

SERFF Tracking Number: UHLC-125983417 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 41293
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: UHIC Provider Manual for Arkansas
Project Name/Number: /

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: UHIC Provider Manual for Arkansas SERFF Tr Num: UHLC-125983417 State: ArkansasLH

TOI: H21 Health - Other

SERFF Status: Closed

State Tr Num: 41293

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Ebony Terry

Disposition Date: 01/14/2009

Date Submitted: 01/11/2009

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/14/2009

State Status Changed: 01/14/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

UHIC Provider Manual for Arkansas

Company and Contact

Filing Contact Information

Ebony Terry, Compliance Analyst
4 Taft Court

Ebony_N_Terry@uhc.com
(301) 838-5611 [Phone]

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Rockville, MD 20850 (301) 838-5676[FAX]

Filing Company Information

United HealthCare Insurance Company
450 Columbus Boulevard
PO Box 150450
Hartford, CT 06115-0450
(215) 653-8046 ext. [Phone]

CoCode: 79413
Group Code: 707
Group Name:
FEIN Number: 36-2739571

State of Domicile: Connecticut
Company Type: Life and Health
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	01/11/2009	24945159

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	01/14/2009	01/14/2009

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Disposition

Disposition Date: 01/14/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Health - Actuarial Justification	Filed-Closed	Yes
Supporting Document	Outline of Coverage	Filed-Closed	Yes
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	UHIC Provider Manual	Filed-Closed	No

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Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification Filed-Closed 01/14/2009
Bypass Reason: Not Applicable
Comments:

Review Status:
Bypassed -Name: Application Filed-Closed 01/14/2009
Bypass Reason: Not Applicable
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification Filed-Closed 01/14/2009
Bypass Reason: Not Applicable
Comments:

Review Status:
Bypassed -Name: Outline of Coverage Filed-Closed 01/14/2009
Bypass Reason: Not Applicable
Comments:

Review Status:
Satisfied -Name: Cover Letter Filed-Closed 01/14/2009
Comments:

This manual is being submitted as a new submission and therefore there is no redline copy being submitted.

Attachment:

AR Provider Manual Cover.pdf

January 12, 2008,

Via U.S. Mail

Rosalyn Minor

Arkansas Insurance Department

1200 West 3rd Street

Little Rock, Arkansas 72201

NAIC: 95446 United Healthcare Insurance Company

Form # Confidential and Proprietary 100-6088 12/08 – “Provider Manual”

Dear Ms. Minor,

On behalf of United Healthcare of Arkansas, Inc., please accept this correspondence as a submission of the above referenced Provider Manual for the Arkansas Insurance Department's (“the Department”) review. .

This submission has been submitted electronically via SERFF and United Healthcare Insurance Company recognizes that we may not implement this form until and unless approval has been granted. Should the Department have any immediate concerns or questions regarding this submission, please feel free to contact me at 301.838.5611, through the SERFF messaging system or at Ebony_N_Terry@uhc.com.

Respectfully,

Ebony N. Terry

Compliance Analyst

Enclosure

ENT

