~~(I) (1) A PHARMACY BENEFITS MANAGER SHALL ESTABLISH A REASONABLE INTERNAL PROCESS FOR A PHARMACY OR PHARMACIST TO REQUEST THE REVIEW OF AN UNDERPAYMENT OF A CLAIM.~~

~~(2) (I) A PHARMACY OR PHARMACIST MAY REQUEST A PHARMACY BENEFITS MANAGER TO REVIEW AN UNDERPAYMENT OF A CLAIM WITHIN 1 YEAR AFTER THE DATE THE CLAIM WAS PAID BY THE PHARMACY BENEFITS MANAGER.~~

~~(II) THE PHARMACY BENEFITS MANAGER SHALL GIVE WRITTEN NOTICE OF ITS REVIEW DECISION WITHIN 90 CALENDAR DAYS AFTER RECEIPT OF THE REQUEST FOR REVIEW.~~

~~(3) IF THE PHARMACY BENEFITS MANAGER DETERMINES THROUGH THE INTERNAL PROCESS THAT THE PHARMACY BENEFITS MANAGER UNDERPAID A PHARMACY OR PHARMACIST, THE PHARMACY BENEFITS MANAGER SHALL PAY ANY MONEY DUE TO THE PHARMACY OR PHARMACIST WITHIN 30 WORKING DAYS AFTER COMPLETION OF THE INTERNAL PROCESS.~~

~~(4) (I) IF THE PHARMACY OR PHARMACIST DISAGREES WITH THE PHARMACY BENEFITS MANAGER'S REVIEW OF AN UNDERPAYMENT OF A CLAIM THROUGH ITS INTERNAL PROCESS, THE PHARMACY OR PHARMACIST MAY FILE A COMPLAINT WITH THE COMMISSIONER FOR REVIEW OF THE UNDERPAYMENT BY THE COMMISSIONER OR THE COMMISSIONER'S DESIGNEE TO DETERMINE IF THE PHARMACY BENEFITS MANAGER'S CALCULATION OF THE PAYMENT AMOUNT WAS ARBITRARY AND CAPRICIOUS.~~

~~(II) A COMPLAINT FILED UNDER THIS SUBSECTION SHALL BE FILED WITHIN 30 WORKING DAYS AFTER RECEIPT OF WRITTEN NOTICE OF THE PHARMACY BENEFITS MANAGER'S REVIEW DECISION.~~

(I) (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.