



H.R. 6331

THE MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT: **HELPING PHARMACIES SERVE OUR SENIORS**

Pharmacies are an integral part of the health care infrastructure in America. Prescription drugs play a huge role in medical treatment, and many people see their pharmacists more regularly than their physicians.

The Medicare prescription drug benefit, sometimes called Medicare “Part D,” took effect on January 1, 2006. During the rollout of the new benefit, pharmacists played a key role in ensuring Medicare beneficiaries got the right drugs when they needed them. Pharmacists are vital to the ongoing success of the drug benefit.

Changes in H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008 can make the benefit work better for pharmacists, and thereby for seniors. Provisions – including fairer and more timely payments to those who dispense seniors’ drugs – are as follows:

- **Prompt Payment by Prescription Drug Plans and Medicare Advantage Prescription Drug Plans:** Part D drug plans would be required to pay pharmacies within 14 days for clean claims submitted electronically and within 30 days for claims submitted otherwise. Drug plans also would be required to pay interest on amounts that they do not pay pharmacies in a timely manner. Additionally, drug plans would be required to honor pharmacies’ requests for payment by electronic funds transfer (EFT) for claims pharmacies submit electronically.
- **Restrictions on Pharmacy Co-Branding by Prescription Drug Plans and Medicare Advantage Prescription Drug Plans:** Part D drug plans would be prohibited from using names, brands, logos or trademarks of any pharmacy on their member identification cards. This “co-branding” can lead some Medicare beneficiaries to incorrectly believe that they can receive their medicines from only certain pharmacies.
- **Submission of Claims by Pharmacies Located in or Contracting with Long-Term Care Facilities:** Pharmacies that are in or contract to provide services to long-term care facilities would be required to receive no less than 30 days and no more than 90 days to submit their claims for reimbursement to the drug plans.
- **Regular Update of Prescription Drug Pricing Standard Required:** Part D drug plans would be required to update their prescription drug pricing standard no less frequently than every seven days, beginning with an initial update on January 1 of each year.