



February 8, 2010

DHCS HCO 10-4184

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 – 12/24/2009
to 01/25/2010**

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 12/24/2009 12:00:00 AM through 1/25/2010

Exception Reason		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T
Plan Type	County Name															
Dental	SACRAMENTO									1	5					
	STANISLAUS															1
	Total									1	5					1
Medical	ALAMEDA						1			1			5	8		10
	CONTRA COSTA						1							2		3
	FRESNO		1		1		1							25	1	16
	KERN									1			4	3		19
	LOS ANGELES	1	6	1	21	26	10	2	1	20	3	12	399	224	6	123
	RIVERSIDE				2	2	3			3	9	1	13	13	3	26
	SACRAMENTO		1		1		2		1	4	4	5	11	15		9
	SAN BERNARDINO		1		4	2	1	2		7		3	26	1	3	23
	SAN DIEGO		1		4	2	2	2	1	8	13	3	31	5	2	15
	SAN FRANCISCO															1
	SAN JOAQUIN													10		7
	SANTA CLARA		1				1							3		15
	STANISLAUS		1							1			3	1		10
	TULARE									2			3			4
Total		1	12	1	33	32	22	6	3	47	29	24	495	310	15	281
Total		1	12	1	33	32	22	6	3	48	34	24	495	310	15	282

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 12/24/2009 12:00:00 AM through 1/25/2010

Exception Reason		Total
Plan Type	County Name	
Dental	SACRAMENTO	6
	STANISLAUS	1
	Total	7
Medical	ALAMEDA	25
	CONTRA COSTA	6
	FRESNO	45
	KERN	27
	LOS ANGELES	855
	RIVERSIDE	75
	SACRAMENTO	53
	SAN BERNARDINO	73
	SAN DIEGO	89
	SAN FRANCISCO	1
	SAN JOAQUIN	17
	SANTA CLARA	20
	STANISLAUS	16
	TULARE	9
Total	1,311	
Total		1,318

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