



Complaints Against Pharmacy Benefit Managers (PBMs)

Pharmacy Benefit Managers (PBMs) operating in the State of Wisconsin are subject to numerous regulations. Any pharmacy with a business relationship with any PBM may file a complaint if they encounter a violation of compliance with state law. By filing a justified complaint, pharmacies can ensure that laws – designed to maintain fair and equitable treatment of pharmacies across the state – are being followed appropriately.

To File A Complaint:

[Click here](#) or call (800) 236-8517

Complaints made against a PBM must be enforceable under Wisconsin law.

Examples of violations include:

- PBM fails to obtain a license with the Office of the Commissioner of Insurance
- PBM fails to update maximum allowable cost pricing information at least every 7 days
- PBM fails to update maximum allowable cost consistent with availability and pricing in the marketplace
- PBM fails to investigate and resolve a maximum allowable cost appeal within 21 days of the appeal, including providing a reason for any denial and an NDC for purchase that is at or below the maximum allowable cost
- PBM fails to provide a pharmacy written notice of any accreditation requirements for network participation or changes its accreditation requirements more than once every 12 months
- PBM retroactively denies or reduces a claim after adjudication, unless the claim was fraudulent, incorrect, or the denial or reduction is otherwise permitted by contract
- PBM fails to follow any of the below fair audit procedures:
 - » The PBM must notify the pharmacy in writing at least 2 weeks before conducting an onsite audit
 - » The PBM cannot conduct an onsite audit within the first 5 business days of a month, unless the pharmacy consents
 - » The PBM must conduct the audit with consultation from a licensed pharmacist if the audit involves clinical or professional judgment
 - » The audit is limited to 250 separate prescriptions
 - » The audit is limited to claims submitted no more than 2 years before the date of the audit
 - » The PBM must allow hospital, physician, or other provider records to validate pharmacy records
 - » The PBM must allow electronic or paper signature logs
 - » Auditors must provide a list of the records reviewed before concluding the onsite portion of the audit
 - » Auditors must allow pharmacies to provide documentation to address discrepancies found in the audit within 30 days of receiving the audit's preliminary report
 - » Interest on a recoupment cannot be accrued or charged between the time of the notice of the audit and when the final audit report is delivered
 - » Dispensing fess must be excluded from calculations of overpayments
 - » Recoupments cannot be charged for a clerical or record-keeping error, including typographical or computer errors
 - » Auditors may not be paid based on a percentage of the amount recovered in the audit
- The PBM's methods or practices endanger the interests of the insureds or the public
- The PBM does not allow, or penalizes, the pharmacist for informing the patient of any differential between the out-of-pocket cost and the patient's cost share under their plan (i.e. gag clause)
- The PBM does not allow the patient to pay the lesser of the patient's cost-sharing amount under the plan or the cash price for the prescription
- The PBM does not provide a patient written notice of a formulary change for a drug the patient is using at least 30 days before the change, unless it is being replaced by a generic in an equal or lower cost-sharing tier