



August 10, 2009

DHCS HCO 09-2175

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 8/1/09**

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.

Note: This revision fixes several formatting issues identified in the creation of the Report User Manual (RUM).

Sincerely,

Benjamin R. Coss
Vice President
California Health Care Options

cc: Reports File
Admin File – ID#140

COPS-20 – Exception to Plan Enrollment Summary Report

California Health Care Options

Data for dates 7/1/2009 through 7/31/2009

| Exception Reason | 1 | 2 | A | B | C | D | E | F | G | H | I | M | P | R | S | |
|------------------|----------------|---|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|----|
| Plan Type | County Name | | | | | | | | | | | | | | | |
| Dental | LOS ANGELES | 1 | | | | | | | | | | | | | 1 | |
| | SACRAMENTO | | | | | | | | | | 5 | | | | | |
| | Total | 1 | | | | | | | | | 5 | | | 1 | | |
| Medical | ALAMEDA | 2 | | 4 | | 2 | | 2 | 1 | 2 | 1 | 4 | 10 | 11 | 3 | |
| | CONTRA COSTA | | | | 1 | | 1 | | 4 | 3 | | | 6 | | 1 | |
| | FRESNO | 1 | | | | 1 | | | 3 | | | 4 | 4 | 28 | | |
| | KERN | | 1 | | | | 1 | | | 3 | | 3 | 14 | 1 | 1 | |
| | LOS ANGELES | 5 | | 25 | 5 | 35 | 38 | 21 | 7 | 7 | 23 | 17 | 89 | 569 | 189 | 11 |
| | PLACER | | | | | 1 | | | | | | | | | | |
| | RIVERSIDE | | | | | 2 | 7 | 1 | | 2 | 5 | 1 | 11 | 21 | 5 | 2 |
| | SACRAMENTO | 1 | | | 1 | 6 | 2 | 2 | | 2 | 5 | 10 | 16 | 37 | 31 | 1 |
| | SAN BERNARDINO | 1 | 4 | 2 | 3 | 7 | 4 | 2 | 4 | 5 | 11 | 3 | 10 | 43 | 4 | 2 |
| | SAN DIEGO | 2 | | 1 | | 7 | 5 | 5 | 2 | 3 | 10 | 25 | 16 | 19 | 15 | 1 |
| | SAN FRANCISCO | | | | | | 1 | | | | | 1 | | | | |
| | SAN JOAQUIN | | | 1 | | | 2 | 1 | | | | | 2 | 2 | 7 | |
| | SANTA CLARA | | | | | | | 1 | | | | | | | 1 | |
| | STANISLAUS | | | | | 2 | | | | | 1 | | 4 | 3 | 5 | |
| | TULARE | | | | | | 3 | | | | | 1 | 4 | 1 | 3 | |
| Total | 12 | 5 | 29 | 13 | 62 | 65 | 34 | 15 | 27 | 63 | 59 | 163 | 729 | 300 | 22 | |
| Total | 13 | 5 | 29 | 13 | 62 | 65 | 34 | 15 | 27 | 63 | 64 | 163 | 729 | 301 | 22 | |

LEGEND - Exception Reason Code

1= Exception Reason Unknown, 2 = Type of Waiver Program Unknown, A = Neurological Disorder, B = Hematological Disorder, C = Cancer Therapy, D = Renal Dialysis, E = Major Organ Transplant, F = HIV/AIDS, G = Awaiting Surgery or Treatment, H = Fair Hearing, I = Indian Health Program, J = Plan Initiated Disenrollment, M = Other Complex Medical/Dental Condition, N = Not Exempt, P = Pregnant, R = Temporary Exception - Foster Care, S = Temporary Exception - Long Term Care, T = Temporary Exception - Moved Out of County, U = Waiver - AIDS, V = Waiver - Model, W = Waiver - IHMC, X = Sonoma Exception, Y = Waiver - SNF, Z = Dental Exception

COPS-20 – Exception to Plan Enrollment Summary Report

Data for dates 7/1/2009 through 7/31/2009

| Exception Reason | | T | Z | Total |
|------------------|----------------|-----|----|-------|
| Plan Type | County Name | | | |
| Dental | LOS ANGELES | | | 2 |
| | SACRAMENTO | | 1 | 6 |
| | Total | | 1 | 8 |
| Medical | ALAMEDA | 19 | | 61 |
| | CONTRA COSTA | 12 | | 28 |
| | FRESNO | 16 | | 57 |
| | KERN | 49 | | 73 |
| | LOS ANGELES | 167 | | 1,208 |
| | PLACER | | | 1 |
| | RIVERSIDE | 29 | | 86 |
| | SACRAMENTO | 10 | | 124 |
| | SAN BERNARDINO | 31 | | 136 |
| | SAN DIEGO | 21 | | 132 |
| | SAN FRANCISCO | 1 | | 3 |
| | SAN JOAQUIN | 5 | | 20 |
| | SANTA CLARA | 34 | | 36 |
| | STANISLAUS | 1 | | 16 |
| TULARE | 20 | | 32 | |
| Total | | 415 | | 2,013 |
| Total | | 415 | 1 | 2,021 |

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