



December 8, 2009

DHCS HCO 09-3470

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 – 10/27/2009  
to 11/23/2009**

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

# California Health Care Options

Data for dates 10/27/2009 12:00:00 AM through 11/23/2009

| 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     |    |   |    |    |    |   |   |    | 1  |   |    |     |     |    |     |    |
|                  | Total          |    |   |    |    |    |   |   |    | 1  |   |    |     | 1   |    |     |    |
| Medical          | ALAMEDA        | 1  | 1 |    |    |    | 1 |   | 2  |    |   |    | 8   | 1   | 4  | 28  |    |
|                  | CONTRA COSTA   |    |   |    | 1  | 1  |   |   |    |    |   |    | 1   |     | 2  | 16  |    |
|                  | FRESNO         |    |   | 1  |    | 1  |   |   |    |    |   |    | 1   | 18  | 1  | 16  |    |
|                  | KERN           |    |   |    |    | 1  |   |   |    |    | 1 | 2  | 10  | 2   |    | 40  |    |
|                  | LOS ANGELES    | 7  | 2 | 18 | 23 | 10 | 1 | 3 | 9  | 4  |   | 17 | 401 | 142 | 10 | 186 |    |
|                  | RIVERSIDE      |    |   | 7  | 3  |    |   |   | 3  |    |   |    | 4   | 15  | 11 | 26  |    |
|                  | SACRAMENTO     |    |   |    |    |    |   | 2 | 3  | 6  |   |    | 5   | 17  |    | 19  |    |
|                  | SAN BERNARDINO | 2  |   | 2  | 3  | 3  |   |   | 4  |    |   |    | 2   | 28  | 5  | 3   | 16 |
|                  | SAN DIEGO      | 2  |   | 3  |    | 1  | 2 | 1 | 1  | 25 |   | 4  | 22  | 18  |    | 34  |    |
|                  | SAN FRANCISCO  |    |   | 1  |    |    |   |   |    | 1  |   |    | 1   |     |    | 3   |    |
|                  | SAN JOAQUIN    |    |   |    |    |    |   |   | 1  |    |   |    |     |     | 7  | 2   |    |
|                  | SANTA CLARA    |    |   |    |    | 1  |   | 1 |    |    |   |    |     |     |    | 3   | 20 |
|                  | STANISLAUS     |    |   |    |    |    |   |   |    |    |   |    | 1   | 1   | 2  |     | 11 |
|                  | TULARE         |    |   |    |    |    |   |   |    |    |   |    |     | 1   | 3  |     | 5  |
| Total            |                | 12 | 3 | 32 | 30 | 18 | 4 | 7 | 23 | 36 | 1 | 35 | 506 | 209 | 25 | 422 |    |
| <b>Total</b>     |                | 12 | 3 | 32 | 30 | 18 | 4 | 7 | 23 | 37 | 1 | 35 | 506 | 210 | 25 | 422 |    |

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

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| Exception Reason |                | Total |
|------------------|----------------|-------|
| Plan Type        | County Name    |       |
| Dental           | LOS ANGELES    | 1     |
|                  | SACRAMENTO     | 1     |
|                  | Total          | 2     |
| Medical          | ALAMEDA        | 46    |
|                  | CONTRA COSTA   | 21    |
|                  | FRESNO         | 38    |
|                  | KERN           | 56    |
|                  | LOS ANGELES    | 833   |
|                  | RIVERSIDE      | 70    |
|                  | SACRAMENTO     | 53    |
|                  | SAN BERNARDINO | 68    |
|                  | SAN DIEGO      | 113   |
|                  | SAN FRANCISCO  | 6     |
|                  | SAN JOAQUIN    | 10    |
|                  | SANTA CLARA    | 25    |
|                  | STANISLAUS     | 15    |
|                  | TULARE         | 9     |
| Total            | 1,363          |       |
| <b>Total</b>     |                | 1,365 |

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