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UFCW VOICE for working America LOCAL 1500

Executive Summary Prepared for

The Local 1500 Welfare Fund

Current period reflects claims paid from January 1, 2011 through December 31, 2011(CP). Prior period reflects claims paid from January 1, 2010 through December 31, 2010 (PP).

PMPM = Per Member Per Month

HCC = High cost claimant; total cost per claimant of greater than $75,000

Summary:

The membership and utilization by setting for Local 1500 has remained neutral, while the PMPM and the medical paid amount increased in the CP. These increases were primarily driven by the increase in outpatient paid surgical procedures and the costs associated with chronic and co-morbid conditions. The plan cost share has remained consistent year over year with the Local 1500 plan paying 92.9% of the allowed medical paid amount in the CP and the member paying 3.1% (higher employer cost share than Benchmark of 88.5%.) The majority of the claimants for Local 1500's top ten health conditions are subscribers/employees.

Demographics:

- Membership in the CP decreased by 0.2%, making the current membership 10,389
- Of the total membership, 77.3% utilized the health plan during the CP compared to 75.7% in the PP
- 72.2% of eligible members went for an annual well care visit, compared to the PP of 71.5%. (Benchmark: 82%-88%)
- The CP average age of a subscriber is 46; average age of member is 35
- Males constitute the majority of the CP member population at 53.3% with 46.7% being female

Medical Paid Amount:

- Total medical paid in CP was $33,800,222, which is 4.7% more than in the PP (PP paid was $32,204,374)
- The top 0.6% of claimants drove 25% of the total cost
- Total paid PMPM in the CP had an 8.2% trend from the PP (CP PMPM of $271.13 compared to the PP of $257.72)
  - *This was driven by an increase in both the cost associated with HCCs and the medical amount paid for the care of members with chronic condition.*
  - *Top five chronic conditions: cancer, CAD, diabetes, low back pain, and high blood pressure. These are similar to the top five lifestyle related conditions; they are: CAD, cerebrovascular disease, osteoarthritis, diabetes, and high blood pressure*

High Cost Claimants:

- The amount paid for HCCs was $8,614,667; this is a $267,639 increase (3.1%) from the PP
- HCC PMPM trend of 3.4%% compared to Non-HCC PMPM trend of 5.8%
- The average cost of a HCC in the CP was $138,946; and 45.2% of HCC's were employees
- The top three health condition categories for HCCs were Diseases of the Circulatory System($2.2m), Neoplasms ($1.9m), and Injury & Poisoning ($0.73m)

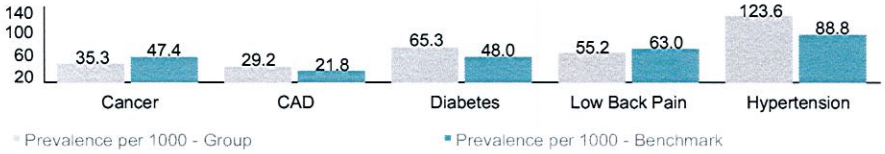
Utilization by Setting:

- Utilization by setting remained neutral with professional costs accounting for 43.4% of total paid claims, followed by inpatient at 32.9% and outpatient at 23.7%
- Internal medicine, anesthesiology, radiology, and laboratory were the top specialties by total cost for professional services

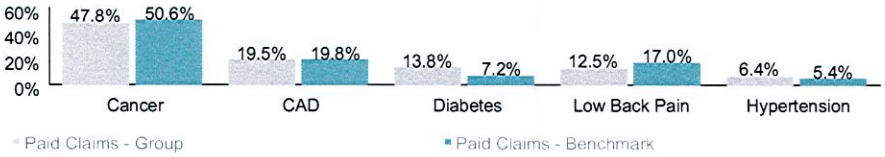
CLINICAL DASHBOARD (INCURRED MEDICAL CLAIMS)

Top Five Chronic Conditions Compared to Benchmark

Prevalence per 1000 for Chronic Conditions

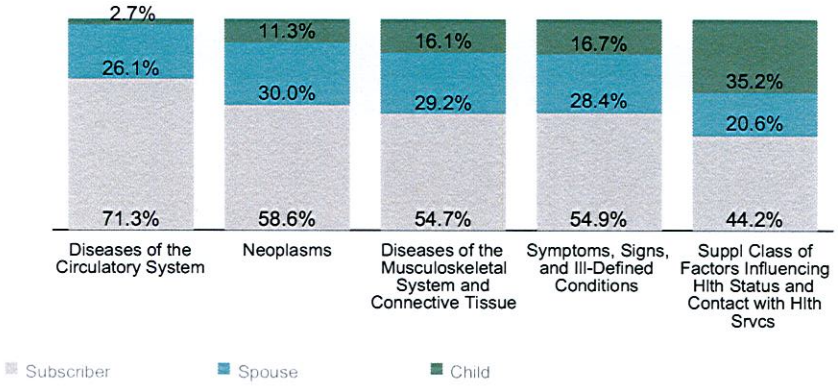


Percent of Claims Paid for Members with Chronic Conditions



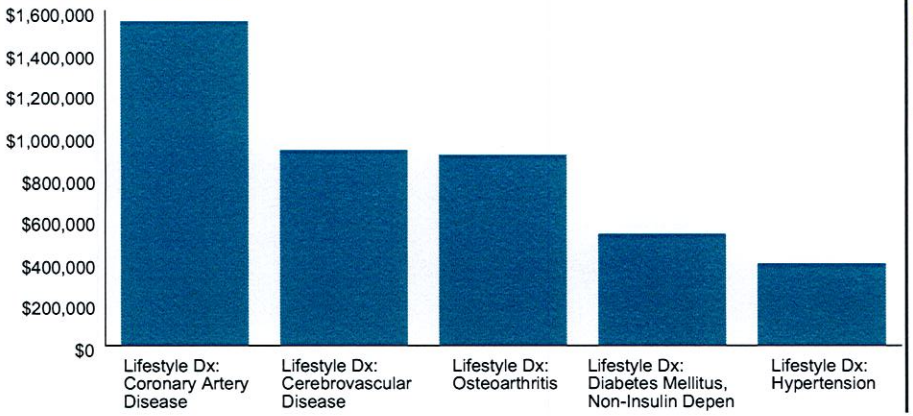
Top Five Health Conditions by Claims Paid and Relationship

Top Health Conditions by Paid Amount and Relationship



Top Five Lifestyle Related Conditions Based on Paid Amount

Lifestyle Paid Claims



Health Risk Index

The Risk Index is based on incurred and paid claims

	Current	Prior	Percent Change
Group	0.99	0.98	0.2%
Benchmark	1.00	1.00	0.0%
Percent Variance from Benchmark	-1.4%	-1.6%	

The WellPoint Health Risk Index is a diagnostic and age/sex adjusted projection of the population's likely level of risk for the period indicated. The Benchmark is presented for comparison. A higher score indicates a higher level of utilization and a higher level of risk.

ENROLLMENT AND DEMOGRAPHICS

Contracts by Month

	Medical															Pharmacy
Contract Type	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Average Current Period	Average Prior Period	Trend	Average Current Contracts*
Employee	1,788	1,790	1,784	1,775	1,739	1,719	1,726	1,718	1,713	1,706	1,705	1,690	1,737.75	1,810.50	-4.0%	
Family	2,830	2,829	2,837	2,805	2,778	2,763	2,759	2,768	2,768	2,779	2,778	2,750	2,787.00	2,860.42	-2.6%	
Total Contracts	4,618	4,619	4,621	4,580	4,517	4,482	4,485	4,486	4,481	4,485	4,483	4,440	4,524.75	4,670.92	-3.1%	

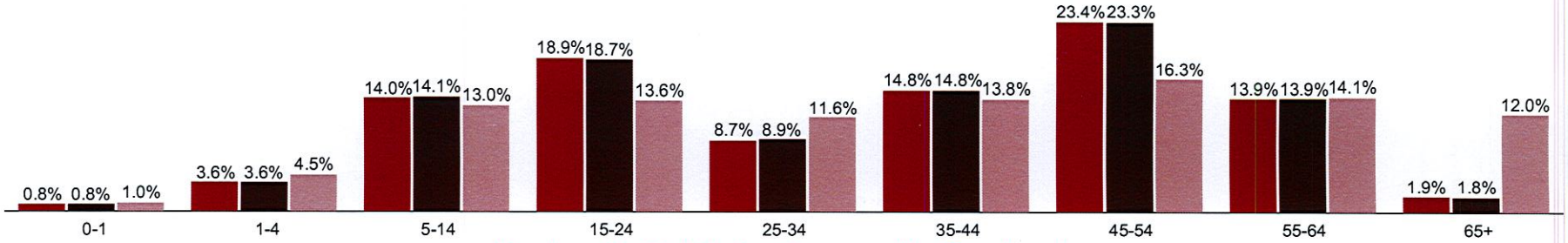
Current Member Months

	Medical																Pharmacy
Contract Type	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Average Current Period	Average Prior Period	Trend	Member Months	Current Member Months*
Employee	1,815	1,816	1,804	1,798	1,764	1,740	1,745	1,739	1,733	1,725	1,724	1,709	1,759.33	1,835.50	-4.1%	21,112	
Family	8,715	8,701	8,735	8,653	8,585	8,578	8,569	8,596	8,604	8,633	8,632	8,553	8,629.50	8,577.75	0.6%	103,554	
Total Members	10,530	10,517	10,539	10,451	10,349	10,318	10,314	10,335	10,337	10,358	10,356	10,262	10,388.83	10,413.25	-0.2%	124,666	
Average Members per Contract	2.28	2.28	2.28	2.28	2.29	2.30	2.30	2.30	2.31	2.31	2.31	2.31	2.30	2.23	3.0%		
												Benchmark Average Members per Contract	1.90	2.00	-4.8%		

* Results are not shown because the volume of data was not sufficient to ensure reliable results.

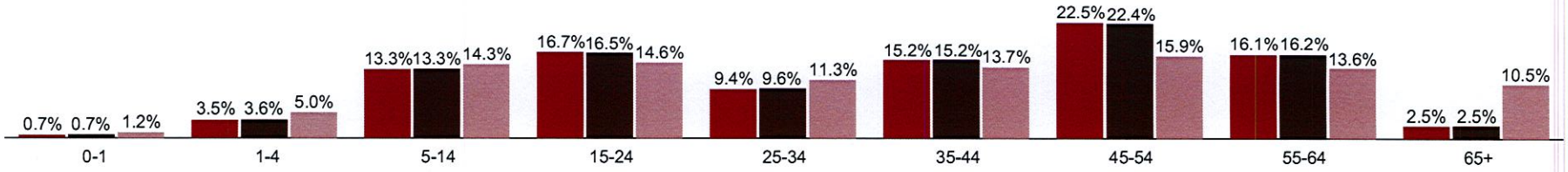
ENROLLMENT AND DEMOGRAPHICS

FEMALE



Membership Distribution Compared to Benchmark

MALE



LEGEND:
■ Current Month ■ Prior Month ■ Benchmark

Gender, Average Age and Member Count

Gender	Average Age		Member Count	Percent of Members	
	Employee	Member		Group	Benchmark
F	46.8	34.4	4,853	46.7%	51.2%
M	46.0	35.8	5,536	53.3%	48.8%
Total	**46.3**	**35.2**	**10,389**	**100.0%**	**100.0%**

Fast Facts

1. The average number of contracts decreased by **3.1%** from the prior period.
2. The average age of the employee is **46.3** representing a **1.2%** increase when compared to the prior period□□□s average age of **45.8** and is **1.8%** lower than the Benchmark of **47.1**.
3. The average age of a member is **35.2** representing a **0.1%** increase when compared to the prior period□□□s average age of **35.1** and is **6.5%** lower than the Benchmark average age of **37.6**.

Empire BlueCross BlueShield

LOCAL 1500 WELFARE FUND-Total Amount

Current Period (CP): Jan 2011 - Dec 2011
Prior Period (PP): Jan 2010 - Dec 2010

FINANCIAL AND UTILIZATION DASHBOARD (PAID CLAIMS)

Medical Paid Amount Summary

	Current	Prior	Trend	Prior Trend
Medical				
Paid Amount	$33,800,222	$32,204,374		
Paid PMPM	$271.13	$257.72	5.2%	4.5%

Results are not shown because the current period average pharmacy membership is 0, which is less than the threshold of 30.

High Cost Claimants with Paid Amounts > $75,000

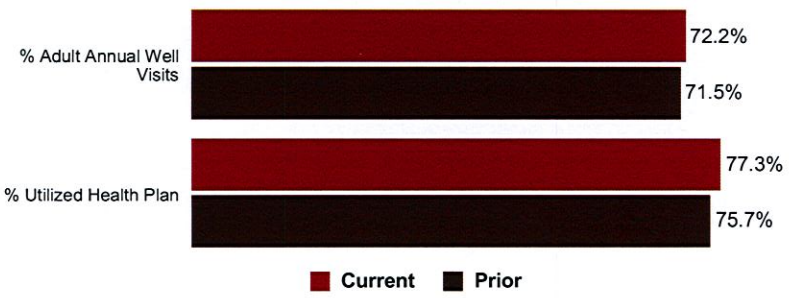
High Cost Claimant (HCC) Summary	Current	Prior	Trend	Benchmark	Percent Paid In Network
Total Paid Amount	$33,800,222	$32,204,374			98.3%
Total HCC Paid Amount	$8,614,667	$8,347,028			99.0%
Total HCC Paid Amount w/o Rx	$8,614,667	$8,347,028			99.0%
HCC Paid Amount as % of Total Paid Amount	25.5%	25.9%	-1.7%	23.0%	
Number of HCC Members > $75K	62	67			
HCC Members as Percent of Total Members	0.6%	0.6%	-7.2%	0.4%	98.4%

High Cost Claimant (HCC) Detail	Current	Prior	Trend	Benchmark
Medical PMPM - HCC	$69.10	$66.80	3.4%	$57.14
Medical PEPM - HCC	$158.66	$148.92	6.5%	$108.61
Medical PMPM - Non-HCC	$202.02	$190.92	5.8%	$174.03
Medical PEPM - Non-HCC	$463.85	$425.64	9.0%	$330.82

Note: High Cost Claimants are defined as those claimants with more than $75,000 in paid amount during the report period.
Results are not shown because the current period average pharmacy membership is 0, which is less than the threshold of 30.

Benefit Utilization Indicators

Key Indicators

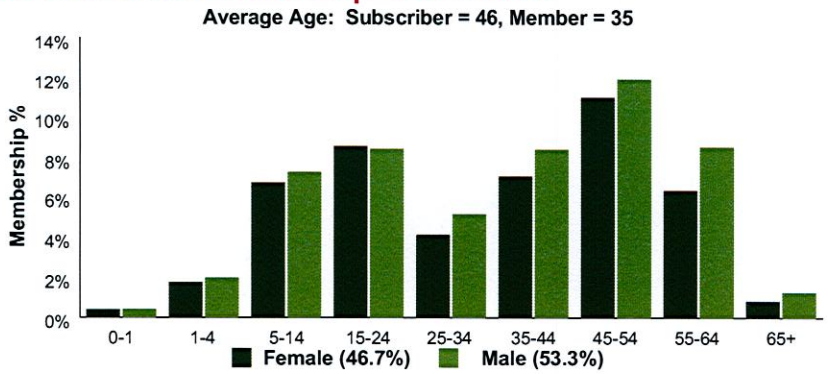


Pharmacy Highlights

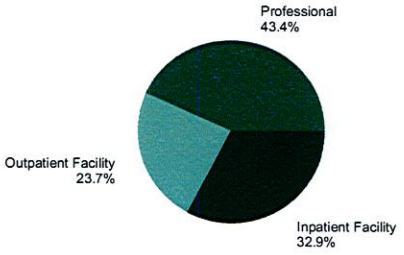
Results are not shown because the current period average pharmacy membership is 0, which is less than the threshold of 30.

FINANCIAL AND UTILIZATION DASHBOARD (PAID CLAIMS)

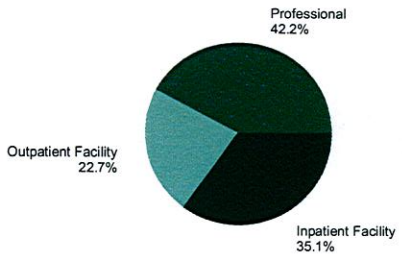
Medical Membership Overview



Paid Amount By Setting



Percent of Paid Amount - Current

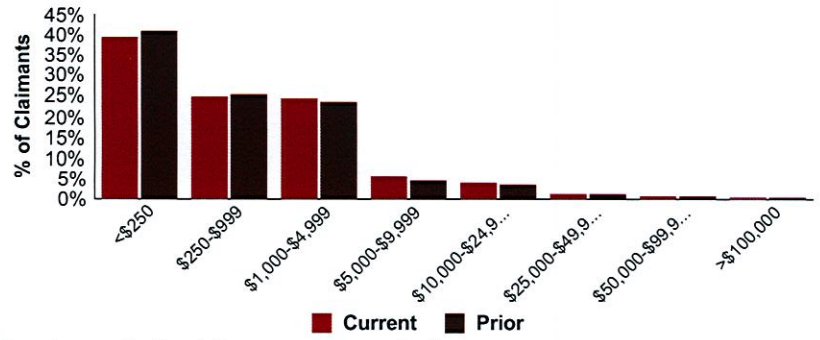


Percent of Paid Amount - Prior

Average Medical Paid Per Claimant	Current	Prior
Female	$4,097	$3,816
Male	$3,795	$3,839

Period	Subscribers	Contract Size	Membership	Membership Change
Current	4,525	2.30	10,389	-0.2%
Prior	4,671	2.23	10,413	-1.9%

Paid Claims Distribution



Based on medical and pharmacy where applicable.

Utilization Breakdown

	Group			Benchmark		
Utilization	**Current**	**Prior**	**Trend**	**Current**	**Prior**	**Trend**
Inpatient Facility Acute Admits per 1000	68.6	73.2	-6.2%	74.5	79.0	-5.7%
Inpatient Facility Acute Days per 1000	341.5	324.2	5.3%	334.8	354.8	-5.6%
Inpatient Facility Acute Average LOS	4.98	4.43	12.3%	4.49	4.49	0.0%
Outpatient Facility Visits per 1000	756.0	726.0	4.1%	1,162.6	1,197.0	-2.9%
Professional Services per 1000	22,122.1	20,978.5	5.5%	18,008.4	18,538.2	-2.9%
Average Paid Amount						
Inpatient Facility Acute Admit	$15,288	$14,724	3.8%	$11,358		
Outpatient Facility Visit	$1,019	$967	5.4%	$730		
Professional Service	$64	$62	2.7%	$57		

71

PAID CLAIMS DISTRIBUTION

Current Paid Amount Range	Unique Members	Percent Total Claimants	Paid Amount: Totals	Paid Amount: Average Per Claimant	Paid Amount: Percent Paid Amount	Paid Amount: Benchmark	Paid Amount by Setting: Inpatient Facility	Paid Amount by Setting: Outpatient Facility	Paid Amount by Setting: Professional	Paid Amount by Setting: Pharmacy*
<$1 to $999	4,324	53.7%	$1,544,250	$330	4.6%	5.1%	($122,682)	$159,748	$1,507,184	
$1,000 to $1,999	1,323	16.4%	$1,992,728	$1,444	5.9%	5.7%	$4,642	$491,108	$1,496,978	
$2,000 to $2,999	617	7.7%	$1,568,918	$2,459	4.6%	4.9%	$16,477	$402,104	$1,150,337	
$3,000 to $3,999	361	4.5%	$1,301,714	$3,453	3.9%	4.1%	$47,466	$322,609	$931,640	
$4,000 to $4,999	221	2.7%	$1,053,670	$4,465	3.1%	3.6%	$29,996	$343,467	$680,206	
$5,000 to $9,999	577	7.2%	$4,190,441	$6,984	12.4%	13.2%	$432,793	$1,363,898	$2,393,750	
$10,000 to $24,999	411	5.1%	$6,476,944	$15,240	19.2%	19.3%	$2,112,135	$1,559,172	$2,805,638	
$25,000 to $49,999	115	1.4%	$4,245,141	$34,796	12.6%	13.8%	$2,180,210	$746,230	$1,318,702	
$50,000 to $74,999	45	0.6%	$2,811,748	$59,824	8.3%	7.3%	$1,452,171	$563,843	$795,735	
$75,000 to $99,999	21	0.3%	$1,876,954	$85,316	5.6%	4.7%	$652,493	$767,121	$457,341	
$100,000+	37	0.5%	$6,737,713	$168,443	19.9%	18.3%	$4,314,284	$1,280,723	$1,142,706	
Total - All Claimants	**8,053**	**100.0%**	**$33,800,222**	**$382,754**	**100.0%**	**100.0%**	**$11,119,983**	**$8,000,023**	**$14,680,216**	
Current Paid Amount Thresholds										
$25,000 and Above	218	2.7%	$15,671,557	$67,842	46.4%	44.1%	$8,599,157	$3,357,917	$3,714,483	
$50,000 and Above	103	1.3%	$11,426,416	$104,830	33.8%	30.3%	$6,418,947	$2,611,687	$2,395,781	
$100,000 and Above	37	0.5%	$6,737,713	$168,443	19.9%	18.3%	$4,314,284	$1,280,723	$1,142,706	
Prior Paid Amount Thresholds										
$25,000 and Above	230	2.9%	$15,893,604	$64,347	49.4%	42.8%	$8,781,936	$3,272,028	$3,839,641	
$50,000 and Above	109	1.4%	$11,471,440	$97,216	35.6%	29.3%	$6,486,410	$2,514,345	$2,470,685	
$100,000 and Above	36	0.5%	$5,882,603	$150,836	18.3%	17.6%	$3,437,478	$1,356,383	$1,088,743	

There are 2,336 members with $0 expenditures.

* Results are not shown because the volume of data was not sufficient to ensure reliable results.

Empire BlueCross BlueShield

LOCAL 1500 WELFARE FUND-Total Account

Current Period (CP): Jan 2011 - Dec 2011
Prior Period (PP): Jan 2010 - Dec 2010

TOP FIVE HEALTH CONDITIONS PAID WITH TOP THREE DIAGNOSES

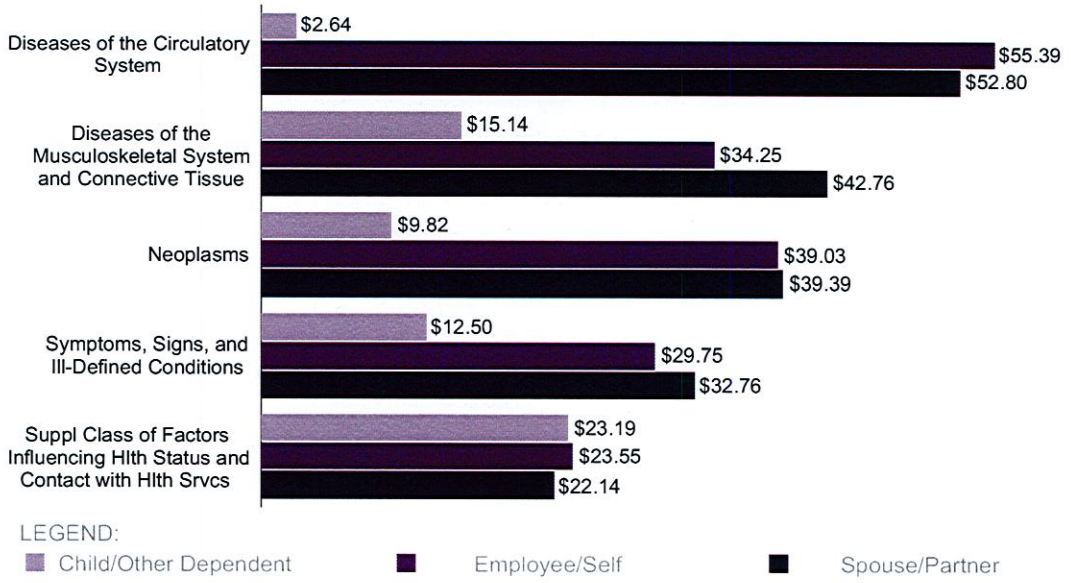
		Paid Amount				Claimants		Paid PMPM		Benchmark	
Health Conditions	Diagnosis	Inpatient Facility	Outpatient Facility	Professional	Total	Total	Percent of Total	Current Period	Prior Period	Percent of Total Claimants	PMPM
Diseases of the Circulatory System	Oth Chr Ischemic Hrt Dis	$537,829	$181,966	$131,691	$851,486	279	2.5%	$6.83	$4.39	2.0%	$4.48
	Subarachnoid Hemorrhage	$642,664	$2,429	$42,535	$687,629	5	0.0%	$5.52	$0.03	0.0%	$0.42
	Heart Failure	$256,117	$22,950	$47,943	$327,010	64	0.6%	$2.62	$3.01	0.7%	$1.59
Diseases of the Musculoskeletal System and Connective Tissue	Osteoarthrosis et al	$495,148	$40,136	$197,171	$732,454	310	2.8%	$5.88	$5.59	2.8%	$5.42
	Back Disorder NEC & NOS	$58,443	$189,405	$264,309	$512,157	572	5.2%	$4.11	$4.04	5.3%	$3.43
	Joint Disorder NEC & NOS		$114,166	$253,801	$367,967	858	7.7%	$2.95	$2.11	7.0%	$2.34
Neoplasms	Oth Mal Neo Lymph/Histio	$132,020	$169,145	$61,868	$363,033	18	0.2%	$2.91	$4.03	0.1%	$1.01
	Multiple Myeloma et al	$175,612	$59,110	$81,041	$315,763	6	0.1%	$2.53	$1.40	0.0%	$0.60
	Malig Neo Female Breast	$65,575	$109,654	$109,654	$284,883	51	0.5%	$2.29	$3.11	0.6%	$3.22
Symptoms, Signs, and Ill-Defined Conditions	Resp Sys/Oth Chest Symp	$143,280	$256,565	$456,169	$856,014	1,516	13.7%	$6.87	$5.90	9.0%	$4.99
	General Symptoms	$160,473	$154,318	$297,005	$611,796	1,224	11.0%	$4.91	$3.70	8.2%	$3.67
	Oth Abdomen/Pelvis Symp	$45,703	$188,959	$305,042	$539,703	862	7.8%	$4.33	$3.25	5.5%	$3.54
Suppl Class of Factors Influencing Hlth Status and Contact with Hlth Srvcs	Encountr Proc/Aftrcr NEC	$94,671	$254,011	$97,797	$446,479	277	2.5%	$3.58	$3.96	2.6%	$5.07
	Health Supervision Child		$9,122	$433,920	$443,042	1,474	13.3%	$3.55	$3.25	9.0%	$2.68
	General Medical Exam		$23,416	$304,157	$327,573	1,579	14.3%	$2.63	$2.14	9.7%	$1.94
Subtotal		**$681,109**	**$438,532**	**$587,860**	**$1,707,500**	**1,640**	**14.8%**	**$13.70**	**$10.29**	**10.1%**	**$9.47**
All Others		**$10,438,874**	**$7,561,491**	**$14,092,356**	**$32,092,722**	**6,924**	**62.5%**	**$257.43**	**$247.43**	**62.0%**	**$221.69**
Total		**$11,119,983**	**$8,000,023**	**$14,680,216**	**$33,800,222**	**8,564**	**77.3%**	**$271.13**	**$257.72**	**72.1%**	**$231.16**

TOP TEN PAID HEALTH CONDITIONS BY RELATIONSHIP AND PMPM

Health Conditions	Child/Other Dependent		Employee/Self		Spouse/Partner		~Not Applicable	Total			
	Paid Amount	PMPM	Paid Amount	PMPM	Paid Amount	PMPM	Paid Amount	Paid Amount	PMPM	PMPM Trend	Percent Variance to Benchmark PMPM
Diseases of the Circulatory System	$113,879	$2.64	$3,007,379	$55.39	$1,439,605	$52.80		$4,560,863	$36.58	15.6%	60.0%
Diseases of the Musculoskeletal System and Connective Tissue	$652,449	$15.14	$1,859,614	$34.25	$1,165,898	$42.76		$3,677,961	$29.50	9.7%	5.1%
Neoplasms	$423,142	$9.82	$2,119,453	$39.03	$1,074,054	$39.39		$3,616,649	$29.01	-16.3%	24.2%
Symptoms, Signs, and Ill-Defined Conditions	$538,706	$12.50	$1,615,453	$29.75	$893,279	$32.76	($1,674)	$3,045,764	$24.43	18.4%	25.1%
Suppl Class of Factors Influencing Hlth Status and Contact with Hlth Srvcs	$999,540	$23.19	$1,278,659	$23.55	$603,716	$22.14	($48)	$2,881,868	$23.12	-5.1%	-17.2%
Injury and Poisoning	$964,066	$22.37	$1,211,171	$22.31	$475,559	$17.44		$2,650,796	$21.26	46.7%	21.1%
Diseases of the Digestive System	$290,682	$6.74	$1,465,256	$26.99	$861,354	$31.59		$2,617,292	$20.99	8.8%	31.3%
Diseases of the Genitourinary System	$200,313	$4.65	$822,366	$15.15	$802,020	$29.41		$1,824,699	$14.64	-3.7%	8.5%
Endocrine, Nutritional, and Metabolic diseases and Immunity Disorders	$114,871	$2.67	$846,051	$15.58	$715,268	$26.23		$1,676,190	$13.45	-12.3%	65.0%
Disease of the Respiratory System	$476,924	$11.07	$719,099	$13.24	$441,462	$16.19		$1,637,485	$13.13	-2.2%	12.7%
Subtotal	$4,774,572	$110.77	$14,944,500	$275.24	$8,472,215	$310.71	($1,721)	$28,189,566	$226.12	4.7%	19.9%
All Other	$1,543,417	$35.81	$2,305,489	$42.46	$1,771,012	$64.95	($9,261)	$5,610,656	$45.01	0.5%	-2.6%
Total	**$6,317,989**	**$146.58**	**$17,249,989**	**$317.70**	**$10,243,227**	**$375.66**	**($10,983)**	**$33,800,222**	**$271.13**	**5.2%**	**17.3%**

TOP TEN PAID HEALTH CONDITIONS BY RELATIONSHIP AND PMPM

PMPM by Relationship

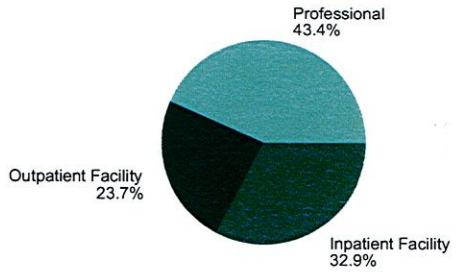


UTILIZATION BY SETTING

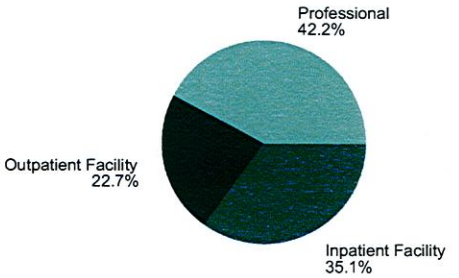
Utilization Breakdown

	Group			Benchmark		
	Current	Prior	Trend	Current	Prior	Trend
Utilization						
Inpatient Facility Acute Admits per 1000	68.63	73.18	-6.2%	74.54	79.01	-5.7%
Inpatient Facility Acute Days per 1000	341.52	324.2	5.3%	334.77	354.76	-5.6%
Inpatient Facility Acute Average LOS	4.98	4.43	12.3%	4.49	4.49	0.0%
Outpatient Facility Visits per 1000	756	726	4.1%	1162.64	1197.01	-2.9%
Professional Services per 1000	22122.12	20978.46	5.5%	18008.36	18538.19	-2.9%
Average Paid Amount						
Inpatient Facility Acute Admit	$15,288.07	$14,723.96	3.8%	$11,357.68		
Outpatient Facility Visit	$1,018.59	$966.63	5.4%	$730.28		
Professional Service	$63.88	$62.20	2.7%	$57.16		

Percent of Paid Amount-Current



Percent of Paid Amount-Prior



Fast Facts

1. Inpatient Facility Acute Admits/1000 trend is -6.2% and is 9.7% lower than the Benchmark trend.
2. Inpatient Facility Acute Days/1000 trend is 5.3% and is 194.8% higher than the Benchmark trend.
3. ER Visits/1000 trend is 2.7% and is 389.8% higher than the Benchmark trend.

32

Empire Appeals

UFCW 1500
FULL TIME PLAN

Nov 2011 - Jan 2012

Determination	Service	Appeal Outcome	Appeal Reqed By
Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Meets Criteria/Guidelines	Surgical	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Experimental/Investigational	Durable Medical Equipment Rental	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Not Medically Necessary	Radiology and Imaging -R	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Not Medically Necessary	Medications -R	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
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Not Medically Necessary	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
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Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Not Medically Necessary	Radiology and Imaging -R	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Approve	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Experimental/Investigational	Radiology and Imaging -R	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Reconsideration Upheld -P	Medical Care	Deny	Member Appeal & Representatives on Behalf of Member
Reconsideration Upheld -P	Medical Care	Deny	Member Appeal & Representatives on Behalf of Member
Inpatient Setting Denial	Surgical	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpt Setting Denial Upheld -P	Medical Care	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Inpatient Setting Denial	Surgical	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Not Medically Necessary	Durable Medical Equipment Purchase	Deny	Member Appeal & Representatives on Behalf of Member
Not Medically Necessary	Surgical	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator
Not Medically Necessary	Durable Medical Equipment Purchase	Deny	Member Appeal & Representatives on Behalf of Member
Not Medically Necessary	Radiology and Imaging -R	Deny	Physician Appeal & Representatives on Behalf of Facility, Provider or Transplant Coordinator