



October 8, 2013

DHCS HCO 13-16282

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 8/28/2013  
through 9/25/2013**

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 8/28/2013 through 9/25/2013

Exception Reason		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T	Z	Total
Plan Type	County Name																	
Dental	ALAMEDA															3		3
	BUTTE															2		2
	FRESNO															2		2
	KERN															4		4
	LOS ANGELES													73	11	107		191
	OUT OF STATE															1		1
	RIVERSIDE															5		5
	SACRAMENTO	1									18				5	51	1	76
	SAN BERNARDINO														2	6		8
	SAN DIEGO															5		5
	SAN JOAQUIN															2		2
Total		1								18				75	16	188	1	299
Medical	ALAMEDA		1	1	4		2	1	1			4	4	6	37	42		103
	BUTTE												1			3		4
	CALAVERAS															1		1
	CONTRA COSTA		1	2			1			1		1	2		14	22		44
	EL DORADO															1		1
	FRESNO				1		2			4				67	12	77		163
	IMPERIAL															1		1
	KERN		1				1			1		2	4	1	16	109		135

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	Z	Total
Plan Type	County Name																	
Medical	KINGS				1											6		7
	LOS ANGELES		19	3	42	25	38	6	8	64		59	87	556	276	354		1,537
	MADERA						1						1			12		14
	NEVADA															3		3
	OUT OF STATE															12		12
	PLACER															1		1
	RIVERSIDE		1		3	1	5	1	1	6	1	1	2	24	69	84		199
	SACRAMENTO		4		4		3		1	6	23	21	7	2	18	70		159
	SAN BERNARDINO		3	1	4		4		1	3		6	17	23	20	92		174
	SAN DIEGO		2	1	9	1	5		1	7	31	8	2	70	70	164		371
	SAN FRANCISCO			1	1		2	1		1		1			16	11		34
	SAN JOAQUIN		3		1					1				24	18	35		82
	SANTA CLARA				1	1	1				1	3		2	11	117		137
	STANISLAUS		2					1		1		1		3	15	26		49
	TULARE				1		1				5			5	4	28		44
	UNKNOWN													1				
YUBA																1		1
<b>Total</b>			37	9	72	28	67	9	13	95	61	107	128	783	596	1,272		3,277
<b>Total</b>		1	37	9	72	28	67	9	13	95	79	107	128	858	612	1,460	1	3,576

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