



OKLAHOMA INSURANCE DEPARTMENT

Insurance Commissioner, Glen Mulready

400 N.E. Street, L. 405 521-2600
Oklahoma City, OK 73105 E. oid@ok.gov

April 14, 2021

John Doe
ABC Company
P.O. Box 500
Kansas City, MO 64000

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), [NAME OF PBM], hereinafter "PBM" or "your company." Please review this correspondence and the corresponding complaint(s) and advise our office of your company's response and position in this matter. Please include the OID file number/SBS tracking number with your company's response and on all correspondence concerning this inquiry. This will ensure that we associate the record(s) of the complaint(s) with the appropriate entity.

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.

We also request that you provide a specific contact person who will be handling this matter, along with their direct telephone number and email address.

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

1. For each transaction fee or recoupment of funds identified in the complaint(s), identify the reason for the transaction fee and/or recoupment of funds using complete detailed explanations in paragraph form understandable by the average Oklahoma consumer.
2. Were any of these transaction fees charged based on original claims that were submitted fraudulently?
 - a. If yes, identify the specific claims that were submitted fraudulently and denote "**fraudulent**" as the reason for the recoupment of funds on the spreadsheet. Provide a complete detailed explanation of the fraud in paragraph form understandable by the average Oklahoma consumer/customer.
3. Were any of these transaction fees charged in order to correct errors identified in an audit?
 - a. If yes, identify the specific transactions that were submitted in order to correct errors identified *in an audit* denoting "**error per audit**" as the reason for the recoupment of funds on the spreadsheet.
 - b. If yes, was the audit conducted in compliance with Sections 356.2 and 356.3 of Title 59 of the Oklahoma Statutes?
 - i. If yes, provide the date of the audit, a copy of the audit detail identifying and explaining the errors identified, and in paragraph form understandable by the average Oklahoma consumer/customer, explain the errors identified.

4. Were any of these transaction fees related to the adjudication of a claim or claims?
 - a. If yes, identify the specific transaction fees charged and the specific claims to which they are related.
5. Were any of these transaction fees related to the submission of a claim or claims?
 - a. If yes, identify the specific transaction fees charged and the specific claims to which they are related.
6. Were any of these transaction fees related to the enrollment or participation in a retail pharmacy network?
 - a. If yes, identify the specific transaction fees charged, the applicable dates of each occurrence, the related pharmacy/pharmacies, and any and all documents and correspondence related to each of the pharmacy's enrollment and participation in a retail pharmacy network. 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.
7. Were any of these transaction fees related to the development or management of claims processing services or claims payment services related to participation in a retail pharmacy network?
 - a. If yes, identify the specific transaction fees charged, the applicable dates of each occurrence, the related pharmacy/pharmacies, and any and all documents and correspondence with the related pharmacy/pharmacies regarding the development or management of claims processing services or claims payment services related to participation in a retail pharmacy network. Include the full name, address, NABP number, and NPI number of each Oklahoma pharmacy.
8. Provide OID with any and all further documentation in support of your responses to the questions above.

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

Sincerely,

Sherlock Holmes
Jane Marple
Auditor
sholmes@BakerStreet.org
jmarple@naic.org
(918) 295-3716

Enclosure