



January 10, 2012

DHCS HCO 12-10372

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
11/23/2011 through 12/27/2011**

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,

Benjamin R. Coss
Vice President
California Health Care Options

CC: Report File
Admin File

COPS-20 – Exception to Plan Enrollment Summary Report

Data for 11/23/2011 through 12/27/2011

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	U	V	W
Plan Type	County Name																	
Dental	LOS ANGELES												1					
	SACRAMENTO									35								
	Total									35			1					
Medical	ALAMEDA	1		1		1			22		1	7	10	9	18			
	CONTRA COSTA								6					6	22			
	FRESNO	1				3			5				40	5	11			
	KERN			2					6		1	2	1	1	48	2		
	KINGS								1					1	4			
	LOS ANGELES	9	2	53	28	26	4	4	277	13	58	253	490	75	138	12	3	26
	MADERA								1	4				1	4			
	PLACER													2				
	RIVERSIDE	2		2	4	6	1		27	6	3	7	35	14	11		1	
	SACRAMENTO	3		3		1			29	80	7	10		9	16			
	SAN BERNARDINO	2	1	2	4	3			19	2	4	30	19	14	25			
	SAN DIEGO	3		4	1	7	1	3	45	41	10	9	39	25	44	3	4	1
	SAN FRANCISCO					2			5	3	2			4	7			
	SAN JOAQUIN				2				2	1	1	2	14	7	1			
	SANTA CLARA			2		2			4		2			6	42			
STANISLAUS								4	1		3	2	2	9				
TULARE			1					5	1		1	2	8	23				

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 11/23/2011 through 12/27/2011

Exception Reason		Y	Total
Plan Type	County Name		
Dental	LOS ANGELES		1
	SACRAMENTO		35
	Total		36
Medical	ALAMEDA		70
	CONTRA COSTA		34
	FRESNO	1	66
	KERN		63
	KINGS		6
	LOS ANGELES	40	1,511
	MADERA		10
	PLACER		2
	RIVERSIDE	4	123
	SACRAMENTO	2	160
	SAN BERNARDINO		125
	SAN DIEGO		240
	SAN FRANCISCO	14	37
	SAN JOAQUIN		30
	SANTA CLARA	2	60
STANISLAUS		21	
TULARE		41	

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COPS-20 – Exception to Plan Enrollment Summary Report

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Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	U	V	W
Plan Type	County Name																	
Medical	Total	21	3	70	39	51	6	7	458	152	89	324	654	187	423	17	8	27
Total		21	3	70	39	51	6	7	458	187	89	324	655	187	423	17	8	27

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COPS-20 – Exception to Plan Enrollment Summary Report

Data for 11/23/2011 through 12/27/2011

Exception Reason		Y	Total
Plan Type	County Name		
Medical	Total	63	2,599
Total		63	2,635

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