



July 9, 2010

DHCS HCO 10-5374

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 – 5/26/2010  
to 6/24/2010**

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 5/26/2010 12:00:00 AM through 6/24/2010

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	W
Plan Type	County Name															
Dental	LOS ANGELES									3						
	SACRAMENTO									3						
	SAN DIEGO														1	
	Total									6					1	
Medical									3		1	8	5	1	33	
	FRESNO										1	2	33		25	
	KERN					2			1		1	5	1	3	38	
	LOS ANGELES	5	1	22	31	20	4	5	63	10	27	425	188	14	164	2
	RIVERSIDE			6	3	4			8		2	16	6	5	27	
	SACRAMENTO	2		1	1			1	7	4	2	21	22	1	12	
	SAN BERNARDINO	1	1	3	3	2	2		9	2	2	32	8	2	6	
	SAN DIEGO	3		4	4	3	6		9	12	6	25	39	6	27	
	SAN FRANCISCO											1		1	1	
	SAN JOAQUIN					1		1				1	12	2	2	
	SANTA CLARA					1									22	
	STANISLAUS	1				1					3	1	1		5	
	TULARE									3				1	6	
	Total		12	2	36	42	34	12	7	100	31	45	537	316	35	368
<b>Total</b>		12	2	36	42	34	12	7	100	37	45	537	316	35	369	2

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

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Data for dates 5/26/2010 12:00:00 AM through 6/24/2010

Exception Reason		Z	Total
Plan Type	County Name		
Dental	LOS ANGELES	3	6
	SACRAMENTO	2	5
	SAN DIEGO		1
	Total	5	12
Medical			51
	FRESNO		61
	KERN		51
	LOS ANGELES		981
	RIVERSIDE		77
	SACRAMENTO		74
	SAN BERNARDINO		73
	SAN DIEGO		144
	SAN FRANCISCO		3
	SAN JOAQUIN		19
	SANTA CLARA		23
	STANISLAUS		12
	TULARE		10
Total			1,579
<b>Total</b>		5	1,591

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