



Louisiana Department of Insurance

Pharmacy Complaint Form

What the Louisiana Department of Insurance can do for you:

- Protect you by enforcing Louisiana's insurance laws pursuant to La. R.S. 22:1851-1865, et seq.
- Provide you with additional information relevant to your complaint file.
- Investigate your complaints against Pharmacy Benefit Managers (PBMs) and Health Insurance Issuers (HII).

What the Louisiana Department of Insurance cannot do for you:

- Determine treatment efficacy with regard to prescription drugs.
- Issue directives related to how the formulary should be established.

What should I send with my complaint form?

Copies, not originals of...

- Any correspondence between yourself and the PBM/HII pertinent to the applicable prescription filled.
- The claim you filed with the PBM/HII, if applicable.
- A copy of the PBM's final decision, if the complaint results from a denied appeal regarding maximum allowable cost (MAC) list pricing.
- The insured's insurance ID card (copied front and back), if possible.
- Any additional supporting documentation in possession of the pharmacy.

What happens after the Department of Insurance receives my complaint?

1. Typically, within a week of receiving your complaint the Louisiana Department of Insurance will send you an acknowledgment letter or email noting:
 - Your file number
 - The name of the compliance examiner in charge of investigating your complaint
2. The Department of Insurance will send a copy of your complaint to the PBM and ask for an explanation of its position.
3. Your examiner will review all responses received to assure the problem has been properly addressed. This may result in more letters or phone calls between the examiner, the company, and other parties.
4. Your examiner will send you a letter with one of the following investigation results:

- If no evidence of a violation is found, the examiner will so advise and explain why the investigation is being closed.
- If your examiner is not satisfied with the company's response, the investigation will continue.
- If the Louisiana Department of Insurance asserts that the law has been violated, the Department will pursue administrative action to correct and punish the wrongdoer.

How will I know how the investigation is going?

- The average complaint takes approximately forty five (45) days to investigate fully. Because of the unique nature of each complaint, your complaint may be completed in a shorter or, in some rare instances, longer time frame.
- If you receive new information, put it in writing. Include your file number and send it to your examiner.

For more information, free copies of our publications, or answers to insurance-related questions, contact the Louisiana Department of Insurance at 1-800-259-5300 or (225) 342-5900 in Baton Rouge, or write to Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214. You can access our website at www.lds.la.gov and or send an email to public@lds.la.gov.

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PLEASE TYPE OR PRINT CLEARLY

Section I

Your Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ ZIP: _____ Cell Phone: _____
Email: _____

Section II

Name of Insured: _____ Name of PBM/HII: _____
Date of Birth: _____
Policy Number: _____ PBM/HII Address (if known): _____
Group Number: _____
Claim Number: _____ Name of Employer (if applicable): _____

Date of Applicable Prescription Fill: _____

Date of Claim Payment: _____

How was your claim submitted? Electronic Non-electronic

Do you have an attorney representing you? Yes No

Is there any legal proceeding pending? Yes No

Have you previously reported this problem to our office or any other agency? Yes No

If yes, to whom? _____

File number (if applicable): _____

Are you requesting reimbursement? Yes No

Reimbursement Amount: \$ _____

What is this amount based upon? _____

If Different, what is the actual acquisition cost? _____

Section III

Please check the reasons that apply to your complaint.

- Claim Delay
- Claim Denial
- Disclosure of Information

Did the PBM, insurer, or other entity that administers prescription drug benefits programs prohibit by contract your pharmacy/pharmacist from informing a patient of all relevant options as outlined in La. R.S. 22:1060.6?

- Yes No

Did the PBM reimburse you less than the amount than the PBM reimburses an affiliate of the PBM for providing the same services as outlined in La. R.S. 22:1860.3? If yes, please provide documentation to support your complaint.

- Yes No

Did the PBM decline to make available to you: (a) information identifying the national drug pricing compendia or sources used to obtain the drug price data, and (b) the comprehensive list of drugs subject to MAC as outlined in La. R.S. 22:1864(A), 4(a) and 4(b)?

- Yes No

- MAC List Pricing Dispute

Have you filed an appeal against the PBM regarding this MAC list dispute as outlined in La. R.S. 22:1865?

- Yes. Please continue with completing this form. Be sure to include a copy of the PBM's final decision on your appeal.
- No. Please follow the appeal process with the PBM.

NOTE: If you do not file an appeal with the PBM within fifteen (15) days of the applicable fill date, you are not eligible to file a complaint with the Louisiana Department of Insurance pursuant to La R.S. 22:1865, F(2).

Did the PBM provide individual notice: (a) that a retroactive MAC cost adjustment has been made as a result of a granted appeal effective to the initial date of service the appealed drug was dispensed, and (b) that the pharmacy may resubmit and receive payment based upon the adjusted MAC price as outlined in La. R.S. 22:1865(B), 3(a) and 3(b)?

- Yes No

If your appeal was denied, did the PBM provide you with the NDC number of a drug product and source where it may be purchased for a price at or below the MAC as outlined in La. R.S. 22:1865(C)?

- Yes No

Please provide a written explanation of your complaint. If more space is needed, please use extra sheets.

Enclose copies (NOT ORIGINALS) of available documentation relative to your complaint.
