



STATE OF INDIANA

MIKE BRAUN, GOVERNOR

Indiana Department of Insurance

Holly W. Lambert, Commissioner
311 W. Washington Street, Suite 103
Indianapolis, Indiana 46204-2787
Telephone: 317-232-3520
Fax: 317-232-5251
Website: in.gov/idoi

Dear Complainant:

Thank you for taking the time to contact the Indiana Department of Insurance. The Department will keep you informed of the status and disposition of your complaint. The complaint process is as follows:

- The complaint is processed within three (3) business days of receipt.
- You will receive a confirmation letter from the PBM Division acknowledging receipt of your complaint. In the confirmation letter your case number is listed along with the name of the PBM Division Investigator handling your complaint. Please refer to this case number for any further correspondence to the Division regarding your complaint.
- Your complaint, along with a letter from the Department, is sent to the pharmacy benefit manager the complaint is against. In accordance with Indiana law, the pharmacy benefit manager has twenty (20) business days to respond in writing back to the IDOI.
- After receipt of the response, the IDOI will send you a copy of the company's response along with our response or recommendation.
- During the investigation, the PBM Division may ask for additional responses or documentation regarding the compliant.
- **If you are a consumer with a complaint against a PBM, please submit your complaint via the Consumer Services Division at <https://www.in.gov/idoi/consumer-services/complaints/>**

ACCREDITED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES 317-232-2389 COMPANY COMPLIANCE 317-232-3495 CONSUMER SERVICES 317-232-2395/1-800-622-4461 FINANCIAL SERVICES 317-232-2390 MEDICAL MALPRACTICE 317-232-5253 COMPANY RECORDS 317-232-2383 STATE HEALTH INSURANCE PROGRAM 1-800-452-4800



INDIANA DEPARTMENT OF INSURANCE
PHARMACY BENEFIT MANAGER DIVISION
311 West Washington Street, Indianapolis, Indiana 46204
(317) 232-2395 or (800) 622-4461

Send completed form to pbmcompliance@idoi.in.gov

Pharmacy Benefit Manager Complaint Form

In accordance with Indiana Code §27-1-24.5-22.6, before you file a request for assistance with a Maximum Allowable Cost Appeal, you must first file an appeal with the Pharmacy Benefit Manager (PBM). For complaints related to drugs on the MAC list this compliant form should only be used after you have exhausted all appeal rights with the PBM.

1.) Complainant Information:

Pharmacist/Authorized Contact: _____

Phone Number: _____

Email Address: _____

Pharmacy Name: _____

Address: _____

Phone Number: _____

Name of PSAO (if applicable): _____

2.) Is this complaint related to an unlawful contractual provision regarding reimbursement rates? Yes No

If no, then skip to number 3.

PBM: _____

Health Plan Name: _____

BIN/PCN/Group/ID: _____

Rx Number: _____

Product Name/NDC: _____ Qty Dispensed _____

NADAC Price (if applicable): _____

Synopsis of Complaint, please provide specific details including any previous contact with the PBM regarding the matter:

3.) Appeal Information:

PBM: _____

Health Plan Name: _____

BIN/PCN/Group/ID: _____

Date of the Appeal and Date of PBM Response: _____

Rx Number: _____

Product Name/NDC: _____ Qty Dispensed _____

Date of Service: _____ Date of Denial: _____

Reimbursed Amount: _____

Synopsis of Complaint, please provide specific details including any previous contact with the PBM regarding the matter:

Attach a copy of the denial and any other additional documents that help verify or explain the complaint.

4.) Have you previously reported this problem to us or any other governmental agency? Yes No
If yes, which agency and what action was taken? _____

Expected Resolution: _____

5.) Please send completed form to pbmcompliance@idoi.in.gov