



Pharmacy Benefit Manager (PBM) Application Requirements Checklist

Trans# _____

Applicant Name: _____

Date of Submission: _____

License Number(for renewal applications): _____

FEIN#: _____

Contact Email: _____

Contact Person: _____

Contact Phone: _____

* All proprietary information submitted by the PBM under Section II of the regulation shall be considered confidential under Regulation 69-77.II.C. and Sections 38-71-2250 and 30-4-40 of the Code of Laws of South Carolina 1976, as amended.

Requirement	Code Reference	Description of Requirement	Requirement Complete
Section 1. Applicant Demographic Information			
Licensing Fee	Section 38-71-2210(A)(2); R. 69-77.II.D(1)	Initial license fee is \$1,000.00; renewal fee is \$500.00 annually	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basic Information	Section 38-71-2210(A)(2)(a)	Name, address, telephone contact number, email, etc. of PBM	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other License Types		Provide any other license types held in the State of South Carolina	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Name Information		Name of Parent company (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Service of Process Agent	Section 38-71-2210(A)(2)(b)	Name, title, address, telephone and email of the PBM's agent for service of process	Yes <input type="checkbox"/> No <input type="checkbox"/>
Management and Control	Section 38-71-2210(A)(2)(c)	Name, title, address, telephone and email of each officer and director with management or control	Yes <input type="checkbox"/> No <input type="checkbox"/>
Beneficial Ownership Interests	Section 38-71-2210(A)(2)(d)	Name, title, address, telephone and email of each person beneficially interested. (e.g. ownership of 10% or more)	Yes <input type="checkbox"/> No <input type="checkbox"/>



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MAC Appeals Contact	R. 69-77.V.C(1)	Name, title, address, telephone and email of responsible person for MAC List violations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 2. Organization Structure			
Company Legal Structure	Section 38-71-2210(2)(f)	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:	
		(i) Provide PBM's legal structure	Yes <input type="checkbox"/> No <input type="checkbox"/>
		(i) 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	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Note: (ii) 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.	

Section 3. Applicant Qualifications

A. Applicant Background (Please note that these items are listed as yes/no questions in the application along with an attestation at the end of the application form in order to meet the certified statement requirements of the law. For any statement for which the applicant answers yes on the application, please specify the location in the application for the full explanation and/or requested information required under the law.)

Company Statements	R. 69-77.II.D(7)(a)	A certified statement indicating whether the applicant or officer with management or control has been refused or denied a registration, license or certification to act as (or provide the services of) a PBM or Third-Party Administrator (TPA) in any state, providing specific details for each such refusal or denial, if any, including the date, nature and disposition of the action.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Statements	R. 69-77.II.D(7)(b)	A certified statement indicating whether the applicant or officer with management or control has had any registration, license or certification to act as such suspended, revoked or non-renewed for any reason by any state or federal entity, providing specific details separately for each such suspension, revocation or nonrenewal, if any, including the date, nature and disposition. Attach a copy of any relevant final order or similar document imposing the suspension, revocation or nonrenewal.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Statements	R. 69-77.II.D(8)	Description of whether the PBM has had a business relationship with an insurer terminated for any fraudulent or illegal activities relating to the administration of a pharmacy benefit plan. If the answer is yes, attach specific details separately explaining this termination, including the date, and nature of the termination.	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Company Statements	Section 38-71-2210(A)(2)(e)	A signed statement indicating that no officer with management or control of the PBM has been convicted of a felony or has violated any of the requirements of state law applicable to PBMs; if the applicant can't provide such a statement, provide a signed statement describing the relevant conviction or violation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Administration and Operation:			
Organizational Documents	R. 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 <input type="checkbox"/> No <input type="checkbox"/>
Internal Affairs Documents	R. 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 <input type="checkbox"/> No <input type="checkbox"/>
Provider Manual and Written Agreements	R. 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 OR	Yes <input type="checkbox"/> No <input type="checkbox"/>
		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 <input type="checkbox"/> No <input type="checkbox"/>



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List of Contracted Insurers	R. 69-77.II.D(5)	For the two preceding calendar years, a list of health care insurers the PBM is contracted with in this State to perform claims processing services and the number of enrollees or beneficiaries covered by each health care insurer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policies and Procedures	R. 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 Section 38-71-2240 of the Code of Laws of South Carolina 1976, as amended, including any written policies or procedures describing the appeals dispute resolution process for in-network or contracted pharmacists or pharmacies.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4. Attestation

Attestation	R. 69-77.II.C.	Each application for a license shall be certified by an officer or authorized representative of the applicant.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compliance	R. 69-77.II.C.	Each application for a license shall contain a statement that certifies the PBM is in compliance with Section 38-71-2220 of the Code of South Carolina 1976, as amended.	Yes <input type="checkbox"/> No <input type="checkbox"/>

*An applicant must file a notice describing any material modification of this information in accordance with Section 38-71-2210(A)(3).

***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 Regulation 69-77. II.D(9)**

SCDOI Official Use Only:

Date Received: _____	Reviewer Name: _____	Reviewer Signature: _____
Final Decision: (Circle one) Approved Denied Incomplete	License Number Issued: _____	Date Review Completed: _____