

PHARMACY BENEFITS MANAGER CONTRACT CHECKLIST
Participating Pharmacy Contracts
Pharmacy Services Administrative Organization Contracts

PBM:	DATE:
FORM(S):	

Please include this checklist with each Participating Pharmacy Contract and Pharmacy Services Administrative Organization (PSAO) Contract filing. It should be used as a guide in determining which laws and regulations apply to the contracts.

In the “Applicability” column, please list each form submitted for review. If a requirement is not applicable to a particular form, please note “N/A” and include a brief explanation of why the requirement does not apply.

In the “Crosswalk” column, please provide the specific location in the filing where the requirement is addressed. Provide as much detail as possible, including page numbers, article numbers, section numbers, provision numbers, or paragraph numbers, as applicable.

Please note that the items listed below may paraphrase the law or regulation. **Refer to COMAR, the Insurance Article or Health-General Article, as amended to date, for the exact wording.**

A. General Requirements

	Citation	Description	Applicability	Crosswalk
A1.	COMAR 31.10.48.03F	The filing shall include a cover letter containing a list of the contracts and amendments and a brief description of each		
A2.	COMAR 31.10.48.03G	Forms should have a unique form number in the lower left corner of the first page		
A3.	§15-1628(b) COMAR 31.10.48.03A	All documents that make up the entire contract must be submitted		

	Citation	Description	Applicability	Crosswalk
A4.	COMAR 31.10.48.03H	Each filing shall include a signed certification from an officer of the PBM certifying that the contracts and amendments comply with applicable statues and regulations.		
A5.	COMAR 31.10.48.03I	A PBM must be registered with the Commissioner prior to filing any contract or amendment		

B. Items Required to be Included in Each Pharmacy Contract

	Citation	Description	Applicability	Crosswalk
B1.	§15- 1628.1(b)	Sources used to determine maximum allowable cost pricing		
B2.	§15-1628.1(f), COMAR 31.10.46.04 COMAR 31.10.48.04A(7)	Description of process to appeal, investigate, and resolve disputes regarding maximum allowable cost (MAC) pricing		
B3.	§15-1628.2(a) COMAR 31.10.47.04 COMAR 31.10.48.04A(7)	Description of process to appeal, investigate, and resolve disputes regarding cost pricing and reimbursement, other than MAC pricing		
B4.	§15- 112.2(c)	Disclosure of the carriers comprising the provider panel – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
B5.	§15-123(d)	Definition of Experimental Medical Care – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		

	Citation	Description	Applicability	Crosswalk
B6.	§19-710(i), Health-General	Hold Harmless Clause – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of an HMO)</i>		
B7.	§15-112.2(e)(1),	Pharmacy must provide 90-day minimum notice of termination from provider panel – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
B8.	§15-112.2(e)(2),	Pharmacy required to continue to furnish health care services to enrollees for 90 days after pharmacy provides notice of termination– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		

C. Items Required to be Included in Each PSAO Contract

	Citation	Description	Applicability	Crosswalk
C1.	§15-2014(a) and (b)	PSAO must provide to purchaser or pharmacy benefits manager written disclosure of ownership or control by another organization that provides pharmacy services or prescription drug or device services, or that manufactures, sells or distributes prescription drugs, biologics, or medical devices.		
C2.	§15-2014(c) Insurance	PSAO shall notify purchaser or pharmacy benefits manager within 5 days of any material change in its ownership or control relating to any entity described in C1.		

D. Requirements Related to Claims Procedures and Reimbursement Policies

	Citation	Description	Applicability	Crosswalk
D1.	§15- 1628.3	Contracted pharmacy may not be charged or held responsible for a fee or performance-based reimbursement related to adjudication of a claim or an incentive program		
D2.	§15- 1628.3	Prohibition on any reduction in payment by a PBM or purchaser for pharmacy services, including aggregate reductions of payments under a reconciliation process to an effective rate of reimbursement		
D3.	COMAR 31.10.48.04A(4)	Prohibition on reimbursement in an amount that differs based on the identity of the wholesale distributor used by the contracting pharmacy		
D4.	§15-112.2(d)	<p>If contract includes more than one fee schedule, may not require as a condition of participation that the pharmacy accept each schedule of applicable fees included in the provider contract – (<i>applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier</i>)</p> <ul style="list-style-type: none"> • Prohibition does not apply to fee schedules of carriers not affiliated through common ownership with entity arranging the provider panel 		

D5.	§15-1628(a)(1) COMAR 31.10.46.03A and COMAR 31.10.47.03A	<p>PBM required to provide certain information to participating pharmacy or pharmacist at the time of contract execution or 30 working days prior to a change</p> <ul style="list-style-type: none"> • Terms, conditions and reimbursement rates including sources and terms of compensation program • Process and procedures for verifying benefits and beneficiary eligibility • Dispute resolution, internal appeal process and audit appeals process • Process and procedures for verifying drugs included on formularies used by the PBM 		
D6.	§19-712.2, Health-General	<p>Must notify all contracting pharmacies in writing of certain changes to pharmaceutical benefit program rules at least 30 calendar days before the effective date of the changes – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of an HMO)</i></p>		
D7.	§15-1004(d)(1)	<p>Must provide and update all contracting pharmacies with a document describing claims filing procedures – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i></p>		

D8.	§15-1005(e)(1),	May not require pharmacy to file claims sooner than 180 days from date of service– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
D9.	§15- 1005(c)	Must pay claims within 30 days or send appropriate notice– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
D10.	§15-1005(e)(2)	Must permit pharmacy a minimum of 90 working days after a claim denial to appeal – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
D11.	§15-1009	Denial of reimbursement for pre-authorized care prohibited except for limited reasons– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
D12.	§15-1631	Retroactive denial or modification of reimbursement for claim approved through adjudication prohibited except for limited reasons		
D13.	COMAR 31.10.48.04A(5)	Except for error or fraud, PBM prohibited from reclassifying, re-categorizing or re-characterizing an adjudicated claim		

D14.	§15-1008(c),	Time limit for certain permissible retroactive denials of reimbursement– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
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E Miscellaneous Requirements

	Citation	Description	Applicability	Crosswalk
E1.	§15-1629 HB374, Chpt 355, Acts of 2023	Requirements for PBM audits of contracted pharmacies– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
E2.	§§15-1633 – 15-1639	Requirements for therapeutic interchanges– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
E3.	§15-112.2(b)	May not require pharmacy to participate on an HMO panel, as a condition of participating on a non-HMO panel– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
E4.	§19-710(t), Health-General	May not require pharmacy to hold an HMO harmless for coverage decision or negligent act of the HMO – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of an HMO)</i>		
E5.	§19-710(s), Health-General	Required disclosures related to practice profiles – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of an HMO)</i>		

	Citation	Description	Applicability	Crosswalk
E6.	§15-1628(a)(2) .	For purposes of credentialing, may not require a pharmacy or pharmacist to renew credentialing more frequently than once every 3 years or charge a fee for the initial credentialing or renewing credentialing		
E7.	COMAR 31.10.46.02B(10) and COMAR 31.10.48.04(A)(3)	Definition of Multisource generic drug		
E8.	§12-504 Health Occupations Article COMAR 31.10.48.04A(3)	Definition of generic drug and/or brand name drug		
E9.	COMAR 31.10.48.04A(6)	May not prohibit or restrict a pharmacist or pharmacy from filing a complaint with the Commissioner		
E10.	§15-1611	May not prohibit a pharmacy or pharmacist from providing or discussing retail prices or cost sharing with beneficiaries– <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		
E11.	§15-1611.1	Except for specialty drugs, may not require a beneficiary to fill prescriptions at a specific pharmacy if the PBM has an ownership interest in that pharmacy or if the pharmacy has an ownership interest in the PBM – <i>(applicable only to participating pharmacy contracts where PBM will be contracting on behalf of a carrier)</i>		

	Citation	Description	Applicability	Crosswalk
E12	§15-1611.2 HB1274, Chpt 365, Acts of 2022	Requirements for 340B programs		