

THE INSURANCE CODE OF 1956 (EXCERPT)
Act 218 of 1956

500.2213d Uniform prescription drug information card or other technology.

Sec. 2213d.

(1) A health benefit plan that provides coverage or administers a plan that provides coverage for prescription drugs or devices and that issues, uses, or requires a card or other technology for prescription claims submission and adjudication shall issue for the plan's insureds, enrollees, members, or participants a uniform prescription drug information card or other technology as provided for in this section.

(2) By July 1, 2003, the commissioner shall develop a uniform prescription drug information card and uniform prescription drug information technology based on the standards and format approved by the national council for prescription drug programs pharmacy ID card implementation guide. The card and technology shall include all of the national council for prescription drug programs standard information required by the health plan for submission and adjudication of claims for prescription drug or device benefits, or at a minimum contain all of the following labeled information:

- (a) The card issuer name or logo on the front of the card.
- (b) The cardholder's name and identification number, which shall be displayed on the front of the card.
- (c) Complete information for electronic transaction claims routing including all of the following:
 - (i) The international identification number labeled as RxBIN.
 - (ii) The processor control number labeled as RxPCN, if required for proper routing of electronic claim transactions for prescription benefits.
 - (iii) The group number labeled as RxGrp, if required for proper routing of electronic claim transactions for prescription benefits.
- (d) The name and address of the benefits administrator or other entity responsible for prescription claims submission, adjudication, or pharmacy provider correspondence for prescription benefits claims.

(e) A help desk telephone number that pharmacy providers may call for pharmacy benefit claims assistance.

(3) All information required by subsection (2) that is necessary for submission and adjudication of claims for prescription drug or device benefits, exclusive of information that can be derived from the prescription, shall be included in a clear, readable, and understandable manner on the uniform prescription drug information card or other technology issued by the health plan. The content and format of all information required by subsection (2) shall be in the current content and format required by the health plan for electronic claims routing, submission, and adjudication.

(4) The uniform prescription drug information card or uniform prescription drug information technology developed under this section shall be issued by a health plan upon enrollment and reissued upon any change in coverage that impacts data contained on the card or technology. However, a health plan is not required to issue a new uniform prescription drug information card or other technology more often than once in a calendar year and if a health plan issues stickers or another similar mechanism to the insureds, enrollees, members, or participants to update the cards, then the health plan is not required to issue new uniform prescription drug information cards or other technology more often than once in 3 years from the issuance of the first stickers or other similar mechanisms. This subsection does not prevent a health plan from reissuing updated new uniform prescription drug information cards or other technology on a more frequent basis.

(5) The uniform prescription drug information card or other technology may be used for any and all health insurance coverage. Nothing in this section requires any person issuing, using, or requiring the uniform prescription drug information card or other technology to issue, use, or require a separate card for prescription coverage, provided that the card or other technology can accommodate the information necessary to process the claim as required by subsection (2).

(6) As used in this section, "health plan" means all of the following but does not include a department of community health pharmacy program:

(a) An insurer providing benefits under an expense-incurred hospital, medical, or surgical policy or certificate, but does not include any of the following:

(i) Any policy or certificate that provides coverage only for any of the following:

- (A) Vision.
- (B) Dental.
- (C) Specific diseases.
- (D) Accidents.
- (E) Credit.

(ii) Hospital indemnity policy or certificate.

(iii) Disability income policy or certificate.

- (iv) Coverage issued as a supplement to liability insurance.
- (v) Medical payments under automobile, homeowners, or worker's compensation insurance.
- (b) A MEWA regulated under chapter 70 that provides hospital, medical, or surgical benefits.
- (c) A health maintenance organization licensed or issued a certificate of authority in this state.
- (d) A third party administrator licensed under the third party administrator act, 1984 PA 218, MCL 550.901 to 550.962.

History: Add. 2002, Act 708, Eff. Jan. 1, 2003

Compiler's Notes: Enacting section 1 of Act 708 of 2002 provides:“Enacting section 1. (1) This amendatory act takes effect January 1, 2003.(2) This amendatory act applies to all health plan coverages issued or renewed on or after July 1, 2005.”Enacting section 2 of Act 708 of 2002 provides:“Enacting section 2. It is the intent of the legislature that pharmacists, by July 1, 2008, be able to obtain information on and submit claims for prescription drug or device benefits by electronic means, including, but not limited to, the internet.”

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