

**TITLE 50: INSURANCE**  
**CHAPTER I: DEPARTMENT OF INSURANCE**  
**PART 2008 MINIMUM STANDARDS FOR INDIVIDUAL AND GROUP MEDICARE SUPPLEMENT**  
**INSURANCE**

**Section 2008.73 Medicare Select Policies and Certificates**

- k) A Medicare Select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.
- 1) The grievance procedure shall be described in the policy and certificates and in the outline of coverage.
  - 2) At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.
  - 3) Grievances shall be considered in a timely manner and shall be transmitted to decision makers who have authority to investigate the issue and take corrective action.
  - 4) If a grievance is found to be valid, corrective action shall be taken promptly.
  - 5) All concerned parties shall be notified about the results of a grievance.
  - 6) The issuer shall report no later than each March 31st to the Director of Insurance regarding its grievance procedure. The report shall be in a format prescribed by the Director and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances.