Department of Commerce & Insurance | Insurance Division

Tennessee PBM Annual Report Instructions for the Year Ended 2026

Beginning April 1, 2026, and annually on or before April 1 of each year thereafter, each PBM licensed to do business in Tennessee shall file a PBM Annual Report per Tenn. Comp. R. & Regs. 0780-01-95-.15. (See Chapter 0780-01-95, pages 19-22.)

The Annual Report Summary Page and Annual Report Workbook templates should be downloaded from the Tennessee Department of Commerce and Insurance, PBM Compliance Section website.

The PBM Annual Report filing and the associated filing fee should be submitted using the CORE system (Comprehensive Online Regulatory & Enforcement System) found at: https://access.cloud.commerce.tn.gov/portal/public. While submitting a PBM Annual Report filing in the CORE system, users will be prompted to individually submit:

- The Annual Report Summary Page—The Annual Report Summary Page should be submitted as a flattened pdf file. (i.e., the fields are no longer editable).
- Timestamped screenshots of the PBM's website showing that the required information is on the PBM's website and is readily accessible by pharmacies. The timestamped screenshots should be submitted together in a single PDF or a Microsoft Word (.docx) document rather than individual submissions of multiple image files.
- An Annual Report Excel Workbook with worksheets containing:
    - A List of MAC Lists Used by the PBM
    - A List of PBM Networks
    - A List of Pharmacies Removed from PBM Networks
    - A List of Denied Pharmacy Network Applications
    - A List of Pharmacies Contracted with the PBM
    - A List of Pharmacy Audits
- Copies of the policies, procedures, or criteria used to determine which prescription drugs or devices are placed on a MAC list.
- Copies of the policies, procedures, or criteria used when updating a MAC list.
- Descriptions of all fees assessed by the PBM to pharmacies physically located in Tennessee, mail order pharmacies that serve Tennessee residents, or specialty pharmacies that serve Tennessee residents.

Excel Workbook Instructions

The Annual Report Excel Workbook should be submitted as a Microsoft Excel (.xlsx) file which maintains the formatting used in the PBM Annual Report Workbook template. Please ensure that the Excel file does not contain any hyperlinks or embedded objects. Please add additional worksheets (if necessary) to explain any proprietary codes used in any worksheet field.

Instruction Location ..... **Page #**

Annual Report Summary Page 3

List of MAC Lists Used by the PBM 4

Excel Workbook Instructions

The Annual Report Excel Workbook should be submitted as a Microsoft Excel (.xlsx) file which maintains the formatting used in the PBM Annual Report Workbook template. Please ensure that the Excel file does not contain any hyperlinks or embedded objects. Please add additional worksheets (if necessary) to explain any proprietary codes used in any worksheet field.

Instruction Location	**Page #**
Annual Report Summary Page	3
List of MAC Lists Used by the PBM	4
List of PBM Networks	5
List of Pharmacies Removed from Networks	6
List of Denied Network Applications	7
List of Pharmacies	8-9
List of Pharmacy Audits	10

Department of Commerce & Insurance | Insurance Division

Annual Report Summary Page

This report form should contain basic information about the PBM and summary information concerning claims paid and appeals processed by the PBM during the reporting year.

PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.15(2).

Field Name	Description
PBM Name	PBM Name (include d/b/a name if applicable)
License Number	PBM License Number issued by the Tennessee Department of Commerce and Insurance
Mailing Address Line 1	Street Address 1
Mailing Address Line 2	Street Address 2
City	City
State	Two Character State Code
Zip	Zip Code
Report Contact Name	Report Contact Name
Telephone Number	Report Contact Phone Number
Contact Email Address	Report Contact Email Address
Total number of claims paid by the PBM for prescription drugs or devices	The total number of claims paid by the PBM for all prescription drugs or devices in all states
Total number of claims paid by the PBM on behalf of Tennessee residents for prescription drugs or devices, regardless of pharmacy location, including retail, mail order, and specialty pharmacies	Total count of prescription drug or device claims that the PBM processed and paid on behalf of Tennessee residents, without regard to the location of the dispensing pharmacy. This includes claims from retail, mail order, and specialty pharmacies.
Total number of claims for which the PBM paid the low volume enhanced dispensing fee	The total number of prescription drug claims for which the PBM applied and paid a low-volume enhanced dispensing fee to a pharmacy, pursuant to Tenn. Code Ann. § 56-7-3206(f) and Comp. R. & Regs. 0780-01-95 during the reporting period.
Number of initial appeals filed with the PBM	The total number of initial appeals filed with the PBM pursuant to Tenn. Code Ann. § 56-7-3206 and Tenn. Comp. R. & Regs. Chapter 0780-01-95. A PBM should report all initial appeals for Tennessee claims that it processed on behalf of any covered entity, including those directly on behalf of a plan sponsor, an insurer, or another PBM; and if applicable, a PBM should report all appeals for Tennessee claims that were processed by another entity on its behalf. A "Tennessee claim" is based on the location of the pharmacy (i.e., physically located in Tennessee) or the customer served (i.e., a mail order or specialty pharmacy serving a Tennessee resident) rather than the location of a plan sponsor or insurer.
Number of initial appeals resolved in favor of pharmacies	The number of initial appeals resolved in favor of pharmacies
Number of initial appeals resolved against pharmacies	The number of initial appeals resolved against pharmacies
What is the additional amount paid to pharmacies as a result of initial appeals resolved in their favor?	The additional amount of money paid to appealing pharmacies as a result of initial appeals resolved in favor of pharmacies
What is the additional amount paid to similarly situated pharmacies as a result of initial appeals resolved in their favor?	The additional amount of money paid to similarly situated pharmacies as a result of initial appeals resolved in favor of pharmacies. "Similarly situated" has the same meaning as that term is used in Tenn. Code Ann. § 56-7-3206(c)(3)(C).
Number of initial appeals that were appealed to the Commissioner of which the PBM received notice	The number of initial appeals that were appealed to the Commissioner of which the PBM received notice

Number of Tennessee residents covered by PBM pharmacy benefits:	Total number of Tennessee residents for whom the PBM provides pharmacy benefits coverage during the reporting period.
An email address that pharmacies can use to submit low volume attestations or where they can request assistance with the attestation process	Provide the email address pharmacies may be used to submit low-volume dispensing attestations, or the contact address where they can request help with the attestation process.
Link to the PBM's appeal process	Provide the link on the PBM's website where the PBM's pharmacy appeal process is posted. If the PBM uses a third-party administrator for appeals, the link must direct users from the PBM's website to the third-party's appeal process page; do not provide a standalone third-party link.

Department of Commerce & Insurance | Insurance Division

List of MAC Lists Used by the PBM

The list should contain one record for each MAC list used for pharmacy reimbursement during the reporting year for any pharmacy physically located in Tennessee, any mail order pharmacy that served Tennessee residents, or any specialty pharmacy that served Tennessee residents.

PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.15(2).

Field Name	Description	Notes
MAC List ID	The unique identifier of the MAC list used by the PBM for internal distribution and identification.	
Network ID(s)	Pharmacy network that utilizes the MAC list as a basis for reimbursement.	A Network ID should correspond to a Network ID found in the Network worksheet. If multiple networks use the same MAC list, list each Network ID separated by a comma.
MAC List Drug and Device Inclusion Policy ID	Identifiers of policies, procedures, or criteria used to determine which prescription drugs or devices are placed on the MAC list (e.g., policy #1, policy #2).	
MAC List Update Policy ID	Identifiers of policies, procedures, or criteria used when updating the MAC list (e.g., policy #1, policy #2).	

Department of Commerce & Insurance | Insurance Division

PBM Network List Instructions

The list should contain one record for each of the PBM's pharmacy networks that contain pharmacies physically located in Tennessee, mail order pharmacies that serve Tennessee residents, or specialty pharmacies that serve Tennessee residents.

PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.15(2).

Field Name	Description	Notes
Network ID	The unique identifier of the network used by the PBM for internal distribution and identification.	The Network ID should correspond to a Network ID found on the MAC Lists worksheet.
Network Name	The name of the network.	
Network Description	A description of the network's purpose in less than 200 characters.	
Associated BIN #'s	List any Bank Identification Numbers (BINs) associated with the network. Provide all BINs used for claims processing under the network identified by the Network ID and Network Name.	

Department of Commerce & Insurance | Insurance Division

Pharmacies Removed from Networks List Instructions

The list should contain one record for each pharmacy physically located in Tennessee, mail order pharmacy that serve Tennessee residents, and specialty pharmacy that served Tennessee residents that was removed from a network by the PBM during the reporting year.

PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.15(2).

Field Name	Description	Notes
Pharmacy Name	Pharmacy Name	
NPI	National Provider Identifier	The NPI should correspond to a NPI found in the Pharmacies File
Network ID	The unique identifier used by the PBM for internal distribution and identification of the network from which the applicant was removed.	The Network ID should correspond to a Network ID found in the Networks file

Department of Commerce & Insurance | Insurance Division

Denied Network Applications List Instructions

The list should contain one record for each denied network application received by the PBM during the reporting year from pharmacies physically located in Tennessee, mail order pharmacies that would have served Tennessee residents, or specialty pharmacies that would have served Tennessee residents.

PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.15(2).

Field Name	Description	Notes
Pharmacy Name	Pharmacy Name	
NPI	National Provider Identifier	The NPI should correspond to a NPI found on the Pharmacies worksheet
Network ID	The unique identifier used by the PBM for internal distribution and identification of the network into which the applicant was seeking entry.	The Network ID should correspond to a Network ID found on the Networks worksheet

Pharmacy List Instructions

The list should contain one record for each pharmacy contracted with the PBM during the reporting year that is physically located in Tennessee, mail order pharmacies that served Tennessee residents, or specialty pharmacies that served Tennessee residents.

PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.15(2).

Field Name	Description	Notes
Pharmacy Name	Pharmacy Name	
Pharmacy Address 1	Pharmacy Address Line 1	
Pharmacy Address 2	Pharmacy Address Line 2 (if necessary)	
Pharmacy City	Pharmacy City	
Pharmacy State Abbreviation	Pharmacy State	
Pharmacy Zip Code	Pharmacy Zip Code	
Pharmacy NPI	Pharmacy National Provider Identifier	
Pharmacy NCPDP Taxonomy Code	Pharmacy National Council for Prescription Drug Programs Taxonomy Code	The NCPDP Taxonomy code assigned to the pharmacy to define its area of specialty
Claims Paid	Total dollar amount of claims paid by the PBM to the pharmacy	
Claim Count	Total number of claims paid by the PBM to the pharmacy	
Network ID 1	The unique identifiers of the PBM's networks in which the pharmacy participates	Network ID 1 should correspond to a Network ID found on the Networks table. If the pharmacy participates in more than one network, repeat this field as necessary (e.g., Network ID 2, Network ID 3, etc.).
Network Contract Begin Date 1	Contract Begin Date	Begin date of current network contract referenced in Network ID 1. If the pharmacy participates in more than one network, repeat this field as necessary (e.g., Network Contract Begin Date 2, Network Contract Begin Date 3, etc.). Please use date format MM/DD/YYYY.
Network Contract End Date 1	Contract End Date	End date of current network contract referenced in Network ID 1. If the pharmacy participates in more than one network, repeat this field as necessary (e.g., Network Contract End Date 2, Network Contract End Date 3, etc.). Please use date format MM/DD/YYYY.

Pharmacy List Instructions
(Continued)

Field Name	Description	Notes
PBM Affiliate (Y/N)	Whether the pharmacy is an affiliate of or shares any common ownership through a parent entity with the PBM	"Y"=Affiliate, "N"=Not Affiliate “Affiliate” of, or person “affiliated” with, a specific person, means a person that directly, or indirectly through one (1) or more intermediaries, controls, or is controlled by, or is under common control with, the person specified; “Control” including “controlling,” “controlled by” and “under common control with” means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. “Control” shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing ten percent (10%) or more of the voting securities of any other person. This presumption may be rebutted by a showing that control does not exist in fact.
Low-Volume Pharmacy (Y/N)	Whether the pharmacy certified as a low-volume pharmacy with the PBM pursuant to Tenn. Comp. R. & Regs. 0780-01-95-.10 for any portion of the calendar year	"Y"=Low Volume Pharmacy, "N"=Not a Low Volume Pharmacy
Date pharmacy certified as a low-volume pharmacy with the PBM	Date pharmacy certified as a low-volume pharmacy with the PBM pursuant to Rule 0780-01-95-.10 for any portion of the calendar year	MM/DD/YYYY

Department of Commerce & Insurance | Insurance Division

List of Pharmacy Audits

This file should be downloaded from company system(s) and contain one record of each pharmacy audit completed during the reporting year for pharmacies physically located in Tennessee, mail order pharmacies that served Tennessee residents, or specialty pharmacies that served Tennessee residents.

PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.15(2).

Field Name	Description	Notes
Pharmacy Name		
Pharmacy NPI	National Provider Identifier	The NPI should correspond to a NPI found on the Pharmacies worksheet
Audit Begin Date	Audit Begin Date	Date written notice given prior to conducting the initial on-site audit. Please use date format MM/DD/YYYY
Audit End Date	Audit Completion Date	Date Final Audit Report Issued. Please use date format MM/DD/YYYY
Count of Audited Claims	Total number of claims audited	
Preliminary Recoupment Amount	Preliminary Recoupment Amount, if any	
Final Recoupment Amount	Final Recoupment Amount, if any	