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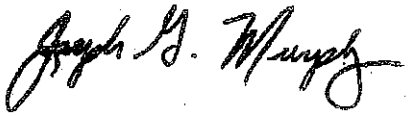
BULLETIN 2013-04

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations Offering or Renewing Insured Health Products in the Merged Market in Massachusetts

FROM: Joseph G. Murphy, Commissioner of Insurance



DATE: April 26, 2013

RE: SECTION 8 of Chapter 3 of the Acts of 2013 – Changes to Enrollment Requirements for Individuals in Insured Health Benefit Plans

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The Division of Insurance ("Division") issues this Bulletin to remind commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations offering or renewing insured health products in the merged market ("Carriers") of the requirements of SECTION 8 of Chapter 3 of the Acts of 2013, which became effective on February 15, 2013. This Bulletin supersedes and replaces any portion of Bulletin 2011-19, *Open Enrollment for Individuals in Insured Health Benefit Plans* that is inconsistent with its provisions.

SECTION 8 revises M.G.L. c. 176J, § 4(a)(2) to require that a Carrier enroll eligible individuals *either* as defined in M.G.L. c. 176J, § 1 *or* as defined in section 2741 of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 300gg-41(b) ("HIPAA"), if coverage is requested within 63 days of termination of prior creditable coverage. Therefore, as of February 15, 2013, Carriers must enroll an eligible individual, as defined in M.G.L. c. 176J, § 1, who requests coverage within 63 days of termination of prior creditable coverage, even if such individual does not meet HIPAA requirements, such as having an aggregate of 18 months or more of prior creditable coverage at the time the request for coverage is made.

All other provisions of M.G.L. c. 176J remain in full force and effect, including but not limited to M.G.L. c. 176J, §4(b)(2), which provides that a carrier shall not be required to issue a health benefit plan to an eligible individual or eligible small business in circumstances where health

benefit plan nonpayment, fraud, failure to comply with material requirements, or voluntary cessation of health benefit plan coverage has occurred.

If you have any questions regarding this Bulletin, please contact Nancy Schwartz, Director of the Bureau of Managed Care, at (617) 521-7347 or at nancy.schwartz@state.ma.us.