

**Memorandum of Understanding Between
The Department of Health and Human Services**

and

Provider Name:

Tax ID:

Please list all Associated Pay-To-NPIs:

I. Statement of Purpose

Provider Name is a private, not-for-profit **facility type** seeking to participate in the pharmacy program under 340B of the Public Health Service Act (42 U.S.C. 256b). In order for **Provider Name** to participate in this program, the Maine Department of Health and Human Services must certify that the Hospital is under contract to provide health care services to low income individuals. This Memorandum of Understanding (MOU) operates as such a contract.

This MOU is to be governed by, and is written in accordance with, the laws of the State of Maine.

II. Responsibilities of the Parties

A. **Provider Name** will:

1. Provide physician-administered drugs to eligible MaineCare members;
2. Abide by applicable 340B regulations;
3. Notify the DPS Office of Pharmacy Affairs when this MOU is no longer valid;
4. Notify DHHS when the 340B status has changed.

B. The Department of Health and Human Services will:

1. Accept this commitment by **Provider Name** to treat MaineCare patients on behalf of and to the benefit of the State of Maine and acknowledge that **Provider Name** is providing these services at little reimbursement;

2. Sign the certificate form required by the Office of Pharmacy Affairs to confirm that **Provider Name** has this agreement with the State of Maine.

III. Duration

This MOU will remain in effect until there is a termination by either party with ninety (90) days notice unless 340B status has changed.

Both parties have the power and authority to enter into and perform its obligations under this Memorandum of Understanding.

Signed this _____ day of _____, 20__.

Debbie Gould
Manager Provider Services

Provider Name