

By: Representative Chism

To: Insurance

HOUSE BILL NO. 364

1 AN ACT TO REQUIRE HEALTH BENEFIT PLANS THAT COVER
2 PRESCRIPTION DRUGS TO PROVIDE UNIFORM PRESCRIPTION IDENTIFICATION;
3 AND FOR RELATED PURPOSES.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

5 **SECTION 1.** (1) Every health benefit plan that provides
6 coverage for prescription drugs or devices, or that administers
7 such a plan, including, but not limited to, health maintenance
8 organizations and third party administrators for self-insured
9 plans, shall issue to each insured a card or other technology
10 containing standardized pharmacy benefit identification
11 information. The card shall contain at a minimum the following
12 information:

13 (a) The card issuer's name or logo on the front of the
14 card;

15 (b) The cardholder's name and identification number,
16 which shall be displayed on the front side of the card;

17 (c) The American National Standards Institute Issuer
18 Identification Number assigned to the administrator or pharmacy
19 benefit manager of the plan, when required for proper claims
20 adjudication;

21 (d) The processor's control number, when required for
22 proper claims adjudication;

23 (e) The insured's group number, when required for
24 proper claims adjudication;

25 (f) The name and address of the benefits administrator
26 or other entity responsible for prescription claims submission,



27 adjudication or pharmacy provider correspondence for prescription
28 benefits; and

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

31 (2) This section does not require a health benefit plan to
32 issue an identification card separate from any identification card
33 issued to an enrollee to evidence coverage under the health
34 benefit plan if the identification card contains the elements
35 required by subsection (1) of this section.

36 (3) In order to ensure that insurance identification cards
37 issued under this section contain accurate and updated
38 information, each health benefit plan shall provide each
39 subscriber with a new insurance identification card within a
40 reasonable time after any information required for proper claims
41 adjudication is changed.

42 (4) As used in this section, "health benefit plan" means any
43 hospital or medical policy or certificate, hospital or medical
44 service contract or health maintenance organization, a plan
45 provided by a fully insured multiple employer welfare arrangement
46 or any other entity providing a plan of health insurance subject
47 to the jurisdiction of the Commissioner of Insurance and to the
48 extent permitted by the Employee Retirement Income Security Act of
49 1974, as amended, or by the Health Insurance Portability and
50 Accountability Act of 1996. A health benefit plan does not
51 include the following:

- 52 (a) Accident;
- 53 (b) Credit;
- 54 (c) Disability income;
- 55 (d) Long-term or nursing home care;
- 56 (e) Specified disease;
- 57 (f) Dental or vision;
- 58 (g) Coverage issued as a supplement to liability
59 insurance;



60 (h) Medical payments under automobile or homeowners;

61 (i) Insurance under which benefits are payable with or
62 without regard to fault and that is required statutorily to be
63 contained in any liability or equivalent self-insurance; and

64 (j) Hospital income or indemnity.

65 (5) The Commissioner of Insurance may issue any rules or
66 regulations necessary to implement the provisions of this act, and
67 he may use the standards produced by the National Council for
68 Prescription Drugs Programs as a guide in developing such rules
69 and regulations.

70 (6) This act applies to plans that are delivered, issued for
71 delivery or renewed on or after January 1, 2003. For purposes of
72 this act, renewal of a health benefit policy, contract or plan is
73 presumed to occur on the anniversary date.

74 **SECTION 2.** This act shall take effect and be in force from
75 and after January 1, 2003.

