



November 8, 2010

DHCS HCO 10-6487

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 – 9/24/2010
to 10/25/2010**

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 9/24/2010 12:00:00 AM through 10/25/2010

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	U
Plan Type	County Name															
Dental	LOS ANGELES												2			
	RIVERSIDE												1			
	SACRAMENTO								9	34						
	Total								9	34			3			
Medical		2				1		1	2		2	13	7	3	22	
	FRESNO					1			1			5	23	1	41	
	KERN				1	1		1	2		2	4	1		55	
	KINGS					1						1				
	LOS ANGELES	12	3	18	35	21	4	5	79	7	33	497	207	9	218	1
	MADERA			1							1	1				
	RIVERSIDE	3		2	1		1	1	1	1	6	17	12	1	15	
	SACRAMENTO	1		3	1	1		1	13	37	11	31	1		13	
	SAN BERNARDINO	1		5	8	7	3	1	7		6	58	10	3	16	
	SAN DIEGO			14	1	1	3		21	21	12	27	18	3	32	
	SAN FRANCISCO			1											16	
	SAN JOAQUIN			1	1				2	1	3		5		3	
	SANTA CLARA					2						2			36	
	STANISLAUS	1	1		1					1		1	1		13	
	TULARE	1		1								1	2	2	13	
Total		21	4	46	49	36	11	10	129	67	78	659	284	22	493	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 9/24/2010 12:00:00 AM through 10/25/2010

Exception Reason		Z	Total
Plan Type	County Name		
Dental	LOS ANGELES		2
	RIVERSIDE		1
	SACRAMENTO	1	44
	Total	1	47
Medical			53
	FRESNO		72
	KERN		67
	KINGS		2
	LOS ANGELES		1,149
	MADERA		3
	RIVERSIDE		61
	SACRAMENTO		113
	SAN BERNARDINO		125
	SAN DIEGO		153
	SAN FRANCISCO		17
	SAN JOAQUIN		16
	SANTA CLARA		40
	STANISLAUS		19
	TULARE		20
Total		1,910	

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Plan Type	County Name														
Total	21	4	46	49	36	11	10	138	101	78	659	287	22	493	1

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COPS-20 – Exception to Plan Enrollment Summary Report

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Exception Reason		Z	Total
Plan Type	County Name		
Total		1	1,957

Exception Reason Codes:

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