

SERFF Tracking Number: MHPL-126650265 State: Arkansas
Filing Company: Mercy Health Plans State Tracking Number: 45814
Company Tracking Number: MHPL-126650265
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: ARGRPMH-10
Project Name/Number: AR Mental Health Riders/

Filing at a Glance

Company: Mercy Health Plans
Product Name: ARGRPMH-10
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.001A Any Size Group - PPO
Filing Type: Form
Implementation Date Requested: 07/01/2010
State Filing Description:

SERFF Tr Num: MHPL-126650265 State: Arkansas
SERFF Status: Closed-Approved- Closed State Tr Num: 45814
Co Tr Num: MHPL-126650265 State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Author: Karen Hosack Disposition Date: 06/02/2010
Date Submitted: 05/27/2010 Disposition Status: Approved-Closed
Implementation Date:

General Information

Project Name: AR Mental Health Riders
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/02/2010
Deemer Date:
Submitted By: Karen Hosack
Filing Description:
May 27, 2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer
Explanation for Other Group Market Type:
State Status Changed: 06/02/2010
Created By: Karen Hosack
Corresponding Filing Tracking Number:

Ms. Rosalind Minor
Senior Certified Rate and Form Analyst
Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

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RE: PHI AR/MHSA-SGv.1 (7-2010) Mental Health/Substance Abuse Services Rider- Small Group
PHI AR/MHSA-LG-v.1 (7-2010) Mental Health/Substance Abuse Services Rider- Large Group

NAIC: 11529

Dear Rosalind:

I have attached the above Riders for your review and approval. These Riders replace the following:

PHI AR/MHSA-SG (2010) Approved on 6/30/2009 SERFF# MHPL-126157063
PHI AR/MHSA-LG (2010) Approved on 6/30/2009 SERFF # MHPL-126157063

The Riders were revised to be in compliance with the recent Federal Mental Health Parity regulations, which become effective on July 1, 2010. The anticipated effective date for these documents is, therefore, July 1, 2010.

Please note that Mental Health /Substance Abuse services are covered as a standard benefit by Mercy Health Plans; however, the Riders were created to accommodate the different coverage mandated for large (51+ employees) versus small groups (2-50 employees).

The Riders will be used with the following Certificates of Coverage:

PHI AR 2009 COC v.2 (01/09) Approved 10/16/08 SERFF #MHPL 125852164
PHI AR COC (01/08) Approved 11/7/2007 (Paper filing)
PHI AR COC/2010 Approved on 6/30/09 SERFF# MHPL-126157063

Please contact me at (314) 214-2342 or by email at karen.hosack@mercy.net if you have any questions.

Sincerely,

Karen Hosack, MHP, CCP
Supervisor Commercial-Compliance

Company and Contact

Filing Contact Information

Karen Hosack, Compliance Analyst khosack@mhp.mercy.net
Mercy Health Plans 314-214-2342 [Phone]
14528 South Outer Forty Rd. 314-214-8103 [FAX]
Suite 300

SERFF Tracking Number: MHPL-126650265 State: Arkansas
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Chesterfield, MO 63017

Filing Company Information

Mercy Health Plans	CoCode: 11529	State of Domicile: Missouri
14528 South Outer Forty Rd.	Group Code:	Company Type: LAH/PPO
Suite 300	Group Name:	State ID Number:
Chesterfield, MO 63017	FEIN Number: 48-1262342	
(314) 214-8100 ext. [Phone]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mercy Health Plans	\$50.00	05/27/2010	36871338
Mercy Health Plans	\$50.00	06/01/2010	36921076

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2010	06/02/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/01/2010	06/01/2010	Karen Hosack	06/01/2010	06/01/2010

SERFF Tracking Number: *MHPL-126650265* *State:* *Arkansas*
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Disposition

Disposition Date: 06/02/2010

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	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Redlined Copies	Approved-Closed	Yes
Form	Mental Health/Substance Abuse Services Rider - Small Group	Approved-Closed	Yes
Form	Mental Health/Substance Abuse Services Rider - Large Group	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/01/2010
Submitted Date 06/01/2010
Respond By Date 07/01/2010

Dear Karen Hosack,

This will acknowledge receipt of the captioned filing.

Objection 1

- Mental Health/Substance Abuse Services Rider - Small Group, PHI AR/MHSA-SGv.1 (7-2010) (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/01/2010
Submitted Date 06/01/2010

Dear Rosalind Minor,

Comments:

Thank you for bringing this to our attention.

Response 1

Comments: We forgot that this change was "per form". Additional \$50 fee added to EFT.

Related Objection 1

Applies To:

- Mental Health/Substance Abuse Services Rider - Small Group, PHI AR/MHSA-SGv.1 (7-2010) (Form)

Comment:

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The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you in advance for your review.

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Sincerely,
Karen Hosack

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/02/2010	PHI AR/MHSA- SGv.1 (7- 2010)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Health/Substance Abuse Services Rider - Small Group	Initial			AR Group Mental Health Rider_SG_5.2 6.10.pdf
Approved- Closed 06/02/2010	PHI AR/MHSA- LGv.1 (7- 2010)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Health/Substance Abuse Serivces Rider - Large Group	Initial			AR Group Mental Health Rider_LG_5.2 6.10.pdf



MENTAL HEALTH/SUBSTANCE ABUSE SERVICES RIDER for Arkansas Small Groups (having 2 - 50 employees)

This Rider amends the Certificate of Coverage and all the relevant Schedules and Riders attached thereto (collectively the "Policy") and, unless expressly stated in this Rider, is subject to all the provisions, exclusions and limitations set forth in the Policy.

Except as modified or superceded by the coverage provided under this Rider, all other terms, conditions (including pre-existing), exclusions in the Certificate of Coverage remain unchanged and in full force and effect.

When We use the words "We", "Us", and "Our" in this document, We are referring to Mercy Health Plans. When We use the words "You" and "Your" We are referring to the subscribers as defined in the Policy. Unless defined differently in this Rider, all other capitalized terms shall have the meanings given them in the Policy.

Defined Terms

"Mental Illness" and " Substance Use Disorders" mean those illnesses and disorders listed in the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders.

"Licensed professional" means a licensed physician specializing in the treatment of Mental Illness, a licensed psychologist, a licensed clinical social worker or a licensed professional counselor.

"Medical Necessity" as applied to Benefits for Mental Illnesses and Substance Use Disorders means:

- Reasonable and necessary for the diagnosis or treatment of a Mental Illness, or to improve or to maintain or to prevent deterioration of functioning resulting from the illness or disorder;
- Furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- The most appropriate level or supply of service which can safely be provided; and
- Could not have been omitted without adversely affecting the individual's mental or physical health, or both, or the quality of care rendered.

Mental Health/Substance Abuse Helpline

Mercy Health Plans has established a separate Mental Health/Substance Abuse Member Assistance Helpline ("MH/SA Helpline") to assist You in accessing these services. You can reach the MH/SA Helpline by calling the MH/SA telephone number on Your identification (ID) card. The MH/SA Helpline is staffed by behavioral health professionals who are available twenty-four (24) hours, seven (7) days a week to discuss any concerns You may have and provide Referrals to:

- The type(s) of behavioral health professionals and/or facilities who or which could best serve You, and
- The appropriate level of care and/or setting.

Covered Services

Mental Health/Substance Abuse Services

Please contact the Plan's MH/SA Helpline before receiving services. When You or Your Physician notifies Us, We can verify that the service is a Covered Health Service and direct You to an appropriate Licensed Behavioral Health Professional, or to the appropriate facility for services you need. Services must be prescribed and provided by a Licensed Professional.

[There are no limits on Mental Health/Substance Abuse Services], except for services provided in a Residential Treatment Program. [See Your Schedule of Coverage and Benefits for limitations.] [Coverage for Mental Health/Substance Abuse Services is limited according to Your Schedule of Coverage and Benefits.]

Coverage is provided for the diagnosis and mental health treatment of Mental Illnesses, including substance abuse, and the mental health treatment of those with Developmental Disorders. Coverage is based on Medical Necessity. Coverage includes treatment in a [residential and] non-residential treatment program, a Partial Hospital Treatment Program, a full day treatment program, and Inpatient, detoxification, or intermediate care in a Hospital or an Alternate Facility.

- Outpatient Mental Health visits [in a practitioner's office][or in an outpatient facility setting] therapy visits and medical management office visits. Outpatient mental health visits typically lasts up to one (1) therapeutic hour (45-55 minutes).
- Intensive Outpatient Program (IOP). IOP services are active therapeutic programming for 3 ½ hours or less per session in an outpatient setting. Therapy sessions are usually two to three times per week.
- Partial Hospital Treatment Program (or treatment in a full Day Treatment Program). A Partial hospital treatment program is an active therapeutic mental health programming and care given to a patient for four (4) hours or more per day (but not more than sixteen (16) hours in any twenty-four-hour period) in a hospital setting. Mental health professionals have assessed that the patient can maintain safety outside of the hospital environment during Non-program hours. During this program, the patient may or may not see psychiatrist daily depending on condition.
- Inpatient Mental Health Services. Inpatient Mental Health Services are acute care services for psychiatric treatment. Patient receives care 24 hour per day and may be on a locked unit and/or on psychiatric precautions (e.g., suicide, homicide, close observation precautions). Inpatient services include all services and supplies provided in connection with admission.
- [Residential Treatment Program. A residential treatment program is an Inpatient medical and mental health services provided 24 hours per day in non-acute treatment facility. Therapeutic interventions occur in less intensive setting. Therapeutic care and treatment of Mental Illness that is prescribed by a licensed professional and rendered in a psychiatric residential treatment center licensed by the Department of Mental Health or accredited by the Joint Commission on Accreditation of Hospitals.]

NOTE: [The Covered Person shall be required to pay the same Copayment or Deductible and Coinsurance with respect to the health services described in this Rider as such Covered Person would be required to pay if the service were Medically Necessary and performed for the treatment of an illness or injury, including but not limited to the Copayment or Deductible and

Coinsurance generally applicable to Inpatient Hospital Stay, Outpatient Surgery, and Physician's Office Services.]

[The Deductible and Coinsurance described in this Rider **shall [not]** be counted against the applicable Out-of-Pocket Maximum as set forth in the Schedule of Coverage and Benefits.] [Only] [Deductibles,] [and] [Coinsurances][and Copayments] for Covered Services described in this Rider will count towards your Out-of-Pocket Maximum.]

[Annual and Lifetime Limitations]

[Alcoholism/Substance Abuse

The maximum dollar limit on Alcohol/Substance Abuse services that may be provided to any individual Member during a Calendar Year shall not exceed \$6,000. The total lifetime maximum for Alcohol/Substance Abuse services shall be \$12,000 limit.]

[Mental Health Services

The maximum dollar limit on Mental Health Services that may be provided to any individual Member during a Calendar Year shall not exceed \$7,500. The total lifetime maximum for Mental Health Services shall be \$12,000 limit.]

Exclusions

1. Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
2. Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.
3. [Residential treatment services.]
4. Psychosurgery.
5. Vagus nerve stimulation (VNS) for

depression.

6. Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements unless medically necessary and authorized by the Mental Health/Substance Abuse Designee.
7. Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance abuse disorders that, in the reasonable judgment of the Mental Health/Substance Abuse Designee, are any of the following:
 - Not consistent with prevailing national standards of clinical practice for the treatment of such conditions including but not limited to Mental Health Services and Substance Abuse Services that extend beyond the period necessary for short term evaluation, diagnosis, treatment or crisis intervention.
 - Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.
 - Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
 - Not consistent with the Mental Health/Substance Abuse Designee's level of care guidelines or best practices as modified from time to time.
8. Mental Health Services as treatment for insomnia and other sleep disorders, neurological disorders and other disorders with a known physical basis.

See Section 13. P. in Your Certificate of Coverage for other related exclusions.

Prior Authorization Required

Some services require Prior Authorization. Please remember that You or Your Provider must call the Mental Health/Substance Abuse Helpline at the number listed on Your ID card to get approval for those services that require Prior Authorization. Unless We pre-approve services requiring Prior Authorization, coverage will be reduced by [50%-100%] of Eligible Expenses.



Charles S. Gilham, Secretary
Mercy Health Plans



MENTAL HEALTH/SUBSTANCE ABUSE SERVICES RIDER for Arkansas Large Groups (having 51 or more employees)

This Rider amends the Certificate of Coverage and all the relevant Schedules and Riders attached thereto (collectively the "Policy") and, unless expressly stated in this Rider, is subject to all the provisions, exclusions and limitations set forth in the Policy.

Except as modified or superceded by the coverage provided under this Rider, all other terms, conditions (including pre-existing), exclusions in the Certificate of Coverage remain unchanged and in full force and effect.

When We use the words "We", "Us", and "Our" in this document, We are referring to Mercy Health Plans. When We use the words "You" and "Your" We are referring to the subscribers as defined in the Policy. Unless defined differently in this Rider, all other capitalized terms shall have the meanings given them in the Policy.

Defined Terms

"Mental Illness" and " Substance Use Disorders" mean those illnesses and disorders listed in the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders.

"Licensed professional" means a licensed physician specializing in the treatment of Mental Illness, a licensed psychologist, a licensed clinical social worker or a licensed professional counselor.

"Medical Necessity" as applied to Benefits for Mental Illnesses and Substance Use Disorders means:

- Reasonable and necessary for the

diagnosis or treatment of a Mental Illness, or to improve or to maintain or to prevent deterioration of functioning resulting from the illness or disorder;

- Furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- The most appropriate level or supply of service which can safely be provided; and
- Could not have been omitted without adversely affecting the individual's mental or physical health, or both, or the quality of care rendered.

Mental Health/Substance Abuse Helpline

Mercy Health Plans has established a separate Mental Health/Substance Abuse Member Assistance Helpline ("MH/SA Helpline") to assist You in accessing these services. You can reach the MH/SA Helpline by calling the MH/SA telephone number on Your identification (ID) card. The MH/SA Helpline is staffed by behavioral health professionals who are available twenty-four (24) hours, seven (7) days a week to discuss any concerns You may have and provide Referrals to:

- The type(s) of behavioral health professionals and/or facilities who or which could best serve You, and
- The appropriate level of care and/or setting.

Covered Services

Mental Health/Substance Abuse Services

Please contact the Plan's MH/SA Helpline before receiving services. When You or Your Physician notifies Us, We can verify that the service is a Covered Health Service and direct You to an appropriate Licensed Behavioral Health Professional, or to the appropriate facility for services you need. Services must be prescribed and provided by a Licensed Professional.

There are no limits on Mental Health/Substance Abuse Services[,except for services provided in a Residential Treatment Program]. [See Your Schedule of Coverage and Benefits for limitations.]

Coverage is for the diagnosis and mental health treatment of Mental Illnesses, including substance abuse, and the mental health treatment of those with Developmental Disorders. Coverage is based on Medical Necessity and includes treatment in a residential or non-residential treatment program, a Partial Hospital Treatment Program, a full day treatment program, and inpatient, detoxification, or intermediate care in a Hospital or an Alternate Facility.

- Outpatient Mental Health visits. This includes therapy visits [in a practitioner's office][or in an outpatient facility setting] and medical management office visits. Outpatient mental health visits typically lasts up to one (1) therapeutic hour (45-55 minutes).
- Intensive Outpatient Program (IOP). IOP services are active therapeutic programming for 3 ½ hours or less per session in an outpatient setting. Therapy sessions are usually two to three times per week.
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program is an active therapeutic mental health programming and care given to a patient for four (4) hours or more per day (but not more than sixteen (16) hours in any twenty-four-hour period) in a hospital setting. Mental health professionals have assessed that the patient can maintain safety outside of the hospital environment during Non-program hours. During this program, the patient may or may not see psychiatrist daily depending on condition.

- Inpatient Mental Health Services. Inpatient Mental Health Services are acute care services for psychiatric treatment. Patient receives care 24 hour per day and may be on a locked unit and/or on psychiatric precautions (e.g., suicide, homicide, close observation precautions). Inpatient services include all services and supplies provided in connection with admission.
- Residential Treatment Program. A residential treatment program is an Inpatient medical and mental health services provided 24 hours per day in non-acute treatment facility. Therapeutic interventions occur in less intensive setting. Commission on Accreditation of Hospitals.

NOTE: The Covered Person shall be required to pay the same Copayment or Deductible and Coinsurance with respect to the health services described in this Rider as such Covered Person would be required to pay if the service were Medically Necessary and performed for the treatment of an illness or injury, including but not limited to the Copayment or Deductible and Coinsurance generally applicable to Inpatient Hospital Stay, Outpatient Services, and Physician's Office Services.

[The Deductible and Coinsurance described in this Rider **shall [not]** be counted against the applicable Out-of-Pocket Maximum as set forth in the Schedule of Coverage and Benefits.] [Only]

[Deductibles,] [and] [Coinsurances][and Copayments] for Covered Services described in this Rider will count towards your Out-of-Pocket Maximum.]

Exclusions

1. Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
2. Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.
3. Psychosurgery.
4. Vagus nerve stimulation (VNS) for depression.
5. Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements unless medically necessary and authorized by the Mental Health/Substance Abuse Designee.
6. Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance abuse disorders that, in the reasonable judgment of the Mental Health/Substance Abuse Designee, are any of the following:
 - Not consistent with prevailing national standards of clinical practice for the treatment of such conditions including but not limited to Mental Health Services and Substance Abuse Services that extend beyond the period necessary for short term evaluation, diagnosis, treatment or crisis intervention.
 - Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.
 - Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
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See Section 13.P. in Your Certificate of Coverage for other related exclusions.

Prior Authorization Required

Some services require Prior Authorization. Please remember that You or Your Provider must call the Mental Health/Substance Abuse Helpline at the number listed on Your ID card to get approval for those services that require Prior Authorization. Unless We pre-approve services requiring Prior Authorization, coverage will be reduced by [50%-100%] of Eligible Expenses.



Charles S. Gilham, Secretary
Mercy Health Plans

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<i>Filing Company:</i>	<i>Mercy Health Plans</i>	<i>State Tracking Number:</i>	<i>45814</i>
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<i>Product Name:</i>	<i>ARGRPMH-10</i>		
<i>Project Name/Number:</i>	<i>AR Mental Health Riders/</i>		

Supporting Document Schedules

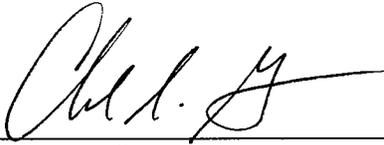
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: See certifications attached Attachment: Arkansas Certifications.PDF	Approved-Closed	06/02/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	06/02/2010

	Item Status:	Status Date:
Satisfied - Item: Redlined Copies Comments: Redlined copies showing revision attached for convenience. Attachments: AR Group Mental Health Rider_SG_Redlined.pdf AR Group Mental Health Rider_LG_Redlined.pdf	Approved-Closed	06/02/2010

CERTIFICATION

I, Charles S. Gilham, a duly authorized officer of Mercy Health Plans with the title of Secretary, do hereby certify that all benefits payable to a Network and Non-Network Provider comply with the requirements outlined in Arkansas Bulletin 9-85 and that the difference between network and non-network deductibles, copays and coinsurances will not exceed 25%.



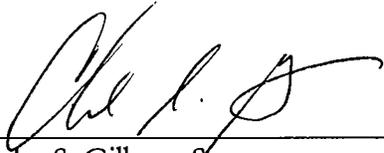
Charles S. Gilham, Secretary
Mercy Health Plans
14528 S. Outer 40, Suite 100
Chesterfield, MO 63017
cgilham@mhp.mercy.net
(314) 628-3696

5-27-10

Date

CERTIFICATION

I, Charles S. Gilham, am a duly authorized officer of Mercy Health Plans and do hereby certify that, per Rule and Regulation 19 and 42, Section 5 (b), there will be no unfair discrimination with respect to the medical/lifestyle application questions and underwriting standards.



Charles S. Gilham, Secretary
Mercy Health Plans
14528 S. Outer 40, Suite 100
Chesterfield, MO 63017
cgilham@mhp.mercy.net
(314) 628-3696

5-27-10

Date

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES RIDER

for Arkansas Small Groups (having 2 - 50 employees)

This Rider amends the Certificate of Coverage and all the relevant Schedules and Riders attached thereto (collectively the "Policy") and, unless expressly stated in this Rider, is subject to all the provisions, exclusions and limitations set forth in the Policy.

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or to improve or to maintain or to prevent deterioration of functioning resulting from the illness or disorder;

- Furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- The most appropriate level or supply of service which can safely be provided; and
- Could not have been omitted without adversely affecting the individual's mental or physical health, or both, or the quality of care rendered.

Mental Health/Substance Abuse HotlineHelpline

Mercy Health Plans has established a separate Mental Health/Substance Abuse Member Assistance HotlineHelpline ("MH/SA HotlineHelpline") to assist You in accessing these services. You can reach the MH/SA HotlineHelpline by calling the MH/SA telephone number on Your identification (ID) card. The MH/SA HotlineHelpline is staffed by mental behavioral health professionals who are available twenty-four (24) hours, seven (7) days a week to discuss any concerns You may have and provide Referrals to:

- The type(s) of mental behavioral health professionals and/or facilities who or which could best serve You, and
- The appropriate level of care and/or setting.

Covered Services

Mental Health/Substance Abuse Services

Please contact the Plan's MH/SA Helpline before receiving services. When You or Your Physician notifies Us, We can verify that the service is a Covered Health Service and direct You to an appropriate Licensed Behavioral Health Professional, or to the appropriate facility for services you need.

~~Mental Health/Substance Abuse services are covered only when the services are authorized in advance by the Plan. You or Your Provider must call the Plan's Mental Health and Substance Abuse Member Assistance Hotline ("MH/SA Hotline") for Prior Authorization.~~ Services must be prescribed and provided by a Licensed Professional.

[There are no limits on Mental Health/Substance Abuse Services], except for services provided in a Residential Treatment Program]. [See Your Schedule of Coverage and Benefits for limitations.] [Coverage for Mental Health/Substance Abuse Services is limited according to Your Schedule of Coverage and Benefits.]

Coverage is provided for the diagnosis and mental health treatment of Mental Illnesses, including substance abuse, and the mental health treatment of those with Developmental Disorders. Coverage is based on Medical Necessity. Coverage includes treatment in a [residential and] non-residential treatment program, a Partial Hospital Treatment Program, a full day treatment program, and Inpatient, detoxification, or intermediate care in a Hospital or an Alternate Facility.

- Outpatient Mental Health visits [in a practitioner's office][or in an outpatient facility setting] therapy visits and medical management office visits. Outpatient mental health visits typically lasts up to one (1) therapeutic hour (45-55 minutes).

- Intensive Outpatient Program (IOP). IOP services are active therapeutic programming for 3 ½ hours or less per session in an outpatient setting. Therapy sessions are usually two to three times per week.
- Partial Hospital Treatment Program (or treatment in a full Day Treatment Program). A Partial hospital treatment program is an active therapeutic mental health programming and care given to a patient for four (4) hours or more per day (but not more than sixteen (16) hours in any twenty-four-hour period) in a hospital setting. Mental health professionals have assessed that the patient can maintain safety outside of the hospital environment during Non-program hours. During this program, the patient may or may not see psychiatrist daily depending on condition.
- Inpatient Mental Health Services. Inpatient Mental Health Services are acute care services for psychiatric treatment. Patient receives care 24 hour per day and may be on a locked unit and/or on psychiatric precautions (e.g., suicide, homicide, close observation precautions). Inpatient services include all services and supplies provided in connection with admission.
- [Residential Treatment Program. A residential treatment program is an Inpatient medical and mental health services provided 24 hours per day in non-acute treatment facility. Therapeutic interventions occur in less intensive setting. Therapeutic care and treatment of Mental Illness that is prescribed by a licensed professional and rendered in a psychiatric residential treatment center licensed by the Department of Mental Health or accredited by the Joint Commission on Accreditation of Hospitals.]

NOTE: [The Covered Person shall be required to pay the same Copayment or Deductible and

Coinsurance with respect to the health services described in this Rider as such Covered Person would be required to pay if the service were Medically Necessary and performed for the treatment of an illness or injury, including but not limited to the Copayment or Deductible and Coinsurance generally applicable to Inpatient Hospital Stay, Outpatient Surgery, and Physician's Office Services.]

[The Deductible and Coinsurance described in this Rider shall [not] be counted against the applicable Out-of-Pocket Maximum as set forth in the Schedule of Coverage and Benefits.] [Only] [Deductibles,] [and] [Coinsurances][and Copayments] for Covered Services described in this Rider will count towards your Out-of-Pocket Maximum.]

[Annual and Lifetime Limitations]

[Alcoholism/Substance Abuse

The maximum dollar limit on Alcohol/Substance Abuse services that may be provided to any individual Member during a Calendar Year shall not exceed \$6,000. The total lifetime maximum for Alcohol/Substance Abuse services shall be \$12,000 limit.]

[Mental Health Services

The maximum dollar limit on Mental Health Services that may be provided to any individual Member during a Calendar Year shall not exceed \$7,500. The total lifetime maximum for Mental Health Services shall be \$12,000 limit.]

Exclusions

1. Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
2. Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their

equivalents.

3. [Residential treatment services.]
4. Psychosurgery.
5. Vagus nerve stimulation (VNS) for depression.
6. Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements unless medically necessary and authorized by the Mental Health/Substance Abuse Designee.
~~Medically Necessary care may include any of the following:~~

- ~~■ Not consistent with prevailing national standards of clinical practice for the treatment of such conditions including but not limited to Mental Health Services and Substance Abuse Services that extend beyond the period necessary for short term evaluation, diagnosis, treatment or crisis intervention.~~
- ~~■ Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.~~
- ~~■ Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.~~
- ~~■ Not consistent with the Mental Health/Substance Abuse Designee's level of care guidelines or best practices as modified from time to time.~~

7. Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance abuse disorders that, in the reasonable judgment of the Mental Health/Substance Abuse Designee, are

any of the following:

- Not consistent with prevailing national standards of clinical practice for the treatment of such conditions including but not limited to Mental Health Services and Substance Abuse Services that extend beyond the period necessary for short term evaluation, diagnosis, treatment or crisis intervention.
- Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.
- Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
- Not consistent with the Mental Health/Substance Abuse Designee's level of care guidelines or best practices as modified from time to time.

8. Mental Health Services as treatment for

insomnia and other sleep disorders, neurological disorders and other disorders with a known physical basis.

See Section 13. P. in Your Certificate of Coverage for other related exclusions.

Prior Authorization Required

Some services require Prior Authorization. Please remember that You or Your Provider must call the Mental Health/Substance Abuse Helpline at the number listed on Your ID card to get approval for those services that require Prior Authorization. Unless We pre-approve services requiring Prior Authorization, coverage will be reduced by [50%-100%] of Eligible Expenses. Unless We pre-approve these services, Network and Non-Network Benefits will be reduced by 100% of Eligible Expenses. [Note: You will be held responsible when using a Non-Network Provider in a non-emergent or non-urgent situation, if You or Your Non-Network Provider fail to obtain Prior Authorization.]

Charles S. Gilham, ~~Vice President~~ Secretary
Mercy Health Plans

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES RIDER

for Arkansas Large Groups (having 51 or more employees)

This Rider amends the Certificate of Coverage and all the relevant Schedules and Riders attached thereto (collectively the "Policy") and, unless expressly stated in this Rider, is subject to all the provisions, exclusions and limitations set forth in the Policy.

Except as modified or superceded by the coverage provided under this Rider, all other terms, conditions (including pre-existing), exclusions in the Certificate of Coverage remain unchanged and in full force and effect.

When We use the words "We", "Us", and "Our" in this document, We are referring to Mercy Health Plans. When We use the words "You" and "Your" We are referring to the subscribers as defined in the Policy. Unless defined differently in this Rider, all other capitalized terms shall have the meanings given them in the Policy.

Defined Terms

"**Mental Illness**" and "**Substance Use Disorders**" mean those illnesses and disorders listed in the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders.

"**Licensed professional**" means a licensed physician specializing in the treatment of Mental Illness, a licensed psychologist, a licensed clinical social worker or a licensed professional counselor.

"**Medical Necessity**" as applied to Benefits for Mental Illnesses and Substance Use Disorders means:

- Reasonable and necessary for the diagnosis or treatment of a Mental Illness,

or to improve or to maintain or to prevent deterioration of functioning resulting from the illness or disorder;

- Furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- The most appropriate level or supply of service which can safely be provided; and
- Could not have been omitted without adversely affecting the individual's mental or physical health, or both, or the quality of care rendered.

Mental Health/Substance Abuse Hotline

Mercy Health Plans has established a separate Mental Health/Substance Abuse Member Assistance [Hotline Helpline](#) ("MH/SA [Hotline Helpline](#)") to assist You in accessing these services. You can reach the MH/SA [Hotline Helpline](#) by calling the MH/SA telephone number on Your identification (ID) card. The MH/SA [Hotline Helpline](#) is staffed by [mental behavioral](#) health professionals who are available twenty-four (24) hours, seven (7) days a week to discuss any concerns You may have and provide Referrals to:

- The type(s) of [mental behavioral](#) health professionals and/or facilities who or which could best serve You, and
- The appropriate level of care and/or setting.

Covered Services

Mental Health/Substance Abuse Services

Please contact the Plan's MH/SA Helpline before receiving services. When You or Your Physician notifies Us, We can verify that the service is a Covered Health Service and direct You to an appropriate Licensed Behavioral Health Professional, or to the appropriate facility for services you need.

~~Mental Health/Substance Abuse services are covered only when the services are authorized in advance by the Plan. You or Your provider must call the Plan's Mental Health and Substance Abuse Member Assistance Hotline ("MH/SA Hotline") for Prior Authorization.~~ Services must be prescribed and provided by a Licensed Professional.

There are no limits on Mental Health/Substance Abuse Services[,except for services provided in a Residential Treatment Program]. [See Your Schedule of Coverage and Benefits for limitations.]

Coverage is for the diagnosis and mental health treatment of Mental Illnesses, including substance abuse, and the mental health treatment of those with Developmental Disorders. Coverage is based on Medical Necessity and includes treatment in a residential or non-residential treatment program, a Partial Hospital Treatment Program, a full day treatment program, and inpatient, detoxification, or intermediate care in a Hospital or an Alternate Facility.

- Outpatient Mental Health visits. This includes therapy visits [in a practitioner's office][or in an outpatient facility setting] and medical management office visits. Outpatient mental health visits typically lasts up to one (1) therapeutic hour (45-55 minutes).
- Intensive Outpatient Program (IOP). IOP services are active therapeutic

programming for 3 ½ hours or less per session in an outpatient setting. Therapy sessions are usually two to three times per week.

- Partial Hospital Treatment Program (or treatment in a full Day Treatment Program). A Partial hospital treatment program is an active therapeutic mental health programming and care given to a patient for four (4) hours or more per day (but not more than sixteen (16) hours in any twenty-four-hour period) in a hospital setting. Mental health professionals have assessed that the patient can maintain safety outside of the hospital environment during Non-program hours. During this program, the patient may or may not see psychiatrist daily depending on condition.
- Inpatient Mental Health Services. Inpatient Mental Health Services are acute care services for psychiatric treatment. Patient receives care 24 hour per day and may be on a locked unit and/or on psychiatric precautions (e.g., suicide, homicide, close observation precautions). Inpatient services include all services and supplies provided in connection with admission.
- Residential Treatment Program. A residential treatment program is an Inpatient medical and mental health services provided 24 hours per day in non-acute treatment facility. Therapeutic interventions occur in less intensive setting. Commission on Accreditation of Hospitals.

NOTE: The Covered Person shall be required to pay the same Copayment or Deductible and Coinsurance with respect to the health services described in this Rider as such Covered Person would be required to pay if the service were Medically Necessary and performed for the treatment of an illness or injury, including but not limited to the Copayment or Deductible and Coinsurance generally applicable to Inpatient

Hospital Stay, Outpatient Services, and Physician's Office Services.

[The Deductible and Coinsurance described in this Rider shall [not] be counted against the applicable Out-of-Pocket Maximum as set forth in the Schedule of Coverage and Benefits.] [Only] [Deductibles,] [and] [Coinsurances][and Copayments] for Covered Services described in this Rider will count towards your Out-of-Pocket Maximum.]

Exclusions

1. Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
2. Services utilizing methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.
3. Psychosurgery.
4. Vagus nerve stimulation (VNS) for depression.
5. Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements unless medically necessary and authorized by the Mental Health/Substance Abuse Designee.

~~Medically Necessary care may include any of the following:~~

- ~~Not consistent with prevailing national standards of clinical practice for the treatment of such conditions including but not limited to Mental Health Services and Substance Abuse Services that extend beyond the period necessary for short term evaluation, diagnosis, treatment or crisis intervention.~~

- ~~Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.~~
- ~~Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.~~
- ~~Not consistent with the Mental Health/Substance Abuse Designee's level of care guidelines or best practices as modified from time to time.~~

6. Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance abuse disorders that, in the reasonable judgment of the Mental Health/Substance Abuse Designee, are any of the following:

- Not consistent with prevailing national standards of clinical practice for the treatment of such conditions including but not limited to Mental Health Services and Substance Abuse Services that extend beyond the period necessary for short term evaluation, diagnosis, treatment or crisis intervention.
- Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.
- Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
- Not consistent with the Mental Health/Substance Abuse Designee's level of care

guidelines or best practices as modified from time to time.

7. Mental Health Services as treatment for insomnia and other sleep disorders, neurological disorders and other disorders with a known physical basis.

See Section 13.P. in Your Certificate of Coverage for other related exclusions.

~~Network and Non-Network Benefits will be reduced by 100% of Eligible Expenses. [Note: You will be held responsible when using a Non-Network Provider in a non-emergent or non-urgent situation, if You or Your Non-Network Provider fails to obtain Prior Authorization.]~~

Prior Authorization Required

Some services require Prior Authorization. Please remember that You or Your Provider must call the Mental Health/Substance Abuse Helpline at the number listed on Your ID card to get approval for those services that require Prior Authorization. Unless We pre-approve services requiring Prior Authorization, coverage will be reduced by [50%-100%] of Eligible Expenses. Unless We pre-approve these services,

Charles S. Gilham, ~~Vice President~~Secretary
Mercy Health Plans