



July 11, 2011

DHCS HCO 11-8717

Ms. Tanya Homman, Chief
Department of Health Care Services
Medi-Cal Managed Care Division
MS 4400
P.O. Box 997413
Sacramento, CA 95899-7413

COPS-20 EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT – Data for 5/25/2011 through 6/27/2011

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

Dear Ms. Homman:

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,

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 5/25/2011 through 6/27/2011

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	U	V	W
Plan Type	County Name																	
Dental	SACRAMENTO									12								
	Total									12								
Medical	ALAMEDA	1		6	3				2		3	4	5	4	25		2	
	CONTRA COSTA					2			3			2		1	12			
	FRESNO			1		2			3				43	1	33			
	KERN	1		1	3	3		3	2	1	5	4		7	29			1
	KINGS	1		1											3			
	LOS ANGELES	33	3	66	117	21	18	12	108	5	64	319	311	20	156	6	6	19
	MADERA								1	9	1				8			
	RIVERSIDE	2		7	4	5	1	1	8	2	13	14	17	1	13		1	2
	SACRAMENTO	2		5	2	1		2	12	19	8	21	3	2	18		1	
	SAN BERNARDINO	4		7	3	2	3		14	1	9	30	13	3	13		1	
	SAN DIEGO	9		14	8	7	7	3	15	17	11	8	37	10	41		2	
	SAN FRANCISCO	1		3	2	1	3	1	3	2	2			2	6			
	SAN JOAQUIN				1	1			1					18	9	1		2
	SANTA CLARA	1		2	3	2				1	2		2		10		2	
	STANISLAUS			1	1	1	1		1	1	3				5			
	TULARE			3	4					3		1	1	1	26		2	
Total		55	3	117	151	48	33	22	173	61	121	403	450	61	399	6	19	22
Total		55	3	117	151	48	33	22	173	73	121	403	450	61	399	6	19	22

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 5/25/2011 through 6/27/2011

Exception Reason		Y	Total
Plan Type	County Name		
Dental	SACRAMENTO		12
	Total		12
Medical	ALAMEDA		55
	CONTRA COSTA		20
	FRESNO		83
	KERN		60
	KINGS		5
	LOS ANGELES	11	1,295
	MADERA		19
	RIVERSIDE	2	93
	SACRAMENTO		96
	SAN BERNARDINO	1	104
	SAN DIEGO	11	200
	SAN FRANCISCO		26
	SAN JOAQUIN		33
	SANTA CLARA		25
	STANISLAUS		14
TULARE		41	
Total	25	2,169	
Total	25	2,181	

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