

HB0257/547774/1

BY: Finance Committee

AMENDMENTS TO HOUSE BILL 257
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “establishing” in line 12 down through “claim” in line 14 and substitute “requiring a pharmacy benefits manager to establish a certain process for review of a failure to pay the contractual reimbursement amount of certain claims”; in line 16, strike “providing certain penalties;” and substitute “providing that this Act may not be construed to limit the applicability of certain provisions of law under certain circumstances;”; and in line 21, strike “15-1604” and substitute “15-1603”.

AMENDMENT NO. 2

On page 6, strike in their entirety lines 24 through 28, inclusive.

On page 7, in line 10, strike “15-1604” and substitute “15-1603”.

AMENDMENT NO. 3

On page 8, strike in their entirety lines 10 through 18, inclusive, and substitute:

“(7) IN ACCORDANCE WITH SUBSECTION (G) OF THIS SECTION, ALLOW A PHARMACY OR PHARMACIST TO PRODUCE DOCUMENTATION TO ADDRESS ANY DISCREPANCY FOUND DURING THE AUDIT; AND

“(8) DELIVER THE FINAL AUDIT REPORT TO THE PHARMACY OR PHARMACIST:

(Over)

(I) WITHIN 6 MONTHS AFTER DELIVERY OF THE PRELIMINARY AUDIT REPORT IF THE PHARMACY OR PHARMACIST DOES NOT REQUEST AN INTERNAL APPEAL UNDER SUBSECTION (G) OF THIS SECTION; OR

(II) WITHIN 30 DAYS AFTER THE CONCLUSION OF THE INTERNAL APPEALS PROCESS UNDER SUBSECTION (G) OF THIS SECTION IF THE PHARMACY OR PHARMACIST REQUESTS AN INTERNAL APPEAL.”

AMENDMENT NO. 4

On pages 8 and 9, strike in their entirety the lines beginning with line 27 on page 8 through line 2 on page 9, inclusive, and substitute:

“(G) (1) A PHARMACY BENEFITS MANAGER SHALL ESTABLISH AN INTERNAL APPEALS PROCESS UNDER WHICH A PHARMACY OR PHARMACIST MAY APPEAL ANY DISPUTED CLAIM IN A PRELIMINARY AUDIT REPORT.

(2) UNDER THE INTERNAL APPEALS PROCESS, A PHARMACY BENEFITS MANAGER SHALL ALLOW A PHARMACY OR PHARMACIST TO REQUEST AN INTERNAL APPEAL WITHIN 30 WORKING DAYS AFTER RECEIPT OF THE PRELIMINARY AUDIT REPORT, WITH REASONABLE EXTENSIONS ALLOWED.

(3) THE PHARMACY BENEFITS MANAGER SHALL INCLUDE IN ITS PRELIMINARY AUDIT REPORT A WRITTEN EXPLANATION OF THE INTERNAL APPEALS PROCESS, INCLUDING THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON TO WHOM AN INTERNAL APPEAL SHOULD BE ADDRESSED.”

On page 9, in line 3, strike “(3)” and substitute “(4)”; after line 6, insert:

“(5) THE PHARMACY BENEFITS MANAGER SHALL DELIVER THE FINAL AUDIT REPORT TO THE PHARMACY OR PHARMACIST WITHIN 30 CALENDAR DAYS AFTER CONCLUSION OF THE INTERNAL APPEALS PROCESS.”;

in line 10, strike **“PROVIDED”** and substitute **“DELIVERED”**; and in line 18, after **“DISCREPANCY”** insert **“FOR ALL DISPUTED CLAIMS IN A PRELIMINARY AUDIT REPORT”**.

AMENDMENT NO. 5

On pages 9 and 10, strike in their entirety the lines beginning with line 20 on page 9 through line 8 on page 10, inclusive, and substitute:

“(1) (1) A PHARMACY BENEFITS MANAGER SHALL ESTABLISH A REASONABLE INTERNAL REVIEW PROCESS FOR A PHARMACY TO REQUEST THE REVIEW OF A FAILURE TO PAY THE CONTRACTUAL REIMBURSEMENT AMOUNT OF A SUBMITTED CLAIM.

(2) A PHARMACY MAY REQUEST A PHARMACY BENEFITS MANAGER TO REVIEW A FAILURE TO PAY THE CONTRACTUAL REIMBURSEMENT AMOUNT OF A CLAIM WITHIN 180 CALENDAR DAYS AFTER THE DATE THE SUBMITTED CLAIM WAS PAID BY THE PHARMACY BENEFITS MANAGER.

(3) THE PHARMACY BENEFITS MANAGER SHALL GIVE WRITTEN NOTICE OF ITS REVIEW DECISION WITHIN 90 CALENDAR DAYS AFTER RECEIPT OF A REQUEST FOR REVIEW FROM A PHARMACY UNDER THIS SUBSECTION.

(4) IF THE PHARMACY BENEFITS MANAGER DETERMINES THROUGH THE INTERNAL REVIEW PROCESS ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION THAT THE PHARMACY BENEFITS MANAGER UNDERPAID A PHARMACY, THE PHARMACY BENEFITS MANAGER SHALL PAY ANY

(Over)

MONEY DUE TO THE PHARMACY WITHIN 30 WORKING DAYS AFTER COMPLETION OF THE INTERNAL REVIEW PROCESS.

(5) THIS SUBSECTION MAY NOT BE CONSTRUED TO LIMIT THE ABILITY OF A PHARMACY AND A PHARMACY BENEFITS MANAGER TO CONTRACTUALLY AGREE THAT A PHARMACY MAY HAVE MORE THAN 180 CALENDAR DAYS TO REQUEST AN INTERNAL REVIEW OF A FAILURE OF THE PHARMACY BENEFITS MANAGER TO PAY THE CONTRACTUAL AMOUNT OF A SUBMITTED CLAIM.”.

On page 10, in line 11, after “OR” insert “INTERNAL”; strike in their entirety lines 12 through 17, inclusive; in line 22, strike “this Act” and substitute “the provisions of § 15-1602 of the Insurance Article, as enacted by Section 1 of this Act,”; after line 26, insert:

“SECTION 4. AND BE IT FURTHER ENACTED, That nothing in this Act shall be construed to limit the applicability of §§ 15-1008, 15-1009(b), 27-303(2), 27-304(4), and 27-304(15) of the Insurance Article to claim denials made by or on behalf of an insurer, nonprofit health service plan, dental plan organization, or health maintenance organization.”;

and in line 27, strike “4.” and substitute “5.”.