

**Massachusetts Pharmacy Benefit Manager Checklist
211 CMR 157.00: Licensing and regulation of pharmacy benefit managers (PBMs)**

Guidance for naming documents:

Please do not send all documents in one PDF.

Kindly limit the length of the file names, be brief for example:

“Q13_Cert of Liab Ins” or “Q14b_Work Comp Ins” or “Q15a_2025_CY Financial Statement”

(Whenever possible include the number of the checklist item in the first part of the name of the file.)

Please save this checklist document as an editable PDF document, without password protection or scanned document.

For material changes:

Checklist items with a red asterisk “ * ” are required to be completed with every filing. The remaining checklist items only need to be populated with any changes.

Full Name of PBM		
#	Bulletin Ref.	PBM Checklist Item
	211 CMR 157.03	
1	157.03.1 (a) 1	Name, Address and contact phone number of the applicant.
Enter Initials.		Name *
		Street Address*
		City, State and Zip Code*
		Contact phone number*
2	157.03.1 (a) 2	Name, address, phone number, email address, and title of the Applicant contact of the employee who will serve as the Division’s primary contact for the application
Enter Initials.		Name*
		Street Address*
		City, State and Zip Code*
		Contact phone number *
		Email*
		Title*
3	157.03.1 (a) 3	Name and address of the Applicant for service of process in the Commonwealth or a power of attorney authorizing the Commissioner to accept service of process for any legal actions commenced against a PBM not domiciled in the Commonwealth of Massachusetts.
Enter Initials.		Name of agent or attorney*
		Street Address*
		City, State and Zip Code*
		Contact phone number *
		Title*

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4	157.03.1 (b)	Provide a copy of the basic organizational documents, such as articles of incorporation, articles of association, partnership agreement, trust agreement or any other applicable document establishing the PBM and all amendments thereto.	
Enter Initials.	4a	(a) Federal Employee Identification Number*	
Enter Initials.	4b	(b) Secretary of Commonwealth (SoS) registration form*	Name of file(s):
Enter Initials.	4c	(c) Copy of by-laws, rules, rules and regulations or other similar documents	Name of file(s):
5	157.03.1 (b) 2	Provide a signed document by an authorized official of the Applicant that indicates that no offer with management or control of the PBM has been convicted of a felony or has violated any of the requirements of state law applicable to PBM's or if the Applicant cannot provide such statement, a signed statement describing any relevant conviction or violation.	
Enter Initials.		Enter the name of file(s):	
6	157.03.1 (b) 3	Name, address, official position, and professional qualifications of each individual who is responsible for the conduct of the affairs of the PBM?	
Enter Initials.		Total number of files:	
7	157.03.1 (b) 4	Biographical affidavits (OMITTING SOCIAL SECURITY NUMBERS) for all officers, directors, trustees, and key managerial personnel of the Applicant?	
Enter initials.		Number of affidavit files:	
8	157.03.1 (b) 5	Copy of the organizational chart with titles in the areas of marketing, administration, enrollment, grievance procedures, quality assurance, contract negotiation, and financial matters.	
Enter Initials.		Number of files:	
9	157.03.1 (b) 6	Copy of the holding company organizational chart displaying all parents, subsidiaries and affiliations of the applicant. (This is only if the company is part of a holding company.)	
Enter Initials.		Number of files:	

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10	157.03.1 (b) 7	Narrative of the applicant’s organizational structure; a detailed description of any material ownership interest(s) (defined as 10% or more) in any Subsidiary, parent, Affiliate, aggregator, rebate aggregator, carrier, Pharmacy, drug manufacturer, or other Person or entity whose business impacts the PBM; a description of the Service Area and Pharmacy Network; the roles, functions, responsibilities of, and interrelationships among, pharmacies and the methods of Pharmacy reimbursement and arrangements, including but not limited to Maximum Allowable Cost appeal methodologies.	
Enter Initials.		Number of files:	
11	157.03.1 (b) 8	Statement signed by an authorized official of the applicant disclosing at least a 10% ownership interest, held either directly or indirectly or through an Affiliate, holding company, Subsidiary, or other Person or entity by any insurance carrier in the PBM, or any ownership interest, held either directly or indirectly or through an Affiliate,	
Enter Initials.		Name of the file(s):	
12	157.03.1 (b) 9	Document Disclosing any ownership interest, either directly or indirectly or through any Affiliate, holding company, or Subsidiary in a Pharmacy or Mail-Order Pharmacy that is part of the PBM’s network.	
Enter Initials.		Name of the file(s):	
13	157.03.1 (b) 10	Certificate of Insurance of professional liability insurance of all officers and any employees.	
Enter Initials.		Name of the file(s):	
14	157.03.1 (b) 11	A statement of insurance or self-funded insurance coverage for: (a) Protection against loss of property and liability of the PBM; and (b) Workers’ compensation to protect against claims arising from work-related injuries; and(c) medical malpractice liability insurance of the PBM and Providers.	
Enter Initials.	14a	(a) Protection against loss of property and liability of the PBM; and	Name of file(s):
Enter Initials.	14b	(b) Workers’ compensation to protect against claims arising from work-related injuries; and	Name of file(s):

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Enter Initials.	14c	(c) medical malpractice liability insurance of the PBM and Providers.	Name of file(s):
15	157.03.1 (c) 1	Audited financial statements specific to the applicant, including but not limited to, audited financial reports, maintained and prepared in accordance with generally accepted accounting principles prescribed or permitted by the Commissioner, for at least the three years of audited financial statements specific to the Applicant?	
Enter Initials.	15a	Current year	Name of file(s):
Enter Initials.	15b	Prior year	Name of file(s):
Enter Initials.	15c	2 years ago	Name of file(s):
16	157.03.1 (c) 2	Financial statements as listed in 211 CMR 157.04(1)(a)2, which project the results of operations for the next three calendar years: a. balance sheet; b. statement of revenues and expenses; c. statement of changes in capital; d. cash flow; e. capital expenditure; and f. repayment schedule for existing or anticipated loans or alternative financing arrangements. As applicable, the format shall be consistent with that specified for the information and reports required to be filed with the Commissioner pursuant to 211 CMR 157.04	
Enter Initials.	16a	a. balance sheet;	Name of file(s):
Enter Initials.	16b	b. statement of revenues and expenses;	Name of file(s):
Enter Initials.	16c	c. statement of changes in capital;	Name of file(s):
Enter Initials.	16d	d. cash flow;	Name of file(s):

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Enter Initials.	16e	e. capital expenditure; and	Name of file(s):
Enter Initials.	16f	f. repayment schedule for existing or anticipated loans or alternative financing arrangements.	Name of file(s):
17	157.03.1 (c) 3	A statement of the applicant's accounting system and organization, management and internal controls, and processes and procedures to address customer service needs in the Commonwealth, including but not limited to those for addressing consumer Complaints in a timely and effective manner.	
Enter Initials.		Name of the file(s)	
18	157.03.1 (c) 5	A statement and supporting analysis indicating when the PBM estimates that income from Massachusetts operations will equal or exceed related expenses, and analysis explaining in detail if the PBM does not estimate that such income will exceed related expenses.	
Enter Initials.		Name of the file(s)	
19	157.03.1 (c) 6	Provide all projections, estimates, reviews, and analyses (must be accompanied by detailed statements) of underlying assumptions used and the bases thereof and further including any independent evaluations and assessment of these statements.	
Enter Initials.		Name of the file(s)	
20	157.03.1 (c) 7	A document listing of shareholders or members or other equity holders or members with holdings of 10% or more of capital shares, partnership interest or other evidence of equity holdings, by name, address, number, and percentage of shares or other interest held and any other affiliations with the PBM.	
Enter Initials.		Name of the file(s)	
21	157.03.1 (c) 8	Provide letters of financial support, credit, bond, loan guarantee, or other financial guarantee to the Applicant and any supporting information and limitations, if applicable.	
Enter Initials.		Name of the file(s)	

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22	157.03.1 (c) 9	Provide a statement of fidelity bond coverage of all officers and any employees entrusted with the handling of funds.	
Enter Initials.		Name of the file(s)	
23	157.03.1 (c) 10	A list with names, address, phone number, and email contact information for each Carrier, Plan Sponsor, and workers' compensation insurance carrier that is a PBM client or contracted entity in the Commonwealth of Massachusetts, and a description of the projected number of enrollees and plan subscribers to be administered by the PBM in Massachusetts for each Carrier client or contracted entity, Plan Sponsor client or contracted entity, and workers' compensation insurance carrier client or contracted entity.	
Enter Initials.	23a	Carrier name, address, phone number and email contact Information that is a PBM client or contracted entity in MA (if applicable)	Name of file(s):
Enter Initials.	23b	Plan Sponsor name, address, phone number and email contact Information that is a PBM client or contracted entity in MA (if applicable)	Name of file(s):
Enter Initials.	23c	Workers' Compensation name, address, phone number and email contact Information that is a PBM client or contracted entity in MA (if applicable)	Name of file(s):
Enter Initials.	23d	A description of the projected number of enrollees and plan subscribers to be administered by the PBM in Massachusetts for each Carrier client or contracted entity, Plan Sponsor client or contracted entity, and workers' compensation insurance carrier client or contracted entity	Name of file(s):

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24	157.03.1 (d) 1	Provide a service plan describing the following with respect to the PBM's operations in Massachusetts; (a) the service area of the PBM, (b) serviced health insurers and/or accounts serviced by the PBM, (c) the anticipated population to be serviced by the PBM, (d) existing utilization rates for Pharmacy Services in the PBM's Massachusetts Service Areas; and (e) an up to date inventory of owned, operated contracted and/or participating pharmacies.	
Enter Initials.	24a	(a) the service area of the PBM	Name of file(s):
Enter Initials.	24b	(b) serviced health insurers and/or accounts serviced by the PBM	Name of file(s):
Enter Initials.	24c	(c) the anticipated population to be serviced by the PBM	Name of file(s):
Enter Initials.	24d	(d) existing utilization rates for Pharmacy Services in the PBM's Massachusetts Service Areas	Name of file(s):
Enter Initials.	24e	(e) an up-to-date inventory of owned, operated contracted and/or participating pharmacies	Name of file(s):
25	157.03.1 (d) (2)	Documentation describing the PBM's policies and procedures for validating that a Pharmacy satisfies the PBM's selection or credentialing requirements for participating in the PBM's Network, including but not limited to identification and explanation of the standards (e.g., NCQA), the process and timelines for credentialing or recredentialing, and the PBM's documentation retention requirements for the process.	
Enter Initials.		Name of the file(s)	
26	157.03.1 (d) (3)	Documentation demonstrating the PBM's policies and procedures for adherence to Utilization Review requirements consistent with applicable state and federal law, including but not limited to 211 CMR 52.00.	
Enter Initials.		Name of the file(s)	

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27	157.03.1 (d) (4)	The total number and amount of all claims paid for Massachusetts residents for the most recent calendar year.	
Enter Initials.		Name of the file(s)	
28	157.03 1 (h) 2	The following additional documents requested:	
Enter Initials.	31a	(a) Current financial statements for guarantors of the PBM's contractual obligations;	Name of file(s):
Enter Initials.	31b	(b) Current financial statements for Persons or Providers or corporate entities which have contracted with the PBM for the provision of medical, administrative, or marketing services, audited if available,	Name of file(s):
29	157.03 1 (h) 2 (c)	<p>(c) Copies of the PBM's contractual arrangements, including but not limited to a copy of the forms of group contracts with Carriers, a copy of the forms of group contracts with Pharmacies, and a copy of every contract form made or to be made between the applicant and any Providers of Pharmacy Benefit Management Services. For purposes of 211 CMR 157 .03(1)(h)2.c., "contract form" means a single copy of each generic contract used for each type of Carrier, Pharmacy, or other applicable term, and not a copy of every individual contract signed between the PBM and each respective Carrier, Pharmacy, or other.</p> <p>A copy of the forms and/ or templates of <i>group contracts with Carriers</i> should include the following provisions:</p>	
Enter Initials.	157.06 (1) (a)	a) may not sell a list of patients that contains information through which the identity of an individual patient is disclosed, unless the sale is permitted by and compliant with applicable law	Please specify the page and section number in the form: Name of file(s):

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Enter Initials.	157.06 (1) (b)	(b) shall maintain all data that identifies a Covered Person in a confidential manner that prevents disclosure to a third-party unless the disclosure is otherwise permitted by law or authorized by the Covered Person	Please specify the page and section number in the form: Name of file(s):
Enter Initials.	157.06 (1) (c) (1)	(c) (1) allows PBM to do general advertising for a specific product or service	Please specify the page and section number in the form: Name of file(s):
Enter Initials.	157.06 (1) (c) (2)	(c) (2) allows PBM to respond to a request and receipt by a person of info regarding a drug/service, a person's own record/claims or the person's dependent's record or claims	Please specify the page and section number in the form: Name of file(s):
Enter Initials.	157.06 (2)	PBM shall provide notice to employers and carriers about any changes to formularies included in plan Benefits	Please specify the page and section number in the form: Name of file(s):
30	157.03 1 (h) 2 (c)	<p>(c) Copies of the PBM's contractual arrangements, including but not limited to a copy of the forms of group contracts with Pharmacies.</p> <p>For purposes of 211 CMR 157 .03(1)(h)2.c., "contract form" means a single copy of each generic contract used for each type of Carrier, Pharmacy, or other applicable term, and not a copy of every individual contract signed between the PBM and each respective Carrier, Pharmacy, or other.</p> <p>A copy of the forms of <i>group contracts with Pharmacies</i> should include the following provisions:</p>	

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Enter Initials.	157.05 (1)	Contracts between PBMs and Pharmacies shall incorporate all provisions of M.G.L. c. 175, § 226 and require that the PBM is in compliance with all such provisions, including but not limited to establishing an appeals process consistent with M.G.L. c. 175, § 226.	Please specify the page and section number in the form: Name of file(s):
Enter Initials.	157.05 (2)	A PBM shall not prohibit a Pharmacist from dispensing any Prescription Drug or over-the-counter medicinal product that is legally available within the Commonwealth	Please specify the page and section number in the form: Name of file(s):
Enter Initials.	157.05 (3)	Termination of a Pharmacy or Pharmacist from a PBM Network shall not release the PBM from the obligation to make any payment due to the Pharmacy for Pharmacy Services properly rendered.	Please specify the page and section number in the form: Name of file(s):
31	157.03 1 (h) 2 (c)	(c) Copies of the PBM's contractual arrangements, including but not limited to a copy of every contract form made or to be made between the applicant and <i>any Providers of Pharmacy Benefit Management Services</i>.	
Enter Initials.	157.03 1 (h) 2 (c)	A copy of the forms of every contract form made or to be made between the applicant and any Providers of Pharmacy Benefit Management Services:	Name of file(s):

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32	157.07 (2)	<p>The detailed information that the PBM is required to collect, store, and maintain about Pharmacies which are a part of the PBM's Network, shall include at least the following information for each Pharmacy:</p> <p>Explain the system that is used which includes a description about the following:</p>	
Enter Initials.	(a) operating hours for each location, including evenings and weekends;	Name of file(s):	
Enter Initials.	(b) main phone number(s) available for use by Covered Persons;	Name of file(s):	
Enter Initials.	(c) all languages understood or spoken by the Pharmacy personnel;	Name of file(s):	
Enter Initials.	(d) whether the Pharmacy setting is ADA accessible and a description of the accommodations available to address physical, developmental, and intellectual disabilities;	Name of file(s):	
Enter Initials.	(e) whether the Pharmacy has conditions, including the following:	Name of file(s):	
Enter Initials.	1. if a Pharmacy is limited to hospital or facility inpatients;	Name of file(s):	
Enter Initials.	2. for Pharmacies within clinics or community health centers, requiring that a patient receive other health care at the clinic or community health center;	Name of file(s):	
Enter Initials.	3. for Pharmacies at university or school health centers, requiring that patients are enrolled students in the university or school.	Name of file(s):	

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33	157.07 (3)	<p>PBMs shall ensure the accuracy of the required information on Pharmacies and Networks, and Pharmacy information should be audited to ensure accuracy on at least an annual basis, or as directed by the Commissioner.</p> <p>Explain the systems that the applicant will use or use to ensure the accuracy of the information:</p>	
Enter Initials.		Name of the file(s):	
34	157.07 (4)	<p>PBMs will maintain files of all Pharmacy audits for no less than seven years from the completion of any audit so that they may be reviewed by Division staff upon request.</p> <p>Explain the systems used or will used to maintain the files:</p>	
Enter Initials.		Name of the file(s):	
35	157.07 (5)	<p>A PBM shall maintain a toll-free telephone number such that consumers may request and obtain information about applicable Pharmacy Networks and cost, including but not limited to cost-sharing, in a clear and accessible manner, in real time, and a consumer-facing website.</p>	
Enter Initials.		Telephone Number:	
36	157.07 (6)	<p>In accordance with 211 CMR 157 .07 (3) and a schedule as determined by the Commissioner, a PBM shall file for each health plan that the PBM services in Massachusetts, a list describing the Network of Pharmacies that the PBM offers in Massachusetts. The PBM shall update an existing list whenever the PBM makes any Material Change to such a list. Accompanying the list, PBMs shall describe or demonstrate at least the following:</p> <p>PBMs shall describe or demonstrate the following:</p>	
Enter Initials.		(a) The PBM's process for monitoring and assuring on an ongoing basis the sufficiency of the Network(s) to meet the needs of and protect consumers in its populations serviced in Massachusetts, including Network accessibility analyses (e.g., GeoNetwork system analyses);	Name of file(s):

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Enter Initials.	(b) The PBM's efforts to address the ability of the Network(s) to meet the needs of individuals serviced with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, or with disabilities;	Name of file(s):
Enter Initials.	(c) If, at any time, the PBM becomes aware of changes to the numbers of Pharmacies within its Network list that would cause the PBM to not meet its level of service in the Commonwealth, then within 30 Days of becoming aware the PBM will submit a corrective action plan for the Commissioner's review and approval that will identify the steps that the PBM will take to address the geographic areas where it is not meeting its service level requirement(s) and how the PBM plans to address access to care in those areas until Network changes are made so that the PBM can once again satisfy its service level requirement(s) for access to Pharmacy Services	Name of file(s):

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CERTIFICATIONS								
37	157.03.1 (c) 4 And, also 157.09 (1) and (2)	<p>Certification that a PBM shall maintain adequate books and records about each purchaser for which the PBM provides Pharmacy Benefit Management Services, in accordance with prudent standards of record keeping, for the duration of the agreement between the PBM and the purchaser, and for three years after the PBM ceases to provide Pharmacy Benefit Management Services for the purchaser.</p> <p>“...every PBM shall make, or cause to be made, and retain books and records which accurately reflect:</p> <ul style="list-style-type: none"> (1) All contracts with Carriers requested by the Commissioner and all other contracts entered into by the PBM (2) Every PBM shall preserve for a period of not less than five years the books of account and other records required under the provisions of, and for the purposes of 211 CMR 157.00. After such books and records have been preserved for two years in an easily accessible place at the main offices of the PBM, they may be stored for the remainder of the five-year period subject to their availability to the Commissioner not more than five Days after he or she may request them. 						
Enter Initials.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of the file(s):</td> <td style="width: 40%;"></td> </tr> <tr> <td>Name of officer who signed:</td> <td></td> </tr> <tr> <td>Date of signature:</td> <td></td> </tr> </table>	Name of the file(s):		Name of officer who signed:		Date of signature:	
Name of the file(s):								
Name of officer who signed:								
Date of signature:								
38	157.03.1 (e) 1	<p>Each PBM or organization providing Pharmacy Benefit Management Services seeking licensure by the Division must demonstrate compliance with the reporting requirements set forth in 211 CMR 157.04(2) as follows, unless exempted in accordance with 211 CMR 157.04(3) (Operational Reports- unless otherwise reported to the Center for Health Information and Analysis, prior to and as a condition of continuing licensure, PBMs shall submit the following reports to the Commissioner on an annual basis, unless otherwise specified below)</p> <p>Certification: For the purpose of submitting the PBM application on July 1, 2026 for the period lasting between January 1, 2027 and December 31, 2029, the Division will consider a PBM application to be sufficiently complete regarding 211 CMR 157.03(1)(e) if an applicant certifies that it will comply with the submission of the information required under 211 CMR 157.04(2) within 3 months of receiving final reporting instructions from the Division.</p>						
Enter Initials.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of the file(s):</td> <td style="width: 40%;"></td> </tr> </table>	Name of the file(s):					
Name of the file(s):								

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		Name of officer who signed:	
		Date of signature:	
39	157.03.1 (f)	Quality Assurance and Standards. A detailed description of the quality assurance system, including but not limited to any quality certifications, or a certification that the description of the quality assurance system. Additionally, a PBM's application should explain its quality management and improvement systems and whether it meets applicable NCQA Standards for quality management and improvement.	
Enter Initials.		Name of the file(s):	
		Name of officer who signed:	
		Date of signature:	
40	157.03.1 (g)	Signature and Certification. Completed signature and certification in a form as may be specified by the Commissioner. Such signature and certification shall include a certification signed by a corporate officer specifying compliance with the provisions of M.G.L. c. 176Y, 211 CMR 157.00, as well as all reporting or other applicable requirements of the Center for Health Information and Analysis and the Health Policy Commission, as provided in St. 2024, c. 342, and any related statute, regulation, or sub-regulatory guidance promulgated or issued by said agencies in implementation thereof.	
Enter Initials.	M.G.L. c. 176Y, 211 CMR 157.00	Certification form specifying compliance with the provisions of M.G.L. c. 176Y, 211 CMR 157.00	
Enter Initials.	Session Law - Acts of 2024 Chapter 342	Certification form indicating compliance with all reporting or other applicable requirements of the Center for Health Information and Analysis and the Health Policy Commission, as provided in St. 2024, c. 342	
Enter Initials.		Name of the file(s):	
		Name of officer who signed:	
		Date of the signature:	

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Note: Certification for 157.07, all elements can be certified in one document		
41	157.07(1)	Certification that the PBM has or will have established appropriate systems to collect, store, and maintain detailed information about each Pharmacy within their Pharmacy Network systems. These systems are to be developed in a manner that facilitates a Pharmacy’s ability to update relevant information to the maximum extent feasible.
Enter Initials.	Certification that Pharmacy Network lists include information for persons covered by plans providing services through Networks of Pharmacies about how they may obtain in Network care from an out of Network Pharmacy when an in-Network Pharmacy is not available.	
Enter Initials.	Certification that the PBM shall ensure accessibility in the time and manner that a patient may obtain covered Pharmacy Services within a reasonable distance from a patient's residence.	
Enter Initials.	Certification that A Network shall not be comprised only of Mail-order Pharmacies but must have a mix of Mail-order Pharmacies and physical stores in Massachusetts. A Mail-order Pharmacy shall not be included in the calculations determining PBM Network adequacy.	
Enter Initials.	Name of the file(s):	
	Name of officer who signed:	
	Date of the signature:	

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42	157.08(1)	<p>Applicants, in relation to 211 CMR 157.08(1), should include a certification signed by a corporate officer to certify, in relation to 211 CMR 158.06(1), that the applicant “shall notify a Carrier in writing of any activity, policy, practice, contract, or arrangement of the PBM that directly or indirectly presents any conflict of interest with the PBM's relationship with or obligation to the Carrier, or which conflicts with duties imposed by 211 CMR 157.00 or the Commissioner.”</p> <p>Note: Certification should include attestation that PBM notified any Carriers appropriately within the previous period which they were licensed in Massachusetts. If not able to provide, explain the reason.</p>	
Enter Initials.		Name of the file(s):	
		Name of officer who signed	
		Date of the signature	
43	157.08(2)	<p>Applicant, in relation to 211 CMR 157.08(2), is to include a certification that the applicant</p> <p>“- shall not make payments to a pharmacy benefit consultant or broker whose services were obtained by a Health Benefit Plan Sponsor to work on the Pharmacy benefit bidding or contracting process if the payment constitutes a conflict of interest, as determined by the Commissioner -shall state for the purpose of 211 CMR 157.08(2) that “payments from a PBM to a pharmacy benefit consultant or broker shall include, but not be limited to: ((a) shared Rebates from pharmaceutical manufacturers;</p> <p>(b) per prescription fees;</p> <p>(c) per member fees;</p> <p>(d) referral fees;</p> <p>(e) bonuses</p> <p>(f) any other financial arrangement the Commissioner considers to be a conflict of interest, as may be specified in written policies or procedures.”</p> <p>Note: Certification should include attestation that PBM did not make any such payments within the previous period which they were licensed in Massachusetts. If not able to provide, explain the reason.</p>	
Enter Initials.		Name of the file(s):	
		Name of officer who signed	
		Date of the signature	

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44	1 (i)	Filing fee. For licensure applications and renewals submitted in accordance with 211 CMR 157.03, a complete application shall include a non-refundable filing fee of \$25,000.00.	
		Date Submitted to DOI:	

Name of officer submitting on behalf of PBM:	
Signature:	
Date:	

Signature of Individual submitting checklist on behalf of PBM and Date