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Bulletin 97-11

To: Issuers Offering Medicare Supplement Insurance
HMOs Offering Evidences of Coverage Issued Pursuant to a Risk or Cost Contract

From: Commissioner Linda Ruthardt

Re: Required Open Enrollment Period To Be Held Pursuant to M.G.L. c. 176K for Medicare Supplement plans between October 15, 1997 and December 15, 1997 and for Medicare HMO plans between October 15, 1997 and December 1, 1997

Date: October 1, 1997

The purpose of this bulletin is to inform all issuers offering Medicare Supplement insurance policies and HMOs offering evidences of coverage issued pursuant to a risk or cost contract that are subject to the provisions of M.G.L. c. 176K that such carriers must participate in a required open enrollment period pursuant to M.G.L. c. 176K, sections (2)(b) and 3(g), as well as 211 CMR 71.10(6). This required open enrollment period for Medicare Supplement plans will start on October 15, 1997 and continue through December 15, 1997. Per the federal Health Care Financing Administration, the required open enrollment period for Medicare HMO plans will start on October 15, 1997 and continue through December 1, 1997.

The Division has scheduled this open enrollment period because it has been notified by the federal Health Care Financing Administration (HCFA) that HCFA's Health Care Prepayment Plan contract with Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA) will no longer be in effect as of January 1, 1998 for the purposes of individual/direct pay enrollment The BCBSMA Health Care Prepayment Plan product has been marketed under the name *HMO Blue for Seniors.* BCBSMA ceased new sales of its *HMO Blue for Seniors* product as of January 1, 1996.

This open enrollment period is available to all persons who are covered under a BCBSMA *HMO Blue for Seniors* evidence of coverage as of October 14, 1997 and who meet the definition of Eligible Person found in 211 CMR 71.03. Carriers must make available all Medicare Supplement policies or Evidences of Coverage currently available from the carrier to these individuals. Coverage must be effective on January 1, 1998; provided, however, that if a carrier can accommodate an earlier effective date and the applicant chooses to have coverage with that carrier start before January 1, 1998, an effective date prior to January 1, 1998 is acceptable.

Any questions regarding this bulletin should be directed Kevin Beagan, Director of the Health Unit of the State Rating Bureau at (617) 521-7347.