

TITLE 50: INSURANCE
PART 5421 HEALTH MAINTENANCE ORGANIZATION
CHAPTER I: DEPARTMENT OF INSURANCE

Section 5421.111 Cancellation

- a) No HMO shall cancel a group or individual contract or evidence of coverage except for one or more of the following reasons:
- 1) Failure of the enrollee to pay the amount due under the contract or evidence of coverage, for which the enrollee is legally responsible; or
 - 2) Fraud or material misrepresentation in enrollment or in the use of services or facilities; or
 - 3) Material violation of the terms of the contract or evidence of coverage; or
 - 4) Failure of the enrollee and the primary care physician to establish a satisfactory patient-physician relationship if the enrollee has repeatedly refused to follow the plan of treatment ordered by the physician; it is shown that the HMO has in good faith provided the enrollee with the opportunity to select an alternative primary care physician; and the enrollee has been notified in writing at least 31 days in advance that the HMO considers such patient-physician relationship to be unsatisfactory; or
 - 5) Under the Basic Outpatient Preventive and Primary Care Services for Children Program, failure to meet or continue to meet eligibility requirements as required by Section 5421.131 of this Part; or
 - 6) Such other good cause agreed upon in the contract and approved by the Director pursuant to Section 4-13 of the Act.