

Oregon Department of Consumer and Business Services

Division of Financial Regulation

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Email: pbm.complaint@dcbs.oregon.gov

dfr.oregon.gov



Pharmacy Benefit Manager (PBM) Complaint Form

Use this form to file a complaint against a PBM doing business in Oregon. Send the completed form along with any supporting documentation to PBM.Complaint@dcbs.oregon.gov. A division analyst will contact you for additional documentation or clarification required to investigate your complaint.

According to OAR 836-200-0436, any complaint filed with the Department of Consumer and Business Services by a pharmacy, or an entity acting on behalf of a pharmacy, alleging a violation, must be made using a form posted on the Division of Financial Regulation website. A complaint will include documentation of the alleged violation and all efforts made to resolve the alleged violation before filing the complaint.

A complaint submitted against a PBM will be deemed confidential under ORS 731.264.

Contact information

Name: _____

Name of PSAO (if acting on behalf of pharmacy): _____

Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____ Phone: _____

Pharmacy information

Pharmacy name: _____

Pharmacy NPI: _____

Pharmacy address: _____

City: _____ State: _____ ZIP: _____

Email address: _____ Phone: _____

Complaint Information

Pharmacy benefit manager: _____

Insurance company involved: _____

Other entities involved: _____

Reason for complaint:

*Please attach copies of any relevant correspondence, contract provisions, provider manuals, Microsoft Excel spreadsheet documentation of claims, etc. You may attach additional pages, if necessary. The Division of Financial Regulation may contact you for additional information during the complaint process.

Specific to maximum allowable cost (MAC) appeal complaints, please complete the provided [MAC appeal Excel template](#).

Statutory authority

- [ORS 735.532 Registration/licensure of PBM](#)
- [ORS 735.534 Claim reimbursement; maximum allowable costs \(MAC\)](#)
- [ORS 735.536 Requirements for pharmacy benefit manager's reimbursement for cost of drugs](#)
- [ORS 735.542 Pharmacy claim audits](#)
- [OAR 836-200-0406 Application requirements for PBM](#)
- [OAR 836-200-0440 Market conduct requirements for PBM](#)
- [ORS 743B.450 Prompt payment of claims](#)
- [ORS 743B.454 Claims submitted during credentialing period](#)
- [ORS 743B.505 Provider networks](#)