

**State:** Arkansas **Filing Company:** QualChoice Life and Health Insurance Company, Inc.  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.015 Multi-Plan  
**Product Name:** MediQ65  
**Project Name/Number:** /

### Filing at a Glance

Company: QualChoice Life and Health Insurance Company, Inc.  
 Product Name: MediQ65  
 State: Arkansas  
 TOI: MS05I Individual Medicare Supplement - Standard Plans  
 Sub-TOI: MS05I.015 Multi-Plan  
 Filing Type: Form  
 Date Submitted: 11/05/2012  
 SERFF Tr Num: QUAC-128756668  
 SERFF Status: Closed-Disapproved  
 State Tr Num:  
 State Status: Disapproved-Closed  
 Co Tr Num:  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Jim Couch, Liz Hubbard  
 Reviewer(s): Stephanie Fowler (primary)  
 Disposition Date: 01/16/2013  
 Disposition Status: Disapproved  
 Implementation Date:  
 State Filing Description:

**State:** Arkansas **Filing Company:** QualChoice Life and Health Insurance Company, Inc.  
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**General Information**

Project Name: Status of Filing in Domicile:  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 01/16/2013  
 State Status Changed: 01/16/2013  
 Deemer Date: Created By: Liz Hubbard  
 Submitted By: Liz Hubbard Corresponding Filing Tracking Number:  
 Filing Description:  
 MediQ65 Questionnaire

**Company and Contact**

**Filing Contact Information**

Jim Couch, VP of Compliance jim.couch@qualchoice.com  
 12615 Chenal Parkway, Suite 300 501-228-7111 [Phone] 5118 [Ext]  
 Little Rock, AR 72211 501-707-6729 [FAX]

**Filing Company Information**

QualChoice Life and Health Insurance Company, Inc. CoCode: 70998 State of Domicile: Arkansas  
 12615 Chenal Parkway, Suite 300 Group Code: Company Type: Life & Health  
 Little Rock, AR 72211 Group Name: State ID Number:  
 (501) 228-7111 ext. [Phone] FEIN Number: 71-0386640

**Filing Fees**

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

Company	Amount	Date Processed	Transaction #
QualChoice Life and Health Insurance Company, Inc.	\$50.00	11/05/2012	64561890

SERFF Tracking #:

QUAC-128756668

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Stephanie Fowler	01/16/2013	01/16/2013

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	12/13/2012	12/13/2012
Pending Industry Response	Stephanie Fowler	11/15/2012	11/15/2012

#### Response Letters

Responded By	Created On	Date Submitted
Liz Hubbard	12/13/2012	12/13/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
MediQ65 Questionnaire	Note To Reviewer	Liz Hubbard	11/05/2012	11/05/2012

**SERFF Tracking #:**

QUAC-128756668

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## Disposition

Disposition Date: 01/16/2013

Implementation Date:

Status: Disapproved

Comment: This filing is disapproved due to lack of response. This form is not to be used.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Disapproved	No
Supporting Document	Application	Disapproved	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Outline of Coverage	Disapproved	No
Form	MediQ65 Questionnaire	Disapproved	Yes

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/13/2012
Submitted Date	12/13/2012
Respond By Date	

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Dear Jim Couch,

**Introduction:**

Thank you for your response, I just need a bit more clarification. What will your company do with this "more specific information"? How will the insureds be effected?

**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,  
Stephanie Fowler

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/15/2012
Submitted Date	11/15/2012
Respond By Date	12/17/2012

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Dear Jim Couch,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

*Please provide more detail regarding the need and use of this questionnaire.*

**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,*

*Stephanie Fowler*

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2012
Submitted Date	12/13/2012

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Dear Stephanie Fowler,

**Introduction:**

**Response 1**

**Comments:**

The purpose of the phone questionnaire to the MediQ65 applicants is as a supplement to the application in assessing their risk. The questions acknowledge their previous answers then, in a non-threatening manner and without duplicating, delve more specifically for items known to increase risk of multiple hospitalizations. Applicants who are in their open enrollment period or guaranteed issue will not be asked these questions.

**Changed Items:**

- No Supporting Documents changed.
- No Form Schedule items changed.
- No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Liz Hubbard

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## Note To Reviewer

**Created By:**

Liz Hubbard on 11/05/2012 10:58 AM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

01/16/2013 03:14 PM

**Subject:**

MediQ65 Questionnaire

**Comments:**

Stephanie - This is a questionnaire that a third party (EMSI) will ask MediQ65 applicants who are NOT in their open enrollment period or guaranteed issue. Applicants who are in their open enrollment period or guaranteed issue will not be asked these questions.

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## Form Schedule

### Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Disapproved 01/16/2013	MediQ65 Questionnaire		AEF	Initial			MediQ65 Questionnaire.pdf

### Form Type Legend:

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

DATE: 9/27/2012  
TIME: 10:01:01

INTERVIEW QUESTIONS EDIT REPORT

PROGRAM: PHR092  
PAGE NO: 1

CLIENT TYPE: 000800 0403 001 QUALCHOICE  
REPORT NUMBER: FULL Report  
REPORT DESCRIPTION: 002  
MEDICARE 2

SEL.

LINE SCREEN QUESTION QUESTIONNAIRE QUESTION PROMPT QUESTION  
H RESPONSE RESPONSE DESCRIPTION

0007 Hello, my name is (interviewer name) with EMSI and I am calling on behalf of QualChoice Health Insurance regarding your recent application for the Medi065 Medicare Supplemental insurance policy. To help in the underwriting process they have requested that we complete a telephone interview with you. The interview should only take about 10 minutes. Do you have time now or is there a better time that we can contact you?

0008

0009

0010 In the past 1 year, have you had a hospitalization for any reason?  
Please provide the reason.  
Was it a planned or unplanned admission?

0020 In the past 1 year, have you had an abnormal blood sugar reading?  
What were the circumstances?

0030 In the past 1 year, have you had home care nurses for any reason?  
For what reason?

0040 In the past 1 year, have you required home oxygen therapy?  
For what reason?  
Do you still use oxygen?

0050 How many different physicians do you see on a regular basis?

0060 How many times have you been to your main doctor in the past 1 year?

0070 I understood that you provided your specific medication information on your application, but I would like to ask you for some additional information:

0080 Please tell me about how many different medications you take on a regular basis?  
Do you have help in organizing and arranging your medicines to help you remember to take them on time?  
How many times in the past 6 months have you

Insert after line 0009 and Before 0010:  
Verification of Information:  
- Name  
- Address  
- Social Security #  
- Date of birth  
This is built into the computer system  
To prompt for this information

Q SEL. TABLE 001 CONTINUE  
Q SEL. TABLE 001 CONTINUE  
Q SEL. TABLE 001 CONTINUE  
Q Y/N DETAIL LINE  
Q SEL. TABLE 001 PLANNED  
002 UNPLANNED  
PROMPT ON YES  
Q Y/N DETAIL LINE  
PROMPT ON YES  
Q Y/N DETAIL LINE  
Q SEL. TABLE 001 CONTINUE  
Q Y/N DETAIL LINE  
PROMPT ON YES  
Q Y/N DETAIL LINE  
Q DETAIL LINE  
Q DETAIL LINE  
Q SEL. TABLE 001 CONTINUE  
Q M/Q TABLE 001 1-3 DIFFERENT MEDICATIONS  
002 4 OR MORE DIFFERENT MEDICATIONS  
Q Y/N

PROMPT

DATE: 9/27/2012  
TIME: 10:01:01

INTERVIEW QUESTIONS EDIT REPORT

PROGRAM: PHR092  
PAGE NO: 2

CLIENT TYPE: 000800 0403 001 QUALCHOICE  
REPORT NUMBER: Full Report  
REPORT DESCRIPTION: 002  
MEDICARE 2

LINE SCREEN QUESTION  
QUESTIONNAIRE QUESTION  
PROMPT QUESTION

H RESPONSE  
Q

SEL.

0003 missed a dose of your medicines?  
Are you able to get all of your medicines filled  
at the times required? If no, why?

Q DETAIL LINE  
Q DETAIL LINE

0090 Do you have someone to call if you need help?  
0001 What relation is this person?

Q Y/N  
Q SEL. TABLE  
PROMPT ON YES  
001 SPOUSE  
002 OTHER FAMILY  
003 FRIEND  
004 NEIGHBOR

0100 Do you currently have any sores that haven't  
healed?

Q Y/N

0110 Have you had any change in size or shape of a  
wart or mole?

Q Y/N

0120 Are you having any digestive issues such as  
difficulty swallowing or change in bowel habits?  
0001 Please explain.

Q Y/N  
Q DETAIL LINE  
PROMPT ON YES

0130 How would you rate your general health at this  
time?

Q SEL. TABLE  
001 EXCELLENT  
002 VERY GOOD  
003 GOOD  
004 FAIR  
005 POOR

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Disapproved	01/16/2013
Comments:			
Attachment(s):			
MediQ65 Questionnaire Flesch Letter Nov 2012.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Disapproved	01/16/2013
Bypass Reason:	not applicable		

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Health - Actuarial Justification	Disapproved	01/16/2013
Bypass Reason:	This is not a rate change.		

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Outline of Coverage	Disapproved	01/16/2013
Bypass Reason:	not applicable		



November 5, 2012

Ms. Stephanie Fowler  
Arkansas Department of Insurance  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: MediQ65 Questionnaire

Dear Ms. Fowler:

This certifies that the documents being filed in conjunction with this letter do 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.

Sincerely,

Liz Hubbard  
Associate Corporate Counsel  
liz.hubbard@qualchoice.com  
(501) 219-5129