

**SUBSTITUTE FOR
HOUSE BILL NO. 4607**

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
(MCL 500.100 to 500.8302) by adding section 2213c.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 2213C. (1) A HEALTH BENEFIT PLAN THAT PROVIDES COVER-
2 AGE OR ADMINISTERS A PLAN THAT PROVIDES COVERAGE FOR PRESCRIPTION
3 DRUGS OR DEVICES AND THAT ISSUES, USES, OR REQUIRES A CARD OR
4 OTHER TECHNOLOGY FOR PRESCRIPTION CLAIMS SUBMISSION AND ADJUDICA-
5 TION SHALL ISSUE FOR THE PLAN'S INSUREDS, ENROLLEES, MEMBERS, OR
6 PARTICIPANTS A UNIFORM PRESCRIPTION DRUG INFORMATION CARD OR
7 OTHER TECHNOLOGY AS PROVIDED FOR IN THIS SECTION.
8 (2) BY JULY 1, 2003, THE COMMISSIONER SHALL DEVELOP A UNI-
9 FORM PRESCRIPTION DRUG INFORMATION CARD AND UNIFORM PRESCRIPTION
10 DRUG INFORMATION TECHNOLOGY BASED ON THE STANDARDS AND FORMAT
11 APPROVED BY THE NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS

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1 PHARMACY ID CARD IMPLEMENTATION GUIDE. THE CARD AND TECHNOLOGY
2 SHALL INCLUDE ALL OF THE NATIONAL COUNCIL FOR PRESCRIPTION DRUG
3 PROGRAMS STANDARD INFORMATION REQUIRED BY THE HEALTH PLAN FOR
4 SUBMISSION AND ADJUDICATION OF CLAIMS FOR PRESCRIPTION DRUG OR
5 DEVICE BENEFITS, OR AT A MINIMUM CONTAIN ALL OF THE FOLLOWING
6 LABELED INFORMATION:

7 (A) THE CARD ISSUER NAME OR LOGO ON THE FRONT OF THE CARD.

8 (B) THE CARDHOLDER'S NAME AND IDENTIFICATION NUMBER, WHICH
9 SHALL BE DISPLAYED ON THE FRONT OF THE CARD.

10 (C) COMPLETE INFORMATION FOR ELECTRONIC TRANSACTION CLAIMS
11 ROUTING INCLUDING ALL OF THE FOLLOWING:

12 (i) THE INTERNATIONAL IDENTIFICATION NUMBER LABELED AS
13 RXBIN.

14 (ii) THE PROCESSOR CONTROL NUMBER LABELED AS RXPCN, IF
15 REQUIRED FOR PROPER ROUTING OF ELECTRONIC CLAIM TRANSACTIONS FOR
16 PRESCRIPTION BENEFITS.

17 (iii) THE GROUP NUMBER LABELED AS RXGRP, IF REQUIRED FOR
18 PROPER ROUTING OF ELECTRONIC CLAIM TRANSACTIONS FOR PRESCRIPTION
19 BENEFITS.

20 (D) THE NAME AND ADDRESS OF THE BENEFITS ADMINISTRATOR OR
21 OTHER ENTITY RESPONSIBLE FOR PRESCRIPTION CLAIMS SUBMISSION,
22 ADJUDICATION, OR PHARMACY PROVIDER CORRESPONDENCE FOR PRESCRIP-
23 TION BENEFITS CLAIMS.

24 (E) A HELP DESK TELEPHONE NUMBER THAT PHARMACY PROVIDERS MAY
25 CALL FOR PHARMACY BENEFIT CLAIMS ASSISTANCE.

26 (3) ALL INFORMATION REQUIRED BY SUBSECTION (2) THAT IS
27 NECESSARY FOR SUBMISSION AND ADJUDICATION OF CLAIMS FOR

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1 PRESCRIPTION DRUG OR DEVICE BENEFITS, EXCLUSIVE OF INFORMATION
2 THAT CAN BE DERIVED FROM THE PRESCRIPTION, SHALL BE INCLUDED IN A
3 CLEAR, READABLE, AND UNDERSTANDABLE MANNER ON THE UNIFORM PRE-
4 SCRIPTON DRUG INFORMATION CARD OR OTHER TECHNOLOGY ISSUED BY THE
5 HEALTH PLAN. THE CONTENT AND FORMAT OF ALL INFORMATION REQUIRED
6 BY SUBSECTION (2) SHALL BE IN THE CURRENT CONTENT AND FORMAT
7 REQUIRED BY THE HEALTH PLAN FOR ELECTRONIC CLAIMS ROUTING, SUB-
8 MISSION, AND ADJUDICATION.

9 (4) THE UNIFORM PRESCRIPTION DRUG INFORMATION CARD OR UNI-
10 FORM PRESCRIPTION DRUG INFORMATION TECHNOLOGY DEVELOPED UNDER
11 THIS SECTION SHALL BE ISSUED BY A HEALTH PLAN UPON ENROLLMENT AND
12 REISSUED UPON ANY CHANGE IN COVERAGE THAT IMPACTS DATA CONTAINED
13 ON THE CARD OR TECHNOLOGY. HOWEVER, A HEALTH PLAN IS NOT
14 REQUIRED TO ISSUE A NEW UNIFORM PRESCRIPTION DRUG INFORMATION
15 CARD OR OTHER TECHNOLOGY MORE OFTEN THAN ONCE IN A CALENDAR YEAR
16 AND IF A HEALTH PLAN ISSUES STICKERS OR ANOTHER SIMILAR MECHANISM
17 TO THE INSUREDS, ENROLLEES, MEMBERS, OR PARTICIPANTS TO UPDATE
18 THE CARDS, THEN THE HEALTH PLAN IS NOT REQUIRED TO ISSUE NEW UNI-
19 FORM PRESCRIPTION DRUG INFORMATION CARDS OR OTHER TECHNOLOGY MORE
20 OFTEN THAN ONCE IN 3 YEARS FROM THE ISSUANCE OF THE FIRST STICK-
21 ERS OR OTHER SIMILAR MECHANISMS. THIS SUBSECTION DOES NOT PRE-
22 VENT A HEALTH PLAN FROM REISSUING UPDATED NEW UNIFORM PRESCRIP-
23 TION DRUG INFORMATION CARDS OR OTHER TECHNOLOGY ON A MORE FRE-
24 QUENT BASIS.

25 (5) THE UNIFORM PRESCRIPTION DRUG INFORMATION CARD OR OTHER
26 TECHNOLOGY MAY BE USED FOR ANY AND ALL HEALTH INSURANCE
27 COVERAGE. NOTHING IN THIS SECTION REQUIRES ANY PERSON ISSUING,

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1 USING, OR REQUIRING THE UNIFORM PRESCRIPTION DRUG INFORMATION
2 CARD OR OTHER TECHNOLOGY TO ISSUE, USE, OR REQUIRE A SEPARATE
3 CARD FOR PRESCRIPTION COVERAGE, PROVIDED THAT THE CARD OR OTHER
4 TECHNOLOGY CAN ACCOMMODATE THE INFORMATION NECESSARY TO PROCESS
5 THE CLAIM AS REQUIRED BY SUBSECTION (2).

6 (6) AS USED IN THIS SECTION, "HEALTH PLAN" MEANS ALL OF THE
7 FOLLOWING BUT DOES NOT INCLUDE A DEPARTMENT OF COMMUNITY HEALTH
8 PHARMACY PROGRAM:

9 (A) AN INSURER PROVIDING BENEFITS UNDER AN EXPENSE-INCURRED
10 HOSPITAL, MEDICAL, OR SURGICAL POLICY OR CERTIFICATE, BUT DOES
11 NOT INCLUDE ANY OF THE FOLLOWING:

12 (i) ANY POLICY OR CERTIFICATE THAT PROVIDES COVERAGE ONLY
13 FOR ANY OF THE FOLLOWING:

14 (A) VISION.

15 (B) DENTAL.

16 (C) SPECIFIC DISEASES.

17 (D) ACCIDENTS.

18 (E) CREDIT.

19 (ii) HOSPITAL INDEMNITY POLICY OR CERTIFICATE.

20 (iii) DISABILITY INCOME POLICY OR CERTIFICATE.

21 (iv) COVERAGE ISSUED AS A SUPPLEMENT TO LIABILITY
22 INSURANCE.

23 (v) MEDICAL PAYMENTS UNDER AUTOMOBILE, HOMEOWNERS, OR
24 WORKER'S COMPENSATION INSURANCE.

25 (B) A MEWA REGULATED UNDER CHAPTER 70 THAT PROVIDES HOSPI-
26 TAL, MEDICAL, OR SURGICAL BENEFITS.

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1 (C) A HEALTH MAINTENANCE ORGANIZATION LICENSED OR ISSUED A
2 CERTIFICATE OF AUTHORITY IN THIS STATE.

3 (D) A THIRD PARTY ADMINISTRATOR LICENSED UNDER THE THIRD
4 PARTY ADMINISTRATOR ACT, 1984 PA 218, MCL 550.901 TO 550.962.

5 Enacting section 1. (1) This amendatory act takes effect
6 January 1, 2003.

7 (2) This amendatory act applies to all health plan coverages
8 issued or renewed on or after July 1, 2005.

9 Enacting section 2. It is the intent of the legislature
10 that pharmacists, by July 1, 2008, be able to obtain information
11 on and submit claims for prescription drug or device benefits by
12 electronic means, including, but not limited to, the internet.