

WEST VIRGINIA INFORMATIONAL LETTER

NO. 58

MARCH 1, 1989

TO: All Health Insurers Licensed to do Business in West Virginia

SUBJECT: Medicare Supplement Insurance Coverage; Compliance with The Omnibus Budget Reconciliation Act of 1987 (OBRA) and Transitional Regulation promulgated pursuant to the Medicare Catastrophic Coverage Act of 1988

OBRA Section 4081 requires the Office of the Insurance Commissioner to provide a list to the Secretary of Health and Human Services of all Medicare Supplement policies marketed in West Virginia along with the name, form number and status of all policies on an annual basis.

In addition, the transitional regulation promulgated by the Insurance Commissioner (Series 24) to implement the benefit and premium requirements of the Medicare Catastrophic Coverage Act of 1988 requires filing new policies which eliminate duplication of benefits by December 19, 1988 and filing appropriate premium adjustments and forms necessary to eliminate duplication of benefits on in-force policies by February 14, 1989.

In order to ensure compliance with the above statutes and regulation your company must provide the Office of the Insurance Commissioner the following information on or before April 1, 1989:

- 1) The names (including trade names) of all Medicare supplement forms previously sold, or currently being sold in West Virginia;
- 2) The form number for all such policies, riders or endorsements. If it is a rider or endorsement indicate the name and form number of the policy to which it is or has been added;
- 3) The status of the form, i.e., withdrawn from the market, approved, disapproved or pending approval along with dates of withdrawal, approval or disapproval.
- 4) a. The form number and date of filing and approval of any riders and endorsements filed to bring in-force business into compliance with the non-duplication requirement of Series 24, Section 4 along with the form number of the policies to which such riders or endorsements are attached.

- b. The date of filing and approval of the rate filings which correspond to the non-duplication requirements for in-force business;
 - c. The date of filing and approval of new policies and rates as required by Series 24, Section 5 along with the form number which is being replaced. If your company has decided not to market new policies in West Virginia on and after January 1, 1989, please so specify.
- 5) In regard to the forms specified in response to Question No. 4, the date advertising (if any) used in connection with each form was filed with this Office.

NOTE: Advertising used in connection with mass-marketed medicare supplement policies is subject to the pre-approval filing requirements described in Informational Letter No. 43 issued in July 1987.

Non-mass marketed advertising must be filed for informational purposes only.

Even if the Company has no approved medicare supplement forms in West Virginia and does not intend to market such policies the Company must respond to that effect.

RESPONSES AND ANY QUESTIONS REGARDING THIS LETTER SHOULD BE ADDRESSED TO ROBERT M. ADKINS, J.D., DIRECTOR, RATES AND FORMS DIVISION, WEST VIRGINIA INSURANCE DEPARTMENT, (304/348-2094).

HANLEY C. CLARK
INSURANCE COMMISSIONER

