



ARKANSAS
Insurance Department

ARKANSAS INSURANCE DEPARTMENT

ATTN: PBM Legal Division

1 Commerce Way

Little Rock, AR 72202

501-371-2820 FAX: 501-371-2639

Pharmacy Benefits Manager Licensure Application

Business Entity Name: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Phone Number: _____

Please provide the following documentation and information, pursuant to the Arkansas Pharmacy Manager Licensure Act, Ark. Code Ann. § 23-92-501, et seq.

1. Non-refundable application fee of \$20,000 to AID, submitted via check or online payment.
2. Cash surety bond in the sum of \$1,000,000 issued by a corporate surety authorized to issue surety bonds in the state of Arkansas, which shall be subject to lawful levy of execution by any party to whom the licensee has been found legally liable.
3. Contact information for the individuals below, including names, titles, mailing addresses, email addresses, and phone numbers where applicable:
 - a. EIN for the company;
 - b. MAC and NADAC complaints contact;
 - c. PBM Licensing Contact;
 - d. Government relations/legal contact;
 - e. Board members;
 - f. Board of trustee members;
 - g. Executive Committee;
 - h. Principal Officers;
 - i. Partners or members, if applicable.

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4. Proof of registration with the Arkansas Secretary of State.
5. Documentation of the basic organization of the PBM, including articles of incorporation, articles of association, partnership agreement(s), trust agreement(s), or other applicable documents, and all amendments thereto; a copy of the bylaws, rules, and regulations or similar documents regulating the conduct of the internal affairs of the applicant.
6. A copy of the PBM's standard and generic contract template with all referenced attachments and addendums used for agreements entered by the PBM and Pharmacies/Pharmacy in this State, for the purpose only in the Department's review to determine that such contracts comply with Ark. Code Ann. §§ 2-92-506(b), 23-92-506(c), 23-92-507, 4-88-1004, and 17-92-507.
7. Recent fiscal year-end audited financial statement of the PBM, including a breakout schedule showing the financial position of the PBM and its subsidiaries, and a list identifying any parent company (or companies), subsidiaries, and/or affiliates. If not applicable, reply "N/A".
8. A description of the annual projected number of enrollees or beneficiaries to be administered by the PBM, and include the number of enrollees administered by the PBM in the previous year (if applicable) by healthcare insurer with whom the PBM has contracted in this State.
9. The policy and procedure(s) which demonstrate that the PBM has compliant processes established to adhere to all requirements concerning pricing in Ark. Code Ann. § 17-92-507 and § 23-92-506 and provide descriptions - including any written policies or procedures - describing the appeal process for contracted pharmacies.
10. A statement explaining how the PBM is compliant with Ark. Code Ann. § 23-92-507, concerning Anti-Gag clauses in its contracts with pharmacies.
11. A description of the PBM's network services areas by county in this state and the PBM's pharmacy provider directory list for a healthcare insurer.
12. A statement of whether the applicant has been previously refused a registration, license, or certification to do business or has had any registration, license, or certification denied, suspended, revoked, or non-renewed by any government entity. If so, attach details addressing each instance, including the date, nature, and disposition. If not applicable, reply "N/A".

13. A statement of whether the applicant has had a business relationship with an organization terminated for any alleged fraudulent, illegal, or dishonest activities in connection with the administration of a pharmacy benefits plan. If so, attach documents explaining this termination, including the date, nature, and disposition of the termination. If not applicable, reply “N/A”.

14. A report of each pharmacy claims bank identification number (BIN), group number, and processor control number (PCN) used by the PBM. Distinguish all unique combinations thereof, along with the number of lives covered and plan type as described in Attachment 1.

15. A redacted copy of this application which does not contain proprietary information for use by the public. Non-redacted submissions are considered confidential under Ark. Code Ann. § 23-61-103, 23-61-107(a)(4), 23-61-207 and are exempt from disclosure under the Freedom of Information Act of 1967.

