



January 10, 2011

DHCS HCO 11-7047

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 – 11/24/2010 to 12/27/2010**

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,

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 11/24/2010 12:00:00 AM through 12/27/2010

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	Total	
Plan Type	County Name																
Dental	LOS ANGELES												1			1	
	SACRAMENTO									9						9	
	Total									9			1			10	
Medical	ALAMEDA		1		1			1		1	4	5	12	2	18	45	
	CONTRA COSTA			1		1			1		1	4	1	1	3	13	
	FRESNO			1					1				23	1	28	54	
	KERN		1			1		1	4		2	5	5		30	49	
	LOS ANGELES	5	1	23	29	20	5	5	48	8	30	390	211	8	142	925	
	MADERA												1			1	
	PLACER												1			1	
	RIVERSIDE			3	2	2	1		3	2	4	25	10		12	64	
	SACRAMENTO			1		2	1	2	12	9	7	29	1	1	25	90	
	SAN BERNARDINO				6	3	1		7	1	1	34	6	2	17	78	
	SAN DIEGO	1	1	3	2	3	3	2	8	19	12	23	21	1	26	125	
	SAN FRANCISCO			2					1		1				17	21	
	SAN JOAQUIN										1	2	7	2	1	13	
	SANTA CLARA								1			1	1		23	26	
	STANISLAUS			1								2	2	3	1	10	19
	TULARE			1		2				1	1		2		18	25	
Total		6	4	36	40	34	11	11	86	41	66	520	305	19	370	1,549	

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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