

State: Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002A Any Size Group - PPO
Product Name: Special Amendment
Project Name/Number: Amendment/34-152 8/12

Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage
 Product Name: Special Amendment
 State: Arkansas
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
 Sub-TOI: HOrg02G.002A Any Size Group - PPO
 Filing Type: Form
 Date Submitted: 08/24/2012
 SERFF Tr Num: HLAD-128658978
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: 34-152 8/12
 Implementation: On Approval
 Date Requested:
 Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
 Reviewer(s): Rosalind Minor (primary)
 Disposition Date: 09/07/2012
 Disposition Status: Approved-Closed
 Implementation Date:
 State Filing Description:

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General Information

Project Name: Amendment	Status of Filing in Domicile: Pending
Project Number: 34-152 8/12	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: 09/07/2012	Deemer Date:
State Status Changed: 09/07/2012	Submitted By: Evelyn Laney
Created By: Evelyn Laney	
Corresponding Filing Tracking Number:	

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find amendment 34-150 6/12 for your review and approval if indicated. This amendment provides for Part-Time Employees going to Full-Time status without having to satisfy the waiting period provided they had worked at least ninety (90) days. I was designed specifically for the Quapaw House group but can be used with any group with these same requirements. 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 this amendment is attached. Please feel free to contact me at 378-2165 with any questions you may have.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst	exlaney@arkbluecross.com
320 West Capitol, Ste 211	501-378-2165 [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:	\$50.00

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Retaliatory? No
Fee Explanation: \$50.00
Per Company: No

Company	Amount	Date Processed	Transaction #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	08/24/2012	61993751

SERFF Tracking #:

HLAD-128658978

State Tracking #:

Company Tracking #:

34-152 8/12

State:

Arkansas

Filing Company:

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

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002A Any Size Group - PPO

Product Name:

Special Amendment

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Amendment/34-152 8/12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2012	09/07/2012

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Disposition

Disposition Date: 09/07/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 34-152 8/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/07/2012	34-152 8/12	CERA	Amendment	Initial:	40.900	34-152 8-12 (90 days)(PT-FT).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



AMENDMENT TO THE HEALTH ADVANTAGE EVIDENCE OF COVERAGE

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

ELIGIBILITY STANDARDS, Subsection 6.2 is hereby amended to add the following new subsection.

Effective Date for Part-Time Employees going to Full-Time Status. Subject to all other terms, conditions, exclusions and limitation in the Plan as set forth in Evidence of Coverage, part-time Subscribers who subsequently transfer to full-time status may enroll in the group health benefit Plan without completing the Waiting Period provided they have worked for the Group at least ninety (90) consecutive days. However, if the entire Waiting Period was not completed prior to being hired at the full-time status, then they will be required to satisfy the remainder of the Waiting Period. Coverage will become effective on the first day of the Contract Month following the change in status.

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

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/07/2012
Comments:	Please see attached.		
Attachment(s):	Flesch Certification Form HA, 34-152 8-12.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/07/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/07/2012
Bypass Reason:	Not required.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/07/2012
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. 34-152 8/12**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.9 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.

Name

President

Title

August 24, 2012

Date