

## **Pharmacy Benefit Manager Complaints: Supporting Documentation**

When submitting a complaint, be sure to include as much information as possible to support your complaint. This will increase the likelihood of your complaint being successful and prevent unnecessary delays due to requests for additional information. Depending on the nature of your complaint, the appropriate supporting documents may vary. The lists below provide examples of possible supporting documents for each type of complaint. Please note that these examples are not inclusive of all possible items that may be provided as support.

- **Allowing Disclosures**: Insurer or PBM penalizing a pharmacy for (or restricting pharmacy from) disclosing a lower price available for a prescription drug by not using health insurance for prescription purchase. T.C.A. § 56-7-3114
  - A listing of Rx #s, group #s, and dates of service for complaints involving multiple claims involving the PBM.
  - Screenshots of electronic messages from the PBM.
  - Network Messaging- Any communications from the PBM to a pharmacy that instructs the pharmacy to not disclose a lower price available for a prescription drug if a customer chooses not to use their insurance benefits.
  - Any documentation showing that the pharmacy was penalized by the PBM.
- **Step Therapy**: Insurer or PBM failing to provide a step therapy exception. T.C.A. § 56-7-3502
  - A listing of Rx #s, group #s, and dates of service for complaints involving multiple claims involving the PBM.
  - Screenshots of electronic messages from PBMs.
  - Reject Claim Message - Message rejecting the prescribed dosage and instructing the pharmacist to work with doctor to prescribe a lower dosage.
  - Patient history details showing that step therapy was not appropriate. For example, evidence the patient was prescribed an equivalent medication in the past at corresponding dosages, or evidence of past step therapy.
  - Network messaging to pharmacies or members– Any communications from the PBM indicating that an appropriate step therapy exception is not available to a member.
- **Steering**: Insurer or PBM interfering with an insured's right to choose a contracted pharmacy. T.C.A. § 56-7-3120.
  - PBM Reject Claim Message - Message rejecting the claim and indicating that the pharmacy was out of network.
  - A listing of Rx #s, group #s, and dates of service for complaints involving multiple claims involving the PBM.
  - Screenshots of electronic messages from PBMs.
  - Pharmacy claim history detail for member.
  - Signed and dated attestation Form and proof of submission to PBM.
  - Network messaging to pharmacy or member.
  - Rejection notice of pharmacy's network application.

- **Audits:** Insurer or PBM failing to comply with statutory requirements for audits of pharmacy/pharmacist. T.C.A. § 56-7-3103
  - Evidence that the PBM failed to provide written notice at least two (2) weeks prior to conducting an initial on-site audit.
  - Copies of the draft and final audit reports.
  - Evidence of when draft and final audit reports were furnished to the pharmacy.
  - Pharmacy response to draft report and evidence of when the response was submitted to the PBM.
- **Dispensing Fee:** Insurer or PBM failing to pay the appropriate dispense fee to a low-volume pharmacy. T.C.A. § 56-7-3206
  - PBM Message showing claim payment details.
  - A listing of Rx #s, group #s, and dates of service for complaints involving multiple claims involving the PBM.
  - Pharmacy claim history detail for member.
  - Signed and dated low volume pharmacy certification and Proof of Submission to PBM.
- **Other Complaints:**
  - A listing of Rx #s, group #s, and dates of service for complaints involving multiple claims involving the PBM.
  - PBM message showing claim payment details or rejecting claim.
  - Pharmacy claim history detail for member.
  - Network messaging to pharmacies or member.