<b>2</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>195</b>									
LOS ANGELES	Health Net Comm Solutions	1	9	0	0	0	218	2	0	16	0	5	280	70	173	0	0	0	0	0	0	0	0	0	0	12	786
	L.A. Care Health Plan	0	23	0	0	0	343	1	0	12	0	11	206	96	112	0	0	0	0	0	0	0	0	0	0	13	817
	<b>COUNTY TOTAL</b>	<b>1</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>561</b>	<b>3</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>16</b>	<b>486</b>	<b>166</b>	<b>285</b>	<b>0</b>	<b>25</b>	<b>1,603</b>									
RIVERSIDE	Inland Empire Health Plan	0	2	0	0	0	15	0	0	0	0	2	102	9	10	0	0	0	0	0	0	0	0	0	0	1	141
	Molina Healthcare Partner	0	1	0	0	0	20	0	0	1	0	2	41	0	7	0	0	0	0	0	0	0	0	0	0	2	74
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>143</b>	<b>9</b>	<b>17</b>	<b>0</b>	<b>3</b>	<b>215</b>									
SACRAMENTO	Blue Cross of CA Partnrshp	0	6	0	0	0	63	0	0	3	0	1	23	3	0	0	0	0	0	0	0	0	0	0	0	0	99
	Health Net Comm Solutions	0	0	0	0	0	25	0	0	0	0	2	23	4	6	0	0	0	0	0	0	0	0	0	0	0	60
	KP Cal, LLC	0	0	0	0	0	2	0	0	1	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	6
	Molina Healthcare Partner	0	5	0	0	0	31	0	0	1	0	0	15	1	4	0	0	0	0	0	0	0	0	0	0	0	57
	WHA Community Health Plan	0	0	1	0	0	26	0	0	1	0	1	8	0	1	0	0	0	0	0	0	0	0	0	0	0	38
<b>COUNTY TOTAL</b>	<b>0</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>147</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>71</b>	<b>9</b>	<b>11</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>260</b>	
SAN BERNARDINO	Inland Empire Health Plan	4	2	1	0	0	22	1	0	2	0	0	155	15	10	0	0	0	0	0	0	0	0	0	0	2	214
	Molina Healthcare Partner	0	3	0	0	0	3	0	0	1	0	2	33	3	14	0	0	0	0	0	0	0	0	0	0	0	59
	<b>COUNTY TOTAL</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>188</b>	<b>18</b>	<b>24</b>	<b>0</b>	<b>2</b>	<b>273</b>									
SAN DIEGO	Care1st Partner Plan, LLC	0	0	0	0	0	2	0	0	0	0	0	4	1	1	0	0	0	0	0	0	0	0	0	0	1	9
	Community Hlth Grp Partner	1	6	0	0	0	45	0	0	1	0	3	29	0	7	0	0	0	0	0	0	0	0	0	0	0	92
	Health Net Comm Solutions	0	1	0	0	0	11	0	0	0	0	0	17	2	4	0	0	0	0	0	0	0	0	0	0	1	36
	KP Cal, LLC	0	1	0	0	0	6	0	0	2	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	1	14
	Molina Healthcare Partner	0	2	0	2	0	26	0	0	3	0	1	18	1	5	0	0	0	0	0	0	0	0	0	0	0	58
<b>COUNTY TOTAL</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>71</b>	<b>4</b>	<b>18</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>3</b>	<b>209</b>	
SAN FRANCISCO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	San Francisco Health Plan	0	0	1	0	0	7	0	0	0	0	0	23	0	0	0	0	0	0	0	0	0	0	0	0	0	31
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</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>36</b>
SAN JOAQUIN	Blue Cross of CA Partnrshp	0	0	0	0	9	0	0	0	0	0	1	17	1	3	0	0	0	0	0	0	0	0	0	0	0	31
	Health Plan of San Joaquin	0	1	0	0	28	8	1	0	2	0	0	35	0	15	0	0	0	0	0	0	0	0	0	0	0	90
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>52</b>	<b>1</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>121</b>									
SANTA CLARA	Blue Cross of CA Partnrshp	0	2	0	0	0	6	0	0	0	0	0	3	1	4	0	0	0	0	0	0	0	0	0	0	0	16
	Santa Clara Family H.P.	0	3	0	0	0	21	1	0	1	0	4	76	0	4	0	0	0	0	0	0	0	0	0	0	0	110
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>79</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>126</b>									
STANISLAUS	Blue Cross of CA Partnrshp	0	1	0	0	0	8	2	0	0	0	0	10	0	0	0	0	0	0	0	0	0	0	0	0	0	21
	Health Net Comm Solutions	0	0	0	0	0	2	0	0	0	0	0	27	0	7	0	0	0	0	0	0	0	0	0	0	1	37
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>58</b>									
TULARE	Blue Cross of CA Partnrshp	0	1	0	0	0	12	0	0	1	0	0	6	0	4	0	0	0	0	0	0	0	0	0	0	0	24
	Health Net Comm Solutions	0	0	0	0	0	1	0	0	0	0	0	27	0	6	0	0	0	0	0	0	0	0	0	0	0	34
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>58</b>									
<b>2 PLAN &amp; GMC COUNTY TOTAL</b>		<b>11</b>	<b>76</b>	<b>3</b>	<b>2</b>	<b>43</b>	<b>1,010</b>	<b>12</b>	<b>0</b>	<b>61</b>	<b>0</b>	<b>40</b>	<b>1,487</b>	<b>216</b>	<b>429</b>	<b>0</b>	<b>36</b>	<b>3,426</b>									

**MSC-B-M27 APPROVED EMERGENCY DISENROLLMENTS BY REASON AND PLAN**  
**ALL ACCEPTED MEDICAL EDERS**  
 From 9/24/2008 - 10/24/2008

**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	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>		11	76	3	2	43	1,010	12	0	61	0	40	1,487	216	429	0	0	0	0	0	0	0	0	0	0	36	3,426

**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 MEDICAL EDERS**  
 From 9/24/2008 - 10/24/2008

**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	0	1	0	0	8	0	0	1	0	0	17	5	0	0	0	0	0	0	0	0	0	0	0	32
	Community Dental Svc, Inc.	0	0	0	0	0	5	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	10	
	HealthNet of California	0	1	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	10	
	Liberty Dental Plan of CA	0	0	0	0	0	3	0	0	1	0	0	6	3	0	0	0	0	0	0	0	0	0	0	13	
	Western Dental Services	0	1	0	0	0	9	0	0	1	0	0	29	0	0	0	0	0	0	0	0	0	0	0	40	
<b>COUNTY TOTAL</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>8</b>	<b>0</b>	<b>105</b>											
<b>GMC MANDATORY COUNTIES TOTAL</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>8</b>	<b>0</b>	<b>105</b>											

**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	
LOS ANGELES	Access Dental Plan	0	12	0	0	0	19	0	0	0	0	0	50	21	0	0	0	0	0	0	0	0	0	0	102
	American Health Guard	0	0	0	0	0	7	0	0	1	0	0	5	9	0	0	0	0	0	0	0	0	0	0	22
	Care 1st Health Plan	0	3	0	0	0	5	0	0	0	0	0	5	5	0	0	0	0	0	0	0	0	0	0	18
	Community Dental Svc, Inc.	0	0	0	0	0	3	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	5
	Health Net	0	2	0	0	0	11	0	0	0	0	0	16	4	0	0	0	0	0	0	0	0	0	0	33
	Liberty Dental Plan of CA	0	0	0	0	0	6	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	7
	SafeGuard Dental, Inc.	0	2	0	0	0	4	0	0	0	0	0	6	2	0	0	0	0	0	0	0	0	0	0	14
	Western Dental Services	0	0	0	0	0	18	0	0	3	0	0	22	12	0	0	0	0	0	0	0	0	0	0	55
<b>COUNTY TOTAL</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>105</b>	<b>55</b>	<b>0</b>	<b>256</b>										
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
	<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>
SAN BERNARDINO	SafeGuard Dental, Inc.	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	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
	<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>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>1</b>
<b>VOLUNTARY COUNTIES TOTAL</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>106</b>	<b>55</b>	<b>0</b>	<b>257</b>										
<b>GRAND TOTAL</b>	<b>0</b>	<b>21</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>172</b>	<b>63</b>	<b>0</b>	<b>362</b>										

**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

## Data Provision Disclaimer

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

9/24/2008 - 10/24/2008

EFFECTIVE 11/1/2008

**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	1	0	0	0	0	1	0	0	0	0	2
	Blue Cross of CA Partnrshp	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>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>2</b>
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	1	0	0	0	0	0	1	0	0	0	0	2
	<b>COUNTY TOTAL</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>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
FRESNO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Health Net Comm Solutions	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	<b>COUNTY TOTAL</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>1</b>
KERN	Health Net Comm Solutions	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	Kern Family Health Care	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	<b>COUNTY TOTAL</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>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
LOS ANGELES	Health Net Comm Solutions	1	0	6	3	1	1	1	9	24	0	0	0	0	46
	L.A. Care Health Plan	1	1	2	11	1	1	2	6	32	0	0	0	0	57
	<b>COUNTY TOTAL</b>	<b>2</b>	<b>1</b>	<b>8</b>	<b>14</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>15</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>103</b>
RIVERSIDE	Inland Empire Health Plan	1	0	0	1	0	0	0	0	3	0	0	0	0	5
	Molina Healthcare Partner	1	1	0	0	0	0	0	1	1	0	0	0	0	4
	<b>COUNTY TOTAL</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
SACRAMENTO	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	1	0	0	0	0	1
	KP Cal, LLC	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	3	0	0	0	0	3
	WHA Community Health Plan	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>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
SAN BERNARDINO	Inland Empire Health Plan	0	0	1	2	0	0	0	1	0	0	0	0	0	4
	Molina Healthcare Partner	0	0	0	0	1	0	0	2	0	0	0	0	0	3
	<b>COUNTY TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
SAN DIEGO	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	1	2	0	0	0	0	3
	Community Hlth Grp Partner	1	0	0	0	0	1	0	0	0	0	0	0	0	2
	Health Net Comm Solutions	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	KP Cal, LLC	0	0	0	0	0	2	0	0	0	0	0	0	0	2
	Molina Healthcare Partner	0	0	1	1	1	0	1	0	1	0	0	0	0	5
	<b>COUNTY TOTAL</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>

MSC-B-M29 MEDICAL EXEMPTIONS SUMMARY

9/24/2008 - 10/24/2008

EFFECTIVE 11/1/2008

MAXIMUS

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS														
		A	B	C	D	E	F	G	M	P	U	V	W	Y	TOTAL	
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	1	0	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	1	0	0	0	0	0	0	0	1
SANTA CLARA	Blue Cross of CA Partnrshp	0	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	0
	COUNTY TOTAL	0	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	0
	Health Net Comm Solutions	0	0	0	0	0	0	0	1	2	0	0	0	0	0	3
	COUNTY TOTAL	0	0	0	0	0	0	0	1	2	0	0	0	0	0	3
TULARE	Blue Cross of CA Partnrshp	0	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	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>		<b>6</b>	<b>2</b>	<b>13</b>	<b>19</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>21</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>148</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**

9/24/2008 - 10/24/2008

EFFECTIVE 11/1/2008

**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
	<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>
RIVERSIDE	SafeGuard Dental, Inc.	0	0	0	0	0	0	0
	Western Dental Services	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>
SACRAMENTO	Access Dental Plan	0	0	0	0	0	0	0
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
	HealthNet of California	1	0	0	0	0	0	1
	Liberty Dental Plan of CA	0	0	0	0	0	0	0
	Western Dental Services	0	0	0	0	0	0	0
	<b>COUNTY TOTAL</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
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
	<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>TOTAL</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	