



May 10, 2010

DHCS HCO 10-4906

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 – 3/26/2010
to 4/26/2010**

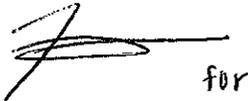
Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.7

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 3/26/2010 12:00:00 AM through 4/26/2010

Exception Reason		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T
Plan Type	County Name															
Dental	LOS ANGELES													3		1
	SACRAMENTO									2	13					
	Total									2	13			3		1
Medical	ALAMEDA				1		3	1		1		1	8	9	4	19
	CONTRA COSTA									1		1	5		1	9
	FRESNO						2						1	41	2	37
	KERN		1	1	1	1			1	1		3	6	1	4	26
	LOS ANGELES		12		22	28	14	3	3	31		19	495	223	12	199
	OUT OF STATE													1		
	PLACER															2
	RIVERSIDE				5	1	2		1	8	14	4	19	16	1	18
	SACRAMENTO	1	1	1	2					1	15	2	27	16		12
	SAN BERNARDINO				3	1	2	1	1	7	2	1	40	5	4	22
	SAN DIEGO		1		5	2	1	2	2	6	12	3	34	6	3	31
	SAN FRANCISCO				1				1				1			7
	SAN JOAQUIN				1							1		11		4
	SANTA CLARA				2	2				2		1	1			36
	STANISLAUS						1				1		2			8
TULARE						1				2			2		3	
Total		1	15	2	43	35	26	8	8	58	46	36	639	331	31	433

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 3/26/2010 12:00:00 AM through 4/26/2010

Exception Reason		Total
Plan Type	County Name	
Dental	LOS ANGELES	4
	SACRAMENTO	15
	Total	19
Medical	ALAMEDA	47
	CONTRA COSTA	17
	FRESNO	83
	KERN	46
	LOS ANGELES	1,061
	OUT OF STATE	1
	PLACER	2
	RIVERSIDE	89
	SACRAMENTO	78
	SAN BERNARDINO	89
	SAN DIEGO	108
	SAN FRANCISCO	10
	SAN JOAQUIN	17
	SANTA CLARA	44
	STANISLAUS	12
TULARE	8	
Total	1,712	

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 3/26/2010 12:00:00 AM through 4/26/2010

Exception Reason	1	A	B	C	D	E	F	G	H	I	M	P	R	S	T
Plan Type	County Name														
Total	1	15	2	43	35	26	8	8	60	59	36	639	334	31	434

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 3/26/2010 12:00:00 AM through 4/26/2010

Exception Reason		Total
Plan Type	County Name	
Total		1,731

Exception Reason Codes:

-
- | | | |
|------------------------------------|--|--|
| 1 = Exception reason unknown | G = Awaiting surgery or treatment | S = Temporary Exception -Long term care |
| 2 = Type of Waiver Program unknown | H = Fair Hearing | T = Temporary Exception -Moved out of County |
| A = Neurological disorder | I = Indian Health Program | U = Waiver -AIDS |
| B = Hematological disorder | J = Plan Initiated Disenrollment | V = Waiver -Model |
| C = Cancer therapy | M = Other complex Medical/Dental condition | W = Waiver -IHMC |
| D = Renal dialysis | N = Not Exempt | X = Sonoma Exception |
| E = Major organ transplant | P = Pregnant | Y = Waiver -SNF |
| F = HIV/AIDS | R = Temporary Exception -Foster care | Z = Dental Exception |