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February 5, 2009 DHCS HCO 09-0286

Ms. Lauren Gomez, Chief
Department of Health Care Services
Fiscal Intermediary & Contracts Oversight Division
MS 4700
P.O. Box 997413
Sacramento, CA 95899-7413

COPS-20 - EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT – For effective date 2/1/2009

Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.7

Dear Ms. Gomez:

The purpose of the EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT is to provide a summary of exception volume over the reporting period. Data is grouped by reason, county, and plan. This is a contractually required report detailed in Health Care Options Contract 07-65829.

If you have any questions, 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#140

Data Provision Disclaimer

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COPS-20 EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT

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MEDICAL EXCEPTIONS

12/27/2008 - 1/26/2009

EFFECTIVE 2/1/2009

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	1	0	0	0	0	0	0	0	0	1
	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	1	0	0	0	0	0	0	0	0	1
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	1	0	0	0	0	1
	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	1	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	1	0	1	0	0	0	0	0	0	0	0	2
	COUNTY TOTAL	0	0	1	0	1	0	0	0	0	0	0	0	0	2
LOS ANGELES	Health Net Comm Solutions	0	0	5	7	2	0	0	3	30	0	0	0	0	47
	L.A. Care Health Plan	1	0	3	3	0	1	1	6	30	0	0	0	0	45
	COUNTY TOTAL	1	0	8	10	2	1	1	9	60	0	0	0	0	92
RIVERSIDE	Inland Empire Health Plan	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
	COUNTY TOTAL	0	0	0	0	0	0	0	0	2	0	0	0	0	2
SACRAMENTO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	1	0	1	0	0	0	0	2
	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	3	0	0	0	0	3
	WHA Community Health Plan	0	0	0	0	0	0	0	1	1	0	0	0	0	2
	COUNTY TOTAL	0	0	0	0	0	0	1	1	5	0	0	0	0	7
SAN BERNARDINO	Inland Empire Health Plan	0	0	2	0	0	1	0	1	2	0	0	0	0	6
	Molina Healthcare Partner	0	0	0	0	1	0	0	1	3	0	0	0	0	5
	COUNTY TOTAL	0	0	2	0	1	1	0	2	5	0	0	0	0	11
SAN DIEGO	Care1st Partner Plan, LLC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Community Hlth Grp Partner	0	0	1	0	0	0	0	1	0	0	0	0	0	2
	Health Net Comm Solutions	1	0	0	0	0	0	1	1	0	0	0	0	0	3
	KP Cal, LLC	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	Molina Healthcare Partner	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	COUNTY TOTAL	1	0	1	0	0	0	1	4	0	0	0	0	0	7

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MEDICAL EXCEPTIONS

12/27/2008 - 1/26/2009

EFFECTIVE 2/1/2009

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	0	0	0	0	0	0
	COUNTY TOTAL	0	0	0	0	0	0	0	0	1	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
	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		2	0	13	10	5	2	3	16	74	0	0	0	0	125

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

COPS-20 EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT

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DENTAL EXCEPTIONS

12/27/2008 - 1/26/2009

EFFECTIVE 2/1/2009

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS						
		Regular Dental	Indian	Temp Except - Foster Care	Temp Except - Long Term Care	Temp Except - 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	1	0	0	0	0	0	1
	Community Dental Svc, Inc.	0	0	0	0	0	0	0
	HealthNet of California	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	**2**	**0**	**0**	**0**	**0**	**0**	**2**
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		**2**	**0**	**0**	**0**	**0**	**0**	**2**