

Pharmacy Benefit Manager License Guide

We anticipate that the online application portal for the new Pharmacy Benefit Manager (PBM) license will be available by October 1, 2019. To assist you in preparing to enter your license application when the portal is ready, we have summarized below the items you will need to furnish on the application. Any questions should be directed to pbm.licensing@state.mn.us

- 1.** Name of applicant, including all “dba” names. (Only one entity may be listed; you may not include affiliates. A separate license application must be submitted for each affiliate and subsidiary that desires to be licensed.).
- 2.** Date the organization was formed.
- 3.** Federal Tax Identification Number.
- 4.** Physical Address of applicant company.
- 5.** Mailing address of applicant company.
- 6.** Email address of applicant company.
- 7.** Main telephone number of applicant company.
- 8.** Address and telephone numbers of all Minnesota divisions or branch offices.
- 9.** Specify which address should be listed on the PBM License form for this applicant company.
- 10.** Name, title, mailing address, telephone number, and e-mail address of contact person for this entity. This will be the person to whom all correspondence, inquiries and notices related to the PBM license will be sent.
- 11.** If the applicant has a parent company, please provide the name and address of the ultimate parent and any intermediate parents and affiliates. If ownership and affiliation structure is complex, please attach an organization chart or other explanation of ownership.
- 12.** Provide the required Minnesota company or resident who is authorized to accept Service of Process, listing their name, physical address, mailing address, email address and telephone number.
- 13.** Ownership form/management (Corporation, partnership, etc.).

14. Please list the name, address, official position, and professional qualifications of each person responsible for the conduct of affairs of the pharmacy benefit manager, including owners, key employees or subcontractors, all members of the board of directors, board of trustees, executive committee, or other governing board or committee; the principal officers in the case of a corporation; or the partners or members in the case of a partnership or association.

- a. EIN/SSN:
- b. Name:
- c. Address:
- d. City:
- e. State:
- f. Zip:
- g. Position/Title:
- h. Professional Qualifications:

15. Please supply resumes for each of the owners/officers/partners/directors, key employees, and/or subcontractors listed in the preceding question. Resumes must state the person's name, resident address, licensing history, and qualifications and experience relating to the work to be performed.

If work is to be performed by a subcontractor; supply the resume of key employees of the subcontractor. In the subcontractor's resume, please indicate any affiliation with the applicant.

16. If you have any clients in Minnesota, please provide a list of names and addresses of all companies that you provide services for in Minnesota.

17. If the applicant company has any operation in Minnesota, please provide a copy of the Declaration page of the current worker's compensation insurance policy covering your Minnesota operation.

18. If the applicant uses a utilization review company, please provide the name and address of the utilization review company.

19. If the applicant uses the employees of its parent, subsidiary or any affiliated company to perform any of the work or services provided by the applicant, please provide the approximate percentage of the work and services performed by employees of the applicant's parent, subsidiary or affiliate.

20. Please provide details of any consent orders, violations or investigations by any governmental agency concerning the company, owner, any employee, shareholder, or officer of the administrator, or any subcontractor or subcontractor's employee.

- 21.** Please provide details if the applicant or any owner, partner, officer or director have ever been convicted of committing a crime, whether or not adjudication was withheld. Also, please provide details of any current or pending charges.
- 22.** If the applicant, or any owner, partner, officer or director has ever been involved in an administrative proceeding regarding any professional or occupational license, please provide details.
- 23.** If any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, pharmacy, or anyone else, or have you ever been subject to a bankruptcy proceeding, please submit a statement summarizing the details of the claims, allegations or indebtedness and arrangements for repayment.
- 24.** Please provide details if the applicant or any owner, partner, officer or director have ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement.
- 25.** Please provide details if the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty.
- 26.** Please provide details if the applicant or any owner, partner, officer or director have ever had a contract or any other business relationship terminated for any alleged misconduct.
- 27.** You must complete and attach the Tax Clearance document found at <http://mn.gov/commerce-stat/pdfs/tax-clearance-issue-license.pdf>
- 28.** You must also complete and submit to the Minnesota Department of Health (MDH) the Network Adequacy Report(s) required under Minnesota statute section 62W.05. The procedure for submitting this information can be found [here](#). You will be asked to list on your application, *for each network submitted* to MDH, the network name, network ID number assigned by MDH, and the date you submitted the Network Adequacy Report to MDH.