



ADMINISTRATIVE RULES OF MONTANA

6.6.5079E TRANSITION IN LARGE AND SMALL GROUP HEALTH PLANS TO CHANGES UNDER HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) IN MONTANA LAW

- (1) Group health insurance plans and health insurance coverage offered in connection with group health plans for group health plan and health insurance coverage contracts issued or renewed after June 30, 1997, are subject to the following sections of the Montana Codes Annotated (MCA) regarding:
 - (a) Representations in applications at 33-15-402, MCA;
 - (b) Prohibiting against preexisting condition exclusions for adopted children at 33-22-130, MCA;
 - (c) Definitions at 33-22-140, MCA;
 - (d) Creditable coverage at 33-22-141, MCA;
 - (e) Issuing certificates of coverage at 33-22-142, MCA;
 - (f) Preexisting condition exclusions in the group market at 33-22-514, MCA;
 - (g) Special enrollment periods at 33-22-523, MCA;
 - (h) Guaranteed renewability requirements at 33-22-524, MCA;
 - (i) Guaranteed renewability in multiple employer welfare arrangements at 33-22-525, MCA;
 - (j) Discrimination in group health insurance at 33-22-526, MCA;
 - (k) Prohibitions against preexisting condition exclusions for newborns at 33-22-504(1) , MCA;
 - (l) Definitions under the Small Employer Health Insurance Availability Act at 33-22-1803, MCA;
 - (m) The applicability, and scope of the Small Employer Health Insurance Availability Act at 33-22-1804(1) (d) and (3) , MCA;
 - (n) Guaranteed issue of all small group plans at 33-22-1811(1) , MCA. These requirements are further defined in ARM 6.6.5079A;
 - (o) Rules for preexisting condition exclusions in small group plans at 33-22-1811(3) (a) (i) and (b) , MCA;
 - (p) Regarding the requirements for small employer carriers to offer or provide coverage under certain circumstances at 33-22-1811(4) , MCA;
 - (q) Prohibiting preexisting condition exclusions in plans issued by health service corporations at 33-30-1001, MCA;

- (r) The definition of an "affiliation period" for health maintenance organizations at 33-31-102(1) , MCA;
 - (s) Health maintenance organizations being subject to 33-22-141, 33-22-142, 33-22-514, 33-22-523, 33-22-524 and 33-22-526, MCA, at 33-31-111(6) , MCA; and
 - (t) Affiliations periods in health maintenance organizations at 33-31-307, MCA.
- (2) When a group health plan is first issued or renewed after June 30, 1997, it must provide an open enrollment period for the purpose of providing an opportunity to enroll in the plan to those persons who previously may have been excluded from coverage, or discouraged from participating, for reasons now prohibited under any statute listed in (1) . The period shall commence at the time the plan is issued or renewed and last not less than 30 days after eligible employees and their dependents are notified of the enrollment opportunity as set forth in (3) .
 - (3) Small employer carriers must provide written notice prior to the opportunity to enroll set forth in (2) to each small employer insured under a health benefit plan offered by such carrier. The notice must clearly describe the enrollment rights required by this rule to all eligible employees and dependents not currently covered under the plan. Small employer carriers are not required to send this notice to each eligible employee or dependent, but must obtain written proof from the employer that each eligible individual has been notified.
 - (4) A group health plan renewing after June 30, 1997 must remove any remaining preexisting exclusion periods for any covered individual to the extent that those preexisting conditions conflict with 33-22-130, 33-22-504, 33-22-514 or 33-22-1811(3) , MCA, as applicable. Additionally, any preexisting exclusion periods permitted under 33-22-514 or 33-22-1811(3) , MCA, must be reduced by any creditable coverage periods, assuming the application of creditable coverage held by an individual as of the individual's enrollment date, regardless of whether the enrollment date occurred before or after a plan's renewal date.
 - (5) A small employer carrier that has not previously complied with the guaranteed issue requirements set forth in ARM 6.6.5079A must comply with those provisions with respect to any small' employers for whom the carrier is providing health insurance coverage as of July 1, 1997 by following the disclosure requirements set forth in ARM 6.6.5079B with respect to those small employers.
 - (6) In order to continue operating as a small employer carrier, each health insurance carrier that was approved as a small employer carrier prior to June 26, 1998, must make a submission in accord with ARM 6.6.5050(1) (b) by October 1, 1998.

Authorizing statute(s): Sec. 33-1-313, 33-22-143, and 33-22-1822, MCA

Implementing statute(s): Sec. 33-22-141, 33-22-514, 33-22-526, and 33-22-1811, MCA

History: NEW, 1998 MAR p. 1698, Eff. 6/26/98.