



December 8, 2010

DHCS HCO 10-6732

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 – 10/26/2010 to 11/23/2010

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 10/26/2010 12:00:00 AM through 11/23/2010

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	V
Plan Type	County Name															
Dental	PLACER									2						
	RIVERSIDE									1						
	SACRAMENTO									23						
	Total									26						
Medical	ALAMEDA				1			1			1	3	8	3	15	
	CONTRA COSTA			1				1			2	7			11	
	FRESNO											1	4	1	36	
	KERN					1					1	5			30	
	LOS ANGELES	5	2	27	32	10	3	4	21	4	38	390	211	5	146	1
	PLACER									1						
	RIVERSIDE	2	1	4	4		2		2	4	5	15	5	1	14	
	SACRAMENTO	5	1	1		1		2		15	4	19		2	17	
	SAN BERNARDINO	2		1	2	5			3		3	39	4	2	8	
	SAN DIEGO	2		7	2	1	2	2	2	13	5	26	43	2	45	
	SAN FRANCISCO				1		1					1	1		6	
	SAN JOAQUIN					1							14	1	3	
	SANTA CLARA				1	1			1		1		1		29	
	STANISLAUS										2	1	6		9	
	TULARE					1				1	1	1	1		13	
Total		16	4	41	43	21	8	10	29	38	63	508	298	17	382	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

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Plan Type	County Name	
Dental	PLACER	2
	RIVERSIDE	1
	SACRAMENTO	23
	Total	26
Medical	ALAMEDA	32
	CONTRA COSTA	22
	FRESNO	42
	KERN	37
	LOS ANGELES	899
	PLACER	1
	RIVERSIDE	59
	SACRAMENTO	67
	SAN BERNARDINO	69
	SAN DIEGO	152
	SAN FRANCISCO	10
	SAN JOAQUIN	19
	SANTA CLARA	34
	STANISLAUS	18
	TULARE	18
Total	1,479	

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COPS-20 – Exception to Plan Enrollment Summary Report

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Exception Reason		Total
Plan Type	County Name	
Total		1,505

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