

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 at the time of license application.

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.
4. Add additional sections if the PBM uses more than five combinations.

Combination 1

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

Combination 2

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

Combination 3

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

Combination 4

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

Combination 5

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