

SERFF Tracking Number: ANTD-125580429 State: Arkansas
Filing Company: Unicare Life & Health Ins. Co. State Tracking Number: 38548
Company Tracking Number: 08-0015
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
Product Name: AMENDMENT NPAR-PPI
Project Name/Number: AR - NPAR-PPI AMENDMENT/08-0015

Filing at a Glance

Company: Unicare Life & Health Ins. Co.

Product Name: AMENDMENT NPAR-PPI

TOI: H16G Group Health - Major Medical

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Filing Type: Form

SERFF Tr Num: ANTD-125580429 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 08-0015

Co Status:

Author: Judith Mehm

Date Submitted: 03/27/2008

State Tr Num: 38548

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/16/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR - NPAR-PPI AMENDMENT

Project Number: 08-0015

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Certificate Amendment Form: ARSGNPAR-PPI 03/08

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type: Employer

Deemer Date:

Enclosed for your review and approval is a new Amendment, form ARSGNPAR-PPI 03/08, to be used with previously approved Certificate form ARSGDED0304. This form is new and not intended to replace any currently on file with your Department.

The first two paragraphs are bracketed and will be used for issuance with our inforce block of business. The second two

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paragraphs are bracketed and will be used for issue with new business in our pre-printed booklets currently in stock. Approval is requested to use the Amendment format until such time as the Certificate is reprinted and then the verbiage will be incorporated into the body of the Certificate.

The purpose of this form is twofold. First, is to introduce an alternate formulary definition that contains a cautionary statement that members should verify the coverage, scope and level, with our Customer Service representatives or via the website to avoid confusion at the pharmacy when a prescription is being filled. The variability represented by the brackets reflects an ability to use or not use the provisions, depending on whether a prescription program is part of the employer's plan. There will be no variation to the text.

Second, our current system for determining the reasonable charge for a Non Participating Provider facility is based on billed charges. A review of all available data has caused us to revisit the definition of Reasonable Charge in order to define how we will look at both professional charges and facility charges. However, we would like to retain the ability to use different criteria for professional charges in the event that a client requested a different method of calculation so we have bracketed some items that will not be used on a regular basis, but only when the client has requested a different methodology.

The enclosed definition will allow us to customize the reasonable charge level on the basis of the product sold, (Participating Provider/Non Participating Provider or Indemnity), and the method of determining the Reasonable Charge. A statement of variability identifying the various components and their intended use is included for your reference.

Please feel free to contact me if you have any questions regarding this filing.

Company and Contact

Filing Contact Information

Judith Mehm, Sr. Contract Compliance Advisor judith.mehm@wellpoint.com
233 South Wacker Drive (312) 234-7146 [Phone]
Chicago, IL 60606 (312) 234-7502[FAX]

Filing Company Information

Unicare Life & Health Ins. Co. CoCode: 80314 State of Domicile: Indiana

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233 S. Wacker Dr., Suite 3900 Group Code: Company Type: Life & Health
Insurance
Chicago, IL 60606 Group Name: State ID Number:
(312) 234-7893 ext. [Phone] FEIN Number: 52-0913817

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unicare Life & Health Ins. Co.	\$0.00	03/27/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/16/2008	04/16/2008

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Disposition

Disposition Date: 04/16/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Reasonable Charge Statement of Variability	Approved-Closed	Yes
Form	Certificate of Coverage Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: ARSGNPAR-PPI 03/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	ARSGNPAR-PPA 03/08	Certificate of Amendment, Insert Page, Endorsement or Rider	Certificate of Coverage Amendment	Initial		44	ARSGNPAR-PPI 03-08.pdf

UniCare Life & Health Insurance Company
Certificate of Coverage Amendment

[Your Certificate of Coverage issued by UniCare Life and Health Insurance Company to [xxxxxxx] under Group Policy No. [xxxxxx] is changed as explained in this Amendment.

The definition of the Reasonable & Customary as appears in the Certificate of Coverage is deleted and replaced with the following effective [xxxxxx].]

[The effective date of this Certificate of Coverage Amendment is the same as the Certificate of Coverage Effective Date shown in Your Plan specification page.

The definition of the Reasonable Charge in the Definitions section of the Certificate of Coverage is deleted in its entirety and replaced with the following:]

Reasonable Charge, as determined by UniCare, for a Covered Expense rendered by a Non-Participating Physician, Non-Participating facility or other Non-Participating supplier, which will not exceed the billed charges, is the lesser of:

- The amount based on a percentage, determined by Us, of available rates published by [Centers for Medicare and Medicaid Services (CMS)] or a benchmark developed by CMS for the same or similar services [within a geographical area determined by Us];
- The amount established by Us by comparing rates from one or more regional or national databases or schedules for the same or similar services in a geographical area determined by Us]; or based on a percentage, determined by Us, of a federal or statewide medical reimbursement benchmark; or the amount based on a percentage, determined by Us, of a federal or statewide medical reimbursement benchmark;
- A statewide average operating cost-to-charge ratio(s) (urban) including, but not limited to, information derived from publicly available CMS cost of charge report(s) published by CMS, applied to the provider's charges;
- [The amount based on rates negotiated by Us with one or more [network] providers in a geographic area determined by Us for the same or similar services];
- The amount based on a percentage, determined by Us, of the provider's cost for providing the same or similar services including, but not limited to, information derived from the publicly available cost report(s) submitted by the provider to CMS;
- The amount based on a fee schedule that is developed by Us [for procedures or codes for which CMS does not publish a value and is not otherwise valued by Our medical reimbursement data sources or Nonparticipating provider fee schedule(s)];
- The amount based on a percentage, determined by Us, of the provider's billed charges for procedures or codes for which CMS does not publish a value and is not otherwise valued by Our medical reimbursement data sources or Nonparticipating provider fee schedule(s). [or]
- [The amount charged for the services [whether directly or through one or more intermediaries];
- [The Average Wholesale Price for Pharmaceuticals or Maximum Allowable Cost (MAC);] [or]

[The amount payable may be increased by a fixed percentage for certain services or facilities as agreed to by the Policyholder.]

The following definition is added to the Prescription Drug Benefits section of the Certificate of Coverage:

Formulary means a list of drugs and drug products, including their strengths and appropriate dosages, that are available to a covered person.

[Certain prescription drugs are not covered on either a Formulary or Non-formulary basis when there are lower cost clinically equivalent alternatives available, unless otherwise required by law. "Clinically equivalent" means a drug that, for the majority of Insured Persons, can be expected to produce similar therapeutic outcomes for a disease or condition.]

[Please contact us with respect to the coverage of any drug prescribed for you at the toll-free number located on the back of your ID card or at www.unicare.com.]

Signed for UniCare by:



SECRETARY

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved-Closed	04/16/2008
Comments:		
Attachment: Flesch Cert.pdf		
Bypassed -Name: Application	Review Status: Approved-Closed	04/16/2008
Bypass Reason: Not applicable to this filing.		
Comments:		
Satisfied -Name: Reasonable Charge Statement of Variability	Review Status: Approved-Closed	04/16/2008
Comments:		
Attachment: Statement of Variability SG-Ind.pdf		



CERTIFICATION OF COMPLIANCE WITH READABILITY STANDARDS

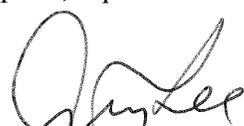
Unicare Life & Health Insurance Company hereby certifies that this filing complies with Arkansas Annotated Code: §23-80-79-138. The Flesch reading ease test scores derived by analysis of the entire text of the following forms are:

<u>Form Number</u>	<u>Flesch Score</u>
ARSGNPAR-PPI 03/08	44.3 when integrated to certificate drawn from existing library

Exclusions from scoring are limited to:

- the name, number or title of the policy or certificate forms;
- the table of contents;
- captions, subcaptions and form numbers;
- specification pages;
- schedules and tables; and
- any specific language required by state statute.

These forms are printed, except for specification pages, schedules and tables, in not less than 10-point, 1-point leaded typeface.



Signature of Company Officer:

Jimmy Lee
Vice- President and General Manager

Date: March 26,2008

STATEMENT OF VARIABILITY

Under the definition of Reasonable Charge, the variability would be as follows:

- The first bullet would always be included in the definition. This would apply to professional charges, CORF/Free Standing, Physical Therapy Rehabilitation Centers, /Independent Diabetes Care Centers, ASC, Skilled Nursing Facilities, Hospice, Home Health and Dialysis.
- The second bullet would always be included in the definition. This would apply to professional charges, CORF/Free Standing, Physical Therapy Rehabilitation Centers, /Independent Diabetes Care Centers, ASC, Skilled Nursing Facilities, Hospice, Home Health and Dialysis, Ingenix, Ingenix RBRVS-similar to Medicare or any other company that we might do business with in order to determine certain values.
- The third bullet would always be included in the definition. This would apply to Acute Care Facilities.
- The fourth bullet would be included if we offered and the client elected the reasonable charge level for the Non-Participating Provider to be determined on the basis of the contracted level of benefits in the same service area for Participating Providers with whom we had contracted benefit payments.
- The fifth bullet would be used if we were in a position to use the data that the provider submitted to CMS and we could load it into the system. At this time we do not have the capability to do this so the item would not normally be included in the definition.
- The sixth bullet will always be included when there is no value published, has not be valued by our medical reimbursement data sources or the schedule.
- The seventh bullet will always be included in order to determine the amount to be paid when there are no published values available.
- The eighth bullet will be included if the client had other than a standard arrangement with a network.
- The ninth bullet will be used if there is Prescription Drug Coverage.
- The last item will be included only when we are offering a client a higher percent than standard.