



August 8, 2012

DHCS HCO 12-12351

Ms. Margaret Tatar, 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 6/27/2012 through 7/26/2012**

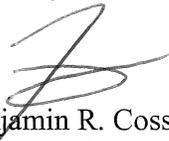
Reference: Health Care Options Contract #07-65829 - 6.5.2.2.F.7

Dear Ms. Tatar:

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 <sup>for</sup>  
Vice President  
California Health Care Options

CC: Report File  
Admin File

# COPS-20 – Exception to Plan Enrollment Summary Report

Data for 6/27/2012 through 7/26/2012

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									19									
	Total									19									
Medical	ALAMEDA	1		2		6			4		3	3	16	14	25			1	
	CONTRA COSTA	1						1	1		1	2		8	16				
	FRESNO		1			1			5	1	1	2	42	3	46		2	1	
	KERN			3		4		1	3		1	2	1	3	62		2	1	
	KINGS														7				
	LOS ANGELES	22	5	69	21	54	4	15	111	2	50	195	396	88	224	8	2	85	
	MADERA			2											8				
	PLACER												1						
	RIVERSIDE	2	1	10		8				12	4	4	5	29	22	29			
	SACRAMENTO	3		8					3	16	23	10	8		10	29			1
	SAN BERNARDINO	1	1	5	1	4	2	1	5			3	16	19	14	26			1
	SAN DIEGO	5	1	19		7			2	9	16	8	9	47	12	50	2		
	SAN FRANCISCO	1		2		4				4					4	10			
	SAN JOAQUIN			2		1				2		1		21	12	7			
	SANTA CLARA			3						3		4		1	8	38			
	STANISLAUS			3					1	3	1	2	2	3		3			
	TULARE			1							4		1	3		16			
Total		36	9	129	22	89	6	24	178	51	88	245	579	198	596	10	6	90	

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 6/27/2012 through 7/26/2012

Exception Reason		Y	Total
Plan Type	County Name		
Dental	SACRAMENTO		19
	Total		19
Medical	ALAMEDA		75
	CONTRA COSTA		30
	FRESNO		105
	KERN		83
	KINGS		7
	LOS ANGELES	16	1,367
	MADERA		10
	PLACER		1
	RIVERSIDE	2	128
	SACRAMENTO	1	112
	SAN BERNARDINO	22	121
	SAN DIEGO		187
	SAN FRANCISCO	12	37
	SAN JOAQUIN		46
	SANTA CLARA		57
	STANISLAUS		18
TULARE		25	
Total	53	2,409	

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Plan Type	County Name																
<b>Total</b>	36	9	129	22	89	6	24	178	70	88	245	579	198	596	10	6	90

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Data for 6/27/2012 through 7/26/2012

Exception Reason	Y	Total
Plan Type                  County Name		
<b>Total</b>	53	2,428

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