



November 8, 2011

DHCS HCO 11-9802

Ms. Jane Ogle, Deputy Director  
Health Care Delivery Systems  
Department of Health Care Services  
MS 4000  
P.O. Box 997413  
Sacramento, CA 95899-7413

**COPS-20 EXCEPTION TO PLAN ENROLLMENT SUMMARY REPORT – Data for 9/27/2011 through 10/26/2011**

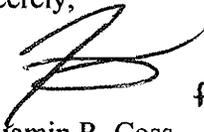
Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.7

Dear Ms. Ogle:

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

Data for 9/27/2011 through 10/26/2011

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								
	SACRAMENTO									26								
	Total									27								
Medical	ALAMEDA	1			2	4		1	11	1	4	10	7	7	20	1		
	CONTRA COSTA			1		1			1			4		4	17			
	FRESNO			1					7			1	31	3	28		2	
	KERN				1	1		1	7		1	2	1	4	32			
	KINGS														3			
	LOS ANGELES	21	3	41	33	31	4	7	318	1	46	296	333	72	150	3	2	19
	MADERA								1						13			
	OUT OF STATE														1			
	RIVERSIDE	1		5	4	4	2	1	29	7	4	18	34	10	28			
	SACRAMENTO	2		2		4			22	44	7	16	2	8	31		1	2
	SAN BERNARDINO		1	5	2	4	1		28	5	8	46	26	4	18			
	SAN DIEGO	6	1	8		11		2	41	23	7	18	45	11	37			1
	SAN FRANCISCO			2	1	4			11			1		6	9			1
	SAN JOAQUIN				2	2			4		1		5	10	8			
	SANTA CLARA			1	1	1			1		2			2	29			
SONOMA								1										
STANISLAUS	1				1			1	2		1	1	2	5				

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 9/27/2011 through 10/26/2011

Exception Reason		Y	Z	Total
Plan Type	County Name			
Dental	LOS ANGELES			1
	SACRAMENTO		1	27
	Total		1	28
Medical	ALAMEDA			69
	CONTRA COSTA			28
	FRESNO			73
	KERN			50
	KINGS			3
	LOS ANGELES	26		1,406
	MADERA			14
	OUT OF STATE			1
	RIVERSIDE	2		149
	SACRAMENTO	1		142
	SAN BERNARDINO			148
	SAN DIEGO	1		212
	SAN FRANCISCO	10		45
	SAN JOAQUIN			32
	SANTA CLARA			37
SONOMA			1	
STANISLAUS			14	

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Plan Type	County Name																	
Medical	TULARE					2		1	4	3		1		3	8			
	<b>Total</b>	32	5	66	46	70	7	13	487	86	80	414	485	146	437	4	5	23
<b>Total</b>		32	5	66	46	70	7	13	487	113	80	414	485	146	437	4	5	23

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Data for 9/27/2011 through 10/26/2011

Exception Reason		Y	Z	Total
Plan Type	County Name			
Medical	TULARE	1		23
	<b>Total</b>	41		2,447
<b>Total</b>		41	1	2,475

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