



November 10, 2009

DHCS HCO 09-3164

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 – 9/25/2009
to 10/26/2009**

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,

for
Benjamin R. Coss
Vice President
California Health Care Options

cc: Reports File
Admin File

COPS-20 – Exception to Plan Enrollment Summary Report

California Health Care Options

Data for dates 9/25/2009 12:00:00 AM through 10/26/2009

Exception Reason		A	B	C	D	E	F	G	H	I	J	M	P	R	S	T
Plan Type	County Name															
Dental	LOS ANGELES													1		
	SACRAMENTO								2	3						
	Total								2	3				1		
Medical	ALAMEDA			1		1	1		1			2	11	6	2	19
	CONTRA COSTA	1		1									11		2	9
	FRESNO	1							4				2	31		38
	KERN			1					1		2		8	1	2	48
	LOS ANGELES	7	3	24	19	6	2	8	35	6		21	424	313	9	172
	RIVERSIDE			6	1	2		1	15	5		7	12	14	2	31
	SACRAMENTO			2	1			3	3	11		2	34	10		14
	SAN BERNARDINO	1		1	1	1	1	2	5	2		4	31	4	1	29
	SAN DIEGO			7	2	1			5	4		11	18	36	5	41
	SAN FRANCISCO							1	1	2		1	2			4
	SAN JOAQUIN			1		1						1		20	1	4
	SANTA CLARA											1	3			31
	STANISLAUS				1							2	1			6
	TULARE			1		2				1					1	1
Total		10	3	45	25	14	5	14	71	30	2	52	557	436	25	458
Total		10	3	45	25	14	5	14	73	33	2	52	557	437	25	458

Exception Reason Codes:

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 9/25/2009 12:00:00 AM through 10/26/2009

Exception Reason		Total
Plan Type	County Name	
Dental	LOS ANGELES	1
	SACRAMENTO	5
	Total	6
Medical	ALAMEDA	44
	CONTRA COSTA	24
	FRESNO	76
	KERN	63
	LOS ANGELES	1,049
	RIVERSIDE	96
	SACRAMENTO	80
	SAN BERNARDINO	83
	SAN DIEGO	130
	SAN FRANCISCO	11
	SAN JOAQUIN	28
	SANTA CLARA	35
	STANISLAUS	10
	TULARE	18
Total	1,747	
Total		1,753

Exception Reason Codes:

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