

State: Arkansas Filing Company: HMO Partners, Inc. d/b/a Health Advantage
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
 Product Name: HMO Schedule of Charges
 Project Name/Number: HMO Schedule of Charges/31-01, 31-02, 31-03, 31-04, 31-05, 31-06, 31-07, 31-08, 31-09, 31-10, 31-15

Disposition

Disposition Date: 09/18/2012
 Implementation Date: 03/01/2013
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed by Actuary
 Comment:

We are approving your rates as submitted for the Non-Grandfathered portion of your small group block of business.

If we could be of further assistance, please let us know.

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
HMO Partners, Inc. d/b/a Health Advantage	Increase	8.000%	8.000%		3,469	\$12,732,397	15.000%	0.000%

Percent Change Approved:

Minimum: 0.0% Maximum: 15.0% Weighted Average: 0.0%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	No
Supporting Document	Consumer Disclosure Form	Approved-Closed	No

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/23/2012
Submitted Date	08/23/2012
Respond By Date	

Dear Christi Kittler,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit the filing fee of \$50.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Conclusion:

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,

Rosalind Minor

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/23/2012
Submitted Date	08/23/2012

Dear Rosalind Minor,

Introduction:

Hi Ros -

Response 1

Comments:

I have submitted the \$50.00 filing fee for this schedule of charges. However, can you please send me the citation on this fee for my records?

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thanks so much!

Sincerely,

Christi Kittler

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Note To Filer

Created By:

Rosalind Minor on 09/14/2012 08:25 AM

Last Edited By:

Rosalind Minor

Submitted On:

09/18/2012 09:16 AM

Subject:

Additional Information Needed

Comments:

It is requested that you provide us with the percentage of policyholder that will received the 8% overall increase, 0% minimum and the 15% maximum.