

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

- e) A Medicare Select issuer shall file a proposed plan of operation with the Director of Insurance in a format prescribed by the Director. The plan of operation shall contain at least the following information:
 - 1) Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that:
 - A) Such services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community.
 - B) The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:
 - i) To deliver adequately all services that are subject to a restricted network provision; or
 - ii) To make appropriate referrals.
 - C) There are written agreements with network providers describing specific responsibilities.
 - D) Emergency care is available twenty-four (24) hours per day and seven (7) days per week.
 - E) In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a Medicare Select policy or certificate. This subsection shall not apply to supplemental charges or coinsurance amounts as stated in the Medicare Select policy or certificate.
 - 2) A statement or map providing a clear description of the service area.
 - 3) A description of the grievance procedure to be utilized.
 - 4) A description of the quality assurance program, including:
 - A) The formal organizational structure;
 - B) The written criteria for selection, retention and removal of network providers; and
 - C) The procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted.

- 5) A list and description, by specialty, of the network providers.
- 6) Copies of the written information proposed to be used by the issuer to comply with subsection (i) below.
- 7) Any other information requested by the Director of Insurance.