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July 9, 2013

DHCS HCO 13-15471

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 5/29/2013 through 6/26/2013

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 5/29/2013 through 6/26/2013

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	Z	Total	
Plan Type	County Name																	
Dental	LOS ANGELES															1	1	
	SACRAMENTO									4			25				29	
	Total									4			25			1	30	
Medical	ALAMEDA	3	1	2	1	3	2		4		1	4	7	22	13		63	
	CONTRA COSTA	3	1	2		1						4		7	14		32	
	FRESNO	1		2		2			1		3		58	10	24		101	
	KERN	1		1		1			1		3	3		8	62		80	
	KINGS			1					1		1			1	5		9	
	LOS ANGELES	33	5	75	40	56	8	12	109	1	88	122	307	174	201		1,231	
	MADERA										2				1	1	5	
	OUT OF STATE															1	1	
	RIVERSIDE	1		8	1	7				7	4	6	5	26	24	25		114
	SACRAMENTO	5	1	13		6			3	13	31	18	8	5	15	24		142
	SAN BERNARDINO	5		3	2	4	1			7		17	22	10	10	33		114
	SAN DIEGO	9		7	2	6	1	3	7	21	11			24	22	57		170
	SAN FRANCISCO											1			8	15		24
	SAN JOAQUIN			2						1		3	1	20	13	17		57
	SANTA CLARA	1		3	1	2	1					4		1	8	52		73
STANISLAUS			1		2				3		1		2	12	19		40	
TULARE					1	1				3		1		3	12		21	

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 5/29/2013 through 6/26/2013

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	Z	Total
Plan Type	County Name																
Medical	Total	62	8	120	47	92	14	18	154	62	157	170	460	338	575		2,277
Total		62	8	120	47	92	14	18	154	66	157	170	485	338	575	1	2,307

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