



840 Helena Avenue
Helena, Montana 59601
csimt.gov
csi@mt.gov

APPLICATION FOR LICENSE—PHARMACY BENEFIT MANAGER

APPLICATION REQUIREMENTS

- 1 Submission of a completed application for a Montana Pharmacy Benefit Manager (PBM).
- 2 Submission of required documentation.
- 3 Submission of a nonrefundable fee of \$1,000.

To the COMMISSIONER OF SECURITIES AND INSURANCE

1. Name of Applicant _____
(Name under which business is to be transacted and registration is to be issued.)
2. DBA/Trade Name (if applicable) _____
3. Federal Employer Identification Number (FEIN) _____
4. State of Domicile _____
5. Address of Principal Administrative Office _____
6. Telephone Number of Principal Administrative Office _____
7. Name and Title of Principal Contact Person _____
8. Address of Principal Contact Person _____
9. Telephone Number of Principal Contact Person _____
10. Email Address of Principal Contact Person _____
11. Type of business organization registered with the Montana Secretary of State's office (select one):
Corporation LLC Partnership Other _____
12. Is applicant currently registered in Montana as a third-party administrator? Yes No
13. Has applicant been refused a registration, license, or certification to act as (or provide the services of) a PBM or third-party administrator, or has any registration, license, or certification to act as such been denied, suspended, revoked, or non-renewed for any reason? Yes* No

*If yes, attach specific details separately for each denial, suspension, etc., including the date, nature, and disposition of the action.

14. Has applicant been subject to any regulatory action, including a cease and desist order, judgment, fine, penalty, consent agreement, an order, or similar actions for an alleged violation or violations of any state or federal law or regulation in connection with its administration of pharmacy benefit management services or a pharmacy benefit plan? Yes* No

*If yes, attach specific details separately identifying each action, the identity of the authority that took the action, a copy of the order, consent agreement, or other notice of action, any required corrective action, and the current status.



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REQUIRED DOCUMENTATION FOR APPLICATION FOR LICENSE—PHARMACY BENEFIT MANAGER

The following materials must be submitted with the application.

Proof of registration with the Montana Secretary of State's office.

A copy of the most recent fiscal year-end audited financial statement of the PBM.

A list of all health carrier, plan sponsor, and workers' compensation insurance carrier clients in this state.

A projection of the number of enrollees and injured workers to be administered by the PBM in this state on an annual basis for each health carrier client, plan sponsor client, and workers' compensation insurance carrier client.

A copy of the policies and procedures demonstrating the PBM has established processes to comply with §§ 33-22-170 through 33-22-177, MCA, and § 33-22-180, MCA, concerning maximum allowable costs lists, including the appeals process required under § 33-22-173, MCA.

Disclosure of any ownership interest, either directly or indirectly or through an affiliate, holding company, or subsidiary, in a pharmacy or mail-order pharmacy that is part of the PBM's pharmacy network.

Disclosure of any ownership interest, either directly or indirectly or through an affiliate, holding company, or subsidiary, by a health carrier or workers' compensation insurance carrier in the PBM or by the PBM in a health carrier or workers' compensation insurance carrier.

An NAIC biographical affidavit for each person listed in question 16 of the application. All affidavits must be executed no more than 180 days prior to submission. The form can be obtained from the NAIC website (naic.org).

Network Adequacy—PBMs must provide an adequate and accessible pharmacy network for the provision of prescription drugs to ensure reasonable proximity of pharmacies to the businesses or personal residences of enrollees and injured workers. Applicants must also submit the following documents for each network as part of their license or license renewal application:

- PBM Pharmacy Network Adequacy Template
- Network Adequacy Accessibility Report Example