



March 8, 2011

DHCS HCO 11-7893

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 – Data for  
2/24/2011 through 3/24/2011**

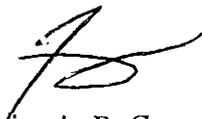
Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.7

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 2/24/2011 through 3/24/2011

Exception Reason		A	B	C	D	E	F	G	H	I	J	M	P	R	S	T	V	W
Plan Type	County Name																	
Dental	LOS ANGELES															2		
	SACRAMENTO									64						1		
	Total									64						3		
Medical	ALAMEDA								1	1			12	15	6	14		
	CONTRA COSTA	1		1					1				4	1		6		
	FRESNO								2			1	4	8	1	33		
	KERN			1							1	2	3			31		
	KINGS			1				2					2			4	1	
	LOS ANGELES	7	1	30	43	17	4	3	56	4		22	376	164	10	176		1
	MADERA		1	1			1		1	37			3			2		
	RIVERSIDE	2		4	1	5		1	5	3		4	18	15	2	15		
	SACRAMENTO	1	2	5	1	2	1		7	57		6	16	2	1	26		
	SAN BERNARDINO			2	4	4	1		14			4	42	8	2	13		
	SAN DIEGO	6		5	3	2	2	2	5	18		7	20	42	3	47		1
	SAN FRANCISCO									1		1				9		
	SAN JOAQUIN	1			2	1						2		19	8	5		
	SANTA CLARA			1						1			3			21		
	STANISLAUS					1				2			2	12		8		
	TULARE				1	1					7		2	2		2	9	
Total	18	4	51	55	33	9	8	95	128	1	51	507	286	35	419	1	2	

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 2/24/2011 through 3/24/2011

Exception Reason		Y	Total
Plan Type	County Name		
Dental	LOS ANGELES		2
	SACRAMENTO		65
	Total		67
Medical	ALAMEDA		49
	CONTRA COSTA		14
	FRESNO		49
	KERN	1	39
	KINGS		10
	LOS ANGELES	2	916
	MADERA		46
	RIVERSIDE	1	76
	SACRAMENTO		127
	SAN BERNARDINO		94
	SAN DIEGO		163
	SAN FRANCISCO		11
	SAN JOAQUIN		38
	SANTA CLARA		26
	STANISLAUS		25
TULARE		24	
Total	4	1,707	

Exception Reason Codes:

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 W = Waiver -IHMC  
 X = Sonoma Exception  
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 Z = Dental Exception

# COPS-20 – Exception to Plan Enrollment Summary Report

Data for 2/24/2011 through 3/24/2011

Exception Reason	A	B	C	D	E	F	G	H	I	J	M	P	R	S	T	V	W
Plan Type	County Name																
<b>Total</b>	18	4	51	55	33	9	8	95	192	1	51	507	286	35	422	1	2

Exception Reason Codes:

1 = Exception reason unknown  
 2 = Type of Waiver Program unknown  
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# COPS-20 – Exception to Plan Enrollment Summary Report

Data for 2/24/2011 through 3/24/2011

Exception Reason	Y	Total
Plan Type                  County Name		
<b>Total</b>	4	1,774

Exception Reason Codes:

- |                                    |  |  |
|------------------------------------|--|--|
| 1 = Exception reason unknown       | G = Awaiting surgery or treatment          | S = Temporary Exception -Long term care      |
| 2 = Type of Waiver Program unknown | H = Fair Hearing                           | T = Temporary Exception -Moved out of County |
| A = Neurological disorder          | I = Indian Health Program                  | U = Waiver -AIDS                             |
| B = Hematological disorder         | J = Plan Initiated Disenrollment           | V = Waiver -Model                            |
| C = Cancer therapy                 | M = Other complex Medical/Dental condition | W = Waiver -IHMC                             |
| D = Renal dialysis                 | N = Not Exempt                             | X = Sonoma Exception                         |
| E = Major organ transplant         | P = Pregnant                               | Y = Waiver -SNF                              |
| F = HIV/AIDS                       | R = Temporary Exception -Foster care       | Z = Dental Exception                         |