ALABAMA DEPARTMENT OF INSURANCE ADMINISTRATIVE CODE

CHAPTER 482-1-071 MEDICARE SUPPLEMENT INSURANCE MINIMUM STANDARDS REGULATION

482-1-071-.13 Standards For Claims Payment.

- A. 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:
 - (1) 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;
 - (2) Notifying the participating physician or supplier and the beneficiary of the payment determination:
 - (3) Paying the participating physician or supplier directly;
 - (4) 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;
 - (5) Paying user fees for claim notices that are transmitted electronically or otherwise; and
 - (6) 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.
- B. Compliance with the requirements set forth in Subsection A above shall be certified on the Medicare supplement insurance experience reporting form.

Author: Commissioner of Insurance

Statutory Authority: Code of Ala. 1975, \$\$27-2-17, 27-19-50 et seq.

History: New Rule: September 18, 1981; effective January 1, 1982. Revised: November 14, 1986; effective February 14, 1987. Revised: March 5, 1992; effective March 15, 1992. Revised: March 12, 1996; effective March 25, 1996. Revised: October 22, 1998; effective January 1, 1999. Revised: April 28, 1999; effective July 1, 1999. Revised: June 30, 2003; effective July 21, 2003. Filed with LRS July 11, 2003. Rule is not subject to the Alabama Administrative Procedure Act.