



April 7, 2010

DHCS HCO 10-4675

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 – 2/24/2010
to 3/25/2010**

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

Dear Ms. Enriquez:

The purpose of the Exception to Plan Enrollment Summary Report is to provide a summary of volume over the reporting period. Data is grouped by plan type, county name, and exception reason codes. 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 2/24/2010 12:00:00 AM through 3/25/2010

Exception Reason		1	A	B	C	D	E	F	G	H	I	J	M	N	P	R
Plan Type	County Name															
Dental	KERN															
	LOS ANGELES										1					
	SACRAMENTO										3					
	Total										4					
Medical					2	1				1			1		7	7
	FRESNO		1		3		4								3	36
	KERN					1	2		1	5		1	5		2	1
	LOS ANGELES	1	12		21	28	20	2	4	34	5		16	1	466	193
	PLACER														1	
	RIVERSIDE				8	1	3	1	1	5	3		6		17	5
	SACRAMENTO		1		9		1	1	2	6	3		2		24	20
	SAN BERNARDINO		1	1	2	3	3			9	1		2		28	16
	SAN DIEGO		1		5	1	3	5	1	5	14		6		25	20
	SAN FRANCISCO					1					1		1			
	SAN JOAQUIN					3										11
	SANTA CLARA				1								1		1	1
	STANISLAUS										1		1		2	
	TULARE				1		1		1		1		1			1
Total		1	16	1	52	39	37	9	10	66	28	1	42	1	576	311
Total		1	16	1	52	39	37	9	10	66	32	1	42	1	576	311

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 2/24/2010 12:00:00 AM through 3/25/2010

Exception Reason		S	T	Total
Plan Type	County Name			
Dental	KERN		1	1
	LOS ANGELES			1
	SACRAMENTO			3
	Total		1	5
Medical		1	32	52
	FRESNO	1	21	69
	KERN	1	48	67
	LOS ANGELES	11	209	1,023
	PLACER			1
	RIVERSIDE	1	45	96
	SACRAMENTO	2	23	94
	SAN BERNARDINO	4	40	110
	SAN DIEGO	5	23	114
	SAN FRANCISCO	3	5	11
	SAN JOAQUIN	2	6	22
	SANTA CLARA		11	15
	STANISLAUS		11	15
	TULARE	2	21	29
Total	33	495	1,718	
Total		33	496	1,723

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