

**191—37.11(514D) Standards for claims payment.**

**37.11(1)** An issuer shall comply with Section 1882(c)(3) of the Social Security Act (as enacted by Section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (OBRA) 1987, Pub. L. No. 100-203) by:

*a.* Accepting a notice from a Medicare carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits in place of any other claim form otherwise required and making a payment determination on the basis of the information contained in that notice;

*b.* Notifying the participating physician or supplier and the beneficiary of the payment determination;

*c.* Paying the participating physician or supplier directly;

*d.* Furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number and a central mailing address to which notices from a Medicare carrier may be sent;

*e.* Paying user fees for claim notices that are transmitted electronically or otherwise; and

*f.* Providing to the Secretary of Health and Human Services, at least annually, a central mailing address to which all claims may be sent by Medicare carriers.

**37.11(2)** Compliance with the requirements set forth in 37.11(1) shall be certified on the Medicare supplement insurance experience reporting form.