

SERFF Tracking Number: HLAD-128298831 State: Arkansas
Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number:
Company Tracking Number: 34-144, 34-145, 34-146, 34-147 7/12, 34-63, 34-68 R7/12
TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002A Any Size Group - PPO
Maintenance (HMO)
Product Name: Amendment
Project Name/Number: General Amendment 7/12/34-144,34-145,34-146,34-147 7/12, 34-63,34-68 R7/12

Filing at a Glance

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

Product Name: Amendment SERFF Tr Num: HLAD-128298831 State: Arkansas
TOI: HOrg02G Group Health Organizations - SERFF Status: Closed-Approved State Tr Num:
Health Maintenance (HMO)
Sub-TOI: HOrg02G.002A Any Size Group - Co Tr Num: 34-144, 34-145, 34- State Status: Approved-Closed
PPO 146, 34-147 7/12, 34-63, 34-68
R7/12

Filing Type: Form Reviewer(s): Donna Lambert
Disposition Date: 04/25/2012
Authors: Christi Kittler, Yvonne
McNaughton, Frank Sewall, Rita
Thatcher, Evelyn Laney
Date Submitted: 04/24/2012 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date: 04/25/2012

State Filing Description:

General Information

Project Name: General Amendment 7/12 Status of Filing in Domicile: Pending
Project Number: 34-144,34-145,34-146,34-147 7/12, 34-63,34-68 R7/12 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Arkansas is state
of domicile.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 04/25/2012
State Status Changed: 04/25/2012 Deemer Date:
Created By: Yvonne McNaughton Submitted By: Yvonne McNaughton
Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
PPACA Notes: null
Healthcare.gov ID:
Filing Description:

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Attached please find amendments 34-144, 34-145, 34-146, 34-147 7/12, 34-63, 34-68 R7/12 for your review and approval if indicated.

Amendments 34-144, 34-145,34-146,34-147 delete the reference the reference to a filing fee under the "External Review" provision to correlate with Arkansas Insurance Department Rule and Regulation 76. It was inadvertently left in the last amendment cycle. Also, "Court ordered or third party recommended treatment" has been modified to reflect that if otherwise covered, we would cover the services.

Amendments 34-63,and 34-68 have been modified to delete the Prior Approval requirement for all inpatient mental health benefits.

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 to which these amendments are attached.

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

State Narrative:

Company and Contact

Filing Contact Information

Yvonne McNaughton, Regulatory Compliance ymmcnaughton@arkbluecross.com
Analyst

320 West Capitol, Ste 211 501-399-3864 [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	

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No

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Fee Explanation: \$50.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HMO Partners, Inc. d/b/a Health Advantage	\$300.00	04/24/2012	58514247

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	04/25/2012	04/25/2012

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Disposition

Disposition Date: 04/25/2012

Implementation Date: 04/25/2012

Status: Approved

HHS Status: HHS Approved

State Review: Not Reviewed

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	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Form	Amendment	Approved	Yes
Form	Amendment	Approved	Yes
Form	Amendment	Approved	Yes
Form	Amendment	Approved	Yes
Form	Amendment	Approved	Yes
Form	Amendment	Approved	Yes

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Form Schedule

Lead Form Number: 34-144 7/12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 04/25/2012	34-144 7/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.600	34-144 7-12GenAmend.pdf
Approved 04/25/2012	34-145 7/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.600	34-145 7-12GenAmend ABCBS OA SPD.pdf
Approved 04/25/2012	34-146 7/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.600	34-146 7-12 GenAmend BH standard SPD's.pdf
Approved 04/25/2012	34-147 7/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.600	34-147 7-12 GenAmend ABCBS HSA SPD.pdf
Approved 04/25/2012	34-63 R7/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Revised	Replaced Form #: 34-63 R7/12 Previous Filing #: 34-63 R7/11	40.600	34-63 MHP R7-12.pdf

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 Approved 34-68 Certificate Amendment Revised Replaced Form #: 40.600 34-68 MHP
 04/25/2012 R7/12 Amendmen 34-68 R7/12 R7-12.pdf
 t, Insert Previous Filing #: 34-
 Page, 68 R7/11
 Endorseme
 nt or Rider



The following Health Advantage Evidences of Coverage are hereby amended.

- Evidence of Coverage, Standard HMO, Form #31-01
- 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
- Evidence of Coverage, Conversion Plan, Form #31-08
- Evidence of Coverage, Guest Membership, Form #31-09
- Evidence of Coverage, HMO Arkansas, Form #31-10
- Evidence of Coverage, HMO with Deductible, Form #31-15

The following subsection amendments are effective on July 1, 2012.

CLAIM PROCESSING AND APPEALS, Independent Medical Review of Claims (External Review), "Filing Fee" is hereby deleted in its entirety. All remaining Subsections are hereby renumbered to correlate with the change.

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, Subsection 4.4.6 is hereby amended to read as follows.

Court ordered or third party recommended treatment. Services required or recommended by third parties, including physicals and/or vaccines/immunizations for employment, overseas travel, camp, marriage licensing, insurance, and services ordered by a court or arranged by law enforcement officials, unless otherwise covered by this Evidence of Coverage, are not covered.

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.

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

AMENDMENT TO THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION

The Plan Document and Summary Plan Description for Arkansas Blue Cross and Blue Shield Holding Company System Open Access Employee Health Benefit Plan, Form # 31-11, is hereby amended as follows.

The following subsection amendments are effective on July 1, 2012.

CLAIM PROCESSING AND APPEALS, Independent Medical Review of Claims (External Review), "Filing Fee" is hereby deleted in its entirety. All remaining Subsections are hereby renumbered to correlate with the change.

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, Subsection 4.4.6 is hereby amended to read as follows.

Court ordered or third party recommended treatment. Services required or recommended by third parties, including physicals and/or vaccines/immunizations for employment, overseas travel, camp, marriage licensing, insurance, and services ordered by a court or arranged by law enforcement officials, unless otherwise covered by this Document, are not covered.

AMENDMENT TO THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION

The Plan Document and Summary Plan Description for Baptist Health Standard Employee Health Benefit Plan, Form # 31-12, is hereby amended as follows.

The following subsection amendments are effective on July 1, 2012.

CLAIM PROCESSING AND APPEALS, Independent Medical Review of Claims (External Review), "Filing Fee" is hereby deleted in its entirety. All remaining Subsections are hereby renumbered to correlate with the change.

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, Subsection 4.4.6 is hereby amended to read as follows.

Court ordered or third party recommended treatment. Services required or recommended by third parties, including physicals and/or vaccines/immunizations for employment, overseas travel, camp, marriage licensing, insurance, and services ordered by a court or arranged by law enforcement officials, unless otherwise covered by this document, are not covered.

AMENDMENT TO THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION

The Plan Document and Summary Plan Description for Arkansas Blue Cross and Blue Shield Holding Company System High Deductible Health Plan Employee Health Benefit Plan, Form # 31-14, is hereby amended as follows.

The following subsection amendments are effective on July 1, 2012.

CLAIM PROCESSING AND APPEALS, Independent Medical Review of Claims (External Review), "Filing Fee" is hereby deleted in its entirety. All remaining Subsections are hereby renumbered to correlate with the change.

SPECIFIC PLAN EXCLUSIONS, Miscellaneous Fees and Services, Subsection 4.4.6 is hereby amended to read as follows.

Court ordered or third party recommended treatment. Services required or recommended by third parties, including physicals and/or vaccines/immunizations for employment, overseas travel, camp, marriage licensing, insurance, and services ordered by a court or arranged by law enforcement officials, unless otherwise covered by this document, are not covered.



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 the following requirements.
 - 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 outpatient setting.
 - 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 outpatient setting.
 - 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. **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 Specific Plan Exclusion, "Health Interventions."
 - b. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See Specific Plan Exclusion, "Health Interventions."
 - c. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Specific Plan Exclusion, "Health Interventions."
 - d. **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 Specific Plan Exclusion, "Health Interventions."

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.

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.
- 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.

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- a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to the following requirements.
 - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
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 - 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 outpatient setting.
- 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.

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David F. Bridges, President
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	04/25/2012
Comments:	See attached.		
Attachment:	Flesch Certification Form HA,34-144,34-145,34-146,34-147 7-12,34-63, 34-68 R7-12.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	04/25/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	04/25/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved	04/25/2012
Bypass Reason:	Not PPACA related.		
Comments:			

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage
Form Nos. 34-144,34-146,34-147 7/12, 34-63, 34-68 R/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.6 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink that reads "Dail Brulje".

Name

President
Title

April 24, 2012
Date