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February 10, 2014

DHCS HCO 14-17461

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  
12/27/2013 through 1/27/2014**

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 12/27/2013 through 1/27/2014

Exception Reason		1	A	B	C	D	E	F	G	H	I	M	P	R	S	T	Total
Plan Type	County Name																
Dental	BUTTE															1	1
	FRESNO														1	1	2
	LOS ANGELES													50	17	28	95
	RIVERSIDE															1	1
	SACRAMENTO										16				4	25	45
	SAN BERNARDINO													2		2	4
	SAN DIEGO															1	1
	Total											16			52	22	59
Medical	ALAMEDA		3		5		2		2		2	9	4	4	49	28	108
	BUTTE											3	1			4	8
	CALAVERAS											1					1
	COLUSA			1					1			1					3
	CONTRA COSTA		2		1	1	1		1		1	2	3		10	48	70
	EL DORADO				1		1		1		1	1	1				6
	FRESNO		1		3		2			2		2		39	9	28	86
	GLENN									1						1	2
	IMPERIAL				2		1		1	1	50	1				6	62
	KERN				2		3			1		1	2	1	33	84	127
	KINGS									1						2	3
	LOS ANGELES	1	40	10	103	32	54	14	12	38	1	123	82	293	218	240	1,261

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	MADERA				1									1	3	4	9	
	MARIPOSA										1					1	2	
	MONO				1												1	
	NEVADA		2									1					3	
	OUT OF STATE															5	5	
	PLACER				2					3	1	2	2	1				11
	RIVERSIDE		6	1	5	2	6	5	1	2	5	11	6	22	39	64	175	
	SACRAMENTO		8	1	13	1	1		3	9	39	32	6	1	12	40	166	
	SAN BERNARDINO		4	1	7	4	6	2		2		10	2	16	19	66	139	
	SAN DIEGO	1	11	3	17		12	1	1	2	85	17	3	53	39	67	312	
	SAN FRANCISCO				1	1	3	2		1		2		1	15	25	51	
	SAN JOAQUIN		1		2		2	2			1	4	1	27	9	18	67	
	SANTA CLARA		1		1			2		3		1		7	16	95	126	
	STANISLAUS		4		2		1		1	1	1	7		2	8	25	52	
	TEHAMA											5						5
	TULARE		2		2							4		4	6	28	46	
	TUOLUMNE								1		1					1	3	
YUBA													1			1		
	<b>Total</b>	2	85	17	171	41	95	28	25	67	198	231	113	473	485	880	2,911	
<b>Total</b>		2	85	17	171	41	95	28	25	67	214	231	113	525	507	939	3,060	

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