



March 8, 2011

DHCS HCO 11-7594

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 – 1/25/2011 to 2/23/2011**

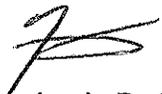
Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.7

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

Data for dates 1/25/2011 through 2/23/2011

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	V	Total
Plan Type	County Name																
Dental	PLACER									1							1
	SACRAMENTO									40							40
	Total									41							41
Medical	ALAMEDA			1	1	1	1		2		1	11	8	2	19		47
	CONTRA COSTA	1		1		1					3	3			7		16
	FRESNO			1		1			1			6	11	2	22	1	45
	KERN					2		2				3		1	31		39
	KINGS										1	1					2
	LOS ANGELES	13	1	26	26	11	6	4	77	3	34	464	158	7	156		986
	MADERA			2	2					2	2	1	1			1	11
	PLACER									1							1
	RIVERSIDE		1	5	5	3	2	5	6	2	8	17	10	4	17		85
	SACRAMENTO	5		2				2	8	38	8	14			12		89
	SAN BERNARDINO			4	2	3	1	1	8		4	41	6	3	21		94
	SAN DIEGO	1		7	5	2	2	2	13	25	14	16	26	3	47		163
	SAN FRANCISCO				1				2		2			1	15		21
	SAN JOAQUIN				1				3				8	5	3		20
	SANTA CLARA	1						2				1			31		35
STANISLAUS								2	1		2	5		19		29	
TULARE							2		3	1				15		21	

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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Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	V	Total
Plan Type	County Name																
Medical	Total	21	2	49	43	24	12	20	122	75	78	580	233	28	415	2	1,704
<b>Total</b>		21	2	49	43	24	12	20	122	116	78	580	233	28	415	2	1,745

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