

**“DIVISION I**

**AUTHENTICATED APPLICATION FOR RENEWAL OF REGISTRATION OR FOR REPLACEMENT OF A HEALTH INSURANCE CARD”.**

**2.** Section 1 is amended by substituting the words “by this Division” for the words “by this By-law”.

**3.** The By-law is amended by inserting the following after section 6:

**“DIVISION II**

**PHARMACIST’S STATEMENT OF FEES OR CLAIM FOR PAYMENT**

**6.1** The transmitting of a pharmacist’s statement of fees or claim for payment by interactive electronic means, in accordance with the third paragraph of section 22.1.0.1 of the Health Insurance Act (R.S.Q., c. A-29; 1996, c. 32, s. 95), must be done in accordance with the conditions determined in this Division.

**6.2** The pharmacist must be authorized by the Board to transmit a statement of fees or a claim for payment to the Board by interactive electronic means. The interactive communication system shall consist in a telecommunication exchange between the pharmacist and the Board at the time of the provision of the insured service. In communicating with the Board by interactive electronic means, the pharmacist must use the identification code assigned to him by the Board.

The pharmacist is responsible for any transmission sent by interactive electronic means with his identification code by any user of his billing system in the pharmacy, and for any ensuing payment that is claimed or received.

**6.3** To be authorized by the Board to send his statements of fees or his claims for payment to the Board in such manner, a pharmacist must make a request by completing a form supplied by the Board and in which:

(1) he demonstrates that he uses billing software recognized by the Board and enabling him to access the Board’s interactive communication system;

(2) he acknowledges that the transmitting to the Board, by interactive electronic means, of a statement of fees or a claim for payment with his identification code has the same legal effect as if the transmitting were done by means of a written document that he himself signed;

(3) he acknowledges that the Board’s reproducing on paper of information reflecting the accepted data processing transaction attests to its content for billing and payment purposes.

**6.4** A pharmacist who changes his billing software must, before using it, so inform the Board in order to enable the Board to indicate to him whether the software will enable him to access the Board’s interactive communication system.

**6.5** The following information, corresponding to the identification and transmission coordinates, must accompany each transaction:

(1) the Board’s identification number in the interactive communication system;

(2) the number of the version used of the Canadian Pharmaceutical Association’s (CPhA) claim standard;

(3) the software developer’s identification number;

(4) the version number of the software used in the pharmacy;

(5) the pharmacy number;

(6) a control number identifying each claim for payment or statement of fees submitted to the Board;

(7) a transaction code.”.

**4.** A pharmacist who, from 1 January 1997, must transmit his statements of fees or his claims for payment to the Board by interactive electronic means must file his application prior to 13 December 1996.

**5.** This By-law comes into force on the date of its publication in the *Gazette officielle du Québec*.

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Gouvernement du Québec

**O.C. 1522-96, 4 December 1996**

Health Insurance Act  
(R.S.Q., c. A-29)

**Forms and statement of fees  
— Amendments**

Regulation to amend the Regulation respecting forms and statements of fees under the Health Insurance Act

WHEREAS under subparagraph *a* of the first paragraph of section 72 of the Health Insurance Act (R.S.Q., c. A-29), the Régie de l’assurance-maladie du Québec may make regulations to prescribe the content of the statement of fees or of any other form of the Board which may or must be used by a professional in the field of health, a beneficiary, a resident or deemed resident of Québec, an institution or a laboratory;

WHEREAS in accordance with the second paragraph of section 72 of the Health Insurance Act, such a regulation must be approved by the Government before coming into force;

WHEREAS the Régie de l'assurance-maladie du Québec made the Regulation respecting forms and statements of fees under the Health Insurance Act (R.R.Q., 1981, c. A-29, r. 2) and it was approved by the Government;

WHEREAS on 7 November 1996, the Board made the Regulation to amend the Regulation respecting forms and statements of fees under the Health Insurance Act;

WHEREAS under section 12 of the Regulations Act (R.S.Q., c. R-18.1), a proposed regulation may be approved without having been published as prescribed in section 8 of that Act if the authority approving it is of the opinion that the urgency of the situation requires it;

WHEREAS under section 18 of that Act, a regulation may come into force on the date of its publication in the *Gazette officielle du Québec* or between that date and the date applicable under section 17 of that Act, where the authority that has approved it is of the opinion that the urgency of the situation requires it;

WHEREAS under sections 13 and 18 of that Act, the reason justifying the absence of prior publication and such coming into force shall be published with the regulation;

WHEREAS, in the opinion of the Government, the urgency due to the following circumstances justifies the absence of prior publication and such a coming into force:

— the proposed regulatory provisions are necessary for the implementation as of 1 January 1997 of the basic prescription drug insurance plan established by the Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32);

WHEREAS it is expedient that the Regulation be approved by the Government;

IT IS ORDERED, therefore, upon the recommendation of the Minister of Health and Social Services:

THAT the Regulation to amend the Regulation respecting forms and statements of fees under the Health Insurance Act, attached to this Order in Council, be approved.

*Le greffier du Conseil exécutif,*  
MICHEL CARPENTIER

## **Regulation to amend the Regulation respecting forms and statements of fees under the Health Insurance Act**

Health Insurance Act  
(R.S.Q., c. A-29, s. 72, 1<sup>st</sup> par., subpar. a)

**1.** The Regulation respecting forms and statements of fees under the Health Insurance Act (R.R.Q., 1981, c. A-29, r. 2), amended by the Regulations approved by Orders in Council 56-82 dated 13 January 1982 (Suppl., p. 123), 1126-82 dated 12 May 1982 (Suppl., p. 126), 3017-82 dated 20 December 1982, 2284-83 dated 16 November 1983, 794-84 dated 4 April 1984, 413-85 dated 6 March 1985, 2331-85 dated 7 November 1985, 655-86 dated 14 May 1986, 1178-86 dated 30 July 1986, 553-87 dated 8 April 1987, 761-88 dated 18 May 1988, 859-90 dated 20 June 1990, 1471-92 and 1472-92 dated 30 September 1992, 1756-92 dated 2 December 1992, 1116-93 dated 11 August 1993, 68-94 dated 10 January 1994, 1040-94 dated 6 July 1994, 1218-95 dated 6 September 1995 and 1289-96 dated 9 October 1996, is further amended by substituting the following for section 9.1:

“**9.1** Every pharmacist entitled to remuneration by the Board for insured services must transmit to the Board a claim for payment or a statement of fees containing the following elements:

- (1) a control number identifying each claim for payment or each statement of fees submitted to the Board;
- (2) the beneficiary's health insurance number and the sequential number of his health insurance card or, where applicable, his name at birth, date of birth and sex;
- (3) where applicable, the beneficiary's relationship to the health insurance card holder;
- (4) where applicable, the code of the program to which the claim for payment or statement of fees is related;
- (5) where applicable, the code identifying a specific group of beneficiaries;
- (6) the pharmacy number;
- (7) the dispensing pharmacist's number;
- (8) the prescriber type, the prescriber number and, where applicable, the initials of his first and last names;
- (9) where applicable, the number of the designated pharmacy contacted;

(10) the prescription number, the service code and, where applicable, the intervention or exception code describing a specific situation or service;

(11) where applicable, an indication that the prescription is a new prescription or a refill, the code indicating whether the prescription is a written or a verbal prescription, the number of authorized refills, the last date on which the prescription is valid, and the duration of the treatment;

(12) where applicable, the medication code or supplier code, an indication to the effect that the pharmacist has dispensed an equivalent medication or that the prescriber has indicated not to substitute, the quantity dispensed, the source of supply, the acquisition format number, and the type of magistral medication;

(13) the date of dispensation of the professional service;

(14) the amount of the fees claimed, by type of service, and, where applicable, the amount charged for the medication or service;

(15) where applicable, the transaction date of the cancelled claim for payment or cancelled statement of fees, and its control number;

(16) the signature of the pharmacist covered by the agreement or the signature of his duly authorized mandatary or his identification code where the statement of fees or claim for payment is transmitted by interactive electronic means in accordance with the By-law respecting the conditions for submitting a document to the Régie de l'assurance-maladie du Québec by means of an electronic data processing system or by telecommunication (Order in Council 534-95 dated 12 April 1995, as amended)."

**2.** Section 11 is amended:

(1) in the first paragraph of paragraph 4.1 by substituting the following for everything preceding subparagraph *a*: "Every beneficiary who has not presented his health insurance card or claim booklet, as the case may be, every person who resides in Québec, as well as a person who is referred to in paragraph 4 of section 15 of the Act respecting prescription drug insurance and amending various legislative provisions (1996, c. 32), who is not registered with the Board under section 19 of that Act and who requires that the Board reimburse him for the cost of insured services provided to him in Québec by a pharmacist covered by the agreement must send the Board an application for reimbursement containing the following information:";

(2) by striking out " , except the mention of the amount of the fees exactable collected from a person for whom the Board assumes the cost of the medications" in subparagraph *a* of the first paragraph of paragraph 4.1;

(3) by substituting the following for subparagraph *b* of the first paragraph of paragraph 4.1:

"(b) in a section of the application reserved for the beneficiary, the address of the beneficiary's domicile and, if different, the address at which he wishes to receive the reimbursement;"

(4) by inserting the following after subparagraph *f* of the first paragraph of paragraph 4.1:

"(f.1) an indication by the beneficiary to the effect that he is not registered for the prescription drug insurance plan;"

(5) by substituting the following for the second paragraph of section 4.1:

"The beneficiary's application for reimbursement must also contain the following mention above the space reserved for the beneficiary's signature:

"I certify that the above information is accurate and I request a reimbursement for the cost of the services received.""

**3.** The Regulation is amended by inserting the following section immediately after the title of Division VIII:

"**15.0.1** This Division does not apply to a pharmacist in respect of a service rendered after 1 January 1997."

**4.** Section 19 is amended by striking out "or section 32, as the case may be," in the first paragraph.

**5.** Section 27 is amended by striking out "or 32, as the case may be".

**6.** The Regulation is amended by revoking section 32.

**7.** This Regulation comes into force on the date of its publication in the *Gazette officielle du Québec*.