



January 11, 2010

DHCS HCO 10-3858

Ms. Maria Enriquez, 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 – 11/24/2009
to 12/23/2009**

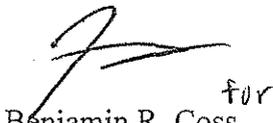
Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.7

Dear Ms. Enriquez:

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 11/24/2009 12:00:00 AM through 12/23/2009

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	Total
Plan Type	County Name															
Dental	LOS ANGELES												2		1	3
	SACRAMENTO									3						3
	Total									3			2		1	6
Medical	ALAMEDA			1	3						1	6	6	1	7	25
	CONTRA COSTA					1		1	2		1	5	3		9	22
	FRESNO			1	1		1						31	2	7	43
	KERN							1	2		1	3			31	38
	LOS ANGELES	1	1	18	19	9	3	2	25	5	18	390	172	11	134	808
	RIVERSIDE			3	2	3	1		8	3	4	15	7	1	15	62
	SACRAMENTO	1		3					2	8	5	22	20	3	7	71
	SAN BERNARDINO			2	3	3			6		3	25	2	1	20	65
	SAN DIEGO	1		3	2	4	2	1	4	20	3	13	23	3	23	102
	SAN FRANCISCO				1										6	7
	SAN JOAQUIN					2			3		1		8	4	4	22
	SANTA CLARA			1					3			1			18	23
	STANISLAUS								1	1	1	1	4	1	3	12
	TULARE					1		1	2	5	1				4	14
Total		3	1	32	31	23	7	6	58	42	39	481	276	27	288	1,314
Total		3	1	32	31	23	7	6	58	45	39	481	278	27	289	1,320

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