

90.1 - General Prohibition

(Chapter 4, §100 of the Medicare Managed Care Manual) Except for not enrolling most individuals who have been medically determined to have end-stage renal disease, and except for not enrolling enrollees who have already elected hospice, a *Medicare cost plan* may not deny, limit, or condition the coverage or furnishing of benefits to individuals eligible to enroll in Medicare cost plan on the basis of any factor that is related to health status, including, but not limited to the following:

- Medical condition, including mental, as well as physical illness;
- Claims experience;
- Receipt of health care;
- Medical history;
- Genetic information;
- Evidence of insurability, including conditions arising out of acts of domestic violence; and
- Disability.

An individual who develops end-stage renal disease while enrolled in a health plan offered by the Medicare cost plan organization, is eligible to elect a cost plan. For additional guidance on eligibility and enrollment see Chapter 17d of this manual, “Medicare Cost Plan Enrollment and Disenrollment Instructions.”