

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