

NOTICE OF
PROPOSED RULE AMENDMENT

- The agency identified below in box 1 provides notice of proposed rule change pursuant to Utah Code Section 63G-3-301 and Subsection 53C-1-201(3)(c).
- Please address questions regarding information on this notice to the agency.
- The full text of all rule filings is published in the Utah State Bulletin unless excluded because of space constraints.
- The full text of all rule filings may also be inspected at the Office of Administrative Rules.

Agency Information

1. Agency: Insurance - Administration
 Room no.: 3110
 Building: STATE OFFICE BLDG
 Street address 1: 450 N MAIN ST
 Street address 2:
 City, state, zip: SALT LAKE CITY UT 84114-1201
 Mailing address 1: PO BOX 146901
 Mailing address 2:
 City, state, zip: SALT LAKE CITY UT 84114-6901

Contact person(s):

Name:	Phone:	Fax:	E-mail:
Steve Gooch	801-538-3803	801-538-3829	sgooch@utah.gov

(Interested persons may inspect this filing at the above address or at DAR during business hours)

Rule Information

DAR file no: 43659 Date filed: 04/15/2019 06:45 PM
 State Admin Rule Filing Key: 161129
 Utah Admin. Code ref. (R no.): R 590 - 146 -
 Changed to Admin. Code ref. (R no.): - -

Title

2. Title of rule or section (catchline):
 Medicare Supplement Insurance Standards

Notice Type

3. Type of notice: Amendment

Rule Purpose

4. Purpose of the rule or reason for the change:
 The purpose of the rule is to adopt changes as a result of the Medicare Access and CHIP Reauthorization Act of 2016, a bipartisan legislation signed into law on April 16, 2015. This federal legislation estimated coverage of the Part B deductible in Plans C and F for newly eligible individuals on or after January 1, 2020.

Response Information

- 5. This change is a response to comments by the Administrative Rules Review Committee.
No

Rule Summary

- 6. Summary of the rule or change:

The purpose of the rule is to adopt changes as a result of the Medicare Access and CHIP Reauthorization Act of 2016, a bipartisan legislation signed into law on April 16, 2015. This federal legislation estimated coverage of the Part B deductible in Plans C and F for newly eligible individuals on or after January 1, 2020. The revisions include: removal of the definition of creditable coverage; changes the definition of issuer to singular, rather than plural; and adds a definition for newly eligible. Effective January 1, 2020, Plan C is redesignated as Plan D; Plan F is redesignated as Plan G; and Plan F High Deductible is Redesignated Plan G High Deductible. It clarifies that Plans C, F and F High Deductible may not be offered to individuals newly eligible for Medicare on or after January 1, 2010, but may be continued to be offered to persons eligible for Medicare prior to January 1, 2020. The revisions create a new annual filing requirement: Annual Filing of Rate and Enrollment Data.

Aggregate Cost Information

- 7. Aggregate anticipated cost or savings to:

A) State budget:

Affected: No

It is anticipated that an insurer who wishes to offer these redesignated plans will incorporate the revisions as part of their annual filing process, which will not increase the Department's workload, or affect the state budget.

B) Local government:

Affected: No

There is no anticipated cost or savings to local government.

C) Small businesses:

Affected: No

("small business" means a business employing fewer than 50 persons)

There is no anticipated cost or savings to small businesses.

D) Persons other than small businesses, businesses, or local government entities:

Affected: No

("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency)

The rule sets standards for specific Medicare supplement plans, but it does not require an insurer to offer the plans. If an insurer selects to offer the plans, the insurer will be required to file revisions to create the redesignated plans. There is not a filing fee for submission of the filing.

Compliance Cost Information

- 8. Compliance costs for affected persons:

The rule sets standards for specific Medicare supplement plans, but it does not require an insurer to offer the plans. If an insurer selects to offer the plans, the insurer will be required to file the new plans with the Department. There is not a filing fee for submission of the filing. The new filing requirement for the Annual Filing of Rate and Enrollment Data is a simple spreadsheet. The information is not new data to be created, but rather a way to collect information in a uniform manner. There is not a filing fee associated with submission of the new filing requirement.

Department Head Comments

9. A) Comments by the department head on the fiscal impact the rule may have on businesses:

After conducting a thorough analysis, it was determined that this proposed rule will not result in a fiscal impact to businesses.

B) Name and title of department head commenting on the fiscal impacts:

Todd E. Kiser, Insurance Commissioner

Citation Information

10. This rule change is authorized or mandated by state law, and implements or interprets the following state and federal laws.

State code or constitution citations (required) (e.g., Section 63G-3-402; Subsection 63G-3-601(3); Article IV) :
31A-22-620

Incorporated Materials

11. This rule adds, updates, or removes the following title of materials incorporated by reference (a copy of materials incorporated by reference must be submitted to DAR; if none, leave blank) :

Official Title of Materials Incorporated (from title page):
Publisher:
Date Issued:
Issue, or version:
ISBN Number:
ISSN Number:
Cost of Incorporated Reference:
Adds, updates, removes:

Comments

12. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. The agency is required to hold a hearing if it receives requests from ten interested persons or from an association having not fewer than ten members. Additionally, the request must be received by the agency not more than 15 days after the publication of this rule in the Utah State Bulletin. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until 5:00 p.m. on (mm/dd/yyyy) :

05/31/2019

B) A public hearing (optional) will be held:

On (mm/dd/yyyy): At (hh:mm AM/PM): At (place):

Proposed Effective Date

13. This rule change may become effective on (mm/dd/yyyy):

06/07/2019

NOTE: The date above is the date on which this rule MAY become effective. It is NOT the effective date. After a minimum of seven days following the date designated in Box 12(A) above, the agency must submit a Notice of Effective Date to the Office of Administrative Rules to make this rule effective. Failure to submit a Notice of Effective Date will result in this rule lapsing and will require the agency to start the rulemaking process over.

Indexing Information

14. Indexing information - keywords (maximum of four, in lower case, except for acronyms (e.g., "GRAMA") or proper nouns (e.g., "Medicaid")):
insurance

File Information

15. Attach an RTF document containing the text of this rule change (filename):
There is a document associated with this rule filing.

To the Agency

Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the Utah State Bulletin, and delaying the first possible effective date.

Agency Authorization

Agency head or designee, and title:	Steve Gooch Information Specialist	Date (mm/dd/yyyy): 04/15/2019
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