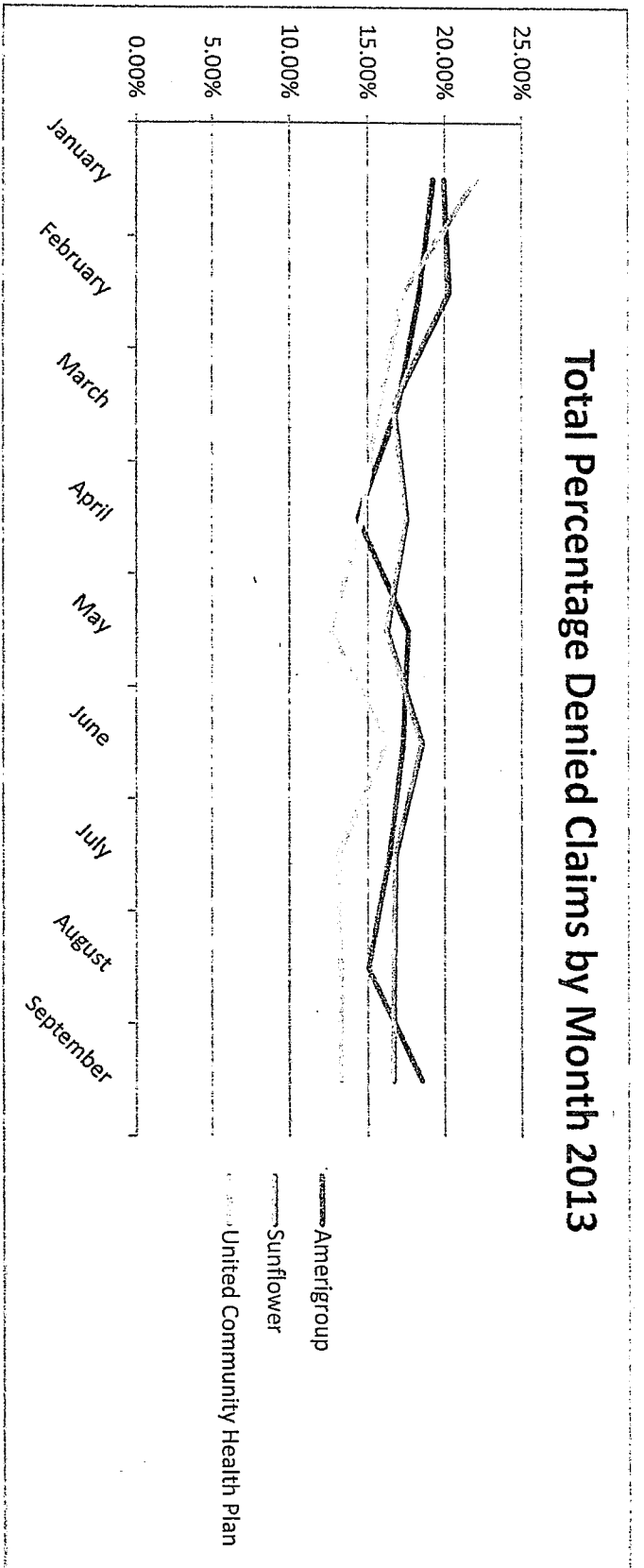


Total Percentage Denied Claims by Month 2013



Amerigroup Percentage Denied Claims by Category and Month

Service Type	January	February	March	April	May	June	July	August	September
Hospital Inpatient	8.88%	11.42%	14.46%	10.74%	16.72%	22.54%	19.32%	23.88%	31.32%
Hospital Outpatient	6.26%	8.68%	10.56%	8.09%	9.27%	9.28%	9.66%	12.30%	19.76%
Pharmacy	24.80%	27.60%	25.80%	22.80%	22.00%	22.30%	22.40%	22.00%	22.70%
Dental	17.67%	5.75%	6.40%	5.44%	7.15%	6.36%	8.01%	6.54%	6.90%
Vision	62.40%	12.04%	19.45%	19.14%	19.14%	24.01%	22.34%	19.84%	21.70%
NEWT	0.04%	0.03%	1.06%	0.73%	1.07%	1.02%	1.19%	0.74%	0.01%
Medical (physical health not otherwise specified)	10.12%	13.32%	12.35%	9.63%	14.54%	15.00%	12.64%	10.13%	14.62%
Nursing Facilities	19.53%	11.22%	14.35%	11.78%	13.42%	12.17%	20.82%	13.96%	19.14%
HCBS	20.61%	19.16%	11.73%	10.14%	11.43%	13.46%	12.29%	11.16%	11.33%
Behavioral Health	6.19%	9.21%	8.51%	7.64%	22.93%	19.04%	14.00%	16.91%	20.55%
Total All Services	19.27%	18.38%	16.97%	14.36%	17.62%	17.29%	16.41%	15.02%	18.54%

6-2

Sunflower Percent Denied Claims by Category and Month

Service Type	January	February	March	April	May	June	July	August	September
Hospital Inpatient	6%	11.51%	15.05%	13.96%	14.22%	15.07%	16.40%	14.81%	14.71%
Hospital Outpatient	7.28%	12.11%	10.54%	11.14%	11.13%	11.19%	11.94%	11.51%	11.28%
Pharmacy	31.76%	29.61%	26.20%	24.72%	23.18%	24.14%	22.71%	22.45%	21.84%
Dental	25.84%	10.47%	10.11%	14.00%	11.61%	11.04%	8.66%	14.04%	8.83%
Vision	11.40%	11.88%	12.54%	13.17%	14.24%	14.30%	15.70%	13.40%	12.29%
NEMT	0.48%	1.03%	1.08%	0.17%	0.18%	0.15%	0.35%	0.23%	0.34%
Medical (physical health not otherwise specified)	5.51%	17.48%	12.63%	15.94%	16.45%	22.91%	17.65%	17.08%	16.78%
Nursing Facilities	23.04%	22.30%	15.15%	14.61%	13.33%	17.85%	19.07%	17.80%	20.84%
HCBS	5.27%	3.16%	2.83%	3.16%	2.94%	12.40%	10.42%	8.96%	9.42%
Behavioral Health	12.69%	9.41%	5.70%	7.79%	5.30%	5.41%	5.66%	6.35%	6.90%
Total All Services	19.95%	20.29%	16.67%	17.53%	16.22%	18.54%	16.77%	16.67%	16.65%

United Percent Denied Claims by Category and Month

Service Type	January	February	March	April	May	June	July	August	September
Hospital Inpatient	22.06%	13.16%	15.22%	14.99%	10.71%	27.60%	22.13%	12.31%	12.31%
Hospital Outpatient	27.01%	11.11%	28.50%	16.38%	12.98%	13.51%	13.36%	15.08%	15.08%
Pharmacy	21.60%	20.86%	21.88%	17.58%	21.00%	16.60%	16.36%	16.36%	16.36%
Dental	11.08%	5.65%	6.30%	5.59%	6.48%	7.06%	9.55%	5.81%	5.81%
Vision	3.12%	10.68%	12.65%	9.27%	12.49%	12.43%	11.53%	15.33%	15.33%
NEMT	0.25%	0.03%	0.06%	0.10%	0.38%	0.14%	0.14%	0.23%	0.23%
Medical (physical health not otherwise specified)	29.31%	19.12%	16.63%	18.31%	12.09%	18.94%	13.61%	14.77%	14.77%
Nursing Facilities	4.10%	8.83%	18.34%	15.51%	13.26%	15.83%	16.82%	15.83%	15.83%
HCBS	25.31%	18.24%	7.01%	5.72%	7.22%	12.74%	8.00%	6.84%	6.84%
Behavioral Health	7.69%	13.82%	5.45%	5.23%	6.51%	14.10%	5.87%	7.69%	7.69%
Total All Services	22.07%	17.33%	15.78%	14.63%	12.62%	16.24%	13.07%	13.26%	13.26%