



September 11, 2012

DHCS HCO 12-12632

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 7/27/2012 through 8/28/2012**

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  
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 7/27/2012 through 8/28/2012

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	U	V	W
Plan Type	County Name																	
Dental	LOS ANGELES														1			
	SACRAMENTO									19								
	<b>Total</b>									19					1			
Medical	ALAMEDA		1	3				1	4		3	1	14	14	27	11		
	CONTRA COSTA			1					2		1	1		13	22			
	FRESNO				1	2			6	1		1	49	7	38			
	KERN			1		3					1	2		5	53			
	KINGS													1	5			
	LOS ANGELES	12	2	66	21	47	1	9	87	2	34	252	340	89	338	12	4	68
	MADERA					1			1	1				1	3			
	RIVERSIDE			6	1	4	1	2	8	5	4	15	24	12	32		1	
	SACRAMENTO	3		10		5		5	11	23	9	10	1	15	36			
	SAN BERNARDINO	1		5	1	7		1	8		6	35	24	15	39			1
	SAN DIEGO	4		21	1	16	2	2	14	18	8	2	24	23	65		1	
	SAN FRANCISCO					5			1					2	20			
	SAN JOAQUIN	1		2		3			4				11	9	7			
	SANTA CLARA			3		4			3		3		1	5	51		1	
	STANISLAUS	2		1		1					1	1	1	2	3			
	TULARE			1		1				1	2	1	2	4	13			
<b>Total</b>	23	3	120	25	99	4	20	149	51	72	321	491	217	752	23	7	69	

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 7/27/2012 through 8/28/2012

Exception Reason		Y	Z	Total
Plan Type	County Name			
Dental	LOS ANGELES			1
	SACRAMENTO		4	23
	Total		4	24
Medical	ALAMEDA			79
	CONTRA COSTA			40
	FRESNO			105
	KERN			65
	KINGS			6
	LOS ANGELES	26		1,410
	MADERA			7
	RIVERSIDE			115
	SACRAMENTO			128
	SAN BERNARDINO	35		178
	SAN DIEGO			201
	SAN FRANCISCO	2		30
	SAN JOAQUIN			37
	SANTA CLARA			71
	STANISLAUS			12
TULARE			25	
Total	63		2,509	

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 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=

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Data for 7/27/2012 through 8/28/2012

Exception Reason	A	B	C	D	E	F	G	H	I	M	P	R	S	T	U	V	W
Plan Type	County Name																
<b>Total</b>	23	3	120	25	99	4	20	149	70	72	321	491	217	753	23	7	69

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 Z = Dental Exception=

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Data for 7/27/2012 through 8/28/2012

Exception Reason	Y	Z	Total
Plan Type                  County Name			
<b>Total</b>	63	4	2,533

Exception Reason Codes:

- |                                     |                                             |                                               |
|-------------------------------------|---------------------------------------------|-----------------------------------------------|
| 1 = Exception reason unknown=       | G = Awaiting surgery or treatment=          | S = Temporary Exception -Long term care=      |
| 2 = Type of Waiver Program unknown= | H = Fair Hearing=                           | T = Temporary Exception -Moved out of County= |
| A = Neurological disorder=          | I = Indian Health Program=                  | U = Waiver -AIDS=                             |
| B = Hematological disorder=         | J = Plan Initiated Disenrollment=           | V = Waiver -Model=                            |
| C = Cancer therapy=                 | M = Other complex Medical/Dental condition= | W = Waiver -IHMC=                             |
| D = Renal dialysis=                 | N = Not Exempt=                             | X = Sonoma Exception=                         |
| E = Major organ transplant=         | P = Pregnant=                               | Y = Waiver -SNF=                              |
| F = HIV/AIDS=                       | R = Temporary Exception -Foster care=       | Z = Dental Exception=                         |