

# HOUSE RESEARCH

## Bill Summary

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### Overview

This bill requires Minnesota uniform health care identification cards to include uniform prescription drug information needed to process prescription drug claims, and modifies content, format, and issuance requirements for cards.

### Section

- 1 **Standards for the Minnesota uniform health care identification card.** Amends § 62J.60. Requires Minnesota uniform health care identification cards to include uniform prescription drug information, specifies the additional information that must be included, specifies when cards must be issued, and requires group purchasers to annually certify compliance with this section.
  - Subd. 1. Minnesota uniform health care identification card.** Requires uniform prescription drug information to be included on Minnesota uniform health care identification cards issued to enrollees on or after July 1, 2003, for health benefit plans that cover prescription drugs. Specifies that this section does not require issuance of a separate card with uniform prescription drug information if the information needed to process prescription drug claims can fit on a uniform health care identification card.
  - Subd. 2. Definition; health benefit plan.** Defines health benefit plan for this section.
  - Subd. 2. General characteristics.** Requires the uniform prescription drug information on the card to conform with the format adopted by the National Council for Prescription Drug Programs (NCPDP), with one exception, and requires the card to include all of the fields required to submit a claim in conformance with the NCPDP's most recent pharmacy identification card implementation guide. Specifies that all information needed to submit a prescription drug claim must be on a card in a clear, readable, understandable manner, and requires a card to include electronic transaction routing information and card issuer identification numbers. Requires standardized labels to come before the human readable data

elements on a card, rather than allowing card issuers to determine the location of standardized labels.

**Subd. 2a. Issuance.** Except for the MA, GAMC, and MinnesotaCare programs, requires a card to be issued to an individual upon enrollment, upon any change in coverage that impacts the content or format of the data included on the card, and no later than 24 months after adoption of any change by NCPDP that affects the content or format of data included on the card. For public health care programs, requires cards issued upon enrollment or replaced to conform to the NCPDP standards and implementation guide in effect. Requires newly issued cards to meet the NCPDP standards in effect at the time of issuance, and permits stickers or other methodologies to be used to temporarily update cards.

**Subd. 3. Human readable data elements.** Makes the following changes to the human readable data elements included on a card:

- permits the card issuer name or logo to be located at the top of the card, instead of of the card's front background;

- requires complete electronic transaction routing information on the card, including including at least the international identification number, and specifies standardized labels for the various data elements. If the group number is a universal data element used by all health care providers, allows the standardized label to be "Grp" instead of "RxGrp";

- eliminates language requiring account numbers; and

- requires telephone numbers and names of contact persons that pharmacies and other health care providers may call for assistance, but these names and phone numbers are required only if one of the contacts already listed on the card cannot provide this contact information or provide assistance to these providers.

**Subd. 4. Machine readable data content.** Makes a technical change.

**Subd. 5. Annual reporting.** Requires a group purchaser, as part of an annual filing made with the commissioner of health or commerce on or after January 1, 2003, to certify compliance with this section and submit a copy of the card used by the group purchaser.

2 **Effective date.** Makes section 1 effective January 1, 2003, and applicable to health benefit plans issued or renewed on or after that date.