ATTACHMENT 1: PBM LICENSE APPLICATION

Pharmacy Claims Identification Reporting (Multiple Combinations)

Ark. Code Ann. § 23-92-512 requires PBMs to report each unique combination of identifiers used in processing pharmacy claims.

Instructions:

1. Please complete one section for each unique combination.
2. Indicate the covered lives bracket for each combination.
3. Select all applicable plan/network categories and the corresponding name.
4. Add additional sections if the PBM uses more than five combinations or use Attachment 1a.

Combination 1

Bank Identification Number (BIN):	
Processor Control Number (PCN):	
Pharmacy Claims Group Number:	
Estimated Covered Lives (select one):	☐ Less than 500 ☐ 500 to 5,000☐ 5,000 to 25,000 ☐25,000 to 100,000 ☐More than 100,000
Plan Type/Network (select all that apply):	☐ Employer-sponsored ☐ ARHOME Program ☐ Fully insured ☐ Self-funded ☐ Municipal/County ☐ Federal (Tricare, Medicare Part D) ☐ State-funded ☐ Arkansas State Police ☐ Higher Ed (2-yr/4-yr) ☐ Medicaid Provider-Led Organized Care ☐ Other: _____
Plan Name:	

Combination 2

Bank Identification Number (BIN):	
Processor Control Number (PCN):	
Pharmacy Claims Group Number:	
Estimated Covered Lives (select one):	☐ Less than 500 ☐ 500 to 5,000☐ 5,000 to 25,000 ☐25,000 to 100,000 ☐More than 100,000
Plan Type/Network (select all that apply):	☐ Employer-sponsored ☐ ARHOME Program ☐ Fully insured ☐ Self-funded ☐ Municipal/County ☐ Federal (Tricare, Medicare Part D) ☐ State-funded ☐ Arkansas State Police ☐ Higher Ed (2-yr/4-yr) ☐ Medicaid Provider-Led Organized Care ☐ Other: _____
Plan Name:	

Combination 3

Bank Identification Number (BIN):	
Processor Control Number (PCN):	
Pharmacy Claims Group Number:	
Estimated Covered Lives (select one):	☐ Less than 500 ☐ 500 to 5,000☐ 5,000 to 25,000 ☐25,000 to 100,000 ☐More than 100,000
Plan Type/Network (select all that apply):	☐ Employer-sponsored ☐ ARHOME Program ☐ Fully insured ☐ Self-funded ☐ Municipal/County ☐ Federal (Tricare, Medicare Part D) ☐ State-funded ☐ Arkansas State Police ☐ Higher Ed (2-yr/4-yr) ☐ Medicaid Provider-Led Organized Care ☐ Other: _____
Plan Name:	

Combination 4

Bank Identification Number (BIN):	
Processor Control Number (PCN):	
Pharmacy Claims Group Number:	
Estimated Covered Lives (select one):	☐ Less than 500 ☐ 500 to 5,000☐ 5,000 to 25,000 ☐25,000 to 100,000 ☐More than 100,000
Plan Type/Network (select all that apply):	☐ Employer-sponsored ☐ ARHOME Program ☐ Fully insured ☐ Self-funded ☐ Municipal/County ☐ Federal (Tricare, Medicare Part D) ☐ State-funded ☐ Arkansas State Police ☐ Higher Ed (2-yr/4-yr) ☐ Medicaid Provider-Led Organized Care ☐ Other: _____
Plan Name:	

Combination 5

Bank Identification Number (BIN):	
Processor Control Number (PCN):	
Pharmacy Claims Group Number:	
Estimated Covered Lives (select one):	☐ Less than 500 ☐ 500 to 5,000☐ 5,000 to 25,000 ☐25,000 to 100,000 ☐More than 100,000
Plan Type/Network (select all that apply):	☐ Employer-sponsored ☐ ARHOME Program ☐ Fully insured ☐ Self-funded ☐ Municipal/County ☐ Federal (Tricare, Medicare Part D) ☐ State-funded ☐ Arkansas State Police ☐ Higher Ed (2-yr/4-yr) ☐ Medicaid Provider-Led Organized Care ☐ Other: _____
Plan Name:	