

Implementation of Preauthorization Phase 1 Benchmark

October 16, 2012

Maryland law¹ requires the Maryland Health Care Commission (MHCC) to work with State-regulated payers (payers), pharmacy benefit managers (PBMs), and providers to attain benchmarks for standardizing and automating the preauthorization of medical and pharmacy services through a phased approach. Phase 1 requires payers and PBMs to include on their website lists of medical and pharmaceutical services requiring preauthorization and key criteria for making a determination on a preauthorization request on or before October 1, 2012. Payers and PBMs were required to report to the MHCC on their attainment of the Phase 1 benchmark and include links to their online listings. Below is a list of payers and PBMs including links to their webpage(s) that contain the Phase 1 benchmark information.

Payers

1. Aetna, Inc.
 - [Medical services](#)
 - [Pharmacy services](#)
2. CareFirst BlueCross BlueShield
 - [Medical services](#)
 - [Pharmacy services](#)
3. CIGNA Healthcare Mid-Atlantic Region
 - [Medical and pharmacy services](#)
4. Coventry Health Care of Delaware, Inc.
 - [Medical services](#)
 - [Pharmacy services](#)
5. UnitedHealthcare
 - [Medical and drug services](#)
 - [Pharmacy services](#)

PBMs

1. [CVS Caremark](#)
2. [Envision Pharmaceutical Services, Inc.](#)
3. [Express Scripts, Inc.](#)

¹ Health-General Article §§19-101 and 19-108.2