



April 9, 2013

DHCS HCO 13-14591

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 2/26/2013 through 3/26/2013

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

Data for 2/26/2013 through 3/26/2013

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	Total
Plan Type	County Name															
Dental	LOS ANGELES													1		1
	SACRAMENTO									25						25
	Total									25				1		26
Medical	ALAMEDA	2		2		5	1	1	1		5	4	2	16	17	56
	CONTRA COSTA	1		1		3			1		1			5	14	26
	FRESNO					2	1		2	2	1	2	65	8	29	112
	KERN			1		3			5			3	1	14	43	70
	KINGS			1										1		2
	LOS ANGELES	31	6	67	39	45	11	9	112	2	80	112	332	161	189	1,196
	MADERA					2								1	3	6
	PLACER														1	1
	RIVERSIDE	2		6		5			9	6	3	5	25	20	21	102
	SACRAMENTO	3		3	2	2			16	19	17	6	1	16	20	105
	SAN BERNARDINO	2	1	6	1	7			7	3	7	9	28	24	25	120
	SAN DIEGO	5		8	1	15		2	6	28	16	2	31	36	52	202
	SAN FRANCISCO	1		1		1	1			1				7	15	27
	SAN JOAQUIN			1	1				1		1		20	9	13	46
	SANTA CLARA	2		2		2	1		2		8		4	14	45	80
STANISLAUS					4			2		1		2	3	36	48	
TULARE	1		1						4	1		1	1	8	17	

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

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Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	Total
Plan Type	County Name															
Medical	Total	50	7	100	44	96	15	12	164	65	141	143	512	336	531	2,216
Total		50	7	100	44	96	15	12	164	90	141	143	512	337	531	2,242

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