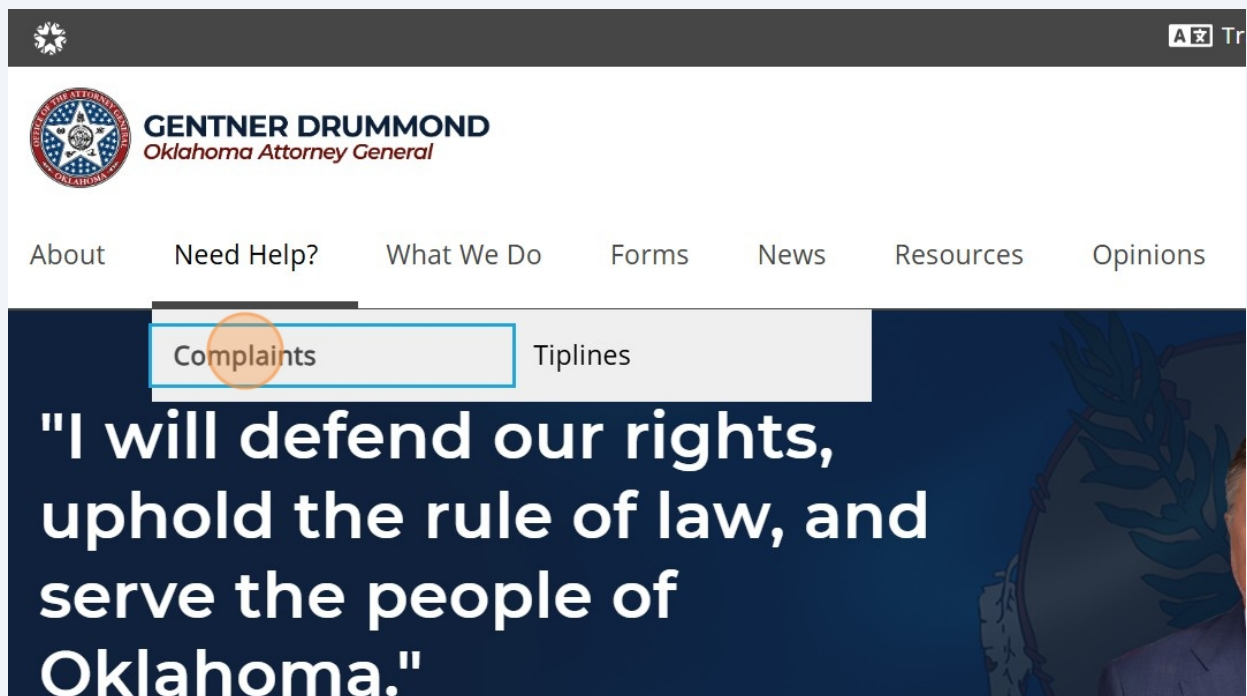


How to Submit a Complaint Online

1 Navigate to <https://oklahoma.gov/oag.html>

2 Click "Complaints"



3

Scroll down to the Pharmacy Benefits Management Complaints. Click on the appropriate complaint form for you. If you are submitting the complaint on behalf of the pharmacy, choose "Pharmacists and Pharmacy Staff"

Medicaid Fraud Control Unit Complaint

- [Abuse, Neglect, Financial Exploitation or Medicaid Fraud](#)

Pharmacy Benefits Management Complaints

- [Patient and Consumer](#)
- [Pharmacists and Pharmacy Staff](#)

Senior Fraud Complaint

- [Senior Fraud Complaint Form](#)

4

Click the "Your First Name*" field.

Office of the Oklahoma Attorney General
GENTNER DRUMMOND

PBM Complaints (Pharmacy Submitted)

Your First Name *

Your Middle Name

Your Last Name *

Pharmacy Name *

5

Enter your contact information. This information will always be kept confidential. We need your information to contact you to follow up on the complaint.

6

Tell us the County in which you are located.

The screenshot shows a web form with three main sections: 'City *', 'Zip *', and 'County'. The 'City *' field is an empty text input box. The 'Zip *' field contains the text '73012'. The 'County' field is a dropdown menu with 'Select' as the current selection. The dropdown menu is open, displaying a list of counties: OKLAHOMA (highlighted in blue), TULSA, ADAIR, ALFALFA, ATOKA, BEAVER, BECKHAM, BLAINE, BRYAN, CADDO, and CANADIAN. A red circle highlights the 'OKLAHOMA' option in the list.

7

Select the PBM. Please note: each complaint can contain multiple prescriptions or potential violations, but must be limited to one PBM per complaint. If you have complaints against multiple PBMs, please submit them separately.

+1 () -

Insured's Email Address

Name of Insurance Company

Pharmacy Benefit Manager *

Select

Insured's Member ID Number *

Prescription RxBIN *

Prescription Rx Group Number *

8

Next, we need as much information about the prescription subject to the violation as possible.

Name of Insurance Company

Pharmacy Benefit Manager *

Alluma, LLC

Insured's Member ID Number *

Prescription RxBIN *

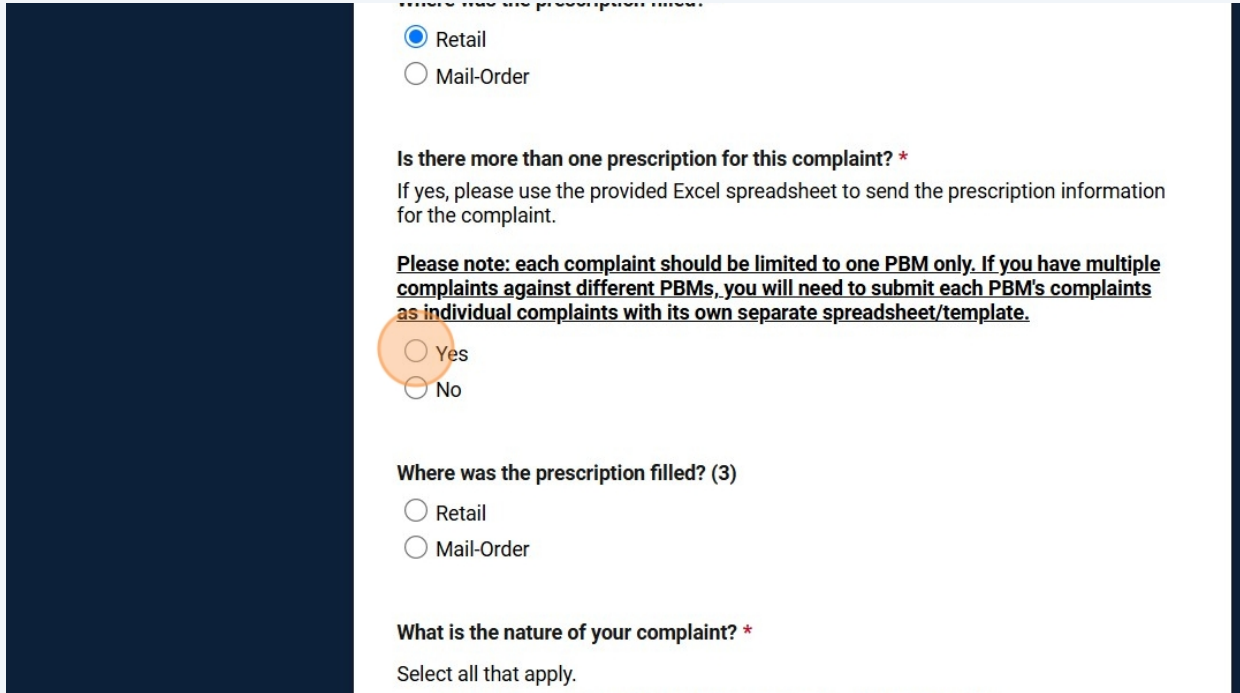
Prescription Rx Group Number *

Prescription Rx PCN

9

If you have more than one prescription or other potential violation to report, you may use the **Batch Reimbursement Appeal Complaint Template**. Simply enter the prescription information into the spreadsheet in Excel, Save, and attach below. (see Step 12).

Click Yes to indicate you have attached the spreadsheet. Remember to limit each complaint (each template spreadsheet) to one PBM each.



Where was the prescription filled?

Retail
 Mail-Order

Is there more than one prescription for this complaint? *
If yes, please use the provided Excel spreadsheet to send the prescription information for the complaint.

Please note: each complaint should be limited to one PBM only. If you have multiple complaints against different PBMs, you will need to submit each PBM's complaints as individual complaints with its own separate spreadsheet/template.

Yes
 No

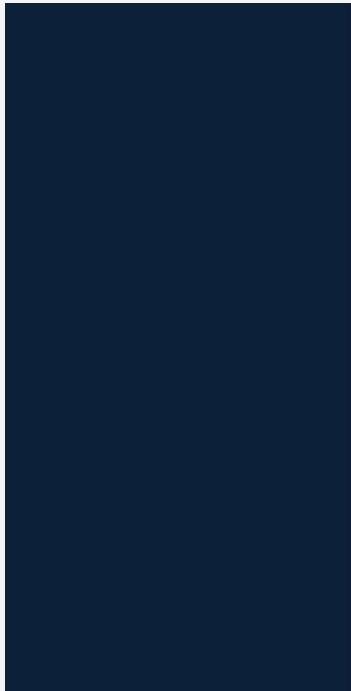
Where was the prescription filled? (3)

Retail
 Mail-Order

What is the nature of your complaint? *
Select all that apply.

10

Choose the reason for your complaint. You may make multiple selections or choose Other. (If you choose "Other", please tell us the reason for your complaint in the space following.)

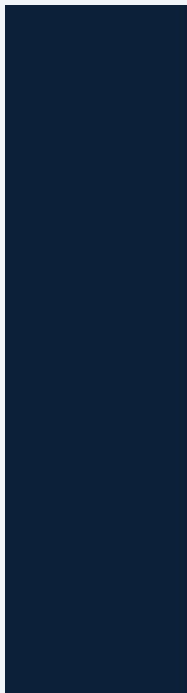


- Insured was required to travel over 5 miles in URBAN areas, over 7 miles in SUBURBAN areas, or other 18 miles in RURAL areas of Oklahoma (Pharmacy Preferred Network Access Standards not met.)
- Contract restriction related to consumer cost share (copay) discussion.
- PBM contract that disincentivizes Pharmacy staff from discussing pricing and copay comparisons with consumers.
- Network consumer share (copay) differential or increased copay (retroactive or post-adjudication).
- Pharmacy Requested and Not Offered or Denied Entry to Network.
- PBM Retroactively Denied or Reduced Rx Claim Payment (DIR/Clawback or GER/BER True-Ups).
- PBM did not provide a "reasonable appeals procedure."
- Potential violation of the Oklahoma Pharmacy Audit Integrity Act.
- Received any audit or review of a claim prior to reimbursement (Daily Claim Review, Claim Audit, Prepay Validation Request, Quality Assurance Review, etc).
- Reimbursement under cost. (Please indicate in the space provided in the next question if an appeal was filed and the result of the appeal.)
- Issue concerning a Discount Card (GoodRx, CheaperRx, SinglecareRx, WellRx, etc.)
- Other (Please specify in the next question.)

If you are a member of a PSAO, please list them here.

11

Are you a member of a PSAO? If so, you can tell us that here.



- Potential violation of the Oklahoma Pharmacy Audit Integrity Act.
- Received any audit or review of a claim prior to reimbursement (Daily Claim Review, Claim Audit, Prepay Validation Request, Quality Assurance Review, etc).
- Reimbursement under cost. (Please indicate in the space provided in the next question if an appeal was filed and the result of the appeal.)
- Issue concerning a Discount Card (GoodRx, CheaperRx, SinglecareRx, WellRx, etc.)
- Other (Please specify in the next question.)

If you are a member of a PSAO, please list them here.

Select

- AlignRx (PBA Health/PPOk)
- Health Mart Atlas
- Elevate
- LeaderNet
- Arete
- EPIC Pharmacies
- Pharmacy First
- Other



12

Click "browse files" to attach your supporting documentation. Each complaint can accept up to 10 files (up to 30 MB per file). Supporting documents needed will differ depending on the type of complaint. For example, if your complaint concerns Below Cost Reimbursement, we will need the invoice showing the pharmacy's cost and screenshots showing the PBMs reimbursement. If you have questions about what documentation will be needed, please don't hesitate to email us at PBMSComplaints@oag.ok.gov.

For Batch complaints, you may upload the spreadsheet template [here](#).

How much of your time was spent on the claim reimbursement?

If your complaint is regarding an audit, daily claim review, or appeal of a reimbursement, how much of your time was spent gathering documentation for and corresponding with the PBM on the matter?

Please attach any supporting documents here.

Please include any documents or files that support your complaint; these can be invoices, screenshots, correspondence from the PBM or any information relevant to your complaint.

Drag and drop files here or [browse files](#)

Send me a copy of my responses

Submit

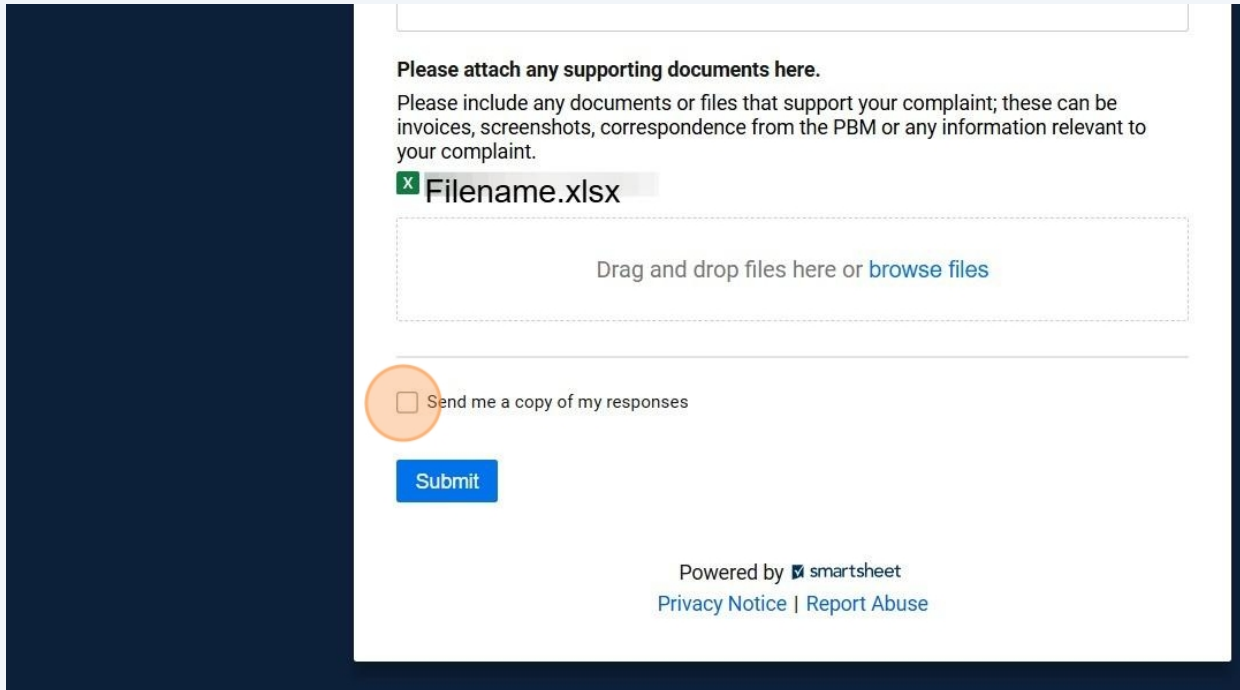
Powered by  smartsheet
[Privacy Notice](#) | [Report Abuse](#)


13

If you would like a record of your submission, click the "Send me a copy of my responses" field.

The OAG PBM Unit's intake specialist will reach out to you within 5 business days to confirm your complaint, provide you with a complaint number, and advise you of next steps.

This check box will only send you a copy of the responses you've entered here.



The screenshot shows a web form for submitting a complaint. At the top, there is a text input field. Below it, the text reads: "Please attach any supporting documents here. Please include any documents or files that support your complaint; these can be invoices, screenshots, correspondence from the PBM or any information relevant to your complaint." A file named "Filename.xlsx" is shown as attached. Below the file list is a dashed box containing the text "Drag and drop files here or [browse files](#)". At the bottom of the form, there is a checkbox labeled "Send me a copy of my responses" which is currently unchecked. Below the checkbox is a blue "Submit" button. At the very bottom of the form, it says "Powered by  smartsheet" and provides links for "Privacy Notice" and "Report Abuse". A dark blue vertical bar is overlaid on the left side of the form.

14

Click "Submit".

We will contact you via your preferred contact method (phone or email) within 5 business days. If you have any questions or concerns, please don't hesitate to email us at PBMComplaints@oag.ok.gov and we will respond as quickly as possible. Thank you.