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Overview

This user guide explains how to use DFS Connect to submit a complaint against a Pharmacy Benefits Manager (PBM) to the New York Department of Financial Services.



Open Complaint Submission Form From DFS Connect

1. Click the **Submit a Complaint** button on the home page.



Start New Complaint Against a PBM

Step 1: Submit a Complaint

You will be directed to the *Submit a Complaint* section. This is where you will select the type of complaint you would like to submit.

1. Select **Pharmacy Benefits Manager (PBM) Complaint** as the type of complaint you would like to submit.



2. Click **Next** to complete the question in this section. Once completed, you will be taken to the **Submitter Contact Information** section.

Submit a Complaint

What type of complaint would you like to submit?


* Please select a complaint type below

- Pharmacy Benefits Manager (PBM) Complaint
- Drug Price Spike Complaint

Next

Steps

- Submit a Complaint

 **Note:** You can only submit one complaint at a time. If you have an open complaint, you will need to either withdraw or complete it before submitting a new complaint.

Step 2: Submitter Contact Information

You will be directed to the *Submitter Contact Information* section. This section will require you to confirm that your contact information is correct.

1. Review your contact information and verify that it is correct.

Home

Submitter Contact Information

* First Name

Middle Name (optional)

* Last Name

Suffix (optional)


* Email Address

* Phone Number
5555555555

Save & Next

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information

 **Note:** You cannot edit your contact information on this page. If you notice that your contact information is incorrect, you will need to update your DFS Connect profile.



2. Click **Save & Next** to complete this section.

Home

Submitter Contact Information

First Name: Tyler

Middle Name (optional):

Last Name: Jewell

Suffix (optional):

Email Address: nysdfscrm+tjewell@gmail.com

*Phone Number: 5555555555

Save & Next

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information

Step 3: PBM Information

You will be directed to the *Pharmacy Benefits Manager Information* section. This section will require you to enter details about the PBM that you are submitting a complaint against.

1. Select **Yes** to indicate that you are filing a complaint about a PBM.

Home

Pharmacy Benefits Manager Information

PBM Information

*Are you filing a complaint about a Pharmacy Benefits Manager (PBM)?

Yes No

What is the name of the PBM?

Previous **Save & Next**

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information
- Filler Type
- Complaint Subject
- Description of Complaint
- Documentation
- Submission



Note: This form can only be used to file complaints about PBMs, so if you select **No**, you will be directed to exit the form.



2. Enter the name of the PBM by typing in the **What is the name of the PBM?** field and select the PBM from the list that appears.

Home

Pharmacy Benefits Manager Information

PBM Information

*Are you filing a complaint about a Pharmacy Benefits Manager (PBM)?

Yes No

What is the name of the PBM?

Previous Save & Next

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information**
- Filer Type
- Complaint Subject
- Description of Complaint
- Documentation
- Submission



Note: If you do not see the PBM that you would like to file a complaint about listed, type **other** into the box and select it from the dropdown.

3. Click **Save & Next**.

Home

Pharmacy Benefits Manager Information

PBM Information

*Are you filing a complaint about a Pharmacy Benefits Manager (PBM)?

Yes No

What is the name of the PBM?

Previous Save & Next

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information**
- Filer Type
- Complaint Subject
- Description of Complaint
- Documentation
- Submission



Step 4: Filer Type

You will be directed to the *Filer Type* section. This section will require you to provide details regarding the following:

- Whether you are an attorney
- Whether you are filing the complaint on behalf of another person
- Whether the complaint is a pharmacist/pharmacy, patient/consumer, or another entity

1. Answer the questions in this section and click **Save & Next**.

Home

Filer Type

*Are you an attorney or represented by an attorney?
 Yes No

*Are you filing this complaint on behalf of another person?
 Yes No

*Is the complainant a pharmacist/pharmacy, patient/consumer, or other entity?
 Pharmacist/Pharmacy
 Patient/Consumer
 Other Entity

Previous **Save & Next**

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information
- Filer Type**
- Complaint Subject
- Description of Complaint
- Documentation
- Submission



Note: If you answer yes to the first two questions, you will be asked to provide additional information.



Note: If you select anything other than patient/consumer for the third question, you will be asked to provide additional information.



Step 5: Complaint Subject

You will be directed to the *Complaint Subject* section. This section will require you to provide details on the subject related to your complaint.

1. Select at least one primary subject for your complaint.

Home

Complaint Subject

What is your complaint about?

*Please select at least one primary subject and secondary subject related to your complaint.

- Formulary
- Patient Steering
- Other

Previous Save & Next

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information
- Filer Type
- Complaint Subject**
- Description of Complaint
- Documentation
- Submission

2. After you select a primary subject, options for secondary subjects will appear. Select at least one secondary subject and click **Save & Next**.

Home

Complaint Subject

What is your complaint about?


*Please select at least one primary subject and secondary subject related to your complaint.

- Formulary
 - Drug removed or moved to a different tier
 - Insufficient notice regarding removal of a drug or alteration of cost-sharing requirements
- Patient Steering
 - Marketing, advertising, or promotional activities directed at patients or prescribers for the purpose of gaining customers at PBM-owned or affiliated pharmacy without the patients' knowledge or understanding that pharmacy choices are not restricted
 - PBM did not include the name of all pharmacies on materials where any other pharmacy is listed
 - Records transferred or shared by PBM with PBM-owned or affiliated pharmacy for purpose of referring patient to mail-order or PBM-owned or affiliated pharmacy
 - Requires patient to fill prescriptions through mail-order pharmacy or prevents patient from selecting in-network pharmacy of their choice
- Other

Previous Save & Next

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information
- Filer Type
- Complaint Subject**
- Description of Complaint
- Documentation
- Submission

 **Note:** You must select a secondary subject to complete this section.



Step 6: Description of Complaint

You will be directed to the *Description of Complaint* section. This section will require you to provide information regarding the following:

- The basis for your complaint
 - The resolution that you are seeking for your complaint
1. Answer the questions in this section. Click **Save & Next** to continue.

Home

Description of Complaint

What happened?

*Describe in as much detail as possible the basis for the complaint. This information will be shared with the PBM.

What would be a fair way to resolve this complaint?

*This information will be shared with the PBM. Be specific so they know what resolution you are looking for.

[Previous](#) [Save & Next](#)

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information
- Filer Type
- Complaint Subject
- **Description of Complaint**
- Documentation
- Submission



Tip: Your responses will be shared with the PBM, so be as detailed and specific as possible when answering these questions.




Step 7: Documentation

You will be directed to the *Documentation* section. This section will provide you with an opportunity to upload any documents that are relevant to your complaint.

1. Attach files to your complaint by uploading them from your computer. Click **Save & Next** to continue.

The screenshot shows the 'Documentation' step of the complaint submission process. The page title is 'Documentation'. Below the title, there is a question: 'Do you have any documents that you would like to attach? (optional)'. Below this question are two options: 'Upload Files' (with a file icon) and 'Or drop files'. Below these options is a link: 'For further assistance about what to include, visit our FAQs About Filing a Complaint.' At the bottom of the main content area are two buttons: 'Previous' and 'Save & Next' (highlighted with a red border). On the right side, there is a 'Steps' sidebar with a vertical list of steps: 'Submitter Contact Information', 'Pharmacy Benefits Manager Information', 'Filer Type', 'Complaint Subject', 'Description of Complaint', 'Documentation' (highlighted with a blue circle), and 'Submission'.

 **Note:** This section is optional. If you do not have any files to upload, click **Save & Next** to move to the next section.

Step 8: Submission

You will be directed to the *Submission* section. This section will ask you to agree to a statement provided by DFS before submitting your complaint.

1. Check the box to agree to the statement and click **Save & Submit** to submit your complaint.

The screenshot shows the 'Submission' step of the complaint submission process. The page title is 'Submission'. Below the title, there is a statement: '* In submitting this complaint form and requested documents, I understand that the Department of Financial Services is not my private attorney but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the institution or person the complaint is directed against. The information provided in this complaint is true and accurate to the best of my knowledge.' Below the statement is a checkbox: 'Check this box to agree to the statement above. You must check this box to submit your complaint.' At the bottom of the main content area are two buttons: 'Previous' and 'Save & Submit' (highlighted with a red border). On the right side, there is a 'Steps' sidebar with a vertical list of steps: 'Submitter Contact Information', 'Pharmacy Benefits Manager Information', 'Filer Type', 'Complaint Subject', 'Description of Complaint', 'Documentation', 'Submission' (highlighted with a blue circle), and 'Submitted'.



Step 9: Submitted

You will be directed to the *Submitted* section. This section will confirm that your complaint was submitted to the PBM for review.

1. You will be taken to a page telling you that your complaint was submitted and has been sent to the PBM. Click **Exit Form** to exit the complaint submission form.

Home

Submitted

Thank you for submitting your complaint to the Department of Financial Services Pharmacy Benefits Bureau. Your complaint was sent to CVS Caremark and is currently under review. You should expect to receive a response to your complaint within the next 15 business days. To view the status of your complaint and to correspond with the Department, login from myportal.dfs.ny.gov at any time.

Exit Form

Steps

- Submitter Contact Information
- Pharmacy Benefits Manager Information
- Filer Type
- Complaint Subject
- Description of Complaint
- Documentation
- Submission
- Submitted**