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COMMISSIONER OF INSURANCE

Bulletin 97-12

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 for Berkshire County Residents in Blue Care 65 for Medicare Supplement Plans To Be Held November 1, 1997 through December 15, 1997 According to the Requirements of M.G.L. c. 176K

Date: October 30, 1997

The purpose of this bulletin is to inform all issuers offering Medicare Supplement insurance policies 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) as described in this bulletin for certain **Berkshire County residents *only***. This required open enrollment period for Medicare Supplement plans will start on November 1, 1997 and continue through December 15, 1997. Please note that although the above-noted provisions require that Medicare HMOs also participate in this open enrollment period, there are currently no Medicare HMOs that have plans available to offer to Berkshire County residents. Therefore, it is not possible for any Medicare HMOs to participate in this required open enrollment period.

The Division has scheduled this open enrollment period because it has been notified by the federal Health Care Financing Administration (HCFA) that HCFA's Medicare risk contract with Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA) will no longer be in effect in Berkshire County as of January 1, 1998 for the purposes of individual/direct pay enrollment The BCBSMA Medicare risk product has been marketed under the name *Blue Care 65*. BCBSMA ceased new sales of its *Blue Care 65* product in Berkshire County in March, 1996.

This open enrollment period is available to all persons residing in Berkshire County who are covered under a BCBSMA *Blue Care 65* evidence of coverage as of November 1, 1997 and who meet the definition of Eligible Person found in 211 CMR 71.03. Carriers must make available all Medicare Supplement policies 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 the Division of Insurance at (617) 521-7347.