



December 8, 2011

DHCS HCO 11-10081

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  
10/27/2011 through 11/22/2011**

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 10/27/2011 through 11/22/2011

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								1	19								
	SAN DIEGO														1			
	TULARE														1			
	Total								1	19					2			
Medical	ALAMEDA			1		1			11	2	1	5	8	6	9			
	CONTRA COSTA								6	1		1		4	15		1	
	FRESNO					1			7				29	4	31			
	KERN				2	1			3		2	2	2	3	25			
	KINGS														1			
	LOS ANGELES	11	2	35	27	22	3	5	264	2	25	227	356	60	138	4	1	18
	MADERA									3			3	2	2			
	OUT OF STATE													1				
	RIVERSIDE		1	5	1	6	1		19	1	1	4	15	10	24		1	
	SACRAMENTO	2		4	1	1			24	24	4	7		4	17			
	SAN BERNARDINO	1		3	5			2	25		2	20	17	6	17			1
	SAN DIEGO	2		12	2	6	1	3	47	13	4	4	29	11	30			
	SAN FRANCISCO			3				1	4	2	2			5	8			
	SAN JOAQUIN			2		1			6			1	18	7	4			
SANTA CLARA					3			2				2	4	24				
SONOMA														1				

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 10/27/2011 through 11/22/2011

Exception Reason		Y	Total
Plan Type	County Name		
Dental	SACRAMENTO		20
	SAN DIEGO		1
	TULARE		1
	Total		22
Medical	ALAMEDA		44
	CONTRA COSTA		28
	FRESNO		72
	KERN		40
	KINGS		1
	LOS ANGELES	42	1,242
	MADERA		10
	OUT OF STATE		1
	RIVERSIDE	2	91
	SACRAMENTO		88
	SAN BERNARDINO		99
	SAN DIEGO		164
	SAN FRANCISCO	7	32
	SAN JOAQUIN	1	40
	SANTA CLARA		35
SONOMA		1	

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Plan Type	County Name																	
Medical	STANISLAUS			1					3	1		2	5	1	5			
	TULARE			1		1				3		1	1	1	7			
	<b>Total</b>	16	3	67	38	43	5	11	421	52	41	274	486	128	358	4	3	19
<b>Total</b>		16	3	67	38	43	5	11	422	71	41	274	486	128	360	4	3	19

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Data for 10/27/2011 through 11/22/2011

Exception Reason		Y	Total
Plan Type	County Name		
Medical	STANISLAUS		18
	TULARE		15
	<b>Total</b>	52	2,021
<b>Total</b>		52	2,043

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