

## Kentucky Department of Insurance Pharmacy Benefit Manager Annual Report

PBM Name: \_\_\_\_\_

PBM License No.: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

### CLAIM & APPEAL REPORT

Total drug claims in Kentucky adjudicated subject to maximum allowable cost pricing:	
Total maximum allowable cost appeals received from Kentucky entities:	
Maximum allowable cost appeals granted for Kentucky entities:	
Maximum allowable cost appeals denied for Kentucky entities:	
Number of payments adjusted based on granted appeals (whether initial appeal or entities reversing and resubmitting following a granted appeal):	
Total dollar amount of adjusted payments to contracted for granted appeals:	

\_\_\_\_\_  
**Signature of Authorized Representative for PBM**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Phone**