



## PHARMACY BENEFIT MANAGER APPEALS REPORT

All pharmacy benefit managers (PBMs) with business in Montana are required to report their appeal activities to the Office of the Montana State Auditor, Commissioner of Securities and Insurance. Mont. Code Ann. § 33-2-2408. The quarterly reporting deadline is within 30 days of the close of each calendar quarter. Please submit the completed form and required documentation to Troy Smith at [troy.smith@mt.gov](mailto:troy.smith@mt.gov).

### CONTACT INFORMATION

PBM Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Report for Quarter/Year: \_\_\_\_\_

840 Helena Avenue | Helena, MT 59601  
(p) 406.444.2040 or 800.332.6148 | (f) 406.444.3497 | [www.csimt.gov](http://www.csimt.gov)



## APPEAL STATISTICS

Number of Appeals filed by Pharmacies	
Number of Appeals that were Upheld	
Number of Appeals that were Denied*	
Total Amount of Price Adjustments	
Average Amount of Days Taken to Make Price Adjustments	

\*On a separate document, list all denials and:

~Identify the reasons for each denial

~Attest or provide a declaration that the PBM provided the pharmacy in writing the pricing and other information required under Mont. Code Ann. § 33-22-173 for each denial

### CERTIFICATION

*I certify that the information contained in this report is true, accurate and complete to the best of my knowledge; and that I possess the authority to complete this certification on behalf of the PBM. I further certify that the PBM has established and maintains a set of appeal procedures that fully comply with Mont. Code Ann. § 33-22-173.*

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Signature

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Name of Authorized Officer or Representative

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Date

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