



October 8, 2009

DHCS HCO 09-2823

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 – 8/25/2009  
to 9/24/2009**

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.

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 8/25/2009 through 9/24/2009

Exception Reason	1	A	B	C	D	E	F	G	H	I	J	M	N	P	R
Plan Type	County Name														
Dental	SACRAMENTO									3					
	SAN FRANCISCO														
	Total									3					
Medical	ALAMEDA	1			1									11	6
	CONTRA COSTA	1							2	5		5		11	
	FRESNO	1			2	1	2		1			2		4	56
	KERN	1					2		1			11	1	7	1
	LOS ANGELES	8	11	3	45	42	17	7	9	36	6		111	636	242
	RIVERSIDE		6	1	4	5			1	1	14		13	33	10
	SACRAMENTO	3			3	1			3	5	14		13	57	31
	SAN BERNARDINO	2	3		6	2	8	2	3	13		1	12	58	13
	SAN DIEGO	1	1		13	2	2	3	2	9	34		13	38	19
	SAN FRANCISCO					1	3							4	
	SAN JOAQUIN					2			1				2		12
	SANTA CLARA												3	3	2
	STANISLAUS				2	3	1						2	2	3
	TULARE				1						5		3	2	1
Total	18	21	4	77	59	35	12	20	67	78	1	190	1	866	396
<b>Total</b>	<b>18</b>	<b>21</b>	<b>4</b>	<b>77</b>	<b>59</b>	<b>35</b>	<b>12</b>	<b>20</b>	<b>67</b>	<b>81</b>	<b>1</b>	<b>190</b>	<b>1</b>	<b>866</b>	<b>396</b>

## 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 8/25/2009 through 9/24/2009

Exception Reason		S	T	V	X	Z	Total
Plan Type	County Name						
Dental	SACRAMENTO				1	9	13
	SAN FRANCISCO					1	1
	Total				1	10	14
Medical	ALAMEDA	3	9				31
	CONTRA COSTA		14				38
	FRESNO		21				90
	KERN	1	80				105
	LOS ANGELES	15	232				1,420
	RIVERSIDE	2	47	1			138
	SACRAMENTO		28				158
	SAN BERNARDINO	4	60				187
	SAN DIEGO	3	42				182
	SAN FRANCISCO						8
	SAN JOAQUIN	2	4				23
	SANTA CLARA	2	24				34
	STANISLAUS		7				20
TULARE	1	19				32	
Total		33	587	1			2,466
<b>Total</b>		33	587	1	1	10	2,480

## 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