



March 8, 2010

DHCS HCO 10-4449

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 – 1/26/2010
to 2/23/2010**

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,

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 1/26/2010 12:00:00 AM through 2/23/2010

Exception Reason		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T	
Plan Type	County Name																
Dental	ALAMEDA															1	
	RIVERSIDE									1							
	SACRAMENTO										10						
	Total									1	10					1	
Medical	ALAMEDA						1			3		1	6	4	4	17	
	CONTRA COSTA												3			8	
	FRESNO						1						1	45	1	24	
	KERN				1		4			3		1	6			39	
	LOS ANGELES		8	2	19	21	20	7	4	31	2	14	480	177	14	212	
	RIVERSIDE	2	1		4	3	1	1	1	3	9	3	14	13	3	26	
	SACRAMENTO				2				3	2	6	3	26	10		25	
	SAN BERNARDINO					1	3	1		5	1	5	39	11	5	21	
	SAN DIEGO				2	5	3		1	5	12	8	25	15	6	41	
	SAN FRANCISCO									1		2					
	SAN JOAQUIN				1		1						1	22	2	4	
	SANTA CLARA		1			1	2						2		1	19	
	STANISLAUS		1											4		6	
	TULARE									1	2		1			8	
Total		2	11	2	29	31	36	9	9	54	32	37	604	301	36	450	
Total		2	11	2	29	31	36	9	9	55	42	37	604	301	37	450	

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

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Exception Reason		Z	Total
Plan Type	County Name		
Dental	ALAMEDA		1
	RIVERSIDE		1
	SACRAMENTO	1	11
	Total	1	13
Medical	ALAMEDA		36
	CONTRA COSTA		11
	FRESNO		72
	KERN		54
	LOS ANGELES		1,011
	RIVERSIDE		84
	SACRAMENTO		77
	SAN BERNARDINO		92
	SAN DIEGO		123
	SAN FRANCISCO		3
	SAN JOAQUIN		31
	SANTA CLARA		26
	STANISLAUS		11
	TULARE		12
Total		1,643	
Total		1	1,656

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