



ADMINISTRATIVE RULES OF MONTANA



6.6.8805 ACCESS PLAN FILING AND REVIEW GUIDELINES

- (1) When a health carrier submits a proposed access plan to the commissioner for review and approval, the commissioner will either approve, disapprove, or request additional information on the proposed plan within 60 calendar days. The commissioner has a total of 60 calendar days to review and issue a decision concerning any proposed access plan, not including any 30 calendar day response period that may be granted a health carrier proposing the plan. The commissioner may grant up to two 30 day response periods during the review of each access plan.
- (2) During the commissioner's review of its proposed access plan, a health carrier must respond to the commissioner's request for information within 30 calendar days after the date of the request. If the response remains incomplete, the commissioner may grant the health carrier a second 30 calendar day period within which to submit a complete response. If, after two requests by the commissioner for information, the health carrier fails to provide information that the commissioner deems sufficient to satisfy its requests, the access plan will be disapproved and the health carrier will be required to submit a new proposed access plan prior to enrolling initial or additional enrollees.
- (3) The total number of days allowed for the review of a given proposed access plan may not exceed 120 calendar days, including both time spent by the commissioner in review of the proposed plan and any time granted to a health carrier to respond to the commissioner's requests for additional information.

Authorizing statute(s): 33-36-105, MCA

Implementing statute(s): 33-36-105, 33-36-201, MCA

History: NEW, 1999 MAR p. 2052, Eff. 9/24/99; TRANS, from 37.108.205, 2023 MAR p. 1401, Eff. 10/21/23; AMD, 2024 MAR p. 713, Eff. 4/13/24.