



September 7, 2010

DHCS HCO 10-5949

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 – 7/27/2010
to 8/25/2010**

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

Data for dates 7/27/2010 12:00:00 AM through 8/25/2010

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	V
Plan Type	County Name															
Dental	SACRAMENTO								7	25						
	Total								7	25						
Medical			1			1		1	1		3	14	12	2	35	
	FRESNO				1				1		1	1	44		42	
	KERN					1			1		2	5			50	
	LOS ANGELES	16	1	23	33	16	4	7	70	1	32	485	224	18	208	
	OUT OF STATE														1	
	RIVERSIDE		1	8	4	3	1	2	4	6	3	18	9	3	35	1
	SACRAMENTO	1		4		1		2	18	22	7	29		2	34	
	SAN BERNARDINO			5	5	1	5	1	9	4	7	24	7	3	27	
	SAN DIEGO	2		13	2	5	3	4	7	15	14	50	39	10	65	
	SAN FRANCISCO										2				3	
	SAN JOAQUIN					2					4	1	11	2	1	
	SANTA CLARA					1			3			1			26	
	STANISLAUS														8	
	TULARE			1	1	1	1		2	1	1	2			8	
Total		19	3	54	46	32	14	17	116	49	76	630	346	40	543	1
Total		19	3	54	46	32	14	17	123	74	76	630	346	40	543	1

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 7/27/2010 12:00:00 AM through 8/25/2010

Exception Reason		Total
Plan Type	County Name	
Dental	SACRAMENTO	32
	Total	32
Medical		70
	FRESNO	90
	KERN	59
	LOS ANGELES	1,138
	OUT OF STATE	1
	RIVERSIDE	98
	SACRAMENTO	120
	SAN BERNARDINO	98
	SAN DIEGO	229
	SAN FRANCISCO	5
	SAN JOAQUIN	21
	SANTA CLARA	31
	STANISLAUS	8
	TULARE	18
Total	1,986	
Total		2,018

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