

## **Rule and Regulation 75**

### **REGULATION TO IMPLEMENT ACT 1409 OF 2001 UNIFORM PRESCRIPTION DRUG INFORMATION CARDS**

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#### **§ 1. Purpose**

The purpose of this regulation is to provide that certain data elements appear on Prescription Drug Information Cards so that pharmacists have a consistent means of finding the necessary information to correctly submit prescription claims.

#### **§ 2. Authority**

This regulation is promulgated pursuant to the authority granted by Ark. Code Ann. §§ 23-61-108, 23-80-409, and 25-15-204, and other applicable laws.

#### **§ 3. Applicability and Scope**

This regulation is applicable to any entity issuing a Health Benefit Plan unless such Health Benefit Plan is exempted by Ark Code Ann. §23-80-403.

#### **§ 4. Effective Date/Compliance Date**

The Effective Date of this regulation shall be April 9, 2002, and the Compliance Date of this regulation shall be April 9, 2003.

All prescription drug information cards issued, delivered, modified or extended by Health Benefit Plans shall comply with the terms of this regulation no later than April 9, 2003.

## **§ 5. Definitions**

8. “Card Issuer” means the insurance company, hospital medical service corporation, health maintenance organization or other entity issuing a Health Benefit Plan that provides prescription drug benefits.
9. “Health Benefit Plan” means any individual, blanket or group plan, policy, certificate or contract for health care services issued or delivered in Arkansas, including indemnity plans, managed care plans, plans provided or arranged by fraternal benefit societies, plans provided or arranged by health maintenance organizations, health governmental plans as defined in 29 U.S.C. 1002(32), as in effect January 1, 2001, plans provided through a multiple employer welfare arrangement, or plans provided through another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, as in effect January 1, 2001, or by any waiver of or other exception to that act provided under federal law or regulation, as in effect January 1, 2001.
10. “Dual-Use Health Benefit Plan/Prescription Drug Information Card” means a Prescription Drug Information Card that contains information for the processing of claims for health care services, supplies, or equipment in addition to prescription drugs or devices.
11. “Prescription Drug Information Card” means an identification card sized document that contains information necessary for a pharmacist to communicate claims information to a Processor to adjudicate claims for prescription drugs and devices.
12. “Processor” means the entity that electronically receives and adjudicates a prescription drug claim. The Processor may be a Pharmacy Benefits Manager or the Card Issuer.
13. “Stand-Alone Prescription Drug Information Card” means a Prescription Drug Information Card that provides information solely for the processing of claims for prescription drugs and devices.

## **§ 6. Stand-Alone Prescription Drug Information Card**

14. A prescription drug information card shall include in a clear, readable and understandable manner all information data elements set out in § 6.b. of this Rule that are necessary to process a claim for prescription drug benefits under the Health Benefit Plan.
15. Font Size. The font size for the data elements required by this rule and regulation shall be 8 points or greater.
  2. Dates. The date of birth, if printed on the ID card must include the century digits and be in the format mm/dd/ccyy (e.g. 12/14/1960). All other dates printed on the ID card must be in the format mm/dd/yy (e.g. 12/14/60), or in the format mm/dd/ccyy.
16. Stand alone prescription drug information cards shall contain the following data

elements in the following locations:

| <b>Information Data Element</b>           | <b>Location</b>                |
|---|--------------------------------|
| Card Issuer name or logo                  | Front, top, margin             |
| Rx Bank Identification Number [BIN]       | Front, left side               |
| Processor Control Number                  | Front, left side (situational) |
| Group ID                                  | Front, left side (situational) |
| Cardholder ID                             | Front, left side               |
| Cardholder Name                           | Front, left side               |
| Claims submission name(s) and address(es) | Back, bottom                   |
| Help Desk Telephone number(s)             | Back, bottom                   |

17. Card Issuer Name or Logo. The card issuer name may be the legal name or the trade name of the issuing Health Benefit Plan.
18. RX Bank Identification Number. The prescription bank identification number (“BIN”) is utilized in the electronic routing of pharmacy claims. The American National Standards Institute, 11 West 42<sup>nd</sup> Street, New York, NY 10036, (212) 642-4900, assigns a BIN to each processor.
19. Processor Control Number. A Processor Control Number is used by a Processor to route an electronic claim within the Processor to the appropriate area for adjudication. The Processor Control Number is a required data element if the Processor requires it to adjudicate a prescription drug claim.
20. Group ID. If the Processor requires a number to identify the cardholder’s employer, association or other entity that has arranged the Health Benefit Plan in order to process a prescription drug claim, the Group ID is a required data element.
21. Cardholder ID. Cardholder identification number is assigned by the Health Benefit Plan.
22. Cardholder Name. The cardholder name should be printed in the sequence given name and initials followed by the surname.
23. Claims Submission Name(s) and Address(es). This refers to the name and address of the Health Benefit Plan and/or the name and address of the pharmacy benefits manager contracted by the Health Benefit Plan to administer prescription drug claims.
24. Help Desk Telephone Number(s): The telephone number of the entity that can respond to questions from a cardholder or pharmacist should be printed close to the claim submission name and address. This telephone number should be clearly labeled (e.g. “Help Desk,” “Customer Service,” “Pharmacy Service,” etc.).

**§ 7. Dual-Use Health Benefit Plan/Prescription Drug Information Card**

A Health Benefit Plan that provides coverage for health services in addition to prescription drugs or devices may, at its option, include prescription drug claims information necessary to process prescription drug claims on the Health Benefit Plan identification card or other technology. This dual use health benefit plan/prescription drug information card (“dual use card”) shall include the data elements described in § 6.b. of this Rule that are necessary to process a claim for prescription drug benefits under the Health Benefit Plan. However, the Health Benefit Plan may determine the location of these data elements on such dual use card.

#### **§ 8. Severability**

Any section or provision of this rule held by a court to be invalid or unconstitutional will not affect the validity of any other section or provision of this Rule.

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**Mike Pickens**  
**Insurance Commissioner**