



ADMINISTRATIVE RULES OF MONTANA



37.86.5025 HEALTH MAINTENANCE ORGANIZATIONS: GRIEVANCE PROCEDURES

- (1) An enrollee has the right of appeal as provided at ARM 37.5.304, 37.5.305, 37.5.307, 37.5.310, 37.5.311, 37.5.313, 37.5.316, 37.5.318, 37.5.322, 37.5.325, 37.5.328, 37.5.331, 37.5.334 and 37.5.337.
- (2) An HMO must have a written procedure, approved in writing by the department prior to implementation, for resolution of grievances brought by enrollees either individually or as a class. Except as noted below, the HMO's grievance procedure must provide for resolution of a grievance within 45 days of receipt of the grievance. Resolution may be extended beyond 45 days only with the written approval of the department. In a situation requiring urgent care or emergency care, the department may require the HMO to expedite resolution.
- (3) An enrollee must exhaust the HMO's grievance procedure before appeal of the matter may be made to the department under the provisions of ARM 37.5.304, 37.5.305, 37.5.307, 37.5.310, 37.5.311, 37.5.313, 37.5.316, 37.5.318, 37.5.322, 37.5.325, 37.5.328, 37.5.331, 37.5.334 and 37.5.337.
- (4) For purposes of ARM 37.5.307(1) (c) , the 90 day appeal period starts on the day the enrollee files a grievance with the HMO.

Authorizing statute(s): Sec. 53-2-201 and 53-6-113, MCA

Implementing statute(s): Sec. 53-2-201, 53-6-101, 53-6-113 and 53-6-116, MCA

History: NEW, 1995 MAR p. 1974, Eff. 9/29/95; TRANS & AMD, from SRS, 2000 MAR p. 1653, Eff. 6/30/00.