

SERFF Tracking Number: HLAD-127171722 State: Arkansas  
 Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number: 48794  
 Company Tracking Number: 34-63, 34-67, 34-68 R7/11  
 TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO  
 Maintenance (HMO)  
 Product Name: Amendment  
 Project Name/Number: Mental Health Parity Amendments/34-63, 34-67, 34-68 R7/11

## Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage

Product Name: Amendment SERFF Tr Num: HLAD-127171722 State: Arkansas  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO) SERFF Status: Closed-Approved- Closed State Tr Num: 48794  
 Sub-TOI: HOrg02G.002C Any Size Group - HMO Co Tr Num: 34-63, 34-67, 34-68 R7/11 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Authors: Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney Disposition Date: 06/02/2011  
 Date Submitted: 05/17/2011 Disposition Status: Approved-Closed  
 Implementation Date Requested: 07/01/2011 Implementation Date:

State Filing Description:

## General Information

Project Name: Mental Health Parity Amendments  
 Project Number: 34-63, 34-67, 34-68 R7/11  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: Arkansas is the state of Domicile.  
 Market Type: Group  
 Group Market Size: Small and Large  
 Overall Rate Impact:  
 Deemer Date:  
 Submitted By: Christi Kittler

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Group Market Type: Employer  
 Filing Status Changed: 06/02/2011  
 State Status Changed: 06/02/2011  
 Created By: Christi Kittler  
 Corresponding Filing Tracking Number:  
 PPACA: Not PPACA-Related  
 PPACA Notes: null  
 Filing Description:

Attached please find forms 34-63, 34-67 and 34-68 R7/11 for your review and approval if indicated.  
 These forms have been amended to delete the exclusion for eating disorders. This should have been done prior to the

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forms original submission but was inadvertently left in the form. We do not deny coverage for eating disorders. Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the Evidences of Coverage.

Please feel free to contact me at 378-2165 with any questions you may have.

## Company and Contact

### Filing Contact Information

Christi Kittler, Compliance Supervisor cmkittler@arkbluecross.com  
 320 West Capitol, Ste 211 501-378-2967 [Phone]  
 Little Rock, AR 72201 501-378-2975 [FAX]

### Filing Company Information

HMO Partners, Inc. d/b/a Health Advantage CoCode: 95442 State of Domicile: Arkansas  
 320 West Capitol Group Code: Company Type:  
 Little Rock, AR 72203-8069 Group Name: State ID Number: N/A  
 (501) 378-2967 ext. [Phone] FEIN Number: 71-0747497

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation: \$50.00/form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HMO Partners, Inc. d/b/a Health Advantage	\$150.00	05/17/2011	47673158

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2011	06/02/2011

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## Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: 34-63

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2011	34-63 R7/11	Certificate	Amendment Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 34-63 R7/11 Previous Filing #: 34- 63 10/09	40.700	34-63 MHP R7-11.pdf
Approved-Closed 06/02/2011	34-67 R7/11	Certificate	Amendment Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 34-67 R7/11 Previous Filing #: 34- 67 10/09	40.700	34-67 MHP R7- 11ConvGuest .pdf
Approved-Closed 06/02/2011	34.68 R7/11	Certificate	Amendment Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 34-68 R7/11 Previous Filing #: 34- 68 10/09	40.700	34-68 MHP R7-11.pdf



The following Health Advantage Evidences of Coverage are hereby amended.

- Evidence of Coverage, BlueChoice POS Plan, Form #31-02
- Evidence of Coverage, BlueChoice POS Plan with Preexisting, Form #31-03
- Evidence of Coverage, BlueChoice Open Access POS Plan, Form #31-04
- Evidence of Coverage, BlueChoice Open Access POS Plan with Preexisting, Form #31-05
- Evidence of Coverage, HSA Open Access Plan, Form #: 31-06
- Evidence of Coverage, HSA Open Access Plan with Preexisting, Form #31-07

### **BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Mental Health and Substance Abuse Services (Alcohol and Drug Abuse)** is hereby amended to read as follows.

**Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse).** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
  - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
  - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**
  - a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
    - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
    - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
    - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
  - b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
  - c. **The treating facility must be a Hospital.** See Glossary of Terms. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from Health Advantage. To request Prior Approval, please call the "Behavioral Health" telephone number on your ID

card. Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Evidence of Coverage exists.

4. The following services and treatments are not covered.
  - a. **Group Therapy.** Group therapy or group counseling at any time in any setting by any Provider is not covered. See Subsection 4.3.39.
  - b. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Subsection 4.3.42.
  - c. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See 4.3.50.
  - d. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Subsection 4.3.59.
  - e. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Subsection 4.3.86.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsections. All remaining subsections are renumbered to correlate with the change.

**Mental Illness** means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

**Substance Abuse** means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This amendment becomes a part of the Health Advantage Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO PARTNERS, INC, d/b/a/ HEALTH ADVANTAGE

P.O. Office Box 8069, Little Rock, Arkansas 72203-8069



The Health Advantage Evidences of Coverage are hereby amended to read as follows:

Evidence of Coverage, Conversion, Form #31-08

Evidence of Coverage, HMO Arkansas, Form # 31-09

**Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse).** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**

- a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
- b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.

2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**

- a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
  - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
  - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
  - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
- b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
- c. **The treating facility must be a Hospital.** See Subsection Glossary of Terms. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.

3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from Health Advantage. To request Prior Approval, please call the "Behavioral Health" telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health Intervention are received by us, investigation shows that a benefit exclusion or**

**limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Evidence of Coverage exists.**

4. The following services and treatments are not covered.
  - a. **Group Therapy.** Group therapy or group counseling at any time in any setting by any Provider is not covered. See Subsection 4.3.42.
  - b. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Subsection 4.3.44.
  - c. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See 4.3.50.
  - d. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Subsection 4.3.59.
  - e. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Subsection 4.3.83.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsections. All remaining subsections are renumbered to correlate with the change.

**Mental Illness** means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

**Substance Abuse** means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This amendment becomes a part of the Health Advantage Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO PARTNERS, INC, d/b/a/ HEALTH ADVANTAGE  
P.O. Office Box 8069, Little Rock, Arkansas 72203-8069



The Health Advantage Evidence of Coverage is hereby amended to read as follows:

Evidence of Coverage, Standard HMO, Form #31-01  
Evidence of Coverage, HMO Arkansas, Form #31-10

**Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse).** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**

- a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
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- b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
- c. **The treating facility must be a Hospital.** See Glossary of Terms. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> See attached. <b>Attachment:</b> Flesch Certification Form HA 34-63, 34-67, 34-68 R7-11.pdf	Approved-Closed	06/02/2011
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not needed. <b>Comments:</b>	Approved-Closed	06/02/2011
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not needed. <b>Comments:</b>	Approved-Closed	06/02/2011
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Not PPACA related <b>Comments:</b>	Approved-Closed	06/02/2011

# Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage  
Form Nos. 34-63, 34-67, 34-68 R7/11**

## **FLESCH READING EASE CERTIFICATION**

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.7 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

*Dail Brulje*

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Name

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President  
Title

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May 16, 2011  
Date