



June 8, 2010

DHCS HCO 10-5129

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 – 4/27/2010
to 5/25/2010**

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,

Benjamin R. Coss
Vice President
California Health Care Options

cc: Reports File
Admin File

COPS-20 – Exception to Plan Enrollment Summary Report

Data for dates 4/27/2010 12:00:00 AM through 5/25/2010

Exception Reason		A	B	C	D	E	F	G	H	I	J	M	P	R	S	T
Plan Type	County Name															
Dental	LOS ANGELES															2
	SACRAMENTO									4						
	Total									4						2
Medical		1		1					1				4	10	2	28
	ALAMEDA								1					1		2
	CONTRA COSTA							1					1	1	1	1
	FRESNO				1		1		1					17	1	28
	KERN	1				2		1	2		2	5	5		1	25
	LOS ANGELES	11	2	18	20	15	5	6	54	2		23	330	193	14	141
	RIVERSIDE			1	1	2			1	3		3	11	15		27
	SACRAMENTO	2		4					5	6		5	19	14	2	16
	SAN BERNARDINO			2	3	2		1	3	4		5	32	4	4	23
	SAN DIEGO	3		7	3	5		2	9	26		6	17	20	4	40
	SAN FRANCISCO			1					1	1					1	12
	SAN JOAQUIN				1				1				1	10	3	3
	SANTA CLARA												1			12
	STANISLAUS													5		13
	TULARE					1								3	1	10
Total		18	2	34	29	27	6	11	79	42	2	47	421	293	34	381
Total		18	2	34	29	27	6	11	79	46	2	47	421	293	34	383

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 4/27/2010 12:00:00 AM through 5/25/2010

Exception Reason		Total
Plan Type	County Name	
Dental	LOS ANGELES	2
	SACRAMENTO	4
	Total	6
Medical		47
	ALAMEDA	4
	CONTRA COSTA	5
	FRESNO	49
	KERN	44
	LOS ANGELES	834
	RIVERSIDE	64
	SACRAMENTO	73
	SAN BERNARDINO	83
	SAN DIEGO	142
	SAN FRANCISCO	16
	SAN JOAQUIN	19
	SANTA CLARA	13
	STANISLAUS	18
	TULARE	15
Total	1,426	
Total		1,432

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