



ADMINISTRATIVE RULES OF MONTANA



6.6.2507 PROHIBITED PRACTICES

- (1) A health maintenance organization may not include in its contract and evidence of coverage a provision setting forth exclusions or limitations of services for preexisting conditions at the time of enrollment, except as permitted under 33-22-246, 33-22-514, or 33-22-1811, MCA.
- (2) In addition to the requirements of (1), a health maintenance organization may not exclude or limit services for a preexisting condition when the enrollee transfers coverage from one individual contract to another or when the enrollee converts coverage under his conversion option, except to the extent of a preexisting condition limitation or exclusion remaining unexpired under the prior contract.
- (3) A health maintenance organization may not unfairly discriminate against any enrollee or applicant for enrollment on the basis of the age, sex, race, color, creed, national origin, ancestry, religion, marital status, or lawful occupation of an enrollee, because of the frequency of utilization of services of an enrollee, or for any reason prohibited by 33-22-526, MCA.
- (4) Representing as a group contract a contract that refuses, within the eligibility period, to enroll an individual member of a group on the basis of the health status or health care needs of the individual enrollee or member is deceptive and misleading and violative of 33-18-203, MCA.

Authorizing statute(s): 33-31-103, MCA

Implementing statute(s): 33-18-203, 33-31-111, 33-31-301, 33-31-312, MCA

History: NEW, 1987 MAR p. 1770, Eff. 10/16/87; AMD, 1998 MAR p. 1698, Eff. 6/26/98; AMD, 2018 MAR p. 1102, Eff. 6/9/18.