

Presentation Complaint ID without PBM #	Pharmacy Type	Complainant Acknowledgement
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Referred to Network Provider Owned or Affiliated with the P

218211	Mail Order	<p>1. Oklahoma Consumer directed to PBM owned Mail Order pharmacy</p> <p>2. Oklahoma Consumer pharmacy benefits incentivize their choice by hi</p> <p>3. The In-Network Non-Preferred Retail Network pharmacies are limit</p> <p>4. This is in potential violation to O.S.§36.6961.C & §36.6963.E</p> <p>Referred to Network Provider Owned or Affiliated with the PBM/Health Plan</p>	9/29/2020
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218212	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/6/2020
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218213	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/6/2020
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218214	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/6/2020
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2118215	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/6/2020
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218216	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	1/25/2021
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218217	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	1/12/2021
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218218	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	1/8/2021
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218219	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	1/8/2021
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2182110	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	1/8/2021
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2182111	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/6/2020
2182112	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/6/2020

2182113	mail Order	Consumer Mail or Preferred Network opt Out Denied at PBM or Health Plan	11/5/2020
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2182114	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/9/2020
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**Network Consumer Share (Co-pay)
Differential**

		1. Oklahoma consumers are not provided the same out of pocket 2. Oklahoma consumers are incentized to use Mail Order with L 3. This is a potential violation to O.S.§36.6963(E)	
2182115	Mail Order	Network Consumer Share (Co-pay) Differential	1/8/2021

2182116	Mail Order	Network Consumer Share (Co-pay) Differential	1/25/2021
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Consumer Mandated Specialty Pharmacy

1.Oklahoma Consumers are directed PBM Owned Specialty pha

		2. In-Network Non-Preferred or Preferred Pharmacies have all s	
		3. This is in potential violation of O.S. §36.6961.C.	
2182117	Specialty	Consumer Mandated PBM Owned Specialty Pharmacy	10/20/2020
2182118	Specialty	Consumer Mandated PBM Owned Specialty Pharmacy	11/6/2020

Pharmacy Charged a Fee to be credentialled and added to the Retail

1. PBMs require credentialling of Network pharmacies every 3 to 5 ye
2. PBM now requiring Network pharmacies to pay \$600 to be credent
3. This is potential violation of O.S. 36.6962.B.2.

2182119

Pharmacy Requested Network Contract and
not received

2/4/2021

2182120

Pharmacy Requested Network Contract and
not received

2/4/2021

Late PBM response Violation

2182121

1. PBM did not respond to or with requested information within :
2. In potential violation of O.S. §36,6965.C.
PBM did not provide plan documents in a
timely manner

9/29/2020

2182122	Network Consumer Share (Co-pay) Differential PBM responded by referring to Health/Plan Did not provide required information in a timely manner. The PBM is the licensed entity providing covered services to an Oklahoma consumer.	1/8/2021
2182123	Consumer Mandated Specialty Pharmacy	10/20/2020
2182124	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/6/2020
2182125	Consumer Mail or Preferred Network opt Out Denied at PBM or Health Plan	11/5/2020
2182126	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	12/21/2020
2182127	Network Consumer Share (Co-pay) Differential	11/6/2020
2182128	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/5/2020
2182129	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/5/2020
2182130	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/9/2020

2182131	Mail Order	PBM did not provide plan documents in a timely manner	10/21/2020
2182132	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/3/2020
2182133	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/3/2020
2182134	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/3/2020
2182135	Mail Order	Referred to Network Provider Owned or Affiliated with the PBM/Health Plan	11/3/2020

PBM Notice Sent	PBM Response Received	Health Plan Type	Supportive Plan Documentation Received
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PBM/Health Plan

after In-network Non-Preferred Retail Pharmacy Claim Denial.
 Higher qty available at Mail Order without number of fills / Rx limitations applied.
 Limited to 30 day dispensing and commonly a limited number of fills / Rx.

10/2/2020	10/20/2020	FEP Plan	no
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11/6/2020	12/4/2021	ERISA Self-Funded Plan	no
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11/6/2020	1/28/2021	ERISA Self-Funded Plan	no
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11/6/2020	1/28/2021	ERISA Self-Funded Plan	no
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11/6/2020	12/17/2020	ERISA Self-Funded Plan	yes
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1/25/2028	1/28/2021	ERISA self-funded plan	yes
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1/12/2021	1/26/2021	ERISA self-funded plan	yes
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1/8/2021	1/17/2021	ERISA self-funded plan	yes
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1/8/2021	1/17/2021	ERISA self-funded plan	yes
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1/8/2021	1/26/2021	ERISA self-funded plan	yes
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11/6/2020	1/17/2021	ERISA self-funded plan	yes
11/6/2020	11/13/2021	ERISA self-funded plan	yes

11/5/2020	1/15/2021	ERISA Self-Funded Plan	yes
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11/9/2020

1/16/2021

XXX

yes



at mail order as Non-Preferred Retail
larger qty and less out of pocket to select PBM owned mail order pharmacy.

1/8/2021

1/26/2021

ERISA Self-
Funded Plan

yes

1/25/2021

1/28/2021

ERISA Self-
Funded Plan

No



armacy.

Specialty claims denied referring to PBM owned Specialty Pharmacy.

10/21/2020	1/6/2021	ERISA Self-Funded Plan	yes
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11/6/2020	12/3/2020	ERISA Self-Funded Plan	yes
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Pharmacy Network.

ears.
ialled

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



30 days

10/2/2020

10/20/2020

XXX Plan

no

1/8/2021	1/15/2021	ERISA Self-Funded Plan	yes
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10/21/2020	1/6/2021	ERISA Self-Funded Plan	yes
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11/6/2020	1/17/2021	ERISA Self-Funded Plan	yes
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11/5/2020	1/15/2021	ERISA Self-Funded Plan	yes
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1/8/2021	1/15/2021	ERISA Self-Funded Plan	yes
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11/6/2020	2/3/2021	Fully Insured	yes
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11/5/2020	2/4/22021	Fully Insured	yes
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11/5/2020	2/4/2021	Fully Insured	yes
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11/9/2020	1/16/2021	XXX Plan	yes
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10/21/2020	11/23/2020	ERISA Self-Funded Plan	no
11/3/2020	11/27/2020	ERISA Self-Funded Plan	no
11/3/2020	11/27/2020	ERISA Self-Funded Plan	no
11/3/2020	11/25/2020	ERISA Self-Funded Plan	no
11/3/2020	11/27/2020	ERISA Self-Funded Plan	no

Investigative Summary:

Findings:

Retail Refill Allowance—You will pay more for your maintenance medications, including diabetic testing supplies, as well as those used to treat high blood pressure or high cholesterol unless you order your prescriptions through the mail by using the XXX PBM Pharmacy. The first three times you purchase maintenance medications at a participating retail pharmacy, you'll pay your retail copayment. The PBM response states the prescription claim is for a consumer who is not subject to state regulations. The PBM's owned mail order service is a preferred network provider for XXX members.

Findings:

1. The pharmacy had a claim denied consumer must go to Preferred Retail or Mail Order
2. The Pharmacy is contracted as a Non-Preferred Retail Pharmacy.
3. Non-Preferred Retail is limited to some refills.
4. Non-Preferred Retail limited to 30-day qty
5. Mail not limited to by number or refills and may dispense a 90 day supply.

Findings:

The Oklahoma Consumer is referred to network provider-owned or affiliated with the PBM/Health Plan.

PHARMACIST asked: Did your pharmacy have a prescription claim denied by the PBM/Health Plan?* yes (XXX Mail Pharmacy is a PBM/Owned Pharmacy information located on website)

1. Oklahoma Consumers may receive prescriptions up to a 90 day supply per Rx.
2. And at Non-Preferred Retail Pharmacies, they are limited to a 30 day supply per Rx.

Findings:

The Oklahoma Consumer is referred to network provider-owned or affiliated with the PBM/Health Plan.

PHARMACIST asked: Did your pharmacy have a prescription claim denied by the PBM/Health Plan?* yes (XXX Mail Pharmacy is a PBM/Owned Pharmacy information located on website)

1. Oklahoma Consumers may receive prescriptions up to a 90 day supply per Rx.
2. And at Non-Preferred Retail Pharmacies, they are limited to a 30 day supply per Rx.

Findings:

1. Retail Pharmacy Program: Up to a 30-day supply of prescription drugs for immediate and short-term prescription drug needs.
2. XXX PBM MAIL ORDER Program: Up to a 90-day supply of medication for ongoing medical conditions (such as high blood pressure, asthma, Etc.). Please note that MAIL ORDER may be mandatory depending on which medical option you choose.
3. Generics Retail \$15 copayment Mail \$30 copayment
4. Formulary/Preferred Brand Retail 25% coinsurance (\$40 minimum; \$150 maximum) Mail 25% coinsurance (\$55 minimum; \$200 maximum)
5. Non-Formulary/Non-Preferred Brand Retail 45% coinsurance \$90 minimum; \$300 maximum Mail 45% coinsurance \$110 minimum; \$500 maximum

Findings:

1. Consumer paid out of pocket \$15.00 for the medication
2. The cost at a local Preferred Pharmacy would have been \$3.80
3. The Consumer is limited to 3 fills with the medication at the non-preferred pharmacy
4. There is no clear evidence that the complainant would have paid less than the preferred or Mail Order Pharmacy.
 1. 30 days for 3 fills at Non Preferred retail then mandated Preferred or Mail Pharmacies.
 2. If it is a maintenance medication that you will be taking for some time, you should consider the XXX PBM MAIL, as you will be able to obtain a 90-day supply instead of a 30-day supply. Home Delivery saves money for you and the Company

Findings:

1. Consumer is limited to 2 fills at his pharmacy
2. Consumer out of pocket is the same at his pharmacy and Mail
3. He will return the call to identify contracted Non-Preferred and Preferred retail

Findings:

1. Consumer is limited to 2 fills at his pharmacy
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Findings:

1. Retail Pharmacy Benefit For covered prescription drugs obtained at an in-network retail pharmacy, XXX PBM plans will provide coverage for up to a 30 day supply per dispensing (standard supply), subject to the cost-share listed in the Benefit Grid
 2. MAIL ORDER Pharmacy Benefit The Plan utilizes XXX PBM mail-order pharmacy. To set up mail-order services, visit www.optumrx.com, use the App or call for assistance. XXX PBM plans will cover up to a 90 day supply per dispensing (standard mail order supply), subject to the cost-share listed in the Benefit Grid.
 3. The consumer's cost share is the same between In-Network Retail and Mail Order.
- In-Network Pharmacy Claim Denial directed to PBM owned Mail Order for prescription

In-Network Pharmacy Claim Denial directed to PBM owned Mail Order for prescription

Findings:

1. Prescriptions purchased with the retail pharmacy discount do not count toward your network annual deductible or out-of-pocket maximum.
2. Any reference to a "network pharmacy" refers to a PREFERRED RETAIL (BY NAME) pharmacy or XXX PBM pharmacy, including PREFERRED RETAIL and XXX PBM, mail-order pharmacies.
3. If your work location is five miles or less from a PREFERRED RETAIL (BY NAME) pharmacy, you must use a PREFERRED RETAIL pharmacy for pharmacy benefits to be paid. Benefits are generally not payable if you use another network pharmacy (including an XXX PBM network pharmacy).
4. If your work location is more than five miles from a PREFERRED RETAIL (BY NAME) pharmacy and you have medical coverage under the ABC Plan, DEF Plan, or GHI Plan, you have the option to fill prescriptions at an XXX PBM network pharmacy, in addition to a PREFERRED pharmacy.
5. If you have medical coverage under a local plan option, you must use a PREFERRED pharmacy (including through mail order) for benefits to be payable, regardless of the distance to A PREFERRED pharmacy from your work location

Findings:

1. All prescription maintenance drugs must be filled at PBM Owned Mail-Order Pharmacy after the specified number of fills at retail. A ninety (90) day supply of prescription maintenance drugs may still be obtained at a XXX Pharmacy only.
2. Mail Service/Home Delivery Pharmacy Generic Drugs*
The Employer pays 100% of the Allowable Charge for each prescription or refill after the Benefit Year Deductible**, up to a 90 day supply Participating Pharmacy
3. The Employer pays 100% of the Allowable Charge for each prescription or refills after the Benefit Year Deductible**, up to a 31 day supply All Other Pharmacies Non-Covered.

Findings:

1. The Mail Order pharmacy in this complaint is; also, PBM's mail order pharmacy and other PBM services operate through the same entity, Prime Therapeutics LLC.
2. The retail non-preferred retail pharmacy is limited to dispensing a 30 day supply.
3. The mail-order pharmacy may dispense up to a 90 day supply.
4. The member share is the same % for both Non-preferred retail and Mail Order.
5. Prescription Benefits are not be provided for more than a 30-day supply of drugs obtained from a Prescription Drug Provider not participating in the Extended Prescription Drug Supply Program.

Findings:

1. The CDH plans offer protection against the high cost of prescription drugs, including specialty drugs, by providing coverage for prescription drugs purchased at OptumRx in-network retail pharmacies, through (PBM Owned) Home Delivery, through the XXX Saver Program, through (PBM Owned) Specialty Services, and at out-of-network retail pharmacies.
 2. Your pharmacy benefit covers one 30-day fill of a maintenance medication at a retail pharmacy. After the allowed fill, you must choose to fill your prescription from (PBM Owned) Home Delivery or through the XXX Saver program or pay the full cost for your medication.
 3. If a prescription is for maintenance medication is prescribed to a consumer or their covered dependents, and it needs to begin taken right away, have the physician complete two prescriptions —one to be filled immediately at an XXX retail pharmacy for up to a 30-day supply and the other for a 90-day supply to be submitted to (PBM Owned) Home Delivery.
- Erisa Plan without supportive documentation State OID has no jurisdiction

In-network Non-preferred pharmacy claim denied the consumer is directed to the PBM owned Specialty pharmacy

Findings: (PBM did not provide documentation related to this specific complaint. they answer that the state does not have regulatory authority and that the requested documents, if available, are proprietary)

1. Certain Specialty Prescription Drug Products are only covered when dispensed by a home delivery Pharmacy.
2. Specialty Prescription Drug Products are limited to up to a consecutive 30-day supply per Prescription Order or Refill and are subject to the same Copayment or Coinsurance that applies to retail Pharmacies.
3. The PBMs' Team makes the final assignment of a Prescription Drugs to a specific coverage tier on the PDL and decides whether utilization management requirements or other coverage conditions should apply to a Prescription Drug Product by considering several factors including, but not limited to, clinical and economic factors.
4. If you require Specialty Prescription Drug, directed to a Designated Pharmacy with whom xxx has the arrangement to provide those Specialty Prescription Drug Products.
5. If you are directed to a Designated Pharmacy and choose not to obtain your Prescription Drug Product from a Designated Pharmacy, you may not receive coverage for the Prescription Drug Product or be subject to the non-Network Pharmacy Benefit, if any, for that Prescription Drug Product




Findings:

1. Started end of December
2. Pharmacy, not in-network with Direct Contract
3. XXX PBM charged the Pharmacy \$600 for credentialling and removed it from pharmacies account.
4. requested a contract with verification of receipt without response
5. Since 1/1/21, the Oklahoma consumer's claims for prescriptions are denied as not a participating pharmacy.

Findings:

1. Started end of December
2. Pharmacy, not in-network with Direct Contract
3. XXX PBM charged the Pharmacy \$600 for credentialling
4. requested a contract with verification of receipt without response
5. Since 1/1/21, the Oklahoma consumer's claims for prescriptions are denied as not a participating pharmacy.



The PBM did not provide the Plan Summary in a timely manner as required and part of the ongoing investigation of this prescription claim for an Oklahoma consumer.

XXX PBM administers the prescription benefits portion of the health plan for YYY HEALTH PLAN, of which Ms. ZZZ is a member. This letter is in response to the correspondence we received from your office on January 8, 2021. Thank you for the opportunity to address Mr. ZZZ concerns as expressed in Case no. #####.

In accordance with directives implemented by YYY HEALTH PLAN, all member grievances will be addressed and responded to by the client. Going forward all YYY HEALTH PLAN concerns should be sent directly to YYY HEALTH PLAN. YYY HEALTH PLAN will partner directly with XXX PBM regarding PBM concerns. YYY HEALTH PLAN can be reached at:

We value our members and remain committed to our purpose,

Findings:

The PBM did not provide their response within the 30 days of notice as required.

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Findings:

The PBM did not promptly provide the Plan Documents as required within 30 days of notification and part of the ongoing investigation of this prescription claim for an Oklahoma consumer.

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Statute or OID Legal Department Determination

O.S. §36.6961. Retail pharmacy network access standards.


C. Pharmacy benefits managers shall not require patients to use pharmacies directly or indirectly owned by the pharmacy benefits manager, including all regular prescriptions, refills, or specialty drugs, regardless of day supply. §36-6963.E. Health insurer to monitor activities and ensure compliance.

D. Pharmacy benefits managers shall not in any manner on any material, including but not limited to mail and ID cards, include the name of any pharmacy, hospital or other providers unless it specifically lists all pharmacies, hospitals and providers participating in the preferred and nonpreferred pharmacy and health networks.

E. An individual's choice of in-network provider may include a retail pharmacy or a mail-order pharmacy. A health insurer or PBM shall not restrict such choice. Such health insurer or PBM shall not require or incentivize using any discounts in cost-sharing or a reduction in copay or the number of copays to individuals to receive prescription drugs from an individual's choice of in-network. In these cases one or both are not the same in Supportive Plan Documents. Benefit day supply or copay incentives are not in compliance with the statute when applied to PBM Owned Mail Order Pharmacies over Non-Preferred retail pharmacies.



O.S. §36.6963. Health insurer to monitor activities and ensure compliance. E. An individual's choice of in-network provider may include a retail pharmacy or a mail-order pharmacy. A health insurer or PBM shall not restrict such choice. Such health insurer or PBM shall not require or incentivize using any discounts in cost-sharing or a reduction in copay or the number of copays to individuals to receive prescription drugs from an individual's choice of in-network. In these cases, one or both are not the same in Supportive Plan Documents. PBM/Health Plans Day can not provide day supply or copay incentives to PBM Owned Mail Order Pharmacies over Non-Preferred retail pharmacies.



O.S. §36.6961. Retail pharmacy network access standards. C. Pharmacy benefits managers shall not require patients to use pharmacies directly or indirectly owned by the pharmacy benefits manager, including all regular prescriptions, refills, or specialty drugs, regardless of day supply.



O.S.§36.6962. Compliance review.

A. The Oklahoma Insurance Department shall review and approve retail pharmacy network access for all pharmacy benefits managers (PBMs) to ensure compliance with Section 4 of this act.

B. A PBM, or an agent of a PBM, shall not:

2. Charge a pharmacist or pharmacy a fee related to the adjudication of a claim, including without limitation a fee for:

a. The submission of a claim,

b. Enrollment or participation in a retail pharmacy network, or

c. The development or management of claims processing services or claims payment services related to participation in a retail pharmacy network;



O.S.§36.6965. Power to investigate.

B. All PBM files and records shall be subject to examination by the Insurance Commissioner or by duly appointed designees. The Insurance Commissioner, authorized employees and examiners shall have access to any of a PBM's files and records that may relate to a particular complaint under investigation or to an inquiry or examination by the Insurance Department.

C. Every officer, director, employee or agent of the PBM, upon receipt of any inquiry from the Commissioner shall, within thirty (30) days from the date the inquiry is sent, furnish the Commissioner with an adequate response to the inquiry.