



Pharmacy Benefit Manager Network Report Review User Manual

NETWORK REQUIREMENTS FOR PBM LICENSURE AND RENEWAL

October 1, 2026

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Part 1: Updates

Templates and Forms Modified

The Minnesota Department of Health (MDH) has made changes to the required forms and templates for 2027 Pharmacy Benefit Manager (PBM) licensure review and renewal:

Forms Modified	Forms No Long Required
• <i>Attestation</i>: additional questions added • <i>Pharmacy provider file workbook</i>: includes network information and the retail pharmacy waiver	• <i>Network Template</i> (information now included in provider file) • <i>Geographic Access Maps</i>

It is recommended that PBMs consult this user manual to complete the templates and forms.

Geographic Access Maps Removal

In the past, MDH used physical maps to understand how retail pharmacy networks met statutory time and distance requirements. Maps allowed MDH to see physical gaps for the regulated specialties and assess the need for waivers when retail pharmacy time and distance standards were not met. In addition, maps allowed MDH to understand where the six required pharmacy types; retail, specialty, home infusion, mail order, long-term care, and Indian Health Service/Tribal organization/urban Indian organization (ITU) pharmacies were located.

For 2027 PBM licensure and renewals MDH is removing the mapping requirement. MDH's vendor, Quest Analytics LLC (Quest) uses network data from the provider file and plots it against current retail pharmacy time and distance standards. In addition, the Quest analysis also evaluates if PBMs include the six pharmacy types. Therefore, it is no longer necessary for PBMs to submit physical maps to MDH. We assume that PBMs are conducting their own analysis of how their pharmacy network meets the retail pharmacy time and distance standards, as demonstrated by waiver requests (see below). Retail is the only pharmacy type subject to the time and distance standards.

Retail Pharmacy Gap Analysis Prior to Submission Remains

In previous years, PBMs have submitted requests for retail pharmacy waivers in a separate file. For 2027 PBM licensure and renewal, the retail waiver requests are included as a tab in the provider file. Before submitting the provider file, you must complete the waiver request based on your analysis of retail pharmacy time and distance standards as you have in previous years on the waiver form.

MDH will review to determine if networks meet the time and distance standards which will be compared against the latest QHP census data. Please use the latest QHP census data published on the [QHP Network Adequacy website](#) under *Application Resources*. For PBMs that do not meet the retail pharmacy time and distance requirements, MDH will compare its internal analysis to the waiver form in the network provider file. If there are

differences, MDH will reach out to the PBM and include a report from the internal analysis to resolve discrepancies. Retail pharmacy waivers carry over and require renewal every three years.

Waiver Exceptions

MDH acknowledges that different mapping software programs may produce slightly different results. That is, that a PBM may identify less or more retail pharmacy gaps than MDH. However, MDH must uphold all PBMs who offer retail pharmacy networks to the same time and distance standard. Recognizing this, MDH may ask for the PBM to align their waivers with MDH's analysis if the differences in county gaps cannot be resolved.

MCS Portal Use Continued

MDH will continue to use the [MCS Portal](#) for the network report submissions required for 2027 PBM licensure and renewal. Documents will not be accepted via email. Please troubleshoot account issues prior to submitting network documents. Inability to understand the MCS Portal does not allow PBMs to submit their documents via email. See Part 4: Submission Account for additional information.

Required Documents

The following documents must be submitted via the MCS Portal for all PBMs who are required to submit supplemental documents for their network report:

- PBM Network Report Attestation
- Pharmacy Provider File Workbook (includes network information, list of network providers, and retail pharmacy waiver)
- If applicable to your situation, Network Rental Agreement

Part 2: Regulatory Requirements

Under [Minnesota Statutes, section 62W.05](#), PBMs must provide an adequate and accessible pharmacy network for the provision of prescription drugs that meets the relevant requirements of [Minnesota Statutes, section 62K.10](#). PBMs must submit a network report with license and renewal applications that describe the network and pharmacy access.

Section 62K.10 gives (MDH) the authority to determine accessibility requirements for PBM networks. MDH determines access through time and distance standards that are measured against Minnesota's population using the latest [census data](#) found on the QHP network adequacy website. Appendix A provides a chart reviewing MDH's current time and distance requirements.

Retail Pharmacy Time and Distance Standard

The time and distance standards only apply to retail pharmacies within a pharmacy network. Specific time and distance standards are included in Appendix A.

CMS County Class Designation

MDH assesses network adequacy retail pharmacy time and distance standard at the county level. Using the federally-facilitated methodology, Minnesota counties are classified into five designations: large metro, metro, micro, rural, and counties with extreme access considerations (CEAC). This approach recognizes population and density differences. Classification for Minnesota counties listed in appendix B.

Retail Pharmacy Waiver

Under Minnesota Statutes, section 62W.05 subdivision 2, a PBM that cannot meet the retail pharmacy time and distance requirements may apply for a waiver. The waiver request must explain why the requirement cannot be met and must describe the steps that were taken and the steps that will be taken to address network adequacy. A granted retail pharmacy waiver automatically expires after three years. Once the three years expires, if a renewal of that waiver is requested MDH will consider the steps taken during that period to improve retail pharmacy access.

Additional Pharmacy Type Requirements

Only retail pharmacies are required to be measured against time and distance standards. Each PBM, pursuant to [Minnesota Rules, part 2737.0800](#), must demonstrate compliance for the following:

- Home Infusion
- ITU Pharmacies (Indian health services, Tribal organization, and urban Indian organization)
- Long-term care (LTC) Pharmacies
- Mail order
- Specialty

If a PBM network does not include one or more of these pharmacy types, it must explain why the type is excluded and describe how an enrollee who needs the excluded pharmacy type can obtain access.

Rental Networks

Rental agreements are required for PBMs that lease pharmacy provider networks from other entities. The rental agreement must include a provision that the plan accepts responsibility for geographic accessibility requirements per Minnesota Statute, section 62K.10, subdivision 1 (b). Plans with valid rental agreements must provide this information to MDH.

Part 3: Instructions for Completing Network Report

Step 1: Initiate Network Report Review

To initiate the network report review, please respond to the survey listed on [Department of Commerce's Insurance Licensing website](#). The survey will ask:

- Contact information which includes:
 - PBM entity name
 - Federal tax identification number (FEIN)
 - Primary contact name and information
 - Secondary contact name and information
- Confirmation if the requested network report review is for initial PBM license or renewal
- Number of pharmacy networks, their names, and if renewal, changes to networks
- Additional questions on network structure

The end of the survey will direct the PBM on the additional steps needed for their network report.

Step 2: Download Documents

The end of the survey may direct the user to Department of Commerce's Insurance licensing website for the supplemental documents needed for the network report. The following documents are available:

- PBM Network Attestation
- Pharmacy Provider File Workbook (includes network information, provider file template (list of network providers), and retail pharmacy waiver)

Step 3: Submit Documents through the MCS Portal

Once your supplemental documents are complete, including the rental agreement (if applicable), submit them through the MCS Portal. Submission instructions and portal guidance are included in part 5 of this user manual. A complete report may include:

- PBM Network Attestation
- Pharmacy Provider File Workbook (includes network information, list of network providers, and retail pharmacy waiver)
- Complete rental agreement (when applicable)

Important Document Reminders

Before uploading the supporting documents for the PBM network report to the MCS Portal review the following:

For the Attestation

- All attestation questions are answered and form is signed

For the Pharmacy Provider File Workbook

- All required fields are completed
- Network service area is accurate
- Pharmacy listings in the provider file template are accurate and reflect the network being submitted
- Correct pharmacy type is selected for each pharmacy listing
- Codes are not modified in provider file template
- Provider file template passes validation, and file is free of errors
- Retail pharmacy waiver requests are complete and supporting justification matches reason code

Accurate and complete submissions help MDH perform an efficient review and reduce the likelihood of the documents being returned to the PBM for corrections.

Step 3: Correspondence with Minnesota Department of Health

If MDH has questions while reviewing the supplemental documents for your network report review, MDH will correspond by email, using pbm.licensing@state.mn.us. MDH will only connect with the contacts listed in the network report if there are questions or corrections for the supplemental documents. If there are no questions or corrections to the supplemental documents for the network report, MDH will notify you that your network report is complete and findings were passed on to the Department of Commerce who issues the PBM license.

If there are questions, MDH will correspond through email and outline the requested changes. It is imperative that the corrections are made to MDH's specifications and documents returned by the due date for a timely PBM licensure application or renewal.

Step 4: Network Report Complete

Once MDH confirms supplemental documents for your network report are complete, you will work with the Department of Commerce to complete your PBM license or renewal.

Part 4: Detailed Document Instructions

This section includes specific instructions for PBM networks, including detailed information on how to complete templates and forms and submission requirements.

PBM Network Report Attestation

The PBM Network Report Attestation covers requirements that cannot be easily evaluated from the provider file. PBMs must complete all required fields to accurately identify the network being submitted for review. The information provided must correspond to the network report and supporting documents submitted to MDH.

For an attestation to be considered complete:

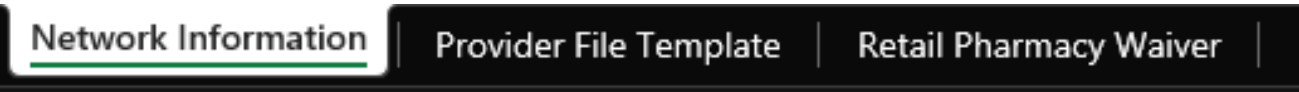
- All fields in the PBM Entity and Network Information section must be completed, including PBM entity, network name, network ID, signee name, title, and date (completed form);
- Each attestation question must be responded to with a clear “yes” or “no” answer, reflecting the status of the network as of the filing date. A response of “no” requires a corresponding justification in the supplemental response section; and
- The form must be signed and dated by an authorized representative.

If it is incomplete, MDH cannot continue to review the network.

Pharmacy Provider File Workbook

The Pharmacy Provider File Workbook includes a complete listing of pharmacy providers that are in the PBM’s pharmacy network. MDH uses the data in the provider file template to review if standards are or are not met. It is essential the network data provided is representative of signed contracts in place, and that all data submitted is accurate and current as of the date of filing so that the standards can be correctly assessed. The Pharmacy Provider File Workbook has three tabs, and, at a minimum, a user must complete the Network Information and Provider File Template sheets.

Network Information



Completing the Network Information sheet is required for all pharmacy networks. If any of the required information is left blank at submission, the pharmacy provider file workbook is incomplete, and the network will not be reviewed. There are some rows that do not apply to all pharmacy networks. These rows are optional and should be left blank if they are not applicable to the submitted pharmacy network. Table 1 provides details for completing the Network Information tab. Rows that are not highlighted are the optional rows. **Rows that are highlighted in gray must be completed and should not be blank.**

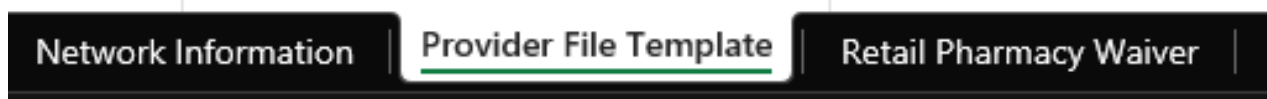
Table 1: Network Information Detailed Instructions

Row	Row Title	Instructions
6	PBM Corporate Entity Name	Enter the legal name of the PBM organization responsible for the network. Please use correct capitalization, spacing, and spelling. Do not use abbreviations for names except for the company type such as dba, Inc, LLC, LTD, or PBC.
7	Federal Employee Identification Number (FEIN)	Enter the PBM's Federal Employer Identification Number.
8	Network Name	Enter the official PBM network name. It must match your MCS portal submission network name.
9	Network ID	Enter the MDH-assigned Network identification number (ID). Returning networks will continue to use the same number, a new one will not be assigned. New networks will be assigned an ID upon completing the initiation survey. It must match your MCS portal submission network ID.
10	Is this a returning network?	Confirm if the pharmacy network was previously submitted to MDH for review using the drop-down list. Select Yes if it is a returning network. Select No if it is not a returning network.
11	If this is a returning network, has the network name changed?	This question applies to returning pharmacy networks only. Confirm if the returning network name changed using the drop-down list. Select Yes if the network name changed. Select No if the name did not change. Leave answer blank if network is new. The provider file will be considered incomplete for returning networks that do not answer this question.
12	If yes, what is the old network name?	Write in old network name if confirming name changed. Do not answer if 1) returning network but name did not change or 2) new network.
13	Network Service Area	Enter the geographic region for which your pharmacy network provides services. Geographic regions are separated by Minnesota's 87 counties. Users will make their choice from the drop-down list in column B. If your network serves the entire state, select Statewide at the top of the drop-down list. For service areas that are not statewide, select counties one at a

Row	Row Title	Instructions
		time from the drop-down list by clicking on the county name. To remove a county, click the county name you want to remove in the drop down.
14	If a returning network, did your service area change?	This question applies to returning pharmacy networks only. If reported network is new, leave this question blank. Select answer using the drop-down list in column B. Select yes if returning network and service area has changed. Select no if returning network and service area has not changed. The provider file will be considered incomplete for returning networks that do not answer this question.
15	If your service area changed, what changed?	This question applies returning pharmacy networks whose service area has changed. In column B confirm if counties were removed or added. Also include any changes to partial counties. If the reported network is new, or there was no change to a returning network, leave blank.
16	What pharmacy types are included in your pharmacy network?	Select from the drop-down list the answer that best represents the network's pharmacy types. Users are only able to select one answer.
17	PBM Market Type	Select the appropriate market type(s) for the network. Users may select multiple answers from the drop-down list.
18	Confirm other market type or write N/A	If "Other" was selected for PBM Market Type, describe the insurance area this pharmacy network serves. If other was not selected write N/A for not applicable.
19	PBM Network Characteristic	Select the network characteristic(s) that best describe(s) your PBM network. Users may select multiple answers from the drop-down list.
20	Does this network offer limited distribution drugs (LDD)?	Allowed answers are yes or no. Select answer from drop-down list. LDDs are specialty drugs that are only available at certain pharmacies and require specific handling, monitoring, and administration.
21	Percentage of Minnesota Licensed Pharmacies in the Network Service Area	Enter the percentage of Minnesota licensed pharmacies participating within the pharmacy network's service area.

Row	Row Title	Instructions
22	Does this network use rental agreement?	Using the drop-down list answer from drop-down list. Select yes if PBM rents network from another entity. Select no if network is not rented from another entity.
23	PBM entity and network name for rental agreement	If user confirms provided pharmacy network is being rented from another entity write the name of the PBM entity and the network being used in the row. Leave blank is network is not being rented. The provider file will be considered incomplete if you indicate you are renting a network, and do not provide this information.
24	Primary Contact Name	Enter the full name of person who MDH can contact if they have questions on data in the pharmacy provider file.
25	Primary Contact Phone	Enter the telephone number of the person who MDH can contact if they have questions on data in the provider file.
26	Primary Contact Email	Enter the email of the person who MDH can contact if they have questions on data in the provider file.
27	Secondary Contact Name	Enter the full name of person who MDH can contact if they have questions on data in the pharmacy provider file if MDH is unable to connect with the primary contact.
28	Secondary Contact Phone	Enter the telephone number of the person who MDH can contact if they have questions on data in the provider file if MDH is unable to connect with the primary contact.
29	Secondary Contact Email	Enter the email of the person who MDH can contact if they have questions on data in the provider file if MDH is unable to connect with the primary contact.
30	Agreement and Electronic Signature	Review agreement in row 30. If you, as the user, agree to the terms, type your name and date in column B. MFH will not accept the file to review if it is not signed and dated.

Provider File Template



Required for PBMs with pharmacy networks. The Provider File Template tab contains a list of all pharmacy network providers, including NPI, name, pharmacy type, address, and unique identifying information. After

completing this tab, use the “Validate” button to correct errors (see page 13). Table 2 provides details for completing the Provider File Template Tab. **Columns that are highlighted in gray must be completed for all rows and should not be blank.**

General Instructions

- Submit one Pharmacy Provider File Template per network. The network name in the provider file must exactly match your MCS Portal network name and the information provided in the PBM Attestation.
- Enter one pharmacy type per Excel row. If the listed pharmacy has more than one type, please use multiple rows. For example, if Pharmacy A is both retail and specialty, Pharmacy A should appear in two separate rows, one under 70R, retail and one under 70S, specialty.
- The file must be returned as an Excel, Macros-enabled workbook with all three sheets. At a minimum, the Network Information sheet and the Provider File Template sheet must be filled out for every network.
- Users may not need to enter information in every cell for each data row, and some cells will auto-populate. Please review the column instructions in Table 2 and validation section to determine when data is needed and how this impacts validation.
- When users are completing their own mapping, use current census data and not enrollee data. MDH uses the latest federal exchange [QHP census data](#) as the population measurement to determine if PBM retail pharmacy networks meet the time and distance standards. The federal exchange updates census data yearly and information is found on their [QHP Network Adequacy website](#). Please limit the QHP Population Sample File to include only those within your network service area.
- Do not type in your own responses to drop-down options, as it may result in a validation error.
- MDH recommends that users consult [Minnesota’s Geospatial information Office Address Point Data Standards for Minnesota](#) when listing address data in the provider file. The purpose of the standard is to provide a single set of attributes for transferring and aggregating address point data.

Table 2: Provider File Template Detailed Instructions

Column	Column Title	Instructions
Column A	NPI	Enter the National Provider Identifier (NPI) for the pharmacy. NPI must be exactly ten digits.
Column B	Pharmacy License Number	Enter the pharmacy's state license number. The number must be exactly six digits. The Minnesota Board of pharmacy license search allows users to look up Minnesotan pharmacies’ numbers. If number is unknown, leave blank.
Column C	Pharmacy Name	Spell out pharmacy name exactly as it’s listed under pharmacy’s licensing board.

Column	Column Title	Instructions
Column D	Pharmacy Type	Using the drop-down list, enter the applicable pharmacy type. A list of accepted pharmacy types is found in Appendix C.
Column E	Pharmacy Code	You do not need to enter information into this cell. Code will auto populate upon entering an individual pharmacy type in column D. Please double check to make sure you are using the correct code as standards are evaluated from the codes.
Column F	Taxonomy	Select the most applicable taxonomy code using Appendix D from the drop-down list. Users cannot type their own code.
Column G	Street Address 1	Write street address only. Do not include apartment or suite number. Avoid abbreviations when possible.
Column H	Street Address 2	Write additional address information like suite number, unit number, apartment number and room number.
Column I	City	Fully spell out city. Do not abbreviate (e.g. type "Saint Cloud" not St. Cloud). Column is not case sensitive.
Column J	County	Select county using the drop-down list. Column will not allow information outside of drop-down list. For pharmacies located outside of Minnesota select Other for the county.
Column K	State	Use state abbreviation from the drop-down list. Column will not allow information outside of drop-down list.
Column L	Zip Code	Use five-digit zip code. Do not include zip code extension.
Column M	Independent or Chain?	Indicate whether the pharmacy is independent or chain using the drop-down list. Column will not allow information outside of drop-down list.
Column N	Delivery Service?	Using the drop-down list confirm if the pharmacy offers delivery service. Select yes if they offer delivery and no if they do not offer delivery. Select unknown if the pharmacy has not provided this information. Column will not allow information outside of drop-down list.

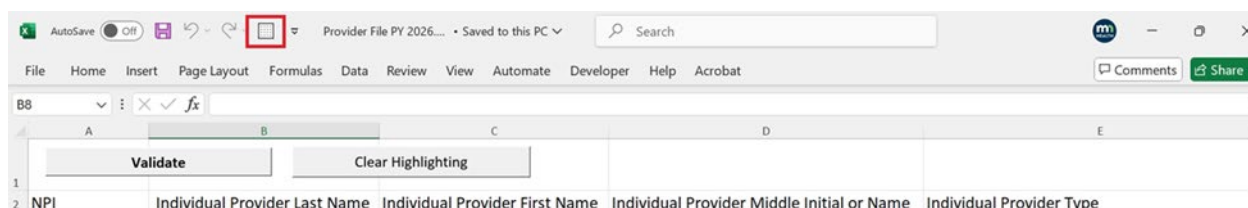
Column	Column Title	Instructions
Column O	Do Not Enter Data. Column Auto Populates	Do not enter data into this column. Information will auto populate from row 6 of the Network Information sheet when data is present in column O of the row.
Column O	Do Not Enter Data. Column Auto Populates	Do not enter data into this column. Information will auto populate from row 8 of the Network Information sheet when data is present in column O of the row.
Column Q	Do Not Enter Data. Column Auto Populates	Do not enter data into this column. Information will auto populate from row 9 of the Network Information sheet when data is present in column O of the row.

Validation

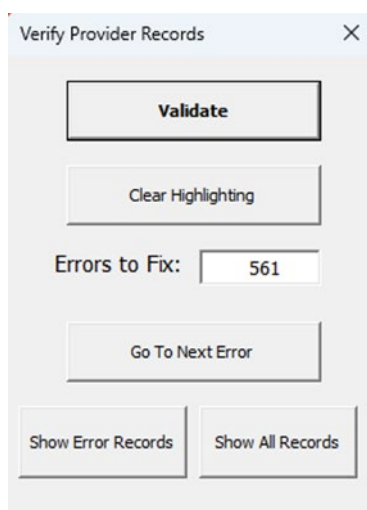
The Pharmacy Provider File Template has built-in functions that ensure data is free of errors before it is sent to MDH. Click the “Validation” button to see errors in the file.

Button

If the validation button disappears, click the table with dots at the top of the ribbon in the Excel file. See image below. This is on the Excel Quick Access Toolbar and is called “Launch Reports.”



Clicking this button will produce a pop-up window, which may be on a secondary screen:

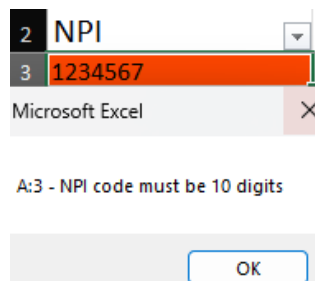


Auto Coding

Pharmacy codes are set to auto code. When selecting pharmacy type, codes will auto populate. For example, if the user selects retail in column D than 70R with auto populate in column E.

Errors

When a validation error occurs, the cell highlights red to signify to the user that there is an issue with the entered data. A user can double click on the red cell, and a pop-up message appears. The message provides the user with directions on how to fix the validation error.



Some common errors you may encounter:

- NPI data, validation reviews for ten digits. If reporting a number other than ten digits, a validation error will occur. (Column A)
- Entering secondary address information such as suite numbers in Street Address 1. For example, if a user enters STE B in Street Address 1. (Column G)
- Entering anything other than a number for Zip Code. If entering letters or punctuation a validation error will occur. (Column L)

Drop-down lists

The following columns require users to select information from a drop-down list. If user attempts to enter information beyond the data from the drop-down list, a validation error will occur.

Provider File Template

- Pharmacy Type – Column D
- Pharmacy Code-Column E
- Taxonomy-Column F
- County-Column J
- State Code-Column M
- Independent or Chain-Column M
- Delivery Service-Column N

Drop-down lists should continue through the entire provider file. In the event they disappear, copy the last row where the drop-down list existed and paste as many times as necessary. Once copied, clear out highlighting, revalidate and the drop-down lists will continue.

Removed Allowance of Null/NA

Users will no longer be able to use “Null” or “N/A” when information is unknown. Using this language in the provider file will result in an error.

Retail Pharmacy Waiver (included in provider file)



All retail pharmacy networks must achieve 100% access with no gaps in their service area. If they are unable to meet this requirement, they must apply for a waiver. Retail pharmacy waivers renew every three years and PBMs are expected to keep track of previous years’ approvals. After a PBM submits their retail pharmacy waivers based on their analysis, MDH will conduct a review and determine if the network gaps match the gaps listed on the waivers for each network. A PBM can apply and list their previous retail pharmacy waivers by taking the following steps:

- 1. **County:** Select the affected county in column A.
- 2. **Waiver Type:** Using the drop-down list select either active or new. Select active if the waiver was previously granted and new if the gap was identified from your current analysis.
- 3. **Waiver Approval Year:** MDH updated the time and distance standards for 2026 PBM licensure and renewal. Therefore, previous waivers were voided. Using the drop-down list select either 2026 or N/A. Select 2026 if waiver was approved last year. If a new county is identified and therefore, you are applying for a new waiver, select N/A.
- 4. **Reason Code:** Select the appropriate reason for the gap in column D. This column utilizes a drop-down list. There are only two accepted reason codes for retail pharmacy waivers:
 - a. 1. PBM has conducted a good faith search and determined no providers physically present
 - b. 2. PBM made a good faith effort, but provider refused to accept a contract
- 5. In Column D (Notes), provide a clear justification in one to three sentences explaining why the waiver is being requested. The explanation should directly relate to the selected reason code.

Validation

The Retail Pharmacy Waiver has a built-in function that ensures the required data is provided. Retail Pharmacy Waiver requires all columns to be filled out per row. If data is entered into some of the cells in a row than all the cells need to be filled out in the row. That is, if County, and Reason Code are filled out but Waiver Type (Column B), Waiver Approval Year (Column C) and Notes (Column E) are left blank than these two cells will highlight in red.

A	B	C	D	
County	Waiver Type	Waiver Approval Year	Reason Code	Notes
Aitkin			1. PBM has conducted a good faith search and determined no providers physically present	

Retail Pharmacy Waiver

- County-Column A
- Waiver Type-Column B
- Waiver Approval Year-Column C
- Reason Code-Column D
- Notes-Column E

Rental Agreement (if applicable)

PBMs renting a network from another entity must submit a signed and valid contract (rental agreement) to MDH via the MCS Portal. If a PBM feels that information in the rental agreement is trade secret, they must submit the complete rental agreement and a written request for trade secret. The request may be submitted through the portal using the “other” upload option. The request for trade secret must include:

- 1) Information in the rental agreement that is considered trade secret and,
- 2) Why information is considered trade secret as defined by [Minnesota Statutes, section 13.37, subdivision 1\(b\)](#).

MDH will review the trade secret request and respond in writing if the trade secret request was partially or fully approved. If the trade secret request is approved, MDH defines this data as nonpublic and will not disclose agreed upon trade secret information.

A complete rental agreement should include:

- The name of the rental network organization
- The name of the contracting PBM
- The effective date of the agreement
- Name of pharmacy network being used for the rental network
- Confirmation that the PBM has the legal authority to use the rental network
- Signed by both parties

Part 5: Submission Account

MCS Portal

New users must create an account and add their entity before gaining full access. MDH encourages returning users to confirm account access prior to attempting to submit. MDH expects that all users will review where to submit documents in the portal prior to submission. If networks need to be added or removed, contact MDH at pbm.licensing@state.mn.us. Additional information can be found in the [MCS Portal User Guide](#) and the frequently asked questions section in the [MCS Portal webpage](#).

Accepted documents for annual submission through the portal are the attestation, pharmacy provider file workbook (including network information, provider file template, and retail pharmacy waiver), and rental agreement (if applicable). The MCS Portal requires users to submit documents through the appropriate upload box. There is no standard file naming convention. The portal auto names each file that is uploaded.

Part 6: Appendices

Appendix A-Retail Pharmacy Time and Distance Standards

MDH requires that time and distance standards recognize county size. Additionally, MDH's time and distance standards are aligned with federal requirements and therefore, county classification is determined by federal authority. Appendix B reviews county classification.

Retail Pharmacy Time and Distance Standards by County Class

County Designation	Time (minutes)	Distance (miles)
Large Metro	10	5
Metro	15	10
Micro	30	20
Rural	40	30
CEAC	70	60

Appendix B-CMS Classification for Minnesota Counties

Large Metro Counties

- Hennepin
- Ramsey

Metro Counties

- Anoka
- Carver
- Chisago
- Dakota
- Olmsted
- Rice
- Scott
- Sherburne
- Saint Louis
- Stearns
- Washington
- Wright

Micro Counties

- Benton
- Blue Earth
- Clay
- Crow Wing
- Douglas
- Goodhue
- Isanti
- Kandiyohi
- Le Sueur
- McLeod
- Mower
- Nicollet
- Otter Tail
- Steele
- Winona

Rural Counties

- Becker
- Beltrami
- Big Stone
- Brown
- Carlton
- Cass
- Chippewa
- Cottonwood
- Dodge
- Faribault
- Fillmore
- Freeborn
- Grant
- Houston
- Hubbard
- Itasca
- Jackson
- Kanabec
- Lincoln
- Lyon
- Martin
- Meeker
- Mille Lacs
- Morrison
- Murray
- Nobles
- Pennington
- Pipe
- Pipestone
- Polk
- Pope
- Redwood
- Renville
- Rock
- Sibley
- Stevens
- Swift
- Todd
- Wabasha
- Wadena
- Waseca
- Watonwan
- Yellow Medicine

CEAC Counties

- Aitkin
- Clearwater
- Cook
- Kittson
- Koochiching
- Lac qui Parle
- Lake
- Lake of the Woods
- Mahnomen
- Marshall
- Norman
- Red Lake
- Roseau
- Traverse
- Wilkin

Appendix C-Pharmacy Types and Codes

Type	Code
Retail Pharmacy	70R
Specialty Pharmacy	70S
Long Term Care Pharmacy	70L
Mail Order Pharmacy	70M
Home Infusion Pharmacy	70H
Indian Health Service/Tribal Organizations/Urban Indian Organizations Pharmacy	70T

Appendix D-Taxonomy Codes

NUCC Taxonomy Code	Pharmacy Type	Pharmacy Code	Pharmacy Type Description
3336C0003X	Retail Pharmacy	70R	Prescriptions for local population, administer vaccines, and provide other professional services associated with pharmaceutical care.
3336H0001X	Home Infusion Pharmacy	70H	A pharmacy that specializes in USP 797-compliant sterile drug compounding and provides medications and related pharmacy services for infusion therapy administered to patients in their homes for acute or chronic conditions.
332800000X	ITU Pharmacy	70T	Pharmacy operated by Indian Health Services, an Indian tribe, tribal organization, or urban Indian organization.
3336L0003X	LTC Pharmacy	70L	Dispenses medicinal preparations delivered to patients residing within intermediate or skilled nursing facilities.
3336M0002X	Mail Order Pharmacy	70M	Pharmacists compound or dispense prescriptions or other medications using common carriers to deliver the medications to patients.
3336S0011X	Specialty Pharmacy	70S	A pharmacy that dispenses generally low volume and high-cost medicinal preparations to patients who are undergoing intensive therapies for illnesses that are generally chronic, complex and potentially life threatening.

Appendix E-References

[QHP Network Adequacy \(https://www.qhpcertification.cms.gov/QHP/applicationmaterials/Network-Adequacy\)](https://www.qhpcertification.cms.gov/QHP/applicationmaterials/Network-Adequacy)

[PY2027 QHP Population Sample File](https://www.qhpcertification.cms.gov/QHPvforcesite/apex/FileDownload?file=QHP-Population-Sample-File-for-PY2027-040226-v1)

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[Minnesota IT Services Geospatial Information Office Address Point Data Standard for Minnesota](https://mn.gov/mngeo/gis-data-and-maps/standards/address-point/)

[\(https://mn.gov/mngeo/gis-data-and-maps/standards/address-point/\)](https://mn.gov/mngeo/gis-data-and-maps/standards/address-point/)

[MCS Portal \(https://mcs-portal.web.health.state.mn.us/\)](https://mcs-portal.web.health.state.mn.us/)

[Minnesota Pharamcy Benefit Manager Network Adequacy \(https://www.revisor.mn.gov/statutes/cite/62W.05\)](https://www.revisor.mn.gov/statutes/cite/62W.05)

[62K.10 Minnesota Network Adequacy Statutes \(https://www.revisor.mn.gov/statutes/cite/62K.10\)](https://www.revisor.mn.gov/statutes/cite/62K.10)

[Department of Commerce Insurance Licensing Website](https://mn.gov/commerce/licensing/list/insurance/licensing.jsp#2)

[\(https://mn.gov/commerce/licensing/list/insurance/licensing.jsp#2\)](https://mn.gov/commerce/licensing/list/insurance/licensing.jsp#2)

[13.37 General Nonpublic Data \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37)

[MCS Portal User Guide](https://www.health.state.mn.us/facilities/insurance/managedcare/docs/portaluserguide.pdf)

[\(https://www.health.state.mn.us/facilities/insurance/managedcare/docs/portaluserguide.pdf\)](https://www.health.state.mn.us/facilities/insurance/managedcare/docs/portaluserguide.pdf)

[MCS Portal Webpage \(https://www.health.state.mn.us/facilities/insurance/managedcare/portal.html\)](https://www.health.state.mn.us/facilities/insurance/managedcare/portal.html)