

SERFF Tracking Number: QUAC-127386483 State: Arkansas  
Filing Company: QCA Health Plan, Inc. State Tracking Number: 49641  
Company Tracking Number:  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: IQCSelect Amendment  
Project Name/Number: /

## Filing at a Glance

Company: QCA Health Plan, Inc.

Product Name: IQCSelect Amendment

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: Form

SERFF Tr Num: QUAC-127386483 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49641

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Jim Couch, Niki Thomas

Disposition Date: 08/29/2011

Date Submitted: 08/26/2011

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 09/01/2011

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 08/29/2011

State Status Changed: 08/29/2011

Created By: Niki Thomas

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Niki Thomas

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

IQC Select Amendment

## Company and Contact

### Filing Contact Information

Jim Couch, VP of Compliance

12615 Chenal Parkway, Suite 300

Little Rock, AR 72211

[jim.couch@qualchoice.com](mailto:jim.couch@qualchoice.com)

501-228-7111 [Phone] 5118 [Ext]

501-707-6729 [FAX]

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**Filing Company Information**

QCA Health Plan, Inc.	CoCode: 95448	State of Domicile: Arkansas
12615 Chenal Parkway, Suite 300	Group Code:	Company Type: Health Maintenance Organization
Little Rock, AR 72211	Group Name:	State ID Number:
(501) 228-7111 ext. [Phone]	FEIN Number: 71-0794605	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QCA Health Plan, Inc.	\$50.00	08/26/2011	50994961

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/29/2011	08/29/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
IQC Select Amendment	Note To Reviewer	Niki Thomas	08/25/2011	08/26/2011

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## Disposition

Disposition Date: 08/29/2011

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>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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**Note To Reviewer**

**Created By:**

Niki Thomas on 08/25/2011 12:40 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

08/29/2011 03:00 PM

**Subject:**

IQC Select Amendment

**Comments:**

See attached

August 25, 2011

Ms. Rosalind Minor  
Arkansas Department of Insurance  
Life and Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201

RE: IQ Choice Select COC Amendment  
Form #: AMENDMENT to IQCSelect (2011)

Dear Ms. Minor:

Enclosed is the following QCA Health Plan, Inc. document:

1. Amendment to IQCSelect (2011)

Please feel free to contact me at any time should you need additional information or have any questions or comments. Thank you.

Sincerely,

J. Nicole Thomas  
Associate Corporate Counsel  
(501) 529-2159

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	AMENDME	Policy/Cont	Amendment	Initial			IQC Select
Closed	NT to	ract/Fratern					Amendment.p
08/29/2011	IQCSelect	al					df
	(2011)	Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

## AMENDMENT TO CERTIFICATE OF COVERAGE

The following QualChoice Certificates of Coverage is hereby amended:

IQCSelect (2011)

The following subsections are amended effective on the date your Certificate of Coverage is effective or renews. Eligibility for benefits is set out in the Certificate of Coverage.

Unless otherwise stated herein, this Amendment to Certificate of Coverage is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and Benefits Summary. This Amendment becomes a part of the QCA Health Plan, Inc. Certificate of Coverage identified as IQCSelect (2011). All provisions of the Certificate of Coverage that are not contrary to the provisions of this Amendment remain in full force and effect.

**COVERED MEDICAL BENEFITS**, “Dental Anesthesia” is hereby amended to read as follows:

### **3.5 Dental – Anesthesia**

QualChoice will provide benefits for anesthesia and facilities for dental procedures which would ordinarily be done under local anesthesia provided:

1. The procedure is performed in a Network Facility; and
2. The situation meets Medical Necessity criteria, and the patient is:
  - A. A Child under 7 years of age who is determined by two network dentists to be unable to undergo the procedure without general anesthesia and who cannot wait until an older age for the procedure, when undergoing the procedure without general anesthesia would be possible.
  - B. A person with a serious mental health condition that prevents use of a local anesthesia for the procedure.
  - C. A person with a serious physical condition making facility care necessary for the safe performance of dental work; or
  - D. A person with a significant behavioral problem (as certified by a Network Physician) which precludes safe performance of dental work under local anesthesia.

All network requirements, Medical Necessity determinations, and such other limitations as are applied to other Covered Services will apply. Pre-authorization is required (see Section 2.13).

**COVERED MEDICAL BENEFITS**, “Dental – Oral Surgery” is hereby amended to read as follows:

### **3.6 Dental – Oral Surgery**

QualChoice will pay only for the following non-dental oral surgical procedures:

1. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth when pathological examination is required;
2. Surgical procedures required to treat an Accidental Injury to jaws, cheeks, lips, tongue, roof and floor of the mouth. Injury to a tooth or teeth while eating is not considered an Accidental Injury; treatment of such injury will not be covered;
3. Excision of exostoses of jaws and hard palate;
4. Extraction of teeth is required because of the results from radiation or chemotherapy;
5. Frenectomy;
6. External incision and drainage of cellulitis;
7. Incision of accessory sinuses, salivary glands or ducts;
8. Certain dental services, as reflected in the Medical Policies, performed in conjunction with Medically Necessary reconstructive surgery; and
9. Dental services integral to medical services covered by the Plan.

**COVERED MEDICAL BENEFITS**, “Family Planning” is hereby amended to read as follows:

### **3.12 Family Planning Services**

Coverage is provided for the following family planning services:

1. Oral contraceptives and prescription barrier methods are only covered when an Outpatient Prescription Drug Rider has been purchased through QualChoice; coverage is subject to all of the terms, conditions, limitations, and exclusions of the Prescription Drug Rider;
2. Voluntary sterilizations (vasectomies and tubal ligations) are covered except as excluded in Section 4.1; and
3. Long acting reversible contraceptives, including hormonal implantable systems and intrauterine contraceptives, are covered as a medical benefit.

Reversal of a voluntary sterilization is a specific exclusion.

**NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS** is hereby amended to read as follows:

### **4. NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS**

Some services, treatments, medications and supplies are not covered. Others have limitations on coverage. This section describes those exclusions and limitations. QualChoice may choose in its sole discretion to eliminate or modify an exclusion or limitation if QualChoice determines that advances in medical care warrant making such a change. One or more of our optional coverage riders may cover some of these items. If your Employer Group has purchased riders, they will be provided to you in writing. Please refer to your Benefits Summary for

additional exclusions and limitations on Covered Services. QualChoice may provide very limited coverage for some services that are otherwise excluded or limited by this Section 4 strictly for preventive health purposes; where applicable, these limited coverages are identified and described in QualChoice's Preventive Health Benefit Medical Policy.

**NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS**, "Non-Covered Services and Exclusions from Coverage – Baby Formula" is hereby amended to read as follows and all remaining subsections are hereby renumbered to correlate with the change:

- 47. Formula:** Baby formula and thickening agents, even if prescribed by a physician or acquired over the counter, are not covered.

**NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS**, "Non-Covered Services and Exclusions from Coverage – Electrotherapy and Electromagnetic Stimulators" and "Non-Covered Services and Exclusions from Coverage – Enhanced External Counterpulsation" are hereby deleted in their entirety, and all remaining subsections are hereby renumbered to correlate with the change

**NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS**, "Non-Covered Services and Exclusions from Coverage – Gastric Electrical Stimulators" is hereby amended to read as follows and all remaining subsections are hereby renumbered to correlate with the change:

- 36. Electrogastrography:** Electrogastrography is not covered.

**NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS**, "Non-Covered Services and Exclusions from Coverage – In Vitro Chemoresistance and Chemosensitivity Assays" is hereby deleted in its entirety, and all remaining subsections are hereby renumbered to correlate with the change.

**NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS**, "Non-Covered Services and Exclusions from Coverage – Maintenance Therapy" is hereby amended to read as follows and all remaining subsections are hereby renumbered to correlate with the change:

- 70. Maintenance Therapy:** We will not cover maintenance therapy for chiropractic therapy, physical therapy, occupational therapy, or speech therapy.

**NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS**, "Non-Covered Services and Exclusions from Coverage – Percutaneous Kyphoplasty" is hereby deleted in its entirety, and all remaining subsections are hereby renumbered to correlate with the change.

**NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS**, “Non-Covered Services and Exclusions from Coverage – Sleep Apnea, Portable Studies” is hereby deleted in its entirety, and all remaining subsections are hereby renumbered to correlate with the change.

**NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS**, “Limitations to Benefits – Lifetime Maximum” is hereby amended to read as follows and all remaining subsections are hereby renumbered to correlate with the change:

14. **Lifetime Maximum:** Consult your Benefits Summary, Medical Policies, and this Certificate for various lifetime maximum Benefits per Enrollee.

**NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS**, “Limitations to Benefits” the following limitation language shall be added as follows and all remaining subsections are hereby renumbered to correlate with the change:

7. **Electrotherapy and Electromagnetic Stimulators:** All treatment using electrotherapy and electromagnetic stimulators, including services and supplies used in conjunction with such stimulators, and complications resulting from such treatment, is covered only for conditions specified in our Medical Policies.
8. **Enhanced External Counterpulsation:** Enhanced external counterpulsation (EECP) is covered only for conditions specified in our Medical Policies.

**COORDINATION OF BENEFITS**, “Rules to Determine Primary and Secondary Plans” is hereby amended to add the following new Subsection. All remaining Subsections are hereby renumbered to correlate with the change.

7. If an adult dependent is listed as a dependent under a parent’s and a spouse’s policy, the health plan that covered the adult dependent longer is primary and the health plan that covered the adult dependent the shorter period of time is secondary.

**GENERAL PROVISIONS**, “Medical Records” is hereby amended to read as follows:

**10.4 Medical Records**

We may need to obtain copies of your medical records from any of your treating providers. This may be necessary to properly administer your Benefits. You, or your legal representative, agree to sign an appropriate authorization for release of medical records upon our request. If you elect not to consent to the release of medical records, or if your provider fails to comply with a request for records, we may be unable to properly administer your coverage. If this occurs, we have the right to deny payment for related services.

**GENERAL PROVISIONS**, “Confidentiality” is hereby amended to read as follows:

**10.8 Confidentiality**

Medical records and other information concerning your care we receive from providers are confidential. We will use such information only to administer your coverage. We will only disclose such information as required or permitted by law and as set out in the QualChoice Notice of Privacy Practices at [www.qualchoice.com](http://www.qualchoice.com). See your Notice of Privacy Practices for a more detailed description of your privacy rights and duties.

A handwritten signature in black ink that reads "Michael E. Stock".

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**Michael E. Stock, President & CEO**  
**QCA Health Plan, Inc.**  
**The QualChoice Building**  
**12615 Chenal Parkway, Suite 300**  
**Little Rock, AR 72211**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	08/29/2011
<b>Comments:</b>		
<b>Attachment:</b> IQC Select Flesch Letter.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	08/29/2011
<b>Comments:</b> This form will use the previously submitted and approved Application identified as Form No. IQC Select (6/20110		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	08/29/2011
<b>Bypass Reason:</b> There are no rates being changed, therefore this is not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	08/29/2011
<b>Bypass Reason:</b> Thsi is just amending the Certificate of Coverage, an Outline of Coverage is not necessary.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	08/29/2011
<b>Bypass Reason:</b> The PPACA Uniform Compliance summary would have been completed with the original documents. The changes in this Amendment do not concern PPACA.		
<b>Comments:</b>		

August 25, 2011

Ms. Rosalind Minor  
Arkansas Department of Insurance  
Life and Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201

RE: IQ Choice Select COC Amendment  
Form #: AMENDMENT to IQCSelect (2011)

Dear Ms. Minor:

This certifies that the AMENDMENT to IQCSelect (2011) does not meet the minimum score of forty (40) on the Flesch reading ease test as specified in Ark. Stat. ann. 23-80-206. Although the score is lower than the minimum required, it should be approved in accordance with Ark. Stat. Ann. 23-80-207 and warranted due to the nature of the policy form and necessary inclusion of medical terminology and language drafted to conform to state and federal law.

Please feel free to contact me at any time should you need additional information or have any questions or comments. Thank you.

Sincerely,

J. Nicole Thomas  
Associate Corporate Counsel  
(501) 529-2159