

**OFFICE OF SUPERINTENDENT OF INSURANCE
COMPANY LICENSING BUREAU
1120 PASEO DE PERALTA, ROOM N-421, SANTA FE, NM 87501
(505) 827-4362**

**SUMMARY OF REQUIRED DOCUMENTS FROM PHARMACY
BENEFIT MANAGER SEEKING ADMISSION TO
TRANSACTION BUSINESS IN THE STATE OF NEW MEXICO**

NAME OF PHARMACY BENEFIT MANAGER

In support of the application, please furnish the OSI with the items listed below.

1. **APPLICATION FEE 59A-6-1(AA)** A non-refundable application fee in the sum of \$1,000.00 must accompany this application before it can be reviewed. Make the check payable to the ***Office of Superintendent of Insurance or OSI***.
2. **PBM INFORMATION 59A-61-3(B)** On company letterhead, please provide name of legal entity, FEIN #, business address, phone number and state of domicile. Also, indicate the PBM is requesting admission to do business in New Mexico and the letter must be signed by an officer, director, managing member or partner.
3. **PBM LICENSES AND COMPANIES 59A-61-3-(B)(4)** Please provide us with a list of all states in which the PBM is licensed and a list of subsidiaries and parent corporations.
4. **ARTICLES OF INCORPORATION 59A-61-3(B)(4)** The Company's initial certified Articles of Incorporation and all amendments thereto. The Articles of Incorporation must have endorsed thereon or annexed thereto the consent of the Superintendent of Insurance prior to filing.
5. **BY-LAWS 59A-61-3(B)(4)** A copy of the By-Laws certified by the state official having custody of the original or the company's corporate secretary. Ensure that the corporate seal is affixed to the secretary's certification.
6. **ORGANIZATIONAL CHART 59A-61-3(B)(4)** Please provide an organizational flow chart showing the various executive management, directors, and officers and related material functions that require internal control oversight of the PBM. Please include the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited to, underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Please note any executive or key staff that has access to funds or bank accounts. Please submit a map or narrative explaining where offices are geographically located and the appropriate number of employees at each location.
7. **MANAGEMENT 59A-61-3(B)(4)** On company letterhead, please identify all owners with 10% interest or voting interest, partners, officers and directors of the corporation, or members or managers of a limited liability company.

8. **BIOGRAPHICAL AFFIDAVITS 59A-61-3(B)(4) & 13.10.30.8(A)(6)** We need Biographical Affidavits for each partner, managing member, and director. Please complete the most current form and the affidavit must be originally signed and notarized within six months of the application date or it will not be valid. The most current form can be found at www.naic.org. Please be advised that changes in leadership shall submit a background investigation report at the time of renewal of license.
9. **STATEMENTS 59A-61-3(B)(4) & 13.10.30.8.(A)(7)(8)** Please provide for the preceding 10 years, the following statements of whether the applicant has:
- a. Been refused a registration, license or certification to act as or provide the services of a PBM or third-party administrator.
 - b. Has had any registration, license or certification denied, suspended, revoked or non-renewed for any reason by any state or federal entity.
 - c. If either (a) or (b) apply, the PBM shall separately attach the details of each such action, including the date, nature and disposition of the action.
 - d. If the applicant in the most recent 10 years had a business relationship terminated for any admission, legal finding, or judgement of fraudulent or illegal activities in connection with the administration of a pharmacy benefits plan and a description of each termination.
10. **LIST OF CLIENTS 59A-61-3(B)(4) & 13.10.30.8.(A)(7)(9)** Please provide us with a list of all New Mexico clients serviced by the PBM.
11. **ENFORCEMENTS 59A-61-3(B)(4) & 13.10.30.8.(A)(7)(10)** Please provide us with a list of each regulatory enforcement action against the PBM in any other state for the previous 10 years.
12. **CERTIFICATE OF GOOD STANDING 59A-61-3(B)(4)** Submit a Certificate of Good Standing from the New Mexico Office of the Secretary of State, Corporations Division.
13. **CERTIFICATE OF COMPLIANCE 59A-61-3-(B)(4)** A Certificate of Compliance certified by the state of domicile.
14. **CONTACT PROCESSING FORM 59A-59A-61-3(4)** Must be completed in its entirety.
15. **UNIFORM CONSENT TO SERVICE OF PROCESS 59A-61-3-(B)(4)** A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the Pharmacy Benefit Manager. The NAIC UCAA Form 12 is available on the NAIC website at www.naic.org.

16. **ADDITIONAL INFORMATION 59A-61-3(B)(4)** Please provide us with the following information:

- a) Has the PBM transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged? Yes, or no?
- b) Is the PBM presently negotiating for or inviting negotiations for any transaction described above? Yes, or no?
- c) Is the PBM presently engaged in a dispute with any state or federal regulatory agency? Yes, or no?
- d) Is the PBM a plaintiff or defendant in any legal action other than one arising out of policy claims? Yes, or no?
- e) Does the PBM purchase investment securities through any investment banking or brokerage house or firm from whom any of PBM's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchase? Yes, or no?
- f) Is the PBM a:
 - a) Bank
 - b) Bank Holding Company, Subsidiary or Affiliate
 - c) Financial Holding Company
 - d) Insurance carrier or plan

If you have answered "yes" to any of the above questions, please provide written details and identify the bank(s), bank holding company(ies), financial institutions, carrier or plan and the affiliation of the PBM.

17. **RENEWAL NOTICE AND ANNUAL REPORT BY PBM 59A-6-1-(AA)(2)(3), 59A-61-3, 13.10.30.8(D)**

Please provide us with a written statement acknowledging that the PBM must renew its license on or before March 1 annually. Also, the PBM must submit an Annual Report along with the renewal invoice and fee. OSI will not issue a new license upon renewal since they are perpetual.

Please mail the application fee along with items 1 through 17 in paper form to:

**Office of Superintendent of Insurance (OSI)
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room N-421
Santa Fe, New Mexico 87505**

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at (505) 827-4362.

OFFICE OF SUPERINTENDENT OF INSURANCE
PHARMACY BENEFIT MANAGERS
PHYSICAL ADDRESS: 1120 PASEO DE PERALTA, #428 SANTA FE, NM 87501
MAILING ADDRESS: P.O. BOX 1689, SANTA FE, NM 87504-1689

CONTACT PROCESSING FORM
FOR PHARMACY BENEFIT MANAGERS

PHARMACY BENEFIT MANAGER'S COMPLETE NAME – Do not abbreviate name.

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STATUTORY HOME OFFICE ADDRESS

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

PBM MAILING ADDRESS

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

PBM CONTACT FOR LICENSING

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

PBM CONTACT FOR COMPLAINTS

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

PBM CONTACT FOR EXECUTIVES

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>