



Pharmacy Benefit Manager (PBM) Complaint Form

This complaint form is for pharmacies or interested parties to file complaints with the South Carolina Department of Insurance relating to Pharmacy Benefit Manager (PBM) services. Please complete all fields and mail, email or fax the completed form to the address above with associated documentation.

Please Note: The SCDOI does not have regulatory authority over the following health plan types:
•Out-of-State Plans •Government Healthcare Programs (e.g., Medicaid, Medicare, TRICARE, Veterans Health Administration, Indian Health Services, Children's Health Insurance Program and State Health Insurance)

Table with 2 columns: Pharmacy Name, Mailing Address, Contact Person and NCPDP#, Contact Email, Phone #.

Table with 2 columns: Name of PSAO (if applicable), Contact Person and Contact Email, Phone #.

Name of PBM: (You must submit a separate complaint for each PBM.)
List of PBM options: CVS/Caremark, Express Scripts, OptumRx, Other.
Have you reached out to the PBM for assistance?
Did you file an appeal?
Note: For MAC and Audit related complaints, SC law requires pharmacies to make reasonable efforts to exhaust a PBM's internal appeal requirements prior to filing a complaint with the SCDOI.
Date of Appeal: Date PBM Denied Appeal:
Did you provide an invoice to the PBM?



**Complaint Allegation Type:** Select one complaint type (MAC-related, Audit-related, or Other), per complaint form:

**MAC-related Complaint Types:** (For MAC Related Complaints, select one)

- PBM did not update the MAC list at least once every seven calendar days. S.C. Code Ann. §38-71-2240(B)(2)
- PBM did not provide access to MAC list updates. S.C. Code Ann. §38-71-2240(B)(3)
- PBM did not provide a dedicated telephone number and email address or website for the purpose of submitting internal appeals. S.C. Code Ann. §38-71-2240(B)(5)(a)
- PBM did not allow at least ten (10) calendar days after the applicable fill date to file an internal appeal. S.C. Code Ann. §38-71-2240(C)
- PBM did not notify the pharmacy or pharmacist of the appeal decision that the internal appeal was upheld within ten (10) calendar days after receipt of the notice of appeal. S.C. Code Ann. §38-71-2240(D)(1)(a)
- PBM did not make the change in the MAC list effective as of the date the internal appeal was resolved. S.C. Code Ann. §38-71-2240(D)(1)(b)
- PBM did not permit the appealing pharmacy or pharmacist to reverse and rebill the claim in question. S.C. Code Ann. §38-71-2240(D)(1)(c)
- PBM did not make the change effective for each similarly situated pharmacy as defined by the payor subject to MAC list effective as of the date the internal appeal is resolved. S.C. Code Ann. §38-71-2240(D)(1)(d)
- PBM did not provide the appealing pharmacy or pharmacist with the reason for the denial, the National Drug Code number, and the name of the national or regional pharmaceutical wholesalers operating in this State. S.C. Code Ann. §38-71-2240(D)(2)(a)
- PBM did not notify the pharmacy or pharmacist in writing of the right to request an external review of the internal appeal and include clear and concise documents describing the external review process. S.C. Code Ann. §38-71-2240(D)(2)(b)

**Audit-related Complaint Types:** (For Audit Related Complaint, select one)

- Insurer or PBM failed to comply with statutory requirements for audits of pharmacy/pharmacist. S.C. Code Ann. §38-71-1810, et al

**Other Complaint Types:** (For Other Complaints, select one)

- PBM is not licensed. S.C. Code Ann. §38-71-2210
  - PBM has charged a fee related to the adjudication of a claim that has not been agreed to by a PSAO acting on behalf of the pharmacy, or identified and agreed to in the contract and identified and reported on the remittance advice. S.C. Code Ann. §38-71-2230(A)(2)
  - PBM is directly or indirectly engaged in patient steering to a pharmacy that is a PBM affiliate or prohibiting a patient from choosing to use an alternate in-network pharmacy. S.C. Code Ann. §38-71-2230(G)
  - PBM did not provide a phone number through which a pharmacy or pharmacist can obtain answers within a reasonable time to questions regarding networks, patient benefits, appeals, and other contractual or service issues. S.C. Code Ann. §38-71-2235(B)
  - PBM has denied a pharmacy or pharmacist who meets the PBM's requirements for network participation and is willing to accept the contract terms, conditions, and rates of reimbursements from participation in the network. S.C. Code Ann. §38-71-2245(A)(1)
  - PBM is imposing pharmacy accreditation standards or recertification requirements for network participation that unreasonably exceed state or federal requirements for licensure as a pharmacy in this State, which is not authorized in Chapter 71 of S. C. Code Ann. S.C. Code Ann. §38-71-2245(A)(2)
  - PBM did not provide notification of changes to applicable specialized delivery drug lists and high-cost prescription drug lists, nor did the PBM make such lists available on a website or upon request to a participating pharmacy. S.C. Code Ann. §38-71-2245(D)
  - Complaint does not fall into the above categories. You must include a narrative of the complaint on the next page. Also, to help identify the potential violation, please specify the Section of State Law you believe the PBM is violating in the space below:
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For all complaints, please provide a narrative of your complaint and any additional facts that you believe would be helpful in investigating your complaint. Please submit any other information, invoices, correspondence and/or documentation that relates to the complaint.

**Description and Details of the Complaint** (include the relief requested and the basis upon which you believe you are due relief):

(If you need additional space, please attach a summary of your complaint in word or pdf format.)

<b>Name of Health Plan</b> (if known):		<b>PCN:</b>
<b>Member/Subscriber ID:</b>		<b>BIN:</b>
<b>Name of Medication</b> (if applicable):		<b>NDC</b> (no dashes):
<b>RX#:</b>	<b>Fill Date:</b>	<b>Quantity Dispensed:</b>

Reimbursement Amount (if applicable):

**If this complaint relates to more than one prescription claim, please submit an excel spreadsheet (or in table format using word or pdf) with your complaint with the information required above. The excel spreadsheet (or in a table format using word or pdf) cannot contain more than fifty (50) claims. Any additional claims must be submitted with a separate complaint form.**

Does an attorney represent you in this matter?

\_\_\_\_ Yes \_\_\_\_ No

**If yes, we will need written authorization from your attorney for us to intervene in this matter. You may have your attorney co-sign this form or include a signed letter of authorization that is on the attorney's letterhead with this form.**

I certify and declare under penalty of perjury that the information I have provided is true and accurate to the best of my knowledge. This information will be forwarded to the PBM (and/or other party that is the subject of your complaint) for the investigation of this matter. By submitting this form, I am authorizing the SC Department of Insurance to pursue an investigation into my complaint and the party(ies) complained against to release all relevant information, documents, and records to the SC Department of Insurance.

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Attorney (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Attorney: \_\_\_\_\_

The information or data acquired during an examination or review is considered proprietary and confidential and is not subject to the South Carolina Freedom of Information Act, in accordance with Regulation 69-77 §II.C. and Sections 38-71-2220, 38-71-2250 and 30-4-40 of the Code of Laws of South Carolina, 1976, as amended.