



August 9, 2010

DHCS HCO 10-5651

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 – 6/25/2010  
to 7/26/2010**

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

Data for dates 6/25/2010 12:00:00 AM through 7/26/2010

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	V
Plan Type	County Name															
Dental	LOS ANGELES												1			
	SACRAMENTO									18						
	Total									18			1			
Medical				1			1		4		3	9	6	2	25	
	FRESNO		1	1	1				1		1	2	39		28	
	KERN				1	2			5		1	3		1	59	
	LOS ANGELES	8	1	30	26	20	7	6	107	3	22	473	179	13	172	1
	RIVERSIDE			1	3	1	1		8	4	5	8	11	2	12	
	SACRAMENTO	1	1					2	21	17	5	25	1	3	18	
	SAN BERNARDINO	1		7	2	1	3		11		5	33	2	4	10	
	SAN DIEGO	2		5	2	4	5	3	17	32	6	29	14	1	23	
	SAN FRANCISCO													2	5	
	SAN JOAQUIN			1		1		1		1	2		14	2	1	
	SANTA CLARA										1	1	1	2	25	
	STANISLAUS				1	1					1		1		7	
	TULARE				1	1		1						1	12	
	Total		12	3	46	37	31	17	13	174	58	51	584	268	33	397
<b>Total</b>		<b>12</b>	<b>3</b>	<b>46</b>	<b>37</b>	<b>31</b>	<b>17</b>	<b>13</b>	<b>174</b>	<b>76</b>	<b>51</b>	<b>584</b>	<b>269</b>	<b>33</b>	<b>397</b>	<b>1</b>

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 6/25/2010 12:00:00 AM through 7/26/2010

Exception Reason		Total
Plan Type	County Name	
Dental	LOS ANGELES	1
	SACRAMENTO	18
	Total	19
Medical		51
	FRESNO	74
	KERN	72
	LOS ANGELES	1,068
	RIVERSIDE	56
	SACRAMENTO	94
	SAN BERNARDINO	79
	SAN DIEGO	143
	SAN FRANCISCO	7
	SAN JOAQUIN	23
	SANTA CLARA	30
	STANISLAUS	12
	TULARE	16
	Total	1,725
<b>Total</b>		<b>1,744</b>

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