**ACTION:** Revised

DATE: 05/19/2009 4:29 PM

## Rule Summary and Fiscal Analysis (Part A)

## **Department of Insurance**

Agency Name

Tina Chubb

Contact

Division

**(614)** 

50 W Town Street Suite 300 Columbus OH 43215-0000

(614) **728-1044** 

644-3742

Agency Mailing Address (Plus Zip)

Phone Fax

3901-8-08

Rule Number TYPE of rule filing

Rule Title/Tag Line Medicare supplement.

## **RULE SUMMARY**

- 1. Is the rule being filed consistent with the requirements of the RC 119.032 review? No
- 2. Are you proposing this rule as a result of recent legislation? No
- 3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: 119.03
- 4. Statute(s) authorizing agency to adopt the rule: 3901.041, 3923.33, 3923.331 to 3923.339
- 5. Statute(s) the rule, as filed, amplifies or implements: 3923.33, 3923.331 to 3923.339
- 6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

To maintain accreditation of Ohio's Medicare Supplement program by adopting the changes in the federal Medicare Improvements for Patients and Providers Act of 2008, and the Genetic Information Nondiscrimination Act of 2008, as adopted in the model regulation of the National Association of Insurance Commissioners. The old rule was rescinded and this new rule is promulgated in the "Health" Division of the Department's rules.

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7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

Rule 3901-1-41 sets forth the requirements for the sale of Medicare Supplement insurance in Ohio.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

The rule refers to the Guide to Health Insurance for People with Medicare in paragraphs (S)(1)(f) and (S)(5)(a). This document is generally available at the website for the Centers for Medicare and Medicaid Services: http://cms.hhs.gov/under Medicare-Consumer Information-Publications-Search (Pub. #02110).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not Applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

(K)(6)(e) inserted [regular] before "plan F";

(L)(9)(a) redrafted to track NAIC Model Medicare Supplement regulation language;

Appendix C (2010) Plan K Part A: deleted "all but" in 3rd term under "Plan Pays" under "Hospitalization";

Appendix C (2010) Plan L Part B: insert additional asterisk in 1st item under "You

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Pay" under "Medical Expenses."

12. 119.032 Rule Review Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

## FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

Not Applicable.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not Applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

Rule may affect the purchase price of Medicare Supplement insurance, amount unknown.

- 16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations?  $N_0$
- 17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

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