

Pharmacy Benefits Manager (PBM) Application Checklist

Company Name: _____

Date of Submission: _____

License Number (for renewals): _____

Primary Contact Person: _____

Primary Contact Email: _____

Primary Contact Phone: _____

The online application, licensing fee, and required documents listed below must be legible, contain accurate information, and be completed fully on updated forms. You must submit this form with the required documentation listed below via email to pbmdept@doi.sc.gov. (We cannot receive emails larger than 40 MB. Please keep this in mind when sending documentation by email. You may have to send more than one email and/or combine documents in a zip file.) Your application will not be approved unless the Department of Insurance receives the online application, the licensing fee, and all the required documentation.

For initial applications, if you complete the online application and pay the licensing fee but fail to submit the required documents within thirty (30) days of applying on NIPR, your initial application will be rejected.

For renewal applications, if you complete the online application and pay the licensing fee, but fail to submit the required documents by March 1st, your renewal application will be rejected. We recommend applying early to allow sufficient time to address any potential issues and to prevent a lapse in your license and the incurrence of reinstatement and penalty fees. If the license lapses, you may not conduct any Pharmacy Benefits Manger (PBM) business until your license is reinstated/active.

Please be aware that we will send all correspondence regarding this application via email through our online system. The email address used for this correspondence is sbs@naic.org. We recommend saving this email address to ensure you receive any future system-generated emails. However, **please do not reply to sbs@naic.org, as messages sent to that address will not be received.** Please send any correspondence and documents you wish to submit regarding your license to pbmdept@doi.sc.gov.

Requirement	Code Reference	Description of Requirement	Requirement Completed
NIPR Application	S.C. Code Ann. § 38-71-2210(A)(2); S.C. Code Ann. Regs. 69-77.II(D)(1)	Complete Application on NIPR.com	Yes – on NIPR.com <input type="checkbox"/>
Licensing Fee	S.C. Code Ann. § 38-71-2210(A)(2); S.C. Code Ann. Regs. 69-77.II(D)(1)	Initial license fee of \$1000.00 Renewal fee of \$500.00 annually	Yes – on NIPR.com <input type="checkbox"/>
State Specific Application Form and Attachments	S.C. Code Ann. § 38-71-2210(A)(2)	State Specific Application – Initial or State Specific Application – Renewal	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/>

<p>South Carolina Certificate of Existence or Authority (Certificate of Good Standing)</p>	<p>S.C. Code Ann. § 38-71-2210</p>	<p>South Carolina Certificate of Existence or Authority (Certificate of Good Standing) from the South Carolina Secretary of State</p> <p>*(A Certificate of Existence or Authority is a certificate stating that an entity exists and is in good standing with the Secretary of State’s Office and can be requested through the Business Entities Online Document Request system found at www.sos.sc.gov.)</p>	<p>Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/></p>
<p>Company Legal Structure</p>	<p>S.C. Code Ann. § 38-71-2210(2)(f)(i), (ii)</p>	<p>In the case of a pharmacy benefit manager applicant that is a partnership or other unincorporated association, limited liability company, or corporation, and has five or more partners, members, or stockholders:</p>	
		<p>Provide evidence of the PBM’s legal structure (i.e., copy of the basic organizational document and bylaws)</p>	<p>Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/></p>
		<p>Provide the total number of its partners, members, or stockholders who, directly or indirectly, own, control, hold with the power to vote, or hold proxies representing ten percent or more of the voting securities of any other person</p>	<p>Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/></p>
		<p>Note: PBM shall agree that, upon request by the Department, it shall furnish the Department with information regarding the name, address, usual occupation, and professional qualifications of any other partners, members, or stockholders who, directly or indirectly, own control hold with the power to vote, or hold proxies representing ten percent or more of the voting securities of any other person.</p>	

Organizational Documents	S.C. Code Ann. Regs. 69-77.II.D(2)	A copy of the basic organizational document of the PBM, such as the articles of incorporation, articles of association, partnership agreement, trust agreement, or other applicable documents including all amendments thereto.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/>
Internal Affairs Documents	S.C. Code Ann. Regs. 69-77.II.D(3)	A copy of bylaws, organizational, or similar document(s), if any, regulating the conduct or internal affairs of the PBM.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/>
Provider Manual and Written Agreements	S.C. Code Ann. Regs. 69-77.II.D(4)	A copy of the PBM's provider manual and written agreement(s), excluding pricing information, but including audit procedures, which it uses for contracts entered into with pharmacists, pharmacies, or pharmacy services administrative organizations (PSAOs) in administration of pharmacy benefits for health care insurers in this State.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/> No, submitted other option by email to pbmdept@doi.sc.gov <input type="checkbox"/>
		OR A copy of the PBM's representative written agreement and provider manual, excluding pricing information, but including audit procedures, for each type of network provider, which it uses for contracts entered into with pharmacists, pharmacies, or PSAOs in administration of pharmacy benefits for health care insurers in this State.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/> No, submitted other option by email to pbmdept@doi.sc.gov <input type="checkbox"/>
List of Contracted Insurers	S.C. Code Ann. Regs. 69-77.II.D(5)	For the two preceding calendar years, a list of health care insurers, other PBMs, TPAs, and other entities the PBM is contracted with in this State to perform claims processing services and the number of persons covered by each entity.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/>

List of Contracted Entities	S.C. Code Ann. § 38-71-2210	For the two preceding calendar years, a listing of TPAs, PBMs, and any other entities to which you delegate any of your contracted PBM services. Please include a description of the duties you delegate to each.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/>
Policies and Procedures	S.C. Code Ann. Regs. 69-77.II.D(6)	Any relevant documentation, such as a policies and procedures manual, that demonstrates the PBM has adopted processes to ensure compliance with the requirements in S.C. Code Ann. § 38-71-2240, including any written policies or procedures describing the appeals dispute resolution process for in-network or contracted pharmacists or pharmacies.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/>
Reporting for PBM Renewals	S.C. Code Ann. Regs.69-77.V.A	The number of challenges or appeals for previous calendar year and how many were upheld and/or denied.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/> or Not Applicable – Initial License <input type="checkbox"/>
Reporting for PBM Renewals	S.C. Code Ann. Regs. 69-77.V.A	Any relevant documentation of changes made for similarly situated pharmacies and a template of the notification provided to the challenging pharmacy.	Yes, submitted by email to pbmdept@doi.sc.gov <input type="checkbox"/> or Not Applicable – Initial License <input type="checkbox"/>
*An applicant must file a notice describing any material modification of this information in accordance with S.C. Code Ann. § 38-71-2210(A)(3). Such notification should be made within 10 business days of the modification.			
*Any other relevant information deemed necessary by the Director or his designee to evaluate the application for licensure or compliance with the requirements of the Act and the Regulation shall be provided to the Department in accordance with S.C. Code Ann. Regs. 69-77. II.D(9)			
SCDOI Official Use Only:			
Date Received: _____ Reviewer Name: _____ Reviewer Signature: _____			
Final Decision: Approved Denied Incomplete Issued: _____ Date Review Completed: _____			