



January 9, 2013

DHCS HCO 13-13718

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
11/28/2012 through 12/26/2012**

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
Vice President
California Health Care Options

CC: Report File
Admin File

COPS-20 – Exception to Plan Enrollment Summary Report

Data for 11/28/2012 through 12/26/2012

Exception Reason		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T	Total
Plan Type	County Name																
Dental	KERN															1	1
	LOS ANGELES									2				1	1		4
	RIVERSIDE										1						1
	SACRAMENTO										26						26
	SAN DIEGO										10			1			11
	Total										2	37			2	1	1
Medical	ALAMEDA				2		2	2	1	7		2	2	3	20	27	68
	CONTRA COSTA				1		2			1	4				3	15	26
	FRESNO									3		1		23	8	29	64
	KERN				1		3			1			3	1	6	46	61
	KINGS														1		1
	LOS ANGELES	1	29	1	57	15	50	1	4	74		54	187	236	70	149	928
	MADERA										3	1					5
	OUT OF STATE															1	1
	RIVERSIDE				1	1	5			10	2	5	7	7	15	29	82
	SACRAMENTO		5		4	1	1		1	10	14	17	7	2	12	32	106
	SAN BERNARDINO		1		3		6		2	11		8	17	24	23	27	122
	SAN DIEGO		3		12		3	1	4	7	40	5	3	36	14	65	193
	SAN FRANCISCO		1		2		1	2	1	7					9	16	39
SAN JOAQUIN				1					2			1	24	12	10	50	

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		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T	Total
Plan Type	County Name																
Medical	SANTA CLARA		2		2		3	1		4		3		2	4	25	46
	STANISLAUS		1				1					1	1	11	5	1	21
	TULARE				1						2	1		1	1	19	25
	Total		1	42	1	87	17	77	7	13	137	65	98	228	370	203	492
Total		1	42	1	87	17	77	7	13	139	102	98	228	372	204	493	1,881

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