

CHECKLIST: Kansas Pharmacy Benefit Manager License

The purpose of this checklist is to assist the applicant in obtaining all requirements to successfully complete the Pharmacy Benefit Manger license application. This document is a tool and has no merit if a dispute arises whether the Kansas Department of Insurance ("Department") states a required document was not received. For additional information on PBM licensing requirements, visit the Department's Pharmacy Benefit Managers website.

When submitting documents to the Department include PBM & entity name in the subject line.

Documents can also be uploaded to the Attachments Warehouse.

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□ 1. Date:	PBM Application and \$2,500 fee submitted through www.nipr.com Transaction #
□ 2. Date:	PBM Online Contact Form submitted via PBM Contact Form.
□ 3. Date:	PBM Business Entity documents submitted in PDF format to kdoi.rf@ks.gov (Corporate charter, articles of incorporation, or other charter document)
☐ 4. Date:	FEIN Verification : EIN verification letter (147C) or document issued by the IRS displaying the IRS letterhead, PBM's name, and FEIN.
□ 5. Date:	Model Template Contract submitted via kdoi.rf@ks.gov (Must include dispute resolution process, per statute)
□ 6. Date:	Network Adequacy Report submitted via Network Adequacy Report
□ 7. Date:	Certificate of Good Standing from Secretary of State's office, if requested. (Requirement applicable to Kansas Domicile PBMs only)

Contact Information:

Kansas Department of Insurance

Phone: 785-296-7844 Email: kdoi.rf@ks.gov

Website: https://insurance.kansas.gov/pharmacy-benefits-manager-licensing/

NIPR: Submit applications, upload documents, and change contact information

Phone: 855-674-6477 Website: <u>www.nipr.com</u>

<u>State Based Systems/SBS:</u> If your license is issued visit SBS to print your license and view current license information.

License Manager: SBS License Manager

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