STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
PHARMACY BENEFIT MANAGR (PBM) QUESTIONNAIRE

INSTRUCTIONS

1. The questionnaire is to be completed by an officer of the PBM.
2. Please respond to each item. If an item does not apply, please so indicate by answering "N/A."
3. Attach additional sheets if necessary.
4. All questions pertain to solicitation & operations **INVOLVING NORTH CAROLINA RESIDENTS** unless otherwise stated.

Pharmacy Benefit Manager

_____

Location (Physical Address)

_____

_____

_____

Mailing Address

_____

_____

_____

North Carolina Location/Physical Address

_____

_____

_____

Contact Person and Title_____

Telephone Number _____ Email_____

Prepared by _____

Title _____

Date Prepared _____

Section I. General Information.

1. Indicate the PBM's legal structure.

_____ Corporation
_____ Partnership
_____ Sole Proprietor
_____ Joint Venture
_____ Other _____

2a. List any affiliated companies and indicate their relationship with the PBM (Parent, Subsidiary, etc.). **Provide a Organizational Chart of the Companies.**

_____

_____

_____

2b.

3. List all DBA's used by the PBM in North Carolina. Identify any DBA's which have not been provided to the Department previously.

_____

_____

_____

4. PBM's Federal Tax Identification Number:_____

5. Is the PBM **CURRENTLY** providing services in regards to **North Carolina** residents? _____

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Section III. Services Provided by the PBM

1. Specify services provided by the PBM.

_____

_____

_____

2. Does the PBM provide services for fully-insured plans, self-funded plans or both?

3. Does the PBM provide services for Multiple Employer Welfare Arrangements (MEWA) or Multiple Employer Trusts (MET)?

4. Specify those MEWAs or METs for which services are provided by the PBM.

5. Identify the participating employer groups of each MEWA or MET.

6. Confirm compliance with NCGS 58-56A-5 with regard to the Maximum Allowable Cost Price.

7. Provide a list of each insurance company, by its legal name and its Federal Employer Identification Number (FEIN) for which services are provided **for residents of North Carolina** by the PBM. This list must contain a certified statement from an officer of the PBM that there is a signed written contract with of each of the insurers, as required by NCGS 58-56-6(a). **Note, the NCDOI does not require a copy of the contract with insurers or other persons using the services of the PBM for the PBM License**. If a copy of the PBM contract(s) is requested, it must be provided electronically to our office within 10 business days of our request.

8. Registered or licensed as an as a PBM or TPA in the following states:

_____

_____

9. What is the anticipated processing time for claims adjudicated by the PBM?

_____