STATE OF ALABAMA
DEPARTMENT OF INSURANCE
201 MONROE STREET, SUITE 502
POST OFFICE BOX 303351
MONTGOMERY, ALABAMA 36130-3351
TELEPHONE: (334) 269-3550
FACSIMILE: (334) 241-4192

Pharmacy Benefit Manager (PBM) Application

Type of application: ☐ Initial ☐ Renewal

All proprietary information submitted shall be considered confidential under Section 27-45A-4(k) of the Code of Alabama 1975, as amended.

Section 1. Applicant Demographic Information:

Exact Legal Name of Applicant:	FEIN/SSN:
DBAs or Other Names Used by Applicant:	
Address:	
Name of Primary Contact for PBM:	Primary Contact Email:
Primary Contact Title:	Primary Contact Direct Telephone:
Does the PBM hold any other licenses in Alabama? (if yes, list all other license types, attaching additional sheets if necessary)	
Name of PBM's Parent Company (if applicable):	

Applicant's agent for service of process in Alabama:

Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	

Information on each person with management or control over the PBM (attach additional sheets if necessary):

Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	
Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	
Name:	Title:
Direct Telephone:	Contact Email:
Mailing Address:	

Information on each person with a beneficial ownership interest in the PBM (attach additional sheets if necessary):

Name:	FEIN (if applicable):
Direct Telephone:	Contact Email:
Mailing Address:	
Name:	FEIN (if applicable):
Direct Telephone:	Contact Email:
Mailing Address:	

Name:	FEIN (if applicable):
Direct Telephone:	Contact Email:
Mailing Address:	

Complaint/Appeals Process Contact Information:

Note: all complaints received by the ALDOI against the PBM will be forwarded to this contact for response.

Name of MAC List Appeals Contact:	Title:	Direct Telephone:
Mailing Address:	Contact Email:	

Section 2. Organization Structure:

A PBM applicant that is a partnership or other unincorporated association, limited liability company, or corporation must complete the following section:

Specify legal structure of applicant:	
Provide total number of partners, members or stockholders who, directly or indirectly, own, control, hold with the power to vote or hold proxies representing 10% or more of the voting securities of any other person.	
*By submitting this application, the PBM agrees that, upon request by the Department, the PBM will provide information regarding the name, address, usual occupation and professional qualifications of any other partners, members or stockholders who, directly or indirectly, own, control, hold with the power to vote, or hold proxies representing 10% or more of the voting securities of any other person.	

Section 3. Applicant Qualifications:

Attach to the application a full explanation and/or the requested information for questions below. Failure to provide the required information or any omissions may result in the denial of this application.

A. Applicant Background:

Question	Answer
1. Has any officer with management or control of the PBM been refused or denied a registration, license or certification to act as (or provide the services of) a PBM or Third-Party Administrator in any state? If yes, attach specific details separately for each such refusal or denial, including the date, nature and disposition of the action.	☐ Yes ☐ No
2. Has the applicant or officer with management or control had any registration, license or certification to act as (or provide the services of) a PBM or Third-Party Administrator suspended, revoked or nonrenewed for any reason by any state or federal entity? If yes, attach specific details separately for each such suspension, revocation or nonrenewal, including the date, nature and disposition of the action, and attach a copy of any relevant final order or similar document imposing the suspension, revocation or nonrenewal.	☐ Yes ☐ No

3. Has the applicant had a relationship with an insurer, other than that of a policyholder, terminated for any fraudulent or illegal activities? If yes, attach specific details separately explaining this termination, including the date, and nature of the termination.	☐ Yes ☐ No
4. Has an officer with management or control of the PBM, been convicted of a felony or violated any of the requirements of state law applicable to Pharmacy Benefit Managers? If yes, attach a signed statement describing the relevant conviction or violation.	☐ Yes ☐ No

B. Administration and Operation: The following documentation must be submitted with this application.
(Please specify location in application of the following supporting documents.)

1. A copy of the basic organizational document of the PBM, such as the articles of incorporation, articles of association, partnership agreement, trust agreement or other applicable documents, and all amendments thereto.

2. A copy of the bylaws, organizational or similar document(s), if any, regulating the conduct or the internal affairs of the applicant.

3. A copy of the PBM's:
   - provider manual and written agreement(s), excluding pricing information, but including audit procedures, which it uses for contracts entered into with pharmacists, pharmacies or pharmacy services administrative organizations in administration of pharmacy benefits for health care insurers in this State; **or**

   - a representative written agreement and provider manual, excluding pricing information, but including audit procedures, for each type of network provider, which it uses for contracts entered into with pharmacists, pharmacies or pharmacy services administrative organizations in administration of pharmacy benefits for health care insurers in this State.

4. For the two preceding calendar years, a listing of health care insurers with which the PBM was contracted in this State to perform claims processing services and the number of enrollees or beneficiaries covered by each health care insurer.

5. The relevant documentation, such as a policies and procedures manual, that demonstrates the PBM has adopted processes to ensure compliance with the requirements Section 27-45A-1 et. Seq. of the Code of Alabama 1975, as amended and any related regulations or rules adopted by the Commissioner, including any written policies or procedures describing the appeals dispute resolution process for in-network or contracted pharmacists or pharmacies.

The following section must be completed in its entirety, failure to do so will result in an incomplete application.

Section 4. Attestations:

I, the undersigned, do hereby swear or affirm under oath that the information submitted in this application is true and accurate to the best of my knowledge and belief. If there is any material modification of this information, a notice will be filed with the Department.

Print Name of Officer or Authorized Representative:	Date:
Signature:	Title:

I, the undersigned, do hereby swear or affirm under oath that the entity applying for licensure as a PBM is in compliance with Section 27-45A-1 et. Seq. of the Code of Alabama 1975, as amended and any related regulations or rules adopted by the Commissioner.

Print Name of Officer or Authorized Representative:	Date:
Signature:	Title:

Section 5. Filing:

A nonrefundable fee of $500 is due at the time of filing for all initial applications. Renewal fees will be calculated by the department and provided to each applicant on or before November 1 each year for the ensuing renewal year Failure to remit the fee will result in an incomplete application. Applications and fees are to be mailed to:

Alabama Department of Insurance
Attn: Examination Division
Post Office Box 303351
Montgomery, AL 36130-3351