**A picture containing text, clipart

Description automatically generatedPharmacy Benefit Manager**

**Market Check Report Template**

If a Coordinated Care Organization (CCO) contracts with a Pharmacy Benefit Manager (PBM) other than the Oregon Prescription Drug Program (OPDP), then the CCO must require its PBM to fully cooperate with a CCO directed annual third-party market check. The third-party market check results shall be submitted to the CCO by July 1st of each Contract Year.

The purpose of the PBM market check is to ensure that the CCO understands the obligation to hold its PBM accountable to contractual terms and to monitor for possible improvements to its PBM programs, guarantees, and fees.

The CCO shall use the information from the PBM market check to complete this report template. The completed report must be submitted to OHA at [CCO.MCODeliverableReports@dhsoha.state.or.us](mailto:CCO.MCODeliverableReports@dhsoha.state.or.us) within 7 days of receipt of the PBM market check. Questions about this report template should be directed to this same mailbox.

PBM market check requirements are described in Exh. B, Pt. 2, Sec. 7, Para. e, Sub.Para. (2) of the CCO contract.

|  |  |
| --- | --- |
| **1** | Name of CCO: Click or tap here to enter text. |
| **2** | Date Submitted: Click or tap to enter a date. |
| **3** | Report submitter  Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text. |
| **4** | Name of PBM: Click or tap here to enter text. |
| **5** | Name of entity performing market check: Click or tap here to enter text. |
| **6** | Market check entity contact  Name: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text. |
| **7** | Claims used:  Whole year  Extrapolation |
| **8** | Date range of claims data used for market-check evaluation:  Start date for range: Click or tap to enter a date.  End date for range: Click or tap to enter a date. |
| **9** | How many comparators were used in the market check? Click or tap here to enter text. |
| **10** | What data points were evaluated? Mark all that apply.  Administrative fees  Dispensing fees  Guarantees  Rebates  Other – please specify: Click or tap here to enter text. |
| **11** | Were contractual triggers “tripped” as a result of the market check?  Yes  No |
| **12** | If a trigger(s) was tripped, did it result in improvements? Briefly describe.  Click or tap here to enter text. |
| **13** | Provide a brief summary of the market check findings, specifically if the PBM terms were deemed competitive within the marketplace.  Click or tap here to enter text. |
| **14** | Are there any specific elements that your CCO feels are important for OHA to add to evaluating PBM contracting to ensure taxpayers have assurances of OHA’s stewardship?  Click or tap here to enter text. |