



May 4, 2009

DHCS HCO 09-1117

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 5/1/09**

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

Dear Ms. Gomez:

The purpose of this 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

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COPS-20 EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT

MAXIMUS

MEDICAL EXCEPTIONS

3/26/2009 - 4/23/2009

EFFECTIVE 5/1/2009

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	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	1	0	0	0	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								
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								
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								
LOS ANGELES	Health Net Comm Solutions	1	0	3	4	0	1	0	2	27	0	0	0	0	38
	L.A. Care Health Plan	2	0	4	4	0	0	1	6	27	0	0	0	0	44
	COUNTY TOTAL	3	0	7	8	0	1	1	8	54	0	0	0	0	82
RIVERSIDE	Inland Empire Health Plan	0	0	0	1	0	0	0	1	1	0	0	0	0	3
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	1	0	0	0	1	2	0	0	0	0	4
SACRAMENTO	Blue Cross of CA Partnrshp	0	0	0	0	0	0	2	0	1	0	0	0	0	3
	Health Net Comm Solutions	0	1	0	0	0	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	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	0	0	0	0	0	0
	COUNTY TOTAL	0	1	0	0	0	0	2	0	1	0	0	0	0	4
SAN BERNARDINO	Inland Empire Health Plan	0	0	0	0	1	0	1	1	11	0	0	0	0	14
	Molina Healthcare Partner	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	COUNTY TOTAL	0	0	0	0	1	0	1	1	12	0	0	0	0	15
SAN DIEGO	Care1st Partner Plan, LLC	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	Community Hlth Grp Partner	1	0	1	0	1	0	0	0	2	0	0	0	0	5
	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	0	0	0	0	0	0
	Molina Healthcare Partner	1	0	1	0	1	0	0	0	1	0	0	0	0	4
	COUNTY TOTAL	2	0	3	0	2	0	0	0	4	0	0	0	0	11

COPS-20 EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT

MAXIMUS

MEDICAL EXCEPTIONS

3/26/2009 - 4/23/2009

EFFECTIVE 5/1/2009

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	
	COUNTY TOTAL	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	
	Health Plan of San Joaquin	0	0	0	0	0	0	1	0	0	0	0	0	0	
	COUNTY TOTAL	0	0	0	0	0	0	1	1	0	0	0	0		
SANTA CLARA	Blue Cross of CA Partnrshp	0	0	0	1	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	
	COUNTY TOTAL	0	0	0	1	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	
	Health Net Comm Solutions	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		
TULARE	Blue Cross of CA Partnrshp	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	
	COUNTY TOTAL	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	5	1	10	10	4	1	5	11	75	0	0	0	0		

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

3/26/2009 - 4/23/2009

EFFECTIVE 5/1/2009

2 PLAN & GMC COUNTIES

COUNTY	PLAN NAME	REASONS						TOTAL
		Regular Dental	Indian	Temp Except - Foster Care	Temp Except - Long Term Care	Temp Except - 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
	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	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	