



May 9, 2011

DHCS HCO 11-8162

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 3/25/2011 through 4/25/2011**

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 regarding this report, please contact Haiyong Li at (916) 364-6656.

Sincerely,

 for

Benjamin R. Coss  
Vice President  
California Health Care Options

CC: Report File  
Admin File

# COPS-20 – Exception to Plan Enrollment Summary Report

# California Health Care Options

Data for 3/25/2011 through 4/25/2011

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	U	V	W
Plan Type	County Name																	
Dental	LOS ANGELES									1			1					
	SACRAMENTO								1	43								
	Total								1	44			1					
Medical	ALAMEDA	2	1	2				1	7		4	4	2	4	20		1	
	CONTRA COSTA	1		1	1	1			1		1	2			16			
	FRESNO						1				2	2	26	1	51			
	KERN				1	2			1			11		1	23			1
	KINGS			1					1					1	3			
	LOS ANGELES	21	2	45	57	26	6	8	46	2	63	386	195	8	147	1	1	
	MADERA			1						9	1	1			1			
	RIVERSIDE	1		9	5	2	4	2	4	15	7	16	21	3	22			
	SACRAMENTO	3		3	1	3		1	6	41	13	13			40		1	
	SAN BERNARDINO	5	1	5	5	3	1		12		4	46	12	7	18			1
	SAN DIEGO	4	2	17	4	5	4	4	6	18	11	24	33	4	25		1	1
	SAN FRANCISCO			2								2	2		4			
	SAN JOAQUIN	1		2					1				1	13	5	5		
	SANTA CLARA				2	1				1		2	2		1	27		
	STANISLAUS												3	2	5			
	TULARE			1						2	3		2	6	1	14		
Total	38	6	89	76	43	16	17	87	88	110	515	310	36	421	1	4	3	

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 3/25/2011 through 4/25/2011

Exception Reason		Y	Total
Plan Type	County Name		
Dental	LOS ANGELES		2
	SACRAMENTO		44
	Total		46
Medical	ALAMEDA		48
	CONTRA COSTA		24
	FRESNO		83
	KERN		40
	KINGS		6
	LOS ANGELES	1	1,015
	MADERA		13
	RIVERSIDE		111
	SACRAMENTO		125
	SAN BERNARDINO		120
	SAN DIEGO		163
	SAN FRANCISCO		10
	SAN JOAQUIN		28
	SANTA CLARA		36
	STANISLAUS		10
TULARE		29	
Total	1	1,861	

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Plan Type	County Name																
<b>Total</b>	38	6	89	76	43	16	17	88	132	110	515	311	36	421	1	4	3

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# COPS-20 – Exception to Plan Enrollment Summary Report

Data for 3/25/2011 through 4/25/2011

Exception Reason	Y	Total
Plan Type                  County Name		
<b>Total</b>	1	1,907

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