

SERFF Tracking Number: FEMC-128520858 State: Arkansas
Filing Company: Federated Mutual Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: Group Health
Project Name/Number: Member Letter/Member Letter

Filing at a Glance

Company: Federated Mutual Insurance Company

Product Name: Group Health

SERFF Tr Num: FEMC-128520858 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Accepted State Tr Num:

For Informational Purposes

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num:

State Status: Closed-Accepted for Informational Purposes

Filing Type: Form

Author: Jeanette Myers

Reviewer(s): Rosalind Minor

Date Submitted: 06/27/2012

Disposition Date: 06/28/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Member Letter

Status of Filing in Domicile: Not Filed

Project Number: Member Letter

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

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: 06/28/2012

State Status Changed: 06/28/2012

Deemer Date:

Created By: Jeanette Myers

Submitted By: Jeanette Myers

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

To comply with Directive NO. 1-2012, Federated Mutual Insurance Company is submitting a specimen copy of a notice form. This notice form will be sent to members when a hospital terminates participation in a PPO network that Federated contracts with in the state of Arkansas.

State Narrative:

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Company and Contact

Filing Contact Information

Jeanette Myers, Compliance Analyst jmyers@fedins.com
 121 East Park Square 800-533-0472 [Phone] 455-5760
 [Ext]
 Owatonna, MN 55060 507-455-8226 [FAX]

Filing Company Information

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
 121 East Park Square Group Code: 7 Company Type:
 PO Box 328 Group Name: State ID Number:
 Owatonna, MN 55060 FEIN Number: 41-0417460
 (800) 533-0472 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$0.00	06/27/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Rosalind Minor Informational Purposes		06/28/2012	06/28/2012

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Disposition

Disposition Date: 06/28/2012

Implementation Date:

Status: Accepted For Informational Purposes

HHS Status: Not Reported

State Review:

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	PPACA Uniform Compliance Summary	Accepted for Informational Purposes	Yes
Supporting Document	Specimen Member Letter	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	06/28/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	06/28/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Accepted for Informational Purposes	06/28/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Specimen Member Letter	Accepted for Informational Purposes	06/28/2012
Comments:			
Attachment:	Specimen Member Letter.pdf		

Date

MEMBER
ADDRESS

RE: [Name of hospital] no longer in [name of PPO] network

Dear [Member Name]:

[Name of hospital] has terminated their contract with [name of PPO] network effective [date]. You and your covered dependents, if any, are entitled to receive inpatient and/or outpatient services at this hospital with claims continued to be paid as in-network until the coverage is terminated under the group health policy for any reason or upon renewal of the group health policy, whichever occurs first. After the date of termination or renewal, claims for services received at this hospital will be paid at out-of-network levels as indicated on your Schedule of Benefits.

You are receiving this notice because you reside in the same county where this hospital is located. For a complete listing of current in-network providers please visit [name of PPO]'s website: [insert website link].

Should you have any questions, please do not hesitate to contact me.

Sincerely,

[Karen Graff]
[Regional Managed Care Specialist]
[Phone: 507- 455-5482]
[Fax: 507-446-4718]
[E-mail: kmgraff@fedins.com]