
42 C.F.R. § 417.436

Rules for enrollees.

- (a) *Maintaining rules.* An HMO or CMP must maintain written rules that deal with, but need not be limited to the following:
- (1) All benefits provided under the contract, as described in § 417.440.
 - (2) How and where to obtain services from or through the HMO or CMP.
 - (3) The restrictions on coverage for services furnished from sources outside a risk HMO or CMP, other than emergency services and urgently needed services (as defined in § 417.401).
 - (4) The obligation of the HMO or CMP to assume financial responsibility and provide reasonable reimbursement for emergency services and urgently needed services as required by § 417.414(c).
 - (5) Any services other than the emergency or urgently needed services that the HMO or CMP chooses to provide as permitted by this part, from sources outside the HMO or CMP. A cost HMO or CMP must disclose that the enrollee may receive services through any Medicare providers and suppliers.
 - (6) Premium information, including the amount (or if the amount cannot be included, the telephone number of the source from which this information may be obtained) and the procedures for paying premiums and other charges for which enrollees may be liable.
 - (7) Grievance and appeal procedures.
 - (8) Disenrollment rights.
 - (9) The obligation of an enrollee who is leaving the HMO's or CMP's geographic area for more than 90 days to notify the HMO or CMP of the move or extended absence and the HMO's or CMP's policies concerning retention of enrollees who leave the geographic area for more than 90 days, as described in § 417.460(a)(2).

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