

SERFF Tracking Number: AMMS-127856319 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number: 50380  
Company Tracking Number: 41059-G  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: AR GRIC  
Project Name/Number: AR External Review Notice/41059-G

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: AR GRIC

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AMMS-127856319 State: Arkansas

SERFF Status: Closed-Approved State Tr Num: 50380

Co Tr Num: 41059-G

State Status: Approved-Closed

Reviewer(s): Donna Lambert

Authors: Jean Davis, Jennifer

Disposition Date: 12/08/2011

Konschake, Debra Schneider, Luke

Peters

Date Submitted: 12/01/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 01/09/2012

State Filing Description:

## General Information

Project Name: AR External Review Notice

Project Number: 41059-G

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual, Non

Employer Group - Individual

Filing Status Changed: 12/08/2011

State Status Changed: 12/08/2011

Created By: Debra Schneider

Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: Debra Schneider

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Request for Approval

Arkansas External Review Notice

Form Number 41059-G

Submitted for review and approval is Golden Rule's Arkansas External Review Notice for Non-Grandfathered Plans (41059-G).

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To the best of my knowledge, this filing complies with the statutory and regulatory requirements of the state of Arkansas.

If there are questions or additional information is needed, please contact me at (800) 232-5432, extension 12286. My fax number is (920) 661-9861, and my email address is dschneider@goldenrule.com.

Thank you for your time and attention to this filing.

## Company and Contact

### Filing Contact Information

Debra Schneider, Senior Contract Analyst dschneider@goldenrule.com  
 3100 AMS Blvd. 800-232-5432 [Phone] 12286 [Ext]  
 Green Bay, WI 54313 920-661-6554 [FAX]

### Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana  
 7440 Woodland Drive Group Code: 707 Company Type: Life and Health  
 Indianapolis, IN 46278 Group Name: State ID Number:  
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 from @ \$50 per form = \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	12/01/2011	54164150

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	12/08/2011	12/08/2011

### 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	Donna Lambert	12/06/2011	12/06/2011	Debra Schneider	12/07/2011	12/07/2011

*SERFF Tracking Number:* AMMS-127856319      *State:* Arkansas  
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*Product Name:* AR GRIC  
*Project Name/Number:* AR External Review Notice/41059-G

## **Disposition**

Disposition Date: 12/08/2011

Implementation Date: 01/09/2012

Status: Approved

HHS Status: HHS Approved

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-127856319 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Form (revised)	Arkansas External Review Notice Non-Grandfathered Plans	Approved	Yes
Form	Arkansas External Review Notice Non-Grandfathered Plans	Replaced	Yes

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Company Tracking Number: 41059-G  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: AR GRIC  
Project Name/Number: AR External Review Notice/41059-G

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/06/2011  
Submitted Date 12/06/2011  
Respond By Date 01/06/2012

Dear Debra Schneider,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Arkansas External Review Notice Non-Grandfathered Plans, 41059-G (Form)

Comment: Our Consumer Services Division email address has changed. It is [insurance.Consumers@arkansas.gov](mailto:insurance.Consumers@arkansas.gov). Please make this revision so I can approve this filing. Thank you.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 12/07/2011  
 Submitted Date 12/07/2011

Dear Donna Lambert,

### Comments:

This is in response to the Objection Letter dated December 6, 2011.

### Response 1

Comments: The email address has been changed.

### Related Objection 1

Applies To:

- Arkansas External Review Notice Non-Grandfathered Plans, 41059-G (Form)

Comment:

Our Consumer Services Division email address has changed. It is insurance.Consumers@arkansas.gov. Please make this revision so I can approve this filing. Thank you.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Arkansas External Review Notice Non-Grandfathered Plans	41059-G		Other	Initial			External Review Notice NGF final 12 07 11.pdf
<b>Previous Version</b>							
Arkansas External	41059-G		Other	Initial			External

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**Review Notice Non-Grandfathered Plans**

Review  
Notice  
NGF final  
11 22  
11.pdf

No Rate/Rule Schedule items changed.

Thank you for your time and attention to this filing.

Sincerely,  
Debra Schneider, Jean Davis, Jennifer Konschake, Luke Peters

SERFF Tracking Number: AMMS-127856319 State: Arkansas  
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## Form Schedule

**Lead Form Number: 41059-G**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 12/08/2011	41059-G	Other	Arkansas External Review Notice Non-Grandfathered Plans	Initial			External Review Notice NGF final 12 07 11.pdf

## **ARKANSAS EXTERNAL REVIEW NOTICE NON-GRANDFATHERED PLANS**

After receiving notice of an *adverse determination*, you have sixty (60) days to file a written or electronic request for external review with Golden Rule at the address below. When filing a request for an external review, you will be required to sign an authorization for the release of any medical records that may need to be reviewed for the purpose of reaching a decision.

To request an internal review, send the request in writing to:

Grievance Administrator  
Golden Rule Insurance Company  
[7440 Woodland Drive  
Indianapolis, IN 46378]  
Phone: [(800) 657-8205]

“*Adverse determination*” means a determination by Golden Rule Insurance Company that an admission, availability of care, continued stay or other health care service has been reviewed and, based upon the information provided, the requested payment for the service is denied, reduced, or terminated, because (a) the requested health care service does not meet Golden Rule’s requirements for medical necessity; or (b) the requested health care service has been found to be experimental or investigational.

You may request an expedited external review at the same time you request an internal expedited review, if the condition would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function or involves a denial based upon experimental or investigational treatment or the adverse determination involves a denial of coverage based on a determination that the healthcare service is experimental or investigational, and the covered person’s treating physician certifies in writing and supports such certification with reasoning, rationale, or evidence that the recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

An independent review organization (IRO) will be assigned to review the appeal by Golden Rule from a list of state approved IROs. The IRO will determine whether you must complete the expedited internal grievance procedures before it will conduct the expedited external review. If the IRO determines that you must complete the expedited internal appeal procedure first, then the IRO must notify you and your health care professional.

If you do not receive a written decision for the internal review from Golden Rule within thirty (30) days for pre-service claims and sixty (60) days for post-service claims, the internal procedures are deemed exhausted and you may request external review.

For an expedited review, a determination will be made within 72 hours after we receive the request. For expedited reviews, the physician should contact our review agent or Grievance Administrator at the address or telephone number shown above.

You may contact the Commissioner for assistance at anytime at: Commissioner, Arkansas Insurance Department, Consumer Services Division, [Third and Cross Streets, Little Rock, AR 72201], [1-800-852-5494] or [(501) 371-2640], FAX [(501) 371-2749], Email: [insurance.consumers@arkansas.gov].

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved	12/08/2011
<b>Bypass Reason:</b>	Not applicable		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved	12/08/2011
<b>Bypass Reason:</b>	Not applicable		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved	12/08/2011
<b>Bypass Reason:</b>	Not applicable - rates are not affected.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved	12/08/2011
<b>Bypass Reason:</b>	Not applicable		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	PPACA Uniform Compliance Summary	Approved	12/08/2011
<b>Comments:</b>			
<b>Attachment:</b>	PPACA Uniform Compliance Summary.pdf		

## 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
Golden Rule Insurance Company	62286	AMMS-127856319		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## PPACA Uniform Compliance Summary

Reset Form

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> 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 checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing			
	Page Number:			
	<b>Prohibit Rescissions</b> – 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 checked="" type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Not applicable to this filing			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation: Not applicable to this filing</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation: Not applicable to this filing</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number: <b>41059-G</b></p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Emergency Services</b> – 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: Not applicable to this filing</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Access to Pediatricians</b> – 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: Not applicable to this filing</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 checked="" type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation: Not applicable to this filing</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 checked="" type="checkbox"/> No</p> <p>If <b>no</b>, please explain.</p>

**PPACA Uniform Compliance Summary**

**Reset Form**

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , 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
	<b>Preventive Services</b> – 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – 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 <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – 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 <b>no</b> , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, 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><b>Emergency Services</b> – 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 <b>no</b> , please explain.
	<p><b>Access to Pediatricians</b> – 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 <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – 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 <b>no</b> , please explain.

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/30/2011	Form	Arkansas External Review Notice Non-Grandfathered Plans	12/07/2011	External Review Notice NGF final 11 22 11.pdf (Superseded)

## **ARKANSAS EXTERNAL REVIEW NOTICE NON-GRANDFATHERED PLANS**

After receiving notice of an *adverse determination*, you have sixty (60) days to file a written or electronic request for external review with Golden Rule at the address below. When filing a request for an external review, you will be required to sign an authorization for the release of any medical records that may need to be reviewed for the purpose of reaching a decision.

To request an internal review, send the request in writing to:

Grievance Administrator  
Golden Rule Insurance Company  
[7440 Woodland Drive  
Indianapolis, IN 46378]  
Phone: [(800) 657-8205]

“*Adverse determination*” means a determination by Golden Rule Insurance Company that an admission, availability of care, continued stay or other health care service has been reviewed and, based upon the information provided, the requested payment for the service is denied, reduced, or terminated, because (a) the requested health care service does not meet Golden Rule’s requirements for medical necessity; or (b) the requested health care service has been found to be experimental or investigational.

You may request an expedited external review at the same time you request an internal expedited review, if the condition would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function or involves a denial based upon experimental or investigational treatment or the adverse determination involves a denial of coverage based on a determination that the healthcare service is experimental or investigational, and the covered person’s treating physician certifies in writing and supports such certification with reasoning, rationale, or evidence that the recommended or requested health care service or treatment would be significantly less effective if not promptly initiated.

An independent review organization (IRO) will be assigned to review the appeal by Golden Rule from a list of state approved IROs. The IRO will determine whether you must complete the expedited internal grievance procedures before it will conduct the expedited external review. If the IRO determines that you must complete the expedited internal appeal procedure first, then the IRO must notify you and your health care professional.

If you do not receive a written decision for the internal review from Golden Rule within thirty (30) days for pre-service claims and sixty (60) days for post-service claims, the internal procedures are deemed exhausted and you may request external review.

For an expedited review, a determination will be made within 72 hours after we receive the request. For expedited reviews, the physician should contact our review agent or Grievance Administrator at the address or telephone number shown above.

You may contact the Commissioner for assistance at anytime at: Commissioner, Arkansas Insurance Department, Consumer Services Division, [Third and Cross Streets, Little Rock, AR 72201], [1-800-852-5494] or [(501) 371-2640], FAX [(501) 371-2749], Email: [Insurers.consumers@mail.state.ar.us].