

SERFF Tracking Number: ARLH-126873305 State: Arkansas  
Filing Company: QCA Health Plan, Inc. State Tracking Number: 46965  
Company Tracking Number: QCLHIC PPO (10-1-10)  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: NA  
Project Name/Number: /

## Filing at a Glance

Company: QCA Health Plan, Inc.

Product Name: NA

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

Implementation Date Requested:

State Filing Description:

SERFF Tr Num: ARLH-126873305 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46965

Co Tr Num: QCLHIC PPO (10-1-  
10) State Status: Approved-Closed

Author:

Date Submitted: 10/04/2010

Reviewer(s): Rosalind Minor

Disposition Date: 10/05/2010

Disposition Status: Approved-  
Closed

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 10/29/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/29/2010

Created By: Jennifer Newkirk

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jennifer Newkirk

PPACA: Pre-PPACA Submission

Filing Description:

## Company and Contact

### Filing Contact Information

NA NA,

NA, NA

LITTLE ROCK, AR 00000

NA@NA.COM

123-555-4567 [Phone]

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### Filing Company Information

QCA Health Plan, Inc.  
10825 Financial Centre Parkway  
Suite 400  
Little Rock, AR 72211  
(501) 228-7111 ext. [Phone]

CoCode: 95448  
Group Code:  
Group Name:  
FEIN Number: 71-0794605

State of Domicile: Arkansas  
Company Type:  
State ID Number:

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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/29/2010	10/29/2010

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## Disposition

Disposition Date: 10/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	ARLH-126873305	Approved-Closed	Yes

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Unsatisfied - Item:</b> Flesch Certification <b>Comments:</b>	Approved-Closed	10/29/2010
<b>Unsatisfied - Item:</b> Application <b>Comments:</b>	Approved-Closed	10/29/2010
<b>Unsatisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b>	Approved-Closed	10/29/2010
<b>Unsatisfied - Item:</b> Outline of Coverage <b>Comments:</b>	Approved-Closed	10/29/2010
<b>Unsatisfied - Item:</b> PPACA Uniform Compliance Summary <b>Comments:</b>	Approved-Closed	10/29/2010
<b>Satisfied - Item:</b> ARLH-126873305 <b>Comments:</b> <b>Attachment:</b> ARLH-126873305.pdf	Approved-Closed	10/29/2010

QualChoice®

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Chk # 007032

\$50.00

#46965

S# ARLH-126873305

September 28, 2010

Ms. Rosalind Minor  
Arkansas Department of Insurance  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201-1904

**APPROVED**

OCT 05 2010

RE: QualChoice National Network (QCNN) Access Rider Form #: QCLHIC PPO (10-1-10) QCNN Access **LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT

Dear Ms. Minor:

Enclosed, in duplicate, is QualChoice Life and Health Insurance Company, Inc.'s QualChoice National Network (QCNN) Access Rider for filing. This document has not been previously filed.

In general, the QCNN Rider allows plans' enrollees to access the QCNN Network at the in-network benefit level.

Also enclosed is one (1) check for \$50.00, representing the fee required for this filing pursuant to *Sec. 5 of Arkansas R&R 57*.

Please feel free to contact me at any time should you need additional information or have any questions or comments. Thank you.

Sincerely,



James W. Couch  
Vice President of Compliance  
[jim.couch@qualchoice.com](mailto:jim.couch@qualchoice.com)  
(501) 219-5118 (P)  
(501) 707-6729 (F)

**RECEIVED**

OCT 04 2010

**LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT

RECEIVED

OCT 04 2010

LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

RIDER TO QUALCHOICE EVIDENCE OF COVERAGE  
(FORM # QCLHIC PPO (10-1-10)) FOR

QUALCHOICE NATIONAL NETWORK (QCNN) ACCESS

*For Those Plans Electing to  
Access the QualChoice National Network at the In-network Benefit Level*

This rider (the "QualChoice National Network Access Rider") amends the QualChoice Evidence of Coverage (Form # QCLHIC PPO (10-1-10)) (the "Certificate") and the Benefits Summary issued to the Enrollee. Unless otherwise stated herein, this QualChoice National Network Access Rider is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and the Benefits Summary.

We have capitalized certain words in this QualChoice National Network Access Rider. Those words have special meanings and, unless defined otherwise in this QualChoice National Network Access Rider, are defined in Section 13, "Definitions", of the Certificate.

For purposes of this QualChoice National Network Access Rider and each section of this QualChoice National Network Access Rider, QualChoice Life and Health Insurance Company, Inc. (d/b/a "QualChoice") is referred to as "us", "we" or "our", and "you" or "your" means the Certificate Holder, i.e., the Employee.

**The existing Section 2.3 will be substituted in its entirety with the following:**

**2.3 Network Provider Participation**

We publish an online directory listing of physicians, facilities, and other healthcare providers who have contracted with us and have agreed to provide Covered Services to Enrollees and have them reimbursed at an In-Network Benefit level. You may search the directory on our website at [www.qualchoice.com](http://www.qualchoice.com). Because contractual agreements can change, you should verify that a physician or provider is a Network Provider before you seek care.

Your Employer Group has also purchased access to physicians, facilities, and other healthcare providers located outside the state of Arkansas that are participating in the QualChoice National Network (QCNN). Covered Services are processed at the In-Network Benefit level when obtained from a QCNN healthcare provider located outside of Arkansas. However, Enrollees residing in the state of Arkansas should access the QualChoice contracted network for services in order to obtain the lowest possible cost of care. You can call our Customer Service Department to find out who the healthcare providers are that are in the QCNN. **When pre-authorization of services is required as described in Section 2.13 and you are seeking care from a QCNN healthcare provider, it is your responsibility to obtain the pre-authorization to receive Covered Services at the In-Network level.** QCNN providers are not responsible for obtaining a pre-authorization for services. See important information in Section 2.13 ("Pre-Authorization of Services") about your responsibility to obtain pre-authorization.

We provide no express or implied warranties or guarantees with respect to any Network Provider or the professional services provided by such provider. The utilization of a Network Provider or any other provider and the decision to receive or decline to receive health care services is your responsibility.

If you have a medical condition that we believe needs special services, we may direct you to an appropriate facility or other provider. If you require certain complex Covered Services for which expertise is limited, we may direct you to an Out-of-Network Provider. **In both cases, In-Network Benefits will only be paid if your Covered Services for that condition are approved by us.**

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to receiving the service. We will not cover any services not specifically authorized by us in the written statement of authorization. The following do not constitute approval for Benefits:

1. A referral, whether written or oral, by a Network Provider to an Out-of-Network Provider; or
2. An order or prescription for services to an Out-of-Network Provider.

If we determine that you are using health care services in a harmful or abusive manner, or with harmful frequency, your availability to Network Providers may be limited. If this happens, we may require you to utilize a single Network Provider to provide and coordinate all future Covered Services. If you do not make a change to a single Network Provider within 31 days of the date we notify you, we will assign a single Network Provider to you. If you fail to use the assigned Network Provider, Covered Services will be paid as an Out-of-Network Benefit.

**Section 2.9 ("Enrollees Living Outside Service Area For More Than 90 Days") is deleted, but the subsequent sections will not be re-numbered.**

**The existing Section 2.13 will be substituted in its entirety with the following:**

### **2.13 Pre-Authorization of Services**

Pre-authorization is a determination made prior to services or supplies being provided of whether the services or supplies are Medically Necessary. We must receive sufficient clinical information to establish Medical Necessity. Pre-authorizations are all time-limited.

QualChoice requires that certain Covered Services must be pre-authorized. The specific procedures requiring pre-authorization can change based upon new or changing medical technology. We reserve the right to modify the official listing of services requiring pre-authorization as deemed necessary. A listing of the services requiring pre-authorization is maintained on our web site at [www.qualchoice.com](http://www.qualchoice.com) on the Member Home Page. You may also contact our Customer Service Department to obtain a copy of the listing.

Your responsibility for obtaining pre-authorization varies depending on whether you use a QualChoice Network Provider, a QCNN healthcare provider or an Out-of-Network Provider. QualChoice Network Providers (not including QCNN providers) are responsible for obtaining the necessary pre-authorizations for you. **When pre-authorization of services is required as described in this Section 2.13 and you are seeking care from a QCNN healthcare provider, it is your responsibility to obtain the pre-authorization to receive Covered Services at the In-Network level.** QCNN providers are *not* responsible for obtaining a pre-authorization for services. Out-of-Network Providers have no contractual relationship to QualChoice, and therefore are not responsible for obtaining required pre-authorizations. When you receive care from an Out-of-Network Provider, you are responsible for making sure the provider obtains the required pre-authorizations prior to services being rendered. Out-of-Network Providers must supply the clinical information necessary for us to determine Medical Necessity. We will give no pre-authorization without the necessary clinical information.

**Pre-authorization is not a guarantee of payment.** Even though pre-authorized, payment may not be rendered for any service if your clinical status has changed sufficiently that the service is no longer medically appropriate. Your coverage with QualChoice must be in force on the date of service or no payment will be made. You may request a pre-review of coverage for any service by calling our Customer Service department. Any of our pre-authorization decisions may be appealed by following the procedures in Section 9. Your physician may request an Expedited Appeal of a denial of a pre-authorization by calling the number on your QualChoice identification card if your physician believes the services are urgent due to your medical condition.

**The existing Section 13.29 will be substituted in its entirety with the following:**

**13.29 "Network Provider"** means a Network Primary Care Physician, Network Specialist, Network Facility or other provider having an agreement with us to make Covered Services available to Enrollees. Subject to provisions in this Certificate that are unique to physicians, facilities, or other healthcare providers located outside the state of Arkansas participating in the QualChoice National Network (QCNN), a "Network Provider" includes a QCNN healthcare provider.

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OCT 05 2010

**LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT