



OKLAHOMA INSURANCE DEPARTMENT

Insurance Commissioner, Glen Mulready

400 N.E. 5th Street
Oklahoma City, OK 73102

T 405 521-2965
F 405 521-2965

April 14, 2021

John Doe
ABC Company
1234 Main Street
Hometown, MO 64108

RE: John Doe, INQUIRER
John Doe, INSURED
OID FILE NUMBER: 1
To View Attachment Password = PBM2020

To Whom It May Concern:

The Oklahoma Insurance Department (OID) has received an inquiry or inquiries regarding Pharmacy Benefit Manager (PBM), Express Scripts, hereinafter "PBM" or "your company." The complaint(s) alleges that PBM charges a Credentialing or Re-Credentialing Fee to a pharmacy before allowing it to participate as an in-network provider for PBM and/or its customers.

Title 36 O.S. §6965 (C) requires that your company provide the OID with an adequate response to this inquiry within thirty (30) days from the date of this inquiry. Your company's response should be delivered electronically to the OID at PBMcomplaints@oid.ok.gov. Please review this correspondence and the corresponding complaint(s) and advise our office of your company's response and position in this matter. We ask that you use the above file number on all correspondence concerning this inquiry.

Please include the SBS tracking number with your response. Also, the SBS tracking number will ensure that we associate the record of the complaint(s) with the appropriate entity. We also request that you provide a specific contact person who will be handling this matter, their direct telephone number, and email address.

In addition to your company's position in this matter, please provide its answers to the following questions and requests:

1. Provide OID with any and all credentialing or re-credentialing requirements established by PBM (or its customers) in order for an Oklahoma pharmacy to participate in any pharmacy network at preferred participation status for the time period of September 1, 2020 to present. Include the applicable time period(s) within which these requirements are/were in effect.
2. During the time period of September 1, 2020 to present, has PBM received any request/application from any pharmacy in Oklahoma to participate in any pharmacy network at a preferred participation status?
 - a. If yes, provide the applicable dates of each occurrence and the related pharmacy/pharmacies. Include the full name, address, NABP number, and NPI number of each Oklahoma pharmacy.
 - b. If yes, has PBM denied any of the above referenced requests?
 - i. If yes, what was/were the reason(s) for each denial?
 - ii. If yes, was/were the pharmacy/pharmacies willing to accept like terms and conditions that PBM has established for other pharmacies in Oklahoma as a condition of preferred network participation status?
 - iii. If yes, provide OID with a copy of the terms/conditions of preferred participation

offered to the requesting/applying pharmacy/pharmacies.

- c. If yes, provide OID with a copy of any and all correspondence to and from the requesting pharmacy/pharmacies in this regard, including but not limited to the pharmacys' requests/applications to participate in the pharmacy network and PBM's approval and/or denial in this regard.
3. Has PBM charged, billed, and/or collected any credentialing or re-credentialing fee(s) from any Oklahoma pharmacy for the time period from September 1, 2020 to present?
 - a. If yes, provide the applicable dates of each occurrence, the related pharmacy(ies) that were billed, charged, and/or from which any credentialing or re-credentialing fee(s) was/were charged. Include the full name, address, NABP number, and NPI number of each Oklahoma pharmacy.
4. For the time period of September 1, 2020 to present, has PBM terminated participation in or denied entry for participation in any network to any pharmacy in Oklahoma due to non-payment of a credentialing or re-credentialing fee?
 - a. If yes, provide the applicable dates of each occurrence, the related pharmacy(ies) that were terminated and/or denied entry for participation in any network, as well as the amount of each credentialing or re-credentialing fee that the pharmacy/pharmacies failed to pay. Include the full name, address, NABP number, and NPI number of each Oklahoma pharmacy. Also include whether each pharmacy was terminated from participation or denied entry for participation in any network.

Thank you in advance for your assistance and your timely response. This department looks forward to working with you in resolving this matter.

Sincerely,

Sherlock Holmes
Jane Marple
Auditor
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(918) 295-3716