Wisconsin Office of the COMMISSIONER OF INSURANCE

125 South Webster Street, P.O. Box 7873 | Madison, WI 53707-7873
p: 608-266-0103 | p: 1-800-236-8517 | f: 608-264-8115
OCIPBMComplaints@wisconsin.gov | oci.wi.gov

Pharmacy Benefit Manager Complaint Form

The Office of the Commissioner of Insurance (OCI) helps consumers with insurance problems. Please complete this form as thoroughly as you can. Mailing details are on the last page of this form. We will send a copy of your complaint to the company or PBM. They will respond directly to you and tell us what action was taken. In most cases, you will hear from the company in about 25 days from the date you send us your complaint. When we receive information from the company or agent, we will review and decide what action we can take. We will notify you of that decision. If you do not get the resolution you want, you may contact a private attorney for advice. If your complaint involved a claim dispute, you can contact your county's small claims court. **Type or print clearly with a black pen.**

I. Person Filing the Complaint

1. Your Name _____

Business Name_____(if filing on behalf of a business)

Mailing Address _____

City_____State_____Zip Code _____

Email _____
Most correspondence from OCI is sent via email

Phone number where we can reach you between 8 am - 4:30 pm _____

2. I am filing this complaint as:
☐ Insured ☐ Pharmacy ☐ Other (specify) _____

II. Insurance Policy Information

3. Name of Insurance Company (Provide the exact name of the insurance company as it appears on your medical insurance card. Incorrect names will delay the handling of your complaint.)

4. Name of Policyholder or Insured

5. Name of Member/Dependent (if different than insured)

6. Type of Insurance
☐ Individual Health Insurance ☐ Group Health Insurance

If Group, Name of Employer

7. Date Policy or Certificate was sold	8. State in which Policy or Certificate was sold

III. Pharmacy Benefit Manager Information

Please provide the following information from your pharmacy benefit card.

9. Name of Pharmacy Benefits Manager as it appears on your pharmacy benefit card.

10. Rx Group/GRP	11. Member/Dependent ID
12. Rx BIN	13. Rx PCN

IV. Pharmacy Claim Information

If this is related to a specific pharmacy claim or medication, provide as much of the following information as possible.

14. Name of Pharmacy	
15. Claim or File #, if applicable	16. Date of claim, transaction, or denial (as applicable)
17. Rx #	18. NDC #
19. Drug Name	20. Quantity Dispensed

V. Details of Complaint

21. Please check the issue or issues that your complaint pertains to:

Allowing Disclosures

☐ Insurer or PBM penalizing a pharmacy for (or restricting pharmacy from) disclosing a lower price available for a prescription drug by not using health insurance for prescription purchase. Wis. Stat. s. 632.861(2)(a) & (b)

Cost-sharing Limitations

☐ Insurer or PBM requiring payment greater than the lower of either the a) cost-sharing amount for the prescription drug under the plan; or b) amount the person would pay if purchasing the prescription drug without insurance. Wis. Stat. s. 632.861(3)

Drug Substitutions

☐ Insurer or PBM failing to provide 30-day advance written notice of prescription drug removed from formulary or moving prescription drug to a higher cost tier of formulary. Wis. Stat. s. 632.861(4)(a)

☐ Pharmacy failing to provide notice that a prescription drug was removed from formulary and replaced with a generic prescription drug in same or lesser price cost tier. Wis. Stat. s. 632.861(4)(c)

☐ Insurer or PBM failing to allow pharmacy to extend original prescription for 30 days at original cost-sharing amount when enrollee had an adverse reaction to a substituted generic prescription drug. Wis. Stat. s. 632.861(4)(d)

☐ PBM failing to provide pharmacy with written notice of certification or accreditation requirements within 30 days of pharmacy request OR changing certification or accreditation requirements more than once in 12 months. Wis. Stat. s. 632.865(4)

Retroactive Claim Reductions

☐ Insurer or PBM retroactively denying or reducing pharmacy claim after adjudication except when: Wis. Stat. s. 632.865(5)

a) Original claim was fraudulent
b) Original claim payment was incorrect (above allowable claim amount)
c) Services were not rendered by the pharmacy/pharmacist
d) The claim or service that is basis for the claim violated state or federal law

Audits

☐ Insurer or PBM failing to comply with statutory requirements for audits of pharmacy/pharmacist. Wis.Stat. s. 632.865(6)

22. Please provide any additional information related to your problem. Please only include **copies/scans** of important papers (NO ORIGINALS, NO PHOTOS), letters, or other information if they relate to your problem.

23. Please indicate how you think your problem should be resolved.

24. Have you previously reported this problem to us or any other governmental agency?

☐ Yes ☐ No

If yes, which agency and what action was taken?

VI. Submission Details

Consent to Release Information

The information I have included above is true and accurate to the best of my knowledge. This information may be forwarded to the insurance company and/or agent involved. Any medical information that I have provided may be shared with the insurance company, if necessary, for the investigation of this matter. I understand that under Wisconsin's Open Records Law all information in my file, including personal and health information, may become a public record once my file is closed. Only actual medical records obtained by OCI directly from a health care provider are confidential under s. 146.82, Wis. Stat.

Signature Date

If you would like to email, fax, or mail the form instead of submitting it online, use the contact information below. If you have questions, call us at 1-800-236-8517 (within Wisconsin) or 1-608-266-0103 (outside of Wisconsin) or send an email.

Email: OCIPBMComplaints@wisconsin.gov

Fax: 1-608-264-8115

Mailing Address:
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

If you are sending your complaint by FedEx, UPS, Overnight Mail, use this address:
Office of the Commissioner of Insurance
125 South Webster Street
Madison, WI 53703-3474