# PBM ANNUAL REPORTING

User Documentation



Version 1.0 October 2021

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As part of the onboarding process of registering a PBM with the Department of Insurance (DOI), an email is sent from the Department to the PBM to set up an eServices account.

After receipt of that email, follow the instructions here to complete the setup of the account:

https://insurance.ky.gov/ppc/documents/KOG\_Invitation\_Request.pdf

### LOGGING IN

A user will access the system after initial setup by clicking the "eServices" icon on the Kentucky DOI webpage.



#### Click "Login to eServices"..

D Department of Insurance x +	- 0 X
← → C 🛱 https://uat.insurance.ky.gov/doieservices/userrole.aspx	6 🖪 🖓 🎼 🖷 😩 …
🗱 NAIC StateNet	Claims 📔 Admin Tool 🛛 🔰 🛅 Other favorite:
	9/7/2021
Public Protection Cabinet Kentucky Department of	eServices Department of Insurance Online Services
Attention eServices Users	
eServices has transitioned to the Kentucky Online Gateway (KOG) for user credentials (ID and password) and login functionality. click t	nere for more information on KOG.
Account Setup Instructions - Please Read	
Business Entities Received an Email Invitation Insurers Individuals Consumers	
If you have created an account before September 23rd 2019, Your Username and Password will not work. You have to reg	ister by clicking on Create Account.
Click below to Create a KOG eServices account OR OR new Entitles OR OR W Create Account Request New Roles	only if you have successfully created an account ith Kentucky Online Gateway (KOG).

Enter your Email Address and Password here:

Sign in with your Kentuc	cy Online Gateway Account.	Commonwealth o notify you that yo use this site or a
L Email Address		through this site, Unauthorized acr
Enter Email Address		personal and con be punishable by
Password Enter Password	Forgot/Reset Password?	website or access
	SIGN IN	kentucky follows state guidelines f from misuse or u
Resend Account Verificat	ion Email	

To present the PBM Annual Reporting Tool...

PPPC Ken Public Protection Cabinet	tucky Department rance	: of	
		Main Menu	Sign Out
DOI Number	Email :	N	Name :
Pharmacy Benef Pharmacy Manag	It Manager Annual Report		
		© Commo	nwealth of Kentucky. All r

## LOADING DATA

Once into the PBM Annual Reporting Tool, click here:

Public Protection Cabinet Kent	ucky Department ance	of	
		Main Menu	Sign Out
DOI Number	Email :		Name :
Pharmacy Benefit	Manager Annual Report		
Pharmacy B Manage	enefit pr		
		© Comm	onwealth of Kentucky. All ri

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Use the pulldown to select the proper PBM:

		A user login may have mo than one PBM associated.
Pharmacy Benefit Manager(s) :	Select Pharmacy Benefit Manager	
PBM Name :	PBM Licence No:	Reporting Period :
Phone :		
CLAIM & APPEAL	REPORT	
Total drug claims in Ke	ntucky adjudicated subject to maximum allowable cost pricing:	
Total maximum allowat	le cost appeals received from Kentucky entities:	
Maximum allowable co	st appeals granted for Kentucky enlities:	
Maximum allowable co	st appeals denied for Kentucky entities:	
Number of payments a (whether initial appeal)	djusted based on granted appeals:	
Total dollar amount of a	or entities reversing and resubmitting following a granted appeal)	
	or entities reversing and resubmitting following a granted appeal) idjusted payments to contracted for granted appeals:	

Select the reporting period...

→ C	් https://uat.in	nsurance.ky.gov/doiese	rvices/PBM/Pharn	nBenefitEdit.aspx?l	ookupval=9	940206			10 F	3	£≞
C StateNet	NAIC Fall 2020 📗 PPC In	ternet 🕒 DOI Internet	DOI Intranet	GAPS Intranet	C KHRIS	🖒 Kentucky.gov	P NegClaims	Admin Tool			>
	Pharmacy Benefit Manager(s) :		- PBM202	210009 ~							
	PBM Name :	_	PBM Lic	ence No:	PBM202	10009	Reporting	Period :	2021		~
	Phone :								2020 2021		
	CLAIM & APPEAL REPO	DRT									
	Total drug claims in Kentuch	ky adjudicated subject t	o maximum allow	able cost pricing:							
	Total maximum allowable of	ost appeals received fro	om Kentucky entit	les:							
	Maximum allowable cost ap	peals granted for Kenti	ucky entities:								
	Maximum allowable cost ap	peals denied for Kentu	cky entities:								
	Number of payments adjust (whether initial appeal or en	ed based on granted a titles reversing and res	ppeals: ubmitting followin	g a granted appea	I)						
	Total dollar amount of adjus	ted payments to contra	cted for granted a	appeals:							
				09/09/2021							
	Signature of Authorized Re	presentative for PBM		Date							

Enter the required reporting data here...

Phone :	5025551212				
CLAIM &	APPEAL REPORT				
Total drug cla	aims in Kentucky adjudicated subject to maximum al	lowable cost pricing:			
Total maximu	um allowable cost appeals received from Kentucky e	ntities:			
Maximum all	lowable cost appeals granted for Kentucky entities:				
Maximum all	lowable cost appeals denied for Kentucky entities:				
Number of p (whether initi	ayments adjusted based on granted appeals: ial appeal or entities reversing and resubmitting follo	wing a granted appeal)			
Total dollar a	amount of adjustred payments to contracted for grant	ed appeals:			
		09/07/2021			
Signature of A	Authorized Representative for PBM	Date			
Submit	Clear				

#### Click Submit to save/submit the data entered...

ione :	5025551212					
CLAIM & A	PPEAL REPORT					
Total drug clair	ms in Kentucky adjudicated subject to maximum allo	wable cost pricing:				
Total maximun	n allowable cost appeals received from Kentucky en	tities;				
Maximum allowable cost appeals granted for Kentucky entities:						
Maximum allo	wable cost appeals denied for Kentucky entities:					
Number of pay (whether initial	yments adjusted based on granted appeals: I appeal or entities reversing and resubmitting follow	ing a granted appeal)				
Total dollar am	nount of adjustred payments to contracted for grante	d appeals:				
ignature of Au	therized Bearsenstative for PSM	09/07/2021	Sign and date			
Submit	Autorized Representative for PBM	Date				

Or "Clear" to start again (with the data entry)

After "Submit", this screen presents..

able cost pricing:		11		
es:		22		
		33		The dat
Maximum allowable cost appeals denied for Kentucky entities:				entered
a granted appeal	)	55		
ppeals:		66		
Click "Ch	eckout" to			
proceed.				
	ible cost pricing: a granted appeal appeals: Click "Che proceed.	ible cost pricing: as: a granted appeal) ippeals: Click "Checkout" to proceed	tble cost pricing: 11 as: 22 33 44 55 sppeals: 66 Click "Checkout" to proceed	tble cost pricing: 11 as: 22 33 44 55 44 55 66 Click "Checkout" to proceed

Click here to complete the transaction...

Public Protection Cabinet					Department of Insurance Online Se
		Main Menu	Sign Out	View Cart	
DOI Number	Email :		Name :		(Pharmacy Benefit Manager - PBM Annual Report
TRANSACTION / O	ORDER INFORMATION				
To remove any ite	m from your order, click on the cl pleted by User: [Test, DOI]	neckbox and press "Rem	ove".		
Remove	Description				Fee(s)
	Pharmacy Benefit Me	ager Annual Report			\$0.00
Remove Checkout / Comp	lete Order Continue Shopping	Cancel Order	1		

After the transaction is	s complete,	this screen	presents,	which	will:
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Reflucky Department of			Departmen	
	Main Menu S	Sign Out	View Cart	
umber : Email : Email :	Name		(Pharmacy Benefit Mar	ager - PBM Annual Repo
TRANSACTION DETAILS				
Your transaction has been processed and does not require Relow are the details of your transaction You may print a c	any additional Payment in	formation.	the <b>'Print conv of invoice'</b> listed below	
Order Information	opy of and for your recorde	Qty	Description	Fee(s)
DOI Transaction ID: 105		1	Pharmacy Benefit Manager Annual Report	\$0.00
Transaction Date: 9/7/2021			Total Ch	arged: \$0.00
Items Ordered				
Print copy of invoice   Click here to return to the main n	nenu		- Display the assigned DC	)I Transaction
			- Allow the user to print a	a copy of the
			invoice for the transact	ion, and;
	© Commonwealth /	nf Kanturku ∆ll rich	Allow the user to returr	to the main
			PBM Menu	

The transaction is now complete.