



September 10, 2013

DHCS HCO 13-16041

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 7/26/2013 through 8/27/2013

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 7/26/2013 through 8/27/2013

Exception Reason		A	B	C	D	E	F	G	H	I	M	P	R	S	T	Z	Total	
Plan Type	County Name																	
Dental	ALAMEDA														1		1	
	CONTRA COSTA														1		1	
	KERN														2		2	
	LOS ANGELES												103	13	92		208	
	OUT OF STATE														3		3	
	RIVERSIDE														6		6	
	SACRAMENTO									24				2	6	51	1	84
	SAN BERNARDINO													4		12		16
	SAN DIEGO														4		4	
	SAN FRANCISCO														1		1	
	SAN JOAQUIN													2	2		4	
	TULARE														1		1	
	Total										24			111	19	176	1	331
Medical	ALAMEDA	1		2		3	1			1	8	2	1	20	49		88	
	BUTTE														3		3	
	CONTRA COSTA	1	1	1		3			1		1		2	19	47		76	
	EL DORADO														1		1	
	FRESNO			1		1			2		2	1	67	7	78		159	
	IMPERIAL														3		3	
	KERN			3		6		1	1	1	1	3	2	8	103		129	

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	Z	Total	
Plan Type	County Name																	
Medical	KINGS														10		10	
	LOS ANGELES	41	10	59	35	40	10	9	121		90	107	772	174	453		1,921	
	MADERA								1	5	1		1	4	14		26	
	OUT OF STATE														29		29	
	PLACER														2		2	
	RIVERSIDE	1	1	3		7			12	2	6	8	53	31	81		205	
	SACRAMENTO	1	1	12		1		1	14	29	29	4	2	15	89		198	
	SAN BERNARDINO	2	1	1	1	6			11	1	10	16	42	25	141		257	
	SAN DIEGO	8	2	15	3	3	2	2	5	21	14	2	101	66	101		345	
	SAN FRANCISCO	1	1			1				1	2			16	34		56	
	SAN JOAQUIN	1		1		1	1				1		30	11	31		77	
	SANTA CLARA	1		1		6			2		2		1	14	106		133	
	STANISLAUS			1				1				2		3	7	52		66
	SUTTER														1			1
	TULARE	1		1		1					4	3		3	6	38		57
TUOLUMNE														2			2	
YUBA														1			1	
	Total	59	17	101	39	79	15	13	170	65	172	143	1,080	423	1,469		3,845	
Total		59	17	101	39	79	15	13	170	89	172	143	1,191	442	1,645	1	4,176	

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