



Sen. Andy Manar

Filed: 5/8/2018

10000HB3479sam002

LRB100 10189 KTG 39872 a

1 AMENDMENT TO HOUSE BILL 3479

2 AMENDMENT NO. _____. Amend House Bill 3479, AS AMENDED, by
3 inserting at the end of the bill the following:

4 "Section 10. The Illinois Public Aid Code is amended by
5 adding Section 5-30.8 as follows:

6 (305 ILCS 5/5-30.8 new)

7 Sec. 5-30.8. Pharmacy reimbursement rates; managed care.

8 (a) As used in this Section:

9 "Actual acquisition cost" means the listed amount for a
10 pharmaceutical product on the pharmacy provider's billing
11 invoice.

12 "Pharmacy benefits manager" means an entity that
13 administers or manages a pharmacy benefits plan or program.

14 (b) The Department shall require a managed care
15 organization, including any pharmacy benefits manager, to
16 reimburse pharmacy providers equal to the Department's

1 fee-for-service reimbursement rates.

2 (c) The reimbursement rate for prescription medications
3 shall include a professional dispensing fee, which shall equal
4 the fee-for-service professional dispensing fee utilized by
5 the Department.

6 (d) The Department shall require a managed care
7 organization, including any pharmacy benefits manager, to
8 reimburse pharmacies for patient care services provided by a
9 pharmacist at no less than 85% of the fee schedule for
10 physician services.

11 (e) Any pharmacy provider may appeal the reimbursement rate
12 for prescription medications or patient care services.

13 (1) The Department shall have the authority to require
14 the managed care organization or pharmacy benefits manager
15 to submit information to the Department related to the
16 managed care organization's or pharmacy benefits manager's
17 pricing methodology and rationale.

18 (2) The managed care organization or pharmacy benefits
19 manager must respond to the request for information no
20 later than 7 days after the date upon which the request is
21 made. If the managed care organization or pharmacy benefits
22 manager does not respond to the Department's request within
23 7 days after the date upon which the request is made, the
24 Department shall render a final decision in favor of the
25 pharmacy provider.

26 (f) At no time shall a pharmacy provider that contracts

1 with a managed care organization or pharmacy benefits manager
2 be forced to dispense any prescription medication for a
3 reimbursement rate below the actual acquisition cost.

4 (g) The contracting of pharmacy providers shall be
5 separated from any other group or national pharmacy provider
6 contract offered by a pharmacy benefits manager.

7 (h) Medicaid pharmacy provider participation must remain
8 voluntary, as under the fee-for-service medical assistance
9 program.

10 (i) A pharmacy benefits manager shall not require a
11 pharmacy provider to participate in a Medicaid managed care
12 organization's provider network.

13 (j) A pharmacy provider may decline to participate in a
14 contract with a pharmacy benefits manager and remain a
15 fee-for-service provider.

16 (k) No later than January 1, 2019, the Auditor General
17 shall initiate an audit of Medicaid managed care organizations
18 contracted with the Department and pharmacy benefits managers
19 contracted with Medicaid managed care organizations to
20 determine if their reimbursement methodologies are fair and to
21 determine the amount of Medicaid dollars retained by the
22 pharmacy benefits managers.

23 Section 99. Effective date. This Section and Section 10
24 take effect upon becoming law."