Revised 07/03/19

PARTICIPATING PHARMACY CONTRACT CHECKLIST

FILING ENTITY:	DATE:
FORM(S):	

Please include this checklist with each Participating Pharmacy Contract filing. It should be used as a guide in determining which laws and regulations apply to the contract.

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.**

Brief Description & Law/Regulation Cite **Applicability** **Crosswalk**

A. Items Required to be Included in Each Contract

Brief Description & Law/Regulation Cite		Applicability	Crosswalk
A1.	Sources used to determine maximum allowable cost pricing – §15-1628.1(b), Insurance		
A2.	Description of process to appeal, investigate, and resolve disputes regarding maximum allowable cost (MAC) pricing – §15-1628.1(f), Insurance		
A3.	Description of process to appeal, investigate, and resolve disputes regarding cost pricing and reimbursement, other than MAC pricing – §15-1628.2(a), Insurance		
A4.	Disclosure of the carriers comprising the provider panel – §15-112.2(c), Insurance		
A5.	Definition of Experimental Medical Care – §15-123(d), Insurance		

Brief Description & Law/Regulation Cite		Applicability	Crosswalk
A6.	Hold Harmless Clause – §19-710(i), Health-General (*applicable only to participating pharmacy contracts where filing entity will be contracting on behalf of an HMO*)		
A7	Pharmacy must provide 90-day minimum notice of termination from provider panel – §15-112.2(e)(1), Insurance		
A8.	Pharmacy required to continue to furnish health care services to enrollees for 90 days after pharmacy provides notice of termination – §15-112.2(e)(2), Insurance		

B. Requirements Related to Claims Procedures and Reimbursement Policies

B1.	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 without specific disclosure - §15-1628.3, Insurance		
B2.	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 – §15-112.2(d), Insurance • Prohibition does not apply to fee schedules of carriers not affiliated through common ownership with entity arranging the provider panel		
B3.	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 – §15-1628, Insurance		
B4.	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 – §19-712.2, Health-General (*applicable only to participating pharmacy contracts where filing entity will be contracting on behalf of an HMO*)		
B5.	Must provide and update all contracting pharmacies with a document describing claims filing procedures – §15-1004(d)(1), Insurance		

Brief Description & Law/Regulation Cite		Applicability	Crosswalk
B6.	May not require pharmacy to file claims sooner than 180 days from date of service – §15-1005(e)(1), Insurance		
B7.	Must pay claims within 30 days or send appropriate notice – §15-1005(c), Insurance		
B8.	Must permit pharmacy a minimum of 90 working days after a claim denial to appeal – §15-1005(e)(2), Insurance		
B9.	Denial of reimbursement for pre-authorized care prohibited except for limited reasons – §15-1009, Insurance		
B10.	Retroactive denial or modification of reimbursement for claim approved through adjudication prohibited except for limited reasons – §15-1631, Insurance		
B11.	Time limit for certain permissible retroactive denials of reimbursement – §15-1008(c), Insurance		

C. Miscellaneous Requirements

C1.	Requirements for PBM audits of contracted pharmacies – §15-1629, Insurance		
C2.	Requirements for therapeutic interchanges - §§15-1633 – 15-1639, Insurance		
C3.	May not require pharmacy to participate on an HMO panel, as a condition of participating on a non-HMO panel – §15-112.2(b), Insurance		
C4.	May not require pharmacy to hold an HMO harmless for coverage decision or negligent act of the HMO – §19-710(t), Health-General (*applicable only to participating pharmacy contracts where filing entity will be contracting on behalf of an HMO*)		

Brief Description & Law/Regulation Cite	Applicability	Crosswalk
C5. Required disclosures related to practice profiles – §19-710(s), Health-General (*applicable only to participating pharmacy contracts where filing entity will be contracting on behalf of an HMO*)		