



ADMINISTRATIVE RULES OF MONTANA



6.6.5905 CHOICE OF PRIMARY CARE PHYSICIAN

- (1) If an insurer requires a covered person to choose a primary care provider and ties claims payment to that choice or requires a primary care provider referral before seeking specialty provider services, that insurer shall provide the covered person with access to the following:
 - (a) a list of participating primary care providers who are accepting new patients and who are located within a reasonable proximity of the home or business of the covered person. Covered persons must be permitted to change primary care providers at any time with the change becoming effective no later than 30 days following the covered person's request for the change; and
 - (b) a process whereby a covered person with a complex or serious medical or psychiatric condition may receive a standing referral to a participating specialist for an extended period of time. The standing referral must be consistent with the covered person's medical needs and the plan's benefits. A referral does not preclude the insurer from performing medical necessity reviews.

Authorizing statute(s): 33-22-1707, MCA

Implementing statute(s): 33-22-1706, MCA

History: NEW, 2015 MAR p. 565, Eff. 5/15/15.