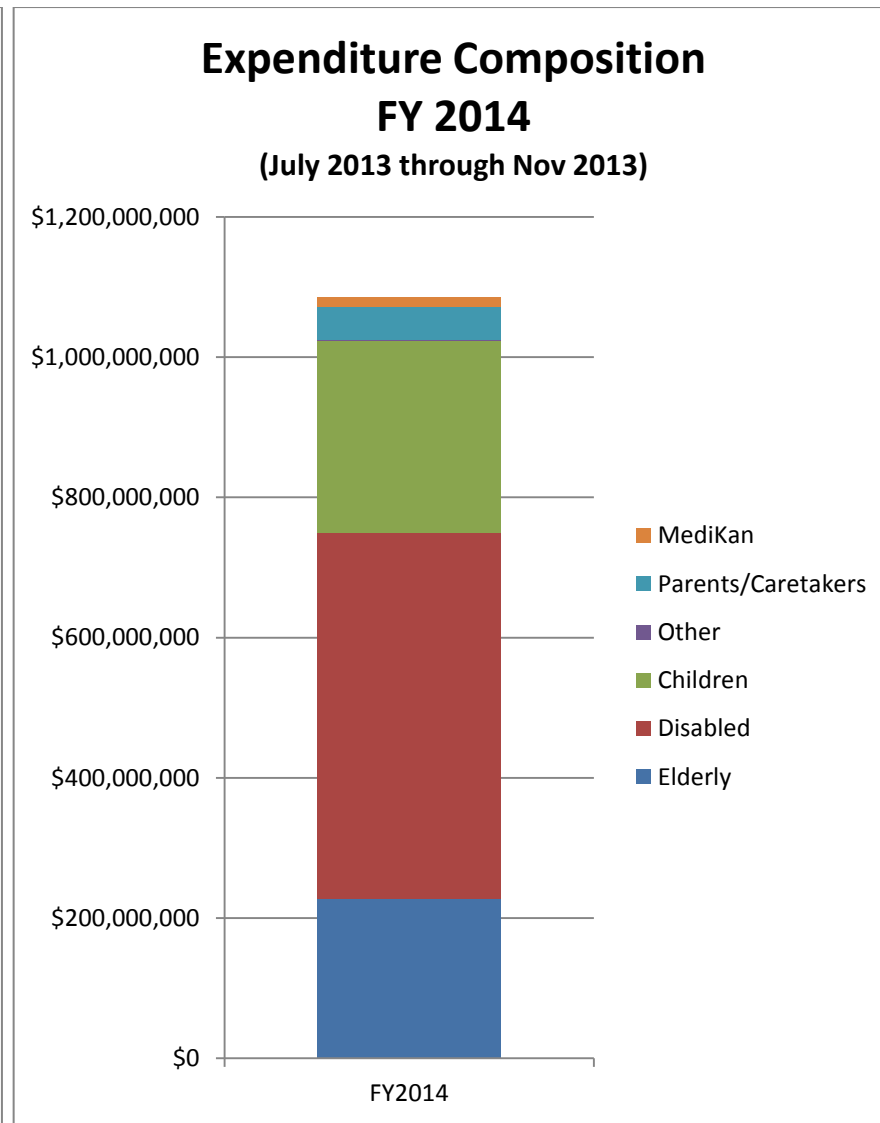
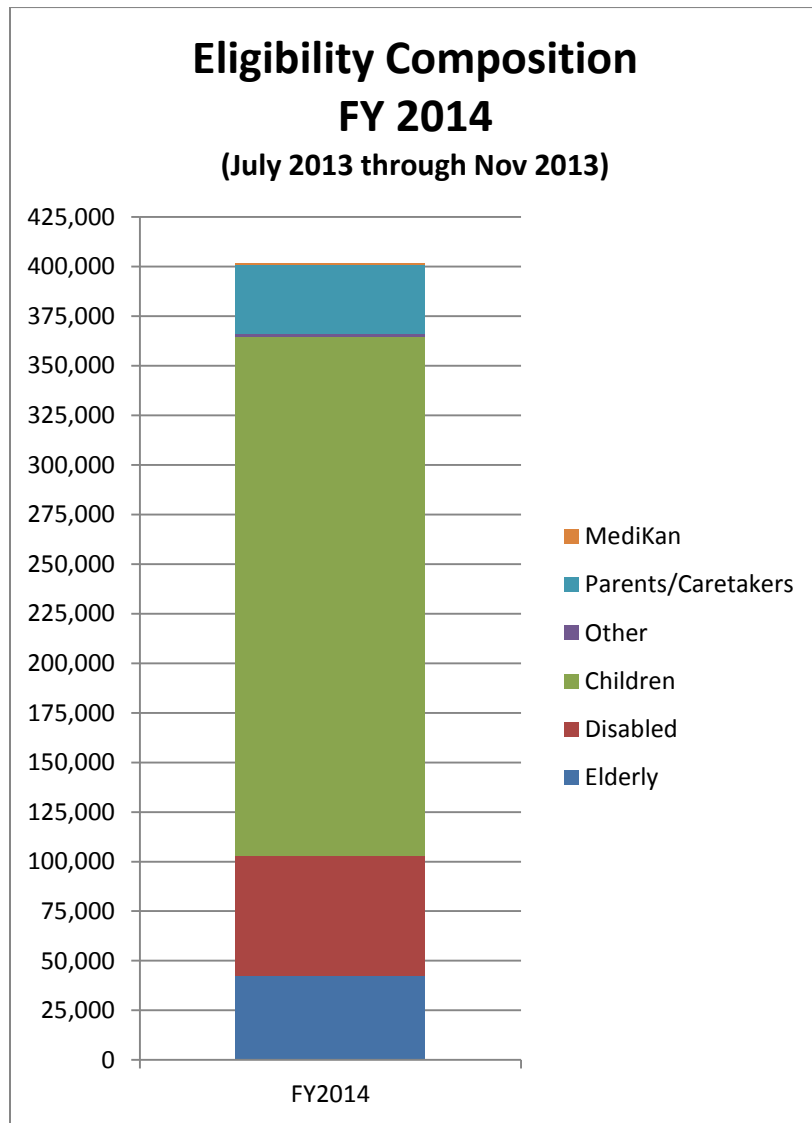


# KanCare Executive Summary



*Report date: 1.17.14*

## Member Eligibility and Expenditure Information



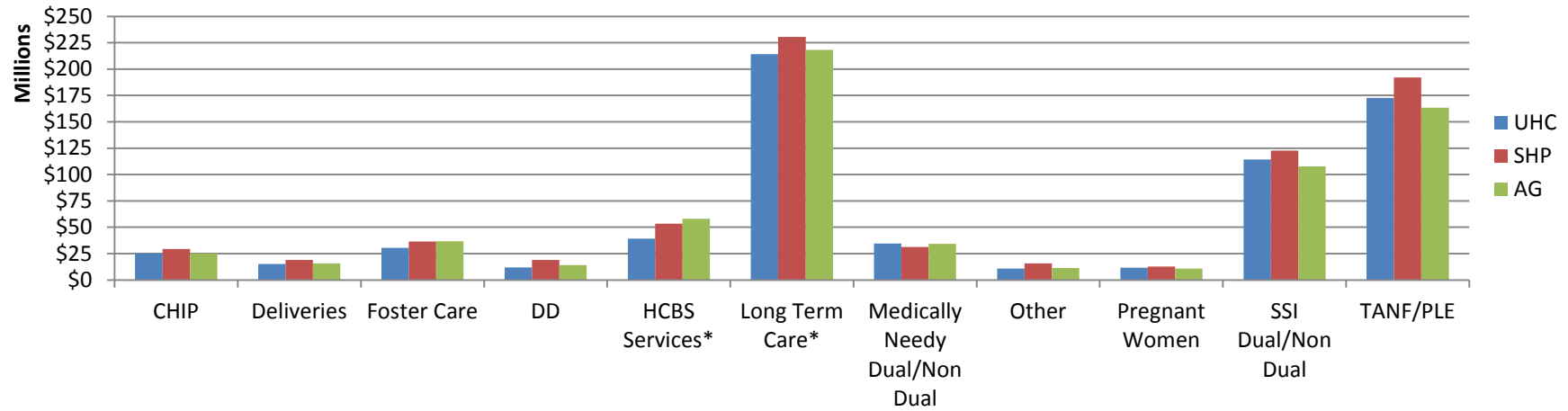
**NOTES**

July 2013 through November 2013 data

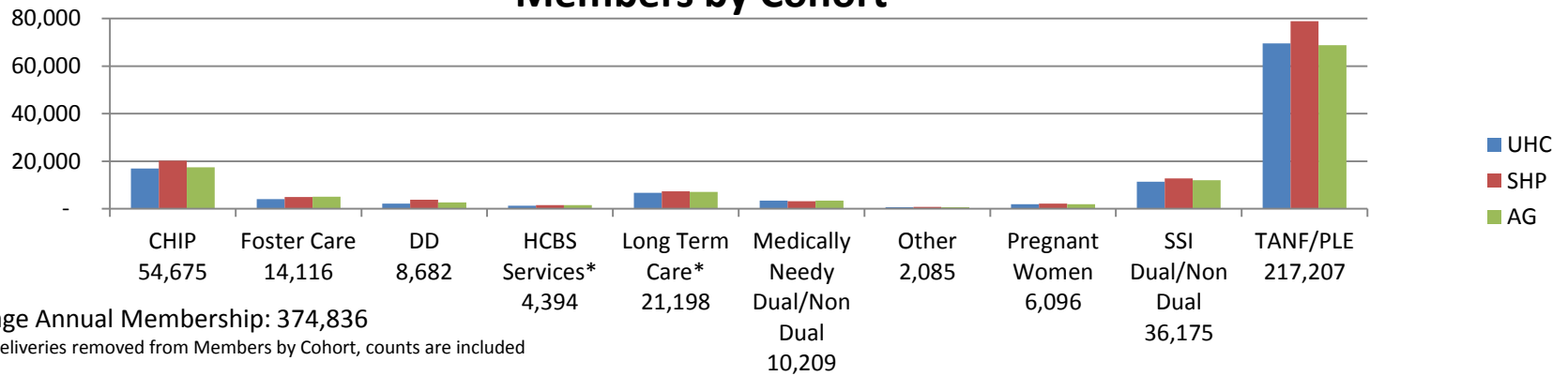
The expenditures for this graph are based on populations only.

Non-claim expenditures are excluded as they are not population specific.

## Capitation Payments by Cohort



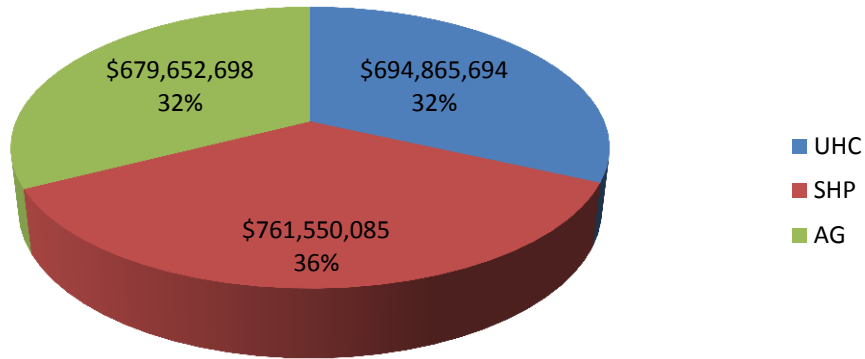
## Members by Cohort



\*Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

\*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

## Capitation Payments

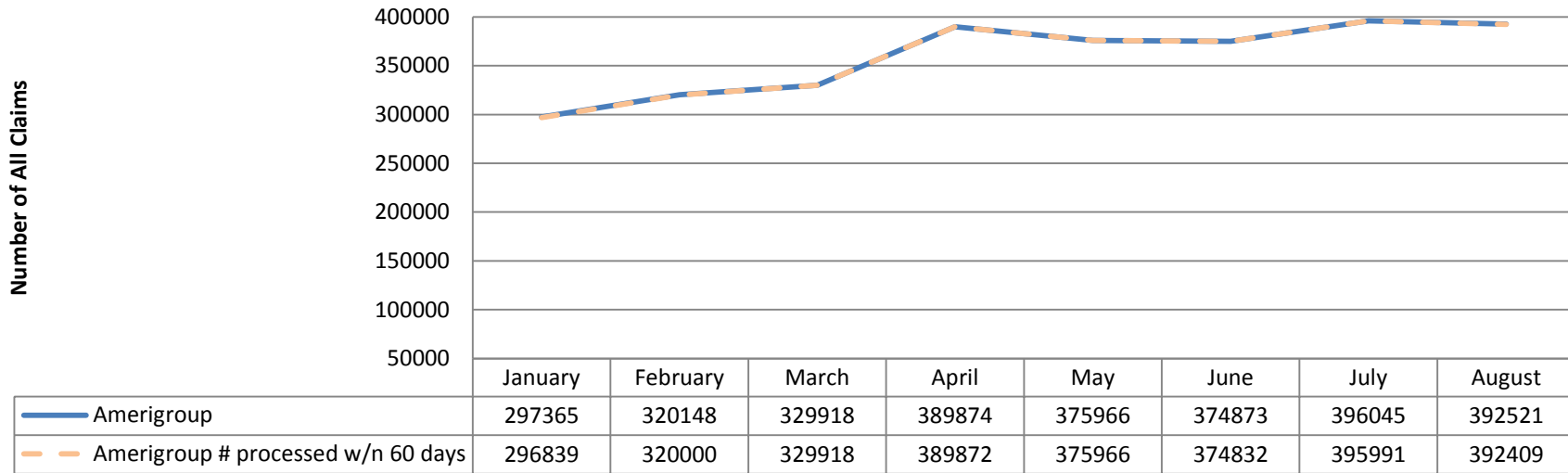


**CY Grand Total:**  
**\$2,136,068,477**

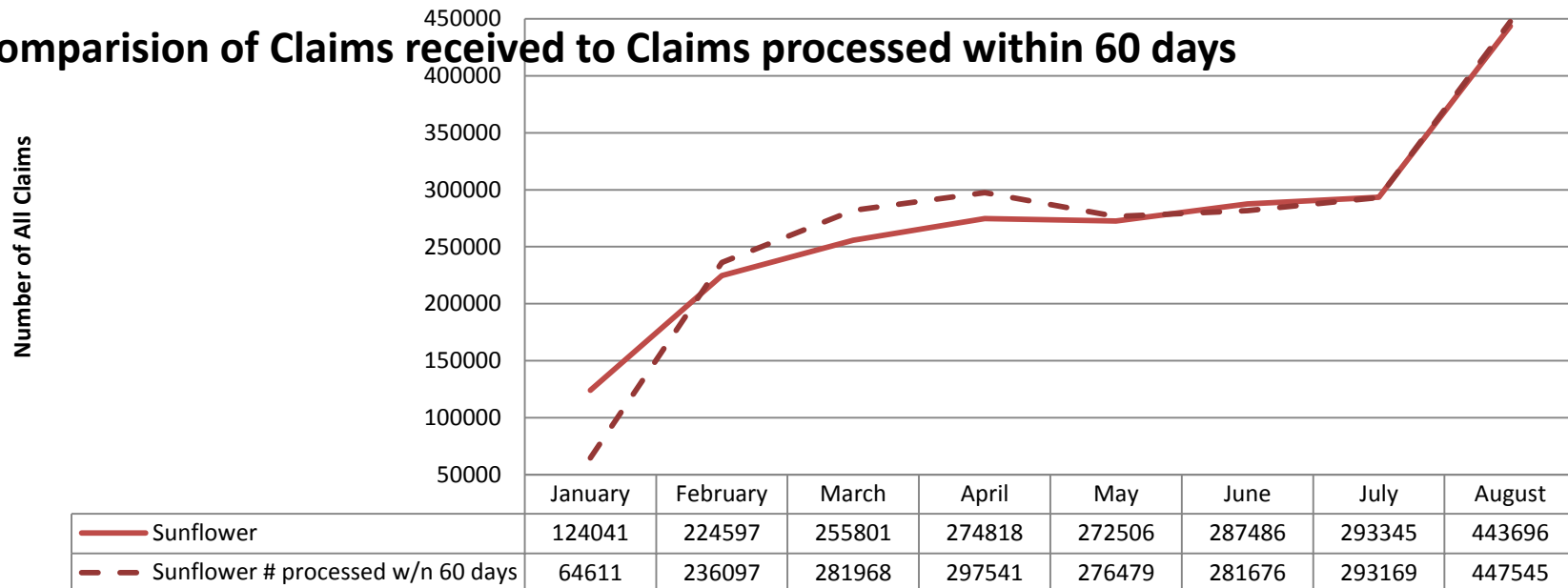
## Provider Network

KanCare MCO	# of Unique Providers as of 3/26/13	# of Unique Providers as of 6/30/13	# of Unique Providers as of 9/30/13	# of Unique Providers as of 12/31/13
Amerigroup	11,746	16,706	16,891	<i>Report update due 1.21.14</i>
Sunflower	10,006	13,016	14,478	<i>Report update due 1.21.14</i>
UHC	11,105	14,738	15,893	<i>Report update due 1.21.14</i>

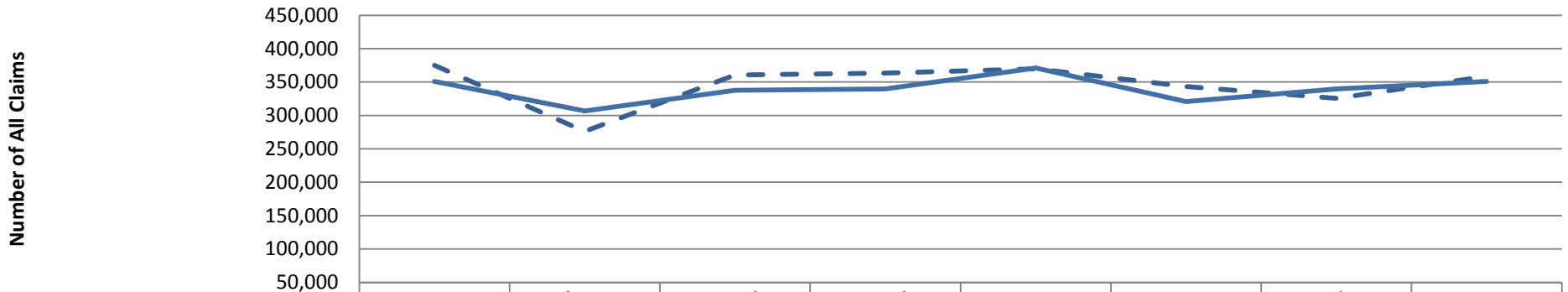
## Comparison of Claims received to Claims processed within 60 days



## Comparison of Claims received to Claims processed within 60 days



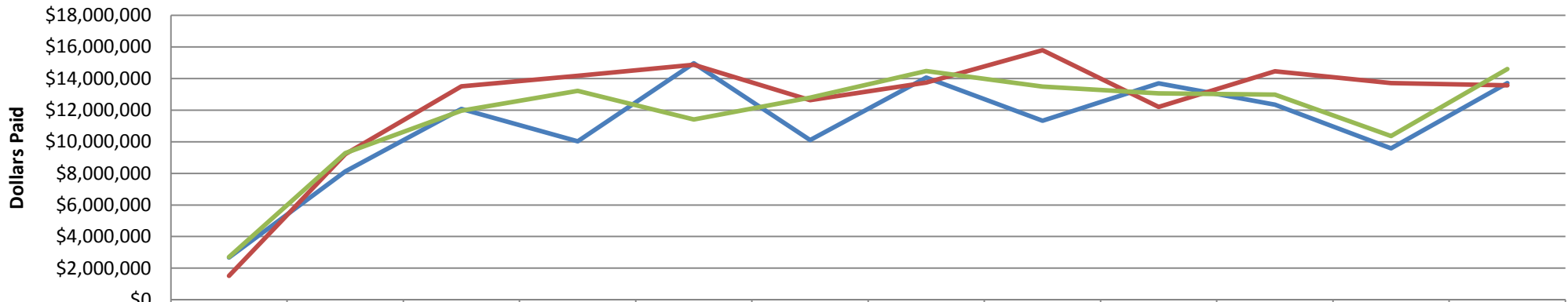
## Comparison of Claims received to Claims processed within 60 days



	January	February	March	April	May	June	July	August
UHC # processed w/n 60 days	375,060	276,106	360,694	363,584	369,714	343,324	325,659	358,755
UHC	351,046	306,905	337,875	339,570	370,917	320,886	339,830	350,824

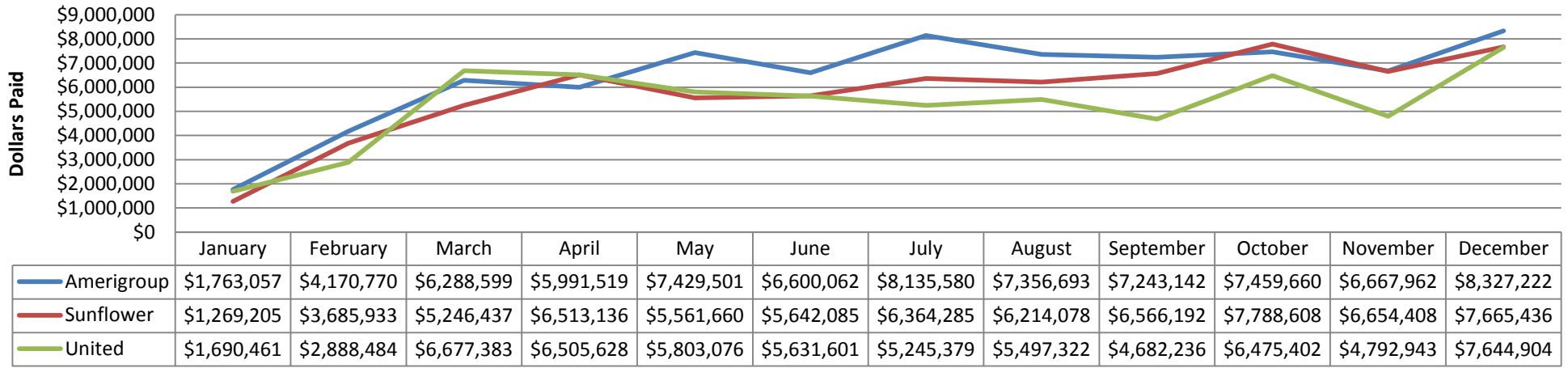
## Claims Paid by Service Category Per MCO (January – December 2013)

### Nursing Facility

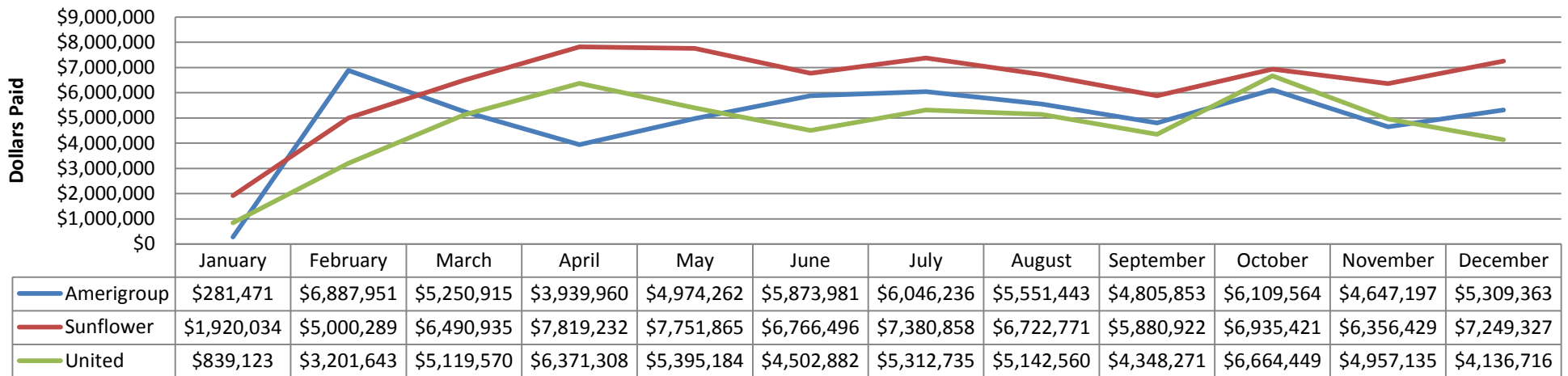


	January	February	March	April	May	June	July	August	September	October	November	December
Amerigroup	\$2,671,533	\$8,116,519	\$12,074,882	\$10,030,000	\$14,966,086	\$10,109,592	\$14,064,599	\$11,332,165	\$13,687,381	\$12,348,467	\$9,579,573	\$13,703,764
Sunflower	\$1,511,169	\$9,211,967	\$13,500,633	\$14,172,093	\$14,865,277	\$12,621,280	\$13,740,193	\$15,792,705	\$12,196,218	\$14,450,591	\$13,707,796	\$13,560,455
United	\$2,711,495	\$9,278,213	\$11,968,954	\$13,213,251	\$11,403,819	\$12,793,058	\$14,468,658	\$13,490,111	\$13,056,940	\$12,982,883	\$10,364,142	\$14,604,519

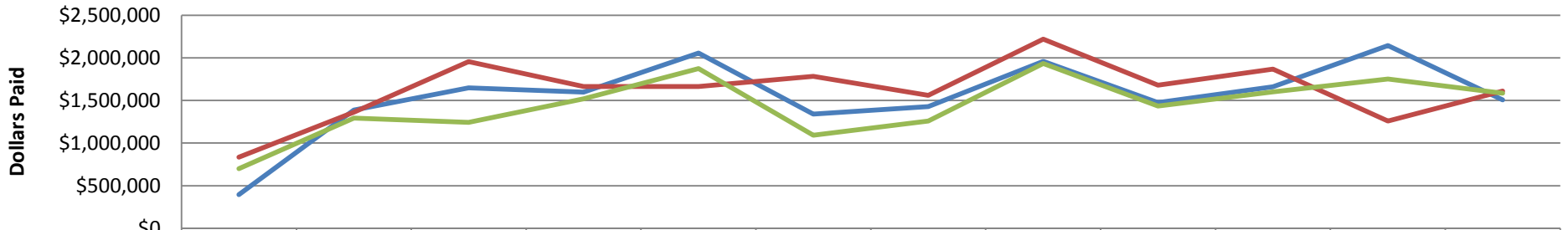
## HCBS



## Behavioral Health

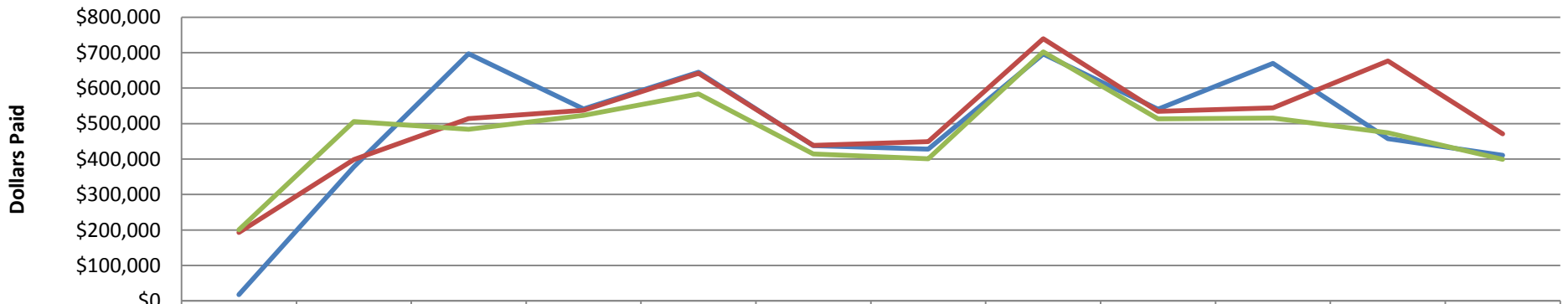


## Dental



	January	February	March	April	May	June	July	August	September	October	November	December
Amerigroup	\$395,276	\$1,387,290	\$1,648,538	\$1,599,271	\$2,056,177	\$1,338,862	\$1,427,034	\$1,959,190	\$1,476,767	\$1,660,263	\$2,142,693	\$1,507,863
Sunflower	\$836,151	\$1,363,166	\$1,956,541	\$1,664,575	\$1,664,883	\$1,784,024	\$1,559,496	\$2,218,840	\$1,678,800	\$1,868,539	\$1,258,931	\$1,609,341
United	\$698,688	\$1,293,218	\$1,244,370	\$1,518,939	\$1,872,959	\$1,091,576	\$1,257,499	\$1,934,349	\$1,435,456	\$1,599,706	\$1,750,943	\$1,584,098

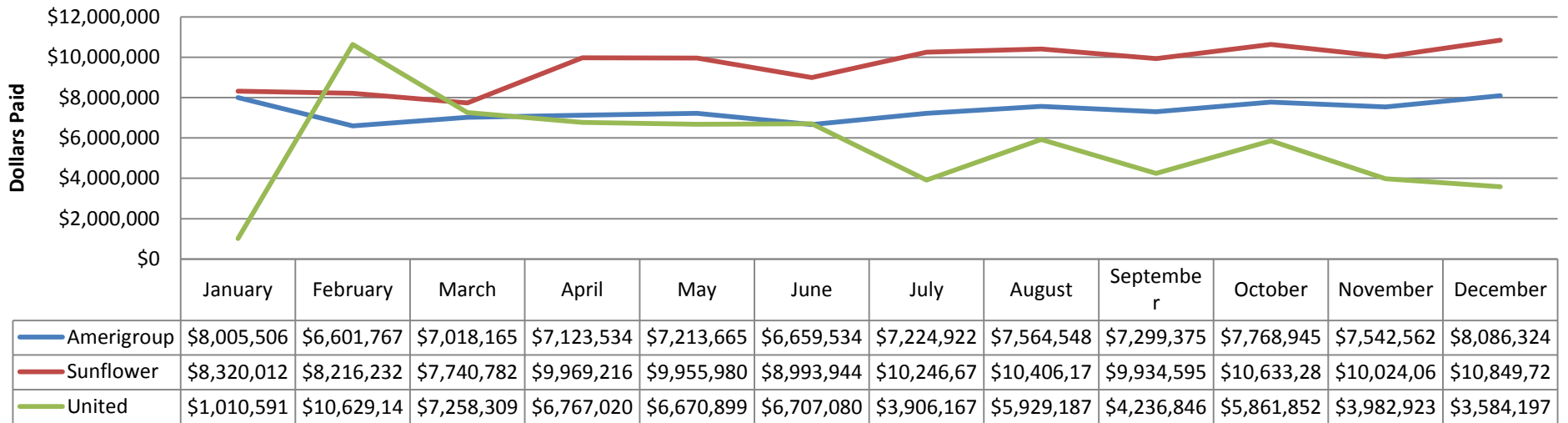
## Vision



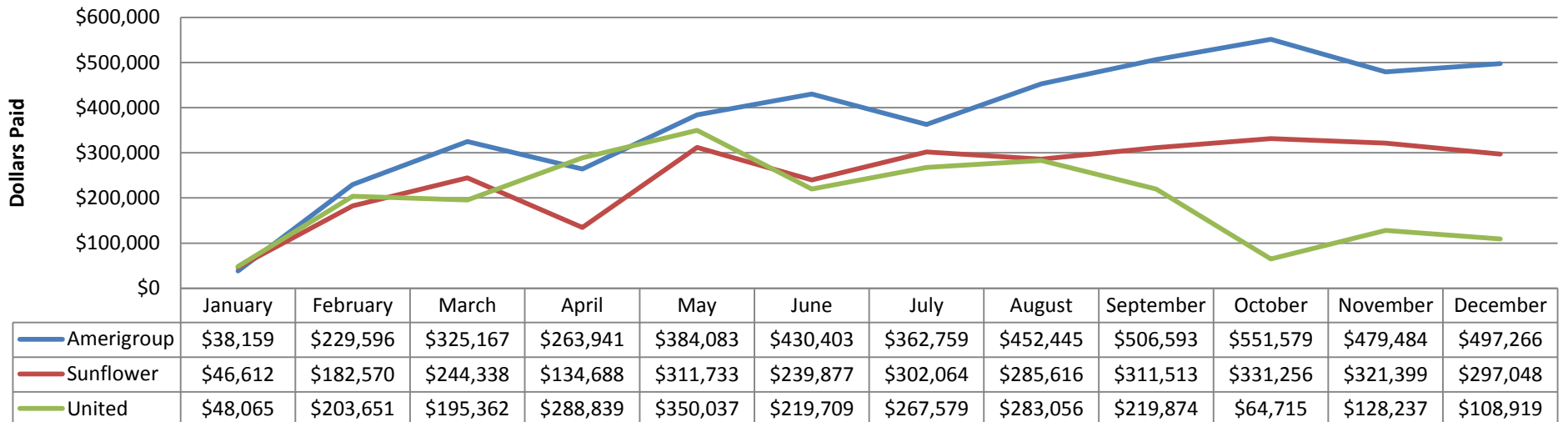
	January	February	March	April	May	June	July	August	September	October	November	December
Amerigroup	\$17,347	\$378,069	\$697,292	\$541,032	\$645,080	\$437,463	\$427,867	\$696,099	\$540,763	\$669,614	\$457,545	\$410,675
Sunflower	\$192,854	\$398,567	\$514,218	\$537,749	\$642,091	\$438,898	\$449,279	\$739,340	\$534,448	\$544,343	\$676,498	\$470,761
United	\$200,538	\$505,949	\$483,929	\$522,970	\$583,537	\$414,527	\$400,785	\$702,092	\$513,720	\$515,891	\$474,105	\$399,438



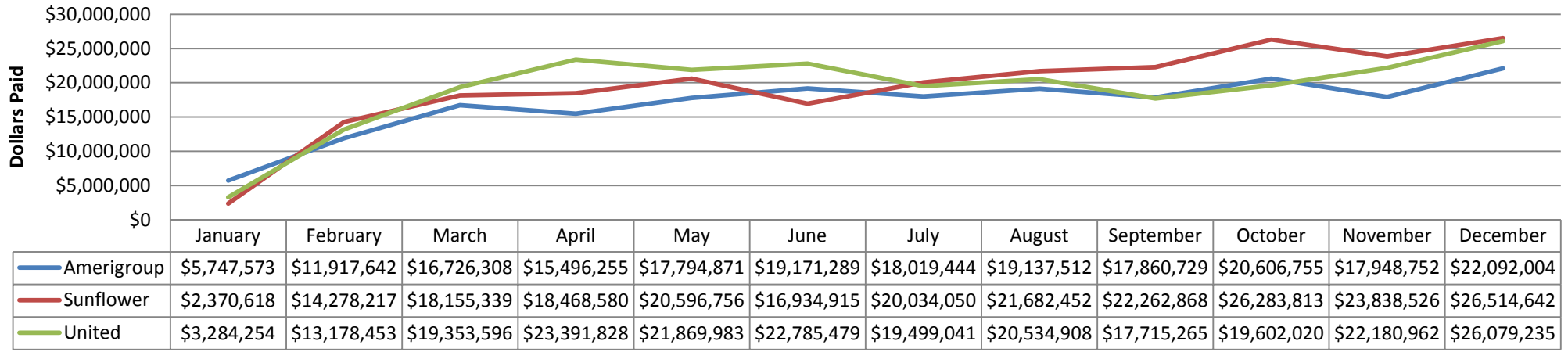
## Pharmacy



## NEMT



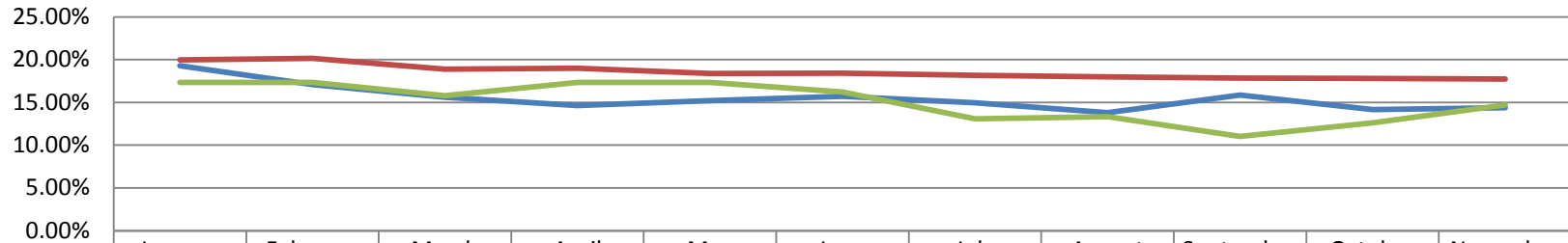
## Medical (Physical Health not otherwise specified)



## Denied Claims – Percentage By Month and Total Per MCO By Service Category YTD

(January-November 2013; next report due 1.21.14)

### Total Percentage Denied Claims by Month 2013



	January	February	March	April	May	June	July	August	September	October	November
Amerigroup	19.27%	17.10%	15.62%	14.65%	15.20%	15.71%	14.96%	13.79%	15.85%	14.15%	14.37%
Sunflower	19.98%	20.15%	18.90%	18.99%	18.40%	18.42%	18.17%	17.98%	17.83%	17.80%	17.73%
United	17.33%	17.33%	15.77%	17.33%	17.33%	16.21%	13.07%	13.35%	11.01%	12.60%	14.69%

### Amerigroup – January Through November 2013

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	29,623	3,950	13.33%
Hospital Outpatient	257,708	23,038	8.94%
Pharmacy	1,979,309	459,552	23.22%
Dental	140,594	10,638	7.57%
Vision	57,347	12,223	21.31%
NEMT	142,958	58	0.04%
Medical (physical health not otherwise specified)	1,554,153	152,930	9.84%
Nursing Facilities	107,790	14,250	13.22%
NF – Hospital Based	104,911	13,820	13.17%
NF – All Other	2,879	430	14.94%
HCBS	85,386	9,107	10.67%
Behavioral Health	575,138	60,926	10.59%
<b>Total All Services</b>	<b>4,930,006</b>	<b>746,672</b>	<b>15.15%</b>

<b>Sunflower – January Through November 2013</b>			
<b>Service Type</b>	<b>Total claim count - YTD cumulative</b>	<b># claims denied – YTD cumulative</b>	<b>% claims denied – YTD cumulative</b>
Hospital Inpatient	156,026	23,162	14.84%
Hospital Outpatient	513,635	60,295	11.74%
Pharmacy	2,417,925	594,089	24.57%
Dental	118,170	14,007	11.85%
Vision	61,183	9,145	14.95%
NEMT	88,427	379	0.43%
Medical (physical health not otherwise specified)	1,081,952	174,889	16.16%
Nursing Facilities Hospital	65,083	8,384	12.88%
Nursing Facilities - Other	71,454	17,310	24.23%
HCBS	194,613	13,272	6.82%
Behavioral Health	644,070	44,851	6.96%
<b>Total All Services</b>	<b>5,412,538</b>	<b>959,783</b>	<b>17.73%</b>

<b>United – January Through November 2013</b>			
<b>Service Type</b>	<b>Total claim count - YTD cumulative</b>	<b># claims denied – YTD cumulative</b>	<b>% claims denied – YTD cumulative</b>
Hospital Inpatient	21,950	4,420	20.14%
Hospital Outpatient	203,202	30,391	14.96%
Pharmacy	1,262,510	239,534	18.97%
Dental	151,617	8,365	5.52%
Vision	51,098	6,078	11.89%
NEMT	84,879	191	0.23%
Medical (physical health not otherwise specified)	1,075,855	162,197	15.08%
Nursing Facilities	90,799	12,922	14.23%
NF All Other	88,762	12,554	14.14%
NF Hospital Beds	2,037	368	18.07%
HCBS	200,391	17,425	8.70%
Behavioral Health	438,282	32,912	7.51%
<b>Total All Services</b>	<b>3,580,583</b>	<b>514,435</b>	<b>14.37%</b>

## Value Added Services and In Lieu Of Services

Summary of 2013 Value Added Services Used By KanCare Members (January-November 2013; next report due 1.30.14)

Amerigroup	Members	Units	Value	Sunflower	Members	Units	Value	United	Members	Units	Value
Member Incentive Program	6878	9149	\$ 267,340.00	CentAccount debit card	70210	67473	\$1,351,138.00	Additional vision services	18550	25124	\$1,072,682.31
Adult Dental Care	1850	2596	\$ 263,444.44	Dental visits for adults	7102	18659	\$367,293.27	Adult dental services	3890	3890	\$505,700.00
Mail Order OTC	7543	6554	\$105,828.03	SafeLink@/ Connections Plus cell phones	9822	10527	\$503,506.41	Incentive Payments for KAN Be Healthy Screening	45450	45570	\$455,700.00
Healthy Families Program	181	167	\$81,496.36	Travel (mileage) for specialty and inpatient care	3694	839714	\$366,829.17	Incentive Payments for Annual A1C Exam	5324	5324	\$106,480.00
Hypoallergenic Bedding	918	635	\$62,593.28	Start Smart	3172	3759	\$112,413.74	Podiatry visits	388	634	\$66,570.00
Smoking Cessation Program	586	512	\$56,460.00	Respite care	30	27176	\$66,474.00	Weight Watchers classes	512	502	\$59,738.00
Pest Control	410	299	\$43,750.00	Disease and Healthy Living Coaching	4780	22576	\$58,924.96	Adult Biometric Screening	2437	2439	\$36,585.00
Additional Personal Assistant Services-DD Waiver Members	15	2212	\$15,926.21	Smoking cessation program	59	59	\$14,160.00	Incentive Payments for New Member Dental Exam	2535	2537	\$25,370.00
Weight Watcher Vouchers	627	372	\$13,719.36	Lodging for specialty and inpatient care	42	121	\$9,801.00	Membership to Youth Organization	698	624	\$24,960.00
GED Prep DVDs	486	283	\$7,853.25	Community Programs for Healthy Children: Boys & Girls Clubs	242	241	\$3,615.00	New Member Vision Exam	2084	2130	\$21,300.00
Goodwill Gift Cards	402	241	\$4,820.00					Baby Blocks	451	450	\$9,000.00
Additional Personal Assistant Services for DD Waiver Population	7	1136	\$3,003.84					Annual Vision Exam for Person with Diabetes	349	350	\$7,000.00
Career Development DVDs	313	191	\$2,865.00					Earn workout gear for finishing the program (adults)	17	17	\$850.00
Caregiver Support Kit	47	48	\$2,252.91					Join for Me	16	16	\$800.00
Entertainment Book Coupons	1260	762	\$423.37								
<b>Grand Totals - Amerigroup</b>	<b>21,523</b>	<b>25,157</b>	<b>\$931,776</b>	<b>Grand Totals - Sunflower</b>	<b>99,153</b>	<b>990,305</b>	<b>\$2,854,156</b>	<b>Grand Totals -- United</b>	<b>82,701</b>	<b>89,607</b>	<b>\$2,392,735</b>

Statewide Totals of Select Value Added Services	Members	Units	Value
Member Incentive Programs for Preventive/Healthy Behaviors	131,024	130,425	\$2,219,747
Adult Dental Services	12,842	25,145	\$1,136,438

**Summary of In Lieu Of Services Used By KanCare Members (January-November 2013; next report due 1.30.14)**

<b>Amerigroup</b>	<b>Members</b>	<b>Value of Services Avoided</b>	<b>Sunflower</b>	<b>Members</b>	<b>Value of Services Avoided</b>
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	21	\$ 66,565	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	<i>Range of 162-240 per month (unduplicated number of members accessing this service: 338)</i>	\$2,135,000
Non-Covered services including private nurse, telehealth, equipment and sleep cycle support ... in lieu of members needing to access ICU, acute hospital, or nursing facility services	11	\$132,366	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery ... in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	41	\$324,367
<b>Totals</b>	<b>32</b>	<b>\$198,931</b>	<b>Totals</b>	<b>379</b>	<b>\$2,459,367</b>

## Grievances & Appeals (Jan-Nov 2013; next due 1.30.14)

<b>Amerigroup</b>			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	190	34	36
Number of grievances/appeals resolved:	205	37	26
Number of State Fair Hearings withdrawn:	--	--	0
Number of grievances/appeals considered invalid:	1	0	--
Average length of time to complete each grievance/appeal/State Fair Hearing:	11.82 days	8.97 days	22.69 days
Number of overturned decisions at State Fair Hearing Level:	--	--	18
Number of health plan appeals reversed in the member's favor:	--	12	--
Percentage of appeals overturned at the State Fair Hearing level:	0%	0%	69%
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
MEDICAL NECESSITY MET			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
Claim processing			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 AVAILABILITY			
2 ATTITUDE/SERVICE OF STAFF			
3 BILLING AND FINANCIAL ISSUES			
4 QUALITY OF CARE			
5 ACCESSIBILITY OF OFFICE			

<b>United</b>			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	84	53	19
Number of grievances/appeals resolved:	84	53	19
Number of State Fair Hearings withdrawn:	--	--	1
Number of grievances/appeals considered invalid:	0	0	--
Average length of time to complete each grievance/appeal/State Fair Hearing:	7 days	11 days	26.4 days
Number of overturned decisions at State Fair Hearing Level:	--	--	7
Number of health plan appeals reversed in the member's favor:	--	8	7
Percentage of appeals overturned at the State Fair Hearing level:	0%	0%	37%
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical necessity met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
The provider submitted a corrected claim which was reprocessed for payment.			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Prior or Post Authorization			
2 Timeliness			
3 Quality of Care			
4 Billing and Financial Issues			
5 Clinical Criteria Not Met- Durable Medical Equipment			

<b>Sunflower</b>			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	125	171	N/A
Number of grievances/appeals resolved:	112	169	N/A
Number of State Fair Hearings withdrawn:	--	--	35
Number of grievances/appeals considered invalid:	0	64	--
Average length of time to complete each grievance/appeal/State Fair Hearing:	4.67	10.07	33
Number of overturned decisions at State Fair Hearing Level:	--	--	0
Number of health plan appeals reversed in the member's favor:	--	55	--
Percentage of appeals overturned at the State Fair Hearing level:	0%	0%	0
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical necessity met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
N/A			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Pharmacy			
2 Lack of Information from Provider			
3 Availability			
4 Attitude/Service of Staff			
5 Clinical Criteria Not Met- Medical Procedure			

## Plan of Care Reductions Submitted (January – December 2013)

Amerigroup – Summary of MCO-Initiated HCBS Waiver Plan of Care Reductions – State Review/Approval					
Issue/Timing (current reporting period and cumulative)	PD waiver	TBI waiver	FE waiver	TA waiver	AU waiver
# submitted (current)	15	2	4	1	0
# submitted (cumulative)	242	15	48	2	0
# approved (current)	4	0	5	1	0
# approved (cumulative)	155	8	43	3	0
# denied (current)	0	0	0	0	0
# denied (cumulative)	17	1	14	0	0
# pending - (current)	14	2	4	1	0
# pending - (cumulative)	21	4	6	1	0
Voluntary Reductions submitted (current)	0	0	0	0	0
Voluntary Reductions submitted (cumulative)	24	8	11	0	0

Sunflower – Summary of MCO-Initiated HCBS Waiver Plan of Care Reductions – State Review/Approval					
Issue/Timing (current reporting period and cumulative)	PD waiver	TBI waiver	FE waiver	TA waiver	AU waiver
# submitted (current)	14	2	3	2	0
# submitted (cumulative)	366	47	137	48	0
# approved (current)	7	0	1	0	0
# approved (cumulative)	178	24	57	23	0
# denied (current)	1	0	0	0	0
# denied (cumulative)	10	4	8	2	0
# pending - (current)	7	2	7	2	0
# pending - (cumulative)	50	8	10	10	0
Voluntary Reductions submitted (current)	0	0	0	0	0
Voluntary Reductions submitted (cumulative)	39	6	28	10	0

United – Summary of MCO-Initiated HCBS Waiver Plan of Care Reductions – State Review/Approval					
Issue/Timing (current reporting period and cumulative)	PD waiver**	TBI waiver	FE waiver**	TA waiver	AU waiver
# submitted (current)	9	1	3	0	0
# submitted (cumulative)	375	32	169	0	0
# approved (current)	0	0	2	0	0
# approved (cumulative)	345	26	159	0	0
# denied * (current)	0	0	0	0	0
# denied * (cumulative)	7	2	5	0	0
# pending - (current)	9	1	1	0	0
# pending - (cumulative)	11	1	1	0	0
Voluntary Reductions submitted (current)	2	0	7	0	0
Voluntary Reductions submitted (cumulative)	158	6	98	3	0

\*The numbers do not total in every case because some of the reduction requests have been put into “aborted” status by the KDADS staff reviewing them.



# Pay for Performance Measures – Year One

Summary of 2013 Performance Per MCO (January-September 2013; next report due 1.30.14)

Amerigroup

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period																	
			Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep	
Monthly			Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Claims Processing-AMG	- 100% of clean claims are processed within 20 days	Monthly w/reset	284,417	99.762%	308,294	99.501%	317,273	99.798%	385,231	99.948%	372,619	99.658%	371,942	100.000%	392,913	99.999%	389,889	99.971%	381,078	99.932%
Claims Processing-AMG	-99% of all non-clean claims are processed within 45 days	Monthly w/reset	11,744	100.000%	10,158	98.900%	11,982	99.825%	4,439	100.000%	3,347	100.000%	2,890	100.000%	3,053	100.000%	2,520	100%	2,718	100%
Claims Processing-AMG	- 100% of all claims are processed within 60 days	Monthly w/reset	296,839	100.000%	320,000	99.965%	329,918	100.000%	389,872	100.000%	375,966	99.661%	374,832	100.000%	395,968	100.000%	392,409	99.971%	383,944	99.971%
Credentialing-AMG	90% providers completed in 20 days	Monthly w/reset	111	47%	319	96%	240	96%	528	98%	215	95%	184	97%	137	100%	120	100%	100	100%
Credentialing-AMG	100% providers completed in 30 days	Monthly w/reset	194	82%	334	100%	250	100%	540	100%	226	100%	190	100%	137	100%	120	100%	100	100%
Customer Service-AMG	-98% of all inquiries are resolved within 2 business days from receipt date -100% of all inquiries are resolved	Monthly w/reset	41,201	99.985%	23,271	99.991%	23,926	99.996%	23,158	100%	22,289	99.996%	20,566	100.0%	22,296	99.991%	19,560	99.959%	17,303	99.983%
Quarterly			1Q		2Q		3Q		4Q											
Grievances-AMG	-98% of grievances are resolved within 20 days	Quarterly w/reset	220	100%	206	100%	190	100%												
Grievances-AMG	-100% of grievances are resolved within 40 days	Quarterly w/reset	0	100%	0	100%	0	100%												
Appeals-AMG	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal	Quarterly w/reset	6	100%	17	100%	33	97.1%												

Reporting Protocol and Summary-Sunflower

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period																	
			Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep	
Monthly			Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Claims Processing-SHP	- 100% of clean claims are processed within 20 days	Monthly w/reset	184,435	100%	324,946	99%	375,424	98%	414,508	98%	407,742	97%	379,320	98%	404,306	97%	425,604	98%	384,431	99%
Claims Processing-SHP	- 99% of all non-clean claims are processed within 45 days	Monthly w/reset	5,795	100%	24,501	100%	21,970	91%	12,892	87%	15,461	95%	14,658	97%	12,051	94%	14,828	93%	8,518	76%
Claims Processing-SHP	- 100% of all claims are processed within 60 days	Monthly w/reset	64,611	100%	236,097	100%	281,968	100%	297,541	99%	276,479	99%	281,676	100%	293,169	100%	447,545	100%	387,199	99%
Credentialing-SHP	90% providers completed in 20 days	Monthly w/reset	95	94%	75	96%	65	97%	102	100%	144	37%	90	67%	139	99%	98	97%	65	100%
Credentialing-SHP	100% providers completed in 30 days	Monthly w/reset	101	100%	78	100%	67	100%	102	100%	231	59%	100	75%	139	99%	88	87%	65	100%
Customer Service-SHP	- 98% of all inquiries are resolved within 2 business days from receipt date - 100% of all inquiries are resolved within 8 business days from receipt date	Monthly w/reset	42,664	100%	31,527	100%	28,325	100%	30,096	100%	22,807	100%	21,358	100%	20,596	100%	20,761	100%	18,750	100%
Quarterly			1Q		2Q		3Q		4Q											
Grievances-SHP	- 98% of grievances are resolved within 20 days	Quarterly w/reset	170	100%	170	100%	112	100%												
Grievances-SHP	- 100% of grievances are resolved within 40 days	Quarterly w/reset	161	100%	161	100%	112	100%												
Appeals-SHP	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	9	100%	31	100%	171	100%												

Reporting Protocol and Summary- United Health Community Plan

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period																	
			Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep	
Monthly			Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Claims Processing-UHC	- 100% of clean claims are processed within 20 days	Monthly w/reset	330,461	92.26%	243,951	96.39%	315,844	91.87%	319,201	92.01%	354,002	99.23%	325,313	99.86%	313,315	99.64%	345,355	100%	301,184	100%
Claims Processing-UHC	- 99% of all non-clean claims are processed within 45 days	Monthly w/reset	16,857	99.09%	18,234	100.00%	16,882	99.02%	16,641	99.08%	14,119	96.49%	17,553	99.97%	11,210	100%	13,398	100%	9,166	100%
Claims Processing-UHC	- 100% of all claims are processed within 60 days	Monthly w/reset	375,060	99.96%	276,106	100.00%	360,694	99.96%	363,584	99.96%	369,714	99.56%	343,324	100.00%	325,659	100%	358,755	100%	310,351	100%
Credentialing-UHC	90% providers completed in 20 days	Monthly w/reset	312	98%	217	99%	137	97%	215	98%	134	99%	93	97%	110	100%	135	100%	92	99%
Credentialing-UHC	100% providers completed in 30 days	Monthly w/reset	317	100%	220	100%	141	100%	219	100%	135	100%	96	100%	110	100%	135	100%	93	100%
Customer Service-UHC	- 98% of all inquiries are resolved within 2 business days from receipt date - 100% of all inquiries are resolved within 8 business days from receipt date	Monthly w/reset	36,554	99.78%	16,197	99.17%	17,194	98.84%	16,205	99.04%	13,037	99.03%	11,387	97.95%	12,808	97.61%	12,867	99.89%	12,244	99.82%
Quarterly			1Q		2Q		3Q		4Q											
Grievances-UHC	- 98% of grievances are resolved within 20 days	Quarterly w/reset	110	100%	110	100%	94	100%												
Grievances-UHC	- 100% of grievances are resolved within 40 days	Quarterly w/reset	140	100%	140	100%	94	100%												
Appeals-UHC	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	8	100%	39	100%	78	98%												