HLS 10RS-1344 ORIGINAL

Regular Session, 2010

HOUSE BILL NO. 441

BY REPRESENTATIVE KLECKLEY

INSURANCE/HEALTH-ACCID: Provides with respect to remittance advices on pharmacy and pharmacist claims

1	AN ACT
2	To amend and reenact R.S. 22:1852(11), to enact R.S. 22:1856.1, and to repeal R.S.
3	22:1856(C), (D), and (E), relative to pharmacy and pharmacist claims; to require
4	that a remittance advice on any such claim be an electronic communication; to delete
5	the requirement that such a remittance advice be postmarked; and to provide for
6	related matters.
7	Be it enacted by the Legislature of Louisiana:
8	Section 1. R.S. 22:1852(11) is hereby amended and reenacted and R.S. 22:1856.1
9	is hereby enacted to read as follows:
10	§1852. Definitions
11	As used in this Subpart, the following terms shall be defined as follows:
12	* * *
13	(11) "Remittance advice" means a written or an electronic communication
14	explaining the health insurance issuer's action on each claim adjudicated by the
15	issuer. Such communication is sent by a health insurance issuer or its agent to a
16	retail or mail order pharmacist or his agent or retail or mail order pharmacy or its
17	agent.
18	* * *
19	§1856.1. Remittance advice
20	A. Each remittance advice generated by a health insurance issuer or its agent
21	to a pharmacist or his agent or pharmacy or its agent shall be transmitted within

## Page 1 of 3

CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

1	seven business days of payment and shall include the following information, clearly
2	identified and totaled for each claim listed:
3	(1) Unique enrollee or insured identification number.
4	(2) Patient claim number or patient account number.
5	(3) Date that the prescription was filled.
6	(4) National Drug Code.
7	(5) Quantity dispensed.
8	(6) Price submitted to the health insurance issuer or its contractor.
9	(7) Amount paid by the health insurance issuer or its contractor.
10	(8) Dispensing fee.
11	(9) Provider fee.
12	(10) Taxes.
13	(11) Enrollee or insured liability, specifying any coinsurance, deductible,
14	copayment, or noncovered amount.
15	(12) Any amount adjusted by the health insurance issuer or its contractor and
16	the reason for adjustment.
17	(13) Any other deduction or charge, listed separately.
18	(14) A toll-free telephone number for assistance with the remittance advice.
19	B. The provisions of Subsection A of this Section shall not be construed to
20	require the adoption of any particular form of remittance advice which is otherwise
21	in compliance with the provisions of this Section.
22	C. No remittance advice shall contain any information that would cause a
23	violation of the Health Insurance Portability and Accountability Act (42 U.S.C. 1320
24	et seq.). All electronic remittance advices shall follow the ANSI X12N 835 HIPAA
25	Standard Transaction file format or any subsequent standards that are required.
26	Section 2. R.S. 22:1856(C), (D), and (E) are hereby repealed in their entirety.

## **DIGEST**

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Kleckley HB No. 441

**Abstract:** Requires that a remittance advice on a pharmacy or pharmacist claim be an electronic communication and deletes the requirement that such a remittance advice be postmarked.

<u>Present law</u>, relative to pharmacy and pharmacist claims, defines a "remittance advice" as a written or electronic communication explaining the health insurance issuer's action on each claim adjudicated by the issuer. Further specifies that such communication is sent by a health insurance issuer or its agent to a pharmacist or his agent or a pharmacist or its agent.

<u>Proposed law</u> requires that a remittance advice on a pharmacy or pharmacist claim be an electronic communication; otherwise retains <u>present law</u>.

<u>Present law</u> requires that each remittance advice generated by a health insurance issuer or its agent to a pharmacist or his agent or pharmacy or its agent be postmarked within seven business days of payment and include certain information, clearly identified and totaled for each claim listed.

<u>Proposed law</u> deletes the requirement that the remittance advice be postmarked within seven business days of payment; instead requires only that such remittance advice be transmitted within seven business days of payment. Otherwise retains <u>present law</u>.

(Amends R.S. 22:1852(11); Adds R.S. 22:1856.1; Repeals R.S. 22:1856(C), (D), and (E))