



August 8, 2011

DHCS HCO 11-8982

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 6/28/2011 through 7/25/2011

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,

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 6/28/2011 through 7/25/2011

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	U	V	W
Plan Type	County Name																	
Dental	SACRAMENTO									7								
	Total									7								
Medical	ALAMEDA			1		1			4		1	1	8	5	19			
	CONTRA COSTA								3					3	21			
	FRESNO			2	1				2		1		63	4	19			
	KERN			1				1	6		2	2			41			
	KINGS			1											4			
	LOS ANGELES	6	2	21	27	10	1	4	110	2	24	167	324	31	138	6	4	17
	MADERA									6					4			
	RIVERSIDE		1	1		1			11		2	6	18	6	13			1
	SACRAMENTO	3		1	1	2			14	24	2	10	2	3	12			
	SAN BERNARDINO	1		3	2	4	1		10			13	23	4	22			
	SAN DIEGO	5		3		1	2	2	20	11	5	12	50	4	32	2	1	
	SAN FRANCISCO								1	2	1	1			4			
	SAN JOAQUIN			1					1	2		1		7	4	4		
	SANTA CLARA	1			1				1	2				1	12			
	STANISLAUS				1					2	1	2	1	6	6			
	TULARE									1	10			6	18			1
Total	16	3	35	33	19	4	9	188	56	41	213	507	65	369	8	5	19	
Total	16	3	35	33	19	4	9	188	63	41	213	507	65	369	8	5	19	

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 6/28/2011 through 7/25/2011

Exception Reason		Y	Total
Plan Type	County Name		
Dental	SACRAMENTO		7
	Total		7
Medical	ALAMEDA		40
	CONTRA COSTA		27
	FRESNO		92
	KERN		53
	KINGS		5
	LOS ANGELES	3	897
	MADERA		10
	RIVERSIDE		60
	SACRAMENTO		74
	SAN BERNARDINO	1	84
	SAN DIEGO		150
	SAN FRANCISCO	11	20
	SAN JOAQUIN		20
	SANTA CLARA		18
	STANISLAUS		19
TULARE	1	37	
Total	16	1,606	
Total	16	1,613	

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