

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals  
(may include minor formatting differences from printed original)

**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**

**ONE HUNDRED AND TWENTY-NINTH LEGISLATURE**

**FIRST SPECIAL SESSION**

**August 26, 2019**

**SECOND REGULAR SESSION**

**January 8, 2020 to March 17, 2020**

**THE GENERAL EFFECTIVE DATE FOR  
FIRST SPECIAL SESSION**

**NON-EMERGENCY LAWS IS**

**NOVEMBER 25, 2019**

**THE GENERAL EFFECTIVE DATE FOR  
SECOND REGULAR SESSION**

**NON-EMERGENCY LAWS IS**

**JUNE 16, 2020**

**PUBLISHED BY THE REVISOR OF STATUTES  
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,  
TITLE 3, SECTION 163-A, SUBSECTION 4.**

---

---

**Augusta, Maine  
2020**

licensed or lawfully imported lobster meat or parts anywhere within the state limits. A license under this subsection does not authorize a person to possess or transport lobster that person has taken unless that person is in possession of a license issued under section 6421, subsection 3-A, paragraph A, B, C or E. A license under this subsection does not authorize a person to remove lobster meat from the shell unless a license under section 6851-B or 6857 is held.

See title page for effective date.

---



---

## CHAPTER 643

### S.P. 670 - L.D. 1928

#### **An Act To Prohibit Health Insurance Carriers from Retroactively Reducing Payment on Clean Claims Submitted by Pharmacies**

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 24-A MRSA §4317, sub-§2**, as enacted by PL 2009, c. 519, §1 and affected by §2, is amended to read:

**2. Prompt payment of claims.** Notwithstanding section 2436, the following provisions apply to the payment of claims submitted to a carrier by a pharmacy provider.

A. For purposes of this subsection, the following terms have the following meanings.

- (1) "Applicable number of calendar days" means:
  - (a) With respect to claims submitted electronically, 21 days; and
  - (b) With respect to claims submitted otherwise, 30 days.
- (2) "Clean claim" means a claim that has no defect or impropriety, including any lack of any required substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this section.

B. A contract entered into by a carrier with a pharmacy provider with respect to a prescription drug plan offered by a carrier must provide that payment is issued, mailed or otherwise transmitted with respect to all clean claims submitted by a pharmacy provider, other than a pharmacy that dispenses drugs by mail order only or a pharmacy located in, or under contract with, a long-term care facility, within the applicable number of calendar days after

the date on which the claim is received. For purposes of this subsection, a claim is considered to have been received:

- (1) With respect to claims submitted electronically, on the date on which the claim is transferred; and
- (2) With respect to claims submitted otherwise, on the 5th day after the postmark date of the claim or the date specified in the time stamp of the transmission of the claim.

C. If payment is not issued, mailed or otherwise transmitted by the carrier within the applicable number of calendar days after a clean claim is received, the carrier shall pay interest to the pharmacy provider at the rate of 18% per annum.

D. A claim is considered to be a clean claim if the carrier involved does not provide notice to the pharmacy provider of any deficiency in the claim within 10 days after the date on which an electronically submitted claim is received or within 15 days after the date on which a claim submitted otherwise is received.

E. If a carrier determines that a submitted claim is not a clean claim, the carrier shall immediately notify the pharmacy provider of the determination. The notice must specify all defects or improprieties in the claim and list all additional information or documents necessary for the proper processing and payment of the claim. If a pharmacy provider receives notice from a carrier that a claim has been determined to not be a clean claim, the pharmacy provider shall take steps to correct that claim and then resubmit the claim to the carrier for payment.

F. A claim resubmitted to a carrier with additional information pursuant to paragraph E is considered to be a clean claim if the carrier does not provide notice to the pharmacy provider of any defect or impropriety in the claim within 10 days of the date on which additional information is received if the claim is resubmitted electronically or within 15 days of the date on which additional information is received if the claim is resubmitted otherwise.

G. A claim submitted to a carrier that is not paid by the carrier or contested by the plan sponsor within the applicable number of calendar days after the date on which the claim is received by the carrier is considered to be a clean claim and must be paid by the carrier.

H. Payment of a clean claim under this subsection is considered to have been made on the date on which the payment is transferred with respect to claims paid electronically and on the date on which the payment is submitted to the United States Postal Service or common carrier for delivery with respect to claims paid otherwise.

I. A carrier shall pay all clean claims submitted electronically by electronic transfer of funds if the pharmacy provider so requests or has so requested previously. In the case when the payment is made electronically, remittance may be made by the carrier electronically.

J. For a contract entered into or renewed on or after January 1, 2021, the contract entered into by a carrier with a pharmacy provider with respect to a prescription drug plan offered by a carrier may not contain a provision that purports to directly or indirectly charge the pharmacy provider or hold the pharmacy provider responsible for any fee related to a clean claim:

- (1) That is not apparent at the time the carrier processes the claim;
- (2) That is not reported on the remittance advice of a claim adjudicated by the carrier; or
- (3) After the initial claim is adjudicated by the carrier.

For purposes of this subsection, a contract entered into by a carrier with a pharmacy provider with respect to a prescription drug plan offered by a carrier includes any contract with respect to a prescription drug plan offered by the carrier under which a pharmacy provider is legally obligated, either directly or through an intermediary.

See title page for effective date.

**CHAPTER 644**

**H.P. 1375 - L.D. 1931**

**An Act To Require  
Background Investigations for  
Certain Individuals To Receive  
Federal Tax Information in  
Accordance with Federal  
Standards**

**Emergency preamble.** Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** the Department of Labor is currently under a security compliance audit by the United States Internal Revenue Service; and

**Whereas,** loss of access to federal tax information by the department could cause irreparable damage to the enforcement efforts of the department; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 25 MRSA §1542-A, sub-§1, ¶U** is enacted to read:

U. Who is an affected person, as defined in Title 26, section 1085, subsection 1, paragraph A, whose fingerprints have been required by the department pursuant to Title 26, section 1085.

**Sec. 2. 25 MRSA §1542-A, sub-§3, ¶T** is enacted to read:

T. The State Police shall take or cause to be taken the fingerprints of the person named in subsection 1, paragraph U at the request of that person and upon payment of the expenses by the Department of Labor, Bureau of Unemployment Compensation as specified under Title 26, section 1085, subsection 3.

**Sec. 3. 25 MRSA §1542-A, sub-§4-A** is enacted to read:

**4-A. Duty to submit fingerprints to State Bureau of Identification; affected persons under Title 26, section 1085.** Fingerprints taken pursuant to subsection 1, paragraph U must be transmitted immediately to the State Bureau of Identification to enable the bureau to conduct state and national criminal history record checks for the Department of Labor.

**Sec. 4. 26 MRSA §1085** is enacted to read:

**§1085. Access to federal tax information; background investigation requirements**

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Affected person" means a person who is:

(1) An applicant for employment with the bureau who will have access to federal tax information as part of that employment;

(2) A contractor for the bureau who provides or is assigned to provide services to the bureau under an identified contract. For the purposes of this subparagraph, "identified contract" means a contract that the Director of Unemployment Compensation determines involves access, or the substantial possibility of access, to the bureau's information technology systems that contain federal tax information;

(3) An employee of the bureau who has or will be given access to federal tax information as part of that employee's employment with the bureau and has not undergone a federal background investigation within the past 10 years;  
or