

SERFF Tracking Number: MCHX-G126881958 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 47224
 Company Tracking Number: GR-11741-HCREMERG 01
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: GR-11741-HCREmerg 01 Hospital ER Notice - Aetna Li
 Project Name/Number: GR-11741-HCREmerg 01 Hospital ER Notice - Aetna Life Insurance Company /GR-11741-HCREmerg 01 Hospital ER Notice - Aetna Life Insurance Company

Filing at a Glance

Company: Aetna Life Insurance Company
 Product Name: GR-11741-HCREmerg 01 Hospital ER Notice - Aetna Li
 TOI: H16I Individual Health - Major Medical
 Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Filing Type: Form
 SERFF Tr Num: MCHX-G126881958
 SERFF Status: Closed-Approved-Closed
 Co Tr Num: GR-11741-HCREMERG 01
 Author: SPI McHughConsulting
 Date Submitted: 11/05/2010
 State: Arkansas
 State Tr Num: 47224
 State Status: Approved-Closed
 Reviewer(s): Rosalind Minor
 Disposition Date: 11/15/2010
 Disposition Status: Approved-Closed
 Implementation Date:
 Implementation Date Requested: On Approval
 State Filing Description:

General Information

Project Name: GR-11741-HCREmerg 01 Hospital ER Notice - Aetna Life Insurance Company Status of Filing in Domicile: Pending
 Project Number: GR-11741-HCREmerg 01 Hospital ER Notice - Aetna Life Insurance Company Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 11/15/2010 Explanation for Other Group Market Type:
 State Status Changed: 11/15/2010
 Deemer Date: Created By: SPI McHughConsulting
 Submitted By: SPI McHughConsulting Corresponding Filing Tracking Number:
 PPACA: Grandfathered Immed Mkt Reforms, Non-Grandfathered Immed Mkt Reforms
 Filing Description:
 Aetna Life Insurance Company - NAIC No. 00160054
 Health Care Insurance Reform Provisions (Effective September 23, 2010)

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Aetna Life Insurance Company

Grandfathered & Non-Grandfathered Plans
Hospital Emergency Room Notice
Individual Policy Amendment Form No.: GR-11741-HCREmerg 01

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the attached form on behalf of Aetna Life Insurance Company. We have provided an authorization letter for your files.

The Individual Policy Amendment form listed above is being submitted via SERFF, for your Department's approval on a general use basis. The form is new and does not replace any previously filed forms. It is in final form rather than being a draft or proof.

The form attached to this filing submission will be used for both "grandfathered" and "non-grandfathered" plans.

The purpose of this filing submission is to provide notice to persons covered under an Aetna Individual health plan regarding Non-Preferred Care provider "balance billing" for services rendered in a hospital emergency room setting. The amendment provides clarification of Aetna's administrative claim practices for hospital emergency room services. This notice is being added as a result of guidance provided by HHS in updated "frequently asked questions" released recently. On the issue of balance billing, the answer stated that "patients must be provided with adequate and prominent notice of their lack of financial responsibility with respect to such amounts, to prevent inadvertent payment by the patient".

We intend to use the amendment with the following policy forms:

" GR-11741, approved by your Department on 11/8/07

" GR-11741-LME, approved by your Department on 11/8/07

PPACA Uniform Compliance Summary

As required by your state, please find attached a completed PPACA Uniform Compliance Summary. The Section A Individual Health Benefit Plans portion of the Summary has been completed for this submission.

The amendment form will be issued to existing and new policyholders to amend their forms in response to health care reform.

Variability, as indicated by bracketed material on the form, is required so that only the appropriate language may be

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Aetna Life Insurance Company

reflected on the form. Upon issuance, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Provisions may appear in sequence other than that shown. A detailed Explanation of Variable Material has been included.

There is no rate impact with regards to the notice information provided on this amendment.

The required transmittal forms and certifications, etc. accompany this letter.

We request approval of the enclosed form and any attachments.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,

Jane Neal
Compliance Project Specialist
McHugh Consulting Resources, Inc.
215 230 7960

Attachments

Company and Contact

Filing Contact Information

Jane Neal, Compliance Project Specialist mcr@mchughconsulting.com
McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
2005 South Easton Road, Suite 207 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut
151 Farmington Avenue Group Code: Company Type:
Hartford, CT 06156 Group Name: State ID Number:

SERFF Tracking Number: MCHX-G126881958 State: Arkansas
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Project Name/Number: GR-11741-HCREmerg 01 Hospital ER Notice - Aetna Life Insurance Company /GR-11741-HCREmerg 01 Hospital ER Notice -
Aetna Life Insurance Company
(860) 613-2079 ext. [Phone] FEIN Number: 06-6033492

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	11/05/2010	41577191

SERFF Tracking Number: MCHX-G126881958 *State:* Arkansas
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Aetna Life Insurance Company

Disposition

Disposition Date: 11/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	11/05/10 Submission Letter	Approved-Closed	Yes
Supporting Document	Certification Rule 49	Approved-Closed	Yes
Supporting Document	Certification Rule 19	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form	Hospital Emergency Room Notice	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GR-11741-HCREmerg 01

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-11741-01	Policy/Cont	Hospital Emergency	Initial		65.400	ER Amendment GR11741HC REmerg 01 (2).PDF
		al	act/Fratern Room Notice				
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

[Policyholder: **John Doe]**

[Policy No.: XXXXX]

Effective Date: [This Policy Amendment is effective on [October 1, 20XX] [the later of:
October 1, 20XX; or
The date you become covered under the Policy.]

The Policy as noted above has been changed. The following is a summary of the changes in the Policy. This amendment is effective on the dates shown above.

The following important notice is provided to you and applies to care provided in a **Hospital** Emergency Room by **[Non-Preferred Care] Providers**:

Important Note: Please note that as **[Non-Preferred Care] Providers** do not have a contract with **Aetna**, the provider may not accept payment of your cost share (your **deductible** and **coinsurance**) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Please send **Aetna** the bill at the address listed on the back of your member ID card and **Aetna** will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.

This amendment makes no other changes to the Policy.



Ronald A. Williams
Chairman, Chief Executive Officer and President]

[Amendment: XXXX]
[Issue Date: October 1, 20XX]

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/15/2010
Bypass Reason:	not applicable to this filing		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	11/15/2010
Bypass Reason:	not applicable to this filing		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	11/15/2010
Bypass Reason:	not applicable to this filing		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	11/15/2010
Comments:			
Attachment:	McHugh Authorization Letter 2010.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables	Approved-Closed	11/15/2010
Comments:			
Attachment:			

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 EOVS Amendment GR11741HCREmerg 01.PDF

Item Status: Approved-Closed
Status Date: 11/15/2010
Satisfied - Item: PPACA Uniform Compliance Summary

Comments:
Attachment:
 Direct-IVL ER Notice PPACA Checklist_Combined.PDF

Item Status: Approved-Closed
Status Date: 11/15/2010
Satisfied - Item: 11/05/10 Submission Letter

Comments:
Attachment:
 MCR Submission Letter.PDF

Item Status: Approved-Closed
Status Date: 11/15/2010
Satisfied - Item: Certification Rule 49

Comments:
Attachment:
 AR Certificate of Compliance 23-79-138 and R&R 49.PDF

Item Status: Approved-Closed
Status Date: 11/15/2010
Satisfied - Item: Certification Rule 19

Comments:
Attachment:
 AR Cert of Compliance with Rule 19.PDF

Item Status:
Status Date:

SERFF Tracking Number: MCHX-G126881958 State: Arkansas
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Satisfied - Item: Flesch Certification Approved-Closed 11/15/2010
Comments:
Attachment:
AR Readability.PDF

Stephen W. Halloran
Product & Regulatory Approvals
Law & Regulatory Affairs
Telephone No.: (860) 273-9875
Facsimile No.: (860) 259-9389



January 5, 2010

McHugh Consulting Resources, Inc.
350 South Main Street, Ste. 103
Doylestown, PA 18901

Re: **Aetna Life Insurance Company**
NAIC Company Code: 60054

To Whom It May Concern:

Please accept this letter as authorization from Aetna Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as referenced in the attached SERFF filing on behalf of Aetna Life Insurance Company

Sincerely,

A handwritten signature in cursive script that reads "Stephen W. Halloran".

Stephen W. Halloran
Assistant Vice President

Aetna Life Insurance Company
Explanation of Variable Material

Policy Amendment Form:
GR-11741-HCREmerg
01

General Comments

1. Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the plan of benefits or provisions.
2. This amendment is intended to be issued to existing policyholders but may also be issued to new policyholders.
3. The "Policyholder Name" and "Policy Number" field is for policyholder-specific information and may not print upon issue.
4. The appropriate policyholder-specific information for the Effective Date will be included upon issue.
5. The placement of the text within the form may vary to avoid gaps that would otherwise be created by the deletion of bracketed text.
6. Any references to "non-preferred care" may be changed to "out-of-network", "non-participating", "non-network" or some other term of similar meaning as used within a policyholder's forms.
7. The bracketed designations [Individual-Direct] at the bottom right corner is a field reserved for Aetna's use to allow for the addition of a drafting system code that assists with the electronic assembly of Policyholder specific documents. Upon issue of this form, the bracketed term [State] will be omitted if the page has not been modified due to state mandates. If the page has been modified, then the initial abbreviation of your state may be added to identify that the form is state specific. For example, for the State of Connecticut, a "CT" will print.
8. The name and signature of the Aetna officer at the end of the amendment will change to the most current information.
9. If applicable, the Amendment Designation and Issue Date will be inserted at the end of the amendment. These fields are reserved for Aetna's use to allow for the electronic assembly information regarding a Policyholder's specific documents.

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

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McHugh Consulting Resources, Inc.

November 5, 2010

Sent via SERFF

Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

Aetna Life Insurance Company - NAIC No. 00160054
Health Care Insurance Reform Provisions (Effective September 23, 2010)

Grandfathered & Non-Grandfathered Plans
Hospital Emergency Room Notice
Individual Policy Amendment Form No.: GR-11741-HCREmerg 01

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the attached form on behalf of Aetna Life Insurance Company. We have provided an authorization letter for your files.

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The form attached to this filing submission will be used for both "grandfathered"and "non-grandfathered" plans.

The purpose of this filing submission is to provide notice to persons covered under an Aetna Individual health plan regarding Non-Preferred Care provider "balance billing" for services rendered in a hospital emergency room setting. The amendment provides clarification of Aetna's administrative claim practices for hospital emergency room services. This notice is being added as a result of guidance provided by HHS in updated "frequently asked questions" released recently. On the issue of balance billing, the answer stated that "patients must be provided with adequate and prominent notice of their lack of financial responsibility with respect to such amounts, to prevent inadvertent payment by the patient".

We intend to use the amendment with the following policy forms:

- GR-11741, approved by your Department on 11/8/07
- GR-11741-LME, approved by your Department on 11/8/07

PPACA Uniform Compliance Summary

As required by your state, please find attached a completed PPACA Uniform Compliance Summary. The *Section A Individual Health Benefit Plans* portion of the Summary has been completed for this submission.

The amendment form will be issued to existing and new policyholders to amend their forms in response to health care reform.

Variability, as indicated by bracketed material on the form, is required so that only the appropriate language may be reflected on the form. Upon issuance, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Provisions may appear in sequence other than that shown. A detailed Explanation of Variable Material has been included.

There is no rate impact with regards to the notice information provided on this amendment.

The required transmittal forms and certifications, etc. accompany this letter.

We request approval of the enclosed form and any attachments.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Sincerely,

A handwritten signature in cursive script that reads "Jane Neal".

Jane Neal
Compliance Project Specialist
McHugh Consulting Resources, Inc.
215 230 7960

Attachments

CERTIFICATE OF COMPLIANCE

Insurer: Aetna Life Insurance Company

Form Numbers: GR-11741-HCREmerg 01

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer
Stephen Halloran

Name
Assistant Vice President

Title

11/05/10

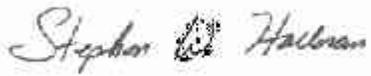
Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Aetna Life Insurance Company

Form Number(s): GR-11741-HCREmerg 01

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Stephen Halloran

Name

Assistant Vice President

Title

11/05/10

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-11741-HCREmerg 01	65.4

Signed: 
Name: Stephen Halloran
Title: Assistant Vice President
Date: 10.20.10