



September 8, 2009

DHCS HCO 09-2483

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 August 2009

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 Haiyong Li at (916) 364-6656.

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

COPS-20 – Exception to Plan Enrollment Summary Report

Data for dates 8/1/2009 through 8/31/2009

Exception Reason	1	A	B	C	D	E	F	G	H	I	J	M	N	P	R
Plan Type	County Name														
Dental	SACRAMENTO									1					
	Total									1					
Medical	ALAMEDA		1		3	2		2		1		4		11	13
	CONTRA COSTA	1							4			5		5	1
	FRESNO						1					3		10	44
	KERN				1	1	1		1	3	1	19	1	17	
	LOS ANGELES	4	26	12	53	45	22	7	16	39	4		115	587	217
	PLACER				1										
	RIVERSIDE		3		2	7	1	6	3	1	18		7	24	4
	SACRAMENTO	2		1	6	1	8		5	4	7	1	25	47	36
	SAN BERNARDINO	2	4		8	8	5	2	4	3	9		16	51	1
	SAN DIEGO	1	4	1	11	3	1	10	6	10	29		20	47	23
	SAN FRANCISCO	2				1	3			1			3	1	
	SAN JOAQUIN												3		22
	SANTA CLARA						1			1					2
	STANISLAUS					2					1		2	3	1
	TULARE						1				2		5	1	
Total	12	38	14	85	70	44	27	35	66	72	1	227	1	804	364
Total	12	38	14	85	70	44	27	35	66	73	1	227	1	804	364

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 8/1/2009 through 8/31/2009

Exception Reason		S	T	W	Y	Total
Plan Type	County Name					
Dental	SACRAMENTO					1
	Total					1
Medical	ALAMEDA	3	25			65
	CONTRA COSTA		8			24
	FRESNO	2	21		2	83
	KERN	3	54			102
	LOS ANGELES	8	194			1,349
	PLACER					1
	RIVERSIDE	2	24			102
	SACRAMENTO		13			156
	SAN BERNARDINO		33			146
	SAN DIEGO	4	40	1	2	213
	SAN FRANCISCO	1	2			14
	SAN JOAQUIN	1	1			27
	SANTA CLARA	2	29			35
	STANISLAUS		4			13
TULARE		17			26	
Total		26	465	1	4	2,356
Total		26	465	1	4	2,357

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