MAXIMUS®
HELPING GOVERNMENT SERVE THE PEOPLE®

ISO 9001 BUREAU VERITAS Certification
N° CA 08000223

March 8, 2013

DHCS HCO 13-14307

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 1/29/2013 through 2/25/2013

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

California Health Care Options

Data for 1/29/2013 through 2/25/2013

Exception Reason		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T	Z	Total
Plan Type	**County Name**																	
Dental	**SACRAMENTO**										26						1	27
	Total										26						1	27
Medical	**ALAMEDA**			1	2		5	1	1		1	2	1	3	59	13		89
	CONTRA COSTA		1												28	8		37
	FRESNO		1							3		2		41	15	17		79
	KERN						3					1	1	2	28	59		94
	KINGS														5	8		13
	LOS ANGELES	1	18	1	52	19	29	3	6	73	2	40	45	360	933	222		1,804
	MADERA						1								4	7		12
	RIVERSIDE		2		3					9	7	1	2	21	78	17		140
	SACRAMENTO			1	3		1			8	22	11	2	1	121	21		191
	SAN BERNARDINO				2	1	2			3		3		24	86	18		139
	SAN DIEGO		2	2	7	1	2		2	6	22	3	3	29	145	53		277
	SAN FRANCISCO						1			1		1			22	7		32
	SAN JOAQUIN		2				3			3				16	30	6		60
	SANTA CLARA				2		5			9		3		3	49	49		120
	STANISLAUS						2			3		2		2	13	10		32
	TULARE		1		1		2				2	1		4	13	7		31
	Total	1	27	5	72	21	56	4	9	118	56	70	54	506	1,629	522		3,150
Total		1	27	5	72	21	56	4	9	118	82	70	54	506	1,629	522	1	3,177

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=