

SERFF Tracking Number: UHLC-126782630 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company of the River Valley State Tracking Number: 46581  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: UHC River Valley Mental Health Parity Amendment  
Project Name/Number: /

## Filing at a Glance

Company: UnitedHealthcare Insurance Company of the River Valley

Product Name: UHC River Valley Mental Health SERFF Tr Num: UHLC-126782630 State: Arkansas

Parity Amendment

TOI: H21 Health - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46581

Sub-TOI: H21.000 Health - Other

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Ebony Terry

Reviewer(s): Rosalind Minor

Date Submitted: 08/23/2010

Disposition Date: 09/02/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

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: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/02/2010

Explanation for Other Group Market Type:

State Status Changed: 09/02/2010

Deemer Date:

Created By: Ebony Terry

Submitted By: Ebony Terry

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

Filing Description:

UHC River Valley Mental Health Parity Amendment

## Company and Contact

### Filing Contact Information

Ebony Terry, Compliance Analyst

Ebony\_N\_Terry@uhc.com

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800 King Farm Blvd. 240-632-8053 [Phone]  
 Suite 500  
 Rockville, MD 20850

**Filing Company Information**

UnitedHealthcare Insurance Company of the CoCode: 12231 State of Domicile: Illinois  
 River Valley  
 1300 River Drive, Suite 200 Group Code: 707 Company Type: Health  
 Moline, IL 61265 Group Name: State ID Number:  
 (309) 765-1485 ext. [Phone] FEIN Number: 20-1902768

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form X \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company of the River Valley	\$50.00	08/23/2010	38961671

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	09/02/2010	09/02/2010

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Disposition Date: 09/02/2010

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>	cover letter	Approved-Closed	Yes
<b>Form</b>	MHP Amendment	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: UHC AR COC MHP AMD 08-10**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	UHC AR COC MHP AMD 08-10	Certificate Amendmen t, Insert	MHP Amendment	Initial			UHC AR COC MHP AMD 08-10 _REV_.pdf
		Page, Endorsement or Rider					

**UnitedHealthcare Insurance Company of the River Valley**

**MENTAL HEALTH PARITY AMENDMENT TO  
CERTIFICATE OF COVERAGE  
FORM NUMBER UHC ARKANSAS PPO COC 08-09**

**ARTICLE 5 – Schedule of Benefits is amended by replacing language in Sections 5.20 and 5.21 with the following:**

- 5.20 **Mental Health Services.** Hospital Services or medical care for mental health, shall be covered, subject to the provisions of Attachment D, Article 6, and this section. The Member may contact UnitedHealthcare’s mental health treatment program provider at the toll-free telephone number listed on the back of the Member’s identification card to request a list of Participating Providers or for more information on the procedures to be followed.
- 5.20.1 **Inpatient Facility Services.** If a Member is confined as a resident inpatient in a Hospital, Non-Acute Hospital, or other residential treatment facility and enrolled in a treatment program for a psychiatric, mental, or nervous condition or disorder, benefits will be paid according to the provisions of Attachment D and section 5.5. Inpatient facility services for mental health require Pre-Service Notification from UnitedHealthcare’s mental health treatment program provider, except when an Emergency Medical Condition exists.
- 5.20.2 **Outpatient Facility Services.** Outpatient facility service benefits will be paid if a Member receives Hospital outpatient medical services at a Hospital, Non-Acute Hospital, or other treatment facility and is enrolled in an outpatient treatment program for a psychiatric, mental, or nervous condition or disorder. Benefits will be paid according to the provisions of Attachment D. Outpatient facility services for mental health require Pre-Service Notification from UnitedHealthcare’s mental health treatment program provider, except when an Emergency Medical Condition exists.  
“Non-Acute Hospital” as used in this section means a facility which is not licensed to operate as an acute care general Hospital.
- 5.20.3 **Physician Services.** If a Member shall receive psychiatric or professional services by a Physician acting within the scope of his or her licensed authority, or other licensed mental health Provider, for a psychiatric, mental or nervous condition or disorder, benefits will be paid subject to Attachment D and the following provisions:
- 5.20.3.1 **Hospital Inpatient Physician Services.** Hospital inpatient Physician services benefits will be paid if the Member is confined as a resident inpatient in a Hospital as described in section 5.5. Hospital inpatient Physician services for mental health require Pre-Service Notification from UnitedHealthcare’s mental health treatment program provider, except when an Emergency Medical Condition exists.
- 5.20.3.2 **Hospital Outpatient Physician Services.** Hospital outpatient Physician services benefits will be paid if the Member receives Hospital outpatient services. Hospital outpatient Physician services for mental health require Pre-Service Notification from UnitedHealthcare’s mental health treatment program provider, except when an Emergency Medical Condition exists.

5.20.3.3 **Physician Office Services.** Pre-Service Notification is not required for Physician office services for mental health.

5.20.4 **Exclusions and Limitations Applicable to Mental Health Benefits.** See section 8.41.

5.21 **Substance Abuse Services.** Hospital Services or medical care for substance abuse shall be covered, subject to the provisions of Attachment D, Article 6, and this section. The Member may contact UnitedHealthcare's substance abuse treatment program provider at the toll-free telephone number listed on the back of the Member's identification card to request a list of Participating Providers or more information on the procedures to be followed.

5.21.1 **Inpatient Facility Services.** If a Member is confined as a resident inpatient in a Hospital, Non-Acute Hospital, or other residential treatment facility and enrolled in a treatment program for substance abuse, benefits will be paid according to the provisions of Attachment D and section 5.5. Inpatient facility services for substance abuse require Pre-Service Notification from UnitedHealthcare's substance abuse treatment program provider, except when an Emergency Medical Condition exists.

5.21.2 **Outpatient Facility Services.** Outpatient facility service benefits will be paid if a Member receives Hospital outpatient medical services at a Hospital, Non-Acute Hospital, or other treatment facility and is enrolled in an outpatient treatment program for substance abuse. Benefits will be paid according to the provisions of Attachment D. Outpatient facility services for substance abuse require Pre-Service Notification from UnitedHealthcare's substance abuse treatment program provider, except when an Emergency Medical Condition exists.

"Non-Acute Hospital" as used in this section means a facility which is not licensed to operate as an acute care general Hospital.

5.21.3 **Physician Services.** If a Member receives psychiatric or professional services by a Physician acting within the scope of his or her licensed authority, or other licensed mental health Provider, for substance abuse, benefits will be paid subject to Attachment D and the following provisions:

5.21.3.1 **Hospital Inpatient Physician Services.** Hospital inpatient Physician services benefits will be paid if the Member is confined as a resident inpatient in a Hospital as described in section 5.5. Hospital inpatient Physician services for substance abuse require Pre-Service Notification from UnitedHealthcare's substance abuse treatment program provider, except when an Emergency Medical Condition exists.

5.21.3.2 **Hospital Outpatient Physician Services.** Hospital outpatient Physician services benefits will be paid if the Member shall receive Hospital outpatient services. Hospital outpatient Physician services for substance abuse require Pre-Service Notification from UnitedHealthcare's substance abuse treatment program provider, except when an Emergency Medical Condition exists.

5.21.3.3 **Physician Office Services.** Pre-Service Notification is not required for Physician office services for substance abuse.

5.21.4 **Exclusions and Limitations Applicable to Substance Abuse Benefits.** See section 8.31.

**ARTICLE 6 - MEDICAL MANAGEMENT PROCESSES** *is amended by replacing language in Section 6.1.1.6 with the following:*

[6.1.1.6] Section 6.1.1 also applies to mental health, substance abuse, and alcoholism services as described in sections 5.18, 5.19 and 5.20, with the following exception: Pre-Service Notification must be obtained from UnitedHealthcare's mental health and/or substance abuse treatment program provider, except when an Emergency Medical Condition exists, the Member is receiving services for a Biologically Based Mental Illness, or services are performed in an office setting. The toll-free telephone number for UnitedHealthcare's mental health and/or substance abuse treatment program provider is listed on the back of the Member's identification card.

**ARTICLE 8 - EXCLUSIONS APPLICABLE TO THE CERTIFICATE OF COVERAGE** *is amended by replacing Section 8.41 with the following language:*

[8.41] The following mental health and substance abuse services:

[8.41.1] services, other than diagnostic services, for mental retardation or for non-treatable mental deficiency;



By: \_\_\_\_\_  
President

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	09/02/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	09/02/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	09/02/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	09/02/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	09/02/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

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	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> cover letter	Approved-Closed	<b>Date:</b> 09/02/2010
<b>Comments:</b>		
<b>Attachment:</b>		
River Valley MHP Cover Letter.pdf		

August 24, 2010

Rosalyn Minor  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201

Re: UnitedHealthcare Insurance Company of the River Valley  
NAIC No. 12231

Group Health Forms UHC AR COC MHP AMD 08-10

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company of the River Valley, please accept the above referenced group health form for your Department's review and approval. This amendment is being filed to incorporate mental health parity requirements as required under The Mental Health Parity and Addiction Equity Act of 2008. UnitedHealthcare Insurance Company of the River Valley understands that we may not issue or implement this form until they have been approved by the Department.

This submission has been submitted electronically via SERFF and if you should have any questions or concerns regarding this submission, please feel free to call me at 240.632.8056, at [Ebony\\_N\\_Terry@uhc.com](mailto:Ebony_N_Terry@uhc.com) or through the SERFF messaging system.

Sincerely,

Ebony N. Terry  
Compliance Analyst

Enclosure  
ENT