

(iii) the information about the practitioner and the methodology that the carrier uses to determine whether to:

1. increase or reduce the practitioner's level of reimbursement; and

2. provide a bonus or other incentive-based compensation to the practitioner; ~~AND~~

~~(IV) THE PHARMACEUTICAL FORMULARY THAT THE CARRIER USES.~~

(2) ~~A~~ EXCEPT AS PROVIDED IN PARAGRAPH (4) OF THIS SUBSECTION, A carrier shall provide the information required under paragraph (1) of this subsection IN THE MANNER INDICATED in each of the following instances:

(i) IN WRITING at the time of contract execution;

(ii) IN WRITING OR ELECTRONICALLY 30 days prior to a change; and

(iii) IN WRITING OR ELECTRONICALLY upon request of the health care practitioner.

(3) EXCEPT AS PROVIDED IN PARAGRAPH (4) OF THIS SUBSECTION, A CARRIER SHALL MAKE THE PHARMACEUTICAL FORMULARY THAT THE CARRIER USES AVAILABLE TO A HEALTH CARE PRACTITIONER ELECTRONICALLY.

(4) ON WRITTEN REQUEST OF A HEALTH CARE PRACTITIONER, A CARRIER SHALL PROVIDE THE INFORMATION REQUIRED UNDER PARAGRAPHS (1) AND (3) OF THIS SUBSECTION IN WRITING.

~~(5)~~ (5) The Administration may adopt regulations to carry out the provisions of this subsection.

(e) (1) A carrier that compensates health care practitioners wholly or partly on a capitated basis may not retain any capitated fee attributable to an enrollee or covered person during an enrollee's or covered person's contract year.

(2) A carrier is in compliance with paragraph (1) of this subsection if, within 45 days after an enrollee or covered person chooses or obtains health care from a health care practitioner, the carrier pays to the health care practitioner all accrued