



February 8, 2011

DHCS HCO 11-7334

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 – 12/28/2010 to 1/24/2011

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

California Health Care Options

Data for dates 12/28/2010 12:00:00 AM through 1/24/2011

Exception Reason		A	C	D	E	F	G	H	I	M	P	R	S	T	Y	Total
Plan Type	County Name															
Dental	LOS ANGELES												1			1
	SACRAMENTO								17							17
	Total								17				1			18
Medical	ALAMEDA			1	1					2	5	2	5	10		26
	CONTRA COSTA							1			6			18		25
	FRESNO		1	1				1		1	2	7	3	21		37
	KERN		1		1					1	6	1	1	37		48
	LOS ANGELES	5	27	34	13	3	6	34	5	22	385	97	6	163		800
	MADERA		1													1
	RIVERSIDE		6	3	2		1	4	3	3	20	13		4	1	60
	SACRAMENTO	3	2				1	10	17	12	23			9		77
	SAN BERNARDINO	1	5	5	1	2	3	6	2	4	40	6	2	12		89
	SAN DIEGO		7	3	2	1	4	9	20	8	18	17	2	34		125
	SAN FRANCISCO				1					1	1			6		9
	SAN JOAQUIN	1	1	2	1			3			1	16	2	4		31
	SANTA CLARA			2			1	1						26		30
	STANISLAUS	1	1								2	2	1	5		12
	TULARE		3						2			3		14		22
Total		11	55	51	22	6	16	71	47	56	512	160	21	363	1	1,392
Total		11	55	51	22	6	16	71	64	56	512	160	22	363	1	1,410

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