

<b>Name of HMO or CBP:</b>	UCare Minnesota					
			<b>Minnesota</b>			
			<b>Medical Nec</b>			
			<b>Reviews Done</b>			
			M.S. 62M.09, Subc			
<b>Service Evaluated</b>	<b>Number of Medical Necessity Evaluations</b>	<b>Number of Medical Necessity Evaluations Denied</b>	<b>Percentage of Denied Services</b>	<b>Number of Appeals Requested</b>	<b>Number of Medical Necessity Denials Overturned</b>	<b>Percentage of Denials Overturned</b>
Chemical Dependency	* See Footnote	5	0.0%	0	0	0.0%
Chiropractic		563	0.0%	6	3	0.5%
Dental		2	0.0%	0	0	0.0%
Diagnostic Procedures (CT, MRI, etc.)		0	0.0%	6	6	0.0%
Durable Medical Equipment / Supplies		112	0.0%	22	18	16.1%
Hearing Services		0	0.0%	0	0	0.0%
Home Care		13	0.0%	2	2	15.4%
Hospice		0	0.0%	0	0	0.0%
Hospital - Inpatient		28	0.0%	3	2	7.1%
Mental Health		6	0.0%	0	0	0.0%
Pharmacy		0	0.0%	36	32	0.0%
Professional Medical Services-Excluding Surgery		145	0.0%	24	18	12.4%
Professional Medical Services - Surgery	** See Footnote	** See Footnote	0.0%	13	12	0.0%
Skilled Nursing Facility		263	0.0%	7	3	1.1%
Therapies/ Rehabilitative/ Habilitative		11	0.0%	0	0	0.0%
Vision Care		0	0.0%	0	0	0.0%
Waivered Services		0	0.0%	0	0	0.0%
Other Services:		1	0.0%	0	0	0.0%
<b>Total</b>	<b>0</b>	<b>1149</b>	<b>0.0%</b>	<b>119</b>	<b>96</b>	<b>8.4%</b>
* Total Number of Medical Nec						
** Professional Medical Servic						

Unable to split between the tw

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